

Headlines

Summer 13

A newsletter for brain tumour patients and their families

MY STORY

By Tegan Carmichael

PEOPLE ARE OFTEN SURPRISED when they find out I have a brain tumour; even more so when I share with them that I am currently undergoing chemotherapy. And this is how I like it. Cancer will not confine me.

As of July 2013, I will complete my 12th and final cycle of chemotherapy. It's been a full year since my neurologist, nurse practitioner and I discovered that my tumour was growing again. This news came as a bit of a shock, but it was nothing I wasn't prepared for.

I was originally diagnosed back in June of 2010 shortly after receiving my undergraduate degree from the University of British Columbia when curiosity more than anything pushed me into the doctor's office to inquire about some "intrusive thoughts" I had been experiencing. I didn't think much of it at the time. I assumed they were mostly stress induced. The doctor on-site was adamant that I have a CT Scan to "rule out the possibility" of it being something serious. Later that evening, I found out it was indeed, something serious.

As the summer passed, I made a plan: I would continue on with my post graduate

travel arrangements to India. On my return, I would take immediate action to have surgery, remove what was possible, and finally have a full understanding of what uninvited mass was growing inside my head.

There are some memories that will always remain clear as day. My experience



in the hospital before and after surgery in April of 2011 is one of them. My neurosurgeon made what I would deem a serious procedure seem rudimentary; everything went as planned and within a few hours I was awake, laughing and dazzled by the experience. From that day forward, things would never be the same.

Cancer has changed not only the course in which I plan to live my life, but

my outlook on life as a whole. This is where cycling and the Ride to Conquer Cancer come into play. How can I not be grateful for the second chance I've been given, for the hair on my head, the air in my lungs and the bike beneath me? Like a long distance ride, you must endure the hardships to make it to the end, and

chemo has been like this for me. Why see pain as pain when all it's doing is making you stronger in the end? I've always been a 'bicycle-junky', but now, through the Ride to Conquer Cancer I've found a way to channel all of that energy in a way that says, 'Cancer, I will out-work you, together we will rise and overcome you. You are mine.'

In the two years that I've been involved in the Ride to Conquer Cancer, I've raised over \$25,000 for the BC Cancer Foundation. It's been the easiest way for me to share my story

with family, friends and co-workers. Also, it enables me to give back to a society that is helping me live my life how I want to. The support is overwhelming.

"Enlightenment does not have to be an internal process. It can come by working in harmony with other like-minded people." That's what the Ride to Conquer Cancer has taught me and I am forever grateful for this.

Nutrition and brain cancer

GOOD NUTRITION IS IMPORTANT for us all, but especially when you are recovering from surgery or undergoing chemotherapy or radiotherapy for a brain tumour. A healthy diet has many advantages. It can help you to:

- maintain your strength, energy and weight
- heal from surgery and other cancer treatments
- have a healthy immune system, so that your body can ward off infections and illness
- cope with treatment side effects

Here are some frequently asked questions:

Which foods should I eat?

The Canada Food Guide offers excellent advice about a healthy diet:

www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php

Side effects of treatments may require some modifications in your usual diet, for example to deal with nausea or alterations in taste.

Will certain vitamins and minerals decrease the chance of my cancer coming back?

There is no evidence that vitamins and/or minerals will prevent a cancer recurrence.

Vitamins and minerals are most readily available to the body through a wide variety of foods rather than nutritional supplements. Talk to your health care team before taking supplements. High doses of vitamin and mineral supplements are not always helpful or safe and may in fact interfere with your cancer treatment.

Does eating or drinking sugar contribute to the growth of brain cancer?

Sugar does not cause brain cancer and it does not contribute to the growth of cancer cells. The brain needs sugar to function effectively, and regulates the amount of sugar it receives. Refined, processed and sweetened foods contribute calories, and can cause weight gain, but offer little in the way of nourishment. It is better to eat a wide variety of nutritious foods than to fill up on sugary "empty calories." If you like sweets, it is as safe for you to eat them as it is for someone who does not have brain cancer.

Are there any foods or diets that will help to cure my brain cancer?

No diet or food has been shown to slow down the growth of brain cancer, cure it, or prevent its recurrence after treatment.

However, a nutritious diet will help you to be as strong and healthy as possible, recover from treatment and keep you in good shape should you need to undergo further treatment in the future.

Will an alkaline diet help me fight my brain tumour?

Alkaline diets are based on the belief that certain foods can affect the acidity of the body's fluids. It is proposed that by making the body's chemistry more alkaline, cancer cells will not grow. In fact, the body has a number of normal regulatory mechanisms to maintain its acid/alkaline balance and this normal balance cannot be altered by diet.

Can the ketogenic diet help?

Ketogenic diets have been used in epilepsy and some metabolic disorders. Normally our bodies run on energy from glucose, which we get from carbohydrates in our food. Tumour cells also require energy from glucose for growth. If glucose is deficient, the body converts fat stored in the liver into energy. By supplying a diet rich in fat with adequate protein, but limited glucose, some have wondered if tumours could be starved. At present, there is insufficient evidence to support this approach for brain cancer and there may be harmful effects from such a diet.

For more information about nutrition, see other issues of Headlines: www.bccancer.bc.ca/PPI/copingwithcancer/pamphlets/brain.htm especially Spring 2007, Fall 2008, Summer 2009, Winter 2009, Spring 2011 and Winter 2012.



American Society of Clinical Oncology (ASCO) meeting 2013

Dr. Brian Thiessen, Neuro-oncologist

THE LARGEST MEDICAL CONFERENCE in the world just wrapped up in Chicago and the Neuro-Oncology section had several high profile studies presented over 3 days. One study, the RTOG 0825 study, was even awarded a plenary talk, which in the oncology world is a big deal.

So what did we learn from these studies? Probably the biggest take-away message was that we are likely doing the right things with our current use of temozolomide and bevacizumab (Avastin®) therapies.

The two studies drawing most of the interest were the AVAglio trial and the RTOG 0825 trial. These international trials were both designed to assess the use of bevacizumab, an anti-angiogenic agent, in combination with the standard radiation and temozolomide chemotherapy used in treating glioblastoma. In both trials all patients received radiation therapy and temozolomide while half the patients received bevacizumab and the other half received placebo infusions. Both studies showed nearly identical results in outcome. The time for tumours to progress was prolonged by 3-4 months with bevacizumab, but the overall survival of patients was not improved with this drug.

Additionally, the effects on patients' symptoms and side effects of treatments (their "quality of life") were presented for both these trials and showed some differences. The RTOG trial showed that patients who continued on bevacizumab had

more symptoms and cognitive effects over time compared to the patients who received placebo infusions. However, the AVAglio trial showed that patients on bevacizumab took a longer time to show worsening quality of life than the patients who didn't receive bevacizumab (that is, those who received the placebo infusion only).

The bottom line seems to be: if your disease progresses your quality of life will be worse, but even if your disease is stable, bevacizumab can also cause side effects over time. There will clearly need to be effort put into identifying patients who are at risk of early progression and who may therefore benefit from earlier use of bevacizumab. In the meantime we will likely continue to use this agent for patients whose tumours grow following initial treatment with radiation and chemotherapy as it can be useful in controlling glioblastoma when it recurs.

Another large trial in low grade tumours also presented some early data. The NCIC CE5 trial, a study that involved BCCA patients, compared early radiotherapy to early temozolomide therapy for enlarging low grade gliomas. The study showed that

there was no real difference in time to tumour progression with either approach. However, those patients with tumours showing 1p/19q chromosome deletions seemed to do better with chemotherapy, and the tumours that were 1p/19q intact fared better with radiotherapy. Since this has been our general approach to treating these tumours at the BCCA, we were pleased to see that the scientific data support that strategy.

The final data for the large CENTRIC trial were also presented at the conference. This study looked at using a new drug called cilengitide, in combination with temozolomide and radiotherapy, for newly diagnosed glioblastoma patients. Unfortunately this study showed no benefit for the drug although it was well tolerated.

As far as future treatments are concerned, there didn't seem to be any sparkling new agents with much effect in malignant gliomas. Hopefully, now that we better understand how to combine and use radiotherapy, temozolomide and bevacizumab, we can look at discovering new agents to add that will improve the effect of these therapies.

For more information about clinical trials see other Headlines newsletters: www.bccancer.bc.ca/PPI/copingwithcancer/pamphlets/brain.htm especially issues Spring 2007 and Spring 2010.



This newsletter is published through the generous support of the BCCA Neuro-oncology Fund. For more information about how you can support enhanced patient care, patient information and brain tumour research, please contact Sharon Kennedy at the BC Cancer Foundation, 604 877 6160 or 1 888 906 2873 or skennedy@bccancer.bc.ca

Editions of *Headlines* are also available as a pdf download at: www.bccancer.bc.ca/PPI/copingwithcancer/specificresources/Neurooncology.htm

If you would like to submit an article, ask a question, or serve on our patient and family editorial board, please contact Rosemary Cashman at rcashman@bccancer.bc.ca or 604 877 6072 (phone) 604 877 6180 (fax).

All content by Rosemary Cashman unless otherwise specified.



BC Cancer Agency

CARE + RESEARCH

An agency of the Provincial Health Services Authority

The Terry Kennerley Award

for contributing to the Brain Tumour Community



Now is your chance to recognize an individual who has made living with a brain tumour a little easier, a little more hopeful, and a little less lonely, for example by:

- Supporting other patients/families
- Promoting public awareness about brain tumours
- Improving health care delivery, or
- Contributing to research

Deadline for Nominations:
September 1, 2013

Terry Kennerley's experience with a brain tumour made him all the more committed to helping others with this disease. He was a source of hope, support, strength and good humour to patients and health care professionals alike. It is in memory of his generous spirit that this award is established.

To nominate, please include:

- 1) The name of the person you are nominating
- 2) A short paragraph explaining why you are nominating this person
- 3) Your name and contact information

(BCCA staff are excluded from receiving this award)

For more information about the Terry Kennerley Award see the BCCA webpage www.bccancer.bc.ca/PPI/TypesofCancer/BrainCentralNervousSystem/terrykennerley.htm or ask your health care providers



Send nominations to:

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