NMCCA

New Mexico Cancer Care Alliance

Summer 2009

Community Newsletter

All About Gynecologic Cancers

Dr. Moller and Dr. Muller recently addressed some of the most common questions about gynecologic cancers.

Gynecologic cancers, or cancers of the reproductive tract, will affect nearly 80,000 women in the United States this year leading to an estimated 30,000 deaths. Prevention, early detection and state-of-the-art treatment will give the greatest impact on conquering these diseases. Gynecologic Oncologists are extensively trained physicians committed solely to the comprehensive care of women with, or at risk of, gynecologic cancers. Studies have shown that a woman's best chance at survival, future fertility and optimal quality of life relies on early referral to a Gynecologic Oncologist.

Dr. Karen A. Moller from Southwest Gynecologic Oncology Associates, Inc.

Dr. Carolyn Muller, Director, Gynecologic Oncology, Department of Obstetrics and Gynecology at the University of New Mexico Cancer Center

Questions & Answers

Q: What are the symptoms of uterine and ovarian cancers?

A: Uterine, or endometrial, cancer is the most common gynecologic cancer frequently diagnosed early because abnormal bleeding or postmenopausal bleeding is the early warning symptom. Postmenopausal bleeding should NEVER be ignored and should be evaluated promptly. Irregular bleeding or bleeding between periods should also be checked. A biopsy of the uterine cavity can easily be done in the office and could save a life. Ovarian cancer used to be called a silent killer, but this is NOT true. Ovarian cancer has symptoms which include: bloating, pelvic or abdominal pain, difficulty eating or feeling full quickly, and urinary symptoms (urgency or frequency). If any of these symptoms last for two weeks or longer, women should seek care and make sure that a thorough pelvic exam is done and that ovarian cancer is considered.

Q: Who is most at risk of ovarian and uterine cancers?

A: Any woman who has a uterus and ovaries is at risk for these cancers. However, the incidence of these cancers is much lower than breast cancer. Women with "too much estrogen" are at risk for endometrial cancer. So women who take estrogen-only hormones, women who are obese (fat makes estrogen so the more you weigh the higher the risk) and women who fail to ovulate (such as women with polycystic ovarian syndrome) have a higher rate of endometrial cancer. Women at risk for ovarian cancer are women who have a high lifetime number of ovulations. Since birth control pills can suppress ovulation, it has been shown that using pills for 5 or more years can decrease the risk of ovarian cancer by 40-50%. Hereditary factors account for 5-10% of cases. Endometrial and ovarian cancers are part of the Lynch Syndrome or Hereditary Non-Polyposis Colon Cancer (HNPCC) associated with colon and other gastrointestinal cancers. Ovarian and breast cancers are associated with inherited mutations in the BRCA1 and BRCA2 genes.

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Cancer does as cancer will,
But it cannot rob our hearts.
With love and friends and doctors,
The storm clouds will part.
If ovarian cancer is your lot,
It's a hard pill to swallow.
But remember that every day is a new day,
And as precious as any other.
So fill you life with love and joy,
Look at your children,
Often with tears in your eye.
But that is the blessing we all share,
We are mindful of life,
And the beauty it bares.

~ Kay Kerbyson*

INSIDE AT A GLANCE

All About Gynecologic Cancers

Q: What is the standard treatment for ovarian and uterine cancers? What new treatments are on the horizon?

A. In both endometrial and ovarian cancers, proper surgical management is critical to defining the disease and optimizing the treatment plan. Surgical staging is a comprehensive systematic assessment of the tumor and its potential spread to other organs in the abdominal and pelvic cavity. Ovarian cancer often spreads early and visibly involves many other organ surfaces in the abdomen and pelvis. "Debulking" surgery is done to remove all possible visible tumors. This is a critical step for possible cure. For endometrial cancer, often surgery is enough but if the cancer has spread, radiation therapy and/or chemotherapy may be needed. In most ovarian cancers, chemotherapy is required after surgery. Some chemotherapy is given in the belly (intraperitoneal) as well as intravenously. Advances in surgical techniques, staging, chemotherapy and radiation therapy allow better cancer treatment with less side effects. Clinical trials are ongoing in New Mexico for both of these cancers and participation is encouraged so that advances can continue.

Q: Why are women with ovarian cancer diagnosed in late stages? What about women with endometrial cancer?

A. The symptoms of ovarian cancer are often nonspecific and ill-defined and this can delay a woman's diagnosis of ovarian cancer if ovarian cancer is not included in the diagnostic differential. When a woman presents with symptoms such as gastrointestinal complaints (i.e. bloating, increasing abdominal size, reflux), urinary complaints (i.e. urgency or frequency), abdominal or pelvic pain, or difficulty with eating or feeling full, it is especially important to consider a diagnosis of ovarian cancer. Symptoms that are persistent, occur almost daily, or worsen in severity should be thoroughly evaluated.

In contrast, women with endometrial cancer are generally diagnosed in early stages. The most common symptom of endometrial cancer is abnormal vaginal bleeding, which occurs in over 90% of cases. Any amount of bleeding in a postmenopausal woman should trigger a diagnostic evaluation. Abnormal bleeding in premenopausal or perimenopausal women should also be evaluated, as up to 25 percent of endometrial cancers occur in women in these age groups.

As cancer survivors we have to endure an awful lot of pain.
Every day is uncertain for us. We dread the day when the fight is lost,
But look forward to the day when another battle is won.
For those of us still fighting, we fight to stay with our families.
We fight to honor those comrades who couldn't.
We fight to comfort those like us and
We fight to give those in the future a better chance.
Our lives have meaning and we live for each day.
Now that's the true blessing of our fight.

~ Kay Kerbyson*

Q: What are the standard screening tests for ovarian and endometrial cancers?

A. Screening tests attempt to identify women at a more localized and curable stage of disease. For both ovarian and endometrial cancers, there is no recommendation for routine screening in women at average risk.

For ovarian cancer, in select circumstances, a blood test called CA125 as well as pelvic ultrasonography, or a combination of the two, have been used as screening tests. Women with a family history or known genetic mutation (i.e. BRCA 1 or 2 or HNPCC mutation positive), may be offered screening using these two modalities. The optimal interval for screening, however, has not been determined. Most recommendations suggest biannual evaluations. Newer screening tests looking at different tumor markers or patterns of protein expression in the blood, as well as an index of ovarian cancer symptoms, are being studied currently, but are not recommended for use outside of clinical studies.

For endometrial cancer, education of all women at the onset of menopause regarding symptoms, especially abnormal bleeding, and encouraging them to report these symptoms to their doctor is the best approach to "screening." In contrast, women known to have, or at risk of having, an HNPCC mutation have a 40 to 60 percent lifetime risk of developing endometrial cancer. Annual screening via a biopsy of their uterine lining (endometrial biopsy) starting at age 35 is recommended for these women.

Each day comes bearing its own gifts.
Untie the ribbons.

~ Ruth Ann Schabacker

Q: What are the standard methods of diagnosis? Are there any new diagnostic tests?

A. For both ovarian and endometrial cancers, a thorough history is important in the diagnostic evaluation. Transvaginal ultrasound is a useful and noninvasive diagnostic test for both types of cancer. In ovarian cancers, the presence of a complex appearing ovarian mass, in conjunction with the symptoms discussed above, leads to a strong suspicion of this diagnosis and should prompt additional intervention. The blood test CA125 can also be checked if an abnormal ovarian mass is noted, though this test is more reliable in postmenopausal women than premenopausal women and may be elevated in many conditions other than ovarian cancer. Gene expression profiling, which looks at the DNA expression of genes commonly upregulated in cancer cells, as well as other biomarkers are also currently being studied in ovarian cancer. Additional imaging such as CT or MRI may be helpful to identify disease that has spread outside the ovaries as well.

Sonographic measurement of the thickness of the uterine lining can be used in conjunction with tissue biopsy to diagnose endometrial cancers. A lining that is more than 4-5 mm thick in a postmenopausal patient should prompt a biopsy. In premenopausal women, the measurement of the thickness of the endometrial lining can be misleading, as it is normally thicker. Endometrial biopsy, which can be safely performed using a small pipelle without anesthesia in the office, is the best initial diagnostic test for endometrial cancer. If office endometrial biopsy cannot be safely or adequately performed, a formal scraping of the uterine lining (a dilation and curettage) is recommended, but this has greater risk of complications and may sometimes require anesthesia.

* *Read more about Kay Kerbyson on page 4*

HERO Recognition Breakfast

Honoring Cancer Patients on Research Studies

April 3, 2009

A HERO Recognition Breakfast honoring cancer patients participating on research studies was held April 3, 2009. HERO is an acronym for "Helping to Enhance Research in Oncology(SM)". 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 truly are heroes"

The 2009 HERO Recognition Breakfast was held at the Embassy Suites Hotel and Conference Center, Albuquerque. The HERO Recognition Breakfast was a small, but public, way of recognizing and thanking cancer patients and their families for participating in a research study. The breakfast also provided an opportunity to raise awareness of the importance of clinical trials to cancer research and advancing treatments and recognize the important role that the human subjects play. Dr. Cheryl Willman, Director of the University of New Mexico Cancer Center and Senator Dede Feldman, author of Senate Bill 42, presented an update from the 2009 New Mexico legislation to expand the current Clinical Trials Insurance Coverage Bill, Senate Bill 42. The keynote speaker was nationally known speaker and humorist, Dave Caperton. In his program 'Healing Humor,' Mr. Caperton taught both the patients and healthcare providers ways to use the healing power of compassionate humor and laughter to lower stress and to live every moment with purposeful joy.

New Mexico Cancer Care Alliance would like to thank our sponsors for their support of the 2009 HERO Recognition Breakfast.

Super HERO Sponsor
Genentech, Inc.

Gold Sponsor
University of New Mexico Cancer Center

Silver Sponsor
Celgene Corporation
Hematology Oncology Associates
Memorial Medical Center - Las Cruces
Presbyterian Healthcare Services

Bronze Sponsor
Central New Mexico Affiliate of Susan G. Komen for the Cure
Lovelace Women's Hospital
Radiation Oncology Associates
Taiho Pharmaceutical Co., LTD

"I don't have to be cured to live a happy healthy life!"

Kay and Darren Kerbyson

by Kay Kerbyson

I am on a mission; a mission to educate women and bring those with ovarian cancer together. In 2006, I was diagnosed with late stage ovarian cancer. I'd felt bloated and gassy for a while but never in a million years thought I had cancer. By the time the cancer was detected, it had already spread. After an 8 hour operation, chemotherapy and a clinical trial drug, I reached remission. The trial drug tried to consolidate the standard treatment, and stop recurrence. However, as many gynecological oncologists will say, "We're good at getting people into initial remission; we're just not so good at keeping them there."

Ovarian cancer is called the "Silent Killer" but my goal is to change it into a "Known Threat." I'm 42, have beautiful 5 year old twins and I intend to watch them grow up. My wonderful team, Dr. Carolyn Muller at University of New Mexico Cancer Center (UNMCC), and Dr. Jan Merin at Los Alamos Medical Center (LAMC), are very pro-trial and pro survivor support. That makes a big difference.

To achieve my goals, I took part in a second clinical trial when my cancer recurred 11 months later. Research is the only way we are going to beat this thing and if I can help others down the line that's very humbling. If it works for me, obviously, that's wonderful too.

I also wanted to connect ovarian cancer survivors across the State. In July 2008, I launched a website called Ovarian Cancer Together! Its aim is to help women share their experience, and seek inspiration and hope. The website at www.ovariancancertogether.org has educational information, links to clinical trial databases and a forum for questions. Members are shown on a State map, so survivors can find others close by. There are now 5 members in Los Alamos, where I live, and 15 members across the State. Since its launch, the site has had nearly 2000 hits.

My volunteer work has become my life. To think that I am helping others just brings me joy. I am the Secretary of the Los Alamos Council on Cancer, I write a monthly column, "Life With Cancer," for the Los Alamos Monitor, and I am developing a gynecological cancer support website for UNMCC. I also give seminars based on my own experience. I call myself a Thriver. That means I'm living with cancer as a chronic disease, but I don't have to be cured to live a happy healthy life.

Shawls Bring Comfort

by Donna Murphy

A few years ago I became aware of a ministry by a group of women that wanted to show compassion and concern for those who were suffering. They had a simple skill in common, they were all knitters. So they put their skills to use helping others. They began knitting "Prayer Shawls" sometimes called "Comfort Shawls." These simple shawls were hand knitted or crocheted in various colors using a variety of patterns. The thing that was different was that prayers or thoughts were intertwined with the stitches that were knit. As the women worked on their shawls they said simple prayers for the person who would receive the shawls. Many times a certain person was to be the recipient and it was easy to visualize the person and their needs. Other times, no recipient was designated, so general prayers were said. The knitters would begin the project with a prayer and either say a prayer at the end of each row, or at the beginning of each session.

My grand-nephew was given a shawl during one of his hospitalizations by a group in his hometown and I saw how much comfort and peace it brought him. I wanted to show the same kindness to others so I started knitting shawls. There was a twofold blessing to this work. The recipients of the shawls felt included and comforted by the generosity of the gift, and the presenters and knitters felt a bond with each other as well as the person who received the gift.

This ministry has quickly spread and still continues today; there are many groups who make "Prayer" or "Comfort" Shawls. They are not only made for individuals who are suffering from cancer or life threatening situations, but also for joyous occasions such as weddings, births, birthdays and anniversaries. A variety of messages can be conveyed with this gift.. Sometimes the message says, "I care", or just "Thinking of you," "Congratulations," or "We all love you."

For me, knitting is a calming, quieting activity. It keeps one's hands busy and is a delight to see the shawl grow from a few stitches to a completed garment. Different colors and type of yarn add to the artistic challenge of creating something to share with someone else. I began knitting when I was 10 during World War II, when it seemed like teenagers throughout the country were knitting socks for the boys in Service. Throughout the past 60+ years I have knit many things, baby sweaters, booties, hundreds of mittens, and afghans. This latest endeavor, knitting prayer shawls, is indeed a ministry of help to others. It connects me with new people in a knitting group and shares some of my skills with those who need them.

If you would like to join Donna in knitting or crocheting shawls contact People Living Through Cancer at 505-242-3263. Groups will be starting in June. PLTC welcomes donations of yarn or monetary donations to help make the shawls.

For information or shawl patterns visit www.shawlministry.com or www.lionbrand.com

Gynecologic Cancer Protocols available in New Mexico

GYN Cervical Advanced

GOG 0219: A Phase III Randomized Trial of Weekly Cisplatin and Radiation versus Cisplatin and Tirapazamine and Radiation in Stage IB2, IIA, IIB, IIIB, and IVA Cervical Carcinoma Limited to the Pelvis

GOG-9918: A Phase I Trial of Tailored Radiation Therapy with Concomitant Cetuximab (C225, NSC #714692) and Cisplatin(NSC #119875) in the Treatment of Patients with Cervical Cancer

GYN Endometrial Advanced

GOG 0248: A Randomized Phase II Trial of Temsirolimus (NCI-Supplied Agent, NSC # 683864, IND # 61010) or the Combination of Hormonal Therapy Plus Temsirolimus in Women with Advanced, Persistent, or Recurrent Endometrial Carcinoma

GYN Ovarian Advanced

INST AVF3911s: INST/Genentech AVF3911s: Phase II and Pharmacokinetic Study of Bevacizumab and Doxil in the Treatment of Platinum-Resistant or Refractory Ovarian Cancer

GOG 0213: A Phase III Randomized Controlled Clinical Trial of Carboplatin and Paclitaxel Alone or in Combination with Bevacizumab (NSC #704865, IND #7921)Followed by Bevacizumab and Secondary Cytoreductive Surgery in Platinum-Sensitive, Recurrent Ovarian, Peritoneal Primary and Fallopian Tube Cancer

GOG 0186F: A Phase II Evaluation of Docetaxel (NSC #628503) plus Trabectedin (Yondelis®, R279741, IND #101018) with Growth Factor Support in the Third-Line Treatment of Recurrent or Persistent Ovarian, Fallopian Tube or Primary Peritoneal Cancer

GOG 0212: A Randomized Phase III Trial of maintenance Chemotherapy Comparing 12, Monthly Cycles of Single Agent Paclitaxel or CT-2103 (IND #70177) Versus No Treatment Until Documented Relapse in Women with Advanced Ovarian or Primary Peritoneal Cancer Who Achieve A Complete Clinical Response to Primary Platinum/Taxane Chemotherapy

GOG 0218: A Phase III Trial of Carboplatin and Paclitaxel Plus Placebo versus Carboplatin and Paclitaxel Plus Concurrent Bevacizumab (Rhumab VEGF, NSC #704865, IND #7921) Followed by Placebo, versus Carboplatin and Paclitaxel Plus Concurrent and Extended Bevacizumab, in Women with Newly Diagnosed, Previously Untreated, Suboptimal Advanced Stage Epithelial Ovarian and Peritoneal Primary Cancer

GYN Uterine Advanced

GOG 0238: A Randomized Trial of Pelvic Irradiation with or without Concurrent Weekly Cisplatin in Patients With Pelvic-Only Recurrence of Carcinoma of the Uterine Corpus

GOG 0242: A Phase II Study to Determine the Response to Second Curettage as Initial Management for Persistent Low Risk, Non-Metastatic Gestational Trophoblastic Neoplasia

For information on gynecologic cancers, visit www.wcn.org

W E L C O M E

NMCCA Welcomes Board Members and New Participants

Paul Herzog

E. Diane Bowers, MD

The New Mexico Cancer Care Alliance, board of directors voted to approve, Paul Herzog, CEO, Memorial Medical Center, Las Cruces and E. Diane Bowers, MD, NM Specialty Care, to serve as board members. William Brown, MD, Calvin Ridgeway, MD, Lovelace Women's Hospital, and David Vigil, Chief, Chronic Disease Prevention & Control Bureau New Mexico Department of Health have renewed their commitment to the board for another two years.

The Board of Directors also voted to approve Marguerite Jean Thomas, MD, Lovelace Women's Hospital, Koh Boayue, MD, University of New Mexico Cancer Center Pediatrics, Michael Fealk, MD and Rohini McKee, MD, NM Colon & Rectal Surgery Associates, and Diana Weber, MD, Presbyterian Health Care Services as Participants.

NMCCA is proud to welcome these new board members and participants to our organization.

PETROGLYPH PATHOLOGY SERVICES

Petroglyph Pathology Services (PPS), an anatomic pathology laboratory, recently became a participant of the New Mexico Cancer Care Alliance. PPS is dedicated to comprehensive, high-quality, rapid-response testing using the latest technologies to deliver information that is critical to the diagnosis and treatment of disease in the shortest amount of time. They provide screening, diagnosis, and assisted prognosis to hospitals, physician offices, and surgery centers throughout the central New Mexico area. PPS is dedicated to increase the quality of life for patients, provide the highest quality services to the medical community, and build lasting relationships which physicians can trust.

PPS is also committed in giving back to the community with involvement in a variety of programs such as Susan G. Komen Race for the Cure, Anita Salas Memorial Fund, NM Native American Women's Pink Shawl event, and others.

NMCCA looks forward to working with PPS and to the expertise they bring to the organization.

New Mexico Legislature

2009 Regular Session
Senate Bill 42
CANCER CLINICAL TRIAL INSURANCE COVERAGE

Sponsor: Dede Feldman

Governor Bill Richardson signed SB42, Cancer Clinical Trial Insurance Coverage, into law on Tuesday, April 7, 2009. This is great news for cancer patients in New Mexico. This new law requires health plans to cover the routine patient care cost incurred as a result of the patient's participation in cancer clinical trials. The new law also expands the coverage of routine care costs to all phases of research and to primary cancer prevention trials.

On behalf of all cancer patients, New Mexico Cancer Care Alliance would like to thank Senator Dede Feldman for her dedication and tireless efforts to sponsor Senate Bill 42.

Paddle for the Cure Raises Over $1,600 for New Mexico Cancer Care Alliance.

The Boning and DeFillippo families like to challenge themselves physically and mentally so why not paddle Elephant Butte Lake. Cassie Boning and Butch DeFillippo, her brother-in-law, have several family members fighting cancer and they wanted to show their support for cancer research in New Mexico by raising money to benefit the NMCCA. The Paddle for the Cure event was to take place on May 16, 2009, but bad weather forced the event to be rescheduled for July 11, 2009. The Boning and DeFillippo families would like to challenge anyone interested in helping raise money for cancer research to join them on Elephant Butte Lake! For more information please call Cassie Boning at 505-410-1197.

Chris DeFillippo, Caitlin Boning, Kris Platow, and Butch DeFillippo helped to raise money for NMCCA.

If you or your group would like to sponsor an event to raise funds for the NMCCA and advance cancer research in our state, please contact Debbie Putt at dputt@nmcca.org or 505-272-7819.

Yes!

I am pleased to contribute to the New Mexico Cancer Care Alliance

TWO WAYS TO GIVE:

1. Give Online: **www.nmcca.org**
2. Cut out form and mail check to:
   P.O. Box 4428
   Albuquerque, NM 87196
   (Make checks payable to New Mexico Cancer Care Alliance

Name:_____

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Phone:_____

Address:_____

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State:_____ Zip: _____

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My gift is for:

☐ $10 ☐ $15 ☐ $25

☐ $50 ☐ $100 ☐ $_____

I authorize the New Mexico Cancer Care Alliance to charge my gift to:

☐ VISA ☐ MasterCard

☐ American Express

Account #: _____

Expiration date: _____

Signature: _____

Name as it appears on card: _____

_____

_____

Combined Federal Campaign

All Federal employees have the opportunity to contribute to the Combined Federal Campaign. If you are a Federal employee in Central or Northern New Mexico, you may donate to our campaign. Our charity code is 93229.

United Way Donor Option Plan

During your company's United Way campaign drive; you can specify your donation be given to New Mexico Cancer Care Alliance. For questions, call United Way at 505-247-3671.

Sharing Your 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.

Contact Debbie Putt at dputt@nmcca.org
Or write to: NMCCA, 801 University Blvd. SE, Suite 102, Albuquerque, NM 87106.

Don't Miss Out!

Sign up to Receive the *NMCCA Community Newsletter* Today!

email Debbie Putt at dputt@nmcca.org or register on-line at www.nmcca.org

Electronic versions of NMCCA newsletters availabe at www.nmcca.org/whatsnew/newsletters.htm

NMCCA Community Newsletter **is a publication of the New Mexico Cancer Care Alliance.**
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UPCOMING EVENTS

2009 New Mexico Cancer Conference AND BCC Provider Annual Meeting

July 29 & 30

Doubletree Hotel
Albuquerque • New Mexico

We would like to invite you to register for this year's 2009 New Mexico Cancer Conference (NMCC) and BCC Provider Annual Meeting (BCCPAM).In addition, we are excited to announce that a special workshop specifically developed for MD's/DO's, PA's and NP's, will be offered in conjunction with the NMCC and BCCPAM. CME's will be available. For more information and to register for the conference, please visit: www.cancernm.org/bcc/conference

American Cancer Society

Relay For Life of Albuquerque
Balloon Fiesta Park
June 19-20, 2009
6pm - 10am
www.relayforlife.org/albuquerquenm
For more info, please call 559-9424

It's our 10th Anniversary!!

Susan G. Komen for the Cure® Central New Mexico

Save the Date

Central New Mexico
Susan G. Komen Race for the Cure®
Sunday, September 13, 2009
At Isotopes Park

The Leukemia & Lymphoma Society
Fighting Blood Cancers

The Leukemia & Lymphoma Society and UNM Cancer Center
co-sponsors of
a post-stem cell transplant monthly support group for adult blood cancer survivors and their loved ones.

Meets the second Tuesday of every month,
from 3:00 - 4:00 pm at the UNM Hospital.
For more information or to register,
call Anjanette Cureton, Psy.D., 272.6575.

The Leukemia & Lymphoma Society
sponsors of
Six-week educational grief support group for any adult who has experienced a significant death in their lives due to any illness.
The group runs Wednesday evenings from June 3 to July 8 and
will be at the Highland Senior Center, 131 Monroe NE.
Registration is required. Contact Ann Beyke, MA, LPC, 265-3087.

Light the Night Walk

The Leukemia & Lymphoma Society Teams are forming now for the annual Light The Night Walk of The Leukemia & Lymphoma Society. The Walk will take place on September 26, 2009, at the Jewish Community Center on Wyoming Blvd, NE. Come join us for this fun and inspirational evening fundraiser.
Walkers carry illuminated balloons, with survivors carrying white ones and their supporters carrying red ones.
Go to www.lightthenight.org/nm to register or call 872-0141, ext. 228. Funds raised by the walkers help LLS provide patient services and research for a cure.

Recipes for the Day of Chemotherapy

Chicken, Barley, and Bow-Tie Soup

Makes 10-12 Servings

2½ pounds skinless, boneless chicken breasts cut into 1-inch pieces
1 cup chopped celery
1½ cups chopped onion
2 cups thinly sliced carrots
1 bay leaf
12 cups of water
½ cup pearl barley
Salt and pepper to taste
½ teaspoon dried basil leaves
3 chicken bouillon cubes
1 (16-ounce) package bow-tie pasta

Place the chicken, celery, onion, carrots, bay leaf, and water in a large pan. Bring to a boil and add the barley. Reduce the heat, cover and cook for 30 minutes. Season with salt and pepper; add the basil and bouillon cubes. Cook the pasta according to package directions, omitting oil and salt. Drain. Remove the bay leaf and add the pasta to the soup mixture.

Source: Eating Well Through Cancer, Easy Recipes & Recommendations During & After Treatment, Holly Clegg & Gerald Miletello, M.D.

Mock Chocolate Éclair

Makes 15 to 20 servings
2 wrapped packages of graham crackers (from 16-ounce box)
2 (4-serving) packages of vanilla instant pudding and pie filling
3 cups skim milk
½ (8-ounce) container frozen fat-free whipped topping

Layer bottom of a 13 x 9 x 2-inch baking dish with one-third of graham crackers. In a mixing bowl, beat pudding mix with milk until thickened; let stand for several minutes. Fold in whipped topping. Spread half of pudding mixture over graham crackers. Repeat layers, ending with graham crackers on top (three layers graham crackers). Spread with Chocolate Topping. (ready made cake frosting can also be used)

Chocolate Topping

¼ cup cocoa
⅓ cup sugar
¼ cup skim milk
1 tablespoon vanilla extract
1 tablespoon margarine

Combine cocoa, sugar, and milk in a saucepan. Bring to a boil for 1 minute. Remove from heat and add vanilla and margarine. Cool slightly and pour over graham crackers. Refrigerate until ready to serve. (can be made the night before)

New Mexico Cancer Care Alliance

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