Better, Stronger

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Dear Friends,

The past several months have been an extraordinary time for the Cleveland Clinic Taussig Cancer Center. In collaboration with staff in the Lerner Research Institute and other areas within Cleveland Clinic, Taussig Cancer Center staff members have been involved in a series of major steps forward in the diagnosis and treatment of cancer, from bringing a novel anticancer agent from the laboratory into clinical testing – where it’s already been shown to have biological activity in patients – to the demonstration of a possible viral cause for prostate cancer.

Two Cancer Center physicians are international leaders in the development of a series of novel anticancer compounds that target the fundamental growth triggers of kidney cancer. In addition, the seminal work of Brain Tumor Institute staff with respect to the biology and treatment of brain metastases is being pursued further by many other cancer centers around the country.

In addition to research and discovery, the Cancer Center staff members play active roles in patient care, education, medical community collaboration and philanthropy, with the goal of fulfilling our privilege of being one of the nation’s finest cancer centers.

Wishing you good health,

Derek Raghavan, M.D., Ph.D.
Chairman and Director
The Cleveland Clinic Cancer Center
Two weeks before surgery for prostate cancer, Harry McCaffrey took his daughter’s advice and traveled to Cleveland Clinic for a second opinion.

There were no signs of trouble when McCaffrey saw his internist for his yearly evaluation in 2002. “I felt great,” says the 75-year-old semi-retired Dow Chemical executive from Midland, Michigan.

When he learned that his PSA blood test, which screens for prostate cancer, indicated he needed surgery, McCaffrey was surprised but resolved to get it taken care of as quickly as possible.

Approximately 232,000 cases of prostate cancer are diagnosed each year in the United States. The disease represents the second leading cause of cancer death in men, claiming 30,000 lives each year. Treatment for prostate cancer, which can include surgery, radiation, hormonal therapy or a combination of these, depends upon the man’s health and extent of the disease.

Two weeks before scheduled surgery in Michigan, McCaffrey’s daughter intervened. After searching the Internet, she told her dad the “best place” to go for prostate cancer surgery was Cleveland Clinic.

“There are a lot of things I still want to do in life,” says McCaffrey. “I wanted the best care, so that’s why I came to Cleveland Clinic.”

Urologic surgeon Jihad Kaouk, M.D., a specialist in laparoscopic surgery at the Glickman Urological Institute, evaluated McCaffrey. Based upon a PSA of 5.7 and his physical examination, Dr. Kaouk determined that McCaffrey’s tumor could be surgically removed.

“Anyone who is a candidate for prostate cancer surgery can elect to have the open procedure or the minimally invasive laparoscopic approach,” explains Dr. Kaouk. Urologic surgeons at the Glickman Urological Institute have among the world’s largest experience in urologic laparoscopic surgery. Because of the expertise of its physicians, U.S. News & World Report has ranked the Institute among the top two urologic programs in the nation for the past four years.

In addition to the traditional laparoscopic prostatectomy, Institute urologic surgeons also offer robotic laparoscopic surgery, an extension of the laparoscopic prostatectomy. During the procedure, surgeons use a robotic arm to guide the laparoscope through a small incision to remove the cancerous prostate and affected tissue. “The robotic approach provides similar results as the laparoscopic approach. It is essentially the choice of the surgeon,” says Dr. Kaouk.

The benefits of laparoscopic urologic surgery are significant. Patients usually can go home the day after surgery, need less pain medication, have less blood loss during surgery and are back to normal activities within one to two weeks.

Following his surgery, a pathology report of McCaffrey’s tumor revealed that it was a T-3, indicating that the tumor had penetrated the outer capsule that surrounds the prostate gland. Dr. Kaouk recommended radiation therapy. McCaffrey returned to Michigan and was able to receive the two weeks of treatment close to his home.

Since his treatment was completed, McCaffrey continues to have regular PSA follow-ups, and the results are sent to Dr. Kaouk. The latest reports show that McCaffrey’s results are in the range considered unelevated, which means he is free of cancer.

McCaffrey says his entire experience at Cleveland Clinic was great, “Dr. Kaouk is probably one of the sharpest people I have ever met. He is incredibly competent and a wonderful person besides – he’s the top of the line!”

McCaffrey, who defies all stereotypes of being retired, continues to work part time with a group of colleagues from Dow. “I’m having a ball,” he says.

“The work is interesting, and I can do as little or as much as I want.” He also revels in the simple pleasures of life, which include hunting, hiking, playing golf and walking his neighbor’s Old English Sheepdog, Colby, who loves to spend time at the McCaffrey house.

When the weather is warm in central Michigan, you’re likely to see McCaffrey and Colby roaming the 43-acres that surround the house McCaffrey shares with his wife, Susan.

“Life is fun,” he says, with merriment in his voice. “You should enjoy it.”

To schedule an appointment in urology, call 800.223.2273, ext. 45600, or go to clevelandclinic.org/urology.
In the summer of 2004, Jeff Burbick discovered he had an aggressive form of kidney cancer. His left kidney was removed immediately. Months later, the cancer spread to his left lung and later to his right lung and to his brain. Working and living in the United Kingdom since 2003, the former Ohioan still receives much of his medical care in the U.S. He was referred by his family physician to Cleveland Clinic neurosurgeon Dr. Michael Vogelbaum for his brain tumor, and he sees medical oncologist Dr. Ronald Bukowski for renal cell cancer. Although he has a long road ahead of him, he’s determined to beat, or, in British parlance, put the “mockers” on, his cancer.

**Family:** Wife, Jill, and three children, Zach, 16; Adam, 8; and Will, 6

**Residence:** Bolton, Lancashire, U.K.

**Occupation:** Assistant Managing Director and Plant Manager, Futaba-Tenneco U.K. Limited

**Treatment:** Removal of left kidney in August 2004 and tumor in the lower lobe of left lung in April 2005. Brain tumor removal and radiotherapy involving Intrabeam and drug therapy with Nexavar (sorafenib), newly approved by the FDA, for renal cell carcinoma in December 2005.

**Philosophy:** Jeff Burbick’s philosophy on life – to be prepared for the worst but to act positively and aggressively to achieve the best – is being put to its toughest test.

"Just when things in life seem OK, another obstacle will appear. My bias is to take strong action to overcome obstacles – I’m not going to fail by doing nothing.

“My mother passed away in 1997 after a courageous battle with ovarian cancer. Although that was a devastating time in my life, I learned a lot from her experience, and that knowledge has helped me during my fight. The night [when the brain tumor was discovered], my family celebrated American Thanksgiving. Although my appetite was small, I was glad to be with my family and happy that I was still alive.

“Although I try to understand and appreciate technical information and statistics associated with my illness, the power of the human spirit cannot be underestimated. Even if 99.9% of outcomes are bad, there is still 0.1% good. Everybody should strive to achieve the good outcomes. Until I am informed that my chances are zero, I will focus on doing whatever it takes to increase my odds of survival and maintain my quality of life. I’m in a more confident position now. I know I am strong, and if anyone can win this battle, I can.”

“In my mind, Cleveland Clinic is No. 1 in the world. Dr. Vogelbaum and his team saved my life. If the tumor was not removed, I was told that I would have been lucky to live three more months. How does one express gratitude for such an act? The only words that I can offer are thank you.”
Michael A. Vogelbaum, M.D., Ph.D., neurologic surgeon with the Cleveland Clinic Brain Tumor Institute, treated Mr. Burbick for his brain tumor in December 2005. Along with Dr. Ronald Bukowski and other team members from the Cleveland Clinic Taussig Cancer Center, Dr. Vogelbaum follows up with Burbick every two months. He offers the following commentary on the brain tumor treatment using Intrabeam:

"In Jeff's case, we decided it would be best to remove the tumor. First, we used image-guided navigation to identify the location of the tumor. Next, we made an incision, a small window in the skull, and removed the tumor from the brain. Finally, we treated the tumor bed with local radiation using Intrabeam, a device designed to deliver a uniform dose of radiation to a tumor cavity immediately after a tumor is removed. The type of radiation it uses minimizes the risk of damage to the healthy tissue around the tumor bed. Intrabeam is a new device, and very few cancer centers in North America are using the technology. It is our impression that Intrabeam will allow us to treat certain brain metastases more safely and more effectively than ever."

For more information about the Cleveland Clinic Brain Tumor Institute, visit clevelandclinic.org/braintumor.

Nexavar: Promising Therapy for Advanced Kidney Cancer

Nexavar (sorafenib) is the first promising drug for advanced kidney cancer in more than a decade, says kidney cancer specialist Ronald Bukowski, M.D., Director of the Cleveland Clinic Taussig Cancer Center’s Experimental Therapeutics Program. “Sorafenib represents a significant development and may be the first in a series of drugs that will make a major impact on this disease.”

Dr. Bukowski and a colleague from Paris were co-principal investigators on the Phase III trial that led to the drug’s approval by the U.S. FDA in December 2005. In the trial of 903 patients with metastatic kidney cancer who had failed traditional treatment, 80 percent of those taking sorafenib achieved disease control and 74 percent experienced some degree of tumor shrinkage. Of the patients taking the placebo, only 20 percent experienced some tumor shrinkage. In addition, the drug’s side effects were reported as being mild.

“This is the first drug to be developed and approved for the treatment of advanced kidney cancer based on a molecular understanding of the disease,” says Dr. Bukowski.

Radiation Oncology Offers Expanded Services

Patients receiving treatment from the Cleveland Clinic’s Department of Radiation Oncology can access the following services:

FREE TRANSPORTATION.

Patients undergoing radiation therapy at Cleveland Clinic’s main campus may qualify for free round-trip transportation to and from their Greater Cleveland homes. 216.444.5573 or 800.223.2273, ext. 45573

REFLECTIONS WELLNESS PROGRAM.

Free to all Cleveland Clinic cancer patients, the Reflections program offers soothing Reiki and reflexology treatments, guided imagery, makeovers for female patients, and gentle foot soaks and facials. The treatments are designed to reduce anxiety, promote healing and help reduce pain. Through the program, which is overseen by a licensed medical aesthetician, patients can regain a sense of control and take some special moments for themselves. Services are available Monday through Friday between 7:30 a.m. and 4 p.m. 216.444.3527 or 800.223.2273, ext. 43527

LOCAL HOUSING.

If patients live too far away for daily commutes, social work staff will assist in making local housing arrangements. 216.444.6888 or 800.223.2273, ext. 46888

In addition, radiation oncology patients receive discounted parking, nutrition counseling and access to support groups.

The Radiation Oncology appointment line is 216.444.5571 or 800.223.2273, ext. 45571.

Health News Without the Hype

Thousands of people across the country subscribe to Cleveland Clinic’s free online newsletter, HealthExtra. This easy-to-read newsletter is dedicated to bringing the latest health information to your electronic doorstep. Read the current issue and subscribe to HealthExtra by visiting clevelandclinic.org/healthextra.
“You have cancer” are words most people never expect to hear. But when they do, many struggle with emotional aspects of the disease as well as the physical.

For help dealing with the emotions brought on by a cancer diagnosis, many people turn to the team of understanding and compassionate mental health professionals at the Taussig Cancer Center. Counseling is available for individual patients, groups and couples, as well as family members or caregivers.

“When you are feeling overwhelmed with a life-threatening diagnosis, it can be very helpful to talk with someone in a private, confidential, professional setting,” says clinical psychologist Amy Windover, Ph.D. “Often family members are dealing with their own fears, and patients feel they will overburden them by talking about their emotions.”

When should you seek help? “There is no magic answer to this question,” Dr. Windover says. “If you are unsure but think counseling might be helpful, then it probably would be. Or if stress or intense emotions get in the way of daily functioning, we encourage people to come in. Certainly if people are experiencing thoughts of death or suicide, we encourage them to seek immediate help. Some people find that seeing us just once helps them get back on track. An initial assessment can provide a sense of relief, as you and the therapist begin the process of reducing emotional distress and identifying the type of treatment that is best for you.”

Patients discuss a wide variety of feelings and emotions. Some struggle with a loss of identity, changes in their role in the family (for example, going from the breadwinner or caretaker to being taken care of), changes in level of functioning, and dependency. Others need help coping with the side effects of treatments – memory loss, changes in cognitive function, energy level or sexual function. “Sometimes people think they are going crazy. It often helps to learn more about what to expect and additional strategies for how to cope with the complex stress of being diagnosed and treated for cancer,” Dr. Windover emphasizes.

Mortality often is discussed. “We can help patients figure out how they want to deal with death – if at all,” Dr. Windover points out. “Patients are typically much more comfortable with the idea of dying than family members. So we may work on learning to manage or cope with their families’ fears. This is very important because family members’ worries may interfere with the patient’s ability to be at peace.”

The Cancer Center’s mental health team takes a “supportive cognitive approach” in counseling. This concept involves examining thoughts, emotions/feelings and actions. Feelings might include anxiety, worry, stress and depression. Actions are behavior patterns; for instance, someone’s difficulty getting out of bed that can’t be attributed to chemotherapy-related fatigue. The cause may be feelings of hopelessness or helplessness or “catastrophizing,” seeing only the worst case scenario. “Treatment can help,” Dr. Windover says.

Counselors teach stress management techniques, including relaxation training, cognitive challenging, and other strategies, and coping and problem-solving techniques. The latter includes mobilization of support, communicating effectively with health care providers, and non-medicinal methods for symptom control to improve sleep and relaxation.

Dr. Windover acknowledges that the social stigma sometimes associated with seeing a psychologist can prevent people from seeking the help they need. “Psychology is just one more aspect of the multidisciplinary treatment plan at the Cancer Center,” she says. “Many people see a psychologist for personal growth, not necessarily for a problem, or as a preventive measure, like going yearly to an internist. They want to make sure they have all the tools in their tool box.”

Others don’t seek psychological counseling because they don’t know how to set it up. But, it’s easy. You simply need to call the number listed below and ask for Cancer Center psychology or mental health services.

Patients with mood swings, major depression or a history of mental illness may benefit from seeing a psychiatrist who can prescribe medication or provide a second opinion in consultation with the medical team.

Psychology and psychiatry services are covered by most major insurance plans. Appointments can be made with clinical psychologist Amy Windover, Ph.D., health psychology postdoctoral fellow Michelle Drerup, Psy.D., or with psychiatrist Isabel Schurmeyer, M.D. Call 216.444.5812 or 800.223.2273, ext. 45812.
Sandra Gest Hicks, of Sagamore Hills, Ohio, was diagnosed with breast cancer one week after she turned 50, about a year and a half ago. It turned out to be an aggressive tumor, so she had a double mastectomy followed by chemotherapy. Knowing that Mrs. Hicks was going to face a tough battle, her Cleveland Clinic oncologist, Susan LeGrand, M.D., set up appointments with psychologist Amy Windover, Ph.D.

“So many people don’t see a psychologist because they want to be ‘brave.’ I didn’t think I’d need help,” Mrs. Hicks admits. “But it was so important for me. Dr. Windover helped me so much. Without her and Dr. LeGrand, I don’t know if I could have made it.”

“My fears were immense,” she continues. “My son, father, husband, sister, even my friends were so worried. You find out that you can’t talk to people close to you because you are scaring them; you’re giving them your fears. So you feel kind of alone, despite having all the support. Dr. Windover slowly helped me get through this journey.”

She also helped Mrs. Hicks with her relationships — with her oncologist, son, father and even co-workers. She taught her breathing techniques to deal with stress and things to do at night to relax and sleep better. She referred her to a nutritionist to deal with a 25-pound weight gain and recommended books for her to read. Throughout it all, she also helped Mrs. Hicks maintain her sense of humor.

“When you have cancer, seeing a psychologist really shouldn’t be a choice. It should be required,” Mrs. Hicks concludes. “I recommend it with all my heart.”

Former Patient Gets Engaged at Cleveland Clinic

A doctor’s office isn’t the most obvious location to propose marriage to your girlfriend, but for Andy Hohman, it seemed like the right place.

They met at work and dated for three years before their engagement. But Andy had missed out on an important part of Jaylene’s life – her battle with cancer of the parotid, or salivary, glands. “It was an important time in her life that affects who she is, and I didn’t feel connected to it. I wanted to propose in a way that linked to that part of Jaylene,” says Andy.

“We had always talked about how it was unfortunate that we didn’t get to share that part of my life. I finished radiation six months before we met and went through it alone, with a lot of side effects,” says Jaylene. “But it shaped my life, and now I talk to others who are diagnosed about what to expect and that it’s going to be OK. I have a strong connection with other survivors.”

Under the pretense that they would visit Andy’s ill cousin before going out to dinner, Andy and Jaylene returned to the office of Jerrold P. Saxton, M.D., at Cleveland Clinic’s Department of Radiation Oncology, where Jaylene had undergone treatment years earlier. She was also treated by head and neck surgeon Benjamin G. Wood, M.D.

As they sat in the waiting room, Andy said, “You know, three years ago here, doctors gave you a second chance at life, and that’s what I want you to give me – a chance at a life with you.”

Jaylene said yes, and the couple is busy making plans for their wedding, which has been set for Sept. 16, 2006.

Obesity Fuels Prostate Cancer Recurrence

Your weight can affect your risk for heart disease and diabetes. And for men, it can also affect the risk of prostate cancer. A recent study, the results of which were published in the journal Clinical Cancer Research, found that obese men have double the likelihood of recurrence of prostate cancer after surgery.

Eric Klein, M.D., did not participate in the study but is a prostate cancer expert at Cleveland Clinic. He says while prostate cancer is one of the most curable cancers, obese men seem to have a higher risk of recurrence.

“This study showed that men who were obese at the time of their diagnosis for prostate cancer were more likely to have the cancer come back despite the fact that their prostate was removed. The findings highlight recent insight into the metabolic effects of obesity. It has long been known that extra weight adds to the workload of the heart, but it is now clear that fat cells also secrete substances that can affect the growth of cancer.”

More than 500 prostate cancer patients were studied after their prostate was surgically removed. Researchers discovered obese men between the ages of 25 and 40 had double the risk of their cancer returning.

“Most obese men are cured. But you might monitor them a little bit closer afterwards. You might institute additional treatment at the very early sign of their recurrent cancer. But I would counsel them in general, and everybody in general, to exercise and lose weight and eat a healthy diet. And they all combine to make your heart healthier and to lower your risk of cancer.”

Article courtesy of Cleveland Clinic News Service.
The Cleveland Clinic Taussig Cancer Center and the Glickman Urological Institute have combined forces and added a half dozen key staff to create a genitourinary oncology program with far-reaching capabilities. The partnership combines the expertise and experience of nationally renowned experts in urologic surgical oncology, medical oncology, radiation oncology, genetics, pathology and biostatistics in a program designed to target genitourinary cancers on multiple fronts.

“Our goal is to improve patient care by providing even more treatment choices, multidisciplinary management, innovations and second opinions,” says Derek Raghavan, M.D., Ph.D., Chairman and Director of the Taussig Cancer Center, and an expert in prostate and bladder cancer. “Medical care can often be improved with more than one opinion, as different viewpoints provide a wider understanding of the biology of cancer. We are fortunate that we can build on the strengths of one of the leading urology departments in the world, adding the experience of leaders in genitourinary chemotherapy and radiotherapy.”

“We offer all forms of therapy in a fair and balanced way,” adds Andrew Novick, M.D., a renowned urologic surgeon and Chairman of the Glickman Urological Institute. “A major strength is that our urologists, radiation oncologists and medical oncologists conduct joint clinics and joint research. By working together in this fashion, we define the state of the art at the same time we are practicing it,” he says.

Cleveland Clinic urologists, and radiation and medical oncologists have collaborated for decades. Each department has expertise in genitourinary cancers and works together when patients need multidisciplinary therapy. But by adding several physicians and researchers in key areas, Cleveland Clinic has strengthened an already impressive cancer program.