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H.O.P.E.'s Office Hours are Monday through Friday, 9:30—3.

<u>Please call in advance</u> to set up an appointment for:

- Intake
- Wigs/hats/scarves
- Pantry

Please direct all calls to the H.O.P.E. office at **717-244-2174**.

Support Group Mtg.

Date: Wednesday, Nov. 10

Time: 7:00 p.m.

Location: H.O.P.E. Haven

Speaker: Everyone

H.O.P.E. Lifeline



H.O.P.E. (Help for Oncology Problems & Emotional Support) is an all volunteer cancer support network that provides free assistance to cancer patients and their families facing the challenges of cancer. H.O.P.E. is a 501 (C)(3) non-profit funded through donations. Our office is located at 13275 Blymire Hollow Road, Stewartstown, PA. The official registration and financial information of Help for Oncology Problems and Emotional Support may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement.

H.O.P.E. does not receive funding and is not affiliated with the American Cancer Society. Funding comes from donations made by private individuals and the civic/business community.

Phone: 717-244-2174 or 717-244-2161.

(E-mail: barb@hopeforcancerfamilies.org www.hopeforcancerfamilies.org)

BASKET BINGO

SUNDAY,
NOVEMBER 7TH, 2021
PARTNERING WITH
"NO ORDINARY JOE"
New Freedom
Community Center
New Freedom, PA

Doors Open 12:30 p.m.
Bingo Starts at 2 p.m.
DONATE NONPERISHABLE FOOD

FOR CHANCES TO WIN

PRIZES
TICKETS \$15 BEFORE
NOVEMBER 5TH
\$18 AT THE DOOR

Refreshments for Sale by Tasteful Occasions



January 2022 Calendar Raffle Donation \$20 per ticket

Prizes from \$50 up to \$400

~\$100 Gift Cards ~

~Gift Baskets ~

Coach Bags ~ Diamond

Necklace

See page 5 for full list of

prizes and details.

H.O.P.E.'S NEW ADDRESS

Physical Address:

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Mailing Address:

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Phone: 717-244-2174

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FROM THE EDITOR'S DESK

Well, the leaves are attempting to change colors and the nighttime temperatures are trying to creep down, but there's no doubt climate change has altered our weather permanently. Winter predictions for our area are for warmer than 'normal' temperatures and possibly more precipitation, but in the form of rain. Will today's kids know the fun of building snow forts? But on the plus side, balmy temperatures in October and November drive down the energy bills and give us more opportunities to get out and enjoy nature.

Speaking of nature, our event in September at the **Hopewell Fish and Game Association**, Stay Wild—Life in the Outdoors, was a wonderful success. We met many new friends and introduced them to our organization and all it does, and our silent auction made over \$1,500. Best of all, we found some new partners, the **Junior Rangers**, who in the spring will make bat boxes and owl boxes for the Haven. How cool will that be.

Sadly our indoor fundraisers are still not up to pre-Covid attendance, so although a good time was had by all at the **Fall Bull Roast** fewer attendees had that good time. We'd like to give special thanks to volunteer D.J. **Andy Rohrbaugh** who was hugely responsible for the entertainment. We're hoping **Fall Bingo** reverses the disappointing attendance trend and we have a great turnout with lots of old friends as well as many new ones. It's in the same location and all the same wonderful features—over 25 games of bingo, sales table, fantastic food, and special raffle prizes. For each non-perishable item donated the person receives one raffle ticket. This year the prizes are collectible Longaberger baskets donated by the Mongelli family in memory of Patricia, or Pat, who was a regular at our bingos.

We are blessed with so many people who give time and donations to H.O.P.E. Two recent ones were the **Lions Clubs of New Freedom and Shrewsbury**, who each donated generous sums of money. Another special donation came from the **Mt. Gideon Methodist Church**, where Barb spoke recently, and whose pastor is her dear friend. It was an uplifting experience for her and she was honored and humbled by the opportunity. The **Susquehannock Field Hockey team** recently did a drive for paper goods for our pantry, including not only the usual items but also feminine hygiene products. We are always grateful for assistance in keeping our popular food pantry stocked.

As you probably know, November is **Lung Cancer Awareness Month**, and we have several important articles in the next pages, including one that talks about the latest breakthroughs in treatment. November of course is also Thanksgiving, a day to stop and reflect on all there is to be grateful for. That has probably been harder to do in the past year or so, and with so much still up in the air continues to be a challenge, but research shows that an 'attitude of gratitude' can do much for our physical and emotional well being. See the article on page 5 for specific tips on how to develop this mindset.

Believe it or not, Christmas is just around the corner, as Head Elf Marty knows all too well. You've probably heard the dire warnings about difficulty in finding the perfect gifts due to supply chain disruptions, but we're here to help. What better Christmas gift than a **raffle ticket** or two. Check out the great prizes and order your ticket now. See page 5 for details.

H.O.P.E.'S ANGEL CORNER BY BARB TITANISH, PRESIDENT & CO-FOUNDER H.O.P.E.

As we told you above, there are so many people to thank this month, from the Susqy girls to the Lions Club members to the Mt. Gideon congregation to all the folks at the Hopewell Fish and Game Club to the wonderful people who assisted with the Bull Roast. It was a very busy month and we appreciate each and every one of you for your hard work in supporting H.O.P.E. And of course we thank everyone who supports us by attending our events.

These events are not possible without so many individuals behind them. And then here are also the regular volunteers who work year-round wrapping gifts, packaging prizes, assembling backpacks, supplying food and snacks, and doing anything asked of them. Aren't we blessed to have so many people in our life who have earned Angel Wings!



"Blessed are those who can give without remembering and take without forgetting."

-Elizabeth Bibesco

If you would prefer to receive our newsletter by email (and help us save postage), please send a note to our Assistant Director Carol Nelson, at assistant@hopeforcancerfamilies.org, and she'll put you on our list. (And it will have color!) Thanks!

Lung Cancer—Still the Number One Killer

Lung cancer is the leading cause of cancer-related deaths worldwide. Here are some statistics taken from the Lungevity Foundation (https://www.cancer.org/cancer/lung-cancer/about/kev-statistics.html.)

- One in 16 people in the U.S. will be diagnosed with lung cancer in their lifetime.
- More than 235,000 people in the U.S. will be diagnosed with lung cancer this year, with a new diagnosis every 2.2 minutes
- Lung cancer is the leading cause of cancer death, regardless of gender or ethnicity, taking about 152,000 American lives each year.
- More lives are lost to lung cancer than to colorectal, breast, and prostate cancers combined.
- Only 22% of all people diagnosed with lung cancer will survive 5 years or more, BUT if it's caught before it spreads, the chance for 5-year survival improves dramatically.
- About 12% of new lung cancer cases are among never-smokers.
- Despite these statistics, federal funding for research is far below that of breast, prostate, and even colon cancers.
- Lung cancer also has the lowest survival rate of the other most common cancers: only 17%, versus prostate at 99%, breast at 89%, and colorectal at 65%.

Lung cancer can start in the windpipe, the main airway, or the lung tissue. Although there are no early signs and symptoms, the condition will eventually develop symptoms such as a persistent cough, coughing up blood, persistent breathlessness, fatigue, weight loss, and aches and pains when breathing or coughing.

Doctors typically diagnose two lung cancer types, small cell and non-small cell, depending on how they appear under a microscope. A person is 80 percent more likely to have non-small cell lung cancer (NSCLC) than small cell (SCLC); generally, small cell cancer is more aggressive than non-small cell.

Early Diagnosis - Lung Cancer Scans

Early diagnosis of lung cancer can be lifesaving. This is because lung cancer cells can travel to other areas of the body before a doctor detects them in the lungs. If this spread or metastasis has taken place, it makes treating the disease much more difficult. Sometimes a doctor will recommend a person have lung cancer screenings.

These are performed using a low-dose CT scanner, which uses X-rays to create detailed images of structures inside the body. It can reveal very small nodules in the lungs and is especially useful for diagnosing lung cancer in its earliest and most treatable stage. When lung cancer is diagnosed early, the five-year survival rate is as high as 90 percent. A study done in 2011 funded by the National Cancer Institute revealed that patients screened with low-dose CT scans were at least 20 percent less likely to die from lung cancer. The test is simple and painless and takes only about five minutes. Most of the time the patients get their results the same day or within a few days. If the test shows the lungs are clear, then another test is not necessary until the next yearly exam. For people who qualify for a yearly CT screening test, the test is covered by Medicare and most healthcare plans. According to the American Lung Association, people who may be candidates for lung cancer screenings are those who are between 50 and 80 years of age and are a '20 pack-year' history of smoking, meaning they smoked one pack per day for 20 years, or they are a current smoker or smoker who has quit within the past 15 years.

Smoking is the main risk factor and cause for lung cancer. Smoke and the chemicals that it contains can damage the lungs. Additional risk factors include exposure to second-hand smoke, living in an area with significant air pollution, older age, past exposure to radiation, exposure to arsenic and other chemicals, having a family history of lung cancer, having HIV.

P.S. some individuals with cancer have weakened immune systems and might not be as well **protected against Covid-19** even after being fully vaccinated, according to the American Cancer Society. A new study presented at the International Association for the Study of Lung Cancer's 2021 World Conference on Lung Cancer, however, finds that individuals living with lung cancer can mount an adequate defense against the coronavirus by getting vaccinated.

The GO2 Foundation for Lung Cancer, which was founded by people in lung cancer treatment and survivors of lung cancer, stressed that these results so far underscore the **importance of vaccination for people who have been diagnosed with lung cancer**. "We highly encourage everyone who has been diagnosed to get vaccinated," the organization said in a statement.

Breakthroughs in Treatment for Lung Cancer

Twenty years ago and more nearly every lung cancer patient with advanced disease got chemotherapy. Despite the treatment most tumors continued to grow and spread and the five-year survival rate was just 5 to 10 percent. Now, genetic tests can reveal whether chemotherapy would be beneficial or would another option like **targeted therapy** or **immunotherapy** be more effective.

Targeted therapies began to emerge in 2010. These are drugs that are used to target specific genes and proteins that are involved in the growth and survival of cancer cells. Targeted therapy can affect the tissue environment that helps a cancer grow and survive, or it can target cells related to cancer growth, like blood vessel cells. There are now nine such drugs for lung cancer patients, three of which were approved since May of last year. About a quarter of lung cancer patients can be treated with these drugs alone, and more than half who began treatment with a targeted drug five years ago are still alive. The five-year survival rate for patients with advanced lung cancer is now approaching 30 percent. Unfortunately the drugs eventually stop working for most people and at that point many have to start on chemotherapy, the only option left.

However, one patient treated at the Dana-Farber Institute in Boston has a story to inspire hope. A 'never smoker,' he went to his doctor about a lump under his arm, which was diagnosed as lung cancer and had already spread. His oncologist in Wisconsin wanted to start chemotherapy immediately, but the man's son, who lived in Boston, suggested he go to Dana-Farber. Here he was told he could take a targeted therapy, and despite its limitations, seven years later and now 70 years old, the patient takes two pills a day with no side effects and rides his bike or runs every day. His drug is crizotinib, made by Pfizer, with a list price of \$20,000 a month, and he pays \$1,000 a month.

How Immunotherapy Works

Another type of lung cancer treatment was developed about five years ago – immunotherapy, which uses drugs to help the immune system attack cancer. Here is an explanation from the online brochure "Free to Breathe" of how checkpoint inhibitors can be used to treat some people with non-small cell lung cancer.

"The immune system is your body's defense against disease. Your immune system can recognize and destroy infections (such as bacteria and viruses) and abnormal cells (such as cancer cells). Many specialized cells, tissues, and organs of your immune system work together to defend your body against foreign invaders and abnormal cells. The frontline of your immune system includes cells in your bloodstream called white blood cells. Different types of white blood cells can recognize and attack foreign substances (e.g. bacteria or viruses) or abnormal cells in different ways.

T-cells are a type of white blood cell that can recognize when a cell is infected or if it is abnormal, such as a cancer cell. Once T-cells recognize that a cell is infected or is cancer, T-cells are activated and work to destroy the abnormal cell.

Sometimes cancer cells find ways to trick the immune system into thinking that they are normal and should not be attacked. One way this happens is through proteins on cells called checkpoint proteins. PD-L1 and PD-1 are types of checkpoint proteins. PD-L1 is found on many types of normal, healthy cells. PD-1 is often found on T-cells.

Sometimes cancer cells escape the immune system by making their own PD-L1. When cancer cells make their own PD-L1, it can bind to PD-1 on T-cells. The end result is that T-cells no longer recognize that the cancer cell is abnormal. In other words, the cancer cells become 'invisible' to T-cells. The T-cells no longer attack the cancer and the cancer cells are allowed to continue to grow and spread. Scientists have developed new ways to activate the immune system to attack cancer cells. One strategy is to prevent cancer cells from making themselves invisible. Checkpoint inhibitors are a type of immunotherapy that use this strategy. Some checkpoint inhibitors work by binding to the PD-L1 instead of PD-1. But blocking either PD-1 or PD-L1 has the same result. PD-L1 and PD-1 can no longer bind to each other, allowing the cells to recognize the tumor cells and destroy them."

Data from an ongoing study presented last spring at an annual meeting of the American Association for Cancer Research concerned use of an immunotherapy drug Opdivo (nivolumab). This drug was added to standard presurgery chemotherapy in early-stage non-small-cell lung cancer and significantly improved the patients' rates of pathologic complete response (no evidence of visible cancer in samples removed during surgery). In the study, 24 percent of patients treated with immunotherapy plus chemotherapy prior to surgery achieved this complete response, compared with only 2 percent of patients who received chemotherapy alone. The idea for giving the immunotherapy as the first treatment after diagnosis – before surgery – is that the drug 'trains' the immune system to fight back against the disease. The immune system is still effective and the tumor hasn't yet developed resistance. Additionally, using immunotherapy right after diagnosis may give the earliest opportunity to treat cancer cells that have spread in the body without detection. These stray cancer cells are known as micrometastases, and are believed to be the reason why so many lung cancer patients have disease recurrence following surgery.

How to Develop An "Attitude of Gratitude"

November is a good month to think about gratitude. Research has shown that practicing gratitude can boost your resilience to stress, promote well being, and reduce depression. In addition, gratitude interventions have been shown to lower blood pressure, decrease inflammation, and improve immunity. A recent study of breast cancer survivors who took part in a gratitude program for six weeks noticed that they no longer worried constantly about their cancer returning. So here are five practical steps from Coping Magazine (https://copingmag.com/gratitude-for-cancer-survivors/) you can take to cultivate gratitude in your life.

- Keep a **gratitude journal**. For 15 minutes at least twice a week, write down up to five things you are grateful for. These items can range from the small (I was able to walk one mile today) to the large (Today was my last chemotherapy treatment). Be as specific as possible. Studies have shown that individuals have a healthier resting heart rate while they are gratitude journaling.
- Practice **guided meditation**. Devote time daily to think through five to ten things you are grateful for. While you are meditating, picture in your mind the feeling of gratitude in your body. Practicing this every day will help you develop a gratitude habit that can rewire your brain and lower your heart rate. Research suggests that gratitude meditation stimulates brain regions related to emotion and motivation.
- Take gratitude walks. Spend 15 to 20 minutes walking outside by yourself every day, around the same time of day, for a
 week. During your walk, look around you and notice as many positive aspects of your surroundings as you can. Try a
 different route each day.
- Write a gratitude letter. Think about someone who did something nice for you but to whom you never had a chance to
 express your gratitude. Write them a letter (or email) and describe in specific terms what they did, why you are so grateful, and how they made you feel.
- Create a **gratitude wall**. Find a spot in your home or office where you can create a small wall of positive messages. You can use a large bulletin board or even poster board. Leave notepads and pens nearby so you can easily post a note about something you are grateful for whenever the notion strikes you. Take time to view and reflect on your gratitude wall often.

January

H.O.P.E.'S CALENDAR RAFFLE 31 CHANCES TO WIN!



2022



Visit Us on the Web Www.hopelifeline.org http://www.hopelifeline.org "Like" Us on Facebook:



"Of all the forces that make for a better world, none is so powerful as hope. With hope, one can think, one can work, one can dream. If you have hope, you have everything."

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