

Robert Hromas, M.D.

New Mexico Cancer Care Alliance Continues to Bring Clinical Trials to New Mexico

The NMCCA represents a dedicated group of health care professionals and hospitals that have banded together under the common goal of bringing cutting edge clinical trials to the community. The NMCCA believes that all patients regardless of location should be able to take part in a clinical trial in oncology. Why is this important?

Access to cancer clinical trials is important for two reasons. First, there may be a helpful new agent that is beneficial for one's cancer, but is not yet FDA approved, and only available on a clinical trial. So, opening clinical trials in the community increases access of patients to new therapies that might not be available any other way. Second, there are too many patients that ultimately die from their cancer. There are too many types of cancer for which there is no good therapy. Thus, we do not yet have all the answers to the problem of cancer, and the only way to answer those questions are with clinical trials.

Thus, when a patient participates in a clinical trial it may benefit more than them, but also benefit the next generation of patients that develop their type of cancer. Those that participate in clinical trials are taking part in answering those difficult unanswered questions that cancer poses. They are living for not just themselves, but the next generation of cancer patients that will come through the door next month, next year.

This raises the question about clinical trials that find that the treatment being tested has no benefit. Is this just one more discouraging step along the road of dealing with an incurable cancer? By no means; rather, finding that a given therapy does not work is important information. It tells us that we need to go in another direction, ask another type of question, and it saves further patients with that diagnosis from being placed on that therapy. It provides important direction on where to go next. If that door is closed, we know to go in another direction. Patients that participate in these trials are some of the most heroic and honorable, and they save the next

generation of patients needless therapy. We honor all of our clinical trial participants at an annual breakfast, called the HERO Recognition Breakfast. HERO is an acronym for "Helping to Enhance Research in Oncology^(SM)."

The NMCCA has over 90 clinical oncology trials open currently. Last year 369 patients were accrued to clinical trials opened through the Alliance, the vast majority of these accruals being to trials that test new therapies for cancer. Most of these accruals came from Albuquerque or Santa Fe, but physicians in Las Cruces have recently joined the Alliance, and trials will soon be open there.

In this issue, you will find information about clinical trials and an overview of cancer blood disorders including leukemia lymphoma, and myeloma.

Robert Hromas, M.D.
Professor and Chief, Hematology-Oncology Deputy Director for Clinical Affairs University of New Mexico Cancer Center

INSIDE AT A GLANCE

<i>What Kind of Treatment Should I Choose? . . . 2</i>	<i>Bone Marrow Testing 4</i>	<i>2008 HERO Recognition Breakfast 6</i>
<i>Another Way to be a Hero 2</i>	<i>New Testing Regimens for Hematologic Malignancies 5</i>	<i>Upcoming Events 7</i>
<i>Clinical Trial Process 3</i>	<i>NMCCA Participants 5</i>	<i>NMCCA Contact Information 7</i>
<i>Informed Consent 3</i>	<i>Janice, The Marathoner, Honeycutt 6</i>	<i>Save The Date! 2008 Annual New Mexico Pink Shawl Project 8</i>
<i>Hematologic Definitions 4</i>		

What Kind of Treatment Should I Choose?

By Jacob Corona

Nothing can truly prepare someone for finding out they have cancer. It isn't something they teach you in high school, and even if it were, who'd want to take that? "Hmm let's see, History, Algebra, and ooh, Cancer 101." When I found out I was diagnosed, I felt numb, yet my legs were shaking and my chest hurt. I don't remember too much about the first couple of days, just that there was a revolving door of doctors and specialists, along with a lot of stuff I had to sign. Once I had a couple of days to let this sink in, I was faced with the decision of what kind of treatment I wanted. I had two choices: I could get the standard treatment, or I could go on a research study or clinical trial as its known. Now, what I first pictured when I heard "research study" was this: A group of doctors in white lab coats wearing those goofy looking safety goggles standing, all just around and tossing a bunch of different drugs into pot. But I soon found that being on a clinical trial is not much different than standard treatment.

So, after a couple of days of weighing my options, pacing around my hospital bed and adjusting to this stuff they call hospital food, I

elected to go on the trial. I only regretted it for a couple minutes, when I had to sign and date a stack of papers authorizing my treatment, and making sure I understood and accepted all the risks. Where's that rubber stamp with my signature when I really need it? Any more papers to sign and I would have had another diagnosis...carpal tunnel.

My treatment was rigorous, I was going to have two inductions, and the treatment was to run over the course of almost three years,

with a research nurse following my progress throughout. I was lucky enough to have two, Ann Parsons and Rachel Taylor. They kept me informed about my blood counts, all my medications, the time and date of all my outpatient treatments and appointments. I learned a lot about my disease and my body from them. They were the best part of my entire experience being on a clinical trial.

My normal life was not quite so normal anymore. My days were filled with appointments and chemotherapy treatments. Therapy takes its toll on body and mind. But with the help and support from my family and friends, I refused to let it consume me. Eventually things slowed down. I spent 18 months on my clinical trial, I showed up to the UNM Cancer Center at least once a week during those 18 months. Needless to say, I became familiar with the center, and developed friendships with many of the great people that work there. Now if they'll only give me my own parking spot, I'd have it made.



Jacob Corona with his research nurses, Rachel Taylor, RN and Ann Parsons, RN

Could you be a HERO?

Helping to Enhance Research in Oncology

Make Check Payable to:
New Mexico Cancer Care Alliance

Mail to:
New Mexico Cancer Care Alliance
801 University Blvd., SE
Suite 102
Albuquerque, NM 87106

NMCCA's HERO Program events range from educational, awareness and recognition events (such as our annual Recognition Breakfast last February) for the public to educational programs for medical professionals. All these programs are designed to provide

knowledge as to what a cancer clinical trial is and is not and how participating in a clinical trials may benefit a cancer patient. As a 501(c)(3) non-profit organization, NMCCA relies on, and greatly appreciates, grants and donations to support the HERO Program.

Please consider making a tax-deductible donation to New Mexico Cancer Care Alliance. You may clip this portion and send it with your donation in the enclosed envelope.

I am pleased to donate to NMCCA's HERO Program. Enclosed is my donation of (Circle One)

\$10 \$15 \$25 \$50 Other _____

Name _____

Address _____

City _____ State _____ Zip _____

I give permission for NMCCA to acknowledge me by name in the next newsletter

The Clinical Trial Process

Clinical trials are research studies involving people. They seek to answer specific questions to find better ways to prevent, detect, and treat diseases, and to improve care for people with diseases. In cancer research, a clinical trial is designed to show how a certain anticancer approach – for instance, a promising drug, a new surgical procedure, a new diagnostic test, or possible way to prevent cancer – affects the people who receive it. Clinical trials are the final step in a long process that begins with preliminary laboratory research and animal testing.

Clinical trials follow strict scientific guidelines. The principal investigator (the person in charge) prepares a plan for the study, called a protocol, which acts like a “recipe” for conducting a clinical trial. The protocol explains what the trial will do, how the study will be carried out, and why each part of the study is necessary. The Federal regulations help ensure that clinical trials are run in an ethical manner. The participant’s rights and safety are protected through the informed consent. The informed consent is a process through which potential participants learn the purpose, the risk, and the benefits of a clinical trial before deciding whether to participate. This process continues throughout the study.

Federal regulations require two review panels to approve the clinical trial before it begins. A scientific review committee and an institutional review board (IRB) that oversees clinical research at the local participating institution. Regulations also require monitoring of the trials by the IRB, data and safety monitoring boards (DSMBs) for phase 3 trials, and required reports to Federal agencies, which oversee the conduct of the trial.

Clinical trials take place in four phases, each designed to answer different research questions. Phase 1 trials usually involve 15-30 people. The purpose of the Phase 1 studies is to find a safe dose, decide how the drug should be given, and to observe how the drug affects the human body. Phase 2 studies involve less than 100 people and determine if the drug has an effect on a particular cancer. Phase 3 studies generally involve 100 to thousands of people. They compare new drugs with the current standard treatment. Phase 4 studies involve several hundred to several thousand people. They further evaluate the long-term safety and effectiveness of a new treatment.

Choosing to join a clinical trial is something only you, those close to you, and your doctors and nurses can decide together.

Source: National Institute of Health, National Cancer Institute, Cancer Clinical Trials, The Basic Workbook, 2002.

Here are some questions that you can discuss with your physician before choosing to enroll in a clinical trial

- Why is this trial being done?
- Why do the doctors who designed the trial believe that the treatment being studied may be better than the one being used now? Why may it not be better?
- How long will I be in the trial?
- What kinds of tests and treatments are involved?
- What are the possible side effects or risks of the new treatment?
- What are the possible benefits?
- How will the doctor know if the treatment is working?
- Will I have to pay for any of the treatments or tests?
- What costs will my health insurance cover?
- How could the trial affect my daily life?
- How often will I have to come to the hospital or clinic?
- Will I have to travel long distances?
- What are my other treatment choices, including standard treatments?
- How does the treatment I would receive in this trial compare with the other treatment choices?

Visit www.nmcca.org to view the current list of clinical trials offered at participating institutions in New Mexico.

Paperwork, Paperwork, Paperwork!

If you and your physician have found a clinical trial that is of interest to you and for which you are eligible (that is, you meet requirements such as type and stage of cancer, age, treatment history, overall health, and others), you will need information in order to make a decision about whether to participate in the trial. Making a decision about participating in a research study involves understanding the potential risks and benefits as well as your rights and responsibilities. The presentation and discussion of these important issues are part of the process called informed consent. Informed consent is a process by which people learn the important facts about a clinical trial to help them decide whether to participate. This information includes details about what is involved, such as the purpose of

the study, the tests and other procedures used in the study, the treatment procedure and schedule, the possible risks and benefits and alternatives to participation. In addition to talking with the doctor or nurse, people receive a written consent form explaining the study.

The informed consent document provides a summary of the clinical trial and explains your rights as a participant. It is designed to begin the informed consent process, which consists of conversations between you and the research team. If you then decide to enter the trial, you give your official consent by signing the document. You can keep a copy and use it as an information resource throughout the course of the trial.

The informed consent process provides you with ongoing explanations that will help you

The importance of understanding the informed consent process.

make educated decisions about whether to begin or continue participating in a trial. Researchers and health professionals know that a written document alone may not ensure that you fully understand what participation means. Therefore, before you make your decision, the research team will discuss with you the trial’s purpose, procedures, risks and potential benefits, and your rights as a participant. If you decide to participate, the team will continue to update you on any new information that may affect your situation. Before, during, and even after the trial, you will have the opportunity to ask questions and raise concerns. Thus, informed consent is an ongoing, interactive process, rather than a one-time information session.

Source: National Cancer Institute, <http://www.cancer.gov/clinicaltrials/conducting/informed-consent-guide>, (March 2008)

Hematologic Definitions

Lymphoma

Lymphoma is cancer that begins in cells of the immune system. There are two basic categories of lymphomas. One kind is Hodgkin's lymphoma, which is marked by the presence of a type of cell called the Reed-Sternberg cell. The other category is non-Hodgkin's lymphomas, which includes a large, diverse group of cancers of immune system cells. Non-Hodgkin's lymphomas can be further divided into cancers that have an indolent (slow-growing) course and those that have an aggressive (fast-growing) course. These subtypes behave and respond to treatment differently. Both Hodgkin's and non-Hodgkin's lymphomas can occur in children and adults, and prognosis and treatment depend on the stage and the type of cancer.

Lymphomas result when a lymphocyte (a type of white blood cell) undergoes a malignant change and begins to multiply, eventually crowding out healthy cells and creating tumors that enlarge the lymph nodes or other parts of the immune system.

About 71,380 people living in the United States will be diagnosed with lymphoma in 2007. This figure includes approximately 8,190 new cases of Hodgkin lymphoma (4,470 males and

3,720 females), and 63,190 new cases of non-Hodgkin's lymphoma (34,200 males and 28,990 females).

Leukemia

Leukemia is the general term used to describe four different disease-types called:

- Acute Myelogenous Leukemia (AML)
- Acute Lymphocytic Leukemia (ALL)
- Chronic Myelogenous Leukemia (CML)
- Chronic Lymphocytic Leukemia (CLL)

The terms lymphocytic or lymphoblastic indicate that the cancerous change takes place in a type of marrow cell that forms lymphocytes. The terms myelogenous or myeloid indicate that the cell change takes place in a type of marrow cell that normally goes on to form red cells, some types of white cells, and platelets.

Acute lymphocytic leukemia and acute myelogenous leukemia are each composed of blast cells, known as lymphoblasts or myeloblasts. Acute leukemias progress rapidly without treatment.

Chronic leukemias have few or no blast cells. Chronic lymphocytic leukemia and chronic myelogenous leukemia usually progress slowly compared to acute leukemias.

Myeloma

About 19,900 Americans will be diagnosed with myeloma this year. About 60,424 people in the U.S. are living with myeloma.

Myeloma starts in marrow and is a cancer of plasma cells. Plasma cells are a type of white cell and are part of the body's immune system.

Normal plasma cells make antibodies, which help fight infection. Myeloma cells cannot help the body fight infection. As the myeloma cells grow in the marrow they crowd out the normal plasma cells. They also crowd out normal white cells, red cells and platelets.

Most people with myeloma are age 50 and older. Americans of African descent are diagnosed with myeloma about twice as often as Americans of European descent. People of Asian and Hispanic descent have lower rates of myeloma than other groups.

There is no cure for myeloma. Still, this is a hopeful time for myeloma patients. There are more treatments today than in the past. And new treatments are being studied.

Source: National Cancer Institute, www.cancer.gov, (March 2008)

The Leukemia & Lymphoma Society, www.leukemia-lymphoma.org, (March 2008)

Bone Marrow Testing

Leukemia, lymphoma and myeloma are cancers that originate in the bone marrow or lymphatic tissues. They are considered to be related cancers because they involve the uncontrolled growth of cells with similar functions and origins. The diseases result from an acquired genetic injury to the DNA of a single cell, which becomes abnormal (malignant) and multiplies continuously. The accumulation of malignant cells interferes with the body's production of healthy blood cells.

An estimated 135,520 people in the United States will be diagnosed with leukemia, lymphoma or myeloma in 2007. New cases will account for 9.4 percent of the 1,444,920* new cancer cases diagnosed in the United States this year.

Your doctor may order a complete blood count to determine the numbers of red blood cells, white blood cells, and platelets in a sample of blood. If the numbers or types of cells are abnormal a bone marrow exam may be indicated. A bone marrow

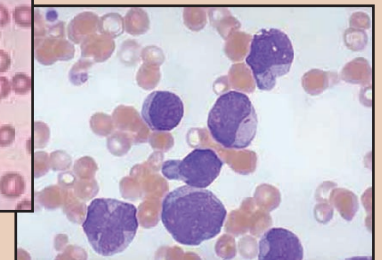
exam (bone marrow biopsy and/or aspirate) can confirm a diagnosis of leukemia, lymphoma or myeloma. Bone marrow is present in the center of the long bones of the legs and arms, and in the pelvic bones, ribs, breastbone, vertebrae, and skull. The bone marrow is responsible for the

development and storage of about 95 percent of the body's blood cells. The three main types of blood cells produced in the bone marrow include:

- **Red blood cells (erythrocytes)** - carry oxygen from the lungs to the rest of the body.
- **White blood cells (leukocytes)** - help fight infections and aid in the immune process.
- **Platelets (thrombocytes)** - help to control bleeding.



Normal blood smear



Acute myelogenous leukemia

A bone biopsy is a method to remove a tissue sample from your body for examination. In a bone marrow biopsy, a sample of solid bone marrow material is taken. A bone marrow aspiration is usually done at the same time as a biopsy. In an aspiration, a sample of the liquid (blood) portion of your marrow is withdrawn. A pathologist in the lab examines blood and bone marrow samples. By using a microscope with special staining techniques, the pathologist can evaluate the bone marrow for any abnormal cells.

*Source: Surveillance, Epidemiology and End Results (SEER) Program 1975-2004, National Cancer Institute, 2007

<http://www.cnn.com/HEALTH/library/CA/00068.html>

<http://www.leukemia-lymphoma.org> • <http://www.muschealth.com> http://www.cancer.gov/Templates/db_alpha.aspx?print=1&cdid=46506

New Testing Regimens for Hematologic Malignancies

There are exciting trials currently open that are testing new regimens for hematologic malignancies. These trials are open at most oncology treatment sites in Albuquerque, Santa Fe, and Las Cruces.

LYMPHOMA

CALGB 50303: Phase III Randomized Study of R-CHOP V. Dose-Adjusted EPOCH with molecular profiling in untreated De Novo Diffuse Large B-Cell Lymphomas

Seattle Genetics SG040-0005: A Randomized, Phase IIB Placebo-Controlled Study of R-ICE Chemotherapy (Rituximab, Ifosfamide, Carboplatin, and Etoposide) with and without SGN-40 (Anti-CD40 Humanized Monoclonal Antibody) for Second-Line Treatment of Patients with Diffuse Large B-Cell Lymphoma (DLBCL)

MYELOMA

SWOG S0434: A Phase II Trial of BAY 43-9006 (Sorafenib) (NSC-724772) in Patients with Relapsing or Resistant Multiple Myeloma

SWOG S0434: A Phase II Trial of BAY 43-9006 (Sorafenib) (NSC-724772) in Patients with Relapsing or Resistant Multiple Myeloma

ECOG E1A05: Randomized Phase III Trial of Consolidation Therapy with Bortezomib (Velcade®)-Lenalidomide (Revlimid®)-Dexamethasone (VRD) versus Bortezomib (Velcade®)-Dexamethasone (VD) for Patients With Multiple Myeloma Who Have Completed a Dexamethasone Based Induction Regimen

LEUKEMIA

SWOG S0521: A Randomized Trial of Maintenance Versus Observation for Patients with Previously Untreated Low and Intermediate Risk Acute Promyelocytic Leukemia (APL), Phase III

SWOG S0106 A Phase III Study of the Addition of Gemtuzumab Ozogamicin (Mylotarg®) Induction Therapy Versus Standard Induction With Daunomycin and Cytosine Arabinoside Followed by Consolidation and Subsequent Randomization to Post-Consolidation Therapy With Gemtuzumab Ozogamicin (Mylotarg®) or No Additional Therapy for Patients Under Age 61 With Previously Untreated De Novo Acute Myeloid Leukemia (AML)

CALGB 10501/CTSU C10501: A Phase III Intergroup CLL Study of Asymptomatic Patients with Untreated Chronic Lymphocytic Leukemia Randomized to Early Intervention Versus Observation with Later Treatment in the High Risk Genetic Subset with IgVH Unmutated Disease

MYELOMA, LEUKEMIA, LYMPHOMA

1003C Treatment of relapsed lymphoid Malignancies with an anti-angiogenic approach.

New Mexico Cancer Care Alliance Participants

Lovelace Health System

- Lovelace Medical Center - Downtown
- Lovelace Westside Hospital
- Lovelace Women's Hospital

Veterans Administration Medical Center

- Richard Crowell, M.D.
- Richard M. Hoffman, M.D.
- Elizabeth McGuire, M.D.

Presbyterian

- Healthcare Services
- Presbyterian Hospital
- Presbyterian Kaseman Hospital
- Presbyterian Medical Group

- Bernard Agbemadzo, M.D.
- Mitchell Binder, M.D.
- Edward J. Bombach, M.D.
- Sean Coston, M.D.
- Peter Driscoll, M.D.
- Kathryn Faccini, M.D.
- Richard Milne, M.D.
- Anne Marie Morosin, M.D.
- Doris Quintana, M.D.
- Calvin Ridgeway, M.D.

St. Vincent Regional Medical Center - Santa Fe

- Donald C. Shina, M.D.

University of New Mexico Cancer Center

- Michael S. Davis, M.D.
- Charles A. Dietl, M.D.
- Jami Frost, M.D.
- Richard Heideman, M.D.
- Glenroy Heywood, M.D.
- Robert Hromas, M.D.
- Dennie V. Jones, Jr., M.D.
- Charles R. Key, M.D.
- Richard Lauer, M.D.
- Fa-Chyi Lee, M.D.
- Kimberly Leslie, M.D.
- Edward N. Libby, M.D.
- Stephen W. Lu, M.D.
- Aroop Mangalik, M.D.
- Prasad Mathew, M.D.
- James M. McKinnell, M.D.
- Carolyn Muller, M.D.
- Garth Olson, M.D.
- Steven Padilla, M.D.
- Yehuda Z. Patt, M.D.
- Robert H. Quinn, M.D.
- Ian Rabinowitz, M.D.

- Meera Ravindranathan, M.D.
- Robert D. Rosenberg, M.D.
- Melanie Royce, M.D.
- Teresa Rutledge, M.D.
- John C. Russell, M.D.
- John H. Saiki, M.D.
- Jess D. Schwartz, M.D.
- Anthony Y. Smith, M.D.
- Harriet Smith, M.D.
- Michael Spafford, M.D.
- Philip Strange, M.D.
- Amy Tarnower, M.D.
- Claire Verschraegen, M.D.
- Anne Marie Wallace, M.D.
- Cheryl L. Willman, M.D.
- Stuart Winter, M.D.

Private Practiace

- William C. Abbott, M.D.
- Donald L. Kettwich, M.D.
- Vincent Ortolano, M.D.
- Susan Seedman, M.D.
- Linda Ann Smith, M.D.

Albuquerque Urology Associates

- V. Taylor Floyd, M.D.
- Damara L. Kaplan, Ph.D., M.D.
- Wayne W. Kuang, M.D.
- Jonathan Lackner, M.D.
- Mark D. Thomas, M.D.

Hematology-Oncology Associates

- Lovie Bey, M.D.
- Paul R. Duncan, M.D.
- Jody Jordan, M.D.
- James Lin, M.D.
- Malcolm Purdy, M.D.
- P. Lorraine Sanchez, M.D.
- Victor V. Vigil, M.D.

New Mexico Colon & Rectal Surgery Associates

- William A. Brown, M.D.
- Calvin Dudley, M.D.
- James B. Williams, M.D.

New Mexico Cancer Care Associates

- Scott Herbert, M.D.
- Patrick H. Judson, M.D.
- Karen Leigh Bossolt
- LoRusso, M.D.
- Ronald P. Kubica, M.D.
- Timothy Lopez, M.D.
- Lenna J. Scott-Timperley, M.D.
- David A. Snyder, M.D.

New Mexico Ear, Nose, Throat Specialists, P.C.

- Frederick Fiber, M.D.

Radiation Oncology Associations, P.A.

- Paul A. Anthony, M.D.
- Lisa P. Berle, D.O.
- Ronda Fleck, M.D.
- Kutub Khan, M.D.
- Benny J. Liem, M.D.
- Thomas Shroeder, M.D.
- Amanda J. Story, M.D.
- William R. Thompson, M.D.
- Gene Wong, M.D.

Southwest Gynecologic Oncology Associates

- Francisco Ampuero, M.D.
- Karen A. Moller, M.D.
- Luis Padilla-Paz, M.D.

UNM Cancer Center South (Las Cruces)

- Warren Alexander, M.D.
- Kanwaldeep Kaur
- Rasilla, M.D.

Affiliate participants include:

Community Organizations & Agencies

- American Cancer Society
- Lovelace Clinic Foundation
- New Mexico Department of Health, Chronic Disease Prevention & Control Bureau
- People Living Through Cancer
- St. Joseph Community Health
- United Blood Services

Janice, the Marathoner Honeycutt!

The Crazy Walking Lady

Janice Honeycutt was determined to raise \$6,000 for the Leukemia and Lymphoma Society to fund research to find new treatments for leukemia, lymphoma, myeloma, and to provide critical education, services, and support

to patients and families battling these cancers. The endurance that she needed in order to complete this 26 mile Marathon was nothing compared to the endurance needed by families who have a child with leukemia or lymphoma.

In Her Own Words...

Let me tell you about my adventure. The race started at 5:00 a.m. and it started to torrentially downpour at 4:15 a.m.. The \$2.50 poncho that I purchased the day before was the best money I spent. Everything was dry except my shoes!! With 30,000+ entrants and 28,000+ who actually started the race, it was 5:20 a.m. before I crossed the START line! It rained until about mile 1. We went through downtown Waikiki and experienced the beautiful Christmas decorations because it was still dark. We went to the beach and watched the sun rise as we walked toward Diamondhead. Two hours into the race, I was walking up Diamondhead, being encouraged by the local youngsters; when the real marathoners were coming back down to finish the race. It was overcast until about 10:00 a.m. and thank

goodness because it was 85 degrees and about 100% humidity. One of the staff members walked with me at mile 24 where it was all UP HILL!! But prior to that, the neighborhoods at mile 22 and 23 did a great job encouraging us, giving us fruit, cookies and spraying us with the garden hose. Never did running through the sprinklers feel so good!! When I turned the corner to see the finish line, it kept getting farther and farther away. That last .2 mile was a killer. But my friends were there with a lovely ginger scented lei to perk me up and get me through the finish line. I crossed the finish line in 6 hours 44 minutes and 26 seconds (but who is counting!!). It was a great feeling to cross the finish line. I was one of the 20,000 who did finish.



Always prepared, Janice is pictured here with a rain poncho on her belt which she carried the entire walk... just in case.

My mother asked me if I won, and I told her that yes, by crossing the finish line, I definitely had won!

2008 HERO Recognition Breakfast

On February 15, 2008, New Mexico Cancer Care Alliance recognized patients who participated on oncology research studies as HEROs. HERO is an acronym for "Helping to Enhance Research in Oncology (SM) and NMCCA believes any person who participates in a research study shows courage by volunteering for a new experimental treatment that may offer hope and possibly a cure to future generations. These people are truly heroes.



From left to right:
Joe Gutierrez, Mary Gutierrez and Pricilla Torres

UPCOMING EVENTS

Cancer Services of New Mexico's Spring 2008 Family Cancer Retreat

April 25-27, 2008 • Glorieta, NM

A free educational program for New Mexico's adult cancer patients/survivors and the family members and loved ones who care for them.

For information contact Cancer Services of New Mexico at 505-239-4239 or info@CancerServicesNM.org

PATIENT EDUCATION

"Getting the Best Cancer Care at Any Age"

Saturday, May 31, 2008 • Time: TBA

Shepherd of the Valley
Presbyterian Church, Albuquerque
National Cancer Survivors'
Day Celebration Event

"Autologous Stem Cell Transplants for Patients with Blood Disorders"

Thursday, May 1, 2008 • 6:00 -7:30 p.m.

Aggie Room, Presbyterian
Kaseman Hospital Outpatient Building D,
8300 Constitution NE, Albuquerque

Speakers:

Natalie Marshall, M.D., NM Cancer Center
Ronnie Garner, M.D., Medical Director,
Presbyterian Healthcare Services Infusion Center

The Family Support Group for Blood Cancers will meet immediately after this meeting.

Please contact Jamie McDonald, MSW,
at 505-841-1561 for support
group information.

For additional information and registration please contact Mikki Aronoff, Patient Services Manager, The Leukemia & Lymphoma Society, 505-872-0141 x 225, 1-888-286-7846 x 225, or mikki.aronoff@lls.org



People Living Through Cancer

People Living Through Cancer, the first cancer survivorship organization in New Mexico and among the first in the country, has provided emotional support and education to thousands of cancer survivors and their loved ones. The time right after

a diagnosis can be an especially challenging and formidable time with the many choices that have to be made about the course of treatment one will undertake to have the best chance of defeating the disease. PLTC has a long tradition of providing resources and bringing quality education to cancer survivors to help them make informed choices that are right for them. In collaboration with NMCCA, PLTC has the opportunity to educate families about clinical trials in a supportive and comfortable setting. Our network of support is growing, surpassing 40 located throughout the state. "We are honored to be an affiliate partner of the outstanding organizations that make up NMCCA," said Bernadette Lujan, PLTC Executive Director.

22nd ANNUAL CANCER SURVIVORSHIP CONFERENCE

In conjunction with National Cancer Survivors Day Celebration

Shepherd of the Valley

1801 Montano Rd NW

Saturday, MAY 31, 2008

8:00am to 3:30pm

to register or for more information: www.pltc.org or 242-3263

The Seeds for Survival Conference began 22 years ago and has since become the resource for cancer survivors and their caregivers in New Mexico. This conference is for the newly diagnosed and long-term cancer survivor and caregiver to learn from professionals in the field of cancer research, patient care and fellow survivors.

The Survivorship Conference is scheduled for May 31, 2008 and will kickoff National Cancer Survivors Month. The conference includes La Fiesta de Vida – National Cancer Survivors Day Celebration. The conference and celebration target survivors of all cancers and ages, their families, and professional caregivers.

Sharing Thoughts

Have you participated in a clinical trial? Would you like to share a few words about your experience? If so, we'd love to include your thoughts in our newsletters. Please write to Debbie Putt at dputt@nmcca.org or at NMCCA, 801 University Blvd. SE, Suite 102, Albuquerque, NM 87106.

Advancing Oncology Clinical Trials IN NEW MEXICO

For more information about NMCCA, clinical trials or to request additional copies of this newsletter, please contact 272-7813 or by email at info@nmcca.org.

Phone: 505-272-7813 • Fax: 505-272-7799 • info@nmcca.org

Save The Date

2008 Annual New Mexico Pink Shawl Project

A Breast Health & Wellness Program

SEMINARS, LUNCHEON, HEALTH FAIR & POWWOW

Saturday, May 17, 2008

Albuquerque International Balloon Museum

Schedule of Events:

8:00 a.m. - 9:00 a.m.

Registration

9:00 a.m. - 11:00 a.m.

Free Educational Seminars

9:00 a.m. - 3:00 p.m.

Health Fair

11:30 a.m. - 1:00 p.m.

Reception/Luncheon,

\$25 per seat

1:00 p.m. - 11:30 p.m.

Powwow



For more information, Contact Debbie Putt • E-mail: dputt@nmcca.org
Phone: 505-272-7813 • Fax 505-272-7799



801 University Blvd., SE
Suite 102
Albuquerque, NM 87106

