



Carcinoid Cancer Foundation Lecture Set

The Carcinoid Cancer Foundation is set to host the 12th lecture in its long-running, annual series. The date is April 26th at Mt. Sinai Medical Center in New York City.

Scheduled to appear are Dr. Richard Warner, Dr. Rodney Pommier and Dr. Phillip Boudreaux .

Details and registration form is on pages 4-8 of this newsletter. Below is an introductory letter from The Carcinoid Cancer Foundation.

Dear Conference Participants,

We need your help. For the first time since The Carcinoid Cancer Foundation™ began presenting lectures at Mount Sinai Hospital over a decade ago we find it necessary to charge a small fee for attendance. The very difficult economic circumstances our country is facing are affecting organizations large and small – including The Carcinoid Cancer Foundation. CCF’s mission to encourage and support research, education, and awareness of carcinoid cancer and related neuroendocrine tumors continues to be paramount and we need your support to

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Have You Noticed a Change?

Let’s start with the banner title on our newsletter...

For some time now, the success of the individual chapters of the Metro New York Carcinoid Support Group has allowed each chapter to work rather independently. This practice has been formalized in the official implementation of each chapter as its own,

independent support group. This brings to an end the name of the Metro New York Carcinoid Support Group, but the people and mission still live on.

This arrangement, as independent groups, has been advocated by the Carcinoid

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NJ Plans One Day Conference

The New Jersey Carcinoid Cancer Network has been at work putting together a one day lecture event being held on October 17th, 2009. This will be the first lecture held in New Jersey and we have chosen a location that is not only easy to get to, but fun to be at.

The place is Manahawkin, NJ. In “New Jersey Speak” that’s Parkway “exit 58” (as in “what exit?”). This is only

a few minutes from Long Beach Island, home to some of the best beaches in New Jersey.

Now it may be a bit cool in October to be in the water, but that water stays warm for a long time, leading to the region’s long fall season. That makes even walking the beach, or enjoying so many other outdoor activities an ideal time.

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Not Wanting to Miss a Beat

By, and with thanks to, Dominic T.

For those of us carrying the burden of carcinoid, the absolute best way to keep ahead of the illness is education and most of all, the support of family and friends.

Unlike most forms of cancer, carcinoid lends itself to many palliative and sometimes even curative approaches. Best of all, there is a great deal of specialized medical assistance

and support for anyone interested. In fact, a particularly good source for guidance and support can be found right here in New Jersey with the New Jersey chapter of the Metro New York Carcinoid Support Group [now known as the New Jersey Carcinoid Cancer Network].

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Upcoming Dates

April 26th, 2009 – Carcinoid Cancer Foundation 12th annual lecture, Mt. Sinai Hospital, New York City. See article on page 1 at left

May 3rd, 2009 – New Jersey Carcinoid Cancer Network meeting at Crossroads Christian Fellowship, Union, NJ, 1:30 PM. Contact Jim Weiveris at 609-812-9294 or Caring4Noids@aol.com

May 17th, 2009 - Long Island, NY Chapter meeting. Verify dates at www.carcinoidaware.org or call 516-781-7814.

September 24, 25 & 26, 2009 - 2009 National Conference, New Orleans, LA. Details will be published in a future newsletter or go to www.carcinoidawareness.org

October 17th, 2009- New Jersey Carcinoid Cancer Network lecture. Manahawkin, NJ. See article on page 1, to left. More information to follow.



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For newsletter subscriptions, questions & submissions please contact:  
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Phone/Fax: 609-812-9294  
[Caring4Noids@aol.com](mailto:Caring4Noids@aol.com)  
Mailing address is:  
9 Maplewood Dr.  
Little Egg Harbor, NJ 08087

# MNYCSG Becomes Two Groups

*Continued from Page 1*

Cancer Foundation for nearly two years. It was the Carcinoid Cancer Foundation who was instrumental in getting the Metro group started, as well as being the underpinning of most of the groups that have become offshoots of their work in this area. We are grateful for the assistance CCF has provided and their dedication to the support groups in many ways over the years.

The New Jersey Chapter has renamed itself as the New Jersey Carcinoid Cancer Network, while the Long Island Chapter is becoming an official part of the Carcinoid Cancer Awareness Network, Inc.

The New Jersey group is retaining the website at [www.carcinoid.us](http://www.carcinoid.us), while the New York group will have information available at the CCAN website of [www.carcinoidawareness.org](http://www.carcinoidawareness.org).

When the Metro New York group was formed, we believe it was thought that because of the rarity of carcinoid, it would take a very wide geographic area in order to attract enough patients and caregivers to form a comprehensive group. Hence the Metro area concept.

Increased awareness of carcinoid, in part due to the work of the many support groups, has led to increasing diagnosis. Also, the survival time has been increasing, leading to increased predominance of the disease. This all translates to more “noids” in an area and allows a smaller area to maintain a comprehensive group.

To be worthwhile, a group should not be one or two people who are all getting the same treatment. It needs to be a cross section of many people with many following different treatment paths.

The New Jersey Carcinoid Cancer Network will also be launching a new, companion website at [www.NJCarcinoidNetwork.org](http://www.NJCarcinoidNetwork.org)

An interim leadership structure is in place in NJ until formal selections can be held sometime in the future. To contact the NJ Carcinoid Cancer Network, e-mail Judy at [mjmkgo@aol.com](mailto:mjmkgo@aol.com) or call her at 201-891-2259. You can also call Jim at 609-812-9294 or e-mail him at [Carcing4Noids@aol.com](mailto:Carcing4Noids@aol.com). The mailing address is 9 Maplewood Dr, Little Egg Harbor, NJ 08087.

To contact the Carcinoid Cancer Awareness Network, Inc, call Maryann at 516-781-7814 or e-mail to [carcinoidawareness@aol.com](mailto:carcinoidawareness@aol.com). Their website is [www.carcinoidawareness.org](http://www.carcinoidawareness.org).

The MNYCSG newsletter, ironically, has come full circle. It began life in 2001 at the New Jersey chapter newsletter. As time went on, it was expanded to include the entire Metro group, as well as information from virtually all regions.

The newsletter will continue to be published by the New Jersey Carcinoid Cancer Network. Back copies will still be available on the former Metro website at

# NJ Lecture

*Continued from page 1*

We have put together an all-star line-up for the day. Our keynote speaker can't be heard at the national Conference this year; he is not on the agenda. Dr. Kjell Oberg will be coming from Uppsala Sweden. Dr. Oberg is probably the most renowned Carcinoid expert in the world.

Along with Dr. Oberg, we decided to ask the Carcinoid “guru” of the United States to join us, so Dr. Richard Warner will also be lecturing.

This event will also feature Monica Warner, Dr. Giuseppe Condemni and the popular open question and answer session.

This is going to be held at the new (only two years old) Holiday Inn on Route 72 in Manahawkin and we have blocked a small number of rooms at a reduced rate for those who wish to stay over. This time of the year is still considered “prime” so you will want to call early to take advantage of the reduced rate. Details will follow in the next newsletter.

We are going to do a few things a little different based upon feedback we have gotten at other events we have

[www.carcinoid.us](http://www.carcinoid.us). It is expected to retain that website address.

The investigation of feasibility of this change and time needed to investigate the procedures involved has taken a toll on the ability for us to produce a regular newsletter for the last several months. For that, we apologize and hope that the worst of this work is over.

attended. First of all, to keep the attendance fee as low as possible, we will have some light refreshments in the morning, but lunch will be up to the individuals. This eliminates a fixed fee for a lunch that some may not like or be able to eat.

Now in some venues, that may not work, but the area of this hotel, which also has a great restaurant, has many places to eat ranging from fast food, to chain restaurants, to locally established places. All are within a few minutes drive. We will provide a list and maps of these shortly.

Secondly, in order to not “conflict” with other groups, we have decided to not try for any grants or donations which might reduce the amounts available for others running events. That means, in order to be able to do this financially, we need to have a great turnout. We need you to be there.

The fee to attend is set at \$35. Registration has not yet been opened and we will make that available shortly. We also hope to offer an on-line registration.

Lastly, we have kept the event to one day to allow those who do not wish to stay overnight the ability to travel to and from the venue, all in the same day.

We are still finalizing the speaker list, so there may be some minor changes. We are also confirming topic titles and expect to be able to announce those soon.

Be sure to mark your calendar for Saturday, October 17<sup>th</sup> to be able to attend this special event.

# Not Wanting to Miss a Beat

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In a recent meeting, we were asked if any of us would care to volunteer written accounts of our carcinoid experiences. Given my sincere gratitude and fondness for my colleagues, I was happy to contribute this small effort for those whose support and guidance have meant a great deal to myself and my family.

My particular form of carcinoid originated in my small intestine. From there, it eventually spread to my liver. The disease was virtually asymptomatic for many years until facial reddening began to appear, growing increasingly more intense and frequent as time wore on.

From the onset, I understood that something was wrong and began an odyssey of visits to many different kinds of doctors in an attempt to diagnose the problem. Eventually, after approximately seven years, I finally found a doctor who made the connection between the symptoms and the disease. This occurred in 1993.

From that point, I was guided to specialists who recommended an immediate combination of chemotherapy and surgery. It seemed like a foregone conclusion that I would follow the initially prescribed treatment path, though that would change following my visit to Memorial Sloan-Kettering Cancer Center (MSKCC) for a second opinion.

In retrospect, my Sloan-Kettering consultation was a life-changing experience, but not in a positive sense. The recommendation passed off

surgery and chemotherapy as unnecessary options for the time being. Instead, I would be given the drug Sandostatin and evaluated on a quarterly basis. The reasoning was that some other malady would probably end my life before carcinoid. I decided to follow this less-harrowing path, feeling it was more cutting-edge and after all, how could I go wrong with guidance from a world renowned cancer treatment facility. Until mid-2004, I had no reason to doubt my decision.

By the summer of 2004, I noticed that could no longer climb a flight of stairs without feeling fatigue. Other warning signs began to appear as well, swelling in my legs, shortness of breath and general tiredness and weakness, all signs of a distressed heart.

Some years earlier, a friend who had also sought treatment at MSKCC experienced the same symptoms and eventually underwent heart valve replacement surgery. I recalled the conversation when my own symptoms appeared and suspected I was rapidly approaching a time of seriously invasive medical intervention.

It dawned on me that the passive treatment plan had literally blown up in my face.

In the ensuing months, as my symptoms became more pronounced, I visited a number of doctors and found the consultations inadequate. Even after the many years that had passed since my initial diagnosis, eleven to be exact, most doctors were still unaware of carcinoid and I

found, to my great alarm, that I was actually more knowledgeable on the subject than any of them. My own doctor at MSKCC recommended that I find help quickly, but offered no further guidance, nor could he offer leads on carcinoid/heart specialists. It became apparent that carcinoid was far from being his specialty and worse yet, he maintained this particular aspect of his medical practice in a veritable vacuum.

Meanwhile, my situation was deteriorating rapidly. It was becoming taxing to simply take a brisk walk without the sensation of overwhelming heaviness in my legs and abdomen. My other symptoms grew more burdensome as well.

At a near point of desperation, it was nothing short of a miracle that my brother happened to search the internet for carcinoid and found the New Jersey group. This critical discovery opened a doorway to guidance that literally saved my life. I say that completely without exaggeration. As I have often described it to our group, it was the equivalent of stumbling through a dark room and then having someone flip on a light switch for me.

So began a treatment path that called for two large-scale surgical efforts. The first, to repair my damaged heart and the second, a combined effort to excise the primary tumor from my small intestine along with debulking of tumor infested liver tissue. The heart surgery would come first. After sufficient healing time, some months later, I would have my abdominal surgery.

Following my meeting with the group, I had a plan in place. It began with a visit to carcinoid expert Dr. Richard Warner. Following a round of tests to fully assess my condition and to establish baselines, he guided me to Dr. Jerome Zacks, a truly exceptional cardiologist and Dr. David Adams, a highly respected Cardiac surgeon.

At long last, I had finally found exactly what I had hoped for, a team of doctors that worked closely together and clearly understood carcinoid.

After Dr. Zacks had conducted his examination and evaluated his round of diagnostic tests, he recommended meeting with Dr. David Adams to discuss scheduling for valve replacement surgery.

Shortly after, I met Dr. Adams along with my family. His extensive experience with carcinoid heart disease was apparent from the outset. He patiently explained to my family how the disease can sometime cause heart valve damage and described the procedures for repairing and replacing the affected valves. Having seen my test results, Dr. Adams was confident of a successful outcome.

Surgery was scheduled for May 13, 2005. I was to be admitted to Mt Sinai one day before, on the morning of May 12, for two pre-surgical procedures. Dr. Zacks and Dr. Adams decided upon an angiogram to take a closer look at the interior of my heart. At the same time, Dr Warner wanted to fully stabilize my carcinoid with a steady infusion of Sandostatin

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# Not Wanting to Miss a Beat

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before, during, and after my surgery.

On the evening of the 12<sup>th</sup>, Dr Adams and members of his team visited me to answer any questions. Later, a nurse visited to describe some of the more detailed aspects of my post surgical experience. One important bit of guidance concerned my waking from surgery with a breathing tube placed down my throat. She advised me not to panic and suggested that I imagine breathing through a straw. At the same time, my arms would be tied to the sides of my bed to prevent a potential panic-stricken, self-removal of the tube. Apparently, many patients react unfavorably and attempt to remove the tube on their own.

The next morning, orderlies arrived to take me to pre-op. I was whisked down a hallway to a bustling section of the hospital where patients were prepped for various surgical procedures.

I was visited by my anesthesiologist who introduced himself and explained his efforts during the surgery. Together with a nurse, they began with insertion of an IV line into my wrist and another line into my arm.

Once those lines had been established, in very short time, the first round of sedation had me fast asleep. It was perhaps 9:30 am at this point. For the next nine hours, I would be subjected to a more intensive than expected effort to repair the damage to my heart caused by carcinoid.

Assessing the condition of my heart valves during the course

of the surgery, Dr. Adams found that my right side vales, the tricuspid and pulmonic, were badly stenosed and retracted.

The damaged state caused them to not seal properly after each beat, and this in turn caused a regurgitation of blood flow back into the heart chambers from where it was being pumped. The net effect was that my heart was beating harder and faster in order to keep up and had now become enlarged as a result of the strenuous effort.

Upon further inspection, damage was found to my mitral and aortic valves. Dr. Adams decided to perform the double valve replacement along with the double valve repair during the course of the same surgery!

Before the procedure, the doctors recommended use of bovine valves as opposed to artificial valves. The difference was that post-surgically, the bovine valves would not require a lifetime of blood thinning medication. It was considered the better approach in my case because of the upcoming abdominal surgery.

The drawback with bovine valves however, is that they tend to wear out in anywhere from five to ten years. Not so for artificial valves, which can last a lifetime.

Having drifted off following the introduction of sedation, I now felt myself awakening in a hazy post-surgical state. As I had been warned, a breathing tube was indeed lodged in my throat and my hands tied to the side of the bed. My family was in ICU and wanting to reassure them;

I gave them a thumbs-up sign and drifted off the sleep.

I woke up again at approximately 3:00 am and a nurse was immediately at my side. She indicated that I was breathing well enough on my own to remove the tube, but that it was standard procedure to leave it in place for a fixed number of hours after surgery.

I must say that the post-operative experience was painless. While, the various tubes were somewhat uncomfortable, I was surprised that I should come out of such an intensive surgical procedure feeling as well as I did. By the third day, I did suffer a setback in my general well-being as the medications began wearing off, but that was expected.

I was in ICU for a total of about four days. During the morning of the first day, the breathing tube was removed, followed by removal of two chest drainage tubes on the third day. On the fourth day, the wrist IV line was also removed. In between my dressings were changed and new IV lines were started. Various medications were administered every four hours approximately, not to mention blood draws.

Between the noise and the staff visits, it was nearly impossible to sleep for any appreciable length of time. I should also mention that getting out of bed and walking was encouraged by the second day after surgery. With a minimal amount of help from my nurse, I was able to move about, though the various tubes and devices made it somewhat awkward.

For the following four days, I was moved to a "step-down unit", a large a recovery room of four beds staffed with one

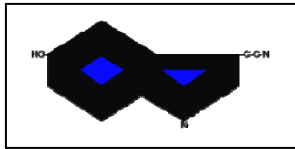
nurse. During my stay there, the catheter was finally removed. Along with the medications, daily chest x-rays were taken. I was able shave and bathe myself each day at this point, although it took an effort to do so.

Finally, roughly one week after surgery, I was moved to a two-bed room where I would spend my last five days. The infusion of Sandostatin was continued though this point with self-injections every six hours. Sleep was still an issue as I found that nurses weren't shy about turning on lights to tend to my roommates. When I was finally allowed to leave the hospital, it was truly a happy moment.

The first week at home was daunting. It was an uncomfortable feeling to not have medical staff ready at a moment's notice. I was weak and feeling the effects of body trauma. Looking back, it seemed as if the healing was a slow, gradual process that was best assessed in two week increments. Through the next two months, I improved to the point where the prospect of working on a regular basis was something I felt was feasible. After eight weeks, I was back on a regular work schedule.

Or course, no sooner than I had regained the majority of my strength, that I was already planning for the next surgery just four months later! Two more surgeries would follow, the fourth of which would be yet another heart procedure! We'll leave that for next time however...

*Editor's note: Special thanks to Dominic for his time and effort in this article. We look forward to be able to publish more of his continuing journey.*



## THE CARCINOID CANCER FOUNDATION™

presents

### On The Cutting Edge

#### *Advances in Surgery for Carcinoid & Neuroendocrine Tumors*

A symposium for patients, family, friends, and  
healthcare professionals

**Sunday, April 26, 2009**

**1:00 – 5:30 pm**

Goldwurm Auditorium, 1st Floor, Icahn Institute  
Mount Sinai Hospital, New York, NY

Introductory Remarks by

***Richard R.P. Warner, MD***

Professor of Medicine, Mount Sinai School of Medicine,  
NYC

Medical Director, Carcinoid Cancer Foundation™

### **Guest Speakers**

***Philip J. Boudreaux, MD, FACS***

Professor of Surgery  
LSUHSC School of Medicine, Kenner, LA

***Rodney F. Pommier, MD***

Professor of Surgery  
OHSU Cancer Institute, Portland, OR

**Q&A: Physician Panel**

**Refreshments**

**Patient and Caregiver Survival Stories**

Meet your local support group leaders and members

**Together We Make a Difference**

RSVP before April 15

*Directions on next page*

## CCF 12<sup>th</sup> Lecture

*Continued from Page 1*

ensure that we fulfill this mission. Thus, we have set a fee of **\$20.00 per person** for attendance at the April 26<sup>th</sup> event to help cover a portion of the Foundation's expenses for the day. This fee can be treated as a tax-deductible donation.

Checks can be made payable to The Carcinoid Cancer Foundation and mailed with your registration to:

Carcinoid Cancer Foundation  
333 Mamaroneck Avenue,  
#492  
White Plains, NY 10605

Registration fees can also be paid with Visa, American Express, or MasterCard either online or by phone. Online, go to the [www.carcinoid.org](http://www.carcinoid.org) home page, select Online Donations (Donate Now, Online), then choose MSH Conference under Donation Designation. Or call 888-722-3132, Tuesday, Wednesday or Thursday, between 10 am and 4 pm and we will submit the credit card payment for you.

The generosity of individual donors, businesses, corporations, and foundations continues to be vital to the Foundation in order to best serve the carcinoid cancer/neuroendocrine tumor community. Donations are welcomed and appreciated, especially as we experience economic challenges. You can make a difference.

Gratefully,

Carcinoid Cancer Foundation  
Board of Directors and Staff

## DIRECTIONS (TO THE GOLDWURM AUDITORIUM AT MT. SINAI HOSPITAL)

**THE GOLDWURM AUDITORIUM is located in the Mount Sinai Hospital Icahn Institute at 1425 Madison Avenue , SE corner of 98<sup>th</sup> Street, (Upper East Side of Manhattan).**

*Parking is available on 99<sup>th</sup> Street between Madison and Park Avenue*

**By Subway** : Take # 6 to 96th Street and Lexington Avenue. Walk west on 96th Street to Madison Avenue. Turn right and walk to 98th Street. Entrance to Mount Sinai Hospital Icahn Institute is on the right side of Madison Avenue, at 1425 Madison Avenue, SE corner of 98<sup>th</sup> Street.

**By Public Bus** :Take M1, M2, M3 or M4 Bus (Fifth Avenue Buses) traveling South to 98th Street Stop. Mount Sinai Hospital Fifth Avenue Entrance) is located on 98th and Fifth Avenue.

Take M1, M2, M3.or M4 Bus (Madison Avenue Buses) traveling North to 98th Street Stop. Mount Sinai Hospital The Icahn Institute entrance is located at 1425 Madison Avenue, SE corner of 98<sup>th</sup> Street.

### **By PATH Train**

Take PATH Train (from NJ) to 33rd Street. Transfer to N or R subway, 34th Street station. Take Uptown N or R to Lexington Avenue. Transfer to #6 subway, 59th Street station. Follow #6 subway directions above.

### **By Car**

#### **From Manhattan's East Side**

Take FDR Drive to 96th Street and turn onto East 96th Street. Follow until Madison Avenue. Make right turn to 100th Street. Mount Sinai Hospital is on 100th Street and Madison Avenue. The Icahn Institute entrance is located at 1425 Madison Avenue, SE corner of 98<sup>th</sup> Street.

#### **From Manhattan's West Side**

Take West Side Highway to 96th Street Exit. Travel across West 96th Street, through Central Park. Follow East 96th Street to Madison Avenue. Turn left. Mount Sinai Hospital is on 100th Street and Madison Avenue. The Icahn Institute entrance is located on 1425 Madison Avenue, SE corner of 98<sup>th</sup> Street..

#### **From Brooklyn and parts of Queens (Brooklyn Bridge)**

Take Brooklyn-Queens Expressway to Brooklyn Bridge Exit. Follow signs to FDR Drive North. Exit FDR Drive at East 96th Street. Follow traffic onto E. 96th Street to Madison Avenue. Turn right on Madison Avenue. Mount Sinai Hospital is at 100th Street and Madison Avenue. (The Icahn Institute entrance) is located on 1425 Madison Avenue, SE corner of 98th Street.

#### **From Brooklyn and Staten Island (Brooklyn Battery Tunnel)**

Take Verrazano Bridge (Staten Island only) to Brooklyn Queens Expressway. Follow signs on BQE to Brooklyn Battery Tunnel. Turn right out of Tunnel. Take West Street to West Side Highway. Exit at W. 96th Street and follow through Central Park to Madison Avenue. Turn left on Madison Avenue. Mount Sinai Hospital is at 100th Street and Madison Avenue, the Icahn Institute entrance is located on 1425 Madison Avenue, SE corner of 98th Street.

#### **From Queens, Long Island and parts of Brooklyn (Triborough Bridge, 59th Street Bridge)**

Take Grand Central Parkway (West) to Triborough Bridge to the FDR Drive. Exit at 96th Street. Follow until Madison Avenue. Turn right on Madison Avenue. Mount Sinai Hospital is on 100th Street and Madison Avenue. The Icahn Institute entrance is located at 1425 Madison Avenue, SE corner of 98th Street.

#### **From Westchester and New England**

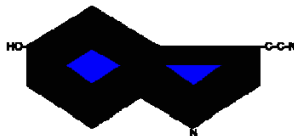
Take New England Thruway (95 South) to Triborough Bridge to FDR Drive. Exit at 96th Street and turn right onto E. 96th Street. Follow until Madison Avenue. Turn right on Madison Avenue. Mount Sinai Hospital is on 100th Street and Madison Avenue. The Icahn Institute entrance is located at 1425 Madison Avenue, SE corner of 98th Street.

#### **From Upstate New York**

Take New York State Thruway (87 South) to Major Deegan Highway (same road). Exit at Willis Avenue Bridge and bear right. Follow signs to FDR Drive. Exit at 96th Street. Turn right at 96th to Madison Avenue. Turn right on Madison Avenue. Mount Sinai Hospital is on 100th Street and Madison Avenue. The Icahn Institute entrance is located at 1425 Madison Avenue, SE corner of 98th Street.

#### **From New Jersey**

George Washington Bridge to West Side Highway. Exit at 96th Street and travel across 96th Street through Central Park to Madison Avenue. Turn left on Madison Avenue. Mount Sinai Hospital is on 100th Street and Madison Avenue. The Icahn Institute entrance is located at Madison Avenue, SE corner of 98th Street.



## The Carcinoid Cancer Foundation™

### REGISTRATION FORM

#### On the Cutting Edge

*Advances in Surgery for Carcinoid & Neuroendocrine Tumors*

Symposium at Mount Sinai Hospital, New York, NY

**April 26, 2009, 1:00 - 5:30 pm**

#### **3 WAYS TO REGISTER: RSVP before April 15**

We are serving light refreshments and need to know how many will attend.

1. **By phone:** 888-722-3132 (Tuesday – Thursday, 10 am – 4 pm)

If no answer, leave a message and a CCF staff member will return your call.

2. **By E-mail:** Copy, complete and paste information from the form below and send to:  
carcinoid@optonline.net (with **MSH Carcinoid/NET Symposium** in the subject line)

Send check by snail mail or pay online <http://tinyurl.com/bwbnwf> (click on Donation Designation)

3. **By Snail Mail:** Print, complete form and mail with check to:

The Carcinoid Cancer Foundation™, 333Mamaroneck Avenue # 492, White Plains, NY 10605

Name \_\_\_\_\_ ( )

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Total number of attendees in my party (including me) \_\_\_\_\_

Their Name \_\_\_\_\_ ( )

Their Name \_\_\_\_\_ ( )

Their Name \_\_\_\_\_ ( )

Indicate in the parenthesis after each name if you and those in your party are a patient (P), Spouse (S), Family member (FM), Friend (F), Physician (MD), other health care professional (HCP), Other (O) please specify.

**A \$ 20.00 per person tax deductible fee is required at the time of registration payable either by check or online  
<http://tinyurl.com/bwbnwf> (click on Donation Designation drop down list and choose MSH conference)**

## FOR FUTURE PLANNING

If you are a patient, we would be most appreciative if you could complete the following. This will help guide us when we select future symposium topics.

I have carcinoid: Yes  No

What is the site of my primary tumor(s)? \_\_\_\_\_ Don't Know

Is your carcinoid: typical  atypical  Don't Know

Do you have carcinoid syndrome? Yes  No

I have another type of neuronendocrine tumor: Yes  No

Please specify type \_\_\_\_\_

## THANK YOU

Please return this portion with your registration