

Cancer Support Now, Inc.

Newsletter



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Editor's Note:

This is our Cancer Support Now Newsletter, and we publish every 6 months. Half of this issue is basic information about the organization and its events, and half is articles of news, geared to all survivors. We have increased its size from eight to twelve pages

In order to make this work, everyone is needed to help provide me articles, news, profiles, personal stories, and other information. Deadlines for future issues: July 1 for August issue, and January 1 for Feb issue,

E-mail works best, send items to me at jeraldcross@comcast.net

Thanks, Jerry Cross

February 2016
Number 6.1

Please save the date for our next exciting conference!

Cancer Support Now's Fifth Annual Conference Living With and Beyond Cancer

Saturday, March 5, 2016 8:30 am to 4:30 pm
Central United Methodist Church, University and Copper, Albuquerque, NM
Free continental breakfast and lunch

Schedule as of press time, check website for current info

Keynote Speaker: Dr. Lisa Marr, UNM Hospital
Getting Through Cancer Treatment in the Best Way Possible

AM and PM Breakout Sessions

Some are morning OR afternoon, some are both am AND pm
You will have a chance to sign up for two

Treating with Radiation Effectively, Dr. Ramesh Gopal, MD Anderson/Presbyterian

Pain Management, Abigail Gilbert-Savi, CNP, palliative nurse practitioner,
Palliative Medicine, Presbyterian

Laughing Yoga, Barbara Carroon, Certified Laughter Yoga Instructor

Healing Through Creativity, Mary Ellen Kurucz, Mental Health Professional

Upgrade Your Food, Upgrade Your Life, Nicole White,
UNM Center for Life Instructor

Lunch, followed by Community Cancer Resource Panel
led by Deborah Openden, Consultant/Trainer

Eleanor Schick and Sarah Contreras, Community Cancer Navigators for CSN
Rhonda Sinclair MS, MSN, APRN; The Cancer Center at Presbyterian

Full conference schedule and information, and registration will be available
on website www.cancersupportnow.org
or Call Patricia at 505-307-3414



Cancer Support Now Officers

President - Sandy Ginsburg
Vice President - Jerry Cross
Secretary - Anjanette Cureton
Treasurer - Kathi Ledford

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CSN Affirmation
Cancer Survivors Offering Support

We offer our presence, a presence that listens without judgment, a presence that is comfortable with silence, tears and laughter, a presence that offers encouragement. Support is just that -- being there, listening attentively, accepting moments of silence, tears and laughter, encouraging without judgment. What is the gift we have to offer a support person? We have a personal experience of cancer -- we understand and we are not afraid to be there to listen.

In Memoriam

We lost the following Cancer Support Now friends since the last newsletter.

Donald Fuhrer
Gena Love
Jeffrey William Potter

We are sorry to have lost them as our friends, but we are grateful for the opportunity to have had them as part of our lives.

Cancer Support Now, Inc

PO Box 37338,

Albuquerque NM, 87176

Email: info@cancersupportnow.org

Facebook: <https://www.facebook.com/cancersupportnow>

**For support and information call our
Helpline at**

505-255-0405 or 855-955-3500.

All CSN support services are free.

Health Fair News

Please join us at the KOB 4 Health and Wellness Fair, Saturday, 9am-5pm, and Sunday, 9am-4pm, January 23 and 24 at the Lujan Exhibit Building on the NM State Fairgrounds. We will be sharing an information table with People Living Through Cancer and The Gynecological Cancer Awareness Project.

<http://www.kob.com/article/10500/>



Cancer Support Now Free Support Services

Support Services - Cancer Support Now, Inc. offers several groups that provide support for caregivers – family and friends – and several that provide support for those with a diagnosis.

Eleanor, a cancer survivor, answers the Helpline phone. Call 255-0405 for cancer support groups, their locations and who they serve. One-on-one cancer support is also provided. See www.cancersupportnow.org

Sarah, a survivor, offers Community Cancer Navigation services in Spanish as well as English; call (505) 890-1205

ABQ Quit Smoking Support Now- Thinking About Quitting: Ongoing 90 minute smoking cessation support for those thinking about quitting using Freedom from Smoking®, a program of the American Lung Association, offered free by Cancer Support Now, Inc. Also offered at Isleta. Call 307-3414 to register.

Fourth Saturday Cancer Support Now Group: For those with a diagnosis of cancer, men and women, meets the Fourth Saturday of each month from 11:00 am to Noon on Osuna NE west of Jefferson. A cancer caregiver support group is held at the same place, same time.

Isleta Cancer Education and Support: 2nd Tuesday of the month, 10:30 to noon at Isleta Health Clinic. Call Cancer Support Now at 255-0405.

Journaling Support Group Meets Every Thursday, 4:00 to 5:30 pm at UNM Cancer Center: For loved ones of those with advanced cancer or those grieving a recent death from cancer. Call Cancer Support Now at 255-0405.

Late Afternoon Breast Cancer Group Meets Every other Wednesday, 5 to 6:30 pm at Carlisle and Comanche: This group has been providing support for those with Breast Cancer for 20 plus years.

Ovarian Open Arms Gynecological Support Group Meets the Third Saturday every month near Moon on Candelaria, 10:30 to Noon: Open to women with all gynecological cancers and women who are caregivers for those with gynecological cancers. Call CSN at 255-0405.

Survivors Writing Together Meets every Monday, 2:30 to 4:00 pm at UNM Cancer Center: Writing support group. Call Cancer Support Now, Inc. 255-0405.

The Women's North Valley Cancer Support Now Group Every Other Thursday night, 6:30 to 8:30 pm in the North Valley east of Coors on Montaño: Welcoming women with all types of cancer, caregivers and survivors. This group has been meeting for 25 years. "Our aim is to provide relief from the isolation of diagnosis, a trusting and warm environment for sharing useful information.

Prostate Cancer Support Association of New Mexico is an affiliated support group with us. Meets at Bear Canyon Senior Center, 12:30 to 3:00 PM, on First and Third Saturdays each month: Newly diagnosed are welcomed to hear our members share their experiences regarding their treatment choices. Medical speakers present at each meeting. We affiliate with Cancer Support Now. Call 254-7784; E-Mail: pchelp@pcsanm.org 2533 Virginia St Ne Suite C, Albuquerque, NM, 87110 www.pcsanm.org



Cancer Support Now's Hope and Healing Awards

Save the Date: Saturday, September 24, 2016

Location: Indian Pueblo Cultural Center

Our Hope and Healing Awards event is an opportunity for Cancer Support Now to recognize those individuals and organizations who have contributed to the well-being of patients who are receiving treatment for cancer.

All individuals in each of the following categories: physicians, nurses, business, individuals/volunteers and healthcare services will be honored and one in each category will be selected by a review panel., for a special award.

The Cancer Support Now event will take place at the beautiful Indian Pueblo Cultural Center in Albuquerque. Music. Entertainment. Heavy hors d'oeuvres. Silent Auction. Tickets \$65 each. Seating is limited. Sponsorships to support this valuable event are available. Spend time with us. Save the date. September 24, 2016.

Nomination forms will be available at Cancer Support Now's Fifth Annual Living With & Beyond Cancer Conference March 5th. After that date, nomination forms will be available through Patricia Torn at 505-307-3714 or on our web site at <http://www.cancersupportnow.org>.

Committee members are Sarah Contreras, Sandy Ginsburg, Thelma Giomi, Mary Mann, Renee Mascarenas, Ann Rose, Patricia Torn.

A WINTER'S WALK

By Thelma Giomi

As you walk through	An invitation to the season of celebration,	Shining your healing presence,
A winter's landscape	Inviting you to be the light shaman	Your comfort and compassion,
Down a snowy path	That defies darkness	Your joy and delight
That remembers your footsteps,	With the luminosity of your hope,	Into the winter season
Shimmering branches above	Invites you to be more than a wish or a prayer,	And all through the coming New Year.
Urged by wayward breezes	To be a presence to each troubled heart	© By: Thelma Giomi, 2015
Shower you with crystals	Or wounded spirit	May you always find and always be a walking companion on whatever path life leads you.
Like a blessing.	You meet along your path.	Her book of seasonal poems, "Winter's Invitation", is available on Amazon and her website www.drtgiomi.com
As you travel the familiar path	Sojourner,	
Dusted with snow	Accept the invitation,	
Winter joins you,	Celebrate the season	
A walking companion,		
Reaching out to offer you		



Keeping Stress in Check

From University of Michigan Health System Comprehensive Cancer Program

<http://www.mccancer.org/living-with-cancer/mind-body-and-side-effects/keeping-stress-check>

"We see the destructive effects of stress on cancer patients every day," says Susan Urba, M.D., who leads the Cancer Center's Symptom Management and Supportive Care Clinic. "Racing thoughts and persistent worrying can trigger insomnia, appetite changes, diarrhea and nausea."

While symptoms of stress may call for specific treatment, Urba says the best approach is to get to the source of the stress. "Developing a stress management practice is a wise move for patients and caregivers at any point before, during or after treatment."

The good news: Stress management works. According to a recent study in the journal *Cancer*, steps to manage stress can pay big dividends now and in the future. Breast cancer patients who completed a 10-week stress management program after diagnosis reported better quality of life than those who didn't when surveyed at six months, one year, five years and more than 10 years later.

"Everyone benefits from taking simple steps to keep stress in check," Urba says. These include meditation, guided imagery, art and music therapy, all accessible through the Cancer Center's Complementary Therapies Program.

From inspirational quotes café.com

There is a light in this world, a healing spirit more powerful than any darkness we may encounter. We sometime lose sight of this force when there is suffering, and too much pain.

Cancer's Silent Partner Taxes Mind and Body when both are most Vulnerable

"Stress goes hand-in-hand with hearing the words 'you have cancer,'" says Claire Casselman, one of the program's social workers and the Cancer Center's guided imagery clinician. To restore some sense of well-being amid cancer's chaos, she recommends these four strategies:

Breathe. Whether through a regular meditation routine or a momentary pause, connect with the refreshing power of your breath.

Move. Build at least a little bit of physical activity into every day. When possible, head outdoors. Research confirms the healing value of connecting with nature.

Imagine. Techniques like guided imagery, music and art therapy counter the mind's tendency to imagine the worst. Redirect it in a positive direction, not a worrisome one.

Use self-talk. One way to keep thoughts from spiraling into stress is to acknowledge and respond to your negative self-talk. Without minimizing the gravity of cancer, counter the negative messages you send yourself with more constructive ones.

Got 30 seconds?

Relaxation is just a breath away. Devote the next half minute to bringing awareness to your breathing, inhaling and exhaling purposefully.

1. Inhale slowly through your nose. Air passing over the hairs in the nose triggers a relaxing biochemical response.

2. Exhale slowly. When anxious, we tend to constrict our muscles and breath. Before you can take the next restorative, soothing breath, let go of this one.

Then suddenly,
the spirit will emerge
through the lives of ordinary people who hear a call
and answer in extraordinary ways.
Mother Teresa



**Learn to Prevent and Control Side Effects
from www.patientresource.com Newsletter
[http://www.patientresource.com/Nausea and Vomiting.aspx?](http://www.patientresource.com/Nausea_and_Vomiting.aspx?)**

Nausea and vomiting are different from each other, but they are often experienced together. Nausea is an unpleasant sensation of feeling the need to vomit, or throw up, and is often described as “sick to my stomach” or “queasy.” Vomiting occurs when the stomach muscles contract and push the stomach contents up through the mouth.

Nausea and vomiting are among the most often feared cancer treatment-related symptoms. Although nausea and vomiting occur in most people receiving cancer treatment, people are affected in different ways, with some people having no or only mild nausea and vomiting, and others experiencing more severe symptoms.

Recent advances have led to the development of new drugs to prevent and control nausea and vomiting. These drugs are known as antiemetics.

Nausea and vomiting are unpleasant, usually cause distress (for the person with cancer as well as family members), and can limit activities. These side effects can also worsen other symptoms, such as pain, insomnia, cognitive dysfunction, fatigue and anorexia. If vomiting is not controlled and becomes severe, it can lead to dehydration, a lack of essential fluids and minerals in your body. Most importantly, severe nausea and vomiting can interrupt your cancer treatment plan. Thus, it is important to control these two symptoms.

Why do nausea and vomiting occur?

Nausea and vomiting occur as the result of a series of reactions between your stomach and your brain. These reactions start when chemotherapy or radiation damages the cells lining the inside of the stomach. The cells send signals to a vomiting center in your brain, which then sends signals to trigger nausea and vomiting. Chemotherapy may also trigger the vomiting center directly.

Who is most likely to be affected by nausea and vomiting?

Chemotherapy drugs are the most common cause of nausea and vomiting, and some drugs are more likely than others to cause these symptoms. Chemotherapy drugs have been classified according to the likelihood of causing nausea and vomiting. Drugs that cause nausea and vomiting in more than 90 percent of people are classified as having a high likelihood; drugs that cause these symptoms in 30 to 90 percent of people are classified as having a moderate likelihood. It is important to note that these likelihoods were estimated among people who did not receive treatment to prevent nausea and vomiting. The dose used, how often the drug is given, and how the drug is given (intravenously or orally) are factors in the

likelihood of nausea and vomiting occurring.

Radiation therapy can also cause nausea and vomiting, and people who receive whole-body radiation or radiation to the upper abdominal area are the most likely to be affected. The likelihood of nausea and vomiting depends on which tissues are being radiated and the dose schedule of the radiation treatment. Nausea and vomiting are also side effects of many medications, especially strong pain medications, such as opioids.

There are individual differences that affect the likelihood of having nausea and vomiting. These side effects are more likely to occur in women, people younger than 50, people who are anxious, and people who have had motion sickness.

When do nausea and vomiting occur?

Nausea and vomiting related to chemotherapy are described as either acute or delayed depending on when they first occur. Nausea and vomiting may also be described as anticipatory; this type of nausea and vomiting occurs before a dose of chemotherapy is given and usually happens in people who have had severe nausea and vomiting during a previous experience with chemotherapy.

Nausea and vomiting related to opioids usually occurs within a few hours of a dose. Over time (usually three to seven days), a person can develop tolerance to an opioid, which means that the drug will no longer cause nausea and vomiting.

Table. Timing of nausea and vomiting related to chemotherapy

Type of nausea and vomiting	Time of first occurrence	Time of worst vomiting	Time of resolution
Acute	Few minutes to hours after the drug is given	Five to six hours	Within 24 hours
Delayed*	More than 24 hours after drug is given	48 to 72 hours	Three to seven days

Continued on page 7



How are nausea and vomiting managed?

Prevention is the key to managing nausea and vomiting, as these symptoms are easier to prevent than to control once they have started. The list of available antiemetic drugs has grown over the past few years. Some are best for mild nausea and vomiting, and others are appropriate for more severe nausea and vomiting; some are effective for acute symptoms and others for delayed symptoms. Most antiemetic drugs can be given as either a pill or an intravenous injection. While both forms are equally effective, intravenous antiemetic drugs usually act more quickly.

Your doctor will prescribe antiemetic drugs on the basis of the chemotherapy drug or drugs you will receive. Because some of these drugs work in different ways, a combination of drugs is often the best approach, especially for people who are to receive a chemotherapy drug that has a high likelihood of causing nausea and vomiting. In these situations, antiemetic drugs are prescribed to be taken before chemotherapy starts and at specific intervals after treatment for as long as the risk of vomiting is expected. For example, an antiemetic drug is prescribed to be taken for 24 hours if the chemotherapy drug is associated with acute nausea and vomiting and for three to seven days if the drug is associated with delayed nausea and vomiting. For antiemetic drugs to be effective, it is important that they are taken “around the clock” at the prescribed intervals and not on an “as needed” basis.

Prevention of nausea and vomiting related to radiation therapy follows a similar approach. If you are to have total body radiation or radiation to the upper abdominal area, your doctor will prescribe an antiemetic drug to be taken before your scheduled treatment and for a period of time after treatment.

Because nausea and vomiting are not as common after the use of opioids as after chemotherapy or radiation therapy, antiemetic drugs are usually prescribed once nausea and vomiting have occurred. It is important to let your doctor or nurse know if you are still experiencing nausea and vomiting even after taking the drug as prescribed. This type of nausea and vomiting is known as breakthrough, and you may need a different antiemetic drug or an increased dose in order to control these symptoms.

To help further protect yourself from nausea and vomiting, you may want to supplement your antiemetic treatment with some non-drug approaches. Some people have been helped by such strategies as progressive muscle relaxation, biofeedback, guided imagery, self-hypnosis and acupuncture. Some changes to your eating habits may also be helpful:

- Eat several small meals throughout the day rather than three big meals.
- Try eating a light meal a few hours before your scheduled treatment.
- Drink plenty of fluids in small amounts throughout the day.
- Avoid unpleasant odors, as they can trigger nausea.

Rest after eating, but don't lie flat.

Drugs to prevent and control nausea and vomiting

- aprepitant, fosaprepitant (Emed)
- dexamethasone (Maxidex, Ozurdex)
- dolasetron (Anzemet)
- dronabinol (Marinol)
- granisetron (Sancuso)
- haloperidol (Haldol)
- lorazepam (Ativan)
- metoclopramide (Metozolv, Reglan)
- nabilone (Cesamet)
- olanzapine (Zyprexa)
- ondansetron (Zofran, Zuplenz)
- palonosetron (Aloxi)
- prochlorperazine (Compro, Procomp)
- promethazine (Promethegan)

When should I talk to my doctor?

You should talk to your doctor before treatment about the potential for your planned treatment to cause nausea and vomiting. Ask your doctor what he or she can do to prevent nausea and vomiting. During your treatment, be sure to call your doctor's office if you experience nausea and vomiting even though you are taking the antiemetic drug as prescribed.

Call your doctor immediately if you:

- Have more than three episodes of vomiting per hour for at least three hours
- Notice blood in the material vomited
- Notice a coffee grounds appearance of the material vomited
- Are unable to take more than four cups of fluid or ice chips in 24 hours or are unable to take any solid foods for more than two days
- Cannot keep your medications down
- Become weak or dizzy

Additional Resources

American Cancer Society *Nausea and Vomiting*

American Society of Clinical Oncology (patient website)
What to Know: ASCO's Guideline on Preventing Nausea and Vomiting Caused by Cancer Treatment

National Cancer Institute *Nausea and Vomiting (PDQ®)*

Continued/Final chart on page 8, column 2



Volunteering may help you live longer and better, research shows

By Lisa Marshall WebMD Magazine

If you've ever served Thanksgiving dinner at a homeless shelter, rung the bell for the Salvation Army, or written a check to a favorite charity, you probably recall the calm glow of satisfaction social scientists call the "helper's high." But do such acts of generosity have lasting physical benefits?

Yes, says Stephen G. Post, PhD, author of *The Hidden Gifts of Helping*. Recent studies show people who volunteer regularly have healthier hearts, less ongoing pain, and bolstered immune systems. They battle addiction better and are less likely to get dementia with age. They also live longer.

As far back as 1988, an analysis of 1,700 female volunteers found that 68% said they felt a sense of calm after volunteering, akin to what they got from exercise. Decades later, studies used MRI image scans to track brain activity to explain why. One study of 19 people found that merely cutting a check to charity lights up the mesolimbic reward system (the same brain region that fires when we eat, have sex, or receive money), igniting a flood of feel-good chemicals in the body. When that generosity is practiced face-to-face, levels of oxytocin (the calming hormone released when a mother nurses her infant) and pain-killing endorphins also rise, Post says.

Meanwhile, as we shift our minds away from our own troubles to focus on others' needs, levels of stress hormones like cortisol fall. One 2013 study of 1,654 older adults found that those who volunteered at least 200 hours per year were 40% less likely to get high blood pressure than non-volunteers.

An evolutionary reason may explain why our reward centers light up when we help someone else. Working in a team, Post and others say, could very well have helped us survive as a species. Some even suggest women's innate tendency to "tend and befriend" rather than fight or fly in times of crisis could, by buffering stress hormones, partially account for why women live longer than men.

Post says these are the best ways to get the most out of volunteering:

Help others get through something you've gone through. Studies show recovering alcoholics are twice as likely to stay sober when they help other recovering alcoholics, and chronic pain sufferers see their pain lessen when they help someone with a similar condition.

Do what you're good at. When volunteers feel like they're just in the way, the experience can backfire and boost their stress. Choose a volunteer opportunity where you can make a real contribution.

Mean it. Those who contribute to organizations they're passionate about see stronger physical responses. "Motivation matters," Post says. "When people are genuinely altruistic in their actions, they have a better response."

Managing side effects article from p 7 continued

A 28 Page support guide on managing side effects can be downloaded at

http://www.patientresource.com/userfiles/file/Supportive_Care_2014.pdf

Chemotherapy drugs with high and moderate risks of causing nausea and vomiting when no antiemetic drug is given.

Drug name	High risk	Moderate risk
aldesleukin		high doses
altretamine (Hexalen)	X	
amifostine (Ethyol)		high doses
arsenic trioxide (Trisenox)		X
azacitidine (Vidaza)		X
busulfan		X
carboplatin (Paraplatin)		X
carmustine (BCNU)	high doses	lower doses
cisplatin (Platinol)	moderate to high doses	lower doses
cyclophosphamide (Cytoxan)	high doses	lower doses
cytarabine (Cytosar, Ara-C)		high doses
dacarbazine (DTIC)	X	
dactinomycin (Cosmegen)		X
daunorubicin (Daunomycin)		X
doxorubicin (Adriamycin)	X	lower doses
epirubicin (Ellence)	high doses	lower doses
idarubicin (Idamycin)		X
ifosfamide (Ifex)	X	lower doses
imatinib (Gleevec), oral		X
interleukin (Adesleukin)		X
irinotecan (Camptosar)		X
lomustine (CeeNU)		X
melphalan (Alkeran)		
methotrexate (Trexall)		high doses
oxaliplatin (Eloxatin)		X
procarbazine, oral	X	
streptozocin (Zanosar)	X	
temozolomide (Temodar), oral		X

Drugs with high risk cause nausea and vomiting in more than 90 percent of people treated when no antiemetic is given; drugs with moderate risk cause nausea and vomiting in 30 percent to 90 percent of people when no antiemetic is given.



Cancer Survivors Offering Support

Presbyterian program helps cancer survivors: Referrals, advice move lives forward

Albuquerque Journal by Rosalie Rayburn 17 November 2015

Rhonda Sinclair, right, heads the team at the Survivorship Care program the Cancer Center at Presbyterian began offering this past summer.



A new program available through the Cancer Center at Presbyterian offers followup support to survivors of breast cancer.

The Survivorship Care program helps patients understand the details of the medical care they had, the implications for their future health and the physical, emotional and social aftereffects they will likely experience when they complete their course of treatment.

Dava Gerard, administrator of the cancer service line at Presbyterian said depression, anxiety, sleep disorders, a shift in family dynamics and the fear of a recurrence are common aftereffects. She said patients who undergo an array of treatment from surgeons, oncologists and radiologists are often left confused about the details and unprepared to resume their lives.



“You can feel very lost when it’s all over,” said Janet Cross, a two-time breast cancer survivor.

Cross had her first bout of cancer 13 years ago and a reoccurrence within the last two years. When she heard about the Survivorship program she promptly requested an appointment with Rhonda Sinclair the nurse practitioner Presbyterian hired this year to lead it.

Since June, Sinclair has been available to meet with patients at Presbyterian Kaseman Hospital Physician Office Building at 8300 Constitution Ave NE and at the Presbyterian Medical Group facility at 4100 High Resort Blvd. SE in Rio Rancho.

Sinclair prepares a treatment summary and a care plan for each patient using information about the patient’s medical history from a database established by the Centers for Disease Prevention and Control that tracks cancers and tumors.

The database contains details of a patient’s providers, how much radiation they received and what medications they were given. Sinclair explains the likely side effects and the risk factors for the future.

She may refer the patient for follow-up care to other health care professionals such as a physical therapist, nutritionist, social worker or chaplain.

Cross said working with Sinclair has given her a level of comfort that she didn’t have after she completed treatment for her first cancer.

Presbyterian began developing the program several years ago based on recommendations contained in a report that focused awareness on the need for follow-up care for cancer survivors put out by the by the Institute of Medicine, a non-governmental group of experts, Gerard said.

She said similar programs have sprung up around the country. Most, like the Presbyterian program, focus on breast cancer survivors because that is the largest population, Gerard said.

The program is open to cancer survivors who have had treatment at facilities outside the Presbyterian Healthcare Services system. Individuals will have to check with their insurance to see if the services are covered, Gerard said.

Editor note: Rhonda Sinclair will be a member of our Panel at the March 5th Conference.



Sandy Ginsberg, President of Cancer Support Now

Tiny, energetic. Warm eyes and welcoming smile. That is my first impression of Sandy Ginsberg. She is President of Cancer Support Now, a grass roots cancer survivor organization that believes no one has to go through cancer alone whether as a survivor or caregiver, whatever their needs may be. As CSN's leader, she lives this core belief every single day.

I met Sandy for a leisurely summer lunch at the Indigo Crow in Corrales. We see each other at board meetings and committee meetings. It was nice to have her all to myself with no distractions.

A surprise to me, Sandy was a reporter for many years. She worked for the National Association of State Mental Health Program Directors, based in Washington, D C. She also worked for the Institute for Social Research which is the world's largest academic social science survey and research organization at the University of Michigan in Ann Arbor.

In New Mexico, she worked for Dr. Hal Rhodes, chairman of the Political Science Department at UNM. She was involved in establishing the New Mexico Coalition for Literacy with First Lady Kathy Carruthers. She has managed the NM Arts and Crafts Fair and has been involved in the Wheels Museum.

She is married to Ron. Her daughter Sarah is a lawyer and her grandson, Mark, is well loved.

Sandy is no stranger to cancer. She was first treated for breast cancer when she was 47. She completed her treatment and thought she was done. Breast cancer appeared in her other breast at age 50. Realizing that cancer wasn't just going away after treatment, she pursued all the things we do when we are trying to optimize our health. Three years later another cancer appeared in a lymph node that was missed during her second cancer treatment. At this juncture, she came to the conclusion that all the things she did to help her body stay healthy were not working. She changed gears. Determined to enjoy her life, she stopped pushing, lives normally, and is happy.

She was treated for a brain tumor in 2002. Cured, she says. She is currently being treated for a ten-year-old Leukemia (CML) and for a three-year-old bladder cancer. Sandy amazes me. She is the leader of our group and she is always there. Strong, smiling, good natured. She is a role model for me. She is a role model for all of us who have crossed paths with cancer.

Sandy joined People Living Through Cancer as a committee member. PLTC was founded by Catherine Logan-Carrillo as a local cancer support community. Seeing the value in PLTC, Sandy became deeply involved as a board member and then as president. When Catherine retired from PLTC and later started Cancer Support Now, Sandy joined her. Sandy is current president.

She had said her strengths were in networking, bringing people together and organization. Having seen her in action for the last year, she is right.

Sandy attends many local events and keeps connected with her many contacts. Frequently, at committee meetings she will include a new person with interesting insights that will contribute helpful information.

Yesterday's board meeting is characteristic of Sandy's organization. We had a written agenda. Members present have assignments or are on active committees. Each was asked for progress. Meetings are informal. There is ample time for discussion. Still the agenda is covered and at the end of the meeting we know where our organization stands and what we need to do next. She's an excellent community leader.

I asked her why she gives so much of her time to the community. She said her family has a history of community involvement and it was automatic that she should too. Simple as that.

Interview by Mary Mann



THE DEBRA GIOMI MEMORIAL CRANE CARD

THE DEBRA GIOMI MEMORIAL CRANE CARD PROJECT was started by Debra after her diagnosis with breast cancer in 1994. Debra was a member of PLTC, an audiologist with Albuquerque Public Schools and an award-winning artist. She died in June of 1998. Through her Crane Card project and her volunteer work, Debra inspired many in their journey through cancer. Through Cancer Support Now, The Debra Giomi Memorial Crane Card Project continues to offer those diagnosed with cancer, and their family and friends, hope, peace and the caring support that truly reflects Debra's spirit. This project is dedicated to and continues in her memory.

Throughout this last year many gifted hands have folded cranes for our cards. I would like to extend the gratitude of the organization to Sue Bachechi, Sylvia Giomi, Michele Brandwein, Cheryl Risoli-Dawson, Theresa Barton, and Sarah Geiger. **By Thelma Giomi**

CANCER SUPPORT NOW MISSION STATEMENT

Cancer Support Now is a membership-based organization created by cancer survivors to build and sustain:

An active community of people whose lives have been affected by cancer diagnoses

Opportunities for those facing cancer to give and receive cancer support with a primary emphasis on:

- peer facilitated support groups and one-on-one peer support,**
- education and information to empower each cancer survivor to make prudent decisions to improve his-or her-own unique situation,**
- activities that strengthen the CSN community.**

If you want to help us accomplish even more, contact any board member to help with the Conference in March, fundraising, the Picnic, or any of the support groups, just email the organization at info@cancersupportnow.org

The CSN webpage, www.cancersupportnow.org has many pages of resources, other websites, articles, and documents of help to anyone. Please like our Facebook page at <https://www.facebook.com/cancersupportnow> You do not have to be a Facebook member to see our postings, just click on the link.



August 9 was the date of our Fall Survivors Picnic at Elena Gallegos Park. It was remarkable for great box lunches and watermelon, music from the Tower Trio, bingo, horseshoes, door prizes, fun, conversation, and fellowship. Pictures by George Abernathy.



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