

# Partners

The Newsletter for Friends of Holden Comprehensive Cancer Center • 2005, Issue 1

*You don't have to be a cancer patient or health care provider to become involved in the effort against cancer. Countless people around the globe have joined the cause; some of them friends or relatives of a loved one with the disease, others moved to action by the enormous amount of work still to be done.*

*There are many ways to become involved, including volunteering, event participation, making donations, taking part in clinical trials, or even seeking alternative ideas for tackling old problems. This issue of Partners looks at a few people associated with Holden Comprehensive Cancer Center at The University of Iowa who are **Making a Difference**.*

## Chapleau 'pedals' hope



*Colleen Chapleau with Lance Armstrong*

Imagine you were an avid running fan and were asked to participate in a grueling charity marathon organized by one of the sport's biggest stars. Consider what it would take, especially physically, to prepare for the challenge—then multiply your fantasy training regimen by at least eight.

You've just begun to get a vague sense of the fantastic peaks, and the

exhausting valleys, that made up Colleen Chapleau's reality in 2004.

Chapleau, associate director of the Iowa Marrow Donor Program and the Adult Blood and Marrow Transplant Program at University of Iowa Hospitals and Clinics, was one of 20 bicyclists from across the United States who joined cancer survivor and six-time Tour de France champion Lance Armstrong in the Bristol-Myers Squibb 2004

Tour of Hope ([www.tourofhope.com](http://www.tourofhope.com)), an eight-day bike ride across the nation to raise awareness about the importance of cancer research.

Chapleau rode three hours a day each weekday and 100 miles a day Saturdays and Sundays to train in the weeks leading up to the Tour, which began Oct. 1 in Los Angeles and ended Oct. 9 in Washington, D.C. But even that didn't quite prepare her for the experience, as she describes below:

"Given the logistics of the Tour, riders only had a few hours here and there between stages to sleep. None of us adjusted well to this schedule and sleep came in short, interrupted segments. We pedaled nonstop for approximately 100 miles in each stage (at speeds ranging from 22 to 23 mph) and had 13 hours off between stages while the other three teams rode.

"During those 13 hours, we attended Hope Rallies, spoke to audiences of up to several thousand, toured hospitals to visit with cancer patients, and traveled to the next transition point to begin yet another stage. From L.A. to D.C., my team was pummeled by headwinds and, at times, nearly blown off our bikes by crosswinds. It was a life-changing experience. I took what I thought were my physical boundaries and extended them.

"I will always cherish my memories of riding into Las Vegas with Lance Armstrong while the police closed

*Continued to next page*



down the strip and thousands of people lined the streets to cheer us on. We pedaled onto the ship at Treasure Island to talk to the crowd. After Lance addressed them, I was one of two

cyclists chosen to speak. My message was straight from the heart and I shared stories of courageous people I had come to know through my years working for the Adult Blood and Marrow Transplant Program.

“We had smaller moments on the road that were just as meaningful ... I remember a woman standing alone on the side of a steep mountain climb at 3 a.m. shining her flashlight on a sign that read, ‘A clinical trial saved my life!’ I saw many homemade signs throughout the Tour—some declaring personal victory over cancer, others serving to remember loved ones lost to the disease.

“I am so encouraged by what I witnessed throughout the ride. There truly is a collective energy building across the country to step up the battle against cancer.”

Still, Chapleau, herself a cancer survivor, recognizes that much work remains to be done. “More than 60 percent of children with cancer are enrolled in clinical trials, compared to just five percent of adults with cancer. This has caused a crisis in cancer care,” she said.

A survey conducted in 1999 by the Summit Series on Cancer Clinical Trials found that widespread misunderstandings exist about cancer research. But, Chapleau adds, “It was also learned that the people who do participate are positive about their experience. Ninety-seven percent of cancer patients surveyed who did participate in a clinical trial said they received excellent or good quality care and were treated with dignity and respect.

“Every cancer treatment available today has come from a clinical trial,” Chapleau said. “Now, more than ever, there is hope for a cure, but we need to move new therapies from the bench to the bedside. The only way to do this is through clinical trials.”

## A survivor’s story



*Arlene Holden*

*Arlene Holden, a member of the family that presented a \$25 million gift to Holden Comprehensive Cancer Center in 2000, actively promotes the importance of cancer research. Read on for excerpts from a recent speech, along with part of a school paper written by Trenton Blythe (Holden’s grandson). Both were edited to fit the available space.*

On April 25, 2002, I was at a meeting in Iowa City. I had to leave early to have a compressed mammogram repeated. I thought nothing of it, as in past years they called me back for repeated mammograms. After the appropriate photos were taken, the technician took me into another room to meet with the doctor. “Hmm,” I thought, “this wasn’t going the same way they usually do.”

When I saw the new mammogram, I knew I was in trouble. How was I going to deal with having breast cancer, and that word ... cancer?

After getting a referral that afternoon, I drove to University of Iowa Hospitals and Clinics for a 5 p.m. appointment with Carol Scott-Conner, M.D. We reviewed the mammogram films and agreed that a biopsy would be needed to determine if our fears were correct. Later, my 30-minute drive home was full of many different thoughts. How would I tell my husband and daughters that I might have breast cancer? What if the cancer had spread to other areas in my body?

The following Monday morning, my husband, Ron, and I arrived at Holden Comprehensive Cancer Center very early. The breast biopsy confirmed that I had cancer and along with the removal of my right breast, lymph nodes would be taken to determine if the cancer had spread.

After the surgery, I returned home to wait for the test results. The following Tuesday morning I received a call from Dr. Scott-Conner telling me that all 17 lymph nodes were free of cancer. What a great report!

When faced with a breast cancer diagnosis, there is a tendency to turn inward. I believe it’s important not to shut your spouse or your trusted family out of the emotional and extremely important decisions that must be made. With that in mind, we met as a family with Raymond

## The ultimate change

by Trenton Blythe

Hohl, M.D., my oncologist. We agreed I would take a series of four chemotherapy treatments as part of a preventive treatment plan.

Afterwards, our daughter, Mary, and I forged forward to prepare myself for what might be a new no-hair look. We went to a salon in Iowa City and worked with a wonderful lady named Marty Slaughter to help me find that perfect wig. Marty also had some great ideas involving hats and scarves. Later, I told my family that I wanted to cut my hair off after my first treatment. I didn't want to wake up and find my hair on my pillow. They gave me the okay, so off went the hair and on went the hats for the next seven months.

During this time, I remember being in Williamsburg to pick up something at the drug store. It was not long before I wished that I had stayed home. I met three of my friends as they came around the corner, and they looked at me as if I had some kind of contagious disease. In the end, I wound up giving them hugs and telling them I was going to be fine.

Later, I wondered if I had ever given the same look to cancer patients before my own experience. I think I have changed in many ways since my brush with cancer. I don't worry so much about the small stuff. I try to get as much as possible into each day because life is oh so precious. So what do we say if we meet up with a friend who is going through some form of cancer treatment? Ask them if they would like a gentle hug and tell them that you truly care and will keep them in your prayers.

In the early 60's, I worked at University of Iowa Hospitals and Clinics, and while there I met a number of children being treated for all types of cancer. I couldn't believe how positive they were. They found an inner strength to fight this dreadful disease. It was during my treatment when someone asked me, "Arlene, did you ever think, 'poor me?'" I was shocked and I replied to her I have been so blessed with a loving husband, two daughters, a great son-in-law, and four of the best grandsons anyone could ask for. It's the loving support of family and friends that can get you through the difficult days.

Along with the insights presented above, I cannot emphasize enough the importance of getting an annual mammogram. It can save your life.

One Sunday afternoon I was upstairs doing homework when my mom and dad called my brothers and me down to the family room. I looked across at my mom and dad's tear-filled eyes and I knew something was wrong. They hesitantly told me that my grandma had breast cancer.

Later that night my family and I went over to my grandparents' house for some pizza. As I ate, I could feel the sadness in the room. Later on I put it on myself to ask my grandma about the severity of the disease. With a sense of relief and anxiety she told us that it wasn't spreading and it was contained to her breast.

Throughout the next few days and weeks I kept remembering all of the great times that my family has had together. If I wasn't able to see my grandma anymore, it would be too much for me to handle. My grandma must have been feeling the same things, only she was the one with the cancer.

Part of my grandma's independence had been taken away by this disease. The one thing she loved to do more than anything in the world was spend time with her grandchildren. She has always made it to my wrestling tournaments, football games, music events, and all of my high school events. And after every athletic event I looked for her and my grandpa waiting there for me, no matter the outcome of the game or match.

Throughout the months of surgeries, treatments, and recovery, she was still her normal old self. When we would try and talk about the cancer she would crack a joke or turn a serious question into a lighthearted subject. As the recovery process went on, I could see my grandma's face growing brighter, her body standing straighter, and her tone of voice stronger and more enthusiastic. I started to see the Nana Arlene that I knew before the cancer.

Most people, when asked, "What event has impacted your life the most," would say September 11, 2001. But for me it was my grandma's cancer. It helped me realize how many things we take for granted in life ... because of that I will cherish every moment I spend with my family as long as I live.



# In their own way . . .

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**George Weiner, M.D.**

- A volunteer hospital clown bringing a smile to the face of a patient (who never needed one more).
- Oncology nurses arranging for the wedding of a critically ill patient to take place on the leukemia floor.
- A student coming to the research lab at 3 a.m. to look at cells under the microscope because that time point in her cancer research experiment might be particularly important.
- A community physician driving a patient to University of Iowa Hospitals and Clinics for a second opinion because the patient had no other transportation.
- A cancer patient participating in clinical trials knowing that her participation might not help her personally but is likely to help others.
- A well-known personality speaking publicly about his very personal battle with cancer.
- The children and grandchildren of an elderly gentleman in the palliative care unit sitting in a circle around his bed and quietly singing his favorite hymns even though they realize he might not be able to hear them.
- A police officer donating bone marrow to a stranger who lives halfway around the world.
- A young oncologist who spent years in school (resulting in a huge debt) turning down an offer that would more than double his salary because he wants to continue to pursue a career in cancer research.
- A widow sending a \$20 check for cancer research to Holden Comprehensive Cancer Center and including a note saying she hopes to contribute more next year.
- A nursing student volunteering to spend time at the bedside of a cancer patient who otherwise receives few visitors.
- A social worker paying gas money out of her own pocket so a patient could attend a support group.
- A professional athlete declining the request of reporters and photographers to tag along on his visit to the pediatric cancer floor so his visit could be more meaningful to the kids.
- A cancer center director's wife and children understanding why he is not home more.

I could go on and on...

What do these stories have in common? Each involves someone who has contributed in his or her own way to the mission of Holden Comprehensive Cancer Center. Each has touched me personally with his or her commitment. Each contribution is precious.

Cancer may cause great pain and suffering, but it also brings out the best in people.

**George Weiner, M.D.**  
**Director**  
**Holden Comprehensive Cancer Center**

# Cancer treatments given a complementary boost

When Jerry Aldeman was diagnosed with pancreatic cancer, his natural curiosity took over and he immediately began researching the condition. What he found must have seemed discouraging: pancreatic cancer patients often die within a few months of diagnosis. The disease is difficult to detect, and frequently, by the time it is accurately identified, it's too late for any treatment other than pain management.

But Aldeman's story is positive. He's combined conventional (or "traditional") treatments with an approach that falls into the realm of complementary/alternative medicine, and has survived—even thrived, by most standards—as the days have turned into months, and the months to years. He was diagnosed in July 2000.

"I fully use the conventional medical treatments, and I'm very happy with Raymond Hohl, M.D., my oncologist," Aldeman said. "After being diagnosed, I had the Whipple procedure (wherein the affected part of the pancreas is removed), I had radiation therapy and chemotherapy, and I'm still taking medication. But I believe alternative medicine can enhance one's health and chances for survival, so I pursued that option as well."

Aldeman's search led him to Nicole Nisly, M.D., associate professor of internal medicine, who started the UI Complementary and Alternative Medicine Clinic in July 1998. The clinic is designed to provide guidance on

selecting therapies (including acupuncture, massage therapy, and mind/body healing techniques such as yoga) that can safely be combined with traditional treatments to add to the healing process. Patients also receive advice on UI and community practitioners who can provide the complementary therapies discussed.

In January 2004, Nisly created a new Complementary and Alternative Medicine Clinic at Holden Comprehensive Cancer Center, specifically designed to guide patients on safe and effective use of natural therapies combined with conventional medical treatments for cancer.

"I have had a wonderful experience with the clinic," Nisly said. "The feedback has been positive. Patients feel empowered when they participate, and they feel safer using herbs and dietary supplements when they can discuss how it might interact with chemotherapy, radiation, and other treatments."

With a referral from Nisly, Aldeman visited the Seashore Psychology Clinic supervised by Susan Lutgendorf, Ph.D., associate professor in the Department of Psychology, which helped him use relaxation and visualization. "This involves, in some way that is helpful to you, visualizing the cancer being killed," Aldeman said.

Other components of Aldeman's long-term treatment regimen include a carefully controlled diet—lots of vegetables, soy, whole grains (such as brown rice), whole wheat bread, and no processed

sugar; and the use of herbs and supplements. ("The problem is, they're pretty much unregulated," he said. "It's helpful to have sources of good information.") Aldeman also recommends:

- Exercise: "For me, that means walking, bicycling, and in the winter, exercise bikes."
- Positive thoughts/good attitude: "You have to understand your medical situation and be hopeful, optimistic, and think long-term. Be proactive with your therapy."
- Spiritual involvement: "Prayer and faith do matter. After the diagnosis, I reconnected with the church after years away."

"I want to reemphasize the great care I've received at University of Iowa Hospitals and Clinics," Aldeman said. "I'm not sure I'll ever consider myself cancer free, but the more time that passes, the more you can consider it behind you."

For more details about the Complementary and Alternative Medicine Clinic, call the Cancer Information Service, 800-237-1225, or visit [www.uihealthcare.com/depts/cancercenter/patients/alternativemedclinic.html](http://www.uihealthcare.com/depts/cancercenter/patients/alternativemedclinic.html).

# A foundation for hope

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Separately, they battled pancreatic cancer with all of their might. Together, they very well may form the heart of the team that finds an effective treatment.

Joseph Cullen, M.D., recently found a strong ally backing his research into the discovery and development of targeted therapeutics against pancreatic cancer. Amy Bader, the daughter of a pancreatic cancer patient, used the flood of emotions brought on by her mother's Oct. 2003 diagnosis to fuel a passionate search for a cure.

Cullen's research is directed in two specific areas. "First, we have found that the drug dicumarol, which is a common medication used as a blood anticoagulant, is toxic to pancreatic cancer cells and has little effect on normal cells. Our studies in this area include developing vehicles for dicumarol that specifically deliver the drug locally to the tumor," said Cullen, a University of Iowa Health Care associate professor of surgery.

"Our second area of investigation is directed towards antioxidant enzymes to inhibit pancreatic cancer growth," Cullen said. "These enzymes are in all cells but pancreatic cancer cells have an abnormally low concentration of them. When the enzymes are replaced in the pancreatic cancer cells, growth is inhibited both in cell culture and in animal tumor models."

Though his laboratory is partially funded by grants from the National Institutes of Health, Cullen was seeking additional research funding several months ago through the Pancreatic Cancer Action Network (PANCAN), a national advocacy group for pancreatic cancer patients and their families. That's when he met Bader, who was then the group's marketing volunteer for Iowa.

"My mother's illness was the inspiration for my involvement [with PANCAN]," said Bader, a University of Iowa graduate who lives in Eldridge, Iowa, (just north of Davenport) and works in marketing. "When we received her diagnosis, and prognosis, it was so devastating. To learn that there is no effective treatment made me want to do everything I could to help find a cure."

Bader grew excited when she learned about Cullen's research and the fact that he was based in Iowa. But Cullen was not eligible for the grants offered through PANCAN, as those grants are reserved for "new" doctors to help increase the field of study of the disease. "When I learned that Dr. Cullen probably wouldn't qualify, I decided to start my own foundation," Bader said.

That foundation has since launched numerous suc-

cessful efforts to back Cullen's research. "The Susan L. Bader Foundation of Hope Golf Outing" raised \$10,000 (resulting in the first official check presentation to Cullen in August 2004). Bader's sister, Beth, a professional golfer on the LPGA, pledges \$5 for every birdie she makes as part of another program, "Birdies for a Breakthrough."



*Amy Bader presents a check to Joseph Cullen, M.D., and Carol Jefferson, senior director of development, UI Foundation.*

"An Evening at the IMAX" in Davenport on Nov. 15, 2004 (to recognize Pancreatic Cancer Awareness Month), raised another \$4,000. Another event, "The People and Pooches Walk," was inspired by Bader's mother's love of dogs.

The foundation also sells pancreatic cancer awareness bracelets made of Swarovski crystal beads and sterling silver. Between July and November 2004, the foundation raised \$3,000 in bracelet sales. (For more details about these efforts, visit [www.slbfoundationofhope.org](http://www.slbfoundationofhope.org).)

"Mom was an inspiration to so many other cancer patients and our community in general," said Bader, whose mother passed away Dec. 10, 2004. "It is so hard to see someone so full of life die from something we have very little knowledge about. Because of this, I'm motivated to keep fighting for all the other patients and their families who will have to go through this."

# Volunteering for duty

She could have just started hanging out at a mall. But Jean Smith chose another path, to the great benefit of many.

Smith's husband, Jerry, battled kidney cancer for six years as a patient of oncologist Mark Karwal, M.D., with Holden Comprehensive Cancer Center. Within a few weeks of her husband's February 2004 death, Smith began feeling the need to be out and about, interacting with people. She's gotten her wish as a member of Volunteer Services at University of Iowa Hospitals and Clinics, spending Tuesdays in the chemotherapy suite and one other day a week handling the food cart and various other new responsibilities.

"I started volunteering within six months. It's very satisfying, and I believe it's made me a more compassionate person," said Smith, a Wilton, Iowa, resident who is retired from the banking business. Smith has a good family support network—including nine grandchildren—but after her husband's struggle with cancer, she was compelled to help others.

"People who have received treatment or whose loved ones have been cared for here are often drawn to contribute," said Jean Reed, assistant director for Volunteer Services. "Perhaps they met volunteers during their stay who made a difference in their day and they want to offer the same encouragement to others, like a heart transplant patient who visits those waiting for a heart at our hospital, giving hope and support.

"Other times, a life change like a retirement or the loss of a spouse brings a new volunteer to us," Reed continued. "Focusing energy on



*Jean Smith outside the Volunteer Services office*

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***"I see myself volunteering for a long time. It's a wonderful feeling to help people. I get back what I give, maybe even more." —Jean Smith***

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helping others can be an incredibly grounding experience, affirming our core values and connection to others."

On a given day in the chemotherapy suite, Smith's duties might include visiting with patients and getting them warm blankets, going on food and drink runs for patients and their friends and family members (or escorting them to hospital dining facilities), and running orders to the pharmacy. "This was perfect because I didn't want to be tied to a desk," she said. "I did that when I was in the banking business.

"I see myself volunteering for a long time," Smith continued. "It's a wonderful feeling to help people. I get back what I give, maybe even more. Plus, every single volunteer I've met has been wonderful."

## Upcoming Holden Comprehensive Cancer Center events

### Center of Excellence in Image-Guided Radiation Therapy open house

Tour the highly advanced new home of the Department of Radiation Oncology at an open house on June 17.

### Cancer Survivors Day

Planning is under way for this celebration for cancer survivors. Make sure you're included in the festivities. Call the Cancer Information Service at 800-237-1225.

### Relay for Life

Walk in this annual fundraiser for the American Cancer Society. Call 800-ACS-2345 to find out more.

For the latest updates, go to the [www.uihealthcare.com/cancer](http://www.uihealthcare.com/cancer) to learn about upcoming spring events.

### *Holden Comprehensive Cancer Center*

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[www.uihealthcare.com/cancer](http://www.uihealthcare.com/cancer)

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## Help Us Make the Future Brighter

*Government support and patient fees do not fully fund Holden Comprehensive Cancer Center's missions. We must rely on private contributions to help purchase life-saving equipment, fund pioneering scientific research, support medical education programs, and much more. To learn how your contribution can give hope to those touched by cancer, contact Carol Jefferson, senior director of development, at:*

The University of Iowa  
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[www.uifoundation.org/cancer/](http://www.uifoundation.org/cancer/)

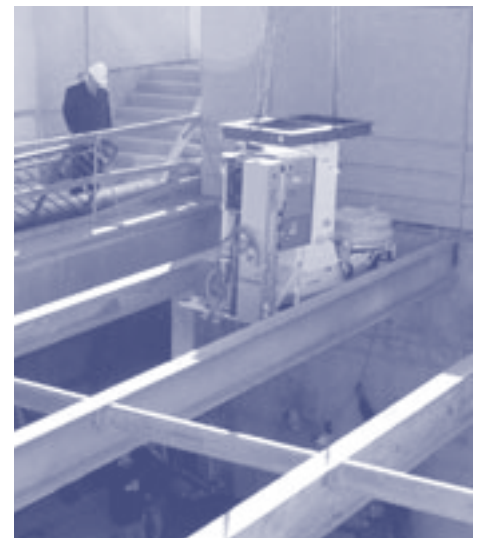
Please contact the  
UI Foundation to report a change  
of address or request removal from  
the mailing list.

### Opening soon

Final preparations are taking place for the opening of the Center of Excellence in Image-Guided Radiation Therapy this spring. A full story will be presented in the next issue of *Partners*.



*John Buatti, M.D., professor and head of the Department of Radiation Oncology, provides a tour of the new center to members of the Board of Regents, State of Iowa.*



*A new Siemens Oncor linear accelerator is lowered into position in the new facility. The linear accelerators deliver radiation during treatment. One of the features of the new machines is that they turn, allowing physicians to irradiate tumors two or three times while the patient remains in the same position.*