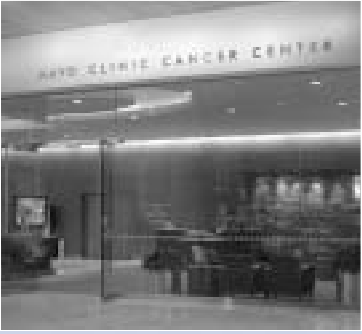
MAYO CLINIC
Cancer Center

Together

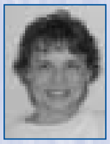
FALL / WINTER 2004
Volume 4 Number 2

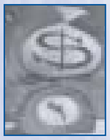


Complementary and Alternative Medicine: Friend or Foe?

By Brent Bauer, M.D.

Inside this issue





Although exact numbers are difficult to determine, many surveys suggest that 50 to 75 percent of cancer patients have tried some type of complementary or alternative medicine (CAM) during their illness.

Is this a good idea? A bad idea? Or do we even know?

To answer this question, we first must understand what we are talking about. CAM has many definitions. A study from Harvard University in the early 1990s defined CAM as medical practices that are not taught in medical schools, not available in hospitals and not covered by insurance. This study included such practices as acupuncture, chiropractic treatment, herbal medicine, and mind and body techniques, such as meditation and guided imagery.

Much has changed in the decade since that study. More than two-thirds of medical schools now have some courses on CAM, many hospitals now offer techniques such as massage therapy or acupuncture to their patients, and finally, an increasing number of insurance companies cover certain CAM therapies.

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Mayo Clinic Cancer Center is part of Mayo Clinic. The mission of the cancer center is to provide compassionate state-of-the-art care for the patient with cancer today and continued advancements in the prevention, diagnosis, treatment and cure of cancer in the future. The programs and services of the Cancer Center span the three Mayo Clinic campuses in Rochester, Minn., Jacksonville, Fla., and Scottsdale, Ariz.

Together provides educational information for cancer patients treated at Mayo Clinic, their family members, caregivers and friends. Physicians, staff and patients of the cancer center write the articles.

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Complementary and Alternative Medicine

Further complicating this question is the fact that knowledge about CAM is continuously evolving. As research uncovers new support for different therapies, such as acupuncture for treatment of postoperative nausea, a therapy can become "less" CAM and more "conventional."

Some researchers distinguish between practices that are "complementary" and those that are "alternative."

- **Alternative therapies would be things that patients choose to use instead of conventional treatment.** For example, using shark cartilage as a sole treatment for cancer, foregoing conventionally recommended chemotherapy, radiation therapy or other similar treatments. Fortunately, most surveys suggest that very few patients choose to use only CAM therapies.
- **Far more common is the use of complementary practices.** In this case, complementary means that patients incorporate CAM therapies along with their conventional therapy. The challenge here is to make sure that therapies that are combined with conventional treatment are indeed "complementary" and not harmful.

A number of research studies under way at Mayo Clinic Cancer Center and other cancer centers are investigating commonly used CAM therapies to determine their appropriate role.

On the one hand, many therapies have already been identified by the American Cancer Society as helpful approaches in dealing with some side effects of cancer and its treatment. Some helpful approaches include biofeedback, massage therapy, meditation, spiritual practices, tai chi and yoga. These therapies are generally not aimed at curing cancer, but at dealing with the side effects and symptoms that can dramatically decrease quality of life for patients.

On the other hand, some other approaches can actually interfere with the effectiveness of various cancer treatments. For example, it is now known that St. John's Wort, a commonly used herb to treat depression, may alter metabolism and the effects of many medications, including chemotherapy, thus reducing the effectiveness of the treatment. Many CAM approaches and therapies most commonly sought by cancer patients are generally neither good nor bad in and of themselves. The outcome depends more on how they are used and whether they are used knowledgeably and safely.

If you or a family member are considering a CAM therapy to help either treat cancer or treat symptoms associated with cancer, here are three recommendations:

1. **Communicate.** Talk with your oncologist and other members of your health care team about your interest in using a CAM therapy. Letting your health care team know ahead of time about your interest is vitally important because they can help you make informed decisions. Their expertise and advice can help you avoid unexpected side effects or other adverse effects.
2. **Educate.** Learn as much as possible about any therapy that you are considering. The American Cancer Society, the National Cancer Institute and several academic centers have web sites which are excellent sources of information about cancer and CAM. Learning as much as possible about the risks and benefits and what research studies have been conducted can help you make an informed decision that is safe and will lead to a positive outcome.
3. **Evaluate.** Many consumers add one CAM therapy to another without considering the effects. They have fallen prey to the myths that "things which are natural are safe" and that "if a little is good, a lot must be better." Thus, it is not uncommon to see some patients taking 15 to 20 different herbs and dietary supplements.

If you choose to use a CAM therapy after talking with your physician and researching the therapy carefully, work with your physician to develop criteria to evaluate the CAM's effectiveness. After a reasonable time, if you are not seeing the benefits you were seeking, stop using the CAM therapy. If you do see benefits and wish to continue, partner with your health care team to watch for any signs of side effects over time.

In conclusion, by carefully examining the evidence for any CAM therapy and working with your oncologist and health care team, you can make an informed decision about the benefits and safety of CAM therapy.

> *"It is vitally important for cancer patients who are interested in exploring CAM to discuss this with their oncologist and other members of their health care team."*

Dr. Bauer is an internal medicine specialist. He is Director of the Complementary and Integrative Medicine Program at Mayo Clinic in Rochester, Minn.

For More Information

These Internet sites can provide you with more information about complementary and alternative medicine:

- American Cancer Society, http://www.cancer.org
- HerbMed®, http://www.herbmed.org
- National Cancer Institute, http://www.cancer.gov
- National Center for Complementary and Alternative Medicine, http://www.nccam.nih.gov
- Quackwatch, http://www.quackwatch.org

When you are at Mayo Clinic Rochester, please visit the Cancer Education Center located on the Lobby Level of the Gonda Building to find additional information about complementary and alternative therapies.

Communicating with Your Cancer Care Team

Julie Ponto, RN, MS, CSN, AOCN

Whether you've just started treatment or are going in for regular follow-up appointments, making a visit to your cancer care team may be stressful and anxiety producing. For many people with cancer, returning to the clinic for care brings up worries about their cancer coming back or spreading, whether further treatment will be recommended and, if so, what kind of treatment. Returning for a checkup might also bring up memories of unpleasant experiences related to your cancer diagnosis and treatment.

With these common and concerning thoughts, it is understandable that talking with your cancer care providers might be difficult. Here are some ideas for how to prepare for your visit and communicate with your team to make your clinic visit less stressful and most helpful.

1. **Write down your questions *before* your visit.** For most people, it is difficult to remember their questions during their clinic visit. It may be difficult to think clearly and remember your questions when you are feeling stressed. Make a habit of carrying a pen and paper with you so that it is available when a question comes to mind. When you are talking with your cancer care team, ask the most important questions first. You may have limited time during your visit so it is critical that your most important questions are answered first. Also, realize that your provider might refer you to someone else to answer a question. Your cancer care may be provided by a variety of professionals, each with expertise in different areas.
2. **Bring someone with you to your appointment.** Bringing a companion to your appointment can be helpful. Having another person with you can help you remember later on what was said during the visit. A companion can also help clarify your questions, think of additional questions you may not have thought of, and write down answers to your questions. Bringing a companion can also be a great way to help pass the time, particularly while waiting.
3. **Ask your provider to clarify any confusing information.** Sometimes the information discussed during your appointment can be overwhelming, especially if you are told something you weren't expecting. It is all right to stop your health care team member and ask him / her for clarification or more explanation. Pictures sometimes help people understand complicated information. Ask your provider to draw a picture or show you a diagram to help you understand.
4. **Write down (or better yet, ask your companion to write down) important information.** Taking notes during your visit will also help you remember information after you leave. It can allow you to focus more completely on what your health care provider is saying, so that you are not so worried about trying to remember everything. If you have a companion available to write down the information, be sure to communicate what points you particularly want written down. Before you leave, briefly review your notes with your health care provider to make sure what was written accurately summarizes what you were told. Reviewing any instructions, follow-up plans, medications, etc., is a good idea, to make sure both you and your care team have the same understanding of your plan of care.
5. **Share your concerns openly with your provider and speak honestly about your health.** It is very important that you and your cancer care provider communicate openly. This will allow you both to agree on the best plan for your care. Tell your physician or nurse about any medications, supplements or over-the-counter drugs you are taking or plan to take. This will allow them to watch for possible side effects. Also, tell them about any symptoms or problems that you are having, even if the problem seems unrelated to your cancer. Lastly, discuss with your care team any concerns you have about the plan they have recommended. This can help relieve your anxiety and allow you and your provider to make a plan that is agreeable to both of you.

Good, clear communication may help minimize the anxiety or worry that often accompanies a visit to your cancer care provider. Communicating effectively with your cancer care team will help you get the most out of each clinic visit and make each visit productive.

Julie Ponto, RN, MS, CNS, AOCN
Research Specialist, Mayo Clinic
Division of Nursing Research
Associate Professor, Winona State
University Master's in Nursing Program

Mayo Clinic Leading Cancer Prevention Clinical Trials

Mayo Clinic is one of six cancer research centers chosen by the National Cancer Institute to participate in a new initiative to test the effectiveness of experimental medications and nutritional compounds for the prevention of cancer.

The initiative represents a new approach by the National Cancer Institute's Division of Cancer Prevention to combat cancer. Each cancer center will design and lead clinical trials, coordinating its own network of health care institutions to conduct the trials. The National Cancer Institute has awarded more than $42 million in contracts to this six-member group. Mayo Clinic's contract amounts to $9.3 million.

Edith Perez, M.D., an oncologist at Mayo Clinic in Jacksonville, Fla. is a program director for the consortium and a member of the steering committee that will select which proposals submitted for study are worthy to take to clinical trial. "The National Cancer Institute and all of us at Mayo feel cancer has to be tackled in three ways," she says. "We need to understand the biology of cancer, we need to treat patients who are already diagnosed with the disease, and we need to figure out ways to alleviate the burden of cancer through prevention."

Paul Limburg, M.D., a gastroenterologist at Mayo Clinic in Rochester, Minn. is the principal investigator for the Mayo Clinic clinical trials network. He says there are plans to conduct early phase cancer prevention clinical trials for up to seven types of cancer -- colorectal, breast, esophageal, liver, blood system, urinary tract and lung -- over the next three to five years. "Our goal will be to find out whether the new agents tested can interrupt the process of cancer by stopping abnormal cells from becoming malignant," says Dr. Limburg.

Timothy Woodward, M.D., a gastroenterologist at Mayo Clinic in Jacksonville, Fla. who specializes in gastrointestinal malignancies, is a co-investigator for planned colorectal trials. He says the strength of this initiative is its scale. Mayo Clinic will coordinate the cancer prevention clinical trials at 27 health care institutions throughout the United States and Canada.

For more information about this research project, call Hope Carlson at 507-284-0193.

Cancer Prevention and You!

Cancer Prevention and You - Check it out! March 5, 2005 from 9:00 a.m. to 5:00 p.m at the Mayo Civic Center in Rochester, MN. Mayo Clinic Cancer Center, along with the Minnesota Colorectal Cancer Consortium and the American Cancer Society invite you to attend a family friendly health fair focusing on cancer prevention and your health. For more information, please call 651-312-1556.

Cancer Terms

Benign tumor: A tumor that is not cancerous and has no tendency to grow into surrounding tissue or spread to other parts of the body.

Cancer: A group of diseases which cause cells in the body to change and grow out of control.

Cancer in situ: A very early form of cancer that has not begun to invade the surrounding tissue.

Lesion: An abnormality in tissue caused by injury or disease.

Malignant tumor: A tumor made up of cancer cells that would spread to other parts of the body. This type of tumor needs treatment.

Metastasis: The spread of cancer from one part of the body to another.

Primary tumor (or site): The place where a cancer first starts to grow. Even if it spreads elsewhere, it is still known by the place of origin. For example, breast cancer that has spread to the bone is called metastatic breast cancer.

Tumor (or neoplasm): An abnormal overgrowth of cells; tumors can be either benign or malignant.

For additonal terms

Internet resource:
Merriam-Webster Online
http: / / www.m-w.com /

SURVIVOR

Charlene Gerads

Charlene Gerads has battled cancer off and on for the past 12 years.

With her faith to guide her and her family to support her,
she knows life is not always easy, but is able to find joy in each day.
Here is her story in her own words.

> *It has been an interesting journey that has brought me to this place of peace.*

"Mrs. Gerads, do you mind if I have another doctor look at your eyes?" my doctor asked.

I answered, "Of course not." Three doctors had already looked at my eyes; one more wouldn't matter.

As the doctor left the office to fetch the fourth doctor, I closed my eyes. The strange light that brought me to Mayo Clinic danced behind my eyelids. I knew. I really didn't need another doctor's opinion. It wouldn't be a detached retina. The breast cancer had returned – now in my eyes.

The fourth doctor confirmed my suspicions. As we discussed the options and form of treatment, I found myself feeling very calm and at peace. How could I react this way to just being told I had cancer, again?

It has been an interesting journey that has brought me to this place of peace.

I was first diagnosed with breast cancer 12 years ago. Because of the size of the tumor, I had a mastectomy. Because the cancer had spread to some lymph nodes, I also had radiation and chemotherapy.

My family has no history of cancer. I was shocked and scared when I was told I had breast cancer. I was 36 years old and had three small boys – was I going to live to see them graduate from high school? Was I going to live another year? Even though I am by nature an optimist, I felt like I had a cloud of doom over my head.

That cloud of doom left me slowly. Several things helped it disappear. The first was simply time. As time passed and I was still alive, I realized I wasn't going to die tomorrow. Going through treatment, although not pleasant, made me feel powerful. I was doing something to fight the cancer. I was not just a victim.

An article I had read said women who participate in support groups had a higher chance of survival. I wanted to do all I could to survive. So, I joined the cancer support group in Rochester. That group proved to be a godsend. I could openly talk about my fears and frustrations. I had a lot of support from my family, friends and church, but here were women who really knew what I was going through. Hearing their stories and sharing mine helped to demystify having cancer. These women read everything they could about cancer. With their help, I learned more about what was happening to me; I left each meeting with more hope.

The love of my family played a big part in breaking up that cloud of doom. My husband, Lee, would tell me over and over that he loved me – even though my head was bald and I had only one breast. He would say, "Those are only physical things – I love who you are." His acceptance of me helped me to accept myself. He was right; I was more than the cancer and the effects of cancer treatment.

Cancer took on a different meaning in my life. Yes, I had cancer, but there was much more to life. I decided to enjoy what I had and take nothing for granted. Finding joy became very important to me.

My faith in God and my Christian friends provided me with spiritual strength. I believe strongly in the power of prayer, and I wanted all the prayers I could get, so I was open with everyone about the cancer. It gave me comfort to know people were praying for me.

I also saw God working through me. As I shared my story, others shared with me their own stories about cancer. We were able to comfort each other through our shared pain.

After I had healed from my treatment, I felt "called" to mission work. The cancer needed to take a back seat in my life; I had more important things to do now.

I went on a youth mission trip with my oldest son, Joshua, and our church youth group. Through the Appalachia Service Project, we worked on emergency home repair for people in need. While working in the Appalachian Mountains of West Virginia, I was struck by the strong faith of the people there. They were struggling with health issues and unemployment. Yet, they had their priorities right: God, first; family, second; and possessions last.

My "cancer" story opened doors in the Appalachian Mountains, too. As I told strangers my story, they shared their stories with me. We found we were more alike than we thought, and the barriers that can sometimes separate people fell as we shared our stories. I felt the cloud of doom was gone. Life was precious and I was given a second chance to enjoy it.

At my five-year checkup, a spot was discovered on my lung. It proved to be the breast cancer. I was shocked. I had been feeling so good – there was no indication that anything was wrong. I was angry. How could this happen again? I had followed all of the doctor's advice. Even though I knew the chances of the cancer returning were high because of my original diagnosis, I didn't want to believe it was really happening.

My family and church pulled me through my second round with cancer. I had a thoracotomy (lung surgery) to remove the tumor. As I was healing from the surgery, I felt surrounded by their love and prayers.

I was put on tamoxifen after surgery. Again, I felt I was doing something to fight the cancer and that empowered me. After I healed from the thoracotomy, I felt a renewed sense of joy. I had been given a third chance at life.

I took a class through Integrative Therapies at Assisi Heights* on labyrinths, which is a form of meditation that involves walking on winding pathways drawn or laid on the ground. I discovered walking labyrinths gave me peace. I also gave myself permission to seek that which would give me peace and help me to enjoy life. I decided not to let the little irritations of life get me down. Yes, dishes and laundry still needed to be done, but I decided not to let the "small stuff" get me down. I would focus on living. Living in joy. Life was not to be taken for granted. I felt God wanted me to enjoy what I had. I thought about what gave me joy and I pursued it. Reading, going on mission trips, enjoying my friends and family, doing those things that would deepen my faith in God.

At my 10-year checkup, the cancer was found again. This time seven to nine tumors were in my other lung. My confidence in Mayo Clinic gave me peace. We had fought the fight twice already; we would fight the cancer again. I really felt we were all in it together – I was not just a number at Mayo Clinic, I was a living person and all that could be done for me would be done.

I was put on Zoladex to stop the cancer's growth. It worked, and I had another thoracotomy. Again, prayers surrounded me like a nice warm blanket. My family and friends let me know how much I was loved, and offered what help they could. I was not alone.

Then, one year later, a strange light appeared in my eyes – breast cancer again. An MRI and PET scan showed the cancer had gone to several places in my bone and also back in my lung. Here we go again. I had radiation on my eyes that was successful in removing the cancer there. I am currently taking chemotherapy for the cancer in the bone and lung.

Several months ago, I read the book Living a Purpose-Driven Life by Rick Warren. The main message of the book is that God has a plan, we are part of that plan, what happens to us and in the world is all part of the plan.

The message felt right to me. I am at peace with the cancer now because I know that God has a plan and even though I don't have to understand that plan, just knowing there is one gives me peace. Life isn't always easy, but finding joy in each day helps make it fun and worth fighting for.

**Integrative Therapies is a non-profit spiritual, holistic, healing center at Assisi Heights in Rochester, Minn. For further information on labyrinths, go to the American Cancer Society website at http://www.cancer.org.*

ALSO A SURVIVOR

Joshua Gerads

Joshua is the oldest of Charlene Gerads' three sons. He has watched with admiration the way his mother has fought her battles with cancer. Here is how he sees his mother.

I'm sitting beside my mother, me in a reading chair and she bundled in a winter parka, snow pants, hat and gloves, squinting from the sun's glare on a wintry Minnesota day. I don't see her as the woman who told me to clean my room or be home by curfew time and took the car away when I wasn't. Those memories have been replaced by a clearer picture of my mother as a woman of faith, courage and life.

After her initial diagnosis with cancer, my mother volunteered herself and me for the Appalachia Service Project (ASP), a mission trip to fix homes for people in need. This action spoke volumes to me about my mother's character – a woman who had been diagnosed with cancer chose to volunteer and help other people. It would have been easy for her to consider herself “in need” and focus on the issues affecting her life at that time.

I later learned that my mother wanted to share that trip with me in case the cancer took her life. The trip showed me the role cancer was going to play in our lives. It also showed me that my mother was not going to be a victim of the cancer, she was going to live her life and enjoy the time she had. Personally, this conviction helped me deal with the reality of my mother's cancer. She possessed the strength and courage to continue living her life in spite of this disease. I could do the same.

> *"This is what inspires me most – that despite having recurring cancer, which some day may take her life, my mother enjoys life. My mother is not dying of cancer, she is living with it."*
>
> *— Joshua Gerads*

The ASP trip also proved to be a religious experience that became a cornerstone of my faith. Faith has always played a major role in how my family has dealt with my mother's cancer. Each member of our family has gone on mission trips to the Appalachian Mountains. The combination of seeing faith in action and helping families in need provides our family with a sense of doing God's work.

The fight against cancer can be long, and may often seem futile. To combat this outlook, it is important to celebrate the successes the family achieves, even if they're minor. Each holiday I spend at home with my mother is a blessing. We don't sit around and talk about how the cancer has returned several times, or how it has spread, or that my mother's hair has again temporarily fallen out. Instead, we talk about our successes. The hair will grow back. More importantly, my mother is still able to get out and do the things she enjoys. We have successfully fought the cancer before and we will fight it again.

Faith and the support of family and friends have helped me cope with my mother's cancer, but I've come to terms with her cancer by watching how she values life. When my mother learned of her cancer 12 years ago, she could have given up. When the cancer returned at her five-year checkup, she could have given up. When the cancer spread to her lungs or again when it attacked her eye, she could have given up. But she didn't.

If my mother would have surrendered to the cancer, I am sure that it would have consumed our family. We would have felt desperate and vulnerable. But my mother did not give up. She drew on her faith, family and friends, and the successes she has had to remain strong in her battle. She remains active in the things that she enjoys and continues to find new joys in life. This is what inspires me most – that despite having recurring cancer, which some day may take her life, my mother enjoys life. My mother is not dying of cancer; she is living with it.

Financial Considerations for Cancer Patients

Maura Prescher, LSW and Janis Miller, LICSW

Cancer patients and their families often face many physical and emotional challenges throughout their treatment experience. Unfortunately, financial issues are a common challenge. Awareness and preparation can help to alleviate some of the stress associated with the sometimes overwhelming demands. Many resources exist to help patients and their families, but knowing how to find assistance can be difficult.

Meal and Lodging Expenses

Many patients must remain away from home for periods of time during their treatment. Where will you and/or your family stay if you need to be hospitalized? How much will this cost?

Contact your health insurance provider to see if you have a travel/lodging and/or meal benefit included in your policy. More and more insurance companies are including such benefits, particularly for transplant patients.

Check to see if options are available for assistance through your church or religious organization.

Many communities with cancer treatment centers have hospitality houses, which are often no cost, or lower cost alternatives. Contact the National Association of Hospital Hospitality Houses at http://www.nahhh.org or 1-800-542-9730 for listings.

Hotels near cancer treatment centers may offer discounted rates for patients or for extended stays. A community's Visitors Bureau or Hospitality Association usually has information about such hotel options.

Short-term apartment rentals are often available and may save money for extended stays. Check the Yellow Pages or local newspaper ads for apartment options.

Travel Expenses

Many patients must travel away from their home community to receive specialized cancer care. How far/often will you need to travel? Will the travel expenses (gas, parking, airline tickets, etc.) be affordable?

Some cancer organizations offer mileage and/or parking reimbursement for patients. Check the National Cancer Institute's (NCI) listing "National Organizations That Offer Services to People With Cancer and Their Families" at http://cis.nci.nih.gov/fact/8_1.htm or the NCI Cancer Information Service at 1-800-4-CANCER (1-800-422-6237).

Volunteer pilot organizations have locations scattered throughout the country and may be available to assist with air transportation to treatment centers. To use these services, patients, in general, must be able to walk, be medically stable, be able to fly in an unpressurized aircraft and have financial need. Contact the Air Care Alliance for a listing of volunteer pilot organizations at http://www.aircareall.org or 1-888-260-9707.

The National Patient Travel Helpline can offer referrals to additional airline programs and services at http://www.patienttravel.org or 1-800-296-1217.

Some organizations provide volunteer drivers. Check with your community or the American Cancer Society at http://www.cancer.org or 1-800-ACS-2345.

Lost Wages for Patients and/or Caregivers

Many patients and family members must take time off from their job for treatment. How much time will you and/or your caregiver need to take off? Do you have short-term or long-term disability insurance (either privately purchased or through your employer) to help you if the time off is unpaid?

For information on the Family Medical Leave Act (FMLA), contact the U.S. Department of Labor at http://www.dol.gov/esa/whd/fmla or 1-866-4-USWAGE (1-866-487-9243).

Contact your Human Resources department where you work to discuss the company policy related to time off for treatment.

The Social Security Administration offers long-term disability benefits only. If you have questions about your eligibility, contact the Social Security Administration at http://www.ssa.gov or 1-800-772-1213.

The America's Health Insurance Plans website offers a guide to disability income insurance at http://www.ahip.org/.

Check your cancer insurance policy, if you have one. Your coverage may provide some income replacement.

Medication Expenses

The cost of outpatient medications is often an afterthought for many patients going into treatment. Does your insurance cover take-home medications? If so, how much of the cost is covered?

Contact your insurance company to determine the details of your coverage so that you can be prepared. Ask to be assigned to a Case Manager. This person will help you find in-network providers and pharmacies, explain co-pays/co-insurance, prior authorization requirements, and mail-order pharmacy options.

Shop around. Not all pharmacies charge the same price for prescriptions.

If you have no prescription coverage, you may qualify for assistance from pharmaceutical company programs. For a list of medications that have assistance programs and the details of program guidelines check out Needy Meds at http://www.needymeds.com or 1-215-625-9609.

Medicare beneficiaries have access to a variety of new discount cards. To investigate your options, contact Medicare at http://www.medicare.gov or 1-800-633-4227 or your local Area Agency on Aging.

Other financial considerations include expenses related to child care, prosthetics and medical equipment, nutritional supplements, medical supplies (e.g., gauze for dressing changes) or alternative (complementary) therapies. Contacting your insurance provider to discuss coverage is often a good place to start to determine the covered expenses and those which you will be responsible for. Patients sometimes find that they must take out a loan, use savings, or consider fundraising to assist with the expenses related to cancer treatment.

If you experience financial problems or have questions about resources that may be available to assist you, please inform your health care team. They can arrange for you to discuss your concerns with someone, such as a social worker, at your clinic or hospital.

Maura Prescher,
LSW
Mayo Clinic
Social Services

Janis Miller,
LICSW
Mayo Clinic
Social Services

Mayo Clinic Cancer Education Center Celebrates Third Anniversary

The Mayo Clinic Cancer Education Center is celebrating three years of service to patients and the public. On average, over 45,000 patrons are served each year at the Cancer Education Center. The Cancer Education Center is a free service available to patients, their families and the public where they can find reliable, relevant and current information about all aspects of cancer. The Cancer Education Center staff includes educators, librarians, American Cancer Society Navigators, and volunteers who can help visitors to the center find information and answer their questions.

Location and Hours of Service

- The Cancer Education Center is located in the west lobby (street level) of the Gonda Building.
- The Center is open from 8 a.m. to 5 p.m., Monday through Friday.

The Cancer Education Center is one of the largest cancer resource centers in the country. You can find reliable, up-to-date information on prevention, diagnosis, treatment, nutrition, clinical trials, support, caregiving, alternative and complementary therapies, and end-of-life care. Materials include:

- More than 350 brochures
- Over 700 consumer health books, magazines, and newsletters
- Interactive CD-ROM programs
  This easy-to-use, cancer education software program contains detailed cancer information for 26 cancer types, 3D diagrams of anatomy, and patient interviews.
- 65 videos that may be viewed in the center
- Medical reference books
- Children's books
- News files regarding cancer types, treatments and symptom management
- Access to professional and scientific journals
- Internet access to reliable cancer-specific websites

For more information, go to http://mayoclinic.org/cancer-education-rst

MAYO CLINIC
Cancer Center

Q&A What are whole grains and how do they affect cancer risk?

Though the exact protective mechanisms are unknown, population-based studies have shown that people who regularly eat whole grain products are less likely to develop heart disease, a variety of cancers, and diabetes. Whole grain products include whole grain breads, whole grain cereals (e.g., oats and wheat flakes), popcorn, brown rice, barley, bulgur and others. Whole grains differ from refined grains in that they contain the entire grain, including the bran and germ. On the other hand, in refined grain products, such as white bread and white rice, the bran and germ have been removed in processing. Most of the nutrients in grains are found in the bran and germ. Researchers believe that the protective benefits of whole grains are due to vitamins and minerals such as B vitamins, vitamin E and selenium, and phytochemicals (naturally occurring plant chemicals), such as lignans, as well as fiber.

Health experts recommend at least 3 servings of whole grains per day. What is a serving? 1 slice bread, 1 cup dry cereal, or ½ cup cooked cereal, pasta or rice.

Jacalyn See is a registered dietitian at Mayo Clinic who helps patients with cancer maintain good nutrition while undergoing treatment and living with their disease.

Calendar of Events and Observances for November 2004

Lung Cancer Awareness Month
http://www.alcase.org
National Family Caregivers Month
http://www.nfcacares.org
National Marrow Awareness Month
http://www.marrow.org
Pancreatic Cancer Awareness Month
http://www.pancan.org
Minnesota Cancer Plan Summit — Nov. 16, 2004
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