

INTOUCH

News from the Baylor Charles A. Sammons Cancer Center at Dallas ■ Spring 2010



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New Technology Helps in the Fight Against Melanoma

While only three percent of the one million cases of skin cancer diagnosed each year are melanoma, this type is by far the deadliest skin cancer. According to the Skin Cancer Foundation, melanoma accounts for 75 percent of all skin cancer deaths in the United States. It is also the most likely to spread or metastasize to other parts of the body.

Melanoma is a malignant form of skin cancer that starts in the cells that produce the pigment or skin's color. Typically, it appears as an irregular brown, black or red spot or an existing mole that begins to change size, shape or color. There are four main types of melanoma:

- **Superficial spreading melanoma** is the most common, accounting for about 70 percent of all cases. Most often seen in younger people, the first sign of superficial spreading melanoma is a flat or slightly raised discolored patch with irregular borders. It can range in color from tan, brown and black to red, blue or white. This type of melanoma can occur in a previously benign mole. Melanoma can be found almost anywhere on the body, but is most likely to occur on the torso in men, the legs in women and the upper back in both.

- **Lentigo maligna** also usually appears as a flat or mildly elevated mottled tan, brown or dark brown discoloration. This type of melanoma is found most often in the older population and in areas that have received long-term sun exposure such as the face, ears, arms and upper torso.

- **Acral lentiginous melanoma** usually appears as a black or brown discoloration under the finger nails or on the soles of the feet or palms of the hands. It is most common among African-Americans and Asians and the least common among Caucasians.

- **Nodular melanoma** is usually already invasive at the time of diagnosis. It appears as a bump that can be black blue, gray, white, brown, tan, red or skin tone. This type of melanoma is very aggressive and usually found in older people on the torso, legs and arms, as well as on the scalp.

Melanoma symptoms can vary from person to person. Some symptoms may not necessarily indicate cancer, but if they persist for more than two weeks, you should have the area examined. These symptoms include:

- Changes in the skin, such as a new spot or one that changes in size, shape or color
- A sore that doesn't heal
- A spot or sore that changes in sensation, itchiness, tenderness or pain
- A small, smooth, shiny, pale or waxy lump
- A firm, red lump that may bleed or develop a crust
- A flat, red spot that is rough, dry or scaly

Causes of Melanoma

While exposure to ultraviolet light remains the main cause of any type of skin cancer, there are other things that can put you at risk for the deadliest form, melanoma. People with fair skin have a higher risk, as well as those with moles, especially atypical moles also known as dysplastic nevi. Family history can also play a role in developing melanoma. If you have a parent or sibling or child who has been diagnosed with melanoma, your chances of developing the disease can increase by 50 percent according to the Skin Cancer Foundation.

Patients who have had organ transplants also must be monitored closely for skin cancer. According to Dan McCoy, M.D., a dermatologist on the medical staff at Baylor University Medical Center at Dallas and medical director of the melanoma and skin tumor clinic, they often have a 100 times greater risk of developing the disease due to the anti-rejection medications they take that can weaken the body's immune system.



Cancer Center Construction Update

Visit BaylorHealth.com/DallasCancer

Diagnosis

“Every hour, one person dies of melanoma cancer,” says Dr. McCoy. “A significant part of the problem is that it becomes metastatic at an early stage in its evolution. This is why early detection is key to successfully treating melanoma.” A new mole-mapping technology will soon be available at Baylor Charles A. Sammons Cancer Center at Dallas Outpatient Clinic. This new technology may help physicians examine suspicious areas on the skin and determine if they are melanomas.

“Dermatologists currently use a handheld microscope-like device called a dermatoscope to see under the top layer of skin,” says Dr. McCoy. “This new technology being implemented at Baylor Dallas provides a comprehensive melanoma surveillance program. It offers high resolution clinical and dermoscopic digital images. Mole mapping is a tool for tracking changes in lesions over time. A benefit is better management of those at risk of developing melanoma.”

The oncology outpatient clinic at Baylor Sammons Cancer Center will offer regular skin evaluation clinics once the new technology is in place. “This new technology will offer us several things,” says Dr. McCoy. “Once a diagnosis is made, we can provide faster access to the dermatologists here at Baylor Dallas with melanoma expertise. The mole-mapping technology provides and maintains a historical record of lesions for serial monitoring and helps us identify melanomas at an earlier stage when they are the most treatable.

“In addition to facilitating earlier diagnosis, this new technology will also aid in melanoma research opportunities to continue that enhance the prevention, early diagnosis and treatment of melanoma,” says Dr. McCoy.



Coordinator Brings Cancer Information to the Community

Jennifer Williams has been named oncology events and community relations coordinator for Baylor Charles A. Sammons Cancer Center at Dallas. She coordinates health fairs and screenings throughout the community to raise awareness of cancer prevention, detection and research advances.



“I collaborate with companies, schools, churches and other organizations such as the American Cancer Society, to make sure our entire community is aware of ways to protect themselves from cancer, early diagnoses options and Baylor Dallas’ advanced treatment options,” says Williams. “We also have information about cancer clinical trials at Baylor Dallas to help further these advances.”

Businesses or organizations wishing to schedule a cancer information event can call Williams for more details at **214.818.8473**.

“We want to show everyone what we have to offer to help them make the journey through cancer treatment a little easier,” she says.



It's A Guy Thing Free Health Event Devoted To Men

Join Baylor University Medical Center at Dallas on Saturday, June 19 for a morning dedicated to men's health and wellness at **It's A Guy Thing**. Health screenings, education and wellness booths will be available along with chair massages and a light breakfast. Presentations by physicians on the medical staff at Baylor University Medical Center at Dallas will include cardiovascular health, orthopaedics, urologic health, reducing your cancer risk, overall health and healthy snack ideas.

Saturday, June 19, 2010

7:30 a.m. – Noon

**DoubleTree Hotel, Dallas, Campbell Centre
8250 N. Central Expressway**

For more information or to register, please call **1.800.4BAYLOR** or **Baylorhealth.com/Dallas/GuyThing**.

Facing Cancer Head On

The **Challenges** of Oral, Head and Neck Cancers

A cancer diagnosis of any kind is a challenging and life-changing experience. Beyond the initial concerns of those facing head, neck and oral cancers, many worry that the side effects from treatments meant to save your life can also affect you the rest of your life. The medical professionals and physicians on the medical staff at Baylor University Medical Center at Dallas work as a united, multidisciplinary team to not only treat these cancers, but help make the side effects as minimal and manageable as possible. The guiding principle emphasizing the importance of multidisciplinary collaboration is the basis of certification by the American College of Surgeons Commission on Cancer as a designated cancer center.

While each type of oral, head and neck cancer is different, symptoms can be similar, according to Lance Oxford, M.D., otolaryngologist on the medical staff at Baylor Dallas. “Many people will notice a bump or ulcer in their mouth or on their tongue or, if it is further back, they may feel pain when swallowing,” he says. “Sometimes, however, it can be in places you can’t see, like on the vocal chords, and you have a pain that won’t go away for several weeks or you experience hoarseness. Some cancers can only be seen through a special scope.”

These types of cancers have commonly been linked to tobacco and heavy alcohol use, especially when used together. However, there has been an increase in diagnosed cases with no history of tobacco and/or alcohol use. These cases are thought to be caused by the human papillomavirus (HPV) and, according to Dr. Oxford, usually respond well to treatment.

Depending on the location of the tumor, diagnostic techniques can include a needle biopsy, CT scan, MRI scan and/or a PET scan. These diagnostic procedures allow physicians to carefully map the tumor area to better pinpoint a treatment plan, as well as determine ways to reduce and/or correct any functional or disfigurement issues before treatment begins.

Most often, treatment includes surgery, radiation therapy and/or chemotherapy, all of which can cause long-lasting side effects. While surgery is commonly performed before radiation or chemotherapy, newer types of chemotherapy drugs have been developed that allow certain patients to avoid surgery altogether. “There have been a lot of clinical trials that have looked at ways to treat patients and avoid performing surgery,” says Dr. Oxford. “This is one of the biggest advances in head and neck cancer in 20 years. For example, certain

patients can be treated first with chemotherapy and radiation therapy in an effort to keep their vocal chords intact and avoid a laryngectomy or removal of part or all of larynx which can affect breathing, swallowing and speaking.”

Advanced surgical procedures available at Baylor Dallas accommodate for retention of as much function and minimal disfigurement as possible. To achieve this, plastic surgeons work with otolaryngologists and oncologists, all on the medical staff at Baylor Dallas from diagnosis through developing a treatment plan. The treatment plan may include tumor removal through surgery and possibly reconstruction to restore function and lessen disfigurement.

“When tumors are removed from the head and neck areas, there are frequently many functional deficits, as well as physical deformities that may occur,” says Jason Potter, M.D., plastic surgeon on the medical staff at Baylor Dallas.

“Getting everyone involved early and participating from the very beginning allows us to really work as a team to develop a comprehensive personalized treatment plan,” adds John Preskitt, M.D., chief of surgical oncology



Dr. Oxford shows Baylor Sammons head and neck cancer clinic patient Cedric Farmer how the examination scope will work to better diagnose his cancer and develop a treatment plan.

and a surgeon on the medical staff at Baylor Dallas. “Patients are seen in Baylor Sammons Cancer Center’s oncology outpatient clinic.”

“Often, the reconstructive surgery can be performed right away so the patient leaves the hospital essentially whole again,” adds Dr. Potter. “These issues are a significant concern with oral, head and neck cancer patients and I think we can reassure them that not only are they getting advanced treatment for their cancer, we are doing everything possible to get their life back to where they were before.”

These surgeries tend to be extremely complex, requiring reconnecting and transferring tissue from other parts of the body. Advanced microsurgery techniques have helped improve outcomes. “Microsurgery techniques are extremely helpful, giving us a greater ability to fine-tune reconstructions,” says Dr. Potter.

Dr. Oxford adds, “A lot of these reconstructive surgeries are similar to an organ transplant,” he says. “Tissue has to be transplanted from another part of the body and reconnected. The veins and arteries have to be reconstructed. It is very complicated, but if any of the tissue has undergone radiation there will be scar tissue and it will lack good blood supply. If we use tissue from another part of the body, however, we will have a better long-term outcome. One example is if we have had to remove part of the tongue, we can use tissue from the arm to reconstruct it so the patient can eat and talk. It is a slightly lighter color, but still looks like a tongue.”

Even though physicians can help minimize side effects, they rely on the expertise of other medical professionals from the beginning of the process to help patients recover as fully as possible. In addition to social,

emotional and spiritual support (see story on page 8), speech-language pathologists and registered dietitians specially trained in these cancers, are critical to helping patients learn to adjust to their new situation. “Our techniques are always evolving, but you can’t truly replace everything that is lost to a tumor and treatments,” says Dr. Potter. “Patients often have to relearn basic everyday functions affected by their tumors. That is why our ancillary services are so important to our team in helping these patients recover and return to their lives.”

Speech Language Therapy

One of the first therapists brought in to the treatment process is the speech-language pathologist. This specialist helps patients understand the initial short and long-term changes possible in the way they swallow and speak.

“We arrange for speech therapy even before treatment, especially prior to chemotherapy and radiation therapy,” says Dr. Oxford. “This allows the patient and speech therapist to work on swallowing strategies immediately after surgery. The sooner patients begin therapy, the faster patients will recover their abilities.”

Speech therapists are important to the overall process for many reasons. “The main reason is because the structures affected by these cancers are crucial. For example, simple, yet important tasks such as breathing, speaking and eating,” says Caroline Nickel, M.S., CCC-SLP, Baylor Dallas speech-language pathologist. “It is important for them to retain all of these functions to live a normal life.”

Surgery affects swallowing, so most patients have a feeding tube inserted initially. Because of this, swallowing

techniques are practiced. Tests determine the efficiency of the swallowing reflex and the pain associated with swallowing after surgery.

Swallowing complications may lead to fluid buildup in the lungs which may bring bacteria and cause pneumonia. “Many patients are afraid to swallow before and after surgery, depending on the location and the extent of the cancer,” says Nickel. “They may have tried to eat something and choked on it, so we coax them to push their limits in a safe, yet comfortable way, in order to retain that function.”

Beyond the fear of choking, rehabilitating the muscles of the head and neck also is complicated. They are attached differently than other muscles in the body such as the arm, according to Nickel. Treatments such as radiation therapy can cause pain and swelling which may deter a patient from drinking or eating as much and the muscles atrophy quicker.

“Swallowing is like a precisely coordinated dance,” says Nickel. “Anything that sets off that precision can cause things to get stuck or go down the wrong pipe. We perform exercises to strengthen head and neck muscles, while encouraging the patient to not be afraid to swallow. We want them eating and drinking as much as

possible without putting them at risk for aspiration and pneumonia.”

An initial side effect that eventually lessens or is completely relieved in some patients is the increased production of mucous. This may cause more swallowing anxiety and embarrassment. One of the post-treatment swallowing tools speech therapists give head, neck and oral cancer patients is to always have water available to help swallow foods and loosen the mucous. “People’s tastes change, too,” says Nickel. “Avoiding acidic or spicy foods is recommended because they are often more difficult to tolerate.”

Nutrition Services

Another important aspect of recovery for patients involves coordination between dietitians experienced in the issues that head, neck and oral cancer patients are confronted with. “We work very closely with the dietitians as patients are working on their swallowing technique to make sure they are receiving adequate nutrition and hydration, especially during the transition from feeding tube to regular food,” says Nickel.

Nutrition problems can result from not only the difficulty in swallowing, but from other common side effects such as dry mouth and changes in taste.

Baylor Sammons Cancer Center Oral, Head and Neck Clinic

Baylor Sammons Cancer Center hosts a twice monthly clinic to diagnose new cases of oral, head and neck cancers. With the aid of an advanced scoping chair, physicians on the medical staff at Baylor University Medical Center at Dallas examine people who have had an initial diagnosis or have concerns about existing symptoms. Patients are evaluated by oncologists, otolaryngologists, plastic surgeons, speech language pathologists and dietitians as necessary. The oncology outpatient clinic will move to a permanent home when the new outpatient cancer center is completed in the spring of 2011.

Oral, Head and Neck Cancer Facts



More than 60,000 Americans are diagnosed with cancers of the head, neck and oral cavity each year. These cancers can include:

- **Larynx cancer**—affects the vocal cords, voice box or other part of the throat;
- **Mouth cancer**—usually caused by smoking or using smokeless tobacco. Oral cancers occur in the tissue of the lips or in the tongue, the floor or roof of the mouth, cheek lining or gums. These are malignant tumors and spread rapidly.

- **Pharynx cancer**—usually caused by smoking and excessive alcohol consumption, especially when combined. Symptoms include:

- painless, non-healing mouth ulcers;
- non-healing white, red or dark patches in the mouth;
- earaches;
- unusual bleeding or numbness in the mouth; lump in the lip, gum or mouth, or;
- enlarged lymph nodes.

Treatment can also cause nausea, vomiting and pain when swallowing. Working with physicians and speech-language pathologists, dietitians ensure patients are staying properly hydrated and receive proper nutrition. “Treatment often causes a decrease in the salivary gland production which can cause permanent dry mouth,” says Andreea Cranganu, R.D., L.D., CNSD, Baylor Dallas clinical dietitian. “Sometimes these changes never go away, and sometimes medications and time can help patients overcome them.”

To keep the mouth moist, it is recommended to always have water available and even suck on sour lemon candy. “Sour or tart-tasting foods helps stimulate saliva production and at the same time, have an enhanced flavor that helps with taste changes. These foods can be recommended, unless the patient is experiencing inflammation or ulcerations in the mouth.”

As recovery progresses, changes in dietary issues also progress, often getting worse before they get better. “A lot of these symptoms don’t really start until week three or four of radiation treatment,” says Cranganu. “For the

first couple weeks, patients can feel fine with minimal side effects and we recommend a liberal diet, high in calories and high in protein.”

About the fourth or fifth week, however, things often get more difficult, when patients have a hard time even getting water down. “About 90 percent of patients have a feeding tube placed either pre-treatment or at the beginning of treatment,” says Cranganu. “This helps by week five to seven of radiation because they may be completely dependent upon the tube for hydration and nutrition and medications. This is temporary and we always work on swallowing reflex so patients can return to regular nutrition.”

Baylor Dallas’ team approach to treatment of oral, head and neck cancers is crucial to patient recovery. “Patients need a multidisciplinary team to personalize their treatment plan,” says Dr. Preskitt. “Each team member plays a huge role in the care and success throughout treatment. Each specialist and their associated role are needed for treatment success.”

InTouch is a publication of 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
BE THE MATCH®	214.820.4279
Ernie’s Appearance Center	214.820.8282
Oncology Outpatient Clinic	214.820.6767
Patient Navigation Program	214.820.3535
Texas Oncology	214.370.1000
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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.

Physicians are members of the medical staff at one of Baylor Health Care System’s subsidiary, community, or affiliated medical centers and are neither employees nor agents of those medical centers, Baylor University Medical Center at Dallas, or Baylor Health Care System.

Offering Support Through the Tough Times and Beyond



In addition to advanced medical treatment, therapy and nutrition services, an important aspect of the recovery process for many cancer patients is the emotional, social and spiritual support they receive from other survivors in a support group. For survivors of oral, head and neck cancers, Baylor University Medical Center at Dallas offers an active group to help patients learn new techniques for not only living with the diagnosis, but moving forward in life.

The Baylor Dallas support group is part of the nationwide group Support for People with Oral, Head and Neck Cancer (SPOHNC). The Baylor Dallas group meets the second Tuesday of each month from 11 a.m. to 1 p.m. on the basement level of Baylor Charles A. Sammons Cancer Center at Dallas. A separate group also meets at Baylor Regional Medical Center at Plano on the first Tuesday of each month from 6 to 8 p.m. in Rooms A – B on the Garden level.

The importance of meeting others facing similar challenges is critical to the recovery of many patients, according to medical professionals and patients alike. “We really recommend all new patients that they take part in this group and meet other patients,” says Andreea Cranganu, R.D., L.D., C.N.S.D., a Baylor Dallas clinical dietitian who works with many of the oral, head and neck cancer patients. “It is wonderful for them to hear success stories and learn tips that can help them through a trying circumstance. It lets them know there is hope and there is a light at the end of the tunnel.”

Pat Scanlan is one who now sees that light. The 51-year-old medical supply salesman never thought he would have cancer, much less need a support group. But two years ago he was diagnosed with Stage IV throat cancer. “I had a lump in my throat,” he says. “We thought it was sinuses. I took antibiotics and it went down, but kept coming back.”

Even before treatment began, he was encouraged to attend a support group meeting. He says, being the “tough guy” that he is, he had no interest at first. Later, his wife attended a meeting and again encouraged his participation. Now, two years later, they both still attend regularly. “When I got there, I realized it was no longer just the two of us against the world,” he says. “All of a sudden there were other people going through what we were going through, just in different stages.”

While the group is facilitated by Baylor Dallas staff, it is the survivors themselves who often offer the best guidance to each other according to Alan Wright, M.Div., a chaplain for Baylor Sammons Cancer Center. “Cancer survivors have a story and experiences to share that I don’t,” he says. “Showing up when you are well helps others and gives hope. That is more than I can do. There is a breaking point for almost everyone when they think they are just not going to make it through with all of the side effects. Then they come to join the group and see they are just like everybody else. They get hope that some of these side effects will subside after hearing from other oral, head and neck cancer survivors. These survivors offer hope to others just beginning treatment.”

One of the side effects almost all oral, head and neck cancer patients experience is an increased production of mucous. At the support group, Scanlan says he no longer felt awkward about it, and he learned several tricks to keep his mouth and throat moistened to reduce the effects. “No one cares if you have to spit up mucous because we have all had to do it,” he says. “I learned to always have water with me, nicely ask the waiter to keep my water full at all times, and carry lemon drops with me because the sour taste produces more saliva than things like peppermints.”

Changes in eating are also a big concern for survivors and at the support group meetings, they often share strategies to help each other cope. “This is a tough one because our culture tends to focus on food—our family discussing the day over dinner, eating out with friends or a date or for a business meeting, even holidays,” says Wright. “After treatment for many of these cancers, patients have to learn to eat slower, take smaller bites and chew food well. It often takes them a lot longer to eat a meal than before, causing them to withdraw from society and doing their normal activities because of this. In the support group, they talk about eating issues and help each other with things that have worked for them.”

As resistant as he was at first to attending a support group, Scanlan now appreciates his wife’s encouragement to go and wishes he had gone sooner in his treatment process. “It probably would have changed some of the things I went through early in the treatment process and made it a lot easier,” he says. “I just wish more people would come. It is so wonderful to know there is a group that truly understands what you are going through because they have been there too.”

Blood and Marrow Cancers

According to the Leukemia and Lymphoma Society, every four minutes someone in the United States is diagnosed with a blood or bone marrow cancer. An estimated 140,000 will be diagnosed with leukemia, lymphoma or myeloma this year.

There are several types of blood and lymphatic cancers, including:

- Acute myelogenous leukemia
- Chronic myelogenous leukemia
- Acute lymphocytic leukemia
- Amyloidosis
- Chronic lymphocytic leukemia
- Chronic myeloid leukemia
- Hodgkin's lymphoma
- Non-Hodgkin's lymphoma
- Multiple myeloma
- Myelodysplastic syndrome
- Waldenström's macroglobulinemia

These diseases usually begin in the bone marrow or lymphatic tissue as an uncontrolled growth of cells often secondary to a genetic injury to the DNA of a single cell. "Leukemias and lymphomas represent a diverse group of diseases, some rapidly growing and immediately life threatening," says Barry Cooper, M.D., medical director of clinical hematology and a hematologic oncologist on the medical staff at Baylor University Medical Center at Dallas. "Other types can

grow slowly and be safely monitored without treatment for various periods of time."

Leukemia

Leukemia affects the normal production of blood cells of the bone marrow and can be acute or chronic. Acute types of leukemia progress more rapidly than chronic leukemias. Leukemias also can proliferate in the blood stream and spread to (metastasize) other parts of the body, including lymph nodes, spleen, liver, brain, spinal cord and other organs.

These conditions are usually detected after a person believes they have the flu or another common illness. A blood test must be performed to detect abnormalities indicating possible leukemia.

"Patients often come to their doctor's office with fever, profound fatigue and shortness of breath," says Dr. Cooper. "Some common illnesses can cause similar symptoms as would be present in someone with a serious infection from leukemia. Early symptoms may be ignored by the patient or patients are prescribed antibiotics without doing other blood work, because these disorders are rare."

"We usually don't know exactly what causes leukemia in a particular patient," says Houston Holmes, M.D., a hematologic oncologist on the medical staff at Baylor Dallas. "It is generally damage to a progenitor cell, a

cell that gives rise to blood cells that result in a transformation into malignant cells."

The treatment protocols for the various types of leukemia are different, depending upon the individual situation and condition of the patient. According to Dr. Holmes, acute leukemia generally requires fairly intensive chemotherapy, whereas some chronic leukemias may either need no immediate treatment or sometimes oral medication. "Some patients remain asymptomatic for years and others can have life-threatening symptoms in a matter of days," says Dr. Holmes. "Someone suffering from acute leukemia may have rapid onset of severe anemia, bleeding or infection; and in another person with a chronic leukemia, their condition may only be discovered on a routine blood test."

Lymphoma

According to the Centers for Disease Control and Prevention, lymphomas are cancers that originate in the lymph system. The two main types of lymphomas are: Hodgkin's lymphoma, which spreads in an orderly manner from one group of lymph nodes to another; and non-Hodgkin's lymphoma, which spreads through the lymph system in a non-orderly manner.

Since these cancers occur in the lymph system, they can sometimes be detected when a lump is noticed in a lymph gland in the neck, arm or groin area. However, the lymph system is found throughout the body, so

lymphomas can also be present in abnormal lymph nodes or the spleen where the disease can progress initially without symptoms.

“Lymphoma cells are derived from lymphocytes that travel throughout the body,” says Dr. Holmes. “Lymphoma can involve any part of the body. It can spread through the lymph system and then present in any organ. Most patients show up with enlarged lymph nodes, but it is not uncommon to see lymphoma involve other sites such as bone, lung or brain.”

Physicians and researchers still do not know what causes lymphomas, but certain people are at higher risk, including those infected with the human immunodeficiency virus (HIV), those with certain viral infections and those whose systems are immunosuppressed, such as an organ transplant recipient.

Multiple Myeloma

When plasma cells become malignant, they can cause a tumor in the bone marrow. This disease is known as multiple myeloma. This type of cancer is rarely diagnosed in younger people. Men are more likely to develop myeloma than women.

“Plasma cells produce normal immunoglobulins or the antibodies that play an integral role in preventing infections,” says Dr. Cooper. “When this malignancy proliferates in the bone marrow, a single abnormal and ineffective antibody is produced. This protein is a marker for myeloma and can be detected on routine blood studies.”

Anemia is one of the most noticeable symptoms of myeloma. “Because the plasma cells infiltrate the bone marrow, they prevent production of normal red cells,

white cells and platelets,” says Dr. Cooper. “This can cause anemia, infections and bleeding.”

Myeloma can also spread to the bones, causing pain and fractures. “Myelomas can also deplete the bones of calcium that leaks into the blood stream, causing elevated blood calcium levels,” says Dr. Cooper. “The antibody it produces can also be toxic to the kidneys.”

Each case of blood or bone marrow cancer requires careful examination to determine the best course of treatment. This can range from monitoring the condition to immediate chemotherapy and/or radiation therapy. The treatment for some types of blood and marrow cancers may include a peripheral blood stem cell transplant (see story on page 11). “These conditions are all very diverse and require different approaches for management,” says Dr. Holmes.

Much research is being conducted to learn new ways to treat each type of blood and bone marrow cancer. One current approach includes medications that are targeted to fight a specific cancer, often with fewer side effects. “We are making strides in the newer classes of chemotherapy and targeted treatments,” says Dr. Cooper. “There also are less toxic approaches to transplant procedures to treat older patients who previously did not qualify.”

Baylor Dallas offers a comprehensive program for blood and bone marrow cancers including a unit dedicated specifically to treating these disorders, featuring a multidisciplinary team of physicians on the medical staff at Baylor Dallas, nurses, social workers, dietitians, therapists and other health care professionals. “Baylor Dallas has the expertise to treat the various aspects of these diseases,” says Dr. Cooper. “We offer comprehensive care with complex treatments.”



The Blood and Marrow Transplant program at Baylor Sammons Cancer Center is designated a Center of Excellence by:

- Aetna’s Institute of Excellence for Transplant
- Blue Cross Blue Shield’s Blue Distinction Center for Transplant®
- United Healthcare’s Optum Health Transplant Network

The Blood and Marrow Transplant program:

- has performed more than 4,000 adult peripheral blood stem cell and bone marrow transplants in the past 27 years;
- is the 9th largest blood and marrow transplant program in the United States;
- performed North Texas’ first adult marrow transplant in 1983;
- performed Texas’ first matched unrelated donor transplant in 1988.

Blood and Marrow Transplant



Update



Advances in Blood and Marrow Transplant Care

In 1956, physicians in the United States performed the first successful bone marrow transplant from one man to his identical twin brother with leukemia. The first peripheral blood stem cell transplant from bone marrow took place more than 40 years ago. By the 1990s, the use of peripheral blood, rather than marrow, furthered improvements in tissue matching. Additionally, the ability to select donors other than family members has made transplantation a vital option for patients with leukemia, lymphoma and other blood disorders.

Advances are continuing. “There are several exciting new developments with the use of donors,” says Edward Agura, M.D., medical director of the blood and marrow transplant program and physician on the medical staff at Baylor University Medical Center at Dallas.

One such advance is a new method that allows parents to donate bone marrow to their children and children to their parents for the treatment of certain types of leukemia and lymphoma. “In the past, patients were prevented from having transplants unless donors could be found who matched perfectly or nearly perfectly—greater than 90 percent,” says Dr. Agura. “Prior to this, only one in three patients had such a match in their family. For the rest, we tried to find donors outside the family, but that is not always successful, even with the excellent services of the world-wide registries such as Be The Match®.

“This new method, which is still under development and being tested under a strict scientific protocol through the National Institutes of Health, gives hope to some critically ill patients with leukemia and lymphoma who previously could not find donors.”



Cord Blood Transplants

Patients having difficulty finding a suitable donor may have another new option as well—donated umbilical cord blood. “Researchers have learned that testing the umbilical cord blood to determine tissue type then freezing and storing it in a blood bank, offers another transplant option for leukemia and lymphoma treatment,” says Dr. Agura. “Umbilical cord blood is rich in hematopoietic stem cells which otherwise would have been discarded after the child’s birth. These can now be used to restore normal bone marrow function for patients. These cells have a tremendous ability to grow and multiply in number and can be a valuable resource for our patients.”

When a baby is born, parents can opt to donate the cord blood to a cord blood bank. Once tested to determine the tissue type, this blood remains frozen and available for years. Transplants using cord blood as the source have been increasing in frequency, especially for children with leukemia or lymphoma, according to Dr. Agura.

Until recently, this method has not been as successful in adults. “The problem in the past has been that the cord blood units were too small for most adult patients. It has been discovered, however, that cord blood donations from different people can be combined and transplanted into a single adult patient, even when their tissue types differ.

“We did expect patient recovery would be quicker using two cord units instead of one, but we have been surprised to observe that there may be a better anti-cancer effect when cord units are combined. Much more research is needed to understand this effect.”

Post-transplant Advances

Many patients receiving these life-saving transplants at Baylor Dallas are also experiencing another advance—the reduction and, in some cases, the elimination of a need



to stay in the hospital after transplantation. “We are able to perform the transplant treatment during the day and allow patients to go home with their family that night,” says Dr. Agura. “Surgery is not required and depending on the method used, the symptoms are usually mild.”

When a donor match is made, the recipient undergoes two to four days of chemotherapy. During this time, the donor undergoes further testing and receives an injection to increase their white blood cell count. The removal of the cells from the donor takes about two hours. Once the patient completes chemotherapy, he or she receives the donated peripheral blood stem cells into their blood stream through a process that is similar to a transfusion.

“From there, the stem cells do all the hard work and transplant themselves back into the recipient’s bone marrow,” says Dr. Agura. “The peripheral blood stem cells are very smart to know where home is and move into the blood stream after 24 hours, where they begin to multiply.”

“These are just some of the major advances we have been able to see recently in the area of blood and marrow transplantation,” says Dr. Agura. “Baylor Dallas offers comprehensive treatment and research, looking into new ways to treat blood and marrow cancers through transplantation.”

To become a blood stem cell or marrow donor or find out more information, please call 214.820.4279 or visit Baylorhealth.com/DallasCancer.



Baylor Hosts Annual Bone Marrow Transplant Reunion and Conference

Blood and bone marrow recipients and their caregivers are invited to join Baylor University Medical Center at Dallas for their annual Bone Marrow Transplant Reunion and Conference on June 19.

For more information, please visit BaylorHealth.com/DallasCancer. Space is limited. Please RSVP by calling 1.800.4BAYLOR.

Patient Thanks **Dedicated Caregivers**

Don Armstrong was diagnosed with acute myeloid leukemia on Sept. 14, 2005. He was inspired to write an essay thanking the nurses and other medical professionals who helped him during his journey from diagnosis, treatment and recovery after a peripheral stem cell blood transplant and as a result of the care he received at Baylor University Medical Center at Dallas. This is an excerpt from that essay:



A happy reunion for BMT patient Don Armstrong with BMT staff who provided his care. Rosemary Hill, RN, BSN, OCN, Don Armstrong, and Curtis Dismukes, RN

This journey began with the surprising diagnosis of acute myeloid leukemia (AML) on Sept. 14, 2005. Needless to say, I was shocked, overwhelmed and frightened with this reality. This couldn't be happening to me. After all, I was young, my health was excellent and I was very active. As I would later understand, this was the first of many lessons on a journey that changed almost every aspect of my life and how I viewed the world around me.

I was filled with tremendous uncertainty as I faced my first hospital stay which started the day following my diagnosis. After 30 days in the hospital, I was released in complete remission from the AML and for me, there was a sense of relief. However, for my future protection, we determined that I needed a peripheral stem cell transplant to eliminate any future reoccurrence of leukemia. On May 12, 2006, I was blessed with a peripheral blood stem cell transplant and a new start at life!

However, this article is not about me—it is about the oncology nurses who walked along side me through my journey. This group of awesome individuals stands out as so unique, so special and so valuable to the patients, their families and the doctors. Oncology nurses have such amazing heart, spirit, soul and energy for life and for what they do every day.

Throughout my journey, I realized that there was more to this dedicated group of professionals than simply taking care of a patient's medical needs. There was something profoundly different about the way they conducted themselves. These nurses share many of the following commonalities:

Servant Hearts It is their normal inclination to conduct every day with a servant's heart of compassion and servitude. They always give more than they receive and they find such fulfilling satisfaction from this personal choice. They focus on the patient and not themselves.

Relationships Every relationship in their professional life is important. They genuinely pay attention to every person they come in contact with. Their hearts are always open to hear a patient's voice, including those difficult life-threatening concerns.

View on life There is remarkable simplicity to their day-to-day view and approach on life. They are aware that life can be complicated and see this reality everyday on the BMT floor, but they choose to see the simple nature of what affects them.

Learn from every patient and family member They gain something new and valuable from every patient and situation that occurs in their workday. They make certain to

stop; listen and pay close attention to every circumstance that impacts them.

Make a difference They demonstrated to me every day we have an opportunity, no it is a responsibility to make a difference in someone else's life. These nurses know life is short and we need to be absolutely certain that every person we touch is validated for who they are and what they mean to us.

It was my quest to discover what makes an oncology nurse so unique, so special and so valuable. One word continues to come to mind—passionate. For so many of these nurses, this is not a job, it is a calling. They truly love what they do.

I would not wish my cancer on anyone, but I wish everyone could know what I have gained on my journey. My priorities and perspective on life have been changed forever. I am grateful for the many individuals who have touched my life on this journey. I am most blessed by the oncology nurses who made the journey with me. "Thank you" seems so inadequate to express my appreciation to these individuals but it comes from the bottom of my heart and soul. So, "Thank You!" YOU DO MAKE A DIFFERENCE!!!!

Virginia R. Cvetko Patient

The Virginia R. Cvetko Patient Education Center is designed to help you and your loved one 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 at 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.**



Parking Garage #4

Garage #4 is a six-level, 829-space parking garage next to 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 (entrance from Hall Street).**

Special Programs

Wisdom for Life

This educational series provides information for the cancer patient, family members and caregivers.

Call 214.820.2608 for dates and times.

Look Good...Feel Better

This program is for women in current active treatment for cancer, who wish to learn techniques for skin care, make-up application, head wraps and accessories. Free make-up kits are provided.

For reservations and more information, call 214.820.2608.

Lymphedema: Everything You Need to Know

October 2010

This class will offer information about the prevention, causes and treatment of lymphedema, as well as teach coping mechanisms for current patients.

For reservations and more information, call 214.820.2608.

Blood and Marrow Transplant Survivor Conference and Reunion

June 19

Please visit BaylorHealth.com/Cvetko for more details.

National Cancer Survivors Week Celebration

June 7 – 11

Mark your calendars for these special 2010 cancer survivor's celebrations.

Activities are planned throughout the week, including the 26th annual Charlotte Johnson Barrett Lectureship on Wednesday, June 9. It will feature keynote speaker Dan Shapiro, Ph.D., the Arnold P. Gold Foundation Professor of Medical Humanism and chair of the department of humanities at Penn State College of Medicine. A cancer survivor himself, he will offer a talk entitled "A Funny Thing Happened on My Way to Chemotherapy."

Other activities occurring throughout the week will include information booths, entertainment, an ice cream social, an art display titled, "Oncology on Canvas," and giveaways.

These events are free. Please call 214.820.2608 or visit BaylorHealth.com/Cvetko for details.

Tuesday, Sept. 7

Prostate Cancer Survivor's Celebration

Monday, Sept. 27

Ovarian Cancer Survivor's Celebration

Monday, Oct. 11

Breast Cancer Survivor's Celebration

Education and Support Programs

For details, visit BaylorHealth.com/Cvetko.

Disease-Specific Education

Amyloid Support North Texas*

Quarterly – second Saturday
10 a.m. – 1 p.m.
Room 7, lower level
Truett Hospital (near cafeteria)

Breast Cancer Support Group

Monthly – first Tuesday
6:30 – 8 p.m.
Call for location

Carcinoid Cancer Texas Survivors*

Every even month – second Saturday
11 a.m. – 1 p.m.
Room 1, lower level
Truett Hospital (near cafeteria)

GVHD Support Group

Quarterly-second Saturday
11 a.m. – 1 p.m.
Room 2, 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 Charles A. Sammons Cancer Center

Prostate Cancer Education and Support Group*

Monthly – first Tuesday
11:30 a.m. – 1:30 p.m.
For location, please call 214.820.2608.

Support for People with Oral and Head and Neck Cancer (SPOHN)*

Monthly – second Tuesday
11 a.m. – 1 p.m.
Basement level, Sammons Tower
Baylor Charles A. Sammons Cancer Center

Waldenström's Macroglobulinemia Support Group*

Every other month – third Saturday
10:30 a.m. – 12:30 p.m.
Room 4, basement level
Truett Hospital (near cafeteria)

For more information, please call 214.820.2669.

Young Adults Living with Cancer Networking Group

Monthly, third Thursday
6:30 – 8 p.m.
Gilda's Club
2710 Oak Lawn, Dallas

For details, please visit BaylorHealth.com/Cvetko

Ongoing Relax, Restore, Renew 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 – 11:30 a.m.
Suite 620, Collins Bldg.
Baylor Charles A. Sammons Cancer Center

Pre-registration is required. Call 214.820.2608.

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 – 10:30 a.m.
Suite 620, Collins Building
Baylor Charles A. Sammons Cancer Center

Pre-registration is required. Call 214.820.2608.

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

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

Gentle Yoga for Cancer Survivors

Bi-monthly—second and fourth Fridays
Will start up again in the Fall
Basement level, Sammons Tower
Baylor Charles A. Sammons Cancer Center

Pre-registration is required. Call 214.820.2608.

Relaxation Made Easy

This program is designed to explore various relaxation techniques that may reduce tension, anxiety, anger and fatigue. CDs will be given to class participants to practice new skills at home.

Monthly – first and third Friday
10 – 11:30 a.m.

To register or for more information, please call 214.820.2608.





Baylor University
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Ernie's Appearance Center Offers Multivitamins and Supplements.

Ernie's Appearance Center, a specialty boutique located in the first floor lobby of Baylor Charles A. Sammons Cancer Center at Dallas, offers a line of neutraceuticals including multivitamins and supplements for cancer patients and others, in addition to wigs, camisoles and bras, fitted by a certified breast prosthetic fitter, jewelry, scarves and other items to lift spirits.

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

For more information, please call 214.820.8282.

