

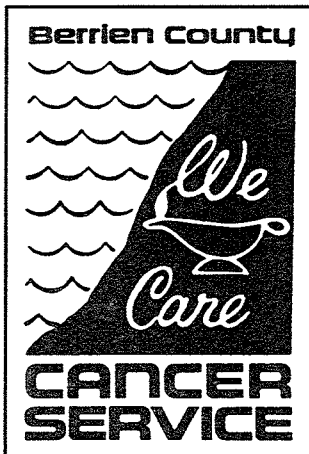
BERRIEN COUNTY CANCER SERVICE NEWSLETTER

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.



August 2011

(269) 429-3281

VOLUME XX ISSUE VIII

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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Autumn's Gallery

Bouquets reach toward azure skies
From towering bluffs along the way;
Limestone rocks play hide-and-seek
With sun and shadows through the day.
Tree trunks rise like licorice sticks
Are crowned with heads of gleaming fold.
Humble houses hugged tight to hills
Are dwarfed by massive oaks so bold.
Fence posts stand like proud cadets
All decked out with goldenrod.
Sumac leaves, a crimson fringe,
Form heavy heads that seem to nod.
Pictures hang from every bluff,
Were painted there by Natures' hand;
God's wisdom has devised it all;
This autumn gallery He has planned.

-Marie Freesmeyer



United Way
of Southwest Michigan

Nasopharyngeal Cancer

Nasopharyngeal cancer is a disease in which malignant (cancer) cells form in the lining of the nasal cavity (inside of the nose) and throat. It is rare in children younger than 10 and more common in teenagers.

Risk Factors, Symptoms, and Diagnostic and Staging Tests

The risk of nasopharyngeal cancer is increased by having an infection with the Epstein-Barr virus (EBV), which infects cells of the immune system.

Nasopharyngeal cancer may cause any of the following signs and symptoms. Check with your doctor if any of the following problems occur:

Painless lumps in the neck.
Snoring.
Nosebleeds.
Hearing loss.
Problems moving the jaw.
Double vision.

Other conditions that are not nasopharyngeal cancer may cause these same symptoms.

When nasopharyngeal is diagnosed, it usually has already spread to lymph nodes in the neck and bones of the skull. It may also spread to the nose, mouth, throat, bones, lung, and/or liver.

Tests that examine the nasal cavity and throat are used to diagnose and stage nasopharyngeal cancer. They may include:

Physical exam and history.
MRI of the head and neck.
CT scan of the chest and abdomen.
Bone scan.

Other tests used to diagnose or stage nasopharyngeal cancer include the following:

- **Nasoscopy:** A procedure in which a doctor inserts a nasoscope (a thin, lighted tube) into the patient's nose to look for abnormal areas.
- **Neurological exam:** A series of questions and tests to check the brain, spinal cord, and nerve function. The exam checks a person's mental status, coordination, and ability to walk normally, and how well the muscles, senses, and reflexes work. This may also be called a neuro exam or a neurologic exam.
- **Epstein-Barr virus (EBV) test:** A blood test to check for antibodies to the Epstein-Barr virus. Antibodies to EBV are found in the blood of patients who have been infected with EBV.

Prognosis

Young patients with nasopharyngeal cancer have a better prognosis (chance of recovery) than older patients do. The prognosis and treatment options depend on the following:

The size of the tumor at diagnosis.
Whether the tumor has spread to nearby tissues, lymph nodes, or distant parts of the body.
How the cancer responds to the initial treatment.

Treatment

Treatment of nasopharyngeal cancer in children may include the following:

Radiation therapy

Chemotherapy given before and at the same time as radiation therapy.
A clinical trial of radiation therapy and a drug to prevent radiation therapy side effects. These may be used with or without chemotherapy given before and at the same time as the radiation therapy.

Young patients are more likely than adults to have problems caused by treatment, including second cancers.

Esthesioneuroblastoma

Esthesioneuroblastoma (olfactory neuroblastoma) is a very rare tumor that begins in the olfactory bulb in the brain. The olfactory bulb connects to the nerve that is important to the sense of smell.

Most children have a tumor in the nose or throat at the time of diagnosis. The tumor may spread into the bone around the eyes, sinuses, and the front part of the brain. The disease rarely spreads to other parts of the body. Esthesioneuroblastoma is more common in boys and usually appears during the teen years.

Symptoms

Esthesioneuroblastoma may cause any of the following signs and symptoms. Check with your doctor if any of the following problems occur:

Blocked nose.

Loss of the sense of smell.

Frequent sinus infections.

Nosebleeds.

Other conditions that are not esthesioneuroblastoma may cause these same symptoms.

Prognosis

The prognosis (chance of recovery) depends on whether the cancer is only in the nose or if it has spread to nearby lymph nodes or to other parts of the body.

Treatment

Treatment of esthesioneuroblastoma in children may include the following:

Surgery and radiation therapy. Newer treatments include sinus surgery done through an endoscope, radiosurgery, or proton beam radiation therapy.

Chemotherapy and/or radiation therapy followed by surgery.

Surgery followed by chemotherapy.

Thyroid Tumors

Thyroid tumors form in the tissues of the thyroid gland, which is a butterfly-shaped gland at the base of the throat near the windpipe. The thyroid gland makes important hormones that help control growth, heart rate, body temperature, and how quickly food is changed into energy.

Most childhood thyroid tumors occur in girls and children aged 15 to 19 years. Thyroid tumors may be adenomas (noncancer) or carcinomas (cancer). Adenomas can grow very large and sometimes make hormones. Adenomas may become malignant (cancer) and spread to the lungs or lymph nodes in the neck. Thyroid cancer usually grows and spreads slowly.

Risk Factors, Symptoms, and Diagnostic and Staging Tests

The risk of thyroid cancer is increased by certain genetic syndromes and by being exposed to radiation such as multiple endocrine neoplasia (MEN) type 2A syndrome or multiple endocrine neoplasia (MEN) type 2B syndrome.

Thyroid tumors may cause any of the following symptoms. Check with your doctor if any of the following problems occur:

A lump in the neck.

Trouble breathing.

Trouble swallowing.

Hoarseness or a change in the voice.

Other conditions that are not thyroid tumors may cause these same symptoms.

Tests that examine the thyroid are used to diagnose and stage thyroid tumors. They may include:

Physical exam and history.

Fine-needle aspiration (FNA) biopsy.

Open biopsy or surgery to remove all or part of the thyroid.

Other tests used to diagnose and stage thyroid tumors include the following:

- **Ultrasound:** A procedure in which high-energy sound waves (ultrasound) are bounced off internal tissues or organs and make echoes. The echoes form a picture of body tissues called a sonogram. The picture can be printed to be looked at later. This procedure can show the size of a thyroid tumor and whether it is solid or a fluid-filled cyst. Ultrasound may be used to guide a fine-needle aspiration (FNA) biopsy.

- Thyroid function test: The blood is checked for abnormal levels of thyroid-stimulating hormone (TSH). TSH is made by the pituitary gland in the brain. It stimulates the release of thyroid hormone and controls how fast follicular thyroid cells grow. The blood may also be checked for high levels of the hormone calcitonin.
- Thyroglobulin test: The blood is checked for the amount of thyroglobulin, a protein made by the thyroid gland. Thyroglobulin levels are low or absent with normal thyroid function but may be higher with thyroid cancer or other conditions.

The prognosis (chance of recovery) depends on the following:

Where cancer is found in the body when it is diagnosed.
The size of the tumor.

Treatment

Treatment of thyroid tumors in children may include the following:

- Surgery to remove most or all of the thyroid gland and lymph nodes with cancer, followed by radioactive iodine (RAI) to kill any thyroid cancer cells that are left. Hormone replacement therapy (HRT) is given to make up for the lost thyroid hormone.
- Surgery to remove the lobe in which thyroid cancer is found, followed by HRT to make up for the lost thyroid hormone.
- Radioactive iodine (RAI) for cancer that has recurred (come back).
- Targeted therapy with tyrosine kinase inhibitors (TKIs) or vascular endothelial growth factor inhibitors (VEGFs) for cancer that has spread to other parts of the body or that has recurred.

Four to six weeks after surgery a radioactive iodine scan (RAI scan) is done to find areas in the body where thyroid cancer cells that were not removed during surgery may be dividing quickly. RAI is used because only thyroid cells take up iodine. A very small amount of RAI is swallowed, travels through the blood, and collects in thyroid tissue and thyroid cancer cells anywhere in the body. If no cancer cells are found, a larger dose of RAI is given to destroy any remaining thyroid tissue. If cancer remains in the lymph nodes or has spread to other parts of the body, an even larger dose of RAI is given to destroy any remaining thyroid tissue and thyroid cancer cells.

It is common for thyroid cancer to recur, especially in children younger than 10 years and those with cancer in the lymph nodes. Lifelong follow-up of thyroid hormone levels in the blood is needed to make sure the right amount of hormone replacement therapy (HRT) is being given. It is possible that thyroid cancer will spread to the lung later. Tests are done to check for thyroid cancer in the lung.

Oral Cancer

Oral cancer is a disease in which malignant (cancer) cells form in the tissues of the oral cavity. Most tumors in the oral cavity are benign (not cancer). The most common type of oral cancer in adults, squamous cell carcinoma (cancer of the thin, flat cells lining the mouth), is very rare in children. However, the number of new cases of oral cancer in teenage girls and young women has increased since the mid-1990s. Malignant tumors in children include lymphomas and sarcomas.

Risk Factors, Symptoms, and Diagnostic and Staging Tests

The risk of oral cancer is increased by the following:

- Tobacco use: Using any tobacco product increases the risk of oral cancer. Use of smokeless tobacco may cause mouth cancer. Changes in the texture, color, and shape of tissue inside the mouth have been seen in more than half of all teenagers who use smokeless tobacco.
- Previous radiation therapy: Oral cancer is more likely in people who have had other childhood tumors and were treated with radiation therapy to the oral cavity.
- Having certain diseases or conditions, such as:
 - Fanconi anemia.
 - Dyskeratosis congenita (a rare bone marrow disorder that affects red blood cells, white blood cells, and platelets).
 - A mutation in connexin genes (changes the way proteins that connect cells are made).
 - Chronic graft-versus-host disease (GVHD).
 - Epidermolysis bullosa (an illness that causes the skin to be easily injured and causes painful blisters).
 - Xeroderma pigmentosum.
 - Human papillomavirus (HPV) infection.

Oral cancer may cause any of the following signs and symptoms. Check with your doctor if any of the following problems occur:

- A sore in the mouth that does not heal.
- lump or thickening in the oral cavity.
- A white or red patch on the gums, tongue, tonsils, or lining of the mouth.
- Bleeding, pain, or numbness in the mouth.

Other conditions that are not oral cancer may cause these same symptoms.

Tests that examine the mouth are used to diagnose and stage oral cancer. They may include:

- Physical exam and history.
- X-ray.
- MRI of the head and neck.
- CT scan.
- PET scan.

Treatment

Treatment of oral cancer in children may include the following:

- Surgery for most benign tumors.
 - Surgery, chemotherapy, and radiation therapy for malignant tumors.
- See the following PDQ summaries for more information:
- Oropharyngeal Cancer Treatment
 - Lip and Oral Cavity Cancer Treatment
 - Langerhans Cell Histiocytosis Treatment

Salivary Gland Tumors

Salivary gland tumors form in the salivary glands, which are small organs in the mouth and throat that make saliva. Most salivary gland tumors form in the parotid glands (just in front of and below each ear) or in the salivary glands under the tongue or near the jaw. In children, most salivary gland tumors are benign (noncancer). Malignant (cancer) salivary gland tumors are rare. Malignant tumors sometimes form after treatment with radiation therapy for leukemia or solid tumors.

Symptoms and Diagnostic and Staging Tests

Salivary gland tumors may cause any of the following signs and symptoms. Check with your doctor if any of the following problems occur:

- A lump (usually painless) near the ear, cheek, jaw, or lip, or inside the mouth.
- Fluid draining from the ear.
- Trouble swallowing or opening the mouth widely.
- Numbness or weakness in the face.
- Pain in the face that does not go away.

Other conditions that are not salivary gland tumors may cause these same symptoms.

Tests that examine the mouth are used to diagnose and stage salivary gland cancer. They may include:

- Physical exam and history.
- MRI of the head and neck.
- CT scan.
- PET scan.
- Ultrasound.
- Endoscopy.
- Fine-needle aspiration (FNA) biopsy.

Prognosis

The prognosis for salivary gland cancer is usually good.

Treatment

Treatment of salivary gland cancer in children is usually surgery to remove the cancer, with or without radiation therapy and chemotherapy.

In Loving Memory

During June 2011, Memorial Donations were generously made by and for the following people:

In Memory of Myrtle Christie

Don & Phyllis Skorupa, Sawyer

In Memory of Christine Cuthbert

Ron & Carol Momany, Benton Harbor

In Memory of Jackie Dalka

Doris Rice, Sawyer

In Memory of Flora Damaske

Kathleen S. (Bouse) Karnik, St. Joseph
Jeanette & Dolores Fester, Benton Harbor

In Memory Brenda Daniels

Jeanette & Dolores Fester, Benton Harbor

In Memory of John DeLancy

Carol A. Thurston, Niles

In Memory of Eileen Garrison

Jack & Barbara Dorgelo, Crossville, TN
Larry Hinkelman, Benton Harbor

In Memory of Mary Ann Hines

Bonnie Lee Boldt, Baroda
Leeann Brooks, Valrico, FL
Lakeland Patient Accounts, St. Joseph

In Memory of Mary Ann Hines (cont)

Dietz Lauie, Stevensville
Jeannine Marks, Stevensville
Mr. & Mrs. Jerone Metz,
Jared T. Milulecky, Racine, WI
Pamela R. Stewart, Benton Harbor
Ruth Ann Tourangeau, Stevensville

In Memory of Joan Lorraine Mills

Maribeth Merrill, Third Lake, IL
Chuck Vergon, Buchanan

In Memory of Nancy Myers

Rose A. Bauchhke, St. Joseph
Jackie Heimuth, Galien
Anonymous Donations

In Memory of Leroy Russell

Leroy & June Russell, Baroda
James & Genevieve Shafer, Baroda

In Memory of Dagne Shoenbach

Shirley A. Klug, St. Joseph

In Memory of Loretta Smith

Margaret A. Froehlich, St. Joseph

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 June 2011, donations were made by and in honor of the following:

In Honor of Harold Brown, Barbara Lane & Dr. John & JoAnn-Bruni

Bruce & Janey Waterhouse, Niles

In Honor of Gladys Sandera's 85th Birthday

Mary Sundblad, Stevensville

In Honor of JoAnn Pullen-Bruni

The staff at Berrien County Cancer Service

If you know any woman currently undergoing chemotherapy, please pass the word to her that there is a cleaning service that provides **FREE housecleaning** - once per month for 4 months while she is in treatment. All she has to do is sign up and have her doctor fax a note confirming the treatment. Cleaning for a Reason will have a participating maid service in her zip code area arrange for the service. This organization serves the entire USA and currently has 547 partners to help these women. It's our job to pass the word and let them know that there are people out there that care. Be a blessing to someone and pass this information along.

<http://www.cleaningforareason.org/>

Looking Ahead

BCCS SUPPORT GROUP – Stevensville
August 2 & 16 – 1:30 p.m.

BCCS SUPPORT GROUP – Niles
August 9 & 23 – 1:30 p.m.

OSTOMY SUPPORT GROUP – Stevensville
August 23 – 1:30 p.m.

RAINBOWS OF HOPE– Stevensville
August 11 – 5:30 p.m.

"POWERFUL TOOLS FOR CAREGIVERS"-
Conducted by Hospice at Home/Area Agency on
Aging
August 1, 4, 8, 11, 15, 18th from 12:30 - 3:00 p.m.
at Berrien County Cancer Service
7301 Red Arrow Hwy.
To register call 1-800-717-3811

HELP, HOPE, BELIEVE

DATES TO REMEMBER IN AUGUST
August 1 U.S. Air Force Day
August 4th – National Chocolate Chip Day
August 6th – Hiroshima Day
August 13th – National Garage Sale Day
August 19th – Hug Your Boss Day
August 21st – Senior Citizens 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.

Thank you!

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 \$ _____

In Honor of _____

Honoree's Address _____

OR

In Memory of _____

Please send notification of my gift to:

Name _____

Address _____

City/State/Zip _____

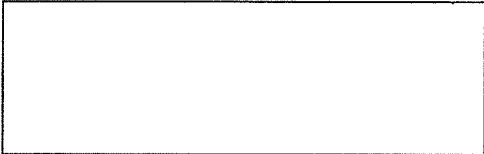
How would you like the card to be signed?

Thank you for your generosity!

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

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RETURN SERVICE REQUESTED



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<u>RAINBOWS OF HOPE GROUP</u> – Stevensville Office 2 nd Thursday of each month – 5:30 p.m. Berrien County Cancer Service, Inc. 7301 Red Arrow Highway Stevensville MI 49127 Phone: (269) 429-3281 or (269) 465-5257	<u>THE CANCER CONNECTION CAFÉ</u> Meets as needed – please call. First United Methodist Church 132 S. Oak Street Buchanan, MI 49107 Phone: (269) 695-2706	<u>MAN TO MAN</u> – Prostate Support Group 3 rd Tuesday of each month – 6:00 p.m. Trinity Center 619 Main Street St. Joseph, MI 49085 Phone: (800) 227-2345
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