

BERRIEN COUNTY CANCER SERVICE NEWSLETTER

www.bccancerservice.org

In honor of the committed service of Olove Colcord, R.N.

THE MISSION OF THE BERRIEN COUNTY CANCER SERVICE:

To provide free skilled home nursing services, equipment, information and supplies at cost for cancer patients and their families in Berrien County.



August 2012

(269) 429-3281

VOLUME XXI ISSUE VIII

The **BERRIEN COUNTY CANCER SUPPORT GROUP** is a group for patients, family members and care givers. Come share successes, feelings, fears and practical methods of coping with the physical and emotional aspects of living with the diagnosis of cancer.

Each Day Brings a Chance to do Better

How often we wish for another chance
to make a fresh beginning.
A chance to blot out our mistakes
and change failure into winning---
And it does not take a special time
to make a brand-new start,
It only takes the deep desire
to try with all out heart.
To live a little better
and to always be forgiving
And to add a little "sunshine"
to the world in which we're living---
So never give up in despair
and think that you are through,
For there's always a tomorrow
and a chance to start anew.



A true friend is one who hears and understands when you share your deepest feelings.....A true friend prods you to personal growth, stretches you to your full potential. And most amazing of all, she celebrates your successes as if they were her own.
Richard Exley

Cancer Statistics

Cancer Among Children

Among children aged 19 years or younger, cancer incidence rates increased 0.6% per year from 2004 through 2008, continuing trends from 1992. Death rates decreased 1.3% per year during the same period.

Cancer Among Racial and Ethnic Groups

Black men and white women had the highest cancer incidence rates between 2004 and 2008. Black men and black women had the highest cancer death rates during the same time period, but these groups showed the largest decreases for the period between 1999 and 2008, compared with other racial groups.

Cancers Associated with Excess Weight and Not Enough Physical Activity

For more than 30 years, excess weight, lack of physical activity, and an unhealthy diet have been considered second only to tobacco use as preventable causes of disease and death in the United States. Since the 1960s, tobacco use has decreased by a third while obesity rates have doubled.

The special feature section explains how being overweight and not getting enough physical activity increase cancer risk. The following six cancers are associated with being overweight—

1. Breast cancer among postmenopausal women.
2. Colorectal cancer.
3. Endometrial cancer.
4. Esophageal adenocarcinoma.
5. Cancer of the kidney.
6. Cancer of the pancreas.

Several of these cancers also are associated with not getting enough physical activity.

More people die from lung cancer than any other type of cancer. In the United States in 2008,* 208,493 people were diagnosed with lung cancer, and 158,592 people died from it.† CDC has a number of programs for preventing and controlling lung cancer. More people die from lung cancer than any other type of cancer. In the United States in 2008,* 208,493 people

were diagnosed with lung cancer, and 158,592 people died from it.

Lung Cancer

Statistics

More people in the United States die from lung cancer than any other type of cancer. This is true for both men and women.

In 2008 (the most recent year numbers are available)

- 208,493 people in the United States were diagnosed with lung cancer, including 111,886 men and 96,607 women.*
- 158,592 people in the United States died from lung cancer, including 88,541 men and 70,051 women.*

*Use of Lung Cancer Screening Tests in the United States: Results from the 2010 National Health Interview Survey. Doria-Rose VP, White MC, Klabunde CN, Nadel MR, Richards TB, McNeel TS, Rodriguez JL, Marcus PM.

Background:

Before evidence of efficacy, lung cancer screening was being ordered by many physicians. The National Lung Screening Trial (NLST), which showed a 20% reduction in lung cancer mortality among those randomized to receive low-dose computed tomography (LDCT), will likely lead to increased screening use.

Methods:

We estimated the prevalence of chest X-ray and CT use in the United States using data from the 2010 National Health Interview Survey (NHIS). Subjects included 15,537 NHIS respondents aged ≥ 40 years without prior diagnosis of lung cancer. Estimates of the size of the U. S. population by age and smoking status were calculated. Multivariate logistic regression examined predictors of test use adjusting for potential confounders.

Results:

Twenty-three percent of adults reported chest X-ray in the previous year and 2.5% reported chest X-ray specifically to check for lung cancer; corresponding numbers for chest CT were 7.5% and 1.3%. Older age, black race, male gender, smoking, respiratory disease, personal history of cancer, and having health insurance were associated with test use. Approximately, 8.7 million adults in the United States would be eligible for LDCT screening according to NLST eligibility Criteria.

Conclusions and Impact:

Monitoring of trends in the use of lung screening tests will be vital to assess the impact of NLST and possible changes in lung cancer screening recommendations and insurance coverage in the future. Education of patients by their physicians, and of the general public, may help ensure that screening is used appropriately, in those most likely to benefit.

Lung Cancer Risk by Age

The risk of getting lung cancer increases with age and is greater in men than in women. The tables below shows the percentage of men or women (how many out of 100) who will get lung cancer over different time periods. The time periods are based on the person's current age.

For example, go to the men's current age 60. The table shows 2.29% of men who are now 60 years old will get lung cancer sometime during the next 10 years. That is, 2 or 3 out of every 100 men who are 60 years old today will get lung cancer by the age of 70.

Percent of U.S. Men Who Develop Lung Cancer over 10-, 20-, and 30-Year Intervals According to Their Current Age, 2005–2007[†]

Current Age	10 Years	20 Years	30 Years
30	0.02	0.19	0.93
40	0.17	0.93	2.97
50	0.78	2.89	5.99
60	2.29	5.64	7.60
70	3.96	6.28	N/A

Percent of U.S. Women Who Develop Lung Cancer over 10-, 20-, and 30-Year Intervals According to Their Current Age, 2005–2007[†]

Current Age	10 Years	20 Years	30 Years
30	0.03	0.20	0.79
40	0.18	0.77	2.40
50	0.61	2.27	4.68
60	1.74	4.27	5.80
70	2.83	4.54	N/A

Lung Cancer Trends

Note: The word "significantly" below refers to statistical significance. 2008 is the latest year for which data are available.

Incidence Trends

From 1999 to 2008 in the United States, incidence of lung cancer has—

Men

- Decreased significantly by 2.0% per year among men.

- Decreased significantly by 1.9% per year among white men.
- Decreased significantly by 2.4% per year among black men.
- Decreased significantly by 2.8% per year among Hispanic men.
- Remained level among American Indian/Alaska Native men.
- Decreased significantly by 1.6% per year among Asian/Pacific Islander men.

Women

- Remained level among women.
- Remained level among white women.
- Remained level among black women.
- Remained level among Hispanic women.
- Remained level among American Indian/Alaska Native women.
- Remained level among Asian/Pacific Islander women.

Mortality Trends

From 1999 to 2008 in the United States, deaths from lung cancer have—

Men

- Decreased significantly by 2.0% per year among men.
- Decreased significantly by 2.0% per year among white men.
- Decreased significantly by 2.8% per year among black men.
- Decreased significantly by 3.2% per year among Hispanic* men.
- Remained level among American Indian/Alaska Native men.
- Decreased significantly by 1.3% per year among Asian/Pacific Islander men.

Women

- Remained level among women.
- Remained level among white women.
- Decreased significantly by 0.7% per year among black women.
- Remained level among Hispanic* women.
- Remained level among American Indian/Alaska Native women.
- Remained level among Asian/Pacific Islander women.

Lung cancer that spreads to the bones can lead to symptoms including fractures, spinal cord compression and hypercalcemia—ZOMETA may reduce or delay bone complications and treat hypercalcemia of malignancy.

In solid tumors, such as lung cancer, there is the chance that the cancer will become advanced and spread to the bone. In lung cancer, 33% to 75% of cancer recurrences are in the bones. While this can be frightening, it may help you to understand how bone metastasis damages bones, the symptoms it may cause, as well as diagnostic procedures and treatment.

Non-Small Cell Lung Cancer Staging

Occult Stage – This is the primary stage in which no tumor is visible, but cancerous cells are identified within the lung (usually in a sample of mucus).

Stage 0 (also known as carcinoma in situ) – Cancerous cells are found only in the top layers lining the lung.

Stage IA – Cancer penetrates the inner tissue and resides in other tissue layers within the lung. The tumor is not larger than 1.2 inches.

Stage IB – In this lung cancer stage, the tumor measures 1.2 - 2 inches, or reaches the bronchus, or has reached the pleura, or is partially blocking the airways.

Stage IIA – The tumor is less than 2 inches, or is in the bronchus, pleura or clogging the airways, and the cancer penetrates nearby lymph nodes; or the tumor is 2 - 2.8 inches in size and has not reached the lymph nodes.

Stage IIB – The tumor measures 2 - 2.8 inches and has spread to nearby lymph nodes; or the tumor is larger than 2.8 inches or there is more than one tumor; or the tumor has grown into the diaphragm, pleura, chest wall or the tissue surrounding the heart, but the cancer has not reached the lymph nodes.

Stage IIIA – A tumor of any size has spread to lymph nodes around the carina and the mediastinum; or the tumor is larger than 2.8 inches and has reached nearby lymph nodes; or the tumor has spread into nearby structures, such as the heart, esophagus or backbone, and possibly into nearby lymph nodes.

Stage IIIB – A tumor of any size has spread to lymph nodes in the other side of the chest; or the tumor has grown into nearby structures, such as the heart, esophagus or backbone as well as nearby lymph nodes. There may be multiple tumors.

Stage IV – A tumor of any size has spread to the other lung, to the pleura or to the fluid found in the heart; or the cancer has spread to more distant parts of the body. At this lung cancer stage, the bones and brain are especially susceptible to cancerous metastases.

Small Cell Lung Cancer Staging

Small cell lung cancer stages are classified in one of two ways:

Limited Stage: Cancer is in one lung, sometimes including nearby lymph nodes.

Extensive Stage: Cancer has spread to the other lung, the fluid around the lung (the pleura) or to other organs in the body.

Non-small cell lung cancer staging uses the TNM system:

Tumor (T) describes the size of the original tumor.

Lymph Node (N) indicates whether the cancer is present in the lymph nodes.

Metastasis (M) refers to whether cancer has spread to other parts of the body, usually the liver, bones or brain.

A number (0-4) or the letter X is assigned to each factor. A higher number indicates increasing severity. For instance, a T1 score indicates a smaller tumor than a T2 score. The letter X means the information could not be assessed.

Once the T, N and M scores have been assigned, an overall stage is assigned.

Trivia

What year did Leonardo da Vinci begin painting the Mona Lisa?

- 1403
- 1503
- 1603
- 1703
- 1803

In Loving Memory

During June 2012, Memorial Donations were generously made by and for the following people

In Memory of Irene Doris Caroselli

Berrien County Health Department
Julie Billingsley & Joel Mitchell, Bridgman
Jeffery & Cheryl Breinling, Stevensville
Robert & Barbara Cheek, St. Joseph
David & Marilyn Crowder & Family, Stevensville
Merry Froelich, Stevensville
Timothy & Lorraine Hanley, St. Joseph
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Gordon & Niki Schreiber, St. Joseph
Steven & Pamela Subka, Stevensville

In Memory of Ernest D. Chesser

Joyce L. Hickok, Galien

In Memory of Genevieve "Genny" Corwin

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In Memory Johnny Gorman

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In Memory of Barney Hollon

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In Memory of Sarah (Kathy) Kiel

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Duane Davis, Bridgman
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Gordon & Nancy Miller, Berrien Springs

In Memory of Jack Krebs

Gert Gridley, Three Oaks
Pat Hill, Benton Harbor
Beatrice Kimball, St. Joseph
Thomas Washabaugh,
Northern Concrete Pipe Inc., Bay City
James Plukas, Bridgman
Philip & Reva Ryan, Three Oaks
Beverly Schmidt, Three Oaks
Harold & LaVerne Zeiger, Sawyer

In Memory of Donna Kublick

Mary Sundblad & Family, Stevensville

In Memory of Irene Mak

Jean Daniels, Riverside
Bob & Rose Lucker, Benton Harbor
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Richard Mak & Connie Petersen, St. Joseph
Jerry & Karen Schlaack, St. Joseph
Wayne & Janet Skaggs %
Margaret Buller, Benton Harbor
Linda & Phillip Sundberg, Stevensville

In Memory of Linda Dwan Morris

Cheryl Baker, Berrien Center
Vanessa Mummaw, Stevensville
Carol Richardson, St. Joseph
Marjorie Russell, Aurora IL

In Memory of Dorothy Price

Joyce L. Hickok, Galien

In Memory of Doris Rice

Jerry & Peggy Schaffer, Sawyer

In Memory of Judith Ruelle

Cal Cheesbrough, Niles
Donna Feiser, East Leroy
Gregory & Jo Kruszka, Naperville, IL
Dianne & Tom Oas, Fall Creek, WI
Anne Singleton, Los Angeles, CA

In Memory of Kyle Schick

Mrs. Marjean Sauser, St. Joseph

In Memory of Helen Schmaltz

Jeanette Fester, Benton Harbor
Dolores Fester, Benton Harbor

In Loving Memory (can't)

In Memory of David Sikorski

Mike & Paula Donner, Three Oaks
Evelyn Heward, Bridgman
Roberta L.Redding , Galien
Fredrick Sikorski, New Carlisle, IN

In Memory of Shirley Teed

Ross & Deb Skibbe, Benton Harbor

In Memory of Wanda Stevens

Debra L. Floor, Niles
Mike McKeel, Niles
Dick & Gloria Parker, Niles
Vivian L. Pointer, Niles
Paul & Ruth Stauffer, Allegan

Berrien County Cancer Service sends our sincere sympathy to all those who have recently lost loved ones. We thank all of our generous donors. Your donations are very much appreciated and will help cancer patients in Berrien County. Thank you.

In Your Honor

In June 2012 donations were made by and in honor of the following:

In Honor of Sally Burgess

Linda Heil, St. Joseph

In Honor of Johnny Gorman

Eva Gorman, Berrien Springs

Sour Cherry Crumb Pie

4 c. sour cherries, pitted
1/2 c. sour cherry juice
1 c. sugar
1/4 c. instant tapioca, uncooked
1/4 t. almond extract
1/8 t. salt
9-inch pie crust

Strain cherries in a colander, reserving 1/2 cup juice. In a bowl, combine cherries, reserved juice, and remaining ingredients (except crust). Mix well and spoon into unbaked crust. Bake at 400 degrees for 35 minutes. Remove pie from oven; sprinkle with Crumb Topping (see below). Return to oven for 10 minutes, or until golden.

Makes 6-8 servings.

Better make 2 -3 pies so you can serve everyone at Berrien County Cancer Service!

Crumb Topping

1/3 c butter, softened
2/3 c. sugar
1 c. all-purpose flour

Combine all ingredients; stir into a crumb consistency. If not used immediately, cover and refrigerate.

Looking Ahead

BCCS SUPPORT GROUP – Stevensville

August 7 & 21 - 1:30 p.m.
September 4 & 18 – 1:30 p.m.

BCCS SUPPORT GROUP – Niles

August 14 & 28 – 1:30 p.m.
September 11 & 25 – 1:30 p.m.

OSTOMY SUPPORT GROUP – Stevensville

August 21 – 1:30 p.m.
September 18 – 1:30 p.m.

RAINBOWS OF HOPE– St. Joseph

Marie Yeager Cancer Center
August 9 – 5:30 p.m.
September 13 – 5:30 p.m.

Ostomy Support Group

Lakeland Regional Medical Center
August 9 – 6:00 p.m.
September 13 – 6:00 p.m.

Man to Man – Prostate Support Group

Trinity Center, St. Joseph
August 21 – 6:30 p.m.
September 18 – 6:30 p.m.

DATES TO REMEMBER IN AUGUST

August 1 – Respect for Parents Day
August 4 – Coast Guard Day
August 6 – Hiroshima Day
August 7 – Purple Heart Day
August 8 – Odie Day
August 11 – National Garage Sale Day
August 15 – National Relaxation Day
August 17 – Hug Your Boss Day
August 19 – World Humanitarian Day
August 25 – Kiss and Make Up Day
August 28 – Crackers on the Keyboard Day
August 31 – Love Litigating Lawyers Day

Newsletters available online

Our newsletters are available on our website:
www.bccancerservice.org. If you would like to
be removed from this mailing list, please call our
office at 269-429-3281 or send us an e-mail:
staff@bccancerservice.org.

Please Consider...

Berrien County Cancer Service, Inc., is a non-profit organization funded primarily by the United Way, private donations and fund-raisers. We receive no Medicare, Medicaid or other insurance payments. To continue our free services to Berrien County cancer patients, we need your help. Any donation is greatly appreciated.

Donations to our General Fund will help balance our current budget. Donations to our Endowment Fund will help guarantee that the Cancer Service will be available for as long as needed. Your contribution to our non-profit 501(c)(3) corporation is tax deductible – an acknowledgment and receipt for tax purposes will be sent.

Donations can be made in honor of someone or in memory of a loved one. In these instances, we would also like to send acknowledgment to the honoree or next-of-kin so please provide that information when making your donation.

_____ General Fund _____ Endowment Fund

Your Name _____

Your Address _____

City/State/Zip _____

Donation Amount \$ _____

OR

In Memory of _____

Please send notification of my gift to:

Name _____

Address _____

City/State/Zip _____

Thank you for your generosity!

Answer to Trivia Question: The Mona Lisa is a half-length portrait of a woman by the Italian artist Leonardo da Vinci, which has been acclaimed as "the best known, the most visited, the most written about, the most sung about, the most parodied work of art in the world." The painting, thought to be a portrait of Lisa Gherardini, the wife of Francesco del Giocondo, is in oil on a poplar panel. It is believed that Leonardo da Vinci began painting the Mona Lisa in 1503 in Florence, Italy.

Berrien County Cancer Service, Inc.
7301 Red Arrow Highway
Stevensville, MI 49127

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Claudia Brister (Office Manager)
Henrietta Hein

CANCER SUPPORT GROUP – Stevensville Office

1st and 3rd Tuesday of each month - 1:30 p.m.

Berrien County Cancer Service, Inc.

7301 Red Arrow Highway
Stevensville, MI 49127
Phone: (269) 429-3281 or (269) 465-5257

CANCER SUPPORT GROUP – Niles

2nd and 4th Tuesday of each month – 1:30 p.m.

Niles Senior Center

1109 Bell Road
Niles, MI 49120
Phone: (269) 429-3281

RAINBOWS OF HOPE GROUP- St. Joseph

2nd Thursday of each month – 5:30 p.m.

Marie Yeager Cancer Center

Ward and Kinney Room
3900 Hollywood Rd.
St. Joseph, MI 49085
Phone: (269) 556-7114

OSTOMY SUPPORT GROUP

2nd Thursday of each month- 6:00 p.m.

Lakeland Regional Medical Center

Community Room
1234 Napier Ave
St. Joseph, MI 49085
Phone: (269) 983-8804

MAN TO MAN – Prostate Support Group

3rd Tuesday of each month – 6:30 p.m.

Trinity Center

619 Main Street (use Main entrance)
St. Joseph, MI 49085
Phone: (800) 465-5244