Bridges

CONNECTING CANCER SURVIVORS

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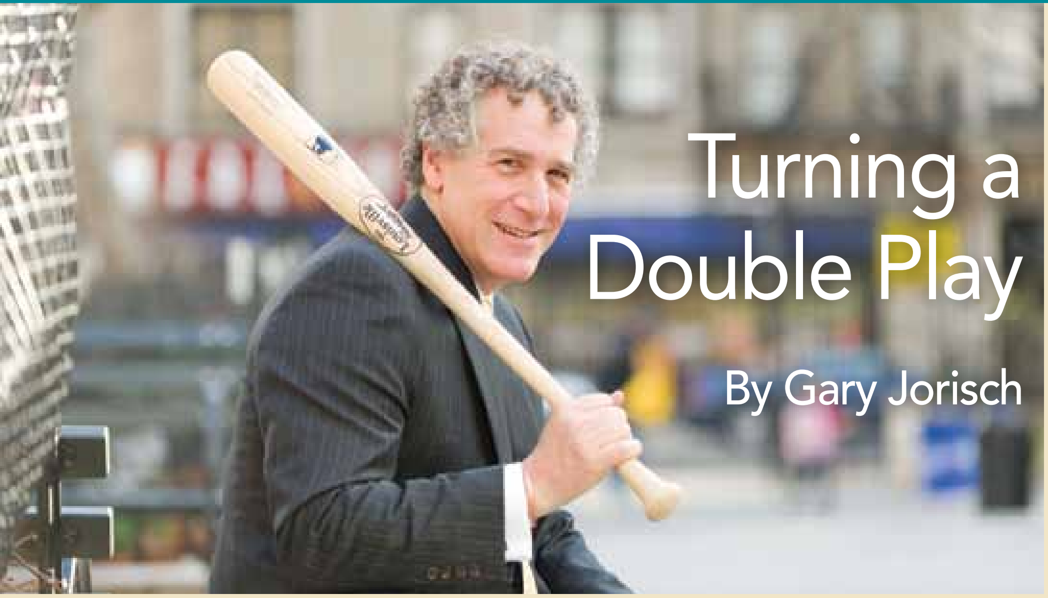

Turning a Double Play

By Gary Jorisch

Gary Jorisch is sixty years old and lives on Long Island. He worked and studied for five years in Africa and the Middle East before returning to Long Island where he and his wife, Sylvia, raised their two children, Renee and Daniel. For the last ten years he has pursued his boyhood passion through good and bad health, roaming the outfield in a baseball league.

Why me? I never asked the question when the biopsy confirmed prostate cancer in early 2009. My thoughts were on the impending operation and a complete recovery. I hadn't studied da Vinci since high school, but the lifesaving robotic process named after him had me on my feet quickly, and after recuperating for a few weeks, I was back at work by May.

While home I had the luxury of watching early-season baseball games in the middle of the afternoon.

That summer I had a productive half-season in my wood-bat baseball league. I entertained the prospect of some winter travel, but my plans did not go as scripted; instead there was a relapse and two months of radiation that lasted into the New Year.

Those dark drives in November and December for daily 7:00 AM appointments passed quickly. I continued my morning exercise routine without stop and it helped keep my focus on the future. The pros were getting ready for 2010 spring training, and I had to get some time in the batting cage.

The radiation treatment finished but, like the surgery, was followed by a relapse. The PSA was rising quickly every few weeks, something I wish my batting average could do.

Memorial Sloan-Kettering is where I chose to start the next step: hormone therapy as part of a clinical trial. It began in May 2010 and lasted through November. It got me through a full season on the baseball diamond, but I felt there were many strikes against me — surgery, the radiation, followed by hormones, all in about eighteen months. Once I was assured by my oncologist everything would turn out fine, I knew that I could leave the worry in the dugout and enter the batter's box of life with confidence. Little did I expect the next pitch would be a curveball.

The day before Thanksgiving 2010, I learned that there was another issue to confront: Tests following the end of the clinical trial revealed another cancer, this time a thymoma in my chest. Surgery was recommended, arranged, and completed all in about ten days. By mid-December I was back at work, having learned more about thoracic cancer than I wanted to know. I was re-introduced to my friend da Vinci and now I more fully understood

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Memorial Sloan-Kettering Cancer Center

Editorial by Eileen F. Gould

According to a March 2011 report published by the Centers for Disease Control, the number of cancer survivors in the US increased from 3 million in 1971 to 11.7 million in 2007. The National Cancer Institute defines cancer survivor as "anyone who has been diagnosed with cancer, from the time of diagnosis through the balance of his or her life." However, the phrase cancer survivor means different things to different people. For some, survivorship begins at the moment of diagnosis; others do not consider themselves to be survivors until they are free of disease. Prior to the National Coalition of Cancer Survivorship (NCCS) formalizing the use of the term cancer survivor in 1986, patients were commonly referred to as "cancer victims."

Cancer survivor is an improvement; however, survivor does not work for everyone who has experienced cancer and many people dislike the connotation. For instance, it can sound like a reality television show that is based on a competition of strength, endurance, and ability. When used in this competitive context, it implies that some people are stronger or better able to tolerate the process. Should we be congratulating ourselves for winning? The path to survivorship involves both the struggles and victories of the process; but often the result is just plain luck. Everyone deserves recognition, no matter their outcome, as enduring cancer is very hard work.

If you are interested in submitting your story or have suggestions for newsletter content, please e-mail **bridges@mskcc.org.**

The Power of Sharing

By Nellie Dwyer

Nellie Dwyer is an elementary school teacher studying for her master's degree in special education at Bank Street College, in New York City. She enjoys playing tennis and needlepointing in her free time.

"I don't understand why there is always such a fuss when a celebrity gets cancer. Won't everyone eventually get cancer?" I wasn't trying to be a funny or dramatic teenager — I legitimately felt this way. Both my parents are cancer survivors and to me it seemed like the norm.

I can remember the day my dad had nine hours of surgery to deal with his cancer. I was a senior in high school sitting at lunch with my friends trying to act normal. I consider myself to be an "over-sharer" and am pretty open about most things; but for some reason I couldn't get myself to share this information. It wasn't that I was sad (my parents had done a pretty good job of shielding me from the severity of the situation), but more than anything I wanted acknowledgment of what I was going through. Maybe I was looking for sympathy or pity — but I desperately wanted one of my friends to bring it up with me, and I knew I wasn't going to bring it up (talking about my dad's intense chemo and radiation doesn't exactly flow into daily conversation). The day of my high school graduation it was 98 degrees outside and we were stuck in heavy traffic trying to get to Tavern on the Green for the class family luncheon. We were running so late my dad had to get off the bus to go to Memorial Sloan-Kettering Cancer Center to get his radiation treatment, but he made it back in time to enjoy dessert with us. I wanted to shout out to the entire lunch how amazingly strong and resilient my dad was and how proud I was of him, but still I kept my feelings inside.

What I took from my experience of my dad having cancer was the ability to empathize. I became the kind of person I wished I had been during this time. Now, when I have friends or colleagues discuss their family members who are going through cancer, I try to relate and relay my own personal experience – to let people know that while cancer is not normal, you, as a family member of someone living with cancer, are not alone.

Last year while teaching kindergarten, I heard one of my students talking about how there are other ways to eat besides through the mouth. The other students would not believe her and she explained that her grandfather had to have a tube put in his stomach so that he could get the nutrition he needed. They still did not believe her so I chimed in to support her. I told the group that she was right, because at one point my father had a feeding tube in his stomach as well. The group accepted this and moved on. I struggled with the idea of sharing this with my students, but I knew it was the right thing to do. I prevented one of my students, who was already confused and upset by her grandfather's cancer treatment, from feeling strange and ostracized by her peers. I didn't do anything but speak up about my own experience; but I know that in that instance not only were my student's feeling validated but she saw the silver lining in it all. She had a special connection to me that no one else had and that could not be taken away.

Ask the Professional: Travel

By Monika Shah, MD

Dr. Monika Shah is the Associate Chair of Graduate Medical Education for the Department of Medicine. In this role she is responsible for diverse educational intiatives within the Department of Medicine. She is also an Assistant Attending Physician on the Infectious Diseases Service and directs the Travel Medicine Clinic at MSKCC.

Q I am planning to travel outside the United States this summer, but my immune system has been compromised from radiation and chemotherapy. Are there specific steps you recommend completing before departing? What precautions should I take while traveling?

A Preventive strategies in the form of proper planning, vaccines, medications, and education are helpful in ensuring a safe and healthy trip when travelling to many international destinations. For a patient with an immune system weakened by the effects of radiation and/or chemotherapy, this is particularly important, and also more complex in terms of determining which strategies are both safe and effective.

I recommend that a patient traveler consider the five broad items listed below before traveling. You can seek destination-appropriate guidance from a primary care physician or a travel medicine specialist, ideally at least four to six weeks prior to the planned travel.

1) Vaccines: Your provider should review your prior vaccine history, medical history, and destination-specific needs to determine which vaccines you can and should receive prior to your trip.

2) Skin protection: Chemotherapy, radiation therapy, and side effects from certain medications can make your skin even more sensitive to the sun, which means that sunscreen application is especially important.

3) Malaria prevention: Based on your travel destination, you may require medications to prevent malaria. The pills have to be taken for a certain amount of time both before and after travel. There are several different medication options, and the best one for you is determined by your travel destination and duration of travel along with tolerance and safety considerations. Mosquitoes transmit malaria and other infections, depending on the travel destination. Effective insect repellent is a must. I recommend that you use at least a 25 percent DEET-based formulation.

4) Watch what you eat: Food and water safety considerations and measures to treat stomach upset, vomiting, or diarrhea that may occur during travel should be discussed.

5) Planning, packing, and getting there: There are many other considerations you need to be aware of when travelling internationally, including the potential need for supplemental insurance and a personal treatment record with current medications from your physician and the contact information for a travel clinic or treatment facility at the destination abroad. Also, you should plan to pack both routine and "just in case" medications (to treat the common symptoms that may occur during travel), and take measures to prevent blood clots from forming when traveling on long-haul airline flights.

You can also get a head start on your travel preparation by looking up your travel destination and related recommended measures on the Centers for Disease Control website (go to www.cdc.gov, and click on Travelers' Health).

There is a Travel Clinic at MSKCC sponsored by the Infectious Diseases Service, which evaluates patients for pre-travel and post-travel health considerations. If an appointment cannot be made in the appropriate time frame for your travel at our clinic, we can refer you to other nearby clinics.

I wish you a safe and healthy summer travel season!

Helaine and the Tomato Plants

By Karla Layden

Karla Layden is a forty-year survivor, writer, and proud "mom" of Delilah, the Coton Delilah who deigned to be in the picture.

Rumor and chain e-mails have it that there are people you meet for a limited time and a specific purpose. Not Helaine. She's in for the duration.

In 1969 at the University of Miami, Helaine and I bonded over our dislike of the sitting president, Richard Nixon. Helaine was and is someone I can talk to about the truly banal in life. She's one of those people that if we didn't see each other for 40 years, we could sit down and take up right where we left off. Those friends are rare.

One day in the fall of 1969 I noticed a swelling on the left side of my neck just above my collarbone. I went to the university medical center to have it checked out and left with the news that it had to be biopsied.

The night before I was to check into the hospital for the biopsy, Helaine, Lynn (our other roommate), and I sat down to dinner all together, at the table, with plates and napkins and silverware instead of the usual coeds' catch-as-catch-can culinary accoutrements. For this special meal Helaine resurrected – or was it resuscitated? – her leftover meatloaf. Each time she ate some, she reheated it. James Bond would have killed for a martini that dry!

To this day, I tease Helaine that before I ate her meatloaf, my swelling was benign and that after, it was Hodgkin's. Many years later, when I told her I was going to speak to a group about being a survivor, she said immediately, "Don't tell them about the meatloaf." It was the opening story of my talk. The crowd loved it; and Helaine wasn't there, so she couldn't defend herself. But she didn't need to. She was a true friend then. She is a true friend now (more than 40 years later at this writing). She was there for me during the radiation treatments. She was there to greet me when I came home from surgery with a squeeze-hug that was a little scary with three layers of sutures still in place. She kept an eye out for me.

In later years, when I have arrived for a visit, she has whipped up fabulous Bloody Marys as well as baking brie with nuts and apples and caramel on it. Yum! In the end, her main ingredient is love, so everything is always delicious.

When I was diagnosed again in 2005, Helaine was the first person I called. She knew the minute she heard my voice that something was wrong. "It's not fair!" she declared. No argument from this side. She listened to all that I knew at the time. Later that afternoon, I received an e-mail from her. It simply read

> I was with you then,
> And I am with you now.
> Love,
> H.

I still have it. And she was, and still is. She kept the dates of my chemo treatments on her calendar and was sure to talk with me before and after them. She knew when I had follow-ups and the mid-course PET scan that indicated that the treatment was working and rejoiced with me.

Helaine is an avid gardener. She told me that she was planting tomatoes and that they would be ready to pick about the time I was done with chemo. Week by week, she kept me abreast of the vines' progress. Amazingly enough, the very week that I needed to have a rest week from chemo, her tomatoes were besieged by horned worms. She nuked them. Her tomatoes grew and I got better.

All through that summer I talked and she listened and we even laughed from time to time. I knew that Helaine was there any time I needed her. And I still know that now.

■ *Continued from page 1*

the choice of name for such a marvelous machine. Da Vinci himself could not have designed a machine of such skill and finesse.

Why me? Why not me? There were four significant treatments, including two major surgeries in less than two years. MSKCC has kept me going for family and friends, and faith has kept me strong to face whatever outcomes may arise.

I look forward to spring training and another strong season on the playing fields of summer. MSKCC, thank you. My care has been a home run and your turning a double play has saved my life.

Empire Dragon Boat Team of Women's Cancer Survivors Wins!

By Diane Miller

Diane Miller is a founding member of the Empire Dragon Boat Team, an educational publisher, a wife and mom, as well as a breast cancer survivor of six years (and counting) living with lymphedema.

“The winner is the Empire Dragon Boat Team! Congratulations! Come get your trophy!”

Cheers of joy sprang from New York City's first dragon boat team of women cancer survivors. The Empire Dragon Boat Team won the Division C Women's championship at the Mercer County Dragon Boat Festival in September 2010, by just half a second. It was Empire's first win.

A dragon boat is a narrow, wooden, 40-foot boat with a dragon's head and tail, paddled freehand by ten pairs moving vigorously and in complete synchrony. A steersperson stands on the back and a drummer keeps time in front. From the shore, you see dragons racing each other, churning the water.

The sport started in China over 2000 years ago and is now worldwide. Legend has it that a beloved Chinese poet drowned himself to protest his region's loss of liberty. Chinese fishermen raced to him, beating their paddles and drums to awaken the dragon of the lake to give rescue to the drowning man. In honor of the drowned man, dragon boat races were held.

Members of the Empire Dragon Boat Team are all ages, from all walks of life, at all levels of fitness – and they are survivors of women's cancers. “Spirit + Strength = Success” is the team motto, and it shows when they race. It also shows in their support for each other when a teammate has a recurrence, a difficult treatment, or a cancer-related problem such as lymphedema (swelling caused when lymph nodes are lost to cancer). Empire paddles and raises money for cancer research and related issues, and many team members volunteer to be subjects in research studies themselves.

Empire was formed in 2009 by Donna Wilson, MSN, RN, RRT, personal trainer and Fitness Coordinator at the Bendheim Integrative Medicine Center, along with a small group of survivors treated at Memorial Sloan-Kettering who exercised with Donna. James Ma of the Pathology Systems Support Group is Empire's coach. James coaches one of the top teams in NYC, the Puf Puf Dragons. It wasn't long before several Puf Puf members caught the spirit and joined in to help Empire in practices and non-survivor races.

In August 2009 Empire entered the New York Hong Kong Dragon Boat Festival as the only team of cancer survivors among 154 teams. They didn't even place, but that didn't stop them.

The Empire team worked out together monthly during the off-season, recruited more members, and entered three dragon boat festivals in 2010 – in June, Paddle for Pink in Princeton, New Jersey; in August, the New York Hong Kong festival again; and in September, the Mercer County, New Jersey, festival where the team raced in two 250-meter and two 500-meter races to capture the Division C Women's Championship.

The number of cancer survivor teams is growing. For them, awakening the dragon means finding the strength to fight cancer and help others in the fight.

Any member of the Empire Dragon Boat Team – currently there are 35 – will tell you it's great to win a race, but as survivors of cancer, they have already won.

For more information or to join the team, see EmpireDragonBoat.com or contact Donna Wilson at wilson3@mskcc.org.

I've Walked Out of Sloan-Kettering 1,500 Times

By Annie Lanzillotto

Annie Lanzillotto is a writer, performance artist, and vocalist/songwriter for her rock band. Lanzillotto's debut album, Blue Pill, is available on iTunes, and her forthcoming memoir will be published by SUNY Albany Press in 2012. Find her online at www.annielanzillotto.com.

I came to Memorial Sloan-Kettering in 1981 with Hodgkin lymphoma. I was an 18-year-old scholar-athlete at Brown University. In one year I had a splenectomy, a thoracotomy, 13 chemotherapeutic agents, and 4,000 RADS, then returned to Brown where I put together a class called "Everything You Wanted to Know about Cancer but Were Afraid to Ask." The class attracted pre-med students and those who had family members with cancer.

My first remission put proverbial wind in my sails. I earned a pilot's license at TF Green airport in Rhode Island. I went to The American University in Cairo, Egypt, for a semester through my studies in medical anthropology. I was 20; I had buried all eleven members of my "Teenagers with Terminal Illness" support group at Rhode Island Hospital, where I got my chemo while in school. I lived as fast and hard as I could, largely ignoring the bouts of pneumonia, fatigue, bronchitis. I plowed through. I wrote about my experience and created works of theater. In one solo show, called "Uprooting Cement," which I performed at Dixon Place, in New York, my mediastinal mass appeared as a two-foot trophy around my bare chest. After a break-up with my first love, I was hospitalized for depression and diagnosed with low thyroid. My thyroid was in its denouement. I performed a one-woman show called "How to Wake Up a Marine in a Foxhole" at The Kitchen, in New York, about how my father's experience as a US Marine in Okinawa affected my life. Immediately after the show, I had my thyroid removed at Memorial Sloan-Kettering. In the words of one wise surgeon, "Get it the hell out of there." Cancer #2. I brought Rilke poetry into the isolation ward where I drank my aperitif of I131 and chanted, "Tonight remove whatever remains..." all weekend while the Geiger counter of the radiology engineer counted the radioactive sphere around me. I was in rehearsal for another show. The dancers had to stay eight feet away. The show went on, the choreography adjusting to my radioactive field.

Now I'm 46. I am at Memorial Sloan-Kettering 60 visits a year for system surveillance. Today I am on the fifth floor of the 53rd Street building for a kidney scan, to follow a large renal mass. The friend who is meeting me likes the mocha-cappuccino machine and the shuttle to main campus. My saxophonist lives up Third Ave. and meets me here on breaks between doctors. This week a schwannoma was found in my armpit. Perhaps I'll write a blues song for it. All my hospital roommates are gone, yet around me every day, telling me to pull a scarf around my gentle neck. I need Thomas Mann's Magic Mountain to breathe and rest and let all these growths in my body, benign and malignant, resolve. The malignant cells last forever, you know.

Perhaps that's comforting, some sense of immortality. For today, 53rd Street is my Magic Mountain. With Nick Medley at the door, the holiest gatekeeper in this world.

Resource Review: *CURE* Magazine

By Eileen F. Gould

CURE magazine is a quarterly publication dedicated to Cancer Updates, Research, and Education – hence the acronym. *CURE* was started in 2002 and is the largest consumer magazine in the US focused solely on cancer. The magazine is available in both print and online (www.curetoday.com) and includes blogs, message boards, audio interviews, and medical illustrations. It helps keep the reader informed from the moment of diagnosis and covers treatment options as well as the medical, practical, and emotional issues that arise. In particular, *CURE* has devoted an entire section to survivorship. Featured articles address topics such as moving on, recurrence fears, and challenges in survivorship. Additionally, it offers guidance for caregivers, who often have a crucial role to play in a patient's care.

CURE is free of charge to all patients, survivors, and caregivers around the country. If you would like a free subscription, you can e-mail subs@curetoday.com or call 800-210-CURE.

Ask the Survivor: Psychological Support

Q *What prompted you to consult the MSKCC Counseling Center?*

A On March 3, 1990, I completed my last treatment for Hodgkin's disease. I often use the word "cured" or "survived." Over the last year, I've come to realize, I am still fighting my cancer and have not fully survived it, at not least yet.

Emotionally, I felt that I got through my cancer fight alone. Physically, I know it was actually a team effort. There were countless other people going through similar cancer battles, but when everything ended and I was in remission, I still felt alone.

Cancer isn't just a physical battle, it is a mental torture. Despite our similarities, even a cancer patient can't begin to know the true inner feelings of another cancer patient. We have to deal with lack of control, uncertainty of remission, our mortality, and our recovery. Many of us go through treatment without this mental preparation or support.

Over the past twenty years, I have dealt with several major life events and have taken on everything emotionally just like I did with cancer, on my own. I had the attitude that these problems were my burdens, no one else's.

By Paul Edelman

Paul Edelman is an assistant laboratory technician working in medical research. His spare time is divided between traveling with his family, and advocacy and support related to cancer, cardiac disease, and adoption issues.

It takes courage for a person to admit that he has a problem and to seek help. Just as cancer requires a treatment team, coping with emotional challenges does as well. Through the invaluable support of other survivors who have battled late side effects from treatments and/or emotional distress, I recognized that I needed someone professional to talk to. I had to get beyond the stigma of seeing a "shrink," as I was certain I would be judged by anyone who knew this.

Q *How does seeing a psychologist help you as a cancer survivor?*

A I found a psychologist in the Counseling Center at Memorial Sloan-Kettering who works very closely with the doctors who provide my survivorship care. Antidepressants, anxiety pills, and psychotropic drugs are not pushed on me. I'm talking to a person who is educated in what it means to be diagnosed with cancer, to go through the fight, and to be a survivor. My survival issues began with my first biopsy over 20 years ago. I was not prepared for the fact that I would never feel the same and didn't know how to accept this new reality. Some of the things we've gone through as cancer patients have physically changed us forever. My psychologist works with me to talk through and deal with everything that is running through my mind (usually dozens of things at a time). She does not mask my concerns with "you'll be fine" or prescribe medications. This is why I travel five hours each way for an appointment instead of visiting a therapist "approved by my insurance for a limited amount of visits" just minutes from my home.

Today, I seemingly have everything. My wife, Wendy, and I have two beautiful daughters we adopted from China. We have a nice house, with a dog, two cats, and a guinea pig. And I do know that I have survived so much. For that, I am so grateful and happy. I know that with the help of my psychologist, I will continue to work through my challenges and move forward. There has been no shame, no stigma, and no judgment and I wish that everyone could have the opportunity to speak with her. Just as my treatment required so much help beyond what I would have been able to accomplish on my own, my emotional survival has been no different.

The MSKCC Counseling Center welcomes all cancer patients – whether or not they are receiving care at MSKCC. For more information, or to make an appointment, please call 646-888-0100.

Miraculous Nursing

By Dianne M. Sposito

Dianne is a playwright and adjunct lecturer in Speech, Communications & Theatre at Borough of Manhattan Community College/City University of New York. Treated at Memorial Sloan-Kettering, she is a two-year survivor of bladder cancer. She loves devoting her time and energy to writing, nature photography, Shakespeare, and all things theatrical. She lives and works in New York City.

It was April, right after Easter. I felt half dead from the cancer surgery. Although I can't honestly (and thankfully) say I know how fully dead feels, I nonetheless felt awful. How did I end up here?

Since the diagnosis and treatment, my prayers to God had not been those of a grateful daughter; they were Job like: more railing than quietly beseeching. Worst of all, I was afraid that I would die. Cancer forces you to think about death, your death. And not in the abstract.

In the 23 days I was hospitalized, there were many nurses coming and going. There was one nurse who was especially kind, appropriately cheerful, and who engaged me, gently, in talk. I don't remember how it came about, but one day, she started to tell me the story of Bob the Cat; her face lit up with joy in the telling.

"A tiger stray, he had been picked up from the street and given a home. Ah, but wanderlust was in his blood. Sometime around Easter, he ran away and was nowhere to be found. The quintessential adventurous cat to begin with, it was not really a surprise when he ran away again. But this time, his furry little body was found outside. A boyfriend had identified the remains, and the funeral and shoebox burial were held in the backyard. *Requiem in pace*, Bob the Cat. And thanks, thanks for your furry love and purrs and tiger everything.

Fast forward. Now it's Christmas time. Rushing to go to work. Out the door. What's that coming down the road? A cat? Oh, my God! It's BOB! It's BOB THE CAT! It was HIM. BOB! An Easter miracle! A Christmas Miracle! An Easter miracle at Christmas! Who cares? It was his fur, his purr, his tiger everything. Bob was ALIVE. Turns out, Bob's remains had been misidentified.

It was another cat that had met his Maker. *Requiem in pace,* Other Cat. Bob was given a reprieve, and was now back among the quick.

Thank you, thank you for telling me this story! I told the nurse. I felt immediately better just hearing it.

Oh my God, a happy ending.

The tale of Bob's demise and resurrection had worked its magic, as all good stories do. It gave me hope and restored some of my damaged faith. It was not my time either.

How strangely wonderful that I was the patient with whom she shared the Miracle of Bob the Cat – or was it all part of my own Easter miracle?

Bridges is available to read online at www.mskcc.org/bridges.

If you would like to connect with other survivors through the Post-Treatment Resource Program, please see the online calendar at www.mskcc.org/livingbeyondcancer.

We are grateful for the support of our patients and family members. If you are a former patient or family member who has completed treatment please consider becoming a Patient-to-Patient Volunteer.

For more information contact Marina Lenderman at 212-639-5329 or e-mail patient2patient@mskcc.org.

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For more information or to arrange a writing session, please contact Judith Kelman at 212-535-3985 or kelmanj@mskcc.org.

Memorial Sloan-Kettering Cancer Center

Bridges is a publication of the Memorial Sloan-Kettering Cancer Center Survivorship Initiative.

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Soothing and Scrumptious Recipe

Courtesy of Ellen J. Greenfield

When her husband, Mark, went through the rigors of treatment and recovery for head and neck cancer, Ellen created tasty, calorie-packed, nutritionally complete meals to support his return to health. Tasty, Mark warns, may be a relative term for a while. The recipe below is from Ellen's homemade cookbook, "Soup Strong."

Vichyssoise (Leek and Potato)

4 tablespoons (1/2 stick) butter or olive oil
4 thinly sliced leeks (white and pale green parts only)
1 parsnip, peeled and thinly sliced (optional)
2 large potatoes, peeled and cut into 1/2 inch cubes
5 cups low-salt chicken broth (or half-broth, half-water)
1 6 x 4 inch strip of kombu, rubbed under cold running water to clean
1/2 cup chilled cream or half-and-half

Melt butter in a large saucepan over medium heat.
Add potatoes, parsnip, and leeks and sauté 5 minutes.
Add broth (and kombu, if using) and bring to a boil.
Reduce heat to medium; cover and cook until vegetables are tender, about 15 to 20 minutes.
Discard kombu, if used.
Remove pan from heat. Puree soup in blender or immersion blender until smooth.
Add salt to taste.
Freeze 20 to 30 minutes to chill rapidly or put in refrigerator overnight. May also be eaten hot.
Before serving, whisk cream and a large pinch of salt in small bowl until cream is slightly thickened and blend into soup thoroughly.

Note: Soup may be stored in refrigerator for up to three days. Or freeze in pint containers to keep longer. If soup becomes too thick, thin with additional broth or water.

If you are interested in submitting your story, please visit **www.mskcc.org/bridges**

Memorial Sloan-Kettering Cancer Center