



Cancer Support Group NEWSLETTER

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 2007

(269) 429-3281 or (269) 683-7460

VOLUME XVI 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 outrun
The morning chill and Jack Frost yields
To Indian Summer sun.*

By Helen Harrington



what matters.™

Prostate Cancer - National Cancer Institute

Via – www.cancer.gov

1. **What is the prostate?**

The prostate is a gland in the male reproductive system. The prostate makes and stores a component of semen and is located near the bladder and the rectum. The prostate surrounds part of the urethra, the tube that empties urine from the bladder. A healthy prostate is about the size of a walnut. If the prostate grows too large, the flow of urine can be slowed or stopped.

2. **What is prostate cancer?**

Except for skin cancer, cancer of the prostate is the most common malignancy in American men. It is estimated that nearly 218,890 men in the United States will be diagnosed with prostate cancer in 2007. In most men with prostate cancer, the disease grows very slowly. The majority of men with low-grade, early prostate cancer (confined to the gland) live a long time after their diagnosis. Even without treatment, many of these men will not die of the prostate cancer, but rather will live with it until they eventually die of some other, unrelated cause.

3. **Who is at risk for prostate cancer?**

All men are at risk. The most common risk factor is age. More than 70 percent of men diagnosed with prostate cancer each year are over the age of 65. African American men have a higher risk of prostate cancer than white men. Dramatic differences in the incidence of prostate cancer are also seen in different countries, and there is some evidence that a diet higher in fat, especially animal fat, may account for some of these differences. Genetic factors also appear to play a role, particularly for families in which the diagnosis is made in men under age 60. The risk of prostate cancer rises with the number of close relatives who have the disease.

4. **What are the symptoms of prostate cancer?**

Prostate cancer often does not cause symptoms for many years. By the time symptoms occur, the disease may have spread beyond the prostate. When symptoms do occur, they may include:

- Frequent urination, especially at night.
- Inability to urinate.
- Trouble starting or holding back urination.
- A weak or interrupted flow of urine.
- Painful or burning urination.
- Blood in the urine or semen.
- Painful ejaculation.
- Frequent pain in the lower back, hips, or upper thighs.

These can be symptoms of cancer, but more often they are symptoms of non-cancerous conditions. It is important to check with a doctor.

5. **What other prostate conditions can cause symptoms like these?**

As men get older, their prostate may grow bigger and block the flow of urine or interfere with sexual function. This common condition, called benign prostatic hyperplasia (BPH), is not cancer, but can cause many of the same symptoms as prostate cancer. Although BPH may not be a threat to life, it may require treatment with medicine or surgery to relieve symptoms. An infection or inflammation of the prostate, called prostatitis, may also cause many of the same symptoms as prostate cancer. Again, it is important to check with a doctor.

6. **Can prostate cancer be found before a man has symptoms?**

Yes. Two tests can be used to detect prostate cancer in the absence of any symptoms. One is the digital rectal exam (DRE), in which a doctor feels the prostate through the rectum to find hard or lumpy areas. The other is a blood test used to detect a substance made by the prostate called prostate-specific antigen (PSA). Together, these tests can detect many "silent" prostate cancers that have not caused symptoms.

At present, however, it is not known whether routine screening saves lives. The benefits of screening and local therapy (surgery or radiation) remain unclear for many patients. Because of this uncertainty, the National Cancer Institute (NCI), a part of the National Institutes of Health, is currently supporting research to learn more about screening men for prostate cancer. Currently, researchers are conducting a large study to determine whether screening men using a blood test for PSA and a DRE can help reduce the death rate from this disease. They are also assessing the risks of screening. Full results from this study the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial (PLCO), are expected by 2015.

7. **How reliable are the screening tests for prostate cancer?**

Neither of the screening tests for prostate cancer is perfect. Most men with mildly elevated PSA levels do not have prostate cancer, and many men with prostate cancer have normal levels of PSA. Also, the DRE can miss many prostate cancers. The DRE and PSA test together are better than either test alone in detecting prostate cancer.

The NCI Early Detection Research Network (EDRN) has a Prostate Collaborative Group, which is applying a variety of strategies to find better ways to detect prostate cancer early.

8. **How is prostate cancer diagnosed?**

The diagnosis of prostate cancer can be confirmed only by a biopsy. During a biopsy, an urologist (a doctor who specializes in diseases of urinary and sex organs in men, and urinary organs in women) removes tissue samples, usually with a needle. This is generally done in the doctor's office with local anesthesia. Then a pathologist (a doctor who identifies diseases by studying tissues under a microscope) checks for cancer cells.

Prostate cancer is described by both grade and stage.

- Grade describes how closely the tumor resembles normal prostate tissue. Based on the microscopic appearance of tumor tissue, pathologists may describe it as low-, medium-, or high-grade cancer. One way of grading prostate cancer, called the Gleason system, uses scores of 2 to 10. Another system uses G1 through G4. In both systems, the higher the score, the higher the grade of the tumor. High-grade tumors generally grow more quickly and are more likely to spread than low-grade tumors.
- Stage refers to the extent of the cancer. Early prostate cancer stages I and II, is localized. It has not spread outside the gland. Stage III prostate cancer, often called locally advanced disease, extends outside the gland to the seminal vesicles. Stage IV means the cancer has spread to lymph and/or to other tissues or organs.

9. **How is localized prostate cancer treated?**

Three treatment options are generally accepted for men with localized prostate cancer: radical prostatectomy, radiation therapy, and surveillance (also called watchful waiting).

- Radical prostatectomy is a surgical procedure to remove the entire prostate gland and nearby tissues. Sometimes lymph nodes in the pelvic area (the lower part of the abdomen, located between the hip bones) are also removed. Radical prostatectomy may be performed using a technique called nerve-sparing surgery that may prevent damage to the nerves needed for an erection.
- Radiation therapy involves the delivery of radiation energy to the prostate. The energy is usually delivered in an outpatient setting using an external beam of radiation. The energy can also be delivered by implanting radioactive seeds in the prostate using a needle.
- Surveillance, taking a wait-and-see approach, may be recommended for patients with early-stage prostate cancer, particularly those who are older or have other serious medical conditions. These patients have regular examinations. If there is evidence of cancer growth, active treatment may be recommended.

10. **How does a patient decide what is the best treatment option for localized prostate cancer?**

Choosing a treatment option involves the patient, his family, and one or more doctors. They will need to consider the grade and stage of the cancer, the man's age and health, and his values and feelings about the potential benefits and harm of each treatment option. Often it is useful to seek a second opinion, and patients may hear different opinions and recommendations. Because there are several reasonable options for most patients, the decision can be difficult. Patients should try to get as much information as possible and allow themselves enough time to make a decision. There is rarely a need to make a decision without taking time to discuss and understand the pros and cons of the various approaches.

11. **Where can a person find more information about prostate cancer and its treatment?**

The NCI has several other resources that readers may find helpful, including the following:

- The *Prostate Cancer* home page provides links to NCI resources about prevention, screening, treatment, clinical trials, and supportive care for this type of cancer.
- *Prostate Cancer Treatment* includes information about prostate cancer treatment, including surgery, chemotherapy, radiation therapy, and hormone therapy.
- *Treatment Choices for Men With Early-Stage Prostate Cancer* describes the treatment choices available to men diagnosed with early-stage prostate cancer and examines the pros and cons of each treatment.

Highlights of the 2006 Prostate Cancer Symposium

Reprinted by permission of COPING® magazine: May/June 2006

Treatment With Docetaxel and Prednisone Improves Quality of Life for Men With Advanced Prostate Cancer.

An analysis of a large study of men with metastatic prostate cancer who no longer respond to hormone therapy found that treatment with the chemotherapy drug docetaxel (Taxotere) plus prednisone improves quality of life more effectively than mitoxantrone (Novantrone), while a second analysis of the same study showed that pain relief is correlated with better survival. The trial, called the TAX-327 study, include more than 1,000 men with hormone-resistant prostate cancer.

Osteoporosis Drug Prevents Bone Loss in Men Undergoing Hormonal Therapy for Prostate Cancer

A new study has shown for the first time that alendronate (Fosamax) an oral drug used to treat osteoporosis in postmenopausal women, can also help reduce the bone loss associated with hormonal treatment of prostate cancer.

“Our findings show that taking alendronate just once a week may significantly prevent bone loss in prostate cancer patients undergoing hormonal therapy,” says Susan L. Greenspan, MD, professor of medicine and director of the Osteoporosis Center at the University of Pittsburgh and a coauthor of the study. “These findings support the use of bone density tests prior to therapy to identify men with low bone mass. Men with low bone mass undergoing hormone therapy for prostate cancer may begin taking a bisphosphonate such as alendronate to prevent bone loss.”

Older Men With Early-Stage Prostate Cancer May Live Longer With Treatment Than Those Using “Watchful Waiting”

An analysis of nearly 50,000 older men with early-stage prostate cancer showed that those who underwent treatment had a 30 percent lower risk of death than those who chose to undergo observation and PSA monitoring only, a strategy called *watchful waiting*.

“Our findings show that despite the slow-growing nature of low- and intermediate-risk prostate cancer, treating patients may help them live longer, even among older men,” says Yu-Ning Wong, MD assistant member of Population Science and Medical Science at the Fox Chase Cancer Center and lead author of the study.

Radiation Therapy Immediately After Surgery is Better Than Waiting Until PSA Rises for Slowing Prostate Cancer Growth

A multicenter study showed that giving radiation therapy shortly after surgery to men with advanced prostate cancer is more effective at controlling cancer growth than waiting until a man’s PSA level has started to rise.

“Our findings indicate there may be an advantage to offering radiation therapy earlier after surgery to some patients found to have locally advanced prostate cancer, particularly if certain features of the tumor indicate the cancer may be aggressive,” says Richard Valicenti, MD, associate professor and clinical director of Radiation Oncology at Thomas Jefferson University in Philadelphia and lead author of the study.

Brachytherapy and High-Dose Radiation Therapy are Equally Effective for early Prostate Cancer

A new study shows that radiation seeds implantation (brachytherapy) and high-dose external beam radiation therapy (EBRT) are equally effective treatments for localized prostate cancer.

Prior studies have shown the high-dose EBRT is more effective than conventional (lower-dose) EBRT for treating early-stage prostate cancer. Therapy is delivered five days a week for eight to nine weeks, requiring men to travel to a treatment center during this period. Permanent perineal brachytherapy is a technique in which small radioactive “seeds” are implanted directly into the prostate, where radiation is emitted over time, killing the cancer cells. As this form of brachytherapy is a one-time, or at most two-step procedure, it is more convenient than EBRT though it may cause more subsequent urinary problems and cannot be performed in all men (such as those who have had prior surgery for an enlarged prostate).

“Active Surveillance” May Be a Viable Alternative for Men With Early-Stage Prostate Cancer

A new study demonstrates that a strategy to manage prostate cancer called *active surveillance* with selective delayed intervention may be an effective treatment strategy for men with low-risk, early-stage prostate cancer.

“Many men with low-risk prostate cancer may not need treatment. A diagnosis of cancer does not always mean aggressive disease – it may pose no threat at all,” says Laurence Klotz, MD, professor of surgery at the University of Toronto and the study’s senior author. “By following patients closely, we can identify and treat those at greatest risk of cancer progression, while safely following the remainder of patients.”

Active surveillance with selective delayed intervention is a compromise between aggressive therapy, which can result in the over-treatment of men with slow-growing disease, and watchful waiting, which involves observation and treatment of symptoms only, and can result in under-treatment of men with aggressive disease. Active surveillance involves regular PSA tests and prostate biopsies. If tests indicate cancer growth, treatment – such as surgery, radiation therapy, or chemotherapy – can be provided.

In Loving Memory

During August 2007, Memorial Donations were generously made by and for the following people:

In Memory of Gerald Alexander

Whirlpool Corporation, Benton Harbor
Attn: Jennifer Alexander

In Memory of William Ashley

Merry & Rod Burkholder, Coloma
Brian & Chrissy Gilbert and Family, Coloma

In Memory of Mark Bade

Lucille Mallory and Family, St Joseph

In Memory of Janice Besemer

Ms. Frances Carava, St Joseph

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In Memory of Robert "Bob" E. Dillard

The Family of Zane Sheeley, Niles

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Pat Clauson, South Bend, IN
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Jean Sullivan, St Joseph
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LaVerne & Marcia Wilson, Durand, IL

In Memory of Milo Hotovy

Gale & Marion Evenson, Twin Lakes, WI

In Memory of Margaret Franz Hand Jackson

Mrs. Mary Knoll and Family, Niles

In Memory of Donald E Kemeny

Ruth Horney, Niles

In Memory of James "Jim" Kerstetter

Don & Norma Goldner, Eau Claire
Anne & Judy Mathieu, Bridgman

In Memory of Nancy Mason

Jeanette Fester, Benton Harbor
Dolores Fester, Benton Harbor
Ruth Twarucsek, Benton Harbor

In Memory of Lillian Omweg

Dr. R Rademacher, Stevensville

In Loving Memory - Continued

In Memory of Florence Musgrove

Ron & Lorrie Gray, Spirit Lake, IA
Dorothy Gray, St Joseph
Margery Haite, Ann Arbor
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Wylna Johnson, St Joseph
Lavina L McKay, Hersey
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Jean, Bob, Bruce, Sue, Palm Springs, CA
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Gene & Judy Ball, St Joseph
Virginia Byers, St Joseph
Garland & Rush Ellison, Benton Harbor
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Elmer & Betty Hak, Sawyer
Paula & John Jakubs, Berrien Springs
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Arthur Sr. & Mary Schadler, Stevensville
Roger & Pam Seely, St Joseph
Deborah Spears, St Joseph
Totzke Farms, Baroda
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In Memory of Evelyn Selmer

Kanter Family Foundation, Salt Lake City, UT
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In Memory of Phyllis Zebell

Edwin Goldner, Eau Claire
Carolyn Goldnerph, Eau Claire
Wilma Rennhack, New Troy
Chad & Nichole Stewart, Stevensville

In Your Honor

During August 2007, donations were made by and in honor of the following people:

In Honor of Cheryl Postelli

Gust Anton, Coloma

The 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

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.

UOA SUPPORT GROUP – Stevensville

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

**Daylight Savings Time Ends
Sunday, November 4th
DON'T FORGET TO TURN YOUR
CLOCKS BACK ONE HOUR!!!!**

**October is
Breast Cancer Awareness Month.**

DATES TO REMEMBER IN OCTOBER . . .

*Tuesday, Oct 2nd – World Habitat Day
Thursday, Oct 4th – BCCS Open House
Monday, Oct 8th – Columbus Day
Thursday, Oct 11th – Emergency Nurses Day
Sunday, Oct 14th National Children's Day
Tuesday, Oct 16th – National Boss's Day
Saturday, Oct 20th – Sweetest Day
Wednesday, Oct 24th – United Nations Day
Wednesday, Oct 31st - Halloween*

The Volunteer Center sponsored Human Race
has now become the **Monster Mash**.
Saturday – October 6, 2007
If you would like to support BCCS by
walking or running, please visit the
Volunteer Center website at:
www.volunteerswmi.org.

Please Consider...

The 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 _____

Donation Amount \$ _____

In Honor of _____

Honoree's Address _____

In Memory of _____

Next of Kin's Address _____

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

BREAST CANCER SURVIVORS SUPPORT GROUP
3rd Wednesday of each month - 2:00 p.m.
First Baptist Church
1446 E. Main Street
Niles, MI 49120
Phone: (269) 683-2959

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) 683-7460

CANCER SUPPORT GROUP
2nd Thursday / month – 5:30 - 7:00 p.m.
Oncology Care Associates
820 Lester Avenue
St. Joseph, MI 49085
Phone: (269) 985-0029