

No.2/March 2012

**MEDIA  
PLANET**

# ADVANCEMENTS IN ONCOLOGY

3

TIPS

**TO STAY A  
STEP AHEAD  
OF CANCER**

Surviving  
kidney cancer  
A new era for patients

Volunteerism  
Making a difference  
in the life of a  
cancer patient



**UNBREAKABLE BOND**  
Nazneen Lotia and Janice Murray  
became friends through Road to  
Recovery volunteer program.

## THE FUTURE OF CANCER TREATMENT AT OUR FINGER TIPS

New treatments and personalized care  
help turn victims of cancer to survivors

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## CHALLENGES

In 2012, nearly **67,000 people in Illinois** will learn they have cancer—that's an average of 183 per day.



## Hearing you have cancer is never easy

**C**urrent projections estimate 25,000 will lose their lives to the disease this year. Cancer is responsible for one of every four deaths in the U.S., making it the number one cause of death for people under 85 years of age.

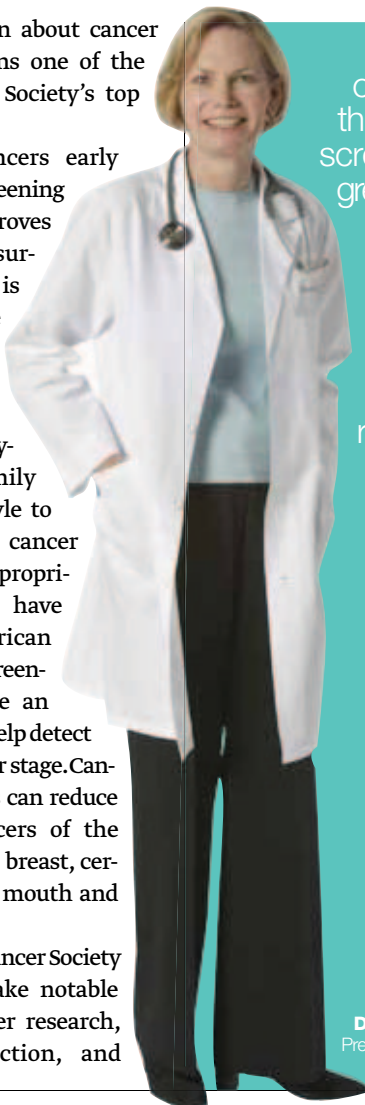
In the last ten years there has been a dramatic increase in the number of people who survive cancer. Today, 11.7 million Americans are cancer survivors. Thanks to better tools for early detection and more targeted means of treating various types of cancer, we're seeing a decrease in mortality among some types of cancer. Many who are diagnosed with cancer are cured and for those patients who must live with cancer, symptoms are being managed better, often treated as a chronic disease.

Both preventing cancer, and surviving cancer if diagnosed, are increasingly linked to individual lifestyle and behaviors. Therefore, there are proactive steps that everyone can take to reduce their cancer risk. These include eating well, staying active, maintaining a healthy weight, avoiding tobacco and protecting one's skin from harmful

UV rays. Education about cancer prevention remains one of the American Cancer Society's top priorities.

Identifying cancers early through health screening tests, greatly improves the chances of survival, because this is when cancers are the most responsive to treatment. Everyone should talk with their physician about family history and lifestyle to determine which cancer screenings are appropriate and when to have them. The American Cancer Society's screening guidelines are an important tool to help detect cancers at an earlier stage. Cancer screening tests can reduce deaths from cancers of the colon and rectum, breast, cervix, prostate, skin, mouth and throat.

The American Cancer Society has helped to make notable advances in cancer research, prevention, detection, and



"Identifying cancers early through health screening tests, greatly improves the chances of survival, because this is when cancers are the most responsive to treatment."

**Dr. Katherine L. Griem**  
President, American Cancer Society, Illinois Division

treatment. Though still more needs to be accomplished in the cancer fight, we see great promise, particularly in advances in human genome therapies and subsequent developments in cancer treatment. Six decades of Society-funded research has yielded huge success, including the development of bone marrow transplants, breast cancer treatments, PAP tests for cervical cancer and much more. Current American Cancer Society funding to researchers in Illinois is \$22 million.

Progress is possible. Cancer death rates and the number of new cancer cases continue to drop. The American Cancer Society is saving lives by helping people stay well and get well, by finding cures and by fighting back. As a result, the more than 11 million people in America surviving cancer and the countless others who have avoided it, will be celebrating birthdays this year. To learn more about prevention, early detection, cancer treatment, and services for patients, or to find out how you can support us in the fight against cancer, visit [www.cancer.org](http://www.cancer.org).

**DR. KATHERINE L. GRIEM**  
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## WE RECOMMEND



**Newer technology**  
Advanced technology for early breast cancer diagnostics

PAGE 7

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## When a Mammogram Is Not Enough...

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- Dense Breasts
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## INSPIRATION

## Volunteers give hope to patients

For 55-year-old Nazneen Lotia, the past few years have been physically and emotionally challenging. First diagnosed with breast cancer in November 2008, she learned two years later she had highly aggressive Stage 4 triple negative breast cancer. A resident in Hinsdale, Illinois, Lotia qualified to take part in a clinical treatment at Loyola University Medical Center for potentially life-saving treatment; however, she had no way to get to the hospital. So she turned to the American Cancer Society's Road to Recovery program, which relies on volunteer drivers to transport patients to and from their treatments.

"It means the world to me," she explains.

"I feel extremely blessed and fortunate to have Janice Murray, Ron MacArtney and twenty other volunteers who have not only given their time and energy so graciously, but also given me unconditional love and support through this very challenging phase and journey of my life. They are truly an extension of my family. Every time I encounter them I tell them that they are my angel for the day. Driving back and forth with family and friends would become stressful and an obligation after a while, especially in a chronic health condition like mine, where I need to go to the hospital at least once a week, if not more, indefinitely.

"I feel so grateful that in spite of their busy schedules they are always early, but never late," says Lotia, the mother of two



"They are truly an extension of my family. Every time I encounter them I tell them that they are my angel for the day."

Nazneen Lotia

grown daughters who live out of state. "That in itself is a huge load off me - to always be on time for my appointments. They have literally held my hand and walked me through a challenging day. These bonds and friendships are for life, because of their unconditional nature. If it wasn't for volunteer programs, I would not have met these amazing souls who've become such an integral part of my day."

Janice Murray, a full-time accountant, has rearranged her work schedule, to chauffeur cancer patients each Monday.

"Just showing up demonstrates we know they can get through this rough time. I try to focus on non-treatment aspects of life and, most of the time they want to do the same. They're entrenched with their cancer treatment and simply want to talk

about anything else. However, I'm always ready to listen to anything they wish to say about their treatment. So many times it's more philosophical than medical.

"Sometimes, I'm the first to learn about good news or dire news," Murray admits. "When they're appointment is complete, I always ask how they're feeling and I look at them carefully to see if that's true. I feel connected to each person - each is my sister or brother in this life. Everyone is impacted by cancer, directly or indirectly."

A volunteer driver for four years, Murray has no plans to slow down.

"There's no greater feeling in the world. I may be their transportation, but they're my inspiration."

CINDY RILEY

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Cancer knows no age.



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INSPIRATION

# Surviving cancer means more to patients than just battling the disease



**DON'T MISS!**

## The risk of recurrence

Currently, there are 2.5 million to 2.7 million breast cancer survivors in the United States. According to the American Cancer Society, as many as 10 to 20 percent of these women already or will eventually develop recurrent breast cancers. The risk of recurrence of an individual depends on a variety of factors, including patient age, inherited susceptibility, stage of the original tumor, type of treatment for original tumor and other lifestyle factors such as obesity and alcohol consumption.

SOURCE: AMERICAN CANCER SOCIETY

As he approaches the five-year mark since being diagnosed with colorectal cancer Michael Kappel finds himself looking to the future—one he hopes will include crucial guidelines for other cancer survivors. Kappel, the acting president and CEO of the National Coalition for Cancer Survivorship (NCCS), knows all too well how unsettling life after treatment can be.

“Like many survivors, my uncertainty was based on the fact that treatment alone did not prepare me for the phase of survivorship that immediately follows. It was more than two years post-treatment when I began to see enough improvement to truly feel

like I was going to be all right. I had a hard time coming to terms with my feelings and a harder time realizing that in my post-treatment world, it wasn't clear who I could see or where I could find help bringing myself back to a sense of normalcy.”

Kappel believes a proper care plan can be an affirmative tool in helping survivors craft the unique vision of how they will lead their lives after a cancer diagnosis.

“A survivor's plan is essential to help coordinate and simplify all the activities needed to address the complicated health issues an individual faces. I had a lengthy treatment that began with surgery and included chemotherapy followed by radiation

“Every survivor needs to know how best to protect themselves from recurrence.”

therapy and another more lengthy round of chemotherapy. I couldn't wait for my last round when I would finally be free from the infusion center and all the burdens of ongoing treatment. Unfortunately, just ten days after finishing my last chemo, I found myself in the hospital facing new uncertainty from complications.”

Kappel says guidelines after treatment are key, and should focus on appropriate preventive care, post-treatment and health promotion.

“Every survivor needs to know how best to protect themselves from recurrence. How often should a cancer survivor with my diagnosis get a colonoscopy? What kind and how much exercise is needed to maintain health? What unhealthy behaviors need to be eliminated or reduced? Care planning can be seen as the way survivors and their entire care team ‘get on the same page’ regarding approaches, therapies and interventions that should enable a concise, coordinated effort that reflects all of the survivor's needs—physical, emotional, spiritual, social and financial.

CINDY RILEY

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**ONE DAY,  
EVERY CANCER  
SURVIVOR  
WILL HAVE A  
SURVIVORSHIP  
CARE PLAN.**

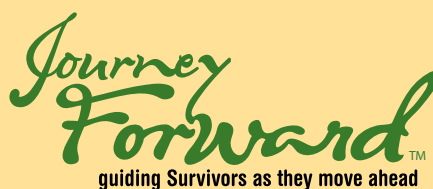


Journey Forward is a new program designed for doctors, nurses and their patients who have completed active treatment for cancer. It promotes the use of a Survivorship Care Plan ensuring future coordinated care for the Survivor. Go to [JourneyForward.org/careplan](http://JourneyForward.org/careplan) for more information and to download the FREE Survivorship Care Plan Builder software.

Developed by a unique partnership of organizations with a common goal of improving survivorship care.

Collaborators include:

- National Coalition for Cancer Survivorship
- UCLA Cancer Survivorship Center • Oncology Nursing Society
- WellPoint, Inc. • Genentech



## New treatment creates hope for the future.

Thanks to interventional radiology treatments now available at Ingalls, Avery Richardson is enjoying life with his new bride. Doctors at Ingalls used radioactive microspheres to treat Avery's life-threatening liver cancer – avoiding surgery and sparing his healthy liver tissue.

At Ingalls, we offer real hope to treat the one kind of cancer that matters most...yours.



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[www.ingalls.org/CancerCare](http://www.ingalls.org/CancerCare)



## INSPIRATION

## PERSONALIZED MEDICINE COMES OF AGE

**Genetic-based tests, tailored therapies a big cancer win**

When the Human Genome Project first began in 1990, many thought “personalized medicine” would revolutionize health care overnight. When the genome was finally sequenced in 2003, we expected an immediate impact on patient care. Neither of those things happened, largely because progress in medicine takes time and requires significant financial investment.

What we’ve learned through the years fighting cancer is that no drug works for every patient. However, drugs paired with companion diagnostics – tests that can predict which patients are more likely to benefit from a particular treatment based on the patient’s genetic profile—are

now moving us away from the “one-size-fits-all” model of medicine. This targeted approach offers patients and physicians increased chances for a more precise diagnosis and a better, less costly outcome with targeted treatment.

In recent years scientists have gained a better understanding of the differences among diseases. They’ve learned that not all cancers of the breast, lung or blood, for example, are the “same” disease. Put another way, one person’s lung cancer can be very different from another’s because diseases are more complex than the broad labels we sometimes use to describe them.

In August 2011, the FDA announced approval of a new drug by Pfizer, and a companion diagnostic test by Abbott, for patients with a specific form of

“One person’s lung cancer can be very different from another’s because diseases are more complex than the broad labels we sometimes use to describe them.”

non-small cell lung cancer caused by an alteration of the ALK gene. The diagnostic test offers clinicians a standardized, clinically validated method to identify patients more likely to benefit from the new therapy.

Lung malignancies are the leading cause of cancer deaths worldwide, with more than 1.6 million new cases diagnosed each year. About 85 percent of lung cancer patients have the non-small cell type and are usually diagnosed with advanced disease having a very low survival rate. The

Abbott ALK test has been designed to identify those patients—about 3 to 5 percent of non-small cell lung cancer patients—who would be candidates for the therapy.

Without the diagnostics to discern which patients will show a significant response, most would not have access to important new medicines. An alternative scenario is also troubling: that a therapy would be administered to a majority of patients who might not benefit from the treatment and potentially face more serious side effects and incur unnecessary expense.

A 2009 survey by Medco Health and the American Medical Association found that 98 percent of 10,000 doctors surveyed agreed that knowing their patients’ genetic make-up through use of a companion diagnostic would help treatment planning.

Treatment decisions are moving beyond a traditional, one-size-fits-all approach to treating cancer and other diseases by applying a patient’s genetic information to guide diagnosis, prognosis, and therapy selection. When medicines are prescribed according to more specific diagnoses and proven effectiveness in targeted patient groups, fewer people will be given drugs that won’t work consistently or at all, which means better outcomes for patients and savings for our health care system.

Much more work remains before the impressive potential of personalized medicine is fully realized. Targeted medicine is coming of age, and we’re well on our way to a smarter, more efficient and effective medical system.

KATHRYN BECKER

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## Battling Non-Small Cell Lung Cancer?

Knowing Your ALK Gene Status Could Lead to a New Personalized Therapy

In early 2010, Jeff Wigbels was tested using Abbott FISH\* technology for ALK gene rearrangements, a genetic event that affects approximately 3-5 percent of Non-Small Cell Lung Cancer (NSCLC) patients. His positive result meant he would be eligible for a new biomarker-based drug therapy.

Ask your doctor about the new FDA-approved Vysis ALK Break Apart FISH Probe Kit, a molecular test that determines your ALK status, and visit [AbbottALK.com](http://AbbottALK.com) for more information.

“Everyone with lung cancer should ask their doctor if being tested for the ALK gene is right for them.”

— Jeff Wigbels  
Take Aim At Cancer.org  
founder and cancer survivor

### INTENDED USE

The Vysis ALK Break Apart FISH Probe Kit is a test to detect rearrangements involving the ALK gene in tissue samples from non-small cell lung cancer (NSCLC) patients to aid in identifying those patients eligible for treatment with Xalkori® (crizotinib).

The clinical interpretation of any test results should be evaluated within the context of the patient’s medical history and other diagnostic laboratory test results. Rx only.

For In Vitro Diagnostic Use

\*Fluorescence *in situ* hybridization



 **Abbott**  
Molecular

INSPIRATION

Last year, more than **1.3 million** new cancers were diagnosed in the United States.



# Surviving kidney cancer

**According to the American Cancer Society, more than 50,000 of individuals were diagnosed with kidney cancer last year.**

But there is hope—more than 200,000 kidney cancer survivors are living in the United States right now. Recent advances in diagnosis, surgical procedures, and treatment options will allow even more patients to live with the disease, continuing to maintain their normal schedules and lifestyles.

This marks the beginning of an important new era for kidney cancer patients, with the recent approval by the Food and Drug Administration (FDA) of new drugs to treat their advanced disease. These drugs target cancer cells in different ways than current drugs used to treat kidney cancer, and will have a very positive impact for many patients. Contin-

ued research efforts will improve our understanding of the disease even more and increase the options available to fight kidney cancer.

### Time to start healing

Each person diagnosed with kidney cancer goes through the shock of being told they have the disease. It is a difficult experience. Feelings of shock, loneliness, alienation, fear, frustration, anger, and hurt are natural parts of any life-threatening illness. It is okay to have these feelings, to cry, and to be upset.

After the shock of diagnosis, it's time to start healing. Don't let your emotions and your cancer destroy your home life or relations with the important people in your life. They may also be hurting inside, fearing for you and themselves. When cancer strikes, it hits the whole family. Your friends and family are rooting for you.

*“After the shock of diagnosis, it’s time to start healing. Don’t let your emotions and your cancer destroy your home life or relations with the important people in your life.”*

Sometimes kidney cancer is called by its medical name, renal cell carcinoma. Kidney cancer includes various forms, including clear cell, papillary, sarcomatoid, transitional cell, and others.

Some patients are diagnosed before the cancer has metastasized (spread) to other parts of the body, while others have metastatic disease when their cancer is initially diagnosed. Surgery may be the first course of treatment, or systemic treatment—that is, a treatment that is injected into the bloodstream or

swallowed—may be recommended prior to surgery (though this tends to be rare). If surgery is done first, additional treatment may be recommended to delay the cancer's return, or to treat metastatic disease.

The choice of treatment, where treatment is administered, the frequency of check-ups, and many other aspects of the management of your disease are determined with input from you. The more you know, the better your decisions, and the more you can feel in control of your illness. Knowledge about your disease will help you better communicate with your doctor and nurse, and increase your confidence in the treatment that you receive. Getting smarter about kidney cancer is an important step in effectively fighting your disease.

**KIDNEY CANCER ASSOCIATION**  
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# Unique liver tumor treatment provides hope for liver cancer patients

**In 2009, when his colorectal cancer spread to his liver, Avery Richardson was told he was out of treatment options, and to get his affairs in order.**

But three years later, Avery has a new bride and a lot to look forward to thanks to an innovative, minimally invasive procedure.

“My cancer specialist Dr. Vasia Ahmed heard Ingalls Memorial Hos-

pital was doing a new liver tumor treatment and referred me,” he explained. The south side native became a candidate for a relatively new treatment called selective internal radiation therapy (SIRT) that targets liver tumors directly. SIRT spares healthy tissue while delivering up to 40 times more radiation to malignant liver tumors than would be possible with conventional radiation, shrinking the tumors and potentially extending

the life expectancy of patients.

Ingalls is one of the few cancer programs in Illinois to offer this non-surgical outpatient therapy that uses radioactive Yttrium-90 microspheres to deliver radiation directly to the site of liver tumors.

“Of the nearly 150,000 Americans diagnosed with colorectal cancer every year, at least 60 percent will see their cancer spread to the liver, and most cannot be removed surgically,” Dr. Aquisto

explains. “Microspheres therapy has emerged as a novel treatment option when most others have failed.”

“I was in dire straits, and it worked for me,” Avery added. “I’m more than hopeful about the future.”

For more information, call Ingalls Care Connection at 1.800.221.2199.

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DON'T MISS!

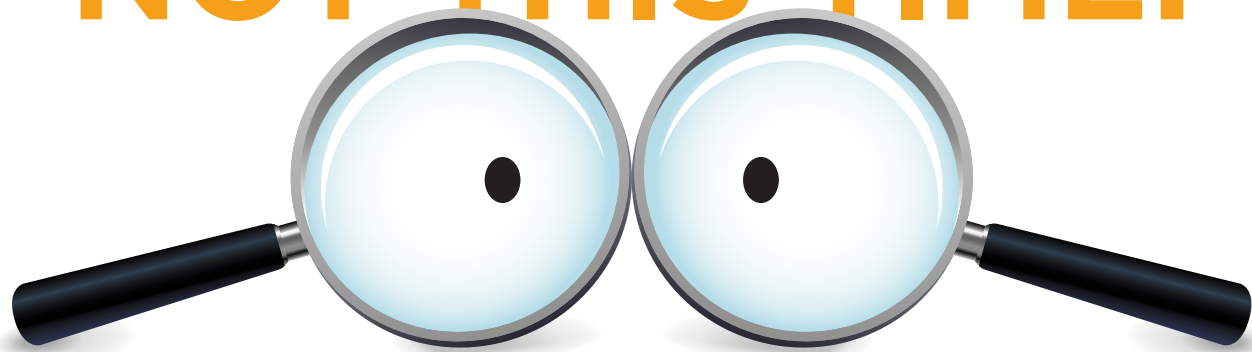
## Innovative breast imaging technique

Women with dense breast tissue may need additional testing, as mammograms alone may not be able to detect cancer. An advanced technology called Molecular Breast Imaging (MBI) helps doctors catch cancers that other tests can't. According to the National Cancer Institute, “Women who have a high percentage of dense breast tissue have a higher risk of breast cancer...”

Throughout the country, various States are taking action by requiring physicians to inform patients of their breasts density. According to Dr. Jean M. Weigert, a leading radiologist at Bradley Memorial Hospital in New Britain, CT, such changes in legislation emphasizes the role of MBI as an important diagnostic tool for women with dense breasts or questionable mammograms. In a recent study published by Dr. Weigert and her colleagues at the American Journal of Roentgenology, “MBI can detect cancers missed by the two most common breast imaging studies, mammography and ultrasound.”

**PJERIN LULI**  
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# OUT OF SIGHT, OUT OF MIND... NOT THIS TIME!



*Did you know?*

**One of the most dangerous  
side effects of chemotherapy  
cannot be seen?**

**That's right, a low white blood cell count,  
or neutropenia, puts cancer patients at a  
higher risk for getting an infection.**

**An infection in people with cancer is an  
emergency.** Be prepared, and remember the  
following three things during chemotherapy:

1. Treat a fever as an emergency, and call your doctor right away if you develop a fever.
2. Find out from your doctor when your white blood cell count will be the lowest because this is when you are most at risk for infection.
3. If you have to go to the emergency room, it's important that you tell the person checking you in that you have cancer and are receiving chemotherapy. If you have an infection you should not sit in the waiting room for a long time. Infections can get very serious in a short amount of time.



Learn more at: [www.cdc.gov/  
cancer/preventinfections](http://www.cdc.gov/cancer/preventinfections)

National Center for Chronic Disease Prevention and Health Promotion

Division of Cancer Prevention and Control



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