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## Dedicated Advocates for Patients on Clinical Trials



Research nurse Sara Simeone manages David Dugan's care while he's on a clinical trial for lung cancer.

When Sara Simeone, RN, talks to a patient about entering a clinical trial, she has one overriding concern—the patient's well-being. "A patient advocate, that's primarily how I describe myself," asserts Simeone, who's one of a special coterie of research nurses at Norris Cotton Cancer Center who manage the care of patients on clinical trials.

"The research nurse is really the person who is the advocate for patients as they go through their research experience," explains Cheryl Carlson, RN, BSN, who oversees many of the research nurses and is a research nurse for patients on neuro-oncology trials.

A clinical trial is one of the final steps in cancer research that can result in medical advances for patients, such as a new drug, or a new approach to surgery or radiation therapy. "The only way to increase cure rates is through new therapies," says Marc Pipas, MD, medical director of the Office of Clinical Research. "The clinical trials process is the only way to achieve this goal."

### Making the Decision

The backbone of clinical trials is the patients who volunteer. The job of a research nurse is to make sure trials run smoothly and are conducted in the best interests of these patients. David Dugan hadn't smoked in 22 years when he was diagnosed with non-small cell lung cancer in 2007. He was interested in clinical trials from the beginning, and his medical oncologist, Konstantin Dragnev, MD, suggested two. "We were looking at all the possibilities," explains Dugan.

As a research nurse for lung cancer patients, Sara Simeone worked with Dugan from the beginning. "Everyone here has been terrific," he says, "but Sara's the person I see the most."

Simeone made sure Dugan and his wife, Margaret, understood what was involved with the trial—the types of drugs, the schedule of treatments, the possible side effects—before he agreed to participate. "Patients hear new information, new words, and they're reeling," says Simeone. "I feel it's really important to give the patient a lot of space to make the decision to join a clinical trial."

After explaining carefully in plain terms the purpose, benefits, and risks of a trial—what's called "informed consent"—Simeone encourages patients to go home and think about it. She wants them to fully understand what they're taking on. Although she has never had a patient withdraw from a trial, she's always clear that's an option.

### It Takes A Village

Dugan chose a clinical trial in which two standard drugs were combined with a new one to boost effectiveness, what Simeone calls "making what's already good better." It's one of the most common types of clinical trials. Once patients are on a trial, the research nurse becomes the point person working on the their behalf. Research nurses coordinate communication between a myriad of medical personnel—nurses, oncologists, pharmacists, primary care physicians, researchers, data entry specialists, and social workers. Simeone checks in with Dugan every time he has chemotherapy and is his go-to person when he has a problem related to treatment. When he felt lousy after chemotherapy, she arranged for him to receive fluids at a hospital close to his home near New London. "Sarah's been terrific," says Dugan.

"It takes a village to do a clinical trial," says Sarah Drury, RN, who manages hematology as well as head and neck cancer patients on trials. As a research nurse, Drury coordinates the sometimes complicated research protocols that define patient care plans. A protocol may involve a complex combination of drugs or a special schedule of treatments. Patients may experience symptoms that are severe or be on a treatment that is their last, best hope. In a single day Drury may act as a treatment coordinator, patient advocate, budget analyst, sympathetic listener, and gofer. She even walks down to the special pharmacy where the research drugs are dispensed and hand carries them to her patients.

At the same time, the research nurse is constantly making sure the patient maintains a good quality of life. Drury encourages her patients to call whenever they have a concern, however small or inconsequential it might seem at

first. "I tell them to call me no matter what, even if it sounds silly," she says.

Simeone enthusiastically agrees. "I'd rather a patient call me and let me be the one to decide if something is a big deal, rather than worrying. I want to know every little thing," she says. Simeone was a triage nurse before "jumping at the opportunity" to apply her skills to research. She manages the care for 50 lung and esophageal cancer patients, half of whom are on active clinical trials. The other half have completed trials but she continues to follow up with them regularly.

### **A Team of Experts**

The Cancer Center offers close to 150 clinical trials that range from chemotherapy regimes and drug combinations to the effects of lack of sleep on cancer patients. Drury and Simeone are experts on the trials in their specific medical areas, as are Robin Davis, RN, for

prostate and gastrointestinal trials; Teresa Didehbana, RN, for melanoma and geritourinary trials; Brian Highhouse, RN, for Phase I trials; and Susan Hewes, RN, for radiation therapy trials. Jeanne Popielarz, RN, who has 30 years of experience with research trials, manages follow-up care for clinical trials patients at Norris Cotton Cancer Center at Catholic Medical Center in Manchester, New Hampshire. The expanded Manchester location allows clinical trial patients in the southern part of the state to receive care closer to home.

"I'm very privileged to be given the opportunity to enter these patients' lives at this time," says Simeone, who expresses a common sentiment among the research nurses. "The transformation you can see is remarkable. The strength that they have, I really admire."

David and Margaret Dugan



# Care

## That Matters

New facility at Catholic Medical Center provides integrated cancer care close to home in Manchester

Diagnosed with peripheral T-cell lymphoma a few years ago, Russell Nelson of Bedford, New Hampshire, began seeing hematologist Marc Gautier, MD, at Norris Cotton Cancer Center. Nelson took advantage of the Cancer Center's then new location in southern New Hampshire, at Dartmouth-Hitchcock Manchester.

In February, 2006, Nelson had an autologous stem cell transplant—an advanced procedure that returned Nelson's own, healthy stem cells, saved prior to his treatment for lymphoma. Nelson traveled to Norris Cotton Cancer Center in Lebanon only for the transplant, but otherwise received his care—bone marrow aspirations and preparation for the stem cell transplant, as well as chemotherapy to kill the lymphoma cells—in Manchester, 15 minutes from his home.

Once again on treatment, Nelson now sees Gautier at Norris Cotton Cancer Center's new location in Manchester at Catholic Medical Center, which opened in early 2008. Located in the Notre Dame Pavilion, and connected to the Medical Center by a new Sky Bridge, Norris Cotton Cancer Center at CMC brings together complete inpatient and outpatient medical oncology services in one convenient location for patients.

Comprehensive services include infusion therapy, clinical trials, bone marrow biopsies/aspirates, cancer genetic counseling, pharmacy, laboratory, and supportive services such as social work, nutritional counseling, dietary

services, and pastoral care. The new, larger space in the Notre Dame Pavilion also allows for interdisciplinary cancer clinics, a new model for cancer care delivery that brings several cancer specialists for a particular type of cancer together at one time and greatly improves patient-centered care.

The latest addition to our network of regional locations and partner hospitals, Norris Cotton Cancer Center at CMC increases access in southern New Hampshire to the expertise, research knowledge, clinical trials, and specialized care of the state's only National Cancer Institute-designated Comprehensive Cancer Center.

Yet it is the way the expertise and specialized care is delivered that matters most to patients, says Laurie Thiboutot of Nashua, New Hampshire. "I've noticed that the philosophy at the Cancer Center in Manchester is that they don't just treat the cancer, they treat the whole person," she says.

Thiboutot, who was diagnosed with breast cancer in 2001, has received all her care from

oncologist Gautami Rao, MD, first in Nashua, and then in Manchester. No matter the location, Thiboutot says, Rao and her staff make sure that "each of her patients is being cared for with the latest technology and the best treatment for the individual patient." Russell Nelson agrees. "They treat me like family," he says. Dr. Marc Gautier gives him all the time he needs to ask questions and understand his treatment.

When Laurie Thiboutot received news of her cancer, she was faced with a decision. "You can either have it consume you, or you can beat it," she says. With a positive attitude, her strong community of support, and the care and expertise of Norris Cotton Cancer Center, Thiboutot is determined to beat it. "I have chosen to take the positive route, and I'm going to see it through the best that I can, and with the technology that's available for me."

The integration of services available at Norris Cotton Cancer Center at Catholic Medical Center benefits patients like Thea Meyer (right), whose physician's assistant, Darren Pelio, provides patient-centered care from diagnosis and treatment to survivorship.



The infusion therapy suite is a comfortable environment for patients like Barbara Theberge (left and below) to receive treatment and also visit with her father, Gerard Rozett, and nurse Michelle Dupille.

Patient Robin Williams (left) is cared for in Manchester by Dr. Gautami Rao. Regional partnerships bring the comprehensive cancer care available from Norris Cotton Cancer Center to Hospitals in New Hampshire and Vermont.



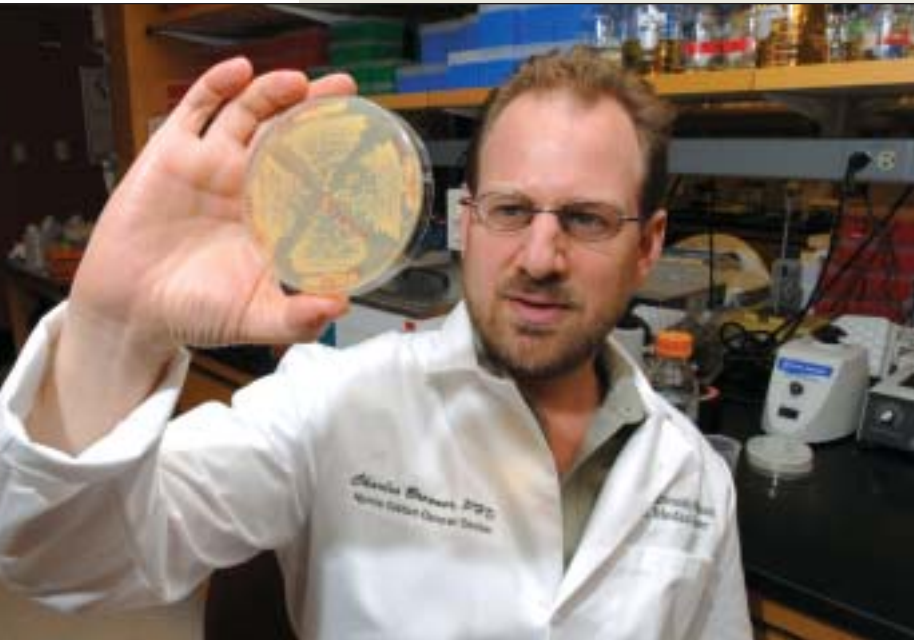
**“They don’t just treat the cancer, they treat the whole person.”**

*Laurie Thiboutot, patient*



## New Vitamin May Relieve a Painful Problem

One of the long-term side effects of receiving high doses of anticancer drugs can be



ends of a scientific experiment, Brenner's lab discovered a molecule that may provide a pathway to treatment.

At the center of Brenner's work is a vitamin he discovered, called NR (nicotinamide riboside), which is found naturally in milk. NR is used for the synthesis of NAD (nicotinamide adenine dinucleotide), a compound fundamental to the production of energy in all living systems. Brenner found that giving yeast cells NR increases NAD synthesis, which boosts activity of an enzyme called Sir2 and extends the lifespan of yeast cells. The benefits are not confined to yeast. In mice, NR also protects particular neurons from damage. "If you give peripheral neurons NR, you can protect them from conditions that cause degeneration," explains Brenner. However, the cellular mechanism by which NR works is not understood entirely. It's not known, for example, if Sir2 is the real key to protecting neurons.

With the help of funds generated by the Prouty, Brenner, a geneticist and biochemist, has begun preliminary work with clinical pharmacologist Lionel Lewis, MB, MD, synthetic chemist Alex Pletnev, PhD, and surgeon Jack Hoopes, DVM, on a dosage study to determine how much NR is required to create a protective effect. "We'd like to translate our basic science discoveries into a first of its type agent that would protect cancer patients from the neurotoxic effects of chemotherapy," explains Brenner. A pill to protect against nerve damage is a long ways off, but such a drug might also be able to protect against development of other neurodegenerative diseases. Until then, Brenner and his colleagues continue to unlock the mysteries of how cells work. "That's basically what we try to do every day," he says.

peripheral neuropathy, often experienced as pain and numbness in the hands and feet. The National Institutes of Health describes it "like static on a telephone line," disrupting communication between the brain and spinal cord with other parts of the body. "Cancer chemotherapy agents are intended to target tumors," explains Charles Brenner, PhD, associate director of basic science, at Norris Cotton Cancer Center, "but the collateral damage of chemotherapy can damage neurons, particularly in the peripheral nervous system."

According to Ellen Lavoie Smith, PhD, ARNP, director of the Cancer Survivor Program and a specialist in peripheral neuropathy, there currently is no good treatment to prevent or treat the condition. "There are things that have been used, but nothing is a home run right now," she says. But during the rigorous tying up of loose

Charles Brenner, PhD, discovered a new vitamin that could protect against peripheral neuropathy.

*Researchers at the beginning of their careers face a significant hurdle.*

*In order to compete for the highest level of research support, investigators need to show promising preliminary scientific data. But without financial support, that's difficult to accomplish. The American Cancer Society recognizes this problem, and recently awarded Norris Cotton Cancer Center money to support new projects that show great promise. Three of those research investigations are profiled here.*



### Explaining Disparities in Cancer Care

African American cancer patients receive lower quality care and have higher mortality rates than Caucasians. According to Tracy Omega, PhD, "African Americans with cancer are less likely to receive the recommended therapy and are about 20% less likely to be alive at the end of three years." Yet studies have shown that when African Americans and Caucasians receive cancer care from the same facility, treatment and mortality rates are similar.

Omega, who has written about geographic differences in access to specialized cancer care, will examine where African Americans and Caucasians go for their cancer care and whether that setting is responsible for the disparity in care and mortality. She will utilize a large national database of breast, lung, colorectal, and prostate cancer data to determine if attributes such as patient volume and nurse per bed ratio might account for the differences. She is also evaluating how short-term complications and post-treatment screening affect long-term health.

### Cigarette Smoke Causes Genetic Changes

It's not surprising to find cancer in places that come in direct contact with cigarette smoke: the lungs, head, and neck. However, exposure to cigarette smoke is also linked to higher cancer rates in organs that are not directly exposed to cigarette smoke, including the breast, bladder, colon, cervix, pancreas, kidney, and liver. Lung cancer studies have proven that exposure to cigarette smoke can turn on harmful genes and turn off genes that protect against cancer.

Margaret Crane-Godreau, PhD, a researcher in microbiology and immunology, is testing the hypothesis that similar damaging genetic changes also occur in the uterus and colon as a result of cigarette smoke. She will conduct an analysis of gene expression in the lungs, uterus, and colon to determine what genetic changes take place after cigarette smoke exposure. Her work could provide a greater understanding of how genetic changes caused by cigarette smoke set the stage for the development of cancer.

### Predicting Bladder Cancer Risk Factors

Bladder cancer, which is responsible for 3% of all cancer deaths, is most likely caused not by a single risk factor but by the influence of thousands of genes on vital chemical processes in the body. Predicting an individual's vulnerability can require a powerful computer and lots of time crunching data. "When the number of variables is large, there are an effectively infinite number of combinations that could be evaluated," says Jiang Gui, PhD, a biostatistician and cancer researcher. Gui plans to simplify these complications by identifying only the most important gene interactions affecting a patient's survival. He is developing a modified version of a well-known data mining method that would include variables such as age, smoking status, and tumor grade in its calculations. His method will create a new process that links genetic variations with survival data, potentially identifying specific gene pairs that are risk factors for bladder cancer.

# Survivorship Clinic Reaches Out



Tara Weatherell has been cancer free since last summer but she continues to see nurse Anna Schall for follow-up.

**“Anna talked to me about the things that could happen. She helped me with not just the cancer, says Tara Weatherell (left), with her mother, Sue Rogers.**



There's good news in cancer research and treatment: cancer patients are living longer. More than 65% now live more than five years beyond their diagnosis, a number that has been steadily increasing for 20 years. While that's great progress, the challenges facing cancer survivors do not end when they walk out of the clinic. Survivors may continue to have unpleasant side effects as a result of treatment. They may feel tired and anxious, or fear the cancer will return. Even the happy event of completing treatment can be fraught with anxiety; after months of constant oversight by a team of specialists, survivors can feel suddenly frightened and adrift without them.

An innovative new Survivorship Clinic at Norris Cotton Cancer Center is reaching out to cancer survivors, and addressing a myriad of immediate and long-term issues related to cancer. Created and run by advanced practice nurses, the clinic serves the needs of anyone whose life has been touched by cancer, whether as a patient, family member, friend, or caregiver. Beginning in June, a multidisciplinary team of nurse practitioners, physical therapists, a nutritionist, chaplain, psychologist and other providers will be available as needed to address the various chronic or severe issues that can arise for survivors, such as nerve pain, osteoporosis, hot flashes, anxiety, depression, sexual dysfunction, and spiritual issues.

## **The Side Effects of Cancer**

At the age of 26, Tara Weatherell was diagnosed with Hodgkins lymphoma after she found a golf ball sized lump under her armpit. She underwent chemotherapy, and lost the long hair that once cascaded down her back, but she's been cancer-free since last summer. Weatherell laughs about the forgetfulness that plagues her now, a side effect of chemotherapy, but she

admits to struggling at times.

Weatherell sees Anna Schall, ARNP, at follow-up appointments and they discuss the anxiety, night sweats and sensitivity in her fingertips that are a problem. “Anna talked to me about all the things that could happen,” says Weatherell. “She helped me with not just the cancer.” Still, Weatherell has been afraid to grow out her hair, for fear the cancer might return and she'd have to cut it off again.

# Cancer Survivors Day May 31, 2008

## Creating Balance in a Life Touched

Nurses in the Survivorship Clinic recognize that even patients like Weatherell, who smiles and jokes easily, can experience physical and emotional side effects as a result of cancer. An important component of what the clinic offers is educational programs and interventional services for smoking cessation, bone health, fatigue, exercise and rehabilitation, intimacy and sexuality, cognitive problems, and other issues, which are scheduled during the clinic.

Any cancer survivor can call the Survivorship Clinic for help. Although a referral from a provider is encouraged, it is not required. "A patient can be seen whenever they need to be seen," emphasizes Karen Skalla, ARNP.

### Transitional Care Plan

An important component of the clinic's services is the Transitional Care Plan, a summary of a patient's treatment history (e.g., surgery, chemotherapy, radiation) that serves as a common understanding for patients, their referring provider and primary care physician, as well as any new provider they see in the future. It also lays out a detailed roadmap for follow-up care. "We want patients to know what to look out for," says Skalla. The Transitional Care Plan is currently provided to a subset of patients, but eventually all cancer patients who come to the Survivorship Clinic and their primary care providers could receive one.

An ongoing research project has demonstrated the success of the Transitional Care Plan with clinicians. "Our survey of primary care providers who have received a Transitional Care Plan shows they're very happy with it," says Ellen Lavoie Smith, PhD, ARNP, director of the Cancer Survivor Program. "It's helping them understand their patients' history better and what their needs are." The Survivorship Clinic also has begun working with the New Hampshire Department of Health and Human Services to assess the needs of cancer survivors throughout the state.

The nurses who envisioned the Survivorship Clinic understand that surviving cancer is not as simple as walking out the door. Nine months after receiving a clean bill of health, Tara Weatherell worries less about her cancer returning, and she's even decided to grow out her hair. As a survivor, she's on the next leg of her journey.

**For more information about the Survivorship Clinic or to make an appointment, call (603) 650-6344.**

On May 31, Norris Cotton Cancer Center joins a worldwide celebration of National Cancer Survivors Day, a time to recognize people who are surviving cancer. Events start with a continental breakfast and remarks by Ira Byock, MD,

associate director for cancer survivorship and palliative care at the Cancer Center. Ellen Lavoie Smith, PhD, ARNP, director of the Cancer Survivor Program, will describe the Cancer Center's new Survivorship Clinic opening in June (see page 8).

A panel of practitioners of complementary therapy, including mind-body relaxation, Reiki-massage bodywork, and spirituality, will describe each modality and talk about how they can be helpful. Nearly 25 educational exhibitors also will display information.

The keynote address is by Ellen Fein, a licensed clinical social worker, a cancer survivor, author of *Not Just a Patient: How to Have a Life When You Have a Life-Threatening Illness*, and a noted cancer coach. Fein emphasizes the importance of quality of life and looking for balance through yoga, stress reduction, meditation and guided imagery. She supports patients in finding their own individual path to healing.

Cancer Survivors Day events take place at DHMC. Registration is free and open to anyone who has had a cancer diagnosis and his or her family caregivers. For more information, go online to [cancer.dartmouth.edu/survivor](http://cancer.dartmouth.edu/survivor) or call (800) 639-6918.



## Interdisciplinary Liver Tumor Clinic

The Interdisciplinary Liver Tumor Clinic at Norris Cotton Cancer Center is the only clinic of its kind in New Hampshire. It brings together specialists across disciplines—including hepatology, hepatobiliary and transplant surgery, medical and radiation oncology, interventional radiology, and palliative care—to offer patients with primary liver tumors the newest, most aggressive treatment, symptom management, and supportive care.

“We focus on caring for patients with primary liver tumors (benign or malignant tumors that originate in the liver), as well as advanced and recurrent liver cancer and

end-stage liver disease,” explains David Axelrod, MD, section chief of Transplantation Surgery at DHMC.

Through the use of new techniques and intensive treatment, patients with primary liver tumors can experience long-term survival and may even be cured. These techniques include minimally invasive treatments such as laparoscopic liver resections and radiofrequency ablation (RFA), targeted chemotherapy and radiation, and a new drug called “Sorafenib,”

as well as maximally invasive treatments like surgical resection and

transplantation. The Liver Tumor Clinic’s interdisciplinary approach helps to ensure that difficult diagnoses and treatment options are shared appropriately with patients and their families. “We’re very sensitive to fact that we have a wide spectrum of patients coming through our door, ranging from those who may be quite knowledgeable about their condition and prognosis to those who may be hearing about those things for the first time,” says Deborah Lindberg, RN, who is nurse manager for the clinic. “Our goal is to make them feel as comfortable as possible and to ensure that things flow smoothly for them.”

Norris Cotton Cancer Center’s Interdisciplinary Liver Tumor Clinic brings specialists from many disciplines together to plan patient care. Pictured here (L to R) are Eric Martin, MD, general surgery; Dirk van Leeuwen, MD, PhD, gastroenterology; David Axelrod, MD, and Kerem Bortecen, MD, PhD, transplantation surgery.



## Hematology Oncology Specialist in Manchester

Norris Cotton Cancer Center at Catholic Medical Center in Manchester, New Hampshire, welcomes a new physician in hematology and medical oncology, Han-Ting Lin, MD, to its growing staff of cancer specialists. Lin's clinical interests are hematological malignancies, including lymphoma and multiple myeloma, and non-malignant hematological diseases, lung cancers, and gastrointestinal cancers. She is a graduate of Yang-Ming Medical School in Taiwan and did a residency in internal medicine at the Sound Shore Medical Center of Winchester County, New York. She completed a fellowship in hematology/oncology at St. Elizabeth Medical Center in Boston.



## Nursing Awards Recognize Excellence

Dartmouth College Emeritus Professor of Psychology William Smith has established a series of awards that recognize the vital role nurses play in high-quality patient care supporting advancement of their professional education. The Marisa Smith Promise Award in Breast Cancer Nursing named for Professor Smith's daughter will be awarded for the first time during National Nurses Week in May, along with the Madlyn R. Smith Promise Award in Oncology Nursing named for Smith's wife, and the Anna Hoobing Smith Promise Award in Cardiovascular Nursing named for his mother. Previous

recipients of the Oncology Nursing Award are Ellen Lavoie Smith, PhD, APRN, AOCN, whose doctoral degree has allowed her to pursue her passion for research, and Angela Gibbs, RN, BSC, who is working on a master's degree in nursing administration. Gibbs says the awards "recognize and empowers nurses to work at the highest level they can, knowing that they have support from the outside that sees them as the special individuals they are."

## Gynecologic Oncologist a DMS Graduate

The division of gynecologic oncology has a new oncologist to provide comprehensive care to women with cancerous and precancerous gynecologic conditions. Loyd A. West, MD, is a 1993 graduate of Dartmouth Medical School. He completed a residency at the Naval Medical Center in San Diego and a fellowship at the MD Anderson Cancer Center in Houston. He believes in a collaborative decision-making process with patients that will enhance each patient's understanding of the disease process and treatment options. West's clinical specialties are minimally invasive laparoscopic and robotic surgical techniques and fertility-sparing surgery in younger women with gynecologic malignancies.



## \$25,000 Donation from The Royal Order of Scotland

The Provincial Grand Lodge, USA of The Royal Order of Scotland, a masonically-affiliated organization, has made a generous \$25,000 contribution to cancer research at Norris Cotton Cancer Center. Their contribution will be used to develop the area of phospho-proteomics, a possible biochemical tool for identifying cancer. Protein phosphorylation plays an important role in the regulation of many basic cell processes, and changes in phosphorylation could point to the development of a particular cancer.

## Pediatric Oncologist Specializes in Brain Tumors

A new pediatric oncologist who specialized in brain tumors in children has joined the staff of Pediatric Hematology/Oncology as the new section chief. Jack van Hoff, MD, was the acting section chief for pediatric hematology/oncology at the Yale University School of Medicine.

He ran the pediatric brain tumor program there, and he will be closely involved with new pediatric brain tumor patients at the Cancer Center.

He believes strongly in clinical trials as a critical path to advances in treatment, especially for patients in pediatric oncology. He came to Norris Cotton Cancer Center in part because of the success of the Cancer Center's involvement in a national initiative on children's clinical trials.



# The Prouty Kicks Off an Ultimate Summer of Fun

You won't want to miss these Friends of Norris Cotton Cancer Center summer 2008 events!

Join us for the 27th Annual Prouty Century Ride & Challenge Walk. Be part of this community event by biking 100, 50 or 25 miles or walking

our residential or wooded routes. Whatever way you participate you will have the time of your life helping to raise \$2 million for cancer research and patient services at Norris Cotton Cancer Center.

To register go to [www.theprouty.org](http://www.theprouty.org).

This year we have added an extra challenge to The Prouty, called The Prouty Ultimate. The event is



designed for serious cyclists and committed fundraisers who raise at least \$2,500 for the Cancer Center. This two-day, 200-mile event covers Manchester to Hanover on the first day and joins the The Prouty Century Ride on the following day. Find out more at [www.theproutyultimate.org](http://www.theproutyultimate.org).

As summer comes to a close, what could be better than a scenic ride

through the beautiful mountains of Vermont and New Hampshire with the Green Mountain Motorcycle Ride? Bikers ride through small towns and large as they come together to fight cancer.

For more information and to register, go to [www.greenmountainride.org](http://www.greenmountainride.org).

See you this summer!

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Norris Cotton Cancer Center combines advanced cancer research at Dartmouth Medical School with patient-centered cancer care at Dartmouth-Hitchcock Medical Center in Lebanon, NH and regional locations and partner hospitals throughout NH and VT. We are one of only 39 Comprehensive Cancer Centers designated by the National Cancer Institute (NCI). Learn more about Norris Cotton Cancer Center research, programs, and clinical trials online at [www.cancer.dartmouth.edu](http://www.cancer.dartmouth.edu).

Please address all inquiries and comments regarding this newsletter to Lee McDavid, Editor, Norris Cotton Cancer Center, One Medical Center Drive, Lebanon, NH 03756, or email [Lee.McDavid@Dartmouth.edu](mailto:Lee.McDavid@Dartmouth.edu).

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