Cancer takes more than medical intervention. Science has confirmed the importance of psychological, behavioral, and social factors in the recovery from cancer and maintenance of health. Baylor Regional Medical Center at Plano, under the direction of Jamile Ashmore, Ph.D., implemented the “From Cancer to Health” (C2H) program in 2012. C2H is a biobehavioral intervention aimed at helping patients manage the stress associated with a cancer diagnosis and cancer treatment. Dr. Ashmore, a health psychologist, obtained his Ph.D. from The Ohio State University and completed his clinical training in Medical Psychology at Duke University Medical Center.

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From Cancer to Health™
A Biobehavioral Intervention for Cancer Patients

CONTINUED FROM PAGE 1

He has been working with Barbara L. Andersen, Ph.D. who designed and empirically evaluated the C2H program. Research has shown that managing cancer-related stress is extremely important because stress is associated with immune system functioning, cancer recurrence, and cancer-related death. Dr. Ashmore, clinical director of the Baylor Regional Medical Center at Plano behavioral Health Center says, “Cancer not only puts a physical strain on the individual with cancer, but it also puts an emotional strain on both patients and their families. This emotional strain, in turn, can have deleterious health effects, even at the cellular level.”

C2H is based on a biobehavioral model for understanding the relationship between the stress of a cancer diagnosis, its treatment, and subsequent disease progression (Figure 1). The seminal randomized clinical trial that tested the relationship between stress and disease progression was the Stress and Immunity Breast Cancer Project that began in 1994. The study tested whether those who received the intervention had a decreased risk for breast cancer recurrences and death compared with patients receiving normal medical care. Results showed that the program led to significant reductions in psychological distress and improvements in immunity, social adjustment, diet, smoking cessation, treatment adherence, and overall health (Table 1). Patient follow-up continued for more than eleven years, and those who completed the intervention had a reduced risk of breast cancer recurrence (Hazard Ratio: HR of 0.55; P=0.034) and death from breast cancer (HR of 0.44; P=0.016) compared with patients who had only medical care (Figure 2). Even after recurrence, patients completing the program had improved psychological, social, and immune functioning for the next year compared with patients receiving only medical care. Importantly, the survival time of the treatment group was double that of patients who did not participate in the treatment.

Stress and immunity trials are still ongoing at The Ohio State University under the direction of Dr. Andersen. Dr. Ashmore introduced the 16-week program at Baylor Plano, where it has enjoyed much success. In the 16-week C2H program, patients are trained in progressive muscle relaxation to attenuate sympathetic nervous system arousal associated with the stress of being a cancer patient. They learn how to be more assertive in their communication with friends and family, so they can more clearly articulate their thoughts, feelings, and needs. Moreover, they learn how to communicate more effectively with health care professionals, so they can have a better relationship with their health care provider and get the information they need. They also learn how to change their behaviors to better follow their treatment plan and enhance their quality of life. Thus, incorporating regular exercise into their life, eating a healthier diet, practicing relaxation techniques and following their treatment plan are all means to decrease stress, enhance recovery, and increase quality of life. Since the program’s inception at Baylor Plano, over 70 cancer patients have gone through the C2H program. More patients are being recruited to be part of the dissemination research trial at Baylor Plano. For a short introduction to this program and to get the perspective of a patient taking the C2H course at Baylor Plano, click on this link: http://media.baylorhealth.com/pages/bhcs_080713

Table 1. Outcomes of the Stress and Immunity Breast Cancer Project

<table>
<thead>
<tr>
<th>Disease</th>
<th>Local</th>
<th>Compliances</th>
<th>Interactions</th>
<th>Mortality</th>
<th>CNS Innervation</th>
<th>Improved:</th>
<th>Reduced:</th>
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<tbody>
<tr>
<td>Cancer</td>
<td></td>
<td>Compliance</td>
<td>CNS Innervation</td>
<td>Immunity</td>
<td>Disease: Local</td>
<td>Health Behaviors</td>
<td>Disease:</td>
</tr>
<tr>
<td>Diagnosis and Treatment</td>
<td>Stress</td>
<td>Reduced</td>
<td>QoL</td>
<td>CNS = central nervous system; QoL = quality of life.</td>
<td></td>
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Figure 1. The biobehavioral model of cancer stress and disease course, adapted from Figure 1 in Andersen et al., 1994 American Psychologist 49(5): 389-404. CNS = central nervous system; QoL = quality of life.

Adapted from data published in Andersen et al., 2004 Journal of Clinical Oncology 22(17):3570-3580 and Andersen et al., 2007 Brain, Behavior, and Immunity 21:953-961.
Jo, what are the facts about lung cancer?

Based on estimates from the National Cancer Society, cases of lung cancer are declining for both men and women. Even in the face of these declining cases, however, the National Cancer Society projects that there will be 224,210 new cases of lung cancer in 2014, making it the second leading cause of cancer in men and women in the United States. In spite of being the second leading cause of cancer, lung cancer is responsible for more deaths than prostate, breast, and colon cancer combined, with 159,260 deaths estimated for 2014. While accounting for only 13% of all new cases of cancer, lung cancer is responsible for over a quarter of all cancer deaths. Therefore, making strides in prevention, early identification, and treatment of lung cancer is vital for saving lives. But how we act and behave towards our patients diagnosed with lung cancer may be just as important.

Please explain what you mean when you say, how we act towards a lung cancer patient is important.

Half of all lung cancers occur in people who have already quit smoking, and 10% to 15% of cases occur in people who never smoked. Those diagnosed with this disease—whether smokers or not—often face stigmas. Lung cancer survivors and their families often relate stories about the bias of care they receive with a lung cancer diagnosis.

An interview with Jo Darling, RN, BSN, OCN®, nurse navigator at Baylor Grapevine on the Lung Cancer Continuum of Care.
So what is this bias and what is being done about it?

A number of different groups, such as the National Cancer Society, the American Lung Association, and Free to Breathe, have been addressing the problem. Stigma affects not only lung cancer, but a number of different diseases where there is a lack of understanding and even fear. Stigma can result in the following:

• Avoidance or a delay in seeking treatment or a second opinion
• An increase in illness-related distress
• Conflicts in relationships
• Reduction in social support
• An inability to let others know about their illness
• A decrease in the quality of care

At the National Lung Cancer Partnership Conference in Dallas, Texas, in 2013, Wayne Steward, MD, MPH, an associate professor from the University of California at San Francisco School of Medicine with a background in HIV research, spoke about the stigma of lung cancer. This stigma affects public perception that then translates into poor media coverage and a lack of research, which affects patient care. According to Dr. Steward, the stigma of a history of smoking “results in a discrediting or devaluation of person or group.” The stigma is most likely to exist when the patient is seen as responsible for the condition, and the condition is degenerative, unalterable, and apparent to others. During the conference, lung cancer patients and their families openly discussed how the stigma impacted their lives. They recognized the stigma when talking with other family members, physicians, nurses, and allied health professionals. The stigma was especially evident with media portrayals of former smokers and lung cancer. Since anyone can get lung cancer, and everyone deserves the best treatments available, this stigma creates real problems for patients and their families.

What are the steps that can be taken to help lung cancer patients?

Health providers and institutions can commit to increasing respect for all lung cancer patients by initiating support groups, engaging in patient advocacy, and leveraging against popular cultural bias through education and support. Baylor Charles A. Sammons Cancer Centers have Commission on Cancer accreditation that demonstrates the highest level of individual risk is high enough for screening to be warrantied. Important consideration for screening is whether the presence of these various mutations and rearrangements means patients get the care that best fits the genetic make-up of their tumor.

Promoting Smoking Cessation

While working to minimize any stigmas or bias against lung cancer patients, it remains important to promote smoking cessation. Education about smoking cannot start early enough. Primary, middle, and high schools should discuss the dangers of tobacco use during their Red Ribbon Week in support of “Just Say No” programs. The public needs to understand that to start smoking is a choice, but to continue smoking is an addiction. Health providers can recommend smoking cessation online resources from the American Cancer Society or the National Lung Cancer Partnership. The National Cancer Institute has information about stopping smoking at http://smokefree.gov, as well as a Smoking Quitline, 1-877-44U-QUIT (1-877-448-7848).

In addition to these programs, Baylor Scott & White Health is running a pilot program for a smoking cessation program called, “Ask, Advise, Refer.” This trial program is being conducted in the Baylor Scott & White Central Division hospitals, and the early results appear encouraging. Once all of the data are collected, a decision will be made whether to implement this program system-wide.

Low-dose CT Screening

For patients at risk for lung cancer, low-dose CT scanning is recommended. Candidates for screening are the following:

• High-risk population of current and former smokers over the age of 55
• People over 50 years of age who have smoked the equivalent of one pack per day for 30 years or three packs a day for ten years

Low-dose CT screening is available at the following Baylor Charles A. Sammons Cancer Center locations: Dallas, Fort Worth, Grapevine, Irving, and Plano. The charge for these CT scans is $150. This fee does not include radiology interpretation. The good news is that just last month the Centers for Medicare & Medicaid Services (CMS) decided to cover payment for yearly low-dose CT scans for eligible participants. This ruling by the CMS means that the above fees for scans will be covered for those patients who meet the CMS eligibility requirements.
Ryan Anthony: Blowing Away Cancer

Ryan Anthony has had a professional life that many musicians can only dream of; playing with internationally known groups, including the Canadian Brass, before coming to Dallas as principal trumpet for the Dallas Symphony Orchestra. But none of this prepared him for the journey he began in 2012, when he was diagnosed with multiple myeloma.

“Trumpet playing is what brought me to the doctor,” said Ryan. “I was getting chest and back pains while I was playing, and just not feeling well.” Although some of his symptoms suggested myeloma, every test came back negative, and he was told not to worry because he was too young for this type of cancer. But then came more testing and the bad news: not only did he have multiple myeloma, he also had a very severe form, with a poor prognosis. He started treatment that day at Baylor Sammons Cancer Center in Dallas, and was recommended for an autologous stem cell transplant.

Ryan and his wife Niki talked with six different cancer centers, looking for the one where they felt he could get the best treatment. Ultimately, they chose to stay at Baylor Sammons. “It was by far the best option for us,” said Ryan. “We believed in the doctors, the infrastructure, how they treated my disease. And it made a huge difference that I could be at home with my family and friends during the treatment.” One of the things that surprised Ryan is that he didn’t have to put his life on hold because of his treatment. During induction therapy, he continued to work full-time, performing in three to four concerts every week. He currently receives maintenance therapy every 2 weeks and continues to perform every weekend, including the days of his treatment. Now, two years later, Ryan is in complete remission, and he wants to give back. “During my treatment,” he said, “trumpet players all over the world called me and asked, ‘What can we do?’ It occurred to me that we could come together to make a difference as musicians, performing in a concert that I wanted to call ‘Cancer Blows.’ Major names in the industry have chosen to participate and to stand with me to make a statement about multiple myeloma. We will celebrate where we are now compared with twenty years ago and look at what still needs to be done.”

Cancer Blows™ will be a once-in-a-lifetime musical event featuring at least 20 of the most famous trumpet players in the world. A special concert and after-party will be held at Meyerson Symphony Center in Dallas, Texas, on March 4, 2015.

Mark your calendars now for this extraordinary event. Further information will appear in the next issue of CancerUpdateNews DFW.
Baylor Scott & White Charles A. Sammons Cancer Center Waxahachie

A newly diagnosed cancer patient faces a world of difficult choices. One of the first and most important decisions is where to get quality care. For people living in Ellis County and beyond, that decision became easier with the launch of the Baylor Charles A. Sammons Cancer Center network. Baylor Scott & White Medical Center - Waxahachie is a proud member of the network.

It worked diligently in 2013 to achieve the distinction of using the Baylor Sammons Cancer Center name for its oncology programs by meeting or exceeding the stringent criteria established by Baylor Health Care System. Baylor Scott & White Medical Center – Waxahachie is honored to be part of this collaborative effort to bring quality cancer care to the citizens of Waxahachie, Ellis County and beyond.

In 2013, Baylor Scott & White Waxahachie received accreditation from a number of organizations for many components of oncology program:

- American College of Surgeons’ Commission on Cancer
- Accredited Community Hospital Cancer Program
- National Accreditation Program for Breast Centers
- American College of Radiology accreditation for breast magnetic resonance imaging, ultrasound, mammography, and stereotactic breast biopsy
- Breast Center of Excellence award

All of these accreditations and honors, in addition to participation in research, education, and quality improvement initiatives, signify Baylor Scott & White Waxahachie’s commitment to oncology programming and care. Meeting the high standards of participation in the Baylor Charles A. Sammons Cancer Center network further indicates Baylor Scott & White Waxahachie’s commitment to excellence.

Integration with the network has allowed Baylor Scott & White Waxahachie to explore more opportunities to work closely with physicians interested in participating in clinical studies. Patients are the major beneficiaries of the network because they have the assurance that any hospital carrying the Baylor Charles A. Sammons Cancer Center brand will offer consistent, quality cancer care. Patients can be treated close to home for their cancer care needs by receiving care at a network participating hospital. As oncology services become more complex, Baylor Scott & White Waxahachie is committed to being a step ahead, offering more advanced, innovative procedures with one main focus: improving patient outcomes.

Program of Focus

Oncology Nursing Forum

In 2014, Baylor Scott & White Waxahachie participated in Baylor Health Care System’s oncology nursing forum. The forum was created to provide oncology clinicians throughout the system with a way to discuss shared concerns or issues that affect the safety and outcomes of their oncology patient population. Lisa Chartrand, RN, represented Baylor Scott & White Waxahachie at forum meetings.

Community Events/Outreach

Baylor Scott & White Waxahachie continued to reach beyond its walls in 2013, bringing cancer information and screenings to residents of its service area. Physicians and oncology team members from Baylor Scott & White Waxahachie presented at and participated in the annual For Women For Life™ symposium, and It’s A Guy Thing, which discussed female and male-related cancer issues. The hospital brought cancer information and screenings to health fairs sponsored by the Waxahachie Chamber of Commerce and other organizations. Local radio station KBEC aired a health information show sponsored by Baylor Waxahachie every second and fourth Friday of the month in 2013. The show covered a variety of health topics, including an interview with radiation oncologist Charles Lee, MD, about lung cancer and an interview with surgical oncologist Katrina Ennett, MD, about cancer prevention and detection. Another community outreach initiative launched by the Baylor Waxahachie oncology program in 2013 was mobile screening mammography. The mobile van visited businesses and school districts across Ellis County, providing screening mammograms to employees.

Closing Thoughts

The Cancer Center at Baylor Scott & White Waxahachie offers advanced care with a full array of diagnostic, treatment, and support services that promote education, early detection, and long-term survival. The center’s multidisciplinary team includes surgeons, pathologists, diagnostic radiologists, medical oncologists, and radiation oncologists on the medical staff who collaborate closely to provide personalized service for every patient. A specially trained registered nurse with certification in oncology care provides patient navigation. This nurse serves as the patient’s primary contact throughout his or her cancer diagnosis, course of treatment, and follow-up care, helping to simplify the maze of required cancer services.

Quality care requires more than clinical excellence; it takes a staff with genuine concern and compassion for every patient. Baylor Scott & White Waxahachie’s highly experienced staff understands the unique needs and concerns of cancer patients. They spend time with patients, answering their questions and discussing everything from treatment options and progress to health maintenance. The best interests of patients come first.

A cancer diagnosis can be an overwhelming and highly emotional experience, so Baylor Scott & White Waxahachie designed cancer care that considers the whole patient: physically, emotionally, and spiritually. Patients not only have access to quality care, but they can receive cancer rehabilitative services and attend cancer support groups to gain emotional support for their cancer journey. Baylor Charles A. Sammons Cancer Center at Waxahachie has chaplains on staff as well as volunteers from all major faiths who are available to support patients with their spiritual needs during their cancer journey. Baylor Scott & White Waxahachie’s ultimate goal is to care for the whole patient on his or her cancer journey, not just treat the disease.
Site-specific tumor conferences at Baylor Charles A. Sammons Cancer Centers

Baylor University Medical Center at Dallas – has multiple conferences, see http://www.baylorhealth.edu/Research/InstitutesCenters/Sammons/Pages/Site-SpecificTumorConferencesatBaylorSammonsCancerCenter.aspx

Baylor All Saints Medical Center at Fort Worth
- Breast: Wednesdays
- Head and Neck: 3rd Tuesday
- General/Gyn Onc: 4th Friday
- General/Colorectal: 1st Thursday

Baylor Medical Center at Garland
- Breast: 3rd Wednesday
- General: 3rd Wednesday

Baylor Regional Medical Center at Grapevine
- Breast: 2nd & 4th Wednesdays
- General: 3rd Thursday
- Colorectal: 4th Thursday

Baylor Medical Center at Irving
- Breast: 2nd & 4th Tuesday
- General: 4th Tuesday
- Thoracic: 2nd Monday

Baylor Regional Medical Center at Plano
- General/GI: 4th Thursday
- Breast: 1st and 3rd Thursday
- Lung: 2nd Thursday
- GU: 2nd Monday
- Head and Neck: 4th Thursday

Baylor Scott & White Medical Center – Waxahachie
- General: 2nd Thursday

Baylor Medical Center at Carrollton*
- General: 4th Tuesday

Baylor Medical Center at McKinney*
- General: 4th Monday

For more information about tumor conferences at all of the other Baylor Campuses, please call 214.820.6261.

*Baylor Medical Center at Carrollton and Baylor Medical Center at McKinney are not yet a part of the Baylor Charles A. Sammons Cancer Centers network