

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.



June 2011

(269) 429-3281

VOLUME XX ISSUE VI

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.

.....

The Secret Heart

Across the years he could recall
His father one way best of all.
In the stillest hour of night
The boy awakened to a light.
Half in dreams, he saw his sire
With his great hands full of fire.
The man had struck a match to see
If his son slept peacefully.
He held his palms each side the spark
His love had kindled in the dark.
His two hands were curved apart
In the semblance of a heart.
He wore, it seemed to his small son,
A bare heart on his hidden one,
A heart that gave out such a glow
No son awake could bear to know.
It showed a look upon a face
Too tender for the day to trace.
One instant, it lit all about,
And then the secret heart went out.
But it shone long enough for one
To know that hands held up the sun.



United Way
of Southwest Michigan

Brooke Hamilton, three-time melanoma survivor

As a teenager and young adult, I always felt more comfortable with people who were older than me. When I was diagnosed with my first early-stage melanoma at 18, I realized I had even more in common with older people. Suddenly I was a cancer survivor, and concerned with things like health insurance. I have no idea what my first melanoma cost my parents in out-of-pocket expenses, but I know they felt fortunate to have comprehensive health insurance to cover the biopsies, skin-graft surgery and follow-up care.

My second melanoma happened when I was 23 and a waitress (with a college degree!). After graduating from college I was no longer eligible to be on my father's insurance through his employer. My hours during the slow season didn't always add up to full-time work, so I was not eligible for group health insurance through the restaurant, but I felt very lucky to have supportive parents who helped me find and pay for health insurance. And my employer agreed to schedule me for outdoor shifts only at night so I wouldn't have to work all day in the summer sun.

In my mid-20s I was accepted into a Ph.D. program for research psychology. Knowing that I wouldn't be able to obtain health insurance on my own, I was relieved to learn that the school offered health insurance for its students.

At 26, at the beginning of the school year, I was diagnosed with my third and most serious melanoma. The doctors all had a hard time believing that someone as young as me had a history of cancer and a good chance of having cancer again. As many survivors know, having to summarize your medical situation again and again for providers unfamiliar with your case can be tough, and draining, when your cancer seems like a chronic health situation.

Although I was required to go to the student health center, they were not set up to deal with serious medical issues. During one biopsy I received contaminated stitches, and a few days later I developed a serious infection. The health center was closed so I went to the emergency room for treatment. I reacted poorly to the penicillin I was prescribed in the ER, so I went back to the health center (which was open by that time) — and they sent me to another ER for care.

My third early-stage melanoma cost me about \$1,000 in out-of-pocket expenses. This is a small amount for many people, but when you're living on a graduate student stipend in the Washington, D.C. area, it's a fortune. Almost one-third of my student loan paid for my medical expenses that semester, including the short-term counseling that I finally admitted I needed.

In 2002 I accepted a job offer from the federal government. The prospect of a steady job and adequate health insurance was one of the many reasons I was interested in public service. I also relish that my job allows me to give back and work with the patient advocacy community.

At a time in life when my peers were looking for a dermatologist who could improve their skin, I was looking for one who was really good at spotting cancer and wouldn't lecture me needlessly about wearing sunscreen. At a time in life when my friends were worried about what to wear on a date, I was worried about what I could wear on a date that would cover up my most recent biopsy site. At a time in life when people my age were trying to figure out what to do with their lives, I was happy to have a life to figure out.

Melanoma

Definition of melanoma: A form of cancer that begins in melanocytes (cells that make the pigment melanin). It may begin in a mole (skin melanoma), but can also begin in other pigmented tissues, such as in the eye or in the intestines.

Estimated new cases and deaths from melanoma in the United States in 2010:

- New cases: 68,130
- Deaths: 8,700

Melanoma is a type of skin cancer -- one of the most serious types because advanced melanomas have the ability to spread to other parts of the body. (Melanoma can also develop in the eye, called intraocular melanoma, or rarely in other parts of the body where pigment cells are found. The CIS can provide information about the diagnosis and treatment of intraocular melanoma.) Melanoma begins when melanocytes (pigment cells) gradually become more abnormal and divide without control or order. These cells can invade and destroy the normal cells around them. The abnormal cells form a growth of malignant

tissue (a cancerous tumor) on the surface of the skin. Melanoma can begin either in an existing mole or as a new growth on the skin. The "Pictures of Melanoma" section shows examples of melanoma. A doctor or nurse specialist can tell whether an abnormal-looking mole should be closely watched or should be removed and checked for melanoma cells. The purpose of routine skin exams is to identify and follow abnormal moles.

The removal of the entire mole or a sample of tissue for examination under a microscope is called a biopsy. If possible, it is best to remove moles by an excisional biopsy, rather than a shave biopsy.

Melanoma can occur anywhere on the body.

In men, melanoma is often found on the trunk (the area from the shoulders to the hips) or the head and neck. In women, melanoma often develops on the arms and legs. Melanoma usually occurs in adults, but it is sometimes found in children and adolescents.

If the biopsy results in a diagnosis of melanoma, the patient and the doctor should work together to make treatment decisions. In many cases, melanoma can be cured by minimal surgery if the tumor is discovered when it is thin (before it has grown downward from the skin surface) and before the cancer cells have begun to spread to other places in the body. However, if melanoma is not found early, the cancer cells can spread through the bloodstream and lymphatic system to form tumors in other parts of the body. Melanoma is much harder to control when it has spread. The spread of cancer is called metastasis.

Doctors and scientists believe that it is possible to prevent many melanomas and to detect most others early, when the disease is more likely to be cured with minimal surgery. In the past several decades, an increasing percentage of melanomas have been diagnosed at very early stages, when they are quite thin and unlikely to have spread. Learning about prevention and early detection, while important for everyone, is especially important for people who have an increased risk for melanoma. People who are at an increased risk include those who have dysplastic nevi or a very large number of ordinary moles.

It is important to remember that not everyone who has dysplastic nevi or other risk factors for melanoma gets the disease. In fact, most do not. Also, about half the people who develop melanoma do not have dysplastic nevi, and they may not have any other known risk factor for the disease. At this time, no one can explain why one person gets melanoma while another does not. Research has shown that sun exposure, especially excessive exposure that leads to bad, blistering sunburns, is an important and avoidable risk factor. Scientists are continuing their studies of risk factors for melanoma.

Early Detection of Melanoma

Because melanoma usually begins on the surface of the skin, it often can be detected at an early stage with a total skin examination by a trained health care worker. Checking the skin regularly for any signs of the disease increases the chance of finding melanoma early. A monthly skin self-exam is very important for people who have any of the known risk factors, but doing skin self-exams routinely is a good idea for everyone.

Here is how to do a skin self-exam:

- After a bath or shower, stand in front of a full-length mirror in a well-lighted room. Use a hand-held mirror to look at hard-to-see areas.
- Begin with the face and scalp and work downward, checking the head, neck, shoulders, back, chest, and so on. Be sure to check the front, back, and sides of the arms and legs. Also, check the groin, the palms, the fingernails, the soles of the feet, the toenails, and the area between the toes.
- Be sure to check the hard-to-see areas of the body, such as the scalp and neck. A friend or relative may be able to help inspect these areas. Use a comb or a blow dryer to help move hair so you can see the scalp and neck better.
- Be aware of where your moles are and how they look. By checking your skin regularly, you will become familiar with what your moles look like. Look for any signs of change, particularly a new black mole or a change in outline, shape, size, color (especially a new black area), or feel of an existing mole. Also, note any new, unusual, or "ugly-looking" moles. If your doctor has taken photos of your skin, compare these pictures with the way your skin looks on self-examination.
- Check moles carefully during times of hormone changes, such as adolescence, pregnancy, and menopause. As hormone levels change, moles may change.
- It may be helpful to record the dates of your skin exams and to write notes about the way your skin looks. If you find anything unusual, see your doctor right away. Remember, the earlier a melanoma is found, the better the chance for a cure.

In addition to doing routine skin self-exams, people should have their skin checked regularly by a doctor or nurse specialist. A doctor can do a skin exam during visits for regular checkups. People who think they have dysplastic nevi should point them out to the doctor. It is also important to tell the doctor about any new, changing, or "ugly-looking" moles.

Sometimes it is necessary to see a specialist. A dermatologist (skin doctor) is likely to have the most training in diseases of the skin. Some plastic surgeons, general surgeons, oncologists, internists, and family doctors also have a special interest and training in moles and melanoma.

Melanoma may run in families, and members of these families are at high risk for the disease. In some of these families, certain members also have a large number (usually over 100) of dysplastic nevi. These people have an especially high risk of developing melanoma. When two or more family members develop melanoma, it is important for all of the patients' close relatives (parents, brothers, sisters, and children above the age of 10) to see a doctor and be examined carefully for dysplastic nevi or any signs of melanoma. The doctor can then decide how often each person needs to be seen. (Doctors may recommend that these family members have checkups every 6 months.) Anyone who has a large number of dysplastic nevi also should be examined regularly.

A doctor may want to watch a slightly abnormal mole closely to see whether it changes over time. Pictures taken at one visit may be compared with the appearance of the mole at the next visit. Sometimes a doctor decides that a mole should be removed so that the tissue can be examined under a microscope. The removal of a mole, called a biopsy, is usually done in the doctor's office using a local anesthetic. It generally takes only a few minutes. The patient may require stitches, and a small scar will remain after healing. A pathologist examines the tissue under a microscope to see whether the melanocytes are normal, dysplastic, or cancerous.

Because most moles, including most dysplastic nevi, do not develop into melanoma, removing all of them is not necessary. A doctor can recommend when and when not to remove moles. Usually, only moles that look like melanoma, those that change, or those that are both new and look abnormal need to be removed.

Moles

Moles are growths on the skin. Doctors call moles nevi (one mole is a nevus). These growths occur when cells in the skin, called melanocytes, grow in a cluster with tissue surrounding them. Moles are usually pink, tan, brown, or flesh-colored. Melanocytes are also spread evenly throughout the skin and produce the pigment that gives skin its natural color. When skin is exposed to the sun, melanocytes produce more pigment, causing the skin to tan, or darken.

Moles are very common. Most people have between 10 and 40 moles. A person may develop new moles from time to time, usually until about age 40. Moles can be flat or raised. They are usually round or oval and no larger than a pencil eraser. Many moles begin as a small, flat spot and slowly become larger in diameter and raised. Over many years, they may flatten again, become flesh-colored, and go away.

Dysplastic Nevi

About one out of every ten people has at least one unusual (or atypical) mole that looks different from an ordinary mole. The medical term for these unusual moles is dysplastic nevi. The "Pictures of Ordinary Moles and Dysplastic Nevi" section shows the differences between ordinary moles and dysplastic nevi.

Doctors believe that dysplastic nevi are more likely than ordinary moles to develop into a type of skin cancer called melanoma. Because of this, moles should be checked regularly by a doctor or nurse specialist, especially if they look unusual; grow larger; or change in color, outline, or in any other way.

Unusual moles, exposure to sunlight, and health history can affect the risk of developing melanoma.

Anything that increases your risk of getting a disease is called a risk factor. Having a risk factor does not mean that you will get cancer; not having risk factors doesn't mean that you will not get cancer. People who think they may be at risk should discuss this with their doctor. Risk factors for melanoma include the following:

- Having a fair complexion, which includes the following:
 - Fair skin that freckles and burns easily, does not tan, or tans poorly.
 - Blue or green or other light-colored eyes.
 - Red or blond hair.

- Being exposed to natural sunlight or artificial sunlight (such as from tanning beds) over long periods of time.
- Having a history of many blistering sunburns as a child.
- Having several large or many small moles.
- Having a family history of unusual moles (atypical nevus syndrome).
- Having a family or personal history of melanoma.
- Being white and male.

Possible signs of melanoma include a change in the appearance of a mole or pigmented area.

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

- A mole that:
 - changes in size, shape, or color.
 - has irregular edges or borders.
 - is more than 1 color.
 - is asymmetrical (if the mole is divided in half, the 2 halves are different in size or shape).
 - itches.
 - oozes, bleeds, or is ulcerated (a hole forms in the skin when the top layer of cells breaks down and the tissue below shows through).
- Change in pigmented (colored) skin.
- Satellite moles (new moles that grow near an existing mole).

The Berrien County Cancer Service is fondly saying goodbye to long-time office manager, Kathy Karnik. Kathy first became a part of BCCS in 1993 and as a volunteer she organized our Craft Show. Kathy has been working as our office manager since 1998. We wish Kathy well as she takes off in a new professional direction. BCCS Board of Directors and staff will truly miss Kathy's everyday presence, but she has promised to remain involved as a volunteer. We welcome new employee, Julie Koch, who will be sitting in Kathy's chair. More about Julie next issue.

In Loving Memory

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

Memory of Mary Ann Appel-Belski

Kappa Theta Chi Sorority, St Joseph

In Memory of Judy C. Bohle

Melanie & Kurt Schacknies, Eau Claire

In Memory of Julia Clayton

Larry R Clayton, Dowagiac

In Memory of Oline Edge

Joyce Stockman, St Joseph

In Memory JoAnn Emery

Doug Barker, St Joseph
Larry & Sandy Barker, Bridgman

In Memory of Loren Jay Gidley

Joyce Stockman, St Joseph

In Memory of Mary Gleason

Ofilia A Kuss, Sodus

In Memory of James W Huss

The Norman Mead Family & Mary, Niles
% The M C Clayton Family/Storey, Niles

In Memory of Edward Klug

Jodene Price, Oswego, IL

In Memory of Lawrence A Lange

Shirley Churchill, Watervliet

In Memory of Roberta Otte

Carolyn Norton, Coloma

In Memory of Rosemary Raynes

Kappa Theta Chi Sorority, St Joseph

In Memory of Elinor Sandarski

Georgia A Sikich, Benton Harbor

In Memory of Richard Lee Sandel

Daniel Sandel, Lawrenceville, GA

In Memory of Robin Smith

Dick & Joan Stakley, Benton Harbor

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

In Honor of the Impending Retirement of Barbara Lane

Mary Sundblad & Gladys Sandera, Stevensville

In Honor of Lee Nower

Georgia Nower, St Joseph

Looking Ahead

BCCS SUPPORT GROUP – Stevensville

June 7 & 21 – 1:30 p.m.

July 5 & 19 – 1:30 p.m.

BCCS SUPPORT GROUP – Niles

June 14 & 28 – 1:30 p.m.

July 12 & 26 – 1:30 p.m.

OSTOMY SUPPORT GROUP – Stevensville

June 28 – 1:30 p.m.

RAINBOWS OF HOPE– Stevensville

June 9 – 5:30 p.m.

July 14 – 5:30 p.m.

BCCS BIKE RIDE

Sunday – June 26

We have room for more riders, but you can support us even if you cannot ride!

Call to sponsor one of our cyclists as they “Pedal for Patients”!

Purchase a raffle ticket to win a free bike!

Then at noon you can join us for:

Ice cream from Kilwin’s

Cookies from Bit of Swiss

The best popcorn in Berrien County

Entertainment by Riversong Music Society

RELAY FOR LIFE

Saturday, June 25 – Sunday, June 26

Please call our office at 269-429-3281 to join our team. We NEED YOU!

HELP, HOPE, BELIEVE

DATES TO REMEMBER IN JUNE

June 14th – Flag Day

June 19th – Father’s Day

June 21st – Summer Begins

Happy Fathers Day!!

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 _____

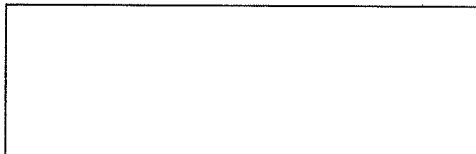
How would you like the card to be signed?

Thank you for your generosity!

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

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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

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

RAINBOWS OF HOPE GROUP – Stevensville Office
2nd 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

THE CANCER CONNECTION CAFÉ
Meets as needed – please call.

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

MAN TO MAN – Prostate Support Group
3rd Tuesday of each month – 6:00 p.m.

Trinity Center
619 Main Street
St. Joseph, MI 49085
Phone: (800) 227-2345