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Survivorship Clinic Opens at Mayo Clinic Cancer Center

Clinic Offers Prescription for Long-Term, Improved Health Care

By Sheryl Ness, R.N.

“As a result of their cancer journey, survivors appear to have different physical, emotional, psychological and even spiritual needs. The Survivorship Clinic works to better understand and address these needs.”

Aminah Jatoi, M.D.

Mayo Clinic Cancer Center now offers a new clinical service to survivors of cancer in Rochester, Minn. Designed for patients who have completed their cancer treatment, the Cancer Survivorship Clinic pilot project began offering services in October to patients diagnosed with ovarian or esophageal cancer. Patients can be referred to the clinic by their physician.

The clinic's vision is to utilize the resources and expertise within Mayo Clinic to assure that the needs of patients who survive cancer are fully addressed. The objective is to provide a "prescription for long-term, improved health care" for patients with cancer. The clinic is based in the Division of Medical Oncology at Mayo Clinic Rochester and utilizes a team approach to address survivorship-related issues such as bone health, lymphedema, nutrition, spirituality and emotional concerns. The clinic's long-term goal is to provide clinical services for patients with all cancer diagnoses.

"Several years ago, when patients would finish their cancer therapy, we would say, 'OK, you're done now, go back to living your life,'" says Aminah Jatoi, M.D., Mayo Clinic oncologist and Cancer Survivorship Clinic director. "But over the years, we've learned — and continue to learn — that there's more to it than that. As a result of their cancer journey, survivors appear to have different physical, emotional, psychological and even spiritual needs. The Survivorship Clinic works to better understand and address these needs."

Patients in Rochester can learn more about the Survivorship Clinic and related resources by visiting Mayo Clinic Cancer Education Center, Gonda Building, lobby level or the Cancer Survivorship Resource Room, Gonda Building, 10th floor. For patients in Arizona, resources can be found at the Patient Library, concourse level, Mayo Clinic building on the Scottsdale campus; and in Jacksonville, Fla., at the Mayo Clinic Cancer Center Patient and Family Resource Room, Davis Building, 8th floor.

Shanna's Inspiration

16-Year Old Bone Cancer Survivor is Dedicated to Touching the Lives of Others

By Nicole Bennett Engler

When Shanna Decker was only seven years old, she was confronted with the scariest thing in her life: bone cancer.

In March 1998, Shanna's parents, Jack and Sherrie, took her to the family doctor after she had been walking with a limp for about three weeks. They thought she had pulled a muscle, but Shanna thought it was much more. After taking X-rays, the doctor found a large abnormality in her left leg above her knee. He immediately referred her to Mayo Clinic in Rochester for additional testing.

After an exhausting day of testing at Mayo, including a CT scan, blood work, X-rays, a bone scan, an MRI and a biopsy, Shanna and her family met with her doctor to receive the results. They learned that Shanna had osteogenic sarcoma, a bone cancer.

of motion in the entire leg. The final option was rotationplasty. Doctors would amputate her leg just above the knee and turn her ankle backward to replace the knee.

After much thought, the family chose rotationplasty. When fitted with a prosthetic leg, the result resembles a below-the-knee amputation. This choice offered Shanna the most benefits so she could continue living an active lifestyle.

After her amputation, she underwent intense physical therapy to regain her strength.

In December 1998, Shanna completed her cancer treatments, and the following summer, was fitted with her first prosthetic leg. She was very excited because she had either been on crutches or in a wheelchair for the past year.

Shanna's transition back into third grade was easier than she had expected. Mayo Clinic nurses and a social worker went to Plainview Elementary School in Plainview, Minn., to explain to Shanna's classmates what to expect when she returned.

Once back, she was treated no differently than before her amputation.

Many times her peers would fight over who got to push her wheelchair. One friend asked her, "Those Mayo doctors are really good, right? Then why did they put your leg on backwards?" Shanna explained that Mayo doctors were indeed good, and that her leg was supposed to be like that.

Now a happy, healthy 16-year-old, Shanna considers herself a "well-adjusted" young lady. She's been cancer-free for nearly nine years, and has learned to excel in life with only one leg. She's able to bike, rollerblade, ice skate, play softball, run, swim and do almost everything her friends can do. She recently received a new prosthetic leg that more closely resembles her other leg, feels like skin and allows her to walk more smoothly.

Although Shanna's prognosis initially seemed devastating, Sherrie says the family wouldn't take back her daughter's experience even if they could.

"Our priorities have shifted from the fast-paced material life to the world that's really important to us -- our faith, helping others and not taking even one day for granted," she says.



Despite Shanna's amputation, she remains very active at the age of 16.

Her mother, Sherrie, didn't hear anything after the word "cancer."

"We thought she was going to die," Sherrie says. But the doctor reassured the family that Shanna's prognosis was good.

With this bone cancer, she would have to be hospitalized for about one year to receive chemotherapy treatments. This, Shanna remembers, was the beginning of the most challenging series of events in her life.

After diagnosis, she was admitted to Mayo Eugenio Litta Children's Hospital, part of Saint Marys Hospital, to begin chemotherapy. She lost her hair, became nauseous

and lost weight. At first, she was depressed and hid under her covers and would not talk to the other children. But Shanna adjusted to this new life. After being at the hospital for a while, Mayo was like a big party, she says.

After Shanna completed three months of chemotherapy, doctors gave her and her family three options for surgically removing the tumor in her leg. The first was a full leg amputation, which would be removing her leg at the upper thigh. The second option was a stiff leg procedure, in which a rod would be inserted into her leg, causing a loss



Shanna agrees and says that her cancer experience caused her not only to become more outgoing, but also inspired her to help others. She still keeps in close contact with the children who were in the hospital with her. She is also a mentor for other children who have been diagnosed with cancer. Since her recovery, Shanna has connected with over 50 patients experiencing rotationplasty.

Nine-year cancer survivor Shanna knows that she has much to be thankful for — including God — who she calls the ultimate physician.

“I treasure the moments spent with these families as we share our experiences and form new lifelong relationships,” she says. “I have been so blessed in life, and now it is my turn to help others.”

Shanna also enjoys publicly telling her story to teach others that cancer can be a positive experience. She spoke at the 2003 Golden Dreams Ball to benefit the Make-A-Wish Foundation, was the keynote speaker at the 2005 National Cancer Survivor’s Day Celebration and most recently spoke this past summer at Camp Barnabas in Missouri during physical disabilities week.

“By turning a tragic situation in my life completely around, it can provide rich rewards not only for others, but for me as well,” says Shanna. “Life does go on, and I try to convince others that if they take their experience and turn it around into something positive, life will be awesome.”

In addition to her community involvement, Shanna has also given back to Mayo. She routinely speaks during pediatric nurses’ orientation, has participated in a study to compare the outcome of patients with rotationplasty versus above-the-knee surgery and was featured in a Mayo Clinic Cancer Center booklet and a Mayo Clinic patient education video.

In the future, Shanna sees herself becoming a graphic designer and participating in additional motivational speaking engagements.

In addition to a positive attitude, Shanna credits Mayo Clinic as a driving force behind her success. “Mayo does an excellent job of helping families deal with a cancer diagnosis, treatments and surgical procedures,” she says. “I am grateful to have been treated at Mayo Clinic, but in addition to what all the staff has done for me is what God has provided for my family. He has walked side by side with us, giving us the strength we needed to get through each and every day. He is truly the ultimate physician!”

Calendar of Events

December

12 *Rekindling Your Hope Lecture: the Gift of New Faith, Hope & Love for Those with a Cancer Diagnosis.*

Rochester, Minn. - Mayo Clinic Cancer Education Center, Gonda Building, lobby level (507) 266-9288; Scottsdale, Ariz. - 3-303, Johnson Building (480) 301-5990

January

Cervical Health Awareness Month

National Cervical Cancer Coalition
(800) 685-5531
<http://www.nccc-online.org/index.php>

March

National Colorectal Cancer Awareness Month

Cancer Research and Prevention Foundation
(800) 227-2732
www.preventcancer.org/colorectal

6 *Lymphedema “D” Day*

National Lymphedema Network
(510) 208-3200
www.lymphnet.org

5-9 *Daffodil Days*

American Cancer Society
(800) ACS-2345
www.cancer.org

April

1-7 *National Young Adults Cancer Awareness Week*

(818) 508-5657
www.vitaloptions.org

16-22 *National Oral, Head and Neck Cancer Awareness Week*

Yul Brynner Head and Neck Cancer Foundation, Inc.
843-792-6624
www.yulbrynnerfoundation.org

15-21 *National Minority Cancer Awareness Week*

American Cancer Society
404-329-5788
www.cancer.org

24 *Oncology Nurses Day*

Oncology Nursing Society
866-257-4667
www.ons.org

28 *Men’s Cancer Update 2007: A Focused Look at Prostate Cancer*

Mayo Clinic Cancer Center
Rochester, Minn
507-288-5620

April 29-May 5 *Brain Tumor Action Week*

North American Brain Tumor Coalition
630-325-2619
www.nabraintumor.org

A Race Against Cancer

Mayo Clinic a Partner in National Marathon for Breast Cancer

By Carol Chaffin

Jacksonville news anchor and author Donna Hicken is an avid marathon runner who never shies away from a challenge. So when she was diagnosed with breast cancer in 1999 and again in 2002, she focused all of her efforts on beating it.

"We will raise awareness and funds to fight breast cancer while providing a unique destination marathon in one of the most beautiful places in the country," says Hicken. "I want this to become a pilgrimage for people with a passion for the cause."



"I set my sights on outrunning the disease," she says. "Facing cancer is a lot like running a marathon -- a long, arduous race that challenges the body, mind and spirit."

Her own battle inspired her to form The Donna Hicken Foundation to

The race proceeds will go directly to The Donna Hicken Foundation, which has pledged to donate the majority of the funds raised to Mayo Clinic for research. Mayo's Multidisciplinary Breast Clinic specializes in the detection and treatment of breast cancer.

"Mayo Clinic is pleased to be a part of the 26.2 With Donna, and we're excited about the national awareness and funds this marathon will raise to help us in the fight against breast cancer," says Edith Perez, M.D., a Mayo Clinic oncologist.

Mayo Clinic is leading the fight against breast cancer with researchers like Perez, author of a clinical trial that produced what is arguably the most significant breakthrough in breast cancer in 30 years. The trial resulted in a 52-percent decrease in the recurrence of breast cancer in those participating.

Each year, about 200,000 women in the United States are diagnosed with breast cancer, and the disease causes about 40,000 deaths annually.

(L-R) Dr. Edith Perez, Jacksonville City Council President Kevin Hyde, Mayor John Peyton, Donna Hicken and marathon planner Jeff Galloway announce the 26.2 with Donna at a news conference in June.

provide financial assistance to women in need battling breast cancer. To that end, she's partnered with Mayo Clinic in Jacksonville to create 26.2 With Donna: The National Marathon to Fight Breast Cancer. The weekend-long event, which will benefit Mayo Clinic and women living with breast cancer, will be held Feb. 15-17, 2008, and will include a health expo, community celebration, VIP event, marathon, half marathon and fun run. It will be the only marathon in the country dedicated solely to funding breast cancer research and treatment.

For more information on 26.2 With Donna: The National Marathon to Fight Breast Cancer, visit www.breastcancermarathon.com.

Save the Date April 28, 2007

Men's Cancer Update 2007: A Focused Look at Prostate Cancer • Rochester, Minn.

This educational event is open to all men, their significant others and those who are interested in exploring the critical health issues surrounding prostate cancer — the most common cancer diagnosis for men, excluding skin cancer.

Understanding the health risks and becoming educated about issues surrounding prostate cancer can empower men to make decisions that may affect their quality of life and the potential outcome of the disease.

The goals of this program are to:

- Provide up-to-date information on prostate cancer risk and screening

- Discuss the importance of clinical trials and emerging prostate cancer research
- Provide a forum to address common issues related to prostate cancer treatment and survivorship
- Offer an opportunity to talk with others concerned about prostate cancer

Presenters include Mayo Clinic physicians; guest speakers Keith and Virginia Laken, authors of *Making Love Again: Hope for Couples Facing Loss of Sexual Intimacy*; and inspirational speaker, the Rev. Nick Mezacapa.

Mayo Clinic Welcomes New Cancer Center Director



Robert B. Diasio, M.D.

Robert B. Diasio, M.D., became director of Mayo Clinic Cancer Center in September. Dr. Diasio comes to Mayo from the University of Alabama at Birmingham, where he has been associate director for Basic Sciences at the Comprehensive Cancer Center, chairman of the Department of Pharmacology and Toxicology, director of the Division of Clinical Pharmacology, and professor of Pharmacology and Toxicology and of Medicine. A graduate of the University

of Rochester (N.Y.), he earned an M.D. degree from Yale University. Dr. Diasio completed a residency at Strong Memorial Hospital in Rochester, N.Y., and a fellowship in oncology at the National Cancer Institute (NCI). Mayo Clinic is proud to introduce Dr. Diasio to patients, families and friends.

What do you see as the most important issues regarding cancer research and treatment in the next decade?

So much new information has come from developments in genomics and in cell biology in general. This has given us a tremendous number of new clues that enable us to improve cancer treatment. We are living in a very exciting time because we now have methods to give birth to an age of new treatments.

Are there new approaches to treatments being developed that go beyond chemotherapy and radiology?

Absolutely. We've learned so much from the new biology — more than since cancer treatments began in the 1940s. Until recently, we didn't have the knowledge base to develop specific types of treatments. We do today. New technologies, such as monoclonal antibody technology, have revolutionized treatments.

Mayo is the only multisite NCI-designated cancer center with a national presence. What do you see as special opportunities and challenges in leading an organization that has operations on three campuses?

It's certainly a challenge because no other institution has done this. Nationally, we're facing many financial challenges in both the practice of medicine, as well as in conducting research at the clinical and basic-science levels. In my interviews with Mayo colleagues, I was impressed with what I saw, and I came away with a sense of how this center actually functions—such as the multiple myeloma research program in Arizona that integrates beautifully with the multiple myeloma Specialized Programs of Research Excellence (SPORE) grant and research activities in Rochester. Being in Jacksonville and seeing a major research effort in cancer biology by Dr. Alan Fields' group impressed me with the fact that by using modern audiovisual technology, individuals in different sites can interact and work effectively together.

Approximately one-third of Mayo's overall practice and 40 percent of our research relate to cancer. What difference does it make to have our cancer center embedded in an integrated, multispecialty clinic?

This is one of the attributes that makes Mayo so attractive to me. I served as member of the NCI's cancer center study section, which reviews centers and programs. This gave me an opportunity to visit many, many different cancer centers across the country, and I saw that one of the critical factors for success is having an excellent clinical practice. The NCI emphasizes the need for cancer centers to be truly integrated. The overall excellence in so many clinical areas at Mayo makes it more feasible to conduct translational research here. If you don't have a working, functional clinical program, it's very hard to build the research effort. That's not to minimize the importance of basic research and cancer epidemiology or cancer prevention. But I think it's hard to do basic research and cancer prevention or epidemiology without an effective clinical program. Mayo has the structure that's necessary to build this into the premier program in the country.

“The goal of cancer research is to improve care to our patients. What we are going to do at Mayo is continue to provide excellent medical and surgical care for cancer patients and also offer these patients the very best and most novel approaches to treating cancer.”

Robert B. Diasio, M.D.

A Patient's Perspective

Proposed Cancer Research Budget Cuts Warrant Patient Protest

By Shirley Reudy, Patient Advocate

I have had a strange odyssey into the land of cancer....

Family members for years dropped like flies from the disease: aunts, uncles, cousins. Then, my oldest brother was diagnosed with the rare male breast cancer. He was 48. Knowing nothing about cancer at the time, I thought it was a fluke. It was a red flag.

1979: On November 14th, a bright, sunny day, I learned I had breast cancer. I was a pre-menopausal 43. I had a mastectomy. The cancer was estrogen-negative. Most breast cancers are estrogen-positive, depending on that hormone for growth. Another red flag.

Fast forward to 1994: My husband and I planned to go out to dinner Nov. 14, to celebrate 15 years of my being cancer-free. Instead, we were sitting in the oncologist's office, hearing for the second time that I had breast cancer. Except now they thought it was metastatic. We drove, white-lipped and white-knuckled, to my friend Dr. Lynn Hartmann at Mayo Clinic, who believed the cancer was in its primary stage. I had a second mastectomy. Because the tumor had gone to the chest wall, four months of chemotherapy and seven weeks of radiation followed.

Fast forward to 2005: Post-menopausal bleeding led to a dilatation and curettage (D&C) procedure at Mayo. The surgeons and I agreed: No hysterectomy unless it was cancer. I woke up and my husband told me they had done a hysterectomy. It was endometrial uterine cancer. I was stunned. At age 69, the score was Shirley 0, Cancer 3.

Like so many people, I turned to God. I said, "What is this, God? It seems to me I am taking someone else's turn here! Let's lay off Shirley for a while!" But God smiled. I know He smiled because only 5 percent of endometrial cancers are caught that early, Mayo said, and pronounced the surgery curative.

When I was first diagnosed with cancer, I became curious about this disease that could take my life, so I went to the library and took out a book. Then, another and another. I've been reading about cancer since 1979.

I came up with the idea of a newspaper column. What the American public needed was a regular platform on cancer, not just a meteoric story that flashed across the sky when a study was released.

The column needed to illuminate not just the science of cancer, but the emotions. Anyone who has been touched with cancer knows that the body is just part of the picture. Your emotions are roiling around like the eye of a hurricane. Those who care for you are in tumult. There is no manual on how to handle cancer.

In 1991, the Gazette — a daily newspaper in Cedar Rapids, Iowa — went out on a limb and started running *Cancer Update*. Response has been tremendously gratifying. Readers trust me, for I have walked the road. The medical community trusts me, for I value accuracy and honesty above all else.

But I am here to tell you today that the only reason I am here at all is because of the National Cancer Institute (NCI) and the American Cancer Society (ACS). In 1975, I joined a study that they jointly sponsored to compare methods then available for the early detection of breast cancer: mammography, thermography and clinical examination.

It was in the fifth and final year of that trial that my breast cancer was found. I want to make this abundantly clear: if it had not been for that research study, I would have died, because I never would have found that cancer on my own. What I also know now is that all those red flags — male breast cancer in the family, pre-menopausal breast cancer, cancer in both breasts and estrogen-negative cancer — all pointed to hereditary breast cancer and the genes BRCA-1 or BRCA-2, genes only identified through research since 1979.

Which brings me to an issue that is of profound significance: research. At the beginning of the 1900s, almost no one who had cancer ever lived to tell about it. Now, in 2006, survival rates have soared to 64 percent, a phenomenal achievement. As it stands today, one of every three Americans will develop cancer, and three of every four households will be affected by it, either directly or indirectly.

“Anyone who has been touched with cancer knows that the body is just part of the picture . . . There is no manual on how to handle cancer.”

Shirley Reudy



Shirley Ruedy, a three-time cancer survivor, is author of "Cancer Update," a column devoted exclusively to cancer issues, published in *The Gazette* daily newspaper in Cedar Rapids, Iowa. To contact her, e-mail: shirleyr7@msn.com.

Cancer is the king of dread in the American mind and our government's proposed budget for 2007 has slashed an incredible \$40 million from NCI. The cost of research is cheap when you equate it to the increased growth in the economy because of lives not lost, productivity gained and health costs saved.

Under the budget cut, crucial studies that save lives will not be funded, bright young researchers will not find jobs because of staffing cuts and we will have a brain drain to countries who *will* fund our best and our brightest.

I hope that Congress will approve the budget amendment proposed by Democratic Sen. Tom Harkin and Republican Sen. Arlen Specter. It will restore the \$40 million to NCI, which had already suffered a devastating cut of \$31 million.

We have 10 million survivors of cancer alive today — outstanding survivors like Lance Armstrong, and average Americans like me. *We all* owe our lives to men and women in lab coats. Indeed, we have to realize that research is not our main hope — it is our *only* hope.

How to promote research dollars for cancer:

Write your senators and representatives.

Not only the ones from your state, but also key legislators who have significant positions that can influence dollars for research.

Tip: Most legislators receive 1,000 to 5,000 e-mails per week. Keep them short and to the point. Postal letters may take up to six months because of security. Also, take the time to send your message individually and not many names at once. Some such messages get automatically deleted upon receipt.

The below Web sites offer contact information for congressional members. They're easy to access with just your zip code:

www.visi.com/juan/congress
www.house.gov
www.senate.gov

Contact the President, too. He should absolutely hear from citizens.

E-mail: comments@whitehouse.gov

Comment line: (202) 456-1111

Mail address:

President George W. Bush

The White House

1600 Pennsylvania Ave. NW

Washington, D.C. 20500

Budget committees for the Senate and House are also important. Those chairmen/women should

hear from rank and file Americans. They are: Jim Nussle, R-IA, chairman, House Budget Committee, <http://nussle.house.gov/email.htm>; and Judd Gregg, R-NH, chairman, Senate Budget Committee, <http://gregg.senate.gov/sitepages/contact.cfm>.

Sen. Tom Harkin, D-IA, is the ranking Democrat on the Appropriations Committee for Labor, Health and Human Services (LHHS) and is keenly interested in the National Cancer Institute budget. His e-mail: <http://harkin.senate.gov/contact/contact.cfm>.

Write letters to your editor. The shorter they are, the better chance they have of being published (believe me, I know!) Always list your address and daytime telephone number.

Be active. Join organizations that push the cause. Walk, run or golf — participate in whichever events raise funds for research. Join the American Cancer Society's Cancer Action Network (available at [http://www.acscan.org/site/pp.asp?c=cn\[HJIPuB&b=83243](http://www.acscan.org/site/pp.asp?c=cn[HJIPuB&b=83243)).

It is helpful for voter education and on issues aimed at influencing lawmakers and candidates, all with the goal of supporting laws and policies that will help fight cancer. Example: Last September's Celebration on the Hill showcased 10,000 cancer survivors, patients, families and advocates in Washington, D.C., pushing their legislators to restore the cut funds to NCI and to promote other cancer-oriented legislation.

Be generous. Give to research causes. Find organizations with a proven track record, such as Mayo Clinic and ACS. Basic research is important, for in the end, it helps increase knowledge of each individual cancer. Remember: If you don't do it, it won't get done.



Cancer Terms

Basic research	Studies limited to the laboratory or to animals, that are not aimed at specific problems, but that provide the necessary knowledge and background for later research with practical application.
Cervix	The lower, narrow end of the uterus that forms a canal between the uterus and vagina.*
Clinical	Having to do with the examination and treatment of patients.*
Clinical research	Study of a drug, biologic or device in humans with the intent to discover potential beneficial effects and/or determine its safety. Also called clinical study and clinical investigation.
Dilation and curettage (D & C)	A minor surgical procedure during which the cervix is dilated and tissues are gently suctioned from inside the uterus.
Genomics	The study of the complete genetic material, including genes and their functions, of an organism.*
Invasive cervical cancer	Cancer that has spread from the surface of the cervix to tissue deeper in the cervix or to other parts of the body.*
Lymphedema	A condition in which excess fluid collects in tissue and causes swelling. It may occur in the arm or leg after lymph vessels or lymph nodes in the underarm or groin are removed or treated with radiation.*
Monoclonal antibodies	A laboratory-produced substance that can locate and bind to cancer cells wherever they are in the body. Many monoclonal antibodies are used in cancer detection or therapy; each one recognizes a different protein on certain cancer cells. Monoclonal antibodies can be used alone, or they can be used to deliver drugs, toxins or radioactive material directly to a tumor.*
Neoplasia	Abnormal and uncontrolled cell growth.*
Therapeutics	Therapies having to do with treating disease and helping healing take place.
Translational research	Research that brings discovery directly from the laboratory to practical applications in patients.

*Definitions obtained from <http://www.cancer.gov/>

Resources

Survivorship

Books

The Cancer Survivor's Guide: The Essential Handbook to Life after Cancer by Michael Feuerstein, Ph.d., M.P.H., and Patricia Findley, Dr.Ph., M.S.W., copyright 2006.

Web sites

National Coalition for Cancer Survivorship
(301) 650-9127
<http://www.canceradvocacy.org>

Cancervive
(310) 203-9232
<http://www.cancervive.org>

Cancer Care for the Older Adult

Web sites

American Cancer Society
(800) ACS-2345
<http://www.cancer.org>

National Cancer Institute
(800) 422-6237
<http://cancer.gov>

Nutrition/Exercise

Books

Mayo Clinic Fitness for Everybody editors Diane Dahm, M.D. and Jay Smith, M.D., copyright 2005.

One Bite at a Time: Nourishing Recipes for People with Cancer, Survivors and their Caregivers by Rebecca Katz, copyright 2004.

Cancer Care for the Older Adult

Age Should Not be a Barrier to Effective Cancer Treatment

By Carol Brueggen, R.N. & Heather Stonelake, R.N.

Individuals should be offered the best available treatment options, regardless of chronological age.

In general, cancer is considered to be a disease of the older person, with approximately 60 percent of U.S. cancers occurring in individuals over the age of 65. Estimates predict that by 2050, 79 million people will be older than 65. Cancer cases are also expected to increase as the population ages. Some common cancers that occur in individuals over 65 include breast, bladder, colon, rectum, lung, pancreas, prostate, head and neck, stomach and non-Hodgkin's lymphoma

'Cancer cannot be treated in the older adult' is a common myth. In the past, few older adults were offered the opportunity to participate in clinical trials exploring new treatments. Health care professionals today recognize that despite changes that occur with aging, many individuals can successfully be treated for cancer using the same interventions as those recommended for younger adults.

As a person ages, physical changes occur that increase the risk of developing other illnesses or medical conditions such as heart disease, arthritis, diabetes or high blood pressure. In addition, other medical conditions may impact a person's ability to receive or recover from cancer treatment. Age is associated with a gradual decline in one's ability to perform daily living activities such as independently eating, dressing, grooming and using the bathroom. Research has demonstrated that patients with multiple illnesses and/or those who require assistance with the above activities poorly tolerate the stress associated with cancer diagnosis and treatment. However, age alone should not determine treatment options. It is important to not only evaluate a person's age in years, but also their overall health and ability to function independently.

When an older individual is diagnosed with cancer, a physical exam is conducted, which may include evaluations of:

- Cognitive skills, or the ability to understand and comprehend information
- Movement and balance
- Vision and hearing
- Nutrition
- Risk of anxiety and/or depression
- Bowel and bladder function
- Resource needs, such as assistance with activities of daily living, including cooking, bathing, medication management or other home care needs

Cancer treatment in older adults can be as successful as in younger patients. Communication regarding the goals of treatment — whether it is prolonged survival, symptom management or maintaining function and quality of life — must be discussed. Age should not be a barrier to receiving aggressive cancer treatment, however, special considerations need to be taken to assess for pre-existing medical conditions and physical limitations. As decisions are being made — like all patients with cancer — older patients with cancer and their family and health care team base treatment decisions on the following factors:

- Type of cancer and how advanced the disease is
- Treatment options
- Risks and benefits of each treatment option
- Goals
- Impact of treatment on other existing illnesses or medical conditions
- How aggressive therapy may impact the person's overall well-being or quality of life
- Existence of or lack of emotional or social support
- Financial concerns related to the cost of treatment
- Spiritual beliefs that may impact treatment decisions and coping

Individuals should be offered the best available treatment options, regardless of chronological age. Mayo Clinic Cancer Center strives to treat each patient with the respect and dignity they deserve — no matter what their age.

For more information on elder cancer care, visit People Living with Cancer's Web site at <http://www.plwc.org>.



Learning About Your Doctor

By Kelly McGuire



“I’m interested in learning about my doctor. Where can I find more information?” American Cancer Society Navigators are often asked this question.

Many patients and families want to learn about their physician’s background, medical training and research interests. One of the best ways to find this information is to ask the physician. Most physicians are happy to discuss their background, research, area of medical specialty and involvement with professional organizations.

Many medical facilities also have resources to help patients and families learn about their medical staff. If patients are comfortable using the Internet and the facility has a public Web site, there’s usually information online about the physicians practicing at that facility. If the health care center has a patient education area, staff or volunteers can usually assist with researching this question.

Some people, however, prefer to find out more about a particular doctor before scheduling an appointment. Various resources are available on the Internet that can be useful, including:

- The American Board of Medical Specialties (www.abms.org) is an organization representing the 24 approved medical specialty boards in the United States. This site provides the public with information regarding medical certification and specialization.
- The American Medical Association (www.ama-assn.org) includes a “Doctor Finder” section that allows people to search for physicians who are members of the American Medical Association.

- PubMed (www.ncbi.nlm.nih.gov/entrez) is a service of the U.S. National Library of Medicine that includes over 16 million citations from MEDLINE and other life science journals. Searching by a physician’s name will provide information about his/her published research.

In addition to learning about a physician’s credentials, patients and family members often request statistics to help determine a physician’s experience and expertise in treating a certain cancer.

Choosing a physician is a very personal decision and should be put in the context of who is the best physician for an individual’s needs. That decision is often based on various factors that not only include the physician’s credentials and experience, but also the rapport, comfort level and personal sense of connection one feels with the physician.

Other considerations that influence this decision involve the medical institution, such as size, available medical resources and distance from family support networks. *U.S. News & World Report* annually publishes a list of hospital rankings by specialty (such as cancer), which may help in the decision to get treatment from a physician at a certain institution. For more information on this report, visit www.usnews.com/usnews/health/besthospitals/tophosp.htm.

These resources can help with patients’ personal health care choices, but patients should not hesitate to ask the physician about his/her background and experience. In addition, helpful information about cancer research, prevention and treatment is available at www.cancer.org and www.cancer.gov.



Shayna Diamond
Mayo Clinic
Arizona



Jeri Lensing
Mayo Clinic
Rochester



Kelly McGuire
Mayo Clinic
Rochester



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What You Need to Know About the Human Papillomavirus

Human papillomavirus (HPV), a sexually transmitted infection, is the most common cause of cervical cancer. When a woman is exposed to HPV, her immune system usually prevents the virus from doing any harm. But in a small number of women, the virus survives for years and eventually converts some cells on the surface of the cervix into cancer cells. These changes happen very slowly. At first, the cells only show signs of a viral infection. Later, the cells become precancerous. Doctors refer to this as cervical intraepithelial neoplasia. In time, it progresses to invasive cervical cancer.

It's not clear why some women are more likely to develop cervical cancer. Cigarette smoking increases the risk of both precancerous changes and cancer of the cervix. The best way to prevent HPV infection is to have fewer sexual partners and use condoms.

In June 2006, the Food and Drug Administration (FDA) approved a vaccine that offers protection from the most dangerous types of HPV, which is an important advancement in cervical cancer prevention. The below questions and answers are helpful to learn how women can protect themselves against this infection.

What is the HPV vaccine?

The vaccine, called Gardasil, is made up of proteins from HPV. There is no infectious material in this vaccine. It mimics infection with the HPV and creates resistance to the infection. It is highly effective in preventing infection with four types of HPV.

This vaccine targets HPV types that cause up to 70 percent of all cervical cancers and about 90 percent of genital warts. This vaccine does not treat existing HPV, genital warts, pre-cancers or cancers.

Why get vaccinated?

HPV is a virus that is common in the United States and around the world and can cause cancer and genital warts. HPV is spread through sexual contact. Approximately 20 million Americans are currently infected and an additional 6.2 million people become newly infected each year. At least 50 percent of sexually

active people will get HPV at some time in their lives.

HPV is the major cause of cervical cancer in women. The American Cancer Society estimates that in 2006, over 9,710 women will be diagnosed with cervical cancer and 3,700 will die from this disease.

The HPV vaccine prevents infection with the majority of HPV virus types that cause cervical cancer and genital warts.

Who should get the vaccine?

This vaccine is recommended for 11 to 12 year-old girls. The vaccine can be given to girls as young as nine years old, at the direction of their health care provider. The vaccine is also recommended for 13 to 26 year-old girls/women who have not yet received the vaccine series. Ideally the vaccine series should be completed before becoming sexually active.

Should I get the vaccine if I already have HPV?

Yes. Although the vaccine will not treat or cure HPV, it may help people who have one type of HPV from being infected with the other types.

How long are you protected?

Research is currently being conducted to determine how long vaccine protection lasts. Early research suggests that the vaccine provides protection for at least five years.

How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Visit www.mayoclinic.com
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call (800) 232-4636; (800) CDC-INFO or (888) 443-7232
 - Visit the National Immunization Program's Web site at www.cdc.gov/nip or CDC's sexually transmitted disease site at www.cdc.gov/std

By Mayo Clinic providers for patient education based on material from the Centers for Disease Control and Prevention

Putting Love & Joy in the Holiday Season



As a survivor of cancer or a caregiver, the holidays should be a celebration of life and hope. This season, take some time to enjoy yourself while touching the lives of others by using the below tips:

Simplify the Holidays

- Create a new holiday tradition that makes the most of your energy
- Eliminate extra baking and decorating
- Do your shopping online or via catalogue purchases
- Send seasonal cards after Christmas, such as New Year's or Valentine's Day
- Consider a potluck dinner or eat at a favorite restaurant

Live in the Moment

- Set clear priorities and feel comfortable doing less
- Realize your limitations and be gentle on yourself
- Don't feel obligated to live up to others' expectations
- Feel free to do things in a different way
- Express your love in more direct ways than gifts
- Rededicate yourself to your spiritual growth

Share the Hope

- Volunteer your time at a local nursing home or soup kitchen
- Instead of gifts, donate to a local charity
- Adopt a needy family
- Donate to the area food shelf
- Search out and count your blessings
- Invite someone to your holiday celebration who you know is alone for the holidays

together

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The mission of Mayo Clinic Cancer Center is to provide compassionate, state-of-the-art care for the patient with cancer today and continued advancements in the prevention, diagnosis, treatment and cure of cancer in the future. The programs and services of the Cancer Center span the three Mayo Clinic campuses in Rochester, Minn., Jacksonville, Fla., and Scottsdale, Ariz.

together provides educational information for cancer patients treated at Mayo Clinic, their family, caregivers and friends. Physicians, staff and cancer center patients write the articles.

To view the **together** newsletter online, visit <http://www.mayoclinic.org/cancer-education-rst>.

To submit story ideas, provide feedback or unsubscribe, call 507-266-9288 or e-mail canceredprogram@mayo.edu.



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