To read Karen’s story, go to yalecancercenter.org/karen

I would advise other patients to take a step back. Look around you. Get inspired by the simple things in life, pray, listen to music. Practice seeing the glass half full. Share your story. Open your heart to others and let them help you fight your disease. This is how I cope and live a great life even though I have cancer.

— Karen Daley

PATIENT SUPPORT SERVICES

Smilow Cancer Hospital places great emphasis on taking care of all of our patients’ needs with the best medical care available and a network of supportive care services. Nurses with dedicated knowledge and skills related to the treatment of sarcomas are available to care for patients through the continuum of their treatment.

Patients and their families have access to social workers to provide psychosocial support during their treatment. Social workers help our patients and families, as well as patients in the larger community, to cope with the effect that cancer has on their lives. Whether a patient’s challenges are practical, emotional, social or spiritual, our social workers assist them, and their families, in addressing these concerns. Other available resources for our patients and/or families include pastoral support, Cottage Counseling, physical therapy, radiation care, integrative medicine, and complementary therapies.

HOW TO MAKE AN APPOINTMENT

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WHAT TO BRING TO YOUR FIRST APPOINTMENT

For your first visit, our intake specialist will work with you and your doctors to obtain all available imaging films and reports, pathology reports, slides, doctor’s referral notes, and the results of any other pertinent tests or consultations.

Karen Daley

appointments

Leslie Riley

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Surgery is often an option for patients with sarcomas of the bone. After consultation with the care team and patient, the following types of surgery may be considered:

- Wide local excision: Surgery to remove the cancer and some healthy tissue around it.
- Limb-sparing surgery: Removal of the tumor in an arm or leg without amputation, so the use and function of the limb is preserved.
- Amputation: In some instances, it is not possible to remove the entire tumor in limb-sparing surgery and therefore amputation may be considered to remove part or all of an arm or leg. The patient may be fitted with a prosthesis, an artificial limb, after amputation.

Following successful surgery to remove the tumor, patients are also given chemotherapy to kill any remaining cancer cells that are left in the area where the tumor was removed or that may have spread to other parts of the patient’s body, or with an implant such as artificial bone.

In the treatment of sarcomas of the bone, chemotherapy is usually given before and after surgery to remove the primary tumor. For soft tissue sarcomas, chemotherapy may be used before or after surgery and radiation. There are several approved chemotherapy options for patients and their oncologists to consider. In addition, clinical trials offering new treatment combinations and new therapies are available for patients through Yale Cancer Center, a comprehensive cancer center designed by the National Cancer Institute. Smilow Cancer Hospital and Yale Cancer Center are also members of the Sarcoma Alliance for Research through Collaboration (SARC). SARC is a collaboration of that national research network throughout the country that works together to design and evaluate clinical trials, with the ultimate goal of existing sarcomas. New trials are available for patients using targeted therapies, tissue biomarkers, and microenvironmental factors for the treatment of advanced and recurrent sarcomas.

SURGICAL CARE

Surgery is that act of removing a cancerous tumor from the body after consultation with the care team and patient. Following successful surgery to remove the tumor, patients are also given chemotherapy to kill any remaining cancer cells that are left in the area where the tumor was removed or that may have spread to other parts of the patient’s body, or with an implant such as artificial bone.

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Therapeutic Options

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Radiation therapy is often prescribed to patients before or after surgery for sarcoma to kill remaining cancer cells. Some patients may have radiation therapy before surgery to obtain a tumor to improve the success of the surgery. Radiation therapy is also often used after surgery in an attempt to eliminate remaining cancer cells.

The Yale Department of Radiology and Biomedical Imaging employs state-of-the-art CT, MRI, and ultrasonic exams to better diagnose and stage sarcomas and assist with treatment decisions. They have extensive experience in imaging and are dedicated to providing the best patient care possible. They routinely consult with the physicians in the Sarcoma Program and review all available information to ensure that the best diagnosis is made, which will translate to the most appropriate treatment for the patient.

Pathology

Our Pathology team is a fundamental component in the prevention, diagnosis, and treatment of soft tissue sarcomas and sarcomas of the bone at Smilow Cancer Hospital. In this highly specialized practice setting, our pathologists have extensive diagnostic experience and a passion for patient care. In the era of precision medicine, in addition to tissue diagnosis, pathologists often consult with the oncologists in our clinics to benefit our patients.

Clinical trials are also available to patients through Yale Cancer Center, bringing the latest treatment options for sarcomas to our clinics to benefit our patients.

To read Leslie’s story, go to yalecancercenter.org/leslie

“After you face a diagnosis of cancer, you come to realize you are the captain of your own ship. You are not so much the navigator, but the crew, and you have to lead them. For any patient who is about to face this diagnosis, I would tell you that you are the captain of the ship and you have to be the leader.”

— Leslie Riley

Dr. Hari Deshpande
Surgery is often an option for patients with sarcomas of the bone. After consultation with the care team and patient, the following types of surgery may be considered:

- **Wide local excision**: Surgery to remove the cancer and some healthy tissue around it. People treated in this way will usually have no more than a few small scars, and they may be able to return to their usual activities quickly.

- **Limb-sparing surgery**: Removal of the tumor in an arm or leg without amputation, so the use and function of the limb is preserved. Some patients may have radiation therapy before surgery to shrink a tumor to make it easier to remove surgically. Following successful surgery to remove the tumor, patients are often given chemotherapy to kill any remaining cancer cells that are not visible. The patient and their family are encouraged to meet with the Sarcoma Team to discuss the management of new patients.

**SURGICAL CARE**

- **Radiation therapy**: Radiation therapy is used to shrink tumors before surgery and after surgery to kill any remaining cancer cells. Some patients may have radiation therapy before surgery to shrink a tumor to make it easier to remove surgically. Following successful surgery to remove the tumor, patients are often given chemotherapy to kill any remaining cancer cells that are not visible. The patient and their family are encouraged to meet with the Sarcoma Team to discuss the management of new patients.

- **Amputation**: In some instances, it is not possible to remove the entire tumor in limb-sparing surgery and therefore amputation may be considered to remove part or all of an arm or leg. The patient may be fitted with a prosthesis, an artificial limb, after amputation.

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**THERAPEUTIC OPTIONS**

In the treatment of sarcomas of the bone, chemotherapy is usually given before and after surgery to remove the primary tumor. For soft tissue sarcoma, chemotherapy may be used before, after surgery and radiation. There are several approved chemotherapy options for patients and their oncologists to consider. In addition, clinical trials offering the latest treatment combinations and new therapies are available for patients through Yale Cancer Center, a comprehensive cancer center designed by the National Cancer Institute. Sarcoma Center and Yale Cancer Center are also members of the Sarcoma Alliance for Research through Collaboration (SARC), a collaboration of sarcoma research institutions throughout the country that work together to design and evaluate clinical trials, with the ultimate goal of existing trials. New tools are available for patients using targeted therapies, tissue initiatives, and immunologic therapies for the treatment of advanced and recurrent sarcomas.

**RADIATION ONCOLOGY**

Radiation therapy is used to shrink tumors before surgery and after surgery to kill any remaining cancer cells. Some patients may have radiation therapy before surgery to shrink a tumor to improve the success of the surgery. Radiation therapy is also used after surgery in an attempt to eliminate remaining cancer cells.

**PATHOLOGY**

Our Pathology team is a fundamental component in the prevention, diagnosis, and treatment of sarcomas. We provide tissue diagnosis, as well as immunohistochemistry and in situ hybridization techniques. They routinely consult with the physicians in the Sarcoma Program and review all available imaging to ensure that the best diagnosis is made, which will translate to the most appropriate treatment for their patient.

**ORTHOPEDIC SURGERY**

It just goes in the direction it’s supposed to go. — Leslie Riley

"It has been a great honor for me to work with the surgeons, radiation oncologists, nurses and assistants who specialize in the care of sarcoma patients at Yale. I’m thankful for the combination of support and love that were given to me during this journey. I think of it as a river going over the rocks. It just goes in the direction it’s supposed to go."

— Leslie Riley
Surgery is often an option for patients with sarcomas of the bone. After consultation with the care team and patient, the following types of surgery may be considered:

- Wide local excision: Surgery to remove the cancer and some healthy tissue around it.
- Limb-sparing surgery: Removal of the tumor in an arm or leg without amputation, so the use and appearance of the arm or leg can be saved. Patients will undergo a biopsy to determine if the cancer can be removed in a limb that can be treated with limb-sparing surgery. The tumor is removed and the tissue and bone that are removed may be replaced with a graft using tissue and bone taken from another part of the patient’s body, or with an implant such as artificial bone.
- Amputation: In some instances, it is not possible to remove the entire tumor in limb-sparing surgery and therefore amputation may be considered to remove part or all of an arm or leg. The patient may be fitted with a prosthesis, an artificial limb, after amputation.

Following successful surgery to remove the tumor, patients are also given chemotherapy to help kill any remaining cancer cells that are left in the area where the tumor was removed or that may have spread to other parts of the body. Treatment given after the surgery, to lower the risk that the cancer will come back, is called adjuvant therapy.

Therapeutic Options

In the treatment of sarcomas of the bone, chemotherapy is usually given before and after surgery to remove the primary tumor. For soft tissue sarcomas, chemotherapy may be used before or after surgery and radiation. There are several approved chemotherapy options for patients and their oncologists to consider. In addition, clinical trials offering new treatment combinations and new therapies are available for our patients through Yale Cancer Center, a comprehensive cancer center designed by the National Cancer Institute. Smilow Cancer Hospital and Yale Cancer Center are also members of the Sarcoma Alliance for Research Through Collaboration (SARC), a collaboration of clinical and research institutions throughout the country that works together to design and evaluate clinical trials, with the ultimate goal of existing sarcoma. New tools are available for patients using targeted therapies, tissue initiatives, and minimally invasive techniques for the treatment of advanced and recurrent sarcomas.

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**SURGICAL CARE**

Surgical care is the first step in treating sarcoma patients at Smilow Cancer Hospital. As a multidisciplinary team of physicians specialized in the diagnosis, treatment, and care of patients with both soft tissue sarcomas and sarcomas of the bone, our goal is to benefit our patients.

The Program includes orthopedic surgeons, dermatologists, diagnostic radiologists, medical oncologists, pediatric oncologists, radiation oncologists, and pathologists, all with specific expertise in the treatment and care of patients with sarcomas. A dedicated patient coordinator facilitates patient appointments and communication, coordinates services, and supports each patient and their family.

Clinical trials are also available to patients through Yale Cancer Center, bringing the latest treatment options for sarcoma to our clinics to benefit our patients.

Diagnostic tools at Smilow Cancer Hospital used to detect sarcomas include basic X-ray; CT scanning, excellent at seeing both bone and soft tissue; MRI, which has the ability to "see" the tissue and blood around bone with remarkable accuracy; and bone scans that are able to see the bone's biological activity at the cellular level. In addition, a bone scan can be performed to check if there are cancer cells in the bones. In very small amount of radioactive material is injected into the patient’s body and travels through the bloodstream. The radioactive material collects in the bones with the cancerous cells and is then detected by a scanner.

In the treatment of sarcomas of the bone, chemotherapy is usually given before and after surgery to remove the primary tumor. For soft tissue sarcomas, chemotherapy may be used before or after surgery and radiation. There are several approved chemotherapy options for patients and their oncologists to consider. In addition, clinical trials offering new treatment combinations and new therapies are available for our patients through Yale Cancer Center, a comprehensive cancer center designed by the National Cancer Institute. Smilow Cancer Hospital and Yale Cancer Center are also members of the Sarcoma Alliance for Research Through Collaboration (SARC). SARC is a collaboration of clinical and research institutions throughout the country that works together to design and evaluate clinical trials, with the ultimate goal of existing sarcoma. New tools are available for patients using targeted therapies, tissue initiatives, and minimally invasive techniques for the treatment of advanced and recurrent sarcomas.

**RADIATION ONCOLOGY**

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"It has been a great honor for me to work with the surgeons, radiation oncologists, nurses and assistants who specialize in the care of sarcoma patients at Yale. We share active monthly tumor board meetings, which help us to discuss the management of new patients."

— Dr. Hari Deshpande

"It just goes in the direction it’s supposed to go."

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Surgery is often an option for patients with sarcomas of the bone. After consultation with the care team and patient, the following types of surgery may be considered:

• Wide local excision: Surgery to remove the cancer and some healthy tissue around it.
• Limo-sparing surgery: Removal of the tumor in one or more areas without amputation; the area and appearance of the arm or leg is saved. Patients will survive at the same rate in either method. Treatment in a bank in a bone with limb-sparing surgery. The tumor is removed and the tissue and bone that are removed may be replaced with a graft using tissue and bone taken from another part of the patient's body, or with an implant such as artificial bone.
• Amputation: In some instances, it is not possible to remove the entire tumor in limb-sparing surgery and therefore amputation may be considered to remove part or all of an arm or leg. The patient may be fitted with a prosthesis, an artificial limb.
• Radiation therapy is often prescribed to patients before or after surgery for sarcoma to kill remaining cancer cells that are left in the area where the tumor was removed or that may have spread to other parts of the body. Treatment given after the surgery, to lower the risk that the cancer will come back, is called adjuvant therapy.

In the majority of cases of bone, chemotherapy is usually given before and after surgery to remove the primary tumor. For soft tissue sarcomas, chemotherapy may be used before or after surgery and radiation. There are several approved chemotherapy options for patients and their oncologists to consider. In addition, clinical trials offering new treatment combinations and new therapies are available for our patients through Yale Cancer Center, a comprehensive cancer center designated by the National Cancer Institute. Smilow Cancer Hospital and Yale Cancer Center are also members of the Sarcoma Alliance for Research through Collaboration (SARC). SARC is a collaboration of clinical and basic research institutions throughout the country that works together to design and evaluate clinical trials, with the ultimate goal of existing cancers. New tools are available for patients using targeted therapies, tissue microarrays, and functional analysis for the treatment of advanced and recurrent sarcomas.

It has been a great honor for me to work with the surgeons, radiation oncologists, nurses and assistants who specialize in the care of sarcoma patients at Yale. They are making a huge difference, and we would love to discuss the management of new patients.

— Dr. Hari Deshpande

The Sarcoma Program at Smilow Cancer Hospital is a multidisciplinary team of physicians specialized in the diagnosis and care of patients with both soft tissue sarcomas and sarcomas of the bone. The Program includes orthopedic surgeons, dermatologists, medical oncologists, pathology oncologists, radiation oncologists, and pathologists, all with specific expertise in the treatment and care of patients with sarcomas. A dedicated patient coordinator facilitates patient appointments and communication, coordinates services, and supports each patient and their family.

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Most patients receive a course of multi-drug chemotherapy and/or radiation first, followed by limb-sparing surgery for sarcomas of the bone, which removes the tumor without amputation. The appearance of the arm or leg is saved. Most patients with sarcoma of the bone, or osteosarcoma, of the patient's body, or with an implant such as artificial bone.

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SURGICAL CARE

Radiology, in turn, is provided to patients before or after surgery for sarcoma to rule out cancerous cells. Some patients may have radiation therapy before surgery to obtain a tumor to improve the success of the surgery. Radiation therapy is also often used after surgery in an attempt to eliminate remaining cancer cells.

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