



# Cancer 101

## Spring Family Cancer Retreat

### 4/18/15

Amish Shah, M.D.  
New Mexico Cancer Center

# Topics to cover

- What is Cancer?
- Screening
- Diagnosis/Staging
- Treatment Basics
- Clinical Trials
- Surveillance

# What is Cancer?

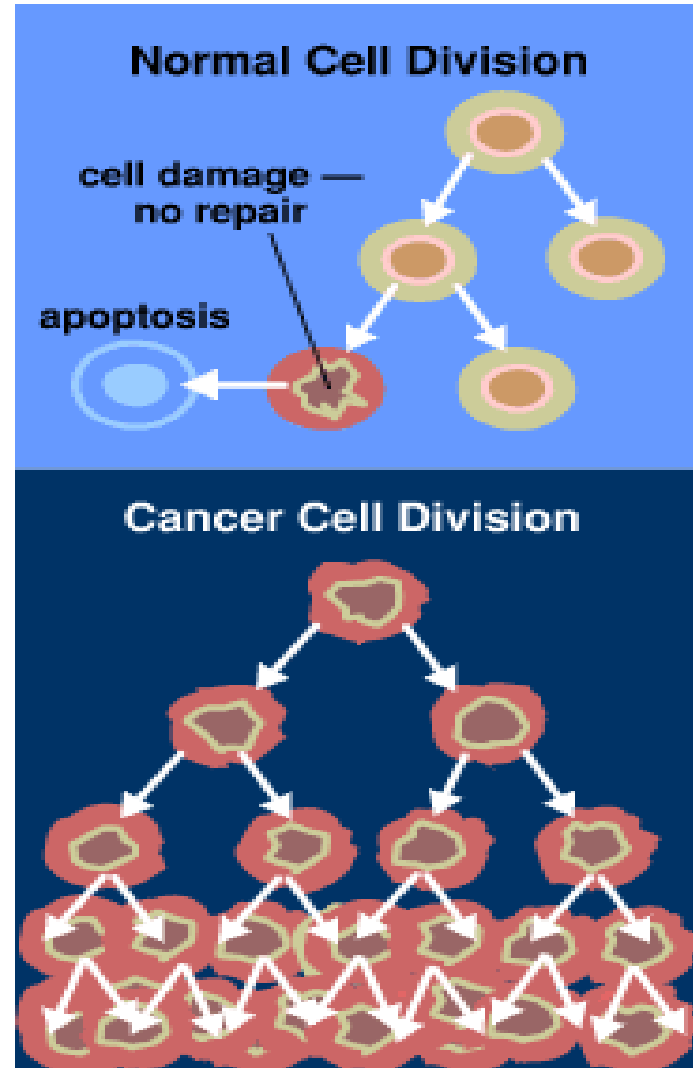
- Large group of diseases, all characterized by cellular malfunction
- Healthy cells “know what to do and when to do it”
- Cancer cells do NOT have this programming, and therefore grow and replicate uncontrollably

# What is Cancer?

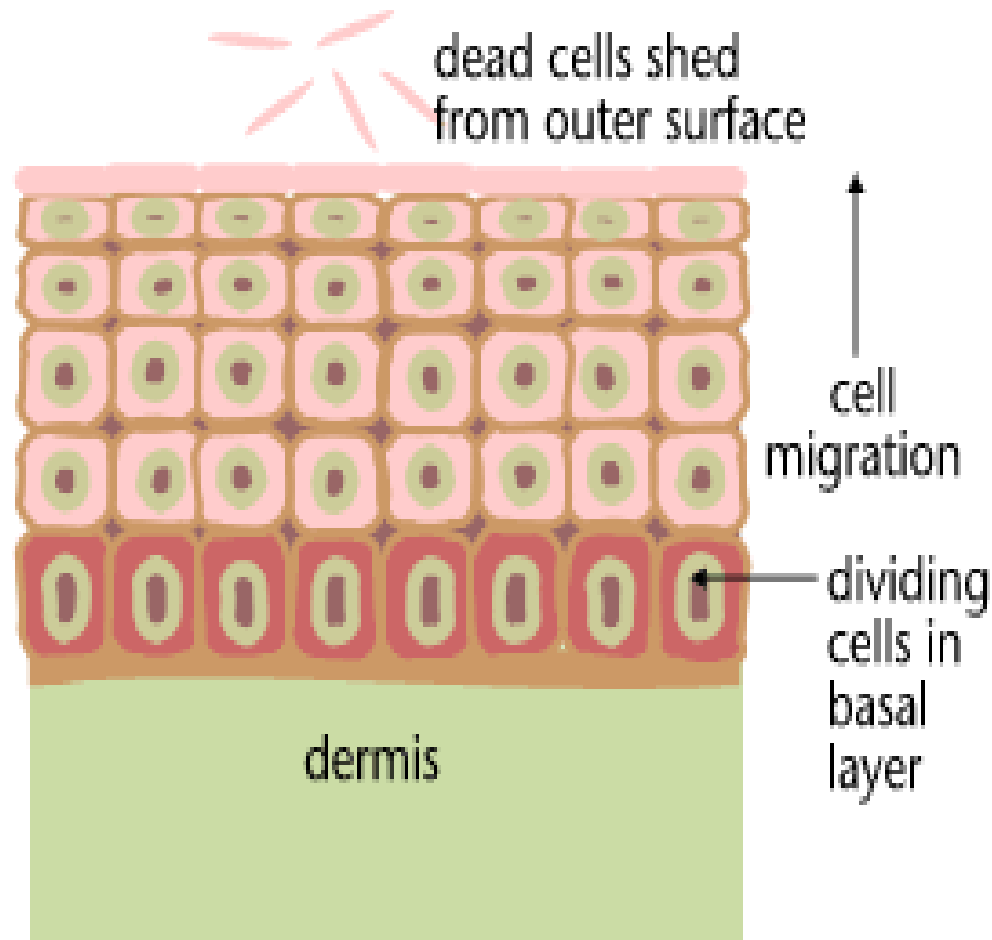
- Division
- Growth
- Mutation
- Spread

# Division – uncontrolled cell division

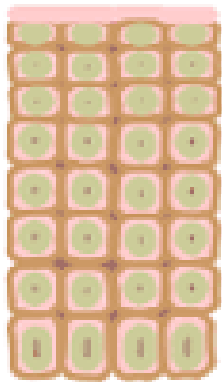
- Oncogenes
- Tumour suppressor genes – p53
- Suicide genes – apoptosis
- DNA repair genes



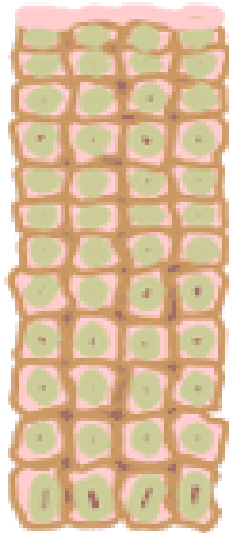
# Normal cell growth



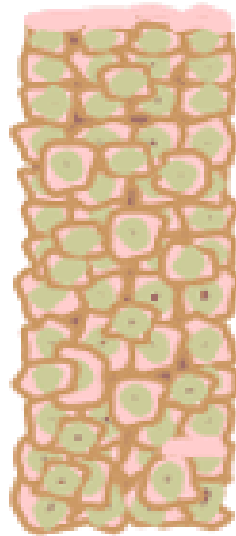
# Cancerous growth



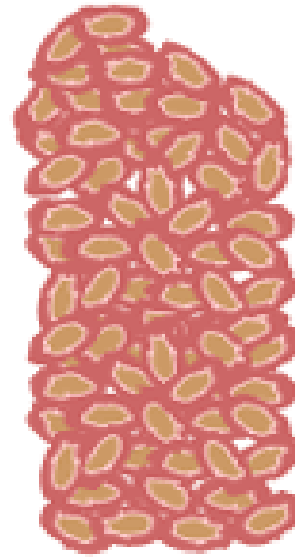
**Normal**



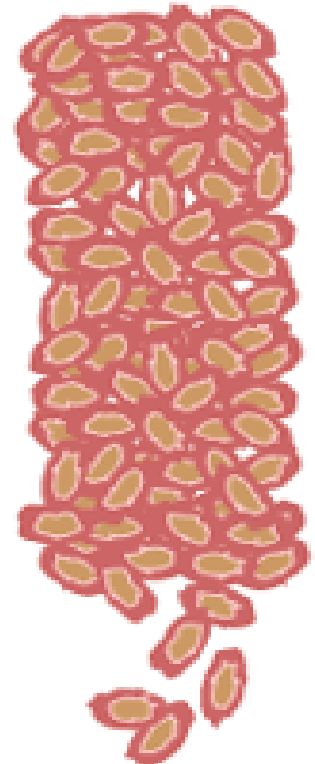
**Hyperplasia**



**Mild  
dysplasia**



**Carcinoma in situ  
(severe dysplasia)**



**Cancer  
(invasive)**

# Growth

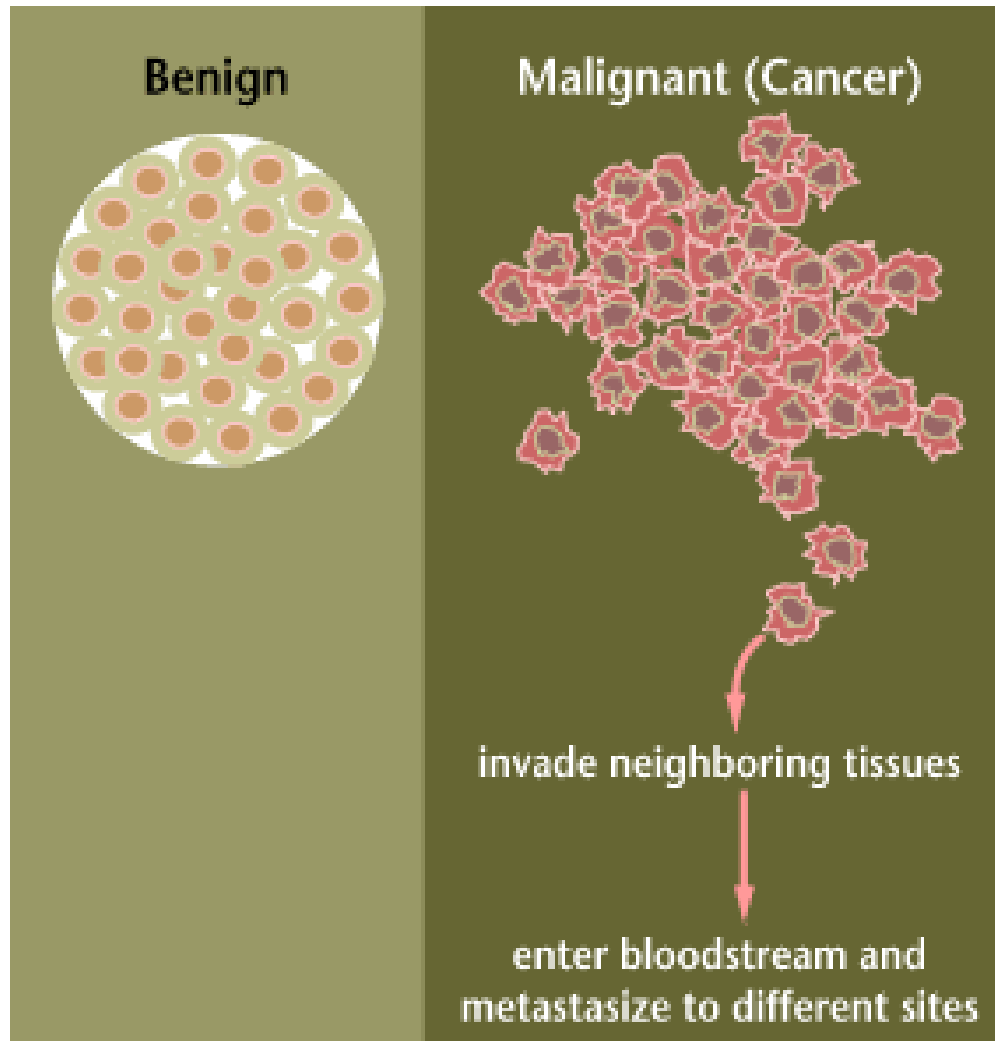
- Tumor Growth can lead to
  - Pressure on nerves
  - Blocking organs
  - Stopping normal function
  - Altering nerve signals
  - Necrosis



# Mutation and Spread

- Invasion
- Angiogenesis

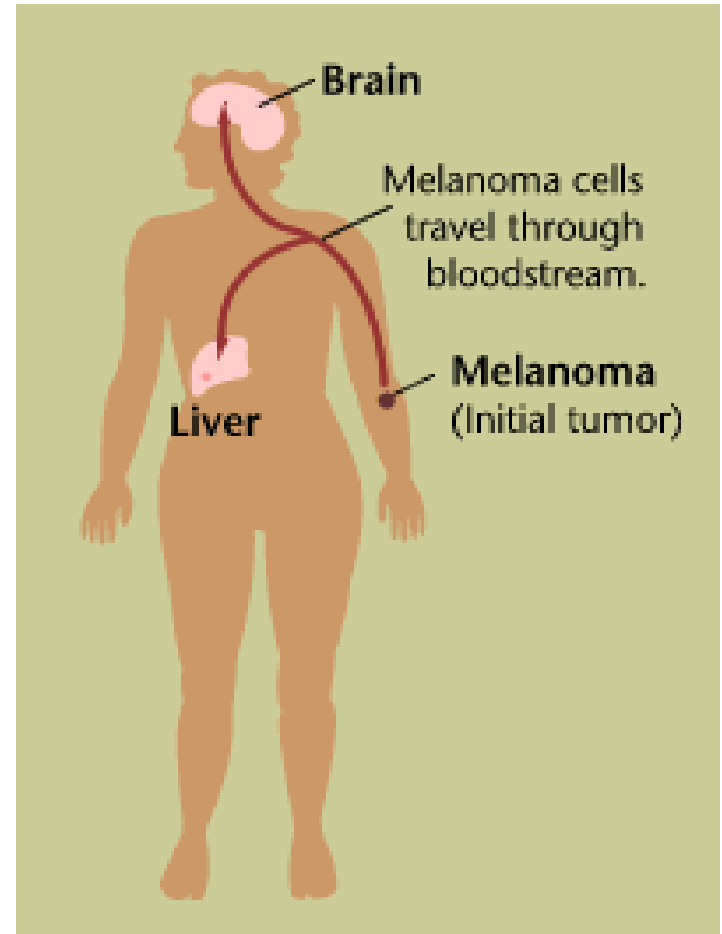
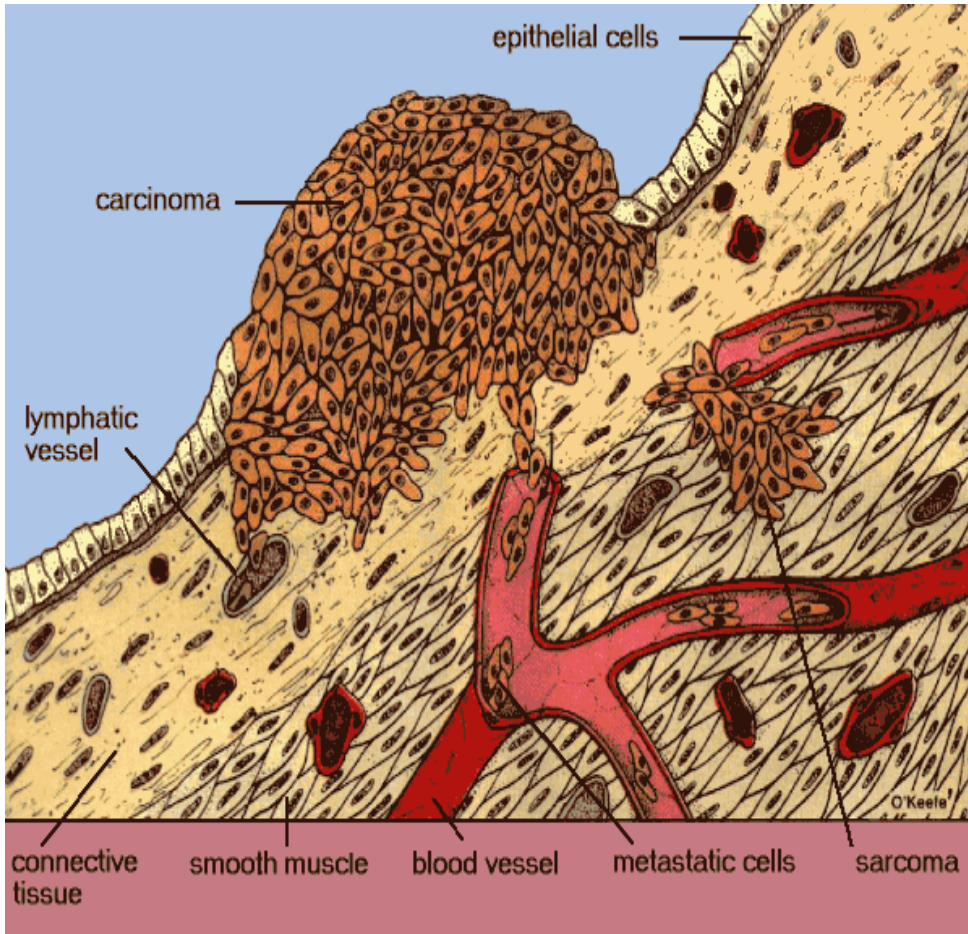
# Malignant versus benign tumours



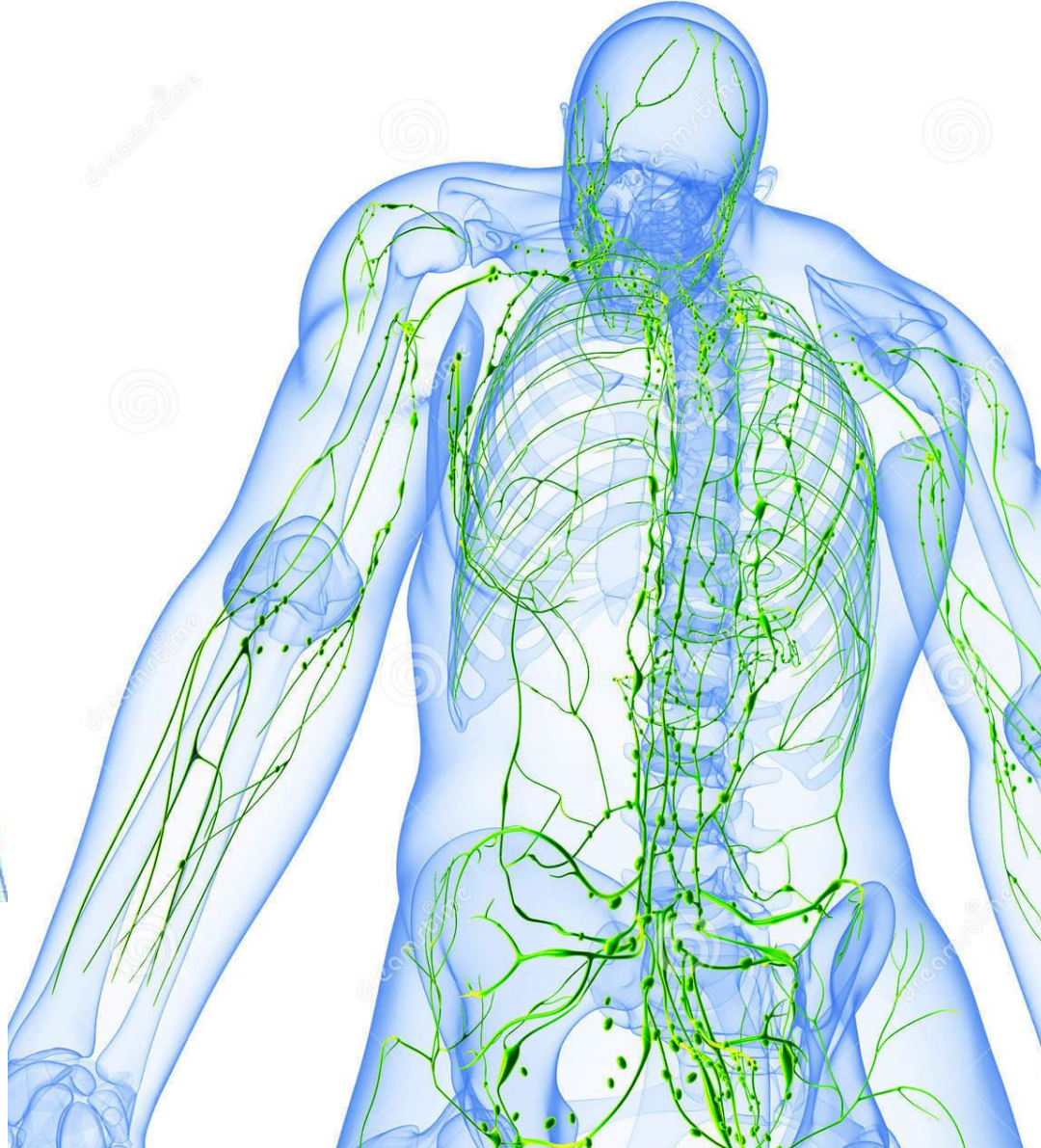
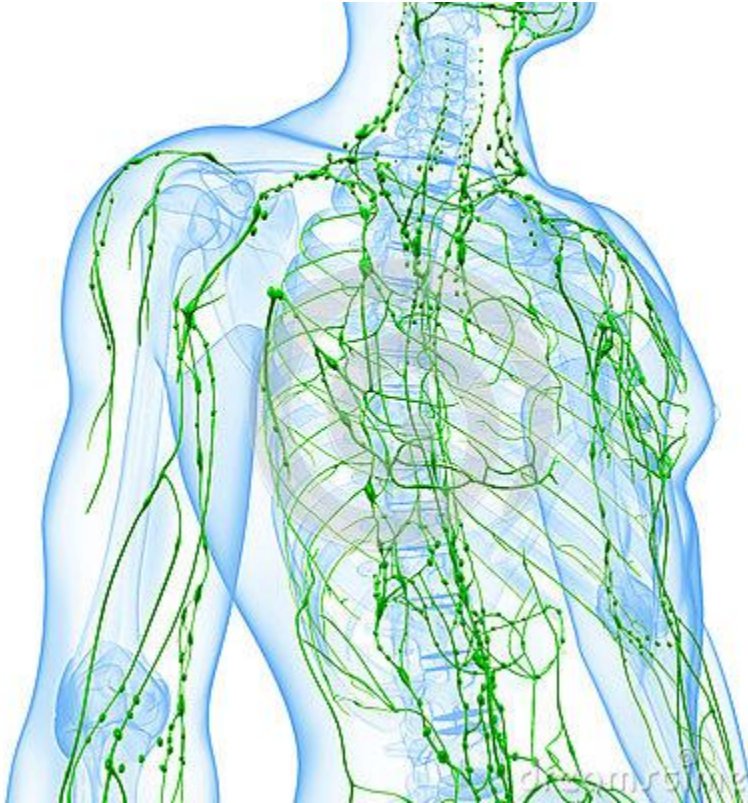
# Spread

- Direct Extension:
- Lymphatic Spread
- Hematogenous Spread

# Metastatic cancer

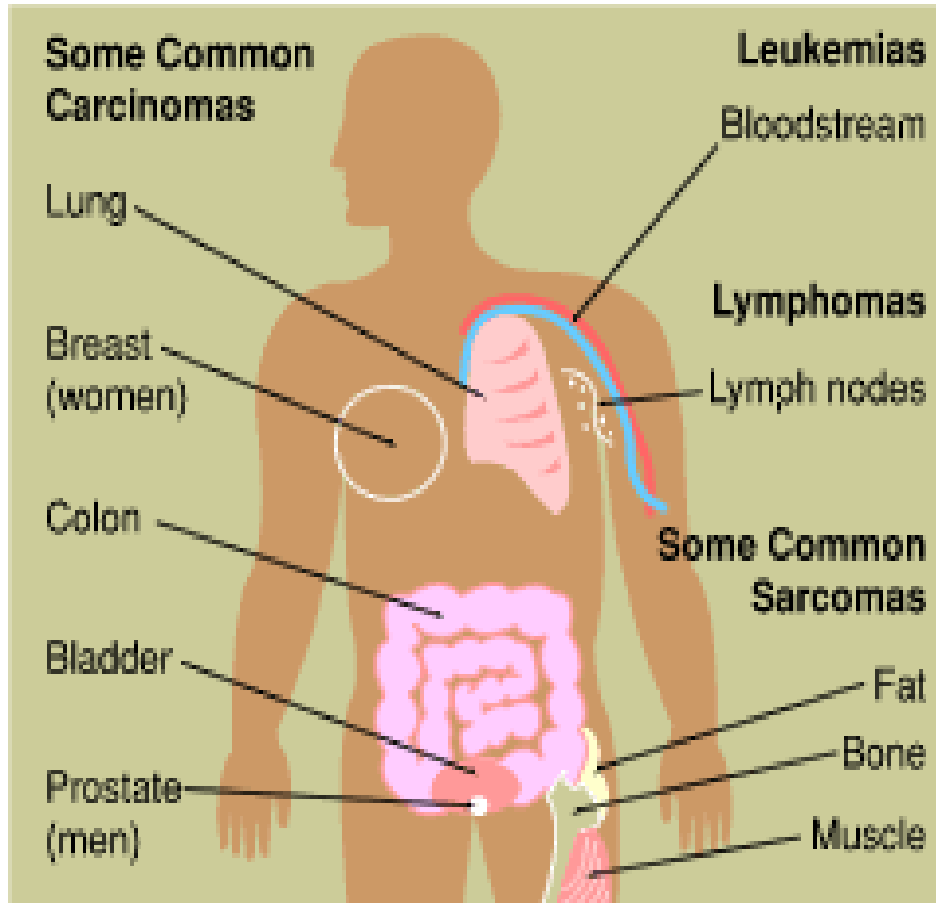


# What are Lymph Nodes?





# Types of Cancer

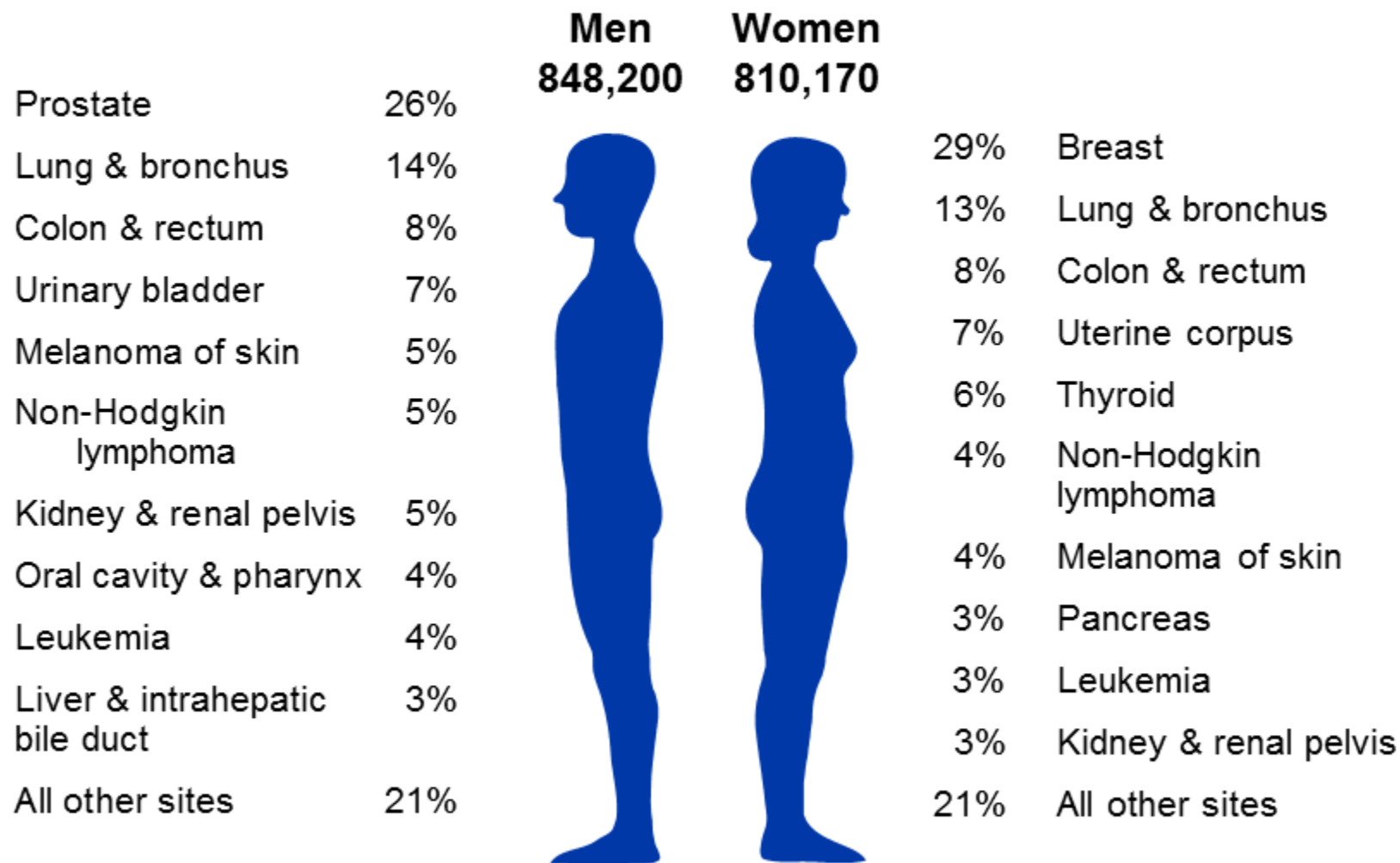


## Some Prefixes Used in Naming Cancers

PREFIX	MEANING
adeno-	gland
chondro-	cartilage
erythro-	red blood cell
hemangio-	blood vessels
hepato-	liver
lipo-	fat
lympho-	lymphocyte
melano-	pigment cell
myelo-	bone marrow
myo-	muscle
osteo-	bone

- (also adenomas)...

## Estimated New Cancer Cases\* in the US in 2015



\*Excludes basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder.

## Leading Sites of New Cancer Cases and Deaths – 2015 Estimates

### Estimated New Cases\*

Male	Female
Prostate 220,800 (26%)	Breast 231,840 (29%)
Lung & bronchus 115,610 (14%)	Lung & bronchus 105,590 (13%)
Colon & rectum 69,090 (8%)	Colon & rectum 63,610 (8%)
Urinary bladder 56,320 (7%)	Uterine corpus 54,870 (7%)
Melanoma of the skin 42,670 (5%)	Thyroid 47,230 (6%)
Non-Hodgkin lymphoma 39,850 (5%)	Non-Hodgkin lymphoma 32,000 (4%)
Kidney & renal pelvis 38,270 (5%)	Melanoma of the skin 31,200 (4%)
Oral cavity & pharynx 32,670 (4%)	Pancreas 24,120 (3%)
Leukemia 30,900 (4%)	Leukemia 23,370 (3%)
Liver & intrahepatic bile duct 25,510 (3%)	Kidney & renal pelvis 23,290 (3%)
All sites 848,200 (100%)	All sites 810,170 (100%)

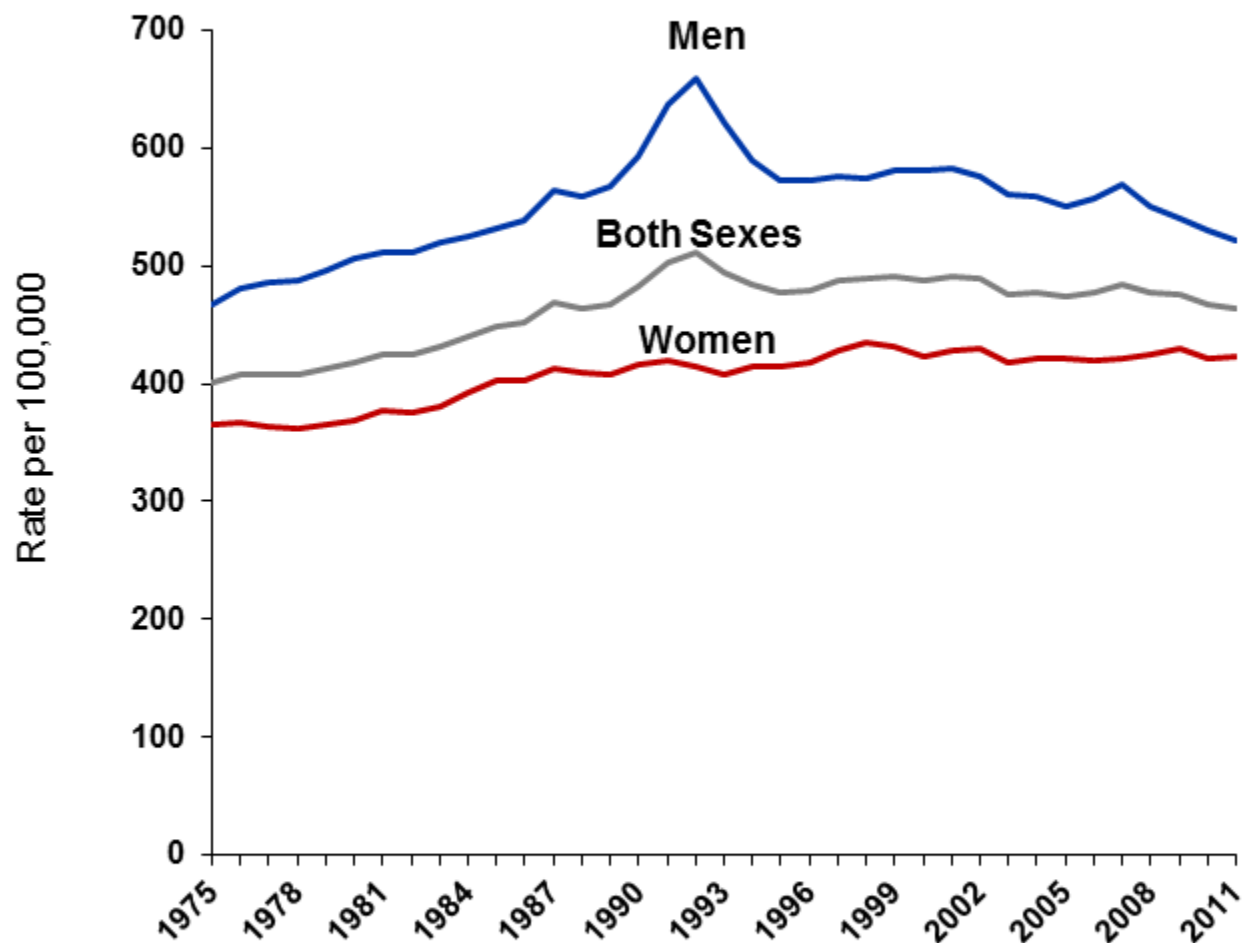
### Estimated Deaths

Male	Female
Lung & bronchus 86,380 (28%)	Lung & bronchus 71,660 (26%)
Prostate 27,540 (9%)	Breast 40,290 (15%)
Colon & rectum 26,100 (8%)	Colon & rectum 23,600 (9%)
Pancreas 20,710 (7%)	Pancreas 19,850 (7%)
Liver & intrahepatic bile duct 17,030 (5%)	Ovary 14,180 (5%)
Leukemia 14,210 (5%)	Leukemia 10,240 (4%)
Esophagus 12,600 (4%)	Uterine corpus 10,170 (4%)
Urinary bladder 11,510 (4%)	Non-Hodgkin lymphoma 8,310 (3%)
Non-Hodgkin lymphoma 11,480 (4%)	Liver & intrahepatic bile duct 7,520 (3%)
Kidney & renal pelvis 9,070 (3%)	Brain & other nervous system 6,380 (2%)
All sites 312,150 (100%)	All sites 277,280 (100%)

\*Excludes basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder.



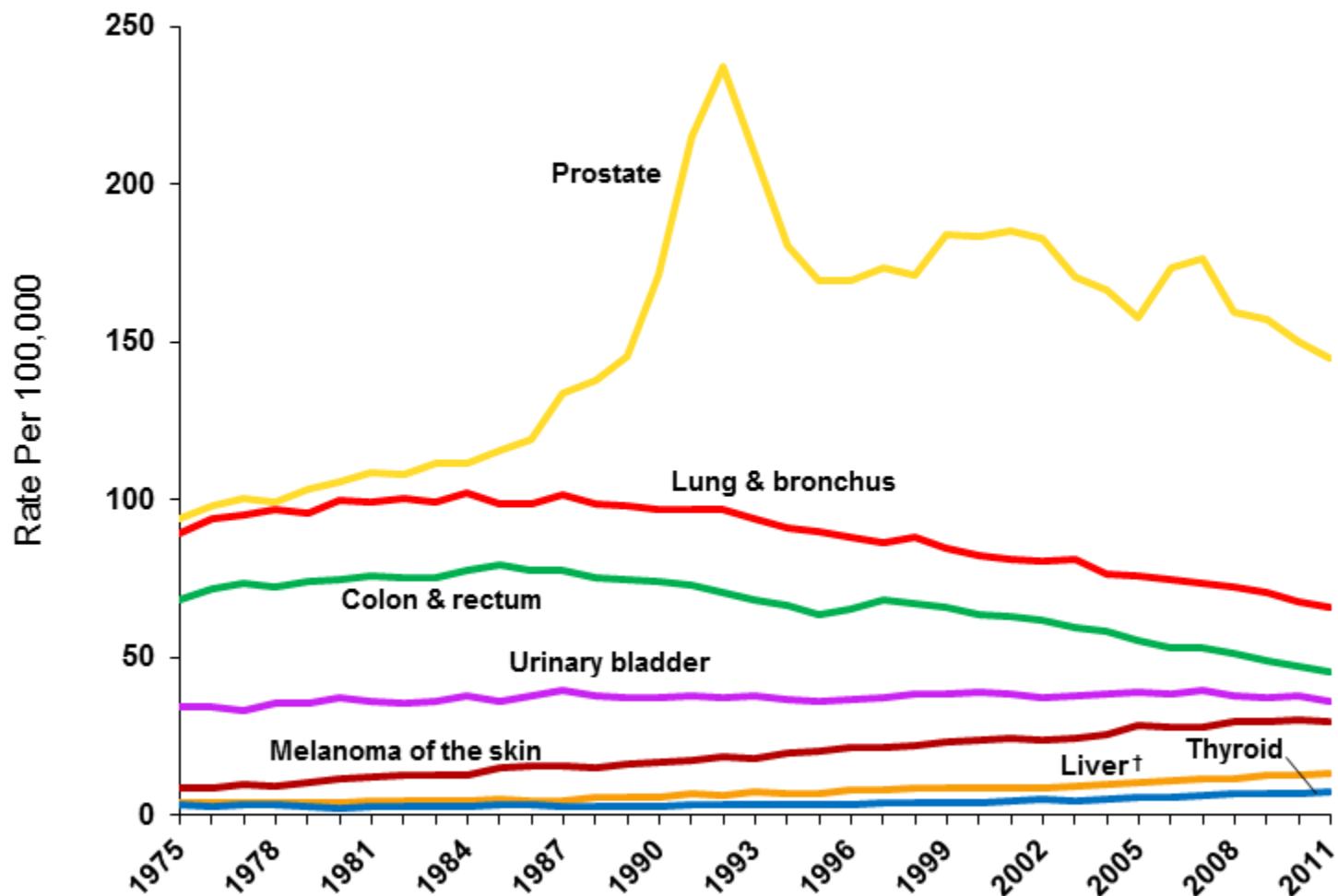
## Trends in Cancer Incidence Rates\*, US, 1975-2011



\*Age-adjusted to the 2000 US standard population and adjusted for delays in reporting.

Source: Surveillance, Epidemiology, and End Results (SEER) Program, National Cancer Institute, 2014.

# Trends in Cancer Incidence Rates\* Among Men, US, 1975-2011

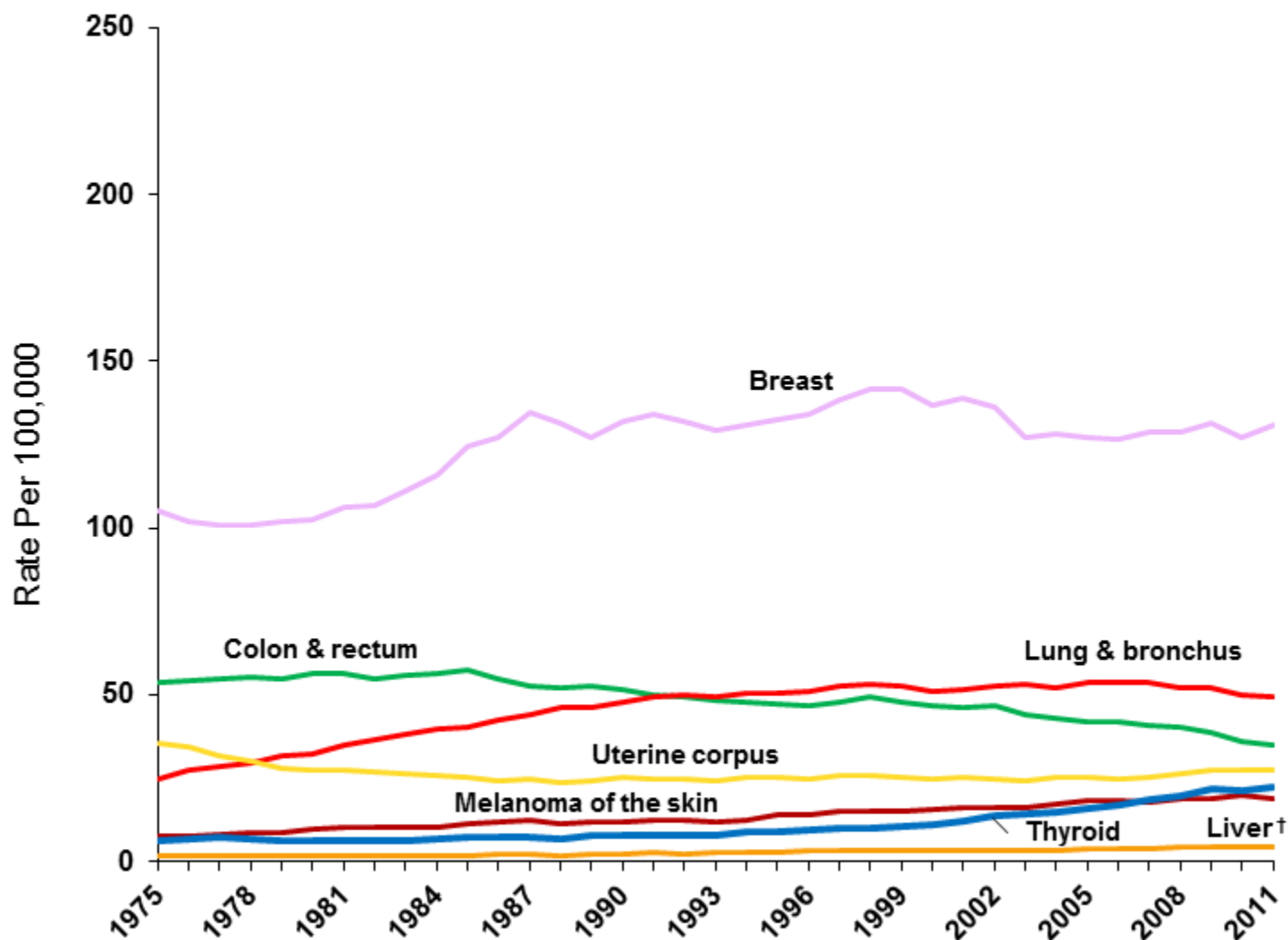


\*Age-adjusted to the 2000 US standard population and adjusted for delays in reporting.

†Includes the intrahepatic bile duct.

Source: Surveillance, Epidemiology, and End Results (SEER) Program, National Cancer Institute, 2014.

# Trends in Cancer Incidence Rates\* Among Women, US, 1975-2011

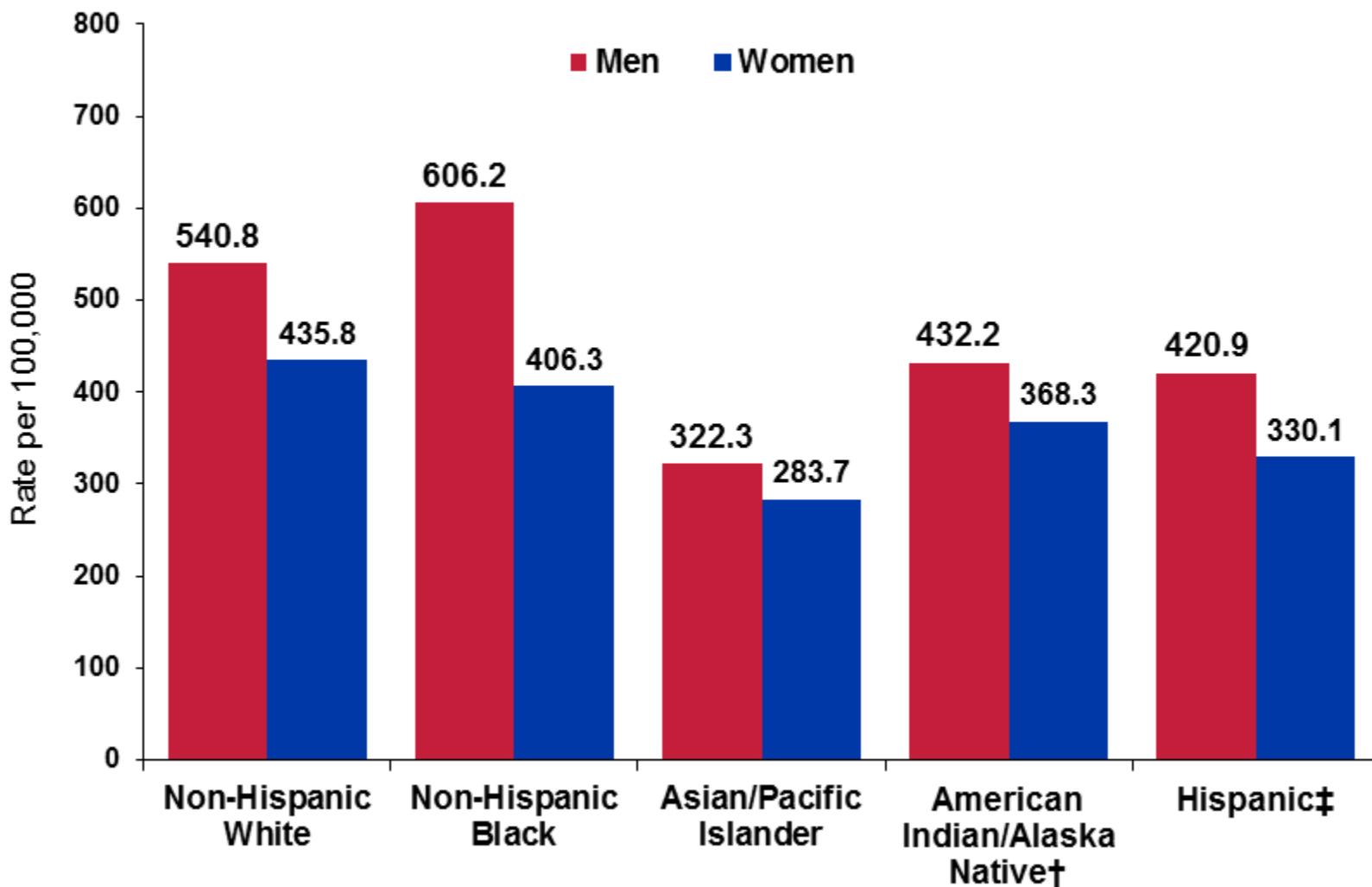


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†Includes the intrahepatic bile duct.

Source: Surveillance, Epidemiology, and End Results (SEER) Program, National Cancer Institute, 2014.

## Cancer Incidence Rates\* by Race and Ethnicity, 2007-2011



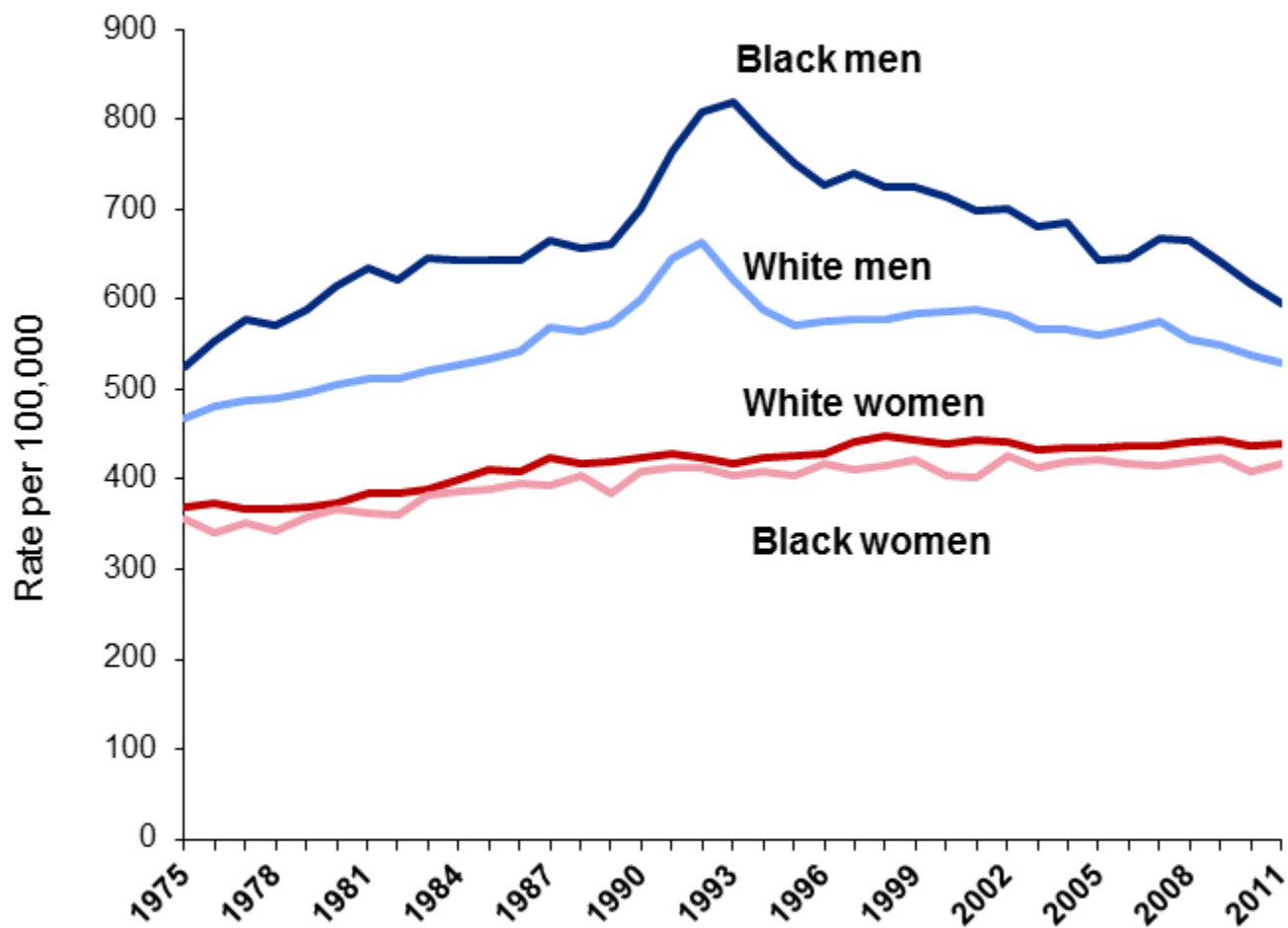
\*Age-adjusted to the 2000 US standard population.

†Data based on Indian Health Service Contract Health Service Delivery Areas. Rates exclude data from Kansas.

‡Persons of Hispanic origin may be of any race.

Source: National American Association of Central Cancer Registries, 2014.

## Trends in Cancer Incidence Rates\* by Sex and Race, US, 1975-2011



\*Age-adjusted to the 2000 US standard population. Incidence rates are adjusted for delays in reporting.  
Source: Surveillance, Epidemiology, and End Results (SEER) Program, National Cancer Institute, 2014.

## The Lifetime Probability of Developing Cancer for Men, 2009-2011\*

Site	Risk
All sites <sup>†</sup>	1 in 2
Prostate	1 in 7
Lung & bronchus	1 in 13
Colon & rectum	1 in 21
Urinary bladder <sup>‡</sup>	1 in 26
Melanoma of the skin <sup>§</sup>	1 in 34
Non-Hodgkin lymphoma	1 in 42
Kidney & renal pelvis	1 in 49
Leukemia	1 in 59
Oral cavity & pharynx	1 in 65
Pancreas	1 in 66

\* For those free of cancer.

<sup>†</sup> All sites exclude basal cell and squamous cell skin cancers and in situ cancers except urinary bladder.

<sup>‡</sup> Includes invasive and in situ cancer cases

<sup>§</sup> Statistic for white men.

## The Lifetime Probability of Developing Cancer for Women, 2009-2011\*

Site	Risk
All sites†	1 in 3
Breast	1 in 8
Lung & bronchus	1 in 16
Colon & rectum	1 in 22
Uterine corpus	1 in 37
Non-Hodgkin lymphoma	1 in 52
Melanoma of the skin‡	1 in 53
Thyroid	1 in 60
Pancreas	1 in 67
Ovary	1 in 75
Leukemia	1 in 84

\* For those free of cancer.

† All sites exclude basal cell and squamous cell skin cancers and in situ cancers except urinary bladder.

‡ Statistic for white women.

## Trends in Five-year Relative Cancer Survival Rates (%), 1975-2010

Site	1975-1977	1987-1989	2004-2010
All sites	49	55	68
Breast (female)	75	84	91
Colon	51	60	65
Leukemia	34	43	60
Lung & bronchus	12	13	18
Melanoma of the skin	82	88	93
Non-Hodgkin lymphoma	47	51	71
Ovary	36	38	45
Pancreas	3	4	7
Prostate	68	83	100*
Rectum	48	58	68
Urinary bladder	72	79	79

5-year relative survival rates based on patients diagnosed in the SEER 9 areas from 1975-1977, 1987-1989, and 2004-2010, all followed through 2011.

\*99.6%

Source: Surveillance, Epidemiology, and End Results (SEER) Program, National Cancer Institute, 2014.



## Five-year Relative Cancer Survival Rates (%) by Race, 2004-2010

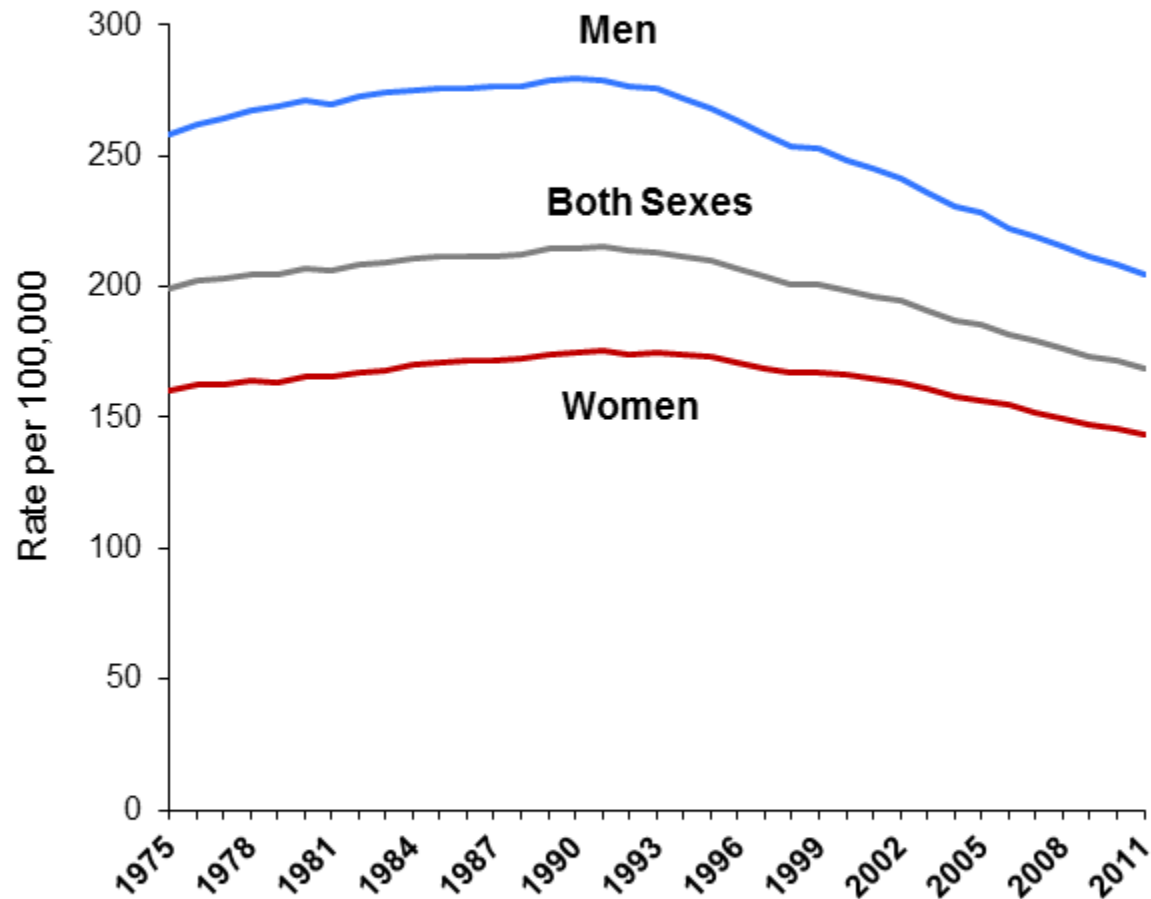
Site	White	Black	Absolute Difference
All Sites	69	62	7
Breast (female)	92	80	12
Colon	67	56	11
Esophagus	21	13	7
Leukemia	61	54	7
Non-Hodgkin lymphoma	73	63	10
Oral cavity & pharynx	67	45	22
Prostate	100*	98	2
Rectum	68	63	5
Urinary bladder	80	64	16
Uterine cervix	71	62	9
Uterine corpus	85	65	20

5-year relative survival rates based on patients diagnosed in the SEER 9 areas from 2004 to 2010, all followed through 2011.

\*99.8%

Source: Surveillance, Epidemiology, and End Results (SEER) Program, National Cancer Institute, 2014.

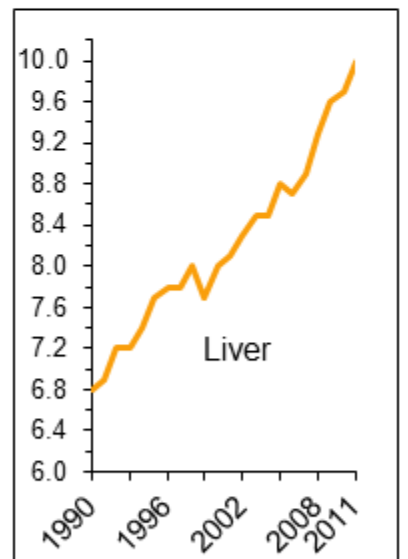
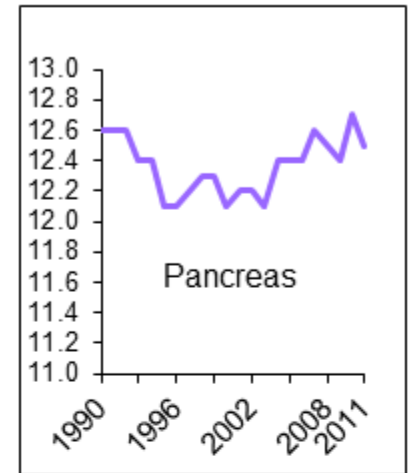
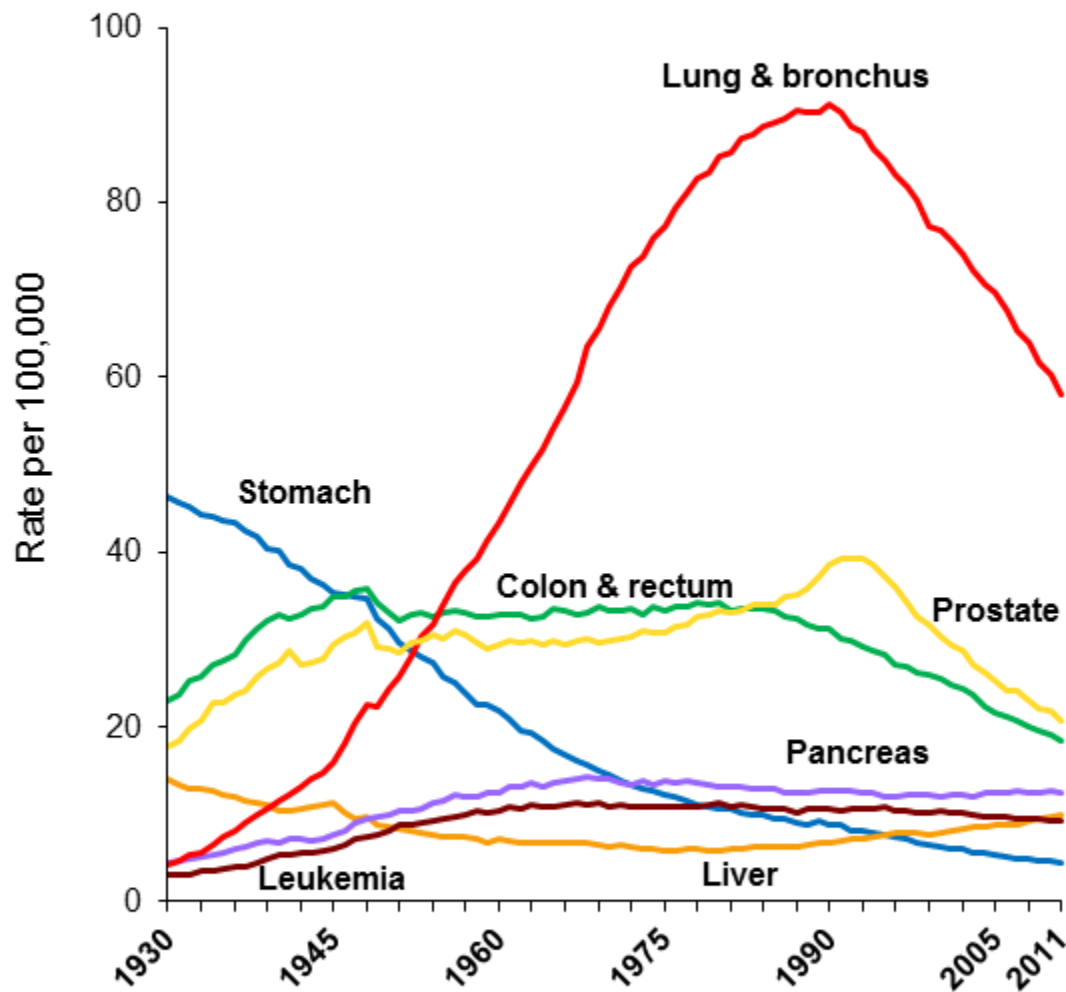
## Trends in Cancer Death Rates\* by Sex, US, 1975-2011



\*Age-adjusted to the 2000 US standard population.

Source: National Center for Health Statistics, Centers for Disease Control and Prevention, 2014.

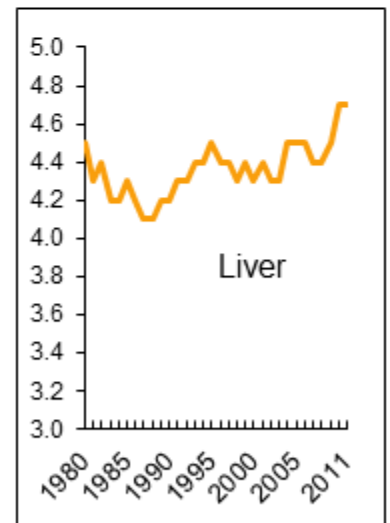
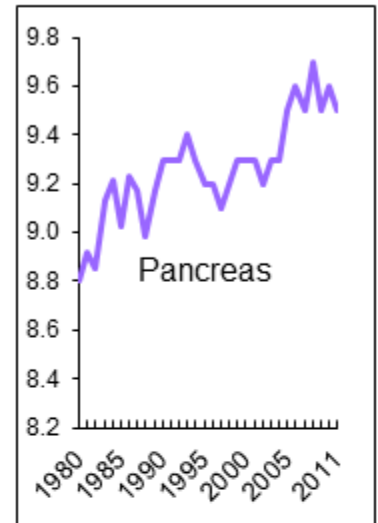
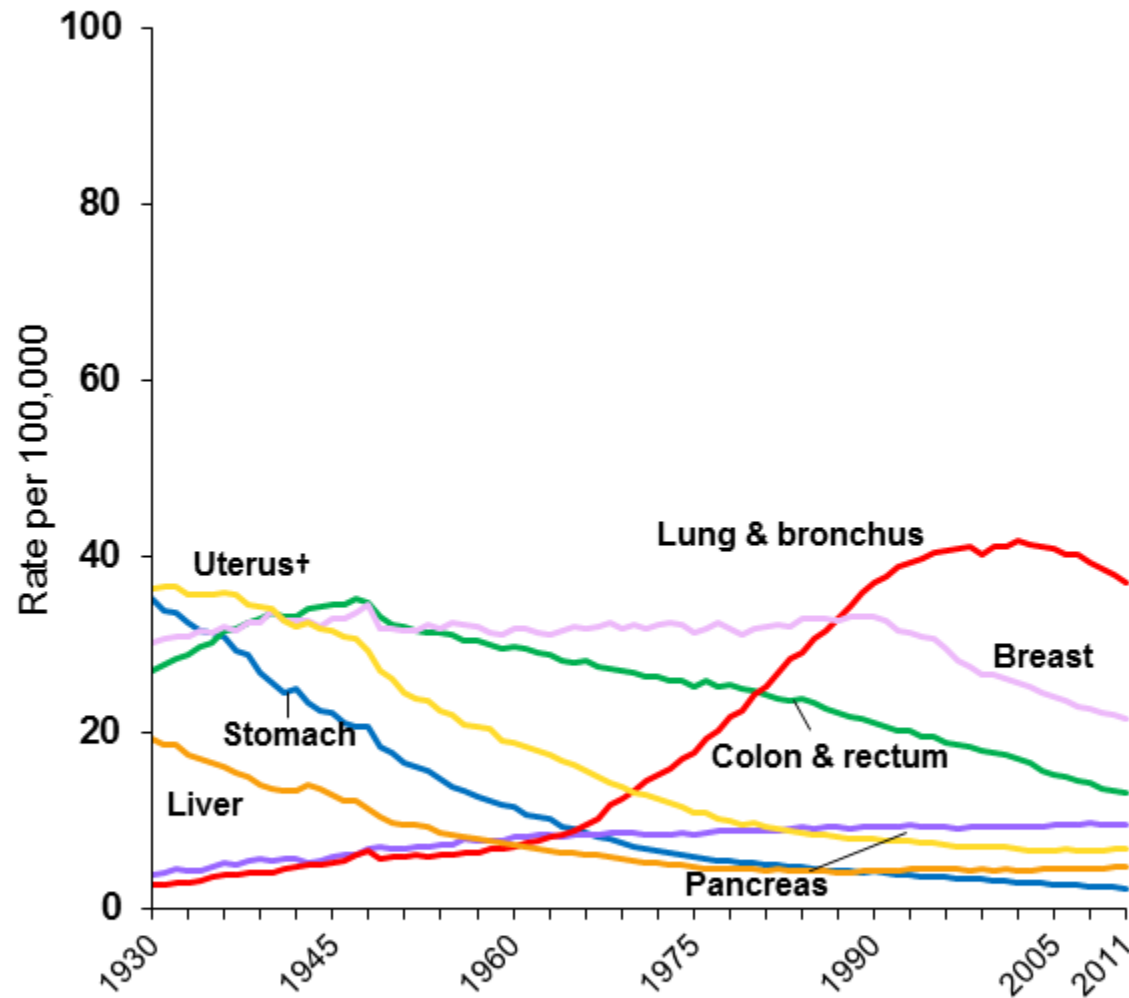
# Trends in Cancer Death Rates\* Among Men, US, 1930-2011



\*Age-adjusted to the 2000 US standard population.

Source: National Center for Health Statistics, Centers for Disease Control and Prevention, 2014.

# Trends in Cancer Death Rates\* Among Women, US, 1930-2011

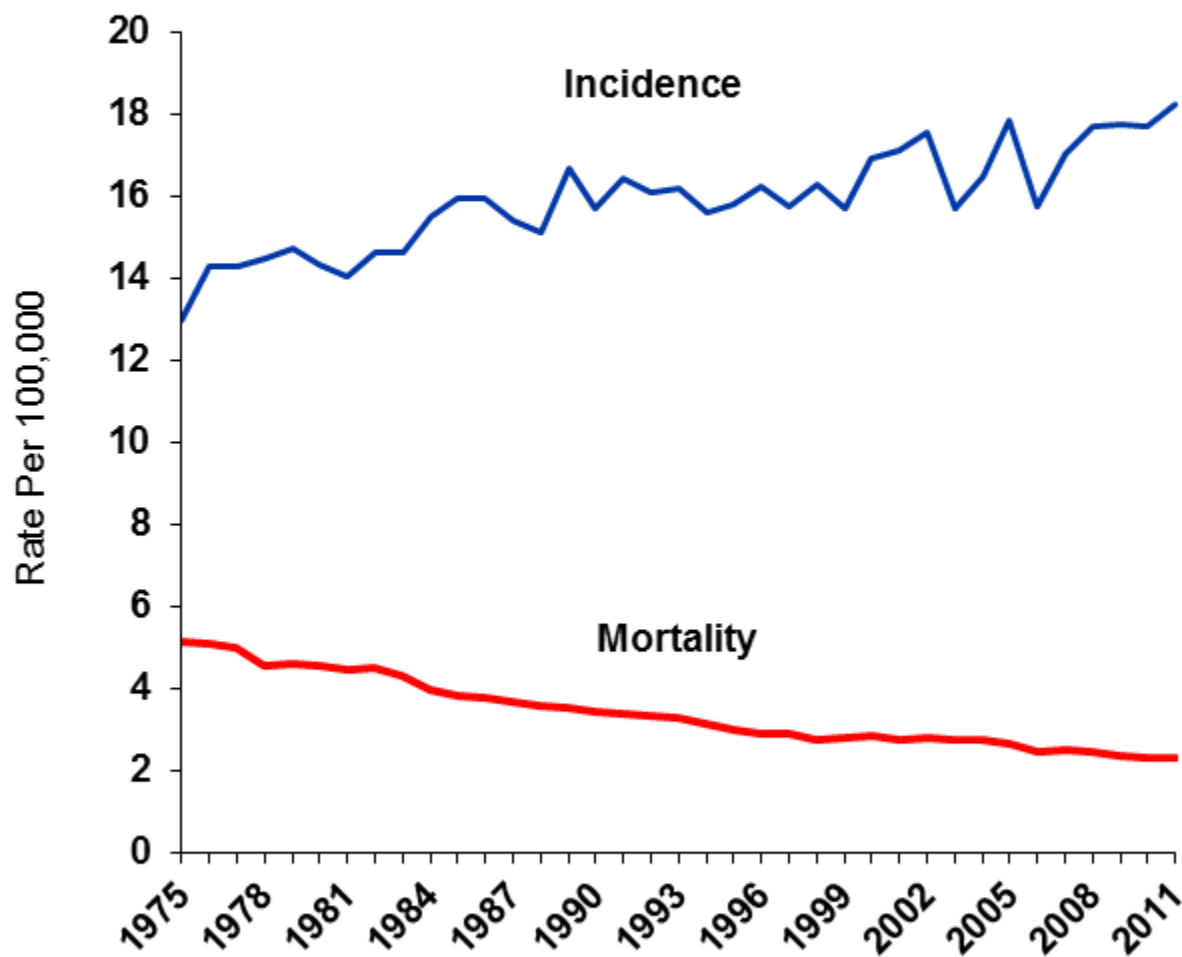


\*Age-adjusted to the 2000 US standard population.

†Uterus includes uterine corpus and uterine cervix combined.

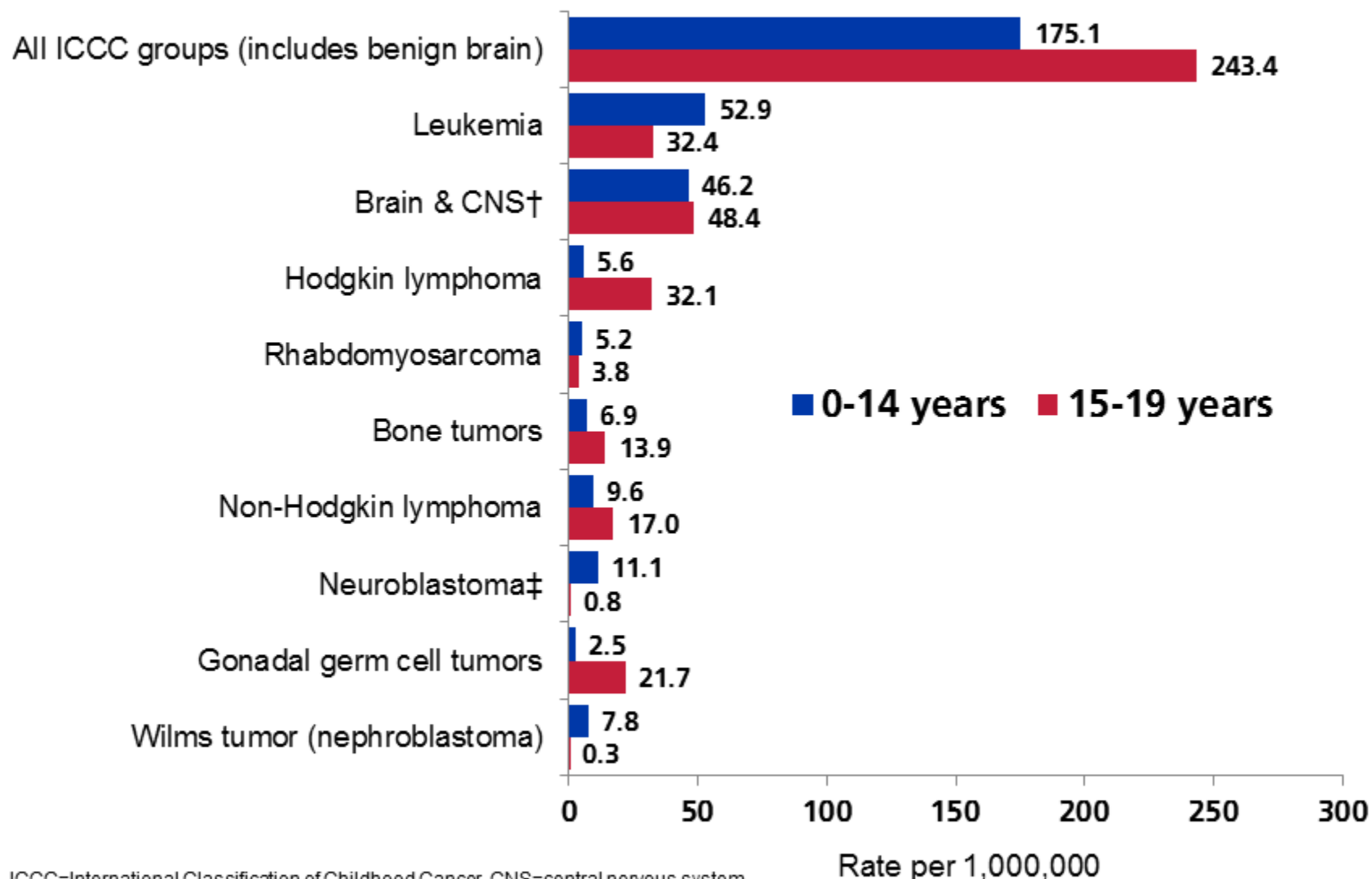
Source: National Center for Health Statistics, Centers for Disease Control and Prevention, 2014.

## Trends in Cancer Incidence and Death Rates\* in Children and Adolescents (0-19 Years), 1975-2011



\*Age-adjusted to the 2000 standard population. Incidence rates are adjusted to account for delays in reporting.  
Sources: Incidence: Surveillance, Epidemiology, and End Results (SEER) Program, National Cancer Institute, 2014.  
Mortality: National Center for Health Statistics, Centers for Disease Control and Prevention, 2014.

# Cancer Incidence Rates\* Among Children (0-14 years) and Adolescents (15-19 years), 2007-2011



ICCC=International Classification of Childhood Cancer. CNS=central nervous system.

\*Rates are age-adjusted to the 2000 US standard population.

† Includes benign brain and CNS tumors.

‡ Includes other peripheral nervous system tumors.

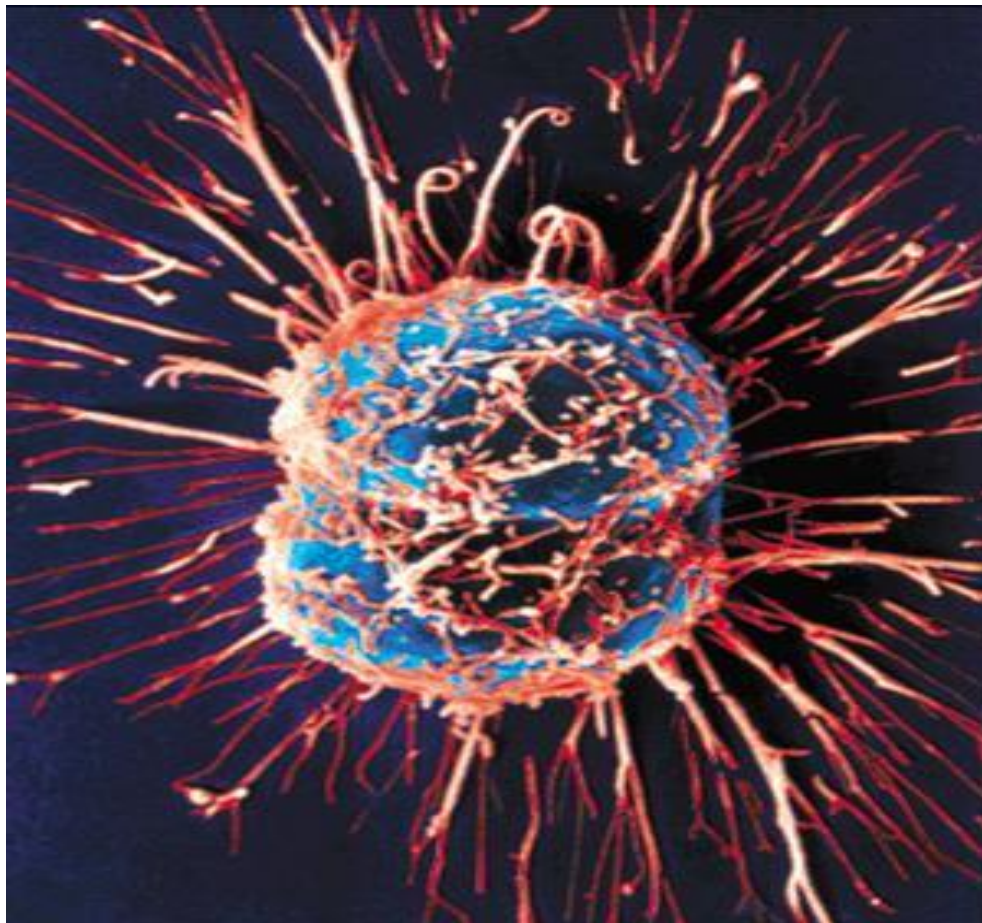
Source: North American Association of Central Cancer Registries, 2014.

## Estimated Number\* of New Cases for Selected Cancers by State, US, 2015

State	All Sites	Female Breast	Uterine Cervix	Colon & Rectum	Uterine Corpus	Leukemia	Lung & Bronchus	Melanoma of the Skin	Non-Hodgkin Lymphoma	Prostate	Urinary Bladder
Alabama	26,150	3,680	230	2,150	660	730	4,150	1,380	1,020	3,590	1,000
Alaska	3,700	470	†	290	100	110	420	100	140	490	180
Arizona	32,440	4,750	200	2,440	940	950	3,740	1,400	1,300	4,090	1,580
Arkansas	15,830	2,090	150	1,420	420	480	2,620	360	670	2,050	630
California	172,090	25,270	1,490	14,510	5,800	5,970	18,430	8,560	7,870	21,060	7,150
Colorado	24,540	3,640	170	1,800	740	870	2,560	1,400	1,090	3,600	1,080
Connecticut	21,970	3,190	130	1,580	810	660	2,870	780	920	3,170	1,140
Delaware	5,280	780	†	400	180	160	860	280	220	740	250
Dist. of Columbia	2,800	430	†	230	100	70	310	80	100	490	80
Florida	114,040	15,470	980	9,330	3,550	3,930	16,810	5,480	5,340	15,480	5,670
Georgia	48,070	7,170	430	3,820	1,330	1,430	6,460	2,350	1,870	7,450	1,720
Hawaii	6,730	1,140	50	720	280	230	890	420	310	710	220
Idaho	8,080	1,070	†	620	240	300	910	470	380	1,270	410
Illinois	65,460	9,570	550	5,720	2,470	2,200	8,920	2,380	2,890	8,140	2,970
Indiana	35,620	4,600	280	2,890	1,180	1,100	5,510	1,460	1,490	4,040	1,590
Iowa	17,140	2,390	100	1,490	640	640	2,440	1,070	830	2,170	800
Kansas	14,440	2,130	90	1,080	500	480	1,930	850	640	1,860	620
Kentucky	26,490	3,300	220	2,090	730	820	4,680	1,530	1,030	3,040	1,070
Louisiana	24,100	2,900	220	2,150	570	690	3,380	540	950	3,980	910
Maine	8,810	1,010	50	610	340	320	1,360	320	390	1,100	540
Maryland	30,050	4,730	230	2,360	1,080	780	3,980	1,410	1,230	4,620	1,250
Massachusetts	37,790	5,890	210	2,550	1,460	1,130	5,150	1,310	1,620	5,420	2,000
Michigan	57,420	7,780	350	4,190	2,090	1,870	8,350	2,630	2,500	8,110	2,870
Minnesota	29,730	3,900	130	2,140	990	1,120	3,250	1,190	1,330	3,740	1,270
Mississippi	16,260	2,050	140	1,460	390	450	2,340	540	550	2,150	500
Missouri	34,680	4,610	260	2,840	1,120	1,100	5,380	1,510	1,450	3,900	1,500
Montana	5,950	830	†	500	190	200	760	300	270	1,000	310
Nebraska	9,540	1,230	60	850	340	320	1,200	500	450	1,190	440
Nevada	13,640	1,690	120	1,110	350	440	1,770	470	530	1,640	660
New Hampshire	8,090	1,120	†	540	310	260	1,140	280	350	1,080	450
New Jersey	51,410	7,310	410	4,260	1,850	1,610	5,830	2,520	2,310	7,270	2,530
New Mexico	9,970	1,320	80	820	300	360	990	480	410	1,290	390



# What causes cancer?

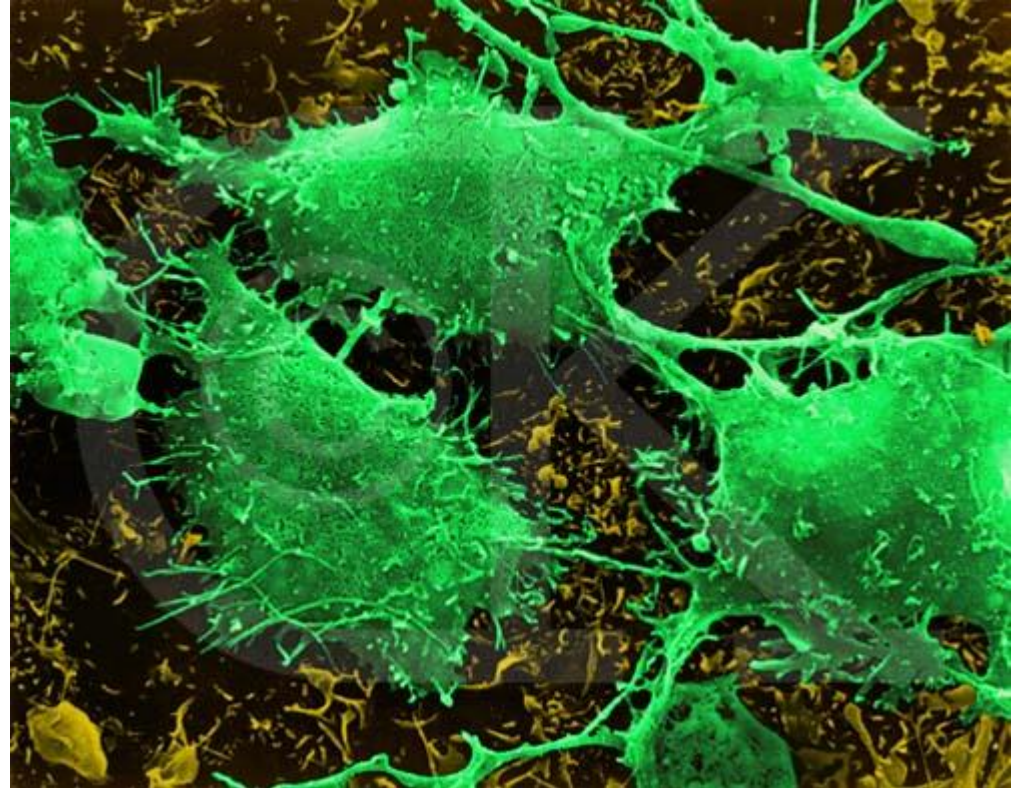




# Carcinogenesis.

## Some factors to consider...

- Heredity
- Immunity
- Chemical
- Physical
- Viral
- Bacterial
- Lifestyle



# Heredity



- 5-10% of Cancers
- ?15% of all cancers
- Molecular Biology and Human Genome Project





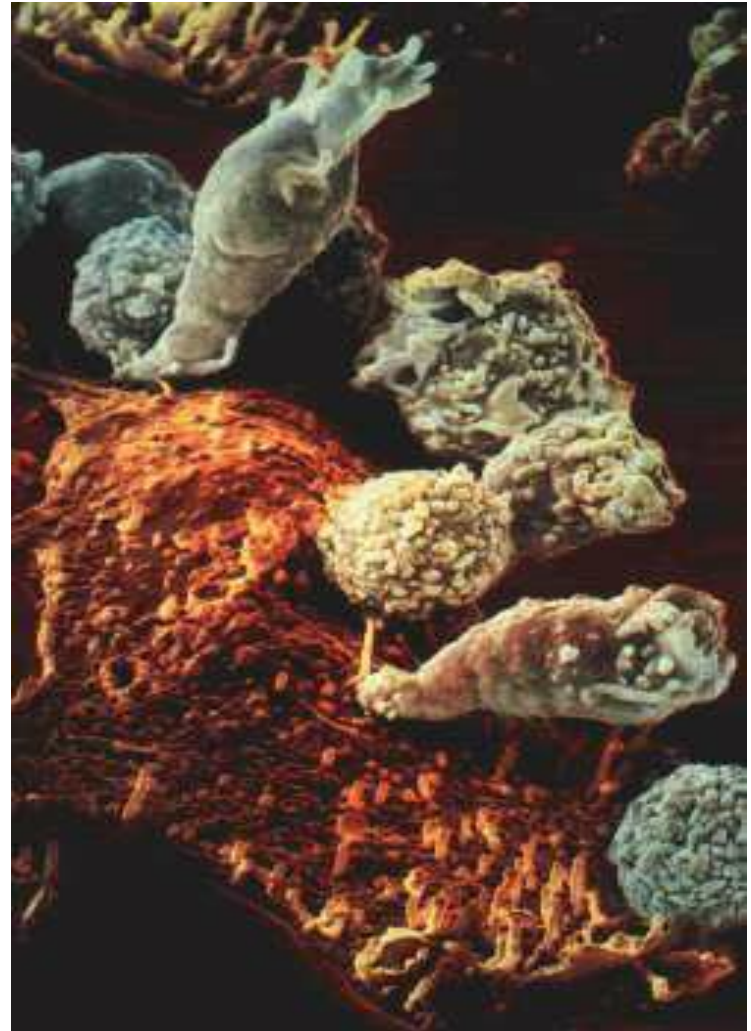
# Heredity

- Genes isolated for several classic familial cancer syndromes:
  - RB1 (retinoblastoma)
  - APC (familial polyposis)
  - Human Non Polyposis Colon Cancer (HNPCC)
  - BRCA 1&2 (breast cancer)
  - p53 (many cancers)



# Immunity

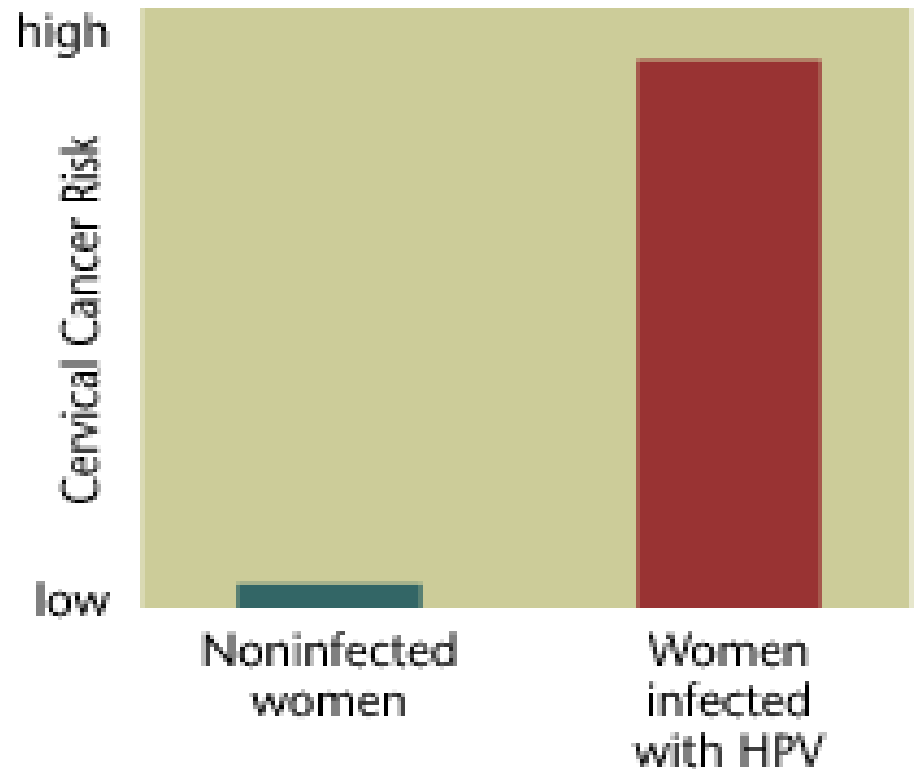
- HIV / AIDS
- Immunosuppression



# Viruses

- Hepatitis B
- Human T-cell Leukemia Virus
- Epstein Barr Virus
- Human Papilloma Virus (HPV)

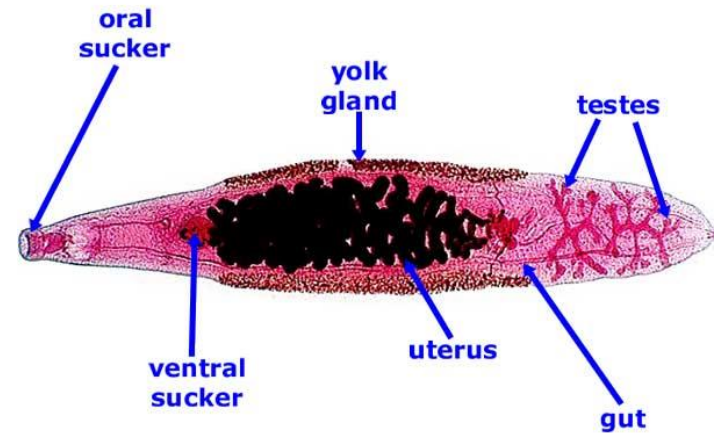
## HPV Infection Increases Risk for Cervical Cancer



# Bacterial



- *H. pylori*
- Other Parasites:
  - *Schistosoma* spp
  - *Clonorchis sinensis*



## Estimated Burden of Cancer from Infection Worldwide in 2000

	No. of cases	Agent	% World cancer
<b>Liver</b>	<b>509,000</b>	<b>HBV, HCV, flukes</b>	<b>5.1</b>
<b>Cervix</b>	<b>471,000</b>	<b>HPV</b>	<b>4.7</b>
<b>Stomach</b>	<b>442,000</b>	<b><i>H. pylori</i></b>	<b>4.4</b>
<b>Kaposi's (HIV related)</b>	<b>134,000</b>	<b>HHV-8</b>	<b>1.3</b>
<b>Non Hodgkin lymphoma</b>	<b>72,000</b>	<b><i>H. pylori</i>, EBV, HIV</b>	<b>0.7</b>
<b>Ano-genital</b>	<b>65,000</b>	<b>HPV</b>	<b>0.6</b>
<b>Nasopharyngeal</b>	<b>63,000</b>	<b>EBV</b>	<b>0.6</b>
<b>Hodgkin disease</b>	<b>33,000</b>	<b>EBV, HIV</b>	<b>0.3</b>
<b>Bladder</b>	<b>10,000</b>	<b>Schistosoma</b>	<b>0.1</b>
<b>Leukaemia</b>	<b>3,000</b>	<b>HTLV1</b>	<b>0.03</b>
<b>Total</b>	<b>1,801,000</b>		<b>17.9</b>



# Chemical



- Alcohol
- Asbestos
- Wood dust
- Rubber, plastics, dyes
- Tar / bitumen
- Aflatoxin
- Alkylating agents
- Tobacco



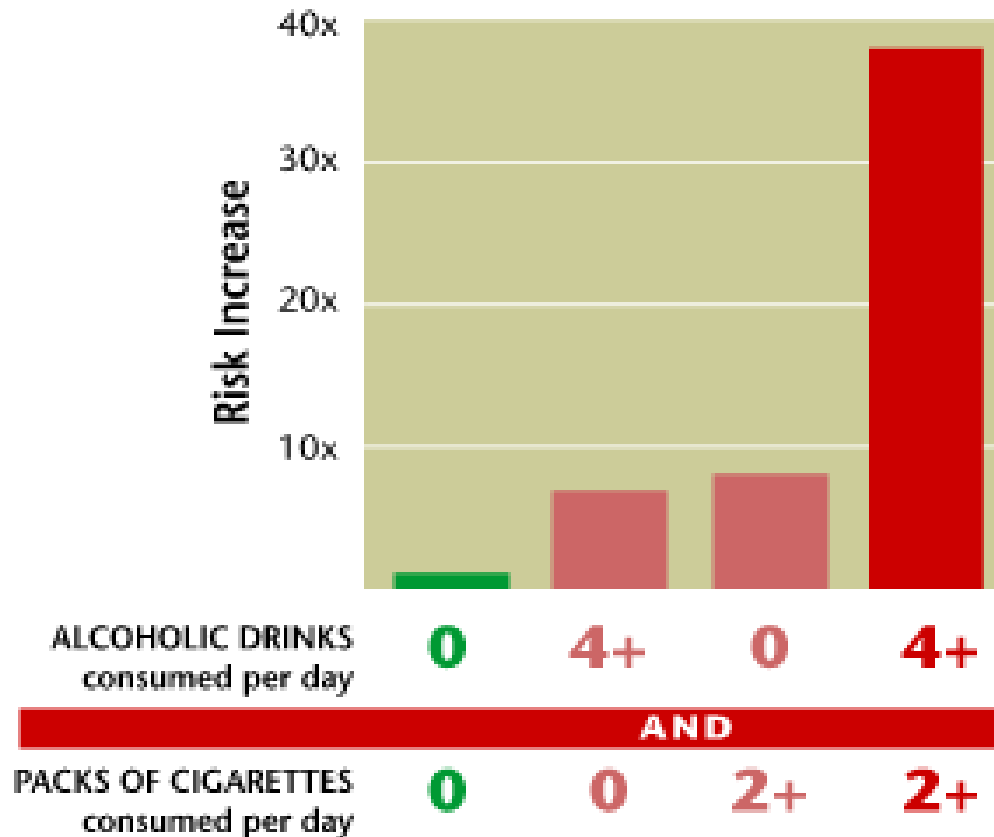
# Smoking

- Single biggest cause of cancer
- 25-40% smokers die in middle age
- 9 in 10 lung cancers
- Know to cause cancer in 1950



# Smoking and alcohol

Combination of Alcohol and Cigarettes  
Increases Risk for Cancer of the Esophagus



# Physical causes

- Ultraviolet radiation
  - Sunlight
  - Certain industrial sources
  
- Radiation
  - Radon
  - Cancer treatment



# Obesity





# Lifestyle

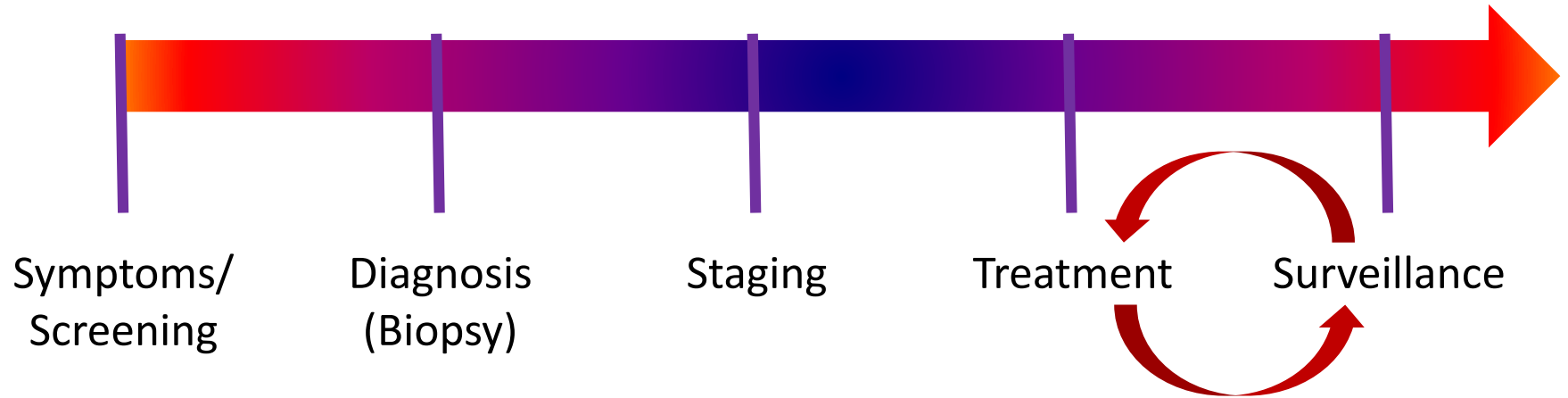
- Age
- Occupation
- Ethnicity



# Diagnosis and Staging

- Clinical History
- Normal diagnostic procedures
  - Scans, X-Rays
  - Blood tests
  - Biopsy
- Pathological staging

# Treatment Timeline



# Screening

## Cancer Screening

*A test on a healthy patient to check for cancer*

### Standard Tests

- *Mammogram (woman 50-74)*
- *Colonoscopy (adults 50-75)*
- *Pap Smear (woman up to 65)*

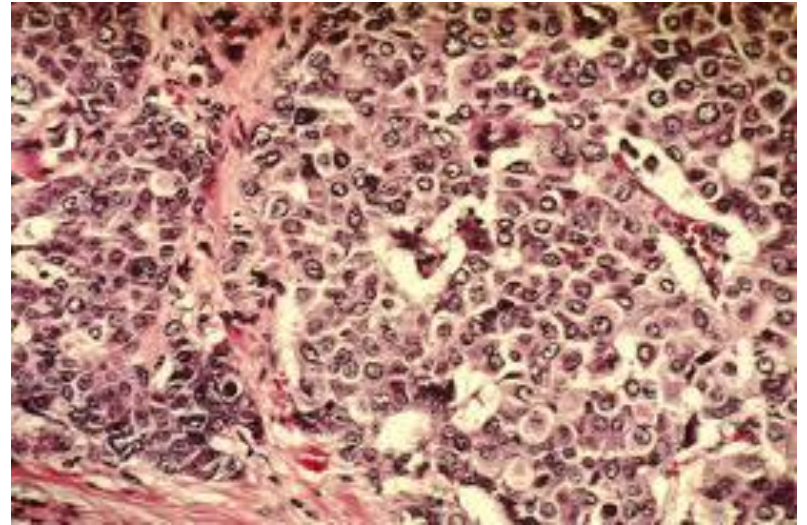
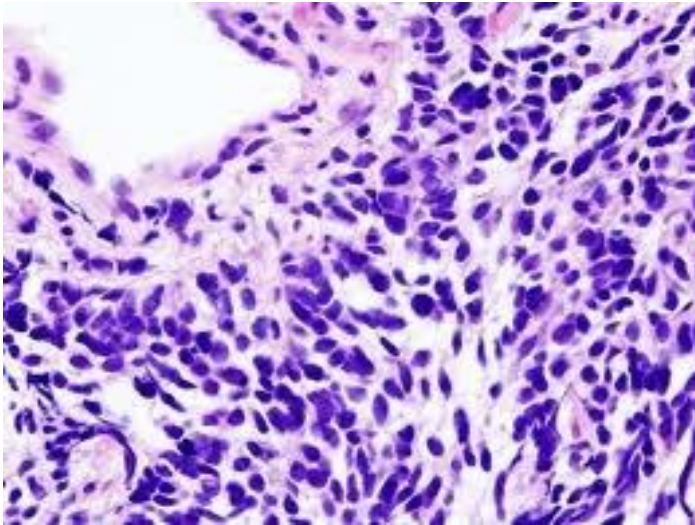
### Controversial Tests

- *PSA for prostate cancer*
- *Ultrasound for Ovarian*
- *CT for Lung Cancer (smokers)*
- *Mammogram (age <50)*
- *MRI for Breast Cancer*
- *Others*



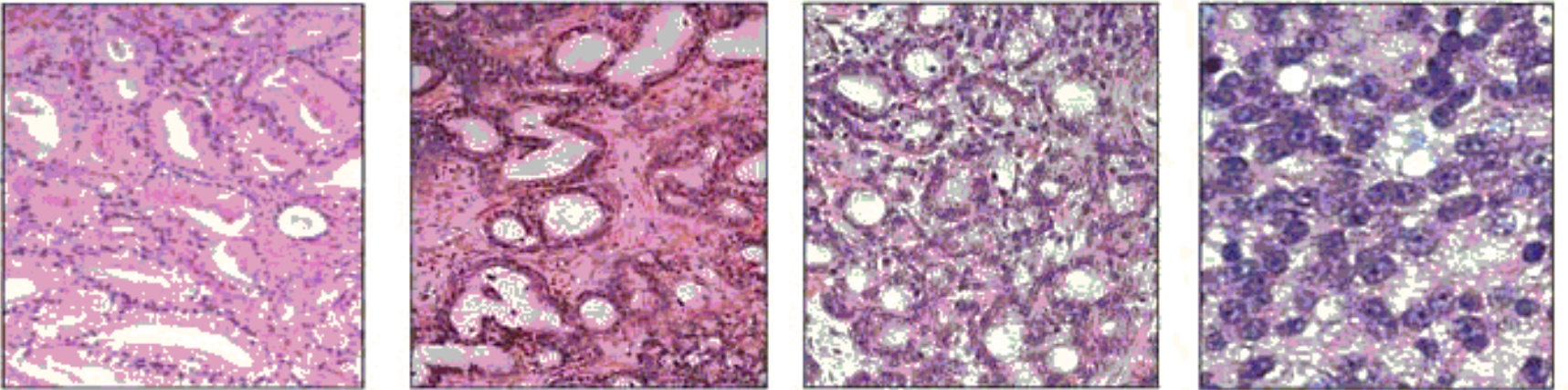
# Diagnosis

Often diagnosed via biopsy



# Diagnosis

## Cancer Diagnosis & Grade

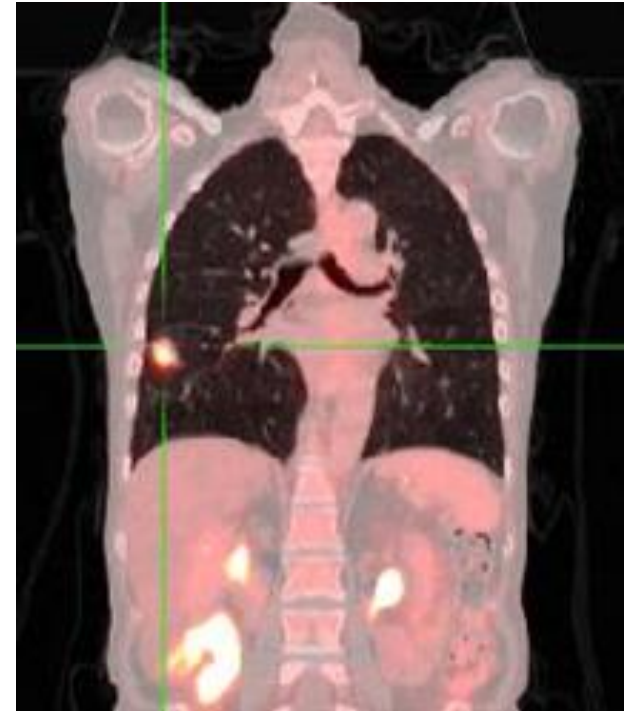


*Higher Grade*

# Staging

## Cancer Staging

*Examinations performed to see how far the cancer has spread. Sometimes, these are not necessary. Other times, several tests are required. These examinations include: CT scans, ultrasound, PET scans, blood tests, and even surgery.*



# Staging

## Cancer Staging - TNM

*A common staging system is the TNM staging system used by the American Joint Committee on Cancer (AJCC)*

### T Stage

- *Primary tumor assessment*  
(size of tumor, depth of invasion, ...)

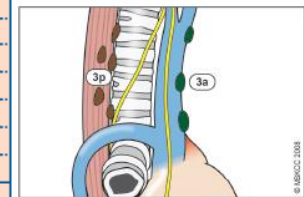
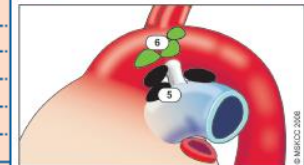
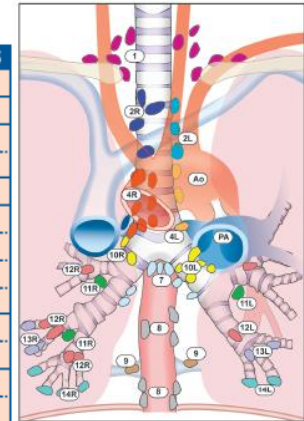
### N Stage

- *Lymph node assessment*  
(number nodes involved, location of nodes, ...)

### M Stage

- *Distant organ assessment*  
(spread to the liver, lung, bone, ...)

ANATOMIC STAGE/PROGNOSTIC GROUPS			
Occult Carcinoma	Tx	N0	M0
Stage 0	Tis	N0	M0
Stage IA	T1a	N0	M0
	T1b	N0	M0
Stage IB	T2a	N0	M0
	T2b	N0	M0
Stage IIA	T1a	N1	M0
	T1b	N1	M0
	T2a	N1	M0
Stage IIB	T2b	N1	M0
	T3	N0	M0
Stage IIIA	T1a	N2	M0
	T1b	N2	M0
	T2a	N2	M0
	T2b	N2	M0
	T3	N1	M0
Stage IIIB	T3	N2	M0
	T4	N0	M0
	T4	N1	M0
	T1a	N3	M0
	T1b	N3	M0
Stage IV	T2a	N3	M0
	T2b	N3	M0
	T3	N3	M0
	T4	N2	M0
	T4	N3	M0
Stage IV	Any T	Any N	M1a
	Any T	Any N	M1b



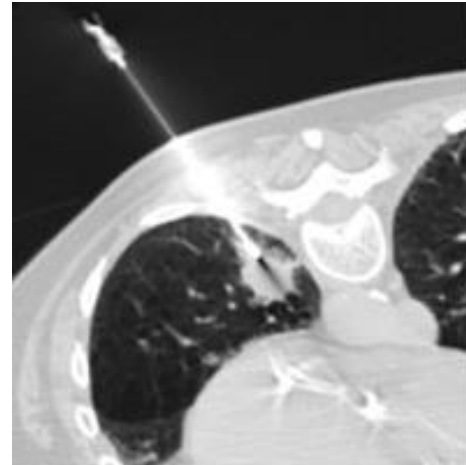
Courtesy of the AJCC

# Treatment

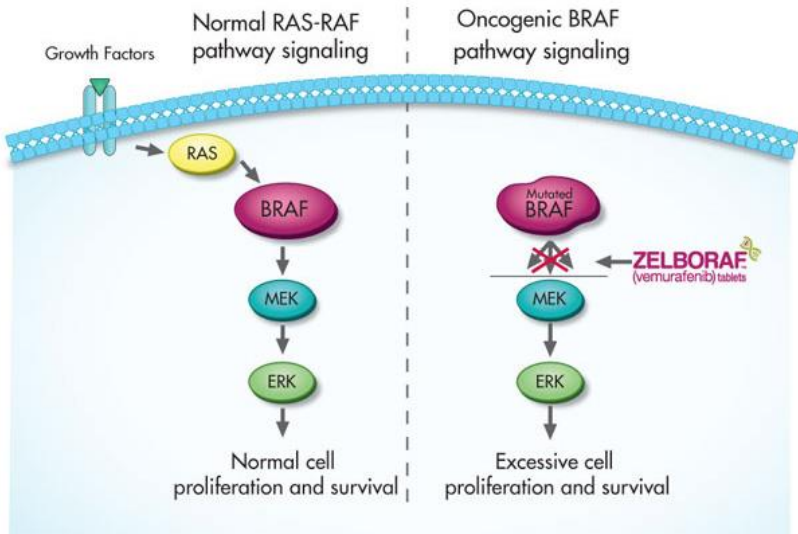
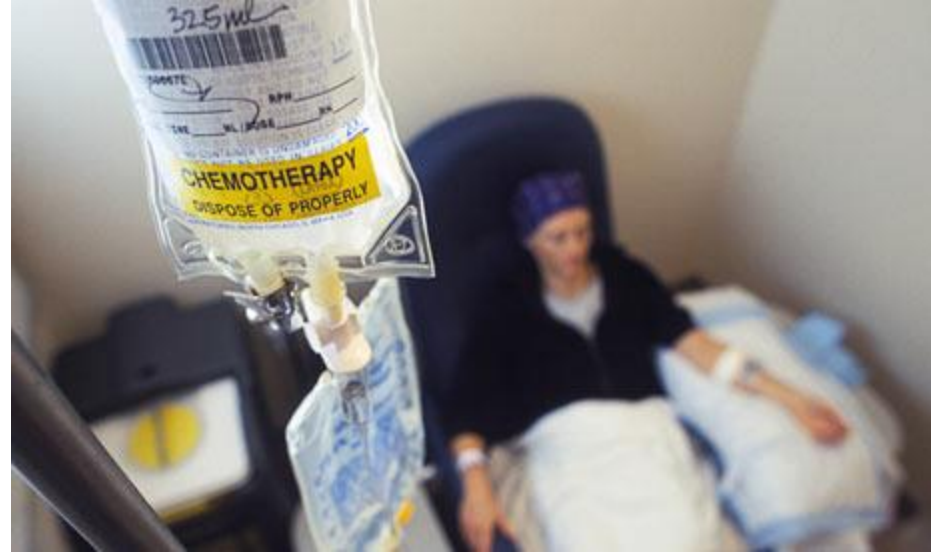
- Surgery
- Chemotherapy
- Radiation Therapy
- Other



# Surgery

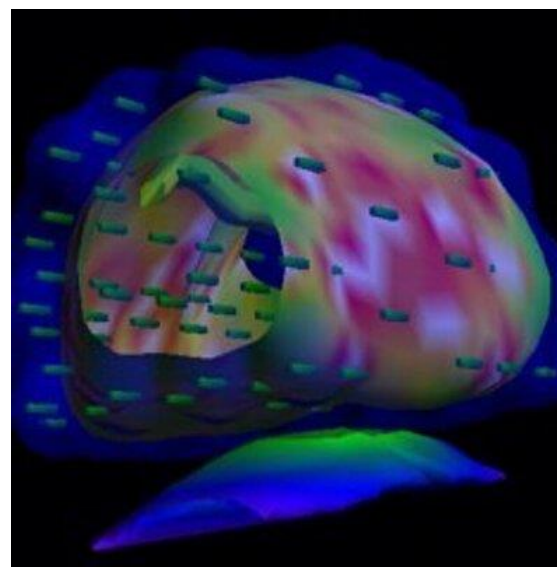
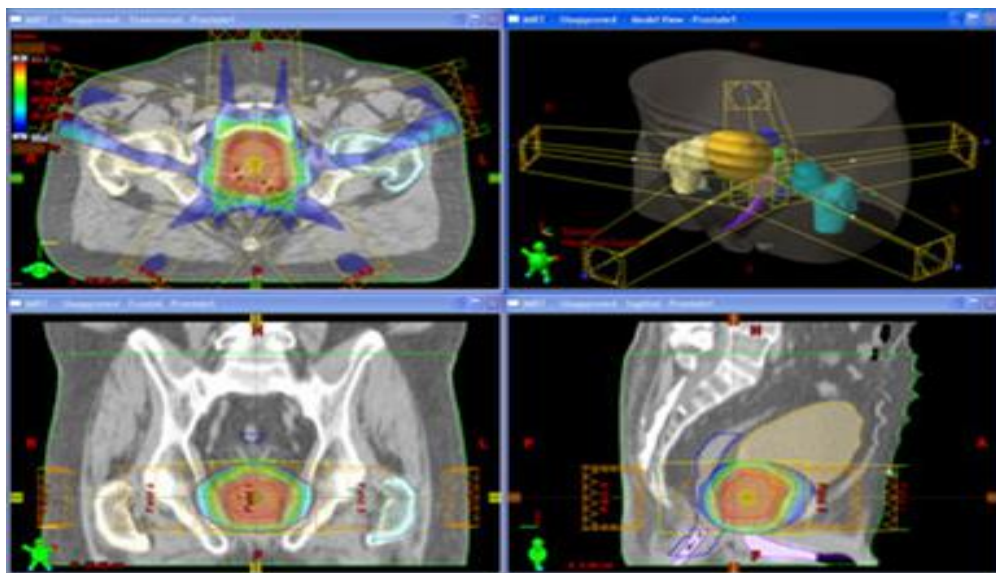


# Chemotherapy





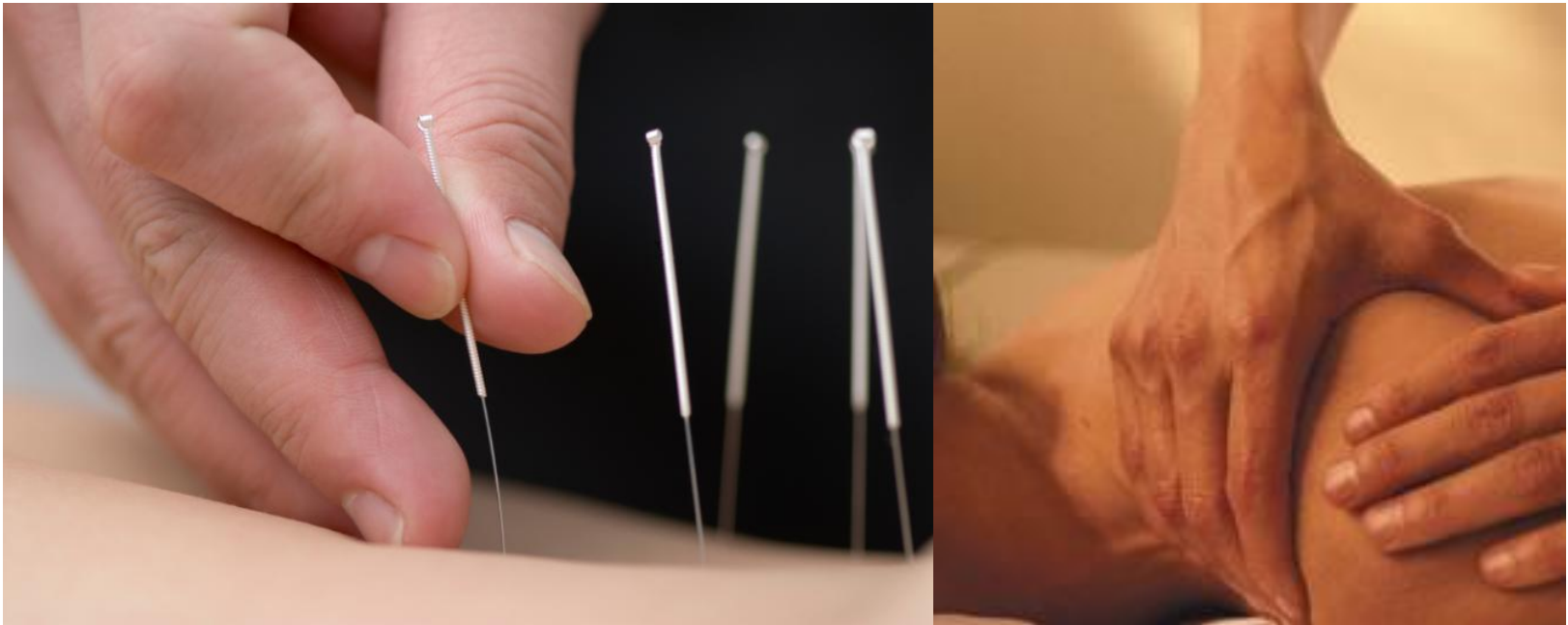
# Radiation Therapy





# Other

## Other Therapies (Complementary)



# What are Cancer Clinical Trials?

- Research studies involving people and cancer
- Intended to answer scientific questions to find better ways to diagnose, prevent and treat cancer
- There are different types and phases of trials
- They follow strict scientific guidelines called a protocol

# Types of Clinical Studies

- Treatment
- Prevention
- Early-Detection
- Diagnosis
- Quality-of-Life

# Phases of Clinical Trials

<b>Phase</b>	<b>Number of Participants</b>	<b>Purpose</b>
<b>1</b>	<b>15-30 people</b>	<b>Looking at Safety, Finding a Safe Dose</b>
<b>2</b>	<b>Less than 100 people</b>	<b>How Well the New Treatment Works</b>
<b>3</b>	<b>100 to thousands of people</b>	<b>Comparing a New Treatment to the Standard Treatment</b>
<b>4</b>	<b>Several hundred to several thousand of people</b>	<b>Continuing Evaluation of side effects, risks, benefits</b>

# **Barriers to Clinical Trial Participation**

**Only 3% of adults with cancer participate in clinical trials.**

## **Barriers for the General Populations**

- **Lack of awareness of clinical trials**
- **Lack of access to trials**
- **Fear, distrust, or suspicions of research**
- **Practical or personal obstacles**
- **Insurance or cost problems**
- **Unwillingness to go against personal physician's wishes**
- **Cultural and ethnic backgrounds**
- **Language or literacy**

# Finding Clinical Trials

## Clinical Trials open in New Mexico

- New Mexico Cancer Care Alliance: [www.nmcca.org](http://www.nmcca.org)

## Clinical Trials Open Nationally

- NCI: [www.cancer.gov](http://www.cancer.gov)
- NIH: [www.clinicaltrials.gov](http://www.clinicaltrials.gov)
- Coalition of Cancer Cooperative Groups:  
[www.cancertrialshelp.org](http://www.cancertrialshelp.org)

# Summary



Who knows more about  
cancer than *you?*

# Common Questions

**A relative had the same type of cancer I have. Will I have the same prognosis, treatment, and side effects?**

- Every person is different.
- Every cancer is different.
- Cancer treatments are evolving fast.



# Common Questions

**A relative had the same type of cancer I have. Will I have the same prognosis, treatment, and side effects?**

- One may have had a treatment for cancer several years ago; since then, new treatments may have developed.
- Side effects could be very different.

# Am I Getting The Right Treatment?

## **Second Opinion:**

- A review of the cancer diagnosis and the treatment recommendations by another, independent physician.

# Am I Getting The Right Treatment?

## **Second Opinion:** what is reviewed?

- Pathology report (how the cancer looks under the microscope).
- The extent of cancer.
- The physical condition of the patient.
- The proposed treatment.

# Am I Getting The Right Treatment?

## **Second Opinion:**

- The reviewing doctor will communicate their opinion regarding treatment to both the patient and the primary physician.

# Am I Getting The Right Treatment?

Is Getting a Second Opinion Considered “Bad Etiquette”?

**No.**

# Am I Getting The Right Treatment?

Second opinions are a common practice in any area of medicine that is complex and that has multiple treatment options available.

# Am I Getting The Right Treatment?

- Second opinions are a normal part of cancer management.
- Patients, their families and friends should not be concerned about hurting the feelings of the primary physician.



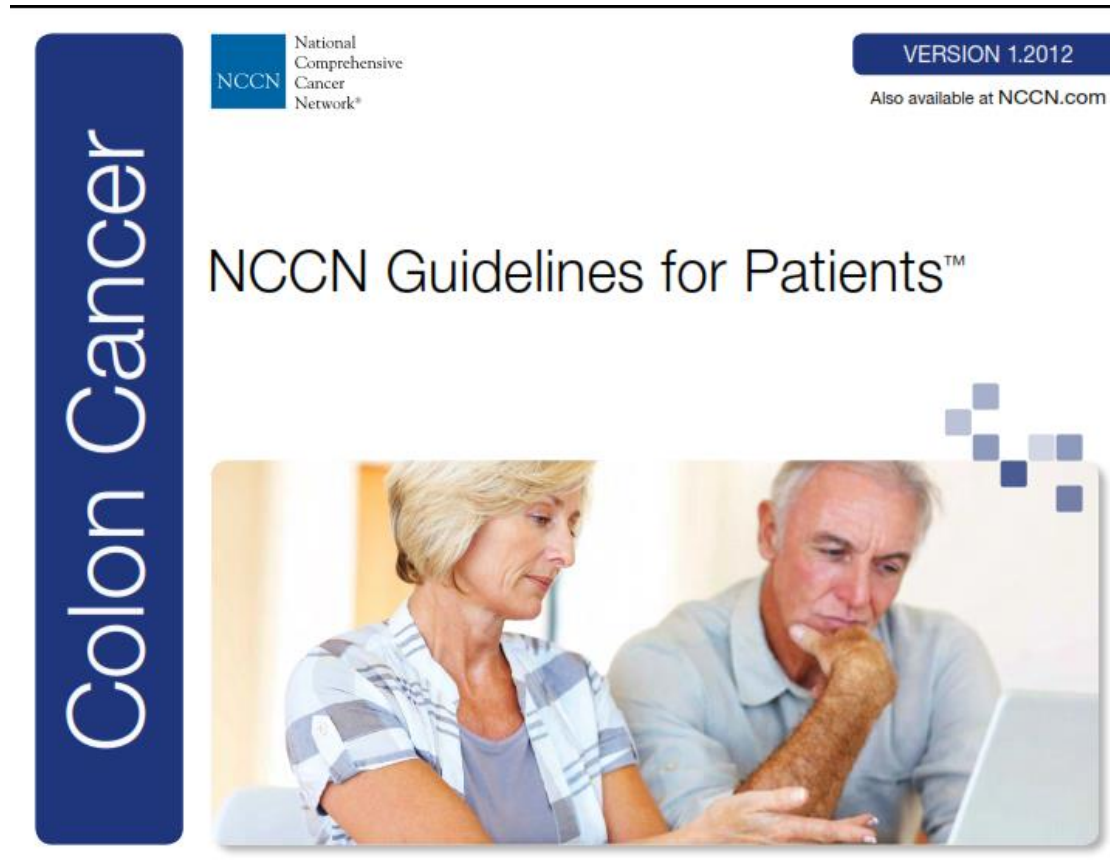
# Am I Getting The Right Treatment?

- The more you can learn about your diagnosis and your treatment options, the better chance you have of receiving the most appropriate treatment.

# Cancer Information Resources


- National Comprehensive Cancer Network:
- [www.nccn.com](http://www.nccn.com)
- [www.nccn.org/patients/default.aspx](http://www.nccn.org/patients/default.aspx)

# Cancer Information Resources




# Cancer Information Resources

**Breast Cancer**

 National  
Comprehensive  
Cancer  
Network®

**NCCN Guidelines for Patients™**



Version 2.2011

Also available at [NCCN.com](http://NCCN.com)



# Cancer Information Resources

- [www.cancer.org](http://www.cancer.org) 1 800 ACS-2345
- [www.cancer.gov](http://www.cancer.gov) 1 800 4-CANCER
- [www.nlm.nih.gov/medlineplus/cancer.html](http://www.nlm.nih.gov/medlineplus/cancer.html)

# Live Your Life

- Do the things that are important to you.
- Have a durable power of attorney.
- Talk to your loved ones about your feelings.
- Seek help if you feel depressed or anxious.



**We are here to help:**

New Mexico Cancer Center

4901 Lang Ave. NE, Albuquerque, NM 87109

Phone: 505-842-8171

[www.nmcancercenter.org](http://www.nmcancercenter.org)

Other Clinics: Gallup, Silver City, Ruidoso