

# University of Chicago Cancer Research Center

## *In the News: Our Members in the Media*

The University of Chicago Cancer Research Center (UCCRC) publishes this newsletter periodically to provide its members, University of Chicago Cancer Research Foundation members, and other associates with informative articles or press releases regarding cancer and research by our members. If you wish to include a media story in the next issue, please e-mail us at [pbutera@medicine.bsd.uchicago.edu](mailto:pbutera@medicine.bsd.uchicago.edu).

FEBRUARY 27, 2009

## ***Cancer Patients Facing Costly Treatment Can Benefit From Frank Talk With Doctors***

Los Angeles Times  
February 16, 2009

"So how much for that surgery to remove my breast and possibly save my life?" Cancer patients seldom ask that or other cost-related treatment questions in an oncologist's office. And, even if they did, many oncologists wouldn't know the answer or would want to separate treatment from expenses.

But a study released earlier this month found that even cancer patients who have health insurance are seeing their expenses mount as deductibles and cost-sharing continue to rise each year. And an earlier study found that about half of all personal bankruptcies are the result of heavy medical debt -- most declared by people with insurance. For those with no insurance, the situation is much more dire.

Such trends are pushing patients, doctors and oncology support staff to talk frankly about costs, make some treatment decisions with expenses in mind and look for government, national, and community organizations that may be able to help with some expenses. A Harvard School of Public Health survey two years ago found that 22 percent of cancer patients with health insurance used up most or all of their savings on cancer-related costs; 5 percent decided to forgo some care because of costs.

"Recent research shows that the cost of cancer care is increasing at a rate of 15 percent per year -- nearly three times the rate of increase of overall healthcare costs in the country," says Richard Schilsky, MD, President of the American Society of Clinical Oncology (ASCO), and an oncologist at the University of Chicago Medical Center. "In addition," he says, "the



**Maria D'Acosta, 59, and her daughter Paola Campos-D'Acosta, 30, are currently undergoing treatment for breast cancer.**

newest cancer drugs can cost thousands of dollars per month of treatment, and many families report problems paying their cancer care bills."

ASCO recently released an online guide to managing cancer expenses. The guide includes a glossary of cost terminology (such as "co-pay" and "out of network care"), recommended cost-related questions (such as "If I cannot afford this treatment plan, can I consider other treatment options that don't cost as much?" and "Are there ways to change my treatment schedule, if necessary, to work around my job or child care?") and links to organizations that may be able to help with expenses.

### **Doctors shy from topic**

Neal Meropol, an oncologist at the Fox Chase Cancer Center in Phila-

delphia who helped produce the online guide, says he'd like to see physicians begin to weave cost into their knowledge of cancer care while in medical school. If that happens, it could be a boon to patients. A survey of just over 160 oncologists, published two years ago in the *Journal of Clinical Oncology*, found that 31 percent felt uncomfortable discussing costs with patients, 42 percent said they always discuss treatment cost, 32 percent said they sometimes did and 26 percent said they rarely or never broached the subject with patients.

The growing need for frank conversations about the high cost of

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## ***Cancer Patients Facing Costly Treatment Can Benefit From Frank Talk With Doctors (Continued)***

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cancer care was underscored by the report published in early February by the Kaiser Family Foundation, a non-profit health research group based in Menlo Park, Calif., and the American Cancer Society. The report found that even cancer patients who have insurance can find themselves bearing costs that are difficult to pay off.

Thomas Olszewski, 62, of Graham, Texas, was treated for prostate cancer in 1999 and needs yearly tests so that any recurrence can be detected early. But his insurance comes with an annual \$3,750 deductible, and he still owes \$500 from his last checkup. He now has his cancer checkups every other year, instead of annually. "I am afraid to go to the doctor," Olszewski says, "because I never know how much it will cost me."

Richard Schilsky, MD, an oncologist at the University of Chicago Medical Center, says that, difficult as it is, some patient-doctor conversations should include whether the patient wants to continue care that could be a long shot and leave patients or their families saddled with debt -- particularly when the prognosis is poor and many treatment options have already been exhausted.

"The decision is up to the patient, but the doctor should facilitate that conversation. We treat whole patients, not just an isolated cancer," Schilsky says.

### **Resources are available**

Arash Naeim, head of the geriatric oncology program at UCLA Medical Center, says he hopes that by having the physician bring up cost, patients will feel more comfortable discussing their needs and concerns. Doctors can then refer patients to financial and social work staff to see if resources might be available or if a payment plan can be worked out. Paying at least something regularly shows good faith that could garner added assistance from the billing office.

Jamie Drzewicki, 58, of Pembroke Pines, Fla., who was diagnosed with breast cancer more than two years ago, reached her annual health insurance limit of \$100,000 a few months after her diagnosis and ended up owing over \$75,000 for her treatment. She paid at least something regularly and, though she still owes \$30,000, the hospital recently forgave \$40,000 of the debt.

Diane Blum, head of CancerCare, a national social service agency that offers counseling and financial assistance for cancer patients, says financial assistance from CancerCare and other agencies can be based on a patient's income as well as availability of funds. Some agencies have funds that cover a particular cancer, but stop giving out money once that allotment is used up. If that's the case, patients can apply to other agencies, and reapply to the closed fund the following year.

Blum and others also suggest that cancer patients cede the financial quests, at least at first, to a trusted friend or family member as they take in the news about the cancer and begin treatment.

"There is no guarantee of assistance, especially now, when so many people are losing their jobs and their insurance. Many will likely need help with costs," Blum says, "But it can't hurt to try."

Just ask Maria D'Acosta, 59, of Carlsbad (CA) and her daughter, Paola Campos-D'Acosta, 30. Campos-D'Acosta left her job with a temporary employment agency in New York City after being diagnosed with breast cancer last summer. She had no insurance when doctors told her she'd need a mastectomy and chemotherapy to treat the Stage 3B cancer, and is now \$100,000 in debt.

### **Help for mom, daughter**

Social workers at Harlem Hospital, the city hospital where she had a mastectomy, recommended applying to Medicaid in New York state to cover her bills retroactively, and a friend referred her to the Ralph Lauren Center

for Cancer Treatment and Prevention, affiliated with Memorial-Sloan Kettering Medical Center in New York City.

Just before coming to New York to look after her daughter, D'Acosta felt a lump in her own breast and mentioned it to her daughter's doctors. They insisted she have a biopsy, which showed the lump to be malignant. D'Acosta, who closed her interior design business last year, had dropped her insurance some months before, as business dwindled.

Now, she too is getting her care at the Ralph Lauren Center for low-income women, where both women pay a \$50 co-pay for doctor visits, with costs mounting. Family and friends are helping out.

But one concern they don't have, in a city filled with studios renting at \$2,000 or more per month, is how to pay for their living space.

The women have been living in two cozy rooms near New York's famed Penn Station, free of charge, since November. They're at the American Cancer Society's Hope Lodge, where cancer patients referred by their medical team can stay, first come, first served, for as long as treatment is ongoing. In addition to private rooms, the lodge offers communal kitchens, computer rooms, open areas, meditation rooms and even cooked dinners a few times a week.

"The cancer, that's a shock," D'Acosta says, "but we're blessed to be living in this place while we get our care."

Don't assume your income is too high to ask for help, says David Knowlton, a board member of the Healthwell Foundation, based in Gaithersburg, Md., which provides financial assistance for insurance premiums and co-pays for patients with many different conditions. Knowlton says grants might even be made to families with a yearly income of \$80,000 or higher, depending on family size and other circumstances.

"This is a tough time for too many people," Knowlton says, "and funds are trying to help as much as they can."

# ***New Research Offers Hope: Early Diagnosis of Pancreatic Cancer***

**Chicago Tribune  
February 23, 2009**

By the time doctors find pancreatic cancer, it's almost always too late. Hidden from the sight of most screening techniques and asymptomatic until the late stages, the disease is rarely diagnosed early enough for any intervention to save a person's life.

That stark fact explains why pancreatic cancer is the fourth-deadliest type in the United States, despite not even appearing in the top 10 most common cancers.

"It's more aggressive in terms of mortality than any of the solid tumors," said Dr. Michelle Anderson, a gastroenterologist at the University of Michigan. "Everybody dies from it, even people caught at an early stage."

But a team of researchers at Northwestern University and NorthShore University HealthSystem may have found a way to spot cancer in the pancreas before it even begins. Vadim Backman, a biomedical engineer at NU, and his colleagues developed a method of peering into a cell's inner architecture on a nanoscopic level, observing cellular "disorder" building in cells before they become cancerous.

"When we look in a microscope, we see the house of a cell, its roof and walls," Backman said. "When we look with [the new method], we see the individual bricks, and we might find some cracks that tells us the house is going to collapse at some point later."

Currently, a patient's best chance of surviving pancreatic cancer is if doctors find a tumor by accident. In the recent case of Supreme Court Justice Ruth Bader Ginsburg, a follow-up scan based on her history of colon cancer found a 1-centimeter pancreatic tumor, for which she underwent surgery earlier this month.

Doctors occasionally can spot early signs of cancer in cells taken from the pancreas in a biopsy, but limitations of microscopes mean that even this method, known as histology, may not see the cancer forming until too late.

The technique developed by Backman and his team over the last three years, called partial wave spectroscopy or PWS, focuses one-dimensional light inside the cell.

The light waves bounce off intracellular structures and generate a signal researchers can record, allowing the study of cellular structures 10 to 20 times smaller than can be observed with normal microscopes.

When applied to pancreatic cell samples taken from patients previously diagnosed as healthy or cancerous, the method revealed a clear increase in the "architectural disorder" of cells from people who developed cancer.

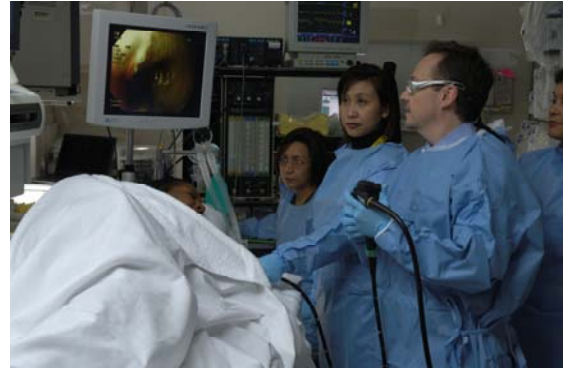
Even more promising, the method detected elevated disorder in cells from six patients who were misdiagnosed as normal but later developed cancer, suggesting that PWS can identify cancer cells earlier and more accurately than the standard method.

"Our thinking right now is that this could be useful in [screening] high-risk patients," such as those with a family history of pancreatic cancer, smokers and heavy drinkers, said Dr. Hemant Roy, Director of Gastroenterology Research at NorthShore and part of the research team.

The technique also has potential to be applied to the detection of other cancers, the researchers and outside observers said. Research published in December by the same team used PWS to detect early colon cancer in animals.

Doctors uninvolved in the newest study expressed enthusiasm about the preliminary results, saying the method could lead to a screening test for pancreatic cancer that is more effective and less expensive than the current best technique, called endoscopic ultrasound.

"If this indeed pans out, with very minimally invasive technology you could be able to detect a pancreatic cancer even at an earlier stage," said



**Irving Waxman, MD (right)**

Irving Waxman, MD, Director of the Center for Endoscopic Research and Therapeutics at the University of Chicago Medical Center. "It would definitely add a significant technology where right now we don't have a very good solution to screening."

The method is one of many technologies scientists are developing to improve the detection of pancreatic cancer, including better imaging techniques and even blood tests that could tip off doctors to developing tumors.

A combination of new techniques could create a suite of screening procedures for pancreatic cancer. Doctors said detecting the disease earlier could bring the death rate for pancreatic cancer in line with those for colon and breast cancers, which have well-established screening tools, doctors said.

"This is why we find this work to be so exciting," Roy said. "If you've spotted it at a very early stage, cancer can be cured."



## **EDITOR'S NOTES:**

*This issue of "In the News" highlights the important contributions our members are making in all phases of cancer research and outreach.*

*In the article on pages 1-2, Richard Schilsky, MD, is quoted on the increasing costs of cancer care, and the importance of communicating with patients about the various treatment options available to them.*

*On page 3, Irving Waxman, MD, is quoted in a news story about a promising research strategy that shows a way to spot pancreatic cancer in its earliest stages.*