BELIEVE IN A Cure

SPRING 2011 | UF SHANDS CANCER CENTER NEWS

JUST WHAT THE PATIENT ORDERED

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Cure is the newsletter for the University of Florida Shands Cancer Center, home to cancer care and research for the Southeast’s most comprehensive academic health center. In each issue, we will bring you stories about the progress and patient-centered care occurring at the center, as well as the partners who help make it happen.

Are you a patient?
For more information about care and services offered at the UF Shands Cancer Center, call 352-265-0940.

To support the work of the UF Shands Cancer Center, call Denise Stobbie at 352-273-9080, e-mail dstobbie@ufl.edu, write to P.O. Box 103633, Gainesville, FL 32610, or visit “Make a Gift” at www.cancer.ufl.edu.

To receive or opt-out of receiving this newsletter, e-mail Lindy Brounley at brounley@ufl.edu.

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Cover: Breast cancer patient Janice Northrup (pictured with her husband, Shaun) was one of the first patients at UF to undergo the Intrabeam procedure.
In November, the UF Shands Cancer Center became one of fewer than 20 centers across the country and the first in Florida to debut a promising type of radiation that could greatly transform the way breast cancer is treated.

This technology is called the Intrabeam system. Intrabeam allows us to deliver a precise dose of radiation during surgery directly to the tumor bed after the tumor’s removal.

As you can imagine, the ability to immediately deliver radiation to tissues that may have residual tumor cells offers advantages compared to traditional delayed radiation therapy. For patients, this technique can spare them from enduring weeks of radiation therapy after their surgery. It also is extremely convenient, an important consideration for patients who lack transportation or live some distance from a treatment center. And most importantly, it also allows us to more accurately target and destroy the cancer cells that remain in the body after a tumor is removed. (For more on the Intrabeam system, see page 6.)

Florida Rep. Debbie Wasserman Schultz, a breast cancer survivor herself and a tireless advocate for women with breast cancer, helped us unveil the Intrabeam, cutting the orange, blue and pink ribbon during a ceremony held Nov. 12 in the Cancer & Genetics Research Complex.

It was a banner moment. Every discovery we make in our labs and every innovation like this that we add to our clinical enterprise pushes us one step forward.

Inch by inch, we are improving the treatment of cancer, both for our patients now and for those whose diagnosis is yet to come.

Inch by inch, we move closer to a cure.

Paul Okunieff, M.D., serves as director of the UF Shands Cancer Center and chair of the College of Medicine department of radiation oncology. A graduate of Harvard Medical School, Okunieff joined UF in December 2009 after serving as the Philip Rubin professor in radiation oncology at the University of Rochester School of Medicine and Dentistry. Prior to that, Okunieff was branch chief of radiation oncology at the National Cancer Institute.
How can cancer and treatment of cancer affect the skin?

For most patients undergoing cancer treatment, dry skin can be a nuisance. Both chemotherapy and radiation can cause the skin to become dry and itchy. Certain chemotherapy drugs may cause allergic reactions or toxicity-related damage, which affects the skin.

What are some ways to protect skin while undergoing treatment?

It’s best to use a gentle skin care regimen daily. Short lukewarm showers are less irritating than long hot showers or baths. Most soap is too drying for sensitive skin. Dove sensitive skin soap is a good, gentle bar soap. After bathing, pat the skin dry and use a thick cream to moisturize the skin. Applying a thick cream twice daily is recommended. And always remember to drink plenty of water.

What else should patients know about cancer and their skin?

Not only does chemotherapy contribute to dry itchy skin, it can also cause certain rashes known as drug eruptions. Most are mild and not a big concern. However, some drug eruptions may be more serious. Let your physician know if you are experiencing a rash while on chemotherapy. Some medications can also make people sensitive to sunlight so I recommend wearing sunscreen daily.

T
housands of women receive unnecessary surgical breast biopsies in Florida each year, UF researchers have reported in the American Journal of Surgery. These surgeries carry greater health risks and are more expensive than a less invasive, equally effective procedure called a needle biopsy.

Surgical resident Luke Gutwein, M.D., and six other UF researchers analyzed state public health data for the years 2003 to 2008 and found that about 30 percent of breast biopsies were performed through open surgery. According to a 2009 report in the Journal of the American College of Surgery, surgical biopsies should only account for about 5 to 10 percent of all biopsies.

Needle biopsies are usually more appropriate when the suspicious area can be seen clearly through imaging techniques, according to breast health specialists. The procedure, typically performed by radiologists, requires inserting a needle through a tiny incision into the suspicious area and extracting tissue samples through the needle. The radiologist monitors the procedure via ultrasound or mammography as it takes place.

A needle biopsy leaves only a tiny dot of a scar and carries significantly less risk of infection than a surgical biopsy. In addition, it is less painful and does not require any recovery time. Most breast biopsies show the area in question to be benign.

The researchers found that overuse of open breast biopsies in Florida leads to $37.2 million in charges each year. The study did not take providers’ charges into account, meaning the actual amount wasted is much greater.

“We spend a lot of time talking about a lot of other things,” said Stephen Grobmyer, M.D., medical director of the UF Breast Center. “This is a major area in breast cancer care which is cost-inefficient. It’s bad for patients. It’s just bad for the whole system.” — Laura Mize
The twice-weekly yoga classes at the Criser Cancer Resource Center are a bright spot in Roberta Benton’s cancer treatment regimen.

“You feel better (because of the yoga) and then you get to meet these positive-thinking people,” she said. “Everybody’s there because they want to be there and they also think that yoga helps them in their daily life.”

Benton, who has multiple myeloma and is a breast cancer survivor, said several months of consistent yoga sessions chased away her neuropathy. Neuropathy, common in cancer patients, caused significant pain in her leg.

“That was the only change in my life, so I attribute it to the yoga,” she explained.

Established through a gift from Marshall and Paula Criser, the center exists to help patients such as Benton and their families deal with the challenges presented by a cancer diagnosis or long hospital stay. The center is located off the lobby of the Shands Cancer Hospital at UF and is open to anyone for free.

Marshall Criser is president emeritus of UF and a former president of Shands HealthCare’s board of directors.

In addition to yoga, the center offers dance, meditation, visual arts workshops, movement sessions for Parkinson’s patients, group breathing sessions, high tea, arts and crafts activities and supplies, a collection of health-care resources, DVDs available for check-out, creative writing resources, caregiver support groups and computers with Internet access.

Through the center, Shands Arts in Medicine workers handle requests for visual art, music, meditation, relaxation and gentle yoga techniques at patients’ bedsides.

Lauren Arce, R.N., is the center’s resource coordinator. She also works two shifts a week as a nurse on the hospital’s hematology/oncology floor.

She said she loves the opportunity to help others through her work at the Criser Cancer Resource Center.

“We all have what life is about for us and, for me, it’s about interpersonal connection with others,” she said. — Laura Mize

“You feel better (because of the yoga) and then you get to meet these positive-thinking people.” — Roberta Benton
Her husband placed the newspaper by her chair, carefully positioned so the article would be the first thing she saw.

Janice Northrup, 83, had been praying for an answer for weeks, ever since her doctors in Ocala told her she would need radiation to treat her early-stage breast cancer. Suffering from extreme claustrophobia, she couldn’t face the idea of five to six weeks of radiation, spending time each day alone, confined in a small space.

“I looked down at the newspaper and right on the front page was the Intrabeam at the University of Florida and a telephone number,” Janice said. “I got on the phone and called. This was a lifesaver.”

Unveiled in November, the Intrabeam is the newest cancer-fighting weapon in the UF Shands Cancer Center’s arsenal. Intrabeam allows doctors to deliver precise doses of radiation in the O.R. after surgery to remove a tumor, shortening what often takes weeks into one 20- or 30-minute session. UF, which is now taking part in Intrabeam clinical trials, is one of fewer than 20 centers nationwide with the technology.

“We’re in the era of personalized cancer therapy, tailored to the type and stage of cancer presented by each patient,” said Stephen Grobmyer, M.D., a UF associate professor of surgery and director of the UF Breast Center. “The Intrabeam system is an important tool in this effort, and it provides excellent results, reduces side effects and dramatically shortens the duration of treatment.”

Unlike traditional radiation, the Intrabeam system uses low-energy X-rays, meaning it poses less risk to other organs and patients don’t have to be confined alone in a small room to be treated.

A trial of the therapy, called TARGIT-A, launched in 2000, showed that Intrabeam is as effective as traditional radiation in preventing tumors from recurring in the breast in cases of early-stage breast cancer.

“Not only is the one-time dose of radiation using Intrabeam just as effective as a full course of external radiation, it is more convenient for the patient...
Breast cancer at 34

The day before Thanksgiving, in 2004, Jacki Donaldson received the call that would change her life. Cancerous cells were found in her breast. She was 34.

“The diagnosis and treatment put a huge hardship on my family and I. My children were very young,” said Donaldson. “It was hard trying to balance being a mom, going through treatment and stressing over losing my hair.”

The issues facing younger women with breast cancer are often different than those that face older women. That’s why UF and Rep. Debbie Wasserman Schultz, also a young survivor of breast cancer, held a special forum at Shands Cancer Hospital for young breast cancer survivors in November. The event allowed women and experts to participate in an open discussion of the issues unique to young women diagnosed with breast cancer.

“I enjoyed the camaraderie with the other young survivors,” Donaldson said. “The media tends to make people believe that breast cancer is just a disease for older women.”

Fortunately, Donaldson’s physicians caught her cancer early, so it didn’t have a chance to spread. However, her treatment plan postsurgery proved to be a long and difficult journey. She started a blog as a form of therapy. Cancerspot.org quickly gained popularity with other women who were diagnosed with breast cancer.

“I received a lot of thank-you’s from women who were using (and still are) my blog as a resource,” she said. “So out of tragedy, I received a gift. It brought me a career.” — Jamie Harrison

and there is less risk involved in terms of damage to the heart, the lungs and the skin,” said Michael Alvarado, M.D., an assistant professor of surgery at the University of California at San Francisco and a TARGIT-A investigator.

Because the radiation is delivered directly to the tumor bed, Intrabeam allows doctors to kill microscopic tumor fragments that might be left behind after surgery, said Paul Okunieff, M.D., director of the UF Shands Cancer Center, who participated in the early design and engineering of the Intrabeam device and was the first to use it in patients during clinical trials to treat brain tumors.

Okunieff said the Intrabeam system has been proven to be effective in the treatment of brain and breast tumors and holds promise for the treatment of many other cancer types, such as head and neck, pancreatic and rectal tumors.

Diagnosed with cancer last fall after a mammogram revealed a mass in her breast, Janice underwent the Intrabeam procedure Dec. 13. It was easier than her biopsy and less uncomfortable than a mammogram, she says.

“Dr. Grobmyer came all the way out to see me after it was over. He said ‘Your wife is completely free of cancer and doing fine,’” said Shaun Northrup, Janice’s husband. “I think this is the best thing going today.”

Aside from a little tenderness, Janice feels back to normal, now. Two weeks after her procedure, the couple even boarded a monthlong cruise around the Caribbean.

“We have been married for eight years and we have been cruising the whole time,” said Janice with a smile. “It’s good to have a partner.”

— April Frawley Birdwell and Lindy Brounley
One of the challenges in treating pancreatic cancer effectively with radiation therapy is the potential of harming surrounding healthy organs such as the small intestine, stomach and kidneys. Researchers at the UF Proton Therapy Institute have early evidence that proton therapy may significantly reduce this risk.

As reported in November at the 52nd Annual Meeting of the American Society for Radiation Oncology, a study from UF in conjunction with investigators from the University of Maryland compared a type of X-ray radiation called intensity modulated radiotherapy, or IMRT, with proton therapy for a series of pancreatic cancer patients. The study showed that proton therapy reduced normal tissue radiation exposure. The most significant reductions were seen for the small intestine, right kidney and stomach.

“The advantage of proton therapy is clear,” said R. Charles Nichols, M.D., an assistant professor of radiation oncology at the UF Proton Therapy Institute. “Our best IMRT treatments for pancreatic cancer can be improved upon by proton therapy. With protons we can both deliver the optimal dose to the targeted treatment area and reduce the risk of treatment complications without compromising the chance for cure.”

The study looked at eight patients with surgically removed pancreatic cancers who underwent IMRT as well as proton therapy. The proton plans achieved the same radiation dose to the treatment area as the IMRT plans, but reduced how much radiation normal tissues received by as much as 88 percent. For more information about the UF Proton Therapy Institute, please visit floridaproton.org — Theresa Makrush
Within two months of being diagnosed with T-cell lymphoma, 8-year-old Tyler Kleine had lost 30 pounds.

“Everything had just wasted away,” said Tyler’s mother, Angela Kleine. “Even to stand up, it was difficult for him to get up off the floor.”

That’s when a friend whose son was also being treated for cancer at Shands at UF, told Kleine about Barbara Bour, a physical therapist for the Shands Cancer Center. Week by week, Bour has helped Tyler, now 9, regain some of the strength he lost while being treated for cancer. Therapy, at times, is disguised by balancing on balls, playing Wii and pushing himself across the floor on a scooter.

“She truly has been a godsend,” Kleine said. “He loves coming to her every week. She makes it fun for him. It has been such an improvement.”

Bour, a clinical instructor of physical therapy for the College of Public Health and Health Professions, has been taking care of Shands at UF cancer patients for about two-and-a-half years since leaving her pediatric practice in St. Petersburg to start a physical therapy program at the UF Shands Cancer Center.

As one of the only physical therapy practices in the country embedded in a radiation oncology department, the clinic aims to help patients cope with the physical effects of undergoing cancer treatment.

“We know from the research that has been done that there are early and late effects from chemotherapy and radiation,” Bour said. “Our job and our mission is to help manage the effects of treatment, or in some cases prevent the effects of treatment.”

For example, breast cancer patients can develop what Bour calls soft-tissue restrictions around pectoral muscles or under the arm after a lumpectomy or mastectomy. This can hinder how muscles and joints move, causing pain and limiting patients’ range of motion in their arms.

Patients can also develop a type of swelling known as lymphedema during treatment. In breast cancer patients, this can happen at any time, even years later, Bour said.

Bour and the five other physical therapists at the clinic not only offer physical therapy to try and ease patients’ symptoms, they also teach them how to stave off other treatment-related effects.

“I tell all my patients stretching is going to be your new best friend,” Bour said. “They need to pay attention the rest of their lives. We educate them so they have a level of awareness.”

Bour’s first lesson in caring for someone with cancer came more than 20 years ago, when her daughter developed leukemia right before starting kindergarten.

“There is a uniqueness to the cancer experience that is almost indescribable,” said Bour, whose daughter graduated from medical school last year and is training to become a pediatric oncologist. “It is amazing where strength comes from.” — April Frawley Birdwell
No mountain stands too tall for Ron Farb in his quest to fight cancer. For him, it’s personal.

Some people run marathons while others hold rock concerts, but Farb climbs the tallest mountains in the world to help cancer patients and their families conquer their own summits, no matter how big or small. His foundation, Climb for Cancer, supports programs that provide care and services for cancer patients at UF and Shands.

FARB NAMED THE CHARITY’S PATIENT ASSISTANCE PROGRAM, Harriet’s Helping Hand, for his sister, Harriet Farb. In October, she lost her 20-year battle with breast cancer. While visiting Harriet during her chemotherapy treatments, Farb noticed the family members of some patients would eat from the patient trays because they could not afford food. Other patients were forced to skip treatments because they couldn’t pay for gas to drive to the hospital or the $4 to park.

To honor his sister, Farb started the program to help defray the cost of gas, parking and food for cancer patients and families treated at Shands at UF.

“It’s such a basic need that has resonated more with our donors than any program we have funded or created,” he said. “A lot of people don’t donate because they feel they can’t afford to help — but $4 is really making a difference.”

Climb for Cancer also raises “seed money” for the early phases of cancer research projects and funds an annual sports camp at UF for kids with cancer.

Despite a nationwide decline in charitable giving, Farb wants to help all families that come to Shands at UF for cancer treatment.

For him, it’s just another summit to surmount. Farb, who climbed Mount Everest at the fresh age of 59, likens mountain climbing to overcoming the physical challenges of cancer, as Harriet did.

Six years after her initial diagnosis, the disease relapsed and doctors told Harriet she had six months to live. She lived another 12 years and became the first person to climb Mount Kilimanjaro while undergoing chemotherapy.

This July, Farb will return to Mount Kilimanjaro to scatter Harriet’s ashes from the summit for her final trek. But with Harriet’s Helping Hand, others will climb on. — Shayna Brouker

Memorial gifts advance research and care

Donors who share gifts that remember or honor a loved one provide crucial support for world-class research and quality patient care at UF&Shands. Gifts may be made online at www.cancer.ufl.edu or by check payable to the UF Foundation at the UFSCC Office of Development, P.O. Box 103633, Gainesville, FL 32610-3633. To discuss your gift, call development director Denise Stobbie at 352-273-8689 or e-mail dstobbie@ufl.edu. Thank you for partnering with us for a cure.
Through a patient’s eyes

“M”y son graduated from high school. Thanks to you, I got to see it.”

The handwritten note sent Robert Hromas, M.D., back nearly 20 years. Tears welled in his eyes, and memories in deep storage about a young patient with acute myeloid leukemia became as fresh as the morning mail.

AML springs from soft tissue inside bones called marrow that helps form white blood cells. To fight the disease, the young man had received a bone marrow transplant from his brother. That helped for more than a year. But suddenly he relapsed.

“We decided to try something that was very new and unconventional called donor lymphocyte infusion,” said Hromas, an international authority on blood cancers who became the new chair of the UF College of Medicine department of medicine on Feb. 14. “It’s routine today. We take donor cells called lymphocytes and infuse them into the patient. The goal is for these cells to attack the cancer as if it were a germ.”

The technique is only effective in about one of four patients. But for this patient, the lymphocyte infusion worked.

“One of the things that makes cancer care rewarding is connecting with people,” said Hromas, who comes to UF from the University of New Mexico, where he was the deputy director of the UNM Cancer Center — the official cancer center of New Mexico and one of only 66 National Cancer Institute-designated centers in the United States.

“Patients can receive a horrible diagnosis, but with cancer, there are lots of things we can do to help,” Hromas said. “Along the way, you develop fairly strong relationships with patients, and that’s something I really enjoy.” — John Pastor

Welcome to the team:

Maxim Norkin, assistant professor of medicine, hematology and oncology; Steven Hughes, associate professor of surgery and chief of general surgery; Robert Carroll, clinical assistant professor of medicine, hematology/oncology; Bruce Mast, clinical associate professor of surgery and chief of plastic and reconstructive surgery; Scott Tibbetts, associate professor of molecular genetics and microbiology; Robert Hromas, chair of the department of medicine; Christiana Shaw, clinical assistant professor of surgery.
Steve Rusin of Chicago’s Buffalo Grove Fire Department greets the Nichols siblings during the Pink Heals tour’s Gainesville visit Sept. 30. Pink Heals’ Gainesville stop was sponsored by fire rescue agencies throughout the area — including Fire Rescue Professionals of Alachua County IAFF Local 3852 — to benefit women cancer patients at UF&Shands. The UF Police Department teamed with the fire rescue agencies to raise money by selling pink T-shirts. Pink Heals fire trucks, which are covered in more than 300,000 handwritten messages penned by cancer patients and their friends and families, make an annual trek across the nation. This was the tour’s first stop in Gainesville. If you would like to support the Cancer Patient Assistance Fund, visit “Make a Gift” at www.cancer.ufl.edu.