

Henry Ford Hospital offers more treatment options for lung cancer

This year, more than 167,000 Americans are expected to die of lung cancer, the leading cause of cancer death in men and women. In fact, more people die each year of lung cancer than colon, prostate and breast cancer combined.

While current treatments do not cure lung cancer, researchers are making gains in clinical trials to improve treatments and make more options available to patients to relieve symptoms and enhance their quality of life.

At Henry Ford Hospital, researchers are enrolling patients in two separate clinical trials to determine whether chemotherapy is more effective in treating advanced lung cancer when combined with two new experimental drugs — genasense and ABX-EGF.

Henry Ford Hospital is the only hospital in Michigan offering these drugs in clinical trials.

Dr. Robert Chapman, division head of Henry Ford's

Department of Hematology/Oncology, says doctors today have access to more "new and promising tools" than ever before.

"We've made great progress in making it easier for patients to tolerate chemotherapy," he says.

There are two types of lung cancer — small cell lung cancer and non-small cell lung cancer — a disease in which malignant cells form in the tissues of the lungs. Non-small cell accounts for 80 percent of lung cancer.

The biggest risk factor for developing lung cancer is smoking.

Henry Ford's two clinical trials target patients with non-small cell lung cancer as either a first-line or second-line treatment option. First-line treatment is standard chemotherapy.

In one clinical trial, patients will receive chemotherapy with docetaxel or in combination with docetaxel and

genasense, a new drug. Docetaxel, the first chemical agent approved by the U.S. Food and Drug Administration for use as a second-line therapy for treating non-small cell lung cancer, has shown to significantly improve the survival of the patients.

Genasense, administered intravenously using a pump, is designed to block production of a certain protein in cancer cells, thereby enhancing the effectiveness of chemotherapy.

In the second trial, doctors are testing the effectiveness of using a new antibody agent, ABX-EGF, in combination with two common chemotherapy drugs. ABX-EGF, which has shown promise for blocking the growth of cancer cells, is used as a first-line therapy for patients who have not yet had treatment.

For more information about the clinical trials or to enroll, patients may call (888) 734-5322.

The workplace can be dangerous to your eyes

Whether you work in an office or on a construction site, remember to take care of your eyes while at work.

Think existing safety legislation and educational programs protect workers? Think again. Each working day in the United States, more than 2,000 employees sustain job-related eye injuries, making workplace injury a leading cause of ocular trauma, visual loss and blindness.

If you're one of the millions of Americans who spend a lot of time in front of a computer monitor, you've probably experienced eye problems from time to time. While computer screens don't damage vision, eyestrain and dry eye are symptoms from which workers need relief.

To mark March's designation as Workplace Eye Safety Month, the American Academy of Ophthalmology wants to remind Americans of the importance of wearing proper eye protection in the industrial workplace, as well as provide practical advice for dealing with computer eyestrain and dry eye.

About 90 percent of workplace eye injuries can be prevented if workers wear appropriate eyewear.

"Many of the injured workers I see didn't think they needed to wear eye protection, or were

wearing eyewear inappropriate for the job," said Academy spokesperson Dr. Ruth Williams. "Safety eyewear must have ANSI Z87.1 marked on the frame or lens."

Dr. Williams has the following advice for treating minor eye irritations:

- If liquid gets into your eye, flush it gently with water for at least 15 minutes, then call the poison center or your doctor for further advice. Don't rub or touch it, and don't apply any pressure or medication.
- If an object gets trapped in your eye, cover the affected eye with a paper cup or eye shield until you can get to a doctor.

For relieving eyestrain, Williams says rearranging your computer workstation, taking more frequent rest breaks, or getting proper glasses may do the trick. To pinpoint the cause of your discomfort, first get an eye exam. Your Eye M.D. can rule out the possibility of eye disease as the cause of your symptoms.

You may find you need glasses when working at a computer, and that your prescription needs updating.

Next, take a look at your workstation:

- Screen distance: Sit about 20 inches from the computer monitor, a little further away

than reading distance, with the top of the screen at or below eye level.

- Equipment: Choose a monitor that tilts or swivels, and has both contrast and brightness controls.
- Furniture: Use an adjustable chair.
- Working documents: Place materials on a document holder, so you don't have to keep looking back and forth, refocusing your eyes and turning your neck and head.
- Lighting: Modify lighting to eliminate reflections or glare. A hood or micromesh filter for your screen might help limit reflections and glare.
- Rest breaks: Take periodic rest breaks, and try to blink often to keep your eyes from drying out.

In addition, forced-air heating systems of big office buildings can also increase problems with dry eyes during the winter, said Williams. Dry eye occurs when the eye doesn't produce enough tears to keep the eye comfortable. Usual symptoms include stinging or burning eyes, scratchiness, a feeling that there's something in the eye, excessive tearing or difficulty wearing contact lenses. Over-the-counter eye drops called artificial tears usually help, but if dry eye persists, see your Eye M.D. for an evaluation.

Group warns about avoiding carbohydrates

Concerned about a fundamental nutritional shift now occurring in the diet of millions of Americans, one health organization is attempting to clarify the role of carbohydrates in weight management.

The American Institute for Cancer Research (AICR) says the widespread "all or nothing" approach to carbohydrates, chiefly inspired by misreadings of popular diets, is simply too simplistic and potentially dangerous.

That's why the most recent issue of the quarterly AICR Newsletter, arriving this week in some 1.5 million American homes, features a front-page story that clarifies this timely issue in a concrete, easy-to-understand style.

"The word is on the street," said Melanie Polk, RD, director of nutrition education at AICR. "You hear it repeated over and over around the water cooler, at parties and over dinner with friends: carbs are bad. The truth is a bit more compli-

cated than that."

Polk points out that even the most restrictive "low-carb" diets qualify their position with regard to healthy foods that contain carbohydrates. Acknowledging that vegetables, fruits and whole grains provide health benefits and protection from chronic dis-

ease, most high-protein diets manage to make some room for these important foods.

An AICR survey conducted two weeks ago shows that 79 percent of Americans believe that the kind of food they eat is more important for managing their weight than the amount of food they eat.

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