



Treat me

like a kid



Young adults who have cancer
may fare well in pediatrics unit



NOT JUST FOR KIDS: Ben Dyer relaxes after treatment at the Children's Center for Cancer and Blood Diseases.



Ben Dyer yawned and fell asleep when he was told he had a brain tumor in December

2007. It wasn't that the 18-year-old didn't care—he was simply so tired from the pressure the malignancy was exerting on his brain.

Later that week, Ben had two surgeries to remove the cancerous cells. He recuperated in the adult ICU and the inpatient unit at Peyton Manning Children's Hospital at St. Vincent.

At 18, Ben might seem a little old for the pediatrics unit. However, patients up to age 22 are routinely treated here for cancer because their odds for survival are better.

A tougher regimen

"We treat [young adults] more aggressively because we're trying to give them a whole life to live," says Jessica Goodman, M.D., a pediatric hematology/oncology physician with the Children's Center for Cancer and Blood Diseases at Peyton Manning Children's Hospital at St. Vincent.

She explains that adult cancer treatments are directed at patients ages 18 and older. "That's quite a spectrum, and many treatments are aimed at people who are 60, 70 or 80," she says. "They often have co-morbidities like kidney or liver problems, or have high blood pressure or smoke, and can't tolerate many treatments."


Younger patients are much more resilient, she says. Despite having cancer, they're often in good health otherwise, and their organs are strong. As a result, pediatric protocols can be used for many patients ages 18 to 22 who are able to tolerate higher

and more frequent doses of chemotherapy. Not every young adult qualifies to be treated as a pediatric patient. To be eligible, patients must have normal kidney and liver function, for example. Treatment may be adjusted if organ function is below normal, explains Dr. Goodman.

A positive atmosphere

Peyton Manning Children's Hospital at St. Vincent sees about 50 new pediatric oncology patients annually; the most common cancers in teenagers ages 15 to 19 are Hodgkin's lymphoma, germ-cell tumors, brain tumors, non-Hodgkin's lymphoma, melanoma and leukemia.

Ben, now 19, had no problem with being treated as a pediatric patient. "In pediatrics, everyone is really nice," he explains. "People wear colorful scrubs and the walls



Know your options

If your child needs treatment for cancer, call a pediatric oncologist at the Children's Center for Cancer and Blood Diseases at **(317) 338-HOPE (4673)**.

are lots of different colors, with pictures hanging on them. You don't feel like you're in a hospital and people have a very positive attitude."

Declared in remission by his doctors since July 2008, Ben returned to Indiana University–Bloomington this fall to resume the studies he was forced to abandon last December. Thanks to Dr. Goodman, neurosurgeon Ronald L. Young, M.D., and radiation-oncologist Christopher Leagre, M.D., Ben's desire to study business and work in marketing after he graduates can be fulfilled.

The search for better treatments



JESSICA GOODMAN, M.D.

The Children's Center for Cancer and Blood Diseases at Peyton Manning Children's Hospital at St. Vincent is part of the Children's Oncology Group (COG). An international research group, COG consists of about 200 hospitals that treat children and young adults with cancer. Patients at these hospitals, which are located in the United States, Australia, Canada, New Zealand, the Netherlands and Switzerland, may opt to participate in research studies.

"COG is committed to improving the lives of children with cancer," says Dr. Goodman. "Through COG, we define optimal treatments and conduct research to lead to more effective treatments."

Patients enrolled in COG studies are treated uniformly and may opt out at any time. "The protocols dictate everything—the type of medication administered and the dosing and timing of chemotherapy and radiation—so there's no guesswork. It's all based on previous studies," says Dr. Goodman. "By following children long-term, we've been able to improve future therapies."