

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.



November 2012

(269) 429-3281

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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.

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MOST RICHLY BLESSED

AN ANONYMOUS SOLDIER OF THE CONFEDERACY

I asked God for strength, that I might achieve--
I was made weak, that I might learn humbly to obey.
I asked for help that I might do greater things---
I was given infirmity, that I might do better things.
I asked for riches, that I might be happy---
I was given poverty, that I might be wise.
I asked for all things, that I might enjoy life---
I was given life, that I might enjoy all things.
I got nothing that I asked for--but everything I had hoped for.
Despite myself, my prayers were answered.
I am, among all men, most richly blessed.

HAPPY THANKSGIVING EVERYONE !



Living in the past is a dull and lonely business; looking back strains the neck muscles, causes you to bump into people not going your way. Edna Ferber

A Loving Wife Speaks Out

By: Sandie Storer

Family members experience a period of adjustment to ostomies just as people with ostomies do. I would like to share the process of adjustment I have undergone as a spouse, in order to encourage others. I hope other spouses or other loved ones can benefit from knowing the process of change I have experienced concerning my husband, Gene's ileostomy and that they will realize any guilt or pain will pass to brighter days.

The change in our lives seems so much smaller than it did a year and a half ago when my husband had ileostomy surgery. Looking back on the process of acceptance, I can see different stages much as one experiences in bereavement:

Denial--for the year prior to Gene's surgery, we both denied its necessity. I tended to slip back and forth between denial and anger. I was angry that he was denying the inevitable--then I would deny it. When he actually had the operation, I tried to act as if nothing had happened. I refused to look at his stoma and wanted nothing to do with the United Ostomy Association. This was a mistake. Now, I see there are avenues of emotional support our local support group can give; but I was pretty stubborn.

Anger--I had little support here in our home community as we were fairly new in the area, and I got into some pretty traumatic emotional problems, I became very angry and withdrawn and had to rely on professional help to bring me around to the bargaining stage.

Bargaining--I was angry with Gene for something he had no control over. Once I admitted that, I was willing to talk with him about compensation for his stoma. I was expecting him to somehow be a better husband to make up for "what he was putting me through." When I could have been a staunch support for him, I was expecting him to consider me. Thank goodness he had his WOC nurse, the

doctors and his friends at the local ostomy support group to help him.

Depression--I finally reached the depression state and spent much time sleeping. It was difficult to do housework. I started to feel guilty about not giving him more support. I was so upset with the procedure that would put an end to the dreaded ulcerative colitis he had suffered for ten years--a procedure which saved his life.

Acceptance--Now, I am more accepting of his ileostomy. I will someday make some fancy pouch covers--maybe a Santa Clause! Seeing how well other people with ostomies get along in the world has been encouraging to me. What has happened is not something terrible, but something life giving and wonderful.

Trivia

What President declared war on Germany in April of 1917?

Martin Van Buren
Woodrow Wilson
William McKinley
Calvin Coolidge
Harry S. Truman

Oral Contraceptives and Cancer Risk Key Points

A number of studies suggest that current use of oral contraceptives (birth control pills) appears to slightly increase the risk of breast cancer, especially among younger women. However, the risk level goes back to normal 10 years or more after discontinuing oral contraceptive use.

Women who use oral contraceptives have reduced risks of ovarian and endometrial cancer. This protective effect increases with the length of time oral contraceptives are used.

Oral contraceptive use is associated with an increased risk of cervical cancer; however, this increased risk may be because sexually active women have a higher risk of becoming infected with human papillomavirus, which causes virtually all cervical cancers.

Women who take oral contraceptives have an increased risk of benign liver tumors, but the relationship between oral contraceptive use and malignant liver tumors is less clear.

What types of oral contraceptives are available in the United States today?

Two types of oral contraceptives (birth control pills) are currently available in the United States. The most commonly prescribed type of oral contraceptive contains man-made versions of the natural female hormones estrogen and progesterone. This type of birth control pill is often called a “combined oral contraceptive.” The second type is called the minipill. It contains only progestin, which is the man-made version of progesterone that is used in oral contraceptives.

How could oral contraceptives influence cancer risk?

Naturally occurring estrogen and progesterone have been found to influence the development and growth of some cancers. Because birth control pills contain female hormones, researchers have been interested in determining whether there is any link between these widely used contraceptives and cancer risk.

The results of population studies to examine associations between oral contraceptive use and cancer risk have not always been consistent. Overall, however, the risks of endometrial and ovarian cancer appear to be reduced with the use of oral contraceptives, whereas the risks of breast, cervical, and liver cancer appear to be increased. A summary of research results for each type of cancer is given below.

How do oral contraceptives affect breast cancer risk?

A woman’s risk of developing breast cancer depends on several factors, some of which are related to her natural hormones. Hormonal and reproductive history factors that increase the risk of breast cancer include factors that may allow breast tissue to be exposed to high levels of hormones for longer periods of time, such as the following:

Beginning menstruation at an early age

Experiencing menopause at a late age

Later age at first pregnancy

Not having children at all

A 1996 analysis of epidemiologic data from more than 50 studies worldwide by the Collaborative Group on Hormonal Factors in Breast Cancer found that women who were current or recent users of birth control pills had a slightly higher risk of developing breast cancer than women who had never used the pill. The risk was highest for women who started using oral contraceptives as teenagers. However, 10 or more years after women stopped using oral contraceptives, their risk of developing breast cancer had returned to the same level as if they had never used birth control pills, regardless of family history of breast cancer, reproductive history, geographic area of residence, ethnic background, differences in study design, dose and type of hormone(s) used, or duration of use. In addition, breast cancers diagnosed in women who had stopped using oral

contraceptives for 10 or more years were less advanced than breast cancers diagnosed in women who had never used oral contraceptives.

A recent analysis of data from the Nurses’ Health Study, which has been following more than 116,000 female nurses who were 24 to 43 years old when they enrolled in the study in 1989, found that the participants who used oral contraceptives had a slight increase in breast cancer risk. However, nearly all of the increased risk was seen among women who took a specific type of oral contraceptive, a “triphasic” pill, in which the dose of hormones is changed in three stages over the course of a woman’s monthly cycle.

Because the association with the triphasic formulation was unexpected, more research will be needed to confirm the findings from the Nurses’ Health Study.

How do oral contraceptives affect ovarian cancer risk?

Oral contraceptive use has consistently been found to be associated with a reduced risk of ovarian cancer. In a 1992 analysis of 20 studies, researchers found that the longer a woman used oral contraceptives the more her risk of ovarian cancer decreased. The risk decreased by 10 to 12 percent after 1 year of use and by approximately 50 percent after 5 years of use.

Researchers have studied how the amount or type of hormones in oral contraceptives affects ovarian cancer risk. One study, the Cancer and Steroid Hormone (CASH) study, found that the reduction in ovarian cancer risk was the same regardless of the type or amount of estrogen or progestin in the pill. A more recent analysis of data from the CASH study, however, indicated that oral contraceptive formulations with high levels of progestin were associated with a lower risk of ovarian cancer than formulations with low progestin levels. In another study, the Steroid Hormones and Reproductions (SHARE) Study, researchers investigated new, lower-dose progestins that have varying androgenic (testosterone-like) effects. They found no difference in ovarian cancer risk between androgenic and nonandrogenic pills.

Oral contraceptive use by women at increased risk of ovarian cancer due to a genetic mutation in the BRCA1 or BRCA2 gene has been studied. One study showed a reduction in risk among BRCA1- or BRCA2-mutation carriers who took oral contraceptives, whereas another study showed no effect. A third study, published in 2009, found that women with BRCA1 mutations who took oral contraceptives had about half the risk of ovarian cancer as those who did not.

How do oral contraceptives affect endometrial cancer risk?

Women who use oral contraceptives have been shown to have a reduced risk of endometrial cancer. This

protective effect increases with the length of time oral contraceptives are used and continues for many years after a woman stops using oral contraceptives.

How do oral contraceptives affect cervical cancer risk?

Long-term use of oral contraceptives (5 or more years) is associated with an increased risk of cervical cancer. An analysis of 24 epidemiologic studies found that the longer a woman used oral contraceptives, the higher her risk of cervical cancer. However, among women who stopped taking oral contraceptives, the risk tended to decline over time, regardless of how long they had used oral contraceptives before stopping.

In a 2002 report by the International Agency for Research on Cancer, which is part of the World Health

Organization, data from eight studies were combined to assess the association between oral contraceptive use and cervical cancer risk among women infected with the human papillomavirus (HPV). Researchers found a nearly threefold increase in risk among women who had used oral contraceptives for 5 to 9 years compared with women who had never used oral contraceptives. Among women who had used oral contraceptives for 10 years or longer, the risk of cervical cancer was four times higher. Virtually all cervical cancers are caused by persistent infection with high-risk, or oncogenic, types of HPV, and the association of cervical cancer with oral contraceptive use is likely to be indirect. The hormones in oral contraceptives may change the susceptibility of cervical cells to HPV infection, affect their ability to clear the infection, or make it easier for HPV infection to cause changes that progress to cervical cancer. Questions about how oral contraceptives may increase the risk of cervical cancer will be addressed through ongoing research.

How do oral contraceptives affect liver cancer risk?

Oral contraceptive use is associated with an increase in the risk of benign liver tumors, such as hepatocellular adenomas. Benign tumors can form as lumps in different areas of the liver, and they have a high risk of bleeding or rupturing. However, these tumors rarely become malignant.

Whether oral contraceptive use increases the risk of malignant liver tumors, also known as hepatocellular carcinomas, is less clear. Some studies have found that women who take oral contraceptives for more than 5 years have an increased risk of hepatocellular carcinoma, but others have not.

Broccoli Cheese Crepes

This is a perfect recipe for a brunch; the best part of it is that you don't have to use broccoli. Instead, opt for spinach, asparagus or whatever other vegetable is in your fridge.

Ingredients

2 eggs
1/4 cup water
6 tbsp. all-purpose flour
1/2 tsp. salt
FILLING:
2 tbsp. chopped onion
1 tbsp. butter
1 tbsp. all-purpose flour
1 cup milk
1 cup shredded Cheddar cheese, divided
1 1/2 tsp. Dijon mustard
1 tsp. Worcestershire sauce
1/4 tsp. pepper
1/8 tsp. salt
2 cups frozen chopped broccoli, thawed

Methods/steps

For batter, combine the eggs, water, flour and salt in a blender. Cover and process until smooth; let stand for 15 minutes.

Meanwhile, in a small saucepan, sauté onion in butter until tender. Stir in flour until blended. Gradually stir in milk. Bring to a boil over medium heat, stirring constantly; cook and stir for 2 minutes or until slightly thickened. Reduce heat to low. Stir in 1/2 cup cheese, mustard, Worcestershire sauce, pepper and salt until cheese is melted. Stir in broccoli. Cover; keep warm. Heat a lightly greased 8-in. nonstick skillet; pour 2 tbsp. batter into the center of skillet. Lift and tilt pan to evenly coat bottom. Cook until top appears dry; turn and cook 15-20 seconds longer. Remove to a wire rack. Repeat with remaining batter, greasing skillet as needed. Spoon about 1/2 cup filling down the center of each crêpe; roll up. Place seam side down in an un-greased 11-in. x 7-in. x 2-in. baking dish. Sprinkle with remaining cheese. Bake, uncovered, at 350 degrees for 5-7 minutes or until cheese is melted.

Additional Tips

PREP TIME 30 Min

COOK TIME 5 Min

Ready in 35 minutes

Answer to Trivia Question: Thomas Woodrow Wilson was the 28th President of the United States, from 1913 to 1921. In April 1917, Wilson asked Congress to declare war. With 50 Representatives and 6 Senators in opposition, the declaration of war by the United States against Germany was passed by the Congress on April 4, 1917, and was approved by the President on April 6, 1917.

Joke of the Day

Jerry is recovering from day surgery when a nurse asks him how he is feeling.

"I'm OK but I didn't like the four-letter-word the doctor used in surgery," he answered.

"What did he say," asked the nurse.

"OOPS!"

The Waterfront Restaurant Fundraiser

Come join us for a delightful brunch at the Waterfront Restaurant in Coloma. They have graciously offered to do a fundraiser for us. They have a wonderful brunch from 9 a.m. to 3 p.m. at \$9.95 per person, which includes made to order omelets, pasta, carved meats, eggs, soufflés, malted waffles, soup, salad, chicken, fish, fresh fruit, chocolate fountain, homemade desserts and more. They do take reservations.

On Sunday, November 18 during their brunch (9a.m. – 3 p.m.) they will donate \$5.00 per person to Berrien County Cancer Service with the coupon on the following page. Please pass out these coupons to your family, friends, neighbors and encourage them to join us.

They are located on 5713 Beech Ave. in Coloma.

Directions: Take Coloma Exit 39 off of I-94, turn right onto Friday Road. It will become S. Church Street. You go thru the City of Coloma, then it turns into Paw Paw Lake Road. You will be on this for about 3 miles. Be careful to stay on Paw Paw Lake Road as there is a Paw Paw Road. Turn right onto Beech Ave. The restaurant will be on the left.

From Watervliet Exit 41 off of I-94. Go north (right) toward South Haven thru town to Blanchford Road. Turn left (west) Go to the end of the road. Turn left on Paw Paw Lake Road. Turn left on Beech Ave. Restaurant is on left.

If you have any questions, please call us at the Berrien County Cancer Service at (269) 429-3281.



In Loving Memory

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

In Memory of Marge Fowler Allen

Doris D. Helm, Berrien Springs

In Memory of Clarence Lee Bartrum

Gary & Kim Newman, Kevin & Laura, Kerry & Dorothy and Kelly & Judy Low, Niles

In Memory of Kenneth (Bill) Baushke

Robert & Marilyn Kiel, Stevensville
Michael & Amanda Rush, St. Joseph

In Memory of Dr. John R. Bruni

Conrad A. Larson, Buchanan

In Memory H H Critchfield

Carole & John McClarey, Decatur IL

In Memory of Doris Freehling

Geraldine Wooley, Bridgman

In Memory of Gary Hardt

Keith & Elsie Bermingham, Stevensville
Bonnie L. Craft, Coloma
Larry & Susan Engler, St. Joseph
Wendy Hays, Coloma
Jo Ann Ingraham, St. Joseph
Paula Ludwig, St. Joseph
Bruce & Judith Nitz, Baroda
Earlene & Charles Whorton, Eau Claire

In Memory of Kay Delle Koch

John & Marilyn L. Fetters, St. Joseph

In Memory of Charles "Chuck" Leonard Krosschell

Mr. & Mrs. Robert Batchman Oregon OH
Richard & Betty Krahn, Ottawa Lake
Fern E. Krosschell, Baroda
David A Rutlin, St. Joseph
Irving Talbot, St. Joseph

In Memory of Mae Lambert

Susan & Eddie Dean, Timothy Lambert & Aunt Effie
Madison & Lisa Knight, South Bend IN

In Memory of Larry Mason

Betty J. Gibson, Lakeside

In Memory of Jerry B. McCarty

Joyce Clark, Galien
Terry Dalrymple & Francis Wright Trust, Galien
Joan Gaideski, Dowagiac
Dick & Nancy Trapp, Three Oaks
Jacqueline Lohraff, Berrien Springs
Brian, Pam & Dustin Marshall, Galien
Donald & Colette Metzger, Stevensville
Richard P. O'Leary, Benton Harbor
William Pelfresne Kalamazoo
Mr. & Mrs, Leonard Shell, Niles
Duane & Joyce Smallidge, Schoolcraft
Jeffery U. Starke, Coloma
Jennie Stocks, Berrien Springs

In Memory of Edsell Reimes

Glenn & Dorothy Conrad, St. Joseph

In Memory of Shirley Roden

Brenna Roth, Shepherdsville KY

In Memory of Mary Ann Thompson

Patricia K. Brown, Benton Harbor
Dick & Nancy Trapp, Three Oaks
Ginger Wohlscheid & Diane Goodson, Grand Ledge

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.

Looking Ahead

BCCS SUPPORT GROUP – Stevensville

November 6 & 20 - 1:30 p.m.

December 4 & 18 - 1:30 p.m.

BCCS SUPPORT GROUP – Niles

November 13 & 27 - 1:30 p.m.

December 11 - 1:30 p.m.

OSTOMY SUPPORT GROUP – Stevensville

November 20 - 1:30 p.m.

December 18 - 1:30 p.m.

RAINBOWS OF HOPE– St. Joseph

Marie Yeager Cancer Center

November 8 - 5:30 p.m.

December 13 - 5:30 p.m.

Ostomy Support Group

Lakeland Regional Medical Center

November 8 - 6:00 p.m.

December 13 - 6:00 p.m.

Man to Man – Prostate Support Group

Trinity Center, St. Joseph

November 18 – 6:30 p.m.

DATES TO REMEMBER IN NOVEMBER

November 2 - Cookie Monster Day

November 4 - Daylight Savings Time Ends

November 6 - Election Day

November 11 - Veterans Day

November 14 - National American Teddy Bear Day

November 16 - National Day for Tolerance

November 17 - Homemade Bread Day

November 20 - National Peanut Butter Fudge Day

November 22 - Thanksgiving Day

November 23 - Black Friday

November 25 - Blasé Day

November 27 - National Day of Listening

November 30 - Stay Home Because Your Well 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

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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