

NMCCA

Spring 2006



COMMUNITY NEWSLETTER



New Mexico Cancer Care Alliance Spreads the Word!

NMCCA also hosted two events for healthcare professionals that day, a case study program for local physicians to present interesting studies for Dr. Norton's feedback and a technical lecture for continuing medical education credit.

Another event included baking more than 100 dozen cookies for the Community Health Charities fundraising "Cookie Walk." NMCCA joined the other CHC members at the Rio Grande Holiday Arts & Crafts Fair to sell cookies at the main table and spread awareness of cancer clinical trials at an exhibit table.

Once again, NMCCA exhibited at the Eyewitness News 4 Health Fair in January. Approximately 23,000 people visited the health fair, and, although not all stopped by the NMCCA table, our representatives were busy answering questions about clinical trials and hearing cancer survivors and family members describe their experiences and learning what NMCCA can do to assist cancer patients and caregivers.

The future is looking just as busy for NMCCA. We are co-sponsoring a free program "Trials & Triumphs: Learning About and Navigating Cancer Clinical Trials" with the Leukemia & Lymphoma Society on April 19. On May 18, we are offering a seminar on oncology imaging for nurses and staff. On May 19, we will join the Cancer Services of New Mexico semi-annual retreat in Glorieta. Finally, we are already busy planning our next education day and HERO recognition breakfast to honor clinical trial participants that will take place in October 2006.

New Mexico Cancer Care Alliance spent the winter creating educational programs and presenting the latest information about cancer clinical trials at a variety of locales.

Our most prominent event was our semi-annual Education Day on January 13, 2006. Dr. Larry Norton, Deputy Physician-in-Chief for Breast Cancer Programs at Memorial Sloan Kettering in New York City, came to Albuquerque to present the latest information on breast cancer through research studies.

At "What's Brewing," an afternoon tea at the Petroleum Club, attended by over 70 interested people, Dr. Norton spent a brief time presenting statistics on how breast cancer treatment has changed and improved over the past 40 years through clinical trials, then held a 45-minute question and answer period. The women and men of the Albuquerque area showed how savvy they are by asking questions about low-fat diets, medicinal treatments, herbal alternatives and what the future held in store for breast cancer patients. For further information about Dr. Norton's visit, please read Jackie Jadrnak's article "Some See Breast Cancer as Manageable," reprinted from the Albuquerque Journal on Page 7.

A Hearty Thank You to:

NMCCA's Education Committee

- Paul Anthony, MD
- Paul Duncan, MD
- Gayle Hesser, RN
- Robert Hromas, MD (chair)
- Linda Green
- Richard Hoffman, MD
- Shree Martinez
- Malcolm Purdy, MD
- Jack Saiki, MD
- Terri Stewart
- Claire Verschraegen, MD

Gayle Hesser, RN & Cathy Cox

At Lovelace Medical Center-
Downtown
(Formerly Albuquerque
Regional Medical Center)

NMCCA's January Education Day could not have run as smoothly as it did without your assistance!

SAVE THE DATE!

Thursday, October 12, 2006
HERO Recognition Breakfast

Featuring:

Emile Freireich, M.D.
Professor, MD Anderson Cancer Center
Houston, TX

INSIDE AT A GLANCE

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New Mexico Cancer Care Alliance Heartened by Legislative Response to Cancer Bills

During this year's legislative session, NMCCA made their first attempt to seek legislative funding through two bills, House Bill 581 and Senate Bill 470; both entitled "An Act Making an Appropriation for Cancer Prevention, Research and Education Statewide." Sponsored by Senator Cynthia Nava and Representative Dianne Miller Hamilton, the bills requested one million five hundred thousand dollars (\$1,500,000), paid out over five years at \$300,000 per year, from the general fund.

The funds would help reach the goals of the New Mexico Cancer Plan. Cancer prevention includes both primary prevention (research to reduce the risk of developing cancer) and secondary prevention (early detection and screening). NMCCA's clinical trials would contribute to primary prevention and increase the patients' quality of care and life. Access to the best new drugs offered through research studies leads to increased quality of care. The patient's quality of life increases when they can stay at home with their family, friends and support groups.

Although the bills did not pass this year, both were deemed worthwhile and made it to their branch Finance Committees. NMCCA is heartened by the strength of the conviction of the state legislators who believe that New Mexico needs a statewide program to bring

cancer prevention, research and education to New Mexico residents. Terri Stewart, NMCCA's executive director, commented about the process, "Every legislator and staff person, I spoke with was supportive of expanding cancer research throughout the state and specifically cancer prevention. I think next year with more planning and advance prep work, we will be successful in having funds appropriated for cancer research and prevention."

Overall, NMCCA believes the state has done a good job of making cancer research and prevention available to patients in Albuquerque and Santa Fe and we must make these same options available to cancer patients throughout our state. Just as not everyone in Albuquerque or Santa Fe wishes to leave the state to seek these research options, not everyone in Las Cruces, Silver City or Farmington wishes to or has the means to drive to Albuquerque and Santa Fe. This is why we will continue our conversations with the New Mexico Department of Health and the



Legislators to be better prepared for the 2007 session.

The bills were submitted relatively late in the legislative calendar this year; however, NMCCA is proud of what we accomplished in the small amount of time we had. The bills would not have gone as far as they did without the support of our physicians, hospital staffs and patients who were willing to contact their legislators and encourage them to pass these bills.

Thank you to everyone for your efforts.

Could you be a HERO?

Helping to Enhance Research in OncologySM

NMCCA's HERO Program events range from educational, awareness and recognition events (such as our annual Recognition Breakfast in February) for the public to educational programs for medical professionals. All these programs are designed to provide knowledge as to what a cancer clinical trial is and is not and how participating in a clinical trials may benefit a cancer patient. As a 501(c)(3) non-profit organization, NMCCA relies on, and greatly appreciates, grants and donations to support the HERO Program.

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

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

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

Name _____

Address _____

City _____ State _____ Zip Code _____

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

March was National Colorectal Cancer Awareness Month

What is Cancer?

Briefly, cancer begins in cells, the building blocks that make up tissues that form the organs of the body. Normally, cells grow and divide to form new cells as the body needs them. When cells grow old, they die and new cells take their place. However, sometimes this orderly process goes wrong. Sometimes, new cells form when the body does not need them, and cells do not die when they should. These extra cells can form a mass of tissue called a growth or tumor.

Tumors can be “benign” (not cancer) or “malignant” (cancer). Benign tumors do not affect the tissue around them or spread to other parts of the body. When a surgeon removes a benign tumor, it usually does not grow back.

Malignant tumors, though, can grow back after surgery, and they can affect nearby tissue and organs. Cells from the original tumor also can break away and spread to other organs through the bloodstream. If those cells attach themselves to another organ and grow, they keep their original identity. For example, if a colon cancer cell moves to the liver, it is still a colon cancer cell, but it is damaging the liver. The term for cancer that has spread to another location is “metastasis.” In this instance, the liver disease is “metastatic colon cancer.”

What is colorectal cancer?

The body’s digestive system consists of the mouth, throat, esophagus, stomach, and the small and large intestines. The digestive system removes and processes nutrients (vitamins, minerals, carbohydrates, fats, proteins, and water) from foods and helps pass waste material out of the body. The term “colorectal” refers to the large intestine. The first six feet of the large intestine make the “colon” and the last six inches are the “rectum” and the “anal canal,” which ends between the buttocks.

Colon cancer refers to cancer that begins in the colon, and rectal cancer begins in the rectum. Physicians also may refer to either or both of these cancers as “colorectal cancer.”

According to the National Cancer Institute, the number of people diagnosed with colorectal cancer has stayed about the same in the recent past, but the number of people who die from colorectal cancer has decreased!

Did You Know?

Colorectal cancer is one of the leading causes of death from cancer in the United States.

“If I don’t know, it can’t hurt me.” While that phrase may help with many of life’s trials and tribulations, it can hurt when one is speaking about cancer. Fear of the unknown might be a reason many people avoid being tested for cancer.

At New Mexico Cancer Care Alliance, we believe that awareness of a disease, its possible causes and methods of risk reduction will help reduce this fear and increase the number of people who take control of their health.

March is National Colorectal Cancer Awareness Month. NMCCA wants to help people understand what colorectal cancer means as well as learn how to and whether it can be prevented.

For more information, see the National Cancer Institute website, www.cancer.gov.

Symptoms

Many of the common symptoms of colorectal cancer also can occur with other health problems. If you have these symptoms, please see a doctor for a correct diagnosis and treatment plan.

- A change in bowel habits
- Diarrhea, constipation, or feeling that the bowel does not empty completely
- Blood (either bright red or very dark) in the stool
- Stools that are narrower than usual
- General abdominal discomfort (frequent gas pains, bloating, fullness, and/or cramps)
- Weight loss with no known reason
- Constant tiredness
- Nausea and vomiting
- Pain usually is not a symptom of early stage cancer.

Please do not wait to feel pain before seeing a doctor.

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

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

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

Colon & Rectal Clinical Trials

If you have been diagnosed with a colorectal cancer, NMCCA offers the following clinical trials. Please discuss with your physician whether you may be eligible for one of these trials.

Roche 3304C: A Phase II trial using a combination of oxaliplatin, capecitabine and celecoxib with concurrent radiation for patients with newly diagnosed resectable rectal cancer

Pharm 0510P – Amgen/Immunex Corp/Abgenix: A randomized, open-label, controlled clinical trial of chemotherapy and bevacizumab with and without panitumumab in the first-line treatment of subjects with metastatic colorectal cancer

NSABP C-08: A Phase III Clinical Trial Comparing Infusional 5-Fluorouracil (5-FU), Leucovorin, and Oxaliplatin (mFOLFOX6) Every Two Weeks with Bevacizumab to the Same Regimen without Bevacizumab for the Treatment of Patients with Resected Stages II and III Carcinoma of the Colon
One more! Roche Xelox Dense.

Pharm 0515P – Roche Xelox-A DVS (Dense vs. Standard): A randomized study of intermittent capecitabine in combination with oxaliplatin (Xelox Q3W) and bevacizumab vs. intermittent in combination with oxaliplatin (Xelos Q2W) and bevacizumab as first-line treatment for patients with metastatic colorectal cancer

Cancer Conversations: Dr. Richard Hoffman on Colorectal Cancer

Doctors cannot always explain why one person gets cancer and another does not. However, scientists have studied general patterns of cancer in the population to learn what things around us and what things we do in our lives may increase or decrease our chance of developing cancer.

The New Mexico Cancer Care Alliance is fortunate to have an expert on colorectal

cancer prevention and screening as one of its participants. Dr. Richard Hoffman of the University of New Mexico Cancer Research & Treatment Center and the Veterans Administration Medical Center works to find means to control cancer now and to prevent it in the future. He spoke with Linda Green about prevention and screening for colorectal cancer.

What are the odds of a person getting colon or rectal cancer?

Over a person's lifetime, which we estimate as birth to age 79, a man's chance of being diagnosed with colorectal cancer is 5.9% (1 in 17), a woman's chance is 5.5% (1 in 18).

Are there any risk factors that might predict whether a person will get colorectal cancer?

There are many potential risk factors. The strongest ones are A family history of cancer or polyps, especially of the rare, but very-high risk hereditary colorectal cancer syndrome (such as familial adenomatous polyposis [FAP] or hereditary nonpolyposis colorectal cancer [HNPCC]);

- Aging—A person's risk begins increasing above age 50;
- Gender—Men are more likely to develop colorectal cancer;
- Personal history of colon polyps;
- Long-standing inflammatory bowel disease (ulcerative colitis)

Other potential risk factors can include diabetes, high alcohol intake, a red meat diet and smoking.

I can't prevent some of those risk factors. How can I reduce my chances?

Patients with the high-risk hereditary syndromes (FAP) may be advised to have their colons removed, which essentially eliminates the cancer risk. However, for everyone else, the best strategy for reducing the risk of developing colorectal cancer—and for reducing the risk of dying from colorectal cancer—is regular screening.

Early screening allows us to find growths while they are still benign tumors or "pre-cancerous." We can remove them before they develop into cancer.

What kind of screening tests are available?

There are several screening tests.

- **Fecal occult blood test ("FOBT")** cards look for microscopic intestinal bleeding that could be caused by pre-cancerous growths or by cancers
- **Flexible sigmoidoscopy**—a scope that looks at the last several feet of colon and allows doctors to biopsy (take a tissue sample) abnormal growths
- **Barium enema or CT colonography**—imaging studies that look at the entire colon to find abnormal growths
- **Colonoscopy**—a scope that can look at the entire colon, biopsy abnormal growths and remove pre-cancerous polyps

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Is one test more accurate than the others?

If so, which one and why?

The most accurate test is colonoscopy because it directly visualizes the entire colon. It is not only a diagnostic test; but it also is therapeutic because it can remove precancerous growths. Not everyone receives a colonoscopy, however, for several reasons. One is that it is expensive, and insurance coverage can be limited. Some patients consider the bowel preparation unpleasant, and the need for sedation means someone must accompany the patient to drive them home. Also, there are risks associated with the procedure. Very rarely, patients can have their bowel perforated or suffer a major bleed. Finally, New Mexico has a limited supply of endoscopists who can perform these tests.

You just mentioned that the colonoscopy preparations are uncomfortable. What about the other tests?

FOBT involves collecting stool specimens with a wooden stick at your home. There is no discomfort. The other tests require bowel preparations that can be bothersome—cleaning out the colon means many trips to the bathroom. The endoscopy tests and radiographic studies can cause discomfort, such as cramping and pain. For a colonoscopy, patients usually receive a sedative and intravenous pain medication.

None of those really sounds appealing.

Can't I just get a blood test?

No, there are no blood tests for routine colorectal cancer screening. However, genetic blood testing may be indicated when a patient has multiple family members affected by cancer. Testing is complex, and patients at high risk for a colorectal cancer syndrome (because family member with cancer tested positive for a genetic abnormality) should receive appropriate genetic evaluation and counseling.

Outside of or in addition to screening, is there anything I can do that will protect me?

Clinical study data supports a protective effect from aspirin and other anti-inflammatory drugs because they prevent polyp formation. Observational studies suggest that calcium supplements may be protective against colorectal cancer; clinical research studies do show that calcium supplementation prevents polyp formation. If you want to try either of these possibilities, please talk to your physician first to determine whether it is safe for you given the other aspects of your health and what the correct dosage is for you.

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American Cancer Society Colorectal Cancer Screening Guidelines

NMCCA supports the American Cancer Society's colorectal cancer screening guidelines. The ACS states that beginning at age 50, men and women who are at average risk for developing colorectal cancer should have one of the five screening options below:

- a fecal occult blood test (FOBT) or fecal immunochemical test (FIT) every year (the take-home multiple sample method)
- flexible sigmoidoscopy every 5 years
- an FOBT or FIT every year plus flexible sigmoidoscopy every 5 years
- double-contrast barium enema every 5 years
- colonoscopy every 10 years

Of the first three options, the ACS prefers number three, the combination of an FOBT or FIT every year plus a flexible sigmoidoscopy every five years.

For more information about the American Cancer Society and colorectal cancer screening, please visit their website, www.cancer.org.

Thank you!

New Mexico Cancer Care Alliance would like to take this opportunity to thank the generosity of the New Mexican community for supporting our programs during the past year.

In Memory of Debra Sievert

Dick & Reba Hardin
 Roger & Sue Houser
 Jane Paulls
 Marcella M. Toohey
 Strick & Carolyn Watkins
 David M. Wiegand

In Memory of Michael Butler

William Durkee

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We hear a lot about hormone replacements for women. Can they help with colorectal cancer?

A Women's Health Initiative clinical study found hormone replacement therapy could be protective against colorectal cancer. However, because of the risks of cardiovascular disease and breast cancer from hormone therapy, physicians do not always recommend this strategy.

How about diet? Could what I eat really affect my chance of getting cancer?

It's possible. On the one hand, survey studies suggest that diets high in fruits and vegetables, as well as higher intakes of folate, vitamin B6 and magnesium, may protect against colorectal cancer. On the other hand, randomized clinical research studies, which are better when it comes to providing authoritative evidence, have failed to show a benefit for high fiber or low fat diets in reducing risk for polyps or cancer.

In other words, there is no convincing evidence that dietary changes can prevent colorectal cancer.

NMCCA

So, to summarize very quickly, exercising and eating a healthy diet are good for overall health and wellbeing, and will help deal with anything else that may come up. However, regarding colorectal cancer, the best thing is to get an initial screening test at age 50 and follow-up tests regularly, based on my doctor's recommendations, to ensure that I do not have colorectal cancer and, if I do, to get treatment as early as possible. Is that correct?

Dr. Hoffman

Yes. There are many available effective colorectal cancer-screening options. The best test is the one that gets done.

Stages of Colorectal Cancer

If a person receives a colorectal cancer diagnosis, her or her doctor may refer to the "stage" of cancer. "Stage" means the extent to which the disease has spread. Knowing the stage helps the doctor to plan the best treatment for the patient.

Doctors describe colorectal cancer by the following stages:

Stage 0: The cancer is found only in the innermost lining of the colon or rectum.

Stage I: The cancer has grown into the inner wall of the colon or rectum. The tumor has not reached the outer wall of the colon or extended outside the colon.

Stage II: The tumor extends more deeply into or through the wall of the colon or rectum. It may have invaded nearby tissue, but cancer cells have not spread to the lymph nodes.

Stage III: The cancer has spread to nearby lymph nodes, but not to other parts of the body.

Stage IV: The cancer has spread to other parts of the body, such as the liver or lungs.

Recurrent cancer: This is cancer that was treated, but returned after a period of time when no cancer was detected. The disease may return in the colon or rectum, or in another part of the body.



Don't be afraid of a screening test!

"Screening" is looking for cancer before a person has any symptoms. If a doctor finds abnormal tissue or cancer early, it may be easier to treat. By the time symptoms appear, cancer may have begun to spread. Just because your doctor suggests a screening test, he or she does not necessarily think you have cancer.

As we have seen in other articles, there are many types of screening tests. Scientists study the things people do and the things around us to see if they might cause cancer and which people are more likely to get certain types of cancer.

They also study screening tests to find those with the fewest risks and most benefits. Based on this scientific information, doctors decide who should be screened for cancer, which screening tests should be used, and how often the tests should be done.

If your doctor recommends a screening test for colorectal cancer, don't be afraid and don't hope the symptom will just go away. Have the test. Knowledge is power when it comes to treating cancer and the earlier you know and begin treatment, the better your results may be.

ALBUQUERQUE JOURNAL



January 23, 2006.

Some See Breast Cancer as Manageable

by Jackie Jadrnak, Journal Staff Writer

With advances in treatment, people are starting to talk about breast cancer as a chronic disease—one that can be managed over time.

But Dr. Larry Norton doesn't think that's good enough. "It's a good first step ... but I want to see us able to cure or prevent it," he said.

Norton is deputy physician-in-chief for breast cancer programs at Memorial Sloan Kettering Cancer Center in New York City. He was in Albuquerque this month to give talks to physicians and members of the public through the New Mexico Cancer Care Alliance.

That group, made up of cancer care providers, works to bring clinical trials of the latest treatments to New Mexico. Dr. Cheryl Wiliman, chairwoman of the Alliance's board, called Norton "the pre-eminent breast cancer medical oncologist in the U.S."

Norton said great strides have been made since breast cancer was viewed as an invariably fatal disease in the 19th century. At that time, women didn't even seek medical help until the tumor was so big it broke through the skin, bleeding and infected. Then, patients were kept in segregated sections of hospitals until they died, he said.

Surgery and chemotherapy began to change that view. When research revealed that different types of cells might be involved in one person's cancer, doctors began to combine chemotherapy drugs. Then they compressed treatments into a shorter number of weeks.

Some of the latest drugs developed to prevent cancer recurrence are aromatase inhibitors, such as Femara, Norton said. That drug blocks an enzyme that converts male hormones made in the adrenal gland to estrogen, he said. Women who take tamoxifen for five years after a round of breast cancer to prevent a recurrence now may take an aromatase inhibitor for five years after that, he said.

"Some say we should use that instead of tamoxifen," Norton said. "It doesn't stimulate the uterus (which would increase risk of uterine cancer) and there may be other health benefits." But, he added, it does increase the risk of osteoporosis.

But drugs aren't the only answer to prevent cancer recurrence. "Lifestyle things can make a big difference," Norton said. Physicians were shocked when a study last year showed an ultra-low-fat diet is as effective as drugs in preventing a recurrence of breast cancer, he said.

"We don't know why yet," Norton said, adding, "People lost an average of 10 pounds, too." The greatest benefit occurred in women whose breast cancer was not sensitive to estrogen, he said.

So far, researchers have divided breast cancers into five basic types, with some treatments targeted to specific types of cancers. Some, for instance, grow in the presence of estrogen, while others are not responsive to that hormone.

At this point, women don't always get tested to see what type of breast cancer they have in order to tailor treatments, Norton said, but they may some day. "It's an intense area of research," he added.

Answering questions raised by members of the audience, Norton said:

- A breast that has had cancer seems to attract cancer cells that have broken off from the original tumor. The cells don't travel directly within the breast, he said. Instead, cells leaving a tumor get into the lymph nodes, travel to the heart and are pumped throughout the body. In that way, they can end up back in the original breast, but in a new location, he said.

"We're trying to identify the chemical receptor that allows them to move around," he said. Then drugs might be developed to keep cancer cells from moving to different parts of the body.

- Tofu and soy probably are fine for women with breast cancer, "if you eat it like Japanese women, about 20 grams a day," Norton said. Low doses appear to have anti-estrogen activity. But taken in high doses in powders and milks, soy develops estrogenic activity and could be harmful to women with estrogen-sensitive cancers, he said.

- Some cancer centers still give bone marrow transplants to treat breast cancer. Norton said that made more sense before the newest chemotherapy drugs were developed. "Now we find it's no better, and even inferior" to chemotherapy, because some patients die from the bone marrow transplant itself he said.

- People who take supplements to "boost their immune system" to fight cancer may not be on the right track. The immune system can stimulate inflammation, and inflammation actually is tied to the development of some cancers, he said. "I'm very concerned about some things in the health food stores ... they may turn out in the long run to be bad," he said.

- Twice-daily radiation treatments, instead of the current once-daily, are being tested (including through the New Mexico Cancer Alliance) to see if they are more effective in treating breast cancer. "I am very concerned about the long-term cosmetic results," Norton said, noting that radiation can scar the breast and change its shape.

- He offered "Zen wisdom" for people considering different treatments or prevention approaches for breast cancer—or any health condition. "If anyone says, 'Do this because it's good for you,' your next question should be, 'How do you know?' The only source of information that is reputable is information from clinical trials."

New Mexico Cancer Care Alliance **STAFF**

Diego Baca, Clinical Trials Coordinator I
Linda Green, Communications & Development Specialist
Linda Kondziolka, Finance Coordinator
Shree Martinez, Event and Office Administrator
Leigh Anne Morris, Community Research Coordinator
Teresa L. Stewart, MHA, Executive Director
Melissa Valdez, Community Research Coordinator
Claire Verschraegen, M.D., Medical Director
Helen Whitesides, Clinical Trials Coordinator II

Sharing Thoughts

Have you participated in a clinical trial? Would you like to share a few words about your experience? If so, we'd love to include your thoughts in our newsletters. Please write to Linda Green at lgreen@nmcca.org or at NMCCA, 801 University Blvd. SE, Suite 304, Albuquerque, NM 87106.

Advancing Oncology Clinical Trials IN NEW MEXICO

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

505-272-7813

505-272-7799 (fax)

info@nmcca.org

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New Mexico
Cancer Care Alliance

801 University Blvd., SE
Suite 304
Albuquerque, NM 87106

