

MEDICAL BRIEFS

Cardio Theater

Enjoy working out but find walking the treadmill a real grind? Well, say good-bye to those boring workouts.

Livonia's Body Rocks Fitness & Racquet announces the addition of Cardio Theater to their fitness facility at 36600 Plymouth Road. Members can use a variety of cardiovascular equipment, such as treadmills, stationary bikes and stair-climbers, while being entertained by six big screen televisions and music sources.

Using headphones, members plug into a remote control attached to each cardio piece, push a button and tune into the entertainment selection of their choice. Options include television, radio, audiotape or CD selections.

For more information, contact Karen Mattson at (734) 691-1212.

Parkinson's expert

"Aspects of Parkinson's Disease" will be addressed by Dr. Lawrence Elmer, a movement disorder specialist from the Medical College of Ohio, at a lecture at 2:30 p.m. Saturday, April 16, at the Livonia Civic Center Library, 32777 Five Mile Road.

Dr. Elmer, director of the Movement Disorders Center in Toledo, will speak about the five stages of Parkinson's disease and its non-motor complications, including dementia and depression.

The event is sponsored by the Westside Parkinson Support Groups. There is no charge, but reservations are necessary. Call (734) 421-4208 or (734) 261-1784.

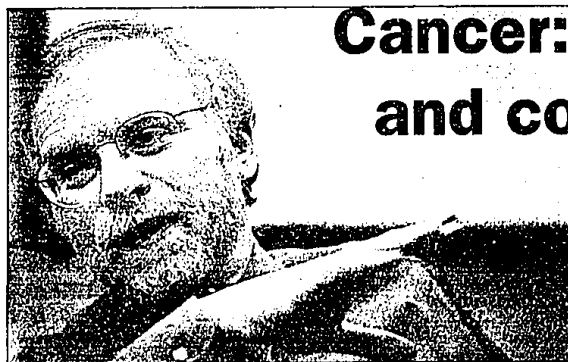
Successful prostate screening

The 5th annual Prostate Screening Day at St. Mary Hospital in Livonia on March 4 drew over 600 men for the free exam and blood test to detect prostate cancer. This event, one of the highest attended health screenings in the area, was sponsored by the Radiation Oncology and Community Outreach departments.

Of the over 600 participants, about 12 percent were referred for further follow-up testing with a physician. "This screening is an excellent, convenient way for men to maintain their prostate health," said Marianne Simanek, R.N., director of Community Outreach.

Over 50 physicians and staff at St. Mary Hospital volunteer their time and resources to the screening day. "This is one of the most efficient and well-attended community prostate screenings in the area," said John Harb, M.D., urologist at St. Mary. Harb oversees St. Mary Hospital's prostate brachytherapy program, an outpatient surgical procedure for prostate cancer.

For more information on prostate health, contact St. Mary Hospital Community Outreach, 734 655-8940, www.stmaryhospital.org or www.PROSEDSERVICE.com. For a physician on staff at St. Mary, call 1-888-464-WELL.



Cancer: Care, cure and compassion

Breast cancer survivors share stories of hope

Healer: Dr. Max Wicha, director of the U-M Comprehensive Cancer Center, believes within 10 years breast cancer treatments will be customized for particular cancers.

BY RENÉE SKOGLUND
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A small, smartly dressed woman in her sixties walks briskly across the lobby of the U-M Comprehensive Cancer Center in Ann Arbor then pauses in front of the revolving doors.

"Well, I'm done for another four weeks," she says before exiting. "And you know, I feel great. I don't even feel sick."

In a way, this woman, who was wearing a wig, most likely undergoing chemotherapy, personifies the center's mission to treat the body, mind and soul of every cancer patient seeking treatment. At the center, healing comes through many avenues.

"The real hope is already happening in the clinic," said Dr. Max Wicha, director of the center and a distinguished professor in oncology.

But hope, truly viable hope, must translate into living life to the fullest, refocusing goals, and making cancer just a part of your life, not all of it. For Dr. Wicha's breast cancer patients share their stories:

Alice Campbell, 62

Campbell was first diagnosed with breast cancer in 1983. There was no history of the disease in her family. Following a mastectomy of her left breast, she underwent one year of chemotherapy. Everything was fine until 1997.

"I was diagnosed with the same breast cancer, which had gone to the bone. I was unaware of it until I went to the beach for a lamp and I felt this pain. I had broken my left bone."

Campbell went on tamoxifen for a year and a half until she developed a blood clot in her leg. She now takes arimidex, which also suppresses estrogen, and receives pamidronate, a bone strengthening intravenously. "The combination of arimidex and pamidronate has allowed me to be really active," she says.

Campbell continues to work as an administrative manager at the Family Independence Agency office in Jackson, Mich., where she's worked for 32 years. She also gardens, volunteers and tutors in math a young woman who experienced a head injury.

She did not have breast reconstruction. "I didn't want to spend any more time with hospitals. I just wanted to go on living." Neither did she join a support group. "I have to be living and active."

Campbell's support comes from the cancer center's staff, her 66-year-old mother ("my cheerleader") and her six brothers and sisters. Campbell provides hope for women with metastasized breast cancer. "I think one of the reasons I coped so well is that I had an outside focus, goals to achieve."

Karen Hamer, 60

Breast cancer is in Hamer's family. Her grandmother, mother and sister had it. However, they all had different types of cancers and don't share the common breast cancer gene. The environment may have played a role, says Hamer. Her family lived in Long Island, N.Y., where they sprayed heavily with DDT during the summer.

Hamer, who now lives in Holland, Ohio, was diagnosed with breast cancer in 1985. She detected it herself just weeks after her mammogram came back negative. "I felt it in the shower. When I laid down on the bed I definitely felt it," she says.

She did not return to her gynecologist, whom she felt patronized her.

"First you are so scared, and you don't believe it. I think you are in denial a long, long time. I think I still am."

—Jane Zhang

Instead, she went to her family doctor. "He said I had the cancer for five years."

In the mid-80s, breast cancer patients often woke up with a mastectomy if their biopsies came back positive. Hamer sought other options. A friend told her about U-M Hospital. Within weeks, Hamer had a lumpectomy and began radiation treatments and seven months of chemotherapy. After a recurrence in 1993, she had a bi-lateral mastectomy (both breasts) with reconstruction.

"By coming here I gained eight years, and by then the reconstruction process was more sophisticated."

Hamer's cancer experience has receded into the shadows. "I don't always think about it because it has been so long. But every time I drive up ... when my 60th birthday came ... a lot of people are so depressed — but I was so thankful to be alive. Nothing to be depressed about."

Margaret Smith, 70

Smith was diagnosed with breast cancer in 1986, the year she retired as an elementary school teacher. The cancer was discovered during a routine exam. Smith had never had a mammogram.

"The doctor called and said you have an abnormality and you should see a surgeon."

Smith, who lives in Battle Creek, Mich., immediately took her X-rays to a local surgeon. "He said, 'Mrs. Smith, there's nothing wrong with you.' He had the wrong X-rays."

A good friend suggested Smith come to U-M Hospital. "I called on a Thursday, and they saw me the following Monday and scheduled a biopsy."

Smith had a lumpectomy.



Concern: Dr. Max Wicha listens to patient Alice Campbell of Jackson, who is in remission following a second bout with breast cancer.

An exciting time of discovery

BY RENÉE SKOGLUND
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In terms of breast cancer research, it is a very exciting time at the U-M Comprehensive Cancer Center, said Dr. Max Wicha, director. "Now we understand for the first time what cancer is. It is a disease of the genes, we are certain."

In other words, researchers have met the enemy and it is theirs ... almost. The goal of U-M researchers is to develop a technology that will enable them to analyze all 100,000 genes in each cell. "Our vision is to have a day when we can customize treatments and design treatments that target particular defects in a patient's cancer," said Wicha.

Muhammad Al-Hadi is a post-doctoral research fellow involved in breast cancer research. He meets weekly with Wicha and other research team members. Currently, the team is involved in a grant competition for the state's tobacco settlement dollars. The question is, should they apply?

"When it works out, it's awesome," said Al-Hadi about the team's antibody research.

Scientists already have developed

an antibody for the HER-2 protein associated with more aggressive breast cancers. The antibody helps shrink cancer cells, which makes chemotherapy work better. But while there are many successes, said Wicha, "it's still not enough."

Top ten

The U-M Comprehensive Cancer Center, established in 1986, is one of just 37 National Cancer Institute-designated comprehensive centers in the nation. It was ranked among the top 10 best cancer centers in U.S. News & World Report's tenth annual survey. Last year, the center scheduled 88,000 outpatient visits.

The five top cancers diagnosed and treated at U-M are melanoma, breast, prostate, non-Hodgkins lymphoma and lung. Patients visited 10 multidisciplinary clinics that provided the services of a surgeon, medical oncologist, radiation oncologist, nurse and support staff at minimum. They also had the opportunity to consult with nutritionists and social workers.

"A patient can come and see all the specialists in one setting," said Wicha.

The multidisciplinary clinics target the following: blood and marrow

transplantation, bone metastasis, breast care, gastrointestinal cancers, head and neck cancers, lung cancers, lymphoma/leukemia, melanoma, sarcoma and urologic cancers.

In addition, the center offers a number of specialized clinics, including: breast imaging, breast wellness, cancer genetics, cutaneous surgery and oncology, gynecologic cancers, hematology, medical oncology, neurologic cancers, orthopedic oncology, pediatric hematology/oncology, radiation oncology, surgical oncology, and thoracic cancers.

It is a formidable offering the center's 266 physicians and scientists have striven to make user-friendly. Judging from the center's main lobby, they've succeeded. The lobby — with its wood paneling, soft colors, art displays and central information desk — looks like it belongs in an upscale hotel.

Alice Campbell of Jackson, Mich., has been a patient at the center since before it opened. She chose U-M because "it's top in the field of information, techniques and procedures and it has access to any new discoveries."

However, when you're dealing with cancer, the caregivers are as important as the treatments. "The staff



Exciting times: Dr. Wicha and Muhammad Al-Hadi, a post-doctoral research fellow, discuss the latest outcome of an ongoing research project on breast cancer cells.

was very supportive, very accommodating," said Campbell. "If a problem comes up, they're a telephone call away."

WE WANT YOUR HEALTHY IDEAS

There are several ways you can reach the Observer Health & Fitness staff. The Sunday section provides numerous avenues for you to offer noteworthy information including Medical Debates (upcoming calendar events), Medical Newsletters (appointments/new hires in the medical field), and Medical Briefs (medical advances, short news items from hospitals, physicians, companies). We also welcome award-winning ideas for health and fitness related stories. To submit an item to our newspaper you can call, write, fax or e-mail us.

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