

ONCOLOGY Connections

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**Salem Cancer
Institute**

A part of Salem Health

DEDICATED TO KEEPING PHYSICIANS INFORMED

Keep Your Eye on the Target

As cancer cell lines have begun to give up their genetic secrets, tailored therapy has moved into its infancy.

The Holy Grail of cancer treatment has always been therapy individualized to a particular person and his or her specific tumor. But until recently the best any oncologist could do was offer a patient the regimen that had given the most benefit to the most patients. If that regimen didn't work, sometimes second-line treatment proved to be just the ticket. Occasionally, third-line. For patients who failed salvage therapy, options included creative use of novel agents or best supportive care.

As cancer cell lines have begun to give up their genetic secrets, tailored therapy has moved into its infancy. Research labs and commercial companies are rushing to develop treatment-directive tests akin to those used every day to determine antibiotic sensitivity.

The Oncotype DX multigene assay has been widely available since 2004. A patient with generally good prognosis breast cancer (premenopausal node negative, ER/PR

positive, or postmenopausal node positive) can have a sample of her breast tumor sent away for a battery of tumor markers, independently validated to determine risk of distant recurrence and to estimate the benefit of cytotoxic chemotherapy for her particular tumor. Although the test is expensive, the price is well worth it to women who can confidently avoid the financial and physical cost of systemic therapy.

Fast-tracked to FDA approval in 2001, Gleevec became the first targeted therapy that directly interferes with specific cancer enzymes. Testing a lesion for the presence of c-Kit or BCR-ABL could predict for Gleevec sensitivity in diseases other than CML and GIST. The search for other targeted therapies with the minimal side-effect profile of Gleevec continues unabated.

At the 2008 ASCO meeting in Chicago, multiple researchers reported that the presence of a mutation in the K-ras oncogene conferred resistance to Erbitux in metastatic colon cancer. Knowledge of a tumor's K-ras status will allow some patients the opportunity to avoid the use of an expensive drug that is likely to be ineffective in their case.

The day of putting a lump of tissue in a petri dish on one end of a conveyor belt, running it through some sort of multichannel analyzer, and receiving a recipe at the other end can't be far off. And just in case anyone working in the field hadn't figured it out already, the hottest new trend in national oncology meetings is "personalized therapy." See ya there.

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Oncology Connections is produced 6 times yearly by Nancy Boutin, M.D., and the Marketing and Communications department at Salem Hospital. Please address questions or correspondence to nancy.boutin@salemhospital.org.

Drive Against Prostate Cancer

Willie Sutton said he robbed banks because that's where the money was. With similar logic the National Prostate Cancer Coalition (NPCC) takes its mobile screening unit to where the men are. On July 26 and 27, thousands of men will be at the Great Oregon Steam-up in Brooks. Along with miniature rail rides, steam-driven tractors, and a parade featuring antique farm equipment, they'll find a very modern screening-clinic-on-wheels.

The mobile screening unit travels across the nation year-round, promoting prostate cancer awareness and early detection. The 30-foot bus has four private exam rooms,

and the waiting area features a flat-screen television with satellite programming to ensure that no man will ever miss a minute of his favorite sporting event while he waits for his turn.

A local prostate cancer survivor heard about a similar screening held in conjunction with a car show in Las Vegas and took his idea to the prostate cancer support group headed by Eddie and Marcy Kuenzi. Then he brought it to SCI, which is committed to education and outreach, appropriate cancer screening, and responding to the interests of community partners. Once the mobile unit had been scheduled, the rest was just logistics.

In conjunction with Salem Cancer Institute, Salem Health, and local doctors, the NPCC will offer free PSA testing and digital rectal exams during the first weekend of the annual Steam-up, no reservation required. Men age 40 and over who have not had a recent exam are encouraged to take part.

The free test takes about 10 minutes and does not require an appointment or insurance. Physicians will discuss findings and recommendations at the time of the screening, and PSA results will be mailed within four weeks. Information and local resources will be provided for follow-up care as needed.

For more information please see www.salemcancercare.org.



Meet Stacy Duir

5 South
Nurse Manager

fallen in love with the place on its own merits. "I have a vision for where I'd like us to be on 5S, and I think it's shared by the staff. I have a real passion for oncology and want to see us be able to do even more for our patients."

Stacy would like to see 5 South return to its former status as a dedicated oncology unit but serve the needs of both medical and surgical patients, to have a clinical nurse specialist available once again to support patients and staff, and to see a first-class palliative care program developed here. She's also looking at a survivorship program in collaboration with the Salem Cancer Institute. "I think we can do all those things," she says. "There are lots of opportunities as we move some services into the new tower. It's thinking outside the box and really looking at providing a holistic approach on a continuum through a collaborative effort—actively listening to what our community and patients require to help meet all their needs."

But before the move, there's football season, and it will be important for someone to take Stacy and Michael to a game somewhere down I-5. "There's nothing as fun as a Badger or Packer tailgate party," she says, although she admits that during the season temperatures can swing from 90 and humid to absolutely frigid. "But during the fall, it's great."

Certainly, Oregon can offer better than that. But the picture of her Washington-born fiancé above her desk? He's wearing a Favre replica jersey. Stacy also loves family. Did I mention they have eight children and she's planning to attend graduate school this fall for her MSN/health care administration degree? She says, "It's about balance and living your dream while serving others."

We have our work cut out for us.

Can a Badger ever become a Beaver—or a Duck? In the case of Wisconsin transplant and 5 South Nurse Manager Stacy Duir, R.N., B.S.N., O.C.N., it's too soon to tell. But in all ways other than sports, Duir has embraced life as an Oregonian. "I never want to leave here," she says, despite the Brett Favre pennant peeking out from under the diplomas, schedules, and memos tacked above her desk. "I've already told Cheryl Nester-Bowers that I want to be CNO someday."

Stacy moved West for love—her husband-to-be, Michael, is from Washington—but has



Board Member Profile

—Arnella Hennig, M.D.

She brings a grassroots, roll-up-your-sleeves-and-get-it-done sensibility to the SCI Advisory Board.

Arnella Hennig, M.D., Salem radiation oncologist and Salem Cancer Institute Advisory Board vice-chair, likes to see results. Whether tying flies, growing organic cherries, or working on the Breast Cancer Committee, at the end of the day she wants to see a product. In the earliest months of the institute, Dr. Hennig, soft-spoken but tenacious, pushed the board and the administrative team: "What are the meat and potatoes here? What exactly can we offer our patients to help them navigate the complex world of cancer care?"

Her passion for concrete detail helped the board focus on specific deliverables and articulate what we're doing for the medical community and their patients. As much as Dr. Hennig likes results, she doesn't like the spotlight. "I just want to provide the best care possible, listen to my patients, allay their fears, and try to help them get what they need. Someone else can stand up in front—I prefer to tend the home fires!" she says with a laugh.

Listening to her patients made Dr. Hennig realize some years ago that women with abnormal mammograms faced a lot of anxiety while waiting to get a biopsy and, if necessary, starting treatment. Although each doctor's office scheduled the patients within a few days of referral, with so many team members weighing in on most breast cancer treatment plans it could easily take a month or more to move from diagnosis to definitive care. Dr. Hennig and other involved physicians brought together a task force to uncover the barriers and the bottlenecks preventing a rapid "door to diagnosis." They significantly decreased that delay and continue, as the Breast Cancer Committee, to find ways to make the cancer experience less difficult for the women of Salem.

Raised in Boulder, Colorado, Dr. Hennig trained in radiation oncology at the University of Southern California before settling in Salem in the early 1990s with her husband, Nap, and their three sons, Lowell, Matthew, and Ben. She brings a grassroots, roll-up-your-sleeves-and-get-it-done sensibility to the SCI Advisory Board. So if anyone tries to float gaseous words and vague plans around the board table, you might see her throw up her hands and, channeling her Italian grandmother, mutter, "That's a lot of faggia-faggia."

When you hear that, you'll know it's time to serve the meat and potatoes.

Fighting Cancer Fatigue

Fatigue remains one of the most persistent complaints among cancer patients during and after active treatment. Physicians often resort to prescription-strength sleep aids or stimulants like Ritalin to relieve their patients' debilitating lack of energy.

A number of presentations and posters at the 2008 meeting of the American Society of Clinical Oncology (ASCO) addressed the problem of fatigue from a variety of perspectives. Several offered data to show that an exercise program during therapy actually increases energy (see page 4), mental clarity, and a sense of well-being.

The most interesting abstract, however, may have been the one authored by Rochester oncologist G. R. Morrow et al. Their prospective, randomized, placebo-controlled trial demonstrated that patients reporting the greatest degree of fatigue enjoyed significant improvement with the addition of the eugeroic agent modafinil (Provigil) during chemotherapy. The drug is nonaddictive but may have side effects, including rash.

For more information see: *Journal of Clinical Oncology* 26: 2008 (May 20 suppl.; abstr 9512).

ONCOLOGY Connections



Get a Move On

“Personal trainers may join oncologists, surgeons, and radiologists as members of the cancer treatment team,” says Yale researcher Melinda Irwin in a recent *Washington Post* article describing the effects of exercise on breast cancer recurrence rates.

Irwin, principal investigator of the Yale Exercise and Survivorship Study, which accrued patients in 2004, discovered that 30 minutes of physical activity five times a week decreased the cancer-specific mortality in her pilot group. Other researchers have found similar results in prostate and colorectal cancer patients, in addition to a long list of physiological and psychological benefits. The full article can be found in the June 17 edition of the *Washington Post* under the title “Cancer Rx: Move? Exercise May Have Role in Treatment” (available online at www.washingtonpost.com/wp-dyn/content/article/2008/06/13/AR2008061303221.html).

Salem-area breast and prostate cancer survivors have access to a similar study run through Oregon Health & Science University, but

Salem Cancer Institute is working to provide a low- or no-cost supervised exercise program for patients during and after their acute cancer treatment regimen. As always, the devil is in the details. With any luck the program will be up and running in time for patients whose New Year’s resolutions include physical fitness.

In the meantime MidValley Cancer Care Community offers yoga and other low-impact exercise opportunities at its Winter Street headquarters. For more information and a schedule of classes, go to www.mvcancercare.org.

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Fighting Cancer Fatigue

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