

RURAL

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The Markey Center
Where Kentucky fights cancer

Kentucky's Front in the War Against Cancer

BY LIBBY FRAAS

*Research and treatment come together at
the Lucille Parker Markey Cancer Center*

Two small girls, crisp and delicate in pink lace dresses, wait in the curved, cushiony lobby of the Lucille Parker Markey Cancer Center. Above them, beyond the balcony on the second floor where patients come for treatments, an oncology nurse shows visitors a lead-lined room used for specialized radiation treatments for difficult cancers. A TV camera mounted on the wall monitors the patient, reducing the staff's exposure to radiation. Framed quilt patterns, artwork by Kentucky artists, and mahogany-warm furniture soften the rooms and hallways of the two-year-old center, the first of three architecturally striking buildings dedicated to fighting cancer in Kentucky.

Behind the clinical care facility set off by a three-story glass atrium, the Dorothy Enslow Combs research facility houses laboratories and

offices. A third building for magnetic resonance imaging and spectroscopy equipment will also be wedged into the crowded maze of traffic and pedestrians adjacent to Lexington's University of Kentucky Chandler Medical Center.

The buildings are named after women linked to the state's thoroughbred horse industry: Lucille Parker Markey, former owner of Calumet Farms, and Dorothy Enslow Combs, the wife of Leslie Combs of Spendthrift Farms. Endowments in their name contributed significantly to the realization of a dream to create a nationally recognized cancer research center at UK.

The list of donors is peppered with horse farm owners and breeders, many of them patients of Dr. Ben Roach. Roach, a Woodford County physician, was one of the founders of the McDowell Cancer Network organized in 1975 to coordinate the

different cancer programs at UK and to serve as a communications link between physicians and the public in eastern and central Kentucky. In 1978, the Ephraim McDowell Cancer Research Foundation was incorporated to raise funds for cancer research facilities. Both organizations are named after the Danville doctor who, in 1809, was the first surgeon to open up the abdomen and remove a tumor.

"Our hope was to entice some national cancer specialists and develop some treatment through research and make a contribution in the fight against cancer," said Roach.

Both Roach, himself a former patient at the Markey Center, and Dr. Gilbert Friedell, director of the center, have witnessed many developments in the detection and treatment of cancer over their medical careers. They insist more can be done.



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"Cancer used to be an unmentionable disease, one that was kept in the closet," Friedell said. "It's come out of the closet now; it's discussed openly and all of us are the better for it. Not just in terms of early detection, but in terms of dealing with cancer in its 'end' stage as well as its beginning."

The Markey Center is headquarters for the McDowell Cancer Network, which employs regional cancer coordinators serving the nine area development districts in central and eastern Kentucky. The network also provides information through the

Cancer Information Service hotline, and publishes and disseminates information on cancer for the public. The same service to the western half of the state is overseen by the University of Louisville's James Graham Brown Cancer Center.

One of the center's most promising projects is a data collection program on cancer patients in Kentucky. Participating hospitals record information on each cancer patient into a microcomputer with special software developed by the Markey Center. Eventually a statewide database on cancer patients in Kentucky could

Cancer Facts Are as Close as Dialing 1-800-4-CANCER

"A mole on my arm is changing color and growing bigger. Is that a bad sign?" asked one recent caller to Kentucky's toll-free telephone number for information about cancer.

Coordinator Terry Green and the staff of the Cancer Information Service (CIS) handle between 500 and 600 calls per month from people seeking help, referrals or counseling.

"We're the link between research and the public," Green said. The staff provides Kentucky callers who dial 1-800-4-CANCER with the latest answers to questions about detection, treatment, and prevention.

Many people call the number to reassure themselves about their doctor's diagnosis. One such caller was a man whose 14-year-old son had a rare tumor of the nervous system. "He had the feeling from conversations with the physicians that they hadn't seen many of these," Green said. Green provided the caller with the names of three specialists who had written about the type of cancer. "I don't know whether he followed through with the referrals, but at least he had names of experts to

turn to if he needed them."

CIS workers refrain from making a diagnosis or giving a second opinion. More than half of the callers get some type of follow-up literature. A few calls each week are referred to the service's consultants. One woman who called asked about a tingling in her fingers; she wondered if it was a side effect from a certain drug she was taking. Green relayed the information to a nurse familiar with chemotherapy treatments, who then called the woman.

The Kentucky CIS is part of a larger national network organized through the National Cancer Institute, whose goal is to cut cancer deaths in half by the year 2000. Green noted that media reports about cancer-causing agents sometime create in the public a fatalistic attitude that everything causes cancer and thus nothing can be done to prevent it.

"Only a few known things really cause cancer," she said, tobacco being the most obvious.

The CIS also refers callers to support groups and information sources in their communities.

LIBBY FRAAS

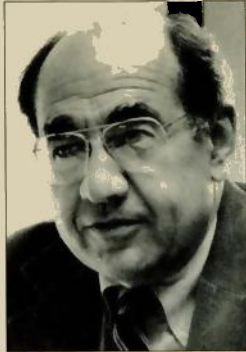
indicate what types of cancer are appearing and what treatments are most effective.

Cancer deaths for white males in Kentucky increased two and a half times faster than the national rate from 1950 to 1980, according to the National Cancer Institute.

The most noticeable increase in deaths was from lung cancer, both in men and women. While the treatment of leukemia and cancers of the lymphatic system has improved dramatically over the years, deaths from lung cancer are on the rise.

"Kentucky grows a lot of tobacco," he said. "Kentucky ought to be the place that leads the way against lung cancer."

Designated in 1986 by the National Cancer Institute as one of 38 leading clinical and research facilities in the country, the Markey Center has around 125 member-scientists in the university currently working on about \$5 million in research projects. But one of its other goals is to educate the public about prevention



Markey Cancer Center

Friedell: Bringing cancer out of the closet.

and detection of cancer.

Last May the McDowell Cancer Network together with the American Cancer Society, the American College of Radiology and the Kentucky Federation of Women's Clubs kicked off a month-long campaign with the theme: "Do something important for your mom. Urge her to have a mammogram." Many hospitals including the Markey Center reduced the rate for a mammogram, a low-dose X-ray to detect breast cancer, to \$48, a figure less than half the standard rate. They plan to resume the campaign in May 1988.

Women over 50 are urged to have a mammogram each year to supplement self-examination and doctor's examination of their breasts to detect lumps. But only 15% of women do, an appalling statistic for doctors like Markey Center oncology specialist Edward Romond.

"Breast cancer is one of the most undercured cancers today," said Romond, noting also that it is an "incredibly common disease." A woman's chances of getting breast cancer are somewhere between one in 10 or one in 12, and the risk increases with age. The risk of breast cancer for a woman who is 80 years old is 100 times as high as for a woman who is 30 years old.

Romond notes that the majority of women who get breast cancer have nobody in their family with the disease. "That's why it's important for all women to be aware of the possibility of breast cancer," he said.

"Women should start checking their own breasts when they are old

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Cancer

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enough to have them," Romond said, so that over the course of years they are so clear and familiar with what their breasts feel like that they can detect a change long before it would be apparent to any doctor.

The treatment of breast cancer has improved dramatically over the past 10 years. Women now can make informed judgments of the type of treatment available. Some women may choose "treatments of the future," which offer a successful cure at no worse than the standard treatment. Their progress is carefully monitored by physicians to see if those treatments are better than current ones.

A new understanding of the biology of breast cancer indicates that early detection is even more important than previously thought. "The longer that a cancer grows in the breast the more that cancer influences the body's resistance and breaks it down so that it will be more likely to develop recurrent breast cancer in the future," Romond said.

"More than half of women who have breast cancer get cured. We would like that to be closer to 100%."

Doris Rosenbaum, a volunteer with the American Cancer Society and the UK Hospital Auxiliary, emphasizes the importance of correct and regular self-examination through her own experience with breast cancer. Five years ago the Lexington resident discovered a small lump under scar tissue from a cyst that had been removed years earlier. It was malignant and a mastectomy was done. Now she works with support groups for women who have had breast cancer, sharing advice on what kinds of clothes fit, where to buy a prosthesis, how to choose wigs or hairstyles if radiation treatments cause hair loss and how to deal with the emotions that result from the disease and its treatment.

"When a person has a mastectomy, it helps for them to meet someone else who has had one and who looks normal. They know they can recover," Rosenbaum said.