

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.



January 2014

(269) 429-3281

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ISSUE I

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.

The Snowman's Resolution

The snowman's hat was crooked
And his nose was out of place
And several of his whiskers
Had fallen from his face,

But the snowman didn't notice
For he was trying to think
Of a New Year's resolution
That wouldn't melt and shrink.

He thought and planned and pondered
With his little snowball head
Till his eyes began to glisten
And his toes began to spread:

At last he said, "I've got it!
I'll make a firm resolve
That no matter what the weather
My smile will not dissolve."

Now the snowman acted wisely
And his resolution won,
For his splinter smile was wooded
And it didn't mind the sun



BCCS BULLETIN BOARD

Would you like to receive your newsletter via EMAIL?

We are now able to send your BCCS newsletter via email!
You are welcome to continue to receive it in the mail, but if you would like to have it emailed, please send us a note at staff@bccancerservice.org.
Another option is reading our email at our website: bccancerservice.org.
There you will find a "Newsletter" tab on the top blue ribbon.
Again, you can always receive the newsletter in your mailbox!

Do you know how to crochet?



Here at BCCS we have sold dishwashing scrubbies made from nylon netting as part of our United Way campaign. We are looking for individuals who would be willing to make them. We will purchase the supplies, all you need is the talent.
If you are looking for scrubbies to make your dishes and pans shine, we can help you with that!

Let it Snow, Let it Snow, Let it Snow

Just wanted to let you know that BCCS will be closed on the snow days that Lakeshore School District is closed. So if it is snowing, please call us first at 269-429-3281 prior to coming to the BCCS office to make sure that we are open. On the days that the office is closed, the answering machine will be checked periodically. If you have a medical emergency, please call 911. The nurses will still be visiting patients unless the roads are hazardous. Often the nurses will make patient visits a day early if they know that a snow storm is coming.



HELP US WITH OUR WEBSITE!

bccancerservice.org

Our new website is up and running, however, we are not finished with it yet. ***One of the things we would like to add are testimonies on how we help people.*** If you would like to tell about how BCCS has helped you, please email (staff@bccancerservice.org) or mail us your testimony along with a statement giving us permission to post it on our website as a testimony.

You may also find us on **Facebook** at **Berrien County Cancer Service**

Check out the latest pictures and "Like" us while you are there.

PENNIES FOR PATIENTS™

Start saving those pennies, nickels, dimes, quarters, and dollars for our PENNIES FOR PATIENTS™ day in May. We will keep you posted for the exact date, but it's not too early to start saving!



My Story

24 Years ago tomorrow (October 13, 1989) I was diagnosed with breast cancer. The good news is that I'm alive and well today as a survivor. I really wanted to be with you today as I am passionate about Breast Cancer awareness. Here is my story.

I had my annual Mammogram in February 1989. Eight months later in October I found a lump myself. I was given the options at that time of a mastectomy or a lumpectomy with radiation and/or chemotherapy. Lumpectomies were beginning to become more prevalent at that time, but there was still an element of uncertainty about the long term success of this procedure. I opted for a mastectomy. The only emotion I remember feeling was one of extreme fear. Following surgery when my doctor received my tissue pathology, combined with the fact that the tumor was small and found early, he indicated that I would not have to have chemotherapy. (Yea!)

My research indicated that it would be best to wait one year before undergoing reconstruction so as to allow the chest tissue to heal. So, 1 ½ years later I started the process. I found a surgeon in Kalamazoo who recommended a silicone implant. I then had a second opinion from another doctor who recommended major reconstruction by recreating a breast out of my own abdominal tissue which is done now at the time of mastectomy. I opted for a silicone implant. The process was one of having a tissue expander inserted between the chest muscles and expanded every couple of weeks with saline injections. When it was the same size as my remaining breast, the expander was removed and a silicone implant was inserted. All this was done as an outpatient. The process took several months. In the 23 years I have had the implant it has been replaced only once. This was done as a routine procedure, not because of any issue with it. I have had a really good result and have never had a reason to question my choices. Note to others: There are so many options for treatment and reconstruction which are changing constantly. Be your own best advocate. Do your research, listen to the experts, not your well-meaning friends who may think they have your best interest at heart.

Throughout the years as a cancer survivor I have been blessed with great emotional support from my family and friends which has been critical to my emotional security. My husband was with me every step of the way and has never treated me any less as a woman.

2 ½ years ago my daughter found a lump in her breast. She lives in the Nashville, TN area. My husband and I were scheduled to visit at the time she had an appointment with a breast specialist so she asked me to go to her appointment with her. The surgeon looked at her records and ultra sound report and indicated that she did not feel that there was anything to worry about but they would keep an eye on it. The surgeon then turned to me asking about my breast cancer. She asked if I had the BRCA test done. I indicated that I had not, since I understood that it was very expensive and not covered by insurance. She then indicated that she thought I was a prime candidate since I was under 45 years of age – actually 44 at the time it was found. Upon returning to St. Joe I contacted Spectrum Health in Grand Rapids who has a very good breast cancer unit. They sent me forms to fill out and scheduled an interview. During the interview they asked me to be part of their research testing and I agreed. I, therefore, did not have to incur any expense for the test. The doctor then approved a blood test. Two weeks later I returned and they presented me with the test results: I am not BRCA I or II positive. Good news for my daughters, granddaughters, sister, nieces, etc. but also for my son and grandsons since male breast cancer is also increasing.

So many wonderful people have come into my life because of my breast cancer experience. I have been able to share and encourage others who are new to it. I tell my daughters, do not be afraid of finding cancer, be afraid of it being there and NOT being found.

All I ask is that you love yourself and your family enough to have regular mammograms AND DO SELF EXAMS...know your body. There are so many of us survivors...HOPE LIVES!

God Bless. With love, Karen Bitz

Breast Reconstruction After Mastectomy

Key Points

- Breast reconstruction can be done using either breast implants or tissue taken from elsewhere in a woman's body.
- Each breast reconstruction method has advantages and disadvantages. The choice of method depends largely on a woman's individual preference and her cancer treatment plan, but other factors can influence the type of reconstructive surgery a woman chooses.
- Studies have shown that breast reconstruction does not increase the likelihood of cancer recurrence or make it harder to check for recurrence with mammography.

1. What is breast reconstruction?

Many women who have a mastectomy—surgery to remove an entire breast to treat or prevent breast cancer—have the option of having more surgery to rebuild the shape of the removed breast.

Breast reconstruction surgery can be either immediate or delayed. With immediate reconstruction, a surgeon performs the first stage to rebuild the breast during the same operation as the mastectomy. A method called skin-sparing mastectomy may be used to save enough breast skin to cover the reconstruction.

With delayed reconstruction, the surgeon performs the first stage to rebuild the breast after the chest has healed from the mastectomy and after the woman has completed adjuvant therapy.

A third option is immediate-delayed reconstruction. With this method, a tissue expander is placed under the skin during the mastectomy to preserve space for an implant while the tissue that was removed is examined. If the surgical team decides that the woman does not need radiation therapy, an implant can be placed where the tissue expander was without further delay. However, if the woman will need to have radiation therapy after mastectomy, her breast reconstruction can be delayed until after radiation therapy is complete.

Breasts can be rebuilt using implants (saline or silicone) or autologous tissue (that is, tissue from elsewhere in the body). Most breast reconstructions performed today are immediate reconstructions with implants.

2. How do surgeons use implants to reconstruct a woman's breast?

Implants can be inserted underneath the skin and chest muscle that remain after a mastectomy, usually as part of a two-stage procedure.

In the first stage, the surgeon places a device called an expander under the chest muscle. The expander is slowly filled with saline during visits to the doctor after surgery. In the second stage, after the chest tissue has relaxed and healed enough, the expander is removed and replaced with an implant. The chest tissue is usually ready for the implant 6 weeks to 6 months after mastectomy.

Expanders can be placed as part of either immediate or delayed reconstructions. An optional third stage of breast reconstruction involves recreating a nipple on the reconstructed breast.

3. How do surgeons use tissue from a woman's own body to reconstruct the breast?

In autologous tissue reconstruction, a piece of tissue containing skin, fat, blood vessels, and sometimes muscle is taken from elsewhere in a woman's body and used to rebuild the breast. This piece of tissue is called a flap. Different sites in the body can provide flaps for breast reconstruction.

- TRAM flap: Tissue, including muscle, that comes from the lower abdomen. This is the most common type of tissue used in breast reconstruction.
- DIEP flap: Tissue that comes from the abdomen as in a TRAM flap, but only contains skin and fat.
- Latissimus dorsi flap: Tissue that comes from the middle and side of the back.

More rarely, flaps are taken from the thigh or buttocks.

Wherever the flaps come from, they can either be pedicled or free. With a pedicled flap, the tissue and attached blood vessels are moved together through the body to the breast area. With a free flap, the tissue is cut free from its blood supply and attached to new blood vessels in the breast area.

Rarely, an implant and autologous tissue will be used together. They might be used together when there isn't enough skin and muscle left after mastectomy to allow for expansion and use of an implant. In these cases, the autologous tissue is used to cover the implant.

How do surgeons reconstruct the nipple and areola?

After the chest heals from reconstruction surgery and the woman has completed adjuvant therapy, a surgeon can reconstruct the nipple and areola. Usually, the new nipple is created by cutting and moving small pieces of skin from the reconstructed breast to the nipple site and shaping them into a new nipple. A few months after nipple reconstruction, the surgeon can recreate the areola. This is usually done using tattoo ink. However, in some cases, skin grafts may be taken from the groin or abdomen and attached to the breast to create an areola. Skin-sparing mastectomy that preserves a woman's own nipple and areola (called nipple-sparing mastectomy) is performed by some surgeons on select women who are at low risk of cancer recurrence .

1. What factors can affect the choice of breast reconstruction method?

Most women can choose their type of breast reconstruction method based on what is important to them. However, some treatment issues are important to think about. For example, radiation therapy can damage a reconstructed breast, especially if it contains an implant (6-8). Therefore, if a woman knows she needs radiation therapy after mastectomy, that information may affect her decision.

Sometimes, a woman may not know whether she needs radiation therapy until after her mastectomy. This can make planning ahead for an immediate reconstruction difficult. In this case, it may be helpful for the woman to talk with a reconstructive surgeon in addition to her breast surgeon or oncologist before choosing the type of reconstructive surgery.

Other factors that can influence the type of reconstructive surgery a woman chooses include the size and shape of the breast that is being replaced, the woman's age and health, the

availability of autologous tissue, and the location of the breast tumor .

Each type of reconstruction has factors that a woman should think about before making a decision. Some of the more common concerns are listed below.

1. Reconstruction with Implants

Surgery and recovery

- Enough skin and muscle must remain after mastectomy to cover the implant
- Shorter surgical procedure than for reconstruction with autologous tissue; little blood loss
- Recovery period may be shorter
- Many follow-up visits may be needed to inflate the expander and insert the implant

Possible complications

- Infection
- Pooling of blood (hematoma) within the reconstructed breast
- Extrusion of the implant (the implant breaks through the skin)
- Implant rupture (the implant breaks open and saline or silicone leaks into the surrounding tissue)
- Formation of hard scar tissue around the implant (known as a contracture)

Other considerations

- Can be damaged by radiation therapy
- May not be adequate for women with very large breasts
- Will not last a lifetime; the longer a woman has implants, the more likely she is to have complications and to need to have her implants removed or replaced
- Silicone implants may provide a more natural-looking breast shape than saline
- The Food and Drug Administration (FDA) recommends that women with silicone implants undergo periodic MRI screenings to detect possible "silent" rupture of the implants

The website of the National Cancer Institute (<http://www.cancer.gov>)

In Loving Memory

During November 2013, Memorial Donations were generously made by and for the following people

In Memory of Clara Jean (Andrews) Reed

Beaudoin Electrical Construction, Sodus

In Memory of Joseph Bobay

Jane & John Tolhuizen, Benton Harbor

In Memory of William D. "Bill" Hubble

Kathryn Ross, Niles
Betty Letcher, Buchanan

In Memory of Kathlean Krueger

Paul & Betty Backus, Buchanan
Ron & Michelle Krumrie, Traverse City
Frances Therkildsen, Kalamazoo

In Memory of Ronald Maier

Butch & Kaye Totzke, Berrien Springs

In Memory of Juanita Phillips

Bob & Pat Coons, Niles

In Memory of Alex Porzse

Tari Murray, Indianapolis, IN

In Memory of Ron Robaska

Amy Felgner, Buchanan

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.

Thought for the day

A happy man or woman is a
Better thing to find than a five-pound note.
He or she is a radiation focus of good-will;
And their entrance into a room is as though
another candle had been lighted.

Robert Louis Stevenson

Looking Ahead

BCCS SUPPORT GROUP – Stevensville

January 7 & 21 – 1:30 p.m.
February 4 & 18 – 1:30 p.m.

BCCS SUPPORT GROUP – Niles

January 14 & 28 – 1:30 p.m.
February 11 & 25 – 1:30 p.m.

OSTOMY SUPPORT GROUP – Stevensville

January 21 – 1:30 p.m.
February 18 – 1:30 p.m.

RAINBOWS OF HOPE– St. Joseph

Marie Yeager Cancer Center
January 9 – 5:30 p.m.
February 13 – 5:30 p.m.

Ostomy Support Group

Lakeland Regional Medical Center
January 9 – 6:00 p.m.
February 13 – 6:00 p.m.

DATES TO REMEMBER IN JANUARY

January 1 – New Year's Day!
Rose Bowl Game
January 3 - National Chocolate Covered Cheery Day
January 5 – Bean Day
January 6 – National Weigh In Day
January 8 – War On Poverty Day
January 11 – Fruitcake Toss Day
January 13 - National Clean Off Your Desk Day
January 15 – Humanitarian Day
January 19 – Popcorn Day
January 20 - Inauguration Day
January 22 – Celebration of Life Day
January 24 – Belly Laugh Day
January 26 – Grammy Awards
January 27 – Viet Nam Peace Day
January 29 - Freethinkers Day
January 31 – Appreciate Your Social Security Check 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!

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

RETURN SERVICE REQUESTED

JOIN THE NEWSLETTER VIA EMAIL

Help us save postage, call 269-429-3281
or email us at staff@bccancerservice.org.
If you are not reading the newsletter, you
may contact us to be removed also. We
value our readers & hope you enjoy it.

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Julie Koch (Accountant)
Henrietta Hein (Newsletter)

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

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 Road
St. Joseph, MI 49085
Phone: (269) 556-7114

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

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