

BY FOLLOWING UP ON THE COMPLAINTS OF HER CANCER PATIENTS, SHE BECAME A PIONEER IN QUALITY OF LIFE AND SURVIVORSHIP RESEARCH. HER ULTIMATE GOAL: NOT HAVING TO TELL HER PATIENTS THEY HAVE CANCER.



The Translational Work of Patricia Ganz: From the Bedside to the Population

In recent years, much has been made of the importance of translational researchers – scientists who convert basic laboratory findings into clinical therapies, a trajectory often referred to as “bench to bedside.” For the better part of the last two decades, Dr. Patricia Ganz has engaged in translational efforts of another sort – from the bedside to the population. An oncologist by training, Ganz has listened to her cancer patients’ complaints and followed up with actions that touch the lives not only of her patients, but of thousands of others she’ll never meet.

The notion that a doctor should listen to her patients seems obvious; yet, Ganz was a pioneer in the assessment of quality of life in cancer patients – ultimately prevailing upon the National Cancer Institute (NCI) to include the measurement as an important component of clinical trials – at a time when the physical and psychosocial effects of treatment on these patients were taking a back seat. “Patients who would complain about how they felt were being told, ‘You should just be glad you’re alive,’ ” Ganz explains.

Compassion for cancer patients has guided Ganz’s work over the years, the last 12 of them as director of the Jonsson Cancer Center’s Division of Cancer Prevention and Control Research, based in the UCLA School of Public Health. Her influence has been recognized by the American Cancer Society, which in 1999 made her the first woman to receive its prestigious Clinical Research Professorship. The five-year professorship (renewed last year for another five), given to one or two individuals annually, supports the work of established investigators in mid-career who have made “seminal contributions that have changed the direction of clinical, psychosocial, behavioral, health policy or epidemiologic cancer research.” Last year, Ganz received the UCLA Alumni Association’s Professional Achievement Award.

At the outset, the woman who would one day become a leading figure in cancer prevention, quality of life and survivorship issues had other plans: to become a cardiologist. It wasn't until her clinical training at UCLA that she changed her mind. For the first decade of her post-training career, during which she became chief of hematology/oncology at the UCLA-San Fernando Valley Program, Ganz was content to see cancer patients, teach medical trainees, and do clinical research part time – though she dates her interest in public health's population-based approach to her first year as a student at the UCLA School of Medicine. "It was 1969, a time when there were a lot of anti-Vietnam War rallies on campus," she recalls. "Although I was quite sympathetic to the protests, my form of 'activism' was choosing as an elective a community medicine course taught by Lester Breslow." Breslow, who would later become dean of the School of Public Health as well as a colleague of Ganz's in the Division of Cancer Prevention and Control Research, was emphasizing health interventions outside the hospital, something that was far less common than it is today – and an approach that Ganz found appealing.

By the early 1980s, Ganz had become concerned that the impact of cancer treatment on patients and their families wasn't being adequately considered. "I couldn't just give patients a drug to shrink their tumor without looking at the big picture of how that was going to affect them," she says. One setting where such issues were being considered was the emerging field of hospice care. Ganz started a unit at the UCLA-San Fernando Valley Program that dealt largely with pain and other symptoms as well as end-of-life issues for patients with advanced cancers. But while running that unit, she began to wonder why patients had to be terminal before their symptoms were controlled and their psychological concerns addressed. "It became clear to me that beyond my treatment focus, I was interested in rehabilitating patients – helping them recover," Ganz says. The NCI was just starting to fund demonstration projects on cancer rehabilitation, and Ganz began to work with like-minded scientists on pilot studies addressing the day-to-day impact of the disease and its treatment.

In 1988, Ganz used a sabbatical to educate herself on the social science tools that would enable her to assess patients' quality of life. "I really felt that the patient and the patient's family should be directing us where to go," she says. Working with behavioral scientists, Ganz began following up on the complaints of breast cancer patients and survivors in areas such as cognitive difficulties, fatigue, sexuality and menopausal symptoms and management, designing

studies to determine the prevalence of these symptoms, what was causing them, and how they could be prevented or treated more effectively. She conducted research to assist physicians in counseling breast cancer patients on the pros and cons of different levels of treatment, taking into account the side effects of the therapy. She was a founding member of the National Coalition for Cancer Survivorship.

Realizing that continuing to make the impact she desired would require full-time research, Ganz joined the School of Public Health faculty in 1992. The next year, she was appointed director of the Division of Cancer Prevention and Control Research. "As I got further into studying the late effects of cancer and its treatment, I also became more interested in incorporating prevention and cancer control into my practice," she says, "because it would be far better never to have to tell somebody, 'You have cancer.'" Among her many efforts, Ganz has been active in clinical trials for chemopreventive agents for breast and prostate cancers.

Among the targets of her prevention efforts are individuals at increased risk for hereditary cancers. Approximately one in 10 cancers can be traced to inherited genes. Ganz started the UCLA Family Cancer Registry and Genetic Evaluation Program in 1997. The program is a vital resource for families who share altered genes that potentially place them at increased risk of inherited cancers. More than 600 individuals from high-risk families are enrolled, receiving genetic counseling, access to confidential genetic testing, and information on the latest cancer prevention trials. Participants answer questions about lifestyle and share blood and tissue samples that can be used in future studies – making the program a valuable repository for researchers, who can mine the registry for clues that could lead to early-detection and prevention strategies.

It's an exciting time for her field, Ganz says. Much progress is being made, through cancer prevention has turned out to be a more formidable task than prevention in the field Ganz once considered entering. "Everyone asks when we're going to cure cancer," Ganz says. "But cancer results from many different types of exposures, so unfortunately we will need different prevention strategies for each type. Cardiovascular disease has a short list of risk factors and medications that are effective in reducing those risks – and look at the difference we make by controlling blood pressure and cholesterol. This is a successful prevention paradigm that resonates with my patients when I'm discussing the importance of chemoprevention trials in cancer."

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