



Yttrium 90 Microspheres Education and Support

“When The Improbable Is Possible”

Welcome to September and the beginning of fall! Summer is behind us and the change of seasons is in the air. With the falling of leaves and the addition of color we are pleased to bring you the new edition of YES. This newsletter contains Y90 information, quotes of hope, encouraging stories, important news, and upcoming activities on every page. Your questions, comments, and article submissions are appreciated and can be sent to info@v90support.org.

Introducing Dr. May Wahab

Making A Difference: A Profile In Caring

As a young teenager, May Wahab knew that she wanted to help people. By the time she'd turned thirteen, she'd already decided she would pursue a career in medicine.

“I realized the important role doctors play in helping their patients through a difficult time in their lives,” says Dr. Wahab, whose warm smile and soothing voice make her a perennial favorite among patients at the University of Miami's Sylvester Comprehensive Cancer Center. “I felt becoming a physician would allow me to do so.”

Now an award-winning radiation oncologist at Florida's University of Miami Hospital, and Associate Professor of Radiation Oncology and Residency Program Director at the school's Miller School of Medicine, Dr. Wahab's practice centers on cancer treatment. Her dedication to making a difference in the lives of others remains strong.

(Continued on page 3)

A Letter Of Hope

By Rich Csarny

Dear friends, "prayer partners" and positive healing energy givers,

The cancer world works in strange ways. In June, I had the Yttrium 90 SirSpheres procedure for liver metastases from my pancreatic cancer, and shortly after I started the chemotherapy medication Xeloda. At the end of July, I began to have some problem side effects, so my oncology team told me to take a break for a while from the chemotherapy. The first thing that came to mind was “opportunity” so Janet and I quickly called to see if we could get a vacation to Alaska on short notice. We had been saving money to do this, and cancer had always messed up our plans. All the cruise lines we called were fully booked for the rest of the season, but I called our wonderful travel agent, and 2 days later she came back with the last cabin available for the entire end of the season on Princess cruises, so we quickly threw together some plans, and made it on the cruise for the most wonderful time we have had in a long time. It was great, and daily we had unexpected pleasant surprises. For example, it rains over 180 inches a year in Ketchikan, so we had planned nothing for the day, but when we sailed in, the sun was shining--one of 5 days so far this year that the sun was out all day in Ketchikan. So we bargained for a seaplane ride, and took off on a 1 hour flight over the most beautiful Misty Fjords wilderness area. Attached is a picture of us on one of the lakes. If we had booked other things, we would have been stuck on land and inside on a rare beautiful day! We felt so very fortunate to have this mind, body, spirit-renewing time on such short notice.



(continued on page 2)

(Hope continued from page 1)

Then on our return, we saw my interventional radiologist Dr. Andrew Kennedy of Wake Radiology on September 18th for a report on the 3 month results of my Yttrium 90 SirSpheres injection procedure. According to the MRI, 3 tumors have disappeared from visibility, and all other tumors have shrunk, and show NO suspicious activity! All tumors appear to be dying. Apart from some scar tissue formation, there seems to be no adverse effects of the injection! Great news!!!!

Dr. Kennedy noted that the procedure had worked much better than he anticipated, and that usually with pancreatic cancer metastases to the liver, the tumors do not disappear as 3 of mine did, and that there is not usually such a great positive response! (I have sometimes joked that I always seem to be a little bit "off the curve" in my side effects and responses to treatments.) Dr. Kennedy was very pleased, and we were very pleased too.

In looking for a reason for this result, it seems that while I was on a clinical trial that did not work for me, and in the month after it but before my Sir-Spheres, my tumors had started to grow aggressively again, and thus became ripe for the Sir-Spheres procedure. So my tumors had many new blood vessels when they usually have few, and the treatment worked better than anyone could anticipate because of what would appear to be a "failure."

Because this procedure treats only the liver, there is still the possibility of cancer "seeds" in my system, but my last CT scan showed no discernable spread elsewhere! We discussed what this means in terms of continuing chemotherapy with my oncologist at Duke, Dr. Herbert Hurwitz, last week, because it is important to prevent any possible "seeds" from growing. We decided that I would stay on a lower dose of the chemotherapy medication Xeloda for at least the next 6 months.



(continued on page 9)

REGISTER NOW:
October Webinar: Beating The Insurance Blues
October 14, 2008 3:00 EST

O-035 Radioembolization with therasphere Yttrium-90 glass microspheres for advanced Hepatocellular Carcinoma: a european pilot phase II study

Judith Ertle¹, Gerald Antoch², Monia Hamami³, Andreas Bockisch³, Guido Gerken², Philip Hilgard*¹ ¹Dept. of Gastroenterology and Hepatology, ²Institute for Diagnostic and Interventional Radiology and Neuroradiology, ³Institute for Nuclear Medicine, University Hospital Essen, Essen, Germany

Background: Transarterial intrahepatic application of Yttrium-90 glass microspheres may allow effective local ablative treatment of patients with intrahepatic advanced Hepatocellular Carcinoma (HCC), since this device can be applied in a non-selective fashion.

Objectives: The objective of this open-label phase 2 study was to validate evidence on the safety and efficacy of this treatment in an European cohort of patients with locally advanced HCC (large tumor burden, multifocal distribution, portal vein thrombosis).

Methods: Between 11/06 and 02/08, 56 patients with advanced HCC as defined above were included in this prospective study. Y-90 microsphere radiotherapy was performed in a lobar fashion through the right or left hepatic artery. In bilobar disease, right and left liver lobe were treated at 30- 60 day intervals. Response was assessed according to EASL (>50% necrosis) and RECIST criteria by sequential computed tomography scans.

Results: 52/56 patients had liver cirrhosis, with Child-Pugh scores between 5 and 9. 75 treatment sessions were performed. Mean radiation dose was 121 (+/-23) Gy per treatment. 42/56 patients had a follow-up of at least six months, in

months. During the still limited follow up, 2/56 patients died. The according time to to progression (TTP) was 5.9 months. In 3 patients with progression retreatment 10 patients the follow-up time exceeded 6 of the same tumor or satellite nodules was performed. Due to the limited follow-up period, overall survival was not calculated at this time. The main adverse events were a transient fatigue-syndrome and lymphopenia. Two patients developed elevation of bilirubin 8 and 12 weeks after treatment.

Conclusion: Radioembolization with TheraSphere is a safe and effective treatment for patients with advanced HCC even in cases with significantly compromised liver function. Since time to progression is comparable to systemic therapy, randomized studies against or in combination with Sorafenib are warranted.

(Dr. Wahab continued from page 1) "You're treating a person, not just a tumor. I don't adhere to that old philosophy of the doctor unilaterally making all the treatment decisions. Talking to my patients and getting their input helps me customize treatment for each patient."

Dr. Wahab's gentle, caring demeanor masks a well of hidden strength and an intense dedication to improving her patient's lives. Though her practice encompasses both palliative and curative care, her primary concern is to help patients achieve the best possible quality of life.

"If a tumor is curable, you must treat it aggressively. We must pursue new technologies that enhance the quality of life or reduce side effects of treatment," she emphasizes. Advanced treatment technologies are playing an ever-increasing role in Dr. Wahab's practice.

"There are new advances that occur regularly; these technologies and treatments are very exciting. What we used to do two years ago is very different than what we do today. With every new advance, we can achieve better treatment with fewer side effects. These technologies shouldn't be saved as a last resort," she says.
(continued on page 4)

Keep On Keepin' On Corner

By Tami Thennis

"Obstacles don't have to stop you. If you run into a wall, don't turn around and give up. Figure out how to climb it, go through it or work around it."

Michael Jordan

"When you are low with nowhere to go remember this, when you open your eyes, your heart, your spirit, yourself, there you will find the stranger called hope."

Source Unknown

"Ah, Hope! what would life be, stripped of thy encouraging smiles, that teach us to look behind the dark clouds of today, for the golden beams that are to gild the morrow."

Susanna Moodie

"Hope is like a road in the country; there was never a road, but when many people walk on it, the road comes into existence".

Lin Yutang

"If you lose hope, somehow you lose the vitality that keeps life moving, you lose that courage to be, that quality that helps you go on in spite of it all. And so today I still have a dream."

Martin Luther King, Jr.

"I still believe in Hope - mostly because there's no such place as Fingers Crossed, Arkansas."

Molly Ivins

"The future belongs to those who give the next generation reason for hope."

-Perre Teilhard De Chardin

(Dr. Wahab continued from page 3)

One such emerging technology is SIRT (Selective Internal Radiation Therapy). SIRT therapies are part of the next generation of "smart" treatments – therapies packing a powerful blow to malignant cells while sparing healthy tissues and organs. Dr. Wahab includes Therasphere as part of her treatment plans for patients suffering from primary liver cancer.

TheraSphere leverages the power of cutting-edge nuclear-based microtechnology by deploying millions of small Yttrium-90-based glass microspheres through a small catheter inserted in the hepatic artery. A safe, highly targeted therapy, the beads are delivered to and destroy cancerous cells with only minor impact on surrounding tissues. SIRT is usually administered in an ambulatory setting. And unlike other conventional treatments, it also carries with it fewer post-treatment constitutional side effects such as pain, fever, nausea, and vomiting, which Dr. Wahab appreciates on her patients' behalf.

"We have to give the patient the best options for his or her individual situation" Dr. Wahab says firmly. "Slowing down the growth of a tumor and providing the best quality of life possible at the same time – that's the best success we can hope for in the palliative setting. This treatment can help patients live better."

The drive to help others doesn't stop at the end of Dr. Wahab's workday. Noting her belief that 'there needs to be greater diversity in and better access to adequate healthcare', she actively participates in a number of professional organizations working to bring about change in healthcare policy. She has also authored a variety of medical books and papers, and spends significant time in the lab researching radiation modifiers, that can alter the effect of radiation on cells.

Despite her very busy schedule, Dr. Wahab, along with her husband and two children, still makes time to pursue a number of favorite pastimes. She is an accomplished oil painter, though she laughingly notes that most of her work is showcased on the walls of her parents' home.

Like her willingness to try new treatments such as TheraSphere, Dr. Wahab delights in broadening her knowledge of the world around her. She particularly enjoys exploring the interconnectedness we all share with one another, resulting in a globetrotting travel itinerary. (continued on page 10)

The Insurance Intelligencer by Laurie Todd (The Insurance Warrior) **Carbon Copies**

I just finished writing appeal number forty. The person for whom I wrote it asked, "Why do they ever agree to pay for these treatments? They really don't have to."

He is correct. All of the thirty-nine previous winning appeals were for treatments that were:

- o Out-of-network, and the patient had no out-of-network benefit.
- o "Experimental" as per the insurance company.
- o "Not medically necessary" as per the insurance company.

Most people would be stopped by these objections. There was no reason why the insurers had to pay for any of them. However ... they paid them all. Every denial of care is a bluff, and every insurance appeal is a bluff.

Why do they then decide to pay? Two reasons:

I. The hidden intention of your appeal

I meticulously craft each of these documents to make the insurer suspect that you might -- just might -- be an attorney. Insurance companies aren't afraid of you **HIRING** an attorney, they are afraid of you **BEING** an attorney. How come?

First, they have a dozen attorneys to your one attorney, and they know that you could not afford to pay an attorney for the years that it would take to win your case. However, if you are an attorney, you can persist for years.

Second, if you have cancer and hire an attorney, they can seriously beat up your attorney in court. If, however, you are the insured person with cancer, and you are an attorney ... they can hardly beat up on **YOU** in court.

II. Who you send it to

Have you checked your benefits booklet for where to send an appeal? It is always a post office box. Even when the insurance company has a perfectly good street address, you send your appeal to a post office box. There are three good reasons for this:

- You cannot send your appeal "signature required."
- You cannot call, email, or otherwise pester the recipient.
- The insurer controls when they receive your appeal.

Last June, we sent "urgent/expedited" appeal to an insurer in Florida. The insurer's time limit for deciding expedited appeals was thirty-six hours. Sounds good, yes? When the patient called Acme Insurance, saying, "I sent you an expedited appeal two days ago," Acme replied, "We only empty the P.O. box once a week." Joke's on you. They didn't get away with the time-honored P.O. box ploy, because I used my carbon copy strategy.

The Carbon Copy Stealth Attack

Every failed appeal that I have seen either didn't copy anyone on their appeal, or copied Oprah, Michael Moore, various politicians, or their doctors. People, please! Carbon copies are critical to the success of your appeal. If I spend twenty hours writing an appeal, I will spend six hours searching for just the right people to send it to. The list of "cc's" is my opening salvo -- it goes on the cover page. I want my addressee to know right up front who else is receiving this masterpiece.

Quiz question: What is the purpose of carbon copies?

Answer: The same purpose as the rest of your appeal. Intimidation!

To whom should you send your brilliantly crafted smart-bomb of persuasive prose?

Do you really think that Acme Insurance will believe that Oprah, Michael Moore, or your congressman will read your appeal, and call Acme on the phone? Zero intimidation factor. If your doctor works for the insurance company, he is in no position to intimidate the insurance company. If your doctor is not contracted with the insurance company, he has no influence with them whatsoever. (continued on page 6)

Diagnosis and Treatment of Carcinoid Cancer And Neuroendocrine Tumors: "What We Need To Know"

Hilton Hotel Mall Of America
Bloomington, MN

Presented by CCAN and Minnesota Carcinoid Cancer Support

Friday October 3, 2008

Cost \$45

6:30 pm - 10 pm: Meet and Greet, Dinner, Raffles and silent auction

Saturday October 4, 2008

Cost \$20

Conference 8:30 am - 4:30 pm

Guest Speakers:

Nancy Gardner,

Rutgers University, Newark, NJ

Dr. Thomas O' Dorisio,

University of Iowa Health Care, Iowa City

Sidney Levinsohn, R Ph,

Cancer survivor, Author and Lecturer

Dr. Eugene Woltering ,

LSU Health Sciences Center, New Orleans

Dr. Timothy Sielaff,

Virginia Piper Cancer Center, Minneapolis

For More Information And To Register Please Visit www.carcinoidaware.org.

All proceeds to further Carcinoid Cancer/ NET Awareness and Research

(Insurance continued from page 5) Medical Directors

Who really has the power to veto or approve your treatment? Who at the insurance company holds divine power over your life and death? The medical director.

Medical directors are not eager to be found by you. As a matter of fact, they employ all manner of clever ruses NOT to be found by you. Why? Obviously, these worthies do not want untidy, hollering, weeping cancer patients such as ourselves turning up on their doorsteps.

That is why you must find the medical director, and make sure that he receives a copy of your appeal.

You must outsmart the bureaucracy that would deny you access to this top medical decision-maker. The Internet has made this much easier for you; you will find him by diligent and creative Googling.

Better yet, find two or three medical directors, just in case one doesn't work there anymore. I find that medical directors of insurance companies don't last very long ... must be a very stressful job. (continued on page 12)

From the Ordinary to the Extraordinary: Sir-Spheres on CNN

By Mary Papi

It started out as a typical Monday morning...I was getting ready to head out to the grocery store when my daughter told me that I had a phone call. What happened next just about blew me away.....on the other end of the phone Suzanne was asking me if I would like to meet her in Denver, Colorado, to do an interview about Sir-Spheres for CNN! ME??? CNN??? Are you serious??

I told her that I had never done anything like that ever in my life, but, if my husband could tag along, I was game. A few hours later, I was talking to Desiree Gray, of Sirtex, who made all of the arrangements for us to fly to Denver on Thursday afternoon.....

On Thursday afternoon, we arrived in Denver. That evening I finally met Suzanne in person! It was great! We also had the pleasure of meeting Ericka Hansen Brown...What a tremendous lady! What an honor it was for me to be there. I also met John Reddington, CEO of Sirtex U.S.A., who was a really nice guy!

The next morning, we met at the hospital to do our interview. Funny, I have never done anything like this before but I wasn't nervous at all. I knew exactly what I had to do. Our parts of the interview went very well. Even my husband got in on the act a little! It's so important to me that I was able to tell my story, how I was able to have Sir-Spheres, and sixteen months later I'm still here to talk about it!

We then went to another part of the hospital, where I got to meet Dr. Nutting. He was being interviewed as well. The whole experience was positive, and quite an adventure! As I said before, it was just such an honor to be able to tell my story and, hopefully, someone out there will hear it and it will lead to good things for them as well. If the opportunity arises, I'd do it all again in a New York minute! We're getting the word out about this important treatment, and it's a great feeling to play a small part in it! What a wonderful way for the ordinary to become something extraordinary!



Mary Papi



Mary Papi, Dr. Charlie Nutting, Suzanne Lindley

I cannot sleep
I weigh a heap
I cannot chew
I cannot screw
Oh my, what can I do
My memory shrinks
My body stinks
Wacked sense of smell,
I look like hell
My mood is bad, can you tell?
My body is drooping,
having problems pooping
The chemo years have come at last
The chemo years can kiss my a**!!!

Becky Paez

Yttrium-90 microsphere induced gastrointestinal tract ulceration

Christopher D South¹, Marty M Meyer¹, Gregory Meis¹, Edward Y Kim², Fred B Thomas¹, Ali A Rikabi³, Hooman Khabiri³ and Mark Bloomston⁴

¹Division of Gastroenterology, Hepatology, and Nutrition; The Ohio State University Medical Center, Columbus, Ohio, USA

²Department of Radiation Oncology; The Ohio State University Medical Center, Columbus, Ohio, USA

³Division of Interventional Radiology, The Ohio State University Medical Center, Columbus, Ohio, USA

⁴Department of Surgery, The Ohio State University Medical Center, Columbus, Ohio, USA

World Journal of Surgical Oncology 2008, **6**:93doi:10.1186/1477-7819-6-93

Abstract

Background

Radiomicrosphere therapy (RT) utilizing yttrium-90 (⁹⁰Y) microspheres has been shown to be an effective regional treatment for primary and secondary hepatic malignancies. We sought to determine a large academic institution's experience regarding the extent and frequency of gastrointestinal complications.

Methods

Between 2004 and 2007, 27 patients underwent RT for primary or secondary hepatic malignancies. Charts were subsequently reviewed to determine the incidence and severity of GI ulceration.

Results

Three patients presented with gastrointestinal bleeding and underwent upper endoscopy. Review of the pretreatment angiograms showed normal vascular anatomy in one patient, sclerosed hepatic vasculature in a patient who had undergone prior chemoembolization in a second, and an aberrant left hepatic artery in a third. None had undergone prophylactic gastroduodenal artery embolization. Endoscopic findings included erythema, mucosal erosions, and large gastric ulcers. Microspheres were visible on endoscopic biopsy. In two patients, gastric ulcers were persistent at the time of repeat endoscopy 1–4 months later despite proton pump inhibitor therapy. One elderly patient who refused surgical intervention died from recurrent hemorrhage.

Conclusion

Gastrointestinal ulceration is a known yet rarely reported complication of ⁹⁰Y microsphere embolization with potentially life-threatening consequences. Once diagnosed, refractory ulcers should be considered for aggressive surgical management.

“The secret of learning to be sick is this: Illness doesn't make you less of what you were. You are still you.” Tony Snow~~

(Hope continued from page 2) These results are exceptional, almost unheard of for pancreatic cancer, and we believe they are the results of your faithful support, continuing prayers and healing energy, along with very good medicine! We know this is a gift for the now, and we count ourselves to be fortunate to receive such a gift.

As we said to one person when she mentioned that her whole church was still praying for us every week for more than 3 years, please keep the prayers going, because as long as you are praying, Rich is still here to be prayed for.

We return the favor in the only way we can, with our thankfulness and prayers for you all too, and with our care to the best of our ability for those we know in similar situations.

So, I guess what we want to say is, have hope, that sometimes things in the cancer world that look bad, may actually in some way turn out for our benefit. Let us keep hope and faith and love alive so the best that can be will come to be. Let's keep pointing our bodies, minds, and spirits in the direction of health and healing, and believe in our capacity to make the best of each moment we are given! Thanks to all of you for your courage, hope, hints, and inspiration.

Much love,
Rich and Janet Csarny



“As with all the patients I have the privilege to be involved with, Rich was inspiring with his courage, willingness to put aside the natural anxiety anyone would feel receiving a medical therapy, and concentrated on doing everything we suggested to maximize the treatment effect. He and his supportive wife were certainly part of the ‘team’ that delivered internal radiation to the liver tumors, and the positive outcome so far is in large part due to their efforts. We are pleased thus far with the encouraging signs of response in the liver to microsphere treatment and look forward to seeing him in follow up soon.” Dr. Andrew Kennedy

(Dr. Wahab continued from page 4)

“I love traveling to different places, meeting new people, and learning new languages,” she says, flashing one of her trademark smiles. “It opens your horizons.”



Patients With Cancer Cachexia Benefit From Multidisciplinary Team Management

D. DeMille, C. Granda-Cameron

Joan Karnell Cancer Center at Pennsylvania Hospital, University of Pennsylvania Health System, Pennsylvania Hematology Oncology Associates, Philadelphia

BACKGROUND: Cancer cachexia occurs in approximately one third of newly diagnosed cancer patients. Unaddressed, cancer cachexia may result in delayed, missed, or decreased treatments. An aggressive, multidisciplinary team approach may result in fewer hospital days, fewer missed treatments, and improved outcomes.

METHODS: The Palliative Care Program of a cancer center developed a 9 month pilot project to address cancer cachexia through a multidisciplinary clinic. High-risk populations were identified. The clinic team included a physician, a nurse practitioner, a registered dietitian, a physical therapist, and a speech therapist. During visits, the patient received medical, nutritional, speech, and physical therapy evaluations followed by an individualized care plan. Outcomes were measured by symptom measurement scales, quality of life (QOL) instruments (Edmonton Symptom Assessment System, Functional Assessment of Anorexia/Cachexia Therapy), nutritional, and functional parameters. The goal was to assess the impact of an interdisciplinary approach on symptom management, nutrition, function, and QOL.

RESULTS: A total of 55 patients were included in the pilot period. Eleven patients had four visits or more, where the greatest benefit was seen. At four or more clinic visits, Karnofsky Performance Status, body cell mass, weight, appetite, and fatigue improved from the first to fourth visit. There was no change in feeling of well-being.

DISCUSSION: A multidisciplinary clinic is beneficial for the management of cancer cachexia. The greatest benefit was seen over 3 months. Obstacles encountered during the pilot project included late referrals, noncompliance, and difficulty completing questionnaires. The process to develop and implement this clinic may help healthcare professionals improve the management of cancer cachexia.

Last year, my wife spent her 71st birthday with hospice on the horizon. A few days later, we learned about Sir-Spheres and then received treatment. She is now celebrating her 72nd birthday filled with hope and surrounded by the love and support of our children. At our age, every day is a gift but this day will be undeniably special. Thanks to the miracle of these little magic beads, we have been given the gift of time.

Tom and Nell Mast~

Important Links

BREAST CANCER LINKS

ACOR List-serv for Breast Cancer
<http://listserv.acor.org/archives/breast-onc.html>
Breastcancer.org
www.breastcancer.org
Susan G. Komen Breast Cancer Foundation
www.komen.org
1-888-IM AWARE
Y-ME National Breast Cancer Organization
www.y-me.org
1-800-221-2141 (English)
1-800-986-9505 (Spanish)

CARCINOID LINKS

ACOR List-serv for Carcinoid
<http://listserv.acor.org/archives/carcinoid.html>
Caring For Carcinoid
www.caringforcarcinoid.org
1-857-222-5492
The Metro New York Carcinoid Support Group
www.carcinoid.us
The Carcinoid Foundation, Inc.
www.carcinoid.org
1-888-722-3132

COLORECTAL CANCER LINKS

ACOR List-serv for Colorectal Cancer
<http://listserv.acor.org/archives/colon.html>
Colorectal Cancer Network
www.colorectalcancer.org
800-227-2732
Colorectal Cancer Coalition
www.fightcolorectalcancer.org
National Colorectal Cancer Research Alliance
www.eifoundation.org
818-760-7722

ESOPHAGEAL CANCER LINKS

ACOR List-serv for Esophageal Cancer
<http://listserv.acor.org/archives/ec-group.html>
Esophageal Cancer Awareness Association
www.ecaware.org
1-866-370-3222
Esophageal Cancer Café
www.eccafe.org

HEPATOCELLULAR (LIVER) CARCINOMA

About Liver Tumors
www.aboutliver tumors.org
ACOR List-serv
<http://listserv.acor.org/archives/liver-onc.html>

OCULAR MELANOMA LINKS

CancerLink
<http://www.cancerlinks.com/melanoma.html>
Mike's Page
<http://www.tustison.com/interests1.shtml>
Ocu-Mel List Serv
OCU-MEL-subscribe-request@LISTSERV

PANCREATIC CANCER LINKS

ACOR List-serv for Pancreatic Cancer
<http://listserv.acor.org/archives/pancreas-onc.html>
PANCAN
www.pancan.org
1-877-272-6226

PROSTATE CANCER LINKS

Prostate Cancer Foundation
www.prostatecancerfoundation.org
800-757-CURE
Us Too International Prostate Cancer Education and Support Network
www.ustoo.org

General Resources

American Cancer Society
www.cancer.org
1-800-ACS-2345
Cancer Care
www.cancercare.org
1-800-813-4673
Lance Armstrong Foundation
www.laf.org
512.236.8820
Patient Advocate Foundation
www.patientadvocate.org
1-800-532-5274

Yttrium 90 Resources

MDS Nordion
www.therasphere.com

Sirtex
www.sirtex.com

Y90 Microspheres Education and Support
www.y90support.org
877-937-7478

NEWS TO USE



Toll Free SURVIVOR Line:

Our toll free Survivor Line provides an outlet for patients and concerned others. It is a place to access resources, advocacy, and support regarding treatment options with Yttrium 90 based therapies for liver metastases or primary hepatocellular (liver) carcinoma. You can also receive information on how to become a part of our survivor support program, "FRIENDS for the Journey."

Call 1-877-937-7478



Survivor Support Program:

We offer a unique survivor mentoring program called "FRIENDS for the Journey" that matches survivors, caregivers, family and friends who have experienced treatment with a Y-90 based procedure. Comparing options is a vital way to maintain a positive outlook. FRIENDS can communicate via phone, email, snail mail, or in person.

(insurance continued from page 6)
V.P.s at the insurance company
V.P. of Quality Assurance, V.P. of Healthcare Operations ... that sort of title. Once they see the Medical Director's name on your appeal, they will get right to work.

Executive Director of your state's medical society

Insurance companies are not intimidated by insurance commissioners. Most insurance commissioners have no teeth, and it is not their job to fight your denial of care battles for you. If you have an insurance commissioner on your "cc" list, Acme Insurance knows that you are not an insider. Medical societies are much more intimidating to insurers. Why? Because medical societies are large, powerful groups of physicians. Who do you suppose brings and wins the multi-million dollar class-action suits against health insurers?

Medical societies.

If you copy the director of your state's medical society, Acme Insurance will know that you are an insider.

Just the right lawyer

Whenever I face off with a new insurer, I check and see if there are any recent successful class action suits against them. I read the lawsuit, then toss a little phrase into the appeal such as: "Since Acme had that unpleasantness about reimbursement last year, I'm sure that they will show total transparency in my case."

Finally, I skip to the end, and see who was the lead attorney on the case. I don't actually SEND him a copy of the appeal, just put his name on the "cc" list. Major legal firepower -- for free. I figure that that is a name they will recognize.

If any of this is news to you, perhaps you should have a copy of my book on your shelf. It is available today on my website:

www.theinsurancewarrior.com

Happy and peaceful Insurance
Warrior-ing, Laurie Todd

YTTRIUM 90 MICROSPHERES EDUCATION AND SUPPORT

791 Arnold Paul * Canton, Texas 75103

877-937-7478

info@y90support.org

www.y90support.org