



Enhancing Your Relationship with Your Doctor: One Woman's Perspective

By Mary Alice Gunter

Many physicians, even the most caring, are pressed for time during an appointment. The emphasis must be on the examination, and there is seldom opportunity for personal interaction. Many of us travel from great distances to visit a physician at Memorial Sloan-Kettering, and we may feel ill at ease in a strange environment as well as stressed and uncomfortable. We may leave the doctor's office wishing that we had mentioned some issues that the doctor might need to know.

One technique that has helped me has been to write a letter to my surgeon shortly before the appointment. Ideally, I try to type the letter so as to keep it to one page. I make it clear that I don't expect a reply and that I am writing simply to communicate.

The first part of the letter is a summary of my health and any conditions about which I am concerned. I have found it very helpful to keep a health diary and describe symptoms and treatments between visits. Then I can note the important events in my letter.

In the next part of the letter I briefly describe some of my activities since the last appointment—a trip, a project, a new job. I might mention an event such as a marriage or the birth of a grandchild. This is not a long and detailed account, but just enough to share some of my life with the doctor.

If something has caused me deep distress since the last visit, I describe this to the doctor as well. For instance, one of my sons had been seriously ill for several months, and I had been his caregiver. My letter gave me an opportunity to speak of my faith and how it has been tested.

Over several years, I have written a number of letters to my doctor. Occasionally, he has replied with a brief note, but it never concerns me if I do not hear from him. I know that he has the information in my file for reference, and it makes me feel better to know that I have mentioned everything that might be pertinent.

These letters have given my surgeon an opportunity to know me as a person as well as a patient. They have certainly given me an opportunity to feel more involved and more like a participant in my care.

Mary Alice Gunter is a professor emerita of education and the former director of the Education Foundation at the University of Virginia. She lives in Charlottesville, Virginia, with her husband.

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Ten Commandments for Doctors

Dr. Murray F. Brennan and I created the following list in 1994 as part of a general guide for patients and caregivers. Basically, it reflects a good deal of what Dr. Brennan has learned from his many years of experience as a physician and philosopher of medicine (the latter is not a title he holds, but no one who knows him would dispute that it is a rank he has achieved). My role was editorial—a little rewriting, a little copy-editing—and to bear in mind what I had learned from a perspective very different from Dr. Brennan's, as Kristen Ann Carr's father. The ten commandments for patients and caregivers appeared in the Winter and Spring/Summer 2000 Sarcoma Update. In the past 5 years, these lists have been shared with many cancer patients, who often tell us they find them helpful.

Dave Marsh

1 Be consistent; tell the truth.

Nothing is more frustrating for a patient than to hear seemingly contradictory messages from his or her doctor. It is frightening enough to have cancer,

but to think that your doctor is confused and not telling the truth is devastating. Unpleasant as it may be, it is essential to be consistent.

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Integrative Medicine: What It Can Do for You

By *Barrie R. Cassileth, Ph.D.*



Integrative medicine is a synthesis of the best of complementary therapies and mainstream care. It is an effort to meet patients' needs during and after cancer treatment through attention to body, mind and spirit, helping to ease the way through difficult times.

Memorial Hospital's Integrative Medicine Outpatient Center, located on 65th Street at Second Avenue, offers a serene and comforting environment in which you and your loved ones can receive a wide range of rational complementary therapies. Individual, one-on-one therapies are offered, including various forms of massage, Reiki, acupuncture, and relaxation therapies. Classes are available in meditation, yoga, Tibetan drumming circles, music and art therapies, tai chi, special aerobic exercises, and more.

All of these therapies are based on research data supporting their value. They reduce pain and other symptoms, enhance quality of life, relax muscles, strengthen the body, and soothe the soul and help attain emotional peace. Patients and family members find them wonderful adjuncts to treatment and rehabilitation.

The full range of therapies is offered on a fee-for-service basis to outpatients (call 212-639-4700 for outpatient appoint-

ments). Massage, music therapy and other services are available at no cost to inpatients and family members (call 212-639-8629 for inpatient appointments).

In addition to therapies provided by others, there are many complementary methods that you can try on your own. These are listed below.

To Reduce Anxiety and Stress

Acupressure. Use the finger of one hand to press inside the wrist of the other hand. Press for a minute or two about one inch above the hand crease. Pressing this acupoint relieves nausea as well as anxiety and stress.

Aromatherapy. Put a few drops of "essential oil" of rosemary, lavender or chamomile (available in health food stores and pharmacies) in the bath, or light a scented candle while relaxing. The fragrance is luxurious and calming.

Meditation and other relaxation techniques. These are opportunities for mini emotional vacations. Close your eyes and see yourself in a pleasant, peaceful place. Breathe deeply and slowly. Or lie down, eyes closed. Start at the toes and gradually move up the body as you consciously relax each body part. Your body and mind will relax accordingly.

Music therapy. Borrow a music therapy video from the library or buy a CD or cassette tape of your favorite soothing music. Listen to it before taking a nap or at bedtime. Music has important physiologic as well as emotional benefits. It calms, distracts and soothes at a very fundamental level of being.

Therapeutic massage. Have a friend or family member very gently massage your neck and shoulders, hands and feet, carefully avoiding any fragile areas. Weekly therapeutic massages will keep you feeling good.

Valerian root. Make a tea from 1-2

teaspoons of the dried root from this herb. If you cannot stomach the herbs, unpleasant odor, capsules are an effective substitute. Both the herb and capsules can be purchased at health food stores and pharmacies.

To Alleviate Backache or Muscle Ache

Capsicum cream. Hot red peppers contain a powerful pain-relieving chemical called "capsaicin." It is the active ingredient in many rub-on pharmaceutical pain relievers. Blend or mash a red pepper. Add some of the mashed red pepper to white body lotion or cold cream until the lotion turns pink. Rub it on the sore spots. Or spend a few dollars on a cream that contains capsaicin.

Hydrotherapy. A warm bath or Jacuzzi should help.

Willow tea. The bark of the willow tree contains salicin, the active ingredient in aspirin. (Avoid this herb if aspirin causes upset stomach or if your doctor told you to use an aspirin substitute.)

To Alleviate Headache

Acupressure. Press the acupoint between your eyebrows or in the hollows at the base of the skull on both sides of the spine.

Evening primrose tea, sunflower seeds, garlic and onions. All these relieve headaches too.

Feverfew. As a tea, steep 6-8 leaves of this herb in boiling water. Avoid over-boiling because this will break down the active chemicals. You may also try capsules of fresh or freeze-dried leaves. Add bay leaves to feverfew tea to increase the effectiveness against headaches, including migraines.

Progressive relaxation or massage.

To Relieve Indigestion

Peppermint or chamomile tea.

To Relieve Nausea

Acupressure. Press inside the wrist with the fingers of the other hand.

Cinnamon or peppermint tea.

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The Pictures Tell the Story

By Elena Dorfman

Several years ago I decided to pursue an idea I'd had to create a book for young adults with cancer. I had recently completed treatments for rhabdomyosarcoma, which coincided with my junior prom. I remember that evening with great clarity, as the glue on my false eyelashes slowly began to disintegrate in the middle of the dance floor. When high school and college were over, I traveled across the country, interviewing and photographing teenagers and their families. The result of this work is called *The C-Word: Teenagers and Their Families Living with Cancer*.

After *The C-Word* was published, I began working as a photojournalist, moving throughout the United States and the Balkans. The desire to explore the Balkan region was fueled, in part, by the fact that my mother was Albanian and had died from cancer when I was 18. The need to familiarize myself with her roots, and to be in dangerous places, had a direct link to our having had cancer (where else, after all, can one find the type of uncertainty and exhilaration that exists both in the hallways of a hospital and in the midst of war?).

Many years have passed since May

24, 1984, the day of my last cancer treatment. In terms of photography, I find myself moving away from the troubled spots I had once gravitated toward. My personal projects remain substantive, but the assignments I am given allow me a lighter, quirkier approach to the subjects.

Had I not been sick, I honestly believe I would not be a photographer today. My disease gave me no choice but to begin to use the camera as a vehicle to visually explore the lives of others. Although the free-lance lifestyle accounts for occasions of terror, it is not unfamiliar ground to be walking on, and I wouldn't have it any other way. I could not imagine living my life without photography as my primary means of expression.

Although the days are farther between when I dwell on my experiences with cancer, the work I have chosen is deeply reflective of my late teen years. Photography allows me to be in situations with unpredictable outcomes; it challenges me to find humor in the absurd; and it forces me to strip away what is unimportant and arrive at the truth. This is where, most of all, I can continue the connection between then and now.

Elena Dorfman is an editorial and commercial photographer living in San Francisco.



SEMINAR/WORKSHOP SERIES

PTRP offers a variety of community lectures and workshops for cancer survivors. Family, friends and health-care professionals are welcome. Pre-registration is necessary. For further information, please call (212) 717-3527

Fall 2000

Renew, Refresh and Revitalize: A Weekend Retreat of Recovery and Healing

Saturday, November 18 10:00 am–4:00 pm
Combine yoga, visualization and healing exercises as tools to strengthen your emotional recovery.

*Kelly Piper, Author and Yoga Teacher
Karrie Zampini, CSW, Director, PTRP*

Sunday, November 19 10:00 am–1:00 pm
Join us for a gentle morning of wellness activities such as: massage, reflexology and meditation followed by a health brunch.

Co-sponsored with the Integrative Medicine Service

THERE IS A FEE FOR THIS TWO-PART PROGRAM.
PRE-REGISTRATION IS NECESSARY.

Saturday, December 2 11:00 am–12:00 pm

Legal Rights, Employment & Insurance Issues and Cancer Survivorship

Managing cancer and the workplace may present new challenges. Become familiar with the laws that afford you protection, such as the American with Disabilities Act and the Family & Medical Leave Act. Understand how to maximize insurance coverage and gain tips on communicating effectively with your employer

*L. Susan Slavin, Esq. – Cancer Activist
Genevieve Hebert-Fajardo, Esq. – Cancer-Related Employment
Discrimination Project Assoc. of the Bar of the City of N.Y.
Page Tolbert, CSW, PTRP*

Thursday, December 7 11:00 am–12:30 pm

The Human Side of Cancer: Living with Hope, Coping with Uncertainty

Join Dr. Holland as she reflects on the meaningful career of helping patients live with and through cancer, while maintaining hope and quality of life.

*Jimmie Holland, M.D.
Chairman, Department of Psychiatry and Behavioral Sciences*



Why Me?

By Marianne Berwick, Ph.D., M.P.H.

sarcoma. This group of families is called “Li-Fraumeni,” after Dr. Fred Li and Dr. Joseph Fraumeni at the National Cancer Institute. They noticed that soft-tissue sarcoma and breast cancer seemed to run together in families, along with a number of more rare cancers, such as brain cancer and melanoma. These families are extremely rare, but there are undoubtedly other “family syndromes” similar to the Li-Fraumeni syndrome.

As a part of the standard of care for patients at Memorial Sloan-Kettering Cancer Center, we ask all patients to fill out a form that will provide our epidemiologists and geneticists with clues as to which families might have a set of inherited genes that give that family a predisposition to cancer. At this point, we have compiled approximately 600 such family histories, and beginning in the fall we anticipate that we will ask some families if they would like to help us try to find some genes that may help us better understand the etiology of soft-tissue sarcoma.

We are also beginning another research study to investigate the role of environmental influences, such as previous occupations and what a person is exposed to in the home. We will want to interview as many patients with soft-tissue sarcoma as possible, in order to obtain a better understanding of the way in which environment interacts with an individual’s genes that lead to cancer.

As in any research study, participation is totally voluntary. If every individual who is invited participates in this research, then we will have a very good chance of understanding the causes of soft-tissue sarcoma. Each person’s experience adds to our fund of knowledge. It is critical to learn from all. If you are interested in getting more information please contact Marianne Berwick at 212-639-8357.

Marianne Berwick, Ph.D., M.P.H., is an epidemiologist who specializes in the etiology of melanoma and soft-tissue sarcoma, and in understanding the role of DNA repair and cancer.

Why were you or your close friend diagnosed with soft-tissue sarcoma? That is what we want to know! It is a relatively rare disease, and the early warning signs are difficult to distinguish from any lump or bump. Epidemiologists at Memorial Sloan-Kettering Cancer Center are investigating all facets of potential causes for soft-tissue sarcoma—your genes, the way your cells repair damage, your environment at work and in the home, and exposure to viruses. We want to explore the way that your particular genes behave when they are exposed to low levels of contaminants.

Our epidemiologic team is trying to find out if specific combinations of inherited genes might make one person more susceptible to soft-tissue sarcoma than another. This is analogous to the effects of smoking. Only 10 to 15 percent of smokers develop lung cancer. Why do these particular people who smoke develop lung cancer when the other 85 to 90 percent who also smoke do not?

One chemical in particular, dioxin, has been associated with the development of soft-tissue sarcoma. We wonder if those people exposed to dioxin who develop soft-tissue sarcoma have slight variations in their genes that metabolize dioxin into a harmless chemical. When these people are exposed to dioxin, the theory goes, they may become sick.

Another set of clues comes from family histories. Many people have almost no relatives who have been diagnosed with cancer, while a fairly large number of people have many relatives with cancer. Some families have a number of individuals with soft-tissue

Editorial Comment:

In our Spring 2000 Sarcoma Update we published a review by Dr. Martin Weiser, titled “Sarcoma Patients Do Well after Lung Surgery for Pulmonary Nodules.” Many of our readers have asked about the statistics cited. We have asked Dr. Jonathan Lewis and Dr. Murray Brennan to comment on the article.

In the article, various statistics are cited, in particular that 23 percent of soft-tissue sarcoma patients develop lung metastases at some point in their care. While this number is correct, we wish to emphasize that lung metastases develop in patients who are at high risk for this. The overwhelming majority of patients are at extremely low risk for this to happen. Indeed, in some, the risk is practically zero. We bring this up because some of you have mentioned that these statistics scared you, especially since we may have previously informed you that your risk was close to zero.

Thus, it is important to remember that statistics apply to a large population of patients. Each of you is one individual, and it is often difficult to apply population statistics to you. We are always honest in our discussions with you and try as best as possible to apply our knowledge to you as an individual. If you have any questions regarding this, please do not hesitate to discuss this with your treating physicians.

The Sarcoma Circle

By Lynne S. Dumas

Comfort is a hard thing to come by when you have sarcoma, as is accurate information, treatment, and emotional support. But thanks to the Post-Treatment Resource Program, we are no longer alone.

Today sarcoma survivors have our very own support group—aptly titled the Circle for Sarcoma—where we can complain and moan, laugh and cry, understand and be understood. We have a place where we can get and receive detailed information concerning the rare disease we're fighting, rather than be compelled to sift through reams of research on other, more common cancers just to see if, by some chance, one tiny morsel of data might apply to us.

I've been struggling with retroperitoneal liposarcoma for over 13 years. I've undergone six major surgeries (the last three at MSKCC), an experimental form of chemotherapy, and months of commuting back and forth to Boston to participate in one of the few sarcoma-centered clinical trials going on in this country. So I've been in the cancer world for a long time. But the Circle for Sarcoma is the first place I've felt welcome, where I finally fit in.

Thus far, we've had only four meetings, but at each I've learned something new. I've learned, for example, that sarcoma is extremely idiosyncratic and individualistic. So when I hear that someone with liposarcoma has experienced some difficult turn with her disease, I no longer panic and assume it will happen to me. I also learned about a new clinical trial going on at Memorial Sloan-Kettering, and you can be sure I'm going to ask my doctor if it's appropriate for me. Members of the group have traded the names of physicians who specialize in the treatment of sarcoma. Believe me, so rare are these doctors that such information isn't easy to find.

I think I've helped a few members of the group, too. With one survivor suffering from a good deal of cancer pain, I shared information about some new pain treatments that have worked for me. Another member who was recently diagnosed and treated for sarcoma said that learning that I had survived so many surgeries gave her hope in the event that she ever has to deal with recurrence herself. Apparently, her doctor had implied that if her tumor ever came back, there was nothing anyone could do.



I don't run this group; that task is handled wonderfully by social worker Ilyse Gordon. But as an enthusiastic member, I'd like to extend an invitation to any sarcoma survivor out there to come join us at our next meeting. What you'll hear is not always easy; in fact, some of it's pretty raw and painful. But you'll finally have a voice and a place where you belong. And that might be just the medicine you need.

Lynne S. Dumas is a freelance writer. She's authored several books, including *Help Me, I'm Sad* (Viking), a guide to childhood depression, as well as articles for many national magazines. She lives in New York City with her husband and two Shih-Tzus.

GROUP PROGRAMS

Group meetings are professionally led, *time-limited* and tailored to give you an opportunity to work on adjustment issues in a concentrated way. We encourage people to share concerns while taking an active approach to the issues at hand. *These groups require an initial consultation to ensure that this is the right setting for you.* For further information and to learn about PTRP's other programs, please call The Post-Treatment Resource Program at (212) 717-3527.

Tuesday evenings 6:00–7:30 pm
Grace and Grit: A Women's Circle

The initial crisis of cancer may be one aspect of a more complicated picture. Some women find broader emotional and practical issues emerging when treatment ends. Join us in a group that will provide a shared opportunity for education, problem-solving and support. Meets weekly. *Page Tolbert, CSW and Ilyse Gordon, CSW*

Monday Evenings 6:00–7:30 pm
"20 to 30 Something" – New Beginnings/New Challenges

For the young adult, the cancer experience may create a changed world-view and myriad of unfamiliar issues. Our meetings offer information, clarity and support as you negotiate the journey after cancer treatment. Meets weekly *Eileen Manela, CSW*

Wednesday Afternoons 2:00–3:30 pm

Connections: For People Living with Cancer as a Chronic Illness

Facing change while finding meaning and value in a challenging time will be the focus of this group. Meets twice monthly.

Page Tolbert, CSW

Wednesday Evenings 6:00–7:30 pm

November 1 and December 6

People Who Care: For Partners, Family Members and Friends

Those caring for people with cancer may shoulder numerous burdens and concerns. This group will share issues, solve problems and build a network of support. Meets monthly.

Ilyse Gordon, CSW

Friday Mornings 10:30 am–12:00 pm

Writing Our Stories: Strategies for Self-Discovery & Healing

This interactive writing program will feature various techniques such as journal keeping and exploration of poetry and non-fiction. Participants confront issues in their lives, relieve stress and share their personal histories and strengths. No previous writing background is required. Meets weekly.

Constance Gemson, CSW and Ilyse Gordon, CSW

Ten Commandments

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1 **Telling the truth does not mean taking away hope.**

There are many ways to approach a cancer patient. It is neither appropriate nor justifiable to remove hope for "hope lives eternal." Do not destroy it.

2 **Do not promise what you cannot deliver.**

False hope, on the other hand, is equally inappropriate. If you do not believe that you can deliver something, then do not promise it! It is frustrating for the patient to be told that the problem is simple and easily solvable only to learn that the problem is indeed complex and the treatment difficult and uncertain. It is equally inappropriate to promise what others will deliver and have the patient find out that the other cannot deliver what you promised. Do not speak on behalf of your colleagues in terms of what they may or may not deliver. Understand what they have available but not what they can promise.

3 **There are no foolish questions, only intolerant answers.**

For the patient, every question is important. You may think the question is foolish. If the patient does not understand something, this likely means that you, the doctor, have not explained it in a way that is satisfactory for or understandable to that particular patient. As frustrating as it may seem, an intolerant answer does not resolve a foolish question; it just further erodes the patient-doctor relationship.

4 **You can have a bad day, but not every day.**

While it may not seem so, patients do understand that you, too, get sick, have difficult teenagers, had no sleep for 24 hours and on occasion are even allowed to show it. However, if you are showing it every day, then it is time for you to regroup and consider your options.

5 **Your staff reflects your personality.**

If the patient is having difficulties getting through to you or makes a complaint about your staff, then the problem is equally yours. If the staff is perceived by the patient as being difficult, unreasonable or uncooperative, then you are perceived as being the same. Remember what it is like to call another doctor's office. Remember how often you have commented "thank goodness" that that person does not work for you. Think about it in reverse. Call your own answering service sometime!

6 **The patient has rights, but so do you; do not abuse either.**

The patient has certain rights in the relationship with you. You, too, have rights. You are not required to tolerate inappropriate treatment of you or your staff just as the patient should not tolerate it from you. The simple answer is not to abuse the rights of the patient and not to accept that they are able to abuse yours.

7 **Be available and affable.**

Availability and affability can go a long way toward helping patients during their difficult struggle. Even on occasions when you do not believe that you have more to offer or, indeed, you feel that you have answered the same question several times already, the mere availability to readdress the question is of great reassurance to the patient.

8 **When there is no more medical treatment, say "I have no more treatment. I will look after you," not "I cannot help you anymore."**

There is a great tendency to think in the management of the cancer patient that when your discipline, the operation, the chemotherapy, or the radiation therapy is completed the patient should return to some methodical generalist caregiver for ongoing follow-up. Remember that the patient needs to be cared for whether or not he or she is receiving treatment. Some of the most grateful patients are those who are not undergoing active treatment and continue to be cared for by you even when they know the long-term outcome is not hopeful.

9 **Remember, arrogance breeds contempt.**

If you are arrogant, then you will breed contempt. If the patient is arrogant and unreasonable, then you will find yourself contemptuous. Try to be sure that it does not happen on either side.

GROUP MEETINGS

Wednesdays:

November 15 – RRL116

December 20 – RRL101

6:00–7:30 pm

Rockefeller Research Laboratories
430 East 67th St.

Circle for Sarcoma

Recovery after cancer may be more complex than expected. Join us in a group for the opportunity to problem solve, build a support network, and share resources.

Ilyse Gordon, CSW and Colleen Lyons, RN

Integrative Medicine

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Ginger. Ginger is used in all sorts of food. Add fresh shaved gingerroot to boiled water to make tea, or add sugar and gelatin to the boiled ginger water and let it cool. Cut into cubes and eat as candy. Ginger ale or cookies, if made with real ginger and not flavoring, work too.

To Reduce Chronic Pain

Acupuncture. See your yellow pages for a licensed, accredited acupuncture doctor. Properly trained acupuncturists use disposable stainless-steel needles and do a virtually painless job.

Biofeedback. This requires a trained biofeedback therapist. Again, check the phone book. Many pain clinics and pain management experts in hospitals use biofeedback or can make referrals.

Hypnotherapy. Some people can get rid of chronic pain, or reduce it substantially, through hypnosis. Pain clinics, the phone book, and your nurse or doctor are good referral sources for certified hypnotherapists.

Massage. See Anxiety and Stress above.

To Alleviate Sleep Problems

Bath. Relax in a warm bath scented with lavender oil.

Lemon Balm. Herb tea.

Massage.

Meditation.

Progressive relaxation.

Passionflower herbs, Valerian root, chamomile. Make a tea with any of these items.

A note about herbs and "alternative" therapies: Herbs are dilute pharmaceuticals. They can interact with medications and cause serious problems, and should be avoided during chemotherapy or in combination with other serious medications, radiation therapy, or when surgery is planned. Some products are promoted as "cancer cures" and can be purchased by mail or through the Internet. These are termed "alternative" remedies, because promoters often urge patients to use

them instead of mainstream cancer treatments such as surgery and chemotherapy. Alternative therapies are bogus remedies that are useless at best, may be harmful, and ought to be avoided.

Information in this article is based on Cassileth BR. Complementary and alternative approaches in cancer therapy. CA- A Cancer J for Clinicians 1999; 49:362-375. The CA article also appears on the American Cancer Society's website, www.cancer.org.

Barrie R. Cassileth, Ph.D. is Chief of the Integrative Medicine Service at Memorial Sloan-Kettering Cancer Center. As a researcher, educator and planner, she has worked in alternative and complementary (integrative) medicine and psychosocial aspects of cancer care for over twenty years. She has published extensively on these issues, and has lectured on these topics throughout North America, Europe, and Asia.

TELEPHONE NUMBERS FOR PATIENT SERVICES

Medical Services

Physician Referral Service 1-800-525-2225

**For persons who wish to come to MSK for prevention programs, diagnosis, treatment, or a second opinion.*

Radiation Oncology

Dr. Michael Zelefsky 212-639-6802

Dr. Kaled Alektiar 212-639-7981

Surgical Oncology

Dr. Murray Brennan 212-639-6586

MSKCC Support Services

Department of Social Work 212-639-7017

Post-Treatment Resource Program 212-717-3527

Department of Psychiatry and

Behavioral Sciences 212-639-3900

Genetic Counseling 212-434-5149

Integrative Medicine Center 212-639-4700

Chaplaincy Service 212-639-5928

Cancer Information Service 1-800-4-CANCER

**General information provided through a National Cancer Institute-funded program. Callers from outside the New York State office's service area will reach another regional office.*

Patient Representatives 212-639-7202

**For issues relating to MSKCC service to patients and families*

Support Services Outside MSKCC

American Cancer Society 212-586-8700

Cancer Care, Inc. 212-302-2400

National Coalition for Cancer Survivorship 888-650-9127

We Want to Hear From You!

The *Sarcoma Update* is designed to educate you and answer your questions and concerns about issues related to sarcoma. While our primary goal is to provide information regarding the medical and psychological aspects of sarcoma, we also hope to provide a forum for patients and caregivers. We invite those readers who have had sarcoma as well as their family members and friends to share experiences with other readers. Send your stories, thoughts, comments and concerns to:

Sarcoma Update

Memorial Sloan-Kettering Cancer Center
P.O. Box 177
1275 York Avenue
New York, NY 10021

Or send us an e-mail at: gordon3@mskcc.org. We look forward to hearing from you!

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