

# Sarcoma

## Update

For Patients with Sarcoma & Their Families



Spring/Summer 2001  
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Memorial Sloan-Kettering Cancer Center  
The Best Cancer Care. Anywhere.



## Dental Facts and Tips after Treatment of Head and Neck Pediatric Soft-Tissue Sarcoma

By Ian M. Zlotolow, D.M.D.

Soft-tissue sarcomas are rare and represent less than one percent of all head-and-neck malignancies. They can occur in any head-and-neck site, with facial areas and the neck representing the most common sites. Many of these sarcomas are “embryonal,” such as rhabdomyosarcoma, and occur more commonly in young people. Soft-tissue sarcomas represent approximately seven percent of the principal cancers of children. As the treatment of most of the pediatric sarcomas of the head and neck requires surgery, radiation therapy, and chemotherapy, the potential for side effects and complications is high. These problems can affect muscle, teeth, bones, and soft tissues.

When going through radiation therapy for pediatric soft-tissue sarcomas, the patient can experience many problems. However, most of these dental problems can be minimized and/or eliminated with consistent good oral hygiene practices and a little help from your dentist.

We can predict problems in tooth development by knowing when treatment was given. During radiation therapy and chemotherapy, the tooth formation cells can be damaged or have their development slowed. This means that the root can be shortened, thinned, or blunted. In addition, the enamel covering of the teeth can become thin, and the periodontal ligaments supporting the teeth in the bone can become less elastic. Thus, anyone who has received radiation

therapy to the head-and-neck region and/or chemotherapy can have a higher risk of cavity formation and periodontal problems if oral hygiene (brushing) is neglected. In addition, many of the teeth can be smaller than normal if radiation therapy is given before age five.

Another major effect of radiation therapy to the pediatric patient can be underdevelopment of the soft tissue and bones, thus leaving the facial skeleton slow to mature during the growing years (age 6 to puberty). Another effect of radiation therapy is damage to the salivary glands, which can cause a decrease of saliva, leading to potential for cavities that form along the gumline portion of the tooth. Another problem is loss of elasticity of the jaw muscles in

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## “Focus on the Whole”

By Murray F. Brennan, M.D.

Many patients bring undue anxiety upon themselves by focusing on every comment about their disease as if it applied absolutely to them. It is difficult to be objective when one has cancer! The aphorism “To every hammer, the world appears as a nail” is only too true once you have had a malignancy. When that tumor is a rare and unusual one, such as sarcoma, everything you see or read you believe applies directly to yourself.

Many patients try to dissect for themselves the results of clinical trials and look at survival statistics, focus on the worst outcome, and immediately

assume that that is their fate. Fortunately, or unfortunately, sarcoma encompasses such a wide spectrum of diseases; it is often difficult to place oneself as a statistic on a survival curve. It is equally true that whatever happens to each individual happens 100 percent of the time. You either have a recurrence, which is 100 percent, or you never have a recurrence, which is zero percent.

Sometimes the responsible physician will be unwilling or unhappy to put a percentage to your survival. Like you, he or she is reluctant to “play God.” Nevertheless, one does want to know, or have some idea of, what one's individual risk factors might be.

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# Timing

By Mary Alice Gunter

*To every thing there is a season and a time for every purpose under heaven...  
A time to weep and a time to laugh; a time to mourn and a time to dance...  
A time to keep silence and a time to speak...  
A time to love and a time to hate.*

These words, taken from the ancients of Ecclesiastes, can offer guidance for those of us who are sarcoma survivors. There is an appropriate time for the many purposes in our lives, or, to put it another way, timing can be everything.

For sarcoma survivors, there is most certainly a time to weep and a time to mourn. There is inevitable sorrow and grieving for the loss of our health and for the threat to our lives. Sorrow and sadness can return at any moment, and these feelings are normal and to be expected.

But we can move through these times to find that we can still laugh and enjoy our lives, perhaps more than ever before, and that we can dance for joy, if only in our hearts. We can acknowledge our grief without allowing it to control our lives, and, as time goes by, our ability to deal with grief and suffering may increase.

There is a time for silence and for listening. For many, this may take the form of meditation, yoga, prayer or deep relaxation. For others, this may be a time for listening to music, taking long walks on the beach or in the mountains, finding solace and comfort in the beauty of nature. There is also the time for listening carefully to the instructions of those who care for us—doctors, nurses, family and friends. We also need to listen to the concerns of others. We are not the only ones with problems who need to be heard.

There is also a time to speak, to make our own views clear and to insist on receiving the information we want and need. There is a time to break the silence that often surrounds cancer and the possibility of death, and join others for support in sharing the daily challenges of being a sarcoma survivor. There is a time to find the right words to respond to the sometimes foolish comments of others, and explaining our need for support to our friends and families is essential.

More than ever, this is a time for love in our lives. Cancer can teach us much about the love others give to us and the love we can give. We may have lived our lives thinking that there will be time in the future to show our love: Time later for that trip with children or grandchildren; time to write the letter to someone from whom we have been estranged; time to volunteer to help those in need. We know that there is no better time than now to fill our lives with love for others.

But the disease can also teach us to hate, not with bitterness but constructively. We must love ourselves enough to hate that which dehumanizes us. We can hate those circumstances that turn us into helpless victims. We can hate the HMOs and insurance companies that exploit and take advan-

tage of those who are ill. We can use our hate to find ways to change these systems through political action and determination. We can hate and despise those who turn us into numbers or statistics or who see us only as a patient and not a person. For being a good patient does not mean that we should submit mindlessly to whatever happens.

A time to live and a time to die. We know the truth of these words for all people. We know that every human life is short and fleeting. So each day, each moment, becomes precious. Each day becomes a time for laughing, weeping, singing and dancing, for keeping the silence and for speaking out clearly, for loving the good and hating the evil. Life is a miraculous journey.

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.

## GROUP MEETINGS

A unique opportunity for cancer survivors to join informal educational support group meetings. We invite you to meet with other survivors and health care staff for round table discussions of common concerns and experiences. Reservations necessary. For further information please call (212) 717-3527.

### **Living Well: A Senior Coffee Hour**

THURSDAYS: JUNE 7, JULY 5 & AUG. 2

11:00 AM–12:30 PM, RM. RRL-118, 430 E. 67TH ST.

Older people often encounter the crisis of illness when many familiar routines are changing. This supportive forum will help with solving problems, networking and learning about community resources.

Karrie Zampini, CSW

### **Breathing Easier: Educational Workshops for People Who Have Been Treated for Lung Cancer**

THURSDAYS: JUNE 21, JULY 19 & AUG. 16

1:00–2:30 PM, RM. M-107, 1275 YORK AVENUE

Strengthen the recovery process by obtaining information, learning stress reduction techniques, and building emotional management skills.

Page Tolbert, CSW and Donna Wilson, RN

# MSKCC's Disease Management Program

By Barbara J. Maclean



MSKCC's Disease Management Program, which began in 1996, features Disease Management Teams, or DMTs. A DMT is a multidisciplinary group of clinicians who meet to discuss the treatment of

patients with certain diseases. There now are 17 DMTs that treat the full range of cancers seen at MSKCC. The three Soft-Tissue Sarcoma DMT leaders are Dr. Murray F. Brennan, the Chairman of the Department of Surgery; Dr. Robert G. Maki from the Department of Medicine; and Dr. Kaled M. Alektiar from the Department of Radiation Oncology. There are additional DMT members from the Departments of Surgery, Medicine, Pathology, Biostatistics and Epidemiology, and Social Work, as well as from other disciplines.

The Soft-Tissue Sarcoma DMT has developed standards of care for patients, which are known as "treatment pathways." The pathways vary according to the location of the sarcoma and the individual patient's presentation. Each sarcoma pathway is regularly updated by the DMT to reflect current care. The Soft-Tissue Sarcoma DMT meets weekly to discuss every sarcoma patient. The treatments that patients receive vary because what is right for one person may not be the best choice for another.

The Disease Management System (DMS), a state-of-the-art software application, was developed to meet the needs of the DMTs. The DMS makes patient information instantly available to all clinicians who need to see a patient's records. Laboratory results, pathology reports, radiology reports, and chemotherapy doses also can be viewed by more than one physician or nurse at the same time.

The DMS software system charts the progress of each sarcoma patient from the first visit to a MSKCC physician, through treatment and extended follow-up. Each patient who is seen at MSKCC with a diagnosis of sarcoma is tracked along a treatment pathway. At a glance, a member of the Soft-Tissue Sarcoma DMT can review the entire sequence of steps that the patient has taken, with the associated dates. At each step there are links to the narrative guidelines that more fully explain what treatment or tests need to take place at that step.

To read more about the Disease Management Program, go to MSKCC's Web site at [www.mskcc.org](http://www.mskcc.org). This site provides information on many aspects of patient care at MSKCC.

*Barbara J. Maclean is the DMS Coordinator for the Soft-Tissue Sarcoma Disease Management Team. Prior to joining DMS, her experience at MSKCC over the past 25 years has been in clinical research dealing with the surgical management of tumors.*

## Where Are They Now?

The Kristen Ann Carr Fellowship is a one-year program in which one surgeon is trained in expert sarcoma care at Memorial Sloan-Kettering Cancer Center under the direction of the Chairman of Surgery, Dr. Murray F. Brennan. Most of these surgeons go on to take this expertise and practice elsewhere. This not only spreads sarcoma treatment experience more broadly throughout the medical community, it also

gives many patients better local treatment options. All seven Kristen Ann Carr fellows trained at MSKCC. The accompanying table shows where they are now. (Note that all the hospitals are comprehensive cancer centers. Studies have shown that cancer patients fare better when treated at one of these comprehensive centers, as designated by the National Cancer Institute than those treated elsewhere!)

Year	Name	Current Position	Institution
1994	Jonathan Lewis, M.D.	Chief Medical Officer	Antigenics, New York, NY
1995	Martin Heslin, M.D.	Assistant Attending	University of Alabama, Birmingham, AL
1996	Lawrence Harrison, M.D.	Assistant Attending	University of Medicine & Dentistry of New Jersey Newark, NJ
1997	Kevin Billingsley, M.D.	Assistant Attending	University of Washington, Seattle, WA
1998	David Linehan, M.D.	Assistant Attending	Washington University, St. Louis, MO
1999	Martin Weiser, M.D.	Assistant Attending	Memorial Sloan-Kettering Cancer Center New York, NY
2000	Martin McCarter, M.D.	Chief Administrative Fellow	Memorial Sloan-Kettering Cancer Center New York, NY

## Sarcoma and the Internet: A Physician's Perspective

By Martin McCarter, M.D., Kristen Ann Carr Fellow

When we initially discussed the idea for the Kristen Ann Carr Fellowship with Dr. Murray Brennan, Memorial Sloan-Kettering Cancer Center's Chairman of Surgery, we knew that we wanted to do something more than just help young doctors gain technical expertise. Through the course of Kristen's treatment, we saw that the most valuable doctors were not just those who had great skill, but those who also gave of themselves to their patients. Our favorite doctors couldn't prevent Kristen's life from being shortened, yet they exhibited great compassion and empathy to ensure that the life she did have was of the highest quality possible. We think of this approach to cancer care as humanism, wherein the doctor treats the entire person, not just the disease and its symptoms.

In establishing the fellowship, we asked Dr. Brennan to please make sure that each of the fellows had a humanistic approach. Not that it was likely that anyone who worked so closely with him would lack it! We are especially proud that each of the seven Kristen Ann Carr Fellows has indeed exhibited great concern for cancer patients as whole people. Immediately upon meeting the current fellow, Dr. Martin McCarter, we knew that this important part of our mandate had once again been fulfilled. Kristen, a sharp judge of character, would be tremendously pleased that the next generation of sarcoma specialists will share these qualities too.

*Dave Marsh and Barbara Carr*

### **Information is good, but good information can be hard to find**

Access to the Internet is like having access to a worldwide encyclopedia. The difficult task is no longer getting to the information but rather sifting through the vast amounts of it to find that which is valuable to the individual. With increasing frequency, patients arrive at the physician's office armed with information gleaned from the Internet. This is a positive development, for an informed patient is the best patient.

To get a sense of the patient's perspective, I set out to visit common Internet web sites that sarcoma patients might encounter in their quest for information. I searched under the keyword "sarcoma" and let it roll from there. The default browser was "MSN search." I found was a seemingly infinite number of possible links to sarcoma. In my opinion, the most useful site for comprehensive information about sarcoma is the National Cancer Institutes CancerNet Page (<http://cancer.net.nci.nih.gov>). Using this site, patients and physicians can access good background information, definitions, classifications, staging,

and treatment options, and it comes complete with references. This site also provides links to ongoing trials for sarcoma via the clinical trials page (<http://cancertrials.nci.nih.gov>). For example, there are currently 41 active (phase I, II, & III) clinical trials for all stages of sarcoma identified by the National Cancer Institute. This site is reliable because it is screened by experts at the National Cancer Institute and is regularly updated.

Other sites that provided reliable information included those accessed via the home sites for MSKCC ([www.mskcc.org](http://www.mskcc.org)), MD Anderson Cancer Center ([A screenshot of the CancerNet website. The page has a blue header with the "CancerNet" logo and the tagline "CancerNet: Making Cancer Comprehensible". Below the header, there is a search bar and a section titled "What information do you need?". This section contains several columns of links and categories, including "Types of Cancer", "Treatment Options", "Clinical Trials", "Genetics, Causes, Risk Factors, Prevention", "Dealing with Cancer", "Support and Resources", "Cancer Libraries", and "ASCO". The page layout is organized and professional, typical of a government or research institution website from that era.](http://www.mdan-</a></p>
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*derson.org*), and the Sarcoma Alliance ([www.sarcomafoundation.com](http://www.sarcomafoundation.com)). For clinical trials, Centerwatch ([www.centerwatch.com](http://www.centerwatch.com)) provides a list of government- and industry-sponsored trials by state and by disease.

Other web browsers such as Excite, Go, and Yahoo tended to find similar sarcoma sites, though the order in which they appeared varied greatly. Patients should be careful about which sites they explore, since a search using "sarcoma" as a keyword under any web browser frequently yielded links to many related diseases spanning Kaposi's sarcoma to feline sarcoma, sites that may not be helpful for the majority of patients interested in sarcoma and may in fact not be applicable at all. So how does one determine which sites are reliable? Unfortunately, there are no foolproof methods of detecting misleading or irrelevant information. However, the following basic guidelines may be helpful. Look for sites that are associated with established academic or research institutions, have a built-in review process, use supporting references when appropriate, and exhibit frequent updates.

### **Summary**

The World Wide Web provides great information for many patients including those with sarcoma. Good information can improve the patient-physician relationship, but care must be taken in deciding which sources of information can be trusted.

*Martin McCarter, M.D. attended medical school at the University of Vermont and trained in general surgery at New York Hospital-Cornell Medical Center. His research interests include tumor immunology.*

## “20-30 Something” Young Adult Support Group Survivors’ Stories

By Eileen Manela, C.S.W.

“A place where I can voice my opinions as a cancer patient. A place where I feel I am not isolated. A place where I can share my feelings with other people my age. A place to go during the healing process.”

These are comments from a young adult who recently completed the “20-30 Something” Support Group at the Post-Treatment Resource Program of Memorial Sloan-Kettering Cancer Center. The Post-Treatment Program facilitates the emotional healing that needs to take place following treatment. Emotional healing, which is a unique journey for everyone, allows people to experience the feelings around such a life-altering event, grieve what may be changed or lost, and hopefully integrate the experience and move forward, perhaps with new goals and new ideals. People have often told us that life does not go back to exactly the way it was prior to treatment, but rather a new way of being develops. We at Post-Treatment are here to help with that new way of being through a format of psychoeducational support groups, lectures, and workshops.

The Young Adult Support Group developed approximately ten years ago as we learned from patients that the needs of someone in their 20s or 30s was quite different from someone a decade or more older. As a 24-year-old group member said when she attended a local non-age-specific support group, “People were talking about grandchildren and retirement funds. I needed to be in a group where people were talking about the possibility of not having children, and deciding whether to put money into a retirement fund.”

Specifically, the Young Adult Support Group addresses the needs of people who are at the same developmental stage of life and may feel out of sync with peers who are focused on other issues. Even well-meaning friends and family may not understand the

challenges a younger person faces post treatment. Some of the issues addressed in the support group include pre-occupation with health and thoughts of cancer, relationships with family, friends and others; self esteem; body image; sexuality; and dating. The group addresses the feelings of sadness that may come up and the difficulty in moving forward.

We often ask participants to join in a behavioral exercise that serves as an icebreaker, by asking them to complete the following statements:

1. A term I would use to describe myself now that I would not have used before my treatment for cancer is:\_\_\_\_\_.
2. Following my treatment for cancer, I did not anticipate that emotionally I would feel:\_\_\_\_\_.
3. I may not be there yet, but the way I would like to be able to regard my having had cancer is:\_\_\_\_\_.

Our group members have told us that these provocative questions, along with discussion, have been most helpful. People are encouraged to examine and process what the cancer experience has really meant to them. Being in a room with other people of one’s age who are off-treatment and working on similar issues can be a powerful experience. People tend to feel less isolated and understood—two crucial ingredients to emotional healing. “What stands out is the amount of positive energy flowing in the group,” a previous member of a group has stated. “Even when problems come up, I still feel energized, inspired, and mostly comforted that I am not alone.”

For further information and reservations for this 12-week support group, please contact the Post-Treatment Resource Program at 212-717-3527.

### SEMINAR/WORKSHOP SERIES

PTRP offers a variety of community lectures and workshops for cancer survivors. Family, friends and health-care professionals are welcome. For reservations, further information about our services, or to speak with a staff member, please call (212) 717-3527

#### May – August 2001

##### **Sarcoma Update**

Wednesday, June 13

6:00–7:30 pm

430 East 67th St., RRL-116

Please join Dr. Robert G. Maki of the Gastrointestinal Oncology Service for an overview of the latest information on research and clinical trials.

##### **Evenings of Harmony and Hope: An Integrative Approach to Recovery**

Monday, June 18 & July 30

6:00–8:00 pm

Integrative Medicine Service  
303 East 65th St.

This program will combine emotional support, meditation, nutritional advice and massage designed to enhance mind, body and spirit. For reservations and information, please call (212) 717-3527.

Co-sponsored with the Integrative Medicine Service

##### **The Role of Genetics in Cancer Risk Prevention, and Treatment**

Tuesday, June 19

6:00–7:30 pm

430 East 67th St., RRL Auditorium

Kenneth Offit, M.D.,  
Chief, Clinical Genetics Service  
*Overview of Genetic Cancer Risk and Counseling*

Lauren Scheuer, M.S.,  
Genetic Counselor  
*Genetics and Breast Cancer*

Joseph Guillem, M.D.,  
Colorectal Service  
*Genetics and Colon Cancer*

Co-sponsored with the Department of Public Affairs

For reservations call 212-639-3074 or register online at [www.cancersmart.org](http://www.cancersmart.org)  
CancerSmart: A Community Education Program of MSKCC – Department of Public Affairs

## Dental Facts

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the irradiated region, thus preventing maximum opening of the mouth.

In many patients, these effects of radiation therapy and chemotherapy to the head-and-neck region can be limited and controlled. As stated by Dr. Murray Brennan in the last Sarcoma Update, "You, the patient, are in charge." You can be the master of the long-term oral condition. In many situations, the major salivary glands can recover significantly to produce the quality and quantity of saliva that is required to maintain the enamel of teeth. Family support and self-motivation are instrumental in preventing many oral clinical complications and long-term problems.

Prevention begins with good oral hygiene, daily brushing of your teeth three or more times per day, and the use of high-potency fluoride. Most over-the-counter toothpaste contains 1000 ppm (parts per million) of fluoride that, with the aid of normal quality and quantity of saliva, can protect the teeth when used daily. However, anyone receiving radiation therapy to the head-and-neck region should, in addition, be on a prescription fluoride that contains 5000 ppm of fluoride. This prescription can come in a toothpaste form, rinse, or gel that can be applied in mouthguards. In today's day and age, loss of teeth from cavities should be unnecessary.

In head-and-neck patients who have received radiation therapy, there is a concern about third-molar development and whether or not these wisdom teeth should be extracted. If this situation occurs you should consult an oral and maxillofacial surgeon. If these teeth are totally impacted in the bone (mandible) and are asymptomatic, many times extraction is unnecessary.

Once chemotherapy and/or radiation therapy are completed, the patient should visit his or her dentist every three to four months, as opposed to every six months. Frequent dental check-ups can help eliminate or decrease those factors that lead to cavities, periodontal disease, or extractions. Monitoring is necessary because cavities after radiation

therapy can develop quickly. Dry mouth can be long-lasting if all the major salivary glands received radiation. Unless perfect oral hygiene is maintained, cavities can creep under the restorations and are undetectable by dental x-rays. But recent clinical investigations have demonstrated that dryness and cavity development do not necessarily go hand in hand. Many potential bacteria that cause cavities are transient and, in some situations (depending on total radiation dosage and field of radiation), salivary dysfunction might not affect cavity development. Nonetheless, teeth should be monitored closely and preventive measures always practiced. Establishing a pattern for continuity of care can and should lead to the elimination of dental infection and/or extractions.

Some patients, after puberty, prefer to have aesthetic veneered facings (porcelain caps) on their front teeth. With the advent of new and safe dental materials, these types of restorations can be accomplished safely and effectively.

If the muscles around the joints in front of the ear are in the field of radiation, jaw-opening exercises 10 to 15 times a day for five minutes at a time can prevent or decrease the severity of this problem.

Osteoradionecrosis, the breakdown of bone clinically after radiation therapy, is a relatively uncommon clinical condition, but it is of some concern for patients who have undergone such treatment. It can develop in patients who practice poor oral hygiene, even many years after completing radiation therapy. Osteoradionecrosis is currently described as the inability of the bone cells to reproduce and the lack of blood vessels in the lower jawbone. If a tooth that was in the field of radiation needs to be extracted, consultation by an oral maxillofacial surgeon would be warranted.

In summary, good oral hygiene is mandatory and available for anyone receiving radiation therapy and/or chemotherapy for soft-tissue sarcomas of the head-and-neck region. There is no one correct standard for dental treatment and care. Each patient's situation is unique. However, patients can help themselves with their dental situation by asking their dentist about the latest

information on oral hygiene, both products and therapeutics. Good oral health can prevent loss of teeth that would require prosthetic management. "Pearly whites," even after radiation therapy, can be a reality. A regimen using a soft toothbrush frequently (three to four times a day) and fluoride can brighten up your day and preserve your teeth and your smile.

*Ian Zlotolow, D.M.D. is a maxillofacial prosthodontist and is Chief of the Dental Service in the Department of Surgery at MSKCC.*

## "Focus on the Whole"

*continued from page 1*

Here it is important to focus on the whole. We know that having a high-grade tumor increases the risk of having a metastasis, and we know that, while local recurrence can occur and is a very fearful event, it rarely is a factor causing death from sarcoma.

We also know that risks change with time. The majority of sarcoma patients who are going to recur will do so in the first two years. That does not mean one cannot have a recurrence after two years. But it certainly means that the risk of that happening is markedly diminished. Overall, it is important to focus on the whole.

It sounds unfair, but *living with cancer* is not the problem. *Dying of cancer* is the only problem. So as you read both medical and lay publications, try not to put yourself in every one you read. Try to think how it helps you to be educated, and when there are concerns, you should ask the physician responsible for your care. He or she can often put such concerns into perspective and allow you to be much more comfortable about where you are and what your risks are.

As always, do not be afraid to ask. Anxiety and concern over something you read, particularly if it is not applicable to you, can only hurt and not help. However, the big picture is the main one. Recurrence can threaten you, but local recurrence does not usually cost you your life.

*Dr. Brennan is Chairman of the Department of Surgery, specializing in the treatment of soft-tissue sarcomas. He is also leader of MSKCC's sarcoma disease management team.*

## 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.

### May – August 2001

#### 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 and Richard Hara, CSW*

#### Monday Mornings

10:15–11:45 am

June 4 – July 9

##### **Creative Outlets for Reducing Stress**

Restore balance and build quality of life through mindful living. This group will utilize mindfulness exercises, problem solving and meditation. Meets weekly – 6 sessions.

*Karrie Zampini, CSW and Barbara Saslow, RN*

#### Wednesday Afternoons

2:00–3:30 pm

June 6 &amp; 20, July 11 &amp; 25 and August 8 &amp; 20

##### **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 and Richard Hara, CSW*

#### Thursdays

4:00–5:30 pm

June 7 – July 12

##### **Fitness Foremost: Wellness After Cancer**

Take an active role in your physical recovery. Build vitality, mobility and independence through a program of strength training and cardiovascular endurance exercises. Meets weekly – 6 sessions.

*Karrie Zampini, CSW and Donna Wilson, RN, Fitness Expert*

#### 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 – 6 sessions.

*Constance Gemson, CSW*

## 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!

*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](mailto:gordon3@mskcc.org). We look forward to hearing from you!

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### **Sarcoma Update Staff**

#### **Editor**

Murray F. Brennan, MD

**Managing Editor**

Ilyse Gordon, CSW

**Graphic Design**

Donna DePaolis

***The Kristen Ann Carr Fund***

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*The Kristen Ann Carr Fund  
80 Mason Street  
Greenwich, CT 06830*

***Sarcoma Update***

MSKCC-Box 177  
1275 York Avenue  
New York, NY 10021

*Address Correction Requested*