



# Platinum Study Newsletter

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## SPECIAL POINTS OF INTEREST:

- *Update on Study Progress*
- *Stay Connected, Stay Updated*
- *Featured Clinician: Dr. Chunkit Fung*

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## A Platinum Study Update

We thank you, the research study participant! The Platinum Study has now enrolled over 2,000 men throughout the U.S., Canada, and the U.K in this initial research phase. We continue to analyze data provided by you, and continue to present scientifically important information at national and international levels. One of our goals is to ensure that our findings are widely disseminated to clinicians and scientists. The sharing of scientifically important information is essential for providing the medical community with findings that may help you and future patients. This newsletter features one of our international collaborating researchers, Dr. Chunkit Fung, and includes summaries for two new publications that we

hope will provide findings that may help you. To read more, please visit The Platinum Study website. As always, all data are presented in aggregate; no personal identifiers are used.

We sincerely thank you for your participation and encourage you to continue to consider participating in any future activities offered by this study. We will continue to carefully analyze the collected biologic samples and data to gain knowledge we believe will improve health outcomes for future patients.

### Stay Connected, Stay Updated!

Stay connected with The Platinum Study Team! If you moved, changed your e-mail address, or have a new phone number, please notify your clinic or study team or you may share your contact information with study headquarters in Indiana by:

- ♦ Calling us toll-free at 833-770-8700 or emailing us at [ptstudy@iu.edu](mailto:ptstudy@iu.edu)
- ♦ Going to the study website, click on "Invitation for Account Creation." If you already have an account, click "Update Contact Information" or you may create an account.

### Wanted: For Next "Participant Spotlight"

Do you have a unique story you would like to share in our next newsletter? The Platinum Study Team would love to hear your story for our next participant spotlight!

Please email us at [ptstudy@iu.edu](mailto:ptstudy@iu.edu) or call us at 833-770-8700 and tell us about your journey with testicular cancer.

## Cumulative Burden of Morbidity Among Testicular Cancer Survivors After Standard Cisplatin-Based Chemotherapy: A Multi-Institutional Study

Kerns SL, Fung C, Monahan PO, Ardeshir-Rouhani-Fard S, Abu Zaid MI, Williams AM, Stump TE, Sesso HD, Feldman DR, Hamilton RJ, Vaughn DJ, Beard C, Huddart RA, Kim J, Kollmannsberger C, Sahasrabudhe DM, Cook R, Fossa SD, Einhorn LH, Travis LB for the Platinum Study Group

Researchers designed the Platinum Study to allow them to study the effects of cisplatin-based chemotherapy on the health of testicular cancer survivors over time. Researchers were able to evaluate the number and severity of adverse health outcomes in 1,214 participants, the largest study of testicular cancer survivors ever conducted. Participating survivors were around 37 years old and about 50% had completed cisplatin-based chemotherapy within 5 years prior to participation. All survivors underwent a brief physical exam and completed comprehensive health questionnaires. The responses to health questions were grouped into disease categories and assigned a score based on their severity. The study researchers then calculated a result called the cumulative burden of morbidity score to determine the overall presence of adverse health outcomes (both the number and severity) in the survivor population and to evaluate the ways in which lifestyle and chemotherapy treatments improved or worsened these signs.

Results showed that approximately 1 in 5 survivors had a high (15%) or very high/severe (4%) cumulative burden of morbidity score, meaning that they had a large number and severity of poor health signs. A higher score was seen in survivors who 1) were older; 2) out of work on disability at the time of participation; 3) had less education; or 4) were current or former smokers. Survivors who exercised vigorously had a reduced score. Disease stage at the time of diagnosis did not appear to affect the results. Those with a higher score reported that they felt worse than those with no burden. The following poor health signs that often appeared together in the same survivor included the following: 1) hearing loss and tinnitus (ringing or buzzing in the ears), 2) hyperlipidemia (high cholesterol or high triglycerides), high blood pressure, and diabetes, 3) neuropathy, pain, and Raynaud phenomenon (a condition where hands/feet show color changes on cold exposure), and 4) cardiovascular disease and related conditions (e.g. kidney disease, obesity, and peripheral artery disease).

This study is one of the first to report such findings and demonstrates that although testicular cancer survivors have a 95% cure rate overall, for some patients it may come at a cost to future health. This cost can vary and seems to be reduced in some patients by healthy behaviors, such as exercise and smoking cessation. Thus, the results are important in guiding follow-up care and monitoring of testicular cancer survivors, and may also be applicable to other cancer survivors who received some type of cisplatin-based treatment. More research is needed to understand how treatments and other factors cause these changes in health, and importantly, how to eventually prevent or lessen them. *Journal of Clinical Oncology* 2018; 36:1505-1512

## Featured Clinician: Dr. Chunkit Fung



**Chunkit Fung, M.D.**  
**University of Rochester**  
**Wilmot Cancer Center**

Our featured clinician scientist is Dr. Chunkit Fung, who specializes in treating patients with prostate, bladder, testicular, kidney, and adrenal cancers. His research focuses on genitourinary oncology and cancer survivorship. Specifically, he is interested in the short-term and long-term health concerns many testicular cancer survivors face and how to address them. His current research includes a study on whether consistent exercise may help testicular cancer survivors avoid problems such as cardiovascular disease years after their treatment ends. Nationally, he serves on the SWOG GU Survivorship Subcommittee and the ASCO Survivorship Committee. Fung also serves as Associate Chief of Wilmot Cancer Institute's Solid Tumor Oncology Program and is a member of Wilmot's Survivorship Advisory Committee. He is one of two Faculty Senate representatives to the Board's Committee on Health Affairs. Fung came to the University of Rochester in 2011 after completing a fellowship in Hematology and Oncology at the University of Pennsylvania. He earned his undergraduate degree in biology from Cornell University and his medical degree and an M.S. degree in clinical epidemiology from the University of Pennsylvania.

### What in the World are we Talking About?

**What is Cholesterol?** Cholesterol is a waxy substance that your body needs it to build cells. There are two types of cholesterol: LDL, which is bad, and HDL, which is good. Your liver makes all the cholesterol your body needs. The remainder comes from foods derived from animals.

**What is HDL Cholesterol?** High Density Lipoprotein. HDL cholesterol is thought of as the "good" cholesterol. HDL acts as a scavenger, carrying LDL away from the arteries and back to the liver, where the LDL is broken down and passed from the body. Only one-third to one-fourth of blood cholesterol is carried by HDL.

**What is LDL Cholesterol?** Low Density Lipoprotein. LDL cholesterol is considered 'bad' cholesterol, because it contributes to fatty buildups in arteries (atherosclerosis). This condition narrows the arteries and increases the risk for heart attack, stroke and peripheral artery disease.

*Information courtesy of American Heart Association / Heart.org*

### EATING FOR YOUR HEALTH

#### Mixed Greens with Berry-Mustard Vinaigrette

**Ingredients:** 8 cups romaine and spinach, washed, dried, and torn  
 1/2 cup balsamic vinegar  
 2 tablespoons olive oil  
 3 tablespoons raspberry fruit spread  
 1-1/2 teaspoons Dijon mustard  
 1/4 teaspoon fresh tarragon, chopped  
 1 teaspoon fresh garlic, minced  
 1 teaspoon chives  
 Dash of salt and pepper, to taste

**Directions:** Prepare salad greens, set aside.  
 Whisk remaining ingredients in small bowl. Chill and serve on mixed greens.

Makes 1 cup of dressing, Serves 8

**Per serving:** Calories, 62, Fat, 3g

## Clinical and Genetic Risk Factors for Adverse Metabolic Outcomes in North American Testicular Cancer Survivors

Abu Zaid M, Gathirua-Mwangi WG, Fung C, Monahan PO, El-Charif O, Williams AM, Feldman DR, Hamilton RJ, Vaughn DJ, Beard CJ, Cook R, Althouse SK, Ardeshir-Rouhani-Fard S, Dinh PC Jr, Sesso HD, Einhorn LH, Fossa SD, Travis LB for the Platinum Study Group.

Past research studies have suggested that testicular cancer survivors treated with chemotherapy may be substantially more likely to develop cardiovascular disease than those who do not receive chemotherapy. Researchers and clinicians do not understand why this occurs. Researchers in the Platinum Study, which is evaluating the largest group of testicular cancer survivors ever studied, sought to understand whether survivors treated with chemotherapy are more likely to develop “metabolic syndrome,” which is a cluster of bad health changes (like pre-diabetes) that make it more likely for a person to develop cardiovascular disease. They wanted to evaluate whether testing patients for components of the “metabolic syndrome” would be a useful tool for monitoring changes in survivors’ cardiovascular health. To answer these questions, researchers studied 486 testicular cancer survivors who were around 38 years old (at the time of the study) and had received one line of chemotherapy. Researchers looked at physical characteristics, blood test results, and genetic traits to examine risk factors for metabolic syndrome and cardiovascular disease. They then compared these results to measurements in men of similar age who were not diagnosed with cancer and participated in a large study of the general North American population.

Researchers found that, compared to the health status of typical American men, there were more survivors with high blood pressure and that survivors were more likely to have elevated levels of “bad” cholesterol (LDL cholesterol ) and total cholesterol) and more likely to be overweight or obese. Even though survivors had increased risk factors for cardiovascular disease, the number of men with “metabolic syndrome” was not different between survivors and typical American men. However, calculations did show that survivors who were older or had reduced testosterone levels were at greater risk for developing metabolic syndrome.

Altogether, the results of this study told researchers that testicular cancer survivors have elevated risk factors for cardiovascular disease, but that using only a diagnosis of “metabolic syndrome” would not be the best tool for trying to determine the potential risk for cardiovascular disease in these survivors. This important knowledge will help guide future research questions and will stress the importance of monitoring body weight and blood cholesterol levels as part of routine follow-up. It is also important to educate survivors about maintaining a healthy lifestyle to counteract the increased risk for cardiovascular disease.

J Natl Compr Canc Netw. 2018 Mar;16:257-265