

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.



September 2013

(269) 429-3281

VOLUME XXII

ISSUE IX

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.

A Smile

A smile cost nothing, but gives much
It enriches those who receive, without making
Poorer those who give.

It takes but a moment, but the memory of it
Sometimes lasts forever.
None is so rich or almighty that he can get along
Without it, and none is so poor.

But that he can be made rich by it
A smile creates happiness in the home,
Fosters goodwill in business and is the countersign of Friendship.
It brings rest to the weary, cheer to the discouraged,
Sunshine to the sad.

And it is nature's best antidote for trouble.
Yet it cannot be bought, begged, borrowed or stolen,
For it is something that is of no value to
Anyone until it is given away.

Reprinted from the Ostomy Association of Boston, Inc.---November/December, 2000

BCCS BULLETIN BOARD

SUPPORT GROUP GUEST SPEAKER

September 17

We are pleased to announce that **Registered Dietician, Cassie Jaros** from Lakeland Regional Medical Center will be our guest speaker for our Stevensville Support group meeting on **September 17th at 1:30 p.m.** Our office is located at 7301 Red Arrow Highway, Stevensville. Cassie will be discussing cancer prevention, diet considerations during treatment, and answering any questions you may have regarding nutrition. **BE SURE TO BRING YOUR FRIENDS AND FAMILY!**

BCCS OPEN HOUSE

October 24

This year is our 65th year of being the Berrien County Cancer Service! We will be celebrating this milestone during our Open House on Thursday, **October 24 from 10 a.m. to 6 p.m.** So be sure to **SAVE THE DATE!** We will have a table full of refreshments, so **stop by for lunch or come between 5p – 6p when we will have a pizza party!** Bring the family and enjoy the fun. In the meantime, come see our quilt on display and buy some raffle tickets. **The quilt raffle will be held after the pizza party at 6:00 p.m.**

QUILT RAFFLE TICKETS

Make our **QUILT RAFFLE** a Success! We have lots of raffle tickets that need homes. **The tickets are only \$1 each or 6 for \$5.** You may view the beautiful queen-sized quilt on our website at bccancerservice.org. If you do not have internet access, call our office at 269-429-3281 and we will mail you a picture. **In addition to buying tickets, we are looking for volunteers to sell tickets.** Call or stop by to pick a packet of tickets up and give your friends, family, social club, etc. the opportunity to win a quilt and help someone with cancer. Remember each ticket is a winner by providing in-home nursing support to the cancer patients of Berrien County, however, only 1 ticket wins the quilt! The drawing will be held at our Open House on Thursday, October 24 at 6 pm.

NEW WEBSITE!

By the time you receive this newsletter, our new website should be up and running. It is still at the same address but has a whole new look!
bccancerservice.org

You may also find us on **Facebook** at **Berrien County Cancer Service** Check out the latest pictures and “Like” us while you are there!



Rita's Story



There are times when one story leads to another and takes you on a journey through time and events that are interconnected and too precious to lose. In writing the story covering the years of Joe Appel* being the treasurer of the Berrien County Cancer Service (BCCS), one of the people I contacted was **Rita Reid**, I knew that she also had a story to tell about the history of BCCS. I met with her and her granddaughter, Renee who is also a current member of the BCCS Board of Directors. Rita had recently been sick, but Renee assured me that it would be okay to interview her saying, "Gram needs a distraction". Though looking a bit pale, the spark in Rita's eyes and the sharpness to detail assured me that Rita was remembering these events like they were yesterday, despite her 91 years young.

The Berrien County Cancer Service grew out of the Michigan Chapter of the American Cancer Society (ACS) in 1948. A few years prior to this, the Michigan Chapter of ACS had started a program to reach out to those with cancer. Two people who were involved with this start were Olove Colcord, R.N. and Rita Reid, an executive marketing agent. One of the issues that Olove was adamant about for the need for the cancer patients to have nurses visit them in their homes. This was prior to the day of nursing agencies and there were only a few county nurses. A division occurred over this need for nurses in the home, caring for patients. The American Cancer Society decided that their emphasis was on research and education which resulted in the birth of the Berrien County Cancer Service.

At this point, Rita wanted to make sure that I understood the lack of cohesiveness among the various United Way (or pre-United Way) organizations during the 1940-50's. There were several United Way agencies within Berrien County itself, each requiring its own presentation. Rita stated that in making presentations, she was adamant to make people that BCCS was dealing with people's lives and had to have financial security. She emphasized how it was a local United Way that came to the rescue with funding for the fledgling BCCS organization. She mentioned the names of Dr. Kent Hassen, M.D., Dick Willard of F & M Bank, along with Howard H. Paxton of Paxton Advertising and others who had the vision of supporting this new organization under the direction of Olove Colcord. She laughed when she explained how she and Joe Appel became substitutes for their bosses on the board with Joe taking over the treasurer position and Rita taking over as marketing director during the late 1950's. Since that time, the diverse local United Ways have become a cohesive agency known as the United Way of Southwest Michigan. Since our inception, BCCS greatly appreciates the support of United Way as well as many local individuals and businesses. Without this community support, BCCS would not be able to have skilled nurses visiting the Berrien County cancer patients in their homes.

Rita gave much insight regarding the environment of cancer in the 1950-60's. "Back then, people kept silent. They didn't want to talk about cancer. We did a lot of education about the danger signs of cancer. People now get to the doctor much earlier. They are not afraid of the word, "cancer" like they were years ago. Many people live with their cancer now. Now a days, many people have insurance companies that take care of the nursing, treatments for cancer patients have changed, and early detection is emphasized." While the health care environment has changed in many ways from what Rita has described, BCCS continues to be relevant and service patients who are often not eligible to have skilled nurse come into their home as well as provide patients with medical equipment and supplies.

She described how Olove would make nursing visits around Berrien County along with a projector and a film about breast self-examination. "Olove was a nurse, business woman and sales lady with great respect to her. She knew that the only way to keep going was through the contacts of people who would support us. Olove was my best friend who I admired professionally and she had a great sense of humor."

With a gleam in her eye, Rita stated that she had had 3 types of cancer. "At age 53, I had uterine cancer which was treated with surgery and cobalt treatments. Back then my grandchildren couldn't come to see me in the hospital so they would stand on the sidewalk and wave at me from the street level. There was also not the shielding of radiation that the radiologist does now. I have scars on my abdomen from those treatments, I also developed gastric lymphoma at age 80 related to the cobalt treatments. I had a port inserted, chemotherapy and radiation for that. Then I had a radical mastectomy for breast cancer."

Rita retired as an active member of the board to take care of her husband when she was 65, but continues to be an honorary board member to this day. She states that she is, "Proud of the fact that my granddaughter, Renee Parnell, is on the board".

One of the things that impressed me about Rita was when she described how she would do research marketing analysis to evaluate the distribution of cancer in the area in making her presentations. She understood how to present the need based upon data that financial people could understand. This has given BCCS a foundation that has kept us going for 65 years. The Berrien County Cancer Service owes much of its success to Rita and others like her who not only had a vision but also had the ability to carry out that vision. We are grateful to them and to those who continue to serve us in such a self-sacrificing way.

Written by:
Nancy Church
Executive Director
Berrien County Cancer Service
June 2013

Note: Since the time of this interview, Rita has undergone major surgery to remove a malignant tumor in her abdomen. She is recovering well.

**Joe's Story can be found on the bccancerservice.org website under 2013 newsletters.*

*I awoke this morning with devout thanksgiving for
my friends, the old and the new.*

Ralph Waldo Emerson

Anxiety and Distress for Those with Cancer

Anxiety and distress can affect the quality of life of patients with cancer and their families.

Patients living with cancer feel many different emotions, including anxiety and distress.

- Anxiety is fear, dread, and uneasiness caused by stress.
- Distress is emotional, mental, social, or spiritual suffering. Patients who are distressed may have a range of feelings from vulnerability and sadness to depression, anxiety, panic, and isolation.

Patients may have feelings of anxiety and distress while being screened for a cancer, waiting for the results of tests, receiving a cancer diagnosis, being treated for cancer, or worrying that cancer will recur (come back).

Anxiety and distress may affect a patient's ability to cope with a cancer diagnosis or treatment. It may cause patients to miss check-ups or delay treatment. Anxiety may increase pain, affect sleep, and cause nausea and vomiting. Even mild anxiety can affect the quality of life

for cancer patients and their families and may need to be treated.

Patients living with cancer can feel different levels of distress.

Some patients living with cancer have a low level of distress and others have higher levels of distress. The level of distress ranges from being able to adjust to living with cancer to having a serious mental health problem, such as major depression. However, most patients with cancer do not have signs or symptoms of any specific mental health problem. This summary describes the less severe levels of distress in patients living with cancer, including:

- Normal adjustment—A condition in which a person makes changes in his or her life to manage a stressful event such as a cancer diagnosis. In normal adjustment, a person learns to cope well with emotional distress and solve problems related to cancer.
- Psychological and social distress—A condition in which a person has some trouble making changes in their life to manage a stressful event such as a cancer diagnosis. Help from a professional to learn new coping skills may be needed.

- Adjustment disorder—A condition in which a person has a lot of trouble making changes in his or her life to manage a stressful event such as a cancer diagnosis. Symptoms such as depression, anxiety, or other emotional, social, or behavioral problems occur and worsen the person's quality of life. Medicine and help from a professional to make these changes may be needed.
- Anxiety disorder—A condition in which a person has extreme anxiety. It may be because of a stressful event like a cancer diagnosis or for no known reason. Symptoms of anxiety disorder include worry, fear, and dread. When the symptoms are severe, it affects a person's ability to lead a normal life. There are many types of anxiety disorders:
 - Generalized anxiety disorder.
 - Panic disorder (a condition that causes sudden feelings of panic).
 - Agoraphobia (fear of open places or situations in which it might be hard to get help if needed).
 - Social anxiety disorder (fear of social situations).
 - Specific phobia (fear of a specific object or situation).
 - Obsessive-compulsive disorder.
 - Post-traumatic stress disorder.

There are certain risk factors for serious distress in people with cancer.

Nearly half of cancer patients report having a lot of distress. Patients with lung, pancreatic, and brain cancers may be more likely to report distress, but in general, the type of cancer does not make a difference. Factors that increase the risk of anxiety and distress are not always related to the cancer. The following may be risk factors for high levels of distress in patients with cancer:

- Trouble doing the usual activities of daily living.
- Physical symptoms and side effects (such as fatigue, nausea, or pain).
- Problems at home.
- Depression or other mental or emotional problems.
- Being younger, nonwhite, or female.

Patients living with cancer need to make adjustments in their lives to cope with the disease and changes in treatment.

Living with a diagnosis of cancer involves many life adjustments. Normal adjustment involves learning to cope with emotional distress and solve problems caused

by having cancer. Patients with cancer do not make these adjustments all at once, but over a period of time as their disease and treatment change. Patients may need to make adjustments when they:

- Learn the diagnosis.
- Are being treated for cancer.
- Finish treatment.
- Learn that the cancer is in remission.
- Learn that the cancer has come back.
- Become a cancer survivor.

Coping methods help patients adjust.

Patients find it easier to adjust if they can carry on with their usual routines and work, keep doing activities that matter to them, and cope with the stress in their lives.

Coping is the use of thoughts and behaviors to adjust to life situations. The way people cope is usually linked to their personality traits (such as whether they usually expect the best or worst, or are shy or outgoing).

Coping methods include the use of thoughts and behaviors in special situations. For example, changing a daily routine or work schedule to manage the side effects of cancer treatment is a coping method. Using coping methods can help a patient deal with certain problems, emotional distress, and cancer in his or her daily life.

Patients who adjust well are usually very involved in coping with cancer. They also continue to find meaning and importance in their lives. Patients who do not adjust well may withdraw from relationships or situations and feel hopeless. Studies are being done to find out how different types of coping methods affect the quality of life for cancer survivors.

Patients who are adjusting to the changes caused by cancer may have distress.

Distress can occur when patients feel they are unable to manage or control changes caused by cancer. Patients with the same diagnosis or treatment can have very different levels of distress. Patients have less distress when they feel the demands of the diagnosis and treatment are low or the amount of support they get is high. For example, a health care professional can help the patient adjust to the side effects of chemotherapy by giving medicine for nausea. The way each patient copes with cancer depends on many physical and emotional factors. The following factors affect how a patient copes with the stress of cancer:

- The type of cancer, cancer stage, and chance of recovery.
- Whether the patient is newly diagnosed, being treated, in remission, or having a recurrence.
- The patient's age.
- Whether the patient is able to get treatment.

- How well the patient usually copes with stress.
- The number of stressful life events the patient has had in the last year, such as starting a new job or moving.
- Whether the patient gets support from friends and family.
- Social pressures caused by other people's beliefs and fears about cancer.

Cancer patients need different coping skills at different points in time.

The coping skills needed will change at important points in time. These include the following:

Learning the diagnosis

The process of adjusting to cancer begins before learning the diagnosis. Patients may feel worried and afraid when they have unexplained symptoms or are having tests done to find out if they have cancer.

A diagnosis of cancer can cause expected and normal emotional distress. Some patients may not believe it and ask, "Are you sure you have the right test results?" They may feel numb or in shock, or as if "This can't be happening to me". Many patients wonder, "Could I die from this?"

Many patients feel they are not able to think clearly and may not understand or remember important information that the doctor gives them about the diagnosis and treatment options. Patients should have a way to go over this information later. It helps to have someone with them at appointments, bring a tape recorder, or make a second appointment to ask the doctor questions and go over the treatment plan.

As patients accept the diagnosis, they begin to feel symptoms of distress, including:

- Depression.
- Anxiety.
- Loss of appetite.
- Trouble sleeping.
- Not being able to focus.
- Trouble with the activities of daily life.
- Not being able to stop thinking about cancer or death.

When patients receive and understand information about cancer and their treatment options, they may begin to feel more hopeful. Over time, by using ways to cope that have worked in the past and learning new ways to cope, patients usually adjust to having cancer. Extra professional help to deal with problems such as fatigue, trouble sleeping, and depression can be helpful during this time.

Being treated for cancer

As patients go through treatment for cancer, they use coping strategies to adjust to the stress of treatment. Patients may have anxiety or fears about:

- Procedures that may be painful.
- Side effects such as hair loss, nausea and vomiting, fatigue, or pain.
- Changes to daily routines at work or home.

Patients usually adjust well when they can compare short-term discomfort to long-term benefit (for example living longer) and decide, "It's worth it". Questions that patients may ask during treatment include, "Will I survive this?"; "Will they be able to remove all the cancer?"; or "What side effects will I have?" Finding ways to cope with problems caused by cancer such as feeling tired, getting to and from treatment, and changes in work schedule is helpful.

Finishing treatment

Finishing cancer treatment can cause mixed feelings. It may be a time of celebration and relief that treatment has ended. But it may also be a time of worry that the cancer could come back. Many patients are glad that treatment has ended but feel increased anxiety as they see their doctors less often. Other concerns include returning to work and family life and being very worried about any change in their health.

During remission, patients may become stressed before follow-up medical appointments because they worry that the cancer has come back. Waiting for test results can be very stressful.

Patients who are able to express both positive and negative emotions are more likely to adjust well. Patients are more able to cope with the emotional stress of finishing treatment and being in remission when they:

- Are honest about their emotions.
- Are aware of their own feelings and are able to share them with others.
- Are able to accept their feelings without thinking of them as right or wrong or good or bad and are willing to work through their emotions.
- Have support from others who are willing to listen and accept their feelings.

Learning that the cancer has come back

Sometimes cancer comes back and does not get better with treatment. The treatment plan then changes from

one that is meant to cure the cancer to one that gives comfort and relieves symptoms. This may cause great anxiety for the patient. The patient may feel shock and be unable to believe it at first. This may be followed by a period of distress such as depression, trouble focusing, and being unable to stop thinking about death. Signs of normal adjustment include:

- Times of sadness and crying.
- Feelings of anger at God or other higher power.
- Times of pulling away from others and wanting to be alone.
- Thoughts of giving up.

Patients slowly adjust to the return of cancer. They stop expecting to be cured of cancer and begin a different kind of healing. This healing is a process of becoming whole again by changing one's life in many ways when faced with the possibility of death. It is very important that patients keep up hope while they adjust to the return of cancer. Some patients keep up hope through their spirituality or religious beliefs. (See the PDQ summary on Spirituality in Cancer Care for more information.)

Becoming a cancer survivor

Patients adjust to finishing cancer treatment and being long-term cancer survivors over many years. As treatments for cancer have gotten better, cancer has become a chronic disease for some patients. Some common problems reported by cancer survivors as they face the future include:

Feeling anxious that the cancer will come back.

- Feeling a loss of control.
- Reminders of chemotherapy (such as smells or sights) that cause anxiety and nausea.
- Symptoms of post-traumatic stress, such as being unable to stop thinking about cancer or its treatment or feeling separate from others and alone.
- Concerns about body image and sexuality.

Most patients adjust well and some even say that surviving cancer has given them a greater appreciation of life, helped them understand what is most important in their life, and stronger spiritual or religious beliefs.

Some patients may have more trouble adjusting because of medical problems, fewer friends and family members to give support, money problems, or mental health problems not related to the cancer.

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

In Loving Memory

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

In Memory of Verna Bartz

Richard & Marilyn Bartz, Berrien Springs

In Memory of Anna Bilton

Helen & Sonny Gronau, Paw Paw
Timothy & Lorraine Hanley, St. Joseph
Irma C. Krieger, Watervliet
Shirley Flick, Paw Paw
Dan & Haren Loney, Warsaw
James Behlen, Berrien Springs
Jerry & Norma Jackson, St. Joseph

In Memory of Judith E. Bohne

Walter & Wilmarie Jensen, Benton Harbor

In Memory of Jeffrey Dorgelo

Norman Dorgelo, Bridgman

In Memory of Christine Howard

Roxanne Dimas, Stevensville

In Memory of Herman F. Klug

Julie Miars, Niles
Emil & Yvonne Klug, Statesville, NC

In Memory of Irma J. Koenigshof

Phyllis Koenigshof, Alpharetta, GA
Diane L. Mate, Rochester, IN
Edmund H. Schellhorn, Rochester, IN

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

September 3 & 17 – 1:30 p.m.
October 1 & 15 – 1:30 p.m.

BCCS SUPPORT GROUP – Niles

September 10 & 24 – 1:30 p.m.
October 8 & 22 – 1:30 p.m.

OSTOMY SUPPORT GROUP – Stevensville

September 17 - 1:30 p.m.
October 15 – 1:30 p.m.

RAINBOWS OF HOPE– St. Joseph

Marie Yeager Cancer Center
September 12 – 5:30 p.m.
October 10 – 5:30 p.m.

Ostomy Support Group

Lakeland Regional Medical Center
September 12 – 6:00 p.m.
October 10 – 6:00 p.m.

Man to Man – Prostate Support Group

Trinity Center, St. Joseph
September 17 – 6:30 p.m.
October 15 – 6:30 p.m.

DATES TO REMEMBER IN SEPTEMBER

September 1 – National No Rhyme (Nor Reason) Day
September 2 – Labor Day
September 7 – Grandma Moses Day
September 11 - Patriot Day
September 13 – Stand Up To Cancer Day
September 16 – Trail of Tears Commemoration Day
September 18 – National Rehabilitation Day
September 21 – International Day of Peace
September 24 - National Voter Registration Day
September 26 - Johnny Appleseed Day
September 27 – Hug a Vegetarian Day
September 29 - VFW 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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to be removed from our mailing list. We
value our readers & hope you enjoy it.

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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

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

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

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