

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.



March 2011

(269) 429-3281

VOLUME XX 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.

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An Old Irish Blessing

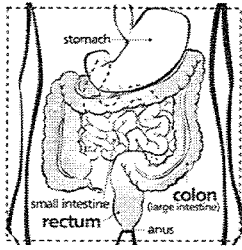
May love and laughter light your days
and warm your heart and home.
May good and faithful friends be yours
wherever you may roam.
May peace and plenty bless your world
with joy that long endures.
May all life's passing seasons
bring the best to you and yours!

Happy St. Patrick's Day!



United Way
of Southwest Michigan

Colorectal cancer screening saves lives. If everyone aged 50 years old or older were screened regularly, as many as 60% of deaths from this cancer could be avoided.



Basic Information About Colorectal Cancer

Colorectal cancer is cancer that occurs in the colon or rectum. Sometimes it is called colon cancer, for short. As the drawing shows, the colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.

Colorectal cancer affects both men and women of all racial and ethnic groups, and is most often found in people aged 50 years or older. For men, colorectal cancer is the third most common cancer. For women, colorectal cancer is the second most common cancer among Asian/Pacific Islander and Hispanic women, and the third most common cancer among white, black, and American Indian/Alaska Native women.

Of cancers that affect both men and women, colorectal cancer is the second leading cancer killer in the United States, but it doesn't have to be. If everybody aged 50 or older had regular screening tests, as many as 60% of deaths from colorectal cancer could be prevented.

Colorectal cancer screening saves lives. Screening can find precancerous polyps—abnormal growths in the colon or rectum—so that they can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage, when treatment often leads to a cure.

Get the Facts

Among cancers that affect both men and women, colorectal cancer—cancer of the colon or rectum—is the second leading cause of cancer-related deaths in the United States. Colorectal cancer also is one of the most commonly diagnosed cancers in the United States.

The risk of developing colorectal cancer increases with advancing age. More than 90% of cases occur in people aged 50 or older.

Reducing Your Risk

Colorectal cancer screening saves lives. However, many people who are at risk for the disease are not being screened according to national guidelines.

It is estimated that as many as 60% of colorectal cancer deaths could be prevented if all men and women aged 50 years or older were screened routinely. In most cases, colorectal cancer develops from precancerous polyps (abnormal growths) in the colon or rectum. Screening tests can find precancerous polyps, so that they can be removed before they turn into cancer. Screening tests also can find colorectal cancer early, when treatment works best.

Some studies show that increased physical activity and maintaining a healthy weight may decrease the risk for colorectal cancer. Evidence is less clear about other ways to prevent colorectal cancer.

Currently, there is no consensus on the role of diet in preventing colorectal cancer, but medical experts recommend a diet low in animal fats and high in fruits, vegetables, and whole grain products to reduce the risk of other chronic diseases, such as coronary artery disease and diabetes.

In addition, researchers are examining the role of certain medications and supplements, including aspirin, calcium, vitamin D, and selenium, in preventing colorectal cancer. While these supplements may reduce the risk of colorectal cancer, the most effective way to reduce your risk is by having regular colorectal cancer screening tests beginning at age 50.

When Should You Begin to Get Screened?

You should begin screening for colorectal cancer soon after turning 50, then continue getting screened at regular intervals. However, you may need to be tested earlier or more often than other people if:

- You or a close relative have had colorectal polyps or colorectal cancer; or
- You have inflammatory bowel disease.

If you are aged 50 or older, or think you may be at increased risk for colorectal cancer, speak with your doctor about getting screened.

What Are the Screening Tests for Colorectal Cancer?

Several tests are available to screen for colorectal cancer. Some are used alone; others are used in combination with each other. Talk with your doctor about which test or tests are best for you. These screening tests are recommended by the USPSTF:

- Colonoscopy (every 10 years).
- High-sensitivity fecal occult blood test (FOBT) (every year).
- Flexible sigmoidoscopy (every 5 years).

In addition to these tests, some groups also recommend the double contrast barium enema as a screening test (every 5 years). Other tests are being evaluated and may be recommended by the USPSTF for use in colorectal cancer screening in the future, including CT coronagraph (also known as “virtual colonoscopy”) and stool DNA testing.

Of cancers affecting both men and women, colorectal cancer (cancer of the colon and rectum) is the second leading cancer killer in the United States. In the United States in 2007, 142,672 people were diagnosed with colorectal cancer, and 53,219 people died from it. CDC helps prevent colorectal cancer by building partnerships, encouraging screening, supporting education and training, and conducting surveillance and research.

What is Metastatic Colorectal Cancer?

Colorectal cancer is a disease that develops when abnormal cells in the colon or rectum divide without control. When this happens, they form a growth or a primary tumor.

As the primary tumor grows, here’s what can happen:

The tumor spreads to nearby tissue outside the colon or rectum

Cancer cells eventually break away and travel through the bloodstream or lymph system

Cancer cells form new tumors in other parts of the body, such as the liver or lungs

This spreading process is called metastasis. Your health care team may refer to it as stage IV colorectal cancer, advanced colorectal cancer, or metastatic colorectal cancer.

Even though the cancer has spread to a new part of the body, the new tumors are made up of cells from the original tumor in the colon or rectum. So it is still considered colorectal cancer.

Where CRC grows

Colorectal cancers develop in the large intestine. The first 6 feet of the large intestine include the large bowel or colon. The final 6 inches make up the rectum and the anal canal. The anal canal ends at the anus (the opening of the large intestine to the outside of the body).

Cancer can develop in any of the 4 sections of the colon or rectum:

Ascending colon

Transverse colon

Descending colon

Sigmoid or S-shaped colon

Symptoms of Colorectal Cancer

People who have polyps or colorectal cancer don't always have symptoms, especially at first. Someone could have polyps or colorectal cancer and not know it. If there are symptoms, they may include—

- Blood in or on your stool (bowel movement).
- Pains, aches, or cramps in your stomach that don't go away.
- Losing weight and you don't know why.
- Change in bowel habits (constipation or diarrhea).

If you have any of these symptoms, talk to your doctor. These symptoms may be caused by something other than cancer. However, the only way to know what is causing them is to see your doctor.

Fast Facts About Colorectal Cancer

Of cancers that affect both men and women, colorectal cancer—cancer of the colon or rectum—is the second leading cause of cancer-related deaths in the United States. In 2007, 53,219 people in the United States died of colorectal cancer (27,004 men and 26,215 women).

Colorectal cancer also is one of the most commonly diagnosed cancers in the United States. In 2007, 142,672 people in the United States were diagnosed with colorectal cancer (72,755 men and 69,917 women), making it the third most common cancer in men and in women.

Findings from CDC's 2000 National Health Interview Survey indicate that many people who are at risk for colorectal cancer are not being screened. Although screening rates are beginning to rise, they remain too low to achieve the Healthy People 2010 objective for reducing mortality from colorectal cancer. In 2006, about 61% of adults aged 50 years or older reported having received a fecal occult blood test (FOBT) within 1 year and/or a lower endoscopy within 10 years of being surveyed by CDC's Behavioral Risk Factor Surveillance System, compared with 54% of adults surveyed in 2002.

A CDC study demonstrated that—

- About 41.8 million average-risk people aged 50 or older have not been screened for colorectal cancer according to national guidelines.
- The U.S. health care system has enough capacity to conduct widespread screening of the unscreened population, using FOBT and diagnostic colonoscopy for those with a positive FOBT.
- Widespread screening with flexible sigmoidoscopy or colonoscopy may take up to 10 years, depending on the proportion of available capacity used for colorectal cancer screening.

Cindy, Age 57

"My mother had colon cancer. Luckily, she was treated and is well now. But because my mother had it, my doctor thought I should get tested when I was in my mid-40s. I remember drinking all of the 'special' stuff the day before (to clean out the colon). That was the hardest part of getting tested. During the test (I had a colonoscopy), I wanted to know what was going on, so I wasn't totally asleep. I actually watched it on a television monitor and it was interesting! They didn't find anything, and I was told to come back after I was 50."

"Well, I'm over 50 now, and have had two more colonoscopies. I had polyps both times and they were removed during the colonoscopy. I didn't have any symptoms at all... this proves how valuable screening for colorectal cancer is. While I don't know for certain that the polyps would have turned into cancer, I'm glad I won't have the chance to find out!"

"I tell everyone I can to get screened for colon cancer. I know, from seeing my mother go through treatment that getting tested is no big deal compared with getting treated."

A Survivor Like You

"If just one physician had written a care plan with options for my treatment, it would have prepared me for the next steps. At the very least, it would have given me hope. ... I still receive treatment - yet I have neither a treatment summary nor a written plan for my continued care. This leaves my doctors at a disadvantage. My care has been conducted at a number of facilities by at least a dozen different physicians through the years. Many others have been consulted. My record-keeping was sparse the first few years of treatment. I learned the hard way that a treatment summary was an essential element to care when I almost lost my leg due to a drug interaction. I began to keep my own records and recently started my fourth 3-inch binder full of them. This is my personal version of a treatment summary and a simple, but necessary tool for survival." – Suzanne Lindley, 10-year cancer survivor

A comprehensive cancer care plan is a tool to help fill in these gaps and guide you along the path between diagnosis and long-term cancer survivorship. It means a real conversation between the doctor and patient about their care, backed up with a written treatment plan, treatment summary, and follow-up care plan. Unfortunately, very few cancer survivors get a care plan. It's just not common practice. Yet.

In Loving Memory

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

In Memory of Richard O Aungst

Dona & Alice Davis, St Joseph
Keith Dine Family, Berrien Springs
Jean Grimes, Kalamazoo
Cheryl Weise, St Joseph

In Memory of Lydia Binder

Terry Boyle, Stevensville
Irene Waldmann, St Joseph
Anonymous

In Memory of John Boos

Jean R Jasper, Bridgman

In Memory of Erna Bronzellino

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

In Memory Clete Brummel

Rebecca Eichler, St Joseph

In Memory of Marilyn Dlouhy

Anthony S Dlouhy, Stevensville

In Memory of Deborah Hill

Christina & Chad Hipshier, Grand Haven
Tate & Kathy McLaughlin, Sawyer

In Memory of Edward Klug

Charles R Brault, St Joseph
Marcia Graham, St Joseph
Linda Huff, St Joseph
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Tom & Pam Klug, Stevensville
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Edward Meny, St Joseph
Eleanor F Millar, St Joseph
Clare M Musgrove, St Joseph
Lisa Neuser, Benton Harbor
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John C Ott, St Joseph
Karen L Priebe, Stevensville
Donald C Richmond, St Joseph
Clusteen C Swinton, Benton Harbor
United Federal Credit Union, St Joseph
%Jeremy Minikel, Human Resource Generalist
Elizabeth & Kevin Vanantwerp, Stevensville

In Memory of Darrall Eugene Lausch

William J Gast, Baroda
Erna L Jungblut, Sawyer
Jan Lausch, Benton Harbor
Gary Schaffer, St Joseph
Dean Schmaltz, Baroda
Elaine Spitzer, Buchanan
Jan Lausch Zilke, Benton Harbor

In Memory of Clayton Layman

Ray & Lela Hoge, Baroda

In Memory of David Maki

Rebecca Eichler, St Joseph

In Memory of Adeline McCrery

Bonni Sullivan, Stevensville

In Memory of Joyce Morrow

Covert Historical Museum, Covert
% LaDonna Golder

In Memory of Doris Nitz

Mrs. Lee Sadler, Benton Harbor

In Memory of Vern Nitz

Fred & Cathie Fenrick, St Joseph
Lawrence E Frank, St Joseph
Jean R Jasper, Bridgman
Cheryl Klotz, St Joseph
Gertrude Koth, Three Oaks
Ronald Maier, Berrien Springs
Arlene McIntosh, Baroda
Elaine Neugebauer, Bridgman
Chester L Nitz, Stevensville
Eldon R Nitz, Baroda
Nathan Nitz, Baroda
Carolyn B Ott, St Joseph
Lee Sadler, Benton Harbor
Ruth L Skinner, New Troy
Joe & Bobbi Youngblood, Eau Claire

In Memory of Erika Spitze Rath

Irene Waldman, St Joseph

In Memory of Leroy Russell

Ray & Lela Hoge, Baroda

In Loving Memory (continued)

In Memory of Robert Steinke

Irene Arndt, Coloma
Judith Belski, St Joseph
Lanny & Virginia Carman, Houston, TX
Philip & Janet K Dykstra, St Joseph
Jeanette Fester, Benton Harbor
Lawrence E Frank, St Joseph
Fred Froehlich, Sodus
Donald & Norma Goldner, Eau Claire
Richard & Nancy Koebel, Baroda
Jim & Joanne Smith, Kalamazoo
Fred & Nadine Steinke, Eau Claire
Kimberly Wojahn, Stevensville

In Memory of Adam Tilly

Rebecca Eichler, St Joseph

In Memory of Horst Waldmann

Irene Waldmann, St Joseph

In Memory of Nathan Watford

Franklin Nehring, St Joseph

In Memory of R Jane Wightman

Gloria J Penfold & Family, LaPorte IN

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

In Honor of Diane Loeffler

Loretta & Richard Kasmer, St Joseph

Pennies for Patients™

Look for **Ashley Weber,**
Miss Southwest Michigan Pre-teen 2010
to be collecting donations at the four-way stop in Stevensville.
Watch for Ashley and her helpers from 4:30 - 6:00 p.m. on
Friday, March 25.

Thank you, Ashley for helping BCCS in assisting cancer patients right here in our community!



Berrien County Cancer Service

- 22nd 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 5, 2011



Bring Your PENNIES to:

Berrien County Cancer Service

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



Tour the Agency - Refreshments Served



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



Looking Ahead

BCCS SUPPORT GROUP – Stevensville

March 1 & 15 – 1:30 p.m.

April 5 & 19 – 1:30 p.m.

BCCS SUPPORT GROUP – Niles

March 8 & 22 – 1:30 p.m.

April 12 & 26 – 1:30 p.m.

UOA SUPPORT GROUP – Stevensville

March 22 – 1:30 p.m.

April 26 – 1:30 p.m.

RAINBOWS OF HOPE– Stevensville

March 10 – 5:30 p.m.

April 14 – 5:30 p.m.

PENNIES FOR PATIENTS™

Thursday – May 5

6:00 a.m. – 6:00 p.m.

BCCS BIKE RIDE

Sunday – June 26

HELP, HOPE, BELIEVE

DATES TO REMEMBER IN MARCH

March 8th – Mardi Gras

March 9th – Ash Wednesday

March 13th – Daylight-Saving Time Begins

March 17th – St Patrick's Day

March 20th – Spring Begins

NEWSLETTERS AVAILABLE ONLINE

Our newsletters are available to be read or printed from our website:

www.bccancerservice.org. Back issues are available. 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 _____

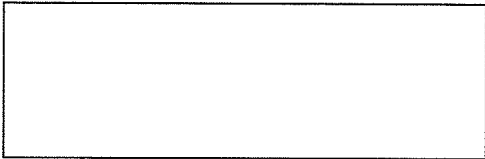
How would you like the card to be signed?

Thank you for your generosity!

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

NONPROFIT ORGANIZATION
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PERMIT NO. 129

RETURN SERVICE REQUESTED



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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