

“The most important thing in illness is never to lose heart.” ~ Nikolai Lenin | “Attitude is a little thing that makes a big difference.” ~ Winston Churchill | “You gain strength, courage and confidence by every experience in which you really stop to look fear in the face.” ~ Eleanor Roosevelt | “And in the

end it's not the years in your life that count. It's the life in your years.” ~ Abraham Lincoln | “The

important thing is not that we can live on hope alone, but that life is not worth living without it.”

~ Harvey Milk | “Oh, my friend, it's not what they take away from you that counts. It's what you

do with what you have left.” ~ Hubert Humphrey | “Once you choose hope, anything's possible.”

~ Christopher Reeve | When you come to the end of your rope, tie a knot and hang on. ~ Franklin

D. Roosevelt | “Don't give up...don't ever give up” ~ Jim Valvano | “Remember, we all stumble, everyone

of us. That's why it's a comfort to go hand in hand.” ~ Emily Kimbrough | “Some days there's a

song in your heart. Sing anyway.” ~ Emory Austin

# cancer... unlocking the answers

MAGAZINE



**REX**

UNC HEALTH CARE

# the more we know about cancer

the weaker  
it becomes

*by christa gala*



**CANCER:** It's one of the few words in the English language that makes us cringe, grimace, even take a step back. We understand. But here's the thing: The more we know about cancer, the weaker it becomes.

## **SO, WHAT DO YOU NEED TO KNOW? LET'S START WITH THE TWO MOST COMMONLY ASKED QUESTIONS:**

### **ARE CANCER RATES INCREASING?**

Yes. Ironically, cancer rates have increased because we're doing a better job saving folks from heart disease, says Dr. H. Kim Lyerly, director of the Duke Comprehensive Cancer Center since 2003. In fact, over the past 25 years, the death rate from heart disease has dropped 75 percent.

"People are not commonly dying of massive heart attacks now because they get their blood pressure controlled, they get their lipids controlled, they're on statins, they're taking aspirin," says Dr. Lyerly, noting those who have heart attacks go on to live another 35 to 40 years. "It turns out as they live longer there's a greater risk of having cancer."

Cancer rates in the Triangle are on the rise too, simply because our average age is increasing. "The last numbers I had, the projections pointed to a 20 percent increase in cancer diagnoses in the greater Triangle area in the next five or ten years," says Dr. Lyerly. Okay, so all of this sounds pretty scary, but what it really means is that we're living longer. And that's a good thing – and all the more reason to keep pushing for a cure.

*There is evidence to suggest that long-term colon cancer. Results of studies looking at the effect polyps and cancer are also conflicting.*

*~ Dr. Boris Cvetkovski,*

#### WHAT CAUSES CANCER?

Well, it's complicated. Initially, cancer was thought to be caused solely by environmental exposure to toxins such as radium or asbestos. Next, scientists focused on genetics. But it was found that if an identical twin had cancer, there was only a ten to fifteen percent chance the other twin would develop cancer, so genetics wasn't the sole culprit. The truth? **Cancer is really a perfect, terrible, storm.**

Says Dr. Lyerly: "Genetics plays a big part of it, but your exposure to many, many things – the environment, your diet, your hormonal makeup, how many times you've gotten pregnant etc. Genetics loads the gun but the environment pulls the trigger; that's a term that many use".

"You stack on damage and damage and damage and then you eventually get cancer," continues Dr. Lyerly. "One genetic mutation doesn't mean you're going to get cancer. Two, maybe in some rare cases. It takes between four and six genetic mutations within a cell to get a cancer and so the longer you live the more chances you have that mutations could occur."

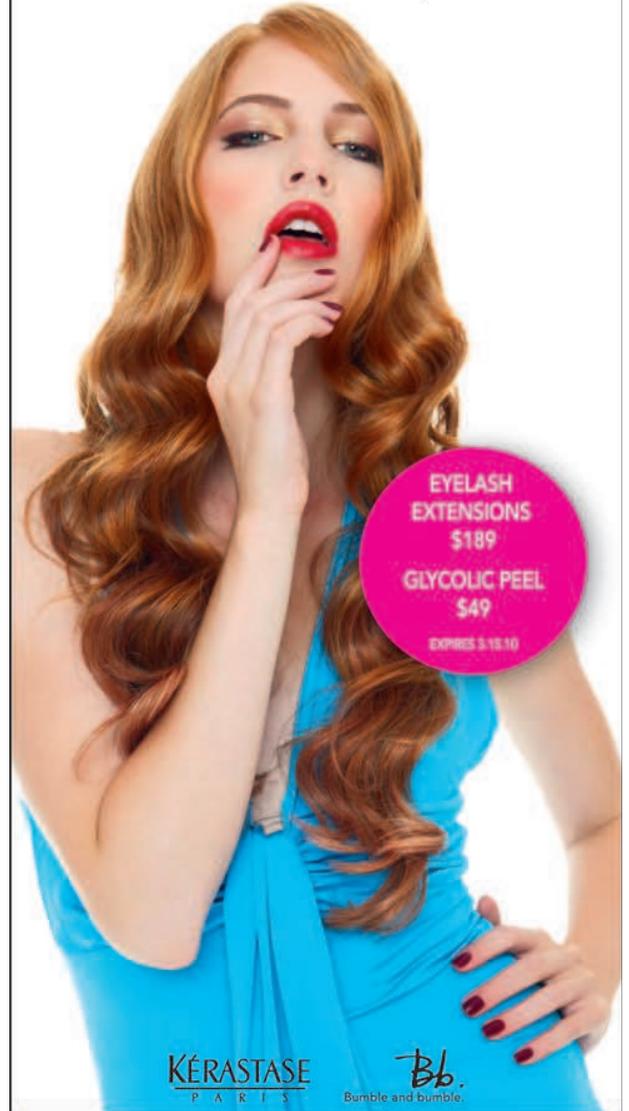
#### BUT WE HAVE SOME QUESTIONS OF OUR OWN.

The truth is, we probably all know someone who has or is battling cancer, or maybe you've battled it yourself. We're curious: When we participate in walks and runs meant to raise money for cancer, where does the money go? Are we really better off now than, say, a decade ago?

You'll find the answers in these pages. *Midtown* talked with some of the finest oncologists in the nation, who explained the most exciting advances and breakthroughs in the past decade. We also share tips for the whole family in coping with a diagnosis. And two local readers share their own journeys about how they've handled tough decisions. Finally, find out what you can do to make a difference. Every bit of effort, time and money helps. We've come so far already.

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# LOOK HOW FAR WE'VE COME

*look where*

Are we better off than we were a decade ago? The answer is a resounding “YES!” Below, the exciting progress we’ve made.

• **TARGETED DRUG THERAPIES:** Over the past decade, scientists discovered certain “signaling pathways” in cancer cells that dictated how cancer cells would grow and change. There are now medicines that will interrupt those pathways and turn off the signals, says Dr. Lyerly of the Duke Comprehensive Cancer Center. Examples of targeted drug therapies on the market today include Herceptin® and Lapatinib® for breast cancers; both target the protein HER2, excreted in some forms of breast cancer. So if your cancer was HER2 positive, one or both of these medications could combat the spread and growth of the cancer cells. Likewise, Gleevec® has been shown to slow cancer cell growth in chronic myeloid leukemia and certain tumors of the stomach and digestive system.

• **VACCINES:** There are two vaccines currently on the market that prevent the infections that lead to cervical cancer: Gardasil® and Cervarix®. That’s good news, according to Dr. Monica Jones, a gynecologic oncologist practicing at WakeMed. “I think the effectiveness of these vaccines has encouraged more research in vaccines for other cancers.” The vaccines have also helped scientists hone in on causation. “We know that 90 percent of cervical cancers are linked to the human papillomavirus,” says Dr. Jones. “Knowing that, it was quite rational to design a vaccine that targeted those specific HPV types.” Dr. Lyerly adds: “We’re finding more viruses all the time that might predispose to cancer and clearly those become really attractive targets for vaccines.”

• **ROBOTICS:** In the past decade, the da Vinci robot has been used to surgically treat cancer in a much less invasive way. “The advantages to the patient are decreased pain, decreased blood loss and a quicker return back to their normal daily functions,” says Dr. Sam N. Chawla, urologist with Wake Specialty Physicians, who practices at WakeMed. The da Vinci is basically a robotic arm that allows surgeons to do laparoscopy both better and easier. “I would say about 80 percent of prostates removed in this country are now done with the da Vinci system. It’s really in the last 10 years taken on the predominance of the market share in terms of how prostates are removed.” The device helps with both sight and flexibility. “You’re able to see vascular structures, lymphatic structures and nerve structures more clearly than you would see without that type of optic,” says Dr. Jones, who uses the device in hysterectomies and other procedures. Dr. Chawla adds: “It gives you a lot of flexibility. It’s like eating with your fingers versus eating with chopsticks.”

• **EVICTING CANCER:** “Not only can you attack your cancer, but you can attack the environment or the niche that your cancer cells live in, and that has proven to be highly effective,” explains Dr. Lyerly. One drug that does just that is Avastin®, which blocks the formation and growth of new blood vessels and is used to combat brain tumors and cancers of the kidney, colon, rectum, lung and breast.