



thrive

Resilience

How a melanoma diagnosis gave Judith Hoge the freedom to embrace her artistic side and pursue her passion for pottery.



Also: Exploring the benefits of integrative oncology; navigating career after cancer diagnosis

thrive



THIS ISSUE'S THEME

Sense of Self

A cancer diagnosis changes one's relationship with themselves and their community. Find guidance on how to connect.



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Cover photo by Erica Reist Bass

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Of Note

What exactly is a clinical trial?

How to better understand this vital part of cancer research and clinical care.

The world of clinical trials is complicated, with nuanced parameters, guidelines and outcomes. Here, we break down key facts you need to know:

1. Safety Is the Top Priority

To protect your safety, researchers must go through many steps to prove the treatment or intervention being studied is as safe as possible and might be better than standard treatments. This starts with many years of research in the lab, looking at how the treatment works in cells and animals.

For all clinical trials, the study team develops a detailed plan called a protocol, which explains how the study will work and the possible risks and benefits. The team also must get approval from an Institutional Review Board, or IRB. This group is tasked with protecting people who join studies.

2. Everyone in a Clinical Trial Gets Quality Health Care

There's no guarantee that a study treatment or intervention will benefit the participant. But researchers will offer a study treatment only if they believe the outcome will be at least as good as the standard treatment.

Phase 1 and 2 trials test only the new treatment, which researchers believe might work better or have fewer side effects than standard treatments.

Phase 3 trials often assign people randomly to receive the new treatment or the usual treatment. The study is designed to compare how effective the treatments are.

3. Clinical Trials Help Future Patients

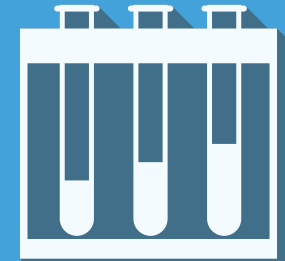
When you join a clinical trial, you help add to our knowledge of the best way to prevent, find and treat cancer.

Many people join clinical trials because they hope the study treatment will help them more than the usual treatment, but it's not guaranteed.

Every clinical trial helps us make progress. Even though researchers expect that the treatment they are testing will be better, clinical trials are necessary to prove that.

Resources

Learn more about clinical trials at rogelcancercenter.org/clinical-trials



4. Being in a Clinical Trial Is Your Choice

Only you can decide if you want to participate in a clinical trial. Your doctor and research team can help you understand your options and answer questions about the study.

› *What happens if I join a clinical trial?*

You will be asked to sign an informed consent, stating that you agree to participate and understand the possible risks, benefits and costs. You can and should ask as many questions as you want and take the time you need to decide.

› *What if I later decide I want out of the study?*

You can withdraw from a clinical trial at any time for any reason. If you decide to withdraw, you can continue to be treated at the Rogel Cancer Center with the best standard therapies available for your type of cancer.

› *What happens if I choose not to be in a clinical trial?*

You will still receive the best possible care for your cancer using standard treatments. You will not disappoint your doctor, even if they encouraged you to join.

5. Clinical Trials Should Not Cost You More

Clinical trials are sponsored by federal agencies like the National Institutes of Health or by private pharmaceutical or biotechnology firms. The costs of the clinical trial and the experimental therapy are covered by that sponsor.

Your insurance plan will usually cover the cost of tests and procedures that are part of standard medical care.

Before deciding to participate in a clinical trial, it is important to know exactly what will be covered by the trial's sponsor. Ask your doctor or the research team and check with your insurance company before you agree to volunteer.

6. Diversity Makes Clinical Trials Better

We need all types of people to enroll in clinical trials: young, old, all races and ethnicities. This is the only way we can make progress for all patients.

Anyone can develop cancer. Having a diverse group of participants helps us learn whether something works for all patients or just some. This is how we improve care for everyone. ☑



Integrating Hope

Suzanna M. Zick, co-director of Integrative Family Medicine at U-M, on the benefits of integrative oncology in cancer care.

By Eric Olsen

Integrative oncology is a holistic approach to medicine that has steadily gained prominence among the medical community in their approach to cancer treatment. This methodology uses complementary healing therapies and treatments such as yoga, meditation and acupressure, alongside conventional therapies like surgery, radiation and chemotherapy. Practitioners of integrative oncology bring a holistic, evidence-informed approach that centers people with cancer in the treatment process.

Suzanna M. Zick, N.D., professor of family medicine and nutritional sciences at the University of Michigan, is a national leader in integrative oncology. She explains the approach.

What is integrative oncology?

Simply put, integrative oncology combines evidence-based approaches that include both what we would consider conventional treatments, along with things that have traditionally been thought of as complementary, like acupuncture and acupressure, yoga, mindfulness practices, Tai Chi and Chi Gong. Diet and physical activity also fall under those rubrics and, where appropriate, certain dietary supplements.

When you have a care provider who understands the evidence base for both approaches, they can help in shared decision-making throughout the cancer continuum of care. Integrative oncology really emphasizes patient-centered care and helping a person with cancer, and their family and loved ones, make the best decisions possible.

How is mindfulness used in treatment?

Mindfulness-based practices encompass therapies such as mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT). These therapies are often used to help patients with anxiety, stress, depression, fatigue and pain management.

Mindfulness practices help patients take an integral role in their own treatment path, and we've seen some of the strongest evidence for efficacy of mindfulness practices among cancer populations.

How about dietary supplements?

Dietary supplements get talked about a lot, but so far there isn't much evidence around them. However, some supplements have high quality evidence supporting their use in people diagnosed with cancer and a few dietary supplements have enough evidence to be included in clinical guidelines for cancer care.

For example, lavender essential oil has been tested in several clinical trials and is being used in general patient populations to help with sleep and anxiety. It's also been helpful for cancer patients in treating anxiety surrounding procedures. Another supplement is injectable mistletoe, which has risen to be included in guidelines for its effects on improving quality of life in people with cancer.

As we see the results of more research in this area, we'll likely see an increase in the potential use of supplements and when not to use them.

There has been a lot of discussion in recent years that certain types of diets can be treatment strategies, that food can be medicine. What is the role of diet in integrative oncology?

There are several clinical guidelines for people with cancer about the evidence for diet and its effect on cancer. These guidelines are what most of us in integrative oncology recommend, specifically the focus on a plant-based diet emphasizing a variety of fruits and vegetables, nuts, seeds, whole grains and healthy proteins. They're not explicitly advocating for a vegetarian or vegan diet, but they are saying most of a person's diet should be plant-based. There's also guidance for the amount of sugar and red meat people with cancer should eat. An integrative oncology provider and oncology nutritionist can help to individualize these recommendations based on personal preferences.

We have a very negative diet culture here in the U.S., and there are stigmas, hopes and fears that can really push people to try more extreme diets. Diet is a way for patients to feel empowered and sometimes people with cancer or their loved ones can go a little overboard for a lot of very well-intentioned reasons. But most of my integrative oncology colleagues say, "Let's see how we can make this diet work, no matter what it is, as varied and healthy as possible." Balance is important.

What are some of the other benefits you see in integrative oncology?

Integrative oncology is extremely strong in symptom control. That's where the bulk of our science is, both during active treatment, in the survivorship stage, and during end-of-life care. If we can work with a person to minimize symptoms such as fatigue or pain, their cancer journey has a greater likelihood of having a higher quality of life and lower symptom burden.

Integrative oncology also gives patients a feeling of being more involved, more in control of their treatment. We've been taught in integrative oncology that we will do our utmost to educate in a way that is appropriate for where that person's at.

All of this really ties back to the philosophical model for integrative oncology and its emphasis on teams of care, shared decision-making and patient-centered care.

Patients want to be heard, and we listen. 🗣️

Resources



To learn more about integrative oncology, visit integrativeonc.org. Scan this QR code for more information about resources at Rogel, including integrative oncology guidelines and complementary support services.

Melanoma upended Judith Hoge's lifestyle. It also gave her the freedom to embrace her artistic side and pursue her passion for pottery.

At the Wheel

By Anna Megdell

Photos by Erica Reist Bass

It started with a mole the size of a penny. In 2019, Judith Hoge told her doctor about a spot on her right leg that had been there as long as she could remember. "I wasn't even worried about it," Judith says. A few days later, after removing the mole and sending it to pathology, the doctor called. The mole had come back positive for melanoma.

The first surgery removed the mole and a surrounding lymph node. Under the care of Leslie Fecher, M.D., at the Rogel Cancer Center's Melanoma Oncology Clinic, Judith continued to monitor the disease with scans every four to six months. Two years later, Judith discovered a lump in her right groin. A biopsy revealed a large metastasis. She underwent surgery to remove the cancer and all the lymph nodes from her right groin and abdomen and started oral therapy.

"I'm telling you, that recovery was tough," Judith, 58, says, shaking her head. "I used to be very active. I'd workout three hours a day, I'd spin and do hot yoga."

But after the surgery, Judith couldn't walk and dealt with intense pain for months. "I felt like I was drowning," she says. "That's when I went full art." ↔



2 Quart
3 1/2 Pint
3 Pint
2 1/2 Pint
1 Quart
MEASURING
2 1/2 PINT

Finding Shore

Judith is an artist. She's been making pottery on-and-off since the mid-1980s back in Argentina where she grew up. When she moved to the United States in 2002, art was pushed to the background of her life, replaced with working, learning English and trying to survive in a new country. She'd take the bus from her apartment in Detroit to work in Madison Heights, a two-hour ride. On the way, she'd pass art galleries on Woodward Avenue and stare longingly at exhibits at the Detroit Artists Market. "I thought, someday, maybe, who knows, I could do that."

Judith, who now lives in New Boston, Michigan, rediscovered pottery in 2015 but couldn't take it as seriously as she wanted because of her job in retail. "I had all this creativity I couldn't express," she says.

As part of her recovery from surgery, Judith used resources from Rogel's Patient and Family Support Services. "I grabbed for whatever I could to keep my head out of water. Therapy, art therapy, support groups."

During a session with art therapist Sandra Drabant, Judith shared some of her pottery pieces. Drabant encouraged her to apply to the Voices Art Gallery to have her work featured in an exhibit at the University Hospital. "Judith has passion, drive, determination and grit. Whenever she spoke about her pottery, her face and voice lit up," Drabant says. "Her pots were so unique but also familiar at the same time—they were elegant and distinct. I knew they needed to be shared with the wider community."

When Judith's work was accepted to the Voices Art Gallery, she started to apply to more exhibits, and her work kept getting in.

"It was amazing," Judith says, beaming. "I started to completely focus on pottery to deal with everything. I was doing awesome. I thought, 'Yes, I can beat this.' I felt like I was swimming to shore with the help of Sandra and the support group. I thought, 'I'm almost there.'"

Reimagining Here

In September 2023, Judith began experiencing persistent headaches that at first were attributed to new glasses and stress over an upcoming pottery show. Her doctors ordered an MRI to rule out anything concerning — an MRI that revealed a large metastasis. "She went to the doctor Wednesday, had an MRI Saturday, and had brain surgery the following Thursday," her husband, Ron, explains.

"The thing is, I wasn't scared about the brain surgery," Judith says. "It all went so fast, I didn't have time to think. And compared to the removal



of my lymph nodes, it was nothing." Judith was also focused on preparing for several art shows that fall. "Just three weeks after my surgery, I was going to the studio almost every day, trying to make inventory for those shows."

Along with radiation, Judith started receiving monthly immune therapy infusions and carried on with her art shows. Just one week after the last exhibit, in December 2023, after intense dizziness,

Judith does ceramics at Yourist Pottery Studio in Ann Arbor. Judith is pictured above with friends and her husband, Ron, at the studio.

another MRI revealed a small inoperable brain tumor that was treated with radiation. "And here I am!" Judith says, laughing. "I am fully functioning. I am still here."

To Judith, *here* means traveling with Ron, meditating daily while pumping the lymphatic fluid from her leg, finding safe ways to move her body, dancing and spending time with friends.

Since the removal of her lymph nodes, Judith will have lymphedema for the rest of her life. To manage those symptoms, she wears a compression garment and uses a pump for an hour twice a day. "They told me that if I don't take care of it, the lymphedema will be progressive and I could lose my leg. I'm keeping up."

Soon after the surgery to remove her lymph nodes, Judith and Ron traveled to the Dominican Republic. Because of the change in pressure during the flight, Hoge's leg swelled "like a balloon" when they arrived at the resort. "But that didn't stop me," she says. "I was on vacation. I wasn't going to sit in the hotel room." Judith pauses, shakes her head. "I have to wear a compression garment that covers one and a half of my legs, every day. I thought I couldn't wear shorts or skirts. I didn't want people to look at me. But on that vacation, I said to myself, 'Stop. Nothing has changed inside of you.' This is me now, and this is going to be me. It might seem shallow, but it took time to adjust to my new life."

Since that first vacation, the couple travel regularly, and have learned ways to manage lymphedema flares, including wrapping Judith's leg before a flight and pumping immediately after. "Then we're off to the races," Ron says. "We made a choice that we weren't going to let cancer eliminate the things from our lives that we love to do together but we do accept that they're going to look different. For example, hikes might be shorter or take more time than usual, but we're still going to hike."

'Dreams Come True in Weird Ways'

Here also means pottery. Lots and lots of pottery. "When I make art, everything goes away," Hoge says. "It's just me and the pottery, me and the wheel. I feel free of everything. Pottery saved my life."

In August 2023, Judith submitted her art to the Detroit Artists Market, the same gallery she'd pass on her bus ride to work over 20 years ago. "I got in," she says. Months later, she volunteered to help decorate the gallery for Christmas. "I was hanging decorations and saw the buses go by on Woodward. I realized, 'Oh my gosh, my dream came true.'"

Since those art therapy sessions years ago, Judith now regularly submits her pottery to shows across



the country, and has no intention of stopping. "I was reflecting on my journey recently, and am so thankful to Sandra. She was the one who started this madness," Judith says, laughing. "She encouraged me to apply everywhere and gave me all this confidence. She saw that I had something inside me. If I wouldn't have had cancer, I wouldn't have met Sandra. Cancer woke me up to the reality that most of my dreams have come true. Sometimes your dreams come true in weird ways."

Judith is quick to clarify that she's not talking about a silver lining. Cancer turned her life upside down and took her "to another dimension," and she continues to live with its reality every day. But the connections made in the cancer support group and meaning found in art have showed Judith that she's stronger than she thought. "I'm still here," she says again. "I survived brain surgery. I'm still healing, but, what the heck, I am strong. I've learned how to love and accept myself. I've discovered I can go through things I never thought I could."

At the studio, Judith embraces the wheel with expertise and a steady focus. She chats with friends and marvels at their creations. She dusts off her work on display, proudly. She talks about future projects, about pieces sold at a recent show. She laughs that the universe is on her side as she creates a perfectly balanced bowl from a wet block of clay. She is here. ☑

Resources



To learn more about art therapy services at Rogel, contact the Art Therapy Program at 877-907-0859. For more information about other complementary therapies and programs through Patient Family Support Services, scan this QR code.

A cancer diagnosis invariably impacts a person's work life. Three people receiving cancer treatment at Rogel discuss how they dealt with work-treatment balance in times of uncertainty, how they adjust when plans change dramatically and how the flexibility of remote work can make all the difference.



By Katie Vloet

When Jim Savage received one of his many cancer diagnoses, he thought: What does this mean for the massive greenhouse project I'm leading for my company, and what about my family and my wife, Cindy? Heather Seyfarth's diagnosis led to a plan for how she could work while receiving cancer treatments—plans she then had to change when immunotherapy took a heavy toll on her body. Melinda Fabry has continued to work, thanks to video meetings and understanding bosses, as well as short drives to radiation treatments.

Cancer touches every part of a person's life, and the workplace can be a source of comfort, a stressor, or anywhere in between. Three people who are receiving treatment at the Rogel Cancer Center talk about their choices and plans—and what happened when some decisions about work were out of their control. ➔

Extra Innings for a Workaholic

JIM SAVAGE has nearly died three times—and was given last rites on two of those occasions. “You’re an enigma,” his lead oncologist has told him, with wonder at all he has survived.

“You’re in extra innings, Jim,” another member of his care team tells him.

They’re right, Jim knows. He is grateful to still be alive, but he wishes for something more: he wants to return to family and work. “I don’t know how to relax. I don’t know how not to work,” he says.

Jim founded a company called U.S. Organics in 2019 and was in the process of planning for what would be the largest continuous greenhouse in the United States—62 acres under one roof near Kansas City, Kansas.

“Then, three years ago, I started getting dizzy on the job. I was working two jobs, at an electric company to facilitate projects and at the greenhouse,” Jim recalls. “I noticed myself getting real dizzy. That started the dominos.”

He has now had two melanomas, throat cancer, non-Hodgkin's lymphoma and a softball-sized tumor in his pelvis caused by the metastasizing of his lymphoma. “It’s been a tough road,” says Jim, 66. “I’d be lying if I said it wasn’t; and if not for God, my sister Karen, support of Cindy and my family, I wouldn’t have it.”

When he could no longer work full time, investors withdrew from the greenhouse project. “Investors get real squeamish about that. I don’t blame them,” he says. He had not trained a replacement and was the only person who knew all facets of the project, so the greenhouse project was placed on hold indefinitely.

In the early phase of his treatments, Jim and Cindy were living in the Dallas-Fort Worth area. He was receiving good care, he said, but his health continued to deteriorate, leaving him unable to walk at one point. The Metro Detroit native spoke with some friends who had received treatment at the Rogel Cancer Center.

“They said I should come here, and I knew U-M could do everything, A to Z,” Jim says. He moved



north, lived for a while with his sister Karen and now lives on his own in an apartment 10 minutes from Michigan Medicine's main campus. His wife has remained in Texas to care for her ailing mother.

Prior to founding U.S. Organics, Jim was a manager at the Discovery Channel and a serial entrepreneur who renovated historic homes in Cincinnati, researched and then sold LED lighting for greenhouses and car dealerships and did several other side projects and careers. It's possible that he will never work again, but Jim doesn't like to think about that. He can envision a time when his cancers are not advancing and when he has time and energy to spend more of it with his wife, children and grandchildren. “It’s truly a blessing to be able to do that,” he says. The future may bring other opportunities, and maybe an opportunity to consult with companies building greenhouses.

Jim wants to ditch his cane, the final walking assistance that remains after he was able to stop using a walker and then a second cane. He trusts that God knows what is best for him and has guided him throughout his arduous journey—but Jim also sends a request to the heavens for an easier road ahead. “I think, ‘God, if you want to turn this lesson off any time, that would be OK with me.’” ➔



“They said I should come here, and I knew U-M could do everything, A to Z.”

Jim Savage



The Best-Laid Plans, Modified

When **HEATHER SEYFARTH** was diagnosed with stage 4 melanoma, she had just started working as director of housing and urban development with the Ann Arbor Housing Commission. She was devoted to her treatments, but also to the necessity of finding options for people in need of housing. She thought she could do both.

Heather quickly faced hurdles to her well-thought-out plan of receiving treatments on some days and working full or half days when she felt better. But since her treatments began last year, she hasn't had many days when she felt better—far from it, in fact.

Diagnosed in February 2023, Heather thought she was in the clear when her melanoma was removed. Then, in July of that year, her lymph nodes swelled; she learned the cancer had spread to her lymphatic system and liver. Her oncology team started her on immunotherapy, which many people tolerate well.

“I went into the diagnosis very healthy for my age, and I had this fantasy that I'd go to my infusions and I'd go back and live my life,” says Heather. Instead, her body has tolerated immunotherapy poorly, and she has been back in the hospital many times. One side effect has been hyperthyroidism, which has led to problems such as hair loss. Where her hair has grown back, it is white. “It's been quite a different relationship I have with my body. I feel like I've aged 20 years,” she says.

“Very few people have a really bad reaction to the immunotherapy I'm receiving,” says Heather, 51. “Unfortunately, I'm one of those few.”

Heather has taken all of her time under the



“It's been quite a different relationship I have with my body. I feel like I've aged 20 years.”

Heather Seyfarth

Family and Medical Leave Act as well as short-term disability for the four rounds of immunotherapy and subsequent treatments, through early January 2024. “My boss has been very supportive and wanting me to take care of myself,” she says. “But I'm experiencing a pang of guilt because I know she really needs help.”

As Ann Arbor property values have soared, housing has been in increasingly short supply. “It's a position with a lot of responsibility. There's no way to catch up with the need for affordable housing,” says Heather. “For me, urban planning is about building places that help people thrive.”

But she is not thriving, and Heather does not know how much of her job she will be able to do in the coming weeks and months. “It's just a lot of decision trees and uncertainty,” she says.

Even on days when cancer has left her feeling depleted, though, she feels fortunate in some ways. Her colleagues have been supportive, and local friends and family have been endlessly helpful.

“I never thought I'd be that person who'd say cancer brings some blessings,” she says, “but I've been really moved by how everyone is offering support in whatever way they can. A lot of people are rallying for me.” ➔



“Work just provided a little more normalcy when everything else was turned upside-down.”

Melinda Fabry

The Saving Grace of Remote Work

The day of her lumpectomy, **MELINDA FABRY** worked. “I needed to keep my mind off things. You can't eat, can't drink very much. I had a couple of meetings that morning, so I went to those before I left for surgery,” she says.

Melinda, 45, is a merchandiser at Carhartt, a Detroit-founded workwear company, where she runs the business for flame-resistant and high-visibility clothing. On the day of the surgery, her meetings were held online—an accommodation that Carhartt and many others adopted during the height of the COVID-19 pandemic and that has continued to be part of many workplaces.

“Work just provided a little more normalcy when everything else was turned upside-down,” she says. “And most of the time, I felt really good, so I thought, ‘let me save that time in case I need to take more time off later.’”

A routine mammogram in early 2023 showed a tumor in Melinda's breast, and a subsequent ultrasound and biopsy led to the diagnosis of invasive ductal breast cancer. In addition to the lumpectomy, she has had surgery for the removal of lymph nodes, four rounds of chemotherapy, radiation and physical therapy.

“I took a couple of weeks off for the surgeries and my chemo days, but mostly I worked through all of it,” says Melinda, who lives in Brighton with her husband, 10-year-old son and 16-year-old daughter. Adding to the relative ease of her work-treatment balance, Melinda was able to receive daily radiation treatments at Michigan Medicine clinics in Brighton, allowing her to work on those days with only a short interruption.

Melinda wore a cold cap during chemotherapy so she could keep at least some of her hair. Still, she



lost 60% to 70% of it, which created challenges for her on the days she worked at Carhartt's Dearborn headquarters.

“I was also glad I was at home for most of that. The days I went in, I was very self-conscious. A lot of people knew, but a lot didn't. Some of them would say, ‘Oh, you're wearing your hair different,’” says Melinda. “My hair is very recognizable and has always been part of my identity, so it was hard to hear that.”

Working from home, she can disguise the hair loss more easily. In person and remotely, she sometimes wears hats—including Carhartt baseball caps—that allow her to feel more comfortable. Other times, she stays off camera during video meetings.

“My boss and everyone on the team were so flexible and understanding,” says Melinda, who has worked at Carhartt since 2002. “If I had to go in-person every day, that probably would've been a lot harder to do. Having the option to work remotely was my saving grace.” ☑

New Ways to be Present



How to navigate celebrations, holidays and times of transition during treatment.

By Audie Shushan

When Lydia Elya, LCSW, talks to her patients around the holidays, many express a similar sentiment: “A lot tell me: ‘My kids are home, and it’s the holiday time, but it doesn’t feel special, or it doesn’t feel happy, because I’m sick, and I’m not able to do a lot.’”

Elya, a medical social worker at Rogel, explains that while school breaks, holidays and celebrations like graduations and weddings can be occasions of joy and community, they are also often emotionally, logistically and physically challenging for people with cancer and their loved ones.

Elya encourages patients and their caregivers to experiment with new ways to be present during special occasions. “Especially for people who are used to making these occasions really special for their families, that feeling of being disconnected and not being able to participate and make celebrations like they used

to be is really challenging emotionally.”

This is a time to find meaningful but less draining ways of engaging. For people who are used to planning and running the show, this is your opportunity to supervise. You may not be able to do all the cooking, but you can still be in the kitchen, offering perspectives and sharing recipes. That picture-perfect camping trip or beach vacation may not be in the cards this year, but you can set up extra playdates for kids home on break or pull in friends and family members to take kids on special outings.

Most of all, give yourself some grace through these times. Elya says this last part is vital: “You have a cancer diagnosis. You’re going through treatment. You are not going to be who you were last year at this time.”

Here are five ways Elya suggests dealing with the logistical and physical challenges of holidays, celebrations, summer break, and other transitional times:

- 1. If you’re traveling, check in with your provider first.** Share your plans and your hopes for this trip. Your provider will be able to talk with you about the feasibility of travel. For situations where there will be a lot of people present, your provider may suggest you not attend or that you wear a mask, or stay only for the outdoor portion. If you do travel, make sure you have all your medications with you and plan to connect with a local pharmacy. Find out locations for the nearest urgent care and ER.
- 2. Scheduling around the holidays or summer vacations can be complex, but don’t let this stop you from reaching out to the clinic.** Even if your provider is away, there will always be someone managing the phones who can field your questions and concerns. Elya says, “I think some patients feel like, ‘I don’t want to be a bother. It’s over the holidays.’ No. Your quality of life is just as important.”
- 3. Keep your medical team informed of your symptoms.** Dizziness, nausea and difficulty sleeping can worsen with the holidays or transitional times. Share this information with your medical team, as there may be avenues for managing these that haven’t been explored yet.
- 4. Be mindful of energy conservation.** During these times, you are likely experiencing more fatigue. Events like the holidays, travel, graduations and weddings are significantly taxing to your system, so you might need more days to recover after the event.
- 5. Remember that it can be very difficult for patients in the thick of treatment to know exactly what they need or to ask for it.** If you are a friend or family member, offer to make a care page or a text chain. Drop off groceries. Provide meals. Help get the kids to and from school. Stop by and assist with laundry or other household tasks. Is there a neighbor who can help mow the lawn or clear the gutters? Loop them in. ☑

The Science of Gratitude

Positive psychologist and Rogel patient Christina Costa on the ways gratitude rewires the mind and provides a map for navigating treatment.

By Christina Costa

When Christina Costa was diagnosed with a brain tumor at 27, she relied on her professional training to navigate treatment. An assistant teaching professor of psychology at Wayne State University, Christina, then a graduate school student, studies the positive benefits of gratitude on the brain and stress response. During treatment, she used practices she learned from her research to support her mental and physical health while healing. Here, Christina shares insight on why gratitude can empower people who are facing a cancer diagnosis, treatment and healing:

- › **The brain and body:** Gratitude affects the body physically. When we practice gratitude, our brains emit more positive, good-feeling neurotransmitters, like serotonin and dopamine. There’s a certain circuit activated when we practice gratitude that’s associated with the reward center of our brain. There have even been studies on the immune response to illness that found that those who practice gratitude have a stronger immune response and pain tolerance.
- › **In practice:** Admittedly, I was not doing a lot of gratitude practicing in my own life before my diagnosis, but these habits can benefit everyone, even those who aren’t in treatment. Journaling is a great place to start. Every morning, I write down things I’m grateful for; sometimes, they involve my body and my diagnosis but oftentimes they aren’t related at all, like being grateful the sun is shining. Some people like to write in a physical journal, but for me it’s a document on my computer. Keep it simple; this shouldn’t be another item on the to-do list. If I was going to the hospital for surgery, starting my day off with things I could focus on that I was grateful for helped me get through it.
- › **Look to others:** Another big practice is displaying gratitude for others. We often think of this as doing something nice for someone else, which is important, of course. But those acts — holding the door open for a stranger, calling a relative, telling someone what you appreciate about them — also have a big effect on our own levels of happiness. For me in the hospital, this looked like not only expressing gratitude for my main care team, but also making real connections with the people who drew my blood, people I saw every other day for months. It helped to make the hospital a more positive, meaningful place for me to be.
- › **Find your own mantra:** For me, language around “fighting” cancer and treatment being a “battle” didn’t feel natural. If it empowers you, go for it. But it can be helpful to reflect on what words make you feel the strongest, the most resilient and like the most you. Taking control over the story we tell ourselves about our diagnosis and treatment journeys can go a long way toward creating an experience that reflects who we are, which helps us find gratitude.
- › **Not toxic positivity:** A gratitude practice can be misinterpreted as “toxic positivity,” or pretending like everything’s OK and not allowing for sadness or anger. But in reality, practicing gratitude acknowledges that things are out of our control and often not OK. It conditions our brains, like exercise for a muscle, to still find things we connect with that make us feel really appreciative of the present moment. Remember, it can be small: the breeze on your cheek, a smile from a stranger, an easily found parking spot. It all counts. ☑



Judith's pottery will be on display at Michigan Medicine in the Taubman North gallery from September through December 2024.

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