



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.

March 2009

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

VOLUME XVIII ISSUE III

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.



St. Patrick's Day Observances in Ireland



St. Patrick's Day in Ireland is not the exuberant affair it is in New York. It is primarily a religious observance, the start of a three-day period of devotion.

At one time in the local inns, a "Patrick's pot" of beer or whiskey and some bread and fish were provided by the owners. At breakfast tables a plateful of shamrocks was placed before the master of the house who "drowned the shamrock" in whiskey and sent the remainder of the newly opened bottle to the servants.

In the evening there is a ball in St. Patrick's Hall in Dublin Castle. Shamrocks are worn everywhere in honor of the saint who was in large measure responsible for bringing Christianity and civilization to Ireland.



what matters.™

Gastrointestinal Carcinoid Tumor Via:NCI

Definition of gastrointestinal carcinoid tumor: An indolent (slow-growing) cancer that forms in cells that make hormones in the lining of the gastrointestinal tract (the stomach and intestines). It usually occurs in the appendix (a small fingerlike pouch of the large intestine), small intestine, or rectum. Having gastrointestinal carcinoid tumor increases the risk of forming other cancers of the digestive system

The majority of carcinoid tumors are slow-growing tumors that can be treated and often cured, especially in early stages. The occurrence of metastasis from carcinoid tumors relates directly to the size of the primary tumor (lesions 1 cm or less rarely metastasize; lesions greater than 2 cm frequently metastasize). They are classified as neuroendocrine or amine precursor uptake and decarboxylation tumors. Rarely, they may be a part of the multiple endocrine neoplasia syndrome type 1. Carcinoid tumors may arise from various sites, most commonly the gastrointestinal tract and the lung. The appendix, small bowel, and rectum account for over 90% of surgical cases occurring in the gastrointestinal tract. Small bowel carcinoids may occur in multiple sites in the same patient. Symptoms may be chronic, suggesting partial obstruction or intussusception. Carcinoid tumors, except those originating in the rectum, produce a variety of endocrine substances, the most frequent of which are serotonin (5-hydroxytryptamine) and kallikrein (an activator of bradykinin release). The diagnosis of carcinoid syndrome (a syndrome associated with flushing, diarrhea, bronchoconstriction, cardiac valvular lesions, and telangiectasia) is aided by demonstrating elevated 24-hour urinary 5-hydroxyindoleacetic acid levels. This test is not useful in the diagnosis of carcinoids at a curable stage, except in some rare cases in which the tumor arises from a site outside of the gastrointestinal tract, such as the lung. Blood chromogranin A assay may also be a useful, though nonspecific, confirmatory test for carcinoid or neuroendocrine tumors. Primary carcinoids of the extrapelvic colon are uncommon, typically present with metastatic disease, and have a poor prognosis. Patients with carcinoid tumor are at increased risk for synchronous or metachronous second malignancies. The most common site for a second primary malignancy is the gastrointestinal tract.

The relatively rare carcinoid syndrome relates to the release of bioactive substances, but precise pharmacologic mechanisms are still unclear. Because of efficient hepatic metabolism of vasoactive amines, the carcinoid syndrome rarely occurs in the absence of liver metastases. Exceptions are circumstances where venous blood draining from tumors enters directly into the systemic circulation (for example, pulmonary and ovarian primaries, and pelvic or retroperitoneal involvement by metastatic or locally invasive small bowel carcinoids or extensive bone metastases).

Surgical resection is the standard curative modality. If the primary tumor is localized and resectable, 5-year survival rates are excellent (70%-90%). Even in patients with distant metastasis, the disease is usually very indolent, with median survivals of 2 years or more. When necessary, excellent palliation may be achieved by bypass surgery or resection of large hepatic metastases that may produce the carcinoid syndrome. Radiation therapy has a minor role in patients with regionally unresectable disease and may palliate the pain of bone metastasis. Patients with carcinoid syndrome can usually be effectively palliated by injections of somatostatin analogue two to three times a day. A long-acting somatostatin analogue that can be given as an injection once a month, with equivalent efficacy, is now available.

Patients with symptomatic metastatic carcinoid disease are appropriate candidates for clinical trials examining combination chemotherapy, since single-agent standard chemotherapy provides minimal palliation. However, chemotherapeutic drug combinations occasionally do offer long-lasting (in excess of 1 year) palliation. In patients with the carcinoid syndrome, palliation is sometimes obtained with pharmacologic agents that suppress production or block the action of vasoactive amines; of particular interest is a somatostatin analogue. Some patients benefit from the use of interferon alpha. Toxic effects associated with interferon treatment that frequently outweigh therapeutic gains can occur in some patients, but these effects are reversible once treatment has been discontinued and usually do not occur with smaller doses. Anecdotal reports of biologic activity indicate that some patients may respond to combined octreotide and interferon alpha treatment. Patients with asymptomatic metastases that cannot be resected for cure will often remain symptom-free for long periods of time.

Cellular Classification

There is no histologic difference between carcinoids arising in various sites or between metastasizing and nonmetastasizing lesions. Carcinoid tumors are neuroendocrine tumors composed of uniform, round, or polygonal cells. Immunohistochemistry reveals the presence of neuron-specific enolase (NSE) and chromogranin. Electron microscopy shows neurosecretory granules. Morphologic features suggesting malignancy (cellular pleomorphism, hyperchromatic nuclei, necrosis, high mitotic activity) can occasionally be seen. Such cases are designated as atypical carcinoids and usually have an aggressive clinical course. Carcinoids are classified by their embryologic relationship to the foregut (the anterior part of the alimentary canal, from the mouth to the intestine or to the entrance of the bile duct), midgut (the middle part of the alimentary canal, from the stomach or entrance of the bile duct to or including the large intestine), or hindgut (the posterior part of the alimentary canal, including the rectum and sometimes the large intestine), which is correlated with clinical behavior and the secretion or nonsecretion of various neuroendocrine peptides. Proximal carcinoids may secrete histamine-like peptides causing a pink flush and bronchoconstriction. Peptide secretions of midgut carcinoids cause a cyanotic (purplish) flush, diarrhea, and hypotension. Hindgut carcinoids usually do not secrete syndrome-producing peptides.

A gastrointestinal carcinoid tumor is cancer that forms in the lining of the gastrointestinal tract.

The gastrointestinal tract includes the stomach, small intestine, and large intestine. These organs are part of the digestive system, which processes nutrients (vitamins, minerals, carbohydrates, fats, proteins, and water) in foods that are eaten and helps pass waste material out of the body. Gastrointestinal carcinoid tumors develop from a certain type of hormone-making cell in the lining of the gastrointestinal tract. These cells produce hormones that help regulate digestive juices and the muscles used in moving food through the stomach and intestines. A gastrointestinal carcinoid tumor may also produce hormones. Carcinoid tumors that start in the rectum (the last several inches of the large intestine) usually do not produce hormones.

Gastrointestinal carcinoid tumors grow slowly. Most of them occur in the appendix (an organ attached to the large intestine), small intestine, and rectum. It is common for more than one tumor to develop in the small intestine. Having a carcinoid tumor increases a person's chance of getting other cancers in the digestive system, either at the same time or later.

A gastrointestinal carcinoid tumor often has no signs in its early stages. Carcinoid syndrome may occur if the tumor spreads to the liver or other parts of the body.

The hormones produced by gastrointestinal carcinoid tumors are usually destroyed by blood and liver enzymes. If the tumor has spread to the liver, however, high amounts of these hormones may remain in the body and cause the following group of symptoms, called carcinoid syndrome:

- Redness or a feeling of warmth in the face and neck.
- Diarrhea.
- Shortness of breath, fast heartbeat, tiredness, or swelling of the feet and ankles.
- Wheezing.
- Pain or a feeling of fullness in the abdomen.

These symptoms and others may be caused by gastrointestinal carcinoid tumors or by other conditions. A doctor should be consulted if any of these symptoms occur.

Health history can affect the risk of developing gastrointestinal carcinoid tumors.

Risk factors include the following:

- Having a family history of multiple endocrine neoplasia type 1 (MEN1) syndrome.
- Having certain conditions that affect the stomach's ability to produce stomach acid, such as atrophic gastritis, pernicious anemia, or Zollinger-Ellison syndrome.
- Smoking tobacco.

Tests that examine the blood and urine are used to detect (find) and diagnose gastrointestinal carcinoid tumors.

The following tests and procedures may be used:

- Complete blood count: A procedure in which a sample of blood is drawn and checked for the following:
 - The number of red blood cells, white blood cells, and platelets.
 - The amount of hemoglobin (the protein that carries oxygen) in the red blood cells.
 - The portion of the sample made up of red blood cells.
- Physical exam and history: An exam of the body to check general signs of health, including checking for signs of disease, such as lumps or anything else that seems unusual. A history of the patient's health habits and past illnesses and treatments will also be taken.
- Blood chemistry studies: A procedure in which a blood sample is checked to measure the amounts of certain substances, such as hormones, released into the blood by organs and tissues in the body. An unusual (higher or lower than normal) amount of a substance can be a sign of disease in the organ or tissue that produces it. The blood sample is checked to see if it contains a hormone produced by carcinoid tumors. This test is used to help diagnose carcinoid syndrome.
- Twenty-four-hour urine test: A test in which a urine sample is checked to measure the amounts of certain substances, such as hormones. An unusual (higher or lower than normal) amount of a substance can be a sign of disease in the organ or tissue that produces it. The urine sample is checked to see if it contains a hormone produced by carcinoid tumors. This test is used to help diagnose carcinoid syndrome.

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

The prognosis (chance of recovery) and treatment options depend on the following:

- Whether the cancer can be completely removed by surgery.
- Whether the cancer has spread from the stomach and intestines to other parts of the body, such as the liver or lymph nodes.
- The size of the tumor.
- Where the tumor is in the gastrointestinal tract.
- Whether the cancer is newly diagnosed or has recurred.

Treatment options also depend on whether the cancer is causing symptoms. Most gastrointestinal carcinoid tumors are slow-growing and can be treated and often cured. Even when not cured, many patients may live for a long time.

In Loving Memory

During January 2009, Memorial Donations were generously made by and for the following people:

In Memory of George Bowers

Gary & Jill Lantta, Austin TX

In Memory of John Carlson

Gyl Kasewurm, St Joseph

In Memory of Charles (Chuck) Clark

George & Deborah Richmond, Lawrence

In Memory of Olove Colcord

Frances J Bowie, Seminole FL
Jeanette & Jim Patton, Dayton OH
James L Warner, Fort Collins CO

In Memory of Harold Cox

Dolores M Leversen, Dowagiac

In Memory of Larry E Evans

Mr. & Mrs. Tavis Evans, Phoenix AZ
Mr. & Mrs. Vernon Evans, Berrien Springs
Mr. & Mrs. Charles Rogers, Niles
Mr. Zak Rogers, Berrien Springs
Claudia Ruppel, Phoenix AZ
Mr. & Mrs. Dan Wagner, Stevensville

In Memory of William Hall

Carl & Wanda Stevens, Niles

In Memory of Anna Hein

Herbert Hein, Benton Harbor

In Memory of Alma and Walter Hildebrand

Ruth E. Hildebrand, Stone Mountain GA

In Memory of Paul Hingst

Alma L. Arent, St. Joseph

In Memory of Marge Kiewel

Scott & Kim Hill, St. Joseph

In Memory of Susan M. Kowal

Mark & Leslie Allen, Chicago IL
Doris A. Austin, Owosso
Barbara & John Bannow, M.D., St Joseph
Mary Friedman Baske Family Foundation
% Mary Baske, Ft. Lauderdale FL
Joanne L. Boesiger, Harper Woods
Kathy & Tim Brooks & Family, Corunna

In Memory of Susan M. Kowal (continued)

Mrs. Jackie M. Bruff, Owosso
JoAnn Burritt, Stevensville
Bruce C. Conybeare, St. Joseph
Andrew M. Darlington, Denver CO
Terrence P. & Kathleen M. Deegan, St. Joseph
Jeffrey John Derubbo Family, Valparaiso IN
Thomas & Lindsay Doyle, Chicago IL
DuPont Fabros Technology, LP, Washington DC
David J. Effler Jr., Columbus OH
Thomas Filstrup, Port Charlotte FL
Joyce C Fox, Owosso
Judy Fowler, St. Joseph
Pat Fromm, Owosso
Don & Diana Kamp, Stevensville
Cindy L. Kildea, Owosso
Ben & Pam Kirshenbaum, Benton Harbor
Jennifer Kitchens, St. Joseph
Mary Koenig, Traverse City
Barbara Lane, Benton Harbor
Mike & Marta Lieberman, St. Joseph
Janet L. Mack, St. Joseph
Trish Manke & Family, Owosso
Michael D. Marrs P.C., Stevensville
Anne & Michael McCausland, Benton Harbor
Alan & Pat McKee, Benton Harbor
Leona McLaren, Sebastian FL
Rick McLaren, Owosso
Deb Thompson, Owosso
Mark & Leslie Miller, St. Joseph
Harold D. & Margaret F. Mitchell, St. Joseph
James A. & Marquerite M. Morphey, St. Joseph
Justin Newbern, Ormond Beach FL
Jeffrey B. Osher, San Francisco CA
Jim & Nancy Park, Owosso
John & Mary Helen Proos, St. Joseph
Peggy Ryckman, Owosso
Mary Sanderson, St. Joseph
Marsha Schlager, St Joseph
South Shore Health & Racquet Club, St. Joseph
Ann Tillman & Family, St. Joseph
Bob Todd, Naperville IL
Mary Sue Wagner, St. Joseph
John & Ruth Wakeland, Vero Beach FL
Ginny Walker, Owosso
Kylie Waller, St. Joseph
Mr. & Mrs. Philip R. Welch, Indian River
Steven D. Winkler, St. Joseph

In Loving Memory (continued)

In Memory of Joseph Krejci

Eleanor Krejci, Stevensville

In Memory of Katrina Lambe

Rosemary & Phil Brooks, Benton Harbor
Bill & Terrie Gebhard, Battle Creek
Greenfield Professional Fire Fighters IAFF
Local 1963, Greenfield WI
Robert & Patricia Hauch, Benton Harbor
Colleen Herman, Chicago IL
Kentwood Professional Firefighters
Union Local 3174, Kentwood
Lawrence & Valerie Lambe, Oregon IL
Nancy Lambe, Kentwood
C.A. Marshall, Stevensville
Sandra McClure, Coloma
Marilyn & John Robbins, Benton Harbor
Helen Schlitter, St. Joseph
Les Schmuhl & Family, Coloma
James & Sharon Staehler, Waukesha WI
Arnold & Jean Stainbrook, Coloma
Timothy & Lisa Summerhill, Hartford
Ian Van Drasek, Watervliet
Patty Vandenbrand, Holland
% Harbor Lights Middle School
Kendell & Linda Vanderkamp, Holland
Robb M. VanderKamp, Hamilton
Barbara Whitwam, St. Joseph
Sharon & Rudy Zachary, Stevensville

In Memory of Heidi Orlaske

Ursula Henkel, Stevensville

In Memory of Marjorie Radtke

Gerry & Jane Kabelman, Stevensville

In Memory of Vel G. Sampson Sr.

Larry & Sandy Barker, Bridgman

In Memory of Bruce Temple

Ursula Henkel, Stevensville
Hein & Joanna Meijer, Czech Republic
Old Hickory Furniture Co. Inc., Shelbyville IN
Mark & Jean Penwell, St. Joseph

In Memory of Adam Tilly

Rebecca Eichler, St. Joseph

In Memory of Harley Weber

Ruth Gillette, Stevensville
Shirley Hildebrand, Berrien Springs

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 January 2009, donations were made by and in honor of the following people:

In Honor of Len Amat

David Ramaker, Midland

In Honor of James S. Ruhoff

Vance & Betsy VanderBurg, Niles

In Honor of Madie Flores

Philip Burrow, St. Joseph

In Honor of Joan Wire

Philip Burrow, St. Joseph
David & Heather Hawkins, St. Joseph
Owen Weber & Family, St. Joseph



Berrien County Cancer Service

- 20th Annual -

PENNIES FOR PATIENTS™

FUND RAISER

Pennies Count . . . Use Your "Cents"

To help fund

the Nursing and Support Services

provided by

Berrien County Cancer Service



PENNIES FOR PATIENTS™ DAY

May 7, 2009

Bring Your PENNIES to:

Berrien County Cancer Service

7301 Red Arrow Highway
Stevensville, Michigan
429-3281 or 465-5257

227 ½ E. Main Street, Room 202
Masonic Bldg. – Niles Michigan
Noon – 2:00 / 683-7460

Tour the Agency - Refreshments Served



what matters.™

WSJM AM
1400
News • Talk • Sports

Pennies for Patients™ is a trademark of the Berrien County Cancer Service.



Berrien County Cancer Service
Pennies for Patients™
Our 20th Year!
Thursday – May 7, 2009

Wheat back Penny Auction

Two collections will be auctioned to the highest bidders.
Each collection weighs approximately 20#!

View the collections at BCCS in Stevensville
Phone your bids to: 269-429-3281
E-mail your bids to: staff@bccancerservice.org
Bidding starts at \$100 per collection.

All proceeds will benefit the nursing and support services provided by the Berrien County Cancer Service. All donations remain here in Berrien County to help local people.

Winning bidders must pick up their collection at:
Berrien County Cancer Service
7301 Red Arrow Hwy.
Stevensville, Michigan

A United Way Agency



Looking Ahead

BCCS SUPPORT GROUP – Stevensville

March 3 & 17 – 1:30 p.m.

April 7 & 21 – 1:30 p.m.

BCCS SUPPORT GROUP – Niles

March 10 & 24 – 1:30 p.m.

April 14 & 28 – 1:30 p.m.

UOA SUPPORT GROUP – Stevensville

March 17 – 1:30 p.m.

April 21 – 1.30 p.m.

20th Annual

PENNIES FOR PATIENTS™ DAY

Thursday - May 7, 2009

Look for information about our

Wheat back penny auction!

Relay for Life

Saturday / Sunday

June 27 / 28, 2009

14th Annual BCCS BIKE RIDE

Join the BCCS Team!

Sunday - June 28, 2009

HELP, HOPE, BELIEVE

DATES TO REMEMBER IN MARCH

March 8th – Daylight Saving Time Begins

March 17th – St Patrick's Day

March 8th – International Working Women's Day

National Colorectal Cancer Awareness

Month

American Red Cross Month

Adopt a Rescued Guinea Pig Month

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 _____

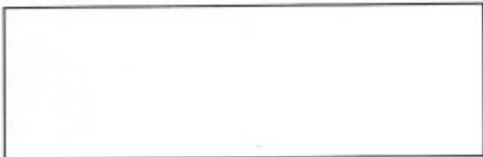
Next of Kin's Address _____

Thank YOU for your generosity!

Berrien County Cancer Service, Inc.
 7301 Red Arrow Highway
 Stevensville, MI 49127

NONPROFIT ORGANIZATION
 U.S. POSTAGE PAID
 STEVENSVILLE, MI
 PERMIT NO. 129

RETURN SERVICE REQUESTED



BERRIEN COUNTY CANCER SERVICE, INC. - BOARD OF DIRECTORS:

| | | | |
|-----------------------------------|-------------------|--------------------------|-------------------|
| Dr. Fred BussePresident | Len Amat | Danae Atkins | Tom Hanson |
| | Darlene Hawkins | Jerry Koch | Hannah Noble |
| Dr. Salvador Espinoza V/President | Renee Parnell | JoAnn Pullen-Bruni, R.N. | Matthew Purchase |
| | Eileen Schultz | Jolita Allene Smith | Sally Taylor |
| Joseph M. Appel.....Treasurer | Cheryl Weise | | |
| Sharon Hainer.....Secretary | | | |
| | *Dr. Bilal Ansari | *Olove Colcord, R.N. | *Dr. Muhammad Isa |
| | *Dr. Chil Kang | *Dr. Betty Koshy | *Dr. Peter Lai |
| *Indicates Honorary Members | *Dr. Eric Lester | *Dr. Edmund Paloyan | *Rita Reid |

NURSING STAFF: Barbara Lane, R.N. (Executive Director)
 Connie Demler, R.N. Nancy Church, R.N. DeEtta Chen, R.N. JoAnn Pullen-Bruni, R.N.

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

2nd and 4th 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

1st Wednesday of each month

First United Methodist Church

132 S. Oak Street
 Buchanan, MI 49107
 Phone: (269) 695-2706

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