


INTOUCH

News from the Baylor Charles A. Sammons Cancer Center at Dallas ■ Winter 2009



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 **BAYLOR**
Charles A. Sammons
Cancer Center at Dallas

The Genetic Link

For many years, it was believed that if some family members faced colon cancer, your chances of also developing the disease increased. This is only partially true, according to C. Richard Boland, M.D., gastroenterologist on the medical staff at Baylor University Medical Center at Dallas and chief of gastroenterology. For most patients with colorectal cancer, there is little evidence that they actually inherited the disorder.

Some people are born with a greater chance of developing colorectal cancer, possibly after exposure to the typical American diet, he says. “But we can find a single strong gene that does this in only three to four percent of colorectal cancer patients. Different people have different degrees of cancer susceptibility. Most cancers are mainly caused by ordinary exposures in the environment, rather than purely inherited tendencies. However, each of us has a different level of susceptibility to cancer and some of this is inherited, but not due to one gene. For instance, if everyone in a family is a smoker, it could result in a familial cluster of lung cancers. However, this would not necessarily be a genetic form of cancer unless the tendency to smoke was driven by genetic factors.”

According to Dr. Boland, approximately 30 percent of people with colorectal cancers have a family history of this disease, but only 10 percent of those have a strong family history and have a genetic mutation that causes an extreme susceptibility to the disease called Lynch Syndrome. This greatly increases the likelihood of developing colon cancer (see Yowell family story on

page 3). “In any family the odds are never 100 percent of either getting this disease or being completely immune to it,” says Dr. Boland. “What we can do now is genetic testing for many of the mutations associated with the highest risk of colon cancer. This is valuable because it allows us to determine who in that family carries the gene for the highest risk. Perhaps more importantly, we can identify those family members who didn’t inherit the high-risk gene and spare them excessive screening and anxiety. We haven’t yet identified all the high-risk genes, but so far we have done a pretty good job of determining which genes do this.”

Genetic testing is generally done when a patient is concerned about a family history. Doctors ask detailed questions about family medical history and can generally determine if genetic testing is necessary. “We collect a very robust and sophisticated body of information,” says Dr. Boland. “We work to determine if it is a chance accumulation of cancer or a true genetic situation. Computer programs also assist in predicting the risk of carrying the high-risk genetic mutations.”

Diet is often thought to play a major role in the environmental causes for colorectal cancers. Doctors point to the much lower rates of colorectal cancers in places where fruits and vegetables play a large role in diets and the consumption of fats and red meat is minimal. “There are places in the world where the risk for colon cancer is about 1/50th of what it is in parts of the United States and Europe,” says Dr. Boland. “When a population moves from one of those regions where they eat a mostly vegetarian diet, relatively high in fiber, fruits and vegetables, they often adapt to our westernized diet high in red meats and fats and low in fruits and vegetables. When they do this, their risk of developing colon cancer also increases.”

Researchers are studying certain foods that may reduce cancer risks, especially gastrointestinal cancers such as colorectal. “There is a lot of interest in finding out if there are specific foods that are responsible for reducing cancer risks,” says Dr. Boland. “Diets are complex and certain components of the diet may work together to modulate risk. Research continues with the goal of reducing the risk of colon cancer.”

Researchers are looking at diets in India, which are often rich in curry, as one possibility. “People who eat an Indian or Eastern-type diet have a conspicuously



Annurca Apples



Curry



Green Tea



Italian Olives

low incidence of colon cancer,” says Dr. Boland. “What makes it complicated is that there are certain items they don’t eat, like beef and, at the same time, they tend to eat more vegetables and season dishes with spices such as curry. You need to ask the question, ‘Is it the lack of red meat or the presence of curry?’ In the laboratory, the principle component of curry has the activity of a potent anti-inflammatory, anti-cancer drug.”

Other studies may have found promise in things such as green tea, olive oil and Annurca apples, all of which have been found to have anti-cancer agents. “Baylor Research Institute is looking to see if the important anti-cancer mechanisms in two foods might work synergistically and fight the cancer on two fronts,” says Dr. Boland. “Research is underway to see how we can best integrate these foods into the diet and improve our ability to prevent cancer.”

Although it’s always important to eat a healthy, well-balanced diet, it also takes a lifetime of healthy eating habits to truly decrease your chances for developing colorectal cancers. “The average age for developing colorectal cancers is 70,” says Dr. Boland. “So even when physicians successfully change the diet habits of a patient in their 50s, it is difficult to determine if we have made the changes soon enough to help. This is why it is especially important to help our children learn healthy eating habits from an early age. If this can be achieved, it might be possible to greatly reduce the incidence of cancer in the general population and focus more on those who have a genetic predisposition and are at a very high risk for the disease.”

If you have family members with a history of colorectal cancer, call Baylor Dallas’ Colon Cancer Hereditary Risk Program at (214) 820-3535.

Family Benefits From New Testing

Rylan Yowell was 19 years old and in his second year of college when a colonoscopy revealed a large tumor. Rylan could trace his hereditary form of cancer back four generations. This strong family history, combined with intense abdominal pain, led his local physicians to recommend a colonoscopy at his very young age.

Following successful surgery, he joined a clinical trial. A physician on the medical staff at Baylor consulted with Rylan after surgery. Because of the strong family history, physicians suggested genetic testing. The results showed a mutation in his DNA and confirmed the diagnosis of Lynch Syndrome (LS), a rare inherited condition that greatly increases the risk of developing colon cancer.

“My sister Farron and I were fortunate to have genetic testing,” says Rylan. “The main benefit is that we know to get screened yearly so we can catch cancers while they are still treatable. Your genetic status is a good thing to know.”

Work with genetics and the inherited forms of colon cancer also helped the rest of the Yowell family. The results of the hereditary risk assessment indicate that of Rylan’s two paternal uncles, only one carries the mutation for LS. Now, that uncle can get proper assessment and treatment. The other uncle, who does not carry this mutation, knows he will not pass the gene mutation on to subsequent generations.

“None of this was available when my father died of colon cancer in 1994,” says Farron. “It is amazing how far we have come in a decade. I know that medical advances will continue and will be available at Baylor Dallas.”

**On the cover and at right:
brother and sister Rylan and Farron Yowell**



Advances in Colorectal Cancer Treatments



Approximately 150,000 new cases of colon and rectal cancers are diagnosed each year, according to the American Cancer Society. It is also the third most common cancer in men and women in the United States. The good news is that in the past five to 10 years, treatment options have greatly advanced providing better outcomes for more people.

“We are seeing improvements with better cure rates and people who are living longer with the disease,” says David McCollum, M.D., medical oncologist on the medical staff at Baylor University Medical Center at Dallas. “We have more effective chemotherapy and better ways to manage the disease on all fronts.”

Colon cancer usually starts as a polyp in the colon. If the cancer occurs in the last six to eight inches, it is considered rectal cancer. Dr. McCollum estimates that roughly 80 percent of cases involve the colon and the remaining 20 percent, the rectum. The polyps usually have no symptoms until later stages which is why doctors encourage regular screening. The American Cancer Society recommends those not at high risk have their first colorectal screening at age 50 and repeated every 10 years afterwards. While the number of people being screened has increased during the past several years, doctors say many more should follow these guidelines.

“We have made huge strides in treatment, but even with increased awareness, the one thing that lags behind is compliance with screening,” says Dr. McCollum. “It can make a huge impact on survivorship.”

As opposed to Pap smears, mammograms and other cancer screening techniques, colorectal cancer screening can actually serve to prevent colon cancer. During the screening, polyps can be removed before they become cancerous. Cancers found early through screening usually means successful treatment.

“During a colonoscopy, we can actually remove the polyp so it doesn’t develop into cancer,” says Erik Fetner, M.D., colorectal surgeon on the medical staff at Baylor Dallas. “When we also know a person is prone to these polyps, we can monitor him or her, hopefully before any cancers develop. Unfortunately, people are not getting screened like they should.”

When a colorectal cancer does occur, advances in surgical techniques make treatment and recovery easier. “Laparoscopic colectomy is now much more accepted as the means of performing surgery,” says Dr. Fetner. “This less invasive procedure can get people out of the hospital faster with fewer complications and quicker recovery. This allows them to begin other therapies sooner.”

Once the treatment process is completed, physicians continue to monitor patients, both physically and mentally as they transition to survivorship. “When we are done with the chemotherapy and the cancer is in remission, we continue to follow patients very closely,” says Dr. McCollum. “We not only monitor them regularly for a recurrence but also help them focus on survivorship issues. Making the shift from active patient

to regular monitoring and survival can be a challenging psychological adjustment. Surprisingly, it can be a difficult time for many patients as they go through this adjustment.”

During post-treatment visits, doctors focus on the plan for monitoring the patient’s health, as well as lifestyle changes that may help prevent another occurrence of cancer. “We talk about the specifics of their monitoring plan—the schedule for their future blood tests, CT scans and colonoscopies—and we also discuss their lifestyle,” says Dr. McCollum. “Preliminary research suggests that patients who have survived colon cancer and who maintain a normal weight with diet and exercise have an improved cure rate. That advice is important for everyone.”

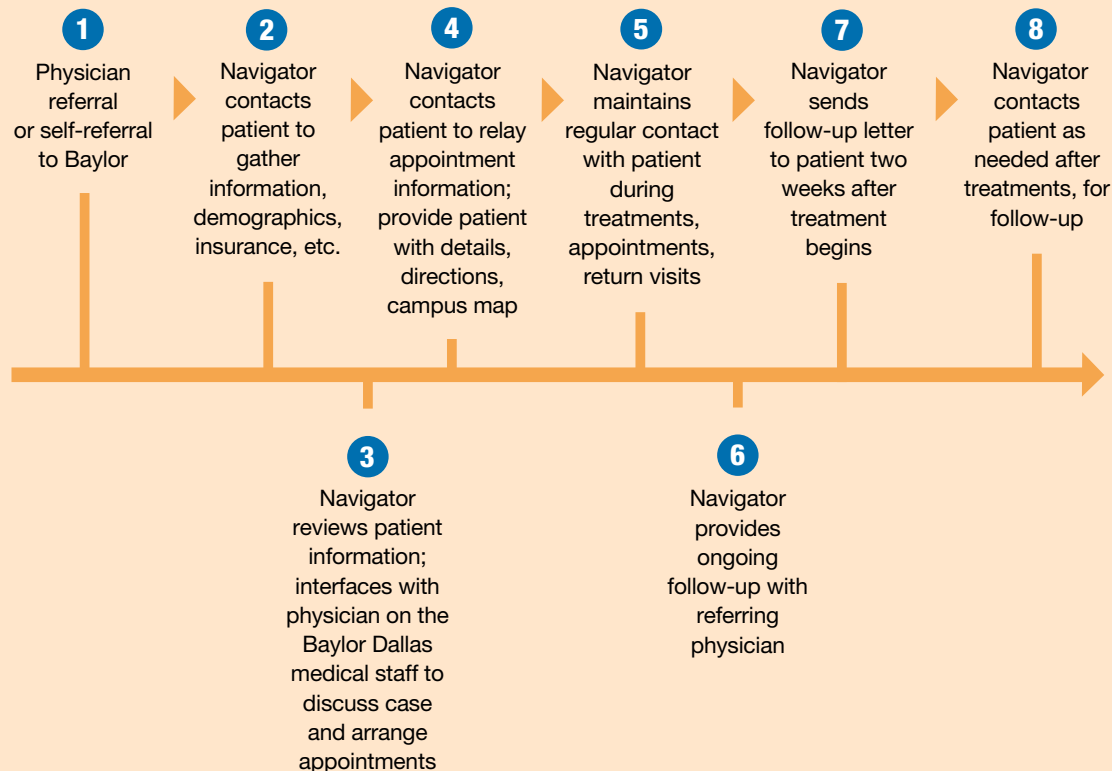
On the horizon may be new chemotherapy drugs and the ability to better combine drug therapies. “Some people may have a good cure rate and don’t need chemotherapy,” says Dr. McCollum. “We are not there yet, but we have made great progress in the past decade and the next five to 10 years will be very exciting.”

Baylor Dallas continues to offer advanced treatment options to detect and treat colorectal cancers. Additional research will help us develop more personalized treatment plans, according to Dr. Fetner. “We have the innovative and advanced treatment options right here in the Metroplex and we are able to help people facing colorectal cancers.”

Patient Navigation Program

In 2008, the Baylor Charles A. Sammons Cancer Center at Baylor University Medical Center at Dallas launched a patient navigation program as part of its ongoing commitment to provide advanced cancer patient care. The program, led by Cynthia Robinson Hawkins, MBA, R.N., offers cancer patients and their families guidance throughout the continuum of care. Patient navigators can expedite access to services by coordinating logistics, appointments, educational resources, and other services. The patient navigators serve as part of the care team alongside the physician, nurse, social worker, and other allied staff offering referring physicians a point of contact for information, communication, and follow-up. The navigator is there to assist referring physicians in getting their patients care from initial appointment through diagnosis, treatment, and recovery. This program alleviates stress and helps simplify the organization of care for the patients and their loved ones.

Streamlining Treatment for Cancer Patients



Life After Cancer

In March, the Virginia R. Cvetko Patient Education Center at Baylor University Medical Center at Dallas hosted a special seminar about living after cancer treatment. Author and licensed clinical social worker Page Tolbert from the Post Treatment Resource Program at Memorial Sloan-Kettering Cancer Center in New York presented “My Treatment is Over, Now What: Living Life After Cancer.”

The event also included discussion of “Employment and Legal Issues” by Michael Massiatte, J.D. and Dustin Paschal, J.D.; “Long-Term Side Effects of Cancer” by Thomas Hutson, D.O., Pharm.D.; and a roundtable discussion for survivors with a group of survivors and caregivers.

The Cvetko Center regularly hosts special programs, support groups and clinical updates for cancer patients, their families and friends. For more information about future seminars on life after cancer or other topics, please call the Cvetko Center at (214) 820-2608.



While many types of cancer have obvious symptoms and recommended routine screenings, liver and pancreas cancers can develop and grow undetected until they reach late stages when they are less treatable. However, in the past 10 to 15 years, more emergency rooms and physicians are using CT scans and ultrasounds as an overall diagnostic tool and in the process, discovering more early stage cancers of the liver and pancreas.

“With liver or pancreas cancer, unless you had reason, you just didn’t routinely get screened,” says Robert Goldstein, M.D., a surgeon on the medical staff at Baylor and medical director of the Liver and Pancreas Disease Center at Baylor University Medical Center at Dallas. “By the time someone presented with cancer it was advanced and we couldn’t do much about it. Nowadays, these scans are more available and we are catching problems earlier when we can treat them.”

Even more exciting, the treatment options have dramatically advanced in that time as well. “Ten to 15 years ago when we talked about operating on a liver or pancreas, it was just not done everywhere and was very often not deemed surgically acceptable,” says Dr. Goldstein. “There have been major advances over the last 10 years in how the organs can be removed and that has dramatically improved. For instance, we have new technologies that allow us to remove half a liver and the patient may not even require a blood transfusion or a stay in an ICU. It is quite remarkable.”

Baylor is at the forefront of many of these treatments. “There are so many exciting things happening,” says Dr. Goldstein. “Our ability to do a major hepatic resection or removal of a portion of the organ, and have that patient out of the hospital in four to five days is already happening. We are now able to do a major resection where we can take 60 to 70 percent of the liver which will regenerate and bulk up. The latest thing that’s coming is our ability to further refine our ability to perform resections laproscopically and in certain circumstances using the da Vinci® Robotic Surgical System. These are the advanced technology and procedures happening at Baylor.”

Baylor makes these treatments accessible to patients as quickly and conveniently as possible through the Baylor Liver and Pancreas Disease Center. “With all of these new tools, we knew it was important to pull together a team committed and dedicated to taking care of complex liver and pancreas patients,” says Dr. Goldstein. “When someone finds out they might have cancer, it can be very frightening. They want to find out definitively and quickly and often that can mean appointments with multiple professionals. We coordinate all of that for them and help them access the care they need.”

Patients are referred to the Center by their physician, an Emergency Room physician or they can self refer. A nurse takes the patient’s information and coordinates all appointments, as well as helps with other needs the patient may have such as traveling directions or housing. “The patient comes in for their appointment and we have

already scheduled their appointments for a MRI, with the oncologist and with a surgeon,” says Dr. Goldstein. “Whatever is necessary to be able to determine the appropriate course of action. The patient leaves here with a plan of action, not wondering where to go next.”

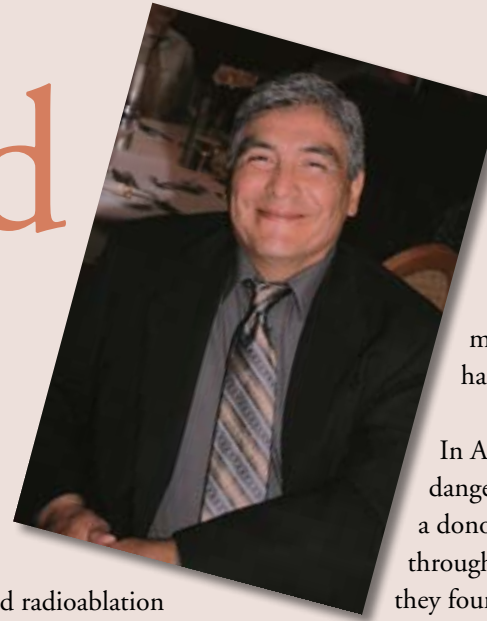
Research continues to improve diagnosis and treatment options for cancers of the

liver and pancreas. “Our understanding of how to combine treatment modalities to cure a patient is changing very dramatically right now,” says Dr. Goldstein. “We are learning better ways to combine chemotherapy with a surgical procedure, with ablation therapy for instance. We are looking at ways to offer patients three or four types of treatments to possibly become tumor free. We review our patient outcome data and look at new ways to offer better treatments and decrease complication for patients.”

Baylor remains committed to liver and pancreas cancer research, as well as offering advanced treatment procedures. “Baylor is one of few places in the world today that provides everything to help these patients—from resection to transplantation or chemotherapy to ablation or CyberKnife® treatment,” says Dr. Goldstein. “We believe we have every piece covered. Baylor has dedicated itself to being at the forefront of pancreatic and liver cancer treatment.”



A Car Accident Saved His Life



Not everyone can point to a serious car accident as one of the “best bad things” that ever happened to them. But Will Leija, 49, says it was just such a crash that led him on a road of not only recovery from cancer, but to a new life.

In 1994, Leija was a divorced father of two girls, Gina Carin, now 21 and Dana Rose, now 23. He moved all over the country for his job with Boston Market restaurants. When a routine physical revealed that he had Hepatitis C, he decided to move back to Texas to be closer to his daughters, then five and seven years of age. This move also led him to meet his current wife, Sandy. He thought things were going pretty well in his life and didn't think much about his Hepatitis C diagnosis.

In 2002, life changed dramatically however. He was returning home late from work one night when a suspected drunk driver traveling 100-miles-per-hour, rear-ended his truck on the Interstate 30 bridge over Lake Lewisville, sending him airborne. He survived, but was extensively injured.

His physician ran tests to determine the extent of his injuries. An MRI revealed more than broken bones and a concussion—he had an unidentified nodule on his liver that was not caused by the accident. That nodule was liver cancer. “My wife is a neonatal intensive care unit (NICU) transport nurse at Baylor

University Medical Center at Dallas and she immediately recommended Baylor,” says Leija.

“It was shocking,” says Leija. “But the doctors gave me hope, saying my tumors were very small. They monitored me for a year and then did radioablation therapy, which eliminated the cancer I had at that time.” Radio Frequency Ablation Therapy uses imaging techniques such as MRI or CT to guide an electrode into the tumor and pass high-frequency electrical currents through the electrode, creating heat that destroys the cancer cells.

Leija was monitored every six months. In 2006, a medical oncologist on the medical staff at Baylor Dallas noticed new tumor development. He began monitoring Leija more often and within a year, these new growths became a concern. “He told me it looked like I had active radical cells that were progressing quite quickly,” says Leija. “The Hepatitis C was also getting aggressive and deteriorating my liver. Physicians ordered chemoembolization to delay the now-inevitable transplant.” Chemoembolization uses a drug to block the blood flow to tumors.

Due to his rapidly deteriorating condition, Leija began undergoing the medical tests for a liver transplant. He was soon placed at the top of the list, one week before Christmas, 2007. “I began all the blood tests and had

monthly MRIs,” he says. “I also had to prepare myself mentally.”

In April, as tests began to reveal the dangerous formation of new clusters, a donor liver was found. “I went through four alerts in four days until they found one most suitable for me,” he says. “It was super-high stress but my faith was what kept me strong.”

After a five-hour surgery, Leija spent less than 24 hours in the transplant ICU. He responded so well to his newly transplanted liver that, instead of a week in the hospital, he was able to go home after only five days. He received 20 more weeks of chemotherapy to ensure all cancer cells were gone and is now in remission. “I feel like a new person—like I am younger than when I went in,” says Leija. “I didn't realize how sick I really was. The doctors and clinicians at Baylor did a fantastic job. I received such great round-the-clock care from the staff at Baylor. I want everyone to know, there is treatment and hope for cancer patients—I am living proof.”

Now feeling better than ever, Leija has a renewed outlook on life. He is currently a stay-at-home dad to his two youngest daughters, Hannah, 2 and Sophia, 4, and has started nursing school. “God took care of me for a reason and I want to help others the way they helped me,” he says. “I have been blessed and I want to give back and spend a lot of time with my kids.”



New Research in the Fight Against Breast Cancer

Physicians on the medical staff at Baylor University Medical Center at Dallas were among those present at the annual international breast cancer symposium in December. The symposium, held in San Antonio, was attended by more than 8,000 physicians and clinicians from around the world, including John E. Pippin, M.D., medical oncologist on the medical staff at Baylor and chair of the Baylor Charles A. Sammons Cancer Center at Dallas breast site planning and coordinating committee. Dr. Pippin offers highlights of the research discussed.

EFG30008

The first results from trial EFG 30008 were announced. Dr. Pippin was a co-investigator of this study, which focuses on post-menopausal patients who had not previously received treatment for advanced breast cancer. Of the 1,200-plus patients in the trial, 218 were HER2-positive. The volunteer patients received the aromatase inhibitor letrozole plus a placebo, or letrozole plus the oral anti-HER2 drug lapatinib. “There were two objectives for this trial,” says Dr. Pippin. “The first was to look at the effectiveness of the drug lapatinib in patients who had never received treatment for advanced breast cancer and the second was to determine if post-menopausal patients with advanced estrogen receptor positive breast cancer receive benefit from drugs such as tamoxifen. The

longer we can use such drugs, the longer the patient can avoid the toxic side effects of chemotherapy.”

HER2-Positive Patients Using TDM-1

Also discussed was a study that uses the new drug TDM-1 for HER2-positive patients with advanced breast cancer. “This is a new anti-HER2 drug that takes the very effective drug trastuzumab and combines it with a new chemotherapy drug,” says Dr. Pippin. “This new therapy is showing a lot of promise for those patients who have HER2-positive advanced breast cancer.”

New Molecular Markers

“As we move forward, the use of molecular markers will help the oncologist more accurately select the very best chemotherapy regimen specifically for each individual patient,” says Dr. Pippin. “Clinical trials are not only looking at molecular markers, but also the expression of various genes within the breast cancer. Certain patterns of gene expression are now being used to predict who would best benefit from taking chemotherapy for early stage breast cancer.”

Post-Menopausal Patients and Early-Stage Estrogen-Positive Breast Cancer

“It looks as though aromatase inhibitor drugs are preferred now over the older drug tamoxifen,” says

Dr. Pippin. “Although tamoxifen is still very useful in certain instances, investigators at the San Antonio meeting stated they would like to see one of the aromatase inhibitor drugs used instead of tamoxifen after early-stage breast cancer patients have finished other types of therapies. Although the percent decline in relapses of breast cancer with this shift is modest, the serious side effects of the aromatase inhibitor drugs such as developing blood clots or uterine cancer are fewer.”

Physicians on the medical staff at Baylor Dallas also contributed to research regarding bone loss and aromatase inhibitors. “It turns out that bone loss with the commonly used aromatase inhibitor exemestane occurs most rapidly in the first two years of taking the drug,” says Dr. Pippin. “Bone loss tends to level off after that. This may afford cancer physicians an opportunity to slow down the early bone loss by encouraging exercise, using calcium and vitamin D and also using the class of drugs called bisphosphonates.”

For more information about breast cancer and cancer research at Baylor Sammons Cancer Center, visit BaylorHealth.com/DallasCancer or call (214) 820-3535.

Triple Negative Breast Cancer

Triple negative breast cancer is negative for estrogen receptor, progesterone receptor and HER2. These cancers tend to grow rapidly and have a higher incidence of recurrence. “It was discussed that triple

negative breast cancers sometimes express a substance known as GRB-7,” says Dr. Pippen. “If a patient has a gene that shows an activated GRB-7 protein in these triple negative cancers, there is an increased risk of recurrence.”

The findings reported at this year’s symposium are encouraging to physicians. “Every year it is very rewarding to see the tremendous amount of research activity,” says Dr. Pippen. “It is amazing to see the amount of cooperation, networking and sharing of information. In this era of exciting breast cancer research, the determination of researchers and patients makes it easier to visualize a world without breast cancer.”

“When one takes a look around at the meeting, it is amazing to see the amount of cooperation, networking, and sharing of information going on. In this era of exciting breast cancer research, the determination of researchers and cancer patients makes it easier to visualize a world without breast cancer.”

John E. Pippen Jr., MD, FACP

For more information about breast cancer and cancer research at Baylor Sammons Cancer Center, visit BaylorHealth.com/DallasCancer or call (214) 820-3535.

Robotic Cancer Fighters

Baylor University Medical Center at Dallas is the second hospital in the United States to feature the CytoCare Chemotherapy Compounding Robot which automates the preparation of vital medications used to fight many cancers. The new technology scans medication barcodes, measures exact dosage amounts and weights of medications and compounds them to ensure accuracy of dosage for each patient.

Chemotherapy drugs are a specific and varied combination of potent medications. Accuracy in preparing these medications is critical and the extra level of safety checks provided by the new system enhances safety for the patient and the pharmacy technician. “It provides several additional layers of safety,” says Brian Cohen, MS, Pharm.D., RPh., director of Pharmacy at Baylor



Dallas. “In addition to measuring the amount of drug and weight accuracy, the robot takes a picture of the label on the chemotherapy vial used and the pharmacist verifies the accuracy of the medications and dosage. Also, since it is a closed preparation system, it limits the exposure of these potent medications to the pharmacy technicians.”

Nicknamed by the Baylor Dallas Pharmacy team as the “Chemonator,” the new automated system also increases the number of chemotherapy treatments that may be delivered. “Pharmacy technicians produce about four to five chemotherapy treatments in an hour,” Cohen says. “This system allows us to produce 20 to 30 per hour, serving more patients and fighting more cancers.”

Dr. Alan Miller

Named Chief of Oncology at Baylor

“The statistics are staggering: It is estimated that North Texas will see a 21 percent increase in the number of people with cancer over the next five years, and 22,000 new cancer cases will be diagnosed just next year,” says John McWhorter, president of Baylor University Medical Center at Dallas. “As we expand our physical capacity to care for patients, we sought a new chief of oncology with the vision of moving cancer to a chronic condition.”

Alan M. Miller, M.D., Ph.D., has been named chief of oncology for Baylor Health Care System and director of the Baylor Charles A. Sammons Cancer Center. Dr. Miller is an experienced cancer researcher and clinician with a strong administrative background.

Dr. Miller joins Baylor Dallas from Tulane University Health Sciences Center in New Orleans, La. where he served as associate senior vice president for Health Sciences. He began the hospital’s bone marrow transplant program and served in a variety of teaching and leadership roles for 15 years, including serving as vice dean for clinical affairs and deputy director of the Tulane Cancer Center. Additionally, Dr. Miller played a leadership role in helping re-establish Tulane after hurricane Katrina flooded all the school’s facilities and forced them to close.

Prior to joining Tulane, Dr. Miller served as an assistant professor of medicine and co-director of the

M.D./Ph.D program at the University of Florida College of Medicine.

Including a strong administrative background, Dr. Miller brings more than 30 years of teaching and research experience to Baylor Dallas. He has received a number of significant grants from the National Institutes of Health for cancer research studies.

Dr. Miller received his master’s and doctorate degrees in physiology from the Roswell Park Division of the State University of New York in Buffalo, NY. After serving as an assistant professor of oncology at the University of Miami School of Medicine, Dr. Miller went on to earn his medical degree from Miami and completed his internship, residency and fellowship at the University of Florida.

Dr. Miller assumed the leadership role in November after Marvin J. Stone, M.D., accepted the role of Director of Oncology Education and Quality for the Sammons Cancer Center. Dr. Stone will also work closely with Dr. Miller as associate director of the Sammons Cancer Center.

“It is an exciting time to be joining the Baylor Charles A. Sammons Cancer Center. The next few years will see a tremendous growth in the centers’ programs and facilities.”

Alan M. Miller, M.D., Ph.D.



“It is an exciting time to be joining the Baylor Charles A. Sammons Cancer Center,” said Dr. Miller. “The next few years will see a tremendous growth in the centers’ programs and facilities. We have a great opportunity to build on the foundation established by Dr. Stone and the leaders of the Cancer Center to grow our reputation as a regional and national destination cancer center through patient care, education and research.”

InTouch is a publication of the Baylor Charles A. Sammons Cancer Center at Dallas. *InTouch* provides information about cancer: prevention, screening, diagnosis and treatment options. It also provides information to patients and their caregivers to help manage the challenges of cancer through educational and support programs and events, sponsored by Baylor Sammons Cancer Center and Texas Oncology.

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Helpful Phone Numbers

Baylor Sammons Cancer Center	(214) 820-3535
Oncology Outpatient Clinic	(214) 820-6767
Ernie's Appearance Center	(214) 820-8282
National Marrow Donor Program	(214) 820-4279
Texas Oncology	(214) 370-1000
Virginia R. Cvetko Patient Education Center	(214) 820-2608
W. H. & Peggy Smith Baylor Sammons Breast Center	(214) 820-9600

Comments on this issue or suggestions for future issues should be sent to: *InTouch*, Baylor Sammons Cancer Center, 3500 Gaston Avenue, Dallas, Texas 75246, (214) 820-2608.

Cancer research studies on the Baylor Dallas campus are conducted through Baylor Research Institute, Mary Crowley Cancer Research Center, Texas Oncology and US Oncology. Each reviews, approves and conducts clinical trials independently. Their clinical trials are listed together, in this publication, for the convenience of patients and physicians.

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Baylor Announces *New Cancer Center*

Baylor University Medical Center at Dallas is developing North Texas' first dedicated cancer hospital and new outpatient cancer center that will be the largest in North Texas. The 450,000-square-foot outpatient cancer center is scheduled to open in 2011. Work on the dedicated cancer hospital will begin in 2010, with completion scheduled for 2013.

The new cancer center will allow for a more comprehensive, personalized medicine program, including areas of research such as targeted therapy. Targeted therapy allows physicians to analyze a patient's genes and determine what type of treatment will work best for that particular patient. The new cancer center will also allow clinicians to engage in further cancer research, focusing on breakthroughs that directly affect patients. In addition, clinical trial participation will be expanded beyond the more than 150 studies already offered to Baylor patients.

Based on feedback from patients, families, physicians and staff, the new cancer center will be a patient-centered facility designed to anticipate needs throughout the continuum of care. Activities of the Virginia R. Cvetko Patient Education Center will be expanded and additional complementary medicine programs will be offered including massage, acupuncture, music and art.

Baylor Health Care System wants cancer patients in North Texas to have access to advanced cancer prevention, screening, diagnosis, treatment and research—close to home where they can be supported by their loved ones. Baylor Health Care System Foundation supports that vision and to that end, it is raising funds for the Baylor's new, \$350 million cancer center project. To learn more about giving opportunities, please contact the Foundation at (214) 820-3136 or Foundation@BaylorHealth.edu.

Eating To Fight Cancer

It is commonly said, “You are what you eat.” When it comes to gastrointestinal cancer, doctors and researchers are uncovering more links between certain foods, a healthy diet and possible cancer prevention, making the phrase even more important.

“A healthy diet goes a long way in disease prevention in general,” says Deana Cox, R.D., L.D., CNSC, a dietitian who specializes in helping gastrointestinal oncology patients at Baylor University Medical Center at Dallas. “There are more than 200 published studies about the disease-prevention aspects of a plant-based diet—one high in fruits and vegetables.”

Cox recommends five to nine servings of fruits and vegetables a day. “These are rich in phytochemicals, compounds found in plants that are very beneficial,” says Cox. “They are what make a banana yellow or a grape red. Some have antioxidant effects which are thought to be cancer fighting. We’re not exactly sure how each and every one works as of yet, but what we have uncovered so far is very exciting. Researchers are learning more every day.”

One reason it is important to examine nutrition’s role in cancer prevention is that people who live in areas where the typical diet focuses mainly on fruits and vegetables rather than meats, have significantly lower rates of some types of cancer. “For instance, those who eat a Mediterranean or East Asian diet, where meat is much more of an accent and fruits and vegetables take on a large part of the meal, have much less incidence

of many diseases that are common here in the United States,” she says. “A big part of how you eat though is the way you are raised. We spend a lifetime creating our food habits and a lot of us in the United States were not raised eating many fruits and vegetables.”

For a healthier plate, Cox recommends rebalancing what we eat. “In a typical western-type diet, we have meat portions covering half the plate,” she says. “What you should be aiming for is half of your plate filled with non-starchy vegetables, a fourth of the plate whole grain foods and the other fourth, lean meat or other protein sources. It is really important to fill up on the good things, so we do feel full and satisfied and don’t have to deprive ourselves. We can do that while still gaining all the benefits of the phytochemicals.”

Some people may still rather skip all the fruits and vegetables and attempt to get their vitamins and minerals from a supplement. Cox says while supplements can be beneficial to fill in gaps, you can’t get everything from a pill. “You just can’t get all the cancer fighting benefits you need in a pill,” she says. “You will still be missing something. That is why it is just better for healthy people to focus more on their overall diet.”

Nutrition for the Cancer Patient

Those who are already being treated for a gastrointestinal cancer have to approach a healthy diet in a slightly different way. “Forty percent of patients who die while being treated for cancer actually die of malnutrition,” says Cox. “We create a very individualized nutrition



plan for each patient. We have to understand where their cancer was, what may have been surgically resected and what the treatment plan is. We work closely with the

physicians to help patients deal with the side effects of treatment and maintain their weight and strength throughout treatment.”

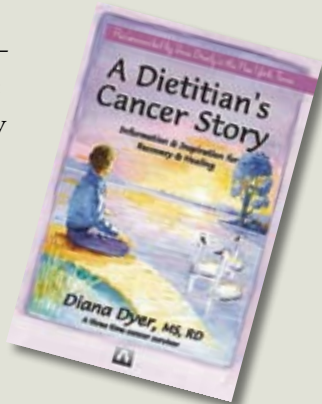
A supplement might be an appropriate alternative for those patients who are unable to tolerate five to nine servings of fruits and vegetables a day. “At least they are getting some nutrition to help remain strong throughout treatment,” she says. “But if all they can tolerate is ice cream, then that, perhaps along with a supplement, is what we are going to let them have, as long as it helps them maintain their weight.”

Once they have completed treatment, Cox works with patients to evaluate their food choices to hopefully help prevent a recurrence caused by a poor diet, as well as help them live a generally healthier life. “You can’t get too many of the phytochemicals found in fruits and vegetables and if they help provide the anti-inflammatory effect we need to fight cancer, then it’s an even better thing. It can benefit your whole life.”

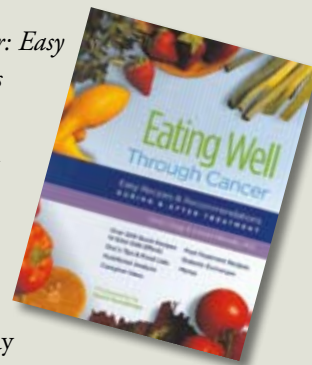
Ernie's Offers Books to Help You Know What to Nibble During Cancer

Eating a healthy diet is important to possibly prevent cancer, but it is also important during and after treatment as well. Ernie's Appearance Center, which opened on the campus of Baylor University Medical Center at Dallas in 1996, provides cancer patients the information and tools necessary to address personal needs, including books to help you eat a nutritious diet. Some of the most popular nutrition books carried at Ernie's include:

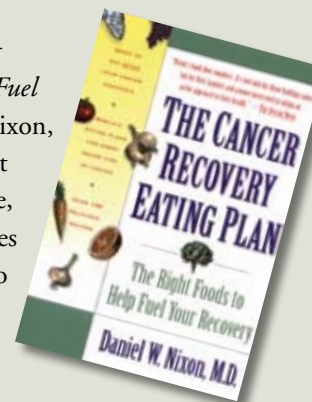
A Dietitian's Cancer Story—Information and Inspiration for Recovery and Healing, by Diana Dyer, M.S., R.D. is one often recommended to patients by their oncologists, according to Dusty Clark, manager of Ernie's. "It covers how to eat from day one of chemotherapy, and what to do to address side effects," says Clark. "People often comment on what a great resource it is for menus and recipes."



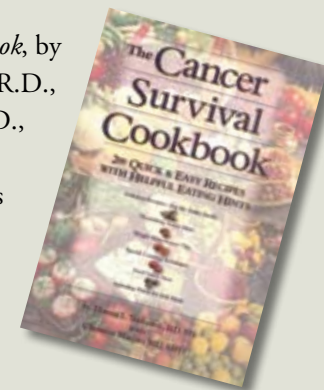
Eating Well Through Cancer: Easy Recipes & Recommendations During & After Treatment, by Holly Clegg and Gerald Miletello, M.D., a medical oncologist, is another book available at Ernie's. "It includes 250 recipes, including those for everyday foods, as well as weight-gain shakes that can be easily tolerated during nausea," says Clark.



The Cancer Recovery Eating Plan—The Right Foods To Fuel Your Recovery, by Daniel Nixon, M.D., the editor-in-chief at *Cancer Prevention* magazine, offers 100 specialized recipes including menus tailored to specific cancer types.



The Cancer Survival Cookbook, by Donna L. Weihofen, M.S., R.D., with Christina Marino, M.D., M.P.H., is divided into two sections—one helps patients deal with the side effects of treatment and the other discusses the nutritional benefits of certain foods and types of eating plans.



Ernie's Appearance Center also offers wigs, hats, scarves, breast prosthesis and mastectomy and fashion bras, camisoles, swimsuits and other specialized clothing, including sun protective clothing. Ernie's also carries non-metallic deodorant and skin lotion for use during radiation treatment. Educational videos, beautiful jewelry, gift items and decorative canes are also available to lift your spirits and enhance your appearance.

Ernie's is open 8:30 a.m. to 4:30 p.m. Monday through Friday and is located in the first floor lobby of the Baylor Charles A. Sammons Cancer Center.

For more information, call (214) 820-8282.





PINK PASSION™ WINNERS

Last October, Baylor Charles A. Sammons Cancer Center at Dallas and Saks Fifth Avenue at Galleria Dallas hosted a “Pink Passion” shoe design and decorating contest to raise awareness about breast cancer. Contest winners are (from left): Ittalee Lyons of Richardson, Most Creative; Kate Langley of Dallas, Kids; and Nancy Ryan, RN, of Dallas, Most Fashion Forward. Entrants decorated a shoe with pink flair including sequins, pink feathers and glitz, showing support for those battling breast cancer.

Pink Passion Shoe Design and Decorating Contest 2009 will be held in October. Details will be available in September at BaylorHealth.com/DallasCancer.



Virginia R. Cvetko Patient Education

The Virginia R. Cvetko Patient Education Center is designed to help you and your loved ones understand and manage the challenges of cancer. The Cvetko Center offers general and disease-specific education programs, a variety of educational resources, spiritual and emotional support, and pastoral care.

Services are provided by both staff members and trained volunteers who are cancer survivors. All educational services of the Cvetko Center are provided to patients, family members and cancer survivors free of charge.

The Cvetko Center is located in the Baylor Charles A. Sammons Cancer Center at Dallas, Collins Building, Suite 615. **For information on educational resources or to register for activities and programs, please call (214) 820-2608.**



New Parking Garage

Garage #4, a new six-level, 872-space parking garage, is now open adjacent to the Baylor Charles A. Sammons Cancer Center. This garage is accessible from both Worth Street and Junius Street. **Patients attending Cvetko Center programs will receive a free-parking voucher. Patients attending Cvetko programs in Truett Hospital may park for free in Parking Lot #9 (accessible from Hall Street).**

Special Programs

Virginia R. Cvetko Living with Cancer Series
This special educational series will provide information specifically for the cancer patient and his or her family/caregiver. Program topics will address nutrition, exercise and communication. This series also provides patients and their family/caregiver an opportunity to share their cancer experience with other cancer survivors. Call (214) 820-2608 for dates and times.

Living with Cancer Class Complimentary Therapies

Thursday, March 26
10 a.m. – 12 p.m.
Cvetko Conference Center, Basement level,
Sammons Tower
Baylor Sammons Cancer Center

Living with Cancer Workshop

Saturday, April 18
10 a.m. – 1 p.m.
Topics include the importance of nutrition,
managing fatigue and stress and communi-
cation

Lymphedema: Everything You Need to Know Causes and Prevention, Treatments, How to Cope

Wednesday, April 29
9 a.m. – 12 p.m.

and Support Programs

For details, visit BaylorHealth.com/DallasCancer.

National Cancer Survivors Week

June 1–5

Various activities will take place including patient makeovers in Infusion areas, information booths, giveaways, patient art exhibit, and the Barrett Lectureship

25th Annual Barrett Lectureship

“The Human Side of Cancer: Living With Hope, Coping with Uncertainty”

Jimmie Holland, MD, Memorial Sloan-Kettering Cancer Center

Thursday, June 4

11:30 a.m. – 1 p.m.

A Journey with a Caregiver: Lessons Learned

Betty E. Garrett, author of “From Hiccups to Hospice: A Survival Guide for the Cancer Caregiver” Also covered will be enhancing communication and incorporating complementary methods for better self care.

Saturday, June 13

9:30a.m. – 1 p.m.

Sleep and Cancer Therapy

David L. Luterman, MD

Thursday, May 21

12:30 – 1:30 p.m.

Wisdom for Women with Cancer Series Hope

C. Allen Stringer, M.D.

Tuesday, April 21 •

11:30 a.m. – 1 p.m.

Basement level, Sammons Tower

Also, watch for more details on:

Ovarian Cancer Survivorship Celebration Luncheon with speaker Fran Di Giacomo
Monday, Sept. 21

Breast Cancer Survivorship Celebration Luncheon with speaker Rev. Dr. Sheron Patterson
Tuesday, Oct. 13

Disease-Specific Education

Amyloid Support North Texas*

Quarterly – second Saturday
10 a.m. – 1 p.m.

Room 7, lower level

Truett Hospital (near cafeteria)



Carcinoid Cancer Texas Survivors*

Monthly – second Saturday

11 a.m. – 1 p.m.

Room 1, lower level

Truett Hospital (near cafeteria)

North Texas Myeloma Support Group*

Monthly – second Saturday

10 a.m. – 1 p.m.

Room 8, lower level

Truett Hospital (near cafeteria)

Ovarian Cancer Support Group

Weekly – Mondays

11:30 a.m. – 12:30 p.m.

Basement level, Sammons Tower

Baylor Sammons Cancer Center

Prostate Cancer Education and Support Group*

Monthly – first Tuesday

11:30 a.m. – 1:30 p.m.

Room 8, lower level

Truett Hospital (near cafeteria)

Support for People with Oral and Head and Neck Cancer*

Monthly – second Tuesday

11 a.m. – 1 p.m.

Basement level, Sammons Tower

Baylor Sammons Cancer Center

Waldenström’s Macroglobulinemia Support Group*

Bi-monthly – third Saturday

10:30 a.m. – 12:30 p.m.

Room 7, lower level

Truett Hospital (near cafeteria)

Ongoing Complementary Programs

Healing Through Journaling

Reduce stress and worry, improve communication skills and enhance the healing process. Join us and experience the power of journaling.

Monthly – second and fourth Wednesdays •
10 a.m. – 11:30 a.m.

Basement level, Sammons Tower

Baylor Sammons Cancer Center

Express Yourself!

Words can escape us when we try to communicate our thoughts, feelings, hopes and fears. Let the world of color and shapes help you explore your cancer journey through artistic expression. Knowledge of art and experience in art are not required.

Monthly – second Wednesday •

9 a.m. – 10:30 a.m.

Suite 620, Collins Building

Baylor Sammons Cancer Center

• **Reservations required for this event. Please call (214) 820-2608.**

* **Family members are invited to attend these support group meetings.**

Super Colon is Coming to Baylor!

March is Colon Cancer Health Awareness Month and Baylor University Medical Center at Dallas is hosting a super-sized exhibit about colon health and colon cancer.

The Prevent Cancer Foundation Super Colon™ exhibit will be available for tours:

WHEN: Tuesday March 31
9 a.m. to 4 p.m.

WHERE: Conference Room 8, Truett Hospital
Baylor University Medical Center
at Dallas
3500 Gaston Avenue, Dallas 75246

Get an up close look at a healthy colon, tissue with non-malignant colorectal disease like Crohn's and colitis, colorectal polyps and various stages of colorectal cancer. You will also learn about the importance of colorectal cancer screening, prevention tips, risk for developing colon cancer and colon cancer symptoms and treatment options.

For more information about the Super Colon exhibit, please call the Virginia R. Cvetko Patient Education Center at (214) 820-3535 or visit BaylorHealth.com/DallasCancer.

