



# 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.

June 2008

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

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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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### DAD

He never wanted wealth or fame  
This quiet honest man,  
Yet he instilled within my heart  
His simple life-style plan.

He searched himself to find the joy  
That freely flowers within,  
Erasing tears and childhood fears  
With a gentle hug and grin.

He taught respect of nature's plan  
Example was his tool,  
The pattern for his daily walk?  
He used the "golden rule."

Author Janet Rumpf Wolfe



what matters.™

## **Bladder Cancer is a Disease on Which Malignant Cells Form in the Bladder.**

Via National Cancer institute

The bladder is a hollow organ in the lower part of the abdomen. It is shaped like a small balloon and has a muscular wall that allows it to get larger or smaller. The bladder stores urine until it is passed out of the body. Urine is the liquid waste that is made by the kidneys when they clean the blood. The urine passes from the two kidneys into the bladder through two tubes called ureters. When the bladder is emptied during urination, the urine goes from the bladder to the outside of the body through another tube called urethra.

There are three types of bladder cancer that begin in cells in the lining of the bladder. These cancers are named for the type of cells that become malignant.

- **Transitional cell carcinoma:** Cancer that begins in cells in the innermost tissue layer of the bladder. These cells are able to stretch when the bladder is full and shrink when it is emptied. Most bladder cancers begin in the transitional cells
- **Squamous cell carcinoma:** Cancer that begins in squamous cells which are thin, flat cells that may form in the bladder after long-term infection or irritation.
- **Adenocarcinoma:** Cancer that begins in glandular cells that may form in the bladder after long-term irritation and inflammation.

Cancer that is confined to the lining of the bladder is called superficial bladder cancer. Cancer that begins in the transitional cells may spread through the lining of the bladder and invade the muscle wall of the bladder or spread to nearby organs and lymph nodes; this is called invasive bladder cancer.

### **Possible signs of bladder cancer include blood in the urine or pain during urination.**

These and other possible symptoms may be caused by bladder cancer. Other conditions may cause the same symptoms. A doctor should be consulted if any of the following problems occur:

- Blood in the urine (slightly rusty to bright red in color)
- Frequent urination, or feeling the need to urinate without being able to do so.
- Pain during urination
- Lower back pain

Tests that examine the urine, vagina, or rectum are used to help detect (find) and diagnose bladder cancer.

Smoking, gender, and diet can affect the risk of developing bladder cancer.

Anything that increases your chance of getting a disease is called a risk. Factors for bladder cancer include the following:

- Smoking.
- Being exposed to certain substances at work, such as rubber, certain dyes and textiles, paint, and hairdressing supplies.
- A diet high in fried meats and fat.
- Being older, male, or white.
- Having an infection caused by a certain parasite.

Certain factors affect prognosis (chance of recovery) and treatment options.

The prognosis depends on the following:

- The stage of the cancer (whether it is superficial or invasive bladder cancer, and whether it has spread to other places in the body). Bladder cancer in the early stages can often be cured.
- The type of bladder cancer cells and how they look under a microscope.
- The patient's age and general health.

Treatment options depend on the stage of bladder cancer.

## **Bladder Cancer** **Tumors and the Bladder**

Via: Kankakee Ostomy Assoc. Inc.  
United Ostomy Assoc. Inc.

Most tumors of the urinary bladder are malignant. They are likely to develop after the age of 50, and men are more susceptible than women. At least 95 percent of these tumors are carcinomas or papillomas. These cancers are unique, especially papillomas.

When the first tumor is removed, another develops months or years later. It is a new lesion and likely to be more malignant than the first. And this type of recurrence may happen over and over again. This is why urologists insist on looking into the bladder every three to six months after the first neoplasm is removed.

Tumors are increasing. The incidence of bladder tumors is increasing among our population. Overall, bladder cancer incidence is about four times higher in men than in women. On the other hand, the death rate has not risen due, perhaps, to improvements in early diagnosis and treatment.

Cancers of the bladder may grow for varying periods of time without producing any symptoms. They are always suspected when the individual suddenly, and for no apparent reason urinates blood. Should this painless, but serious, sign develop, consult your physician without delay. He may recommend a urologist who will try to find the source of the bleeding.

If nothing is done about the sudden bleeding, it may stop spontaneously. However, signs of bladder irritation and infection may soon ensue with frequency, urgency, and difficult and painful urination.

Diagnosis is made by looking into the bladder with a cystoscope and doing a biopsy. With this procedure, the surgeon determines the size, shape, and location of the tumor. In some instances, the top of the lesion has sloughed off, leaving a bleeding ulcer. A pap test of the urine may reveal cancer cells. X-rays of the kidneys and an examination of the prostate gland complete the study.

Some vesicle tumors can be removed with electrocoagulation or cutting electric current inserted through the opening of the scope. Radon seeds can be inserted in the same way. Serious lesions require abdominal surgery, which involves removal of part or the entire bladder. Author: T.R. VanDellen, M.D.

### **Cautions for Urostomates**

People with urinary surgery generally do not need to be too concerned with diet unless they have some other health problems like diabetes or heart disease.

They must, however, take special care not to gain too much weight, since weight gain can precipitate some special problems. The stoma may retract as the flesh grows around it. And there's an increased chance of herniation around the stoma if there is too much pressure inside the abdomen.

Normally urine is acid and should be kept acidic. This natural defense mechanism prevents growth of bacteria and the resultant infection. If the urine becomes alkaline, raised, granular, warty areas can develop on peristomal skin that is constantly exposed to alkaline urine. Alkaline urine can even cause crystal-like encrustations or gray, plaque-like lesions on the stoma. If such problems occur, the pH of the urine should be checked to see whether it is acid or alkaline.

To help make the urine more acid, vitamin C can be taken, after checking with your doctor to make sure there are no reasons to avoid it. Vinegar soaks around the stoma can also be used for plaque encrustations or for raised tissue on the stoma.

# Bladder Cancer: Who's at Risk?

Via: National Cancer Institute

No one knows the exact causes of bladder cancer. However, it is clear that this disease is not contagious. No one can "catch" cancer from another person.

People who get bladder cancer are more likely than other people to have certain *risk factors*. A risk factor is something that increases a person's chance of developing the disease.

Still, most people with known risk factors do not get bladder cancer, and many who do get this disease have none of these factors. Doctors can seldom explain why one person gets this cancer and another does not.

Studies have found the following risk factors for bladder cancer:

- **Age.** The chance of getting bladder cancer goes up as people get older. People under 40 rarely get this disease.
- **Tobacco.** The use of tobacco is a major risk factor. Cigarette smokers are two to three times more likely than nonsmokers to get bladder cancer. Pipe and cigar smokers are also at increased risk.
- **Occupation.** Some workers have a higher risk of getting bladder cancer because of *carcinogens* in the workplace. Workers in the rubber, chemical, and leather industries are at risk. So are hairdressers, machinists, metal workers, printers, painters, textile workers, and truck drivers.
- **Infections.** Being infected with certain *parasites* increases the risk of bladder cancer. These parasites are common in tropical areas but not in the United States.
- **Treatment with *cyclophosphamide* or *arsenic*.** These drugs are used to treat cancer and some other conditions. They raise the risk of bladder cancer.
- **Race.** Whites get bladder cancer twice as often as African Americans and Hispanics. The lowest rates are among Asians.
- **Being a man.** Men are two to three times more likely than women to get bladder cancer.
- **Family history.** People with family members who have bladder cancer are more likely to get the disease. Researchers are studying changes in certain *genes* that may increase the risk of bladder cancer.
- **Personal history of bladder cancer.** People who have had bladder cancer have an increased chance of getting the disease again.

*Chlorine* is added to water to make it safe to drink. It kills deadly bacteria. However, chlorine by-products sometimes can form in chlorinated water. Researchers have been studying chlorine by-products for more than 25 years. So far, there is no proof that chlorinated water causes bladder cancer in people. Studies continue to look at this question.

Some studies have found that saccharin, an artificial sweetener, causes bladder cancer in animals. However, research does not show that saccharin causes cancer in people.

People who think they may be at risk for bladder cancer should discuss this concern with their doctor. The doctor may suggest ways to reduce the risk and can plan an appropriate schedule for checkups

Diagnosis

If a patient has symptoms that suggest bladder cancer, the doctor may check general signs of health and may order lab tests. The person may have one or more of the following procedures:

- **Physical exam** -- The doctor feels the abdomen and *pelvis* for tumors. The physical exam may include a *rectal* or *vaginal* exam.
- **Urine tests** -- The laboratory checks the urine for blood, cancer cells, and other signs of disease.

- ***Intravenous pyelogram*** -- The doctor injects dye into a blood vessel. The dye collects in the urine, making the bladder show up on *x-rays*.
- ***Cystoscopy*** -- The doctor uses a thin, lighted tube (*cystoscope*) to look directly into the bladder. The doctor inserts the cystoscope into the bladder through the urethra to examine the lining of the bladder. The patient may need *anesthesia* for this procedure.

The doctor can remove samples of tissue with the cystoscope. A *pathologist* then examines the tissue under a microscope. The removal of tissue to look for cancer cells is called a *biopsy*. In many cases, a biopsy is the only sure way to tell whether cancer is present. For a small number of patients, the doctor removes the entire cancerous area during the biopsy. For these patients, bladder cancer is diagnosed and treated in a single procedure.

A patient who needs a biopsy may want to ask the doctor some of the following questions:

- Why do I need to have a biopsy?
- How long will it take? Will I be awake? Will it hurt?
- How soon will I know the results?
- Are there any risks? What are the chances of infection or bleeding after the biopsy?
- If I do have cancer, who will talk with me about treatment? When?

#### Preparing for Treatment

The doctor develops a treatment plan to fit each patient's needs. Treatment depends on the type of bladder cancer, the stage of the disease, and the *grade* of the tumor. (The grade tells how closely the cancer cells resemble normal cells. It suggests how fast the cancer is likely to grow. Low-grade cancers usually grow and spread more slowly than high-grade cancers.) The doctor also considers other factors, including the patient's age and general health.

These are some questions a patient may want to ask the doctor before treatment begins:

- What kind of bladder cancer do I have?
- What is the stage of the disease? Has the cancer spread?
- What is the grade of the tumor?
- What are my treatment choices? Which do you recommend for me? Why?
- What are the expected benefits of each kind of treatment?
- What are the risks and possible side effects of each treatment?
- What is the treatment likely to cost? Is this treatment covered by my insurance plan?
- How will treatment affect my normal activities?

People do not need to ask all of their questions or understand all of the answers at once. They will have other chances to ask the doctor to explain things that are not clear and to ask for more information.

## *In Loving Memory*

During April 2008, Memorial Donations were generously made by and for the following people:

**In Memory of Donald Arent**

Alma L Arent, St Joseph

**In Memory of Jane Berry**

Thelma M Payne, St Joseph

**In Memory of Judge Zoe Shaffer Burkholz**

Heidi M Lull, Benton Harbor

**In Memory of Clarence R "Bud" Conley**

Edwin & Virginia Radewald, Niles

Dennis Stick, Jones

Tim Stick, Niles

**In Memory of Margaret Hollerbach**

Mr & Mrs Larry Coffey, Stevensville

Carol & Roger Dinges, Patrick & Brandon,

Baroda

Heather Hollerbach, St Joseph

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Jennifer & Bill Sheldon, Stevensville

Linda Zick, St Joseph

Passaro & Kahne Law Office, P.L.L.C., St Joseph

**In Memory of Bernt Johnson**

De Loris Krieger, St Joseph

**In Memory of Ella Ludlam**

Joe & Lucille Vyzral, Stevensville

**In Memory of Jeanne Ollhoff**

Bill & Chris Lockwitz, St Joseph

**In Memory of Gary Pinkston**

Ron & Coleen Birmingham, Bridgman

Chikaming Township Center, Harbert

Howard & Betty Gaul, Baroda

Mr & Mrs Donald J Skorupa, Sawyer

**In Memory of Minnie Plumley**

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**In Memory of Lucille Postelli**

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August & Julie Pupedis, Coloma

Larry & Rose Marie Vena, Matteson, IL

Donald C Weckwerth, Eau Claire

**In Memory of Lester Smith Family**

Sara Brandt, Three Oaks

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!

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## *Attention All Knitters ...*

We have a Studio Brand, model SK 303 Knitting Machine complete with a Ribbing Attachment that was donated for our *Tossed Treasures Sale*. If you would be interested in making a reasonable donation for this "Treasure", please call 429-3281. You may see the Knitting Machine at our Stevensville office.

## Looking Ahead

### **BCCS SUPPORT GROUP – Stevensville**

June 3 & 17 – 1:30 p.m.

July 1 & 15 – 1:30 p.m.

### **BCCS SUPPORT GROUP – Niles**

June 10 & 24 – 1:30 p.m.

July 8 & 22 – 1:30 p.m.

### **UOA SUPPORT GROUP – Stevensville**

June 17 – 1:30 p.m.

July 15 – 1:30 p.m.

### **BCCS BIKE RIDE**

Sunday – June 22

### **BCCS Relay for Life Team**

Saturday/Sunday - June 21/22

Call BCCS to join our team!

### **Cruisin' from Cancer**

Motorcycle Benefit Ride

Saturday – August 2

### **TOSSED TREASURES SALE**

Thursday – August 7

### **BCCS 60<sup>th</sup> BIRTHDAY CELEBRATION**

Thursday – August 21

### **AFFINITY BENEFIT**

Monday – October 6

Details TBA

### **OPEN HOUSE – QUILT RAFFLE**

Thursday – October 9

### **DATES TO REMEMBER IN JUNE . . .**

**Saturday, June 14<sup>th</sup> – Flag Day**

**Sunday, June 15<sup>th</sup> – Father's Day**

**Saturday, June 21<sup>st</sup> – Summer Begins!**

## *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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**OFFICE STAFF:** Kathy Karnik (Office Manager) Claudia Brister (Stevensville) Henrietta Hein (Niles)

**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  
 2<sup>nd</sup> and 4<sup>th</sup> Tuesday of each month – 1:30 p.m.  
**Niles Senior Center**  
 1109 Bell Road  
 Niles, MI 49120  
 Phone: (269) 683-7460

**THE CANCER CONNECTION CAFE**  
 1<sup>st</sup> Wednesday of each month  
**First United Methodist Church**  
 132 S. Oak Street  
 Buchanan, MI 49107  
 Phone: (269) 695-2706

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