

# Headlines

Winter 10

*A newsletter for brain tumour patients and their families*

## MEDICAL UPDATE

### The "CE.6 Study"

#### **A randomized phase III study of temozolomide and short-course radiation versus short-course radiation alone in the treatment of newly diagnosed glioblastoma multiforme patients**

**A**LTHOUGH THIS CLINICAL TRIAL is familiarly known as the CE.6 study, its official title tells us that it is a randomized phase III study, meaning eligible patients will be randomly assigned (by a computer) to one of two groups: either a group that receives the "standard" therapy for this disease or to a group that receives an experimental treatment. All of these patients will have recently been diagnosed with glioblastoma multiforme, an aggressive grade IV brain tumour, and will be "older," defined in this study as being greater than 65 years of age.

In 2004 a landmark clinical trial found a significant improvement in survival for patients aged 18 to 71 with a diagnosis of glioblastoma who were treated with a combination of radiation and temozolomide chemotherapy, compared to patients who received the standard treatment at that time, radiation therapy alone. Older patients typically do not respond as well to treatment for this disease as younger patients do; specifically, their survival is shorter and they tolerate

radiation less well. However, evidence suggests that some older patients may benefit from aggressive treatment. The CE.6 study, currently underway at the BCCA, will test whether older patients have better outcomes from a short course (3 weeks) of radiation alone, or the combination of radiation and temozolomide chemotherapy for 3 weeks, with a month's rest, followed by temozolomide chemotherapy given for 5 consecutive days of each monthly cycle until the tumour shows signs of growth. The study investigators are interested in establishing which treatment strategy is better at controlling the disease, but also which strategy contributes to better quality of life. The goal is to treat the disease as effectively as possible with as few side effects as possible.

In addition to determining the overall survival of patients in each treatment group and the amount of time patients' tumours remain stable with no new growth, this study will ask oncologists to assess how well patients' symptoms

such as headache, weakness, and problems with speech and vision are controlled. It will also ask patients to complete questionnaires related to their own assessments of their physical, psychological and social well-being.

Laboratory tests will be conducted on tumour samples of enrolled patients to identify a relationship between response to treatment and the status of specific molecular markers of the disease, such as certain proteins, including the DNA repair gene MGMT and the tumour suppressor gene p53. So this study will provide information about how to best treat this group of patients, and it will also help us to better understand the biology of brain tumours.

For more information about clinical trials, see the following link: [www.bccancer.bc.ca/PPI/RecommendedLinks/treatment/clinical+\\_trials.htm](http://www.bccancer.bc.ca/PPI/RecommendedLinks/treatment/clinical+_trials.htm) and the Spring 2007 issue of Headlines: [www.bccancer.bc.ca/NR/rdonlyres/41981E57-778D-4E85-82E2-58D8EE5C16D8/21890/HeadlinesSpring07.pdf](http://www.bccancer.bc.ca/NR/rdonlyres/41981E57-778D-4E85-82E2-58D8EE5C16D8/21890/HeadlinesSpring07.pdf)

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# Healthy eating for brain cancer patients

By Karen Jung

**W**HEN YOUR LOVED ONE is diagnosed with cancer some lifestyle changes, including eating habits, may be necessary for the long journey ahead together. Caring for a family member or close friend diagnosed with brain cancer can be a challenging, as well as a rewarding experience. Some brain tumour patients may need to rely on others for help, even with day-to-day activities, due to the side effects of cancer treatments or changes in health. A nutritious diet can minimize treatment side effects, including nausea, changes in weight and constipation, and can assist with recovery from cancer treatments. Providing good nutrition to someone you love plays an important role in his or her therapy.

Chemotherapy may affect an individual's appetite and taste for certain foods. So the challenge is to prepare meals that provide optimal nutrition, but are palatable despite these changes. Cooking meals at home allows for control over the quality of ingredients as well as the amount of fat, sodium, sugar and calories, while taking into account personal preferences and tastes.

It is important to enjoy a variety of foods every day from the five food groups: vegetables and fruits; grains; milk and dairy products; meat and alternatives; and oils and fats. Generally it's advisable to limit the amount of fat, salt and red meat in one's diet. Other foods, such as fruits and vegetables, nuts, grains, fish and some dairy products may play a role in cancer prevention and offer a variety of vitamins, minerals, fibre and calcium. Furthermore, these foods can keep cells and bones healthy. Fruits, vegetables and grains are natural laxatives and can ease constipation problems.

Through my own experience as a caregiver to family members diagnosed with cancer, here are some tips that I

found helpful and may contribute to your loved one's comfort and well-being during meals.

- Adjust lighting in room on bright and overcast days for those with light sensitivity and impaired vision. Ensure adequate room lighting at meal times so the deep colours of foods like green vegetables can be seen clearly on the plate.
- Close the kitchen door when cooking and wait for food to cool slightly before serving, especially when hot or strong food smells could initiate nausea and dampen appetite.
- Use colourful plates (like medium blue) with a non-glossy finish for glare reduction, to boost morale and to expose the full colours of foods such as dark green and orange vegetables.
- Place the plate of food closer to the strong side of the body. With vision changes, some assistance with plate rotation during eating may be helpful.
- Use only necessary utensils at meal times to avoid clutter and promote food as the primary focus.
- Include high-energy foods (like dried and fresh fruit); high-protein foods (like meat, eggs and tofu); high-fibre foods (like whole grains and nuts); and potassium-rich foods (like apricots, bananas and raisins) for meals and snacks on days when appetite or activity is decreased to ensure adequate nutrition for normal function.
- Incorporate calcium-enriched foods (such as milk, yogurt and calcium fortified orange juice) to counteract the reduced bone density associated with steroid medications.
- Avoid placing garnishes on the plate because it can make food portions larger in appearance to those with a challenged appetite.
- Make sure that a cup of water is available during meals to help with food digestion and/or swallowing, and provide a straw as necessary.

- Serve fresh fruit chunks and salads.
- Offer back-up food choices and selections for occasional changes in food tastes.
- Cook a special meal or serve a favourite snack on a celebratory occasion.
- Enjoy your time together by sharing meals, talking and laughing. Soft music in the background can provide a relaxing and warm atmosphere.

For more information about healthy eating see:

The Canada Food Guide

[www.hc-sc.gc.ca/fn-an/food-guide-](http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php)

[aliment/index-eng.php](http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php)

Coping with Cancer – Nutritional Support

[www.bccancer.bc.ca/PPI/copingwithcancer/](http://www.bccancer.bc.ca/PPI/copingwithcancer/nutrition/default.htm)

[nutrition/default.htm](http://www.bccancer.bc.ca/PPI/copingwithcancer/nutrition/default.htm)

Coping with Cancer – Nutrition Pamphlets & Handouts

[www.bccancer.bc.ca/PPI/copingwithcancer/](http://www.bccancer.bc.ca/PPI/copingwithcancer/specificresources/Nutrition.htm)

[specificresources/Nutrition.htm](http://www.bccancer.bc.ca/PPI/copingwithcancer/specificresources/Nutrition.htm)

Recommended Websites – Coping with Cancer – Nutrition

[www.bccancer.bc.ca/PPI/Recommended](http://www.bccancer.bc.ca/PPI/RecommendedLinks/coping/nutrition.htm)

[Links/coping/nutrition.htm](http://www.bccancer.bc.ca/PPI/RecommendedLinks/coping/nutrition.htm)

Recommended Websites – Prevention – Nutrition

[www.bccancer.bc.ca/PPI/Recommended](http://www.bccancer.bc.ca/PPI/RecommendedLinks/causesprevention/nutrition.htm)

[Links/causesprevention/nutrition.htm](http://www.bccancer.bc.ca/PPI/RecommendedLinks/causesprevention/nutrition.htm)

BCCA Library Catalogue – Popular topics – Nutrition & Diet

[bccca.andornot.com/topics.htm](http://bccca.andornot.com/topics.htm)

*Karen Jung is the author of Healthier Eating and Living with Cancer. With over 20 years of health care experience, she served for 12 years as Director of Human Resources in hospitals in British Columbia, Canada*

This book, and many others, are available to borrow from the BCCA Library and other libraries

[www.bccancer.bc.ca/PPI/library/default.htm](http://www.bccancer.bc.ca/PPI/library/default.htm)

## Blueberry Cornmeal Pancakes

*After cancer treatments, my husband Jeff enjoyed these great-tasting pancakes. They are a healthy way to start your day. Leftover pancakes can be stored in an airtight container in the refrigerator for up to 2 days. They can be reheated in the microwave.*



- 1 cup all-purpose flour
- 2 ¼ tablespoons cornmeal
- 1 tablespoon white granulated sugar
- 1 teaspoon baking powder
- ½ teaspoon baking soda
- dash of salt
- dash of ground nutmeg
- 1 large egg, beaten
- 1 cup skim milk mixed with 1 tablespoon white vinegar – let stand for 5 minutes
- 2 tablespoons canola oil
- 1 ¼ cups frozen blueberries
- Pure maple syrup

1. Combine the first seven ingredients in a large mixing bowl.
2. Add eggs, sour milk, oil and blueberries. Stir until just moistened and batter is still lumpy.
3. Pour ¼ of batter into 7 ½-inch skillet. Cook over medium heat for 3 to 4 minutes on each side until golden. Flip pancake over with a spatula when bubbly and edges are almost dry.
4. Serve pancakes with maple syrup.

Recipe obtained with permission from Karen Jung, author of *Healthier Eating and Living with Cancer*. For more information about this book, visit

[www.granvilleislandpublishing.com/our\\_titles/cooking/#healthier\\_eating](http://www.granvilleislandpublishing.com/our_titles/cooking/#healthier_eating)

Also available to borrow from the BCCA Library

[www.bccancer.bc.ca/PPI/library/default.htm](http://www.bccancer.bc.ca/PPI/library/default.htm)

**Q** My partner finished his treatment and the news was good – no cancer seen on his most recent brain MRI. Instead of celebrating and feeling happy about this, he seems withdrawn and angry. He doesn't want to talk about it and spends his days sleeping or watching television. Is this a side effect of radiation and chemo, or related to the tumour, or is it just mood?

**A** Radiation and chemotherapy can definitely make a person tired, so he may just not have the energy to do very much these days. Fatigue following treatment may continue for some time after the therapy ends. Depending on the location of the tumour, the disease may also have an effect on his personality and motivation. However, depression is a common problem in people living with brain tumors, affecting about 15-40% of individuals living with this disease. There is a difference between depression and normal sadness.

Sadness is a normal, healthy part of living and, if we can learn to work graciously with it, it has much to offer us. Sadness can help us to notice that something in our life is not as we would like it to be. It can also give us the impulse to soothe or nurture ourselves in a compassionate way when we are feeling weak or in pain. For example, acknowledging our sadness can help us to reach out to trusted loved ones for empathy, understanding, and practical support. Access to our own healthy sadness is particularly helpful in overcoming feelings of guilt that can stop us from taking care of ourselves when we really need to, and this may include resting more when we're tired.

## Question + answer



Where normal sadness allows us to slow down, to check inside, and then to nurture ourselves, depression is like a black cloth that covers our lives and may isolate us from others by trapping us inside feelings of pain and hopelessness.

If you or your loved one is struggling with feelings of intense sadness or depression, professional counseling can be very helpful. The earlier you seek help, the more likely you are to prevent normal sadness from overwhelming you, and to heal successfully from depression.

Counseling for patients and their families is available through the Patient and Family Counselling office at your cancer agency (see phone number below).

This includes long-distance

counseling that can even be offered to patients and/or their loved ones over the telephone. There are also online resources that can be very helpful (for example, see [www.comh.ca/antidepressant-skills/adult/workbook/](http://www.comh.ca/antidepressant-skills/adult/workbook/)) and [www.bccancer.bc.ca/PPI/copingwithcancer/default.htm](http://www.bccancer.bc.ca/PPI/copingwithcancer/default.htm)). In some cases, medication may also be useful. Clinical depression requires treatment. To help you decide if you or your loved one may be depressed, ask the following questions: **Over the last 2 weeks, have you been experiencing at least 1 of the symptoms in box A along with any of the symptoms in box B?**

### Box A

- Depressed mood most of the day, nearly every day and/or
- Marked loss of interest or pleasure in activities which used to give you pleasure for most of the day, nearly every day

### Box B

- Significant weight loss or gain
- Insomnia (usually early morning awakening rather than inability to fall asleep) or sleeping too much
- Feelings of either apathy or agitation
- No energy
- Feelings of worthlessness and/or guilt
- Inability to concentrate or make decisions
- Recurrent thoughts of death or suicide \*

**If you are having suicidal thoughts, even if no other symptoms are present, either:**

- 1) call the Crisis Line (BC wide toll free number at 1.800.784.2433)**
- 2) speak to your doctor or**
- 3) call the Patient and Family Counselling Office:**

**Centre for the Southern Interior -** 250.712.3963 or Toll free 1.888.563.7773

**Fraser Valley Centre -** 604.930.4000 or Toll free: 1.800.523.2885

**Vancouver Centre -** 604.877.6000, extension 2194 or Toll free: 1.800.663.3333, extension 2194

**Vancouver Island Centre -** 250.519.5525 or Toll free: 1.800.670.3322

**Abbotsford Centre -** 604.851.4733 or Toll free 1.877.547.3777, extension 644733

*By Douglas Ozier,  
Registered Clinical Counsellor*

Editions of *Headlines* are also available as a pdf download at:

[www.bccancer.bc.ca/PPI/copingwithcancer/specificresources/Neurooncology.htm](http://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 advisory board, please contact Rosemary Cashman at [rcashman@bccancer.bc.ca](mailto:rcashman@bccancer.bc.ca) or 604 877 6072 (phone) 604 877 6215 (fax).

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