

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.



September 2011

(269) 429-3281

VOLUME XX ISSUE IX

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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It's September

It's September, and the orchards are afire with red and gold,
And the nights with dew are heavy, and the morning's sharp with cold;
Now the garden's at its gayest with the salvia blazing red
And the good old-fashioned asters laughing at us from their bed;
Once again in shoes and stockings are the children's little feet,
And the dog now does his snoozing on the bright side of the street.

It's September, and the cornstalks are as high as they will go,
And the red cheeks of the apples everywhere begin to show;
Now the supper's scarcely over ere the darkness settles down
And the moon looms big and yellow at the edges of the town;
Oh, it's good to see the children when their little prayers are said,
Duck beneath the patchwork covers when they tumble into bed.



United Way
of Southwest Michigan

Ovarian Cancer

Via: OvarianCancerAwareness.org

Lenore (diagnosed at age 62, stage III)

Lenore Jackson fought her nine year battle with ovarian cancer with strength and grace. She shared her story with us in an effort to help others meet this disease with the same resolve. We thank Lenore and her family for allowing her story to be a source of strength for other women.

In the summer of 1996 I had been feeling bloated with stomach pains and cramps. My primary care doctor couldn't find anything wrong. The pains continued to get worse and my daughter brought me to the emergency room at the Beth Israel. A CT Scan revealed Stage 3 ovarian cancer.

Within weeks I underwent surgery to remove my ovaries and the tumor. The surgery was a success but revealed that cancer had metastasized in the form of "sprinklins" in my abdomen. While the sprinklings could be shrunk by chemotherapy, they would grow back. My cancer would be chronic and my prognosis at that time was one year.

Seven years later, I am still here. I travel several times a week to Beth Israel for chemotherapy, bloodwork, and various other forms of treatment. Hair loss, waiting for hair growth, hair loss again have become a way of life. I have also discovered that my ovarian cancer is directly linked to my mother's breast cancer and my aunt's breast/ovarian cancer. Genetic testing has shown that I have the BRAC2 gene for ovarian and breast cancer. This information will help my daughters and their granddaughters protect themselves against this disease.

Thanks to the constant support of my family, doctors, nurses and friends, I have been able to maintain a positive attitude and most importantly, a sense of humor and appreciation of life.

Definition of ovarian cancer: Cancer that forms in tissues of the ovary (one of a pair of female reproductive glands in which the ova, or eggs, are formed). Most ovarian cancers are either ovarian epithelial carcinomas (cancer that begins in the cells on the surface of the ovary) or malignant germ cell tumors (cancer that begins in egg cells).

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

New cases: 21,880
Deaths: 13,850

About Ovarian Cancer

It is estimated that more than 15,500 women will die in the United States from ovarian cancer this year. Many women don't seek help until the disease has begun to spread. The symptoms of ovarian cancer are often subtle and easily confused with other ailments.

What Is Ovarian Cancer?

Ovarian cancer is cancer that develops in the ovaries. The ovaries are part of a woman's reproductive system. They are located in the pelvis on either side of the uterus. Each ovary is about the size of an almond. The ovaries make the female hormones progesterone and estrogen and also release eggs into the fallopian tubes.

Cancer begins at a cellular level. Normally, cells grow and divide to form new cells. These new cells take the place of old cells as they die. Cancer cells continue to grow and divide. These abnormal cells continue to create new cells forming a tumor.

Ovarian Cancer Signs and Symptoms Ovarian cancer symptoms are often subtle and difficult to diagnose. Research suggests there are four symptoms that may be associated with ovarian cancer:

- Bloating
- Pelvic or Abdominal pain
- Difficulty eating or feeling full quickly
- Urinary urgency or frequency

Other symptoms may include:

- Nausea, indigestion, gas, constipation or diarrhea
- Extreme fatigue
- Shortness of breath
- Backaches

Talk to your doctor if symptoms last more than 2-3 weeks. You are your best advocate.

Stages of Ovarian Cancer

There are four stages of ovarian cancer. Your doctor will determine your stage of ovarian cancer. Ovarian cancer is treated differently depending on which stage you are diagnosed with.

The four primary stages are:

Stage I: The cancer is completely contained within the ovary or ovaries

Stage II: The cancer is in one or both of the ovaries and has spread to additional organs located in the pelvis such as the bladder, colon, rectum or uterus.

Stage III: The cancer is in one or both ovaries and has spread to one or both of the following: the lining of the abdomen or the lymph nodes.

Stage IV: The most advanced stage of cancer. The cancer has spread from one or both ovaries to additional organs such as the liver or lungs, or there may be cancer cells in the fluid surrounding the lungs.

Recurrent: The cancer has returned after successful treatment.

The four stages of cancer are also divided into sub-groups

Risk Factors

Ovarian cancer does not discriminate. It can strike a woman of any race or at any age. We do know that women with certain risk factors may have a greater chance of developing ovarian cancer. These risk factors include:

- Family history of breast or ovarian cancer
- Personal history of cancer
- Women over the age of 55
- Women who were never pregnant
- Women on menopausal hormone replacement therapy

Preventive Surgery Can Cut Risk of Ovarian and Fallopian Tube Cancers for BRCA1, BRCA2 Carriers
Women who are at high risk of ovarian cancer because they carry mutated BRCA1 and BRCA2 genes can reduce by about 80 percent their risk of developing this and other cancers of the reproductive organs by having preventive surgery to remove their ovaries and fallopian tubes, according to the July 12, 2006, Journal of the American Medical Association.

Ovary Removal Linked to Cognitive Problems, Dementia
Women who had one or both ovaries removed before menopause for noncancer reasons faced an increased risk of developing cognitive problems or dementia later in life, according to the Sept. 11, 2007, issue of Neurology.

Since they were first licensed nearly 50 years ago, birth control pills containing estrogen have prevented some 200,000 cases of ovarian cancer world-wide, estimate the authors of a study published January 26, 2008, in The Lancet. Further, in the absence of having taken oral contraceptives, half of these women would have died of the disease.

The researchers showed that oral contraceptives (OCs) continue to confer protection for years - even decades - after women stop using them. Thus, they surmise, "the number of ovarian cancers prevented [will] rise over the next few decades" to at least 30,000 each year.

These figures emerge from a comprehensive meta-analysis based on prospective and case-control data from 45 epidemiological studies in 21 countries, mostly in Europe and the United States. "These findings set a new standard in prevention for a deadly cancer," wrote the editors of The Lancet, "and have important public health implications."

The results showed that women who had ever taken OCs were 27 percent less likely to develop ovarian cancer. The studies included 23,257 women with ovarian cancer, 31 percent of whom had taken OCs; of the 87,303 controls, 37 percent took OCs.

Two trends emerged that were really striking, according to Dr. Beth Karlan, editor-in-chief of the journal Gynecologic Oncology and director of the Gilda Radner Cancer Detection Program at Cedars-Sinai Outpatient Cancer Center in Los Angeles. First, the longer OCs were used, the greater the ovarian cancer risk reduction, decreasing about 20 percent for each five years of use.

The second clear trend was the duration of the protective effects, which lasted long after women had stopped using OCs. For each five years of use, risk of developing ovarian cancer was reduced 29 percent in the first 10 years after stopping. The risk reduction was still significant though smaller (19 percent) for years 10–20, and smaller still (15 percent) 20–29 years after discontinuation.

Another feature of these results is their uniformity. OCs seem to protect against nearly all types of epithelial and nonepithelial tumors, with the possible exception of mucinous ovarian cancer (which accounted for only 12 percent of cases studied in the meta-analysis). The Lancet editorial points out that the results show "the benefits of oral contraceptives are independent of the preparation [estrogen dose], and vary little by ethnic origin, parity, family history of breast cancer, body-mass index, and use of hormone replacement therapy."

Representatives from nearly all of these studies - including Drs. Patricia Hartge, James Lacey, Louise Brinton, and Robert Hoover from the Epidemiology and Biostatistics Program in National Cancer Institute's Division of Cancer

Epidemiology and Genetics (DCEG) - worked together to ensure the integrity of the analysis, forming the Collaborative Group on Epidemiological Studies of Ovarian Cancer, under the leadership of Dr. Valerie Beral and colleagues at Oxford University's Cancer Research UK Epidemiology Unit.

The absence of proven screening methods for ovarian cancer make these findings all the more welcome. But the issue is not straightforward, because calculating "the net effect on women's health is fraught with uncertainties," wrote Drs. Eduardo L. Franco and Eliane Duarte-Franco of McGill University in Montreal in a comment accompanying the article. They went on to list possible side effects of OCs as increased risk of thromboembolism, heart disease, migraine, liver disease, and several other relatively uncommon conditions.

The analyses were not focused on comparing the benefits and risks of OCs, explains DCEG's Dr. Brinton, but only examined their effect on ovarian cancer risk. In the absence of detailed risk-benefit data, including currently unknown risks, such as cancers in women who have taken OCs and later take long-term hormone replacement therapy, she says, "This meta-analysis does not recommend widespread prescription of OCs as a preventative measure against ovarian cancer."

Dr. Beral commented that while OCs may pose a slight increased risk of breast and cervical cancer, the effect is small and disappears once the drugs are no longer being used, as contrasted with the ongoing protective effect against ovarian cancer.

Dr. Karlan added, "Ovarian cancer remains a disease with a high mortality due [mainly] to our inability to reliably diagnose it at an early stage. Women are concerned about this risk." She noted that it is important for women to be aware that OCs reduce that risk when discussing their contraceptive choices with their health care providers.

Mismatch Between Cancer Genetics Counseling and Testing Guidelines and Physician Practices

A study found that many doctors don't follow evidence-based guidelines on genetic counseling and testing for hereditary breast and ovarian cancers. As a result, too many average-risk women and too few high-risk women receive these important services.

Women with mutations in the *BRCA1* or *BRCA2* gene have a higher risk of getting breast and ovarian cancers. Medical treatments can reduce the risk sharply, so genetic testing is recommended for women whose personal or family history shows they may have these mutations. Genetic testing is not recommended for women at average risk because the harms of treatment outweigh the benefits.

Researchers sent surveys to 3,200 doctors in the United States that asked about the services they would provide to

women at annual exams, including how often they would refer women to genetic counseling or offer *BRCA 1/2*

testing. Scenarios in the survey varied the patients' characteristics, such as age, race, insurance status, and ovarian cancer risk.

A total of 1,878 doctors answered the survey, with the following results—

- 41% of the doctors surveyed said they would refer high-risk women for genetic counseling or testing, consistent with the guidelines.
- 29% of the doctors surveyed said they would sometimes or always refer average-risk women for genetic counseling and testing, against the guidelines.

Doctors need to be encouraged to offer genetic counseling and testing services to high-risk women and discouraged from offering them to average-risk women.

Glass Garden Tiles Art Project

**Wednesday, September 14
9:00 am – 11:00 am**

**Wednesday, September 14
6:00 pm – 8:00 pm**

**Wednesday, September 21
1:00 pm – 3:00 pm**

Marie Yeager Cancer Center
Conference Room
3900 Hollywood Rd., St. Joseph, MI

In Loving Memory

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

In Memory of Dennis Barker

Bonnie Lee Boldt, Baroda

In Memory of Donald A. Brame

Richard Brame, Benton Harbor

In Memory of Flossie Wilson Dentler

Julia and Jodi Ballard, Benton Harbor

In Memory of Lucille Duncan

Rosie L. Gates, Los Angeles CA

In Memory Patricia R. Enders

Aaron Dykstra, Federal Way WA

In Memory of Barbara Friesen

June M. Davis, Niles

Sarah M. McGough, Stevensville

Ivan Vannoni, Stevensville

Frances White, Berrien Springs

In Memory of Richard C. Koch

Maureen Adams, St. Joseph

James Crouch, Niles

Jayson Fankhauser, Niles

French Paper Company, Niles

Cheryl A. Harz, Lansdale PA

Eileen M. Hutchinson, Haleysville PA

Mrs. Mary Knoll, Niles

Barbara L. Lane, Benton Harbor

Bill & Judy Lawrence, Cassopolis

% Lawrence Law Office

Laurine K. Lawrence, Dowagiac

David & Carolyn Mitchell, St. Joseph

Kathleen W. Morrison, Cherry Hill NJ

J. Edmund Mullin, Lansdale PA

Rehmann Robson, Grand Rapids

John Ruthsatz, Niles

Dave & Helen Sands, Niles

Leonard & Barbara Sheffield, Angola IN

In Memory Of Richard C. Koch (continued)

Don & Lauren Woodhouse, Dowagiac

Jeff Ziebart, St. Joseph

In Memory of Anthony "Tony" Mason

Delores Fester, Benton Harbor

Jeanette Fester, Benton Harbor

Ruth Twarucsek, Benton Harbor

In Memory of Joan Lorraine Mills

Mike, Dawn & Elliott Richards, Niles

Todd & Becky Sobieralski & Family, Niles

The Dodge Family, Niles

In Memory of LaVern D. Noble

Don & Debbie McCartney, Sodus

In Memory of Richard Potter

Colette & Donald Metzger, Stevensville

In Memory of Donald Read Stevens Jr.

Cassandra Streett & William Hamrick, St Louis MO

In Memory of Leo Stults

American Society of Agricultural & Biological Engineering,

St. Joseph

In Memory of Diane Wegner

Susan Kazmierzak, South Bend IN

Sally Loikits, Stevensville

Tim, Tammy & Cassie Pallett, Bridgman

Janith Schadler, Berrien Springs

Mary Shaffer, Bridgman

Thurma Triplitt, Stevensville

Kevin Vanantwerp, Stevensville

Vikki Wade, St. Joseph

Troy Wegner, Chicago, IL

Karen Zielke, Bridgman

Ann L. Welihan, 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 July 2011, donations were made by and in honor of the following:

In Honor of Nancy Hain

William Hain, Cassopolis

In Honor of Carl D. Reagan

Fonda Reagan, Niles

Pineapple Zucchini Bread

- 3 eggs, beaten
- 2 cups finely shredded zucchini
- 1 cup vegetable oil
- 1 (8 ounce) can crushed pineapple, drained
- 2 teaspoons vanilla
- 3 cups flour
- 2 cups sugar
- 1/2 teaspoon baking powder
- 2 teaspoons baking soda
- 1 teaspoon salt
- 1-1/2 teaspoons cinnamon
- 3/4 teaspoon nutmeg
- 1 cup chopped nuts
- 1 cup chocolate chips or raisins

Preheat oven to 350 degrees. In a mixing bowl, combine eggs, zucchini, oil, pineapple, and vanilla. Combine dry ingredients and stir into egg mixture just until moistened. Fold in nuts and chocolate chips or raisins. Pour into two 4" x 8" loaf pans. Bake for 50-60 minutes or until toothpick inserted in center comes out clean. Cool before removing from pans to wire racks.

Spinach Lasagna

- 2 10 oz. pkgs. Spinach – sautéed
- 8 lasagna noodles – cooked tender
- 1 chopped onion
- 4 oz. sharp cheddar cheese
- 2 tsp. salt
- 1/4 tsp. nutmeg
- Pinch tobasco
- 3 hard boiled eggs
- 15 oz. ricotta cheese
- 2 1/2 c. skim milk
- 3 T. flour
- 8 oz. mozzarella cheese
- Parmesan cheese
- Bread crumbs
- Butter

Combine milk and flour in saucepan. Add cheddar cheese, salt, pepper, nutmeg and tobasco – set aside. Assemble: pour a little sauce into pan. Add 3-4 cooked noodles. Top with half of the spinach. Add half of the ricotta cheese and a layer of egg slices, mozzarella cheese. Repeat. Cover with remaining white sauce. Sprinkle with parmesan and bread crumbs. Dot with butter.

Bake at 375 for 30-40 minutes.

Skinny Taste Chocolate Chip Zucchini Bread

A super moist zucchini bread loaded with chocolate chips in every bite. I used a whole wheat blend and lots of apple sauce and the results were moist and delicious.

FROM www.skinnytaste.com

Prep Time: 15 minutes

Cooking Time: 50 minutes

Serves: 12

Yield 1 loaf

Ingredients

- 1 cup White Flour Bleached
- 1 cup Wheat Flour, Whole-grain
- 1/2 cup Brown Sugar
- 1 tsp Baking Soda
- 1 tsp Pure Vanilla Extract
- 1/2 tsp Salt
- 1/2 cup Special Dark Chocolate Chips
- 1 egg
- 2 tbsp Butter
- 1 cup Apple Sauce Unsweetened
- 1 1/2 cups Zucchini

Directions

Preheat oven to 325°.

Combine flour, sugar, baking soda, and salt in a large bowl. Mix well.

Add chocolate chips and gently mix to combine.

In a medium bowl, mix egg, vanilla, melted butter, apple sauce and zucchini. Add to the flour mixture and stir until just blended.

Pour batter into a **large 9x5** inch loaf pan.

Bake at **325° for 45-55 minutes**, or until a toothpick inserted in the center comes out clean. Cool for about 10 minutes. Remove loaf from pan and let it cool before slicing.

Recipe of the Month

If you have a great recipe you would like to share please send it to us, we will be happy to print it in our newsletter.

Quilt for the Care

Quilt Raffle Tickets

\$1.00 each or 6 for \$5.00



All Proceeds to Benefit

The Berrien County Cancer Service

Raffle Drawing:

Open House

Thursday – October 20, 2011 – 5:00 p.m.

Need not be present to win

Michigan Raffle Registration #X78777



what matters.™

Looking Ahead

BCCS SUPPORT GROUP – Stevensville

September 6 & 20 – 1:30 p.m.
October 4 & 18 – 1:30 p.m.

BCCS SUPPORT GROUP – Niles

September 13 & 27 – 1:30 p.m.
October 11 & 25 – 1:30 p.m.

OSTOMY SUPPORT GROUP – Stevensville

September 20 – 1:30 p.m.
October 18 – 1:30 p.m.

RAINBOWS OF HOPE– Stevensville

Now meeting at Marie Yeager Cancer Center
3900 Hollywood Rd. in St. Joseph
September 8 – 5:30 p.m.
October 13 – 5:30 pm

HELP, HOPE, BELIEVE

DATES TO REMEMBER IN SEPTEMBER

September 1 – Building & Code Staff Appreciation Day
September 5 – Labor Day
September 7 – Grandma Moses Day
September 9 – Stand up to Cancer Day
September 11 – National Hug Your Hound Day
September 16 – National POW/MIA Recognition Day
September 18 - Air Force Birthday
September 22 – International Day of Peace
September 18 – National Good Neighbor Day
September 29 – National Women’s Health & Fitness 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!