

# thrive



THE SYMPTOM  
MANAGEMENT ISSUE  
New options for improving  
the quality of your life



# thrive

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# Quality control

New Symptom Management & Supportive Care Clinic helps patients improve quality of life



*Suzette Walker, F.N.P.-A.O.C.N.P., and Susan Urba, M.D., right, lead the Symptom Management & Supportive Care Clinic.*

The Cancer Center recently launched the Symptom Management & Supportive Care Clinic to help improve patients' quality of life by addressing the sometimes debilitating side effects of cancer care. The clinic works in concert with the patients' oncologists to develop a treatment plan to address common concerns such as chronic pain, constipation, fatigue, nausea, swelling of arms or legs, anxiety and depression. The clinic also works with patients with advanced cancer who want to talk about changing the focus of their care.

The clinic is staffed by a multidisciplinary team of experts, including a physician, nurse practitioner, pharmacist, dietitian and social workers. It also works to coordinate referrals for physical therapy, occupational therapy, pain management, the sexual health clinic, social work and integrative medicine, such as acupuncture.

"Cancer therapy can cause a number of symptoms that are often complex," said Susan Urba, M.D., director of the clinic. "Our oncologists are great at treating symptoms, but sometimes it can be helpful to collaborate with a group whose clinic and resources are dedicated to optimizing the management of these symptoms."

Medical care that addresses symptoms, rather than the disease itself, is often called palliative care. However, Urba said, palliative or supportive care is often mistaken for end-of-life care. All cancer patients, regardless of the stage of their disease, should consider supportive care to lessen the impact of symptoms and side effects.

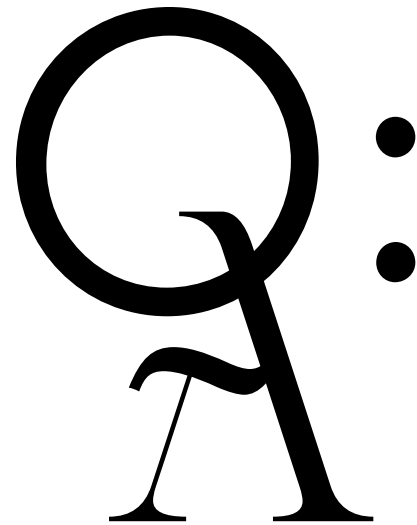
Better symptom management may help patients get through treatment more quickly by helping the body to stay strong. It also may lead to better quality of life. **t**



To make an appointment with the Symptom Management & Supportive Care Clinic, talk with your doctor or call 734-232-6366.



# SORTING



Download a pain diary to keep track of how well your medication is working. Visit [mccancer.org/thrive](http://mccancer.org/thrive).

# PILLS

New program helps patients get control of their medicine cabinets

Drug stores sell those handy pill boxes, some as big as tackle boxes, marked with each day of the week—and sometimes the hours of the day. But those boxes are only as helpful as they are well organized. And the medication inside them is only effective if it's taken correctly.

It's easy to get confused when you have to take several medications each day. That's why the University of Michigan Comprehensive Cancer Center is launching a new Medication Management Program as part of its Symptom Management & Supportive Care Clinic. We talked with Emily Mackler, Pharm.D., a pharmacist with the program, about what patients should know about their medicine.

## Q: WHAT'S THE GOAL OF MEDICATION MANAGEMENT? WHY WOULD PATIENTS VISIT THE CLINIC IF THEY'RE ALREADY WORKING WITH AN ONCOLOGIST?

**A:** Our team works in concert with U-M Cancer Center oncologists. I sit down as a pharmacist with patients and review each and every medication and nutritional supplement they are taking—regardless of who's prescribing it. Often, there isn't time for this level of in-depth review of a patient's medications during a typical visit in an oncologist's clinic. Many of our patients are managing multiple diseases as well as symptoms and side effects related to their cancer. By taking a look at the patient's whole medication profile, we can look for red flags.

## Q: WHAT KIND OF RED FLAGS?

**A:** Sometimes patients who are overwhelmed may not understand why they take a given medication. We've seen patients who don't realize that they're taking three different medications for the same thing, which is not necessary and may become a problem. Also, we check for drug interactions. Often, patients don't realize that a nutritional supplement they're taking to boost their immune system may actually interfere with cancer treatment.


## Q: DO YOU DISCOURAGE USE OF NUTRITIONAL SUPPLEMENTS?

**A:** It depends which nutritional supplement is taken. We understand that many of our patients are seeking ways to make their bodies stronger. We help our patients understand how the different medications and supplements work in their bodies. Our ultimate goal is to ensure that everything patients are taking is benefiting them as much as possible—whether that's by effectively killing cancer cells or helping to ease pain or some other side effect.

## Q: WHAT CAN PATIENTS DO TO ENSURE THEIR MEDICATIONS ARE WORKING EFFECTIVELY?

**A:** It's extremely important that patients follow instructions and take medication properly. We know it can be difficult to remember multiple pills at different times during the day. To help with that, we provide patients with a few tools. First, we type up a list of all medications a patient is taking along with the reason they are taking it and any important information about how to take it. For example, we note whether it should be taken with food and at what time of day. Second, we offer medication calendars to help plan their regimens. We also offer pain diaries to keep track of how pain medications are working. These diaries are useful to us in making adjustments to medications and maximizing the treatment of pain and other symptoms. Finally, we are available for frequent phone calls or office visits to assess how medications are working and discuss any necessary adjustments.

## Q: WHAT IF IT'S DIFFICULT TO SWALLOW MANY PILLS IN A DAY?

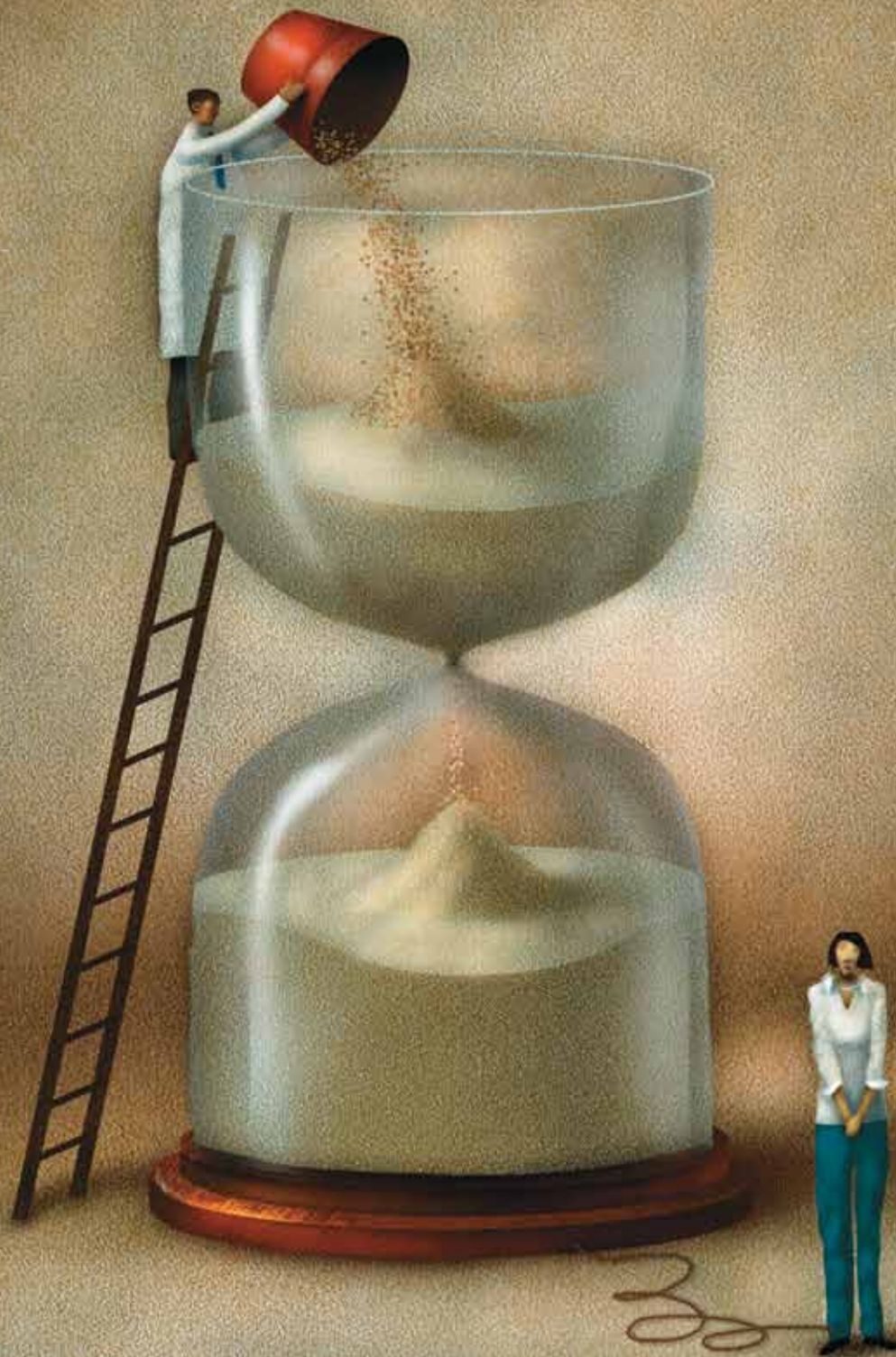
**A:** That's another benefit of working with a pharmacist in our clinic. For some patients, difficulty swallowing prevents them from taking the medication they need. Whenever possible, I work with those patients to try to find other formulations—whether it be a liquid form or even a cream that could be applied to the skin—to help them get the medication they need. 



To make a medication management appointment, call the Symptom Management & Supportive Care Clinic at 734-232-6366.

# Means for a better end

Research shows supportive care may extend and improve life for people with advanced cancer



View an example of an advance directive at [mcancer.org/thrive](http://mcancer.org/thrive).

Susan Urba, M.D., knows palliative care has a major image problem. As a medical oncologist, she knows that giving care to relieve symptoms, even if it does not cure the underlying disease, can have a tremendous benefit on quality of life. But many people look at it as a sign of surrender. They even worry that taking medications to control pain could actually hasten death.

And for patients experiencing debilitating side effects from treatments aimed to cure cancer, palliative—or supportive—care can help.

“The term ‘palliativecare’ is somewhat misunderstood,” said Urba, medical director of the University of Michigan Comprehensive Cancer Center’s Symptom Management & Supportive Care Clinic. “People associate it with giving up on treatment, when in fact its focus is on helping patients live more fully. Our goal is to help alleviate the symptoms and side effects that interfere with the things that people value most, like spending quality time with family.”

In fact, new research suggests palliative care may actually extend life. Earlier this year, a study in *The New England Journal of Medicine* showed that patients with metastatic non-small-cell lung cancer survived longer if they had palliative care soon after diagnosis, even though many of them decided not to pursue aggressive treatment as their lives were ending.

What’s more, patients who received palliative care reported lower rates of depression and higher quality of life. On average, they lived 2.7 months longer than those who received standard treatment without supportive care.

In an even larger study three years ago, an analysis of the medical records of 4,493 Medicare patients showed that hospice patients survived 29 days longer than those receiving standard care. Survival rates were significantly longer for those with lung and pancreatic cancer, according to the study, which was published in *The Journal of Pain and Symptom Management*.

One of the key components of supportive care is giving patients time to talk about how they want to live, Urba said. Because of advances in cancer treatment, patients have more options for care. But it can be difficult to know which choices will be right for an individual patient.

That’s why it’s important for patients to talk through what matters most to them and what the goals of treatment are. If the cancer is very advanced, is the hope of an extra week or two of life worth the often severe side effects that accompany aggressive chemotherapy? How would a patient prefer to spend the last days of his or her life? At what point is it time to stop trying chemotherapy for an advanced-stage cancer and focus on making the most of whatever time is left?

These conversations typically take place between the patient, family and oncologist. But occasionally a team member from the Supportive Care Clinic can be helpful by clarifying what kind of care can be delivered in the palliative setting.

“We encourage families to talk to their oncologist about these issues early in their cancer care to alleviate the burdens of decision-making—both for patients and families—if a person’s condition worsens,” said Suzette Walker, N.P.-A.O.C.N.P., co-director of the Symptom

Management & Supportive Care Clinic. “We realize how difficult these conversations can be, but it’s essential to have an open, ongoing dialogue so that patients have the opportunity to define and redefine what’s important to them as their condition changes over time.”

These conversations are very important to both patients and families, Urba said. Sometimes, patients feel the need to keep “fighting” the cancer for family members. Families also can suffer anxiety and depression related to treatment decisions if a patient becomes unable to make them for himself.

By working with a team of supportive care specialists, caregivers receive assistance in helping to keep their loved ones more comfortable as the disease progresses. Social workers are available as well to help deal with emotional concerns.

“Sometimes when we talk with families about hospice, people think it means giving up or that they’re making a decision between living and dying. But that decision is out of their hands,” Urba said. “We may not be able to control when we die, but we can decide how to live—whether the time we have left is 10 days or 10 years.” **t**



To make an appointment with the Symptom Management & Supportive Care Clinic, talk with your health-care team or call 734-232-6366.

## COMMUNICATE YOUR WISHES

Talking about end-of-life care is difficult, but it’s important to make your wishes known—even if you don’t have an incurable form of cancer. Having honest discussions earlier in your life can lessen stress and anxiety for both patients and families later.

- **Talk to your doctor** regularly about the goals of treatment. What is the likelihood of its success? What are the risks and benefits? Be sure to ask these questions again if your cancer evolves or your treatment plan is revised.
- **Talk with your family** about your values. How do you envision the last weeks of your life? What medical interventions would you want? What would you decline?
- **Consider a living will or an advance directive** that formally spells out your wishes about medical treatments to prolong your life. Visit [mcancer.org/thrive](http://mcancer.org/thrive) to view an example.

# Making the most of it

New symptom management program helps patients get back to their lives

**Bowling. Shopping for clothes that fit.  
Gardening. Enjoying a vacation.**

When a cancer diagnosis threatens, small pleasures like these can seem trivial. That is, until you can't do them anymore. Activities like these help to make the fabric of life.

That's why the University of Michigan Comprehensive Cancer Center has created a Symptom Management & Supportive Care Clinic. Its sole focus is to help people with cancer feel better so that they can continue to live a full life. Clinic staff works in collaboration with patients' oncologists.

"We believe that it's not enough to just treat the disease," said Suzette Walker, N.P.-A.O.C.N.P., a nurse practitioner who leads the clinic along with Susan Urba, M.D. "Our goal is to help patients manage related symptoms and side effects to help them maintain a high quality of life."

We talked with patients about how their lives have changed since they visited the Symptom Management & Supportive Care Clinic. Here's what they told us:

“We believe that it's not enough to just treat the disease.”

—Suzette Walker  
Nurse Practitioner







*Brooke Bolley has had better nausea relief since visiting the Symptom Management & Supportive Care Clinic.*

**BROOKE BOLLEY**

**GOALS:** Reduce nausea, relieve pain

Brooke Bolley has the polished look of someone who understands beauty intuitively. She is naturally pretty, to be sure; but if you talk with her, you’ll understand that the ginger highlights in her hair and the subtle charcoal lining her eyes are her own thoughtful design.

Her graceful appearance is all the more remarkable when you consider the violence cancer has inflicted on her body. In April 2009, doctors found a tumor growing between Bolley’s stomach and esophagus. Four days after surgery to remove her stomach, sepsis set in. The blood infection spread, requiring the amputation of her right leg below her knee.

Since then, Bolley, a 26-year-old hairdresser, has struggled with severe nausea and pain. She wasn’t able to keep pain medications down, so the Symptom Management & Supportive Care Clinic switched her prescription to patches that would deliver the medication through her skin. Walker said standard anti-nausea medications didn’t work for Bolley, so they took a different approach and prescribed Olanzapine. Although Olanzapine is not widely used for nausea—it’s typically used to treat schizophrenia—several clinical studies have demonstrated its effectiveness for this symptom.

“I still get the nausea,” she said. “But it’s under control now.”

Less than two weeks after visiting the clinic, Bolley’s weight rose from 86 to 89 pounds. Now able to fit into a size 2, she went shopping.



*Jean Foley is able to tend her horses again.*

**JEAN FOLEY**

**GOALS:** Relieve depression, reduce pain, improve mobility, lessen fatigue

Jean Foley, a former horse trainer from Stockbridge, Mich., took her cane and headed out to the paddock. She needed to wrap the ankle of one of her former race horses, Jackser Wild.

A once routine task was now noteworthy. For years, Foley’s life revolved around tending to race horses and her farm. But after two surgeries for bladder cancer and a stroke, none of that was possible.

When Foley first visited the Symptom Management & Supportive Care Clinic in March, she could hardly walk and suffered tremendous pain. As a result, she was depressed and thinking of suicide.

“I just didn’t want to live anymore,” said Foley, 68. “Not the way I was.”

Social worker Claire Casselman began meeting with Foley to help her work through the emotional trauma, such as her frustration and embarrassment from the ostomy bag she has had to wear since her bladder was removed.

Pharmacist Emily Mackler sat down with Foley to discuss each of the medications she was taking and helped her plot a new schedule to help her take them more regularly. Urba and Walker met with her to discuss her pain on an ongoing basis and gradually identified a better medication regimen to alleviate it. They also provided her with a referral for physical therapy that helped her regain her ability to walk.

Foley has gradually regained her strength—physically and emotionally.

“I can’t do what I used to do—not half of it—and that’s what upsets me. But Claire has been a real big help to me,” she said. “Sometimes I get down in a hole, but then I shrug it off and crawl back out.”

**JOE WOLLSCHLAGER**

**GOAL:** Relieve headaches

When Joe Wollschlager was diagnosed with a brain tumor in early 2006, a doctor told him he might have months to live. Wollschlager, a former Marine and an indomitable optimist, made other plans.

He enrolled in a clinical trial that has held his cancer at bay. A month after completing his initial treatment, he ran a 26-mile marathon. But now, more than four years later, the cancer is beginning to grow again.

Intense headaches have accompanied the cancer's spread. Wollschlager's oncologist had tried to treat the headaches with increasing doses of hydrocodone, but the medication would wear off quickly and Wollschlager didn't want to keep increasing the dose.

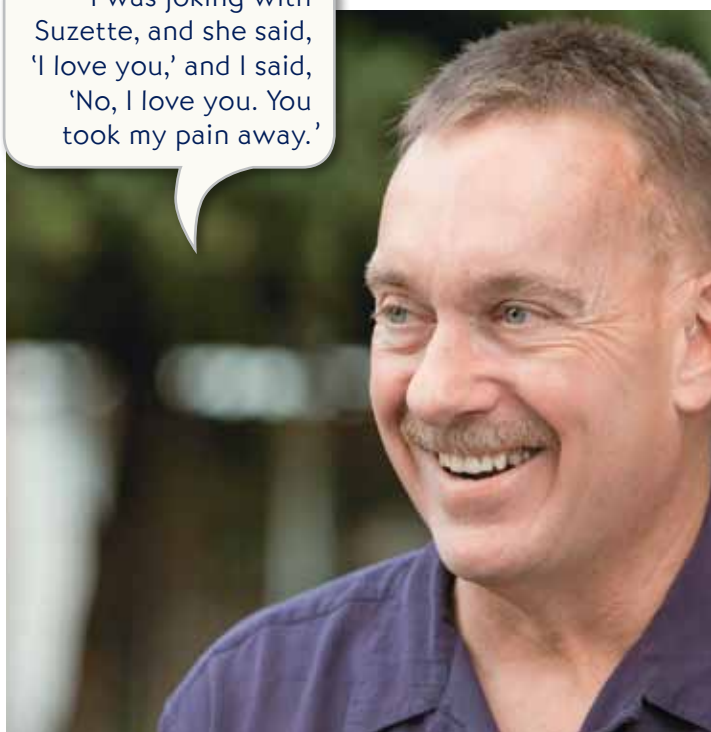
"We went on a two-week trip in Hawaii, and I was in pain all the time," he said.

A referral to the Symptom Management & Supportive Care Clinic helped Wollschlager find the right prescription for his pain. He was given oxycodone, a medication the Supportive Care team learned had been effective for him in the past after detailed questioning and review of his chart. He was monitored closely to determine the best dose.

Since then, the pain has subsided.

"The staff in the clinic is really thorough, and they genuinely care," Wollschlager said. "I was joking with Suzette, and she said, 'I love you,' and I said, 'No, I love you. You took my pain away.'"

I was joking with Suzette, and she said, 'I love you,' and I said, 'No, I love you. You took my pain away.'



*Joe Wollschlager's headaches are better controlled thanks to a review of his medication.*



*Melissa Kenney is moving beyond her pain and confronting emotions related to cancer.*



It's nice to talk to someone who's not a family member or a friend who will say, 'I know,' or try to console you.



## MELISSA KENNEY

**GOALS:** Relieve pain, reduce swelling, manage depression

Before surgery for breast cancer last November, Melissa Kenney played softball, golfed and bowled. She was an active 32-year-old.

But Kenney developed blood clots after surgery. Although they were successfully treated, she continued to experience swelling and shooting pains from her neck down into her arm. Doctors prescribed Vicodin, but were hesitant to refer her to physical therapy because of her high risk for clots.

"I kept thinking I should be feeling better. I thought, 'I'm 32; I can't live like this,'" Kenney said. "I know it takes time, but it's so hard to go from being able to do everything to being able to do nothing."

Kenney was referred to the Symptom Management & Supportive Care Clinic, where she received a new prescription for a stronger pain medication—which has been more successful in relieving her pain. The team suggested she track in a diary when her pain worsened so that they could help to fine-tune her medication regimen.

The team also referred Kenney to a physical therapist trained to manage lymphedema, the condition causing Kenney's symptoms. The therapist showed Kenney exercises to help improve her range of motion and re-fit a compression sleeve that began to loosen as her arm circumference shrank two centimeters.

Kenney also met with social worker Claire Casselman to help manage emotions that were starting to become overwhelming. Casselman encouraged her to expand her journaling to include her feelings.

"I thought I could handle things on my own because I'm a strong person," Kenney said. "But it's nice to talk to someone who's not a family member or a friend who will say, 'I know,' or try to console you. You think that you're not supposed to have bad days once the pain is under control. But it was great to talk with someone who said, 'Well, yeah, you're allowed to feel like that and you're not crazy.'" **t**



To make an appointment with the Symptom Management & Supportive Care Clinic, call 734-232-6366.

# FOOD AS MEDICINE

## Nutritional tips for managing six side effects of cancer treatment

Cancer and its treatment can wreak havoc on your diet. That's why the University of Michigan Comprehensive Cancer Center's registered dietitians, Joan Daniels and Nancy Burke, devote most of their practice to helping patients cope with symptoms and side effects. They put together a checklist with ideas about how to handle common concerns patients face.



### CONSTIPATION

#### + DO

- Stay well-hydrated: Try warm juice or hot lemonade
- Eat high-fiber foods if possible
- Eat at regular times daily

#### - DON'T

- Drink with a straw
- Chew gum
- Skip exercise: Even a light walk daily can help

### DIARRHEA

#### + DO

- Sip fluids slowly and constantly
- Eat foods high in soluble fiber, like bananas, white rice and oatmeal
- Eat small, frequent snacks

#### - DON'T

- Consume acidic fruits or beverages
- Eat raw veggies or whole-grain breads
- Eat greasy, fatty foods
- Consume caffeine

### DRY MOUTH AND THICK SALIVA

#### + DO

- Stay well-hydrated
- Keep your mouth clean
- Use a cool-mist humidifier
- Eat soft, cool, bland foods
- Suck on lemon drops, ice chips or popsicles

#### - DON'T

- Use commercial mouthwashes; try 1 tsp. baking soda and 1 tsp. salt in 1 quart water
- Drink alcohol or acidic beverages
- Smoke
- Consume caffeine



Try ginger ales, ginger tea or ginger candy for nausea.



For more tips on each of these side effects, visit [mccancer.org/thrive](http://mccancer.org/thrive). To make an appointment with a dietitian, call 734-232-6366.

## MOUTH SORES

### + DO

- Eat soft, cool, bland foods
- Drink with a straw
- Rinse mouth with 1 tsp. baking soda and 1 tsp. salt in 1 quart water

### - DON'T

- Drink acidic juices or eat acidic foods
- Consume caffeine
- Smoke
- Eat hot foods
- Eat salty foods
- Suck tart candies
- Chew tough foods

## NAUSEA

### + DO

- Eat small, frequent meals
- Sip fluids slowly and constantly
- Eat bland, dry, salty, starchy foods
- Try ginger ales, ginger tea or ginger candy
- Talk to your doctor about anti-nausea medicine

### - DON'T

- Eat hot foods with strong odors
- Eat greasy, fried, spicy or sweet food
- Eat in a stuffy room with cooking odors
- Lay down after eating
- Drink coffee

## TASTE CHANGES

### + DO

- Practice good oral hygiene
- Suck on mints or chew gum
- Rinse mouth with teas, salted water or ginger ale
- Use tart foods to mask metallic or sweet tastes
- Increase sugar if food tastes bland

### - DON'T

- Stop eating; think of food as medicine to get you through
- Use metal utensils or drink from cans if food tastes metallic



# Traditional healing

## U-M offers acupuncture for relief of cancer-related symptoms

Taxol had left Judith Stingo's toes and thumbs feeling numb. It's a common side effect of the drug, and it was discouraging to Stingo—particularly after doctors told her it could take as long as a year to regain full feeling.

When Stingo learned the University of Michigan Integrative Medicine Clinic offers acupuncture, she decided to give it a try. After two treatments, she noticed marked improvement. After her third acupuncture appointment, the numbness was gone altogether.

"It was my thumbs that bothered me most. I was constantly touching them with my other fingers. I had to have my husband open jars for me and cut things up. That was very distressing to have to ask other people to do things for you," said Stingo, a Dexter resident who was treated for breast cancer. "But after that second appointment, it pleased me to no end to feel my thumbs again. It was like a miracle for me."

Acupuncture may be beneficial in treating a number of cancer-related symptoms and side effects, including fatigue, nausea, pain and nerve problems that cause tingling and numbness, said Andrew Heyman, M.D., adjunct assistant professor of family medicine at the University of Michigan Medical School. Heyman also provides acupuncture to patients who have mild to moderate anxiety or depression.

"Acupuncture is a very safe modality for people with cancer," Heyman said. "It can be very beneficial if it is used in combination with more conventional medical therapies."


Although many insurance companies do not cover acupuncture, Heyman said some do, if it's used to treat certain medical conditions.

Heyman meets with patients during an initial consultation to discuss their symptoms and expectations for the therapy. During the treatment, Heyman inserts 10 to 20 needles in different parts of the body, depending on the symptoms that need to be addressed.

The needles are sterile, FDA-approved devices made of stainless steel. Because of the needles' construction—they are thinner than those used for injections and also not hollow—patients typically don't feel more than a slight pressure or pinch when they are inserted.

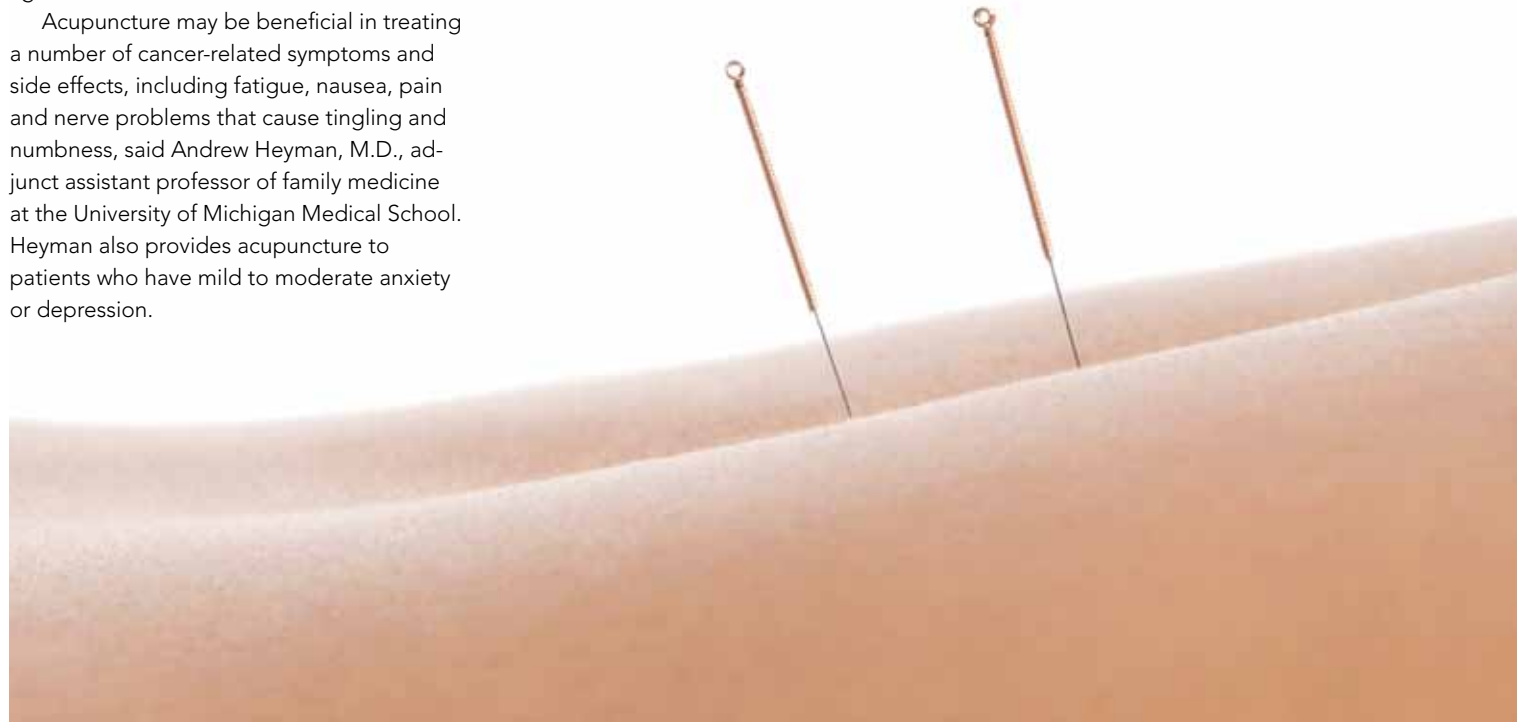
After a specified period of time, the needles are removed. Heyman said most treatments last 30 to 40 minutes.

Stingo said she sometimes falls asleep during the procedure, but more often than not, she uses the time to think about organizing the rest of her day.

"It's very soothing and calming, and it doesn't hurt," Stingo said. "It makes you feel better that you're actively going to get these side effects addressed. It just encourages you: You're not going to stand by and just take it. It makes you feel good that you're doing something about it." 



*Acupuncture is offered at the U-M Briarwood Family Medicine Building in Ann Arbor. To make an appointment, call 734-615-1900.*





CLICK

Learn more about promising cancer research at [mccancer.org/thrive](https://www.mccancer.org/thrive).



## U-M STUDY LINKS PAIN, DRY MOUTH TO POOR SLEEP FOR HEAD AND NECK CANCER PATIENTS

Head and neck cancer patients who reported poor sleep quality one year after diagnosis had more symptoms of chronic pain and dry mouth related to radiation treatments, according to a recent University of Michigan Comprehensive Cancer Center study in the journal *The Laryngoscope*.

Controlling these side effects may improve sleep and enhance quality of life.

“Sleep disturbances are a common complaint in head and neck cancer patients and have been shown to decrease quality of life, decrease mental health and serve as a predictor of other complications in the treatment of the cancer,” said senior study author Jeffrey Terrell, M.D., professor of otolaryngology at the U-M Medical School.

The researchers surveyed 457 people at three otolaryngology clinics who had been recently diagnosed with head and neck cancer. Participants responded to questions about their physical and emotional quality of life, including pain, sleep health, eating and respiratory problems. The subjects were then surveyed again one year after diagnosis.

It was found that sleep quality did not change dramatically from the time of diagnosis to one year after treatment. But quality of sleep at both time points was worse than typical sleep scores for the average person. The researchers suggest that the relatively minor change in sleep quality one year after diagnosis may be due to symptoms and side effects from treatments such as surgery, radiation therapy and chemotherapy.

“Head and neck cancer patients have a high prevalence of pain compared to patients with other cancer sites, and pain is associated with insomnia. Pain is often correlated with depression among cancer patients, and the majority of depressed patients report some sleep disturbances,” Terrell said. “Additionally, radiation therapy to treat head and neck cancer can contribute to dry mouth, which requires excessive drinking and urination throughout the night.”

The study authors note the importance for patients to work with physicians to determine a cause of the sleep disorder. This is especially important given that treatment of sleep disorders is likely to improve sleep quality, and therefore improve quality of life.

## YOGA REDUCES FATIGUE IN CANCER SURVIVORS, STUDY SHOWS

Yoga and complementary therapy programs may reduce fatigue and improve quality of life in cancer survivors, according to a recent study presented at the American Society of Clinical Oncology’s 46th Annual Meeting in Chicago.

The study, conducted by researchers at the University of Rochester Medical Center, reviewed 410 survivors of early stage cancers. The subjects received either standard monitoring plus a four-week, twice-weekly yoga class for cancer survivors or standard monitoring and usual care.

The study showed that the group who received the yoga therapy were more likely to report an increase in sleep quality, a decrease in use of sleep medications, less fatigue and a better overall quality of life.

“Because a cancer diagnosis and standard treatment can cause patients and survivors to feel a sense of lost body control, this often contributes to a lack of sleep,” said Donna Murphy, co-director of the University of Michigan Comprehensive Cancer Center’s PsychOncology program. “Yoga is a way to actively participate in the healing of the cancer and fatigue by creating calmness and relaxation in both the mind and the body.”

The U-M Cancer Center offers an array of complementary therapies through its PsychOncology program, including art therapy, music therapy and guided imagery. Murphy, who was not involved in the Rochester study, said yoga is also recommended as a healing tool.

Evaluations of complementary therapy programs at U-M have shown that patients generally feel better after participating in these activities, Murphy said. Fatigue is decreased, immune functioning is increased and the therapies often lead to a better sense of balance, calmness and general well-being.

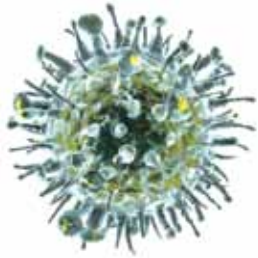
“By relieving the negative social and psychological effects of cancer through complementary therapies, patients are better able to regain their health and improve their lifestyles for more comfortable healing,” Murphy said.



*Donna Murphy, co-director of PsychOncology*



By Emily Mackler, Pharm.D.



Last year's flu season was complicated. The H1N1 virus—the swine flu—came on quickly and unexpectedly, leading to demand for a new vaccine to supplement the usual seasonal flu shot. Because people with cancer already have weakened immune systems, we field a lot of questions about whether our patients and their families should get vaccinated. Read on to get the answers.

**Q: I'm on chemotherapy. Should I get a flu vaccine?**

**A:** Yes, but it's important to get the right one. All Cancer Center patients should receive a flu shot containing an inactivated influenza vaccine. People with cancer should not take the nasal vaccine FluMist because it is made with a live, weakened flu virus.

**Q: Which vaccine should my family members receive?**

**A:** In many cases, we recommend flu shots containing the inactivated virus for those who have close contact with our patients. This is because there is a small risk that people with weakened immune systems can catch the flu from someone who received the nasal vaccine, which contains a live form of the virus.

**Q: I haven't heard anything about the H1N1 vaccine this year. Should I receive it?**

**A:** The H1N1 strain is included in this year's standard flu shot. No separate vaccine is needed.

**WEB EXCLUSIVE**

Want to learn more about other vaccines you should receive? Visit [mcancer.org/thrive](http://mcancer.org/thrive) to view Emily Mackler's videocasts.

Do you have a question for the pharmacist? E-mail us at [ThriveMagazine@med.umich.edu](mailto:ThriveMagazine@med.umich.edu). Emily Mackler is a pharmacist in the University of Michigan Comprehensive Cancer Center Symptom Management & Supportive Care Program.

**JUST A PHONE CALL AWAY**

- Cancer AnswerLine: **800-865-1125**
- Child and Family Life: **734-647-6418**
- Clinical Trials: **800-865-1125**
- Complementary Therapies Program or Patient & Family Support Services: **734-615-4012**
- Development: **734-998-6893**
- Discharge Planning Services: **734-764-0589**
- Customer Service/Billing: **734-615-0396**
- Fertility Counseling and Gamete Cryopreservation: **734-763-4323**
- Financial Counselor: **734-647-8663**
- Guest Assistance Program, Social Work, Peer Counseling or Wig Bank: **800-888-9825**
- Grief and Loss Program: **734-615-4012**
- Nutrition Services: **734-647-8902**
- Occupational Therapy: **734-936-7175**
- Patient Education Resource Center: **734-647-8626**  
iPod Lending Program: **734-647-8626**
- Patient and Visitor Accommodations Program: **800-544-8684**
- Peer Counseling: **800-888-9825**
- Personal Touch Program: **734-973-2400**
- Physical Therapy: **734-936-7070**
- PsychOncology Clinic: **734-232-6366**
- Ronald McDonald House: **734-994-4442**
- Skills Lab: **734-232-6366**
- Smoking Cessation Counseling: **734-936-5988**
- Speech-Language Pathology: **734-763-4003**
- Social Work: **800-888-9825**
- Supportive Care Center: **734-232-6366**
- Volunteer & Community Resource Program: **734-936-8307**



**THIS ISSUE OF THRIVE STARTS IN THESE PAGES, BUT FINISHES ONLINE AT MCANCER.ORG/THRIVE. HERE'S WHAT YOU'LL FIND THERE:**

- A downloadable journal template to help you keep track of how well pain medications are working;
- An example of an advance directive—something everyone should have on hand;
- More detailed nutrition tips tailored to specific side effects;
- A link to our Newsroom, where you can read about the latest research at the U-M Comprehensive Cancer Center.

If you're new to *Thrive*, check out our archive. We have lots of tips and advice to share.

*Would you like to learn how you can give back to the U-M Comprehensive Cancer Center? Please visit [www.mcancer.org/giving](http://www.mcancer.org/giving) or call 734-998-6893.*