SWALLOW TALES

The Newsletter of the Esophageal Cancer Awareness Association, Inc.

PO Box 55017#15530, Boston , MA 02205-5071
www.ecaware.org

April 1, 2009
Volume 3, Issue 15

President's Message

By Lois Dickerman PhD

It has now been two years since we began publishing this newsletter for Esophageal Cancer Patients, family and friends. When we began this endeavor, we did not know if we would succeed in reaching out to those who needed help, support, information and inspiration to deal with esophageal cancer.

At the risk of sounding too enthusiastic, I think that I can speak for the rest of the Board when I say that we have made more progress than we ever thought possible. We have had emails and letters from individuals not only from many states in the USA, but also from other English speaking countries and people outside of our borders, including New Zealand, Australia, British Isles, Wales, most of the Canadian provinces, South Africa, Egypt, Iran, and many of the European nations. I apologize for not remembering all of the contacts outside of our borders who have written to support us, but

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NEW ECAA MERCHANDISE

We are offering yet another new item to help spread the word about esophageal cancer. Our ribbon magnet is about six inches by three inches in the blue and gold ECAA colors. Sporting the web address of our organization and the swallow logo, it is designed to draw attention.

You can display this on your vehicle or use it as a refrigerator magnet. Your family, friends, co-workers and health care providers will be proud to display this.

The magnet is sure to attract attention and questions, helping raise awareness of esophageal cancer and the dangers of GERD person by person.

The magnet is just $3.00 and all proceeds go towards our aims of raising the awareness of esophageal cancer amongst the public. Go to www.ecaware.org to order.

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the breadth of this response emphasizes what most of us have learned: that fighting esophageal cancer is a fundamental, common concern of all EC families on this planet and it transcends geographic barriers. We are ONE family! We have also had an amazing number of "hits" on our webpage, so we have made great progress in touching EC families. We truly are bound together by our common feelings and common experiences!

That being said, we have much more that we can do and we are not reaching as many people as we would like, even in the United States. There are thousands of esophageal cancer patients, increasing at an alarming rate, who may need help, information and comfort.

We have compiled a current list of ECAA members from the last five years by states here in the USA. It is somewhat discouraging that we have so few actual members (99) to help us spread information and support throughout the states. We have no members as far as we can determine from Alaska, Arkansas, Delaware, Indiana, Iowa, Kansas, Minnesota, Montana, Nebraska, New Hampshire, Nevada, New Mexico, North Carolina, South Dakota, Vermont, Virginia, West Virginia and Wyoming. We also have a large number of states with less than 5 members: Arizona, Connecticut, Georgia, Illinois, Indiana, Kentucky, Massachusetts, Missouri, Michigan, Mississippi, North Carolina, Ohio, Oregon, Rhode Island, South Carolina, Tennessee, Texas, Washington, West Virginia and Wyoming. The only states with more than five members are California, Colorado, New York, and Pennsylvania. It is our priority to change this in 2009! We want to have members in every state and to reach out to as many people outside of the United States as possible.

I want to remind all of you who are reading this, that the ECAA membership fee is $25 for single, $30 for couples. We have also changed the by-laws so that joining ECAA is a one-time event, providing lifetime membership. I speak on behalf of all the ECAA Board and current ECAA members in saying that we need help to reach EC patients and families. We want you to join us and help us grow!

A major goal for the Board of ECAA this year is to help Esophageal Cancer families in each state know one another. We would like to facilitate regional opportunities to get together, share experiences and work to spread knowledge about esophageal cancer throughout each state. If we had a coordinator-volunteer in each state, we could eventually form a network that would benefit all of us in terms of sharing hopes, dreams, courage and companionship. I will never in my lifetime forget the despair that I felt when my husband Dick was diagnosed, and we had only been living in a small town in Colorado for a few years. We fortunately had a friend being treated for colon cancer that directed us to the University of Colorado Medical School hospitals and it was there that we found superb care to treat a Stage IVB EC patient with multiple metastases like Dick survive and ultimately be free of detectable tumors.

If ECAA can form a network of members, we can go a long way to make certain that new EC families know that others care and as a group, we can provide knowledge and help in every state.

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President's Message - from page 2

We would be able to let every newly diagnosed patient join our community and know the comfort that others who have faced similar diagnoses can provide. I personally want to be able to tell every newly diagnosed patient that there are survivors, there are caring individuals near them, and they are not alone! Please join our team!

Finally, it is with great melancholy that I report for the Board members of ECAA that we have lost one of our most creative and dynamic members. Roger Tunsley has decided to resign from the Board and from the editorship of Swallow Tales. He has been the one individual most instrumental in spreading information about esophageal cancer in our organization the past two years. It was Roger's creativity that led to the development and production of Swallow Tales, our newsletter. It was his wonderful British sense of humor and personality that kept us going time after time.

I am happy to say that Roger did not resign for health reasons, and remains an EC survivor. He has been given major new responsibilities by his employer for a project in China and will be commuting for extended periods from his home in Massachusetts. Sadly, Roger and his wife Kathy have also been separated recently, as Kathy cares for her mother in the United Kingdom. Kathy's mother, ironically enough, also has a diagnosis of esophageal cancer. We send them both our heart-felt support and sympathy as they face this trying time in their lives.

It is hard to sum up the remarkable person named Roger that we came to know, but his irrepressible charm and his wry sense of humor, British style, has delighted all of us. I cannot describe the amazement that Dick and I felt when we first met Roger at a picnic held at Steve Preston's house in New York. Roger was still dealing with the aftereffects of his esophagectomy. He astounded and somewhat horrified us as he described how he tired of going for dilations of his 'stomaphagus' by his gastroenterologist after his esophagectomy and learned how to do it on himself. To hear Kathy's comments about how she left the vicinity so she could not hear the sounds of the "learning process" brought both laughter and sympathy from those of us present.

Roger, you have given more than any small volunteer organization like ours could ever expect from one individual. You may no longer be on our board, but you will always be part of us. You have left us with knowledge of a formidable spirit.

We want to hear from you often in the future. And most of all, we want you to know that all of us have gained so much from you, chiefly hope, laughter, and courage. Good luck, good health, and keep spreading laughter!

Lois Dickerman -ℰ-

INSURANCE COMPANIES
DON'T LOSE YOUR COOL

Are you having trouble getting cooperation from your health insurance company? Are they refusing to pay a claim or authorize treatment? Here are some Do's and Don'ts that I've picked up along the way.

Do examine your policy and know what is covered and not covered.

Don't loss your temper, keep calm, be polite, and be patient when talking to your insurance company.

Do ask for a supervisor or a manager if the service representative cannot help you.

Don't threaten the representative with anything that could be viewed as illegal.

Do be proactive and examine all claims, reimbursements and co-pays.

Don't refuse to pay a bill. Instead explain to the collections office that you are in a dispute with the insurance company. Most providers will understand and delay payment.

Do read and understand what your policy should cover and what it does not cover.

Don't be afraid to contact your states insurance commissioner or regulator. Most insurance companies do not want any interference from the state. Be sure to mention that you are contacting your state agency to the insurance company.

Do keep track of all calls and contacts with your insurance company as well as a summary of what transpired. Write down the date, names, telephone numbers, employee numbers, (if they will give them out) and ask the location of the call center. Print out all emails (in case of a hard drive failure).

Do follow the insurance company's grievance procedures to the letter. Keep duplicates of all correspondences.

Other tips. If you are on Medicare, the words "Medicare fraud" can cause insurance companies to sit up and take notice. The last thing they want is for a swarm of investigators to descend onto their company looking for problems. If you do suspect Medicare fraud, don't be afraid to report it. The same goes for suspected Medicaid fraud.

Anyone else have tips for dealing with insurers? Forward them to me at rginsberg@ecaware.org and I'll publish them in the next newsletter.

Robert Ginsberg -ℰ-

ECAA BOARD POSITIONS OPEN

Many people, when first confronted with this disease, are surprised and often angry that there is little information about EC in the public eye. They struggle to find information. They need to talk face to face with people who have walked in their shoes. They cry out “Why isn’t more done?”

Well, now is your opportunity to get involved and make a difference in people’s lives.

The ECAA is looking for volunteer members to join the board. The role of board member is a voluntary unpaid position, and the main contribution that any board member can bring to the association is the commitment and drive to help us fulfill our aim of increasing the awareness of this dire disease.

We are particularly interested in filling the position of Membership Coordinator. The task of the membership coordinator is to establish a committee of members that can:

Promote membership in the society.

Help to organize state, regional, and city groups for local support, outreach, fundraising, and publicity of our cause.

This role is demanding. It requires personal drive and time commitment. You must be competent with electronic communications and with record-keeping using computer spreadsheet and word processor software. The ability to relate to patients, survivors, care-givers, and loved ones is of course crucial.

If you have been wondering what you can do to fight this disease, now is your opportunity.

Please respond to Lois Dickerman at P.O. Box 55071 #15530, Boston MA 02205-5071. You can also email Lois at lxd@att.net.

LOCAL SWIM TEAM HELPS

NEW CARLISLE — Cancer almost killed Rusty Randall. It also gave him a deeper appreciation of life and of his place in the New Carlisle community.

"You grow up in a place, and you've got a lot of friends and family, but you don't realize what your friends are like until something like this happens," Randall said. "Just the support and the love and the care, everything, it was just huge. It just helped me get through everything I went through."

Randall, 41, was diagnosed with esophageal cancer on Aug. 15, 2007. He survived chemotherapy and two surgeries and was declared cancer free in December 2007.

Tonight, Feb. 21, the Tecumseh High School swim team, coached by Rusty's wife, Sheli, continues the fight against cancer that Randall waged so well. It will join the Tecumseh YMCA team for a swimathon from 7 to 11 p.m. to raise money for the Esophageal Cancer Awareness Association.

It's just another show of support from the community, and it's the reason Sheli Randall can look back and say this:

"It was a rough time, but when I look back, Aug. 15 was the best day of our lives," she said.

It was the best day not because of what they discovered that day, but because of what that day's discovery led to in the coming months.

By David Jablonski

Staff Writer

Saturday, February 21, 2009

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ESOPHAGEAL CANCER AND HUMOR

When Esophageal Carcinoma, (EC), enters one's life, many things change – and lives are never the same again. I think that it might be appropriate to give time to the topic of how we respond mentally to this evil disease, in other words how it affects our actions and thoughts. It may then be easier to understand some of conflicts that occur between individuals voicing their opinions by E-mail or on a web site.

This topic involves the patient with EC and their friends, contacts, and caregivers to an almost equal degree. Let me be personal in this discussion. As many of you know, I was diagnosed with adenocarcinoma at the gastresophogeal junction. A work up showed it to be stage IIa or stage III tumor, depending on which doctor's notes you read.

I am a pathologist, and at the time was in full time practice. My wife was immediately involved with me in the steps of defining the extent of the disease, deciding where to get medical advice, and selecting which treatment plan should be favored. I am now at a point of five years after the end of treatment. I received chemo-radiation followed by an Ivor Lewis esophagectomy. I have had no recurrence.

I'll now return to the discussion. When a diagnosis of EC is made and its seriousness is explained, the primary victim and caretakers alike almost always go through a phase of anguish and despair. At first the feeling is that a fatal outcome will soon come, even if the medical personnel did not intend to impart such an impression. It seems that our minds are so constructed that a period of grieving must occur, with accompanying depression and anger about having this cancer. We are usually able to push most of this aside and get to work on finding out what our options are.

Soon our time is filled with the myriad of decisions that must be made before the treatment starts. Then there are the immediate difficulties associated with the steps of therapy. Finally comes the stage of gradual recovery, waiting to find out what our fate will be. Most people dealing with the first stage of diagnosis and treatment see absolutely nothing funny at all about their situation whether they are the patient or the caregiver. They feel there is no time to step back and take things easy; that it is vital that they attack this affliction with all the energy and seriousness that is available. This is a correct decision at this point in time.

But later on, when only relatively minor problems are bothering us, we often find we are going to have to wait for quite a while until we will learn if the cancer is to return or if it is possible that we will be cured.

It is in this stage that a peculiar transformation in our thinking occurs. The hidden and poorly understood actions of the unconscious part of our brain's activity persuade us to stop dwelling on doom and disaster, (as my wife called it when I did that), and return to a more positive approach to life.

This involves humor. It seems incongruous that we should find a release of our troubles by laughing about them, yet it is a usual response to direful and dangerous situations. We often make a joke out of what has happened or soon may happen to us. This is very natural, and nothing to feel bad about, yet it can cause a lot of unhappiness between family members when one of the partners dealing with EC starts to make fun of things in spite of the seriousness of the disease, and another is still in a state of grief and depression.

This peculiar form of wit is called "Gallows Humor", in which a person about to be hanged makes jokes about "needing a longer neck anyway" or other inane response to the situation. It is like the story about the old pioneer that crawls back into camp after an encounter with the natives. Several arrows are deeply embedded in his body. As the joke goes, he is asked by the horrified bystanders how much this is hurting him. The answer is: "It only hurts when I laugh".

Let me return to my own story. I joked this way with my wife. Always being something of a comedian, I would make comments about what she would be able to do when I was gone or some other highly insensitive statement. I soon realized that she was not ready for this at all, and that such comments hurt her a great deal. So I stopped and thoroughly apologized. Now, after the danger has almost certainly passed, she also can make a joke about this topic – but it is exceedingly rarely done.

Thus we find that a large number of those people active on the web sites are waiting out the years that must pass before they will be in a NED stage. For those of us passing the time it seems that we need to find strength and release from many of our anxieties by joking about our difficulties and problems. It seems incongruous, but that's the way our minds are made to operate, and I, for one, believe it is a healthy thing. But these mental stages of responding to this most serious

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of life's problems must be dealt with as time gradually allows. For some, this process may never be ended.

This leads to various opinions about how serious or flippant our conversation and suggestions should be when we talk to each other on our electronic media. My conclusion is that those who are in a stage of extreme seriousness with high anxiety and loss of hope must learn to deal with those others who are further along in our stages of responding to this monstrously unfortunate turn of fate and are laughing about it. Those of us who have returned to a relaxed and positive state need to be most circumspect in just how funny we try to be.

No matter how long or short life may be, it is always far too short to live without happiness, and the humor that accompanies it. Let us live happily together.

Richard Stienmier, M.D.

December 15, 2008, revised Mar 15 2009

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What Can You Do To Help?

The ECAA is a small organization and depends upon membership, donations and merchandise sales for all income.

We have no paid staff; we are an all-volunteer organization.

So what can you do?

Join us – only $25 for life membership.

Purchase our pins, shirts, caps, and wristbands to help raise the awareness of this disease in our community.

Donate in memory of someone, or in support of someone in treatment.

Volunteer your time and energy to help us increase membership, form member groups, pass out information on EC, reach out to patients and caregiver.

Go to www.ecaware.org

SURVIVORSHIP: THE IMPORTANCE OF A TEAM

Some of you may have read or heard recently of the awards made by the Lance Armstrong Foundation to seven regional cancer centers to establish a network of care and to support Cancer Survivorship Centers of Excellence. One of the major features of this award is to help cancer centers coordinate care for cancer survivors with local area physicians. One major problem that has arisen over the years is that cancer survivors often have no support physicians to oversee their health after they have survived cancer. Many cancer patients have not had regular medical exams and care when they are initially diagnosed. Often oncologists are overwhelmed by the routine care and questions of survivors, when their time should be primarily focused on the treatment and management of patients actively fighting cancer. One of the seven recipients of this award in 2009 is the University of Colorado Medical Science Center, with oncology services at Anschutz Cancer Center, Aurora, Colorado.

As many of you know, this is the facility where my husband Dick was treated, after he was diagnosed in November 2004 with Stage IVB esophageal adenocarcinoma with metastases to lymph nodes, lungs and liver. We had already been told there was no treatment available for such advanced cancer by a local oncologist who gave Dick three to six months to live. Since we live in Colorado, Anschutz Cancer Pavilion was our next stop on a pilgrimage to find treatment. There we found an oncologist, Dr. Madeleine Kane, MD, PhD, who was willing to direct treatments for Dick with aggressive experimental therapies, although she made certain that we understood the odds were slim for survival. These treatment protocols included a clinical trial of chemotherapy drugs being studied for colon and stomach adenocarcinoma by NIH at that time, experimental irradiation for liver tumors using Yttrium 90 microspheres injected directly into the liver tumors, more or less standard multifocal irradiation to the wall of the esophagus over 28 straight days, and finally proton irradiation through a new Image Guided Proton Reactor, one of 6 such technically advanced instruments in the country, to two recurrent lung tumors. Dick has now celebrated more than two years free of detectable tumors, and is one of the few Stage IVB esophageal cancer patients ever to survive this degree of involvement without surgery.

However, the point to bringing this up is to emphasize that Dick was lucky enough to have his own "network" after his survivorship. Dick's local internist in our town, Dr. Frank Dumont, is a graduate of the University of Colorado undergraduate and medical school. As an undergraduate, he did an honors research project under the direction of Dr. Kane, Dick's oncologist. They therefore knew each other well and share mutual respect for one another. Although we live 85 miles from the Anschutz Cancer Center, Dick was followed during his

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ongoing cancer therapies for regular attention or immediate crises attention by Dr. Dumont, who communicated regularly with Dr. Kane. Whenever Dick had a problem, such as his bouts of cardiac atrial fibrillation during recovery from irradiation therapy to his esophagus or a still unexplained episode of extreme jaundice, Dr. Dumont was in immediate communication by phone and email with Dr. Kane.

Now that Dick has been free of all tumors for more than two years, regular evaluations to check his acid reflux and oversee his cardiac medications (Dick has coronary artery disease and had bypass surgery in 2000) are handled by Dr. Dumont. Dick is now scheduled for PET/CT scans for recurrence surveillance every 6 months and seen by Dr. Kane, his oncologist, only on a quarterly basis. It would probably not be necessary to visit Dr. Kane this often, if the recurrence risk for esophageal cancer were not so very high.

The purpose of the survivorship grants, such as those set up by the Lance Armstrong Foundation, are to foster this kind of partnership for cancer survivors, to assure that adequate surveillance is provided for the survivor and to free oncologists to focus their time more productively on cancer patients in active therapy. A clinical coordinator at Anschutz will be supervising this program to set up and coordinate the network of family physicians at the regional level to provide survivor oversight. We were just fortunate to have this type of cooperative arrangement as a matter of serendipity and circumstance, before organized networking established by a government grant.

Lois Dickerman,
President, ECAA

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To join the ACOR EC-Group mailing list, send an e-mail to
LISTSERV@LISTSERV.ACOR.ORG
with the command
SUBSCRIBE EC-GROUP
in the Subject line.

ESOPHAGEAL CANCER CHAT AND SUPPORT

New people may be interested in knowing that there is another place for support for EC patients, caregivers, and survivors along with the ECAA and the EC-Group affiliated with ACOR. It is in no way affiliated with the EC-Group or the ECAA, though most of our attendees do come from the EC-Group.

We have a Chat Group that can be accessed through ngc1514.com/chat. **We meet Sundays and Wednesdays at 8:00 PM ET** and everyone is more than welcome to attend. Some of us are long-term survivors and by our continuing to share our experiences, we make it at least a little easier, especially for people new to the EC struggle.

You may be interested in knowing how the Chat Group came into being. Many years ago, Connie DeLury, a caregiver for her husband, Walt, asked if anyone would be interested in getting together online to chat. The answer was a resounding “yes” and the EC Online Chat Group was formed. Roger Thompson was the first Host, assisted, I believe by Bill (Guy) Churchill, also an EC survivor. As an aside, Guy still attends Chat when he can. By the time I, an EC survivor, arrived, Chat was well established.

When the site for Chat changed, Roger went on to other things, and Lenny Mandel (a caregiver) hosted. Again, another site was needed and the timing was not good for Lenny to look for a new site, so Eric Greene, an EC survivor, kindly offered us the use of Parachat, accessed through his website. It was then that I, along with Ike Eichelberger, former caregiver and Chris Slaughter, also a former caregiver, took over the hosting job. We launched the Invitation to Chat notifications and Chat Reminders. In time Chris went on to other things and Homer Lathrop, a survivor, joined Ike and me as co-hosts. Homer co-hosted until he was well enough to return to work and no longer had the time, but still attends Chat when he can.

Sadly, Ike passed away a little over a year ago, and now I, along with Eric Greene, host Chat.

It is our pleasure to be involved with Chat, where we have been fortunate in meeting some really wonderful people. Everyone is just so respectful of everyone else. Attendance varies from week to week. Those that attend on a fairly regular basis soon find that they have made new friends and have contact outside the Chat sessions. It is a more intimate setting than the ECG, and many have commented how comfortable they are in a smaller setting.

We have never restricted what anyone shares. So many different topics are discussed and all are just so willing to share, especially the good, and regrettably, the bad. There are times when EC is not even brought up and we talk about things going on in our lives and the lives of our loved ones. But, if anyone at any time wants to ask questions or share concerns about any aspect of their EC journey that becomes paramount.

We look forward to welcoming new people as well as the return of any patients,long-term survivors, or caregivers who want to update us on how things are going for them.

Feel free to contact me, Mickey Love, at mlove33567@aol.com or you can also contact Eric Greene, at eric@ngc1514.com if you have any questions.

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.

Esophageal Cancer
Awareness Association

Membership Form

Thank you for your interest in membership of the Esophageal Cancer Awareness Association.

The ECAA depends on its active members to ensure our growth and to increase our ability to spread awareness of esophageal cancer to the general public and to the medical community.

ECAA life membership is $25.00 for a single membership or $30.00 for a couple (husband and wife, partnerships, patient and caregiver, and so on). This is tax-deductible.

Please send your details and a check for your membership to:

Dick Dickerman (ECAA Treasurer), P.O. Box 55071 #15530, Boston MA 02205-5071

Personal Details

Name (Last, First): ____

Address: ____

____

Phone :____________________________(H) ______________________________(M)

Email: ____

Interest (Optional)

- ☐ I am an esophageal cancer patient or survivor
- ☐ I am or was a caregiver to an esophageal cancer patient or survivor
- ☐ I am a medical professional
- ☐ Other (Please specify) ____

Volunteer Interest

- ☐ Form a local support or contact group
- ☐ Outreach to patients
- ☐ Distribute support materials at clinics and hospitals
- ☐ Membership campaigns
- ☐ Fundraising

Esophageal Cancer
Awareness Association

Show your colors and spread the word with ECAA merchandise: caps, shirts, wrist-bands, pins and magnetic ribbons, and bracelets.

Caps are off-white cotton with a navy blue bill. They sport the ECAA logo and the web site address.

Our polo shirts are white and embroidered with the ECAA logo on the left breast. They are a 50/50 cotton/polyester blend of 6.5 oz. material for long lasting good looks.

Our traditional t-shirts are pale blue with a large full-color ECAA logo on the front. The back has the message "ESOPHAGEAL CANCER – HARD TO SWALLOW" together with the association web address.

Wrist bands are silicone with one half blue and the other half yellow. They bear the ECAA web address and the slogan "Be EC Aware".

The pin is a great accessory for your outfit - formal or informal. Attractive and bound to provoke interest and questions, the pin is $^{7}/_{8}$ in. square. Quality manufactured in the USA, it is imprinted with the ECAA initials and logo, and the phrase "Be EC Aware". The background color is periwinkle blue.

The magnetic ribbon is in the association colors of blue and gold. It sports the association web address and the swallow logo. It measures approximately 6 inches tall and 2 inches wide. It is almost guaranteed to create interest and conversation.

Lastly, the bracelets are crafted with care and love by one of our members. This beautiful bracelet with its multicolored beads will accentuate any outfit. Each bead color represents a different type of cancer, for example pink is for breast cancer, teal is ovarian, and so on. Each bracelet is finished with a charm and a sterling silver awareness ribbon.

Please note: The bracelets are made to order and will be shipped separately from any other items that you may order.

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ECAA Polo Shirt</td>
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ECAA T-Shirt Front</td>
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ECAA T-Shirt Back</td>
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ECAA Cap</td>
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<td>
ECAA Wrist Band</td>
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ECAA Enamel Pin</td>
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ECAA Magnetic Ribbon</td>
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Cancer Awareness Bracelet</td>
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ECAA MERCHANDISE ORDER FORM

Item								Amount
Polo Shirt $16.00 each	Youth L	Youth XL	Adult M	Adult L	Adult XL	Adult XL	Adult XXXL	
	Qty	Qty	Qty	Qty	Qty	Qty	Qty	$
T-Shirt $12.50 each	Adult Small	Adult Medium	Adult Large	Adult XL	Adult XXL			
	Qty	Qty	Qty	Qty	Qty			$
Cap	One size fits all - $8.00 each					Quantity		$
Wrist Band	One size fits all - $3.00 each					Quantity		$
Enamel Pin	One size fits all - $3.00 each					Quantity		$
Magnetic Ribbon	$3.00 - each					Quantity		$
Cancer Awareness Bracelet	One size fits all - $15.00 each					Quantity		$
Sub-Total								$
Shipping and handling $1for orders totaling up to $9.99, $4 for orders from $10 to $39.99, $6 for orders totaling $40 or more.								$
I would like to make al donation to the Esophageal Cancer Awareness Association.					☐ $25.00 ☐ $50.00	☐ $100.00 ☐ $250.00	☐ $500.00 ☐ Other	$
I would like to become a lifetime member of the Esophageal Cancer Awareness Association.						☐ Individual $25.00	☐ Family $30.00	$
Total								$

Ship my order to:

Name: ____

Street Address: ____

City:______________________________ State:___________ Zip Code: ______________________

Phone#:______________________________ Fax#______________________________

Email Address: ____

Please make your check payable to the Esophageal Cancer Awareness Association.

Mail your completed order form and payment to:
Dick Dickerman (Treasurer)
Esophageal Cancer Awareness Association
P.O. Box 55071, #15530
Boston, MA 02205-5071

You can also become a member, make a donation or order merchandise at our website at www.ecaware.org.
Thank you for supporting the Esophageal Cancer Awareness Association

The Esophageal Cancer Awareness Association is a 501 (c) (3) non-profit organization.

Your gift is deductible to the fullest extent allowed by law