



A PUBLICATION OF THE HENRY FORD CANCER INSTITUTE

JOURNEY FORWARD



Taste Bud
Teasers

Genetic Testing
101

Fizzle the
Anger Fuse



Dear friends,

With summer upon us, we look forward to spending time outdoors enjoying warm days together with family and friends. It's been a long road to get to this point. We are fortunate to now have highly effective COVID-19 vaccines. Navigating a cancer diagnosis during these unprecedented times has required you to dig deeper and fight harder. I'm endlessly inspired by your strength, and proud of the trust you've placed in our cancer team – and their tireless efforts to deliver uninterrupted, life-saving cancer care so you can continue your fight.

As we all work to get to the other side of this pandemic, I encourage you and your loved ones to get vaccinated if you haven't done so already – and to not delay your imaging tests and cancer screenings.

Cancer screenings are critical to survivorship. A testament to that is Loretta Collins-Williams' story, appearing in this issue of *Journey Forward* (page 6). Loretta is now a two-time breast cancer survivor because she trusted her gut and got a mammogram. Her cancer journey spans three decades and captures the remarkable advancements in cancer treatment at Henry Ford – including those inside our new Brigitte Harris Cancer Pavilion in Detroit, which opened this January.

Like Loretta, brain tumor patient Molly Marco's story (page 13) is a reminder to live your best life after a cancer diagnosis. On the pages of this issue, learn to cope with strong emotions, tempt your taste buds after treatment and feel empowered to explore genetic testing.

As a point of pride, this issue covers our researchers' work to dramatically improve minority representation in cancer clinical trials. Our team also has completed several novel clinical trials in gene therapy for prostate cancer patients and is now advancing clinical trials in other forms of cancer – all to offer new options on the journey forward.

Sincerely,

Benjamin Movsas, M.D.

Interim Medical Director, Henry Ford Cancer Institute
Chair, Department of Radiation Oncology

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ON THE COVER

Trusting intuition and science, Loretta Collins-Williams beat breast cancer in 1992 and again in 2020 at age 82.

Read the full story on page 6.

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Portrait of Postman Roulin, 1888
 Vincent Van Gogh
 Dutch, 1853-90

The first was the first public museum to America to buy a painting by Vincent van Gogh. It was the first work of art to be bought by a museum in America. The painting was the first work of art to be bought by a museum in America. The painting was the first work of art to be bought by a museum in America.

See the original painting by Van Gogh at your own risk. Reproductions of great masterpieces from the Detroit Institute of Arts are available for purchase. Reproductions are available for purchase. Reproductions are available for purchase. Reproductions are available for purchase.

DIA
 Detroit Institute of Arts
 5200 Woodward Ave. Detroit, MI 48202

DIA Masterpieces on Display at New Pavilion

The new pavilion at Henry Ford Cancer Institute – Detroit is tapping into the healing power of art with support from the Detroit Institute of Arts (DIA). As part of the DIA's Inside|Out program, 28 high-quality reproductions are on display throughout the first, second and third floors of the pavilion. The masterpieces include reproductions of famous paintings by Vincent Van Gogh, Solomon Irain Wangboje and Karin Kneffel.

Two World-First Glioblastoma Treatments

Henry Ford Cancer Institute was the first site in the world to initiate two new treatments for glioblastoma. The efforts are part of a patient-centered adaptive trial known as Glioblastoma Adaptive Global Innovative Learning Environment (GBM AGILE). The trial tests multiple therapies for patients with newly diagnosed and recurrent glioblastoma. In 2019, Henry Ford was the first in the world to enroll a patient in GBM AGILE.

Trial Tests Ostomy Bag Alternative

A new device could help reduce the need for an ostomy bag and stoma (temporary surgical opening in the abdomen that diverts digestive waste into an ostomy bag) in patients undergoing gastrointestinal resections due to colorectal cancer treatment. Surya Nalamati, M.D., performed the country's first procedure using the CG-100™ intraluminal device as part of an FDA Investigational Device Exemption clinical trial.

Grant Aims to Reduce Prostate Cancer Disparities Among Black Men

Black men develop prostate cancer at a younger age, have more advanced disease when it is found, and are twice as likely to die from prostate cancer versus men of other races and ethnicities. With a \$250,000 grant funded by Pfizer Global Medical Grants and overseen by the American Cancer Society, Eleanor Walker, M.D., and the Henry Ford Cancer Institute team will work to reduce gaps in care and barriers to prostate cancer treatment for Black men.

Appetite Teasers After Treatment

Chemotherapy and radiation destroy fast-growing cancer cells. But the treatments also may affect stomach cells and taste buds. That's why meat and other foods can sometimes taste like dust or metal. "The same food that tasted delicious on Monday can be disgusting on Tuesday," says Samantha Schlitt, MS, RD. Fortunately, there are ways to trick the palate, enjoy mealtime and get nutrition.

SNEAKY CHEF

Disguise the taste and texture of meat by marinating small pieces in lemon, fruit juice or Italian salad dressing. Then sneak it into a casserole or a stir fry with chopped veggies.

"Many patients crave salt or sweet flavors because it's the only thing they can taste," Samantha says. Add sautéed fruit to sweeten meals. Try these combinations:

- Pineapple, chicken, veggies and soy sauce
- Apples, turkey, celery, poultry seasoning and onion salt
- Pears, salmon, dill weed and soy sauce

Or, for instant comfort food, add gravy to meat, vegetables, rice, beans, mashed potatoes, biscuits or toasted bread.

BLENDER BANQUETS

Smoothies: Pick a protein – milk, yogurt, cottage

cheese, nuts, seeds, tofu, peanut or almond butter, oats, soy milk, coconut milk or protein powder. Add kale or spinach. Hide the taste by blending with a ripe banana or other fruit.

Soups: Start with chicken broth, veggie broth or carrot juice. Microwave veggies – squash, peas, corn, beets, kale or spinach. Include soy sauce, coconut oil or even a little salad dressing. Select spices: ginger, mint, basil, garlic or onion powder. Blend. Heat. Serve.

Desserts: Freeze a banana and blend it with a little milk or juice. Top it with crushed nuts and melted chocolate chips. Instead of bananas, try using peaches, strawberries or mangoes.

TABLE TIPS

Food serves many purposes, including coping with loneliness or low moods. Now's the time to bring enjoyable sights and sounds to the table. Set your table with flowers and pretty plates. Share a meal with someone – in person or virtually. Eating alone? Listen to music or watch a video.



Ready for a delicious adventure?

Get our recipe for a **POMEGRANATE POWER SMOOTHIE** at HenryFord.com/JourneyMagazine.

Genetic Testing 101

When people are diagnosed with cancer, the question of genetic testing often arises. There are good reasons for testing, but when patients are undecided, genetic counselors can help them determine if genetic testing is right for them.



MARY NYHUIS, MS

THE BENEFITS

If a person has a gene mutation, certain chemotherapies may work better by targeting the mutation, says Mary Nyhuis, MS, certified genetic counselor in the Cancer Genetics Program.

If a gene mutation is found, family members will be encouraged to make lifestyle changes involving diet, exercise and tobacco use. These efforts may reduce their risk for cancers of the breast, colon or ovaries. And they'll be advised to receive routine cancer screenings to find any early stage cancer.

If two or more family members have the same type of cancer, but the cancer is *not* caused by genes, people will be advised to alter lifestyle factors and environmental factors – exposure to ultraviolet light, radon gas or chemicals in their surroundings.

THE CANDIDATES

Mary says to consider having a genetic test of the blood or saliva if:

- Multiple generations have the same type of cancer
- Cancer was diagnosed under the age of 50
- A rare cancer was diagnosed

THE COST

One of the most common questions Mary hears is, 'Will my insurance cover this?'

"After a patient provides their personal and family medical history, we determine if they meet their insurance criteria for testing," Mary says. "If they don't qualify, we calculate the estimated out-of-pocket cost, which may be several hundred dollars. In some cases, financial assistance may be available. In other cases, the cost is worth the valuable information."



ge-net-ic test-ing (noun)

Genetic tests involve looking for cancer-causing alterations in a person's DNA – the molecule that directs cell growth and survival. Tumor tissue removed during surgery may be studied, or samples of saliva and blood can be analyzed.

Genetic testing can't *predict* cancer, but it can assess the *risk* of additional cancer. For example, breast cancer patients with a particular gene have a higher risk for ovarian cancer and may consider preventive surgery to remove the ovaries.

Henry Ford's genetic counselors are available to discuss the pros and cons of genetic testing, reminding patients that testing is completely voluntary. Learn more at [HenryFord.com/CancerSupport](https://www.henryford.com/cancersupport).



Two-Time Survivor

Intuition and early detection were pivotal for beating breast cancer twice in 30 years.



Loretta Collins-Williams trusted science, reason and intuition when she was diagnosed with breast cancer in 1992 and again in 2020 at age 82. By listening to her “inner voice” and receiving yearly mammograms, Loretta became a two-time survivor.

She is a family historian, a student of Black history, and a retired administrative officer from the former Department of Justice, Immigration. Her rare perspective, which spans three decades, captures remarkable advancements and innovations in cancer surgery and radiation therapy at Henry Ford. And her self-awareness made her one of the first patients treated at the new cancer pavilion in Detroit.

Flashback to 1992. Free of symptoms, Loretta makes an appointment for her yearly mammogram. A mix-up occurs, and she’s told to reschedule. She stands still and has a strong sense she shouldn’t leave. A supervisor resolves the problem, and the mammogram is done. After a biopsy, she gets the diagnosis: Invasive stage 1 breast cancer in her right breast.

She has a lumpectomy, and an axillary dissection to remove 10-20 lymph nodes under her arm. She receives six weeks of daily radiation therapy through a linear accelerator directed to her whole breast – not just the tumor bed.

Fast forward to spring 2020 during the COVID-19 peak in Detroit. Loretta’s busy doing Zoom exercises four days a week with her pals from a senior center. In August, she suddenly thinks, “You need a mammogram.” She doesn’t have any symptoms, but she listens. The mammogram shows something suspicious. After the biopsy, she gets the diagnosis: Pre-invasive cancer, specifically ductal carcinoma in situ in her left breast, stage 0.

She has surgery, but lymph nodes are not removed because the cancer is not invasive.

Loretta’s radiation treatment now involves a new type of linear accelerator that is combined with MRI (MRI-LINAC), which allows real-time precision targeting of the radiation beam. “Using MRI-guided radiation therapy, we were able to visualize and make sure her heart was never in the field for the treatment, while targeting the tumor bed only,” says Eleanor M. Walker, M.D., director of Breast Radiation Oncology and medical director of Integrative Medicine.

Total number of weeks for radiation: One.

“I’m amazed by the changes. It is absolutely fantastic! The procedure is very efficient. It was fantastic to see how technology has advanced in nearly 30 years,” Loretta says.

CONTINUED ON PAGE 8

“

You've already weathered other hard times; you can weather them again. Keep doing your best, and it's going to be alright.

- LORETTA COLLINS-WILLIAMS



Loretta in the early 1990s, when she was first diagnosed with breast cancer.

The entire time spent in the MRI-LINAC lasts about 20-30 minutes – while Loretta listens to music through earphones (she's a big fan of Nina Simone).

“Except for a slight warming sensation at one point, I felt absolutely nothing,” says Loretta, a resident of westside Detroit who has been coming to Henry Ford since she was 18. “There was no swelling, no complications.”

Beyond advances in treatment, Loretta's story is a reminder of the importance of mammograms after cancer treatment has ended – and the value of listening to your body.

“I felt I had been guided to get a mammogram,” Loretta says. “With that knowledge, I had a positive outlook. I understood the cancer was a serious situation and I had some consternation, but I didn't become hysterical or depressed. I had faith and confidence I'd be alright. Henry Ford made it alright before, and I believed they could do it again. I told myself I would just walk through it.”

At the new cancer pavilion, Loretta saw signs of other advancements: onsite exercise facilities. “The facilities are strategically placed on the first level, so you have to walk past them,” Loretta laughs.

Dr. Walker and a team of cardiovascular experts created the Exercise and Cancer Integrative Therapy Education Program (ExCITE) to help reduce side effects from cancer treatment and to improve energy, strength and mood. Loretta's now part of the ExCITE program. There's also massage, Reiki and acupuncture.

This past year during COVID-19, Loretta's son Taundeko has been her mainstay. “I couldn't have made it through without him,” she says. “He's very attentive and conscious of exercise and diet, always making sure I eat well.”

Her bookshelves are stacked with more than 50 cookbooks collected during her travels to China, Egypt, seven Caribbean islands and 38 U.S. states.

Her advice for cancer patients? Use your brain to the full extent. Eat well, exercise and remain positive. Talk to yourself. “You've already weathered other hard times; you can weather them again. Keep doing your best, and it's going to be alright.”



***Read more about Loretta's cancer journey:
[HenryFord.com/JourneyMagazine](https://www.henryford.com/JourneyMagazine).***



ASK DR. RYAN

Fizzle the Anger Fuse

Michael Ryan, Psy.D., is the clinical director of supportive oncology at the Henry Ford Cancer Institute.

Most people can usually manage anger, but cancer can shorten anyone's fuse. After treatment ends, life may not return to normal. Side effects may linger, finances may be crunched and relationships may have changed. Whether it's cancer-related anger or generalized anger, dark emotions can take on a life of their own. In any case, you have potential for peace.

Cancer is a hardship, and people have limits to what they can tolerate. To reduce frustration, eliminate stressors. Evaluate priorities and focus on one issue at a time.

LAYERS OF EMOTION

It helps to understand that anger is a normal response when bad things happen. Anger can cover other, more vulnerable, emotions – sadness, grief, fear or anxiety. Sometimes it's easiest to feel and show anger. Instead, try acknowledging deeper feelings – even if you can only acknowledge them to yourself.

SAFELY RELEASE EMOTIONS

Do physical activity – housework, gardening, exercising – to release anger energy. Try punching a pillow, yelling into a pillow or in your parked car.

Talk about emotions with a trusted confidant. Too angry to talk? Then “talk on paper.” Private writing allows you to clarify your reasons for feeling angry. The process gives you emotional control. You can plan different responses and protect yourself from the consequences of misdirected anger. Rehearse your new responses.

GIVE PEACE A CHANCE

Sometimes, self-compassion can melt anger. Acknowledge the difficulties you've experienced. Now, do some self-care. Get a massage, meditate, listen to soothing music or watch uplifting movies.

Try doing art. Read online articles about anger management. Get encouragement. Contact Henry Ford support groups and Imerman Angels.

CAREGIVER'S CARE

Detach from the patient's anger. Look for the pain below the surface of anger. When anger escalates, take a time out. Care for yourself: Do something enjoyable! When there's calm, talk about ways to prevent similar episodes.

*Read how Molly Marco changed her perspective on cancer. **See page 13.***



Initiative Aims to Increase Minority Participation in Clinical Trials

When Darlene Jefferson was diagnosed with stage 2 invasive breast cancer, she began an aggressive treatment plan of chemotherapy, followed by surgery and more chemotherapy. Then the 54-year-old Southfield resident received a unique opportunity. Eleanor M. Walker, M.D., director of Breast Radiation Oncology, offered a new treatment available in a clinical trial.

“I asked plenty of questions and was satisfied with the answers,” Darlene says. “I was willing to try whatever was going to help me, and my family encouraged me to do it.”

Now Henry Ford is launching a community-based initiative – the Participatory Action for Access to Clinical Trials (PAACT) project – to dramatically improve the representation of Black people like Darlene in cancer clinical trials.

“By working with the community to help us understand attitudes about research, more minorities may be willing to enter clinical trials,” says Dr. Walker, PAACT co-investigator.

“The advent of promising novel therapies, including immunotherapy and recently discovered genetic therapies, creates an urgency to improve clinical trial enrollment of Black people with higher risk and poorer prognosis of cancer,” she says.

Researchers will collaborate with the Detroit Community-Academic Urban Research Center to study the barriers to participation in clinical trials involving breast, colorectal, lung and prostate cancers. Genentech is supporting PAACT with a \$750,000 grant.

“Black people have told us they want to be present in the design of the clinical trial so they know what’s involved and who will be accountable,” says Evelyn Jiagge, M.D., Ph.D., principal investigator of PAACT. Both she and Dr. Walker are of African descent. “We can’t change the past, but we have to ask, ‘How do we work together to change the future?’”

Based on the findings, PAACT will develop and test pilot interventions in the community and the health system aimed at eliminating barriers to inclusion.

“Clinical trial medicine is the way to go,” Darlene says. “Keep an open mind, think positive and keep the faith. Then get the treatment that works best for you.”

Unravel Neuropathy



LISA ROGERS, D.O.

Like many physicians, neuro-oncologist Lisa Rogers, D.O., is propelled by concern for her patients' quality of life. And she has a double dose of concern when it comes to patients who experience neuropathy, a side effect of chemotherapy.

"These patients are really uncomfortable," she says. Symptoms can include pain, tingling, burning or numbness in the hands and feet. Decreased muscle tone and loss of feeling in the feet can cause balance problems and trigger falls.

"We often can't cure these symptoms, but there's a lot we can do to help people," Dr. Rogers says.

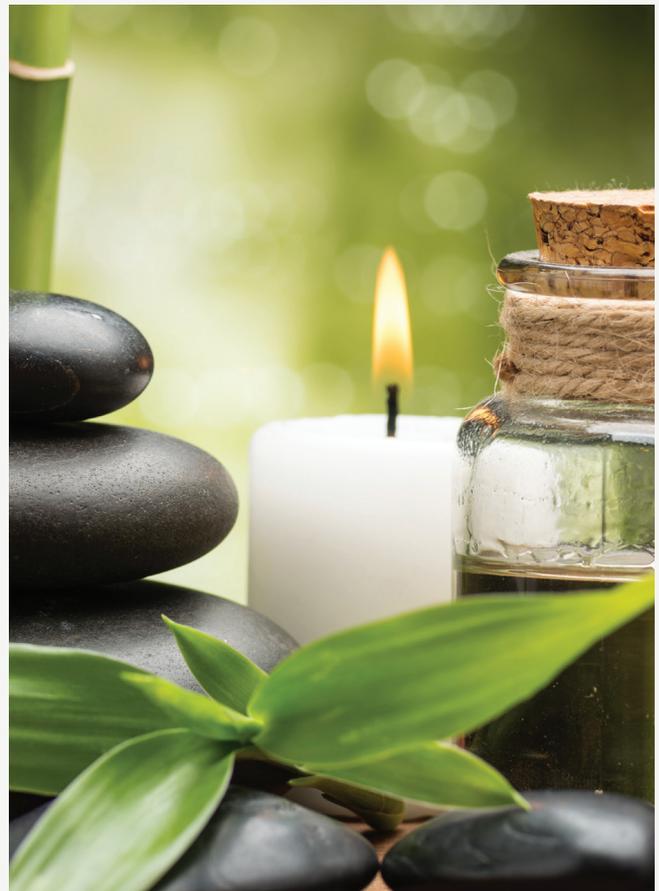
She notes that certain chemotherapies can cause inflammation or directly damage the nerves. Common culprit medications include taxanes, vincristine, bortezomib and platinum-based chemotherapies. However, not everyone receiving these drugs will develop neuropathy. Additionally, the duration and severity of neuropathy are unpredictable.

First, the patient's symptoms are evaluated, and a rating scale is used to grade the neuropathy and the patient's quality of life, Dr. Rogers says. Electromyography may be done to identify nerve damage in select patients. Specific treatment strategies are then designed for each patient.

Treatments may include oral and topical medications and/or acupuncture to reduce pain. Physical and occupational therapy can strengthen muscles and assist in adjusting to numbness. Following treatment, patients undergo an evaluation to grade the neuropathy and measure quality of life.

Research into the mechanisms of chemotherapy related to neuropathy is ongoing. Because the processes by which neuropathy occurs are not fully known, "it is difficult to prevent this complication, but we actively investigate new treatments," Dr. Rogers says. "I use all available therapies and in different combinations. Integrative therapies, including massage therapy, relaxation therapy, stress management, guided visualization and good nutrition are also being explored."

"In the future, clinical trials and research will provide greater hope to our patients," Dr. Rogers says.



Novel Gene Therapy Program

When Stephen Brown, Ph.D., began working with the Henry Ford research team that developed gene therapy for cancer patients, not a single white hair could be found in his mustache.

Nearly 25 years later, Dr. Brown sports a distinguished, salt-and-pepper look. This novel program has distinguished itself, too. The team has completed several clinical trials in prostate cancer and is now advancing trials in other forms of cancer.

“Henry Ford clinicians have treated scores of prostate cancer patients with this approach, and the team led by Drs. Svend Freytag, Hans Stricker and Benjamin Movsas has gotten encouraging results,” Dr. Brown says.

Additionally, a recent clinical trial led by David Kwon, M.D., and Farzan Siddiqui, M.D., preliminarily suggests that patients with advanced pancreatic cancer lived longer after receiving an increased dose of a unique virus developed by our team. The results have encouraged the research team to investigate other uses of gene therapy.

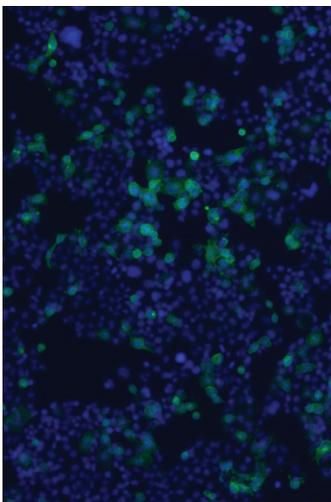


FROM LEFT: Benjamin Movsas, M.D., Interim Medical Director of the Henry Ford Cancer Institute and Chair of the Department of Radiation Oncology, with new Wendell Anderson Chair Indrin Chetty, Ph.D.

“This program is exciting,” says Shyam Nyati, Ph.D., recently recruited to lead the gene therapy program. “No one else is working with the type of virus that we have, and we are incorporating radiation therapy into the program.”

The gene therapy program has thrived for many years with strong support from Dr. Freytag and Henry Ford leaders, and investment from the Wendell W. Anderson Endowed Chair, launched by the late philanthropist Wendell Anderson.

“Gene therapy is a cornerstone radiation oncology program, and we are excited by its potential to offer new hope to patients,” says Indrin Chetty, Ph.D., who holds the Anderson Chair. “This program owes so much to Wendell Anderson and his family. We are profoundly grateful for their generosity and vision.”



How gene therapy works

Our gene therapy approach uses a special virus, engineered and refined over many years by Henry Ford researchers. The virus is injected into patients’ tumors and interferes with the DNA in cancer cells, making them more susceptible to drugs that increase their response to radiation.

The virus was designed to replicate in cancer cells. Part of the virus includes an imaging gene that acts as a homing signal, showing oncologists precisely where to direct radiation therapy. The three-pronged approach of viral injections, drugs and radiation is key to the program’s success.

SURVIVOR SPEAKS OUT:

LIVE YOUR BEST LIFE

Molly Marco, 36, is sitting on a stool in a coffee shop in downtown Detroit. It's July 2016. Molly gets nauseated, dizzy and faints. When she opens her eyes, EMS is standing over her. "I feel fine," says Molly, a CrossFit athlete who lifts weights at Motor City Barbell Club. But feeling fine is brief. An ambulance takes her to a hospital. While in an MRI tunnel, she weighs her values. "I love life. I love life so much," Molly recalls.

The MRI shows a deep brain tumor the size of an avocado pit. It's benign, treatable and slow growing.

She searches for a specialist. Henry Ford neurosurgeon Ellen Air, M.D., removes accessible portions of the tumor that entwine itself into the brain. She preserves Molly's memory and speech function.

Ten days later, however, neuro-oncologist James Snyder, D.O., tells Molly the biopsy results show the tumor is not benign. It's grade 3 anaplastic astrocytoma – an aggressive, fast growing and cancerous brain tumor.

CRUSHING WEIGHTS

Terrified, Molly steps onto her porch. "I screamed like bloody murder," she says. "Cancer happens to other people. Not me. I worked hard to be healthy."

Her medical team quickly begins treatment – radiation for six weeks, and then chemotherapy every month for a year.

Five years later and it's 2021. Molly takes antiseizure medications and has an MRI every four months. The cancer is likely to return or progress. The disease is terminal – but life is terminal too, Molly reflects.

"Let's not delay life with the assumption that we have time," Molly says. "Now is the time. I got that lesson hard and fast." She shares those lessons on social media, in an advocacy group and with patients she mentors.



WORK IT OUT

For Molly, managing life involves:

- Expressing emotions – fear, anger and grief.
- Acknowledging her strengths.
- Overcoming isolation and helping others.
- Finding purpose and meaning in a horrible situation.

"One thing I've learned since this unwelcome roommate has taken residence in my brain is to live your best life," Molly says. "And live it right now."

Learn more about Molly's treatment journey at [HenryFord.com/JourneyMagazine](https://www.henryford.com/JourneyMagazine).

Care and Connect Resources



JOIN OUR SURVIVORSHIP GROUP ON FACEBOOK

When you join the Henry Ford Cancer Institute Survivorship Group on Facebook, you'll connect with fellow patients and caregivers. You'll also have access to healthy lifestyle resources and videos, along with our Facebook Live events. It's easy to join:

- Log onto Facebook
- Search "Henry Ford Cancer Institute Survivorship Group"
- Request to become a member and answer a few questions
- Start sharing!



ONCOSTAT SAME-DAY CARE FOR URGENT HEALTH NEEDS

Henry Ford's OncoStat Clinic provides immediate and convenient care for cancer patients who are experiencing COVID-19 symptoms or any challenging side effects from radiation or chemotherapy. OncoStat works in collaboration with your medical oncology and/or radiation oncology team, offering same-day support by phone or in-person visits at several locations, including the new Henry Ford Cancer Institute – Detroit.

Video visits are also available through MyChart.

Call (313) 916-9840, Monday-Friday 8 a.m. – 5 p.m.



GET IN THE GAME: GAME ON CANCER

Game On Cancer is a community philanthropy program — in partnership with the Detroit Lions and Detroit Pistons — that helps Henry Ford Cancer Institute patients overcome barriers on their road to recovery. Working together in teams, generous community members raise funds to provide emergency assistance for patients and families facing financial hardship, fuel supportive services that improve patient health and well-being, and support research discoveries leading to better treatments.

Start a team, join a team and get in the game at GameOnCancer.com.

Support for the Journey

We provide many online cancer support groups, classes and events to improve your physical and emotional well-being during cancer treatment and recovery.

Virtual Patient & Caregiver Support Groups

Our virtual online support groups are conducted through Skype for Business. It's secure, free and easy to install on your mobile device, tablet or computer. You will receive instructions when you register.

BRAIN CANCER

Meets online the third Saturday of the month, 10 – 11:30 a.m.

BREAST CANCER

Meets online the first Wednesday of the month, 6 p.m.

BREAST CANCER (BROWNSTOWN)

Meets online the first Monday of the month, 6 – 7:30 p.m.

GENERAL CANCER

Meets online the first and third Mondays of the month, 1:30 – 3 p.m.

HEAD AND NECK CANCER

Meets online the first Thursday of the month, 2:30 – 3:30 p.m.

METASTATIC CANCER

Meets online the fourth Thursday of the month, 3:30 – 5 p.m.

NEWLY DIAGNOSED CANCER

Meets online the third Wednesday of the month, 11 a.m.

STEM CELL TRANSPLANT CAREGIVER

Meets online the first Monday of the month, Noon – 1 p.m.

CAREGIVER SUPPORT

Meets online every Tuesday, 11 a.m. and 6 p.m.

NOTE: To register for caregiver support groups, email CaregiverResources@hfhs.org.

Online Wellness Events

ART THERAPY OPEN STUDIO

Meets online the third Tuesday of the month, 1 – 2:30 p.m.

CANCER PATH INTERACTIVE WORKSHOP

Meets online for six-week sessions at various dates and times throughout 2021.

LUNCH WITH THE DETROIT SYMPHONY ORCHESTRA

Virtual broadcast the third Wednesday of the month, Noon – 1 p.m.

LIVE WITH THE MICHIGAN OPERA THEATRE

Virtual broadcast the second Thursday of every month, 2 p.m.

Sign up for our online programs by emailing CancerSupportInfo@hfhs.org. Provide your name and desired support group or event. Learn more: HenryFord.com/CancerSupport.

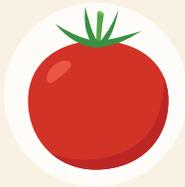


**HENRY FORD
CANCER INSTITUTE**

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Detroit, MI 48202



Add Some Color to Your Plate



RED FOR ANTIOXIDANTS TO FIGHT DISEASE

Tomatoes, watermelon,
pink grapefruit, red bell peppers



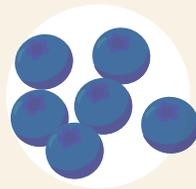
GREEN FRUIT AND VEGGIES TO REDUCE INFLAMMATION

Kiwi, asparagus, cucumber



ORANGE AND YELLOW TO STRENGTHEN IMMUNE SYSTEM

Sweet potatoes, carrots,
cantaloupe, mangoes, pineapple



BLUE AND PURPLE TO LOWER STROKE RISK

Blueberries, eggplant,
figs, plums



GREEN CRUCIFEROUS VEGGIES TO STRENGTHEN BONES

Broccoli, kale, Brussels sprouts



WHITE AND BROWN TO REDUCE HEART DISEASE RISK

Bananas, cauliflower, garlic, ginger,
mushrooms, onions, potatoes

JOURNEY FORWARD – SUMMER 2021

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