

# 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.



December 2013

(269) 429-3281

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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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### **Give Lavishly! Live Abundantly!**

The more you give, the more you get  
The more you laugh, the less you fret  
The more you do unselfishly,  
The more you live abundantly.

The more of everything you share,  
The more you'll always have to spare  
The more you love, the more you'll find  
That life is good and friends are kind.

For only what we give away,  
Enriches us from day to day,  
So let's live Christmas through the year  
And fill the world with love and cheer,



# BCCS BULLETIN BOARD



## **UPTON FOUNDATION THANK YOU**

During this Christmas season, we are very grateful for what the Upton Foundation has done for us this past year. Here at BCCS, we had an inadequate, antiquated computer system until grants enabled us to replace our computer system. As a result, our nurses now have laptops, our software has been updated, the computers process at a much faster speed, our monitors are no longer causing eye strain. You will also note a new website and see our presence on Facebook. We could go on and on as to how much we appreciate the Upton Foundation grant. This past year has seen changes, but this could not have happened without support from the community.

## **QUILT RAFFLE RESULTS**

A BIG THANK YOU to all who sold and bought quilt raffle tickets. Your tickets raised \$1,733.00 to enable us to help those with cancer in our community. And the winner of our quilt raffle was Bob Martin of Stevensville – CONGRATULATIONS BOB!!!!!!

## **First Baptist Church Trunk-or-Treat**

Pastor Derek Cromwell of the First Baptist Church in Berrien Springs shares that his church invited the community to bring their children to their Fourth Annual Trunk-or-Treat this Halloween Night. With participation of most of the church, they handed out candy to over 150 kids that night, but this year they added a twist. With Pink Jack-O-Lantern buckets hanging from stakes driven into the ground by each car were signs above the buckets that said, "Help us fight the Monster of Cancer this Halloween!"

All donations were taken during the night for the Berrien County Cancer Service. In all, over \$40 was collected. "Not bad, for a first effort," said Pastor Cromwell. "We're going to make this a regular part of our annual Trunk-or-Treat from now on and see how much we can grow this." Pastor Cromwell added, "Our congregation doesn't have a single family that has not been touched by cancer, and we decided we wanted to do something that would help others that are going through this struggle themselves. We are thankful for the Berrien County Cancer Service and are glad to partner with them in this effort."

## **HELP US WITH OUR WEBSITE!**

**[bccancerservice.org](http://bccancerservice.org)**

Our new website is up and running, however, we are not finished with it yet. One of the things we would like to add are some testimonies on how we help people. If you would like to tell about how BCCS has helped you, please email ([staff@bccancerservice.org](mailto:staff@bccancerservice.org)) or mail us your testimony along with a statement giving us permission to post it on our website as a testimony.

You may also find us on **Facebook** at **Berrien County Cancer Service**

Check out the latest pictures and "Like" us while you are there.

**Would you like to receive your newsletter via email?** By the time you receive this, we hope to have an email newsletter set up for you. You are welcome to continue to receive it in the mail, but if you would like to have it emailed, please send us a note at [staff@bccancerservice.org](mailto:staff@bccancerservice.org). Another option is reading our email at our website: [bccancerservice.org](http://bccancerservice.org). There you will find a "Newsletter" tab on the top blue ribbon. Again, you can always receive the newsletter in your mailbox!



## My Story

My health scare story begins in paradise – this summer I was in Hawaii with my family and my brother’s family enjoying my first ever visit to a tropical island. About the 5<sup>th</sup> day there, I was pulling on my bathing suit when I noticed what felt like a lump in my breast. Not a small lump, but one the size of an egg. I was stunned and wondered why I hadn’t noticed it earlier. I called my husband in and asked him to check to make sure I wasn’t hallucinating from too many mai tais (I am not used to drinking!), but he confirmed it was indeed a lump. We decided not to say anything to anyone else and just enjoy our last days of vacation. I would make an appointment as soon as we returned home. But let me tell you, it was hard to think of anything but “I might have breast cancer” every night as I tried to fall asleep and every morning when I woke up. I thought of two dear friends who had died from breast cancer at ages 47 and 52 – they had ignored symptoms and waited too long and died much too soon, leaving such heartbreak behind. My mind automatically jumped to the worst possible scenarios and I prayed hard every day for God to keep me calm and keep me alive for my family. Once home, I wasn’t sure what doctor to go to for an exam so I called upon our staff parish nurse for help and advice. She was wonderful to me! She advised going to my family doctor at Southwest Medical and insisting on an appointment right away. She led me through what type of tests I should expect and possible outcomes. Most of all, she reassured me. I felt God spoke through her that I could handle the unknown that was ahead. Fortunately, I was able to get an appointment within 2 days. Unfortunately, I didn’t ask anyone to go with me. I really should have, because again, my mind was jumping to the worst possible outcome and a friend or my husband could have talked to me and kept me thinking more positively. The nurse and doctor were very kind to me once I was in the exam room. Through the doctor-patient exchange, I learned good and bad. The Good: the lump didn’t seem to be attached, and it was tender. (Breast cancers are usually sneaky and you don’t feel any pain). The Bad: the lump was quite large and had grown quickly. I didn’t have a family history of breast or ovarian cancer, but my Dad died in 2006 from cancer that had spread so quickly to every organ in his body before we even knew for certain a diagnosis of bone cancer. My doctor asked me to get a mammogram and ultrasound immediately –as in, “leave right now and go over to Hollywood Road.” Again, I regretted no one was with me and my husband was more than an hour away at work. So I went by myself and prayed the whole way over and the whole time I was in the waiting area. I knew God was with me and I leaned on Him for strength. I was so scared.

Thankfully, I was blessed with very caring medical staff at Lakeland Health Center. They talked me through the procedures and explained that I might experience some pain during the mammogram and to just speak up or hit a button when it became too much. When I started feeling faint afterwards, they brought me juice and crackers. The mammographer shared with me why she was so passionate about helping women and being as gentle as she possibly could – she had lost her mother to breast cancer when she was just a teenager. Results were not discussed with me until after I had the ultrasound, and then I didn’t have to wait long at all – they came in with smiles and said the lump was benign!! I was so thankful for the news, overwhelmed actually. I thought of how many women across the country were getting the opposite news delivered that very day and would have to fight breast cancer. All I had to do now was go in the next day and have the cyst drained, but I cried the whole way home.

My story started with my once-in-a-lifetime trip to Hawaii. And I certainly hope this will be my once-in-lifetime cancer scare story. But I know I need to continue living a healthy life and getting regular checkups and mammograms. I hope you will, too.  
Kimberly R.  
St. Joseph, MI

### **What kinds of surgery can reduce the risk of breast cancer?**

- Prophylactic surgery to remove both breasts (called bilateral prophylactic mastectomy) can reduce the risk of breast cancer in women who have a strong family history of breast and/or ovarian cancer, who have a deleterious (disease-causing) mutation in the BRCA1 gene or the BRCA2 gene, or who have certain breast cancer-associated mutations in other genes, such as TP53 and PTEN.
- Prophylactic surgery to remove the ovaries and fallopian tubes (called bilateral prophylactic salpingo-oophorectomy) in premenopausal women can reduce the risks of breast cancer and ovarian cancer in women at very high risk of these diseases.
- Women who have been diagnosed with cancer in one breast and are known to be at very high risk of breast cancer may consider having the other breast (called the contralateral breast) removed as well.
- Risk-reducing surgery is not considered an appropriate cancer prevention option for women who are at increased risk of breast cancer but are not at the highest risk; such women may,

however, choose to use certain drugs to reduce their risk.

- **What kinds of surgery can reduce the risk of breast cancer?**

Two kinds of surgery can be performed to reduce the risk of breast cancer in a woman who has never been diagnosed with breast cancer but is known to be at very high risk of the disease.

A woman can be at very high risk of developing breast cancer if she has a strong family history of breast and/or ovarian cancer, a deleterious (disease-causing) mutation in the *BRCA1* gene or the *BRCA2* gene, or a high-penetrance mutation in one of several other genes associated with breast cancer risk, such as *TP53* or *PTEN*.

The most common risk-reducing surgery is bilateral prophylactic mastectomy (also called bilateral risk-reducing mastectomy). Bilateral prophylactic mastectomy may involve complete removal of both breasts, including the nipples (total mastectomy), or it may involve removal of as much breast tissue as possible while leaving the nipples intact (subcutaneous or nipple-sparing mastectomy). Subcutaneous mastectomies preserve the nipple and allow for more natural-looking breasts if a woman chooses to have breast reconstruction surgery afterward. However, total mastectomy provides the greatest breast cancer risk reduction because more breast tissue is removed in this procedure than in a subcutaneous mastectomy (1).

Even with total mastectomy, not all breast tissue that may be at risk of becoming cancerous in the future can be removed. The chest wall, which is not typically removed during a mastectomy, may contain some breast tissue, and breast tissue can sometimes be found in the armpit, above the collarbone, and as far down as the abdomen—and it is impossible for a surgeon to remove all of this tissue.

The other kind of risk-reducing surgery is bilateral prophylactic salpingo-oophorectomy, which is sometimes called prophylactic oophorectomy. This surgery involves removal of the ovaries and fallopian tubes and may be done alone or along with bilateral prophylactic mastectomy in premenopausal women who are at very high risk of breast cancer. Removing the ovaries in premenopausal women reduces the amount of estrogen that is produced by the body. Because estrogen promotes the growth of some breast cancers, reducing the amount of this

hormone in the body by removing the ovaries may slow the growth of those breast cancers.

- **How effective are risk-reducing surgeries?**

Bilateral prophylactic mastectomy has been shown to reduce the risk of breast cancer by at least 95 percent in women who have a deleterious (disease-causing) mutation in the *BRCA1* gene or the *BRCA2* gene and by up to 90 percent in women who have a strong family history of breast cancer.

Bilateral prophylactic salpingo-oophorectomy has been shown to reduce the risk of ovarian cancer by approximately 90 percent and the risk of breast cancer by approximately 50 percent in women at very high risk of developing these diseases.

- **Which women might consider having surgery to reduce their risk of breast cancer?**

Women who inherit a deleterious mutation in the *BRCA1* gene or the *BRCA2* gene or mutations in certain other genes that greatly increase the risk of developing breast cancer may consider having bilateral prophylactic mastectomy and/or bilateral prophylactic salpingo-oophorectomy to reduce this risk.

In two studies, the estimated risks of developing breast cancer by age 70 years were 55 to 65 percent for women who carry a deleterious mutation in the *BRCA1* gene and 45 to 47 percent for women who carry a deleterious mutation in the *BRCA2* gene. Estimates of the lifetime risk of breast cancer for women with Cowden syndrome, which is caused by certain mutations in the *PTEN* gene, range from 25 to 50 percent or higher, and for women with Li-Fraumeni syndrome, which is caused by certain mutations in the *TP53* gene, from 49 to 60 percent. (By contrast, the lifetime risk of breast cancer for the average American woman is about 12 percent.)

Other women who are at very high risk of breast cancer may also consider bilateral prophylactic mastectomy, including:

- those with a strong family history of breast cancer (such as having a mother, sister, and/or daughter who was diagnosed with bilateral breast cancer or with breast cancer before age 50 years or having multiple

family members with breast or ovarian cancer)

- those with lobular carcinoma in situ (LCIS) plus a family history of breast cancer (LCIS is a condition in which abnormal cells are found in the lobules of the breast. It is not cancer, but women with LCIS have an increased risk of developing invasive breast cancer in either breast. Many breast surgeons consider prophylactic mastectomy to be an overly aggressive approach for women with LCIS who do not have a strong family history or other risk factors.)
- those who have had radiation therapy to the chest (including the breasts) before the age of 30 years—for example, if they were treated with radiation therapy for Hodgkin lymphoma [Such women are at high risk of developing breast cancer throughout their lives.]

- **Can a woman have risk-reducing surgery if she has already been diagnosed with breast cancer?**

Yes. Some women who have been diagnosed with cancer in one breast, particularly those who are known to be at very high risk, may consider having the other breast (called the contralateral breast) removed as well, even if there is no sign of cancer in that breast. Prophylactic surgery to remove a contralateral breast during breast cancer surgery (known as contralateral prophylactic mastectomy) reduces the risk of breast cancer in that breast, although it is not yet known whether this risk reduction translates into longer survival for the patient).

However, doctors often discourage contralateral prophylactic mastectomy for women with cancer in one breast who do not meet the criteria of being at very high risk of developing a contralateral breast cancer. For such women, the risk of developing another breast cancer, either in the same or the contralateral breast, is very small, especially if they receive adjuvant chemotherapy or hormone therapy as part of their cancer treatment.

Given that most women with breast cancer have a low risk of developing the disease in their contralateral breast, women who are not known

to be at very high risk but who remain concerned about cancer development in their other breast may want to consider options other than surgery to further reduce their risk of a contralateral breast cancer.

- **What are the potential harms of risk-reducing surgeries?**

As with any other major surgery, bilateral prophylactic mastectomy and bilateral prophylactic salpingo-oophorectomy have potential complications or harms, such as bleeding or infection. Also, both surgeries are irreversible.

Bilateral prophylactic mastectomy can also affect a woman's psychological well-being due to a change in body image and the loss of normal breast functions. Although most women who choose to have this surgery are satisfied with their decision, they can still experience anxiety and concerns about body image. The most common psychological side effects include difficulties with body appearance, with feelings of femininity, and with sexual relationships. Women who undergo total mastectomies lose nipple sensation, which may hinder sexual arousal.

Bilateral prophylactic salpingo-oophorectomy causes a sudden drop in estrogen production, which will induce early menopause in a premenopausal woman (this is also called surgical menopause). Surgical menopause can cause an abrupt onset of menopausal symptoms, including hot flashes, insomnia, anxiety, and depression, and some of these symptoms can be severe. The long-term effects of surgical menopause include decreased sex drive, vaginal dryness, and decreased bone density.

Women who have severe menopausal symptoms after undergoing bilateral prophylactic salpingo-oophorectomy may consider using short-term menopausal hormone therapy after surgery to alleviate these symptoms. [The increase in breast cancer risk associated with certain types of menopausal hormone therapy is much less than the decrease in breast cancer risk associated with bilateral prophylactic salpingo-oophorectomy.]

# *In Loving Memory*

During October 2013, Memorial Donations were generously made by and for the following people

**In Memory of Denise Marilyn Cook**

Carolyn Norton, Coloma

**In Memory of Edward Fester**

Harriet Fester, Bridgman

**In Memory of Beverly Freehling**

Peggy Sue Good, Three Oaks

Ralph Freehling, Three Oaks

**In Memory of Joan Gowin**

Beverly Myles, Palm Harbor, FL

Jeanette Bowman, Canton

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Janice & Anthony Hicks, St. Joseph

Brenda Lewis, Green Bay, WI

**In Memory of Brian Holt**

Duane Holt, Benton Harbor

Beth Balon, St. Joseph

**In Memory of Joe Krejci**

Eleanor Krejci, Stevensville

**In Memory of Wilbur Schillinger**

Frank, Nehring, St. Joseph

Stevensville American Legion Auxiliary Unit 568

Dolores & Jeanette Fester, Benton Harbor

Louise Lausman, Stevensville

**In Memory of Patricia Weber**

Ilda Wolske, Benton Harbor

Jean Rakauski, Eau Claire

Kay Weber, Edwardsburg

Erika Wilder & Family, Benton Harbor

Denny & Joyce Sommerfeldt, Kalamazoo

Donald & Norma Goldner, Eau Claire

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Bob & Nadine Kerns, Bridgman

Friends of Maureen Dohn

Beverly A. Paukowits, Benton Harbor

Ronald & Shirley Gavenda, Tawas City

Felicia Healy, 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.

## **Thought for the day**

From the day when first we start,  
Each in life to play his part,  
Till we reach that perfect peace  
Where all toil and care shall cease;  
Fate can nothing better send  
Than a true and loyal friend

*Steger*



## Looking Ahead

### **BCCS SUPPORT GROUP – Stevensville**

December 3 & 17 – 1:30 p.m.

January 7 & 21 – 1:30 p.m.

### **BCCS SUPPORT GROUP – Niles**

December 10 – 1:30 p.m.

January 14 & 28 – 1:30 p.m.

### **OSTOMY SUPPORT GROUP – Stevensville**

December 17 – 1:30 p.m.

January 21 – 1:30 p.m.

### **RAINBOWS OF HOPE– St. Joseph**

Marie Yeager Cancer Center

December 12 – 5:30 p.m.

January 9 – 5:30 p.m.

### **Ostomy Support Group**

Lakeland Regional Medical Center

December 12 – 6:00 p.m.

January 9 – 6:00 p.m.

#### **DATES TO REMEMBER IN DECEMBER**

December 1 – Bifocals at the Monitor Liberation

December 2 – National Mutt Day

December 3 – International Day of Persons with Disabilities

December 4 – Special Kids Day

December 6 – St. Nicholas Day

December 7 – National Pearl Harbor Remembrance Day

December 10 – Human Rights Day

December 12 – Poinsettia Day

December 15 – Bill of Rights Day

December 19 - National Re-Gifting Day

December 20 – Underdog Day

December 21 – Humbug Day

December 25 – CHRISTMASS DAY

December 26 – National Whiner’s Day

December 31 – NEW YEARS EVE

#### **Newsletters available online**

Our newsletters are available on our website:  
[www.bccancerservice.org](http://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](mailto:staff@bccancerservice.org).

## 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 \$ \_\_\_\_\_

OR

In Memory of \_\_\_\_\_

Please send notification of my gift to:

Name \_\_\_\_\_

Address \_\_\_\_\_

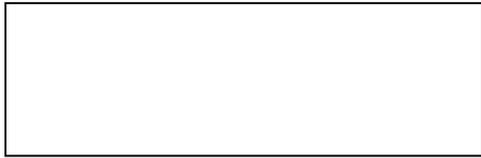
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*Thank you for your generosity!*

Berrien County Cancer Service, Inc.  
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Stevensville, MI 49127

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**CANCER SUPPORT GROUP** – Stevensville Office  
1<sup>st</sup> and 3<sup>rd</sup> 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

**RAINBOWS OF HOPE GROUP- St. Joseph**  
2<sup>nd</sup> Thursday of each month – 5:30 p.m.  
**Marie Yeager Cancer Center**  
Ward and Kinney Room  
3900 Hollywood Road  
St. Joseph, MI 49085  
Phone: (269) 556-7114

**CANCER SUPPORT GROUP** – Niles  
2<sup>nd</sup> and 4<sup>th</sup> Tuesday of each month – 1:30 p.m.  
**Niles Senior Center**  
1109 Bell Road  
Niles, MI 49120  
Phone: (269) 429-3281

**OSTOMY SUPPORT GROUP**  
2<sup>nd</sup> Thursday of each month – 6:00 p.m.  
**Lakeland Regional Medical Center**  
Community Room  
1234 Napier Ave.  
St. Joseph, MI 49085  
Phone: (269) 983-8804



***Season's Greetings and Happy Holidays***

***to all of you***

***from***

***all of us here at the***

***Berrien County Cancer Service***

