

NMCCA

December 2006



COMMUNITY NEWSLETTER

Looking Forward, Glancing Back 2006

New Mexico Cancer Care Alliance Salutes Its HEROs

On October 12 and 13, 2006, NMCCA saluted its known HEROs.

At NMCCA's annual meeting on October 12, we acknowledged the physician participants and their research staff for their dedication to patients and to increasing medical knowledge through cancer clinical research studies. 135 patients took part in NMCCA-opened clinical research studies between July 1, 2005 and June 30, 2006.

Education

Education is an important part of every person's life. Medical and research professionals need to learn about the latest treatments and techniques. Patients and other members of the public should learn about the possible treatment options for the diseases that might affect them, their family members or other loved ones. This knowledge helps everyone make better decisions regarding their treatment.

Since our last annual meeting, NMCCA medical professionals have attended seminars

- on the latest trends in breast cancer research with Larry Norton, MD, from Memorial Sloan Kettering in New York,
- a best clinical practices in breast cancer seminar facilitated by Melanie Royce, MD, the director of the multi-disciplinary breast cancer program at UNM's Cancer Research & Treatment Center,
- Radiology Imaging with Dr. Stephen Eberhardt of UNM

- Osteonecrosis of the jaw (bone death) issues in cancer patients by Jean-Claude Abougou, Ph.D. of Novartis
- Current and innovative treatments for leukemia patients by Emil J Freireich, MD, D.Sc, Director of the Adult Leukemia Research Program at the MD Anderson Cancer Center in Houston, Texas.

Patients had the opportunity to meet Dr. Larry Norton in January at NMCCA's What's Brewing? Breast Cancer Tea and with local physicians, Malcolm Purdy of Hematology-Oncology Associates, and Ian Rabinowitz of the UNM Cancer Research & Treatment Center at the April Trials & Triumphs seminar co-sponsored by the Leukemia & Lymphoma Society.

Courage and Hope from Study Participants

On Thursday, October 13, NMCCA saluted the people who are HEROs to physicians, nurses, research staff and future cancer patients—the individuals who participate in cancer clinical research studies. Because of these volunteers, medical knowledge about treatments and disease progression increases. NMCCA physicians are confident that, someday in the future, these research studies will lead to treatments that prolong remission, increase the quality of a patient's life and may even cure cancer. These study treatments are experimental, which proves to us that study participants truly are HEROs—they are courageous enough to take a

chance that may or may not benefit them, but which may provide information that offers hope to future generations of cancer patients. The New Mexico/El Paso Chapter of the Leukemia & Lymphoma Society was a generous co-sponsor of the 2006 HERO Recognition Breakfast and Dr. Emil Freireich's talk about the state of leukemia research in the United States.

Upcoming Event

Saturday

February 17, 2007

Pink Shawl Project **A Breast Health & Wellness Program**

Sandia Casino & Resort

Featured Speaker:

Lorraine "Punkin" Shananaquet

Founder, Pink Shawl Project

11:30 AM – Luncheon, \$25 per seat

3:00 PM – Pow Wow, Free

Call 505-272-7819

for details and luncheon reservations

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Everyone has lungs. We all know what they do; they're the organ in our body that allows us to take in air and send oxygen on its way into our bloodstream and all the other cells in our body.

We don't think about them very often; however, perhaps when the air is polluted or when people around us smoke. Usually we take them for granted—we breathe, they

work and all is right with the world and our bodies.

But for some people, something goes wrong. They develop lung cancer. Doctors cannot always explain why one person gets cancer and another does not. However, scientists have studied general patterns of cancer in the population to learn what things around us and what things we do in our lives

may increase or decrease our chance of developing cancer.

In this issue of the New Mexico Cancer Care Alliance Community Newsletter, NMCCA would like to bring information to people about what happens with their lungs, what one can do to keep them healthy, and what to do if something does go wrong.

LUNG CANCER CONVERSATIONS WITH DR. DENNIE JONES, JR.

The New Mexico Cancer Care Alliance is fortunate to have an expert on lung cancer therapy as one of its participants and its Medical Director. Dr. Dennie Jones, Jr., of the University of New Mexico Cancer Research & Treatment Center works to find means to control cancer now and to prevent it in the future. He spoke with Linda Green about treatment and screening for lung cancer.

How many people develop lung cancer?

When we talk about cancer, we usually don't include precancerous tumors or lesions, or non-melanoma skin cancers. This still leaves over 560,000 cancers, and of that, there are a little over 172,000 lung cancers diagnosed each year in the United States. Lung cancer is the third most commonly diagnosed malignancy in this country, after prostate and breast cancer, and just a bit ahead of colorectal cancer. Unfortunately, most of those people who are diagnosed with lung cancer, about 164,000, will die of, or with, their disease, so lung cancer is responsible for as many cancer deaths as the other four of the top five cancers combined (prostate, breast, colorectal and pancreatic cancers).

Are there different types of lung cancer?

Yes. We have a simple system of dividing lung cancers into two groups: small cell lung cancer, and all others, called non-small cell lung cancer. Small cell lung cancer is a minority, about 15 percent, and the number of these tumors is slowly decreasing. They tend to grow faster, and are almost always widespread at the time of diagnosis, which means that we can only rarely use surgery to treat them. Luckily, they respond

extremely well to chemotherapy and, in certain circumstances, radiation therapy as well. On the other hand, the non-small cell lung cancers tend to grow slower, are more likely to be found still localized (and amenable to surgery), but don't respond as quickly or as well to chemotherapy. Of the non-small cell lung cancers, there are at least three major subgroups: adenocarcinomas, which come from mucus producing gland-type cells found in the lungs; squamous cell carcinomas, which come from the cells which line the breathing passages; and large cell carcinomas, which are actually related to small cell carcinomas as both come from hormone producing cells within the lungs. As we get a better understanding of these diseases and their treatments, we are now developing evidence that even this grouping is too crude.

Are there any other risk factors besides smoking which might lead to lung cancer?

Of course, far and away, the number one risk factor for developing lung cancer is smoking and smoke inhalation, mainly tobacco smoke. However, other types of smoke, such as smog and soot (especially in urban areas), and even marijuana smoke, contain cancer causing chemicals which may predispose somebody to developing lung cancer. There are other potential risk factors as well. For example, asbestos exposure, while famous for its connection to an unusual type of cancer called a mesothelioma that can affect the chest or abdomen, is also connected to lung cancer. We don't see asbestos exposure as much any more, but often in people who worked as plumbers and pipe fitters, in shipyards and around older buildings, especially if they worked with insulation. Another causative link is with

mining; in some parts of the country, such as in the Appalachian Mountains, Colorado and Wyoming, this means coal mining, and exposure to coal dust. In New Mexico, the concern is uranium mining; radioactivity is inhaled and causes lung cancer. In the Midwest and even here, another concern is radon in homes. Radon is a radioactive gas which is formed as uranium breaks down and the highest amounts are found in the basements. Other chemicals also have been linked to possibly causing lung cancer, especially if they are inhaled.

Is there a genetic link to lung cancer? That is, can a person inherit the risk for developing lung cancer?

We haven't seen a true genetic link, one that would show that the risk for lung cancer can truly be inherited, as with colon or breast cancers. Of course, lung cancer often strikes multiple members within a family, siblings, or parents and their offspring, but if you look hard enough, you find that most of them have been smokers, or have spent a lot of time with smokers. Passive smoking causes several thousand deaths each year in this country from lung cancer. Then again, about twenty thousand people have no really strong risk factors, so we don't know why they develop lung cancer. For some reason, these tend to be younger women.

Are any screening tests available?

Unlike breast, colorectal or prostate cancers, there are no proven screening tests. Multiple large studies have looked at chest x-rays, sputum (phlegm) testing, blood tests, and even bronchoscopy (looking down into the lungs).

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LUNG CANCER CONVERSATIONS WITH DR. DENNIE JONES, JR. *Continued from page 2*

So far, none has reliably shown to be effective in reducing subsequent mortality from lung cancer, although the tests may help us find tumors earlier. That doesn't mean we shouldn't keep looking for a good screening test. Recent data indicates that high-definition computed tomography scanning (CT or "CAT" scans) of the chest has great promise, though cost is a major issue right now. To be helpful and widely applicable, a screening test has to be cheap, easy, low risk and must show that it can save lives if applied widely enough. So far, we don't have that for lung cancer.

We hear a lot about hormone replacements for women and whether they might be a benefit for some cancers. Can they help with lung cancer?

No. While there has been some suggestion of benefit for colon cancer and for bone health, recent data now indicates that while hormone replacement therapy may not lead to lung cancer, when a woman who has received hormone replacement therapy develops lung cancer, she has a shorter survival. Because of the risks of other cancers and cardiovascular disease, most women probably won't benefit from this therapy. However, there are individuals who might, so the decision to use hormone replacement therapy must be made on an individual basis, after a

discussion with their physician of potential risks and benefits.

How about new treatments? Lung cancer sounds pretty aggressive, so what is on the horizon?

Lung cancers, all of them, are aggressive, and if untreated, all will eventually cause death. However, not each tumor progresses at the same rate. Some people who have disseminated disease, which is rarely curable, have disease that grows so slowly and has such minimal symptoms, that we may be able to watch them for a while; months, or in rare cases, even years. However, most people cannot be simply watched by their doctors, and for those patients, we need to offer therapy which minimizes toxicities. Patients are often sick enough to begin with and we really do not want to intentionally make someone with lung cancer feel even worse while we try to get them better. We have two goals in mind when treating somebody: duration of life and quality of life. Those who feel better not only live better, but live better longer.

That said, we now have over a dozen drugs that have shown benefit in treating patients with lung cancer. We don't use them all at once; that would be too toxic. But we usually use anywhere from one to three drugs at a time. For most patients their quality of life is improved and they do live longer, perhaps up to a year or so more, if

they can receive several types of chemotherapy treatments. Some treatments come as injections and some as pills, though the pills are real chemotherapy and are designed to kill cancer cells. There are about 300 different drugs that are being investigated in cancer therapy in this country; we have some of them available to us through the NMCCA.

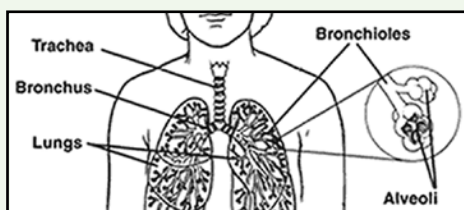
Not all of the drugs we use make patients lose all of their hair or have profound nausea and vomiting, though that can still happen. We try to minimize that, though. We will sometimes use chemotherapy with radiation therapy and/or surgery, or all three types of treatment, to try to maximize the outcome. At the NMCCA, we also offer clinical research trials, as we try to improve the outcomes for our patients, and for lung cancer patients everywhere, by our participation in trials with other institutions around the country, and sometimes around the world.

How would I know whether a clinical research study might work for me?

Each patient should speak with their oncology physician. Not everybody should go on a research trial if the potential benefits don't outweigh the risks. In some cases, a patient may be too ill to participate. However, in many instances, a trial may be at least as good as

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Types of Lung Cancer



• **Small Cell Lung Cancer (SCLC)**

About 15% of all lung cancers are the small cell type. This cancer often starts in the bronchi near the center of the chest. Although the cancer cells are small, they can multiply quickly and form large tumors that can spread widely through the body. This is important because it means that treatment must include drugs

to kill the widespread disease. This kind of cancer is almost always caused by smoking. It is very rare for someone who has never smoked to have small cell lung cancer

• **Non-Small Cell Lung Cancer (NSCLC)**

About 85% of all lung cancers are of the non-small cell type. There are three subtypes of NSCLC. The cells in these subtypes differ in size, shape, and chemical make-up.

- Squamous cell carcinoma: about 25% to 30% of all lung cancers are of this kind. They are linked to smoking and tend to be found near the bronchus.

- Adenocarcinoma: this type accounts for about 40% of lung cancers. It is usually found in the outer part of the lung.
- Large-cell undifferentiated carcinoma: about 10% to 15% of lung cancers are this type. It can start in any part of the lung. It tends to grow and spread quickly.
- If the cancer has features of both types, it is called mixed small cell/large cell cancer.

Taken from the American Cancer Society, All About Lung Cancer, www.cancer.org

**LUNG CANCER CONVERSATIONS WITH
DR. DENNIE JONES, JR.**

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standard therapy, and hopefully better; that is, more active and/or less toxic. Certainly, no one should ever feel pressured to participate in a trial, but we have to offer it, if we, your health care providers, think that it may offer some kind of benefit. We have a variety of trials to offer, over a dozen, for patients with various types of lung cancers, with differing amounts of disease and in differing settings; more trials are being designed to treat and prevent lung cancer. Hopefully, these trials will show benefits, and help us design newer, more effective therapies, with fewer side effects.

By Definition

Risk Factor: A Risk Factor is anything that increases a person's chance of developing a disease

Protective Factor: A Protective Factor is anything that decreases the risk of developing a disease

Prevention: means avoiding risk factors and increasing protective factors so the chance of developing cancer decreases. Unfortunately, you cannot avoid some risk factors for cancer. For example, both smoking and inheriting specific genes could be risk factors for certain kinds of cancer. However, although you can choose to quit smoking to reduce your risk of cancer, you cannot choose which genes you inherit from your parents. Some doctors prefer the term "Risk Reduction" to "Prevention."

Phases of Clinical Research Studies

Each new treatment must pass three phases of clinical research study before the Food and Drug Administration (FDA) approves it.

If we knew which arm was better, there would not be a need for a clinical trial. Sometimes the clinical trial shows, in fact, that the standard arm is better. Sometimes the reverse is the case. Sometimes doctors discover that the results of the two arms are the same, but people tolerate one of the treatments better. Unless patients enroll in clinical trials, doctors can only guess which treatment will be safer and more effective.

Phase I

In Phase I trials, the treatments are new and the side effects may be unknown. Phase I trials determine the highest dose possible of the new treatment and the best method of giving the treatment without serious side effects. The main concern of these trials is safety. The doctor carefully observes each patient for both good and bad reactions while also watching for effects on their tumors. The dose is usually very low at the beginning and increased only if there are no or minor side effects. Very few people take part in Phase I trials. Patients are usually people for whom existing treatments are not working. If a Phase I trial finds the treatment is reasonably safe, it can then begin Phase II.

Phase II

In Phase II trials, doctors look for evidence that the treatment is working. The evidence may be that the tumor is shrinking or has disappeared, or it may be that the remission time is longer

than with other treatments. Doctors still watch closely for side effects in case new ones appear. More patients take part in Phase II trials than in Phase I trials.

Phase III

Phase III research begins only after a treatment shows promise in Phase II trials that it is equal to or better than the standard treatment. At this level, trials take place in many cities across the country at the same time. Several hundred to several thousand patients participate. Doctors compare the safety and effectiveness of the new treatment against the current standard treatment. To compare the treatments correctly, the study randomly divides the patients equally into two treatment arms. No matter which arm a patient is in, his or her doctor watches carefully and provide the best possible care. In a Phase III trial, some people simply may feel uncomfortable about not being able to choose their treatment arm.

Approval

If a treatment offers obvious improvements for the patient after its Phase III research study, the FDA approves it for the use studied. Sometimes, though, a treatment that appeared to be a big breakthrough in a Phase II trial turns out to be only slightly better than, or has no real improvement over, the standard treatment when tested on thousands of patients in a Phase III trial. However, if the new treatment is much easier for the patient to take than the standard treatment, a new FDA-approved therapy is born.

**Could you be a
HERO?**

**Helping to Enhance
Research in Oncology**

NMCCA's HERO Program events range from educational, awareness and recognition events (such as our annual Recognition Breakfast in October) 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

To smoke or not to smoke? It's not really a question.

People begin smoking for many reasons. Just a few reasons could be that a person thinks smoking looks cool, friends may pressure them into trying a cigarette, she or he may believe that smoking will help them stay thin, or that smoking can calm them down. Frequently, once a person starts to smoke, he or she continues.

The reason people continue is that tobacco smoke contains nicotine, an addictive stimulant that is absorbed easily from tobacco smoke in the lungs and from smokeless tobacco in the mouth or nose and rapidly spreads throughout the body. Nicotine can temporarily improve alertness and memory. Many people like that feeling and don't want to give it up, regardless of the other consequences.

As you will read in other articles in this newsletter and elsewhere, smoking is the leading risk factor for lung cancer. Tobacco smoke causes more than 8 out of 10 cases of lung cancer. The longer a person has smoked

and the more packs per day smoked, the greater the risk. If a person stops smoking before lung cancer develops, the lung tissue slowly returns to normal. Stopping smoking at any age lowers the risk of lung cancer.

Many people assume that only cigarette smoking causes lung cancer. They are incorrect. The following smoking habits also contribute to the risk of lung cancer.

Cigars and pipe tobacco contain nicotine and are almost as likely to cause lung cancer as is cigarette smoking.

Secondhand smoke. People who don't smoke but who breathe the smoke of others also have a higher risk of lung cancer. For example, non-smoking spouses of smokers have a 30 percent greater risk of developing lung cancer than do spouses of nonsmokers. Workers exposed to tobacco smoke in the workplace are also more likely to get lung cancer.

Hookah smoking. A hookah heats the tobacco indirectly and filters it through water. Although this method of smoking is increasingly popular, it actually does not make smoking safer or less addictive than smoking a cigarette. Nicotine is still present and addictive and the smoke contains the same cancer-causing substances found in cigarettes.

Marijuana. Marijuana cigarettes actually have more tar than regular cigarettes and contain many of the same cancer-causing substances as tobacco. Also, marijuana smokers inhale deeply and hold the smoke in the lungs for a long time.

NMCCA hopes you realize that there is no such thing as safe smoking. If you smoke, we encourage you to stop. If you need help stopping, please see the box below some possibilities.

Method	Short Description	
Nicotine Replacement, prescription	Nasal sprays, inhalers, and combinations of drugs selected by and taken under the guidance of one's physician.	<p>NMCCA does not recommend one of these methods over any other. If you are a smoker who wishes to stop, NMCCA recommends that you speak with your primary care physician to determine the best method for you to maintain your health while stopping smoking.</p> <p>Other Resources to Help You Stop Smoking</p> <p>The American Lung Association has information on how to stop smoking, including their "Quit Smoking Action Plan" on their website, www.lungusa.org.</p> <p>The New Mexico Department of Health, Tobacco Use Prevention and Control (TUPAC) Program engages in various surveillance and evaluation activities related to its four goals, which are:</p> <ol style="list-style-type: none"> 1. Prevent Tobacco Use Initiation among Youth 2. Promote Quitting Among Adults and Youth Who Use Tobacco 3. Eliminate Exposure to Secondhand Smoke 4. Identify and Eliminate Tobacco-Related Disparities among Population Groups <p>Through TUPAC, NM DOH publishes reports relating to the status of tobacco prevention and control efforts in New Mexico, including smoking prevalence for youth and adults, quitting data, the proportion of people protected by clean indoor air policies, and effectiveness of the public awareness campaign. To learn more about these local programs, visit http://www.health.state.nm.us/tobacco.html.</p>
Nicotine Replacement, non-prescription	FDA-approved patches, gum or lozenges	
Smoking Cessation Clinics	Clinics may offer drug therapies to reduce withdrawal symptoms. Counseling seems to increase the possibility of successfully quitting smoking.	
Hypnosis	Hypnosis by a licensed, trained practitioner helps some people reduce their cravings.	
Acupuncture	Acupuncture by a licensed, trained practitioner helps some people reduce their desire to smoke.	
Over the counter lozenges	There is no real proof that these and supplements OTC treatments work and the FDA does not approve many of them.	
<p><i>Adapted from the American Cancer Society "Guide to Quitting Smoking"</i></p>		

Cookie Walk Update



NMCCA Volunteers at the 2006 Cookie Walk for Community Health Charities
Michelle Faniola, Matthew Hart, Rosie Jamael, Daniella Jamael.



Carlene O'Dell, NMCCA Volunteer at the Cookie Walk Information Booth, speaks with Madeline Johns, Executive Director of Community Health Charities.

NMCCA staff and volunteers baked over 120 dozen cookies to contribute to the annual Community Health Charities Cookie Walk, held from December 1 to 3 during the Rio Grande Arts & Crafts Fair. The Cookie Walk is the one fundraiser CHC holds each year. All proceeds from the cookie sales go to defray administrative costs, so donations to the CHC through workplace giving programs go to the charities to support their work with the people of New Mexico.

If your workplace giving program includes Community Health Charities, you may designate NMCCA to receive a donation. NMCCA's Combined Federal Campaign numbers are: Central & Northern New Mexico - 6010 Eastern New Mexico - 7028 Southeast New Mexico - 5031 San Juan Region - designate NMCCA on your form.

Clinical Research

If you have been diagnosed with lung cancer and are considering participating in a clinical research study, please discuss the option with your physician. You may be eligible for one of the eight lung cancer clinical trials available for patients through NMCCA physicians.

Another way to Be a Hero!

United Blood Services Platelet Donation Program

As you know, NMCCA believes that anyone participating in a cancer clinical research study is a HERO (Helping to Enhance Research in OncologySM) for showing courage by including experimental drugs or procedures in their treatment and by offering hope to future patients who might benefit from the information acquired through current research studies.

United Blood Services has heroes, too. UBS heroes donate blood and platelets to patients in need, including many cancer patients.

Platelets are cells that help stop bleeding and are used by patients who receive marrow transplants, who have cancer and leukemia, among others.

Each leukemia patient on chemotherapy can need up to eight units of platelets per week while in chemotherapy.

Platelets cannot be frozen and have a five-day shelf life.

Donating platelets can take up to two hours, more time than donating blood, because the platelets are removed from your blood and then your blood is returned to you. Your body replaces the donated platelets naturally within three days.

If you would like to receive more information about the platelet donation program in New Mexico, please contact Jill Johnson at 505-768-1408, ext. 284 or log onto www.unitedbloodservices.org.

Thank you!

New Mexico Cancer Care Alliance would like to thank the following people and groups for cheerfully volunteering their time and efforts to assist us in our events during 2006.

Trials & Triumphs (with Leukemia & Lymphoma Society, NM/El Paso Chapter)

- Thu Nguyen

PLTC Annual Seeds for Survival Conference

- Jody Donadio

2006 HERO Recognition Breakfast

- Jody Donadio
- Maria Bernal
- Joseph Valdez

2006 CHC Cookie Walk

- Karen Bailey
- Shelley Daitz
- Michelle Faniola

- Friendship Rose Chapter of the Red Hat Society
- Girl Scout Troop 299
- Matthew Hart
- Sally Hunter
- Rosie Jamael
- Daniella Jamael
- Alex Mantos
- Philip Mantos
- Monica Moleres
- Carlene O'Dell
- Carol Tulenko and her Hoffmantown West Bible Study Group
- Patrick Tulenko
- Julie Wray
- Terri's Tennis Team
- Myra Segal

Pink Shawl Project

A Breast Health & Wellness Program

The Pink Shawl Project began in Grand Rapids, Michigan in May 2003 at a Native American Mother-Daughter Healing Tea. Thirteen women, who represented several tribes, recognized the need for a women's health and wellness program that would provide participants with breast health education in a safe and culturally relevant manner.

As pink is the universally accepted color of breast cancer awareness, these women selected it as their Project color. They selected a shawl as a symbol, because to Native Americans, shawls represent Womanhood—Creation, Love, Protection, Affection, Warmth and Security. They are a visual reminder about the sacredness of life and are a part of Native regalia that is significant to the spiritual, cultural, family, and clan relationships connected with personal identities. The Pink Shawl is a symbol of hope that all Native cancer survivors will win their battle with cancer.



Wal-Mart #831 Representatives provide the first donation to the Pink Shawl Program. From Left: DeeDee Monge, Toni Orion-Santini, Linda Green (NMCCA), Monica Garcia.

By dancing the Pink Shawl Dance at powwows, women are honored with a dance song that promotes breast health awareness while reminding others of the sacredness of life. Women recognize that they can approach a wearer of the pink shawl to learn more about breast health and wellness and to share their own stories.

The Pink Shawl Project shows support to the survivors, their family members, caretakers and medical providers and provides a sense of community connection with others who have undergone the same struggle.

Lorraine “Punkin” Shananaquet



Lorraine “Punkin” Shananaquet Featured Speaker at the Pink Shawl Luncheon

Ms. Shananaquet is one of the original thirteen organizers of the Pink Shawl Project. As a bead artist and lifelong powwow dancer, she is very aware of the relevance of traditional arts in communicating stories, sharing information and honoring the men and women in one's life. She recognized that powwows are social events that represent the living, breathing movement of the Native American people and culture. They are arenas of unity and identity building and foster national pride and responsibility to one's family and community. Powwows are venues for the promotion of traditional medicines and an opportunity for unique tribal health programs.

Punkin is a community health representative for the Match-E-Be-Nash-She-Wish Health and Human Services organization and is very involved with many Native American health organizations in the Michigan area. In addition to being a founder of the Pink Shawl Project, Ms. Shananaquet is a founder of the Ashinabeck Perspective on Breast Care among the Great Lakes Anishinabe.

Did you know?

Health Insurance Update

Did you know that New Mexico has an insurance law that requires health insurance providers to cover the costs of cancer clinical research studies (also known as cancer clinical trials) under certain conditions?

You may read the full text of “Article 22 of the Health Insurance Contracts, # 59A-22-43 – Required coverage of patient costs incurred in cancer clinical trials” on NMCCA's website, www.nmcca.org/patientservices.

Cycling for Awareness

On Saturday, October 14, New Mexico Sports & Wellness held the event “Cycling for Awareness” to bring attention to the need for prostate cancer research. This awareness event included both outdoor and indoor rides and raised over \$2000. New Mexico Cancer Care Alliance was fortunate to be the recipient of the funds raised and will use them to support our prostate cancer clinical research study programs.

Thank you to New Mexico Sports & Wellness and Vincent Ortolano, MD, of Albuquerque Urology Associates, for organizing this important event!

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.

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We're on the Web!
www.nmcca.org

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Melissa Valdez, Community Research Coordinator

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 Linda Green at lgreen@nmcca.org or at NMCCA, 801 University Blvd. SE, Suite 304, Albuquerque, NM 87106.



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