

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.



November 2011

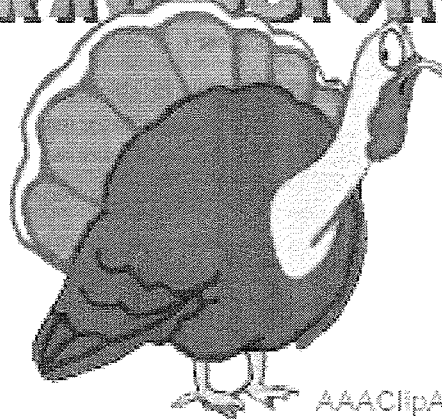
(269) 429-3281

VOLUME XX ISSUE XI

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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HAPPY THANKSGIVING



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of Southwest Michigan

Lung Cancer

Definition of lung cancer: Cancer that forms in tissues of the lung, usually in the cells lining air passages. The two main types are small cell lung cancer and non-small cell lung cancer. These types are diagnosed based on how the cells look under a microscope.

Estimated new cases and deaths from lung cancer (non-small cell and small cell combined) in the United States in 2011:

New Cases: 221,130

Deaths: 156,940

Lung cancer rates decline nationwide

Report shows a continuing decline among men, and a promising decline among women

The rates of new lung cancer cases in the United States dropped among men in 35 states and among women in six states between 1999 and 2008, according to a report by the Centers for Disease Control and Prevention. Among women, lung cancer incidence decreased nationwide between 2006 and 2008, after increasing steadily for decades.

The decrease in lung cancer cases corresponds closely with smoking patterns across the nation. In the West, where smoking prevalence is lower among men and women than in other regions, lung cancer incidence is decreasing faster. Studies show declines in lung cancer rates can be seen as soon as five years after smoking rates decline.

The report also noted that states that make greater investments in effective tobacco control strategies see larger reductions in smoking, and the longer they invest, the greater the savings in smoking-related health care costs. Such strategies include higher tobacco prices, hard-hitting media campaigns, 100% smoke-free policies, and easily accessible quitting treatments and services for those who want to quit.

"Although lung cancer among men and women has decreased over the past few years," said CDC Director Thomas R. Frieden, "too many people continue to get sick and die from lung cancers, most of which are caused by smoking. The more we invest in proven tobacco-control efforts, the fewer people will die from lung cancer."

Lung cancer is the most commonly diagnosed cancer and the leading cause of cancer death in the United States. Cigarette smoking and exposure to secondhand smoke cause most lung cancer deaths in the United States. To further reduce lung cancer

incidence, intensified efforts to reduce smoking are needed.

For this report, researchers analyzed lung cancer data from CDC's National Program of Cancer Registries and the National Cancer Institute's Surveillance, Epidemiology and End Results Program. They estimated smoking behavior by state using CDC's Behavioral Risk Factor Surveillance System.

Among men, lung cancer rates continued to decrease nationwide.

From 1999 to 2008 lung cancer rates among men decreased in 35 states and remained stable in nine states (change could not be assessed in six states and the District of Columbia).

States with the lowest lung cancer incidence among men were clustered in the West.

After increasing for years, lung cancer rates among women decreased nationwide between 2006 and 2008.

Lung cancer rates decreased between 1999 and 2008 among women in California, Florida, Nevada, Oregon, Texas, and Washington.

Lung cancer rates among women remained stable in 24 states, and increased slightly in 14 states (change could not be assessed in six states and the District of Columbia).

Tumor cells can be benign (not cancer) or malignant (cancer). Benign tumor cells are usually not as harmful as malignant tumor cells:

Benign lung tumors

- are rarely a threat to life
- usually do not need to be removed
- do not invade the tissues around them
- do not spread to other parts of the body

Malignant lung tumors

- may be a threat to life
- may grow back after being removed
- can invade nearby tissues and organs
- can spread to other parts of the body

Taylor, a lung cancer survivor

Because I am an athlete, fitness has always been a priority for me. I ate healthy food, never smoked, and stayed fit and fast enough to make the women's soccer team at East Carolina University my freshman year. Despite failing two fitness tests – which neither my coaches nor I could figure out – and experiencing a lack of feeling in my toes, I had a successful season.

Two years later, I got a bad case of pneumonia which took me to the student health center for a chest X-ray. The physician's assistant reported spots on my lung, but figured it was pneumonia because I didn't fit the criteria for a lung cancer diagnosis. However "further follow up is needed" was written on my x-ray but was never relayed to me because no one ever thought it possible for a 21-year-old healthy non-smoker to have lung cancer. A year later, I went to the hospital for abdominal cramps and while trying to figure out the reason for my pain, doctors found a 3cm mass on my left lung. The cramps were unrelated, but they probably saved my life.

It took two weeks and more tests before anyone used the term "lung cancer." Thanks to doctors and nurses who were willing to think outside the box and test me for things that wouldn't ordinarily strike a young adult, I received the correct, but very shocking news. How could this be? My diagnosis came two weeks after my 21st birthday. So much for lung cancer being a smoker's disease that older people get. Let's dispel that myth right now.

My surgeon at Duke University Medical Center removed a carcinoid tumor from my left lung in November 2007. Remember the lack of sensation in my toes and failed fitness tests? That's because I had had a collapsed lung from the tumor for three years!

My five-hour surgery was performed with only two small incisions, but I had a tough recuperation. For five days, I had a chest tube through my ribs and into my chest to drain excess fluids. My family rallied around me and helped me every step of the way. My initial recovery was done at home, but in January (six weeks post-op) I wanted to return to school to be a "normal college kid" and also because my parents' insurance would not cover me if I was not a full-time student.

I wouldn't wish this experience on my worst enemy, but I do feel blessed that God allowed me survive. I am one of the lucky ones. I have no follow-on therapy and an 85 percent chance of survival.

Because lung cancer is one of the "silent" cancers without symptoms, survival rates for most people with lung cancer can be as low as 15 percent.

Even though I am still in school, I am committed to raising awareness of lung cancer and fighting the stereotypes associated with it. I am living proof that non-smokers get lung cancer, too. I am active in the North Carolina Lung Cancer Partnership, helping them support research, awareness and change. I never thought of myself as a public speaker, but when my surgeon asked me to speak to 3,500 physicians assistants at their annual meeting, I did not hesitate. Health professionals need to push further in their diagnoses and treatments and if my story can inspire them, that's reason enough for me to step out and speak up.

I may be young for someone with lung cancer, but I intend to make the most of my experience. This summer I will be a health policy intern for U.S. Senator Richard Burr and when I graduate, I want to find a political science job that will allow me to make a difference in health policy. I want to give until it hurts.

Some survivors of cancer experience trauma-related symptoms similar to symptoms experienced by people who have survived highly stressful situations, such as military combat, natural disasters, violent personal attack, or other life-threatening events. This group of symptoms is called post-traumatic stress disorder (PTSD) and includes avoiding situations related to the trauma, continuously thinking of the trauma, and being overexcited.

People with histories of cancer are considered to be at risk for PTSD. The physical and mental shock of having a life-threatening disease, of receiving treatment for cancer, and living with repeated threats to one's body and life are traumatic experiences for many cancer patients.

As many as one third of people who experience an extremely upsetting event, including cancer, develop post-traumatic stress disorder (PTSD). The event alone does not explain why some people get PTSD and others don't. Although there is no clear answer as to which cancer survivors are at increased risk of developing PTSD, certain mental, physical, or social factors may make some people more likely to experience it.

Individual and social factors

Individual and social factors that have been associated with a higher incidence of PTSD include younger age, fewer years of formal education, and lower income.

Disease-related factors

Certain disease-related factors are associated with PTSD:

- In patients who received a bone marrow transplant, PTSD occurs more often when there is advanced disease and a longer hospital stay.
- In adult survivors of bone cancer and Hodgkin lymphoma, people for whom more time has passed since diagnosis and treatment tended to show fewer symptoms.
- In survivors of childhood cancer, symptoms of PTSD occur more often when there was a longer treatment time. See the PDQ summary on Pediatric Supportive Care for more information.
- Interfering thoughts occur more often in patients who experienced pain and other physical symptoms.

Cancer that has returned has been shown to increase stress symptoms in patients.

Mental factors

Mental factors may affect the development of PTSD in some patients:

- Previous trauma.
- Previous psychological problems.
- High level of general stress.
- Genetic factors and biological factors (such as a hormone disorder) that affect memory and learning.
- The amount of social support available.
- Threat to life and body.
- Having PTSD before being diagnosed with cancer.
- The use of avoidance to cope with stress.

Protective factors

Certain factors may decrease a person's chance of developing PTSD. These include increased social support, accurate information about the stage of the cancer, and a satisfactory relationship with the medical staff.

How PTSD may develop

PTSD symptoms develop by both conditioning and learning. Conditioning explains the fear responses caused by certain triggers that were first associated with the upsetting event. Neutral triggers (such as smells, sounds, and sights) that occurred at the same time as upsetting triggers (such as chemotherapy or painful treatments) later cause anxiety, stress, and fear even when they occur alone, after the trauma has ended. Once established, PTSD symptoms are continued through learning. The patient learns that

avoiding the triggers prevents unpleasant feelings and thoughts, so coping by avoidance continues.

Although conditioning and learning are part of the process, many factors may explain why one person develops PTSD and another does not.

Treatment

Effects of post-traumatic stress disorder (PTSD) are long-lasting and serious. It may affect the patient's ability to have a normal lifestyle and may interfere with personal relationships, education, and employment. Because avoiding places and persons associated with cancer is part of PTSD, the syndrome may prevent the patient from seeking medical treatment. It is important that cancer survivors receive information about the possible psychological effects of their cancer experience and early treatment of symptoms of PTSD. Therapies used to treat PTSD are those used for other trauma victims. Treatment may involve more than one type of therapy.

The crisis intervention method tries to lessen the symptoms and return the patient to a normal level of functioning. The therapist focuses on solving problems, teaching coping skills, and providing a supportive setting for the patient.

Some patients are helped by methods that teach them to change their behaviors by changing their thinking patterns. Some of these methods include helping the patient understand symptoms, teaching coping and stress management skills (such as relaxation training), teaching the patient to reword upsetting thoughts, and helping the patient become less sensitive to upsetting triggers. Behavior therapy is used when the symptoms are avoidance of sexual activity and intimate situations.

Support groups may also help people who experience post-traumatic stress symptoms. In the group setting, patients can receive emotional support, meet others with similar experiences and symptoms, and learn coping and management skills.

For patients with severe symptoms, medications may be used. These include antidepressants, anti-anxiety medications, and when necessary, antipsychotic medications

Risk Factors

Doctors cannot always explain why one person develops lung cancer and another does not. However, we do know that a person with certain risk factors may be more likely than others to develop lung cancer. A risk factor is something that may increase the chance of developing a disease.

Studies have found the following risk factors for lung cancer:

Tobacco smoke: Tobacco smoke causes most cases of lung cancer. It's by far the most important risk factor for lung cancer. Harmful substances in smoke damage lung cells. That's why smoking cigarettes, pipes, or cigars can cause lung cancer and why secondhand smoke can cause lung cancer in nonsmokers. The more a person is exposed to smoke, the greater the risk of lung cancer. For more information, see the NCI fact sheets Harms of Smoking and Health Benefits of Quitting and Secondhand Smoke and Cancer.

Radon: Radon is a radioactive gas that you cannot see, smell, or taste. It forms in soil and rocks. People who work in mines may be exposed to radon. In some parts of the country, radon is found in houses. Radon damages lung cells, and people exposed to radon are at increased risk of lung cancer. The risk of lung cancer from radon is even higher for smokers. For more information, see the NCI fact sheet Radon and Cancer.

Asbestos and other substances: People who have certain jobs (such as those who work in the construction and chemical industries) have an increased risk of lung cancer. Exposure to asbestos, arsenic, chromium, nickel, soot, tar, and other substances can cause lung cancer. The risk is highest for those with years of exposure. The risk of lung cancer from these substances is even higher for smokers.

Air pollution: Air pollution may slightly increase the risk of lung cancer. The risk from air pollution is higher for smokers.

Family history of lung cancer: People with a father, mother, brother, or sister who had lung cancer may be at slightly increased risk of the disease, even if they don't smoke.

Personal history of lung cancer: People who have had lung cancer are at increased risk of developing a second lung tumor.

Age over 65: Most people are older than 65 years when diagnosed with lung cancer.

Researchers have studied other possible risk factors. For example, having certain lung diseases (such as tuberculosis or bronchitis) for many years may increase the risk of lung cancer. It's not yet clear whether having certain lung diseases is a risk factor for lung cancer.

People who think they may be at risk for developing lung cancer should talk to their doctor. The doctor may be able to suggest ways to reduce their risk and can plan an appropriate schedule for checkups. For people who have been treated for lung cancer, it's important to have checkups after treatment. The

lung tumor may come back after treatment, or another lung tumor may develop.

Taking Charge of Your Care

Every journey begins with a single step. No matter where you are in your cancer journey, the step you take now may be your first to become more informed and feel more empowered to adjust to this diagnosis. Ideally, you are dealing with cancer with the support of many friends, loved ones and compassionate caregivers. Too often, people experience cancer in isolation, without financial or emotional support and with few resources to tap into. No matter what your circumstances, always keep in mind that you can always do something – even if that something just gets you through the next hour or the day. And remember, no matter where you are along the path of your survivorship, having good skills to negotiate and communicate your needs are some of your best weapons to use against cancer.

Some would say that, ideally, upon a diagnosis of cancer or other life-threatening illness, a person would be provided a patient advocate. Unfortunately our society is far from using this model. Therefore, NCCS has developed materials, programs and skill-building tools to enable individuals and their supporters to become effective self-advocates. You can think of these as your advocacy tools as you begin your journey of survivorship.

“Become your own best advocate.” Cancer survivorship as defined by NCCS is an ongoing process – one that begins at diagnosis and continues for the balance of your life.

NOTICE TO DONORS

BCCS donations to Community Foundations

The Legislature of the State of Michigan has recently passed a law that will end the state income tax credit after this year for donations to community foundations, such as the Berrien Community Foundation and the Michigan Gateway Community Foundation. The Berrien County Cancer Service has at fund at both foundations, and donations can be designated to be put into those funds. Check with your tax preparer to see if you are eligible to take advantage of this great opportunity. Depending on your tax situation the actual cost of your donation could be far less than the amount of your donation.

In Loving Memory

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

In Memory of Carol Bahus

Julia W. Ballard, Benton Harbor

In Memory of Barbara Bean

Mike & Joy L. Box, LaPorte IN
Randy & Diane Conrad, Mill Creek IN

In Memory of Shirley Mae Boal

Christina Athans, Benton Harbor
Blaine G. Brown, Sun City Center FL
Darlene Damaske, Stevensville
Mark & Debbie DeBiak, Bridgman
Robert Hauch, Benton Harbor
William & Marcina Hoge, Berrien Springs
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MaryAnn & Wayne Kline Family
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Ronald O. Maier, Berrien Springs
Terry & Janice Mensinger, Baroda
Murray Miller, Berrien Springs
Jim & Joan Wishart, Berrien Springs
Doris J. Zech, St. Joseph

In Memory of Ashley Buckley

Kurt R. Marzke, St. Joseph
Priebe Transport, Inc., St. Joseph

In Memory Harold Bush

Ann Bush Tibbitts & children, Michelle Robinson &
Crag Bush, Benton Harbor

In Memory of Allen Henry Cable

Amy Groom, Keller Williams Realty, St. Joseph
Robert Kraklau, Eau Claire

In Memory of Mary Camp

Janet Houseman, Niles

In Memory of Louise Ann White

Robert F. White, St. Joseph

In Memory Of Peggy Jo Cottell

Carolyn K. Bell, Danville IL
Jo Hole, Gold River CA
Riverside RV Campground, Arcadia FL
University of Notre Dame
Attn: Mary Paul, Finance Coordinator, Notre Dame IN

In Memory of Gary Gunkel

Tom & April Disterheft, Eau Claire
Lucy Layman, Rockford

In Memory of Walter T. Jotzat

John & Phyllis Wilk, Baroda

In Memory of Elaine Koehler

Stevensville American Legion Auxiliary Unit 568

In Memory of Helen Lowney

Donald & Shirley Gustafson, Benton Harbor

In Memory of Walter F. Newhouse

Charter Board Member of BCCS
Ann Bush Tibbitts, Michelle Robinson & Crag Bush,
Benton Harbor

In Memory of Carole Ranck

Donna M. Neuendorf, Stevensville

In Memory of Louise Schulz

Gillespie's Pharmacy R.P.G. Inc, St. Joseph

In Memory of Thomas E. Teed

Shirley A. Teed, Benton Harbor

In Memory of Robert L. Tibbitts

Ann Bush Tibbitts, Benton Harbor

In Memory of Louise Udem

Betty Ann Kesterke, Benton Harbor

In Memory of Daniel Boals

Getman Corporation, Bangor

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

In Honor of Marvin Huff

Blizzard Brigade, Eau Claire

Please Consider...

Looking Ahead

BCCS SUPPORT GROUP – Stevensville

November 1 & 15 – 1:30 p.m.
December 6 & 20 – 1:30 p.m.

BCCS SUPPORT GROUP – Niles

November 8 & 22 – 1:30 p.m.
December 13 & 27 – 1:30 p.m.

OSTOMY SUPPORT GROUP – Stevensville

November 15 – 1:30 p.m.
December 20 – 1:30 p.m.

RAINBOWS OF HOPE– St. Joseph

Marie Yeager Cancer Center
November 10 – 1:30 p.m.
December 8 – 1:30 p.m.

BEST OFFER WILL BUY – Cable Nelson Spinnet Piano, medium oak color with bench included. Proceeds will benefit BCCS. Phone 269-429-3281 for information.

DATES TO REMEMBER IN NOVEMBER

- November 2 – Cookie Monster Day
- November 3 – National Men Making Dinner Day
- November 4 – Use Your Common Sense Day
- November 6 – Daylight Savings Time Ends
- November 8 – Election Day
- November 11 – Veterans Day
- November 13 – World Kindness Day
- November 16 – International Day for Tolerance
- November 17 – Homemade Bread Day
- November 19 – Have a Bad Day Day
- November 24 – THANKSGIVING DAY
- November 25 – Black Friday

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!

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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Nancy Church, R.N.	Carrie Klint, R.N.

OFFICE STAFF:

Julie Koch (Office Manager)
Claudia Brister
Henrietta Hein

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- St. Joseph

2nd Thursday of each month – 5:30 p.m.

Marie Yeager Cancer Center

Ward and Kinney Room
3900 Hollywood Rd.
St. Joseph, MI 49085
Phone: (269) 556-7114

OSTOMY SUPPORT GROUP

2nd Tuesday of each month- 6:00 p.m.

Lakeland Regional Medical Center

Community Room
1234 Napier Ave
St. Joseph, MI 49085
Phone: (269) 983-8804

MAN TO MAN – Prostate Support Group

3rd Tuesday of each month – 6:30 p.m.

Trinity Center

619 Main Street (use Main entrance)
St. Joseph, MI 49085
Phone: (800) 465-5244