



**NATIONAL  
FOR CANCER** **COALITION  
SURVIVORSHIP**

# NETWORKER

WINTER 1991  
Volume 5, Number 1

## Get Involved

*With One of NCCS' Working Committees: Contact the 1991 NCCS Committee Chairs:*

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*(continued on page 8)*

## June 2 Survivors Day Celebrations To Highlight Health Insurance Issues

As NCCSers mark National Cancer Survivors Day on Sunday, June 2, they will seek to focus attention not only on their own active, productive survivorship, but also on one of the chief problems confronting them—gaining equal access to and comprehensive benefits from health insurance.

This year's NCSD, co-sponsored by the Coalition and COPING Magazine, could see over 1,000 events in communities throughout the United States. As they have done for the last four years, local groups will celebrate in many ways, ranging from rallies and meetings to picnics, art fairs, and river walks.

In at least three metropolitan areas, Los Angeles, New York and Washington, DC, rallies will feature the health insurance theme.

At these and other celebrations participants will express their discontent with the present health care delivery system in the United States. They will seek to tell the public that:

- the present health insurance system often denies survivors access

to coverage and adequate coverage because of their cancer, creating an intolerable situation for them and many other Americans with serious illnesses;

- survivors will play an active role in the national movement to reform the health care system.

NCCS Survivors Day Chair for 1991, Selma Schimmel of Los Angeles, pointed out that the emphasis of this year's Survivors Day is not meant to discourage the joyful celebrations of past years. "Rather it is meant to give the survivors of all high risk and chronic diseases the chance to unite and support the growing movement for health insurance reform," she said.

"Tremendous advances in cancer diagnosis and treatment have led to a rich, productive, and healthy life following a cancer diagnosis," said the NCCS Board Member, who chaired the 1989 Assembly. "However, the quality of our lives remains compromised so long as we are unable to access affordable and comprehensive health insurance."

For information and literature about NCSD, contact Selma Schimmel at (818) 508-5657. For a copy of the 1991 Planning Guide, call or write the NCCS Albuquerque office, and please keep that office informed of local Survivors Day plans as they develop.

## DENVER IN NOVEMBER!

Sixth Annual Assembly  
*Cancer Survivorship in Action:  
Activating and Advocating*  
October 31-November 2, 1991

Sheraton Denver Tech Center Hotel,  
Denver, Colorado

Watch for more details  
in future *Networkers*

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## LETTER FROM THE PRESIDENT

Larry Moore



Mark your calendar: Sunday, June 2, National Cancer Survivors Day 1991. It will be a turning point for survivorship as it is trans-

formed from a spectator sport into a participant event wherein you can work actively to improve access to health care and the quality of health benefits for millions of Americans.

This year's event will showcase survivorship at its best, as survivors publicly celebrate living a full life after a cancer diagnosis. But it will go one step further. It will serve as a public forum drawing attention to the serious health insurance problems survivors face.

Labor groups, and even some business and physician groups, recognize the need to control high costs and provide some sort of universal system of care. But the prevailing view in Washington power circles is that there is no grass roots groundswell for health insurance reform.

On Survivors Day, let's show them that they're wrong! As we celebrate, be it at serious panel meetings or at festive fairs and picnics, let's show that we know that many people are denied quality medical care or are forced into bankruptcy because they cannot get health insurance, or the insurance they do get is inadequate.

Let's show that we know and that we care. We care when our fellow survivors and others die because their treatment was not effective. We care when the health care "system" fails them, and they cannot afford to pay for life saving care.

We care when even those of us lucky enough to be adequately cov-

ered at the time of diagnosis, see our health insurance policies cancelled, or offered for renewal at unaffordable prices because we have developed that worst of fates, "a previously existing condition." We care when we find our policies no longer cover certain standard treatments considered "off-label."

These are the kinds of survivorship issues which brought us together. On Survivors Day, show that they happen to real people, often the very people who are the least able, physically or otherwise, to stand up for themselves. Celebrate your own survivorship and make sure that others get the chance to celebrate theirs. Share your experience—not only as a cancer survivor, but as a health insurance survivor.

Let us not stand by as mere spectators, silent witnesses of the problems which plague us. Starting with the drive for a saner national health policy, let's all become active participants in the battles that lie ahead.

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## NETWORKER

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The Networker is a quarterly publication of the National Coalition for Cancer Survivorship. NCCS is a network of independent organizations and individuals working in the area of cancer survivorship and support.

The primary goal of NCCS is to generate a nationwide awareness of survivorship, showing that there can be a vibrant, productive life after the diagnosis of cancer. NCCS facilitates communication between people involved with cancer survivorship, promotes peer support, serves as an information clearinghouse, advocates the interest of cancer survivors and encourages the study of survivorship.

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# WHAT'S NEWS

## New Brain Tumors Guide Out

*About Brain Tumors: A Guide* is now available from the National Brain Tumor Foundation. This 56-page guide, designed for recently diagnosed patients or those concerned about recurrence, covers brain tumor classification, treatment and recovery. Individual survivors can order copies, free of charge; there will be a charge to institutions for multiple copies. Contact: Michael McKechnie, NBTF, 323 Geary St., San Francisco, CA 94102, (415) 296-0404.

## Save Your Christmas Cards

Inspired by the overwhelming flood of cards of good will and cheer sent to Allied soldiers in the Gulf during the holidays, Marie Southwick of San Pablo, CA, decided to do something closer to home—for cancer survivors. With the help of her support group, "Room With A View," at Brookside Hospital, this breast cancer survivor rounded up some hundred cards sending messages of encouragement to hospitalized cancer patients. The response was so great, and sending the letters made them feel so good, that the group plans to expand its effort next year and will enlist local school children to help. Contact: Marie Southwick, (415) 222-2541.

## Royal Gift to NCCS

*The Road Back to Health: Coping with the Emotional Aspects of Cancer*, by Neil A. Fiore, PhD, has been updated and republished by Celestial Arts (1990, 252 pp., \$9.95). With a new preface by Harold Benjamin and a new "To the Reader," addressing survivorship issues, the book is of interest for many reasons, including the fact that psychologist Fiore has contributed 10 percent of his advance and on-going royalties to NCCS.

## Wanted: Contact with Others with the Same Diagnosis...

- Shirley Dinner (myelodysplasia, probably developed as a result of chemo and radiation following breast cancer surgery), 511 Church Ave., Woodmere, NY 11598.
- Michelle Esposito (premenopausal Endometrial Papillary Serous Carcinoma), 52 Fairmount Ave., Morristown, NJ 07960, (201) 538-7863.
- Jan Parsons (adenocarcinoma of the stomach), 1402 Twin Sisters Dr., Longmont, CO 80501.
- Sharon Pitman (seeks someone with multiple myeloma willing to correspond with her husband, and information about multiple myeloma support groups), 6824 S. Quincy, Tulsa, OK 74136.

## Help Wanted

Experienced writer-journalist, knowledgeable about survivorship issues, to edit NCCS' quarterly *Networker*. Only those who welcome challenging editing and writing jobs, and rich opportunity to help build the survivorship movement and have fun in the bargain, need apply. Send resumes to NCCS Executive Director Catherine Logan.

## Survivorship Issues: Cancer and the Elderly

by Patricia A. Ganz, MD

As our population ages, it will become increasingly important to ask: Should chronologic age determine the diagnostic and therapeutic plan for the management of cancer?

With rare exceptions, the answer is no. But unfortunately, a number of scientific studies show that older people suffer more advanced stages of certain cancers than do younger ones. This is probably the result of less intensive screening for such cancers. For example, fewer elderly women receive regular breast exams, mammograms and pelvic examinations than younger ones, although they are at higher risk for breast and gynecological cancers (as well as for melanoma and thyroid cancer).

Since survival is directly related to the extent of disease at diagnosis, many of the aged start off at a disadvantage. Later, they may not be treated as appropriately as younger people, even when complicating medical conditions are accounted for.

The weight of the evidence suggests that there is considerable age bias on the part of physicians offering cancer treatment, as well as screening, to elderly patients. But the patient-doctor relationship is a two way street, and both sides can

(continued on page 7)



## SPECIAL PREMIUM TO NCCS MEMBERS

Members may purchase copies of *Charting the Journey: An Almanac of Practical Resources for Cancer Survivors* from the central office for only \$12.00 (20% discount from the retail price of \$14.95). Please complete and detach this coupon, and mail along with your check to NCCS, 323 Eighth Street, SW, Albuquerque, NM 87102. Checks should be made out to "NCCS." Postage is free; allow 4 weeks for delivery.

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No. of books requested \_\_\_\_\_ x \$12.00 per book = \$ \_\_\_\_\_



## NCCS Profile: The Changing Faces of Survivorship

by Julia Rowland, PhD

With a potential guest list of six million survivors, finding out about who came to the Fifth Annual Assembly tells us as much about who is now "hearing the call," as where NCCS needs to raise its collective consciousness, voice and logo.

This year, 289 (or 66%) of the Assembly registrants completed questionnaires—a larger sample than ever before. An analysis of these shows that while the white, middle class, employed, breast cancer survivor continues to characterize the "typical assembly goer," new trends are emerging:

- Cancer survivors are increasingly NCCS' moving force, representing 64% of those who attended (as opposed to 54% in 1989);
- Though there were fewer healthcare providers (39%) than last year (53%), more than a third of those who did attend were also survivors (past provider overrepresentation was probably due in large part to their greater familiarity with and investment in completing forms);
- As in the past, many of the providers were nurses and social workers (52%), but more than 30 program administrators were on hand as well;
- Family members and friends comprised a mere 14% of those present without a cancer history.

While breast (35%) and hematologic (21%) cancers continue to be overrepresented among participants, and while there is still a disturbing absence of significant numbers of survivors of the two most common tumor sites, lung and colorectal, the range of tumor sites treated has become more diverse. And while men are still a minority of the participants, they comprised

20% of the survivors present.

All the "seasons" of survival were represented, from less than six months to 37 years. Fewer survivors (59%) reported being less than five years post-diagnosis than last year (79%). However, those a year or less post-diagnosis held constant at 8%, and the number of veteran survivors more than 10 years post-diagnosis was impressive (19%).



*Assembly Wheels: standing, l to r, Marti Bernstein, Jeff Bulman, Susan Scherr, Helen Samuels, Deborah Ash; kneeling, John Stovall, Alice Cave*

The Assembly continued to attract young survivors, with 30% "thirty-something" or younger. At the same time, the representation of those over 65 doubled to 6%, a meager proportion considering their prevalence in the survivor population at large. And the number of minority participants continued to grow, slowly but steadily, from 10% in 1989 to 13%.

The change in Assembly location again brought new faces galore: 70% of the sample 289 were attending their first NCCS conference, almost half of these as newly enrolled NCCS members. For more than a third of those who came, location was rated "Very Important." So as it moves around the country, the Assembly offers hands-on support and affiliation to an ever expanding network of survivors and caregivers.

## Around at Meetings

As consumers become less passive and deal with massive amounts of information about difficult subjects, communications is playing a powerful role, public relations consultant Irving Rimer told a lively workshop on "Getting the Facts Out." The *Washington Post's* Susan Okie, MD, and NCI's John Burklow, MPH, talked about their respective roles in this process. As a medical reporter, Dr. Okie screens her mail for story subjects, looking

for large studies, successful promising studies, and those that apply to more common diseases. NCI reaches the public through the educational outreach programs familiar to NCCS (including the Cancer Information Service).

On a more personal level, a focus group told Ellen Tobin of Cancer Care Strategies what hospital and medical care should be like. Their "ideal" care included supportive, egalitarian doctors who

do not hesitate to refer for a second opinion, extensive access to information, long-term follow up, doctors and nurses educated on psychosocial services and community resources, refreshments at all times, and valet and free or reduced rate parking.

Highlights of the first NCCS Assembly research poster session, coordinated by Barbara Carter, RN, DNSc, included a four part abstract series on the psychosocial experience of surviving bone marrow transplantation, presented by the Johns Hopkins Oncology Center and Johns Hopkins University School of Public Health. Among the topics addressed were Quality of Life, Loss and Recovery, and Sexual Satisfaction.



## Here's the Scoop from IRENE CARD

Whenever someone offers to give you something at no cost, be wary. The American Preferred Plan (APP), an enterprising company working out of New York State, advertises "free membership in an RX program—Zero Cost Prescription."

Basically, this is a mail order prescription service which bills your major medical carrier for medicine obtained from a national mail order pharmacy (there is no mention of the quality of the medication being dispensed). It really is not "zero cost prescription"—you've paid the premiums on your policy and you are



required to sign an assignment of benefits so that your insurance company will pay APP directly. Whatever is paid out for your "zero cost" prescriptions will be charged toward the lifetime maximum benefits on your policy. And you are required to meet the annual deductible on your policy.

APP is probably a legitimate company offering a legitimate service. If they stated in big bold letters, instead of print that requires a magnifying glass, "we file for reimbursement with the member's insurance company," I would feel a lot more comfortable about using and recommending them. Note too that if for any reason the insurer sends the check to you, you must endorse it over to APP and mail it to them immediately. And of course, if you have not already paid your insurer for prescription benefits, no company can give you "zero cost prescriptions."

*IRENE CARD, a Kinnelon, NJ, medical claims consultant who has run popular workshops at several NCCS Assemblies, writes about insurance questions in the NETWORKER from time to time.*



## ADVOCACY UPDATE

Barbara Hoffman, JD

### Washington Law Firm Donates Services

Fox, Bennett & Turner, a prominent DC law firm, has generously donated the services of one of its associates to help the Coalition's Board in its public policy work, and to increase its voice in Washington. With the assistance of the NCCS Public Policy Committee, attorney Diann K. Austin will:

- research and draft public policy position papers for the Board's consideration on topics such as cancer research, health care reimbursement, health insurance reform, employment discrimination, clinical trials, and cancer prevention;
- identify other groups and coalitions advocating for positions of benefit to cancer survivors with which NCCS could collaborate;
- help NCCS representatives draft testimony for presentation to the Congress and other official bodies;
- prepare "Action Alerts" to NCCS members on pending legislation benefiting cancer survivors.

### Help Needed

In the upcoming months, NCCS plans to expand its advocacy efforts. We need your help in several ways.

First, the media as well as legislators often ask NCCS for interviews and testimony on a variety of top-

ics—on health insurance, for example, employment discrimination, cancer research funding, or new cancer treatments. We keep a list of survivors willing and able to tell their stories compellingly and to answer questions, both tough and easy. If you would like to be considered for this list, please write to me (see "Get Involved," page 8). Explain your story and identify the issues you feel qualified to discuss.

Second, a volunteer attorney network helps NCCS handle the cancer-related legal problems survivors present to us. Though we now have 24 attorneys in 11 states and the District of Columbia, we need more. Please let us know if you know of an attorney, especially one with experience in employment discrimination or lawsuits against insurance companies, who would be willing to accept one or two referrals a year. We will follow up by sending him or her more information about our attorney network.

### Clarification

In the Fall, 1990 *Networker*, *Advocacy Update* reported that NCCS had provided information and referrals on employment, insurance, and public policy to about 90 callers. Those 90 inquiries were all handled by Public Policy Chair Barbara Hoffman. In addition, the NCCS central office handled more than 180 calls on these issues. Overall, this office responded to more than 1,500 survivorship inquiries last year. — Editor

## RESOURCES

### BMT, a new Newsletter on Bone Marrow Transplant

Written for bone marrow transplant patients and others seeking transplant information, *BMT* is an excellent resource for those who have had transplants. Those still considering this treatment option and as yet undecided should know that, at least in the first three issues, the newsletter made a strong case for it, but did not explore

possible discouraging issues.

Written by Susan Stewart, a former transplant patient and director of an Illinois consumer advocacy agency, *BMT* does plan to tackle such issues as projected survival rates for autologous transplants, insurance reimbursement, complications and long-term effects. Contact: *BMT* Newsletter at 1985 Spruce Ave., Highland Park, IL 60035, (708) 831-1913.



# NETWORKER READER

■ **AN UNFINISHED LIFE: Diary of a Fatal Illness and other works**, by Barbara Sigmund (The Arts Council of Princeton, Princeton, NJ, \$10.00)

Discussing her way of dealing with the melanoma which had recurred after seven years of apparent quiescence, Barbara Boggs Sigmund, skillful author and mayor of Princeton, NJ, wrote that "when something like this happens, you have to be depressed sometimes, you have to be sad. The way I best express it is by writing these rather angry and rather sad poems. But I've written lots of poems during the years that aren't angry and sad."

*An Unfinished Life* is a compilation of Barbara's poems both sad and happy, together with several previously published prose selections. For us survivors, the most gripping pieces are those 17 poems subtitled *Diary of a Fatal Illness*, which she began when her illness returned in October 1989, and continued to write until her death a year later. In these poems, she demonstrates a wide range of feelings from rage and frustration through fear to philosophical speculation.

With her, there is no quiet submission. The combat is hand-to-hand and mortal. One marvels at her skill as a verbal artisan, her wry saving humor, her unblinking self-examination, her warm sympathy. There is the sudden, mock-tough approach, too, in, for example, "Ode to my Cancer-Ridden Body":

*Hey, old buddy  
When did you decide  
That you and I aren't  
Best friends any more?*

"Timor Mortis" grimly portrays the unequivocal severity of the death threat:

*The fear of death  
Contorts me, flagellates me  
Into wakefulness tonight,  
Ties my stomach  
Into a million little knots  
That will take  
All of a sunshiny day  
To smooth and comfort out.*

She confesses, in "Wholeness," to false dreams of happy anticipation. Finally, in the testamentary "Bequest," she touchingly lists her intangible legacies:

*I must make a will.  
So I leave to you,  
Sons of my soul and body,  
All my love,  
Which only knows to multiply  
Rather than divide among you...  
The furniture that anchored  
My childhood and yours,  
And a passion for beauty  
and justice  
To hound you, enspirit you, push  
you and pursue you,  
All the days of your lives.*

The remainder of *An Unfinished Life* is divided into several parts. One is called "Family Poems." A second section, "Hopscotch," contains miscellaneous poems including a fascinating contrasting treatment of two paeans to New Orleans, her native city. An excerpt:

*Alleys secreting pirate plots,  
Mystery of moss-robed oaks.  
Serene smiles of old ample houses,  
Startle of skyscrapers mocking a  
Sultry sky.  
Jazz suffusion.*

A third division collects a melange of published prose pieces. In a widely read *New York Times* op-ed piece, she lambastes the authors of "self-help" cancer cure books: "I didn't give myself cancer. If I die, I don't want to feel like a failure."

Barbara Sigmund did not view life through rose-colored glasses. She saw its challenges and its unfairness with fearful clarity. Her book shows how she met the call to combat head on, and serves as an inspiration to all survivors.

— John S. Monagan

*An attorney, biographer and former Congressman from Connecticut, Monagan is a 49-year survivor of colon cancer.*

■ **BEDSIDE MANNERS: a Practical Guide to Visiting the Ill**, by Katie Maxwell (Baker Book House, Grand Rapids, MI, \$5.95 paperback)

The author of *Bedside Manners* draws on her rich experience as a pastoral counselor (more than 5,000 documented visits to patients), to give us good advice about showing love and concern without evangelizing or imposing one's own agenda. Written primarily for church visitors, this book is not "churchy," heavy, or academic. With its thoughtful, practical suggestions, it can be useful to anyone who wants to become a more sensitive, creative visitor.

The specific needs of cancer patients are not addressed. Still, a cancer visitor can glean useful, helpful information from each chapter. Although I personally try never to use the word "terminal" with cancer patients, several portions of "Visiting the Terminally Ill" particularly help the reader become aware of the loss and loneliness cancer brings. The patient needs not only acceptance but hope within the limits the disease imposes.

The scripture references at the end of the book have limited usefulness for a cancer visitor. The patient's needs include not just scriptures for "comfort" but passages that deal with healing, suffering, courage, assurance and hope.

— Anne Shaw Turnage

*An 18-year survivor and founder of CAnCare of Houston, Inc., Anne Turnage has been active in many aspects of parish ministry; her publications include a book she coauthored with her minister husband, Mac, MORE THAN YOU DARE TO ASK.*

## Best Loved Books

*This user-friendly bibliography consists of books that have been recommended by cancer survivors as being most helpful to them. To order, write the NCCS Albuquerque office. No cost.*



# PEOPLE WATCHING



**Bobbi de Cordova-Hanks**

The founder of "Bosom Buddies," the largest grassroots breast cancer support group in northeast

Florida, was honored recently by the Jacksonville City Council for her election to the NCCS Board, and for "bringing renewed hope and a heightened quality of life to Jacksonville women afflicted with breast cancer."

A five-year survivor, Bobbi de Cordova-Hanks works as news bureau manager at Florida Community College which, with 90,000 students, is the nation's 10th largest community college. Her interests and experience cover a wide variety of subjects, including animal welfare, world travel, magazine publishing and jazz (she played bass professionally for over 20 years). She shares her home with five fat, sassy cats and husband Jerry, a public relations practitioner, and now produces and hosts a cable TV series, "The Jacksonville Connection," and serves as public relations chair for NCCS.



**Lovell Allan Jones**

Since 1980, this Louisiana born and California educated medical scientist has been with the University of Texas' MD

Anderson Cancer Center, and is now an associate professor and director of experimental gynecology-endocrinology at Houston. In June 1989, he appeared on the cover of *Cancer Research*.

Though not a survivor himself,

Lovell Jones, PhD, has, like many Americans, experienced cancer in his family. Among his spare time commitments: recently elected NCCS board member and chair of the Coalition's Task Force on Multicultural Groups and the Poor; board member of the American Cancer Society's Texas Division; Southwest Region vice chair of the National Black Leadership Initiative on Cancer; and member of the American Association for Cancer Research's Minority Issues Committee.



**Darlene A. Smith**

The executive director of the Irvine, CA-based United Ostomy Association is a five-year survivor of a rare form of cancer,

Leiomyo Sarcoma. The association she has headed for four years—a support and educational group for people who have gone through ostomy surgery—has grown in 29 years to include 650 chapters, with a membership of 45,000.

A native of Cleveland who has worked in Washington, DC, and San Francisco, Darlene Smith has served as executive director of two trade associations and worked for a management company dealing with mergers and acquisitions. She is active in the American Society of Association Executives and worked with the Irvine Chamber of Commerce, and the ACS' Orange County unit, but still finds time for golf, racquetball, mystery and horror books, and Spencer, a 75 pound Golden Retriever. Drawn to NCCS by a strong desire to give back what she felt she has received, she has become a Board member; as membership chair, she is dedicated to increasing membership.

## Cancer and the Elderly

(continued from page 3)

be at fault. Older men and women may show less interest in participating in their own care, and may not get recommended tests.

These two important problems—more advanced stage at diagnosis and inadequate treatment—are probably the leading correctable causes of poorer survival from cancer. To address them will take effort, but address them we must.

Elderly people should receive regular screening cancer check-ups and should report any warning symptoms to their physicians immediately. (A list of symptoms is available from your local American Cancer Society office or by calling 1-800-ACS-2345.)

Once a cancer is diagnosed, doctors should inform elderly people, like other patients, about the encouraging survival statistics for cancer today. Elderly patients should:

- seek treatment at a medical center with state of the art therapy;
- obtain information about treatment options from the National Cancer Institute's hotline, 1-800-4-CANCER;

- obtain second opinions if there is any question about the treatment plan.

One further suggestion: Since younger people are usually less comfortable with a paternalistic style of care, they can often help their parents or grandparents obtain more information about treatment options. Elderly survivors should be encouraged to involve them in the treatment planning process.

*Dr. Ganz, a medical oncologist on the full-time faculty of the University of California, Los Angeles, is a founding member of NCCS and a member of its Advisory Board. She has been studying the quality of life of breast cancer survivors, as well as the patterns of care of elderly patients with breast, colorectal and prostate cancers.*



# LETTERS TO THE EDITOR

## She Did Dance Again

I was a ballet dancer before I was diagnosed with Osteogenic Sarcoma (10 years ago). After my amputation, I did dance again, and although I have different career goals, I am a successful, productive person. There is life after cancer!

MELAINIE J. MCELHINNEY  
Glen Allen, VA

## NCI Wants to Hear From You

The National Cancer Institute is interested in hearing from cancer survivors who, in the course of their cancer treatment, know that PDQ (Physician Data Query) information was used to help them and/or their physicians in exploring treatment options. Such feedback can help the NCI improve PDQ. Any comments you send are strictly confidential. An informal letter or note which describes your use of PDQ should be mailed to: International Cancer Information Center, PDQ Marketing Office, Building 82, Room 121, National Cancer Institute, Bethesda, MD 20892, fax 301-480-8105.

## What Else Is New?

My first diagnosis (for malignant melanoma) was when I was 13 years old. I had another primary when I was 39 and had another incident about a year later. At that time I was told further treatment would be palliative. My insurance company would not pay for further treatment. What else is new?

Since that was three years ago and I am still able to work and go to school, I feel very lucky.

BRUCE BROWN  
Huntington Beach, CA

## Too Quiet and Too Polite

My wife has ovarian cancer and I am concerned about the virtual lack of any federal, state or local assistance for cancer survivors. We are managing without such assistance. However, I have heard many cancer horror stories from others who are not as fortunate.

Cancer will strike one out of three Americans and kill one out of two of these. Every person is at risk. Incredibly, there is inadequate organized effort to fight the fights that must be fought (i.e. for quicker FDA approval of promising drugs, prevention of job discrimination, reduction of the insurance industry's reluctance to pay for all treatment and

drugs). Whatever is being done now is simply too quiet and too polite.

LESTER FREUNDLICH  
Stamford, CT

## Get Involved

*(continued from page 1)*

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