SWALLOW TALES

The Newsletter of the Esophageal Cancer Awareness Association, Inc.

ECAA, PO Box 7327, Ventura, CA 93006
WWW.ECAWARE.ORG

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President's Message

By Lois Dickerman PhD

I would like to introduce myself to you fellow travelers on this journey of life with Esophageal Cancer. My husband Richard, my hero and inspiration, was diagnosed with Esophageal Cancer in November, 2004. It was discovered by accident during a routine blood test, for he had no real symptoms.

Unfortunately he was already Stage IV b with metastases to lymph nodes, lungs and liver. The first oncologist we consulted told Dick that he would keep him comfortable until he died in 3-6 months. I am thrilled to say that Dick has now been free of tumor for 14 months, active and healthy.

My passion is to keep patients and their families dealing with esophageal cancer from hearing the devastating words of "terminal" and "no hope" that we were faced with. There are exciting new therapies constantly being developed. My husband was lucky enough to be treated with two clinical protocols under investigation, both of which were very successful. His chemotherapy regimen was approved as "especially effective" for gastrointestinal tumors by the FDA 18 months after he began treatment. Dick was also one of the first esophageal cancer patients in the US to have yttrium 90 microsphere brachytherapy as targeted irradiation to his liver tumors.

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Care for the Caregiver

By Pat Caldwell, RN, BSN

I have been and continue to be a caregiver for my 88 year old mother for the past 8 years, a role I have accepted willingly. She has been fighting lymphocytic leukemia which means frequent telephone calls and many trips to the doctor's office, in addition to providing assistance with the tasks of every day living.

My plate was filled to overflowing when, in the spring of 2006, my husband of 38 years was diagnosed with terminal esophageal cancer. He lost his battle with the disease at Thanksgiving. Without question, I wanted to support him and provide him with the best possible care to make his struggle a little easier and his life as comfortable as possible. Surely my 40 years in the

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nursing profession would assure that would be successful, able to handle any situation?

I quickly realized that I was not superhuman! The physical and mental stresses of caring for a loved one can be overwhelming. The dedication to your goal never waivers but at times your body, your mind, or both may be ready to give up. In addition to the physical strain, you worry about everything: How will the disease progress? How you will pay the bills? Will the treatment work? What can you do to make him feel better? What will the next CAT scan and blood test show? How will you ever live without him? The caregiver must look after him/herself. As I work to reorganize my own life, I hope to share some of the lessons I have learned that I hope will help you in caring for your loved one.

Accept or seek help *from others. If you need someone to grocery shop for you or run errands, don't be afraid to ask your friends and family. Your family and friends want to help you.*

Be alert for signs of caregiver fatigue. The signs can include lack of interest in food, difficulty sleeping, impatience, or a feeling of being overwhelmed. **Exercise** is a good way to reduce stress and make you feel refreshed. I would take our dog, Millie, for a walk every day. Just getting out of the house and seeing the blue sky helped lift my spirits. The great thing about walking is, it does not take much time and it is free! Get out of the house even if it is only to go to the bank or grocery store. I would feel guilty about leaving my husband but he wanted me to get out. I always felt so much better after I had gone to a movie or out to dinner or just to the grocery store.

A problem shared is a problem halved. **Find someone you can trust** to talk about your own fears and worries. This can be a family member or a close friend. Some people find that **keeping a journal** is helpful. Putting your thoughts on paper helps you put some order to them. It is a safe place to express your feelings. Fears put into words can be easier to handle. For some, joining a **local support group or internet chat group** can be helpful. Some internet web sites have suggestions that may appeal to you.
I found http://listserv.acor.org, http://nqc514.com/chat/, and www.ecaware.org were invaluable for me.

I spent many hours in the waiting rooms of doctor's offices, hospitals, chemotherapy and radiation centers. These long waits are still part of my life as I continue to be my mother's caregiver. I keep a **canvas bag** with me at all times. It contains a book or two, my sudoku puzzles, simple needle work, a sweater (some of these places can be cold), a bottle of water and healthy snacks. The contents provide something to occupy my mind and satisfy my thirst and hunger making the time pass a little more quickly.

A caregiver often puts life and needs "on hold". It is important to make sure you eat a **well-balanced diet**. If friends or family offer to bring over meals, accept their help. Remember to get a **good night's sleep**; you may need someone to help you at night. Don't forget to **keep your own doctors appointments**. **Accept or seek help** from others. If you need someone to grocery shop for you or run errands, don't be afraid to ask your friends and family. Your family and friends want to help you.

Being a caregiver is a challenging, tough, exhausting, and stressful but rewarding job. I can remember all the wonderful moments my husband and I shared while I cared for him. My family and friends' support and willingness to help, allowed me to spend more time with my husband. Give your family and friends the opportunity to help!

My journey is not over. I hope that some of these suggestions will help make yours a little easier.

Take care! –*E*–

President's Message – from page 1

While I have not been swimming closely with and kissing the dolphins as our former president, Dick Stienmier, my Dick and I also have snorkeling tales to tell. Two weeks before his diagnosis, we were traveling in the Galapagos Islands. I had a rather exciting encounter with a curious young sea lion, inspecting me a little too closely for comfort. In between Dick's chemotherapy treatments, we also took a quick trip to the Florida Keys and snorkeled off Key Largo in the Atlantic and at Dry Tortugas National Park. After I put on my mask and snorkel at Dry Tortugas, I took a quick look in the shallows and found that my left foot was about 12 inches from a 6 foot long barracuda, just resting peacefully. After dealing with esophageal cancer in our lives for six months, I found that sight and all those teeth didn't even startle me!

The goal of this newsletter is to provide information, share resources, communicate experiences, and provide humor in the struggle against EC. We want families to know that there are options, new developments, and, most of all, hope. I invite you readers to share this passion of ours and join us in spreading the word that the Beast of Esophageal Cancer can be slain. –ℰ–

Changes to the ECAA Officers and Board

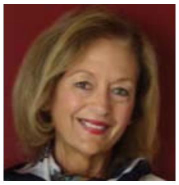
At the Annual General Meeting of the ECAA, held on September 15, the following changes to the officers and members of the board of directors were proposed and accepted.

- President - The vice-president, Lois Dickerman, was voted in as the new president.
- Vice-President - Steve Preston, the longest-serving member of the board, was voted in as vice-president.
- Secretary - Pat Caldwell will be taking up the role of secretary.
- Treasurer - Sean Waldron is taking on the role of treasurer.
- Executive Committee Member - Sunny Nagel was voted in as the fifth member of the executive committee.

Two members of the board, Barby Woods and Barbara Price, resigned prior to the meeting. They have offered sterling service to the association during their tenure as board members. In particular, Barb Price has held the fort for some time as both secretary and treasurer. The board offered a vote of thanks to both for their service.

A new member of the board, Connie Corrigan, has joined, also prior to the meeting. See below for details.

New Member of the Board of Directors



Connie Corrigan – ccorrigan@ecaware.org – Maine

My husband, John, was diagnosed with esophageal cancer late in 2005. He passed away on April 1, 2006. Despite excellent medical care from oncologists here in Maine and others around the country, it was too little, too late. My focus now is to help as many people facing this horrible disease as possible. I have worked with Governor's Offices in New England and Florida, and have had success in some of them proclaiming "Esophageal Cancer Awareness" days or months in their states. To date, Maine, Connecticut, Rhode Island and Florida have complied. I'm not finished yet!

Prior to retirement, I owned an interior design business, specializing in commercial work. I have two children and two grandchildren. I live on one of Maine's lovely harbors in a small town, Stockton Springs. –ℰ–

Esophageal Cancer – It's Deadly

By Denise Goodman

This article was originally published in the Capital Weekly on January 18, 2007 and is reproduced with their permission. It serves to illustrate why Connie will be such an invaluable member of our organization.

Stockton Springs – When Connie Corrigan tapped out an e-mail message to Gov. John Baldacci last July, the Stockton Springs woman was still so infuriated about her husband's death four months earlier, she said "that I wrote it and just hit 'send.' I didn't even spell check it."

Like millions of others, John Corrigan, a partner and treasurer of O'Connor GMC-Buick in Augusta before retiring only a few years ago to Stockton Springs, had suffered from chronic heartburn.

"John slept with a bottle of Maalox on his side of the bed for 18 years," Connie said.

But it wasn't until September of 2005 that he began experiencing difficulty swallowing and a dry cough. By Thanksgiving, he'd been diagnosed with esophageal cancer and, four months later, died on April 1, 2006. During the intense chemotherapy and radiation treatment her husband received, Connie said the only thing she learned about esophageal cancer came from a small book his oncologist provided.

"After he died, I started to do research… I was just blindsided."

What she later learned from a variety of Internet sites, she said, is that "with most esophageal cancer, by the time it's detected, it's too late." It is, she added, the second most deadly form of cancer, topped only by pancreatic cancer.

The American Cancer Society estimates 14,500 will be diagnosed with esophageal cancer this year. Of those, 13,770 will die. The long-term survival rate, according to some sources, is only 5 percent.

"I was outraged because so little is known about esophageal cancer… I was outraged because it's not part of normal screening," Connie said. While the public is routinely advised to be screened for breast, colon, and skin cancer, she said, "Nobody ever says, 'Have you had an endoscopy?' They just give them the purple pill."
Although her husband was not a smoker or heavy drinker – two risk factors for esophageal cancer, he did have chronic acid reflux, another major risk.

In that hastily sent e-mail to Baldacci, Connie briefly described her husband's experience and urged the governor to proclaim an Esophageal Cancer Awareness Day in Maine. Following a series of e-mail exchanges and phone conversations, Baldacci issued that proclamation for last Sept. 13 – John's birthday.

Neither Connie nor John was a stranger to major health issues. Although Connie has had heart bypass surgery and is an insulin-dependant diabetic, she considers herself fairly healthy. Her husband, she said, had a severe heart attack in the late 1980s, at the age of 47, and was treated with medication until 2003 when he had a defibrillator-pacemaker implanted.

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Taking a Break

By Lois Dickerman

When my husband Dick and I retired, we vowed we would travel places that we always wanted to see as long as we were able. One of the first places on our list was Machu Picchu and the Galapagos Islands, an intellectual Mecca for two geneticists. We had no sooner returned from that trip, which fulfilled a dream of a lifetime, than our world crashed around us. Ten days later, Dick was diagnosed with Stage IVb esophageal adenocarcinoma with metastases to lymph nodes, lungs, liver, and given 3-6 months to live. We sought aggressive experimental treatment at Anschutz Cancer Pavilion at University of Colorado hospitals and the long period of Dick's treatment cycle began, from Dec. 2004 to July, 2006, when he was finally declared "clinically stable".

When undergoing chemotherapy and irradiation treatments on a regular basis, the difficulties dealing with the side effects as well as the knowledge that there will be more treatments in a few days or weeks can be incredibly depressing both for patient and caregiver alike. Just as the EC patient begins to feel a little better and start up the hill to recovery from the side effects of the last treatment, a new round usually begins. Both of you will slide right back to the anxiety, mostly caregiver's, and discomfort, mostly patient's, where you started. We found that taking time to be in a different situation and environment, no matter how briefly, helped us deal with this vicious cycle.

After the first round or so of chemotherapy when we learned what to expect, we vowed to take "get-out-of-the-house, change-of-scenery" breaks as much as possible; at first for an hour or so to walk in the park, through the neighborhood, and so on. Then, as we got bolder, we ventured on day trips to museums in neighboring towns, to shop at specialty grocery stores or farmer's markets to try new tastes, to art shows. Once we finally gained confidence, we felt brave enough to travel to our lake cabin outside of Austin, Texas, for 10 days, to go to the Everglades and Florida Keys to snorkel, to go to Santa Fe and to Mesa Verde, as well as travel back to Ohio at Christmas to spend the holidays with our daughter and her family.

A change of scenery, however temporary, can bring invigoration to the spirit and revitalization to the body. To step out of familiar surroundings and find a new perspective, to fix a different slant to the horizon, to appreciate a new look at history in a museum, to examine a new piece of art, to snoop in antique or book stores, to smell the blossoms in a botanic garden, to watch the monkeys cavort at the zoo, or simply to taste a new flavor of ice cream can be unbelievably energizing to body and spirit.

With experience and confidence, there are longer and more exciting intervals that you can consider. However, there are preparations that must be made for a patient in treatment before venturing out of familiar territory for a prolonged change of scenery. Dick and I put together a lightweight notebook with all of his critical medical information to carry with us, so that no matter where we were in any unexpected situation, we would be prepared. The information included:

- The names, telephone numbers, email, FAX numbers and emergency numbers of his internist, his oncologist, his oncology nurse practitioner, his cardiologist, and the medical record rooms of Anschutz Cancer Pavilion and the Estes Park Medical Center, our local hospital.

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The Care and Feeding of your Stomophagus

By Roger Tunsley

Congratulations. You have become the proud owner of a stomophagus. These are rare and reclusive creatures and, sadly, most people don't seem too keen to own one. But once you have acquired your own stomophagus, you will find that you become extremely attached to it - it will be yours for life. I've had mine for almost a year now and I've become used to its habits. I wouldn't be without it now. I call it Gus.

However close you become to your stomophagus, you will find that these are difficult creatures to look after, particularly when they are young. This short article offers advice on how to look after your stomophagus and how to deal with its notoriously difficult eating habits.

The Young Stomophagus

The newborn stomophagus is an extremely fragile creature. The birth process is very difficult and is usually attended by a team of surgeons. It is imperative that you are present at the birth of your stomophagus. In fact, if the new owner is not there, the birth will not take place.

The baby needs several days of intensive care. Unlike most newborns, the stomophagus is completely unable to take any nutrition immediately after birth. Not even water is tolerated at first. After several days, once the birth trauma has begun to subside, the stomophagus can start to take sips of water and clear fluids. If this is successful, then after a few more days you can begin to offer it very soft foods such as custards and yoghurt.

Feeding the newborn stomophagus is of course a real worry at first to you, the new owner, and you will find this anxiety makes it difficult for you to eat as well. It is very important that you get adequate nutrition while you are getting used to the new habits of your pet. The doctors that attend the birth will usually fit you with a feeding tube so that you can make sure you are adequately fed during this difficult time. You will invariably lose weight with the worry of it all, but persevere because the rewards are worth it.

You will invariably find that the birthing process will leave you both exhausted, and so you will need to take your pet out for walks to build yourselves up. You won't be able to walk far at first, but with a little more each day you will soon improve until you are both more energetic. You won't come across very many other stomophagus owners as you would if you were walking a dog, nor is your town likely to have a stomophagus park where you can both frolic freely. A word of warning; in these early days, while you are getting used to the eating habits of your stomophagus, do not wander too far from a bathroom. You cannot easily clean up after a stomophagus as their bowel habits tend to be rather "unstable".

The Early Years

Stomophagi mature very quickly, so after about a month in human terms your stomophagus will be ready for weaning. You will be able to feed it more substantial food, but you will find that it takes a long time to settle down into any kind of routine. Stomophagi are exceptionally difficult eaters. They will like something one day, and the very next day they may react violently to the same thing. But try everything, and don't give up. Even if your stomophagus doesn't like something one day, try again later in case it has developed a taste for it. I've heard that some stomophagi even have developed a taste for such strange items as sauerkraut!

You may find that with all the worry of trying to please your stomophagus you will feel quite ill yourself after each feeding. Sugary foods are a particular problem; most stomophagi seem to have a similar bad reaction to sugar. The reaction can be so severe as to be really upsetting to you, causing gastric difficulties and requiring you to make sure you remain close to the bathroom. The same results occur if your stomophagus overeats. This is a particular problem when you have started to learn which foods your stomophagus can tolerate and that it may actually like. If it eats too much, it gets upset. This of course upsets you in turn. You must actively discipline your stomophagus to prevent this

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New York EC Picnic

By Roger Tunsley

Dick and Lois Dickerman

Steve Preston

Walt Lee

Steve with Maggie and Nancy Westacott

On a beautiful warm summer Saturday in July, my wife Kathy and I attended our first EC picnic, hosted by Steve and Carol Preston. Steve and Carol live in a leafy suburb of Rochester, NY, a good few hour's drive from our home. Steve had placed an open invite to the picnic on the EC-Group several weeks before and I was delighted to have the opportunity to meet with some fellow EC survivors and caregivers, some of whom sadly had lost their loved ones. However, I had not attended anything like this before and, as the day drew near, I wondered if we were doing the right thing – driving for five hours each way, two nights in a local hotel, and meeting a host of strangers for the first time, never my strong point. I remember saying to Kath that I hoped the afternoon wasn't wall-to-wall cancer talk.

Well of course it was, but it was great. The shared experiences made us all instant friends. We talked, we laughed, we compared health plan stories, tales of surgery bravado, pain medication hallucinations, recovery techniques, and of course, eating was a major topic of conversation. This was underscored by our great hosts laying on many dishes of appetizers, and a wonderful barbeque, with choices to suit all digestive systems. People came from far and wide – we traveled from Boston, Lois and Dick Dickerman from Colorado, Nancy Westacott and her niece Maggie from north of the border in Canada, to name just a few.

So I needn't have worried. Sharing the day and sharing stories with these folks was a privilege. Everyone was upbeat, happy and smiling. I'd do it again in a heartbeat. We might even hold one ourselves. –ℰ–

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- Photocopies of the prescription slips of all of the medications he was on, in case some of his medications were lost or ruined during our travels. Dick also had a typed printout of every non-prescriptive medication he took, such as vitamins, low-dose aspirin, etc. We have nationwide prescriptive drug coverage under our retirement plan, so that insurance card was photocopied, as well as being carried in our billfolds.
- Photocopies of his original diagnostic reports, including the first PET/CT interpretation and esophageal biopsy, and the latest diagnostic PET/CT report, a copy of his last physical exam report by his internist and the summary of latest evaluations by his cardiologist.
- A clinical summary of the chemotherapy he was or had been on, along with a summary of his most recent treatment protocol.

Obviously, all of this information was not necessary when we took short day trips, but when we were out-of-state, it was reassuring for us, especially for me. I knew that I would always be able to tell any medical personnel where to get accurate, critical information they might need, should Dick have problems. And, of course, given Murphy’s Law and perhaps because we were lucky, this was insurance that we never had to use! Dick did have to show a prescription form to verify a medication in carryon luggage at one airport.

With the sense of security that these preparations gave us, we had no trepidation or qualms when we flew to Athens in April this year for a tour of the Greek mainland and a ten day cruise in the Greek isles. This trip was our celebration of life and our gift to ourselves that Dick had been free of tumor for more than six months. It was a miraculous and beautiful adventure in every way! –ℰ–

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happening, although like all young pets it will happen by accident from time to time. Your stomophagus may develop a particular taste for a sugary food like ice cream and, even though you know it will get upset from eating it, and therefore you will get upset too, you may wish to pay the price anyway just to please it. As they say, love hurts!

The Mature Stomophagus

As your stomophagus matures, it does become far more forgiving and accepting of a wider range of foods. However, a further common problem may appear that is rather hard to swallow. And that is, your stomophagus may find it hard to swallow. For some reason, the development of many stomophagi can result in a blockage that interferes with swallowing. You need to make sure that this problem is dealt with promptly otherwise your stomophagus, and therefore you, will not be able to eat well and you will lose weight. You may need to take your stomophagus for a visit, or maybe several visits, to the surgeons that helped with the birth. They will use various techniques to widen your stomophagus and re-establish nutrition. My Gus has had a particular problem with this for some time since he was born, but it finally seems to be getting better.

Many owners recommend that stomophagi do not take any fluids with food. Gus does not seem to have a problem in this area. In fact, he actually finds that sips of water with food help to make sure the food is swallowed more easily.

Summary

Stomophagi are hard work at first, but they are worth the effort to train. You will find that a little love and affection will go a long way towards giving you both a long and happy life together. –ℰ–

Esophageal Cancer – from page 4

“He felt really well after the implant,” she said, adding that he had a good quality of life for two years until he experienced the swallowing difficulty in the fall of 2005.Still, she said, “His doctors were very optimistic” and immediately began a chemotherapy regimen, the first for 72 straight hours and then three times each week, and daily radiation treatments. That initial chemotherapy was so powerful, Connie recalled, that the nurses wore full protective clothing when they administered the intravenous medication.

A surgeon also proposed an operation involving removal of most of the esophagus and moving the stomach into the upper chest to connect with it, but before it could be performed, John died of major blood clots in the lungs, caused by the cancer as well as the treatment.

Several people have written to Connie as a result of media coverage of the September awareness day. She’s in Florida for a few weeks and plans to ask that state’s governor to proclaim a similar observance there to alert potential victims of the deadly cancer to the importance of early detection.

But, she insisted, it’s as important if not more important to make that case to physicians, especially family physicians who conduct routine health exams. She plans to urge the New England Journal of Medicine to publish an article on the subject.

“My daughter said I ought to write Oprah,” she said with a laugh and then a pause that suggests she might just do that.

Connie also hopes to organize some fund-raisers with proceeds going to esophageal cancer research. She’s thinking of a golf tournament, perhaps in Augusta where John was a well-known businessman. She’s also encouraged that Dr, Tom Ervin, her husband’s oncologist, has recently moved to a Florida position that provides more time and opportunity for research, speculating that he can raise public and physician consciousness.

“He has some clout. I don’t have any clout. I’m not Katie Couric,” Connie said. “But I can be a pain in the neck… I’m not really healthy enough to have a full-time job, but I can be an activist.”

Asked what motivated her to channel her grief into such activism, Connie recalled a conversation she had with her husband shortly before he died. She looked over at him on the sofa, now weak and emaciated from the chemotherapy, and told him “John, don’t give up,” to which he promised, “I won’t.”

“He wasn’t going to give up,” Connie said. “I’m just taking over for him.” –ℰ–

Editor’s Note

The article from the Capital Weekly was written in 2006 and therefore the statistics quoted in the article were those current at the time. The American Cancer Society estimates that 15,560 people will be diagnosed with esophageal cancer in 2007. Deaths from EC in the same year are estimated at 13,940.

Message from the Outgoing President

By Dick Stienmier

By the time you read this, the presidency of the association will have moved on. From that point of view, I wanted to spend a little time reflecting on esophageal carcinoma, the ECAA, and the internet.

It seems to me that the future is racing towards us in a state of general acceleration. Esophageal carcinoma has changed greatly in the last few years. It used to be disease of predominantly older men, with a tissue type of squamous carcinoma and often a history of heavy use of tobacco and or alcohol. Now it has become much more a disease of somewhat younger persons, more of them female, and most having adenocarcinoma. A history of esophageal reflux disease is usually present.

Much progress has been made in the therapy of EC, but there is still a haunting picture out of the past of a gaunt, very frail elderly man with advanced disease and an esophagus almost or completely sealed off by tumor. This walking scarecrow was so ill that the usual therapy, extensive surgery, quite often resulted in death. We are still fighting that out of date stigma. Now the treatments, while still not nearly as easy to tolerate or as successful as we would like, still are much better than those of the past.

As to the best hope, finding reliable ways to cheaply and easily make the diagnosis early on, we have still not made a lot of progress, but as we spread the word of this disease and how and when to use what tools we have, the recovery rate will certainly improve.

The electronic network entangling the world is another new factor that we are learning how to deal with it. With the explosive ability to find information and exchange it on the Web and in e-mail discussion lists made now possible, we are like explorers in a newly found wilderness. We don’t know how to find and evaluate good information while rejecting the bad. We don’t really know how to relate to other human beings we have never seen, met and shook hands with, or even held an oral conversation with. We only know them by what we read on the computer screen and what we pound into the keyboard. It’s a lot to expect of the newly evolved ape used to living in villages and tents with his own small family group, hunting and gathering for its life! It’s no wonder we react fairly poorly with each other in this environment.

In addition, we have many different needs among those fighting EC. We have the just barely diagnosed victim, overwhelmed with the need to know immediately what to do to escape the clutches of this dangerous and deadly disease, to the long recovered patient, or long bereaved caregiver, interested mostly in trying to get back to a somewhat normal life and to work on the promotion of early diagnosis. In the middle there are those still in the heat of battle, learning how to live with the evils of chemotherapy, or with dumping syndrome, or with a narrowed esophageal anastomosis. Then there are those caught in the pain of fighting the “Stage IV” battle, trying for a useful and relatively pleasant extension of life, still holding on to the glorious and tenuous hope of the discovery of a new cure.

Because of this, each of us has a very different perspective of what is important and what the proper goals should be when dealing with EC. And because this disease affects our lives so greatly, out opinions are deeply held and strong.

If this was not enough, we discover that medical science is really quite uncertain about just what therapies should be used, and many frankly absurd false remedies are pushed on us.

It’s no wonder everything we do in the ECAA becomes controversial. Still I believe there is a place for a “generalist” organization, fighting this cancer and its complications. The complications are not only medical but also emotional and spiritual.

I would like to say that I believe we have done fairly well in the past and there is no reason to think we can’t do as well or better in the future. But the future continues to rush on at us, faster and faster.

Good luck! ! –ℰ–

Help Us to Raise the Awareness of EC

The ECAA is a small non-profit organization dedicated to raising the awareness of esophageal cancer in the general public and the medical professions. If you would like to help us in that effort, please consider becoming a member of the organization. Anyone with an interest, either as a patient or a caregiver, is welcome to join. Yearly subscriptions are just $25 for an individual membership and $30 for a family membership. The ECAA is a 501C3 organization.

Contact Pat Caldwell at
pcaldwell@ecaware.org

"Breakable bones, a tendency to bleed when cut, vulnerability to germs and viruses. These are all preexisting conditions."

Are you having difficulty with your medical expenses?

This organization may be able to help:
www.patientadvocate.org
The Patient Advocate Foundation Group is a national non-profit organization that seeks to safeguard patients through effective mediation assuring access to care, maintenance of employment and preservation of their financial stability.
Call 1-800-532-5274

ECAA STUFF

Spread the word about EC. We have merchandise that you can wear that will help to raise awareness of this disease. T-shirts, polo shirts and caps all display the swallow logo. Wrist bands are in the association colors of gold and blue and are impressed with "Be EC Aware".
For details, see the ECAA web site on www.ecaware.com, or contact Pat Caldwell at pcaldwell@ecaware.org

Important note. Articles published in this newsletter are from many sources and cover a wide range of topics. They are published for the benefit of our readers, but they do not necessarily represent the views of the Esophageal Cancer Awareness Association.