

THE PATIENT CHANNEL PRESENTS: Living With Cancer

Cancer. The disease Americans fear the most. Once, a diagnosis with cancer was fatal, but today that has changed.

Hello, I'm Dr. Andy von Eschenbach, director of the National Cancer Institute.

Each year more than one million Americans are diagnosed with some form of cancer and nearly 10 million men and women in the United States are cancer survivors.

In the next 30 minutes, you'll see in the program *Living with Cancer*, people who are cancer survivors, fighting and winning the battle against this once deadly disease. And you'll meet the specialists who are at the forefront of research to make cancer the most preventable and curable of all diseases.

Narrator

According to the National Cancer Institute there are 9 point 6 million Americans living today who are cancer survivors. Sue Nelson is one of them.

Sue Nelson, Patient

"Soon as the person hears they have lung cancer it's like going into the twilight zone. It truly becomes a life changing experience."

Narrator

Doctor von Eschenbach is another survivor. He has treated cancer patients for three decades. He knows firsthand the fears associated with that disease.

Andrew von Eschenbach, MD

Director, National Cancer Institute

"There was a point for me personally because of a lump that appeared there was a question of whether I had metastatic melanoma and at that time we didn't have many of the weapons and tools we have today such at that time, if that was true, if that lump was in fact a metastatic lesion, I had very little if any chance of surviving."

"But, I remember the terror of going through that biopsy. I remember waiting and waiting for what seemed like an eternity to find out what the results were."

Narrator

More and more people diagnosed today are long-term survivors like Sue Nelson and Dr. Von Eschenbach living five years or longer after diagnosis. Fourteen percent of these survivors were diagnosed twenty or more years ago. The sheer number of cancer survivors leading active lives, plus breakthroughs in treatment strategies, give Dr. Von Eschenbach and the National Cancer Institute the confidence to issue an intriguing challenge.

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Andrew von Eschenbach, MD
Director, National Cancer Institute

“The challenge goal is not to eliminate cancer, but to eliminate the suffering and death due to cancer and to bring that about by the year 2015.”

Pam Sylvia, Patient

“When you hear the word cancer everything else is kinda shut down and all you can hear in your head over and over again is the word cancer.”

Narrator

After the fear that is part of every cancer diagnosis, there comes a flood of questions. Answering those questions is the first step in gaining some control.

Narrator

Doctor Harmon Eyre is the chief medical officer of the American Cancer Society.

Harmon Eyre, MD
Chief Medical Officer
American Cancer Society

“It is feared because people number one don’t want to die in pain and suffering and historically cancer has been connected with that image. That is certainly changing at the present time and we hope that people will recognize that cancer should not be feared as much as in the past and there is a lot people can do about it.”

Ronald Natale, MD
Cedars-Sinai Comprehensive Cancer Center

“My job is to tell them what they have, what their prognosis is, and that’s always difficult. But when you begin to move into the area of how to treat it that’s where you can begin to take them from the awful stage to the more proactive stage, where they now are going to be empowered to take control of this awful disease to make some decisions about which treatment is best for them as an individual.”

Pam Sylvia, Patient

And then when there’s a procedure set up or they’re going to work on a surgery, it becomes, it doesn’t become less shocking but it becomes more quiet in the front part of your head.”

Narrator

Cancer begins when a mutation in a cell’s DNA causes changes in the cell’s structure and function. After a cell has accumulated DNA damage it will become a committed cancer cell and continue to divide as it continues to grow at an uncontrolled rate. Because it is genetically damaged, it grows more rapidly than the normal surrounding cells and it gives rise to additional genetic abnormalities as it grows.”

Ronald Natale, MD
Cedars-Sinai Comprehensive Cancer Center

“As the cancer grows from a single cancer cell to the billions of cancer cells we see in a patient who finally presents with symptoms, they acquire additional genetic abnormalities along the way. This is a process from the time of that first cancer cell becoming committed to the billions of cancer cells we diagnose in patients with advanced lung cancer, or breast cancer, or colon cancer, this process takes around six to 10 years.”

Andrew von Eschenbach, MD
Director, National Cancer Institute

“We understand cancer now at its very fundamental genetic, molecular, and cellular level. We understand the cancer cell; we are beginning to understand how the cancer cell interacts with the person or the host.”

Andrew von Eschenbach, MD
Director, National Cancer Institute

“Our understanding of cancer is getting rid of the mystery.”

Narrator

Cancer development is usually a silent process with the initial cancer cells growing and dividing without the patients’ knowledge. In some patients, the cancer may spread throughout the body when cancer cells break away from the primary tumor mass and enter the lymphatic system and attach to lymph nodes or they may enter the bloodstream and then circulate to other parts of the body.

Narrator

Since the patient often has no idea what’s going on, the best way to stop cancer in its tracks is to detect it early through screening tests like colonoscopy and mammograms.

Harmon Eyre, MD
Chief Medical Officer
American Cancer Society

“It has been such a long history that the American public has feared cancer that it will take time to have a change in how they think of this disease, I do believe however that the behavior of adults is changing, women are getting mammograms, over 70 percent of all women now are regularly getting mammograms, for some time women have been getting pap tests and now both men and women are starting to get colorectal screening. As they do that the disease becomes earlier more treatable more curable.”

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Narrator

Ben Gillman found out he had colon cancer after he went to the hospital thinking he was having a heart attack. By then the cancer had spread to his liver. Doctors told him that the Tumor in his liver was inoperable and gave him very little time to live. That was a year ago. Although, Ben was 66 years old, he'd never had a colonoscopy.

Ben Gillman, Patient

"All my friends I tell them to get in there and get it. We're not made of steel and these are just some of the things we can check on that can possibly save your life."

Harmon Eyre, MD

Chief Medical Officer

American Cancer Society

"We are very excited about new early detection tests that are coming down the pipeline. They are mostly molecularly based tests. Proteinomics is discovering them. DNA based tests will be available and we believe the future will be blood, urine, stool, tests that are molecular based tests that will have a much better degree of sensitivity and specificity."

Ben Gillman, Patient

"The whole name of the game is to keep yourself alive until they find a cure for it."

Ben Gillman, Patient

"And there are times when you say "oh poor me." But, I fortunately I built a pond out there in the back with my fish in there, and I putter around there and I sit around there and I can really just meditate and the poor-me's leave very quickly."

Narrator

Sue Nelson's cancer diagnosis also came as a surprise. She was a Florida high school teacher fourteen years ago, when she went to see a doctor because of a sore knuckle on one of her fingers. During a routine shoulder x-ray to look for signs of arthritis, doctors found a lump on her right lung.

Sue Nelson, Patient

"I was not a smoker. Lived a very healthy lifestyle, very physically active, pretty much a health nut."

Narrator

Within four days she found herself undergoing surgery to remove part of her lung.

Sue Nelson, Patient

"Those four days before surgery you do walk around in somewhat, it's almost like an out of body experience."

Narrator

Sue uses that experience to help other patients.

Sue Nelson, Patient

“I tell cancer patients, and I speak a lot to cancer patients who have just received the news, to this day and I always tell them that they have to really become in tune with themselves and learn how to take care of themselves emotionally, physically, and mentally.”

Narrator

It is often said that when a patient is diagnosed with cancer, their whole family gets the disease. The importance of emotional support, and a look at some integrated therapies that help patients live better while dealing with cancer, when we return.

Narrator

Pam Sylvia found out just over two years ago that she had breast cancer. The mother of two small children has since undergone six operations and repeated radiation and chemotherapy treatment to fight what for her is a re-occurring cancer. It was not totally unexpected. Her grandmother died from breast cancer and her mother is a breast cancer survivor.

Pam Sylvia, Patient

“My family’s really helped. My mom has been fabulous. She’s been there for me.”

Roberta Sylvia, Mother

“I had cancer myself 30 years ago and I remember my oncologist said the best thing I had going in my favor was I had five young children.”

Pam Sylvia, Patient

“Sam has been fabulous. She’s very, everything I want to talk about whether I’m sad or happy, she’s always right they’re listening. Laughing out loud or whatever. Or if I’m crying.”

Pam Sylvia, Patient

My children are my biggest inspiration. I mean to be healthy and live for my children, that’s my goal. I love my children and they need to have me here. So that enough to make me want to live. And I think that all the family support that I’ve gotten. I think that really helps.

Roberta Sylvia, Mother

Now we have a unique situation because my husband has cancer, terminal cancer. And he’s towards the end. And he gets enjoyment of seeing Pamela upbeat.

Pam Sylvia, Patient

And he gets me up, like when I go over there and I always tell Sam I cant imagine dad, poor dad you know how he's feeling, in the body and the pain everything, and he's got his sense of humor still, he still has his sense of humor. I don't know. It makes me feel normal like there's nothing wrong with me after I leave.

Narrator

Because of their shared history with cancer, Pam Sylvia's family is a built in support group that reflects the more formal support groups available to patients. Not everyone is so lucky

Ronald Natale, MD

Cedars-Sinai Comprehensive Cancer Center

"Family and close friends are very important to all cancer patients. Patient's that I have who do not have other family members or do not have many close friends available, always have a much more difficult time."

Narrator

It is becoming increasingly common, however, for such services to be offered as part of cancer treatment.

Ronald Natale, MD

Cedars-Sinai Comprehensive Cancer Center

"Support groups represent a major advance in treating cancer. It allows cancer patients to realize they are not alone, that there are other normal people like them who have had cancer, who have undergoing treatments that are similar or sometimes exactly the same and have survived."

Narrator

Support groups may help...so might alternative and integrative therapies.

Andrea Denicoff, NP

National Cancer Institute

"I think more and more people with cancer, and people with other chronic life threatening diseases, are demanding more care that is not just about treating the disease, but also about treating them holistically."

Narrator

Many cancer specialists are now beginning to think of cancer much like other common chronic diseases such as diabetes or hypertension, illnesses a patient learns to live with.

Andrea Denicoff is a nurse practitioner and co-coordinated the National Cancer Institute's Palliative Care Initiative. Palliative care is aimed at alleviating pain and improving quality of life by treating patients' emotional, psychological and spiritual needs, along with their physical needs.

Andrea Denicoff, NP
National Cancer Institute

You want to nurture, sort of their soul and their whole being to maybe come out of this experience a more, I don't want to say as a healthy person, but to have a renewed interest with what's important in their lives.

Narrator

Integrated therapies, often used in conjunction with aggressive traditional therapies, help patients deal with the emotional toll of those treatments. They can be as simple and effective as visualization.

Pam Sylvia, Patient

"To think of where my daughter's going to be and where my son's going to high school. Try to visualize and project to the future and I keep on the right path and focus, instead of going down that awful path."

Sue Nelson, Patient

"Some people may call it meditating, but I would just take thoughts and picture myself surviving the surgery picture myself moving around and being as active as I was prior to the surgery.

Pam Sylvia, Patient

"I think you could really get yourself into a tailspin if people were depressed and they were really negative, you could really tailspin back and I think you need to full head forward."

Narrator

Pam combines counseling, acupuncture, and massage to help her balance the side effects of her radiation and chemotherapy treatments.

Counselor Nat Sound

"Last time we talked we were talking about stress and you were saying you were freedom stressed."

Pam Sylvia

"Its always there so that one day of just taking off, actually I have two days I take off Wednesday is when I do chemo and Sunday's when I do acupuncture and massage."

Acupuncturist Nat Sound

"How was the chemo this week?"

Pam Sylvia Nat Sound

"It was good, just the same really tired and wiped out"

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Narrator

A new set of drugs and treatments are on the horizon that doctor's hope will provide them with more choices in the fight against cancer. We'll see how an understanding of the genetic makeup of cancer cells gives researchers more options.

Narrator

The mapping of the human genome was the first step in a deeper understanding of what actually causes cancer.

Harmon Eyre, MD **Chief Medical Officer** **American Cancer Society**

“Very clearly the research in discovery of the human genome and mapping all of the genetic changes that occur in cancer have given us the ability to really look at targets where drugs can be developed that block the progress of cancer.”

Narrator

Five years after her second lung surgery Sue Nelson had more bad news. A routine chest x-ray showed the cancer had returned in the original lung and spread to the other one.

Sue Nelson, Patient

“Ignorance is bliss the first time around, and when you find out the second time again you're dealing with the possibility of a death sentence. I know there was more panic from my husband and myself.”

Narrator

Sue had always researched as much as she could about her cancer, finding information in books and by word of mouth, keeping a journal, and going as far as doing a series of interviews with both patients and doctors. But she could not escape two facts: cancer was spreading and there did not seem to be any treatment options left.

Sue Nelson, Patient

“All I kept thinking about was that someday hopefully my needs would match the technology and the science.”

Narrator

What Sue didn't know is that day had come.

Ronald Natale, MD
Cedars-Sinai Comprehensive Cancer Center

“There’s a lot of excitement now about a new class of agents called biologically targeted agents.”

Andrew von Eschenbach, MD
Director, National Cancer Institute

“One of the things that research has provided for us is an understanding of genes and proteins and molecules and we can think of those now as targets, targets of opportunity where we can develop interventions that can hit that target and change and alter the behavior of cancer, or eliminate cancer.”

Ronald Natale, MD
Cedars-Sinai Comprehensive Cancer Center

“If we can in fact identify a target that we think is critical for the growth of a certain cancer, and develop a medicine that hits that target and is effective, then in the future it won’t be so important whether the cancer originates in the breast, in the colon or in the lung. What will be important is what are the targets on that cancer cell for which we have developed affective agents.”

Narrator

One day Sue Nelson was watching the local nightly news and heard about a new experimental drug called Iressa. She was able to get into the clinical trial where it was available.

Sue Nelson, Patient

“It’s been remarkable to say the least. For me after one weeks of taking this particular drug, I noticed immediate changes; my husband and I noticed that my lung cancer symptoms basically stopped. Any of the coughing, shortness of breathe, it was like an overnight miracle.”

Ronald Natale, MD
Cedars-Sinai Comprehensive Cancer Center

“Iressa is a small molecule that was developed to disable an enzyme called kinase that’s attached to a receptor that we believe is an important growth factor receptor for lung cancer, breast cancer and a number of the other common cancers.”

Sue Nelson, Patient

“Five weeks after I started on the drug we went to meet with Dr. Natale and it was there that it showed through cat scans that the tumors had diminished significantly. Some of the tumors have now diminished up to 90%.”

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Sue Nelson, Patient

“Maybe it’s because I lived with cancer for so long. The fact is that it’s truly, and not to sound corny here, but the fact that it has given me some time and allowed me to live my life as I use to is the biggest gift I could expect.”

Narrator

There are close to 100 new cancer drugs being developed now, fueled by a new understanding of the genetics and microbiology of cancer cells. A look at the hope contained in that science next.

Narrator

For researchers, clinicians and patients, the enormous progress being made in cancer treatment and drug development is coming just at the right time.

Andrew von Eschenbach, MD
Director, National Cancer Institute

“We often, in this particular experience in our careers, have had dreams of what we hoped to accomplish for cancer. And sometimes those dreams seemed almost like fantasies. That we could ultimately find a cure, that we ultimately could in fact eliminate the suffering do to this disease. Well those dreams of 30 years ago have now converted to vision for today and I believe will be reality and reality as soon as 2015.”

Narrator

Rather than a single cure for cancer, treatment options now often hinge on what is called combination therapy, which uses several drugs to attack the cancer on different levels.

Narrator

Researchers are discovering that with successful combinations, come the hope for a cure.

Andrew von Eschenbach, MD
Director, National Cancer Institute

“Twenty or 30 years ago when we thought about cancer and how we might eliminate it or cure it we were always thinking or looking for the magic bullet. There is no magic bullet. There can be a magic strategy.”

Narrator

That strategy is designed, in part, because of the pipeline of cutting edge discovery, development of new treatments, and delivery of those treatments to patients.

Narrator

And that discovery is literally making dreams come true. Take the case of one high profile athlete.

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Andrew von Eschenbach, MD
Director, National Cancer Institute

“Back in 1971, to think of someone with metastatic testicular cancer to the brain surviving was a fantasy.”

Narrator

Lance Armstrong’s many Tour de France victories years after cancer give everyone hope.

Andrew von Eschenbach, MD
Director, National Cancer Institute

“What was a fantasy in 1971 of even surviving that, tells me that eliminating the suffering and death due to cancer is not a fantasy.”