

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.



October 2012

(269) 429-3281

VOLUME XXI

ISSUE X

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.

Indian Summer

Frost, in a brief apology
For all it had to do
To every bush and plant and tree
Gives us a scenic view,

Sets the autumn woods on fire!
Paints the gardens bright:
Gilds the weed patch and the briar
With sudden golden light.

War bonnet beauty stomps the fields
As ruddy leaves out run
The morning chill and Jack Frost yields
To Indian summer sun.

Helen Harrington



United Way
of Southwest Michigan

Joyfulness keeps the heart and face young. A good laugh makes us better friends with ourselves and everybody around us. Orison Swett Marden

My story

When I was diagnosed with ovarian cancer in July 2007, all I could think of was my family. They are my life, my reason to live. I love them all so much.

My children lost their father at a young age and I couldn't bear the thought that they'd lose me too. And my grandchildren, how could I leave them? And Jon, the love of my life, my husband of only nine years. We have a whole lifetime of anniversaries left to celebrate.

But by the grace of God, my wonderful family and friends, awesome doctors and a fabulous hospital, I am here to tell my story.

From diagnosis through treatment

For about a year, I had been having lower back pain. It was uncomfortable, but I assumed it was nothing more than arthritis. I knew something was not right though when intercourse became painful. I went to see my gynecologist, who did an ultrasound on me. The test revealed a large cyst or tumor on one of my ovaries.

I had surgery to remove the tumor and my ovaries at a local hospital. An oncologist confirmed it was ovarian cancer. He spoke with Jon and me about additional treatment and mentioned the typical survival rates for the disease. But I wasn't happy with his approach or the set up at the cancer facility.

After a few weeks went by, I became more depressed. I also had developed an oral/throat infection from the antibiotics I took as I recovered from the surgery. I needed a doctor who would pay attention to everything that was going on with me. Thankfully, I got a doctor who took care of all of me and was experienced in treating my disease.

On my first visit, I met with Dr. Williams, my gynecologic oncologist. She told us before she would treat me for the cancer we needed to figure out what was going on with my throat and why I felt as though I wanted to vomit all the time.

Dr. Williams used a scope to examine my mouth and throat, and thereby discovered I had an infection known as thrush. She treated me for the thrush and then proposed an ovarian cancer treatment plan, which included chemotherapy.

For about a year, the cancer went into remission after I received the chemotherapy treatment. I then underwent surgery to remove new tumors that had developed in my abdomen. During the surgery, I also received Hyperthermic Intraperitoneal Chemotherapy (HIPEC), a heated chemotherapy that was delivered directly to my abdomen. Dr. Brown, who is the head of the HIPEC program, performed the procedures. The surgery took approximately six hours and was invasive, but my body seemed to tolerate the chemotherapy and I healed well.

As part of a clinical trial I participated in, tumors that were removed in my surgery were sent to a laboratory to be developed into a vaccine. It took some time for the vaccine to be prepared. Once it was ready, I received three injections containing the vaccine over a seven-week period.

For the next few years, I received additional chemotherapy treatment. In 2011, I had my third surgery. I also received radiation therapy. I did experience back issues and upset bowels as side effects from the radiation. Overall, though, I've been able to cope.

My favorite driver to the treatment center, Jim, gave the best bear hugs and allowed me to sit in the front seat and chat with him on the way to the hospital. Jim always cares how people are feeling. He also takes it upon himself to get to know the family and friends who come along with patients.

Everybody cares about me—from Jim, to the people behind the scenes in the cafeteria, to the doctors and nurses in the surgical suites. They have all touched my life. I am especially grateful for Dr. Williams and Dr. Brown for never giving up on me. Both doctors go out of their way to make me feel comfortable. And, they talk to me like I'm their only patient.

In 2012, I became a five-year survivor of ovarian cancer. My name now appears on a gold leaf on the "Tree of Life" in the hospital's lobby. Whenever I'm there, I stop and touch my leaf and feel so blessed I get goose bumps thinking of how I got my second chance at life, a chance I will never take lightly or for granted.

Filled with hope

My family and friends gave me the strength to lift my arms to the sky and say, "I'm alive and I have *hope* for the future."

What a beautiful gift, my life. I can get out of bed in the morning and go to work. I can sleep in on the weekends. I can smell the flowers and the grass being mowed. I can be with family and friends, and I can laugh with my grandchildren. I thank God every day for the gift of life he has given me. I hope and pray it is his wish that my life continues for a very long time. When it does come to an end, I want people to know I did fight the fight, and I did win. I am in a win-win situation and I will continue my fight.

I want to reach out and help every person I can. That includes talking to family members and being there for them. I want to teach others not only to keep hoping, but to have strength and will power to want to go on and live.

Definition of ovarian cancer: Cancer that forms in tissues of the ovary (one of a pair of female reproductive glands in which the ova, or eggs, are formed). Most ovarian cancers are either ovarian epithelial carcinomas (cancer that begins in the cells on the surface of the ovary) or malignant germ cell tumors (cancer that begins in egg cells).

Estimated new cases and deaths from ovarian cancer in the United States in 2012:

New cases 22,280

Deaths 15,500

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.

1. 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.

2. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

Trivia

Ailurophobia is the fear of which type of animal?

- a. mouse
- b. spider
- c. cat
- d. snake
- f. dog

Answer on page 6

In Loving Memory

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

In Memory of Shirley Bartolucci

Wilda Ackerman, Bridgman

In Memory of Clarence Lee Bartrum

Laura Low, Niles

In Memory of Dr. John R. Bruni

Andrew & Janet Belsky, West Bloomfield

Mr. & Mrs. Fred M. Busse

Mr. & Mrs. Ellwin Coulston

Kathy Karnik, St. Joseph

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Robert Hardy, Henrico, VA

In Memory of Craig A. Hoffman

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In Memory of Craig A. Hoffman (con't)

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Vikki A. Wade, St. Joseph

Marshall & Tami Whitaker, St. Joseph

Bennie & Kelli Whitaker, Benton Harbor

Marilyn & Ruth Whitaker, Stevensville

In Memory of John C. Keeler

Dave & Cynthia Avery, Stockbridge

Ron & Carol Drews, Janet, Bobby, Abbey Ordiway, Jill,

Peter, Isabelle & Isaac McKinney, St. Joseph

Peggy J. Glenn, Stockbridge

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Marcella Schalou & Suz, St. Joseph

Janet Steinke, Sodus

Vikki Wade, St. Joseph

In Memory of Velma Tio

Gladys Sandera, Stevensville

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 July 2012, donations were made by and in honor of:

In Honor of Gus & Wendy Leoni's Anniversary

Ofie Kuss, Sodus

Open House/Quilt Raffle

A BIG THANK YOU TO JULIE LILLO AND JULIE KOCH FOR MANY HOURS OF QUILTING TIME. We appreciate you!

To see a picture of this stunning quilt, go to our website at: bccancerservice.org.

We have lots of quilt raffle tickets to sell. Call us at 269-429-3281 and request tickets to sell to your neighbors, co-workers, or groups you are involved with. This fundraiser enables us to continue helping people in this community.

CORRECTION: Last month's newsletter listed the Open House/Quilt Raffle on a Saturday. Please note that this event will take place on Thursday, October 18, from 10 a.m. to 6 p.m.

PUMPKIN MAC AND CHEESE

2 cups dried elbow macaroni (8 ounces)	4 ounces Fontina Cheese, shredded (1 cup)
2 tablespoon butter	1 (15 ounce) can pumpkin
2 tablespoon flour	1 tablespoon snipped fresh sage or ½ teaspoon dried sage
½ teaspoon salt	½ cup soft bread crumbs
½ teaspoon pepper	½ cup grated Parmesan Cheese
1 cup whipping cream	1/3 cup chopped nuts
1 cup whole milk	1 tablespoon olive oil

Preheat oven to 350°. Cook pasta in a large pot following package directions. Drain cooked pasta, then return to pot.

For cheese sauce, in a medium saucepan melt butter over medium heat. Stir in flour, salt and pepper. Add whipping cream and milk all at once. Cook and stir over medium heat until slightly thickened and bubbly. Stir in cheese, pumpkin, and sage until cheese is melted. Stir cheese sauce into pasta to coat. Transfer macaroni and cheese to an ungreased 2-quart rectangular baking dish.

In a small bowl combine bread crumbs, Parmesan, walnuts, and oil; sprinkle over pasta. Bake, uncovered, for 30 minutes or until bubbly and top is golden. Let stand 10 minutes before serving.

Answer to Trivia Question: Ailurophobia is a persistent, irrational fear of cats. Ailurophobes suffer from persistent, abnormal fears about the risk of being physically harmed by a cat or the superstitious idea that cats are evil.

Looking Ahead

BCCS SUPPORT GROUP – Stevensville

October 2 & 16 – 1:30 p.m.
November 6 & 20 – 1:30 p.m.

BCCS SUPPORT GROUP – Niles

October 9 & 23 – 1:30 p.m.
November 13 & 27 - 1:30 p.m.

OSTOMY SUPPORT GROUP – Stevensville

October 16- 1:30 p.m.
November 20 - 1:30 p.m.

RAINBOWS OF HOPE– St. Joseph

Marie Yeager Cancer Center
October 11 – 5:30 p.m.
November 8 - 5:30 p.m.

OSTOMY SUPPORT GROUP

Lakeland Regional Medical Center
October 11 – 6:00 p.m.
November 8 - 6:00 p.m.

MAN TO MAN – PROSTATE SUPPORT GROUP

Trinity Center, St. Joseph
October 16 – 6:30 p.m.

DATES TO REMEMBER IN OCTOBER

October 1 - Child health Day
October 4 - Improve Your Office Day
October 7 - You Matter To Me Day
October 8 - National Kick Butt Day
October 10 - Emergency Nurse Day
October 12 - International Frustration Scream Day
October 15 - National Grouch Day
October 16 - Boss's Day
October 17 - Medical Assistants Recognition Day
October 19 - Mammography Day
October 24 - United Nations Day
October 27 - National Forgiveness Day
October 29 - Lung Health Day
October 31 - Halloween

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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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