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The Cancer Research Institute is not engaged in the practice of medicine and is not offering direct medical advice. We are providing only general information to assist the cancer patient and, in our Resource Directory, sources of more detailed information. CRI does not provide referrals.
If you or a loved one has been diagnosed with cancer, you are fortunate to live in the age of modern medicine. Decades of research efforts, including those supported by grants and fellowships from the Cancer Research Institute, have opened the door to a range of therapies that give many cancer patients new hope not only for survival, but also for a healthy, productive future.

However, today’s array of treatment possibilities poses a new dilemma for the cancer patient: With many different procedures and courses of therapy available, how can you be sure that you receive the best treatment?

The Cancer Research Institute has put together a guide that will help any cancer patient through this dilemma. This guide focuses on helping you or a loved one get the best care possible, and provides addresses, phone numbers, and website URLs you’ll need to take the next step.

Beating cancer, or helping a loved one through the disease, may be the toughest fight of your life. I wish you luck and strength. And I hope this HelpBook will give you confidence that you and your doctors, working together, can get you the best care that modern medicine has to offer.

Jill O’Donnell-Tormey, Ph.D.
Chief Executive Officer & Director of Scientific Affairs
Cancer Research Institute
In today’s world, a diagnosis of cancer is no longer a reason to despair. Nowadays, many forms of cancer can be cured—provided the patient receives the right treatment.

Unfortunately, some patients don’t get the most appropriate treatment for their condition. Advances in cancer therapy are coming so quickly these days that not all doctors and hospitals are able to offer the latest and best treatments for every type of cancer. And sometimes patients don’t have enough information at their fingertips to seek out the treatments they need.

How, then, do you make sure that you get the best possible care? Educate yourself. Ask questions about anything you don’t understand. And, most important of all, get expert advice on how and where your particular cancer should be treated, as well as what resources are available to help you live a normal life during and after your recovery. In other words, take an active role in all aspects of your care.

You can improve your chances of surviving cancer. The eight steps laid out in this guide will show you how. As you read through the steps themselves and the Resource Directory section, you will find answers to many of the questions that may be on your mind. And don’t hesitate to call on the organizations listed in the Resource Directory—they can be of great help to you and your family.
THE EIGHT STEPS

1. Talk openly with the doctor who tells you your diagnosis.
2. Get a second opinion.
3. Inform yourself about your cancer.
4. Decide carefully on your treatment plan.
5. Be a smart patient.
6. Make the most of available support services.
7. Consider your finances.
8. Take charge of the future.
TALK OPENLY WITH THE DOCTOR WHO TELLS YOU YOUR DIAGNOSIS

Your first step as an actively involved cancer patient is to discuss your case thoroughly with the doctor who told you that you have cancer. Don't hesitate to ask all the questions that are on your mind, whether that physician is your family doctor, an oncologist (cancer expert), or some other type of specialist. The doctor should answer your questions clearly, help you understand your medical condition, and advise you on what to do next.

What — exactly— is your diagnosis?

Be sure the doctor tells you exactly what kind of cancer you have and what stage it's in (see What is Cancer?). You'll need to know the “official” definition of your cancer if you later want to talk to other medical professionals about your illness.

How was your diagnosis determined?

Talk with the doctor about how your diagnosis was determined. Ask what tests were taken and what they showed. The most reliable test for diagnosing cancer is a biopsy, which is a form of tissue analysis. Also, find out whether the doctor is planning to order more tests to confirm the results of earlier ones. A good question to ask at this point might be, “How sure are you that my tests, and the resulting diagnosis, are accurate?”

What does the doctor advise you to do next?

Following the discussion of your diagnosis, the doctor will likely recommend the next steps you should take. If the doctor is not an oncologist, he or she should advise you to see one for further analysis and treatment. If the physician is an oncologist, he or she will recommend a course of treatment (see How is Cancer Treated?).
If a course of treatment is prescribed, ask the doctor to fill you in on the pros and cons of the recommended treatment and on other possible treatments. Ask the doctor to explain why he or she chose the specific treatment being proposed. Also, you may want to ask how the doctor’s recommendation compares with the treatment suggested by the Physician Data Query (PDQ). This computerized service of the National Cancer Institute (NCI) can give a physician or a patient up-to-date information on appropriate treatment options for every type and stage of cancer. For more information on PDQ, see How Can the National Cancer Institute Help Patients?
It's always wise to get a formal second opinion on how your cancer should be treated. A second opinion is particularly important if your cancer was discovered by a doctor without much experience in dealing with your type of cancer. New developments in cancer treatment are happening so fast that it's practically impossible for every doctor to be aware of all the most up-to-date ways to deal with the disease. And when you get a second opinion, the doctor giving it should automatically reevaluate your diagnosis to make sure that it's accurate.

Will your doctor mind if you get a second opinion?

No reputable physician will question your right to a second opinion. Since cancer is a complex and serious disease, most doctors—even oncologists—will want to know that at least one other physician has reviewed your case. Doctors don't mind working together when cancer strikes because they recognize that cancer is best dealt with by a team of experts who know about all the latest advances.

In fact, it's very important to let your doctor know you're seeking a second opinion because he or she must send a complete transcript of your medical records to any other physician who sees you.

Will you lose too much time if you get a second opinion?

Some people worry that they will jeopardize their health if they take the time to get a second opinion. But this is seldom the case. In all but rare situations, doctors agree that it is well worth a reasonable delay in treatment to spend the time necessary to be sure your case has been properly evaluated.

Where can you get a second opinion?

Perhaps the best place to get a second opinion is a hospital designated as a Cancer Center or Comprehensive Cancer Center by the National Cancer Institute. At these hospitals, you will be able to see highly experienced doctors...
STEP TWO

Will your doctor mind if you get a second opinion?

Will you lose too much time if you get a second opinion?

How can you check the credentials of physicians giving opinions?

If you want to make sure that a doctor you’re getting advice from is well-qualified, you should check on several specific points. Find out whether the doctor trained at an NCI-designated cancer center or a major teaching hospital and whether he or she is currently affiliated with such a facility. Also, determine whether he or she is certified in medical oncology by the American Board of Medical Specialties and is a member of the American Society of Clinical Oncology (ASCO). Find out, too, how many years of experience the doctor has in treating your type of cancer.

You can learn what you need to know by asking the doctor directly or by referring to the Directory of Medical Specialists, which lists only board-certified physicians who have passed comprehensive tests. The official ABMS directory of board-certified specialists can be found online at www.abmsdirectory.com. You can also check to see whether your doctor is listed who have access to state-of-the-art facilities and equipment. To locate an NCI-designated center near you, call the Cancer Information Service (CIS) at 1-800-4-CANCER (see How Can the National Cancer Institute Help Patients?) or refer to the state-by-state list in the Resource Directory.

If you find that there is no NCI-designated center within a manageable distance from your home, you could ask CIS to refer you to a hospital involved in an NCI Community Clinical Oncology Program (CCOP). CIS can give you the names of local oncologists in private practice, too, although the service does not formally recommend any doctor on its list. You can also contact a special type of second-opinion panel affiliated with the R.A. Bloch Cancer Foundation by calling 1-800-433-0464. These panels are made up of top cancer experts who meet with the patient to discuss his or her case.

You could also ask your doctor for a suggestion, call one of the organizations listed in the Resource Directory, or contact a hospital affiliated with a major medical school. Remember, as a rule, **you want a second opinion from a doctor who has had many years of experience in treating your type of cancer.** The doctor should also have ties with a large, well-equipped hospital noted for serving cancer patients.
in the *American Medical Directory* of the American Medical Association by using their DoctorFinder service online at www.ama-assn.org. These books should also be in the reference section of your local library. Your state or county medical society can give you information on doctors in your area as well. The book *Choices*, by Marion Morra and Eve Potts, which is listed in the Resource Directory, contains helpful checklists for evaluating the expertise of both doctors and hospitals.
While you’re getting a second opinion, you may want to educate yourself about your particular cancer and how to cope with it. By becoming a better-informed cancer patient, you may find it easier to discuss your condition and to participate in the choice of a treatment plan. If you’re not comfortable seeking information on your own, you may want to ask a friend or family member to help you.

What short informational booklets are available?

Easy-to-understand free booklets on cancer in general, specific types of cancer, and ways to treat cancer are available from NCI’s Cancer Information Service and from such private organizations as the American Cancer Society or the Leukemia and Lymphoma Society of America (listed in the Resource Directory). The Cancer Information Service or the American Cancer Society can refer you to other organizations in your area that will provide information as well.

Can you yourself investigate treatment options through PDQ?

The Cancer Information Service can provide you (as well as your physician) with information from the Physician Data Query database (see How Can the National Cancer Institute Help Patients?). Tell the CIS staff your diagnosis, the location of your primary cancer, and the stage of disease. They will send you a computer printout that discusses your type of cancer and lists NCI’s recommended treatment possibilities. You will want to discuss the information you get with a doctor who can help you interpret it.
What if you want even more information?

Your local library or bookstore should have some good sources of information on cancer. Three excellent books that cover many aspects of the disease are listed in the Resource Directory (see Reading Materials for Further Information).

A word of caution, however, is in order. Don't spend every waking hour gathering information. Stick to material written specifically for patients. Don't frustrate yourself by trying to read highly technical medical literature. Also, keep in mind that things are moving very fast in the cancer field, so information in books and newspaper or magazine articles can get outdated quickly.

Your diagnosing physician(s) and, later, the oncologist who treats you can suggest appropriate reading material and provide the latest information on your type of cancer. Often, it's up to you to let a doctor know how much information you want.
STEP FOUR

DECIDE CAREFULLY ON YOUR TREATMENT PLAN

Once you have gotten a second opinion and gathered some information on your own, you are ready to take the most important step of all: deciding on the specifics of your treatment plan—what it should be, where it should be provided, and who should administer it.

What form should your treatment take?

If all the doctors you’ve consulted agree on a particular course of treatment, your decision should be fairly clear-cut. When there’s a difference of opinion, the doctors involved should talk together to explore their points of view and develop a clear recommendation. If the doctors cannot resolve their conflicting viewpoints, a third opinion may be in order. If you don’t want to get a third opinion, you should probably go with the treatment recommendation of the doctor who has the most experience in dealing with your type of cancer.

Sometimes, you may be presented with more than one entirely appropriate treatment plan. For example, in certain cases, a breast cancer patient may be told that she has a nearly equal chance of recovery with a mastectomy (removal of the entire breast) or with a lumpectomy plus adjuvant therapy (removal of the tumor only, followed by radiation or chemotherapy). In a case like this, the patient can look to the doctor for a thorough discussion of the pros and cons of each alternative and for the doctor’s informed opinion, but only the patient herself can make the final decision on treatment.

You may also have a very personal choice to make if your doctor has told you that you are eligible to receive an investigational therapy. Investigational therapies represent the most recently developed ways to treat particular cancers. They are given to patients whose conditions meet specific criteria in carefully regulated tests called clinical trials (see What Are Investigational Treatments and Clinical Trials?). Many patients eligible for a clinical trial are also good candidates for a standard therapy such as radiation...
or chemotherapy, and so must make a carefully considered choice in consultation with their doctors.

**Are there treatments you should always avoid?**

Under all circumstances, you should avoid unconventional, or scientifically unproven, treatments (for example, laetrile or macrobiotic diet). Treatments like these may appear to help some people, but they are not backed by sufficient scientific data to prove their effectiveness. The great danger of relying on such a treatment is that you might be steered away from a treatment that really could help you. And if you start out with an unconventional treatment and later find out that it isn’t working, it may be too late to get the full benefit of a proven therapy.

Your doctor, the Cancer Information Service, or the American Cancer Society can tell you whether a treatment is unconventional, investigational, or standard. Bear in mind that unconventional treatments are altogether different from investigational treatments, which are scientifically tested in clinical trials. Also, keep in mind that many doctors do not disapprove of psychological or nutritional approaches that improve a patient’s emotional well-being or physical stamina, provided such approaches are used along with clinically proven therapies.

**Where will you be treated and who will treat you?**

Once a decision on your type of treatment is made, you still have to determine where you will be treated and who will treat you. You may well end up being treated by one of your diagnosing physicians. But the “where and who” decision depends largely on the type of care you need. If you’ve been told that you have a rare form of cancer that requires highly sophisticated equipment to give you the best chance for a cure, you may need to stay at an NCI-designated cancer center. (People living far away from such a hospital may be able to take advantage of the travel and lodging assistance available through the special programs discussed in Step 6.)

Many cancer cases, however, can be treated successfully at a local hospital, provided it has the right facilities. If you’ve gotten treatment advice from
a doctor at an NCI-designated hospital, he or she can often recommend a local oncologist to handle your actual care. In some cases, a local oncologist and a doctor from an NCI-designated center will work cooperatively in treating you. Many local oncologists in private practice stay in regular contact with NCI-designated cancer centers to keep current with developments in cancer therapy.

In deciding who will treat you, you also need to consider the physician’s personal style of relating to patients. Many people feel more comfortable with a doctor who welcomes questions and answers them thoroughly and clearly in language the average person can understand. Remember, though, that a good “bedside manner” is no substitute for expertise.

Where should you go to receive an investigational therapy?

If you have opted for an investigational therapy, you might be treated at the Clinical Center of the National Institutes of Health, an NCI-designated facility, a hospital participating in NCI’s Community Clinical Oncology Program, or a hospital affiliated with one of the NCI Clinical Trials Cooperative Groups (see How Can the National Cancer Institute Help Patients?). Some trials are run outside the NCI system (by drug companies, for example). Using the Physician Data Query, NCI’s Cancer Information Service can tell you or your doctor whether an institution in your vicinity or elsewhere is participating in an NCI-approved clinical trial that might be appropriate for you. Many independently run trials are also listed in the PDQ. In addition, your doctor can consult NCI’s Cancer Therapy Evaluation Program (CTEP) to learn about available clinical trials for individual patients.
BE A SMART PATIENT

During your medical treatment, you can take many positive steps to help it along. You need to stay informed about what is taking place and how your recovery is progressing. Just as important, you need to stay strong and fit, both physically and psychologically.

How can you make the most of a medical appointment?

Open communication between you and your doctor is the goal here. To help communication along, many people like to bring a prepared list of questions to every appointment. Your list might include questions about new or continuing symptoms you’re experiencing, ways to manage possible side effects of your treatment, upcoming tests, or information that has come to you through reading or talking with others. If you find your doctor unwilling to answer your questions, don’t hesitate to press for a response. You might even consider changing doctors if the problem continues.

How will you know what kind of progress you are making?

In the course of your treatment, you will likely be given tests to determine how well it’s working. Discuss the results of these tests with your doctor so that you know where you stand. Knowing you are responding well provides a great lift to the spirits. But learning that you are responding less well than expected can have a positive side, too; it can be a sign that it’s time for you and your doctor to consider another form of treatment. For example, if you’ve already tried all standard therapies, you may want to think about entering a clinical trial to try an investigational treatment.

Can you benefit from different types of rehabilitation therapies?

Besides getting your cancer under control or into remission, the main goal of cancer treatment is to enable you to go forward with living your everyday life as normally as possible. To that end, many cancer patients can benefit from one or more forms of rehabilitation.
Some patients need physical, occupational, or speech therapy. Many patients can benefit from individual or group psychological counseling. It’s not unusual for cancer patients to be overwhelmed by feelings of confusion, fear, denial, anger, or depression. Such reactions can even get in the way of successful treatment if they interfere with a patient’s ability to follow medical advice or to eat and sleep properly.

Meeting with a psychologist or a psychiatrist can help you sort out your feelings and develop a positive attitude toward your situation. No one should hesitate to get professional help to deal with the emotional issues surrounding cancer.

Whatever the necessary rehabilitative program, it’s important to carefully plan and integrate it into your treatment regimen. It shouldn’t wait until your treatment is completed, nor should it necessarily stop at that point. Discuss this aspect of your treatment with your doctor or another member of the hospital staff.

**Do you need to follow any special diet while you are undergoing treatment?**

Cancer itself, or the treatment you get for it, can cause you to lose your appetite or to taste food differently. Even so, it’s important to eat well during your treatment. The right diet will help you keep up your strength and withstand the possible side effects of treatment. Your doctor may want to have a dietician help you plan well-balanced meals that are higher in calories, protein, or specific nutrients than your normal diet.

If you find cooking itself distasteful or too tiring, as some cancer patients do, you might want to request help from friends or family or call one of the organizations listed in the Resource Directory.

**How do you avoid “overdoing it” during treatment?**

During your treatment and rehabilitation period, you may be more tired than usual. It can be a real mistake to try to carry on at the same pace that you were accustomed to when you were totally healthy. So you may have to ask others to take on some of the family or job responsibilities that you usually handle. You may even need to arrange a part-time work schedule for a while. In general, you should just make sure that you get all the rest and relaxation time you need—and set your highest priority on getting well.
While you are undergoing treatment, and possibly after, you may find that you need a helping hand to keep your life functioning smoothly day to day. Some people can call on a network of family and friends for help. But if you can't, or if you need more help than family and friends can provide, other sources of assistance are available to you, many of them locally based. Check with your physician or nurse for referrals to such services and see the Resource Directory for a listing of helping organizations along with their contact information.

**MAKE THE MOST OF AVAILABLE SUPPORT SERVICES**

What kinds of home services are available locally, and where can you find out about them?

Some of the services you might need are home nursing care, provision of special medical equipment (such as a hospital-type bed), child care, meal preparation, assistance with housework, and transportation to and from local medical appointments or hospital stays. Help like this can actually preserve a patient's independence and make life more manageable.

You can find out about such resources by calling the Cancer Information Service, the American Cancer Society, and other organizations listed in the Resource Directory. You could also try your local visiting nurses association, the social services department in your local hospital or community, or local church and civic groups. Your state, county, or city health department can also assist.

What help is available for people who need to be treated far from home?

Through special programs, free or low-cost travel and lodging can sometimes be arranged for people who need treatment far away from home. The Corporate Angel Network, a nonprofit agency, finds free seats for cancer patients on
corporate aircraft. If possible, another person (or both parents of a child) is allowed to accompany the patient. People using this service must make back-up commercial reservations. The Air Care Alliance can also refer you to volunteer pilot organizations that provide free air medical transportation to those in need.

To meet lodging needs, the Guest Room Program of the American Cancer Society can arrange free hotel or motel accommodations for up to six weeks for cancer patients and their families. The families of seriously ill children can call on Ronald McDonald House for free or low-cost lodging.

Where can you get moral support?

Many cancer patients find it both comforting and helpful to talk with other people who have experienced cancer. Moral support and practical tips from people who have "been there" can lift your spirits and help you cope with your illness.

The American Cancer Society and many other private organizations sponsor volunteer networks, ongoing support groups you can join, and camps and retreats you can attend. Besides providing a listening ear, some of these groups can also help you locate important services like those discussed above. A partial listing of support organizations appears in the Resource Directory. The Cancer Information Service or the American Cancer Society can put you in touch with others in your area.
CONSIDER YOUR FINANCES

As part of dealing with your cancer in a realistic way, you must think through how you will pay for your care. Diagnosis and treatment are expensive. So are rehabilitation and some support services. What’s more, you may not be able to work full-time during this period in your life.

People without the money or insurance to cover the bills may have to work hard to find a way to obtain first-rate medical treatment. Even people who have health insurance need to do some financial planning at this time. But no one should ever automatically assume that high quality care is not available just because money is a problem. Ironing out financial concerns early on can lift a great burden of worry from your shoulders, freeing you to focus your energy on the most important issue—getting well.

What questions should you ask about insurance coverage?

If you are covered by an individual or group health insurance plan, you need to find out exactly what your plan will pay for. Some plans will cover only standard types of treatment and will not pay costs associated with investigational therapies. Plans vary widely on the amount that you must pay before your coverage starts (your deductible). Some plans pay for only 30 days in the hospital; others cover many more. Most plans have upper limits on what they will pay toward treatment for a given health problem on an annual or lifetime basis. Some plans will cover certain home care services; others will not. Plans pay different percentages of the cost of various services.

You should investigate your plan carefully and talk with a claims representative to clear up gray areas. You will also want to look into your disability benefits for income maintenance. Before you call your insurance company, however, it’s best to talk with your doctor or a hospital financial representative. Medical personnel are often better equipped than you are to deal with insur-
What questions should you ask about insurance coverage?

Insurance staff and to ask the right questions about coverage. Also, they can help guide you if you find you need to dispute a denied claim.

What if you have limited funds and no health insurance?

If you lack both insurance and the money to pay for your care, you may be able to call on the government for financial aid. The individual states (operating under federal guidelines) run the Medicaid program for people with limited means. You can find out about your eligibility for Medicaid by contacting your state or local department of social services (or welfare office).

In some states, you’re automatically eligible for Medicaid if you’re eligible for Supplemental Security Income (SSI). But even if you’re not eligible for SSI, you may still qualify to receive Medicaid under the “medically needy” category. And some people whose income and assets exceed the “medically needy” guidelines are able to get a portion of their medical expenses paid through Medicaid once they have paid a certain amount themselves. If you are initially denied Medicaid benefits but feel that the denial is unfair, you can request an individual hearing to have your case reevaluated.

Another avenue for governmental assistance is the Veterans’ Administration for those who have served in the Armed Services and their dependents.

Also, some hospitals that have been given federal aid for construction purposes are required by law to treat needy patients under the Hill-Burton program. You can find out where such hospitals are listed by calling the Hill-Burton Uncompensated Services Hotline noted in the Resource Directory. Your Department of Health and Human Services Regional Office or the Cancer Information Service can also give you this information.

Are there any special financial aid programs for elderly or disabled people?

The federal government administers the Medicare program to provide health care benefits for people over 65 years of age and disabled persons. This program covers many significant health care costs, but certainly not everything. Many people on Medicare have additional insurance to pick up where Medicare leaves off. Some Medicare recipients are also eligible for Medicaid.
You can inquire about your eligibility for Medicare by calling your local Social Security Administration office.

**What other financial assistance is available?**

Some voluntary health organizations provide small amounts of money directly to cancer patients. Among these are the Leukemia and Lymphoma Society of America and Cancer Care, Inc., in the New York/New Jersey/Connecticut area (see Resource Directory). Look for the names of other charitable organizations (such as the Salvation Army, the United Way, and organizations affiliated with a particular religion) under “Social Service Organizations” or “Social and Human Services” in the yellow pages. You might also try your church, union, or fraternal organization.

**Who can help you sort through financial issues?**

Every cancer patient should discuss finances and payment options with his or her physician or with the social services or financial department of the hospital providing treatment (or with the hospital where you want to be treated).

Your doctor, nurse, or hospital financial representative can help you understand your insurance coverage and submit claims, deal with Medicare or Medicaid paperwork, and figure out how to meet the cost of any bills remaining.

Because doctors and hospitals know how expensive good care can be, they are sometimes willing to reduce costs or work out flexible payment plans for patients who owe them money. Other sources of help with financial planning are your community’s department of social services, the Cancer Information Service, Cancer Care (in the NY/NJ/CT area), and the American Childhood Cancer Organization (see the Resource Directory).
Many advances over the past several decades have made cancer a much more treatable, and, in some cases, curable disease. As a cancer patient, you no longer have to feel that the future is gloomy or out of your control. Take command of your future by paying attention to your own health and well-being, making sure you see your doctor for follow-up care, and looking ahead with hope and zest for living!

**How do you monitor your own health?**

Once you’ve had an experience with cancer, you need to pay closer attention to your health than someone who has not. Some cancers do recur, most often within five years of the original diagnosis. So listen to what your body is telling you and stay on the alert for signs that something isn’t right. Your doctor can tell you specifically what to watch for.

**How does the doctor provide follow-up care?**

Your doctor follows up your case by scheduling regular checkups. He or she may also recommend periodic testing that will uncover a problem before it has a chance to get out of hand.

**What else can you do to stay fit?**

One of healthiest things you can do following cancer treatment is get on with your life. Nowadays, cancer patients can look forward to resuming the same level of activity they enjoyed before their illness. And why not? As a cancer survivor, you will have triumphed over a very tough enemy!
Cancer is a group of as many as 200 different diseases characterized by the uncontrolled growth of abnormal cells in the body. Normal cells can become abnormal when they are exposed to carcinogens such as radiation (for example, ultraviolet rays of the sun), or particular drugs or chemicals. They can also turn malignant (cancerous) when they are attacked by certain viruses or when some not-yet-fully-understood internal signal occurs.

Once cells become malignant, they multiply more rapidly than usual. Then they often form masses called tumors that invade nearby tissue and interfere with normal bodily functions. Cancer cells also have a tendency to spread, or metastasize, to other parts of the body, where they may form a secondary tumor.

Cancers are classified according to the type of cell and the organ in which they start:
- **Carcinoma**, the most common kind of cancer, arises in the epithelium, the layers of cells covering the body’s surface or lining internal organs and various glands.
- **Melanoma**, an increasingly prevalent form of cancer, starts in the pigment cells located among the epithelial cells of the skin.
- **Sarcomas** originate in the supporting (or connective) tissues of the body, such as bones, muscles, and blood vessels.
- **Leukemias** begin in the blood-forming tissues—the bone marrow, the lymph nodes, and the spleen—all important components of the immune system.
- **Lymphomas** are born in the cells of the lymph system, the body’s circulatory network for filtering out impurities.

Within these broad classifications, cancers are often divided into more specific categories based on the cell subtype and the affected organ.

Cancers are also classified in terms of how far and to what organs they have spread:
- An **in situ** cancer is one that is confined to the place where it originated.
- An **invasive** cancer has spread to surrounding tissues.
- A **metastasized** cancer has invaded distant sites in the body.

In diagnosing cancer, a doctor takes all these aspects of classification into account to arrive at a decision on what type of cancer a patient has and what stage it is in. Proper diagnosis and treatment depend on accurate classification.
HOW IS CANCER TREATED?

Cancer treatment can take many different forms, and it is always tailored to the individual patient. Many factors must be considered in making a decision on treatment: the type and location of the cancer; the extent to which it has already spread and can be expected to spread; and the patient’s age, sex, general health, and personal treatment preferences. The goal of treatment can be either bringing cancer under control or into remission, or relief from disease symptoms.

The four major types of treatment are surgery, radiation, chemotherapy, and immunotherapy. These treatments are sometimes used alone and sometimes in combination. When one treatment is used to supplement another, the supplementary treatment is called adjuvant therapy.

- **Surgery**—the removal of a malignant tumor in an operation—is the oldest and most frequently used cancer treatment. It is most effective when a cancer is small and localized (confined to one area of the body). If a tumor has spread, the nearby tissues and lymph glands are removed along with the malignant growth in an operation called radical surgery.

- **Radiation** works by destroying cancer cells. It can take two different forms—external and internal. In external beam radiation, a machine sends x-rays or gamma rays into the tumor. In internal radiation, a radioactive substance, like radium, is put into the body by means of a pill, injection, or insertion in a sealed container. Radioactive particles may also be attached to proteins, called monoclonal antibodies, that home to tumor cells or supportive tissues and deliver their radioactive payload in a more targeted way. Radiation is often used alone in cases where a tumor is unsuitable for surgery or particularly receptive to destruction through radiation. It may also be used in conjunction with surgery (before and after) and sometimes with chemotherapy.
• **Chemotherapy** kills cancer cells through the use of drugs or hormones. Taken either orally or through injection, chemotherapeutic agents are used to treat a wide variety of cancers. They may be given alone or in combination with surgery or radiation or both. Chemotherapy is an established way to destroy hard-to-detect cancer cells that have spread and are circulating in the body.

• **Immunotherapy** uses the body’s own immune system to destroy cancer cells. This form of treatment is still being intensively studied in clinical trials; it is currently available only to some cancer patients. The various immunological agents used include substances produced by the body (such as the interferons, the interleukins, and tumor necrosis factor) and laboratory-produced substances (such as monoclonal antibodies and vaccines). Immunological agents work in different ways and can be used independently or in combination with other forms of treatment.

Some people hesitate to take advantage of the best type of treatment for their cancer because they fear the possible side effects. It is true that people undergoing radiation or chemotherapy often experience such symptoms as fatigue, loss of appetite, skin problems, hair loss, nausea, or oral/dental problems. The severity of these conditions, however, varies from one patient to the next and many times can be controlled. In any case, the side effects of cancer therapy usually are not permanent conditions, and enduring them for a time is well worth the potential benefit of effective treatment.
The National Cancer Institute (NCI) is the federal government’s agency for cancer research and control. Part of the National Institutes of Health in Bethesda, Maryland, NCI conducts research on cancer prevention, diagnosis, treatment, and rehabilitation in its own laboratories. It is also a major source of funding for such research by scientists at many other institutions throughout the United States.

On the cancer control front, NCI provides information about all aspects of cancer to both health professionals and the general public. In addition, the agency offers investigational treatment programs for patients meeting specific criteria at the NIH Clinical Center and evaluates and supports other cancer treatment facilities nationwide.

Cancer patients and their families can take advantage of NCI’s vast resources for information and assistance by calling on the following NCI-supported services and facilities:

**Cancer Information Service (1-800-4-CANCER)**
The Cancer Information Service (CIS) can answer a wide variety of questions about the causes of cancer, cancer prevention, specific types of cancer, as well as ways to detect, treat, and otherwise cope with the disease. Free booklets are available on these topics.

Besides giving out general information, CIS staff can refer patients to local and regional hospitals and physicians that can provide first or second opinions or medical care. CIS can also refer patients to local organizations that provide support services. These services include rehabilitation (physical, occupational, and speech therapy), psychological counseling and support groups, home care (nursing, medical equipment, housekeeping, child care, and meal preparation), transportation and lodging away from home, and advice on financial aid. CIS can be reached between 8:00 a.m. and 8:00 p.m. (Eastern Standard Time) on Monday through Friday. Spanish-speaking staff are available.

**Physician Data Query (PDQ)**
PDQ is NCI’s computerized service for providing both doctors and patients with up-to-date information on cancer treatment. This database lists current treatment options for specific types of cancer at particular stages. It also notes what clinical trials are being conducted to test investigational therapies and where they are taking place.
Patients may find information from PDQ useful as a way to confirm their physician’s choice of treatment or to learn about clinical trials located in their area. The CIS staff can search the database if they know a patient’s diagnosis, the location of the primary cancer and the stage of disease. Since the information provided can be fairly technical, patients should plan to discuss it with their doctors.

PDQ information can be obtained by calling the Cancer Information Service at 1(800)422-6237. Most doctors can access PDQ as an on-line service through the National Library of Medicine or through several commercial vendors.

NCI-Affiliated Cancer Treatment Facilities
As part of its commitment to improving treatment for cancer patients, NCI financially supports and oversees several types of facilities that have the latest diagnostic and treatment capabilities. These facilities also conduct extensive research, enabling them to offer patients the opportunity to receive investigational treatments being tested in clinical trials.

The Clinical Center of the National Institutes of Health in Bethesda is NCI’s “home base” for conducting selected clinical trials. Patients who qualify for trials at the NIH Clinical Center receive their treatment free of charge.

NCI-Designated Cancer Centers and Comprehensive Cancer Centers offer a broader range of diagnostic and treatment services, as well as patient referrals. These national leaders in the fight against cancer are located throughout the United States. All have demonstrated that they do high-quality work in providing patient care, in finding new ways to prevent, detect, and control cancer, and in furnishing professional training and public information. The Comprehensive Cancer Centers are further distinguished by their fulfillment of even more rigorous criteria set by the National Cancer Advisory Board.

In an effort to make sure the newest cancer treatments are getting to other hospitals and clinics, NCI also supports Community Clinical Oncology Programs (CCOPs) and Clinical Trials Cooperative Groups (which focus on particular types of cancer or cancer therapies). Through these two programs, community hospitals, clinics, and physician groups are able to participate in clinical trials and bring excellent cancer care to local patients.

Telephone numbers and website URLs for NCI’s many services and related facilities are listed in the Resource Directory.
What are Investigational Treatments and Clinical Trials?

Investigational treatments are promising means of treating cancer that are still in the testing stages. Investigational treatments include new chemotherapeutic agents or new combinations of such agents, different ways of administering radiation therapy, new techniques for using two or more standard treatments in conjunction, a large number of immunological therapies (alone and in combination with other therapies), targeted therapies (such as small molecules), and other forms of treatment.

The testing of investigational treatments is done in highly regulated and carefully controlled patient studies called clinical trials, many of which are sponsored by the National Cancer Institute. These trials are responsible for numerous advances in cancer treatment because they provide scientific proof that new therapies are safe and effective for patients.

Many built-in safeguards protect patients in clinical trials. To be used in a clinical trial, an investigational drug must be approved for investigational use by the Food and Drug Administration (FDA). The trial itself is subject to the same ethical and legal codes that apply to medical practice in general. It must be approved by an Institutional Review Board composed of doctors, other medical staff, scientists, clergy, and citizens from the community or institution where the trial is to take place.

All clinical trials must follow a specific protocol, or plan, that is designed to answer specific questions and to guard a patient’s health and well-being. Patients are admitted to a clinical trial only if their medical conditions meet the specifics of the protocol. Those who take part must sign an informed-consent form to indicate that they understand the potential benefits and risks involved. Each participant’s medical progress is monitored on an ongoing basis.

Trials take many different forms. Some trials test a single treatment on a single group of people. Others compare a new treatment with the best known standard therapy, using two groups of patients with similar disease characteristics. In such trials, the group receiving the standard therapy is called the control group. Sometimes the control group receives no therapy at all—but only in cases where no effective therapy exists for the type and stage of cancer being studied.
Clinical trials are conducted in four separate phases aimed at discovering certain types of information about the treatment in question:

- **Phase I trials** are meant to determine safe dosage and side effects. They are conducted with a small number of patients. Only people with advanced cancer who cannot be helped with standard treatments take part.

- **Phase II trials** seek to gauge the effectiveness of a treatment for different types of cancer.

- **Phase III trials** compare the new treatment with the best known standard treatment(s) to decide which is better.

- **Phase IV trials** establish the new treatment as a standard therapy for patient use.

No treatment moves from one phase to the next unless it proves its potential in the previous phase.

Patients in clinical trials have the first opportunity to benefit from new treatments—and can be assured that great care will be taken to protect their welfare. If an investigational treatment appears to be having unexpected harmful results, the trial is stopped immediately. And once test results indicate that an investigational treatment is clearly more helpful than standard treatments, all patients in a comparative testing situation begin receiving the new treatment. Furthermore, participation is voluntary from the start of a trial to its finish. A patient can drop out at any point and receive the best known standard therapy.

People involved in clinical trials can have the added satisfaction of knowing that they have personally helped advance cancer treatment.

Additional information on clinical trials can be found online at www.clinicaltrials.gov, a service of the National Institutes of Health.
Other Organizations Providing Referrals for Second Opinions and Medical Help

Medical Facilities for Diagnosis and Treatment or Second Opinions

Groups Providing Financial Information or Support

Groups Offering Cancer Information, Moral Support and Coping Techniques, or Patient Advocacy

Sources of Information on Home Nursing and Medical Equipment, Homemaker Services, Child Care, Meal Preparation, or Local Transportation

Groups Furnishing Free or Low-Cost Transportation or Lodging for Cancer Patients Being Treated Away From Home

Reading Material for Further Information

If you have difficulty reaching any of the organizations listed in this directory, please call us at:

Cancer Research Institute 1-800-99-CANCER

We also welcome your comments on this booklet and your suggestions for improvement.
The Cancer Information Service of the National Cancer Institute offers comprehensive information on cancer and its treatment and refers patients to medical, rehabilitation, and support services. In a category by itself, the Cancer Information Service is the one resource that can put cancer patients in touch with all other local, regional, and national organizations that can provide assistance.

**American Childhood Cancer Organization**
301-962-3520  
1-800-366-2223  
www.candlelighters.org

**American Society of Clinical Oncology (ASCO)**
517-483-1300  
www.asco.org

**CancerCare**
212-712-8400  
1-800-813-HOPE (1-800-813-4673)  
www.cancercare.org

**CancerNet**
888-651-3038  
www.cancer.net

**R.A. Bloch Cancer Foundation**
816-854-5050  
1-800-433-0464  
www.blochcancer.org

**MEDICAL FACILITIES FOR DIAGNOSIS AND TREATMENT OR SECOND OPINIONS**

**NCI-Designated Cancer Centers (including Comprehensive Cancer Centers*)**

**ALABAMA**

**University of Alabama Comprehensive Cancer Center***
1802 Sixth Avenue South,  
Room NP 2500  
Birmingham, AL 35294-3300  
205-934-5077  
1-800-UAB-0933 or  
205-975-8222  
www.ccc.uab.edu
ARIZONA

The Arizona Cancer Center*
3838 North Campbell Avenue
Tucson, AZ 85719
520-694-CURE (520-694-2873)
1-800-327-CURE (1-800-327-2873)
www.azcc.arizona.edu

CALIFORNIA

Chao Family Comprehensive Cancer Center*
University of California at Irvine
101 The City Drive
Building 23, Route 81
Orange, CA 92868
714-456-7890
www.cancer.uci.edu

City of Hope National Medical Center*
Beckman Research Institute
1500 East Duarte Road
Duarte, CA 91010
1-800-826-HOPE (1-800-826-4673)
www.cityofhope.org

Jonsson Comprehensive Cancer Center*
University of California at Los Angeles
8-684 Factor Building
Box 951781
10833 Le Conte Avenue
Los Angeles, CA 90095-1781
310-825-5268
www.cancer.mednet.ucla.edu

Salk Institute Cancer Center
10010 North Torrey Pines Road
La Jolla, CA 92037
858-453-4100
http://salk.edu/faculty/cancer_center.html

Sanford-Burnham Medical Research Institute
10901 North Torrey Pines Road
La Jolla, CA 92037
858-646-3100
www.sanfordburnham.org

Stanford Cancer Center
Stanford University
800 Welch Road, Room 284
Stanford, CA 94305-5796
650-736-1808
http://cancer.stanford.edu/

USC/Norris Comprehensive Cancer Center*
University of Southern California
1441 Eastlake Avenue
Los Angeles, CA 90033-0800
323-865-3000
1-800-USC-CARE
(1-800-872-2273)
http://uscnorriscancer.usc.edu/

University of California at San Diego Moores Cancer Center*
3855 Health Sciences Drive
La Jolla, CA 92093
1-800-926-8273
http://cancer.ucsd.edu

UC Davis Cancer Center
University of California, Davis
4501 X Street, Suite 3003
Sacramento, CA 95817
916-734-5800
www.ucdmc.ucdavis.edu/cancer

UCSF Helen Diller Family Comprehensive Cancer Center*
University of California, San Francisco
1450 HD-371, UCSF Box 0128
San Francisco, CA 94158-9001
1-888-689-8273
http://cancer.ucsf.edu/
COLORADO
University of Colorado Cancer Center*
University of Colorado at Denver and Health Sciences Center
P.O. Box 6508, Mail Stop F434
13001 East 17th Place
Aurora, CO 80045
720-848-0000
www.uccc.info

CONNECTICUT
Yale Cancer Center*
Yale University School of Medicine
333 Cedar Street, Box 208028
New Haven, CT 06520
1-866-YALECANCER
(1-866-925-3262)
www.info.med.yale.edu/ycc

DISTRICT OF COLUMBIA
Lombardi Comprehensive Cancer Center*
Georgetown University Medical Center
3800 Reservoir Road
Washington, DC 20057
202-444-4000
http://lombardi.georgetown.edu

FLORIDA
H. Lee Moffitt Cancer Center & Research Institute*
University of South Florida
12902 Magnolia Drive
Tampa, FL 33612
1-888-MOFFITT (1-888-663-3488)
http://www.moffitt.org

GEORGIA
Winship Cancer Institute
Emory University
1365-C Clifton Road, NE
Atlanta, GA 30322
404-778-1900
1-888-WINSHIP (1-888-946-7447)
http://winshipcancer.emory.edu

HAWAII
University of Hawaii Cancer Center
University of Hawaii at Manoa
677 Ala Manoa Boulevard
Honolulu, HI 96813
808-586-3010
www.crch.org

ILLINOIS
Robert H. Lurie Comprehensive Cancer Center*
Northwestern University Galter Pavilion
675 North St. Clair, 21st Floor
Chicago, Illinois 60611
312-695-0990
1-866-LURIECC (1-866-587-4322)
www.cancer.northwestern.edu

University of Chicago Comprehensive Cancer Center*
5841 South Maryland Avenue
Chicago, Illinois 60637-1470
773-702-6180
1-800-289-6333
http://cancer.uchicago.edu

INDIANA
Indiana University Melvin and Bren Simon Cancer Center
1030 West Michigan Street
Indianapolis, Indiana 46202
317-944-0920
1-888-600-4822
www.cancer.iu.edu/
Purdue University Center for Cancer Research
Hansen Life Sciences Research Building, Room 141
201 South University Street
West Lafayette, IN 47907-2064
765-494-9129
www.cancerresearch.purdue.edu/

IOWA

Holden Comprehensive Cancer Center*
University of Iowa
5970 “Z” JPP
Iowa City, IA 52242
319-355-8620
www.uihealthcare.com

MAINE

The Jackson Laboratory Cancer Center
600 Main Street
Bar Harbor, ME 04609-0800
207-288-6000
http://research.jax.org

MARYLAND

Greenebaum Cancer Center
University of Maryland
22 South Greene Street
Baltimore, MD 21201
410-328-7904
1-800-888-8823
http://www.ummgcc.org

Sidney Kimmel Comprehensive Cancer Center at John Hopkins*
The Harry and Jeanette Weinberg Building
401 North Broadway Suite 1100
Baltimore, MD 21231
410-955-5222
http://www.hopkinsmedicine.org

MASSACHUSETTS

Dana-Farber Cancer Institute*
450 Brookline Avenue
Boston, MA 02115-5450
617-632-3000
1-866-408-DFCI (1-866-408-3324)
www.dana-farber.org

David H. Koch Institute for Integrative Cancer Research
Massachusetts Institute of Technology
500 Main Street
Cambridge, MA 02139
617-253-6403
http://ki.mit.edu

Barbara Ann Karmanos Cancer Institute*
Wayne State University School of Medicine
4100 John R. Street
Detroit, MI 48201
1-800-KARMANOS (1-800-527-6266)
www.karmanos.org

University of Michigan Comprehensive Cancer Center*
1500 East Medical Center Drive
Ann Arbor, MI 48109-0752
1-800-865-1125
www.cancer.med.umich.edu

MINNESOTA

Masonic Cancer Center*
University of Minnesota
424 Harvard Street SE
Minneapolis, MN 55455
612-624-2620
1-888-CANCERMN
(1-888-226-2376)
www.cancer.umn.edu
Mayo Clinic Cancer Center*
200 First Street Southwest
Rochester, MN 55905
507-284-2511
http://cancercenter.mayo.edu

MISSOURI

Siteman Cancer Center*
Washington University School of Medicine
660 South Euclid Avenue
Box 8100
St. Louis, MO 63110
314-747-7222
1-800-600-3606
www.siteman.wustl.edu

NEBRASKA

Eppley Cancer Center
University of Nebraska Medical Center
985950 Nebraska Medical Center
Omaha, NE 68198-5950
402-559-4090
www.unmc.edu/cancercenter

NEW HAMPSHIRE

Norris Cotton Cancer Center*
Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756
603-653-9000
http://cancer.dartmouth.edu

NEW JERSEY

Cancer Institute of New Jersey*
Robert Wood Johnson Medical School
195 Little Albany Street
New Brunswick, NJ 08903-2681
732-235-2465
www.cinj.org

NEW MEXICO

University of New Mexico Cancer Research and Treatment Center
1201 Camino de Salud NE
1 University of New Mexico
Albuquerque, New Mexico 87106
505-272-4946
http://cancer.unm.edu

NEW YORK

Albert Einstein Cancer Center
1300 Morris Park Avenue
Bronx, New York 10461
718-430-2000
www.einstein.yu.edu/cancercenter

Herbert Irving Comprehensive Cancer Center*
Columbia University College of Physicians and Surgeons
1130 St. Nicholas Avenue
New York, New York 10032
212-851-5273
http://hiccc.columbia.edu

Memorial Sloan-Kettering Cancer Center*
1275 York Avenue
New York, New York 10065
1-800-525-2225
www.mskcc.org

New York University Cancer Institute
New York University Langone Medical Center
522 First Avenue
New York, New York 10016
212-263-3551
www.nyuci.org
Kimmel Cancer Center
Thomas Jefferson University
BLSB, Room 1050
233 South 10th Street
Philadelphia, PA 19107
1-888-955-1212
1-800-JEFFNOW (1-800-533-3669)
www.kimmelcancercenter.org

The Wistar Institute
3601 Spruce Street
Philadelphia, PA 19104
215-898-3700
www.wistar.org

SOUTH CAROLINA

Hollings Cancer Center
Medical University of South Carolina
86 Jonathan Lucas Street
Charleston, SC 29425
843-792-0700
http://hcc.musc.edu

TENNESSEE

St. Jude Children's Research Hospital*
262 Danny Thomas Place
Memphis, TN 38105
901-595-3300
www.stjude.org

Vanderbilt-Ingram Cancer Center*
Vanderbilt University Medical Center
2220 Pierce Avenue
Nashville, TN 37232
615-936-8422
1-877-936-8422
www.vicc.org

TEXAS

Cancer Therapy and Research Center
University of Texas Health Science Center
at San Antonio
7979 Wurzbach Road
San Antonio, TX 78229
210-450-1000
www.ctrc.net

Dan L. Duncan Cancer Center
Baylor College of Medicine
One Baylor Plaza
Houston, TX 77030
713-798-1354
www.bcm.edu/cancercenter

Harold C. Simmons Cancer Center
University of Texas Southwestern Medical Center
2201 Inwood Road
Dallas, TX 75390
214-645-HOPE (214-645-4673)
1-866-460-HOPE (1-866-460-4673)
www.simmonscancercenter.org

The University of Texas M.D. Anderson Cancer Center*
1515 Holcombe Boulevard
Houston, TX 77030
1-877-MDA-6789 (1-877-632-6789)
www.mdanderson.org

UTAH

Huntsman Cancer Institute
University of Utah
2000 Circle of Hope
Salt Lake City, UT 84112
801-585-0303
1-877-585-0303
www.hci.utah.edu
VIRGINIA

University of Virginia Cancer Center
1300 Jefferson Park Avenue
Charlottesville, VA 22908
434-924-9333
1-800-223-9173
www.medicine.virginia.edu/research/research-centers/cancercenter

Massey Cancer Center
Virginia Commonwealth University
401 College Street
Box 980037
Richmond, VA 23298
804-828-0450
www.massey.vcu.edu

WASHINGTON

Fred Hutchinson Cancer Research Center*
1100 Fairview Avenue North
P.O. Box 19024
Seattle, WA 98109
206-667-5000
1-800-804-8824
www.fhcrc.org

WISCONSIN

University of Wisconsin Paul P. Carbone Comprehensive Cancer Center*
600 Highland Avenue, Room 7057
Madison, WI 53792-0001
608-263-6400
1-800-323-8942
www.cancer.wisc.edu

CLINICAL TRIALS
COOPERATIVE GROUPS

American College of Radiology Imaging Network
Mitchell Schnall, M.D., Ph. D., Chair
1818 Market Street, Suite 1600
Philadelphia, Pennsylvania 19103
www.acrin.org

American College of Surgeons Oncology Group
Heidi Nelson, M.D., Co-Chair
David M. Ota, M.D., Co-Chair
2400 Pratt Street
Durham, North Carolina 27705
www.acosog.org

Cancer and Leukemia Group B
Richard Schilsky, M.D., Chair
230 West Monroe Street, Suite 2050
Chicago, Illinois 60606
773-702-9171
www.calgb.org

Cancer Vaccine Collaborative
Cancer Research Institute
One Exchange Plaza
55 Broadway, Suite 1802
New York, NY 10006
212-688-7515
www.cancerresearch.org/collaborative

CureSearch Children’s Oncology Group
Gregory Reaman, M.D., Chair
440 East Huntington Drive, Suite 400
Arcadia, California 91006-3776
800-458-6223
www.curesearch.org

Eastern Cooperative Oncology Group
Robert Comis, M.D., Chair
1818 Market Street, Suite 1100
Philadelphia, PA 19103
215-789-3645
www.ecog.org
European Organization for Research on Treatment for Cancer
Francois Meunier, M.D., Director General
Avenue E Mounier 83, BTE 11
BT-1200 Brussels
Belgium
011-32-2-770-71-47
(NCI Liaison Office)
www.eortc.be

Gynecologic Oncology Group
Philip J. DiSala, M.D., Chair
Four Penn Center
1600 JFK Boulevard, Suite 1020
Philadelphia, PA 19103
215-854-0770
www.gog.org

National Cancer Institute of Canada, Clinical Trials Group
Ralph Meyer, M.D., Director
Queens University
10 Stuart Street
Kingston, Ontario K7L 3N6
Canada
www.ctg.queensu.ca

National Surgical Adjuvant Breast and Bowel Project
Norman Wolmark, M.D., Chair
East Commons Professional Building
4 Allegheny Center 5th Floor
Pittsburgh, PA 15212
412-330-4600
http://nsabp.pitt.edu

North Central Cancer Treatment Group
Jan C. Buckner, M.D., Chair
Mayo Clinic
200 First Street, SW
Rochester, MN 55905
507-284-5999
http://ncctg.mayo.edu

Radiation Therapy Oncology Group
Walter Curran Jr., M.D., Chair
1818 Market Street, Suite 1600
Philadelphia, PA 19107
215-574-3191
www.rtog.org

SWOG (formerly Southwest Oncology Group)
Lawrence H. Baker, DO, Chair
24 Frank Lloyd Wright Drive
P.O. Box 483
Ann Arbor, MI 48106
734-998-7130
www.swog.org

GROUPS PROVIDING FINANCIAL INFORMATION OR SUPPORT
Cancer Care, Inc.
212-712-8400
1-800-813-HOPE (1-800-813-4673)
www.cancercare.org

Cancer Financial Assistance Coalition
www.cancerfac.org

Candlelighters Childhood Cancer Family Alliance
713-270-4700
www.candle.org

Hill-Burton Uncompensated Services Hotline
U.S. Department of Health and Human Services
1-800-492-0359 (in Maryland)
1-800-638-0742
www.hrsa.gov/gethealthcare/affordable/hillburton
GROUPS PROVIDING FINANCIAL INFORMATION OR SUPPORT

Leukemia and Lymphoma Society of America
(National Headquarters)
914-949-5213
1-800-955-4572
See a local telephone directory for the number of a local unit.
www.leukemia-lymphoma.org

GROUPS OFFERING CANCER INFORMATION, MORAL SUPPORT AND COPING TECHNIQUES, OR PATIENT ADVOCACY

Air Charity Network
1-800-549-9980
www.aircharitynetwork.org

AMC Cancer Fund
Cancer Information and Counseling Line
303-233-6501 in Colorado
1-800-321-1557
www.amc.org

American Association for Cancer Research (AACR)
215-440-9300
1-866-423-3965
www.aacr.org

American Brain Tumor Association (ABTA)
847-827-9910
1-800-886-2282
www.abta.org

American Cancer Society
(National Headquarters)
404-320-3333
1-800-ACS-2345 (1-800-227-2345)
www.cancer.org

American Cancer Society Cancer Action Network (ACS CAN)
1-800-ACS-2345 (1-800-227-2345)
www.acscan.org

American Childhood Cancer Organization
301-962-3520
1-800-366-2223
www.candlelighters.org

American College of Surgeons: Commission on Cancer
312-202-5085
1-800-621-4111
www.facs.org/cancer/index.html

American Hospice Foundation
202-223-0204
1-800-347-1413
www.americanhospice.org

American Pain Foundation
1-888-615-PAIN (1-800-615-7246)
www.painfoundation.org

American Psychosocial Oncology Society
434-293-5350
www.apos-society.org

American Society for Radiation Oncology
703-502-1550
1-800-962-7876
www.astro.org/Patients/

American Society of Breast Surgeons
410-992-5470
1-877-992-5470
www.breastsurgeons.org
American Society of Clinical Oncology (ASCO)  
517-483-1300  
www.asco.org

American Urological Association Foundation  
410-689-3700  
1-866-RINGAUA (1-866-746-4282)  
www.urologyhealth.org

Anderson Network, A Program of Volunteer Services  
1-800-345-6324  
www.mdanderson.org/andersonnetwork

Arab Community Center for Economic and Social Services (ACCESS)  
313-842-7010  
www.accesscommunity.org

Association of Cancer Online Resources  
www.acor.org

Association of Community Cancer Centers (ACCC)  
301-984-9496  
www.accc-cancer.org

Association of Oncology Social Workers (AOSW)  
215-599-6093  
www.aosw.org

Association of Pediatric Hematology/Oncology Nurses (APHON)  
847-375-4724  
www.apon.org

Blood and Marrow Transplant Information Network  
847-433-3313  
1-888-597-7674 (during regular business hours)  
www.bmtinfonet.org

Cancer and Careers  
212-685-5955, ext. 32  
www.cancerandcareers.org

Cancer Hope Network  
908-879-4039  
1-800-552-4366  
www.cancerhopenetwork.org

Cancer Information and Counseling Line (CICL)  
1-800-525-3777  
www.amc.org/programs.html

Cancer Legal Resource Center  
1-866-843-2572  
www.cancerlegalresourcecenter.org

Cancer News on the Net  
www.cancernews.com

Cancer Pain Management in Children  
www.childcancerpain.org

Cancer Research Foundation  
312-630-0055  
www.cancerresearchfdn.org

Cancer Support Community  
202-659-9709  
1-888-793-WELL (1-888-793-9355)  
http://cancersupportcommunity.org
<table>
<thead>
<tr>
<th>Organization</th>
<th>Phone Number 1</th>
<th>Phone Number 2</th>
<th>Website Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Psycho-Oncology Society</td>
<td>434-293-5350</td>
<td><a href="http://www.ipos-society.org">www.ipos-society.org</a></td>
<td></td>
</tr>
<tr>
<td>Jack and Jill Late Stage Cancer Foundation</td>
<td>404-537-5253</td>
<td><a href="http://jajf.org/home/">http://jajf.org/home/</a></td>
<td></td>
</tr>
<tr>
<td>Kidney Cancer Association</td>
<td>847-332-1051</td>
<td>1-800-850-9132</td>
<td><a href="http://www.kidneycancer.org">www.kidneycancer.org</a></td>
</tr>
<tr>
<td>Leukemia and Lymphoma Society of America</td>
<td>914-949-5213</td>
<td>1-800-955-4572</td>
<td><a href="http://www.leukemia-lymphoma.org">www.leukemia-lymphoma.org</a></td>
</tr>
<tr>
<td>Lymphoma Research Foundation of America</td>
<td>212-349-2910</td>
<td>1-800-500-9976</td>
<td><a href="http://www.lymphoma.org">www.lymphoma.org</a></td>
</tr>
<tr>
<td>Lesbian Community Cancer Project</td>
<td>773-561-4662</td>
<td></td>
<td><a href="http://www.lccp.org">www.lccp.org</a></td>
</tr>
<tr>
<td>LIVESTRONG</td>
<td>512-236-8820</td>
<td>1-866-236-8820</td>
<td><a href="http://www.livestrong.org">www.livestrong.org</a></td>
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<tr>
<td>Look Good...Feel Better (LGFB)</td>
<td>202-331-1770</td>
<td>1-800-395-5665</td>
<td><a href="http://www.lookgoodfeelbetter.org">www.lookgoodfeelbetter.org</a></td>
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<td>Lotsa Helping Hands</td>
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<td><a href="http://www.lotsahelpinghands.com">www.lotsahelpinghands.com</a></td>
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<td>Lung Cancer Alliance</td>
<td>1-800-298-2436</td>
<td><a href="http://lungcanceralliance.org/">http://lungcanceralliance.org/</a></td>
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<td>Men’s Health Network</td>
<td>202-543-6461</td>
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<td><a href="http://www.menshealthnetwork.org">www.menshealthnetwork.org</a></td>
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<td>Minnie Pearl Cancer Foundation</td>
<td>615-467-1936</td>
<td>1-877-467-1936</td>
<td><a href="http://www.minniepearl.org">www.minniepearl.org</a></td>
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<tr>
<td>MyOncofertility.org</td>
<td>1-866-708-3378</td>
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<td><a href="http://www.myoncofertility.org">www.myoncofertility.org</a></td>
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<td>National Asian Women’s Health Organization</td>
<td>925-468-4120</td>
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<td><a href="http://www.nawho.org">www.nawho.org</a></td>
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<td>National Association for Home Care</td>
<td>202-547-7424</td>
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<td><a href="http://www.nahc.org">www.nahc.org</a></td>
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<td>National Bone Marrow Transport Link</td>
<td>1-800-LINK-BMT (1-800-546-5268)</td>
<td><a href="http://www.nbmtlink.org">www.nbmtlink.org</a></td>
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<td>National Brain Tumor Foundation</td>
<td>1-800-770-8287</td>
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<td><a href="http://www.braintumor.org">www.braintumor.org</a></td>
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<td>Organization</td>
<td>Phone Number</td>
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<td>National Breast Cancer Foundation</td>
<td>972-248-9200</td>
<td><a href="http://www.nationalbreastcancer.org">www.nationalbreastcancer.org</a></td>
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<td>National Cancer Coalition</td>
<td>919-821-2182</td>
<td><a href="http://www.nationalcancercoalition.org">www.nationalcancercoalition.org</a></td>
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<tr>
<td>National Cancer Institute (NCI)</td>
<td>1-800-4-CANCER (1-800-422-6237)</td>
<td><a href="http://www.cancer.gov">www.cancer.gov</a></td>
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<tr>
<td>National Cancer Survivors Day Foundation</td>
<td>615-794-3006</td>
<td><a href="http://www.ncsdf.org">www.ncsdf.org</a></td>
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<td>National Coalition for Cancer Survivorship</td>
<td>301-650-9127 1-877-NCCS-YES (1-877-622-7937)</td>
<td><a href="http://www.canceradvocacy.org">www.canceradvocacy.org</a></td>
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<td>National Comprehensive Cancer Network</td>
<td>215-690-0300</td>
<td><a href="http://www.nccn.com">www.nccn.com</a></td>
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<td>National Family Caregivers Association</td>
<td>301-942-6430 1-800-896-3650</td>
<td><a href="http://www.nfcacares.org">www.nfcacares.org</a></td>
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<td>National Health Information Center</td>
<td>301-565-4167 1-800-336-4797</td>
<td><a href="http://www.health.gov/nhic">www.health.gov/nhic</a></td>
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<td>National Lymphedema Network</td>
<td>415-908-3681 1-800-541-3259</td>
<td><a href="http://www.lymphnet.org">www.lymphnet.org</a></td>
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<td>National Marrow Donor Program</td>
<td>1-800-MARROW2 (1-800-627-7692)</td>
<td><a href="http://www.marrow.org">www.marrow.org</a></td>
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<td>National Ovarian Cancer Coalition</td>
<td>214-273-4200 1-888-OVARIAN (1-888-682-7426)</td>
<td><a href="http://www.ovarian.org">www.ovarian.org</a></td>
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<td>National LGBT Cancer Network</td>
<td>212-675-2633</td>
<td><a href="http://www.cancer-network.org">www.cancer-network.org</a></td>
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<td>National Organization for Rare Disorders (NORD)</td>
<td>203-744-0100 1-800-999-6673</td>
<td><a href="http://www.rarediseases.org">www.rarediseases.org</a></td>
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<td>Organization</td>
<td>Phone 1</td>
<td>Phone 2</td>
<td>Website</td>
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<td>Native American Cancer Research</td>
<td>303-975-2449</td>
<td>1-800-537-8295</td>
<td><a href="http://natamcancer.org">http://natamcancer.org</a></td>
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<td>New York Online Access to Health (NOAH)</td>
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<td><a href="http://www.noah-health.org">www.noah-health.org</a></td>
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<td>Office of Cancer Survivorship</td>
<td>301-402-2964</td>
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<td>dccps.nci.nih.gov/ocs</td>
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<td>Office of Minority Health</td>
<td>1-800-444-6472</td>
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<td><a href="http://minorityhealth.hhs.gov">http://minorityhealth.hhs.gov</a></td>
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<td>Oley Foundation</td>
<td>518-262-5079</td>
<td>1-800-776-OLEY</td>
<td><a href="http://www.oley.org">www.oley.org</a></td>
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<td>Oncolink</td>
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<td><a href="http://www.oncolink.org">www.oncolink.org</a></td>
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<td>Oncology Nursing Society (ONS)</td>
<td>412-859-6100</td>
<td>1-866-257-4ONS</td>
<td><a href="http://www.ons.org">www.ons.org</a></td>
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<td>Partnership for Prescription Assistance</td>
<td>1-888-4PPA-NOW</td>
<td>(1-888-477-2669)</td>
<td><a href="http://www.pparx.org">www.pparx.org</a></td>
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<td>Prevent Cancer Foundation</td>
<td>703-836-4412</td>
<td>1-800-227-2732</td>
<td><a href="http://www.preventcancer.org">www.preventcancer.org</a></td>
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<td>R.A. Bloch Cancer Foundation</td>
<td>816-854-5050</td>
<td>1-800-433-0464</td>
<td><a href="http://www.blochcancer.org">www.blochcancer.org</a></td>
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<td>Research Advocacy Network</td>
<td>1-877-276-2187</td>
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<td><a href="http://www.researchadvocacy.org">www.researchadvocacy.org</a></td>
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<td>Sam Fund</td>
<td>1-866-439-9365</td>
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<td><a href="http://www.thesamfund.org">www.thesamfund.org</a></td>
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<tr>
<td>Scott Hamilton CARES Initiative</td>
<td><a href="http://www.Chemocare.com">www.Chemocare.com</a></td>
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<td>Self chec</td>
<td><a href="http://www.selfchec.org/main.html">www.selfchec.org/main.html</a></td>
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<td>Skin Cancer Foundation</td>
<td>212-725-5176</td>
<td>1-800-SKIN-490</td>
<td><a href="http://www.skincancer.org">www.skincancer.org</a></td>
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<tr>
<td>Stand Up 2 Cancer</td>
<td><a href="http://www.standup2cancer.org">www.standup2cancer.org</a></td>
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</table>
Support for People With Oral and Head and Neck Cancer
1-800-377-0928
www.spohnc.org

Teens Living With Cancer
www.teenslivingwithcancer.org

Ulman Cancer Fund for Young Adults
410-964-0202
1-888-393-FUND (1-888-393-3863)
www.ulmanfund.org

United Ostomy Associations of America (UOAA)
1-800-826-0826
www.ostomy.org

US TOO International Prostate Cancer Education and Support Network
1-800-808-7866
http://ustoo.org

V Foundation for Cancer Research
919-380-9505
1-800-ACS-2345 (1-800-227-2345)
www.jimmyv.org

Vital Options and The Group Room Cancer Radio Show
818-508-5657
1-800-GRP-ROOM (1-800-477-7666)
www.vitaloptions.org

Y-ME National Breast Cancer Organization
312-986-8338
1-800-221-2141 (English)
1-800-986-9505 (Español)

YWCA ENCORE Program
YWCA of the USA
202-467-0801
Contact your local YWCA to see if they have an encore program in place.
www.ywca.org

Your Disease Risk
314-362-5196
1-800-551-3492
www.yourdiseaserisk.wustl.edu

Sources of Information on Home Nursing and Medical Equipment, Homemaker Services, Child Care, Meal Preparation, or Local Transportation

American Cancer Society
404-320-3333
1-800-ACS-2345 (1-800-227-2345)
www.cancer.org

The American Cancer Society provides this specific program:

Road to Recovery
Provides volunteer transportation assistance to and from local medical appointments, hospital stays, and rehabilitation sessions.
GROUPS FURNISHING FREE OR LOW-COST TRANSPORTATION OR LODGING FOR CANCER PATIENTS BEING TREATED AWAY FROM HOME
Guest Room Program
Provides arrangement of free hotel or motel accommodations for cancer patients being treated away from home and for their families.

Corporate Angel Network
1-866-328-1313
Call for free air transportation (subject to availability) to approved medical facilities for cancer patients and their families.
www.corpangelnetwork.org

National Association of Hospital Hospitality Houses
1-800-328-9730
www.nahhh.org

Ronald McDonald House Charities
630-623-7048
Call for free or low-cost temporary housing for families of seriously ill children.
www.rmhc.com

READING MATERIALS
FOR FURTHER INFORMATION


The Cancer Research Institute is working every day to find new ways to treat, control, and prevent cancer. Donations to CRI allow us to continue funding the most promising scientific research all around the world. With your help, CRI can help bring safer, more effective new treatments to cancer patients sooner.

There are several ways to make a donation to CRI. The easiest way is to call us at 1-800-99CANCER (992-2623) and make your gift over the phone with a credit card. Or you can choose to donate online by visiting our safe and secure website at http://cancerresearch.org/donate. You may also mail donations to us at:

Cancer Research Institute
One Exchange Plaza
55 Broadway, Suite 1802
New York, NY 10006

Workplace Giving Programs
Contributions made to the Cancer Research Institute through employee payroll deduction programs provide extremely important support for the Institute’s research programs. By contributing $5, $10, or $25 per pay period through payroll deduction, individual contributors can make significant annual gifts to advance our research efforts.

Federal employees, U.S. Postal Service workers, and members of the United States Armed Forces can support the Cancer Research Institute through the Combined Federal Campaign (CFC). The Cancer Research Institute participates in the CFC as a member of the Community Health Charities federation. Our national agency code number for the Combined Federal Campaign is 11999.

State government employees and employees of municipal and county governments in many areas can also contribute to the Cancer Research Institute through payroll programs similar to the Combined Federal Campaign. In most instances, CRI participates in these campaigns as a member of the Community Health Charities.

Private sector employees can often designate Cancer Research Institute to receive their charitable contributions through the United Way “donor choice” program or through the Community Health Charities. If your employer does not conduct a payroll program in which CRI is a participating charity, we request that you contact us at 1-800-99CANCER to learn how you can encourage your employer to open your payroll program to worthy charitable causes like Cancer Research Institute.
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