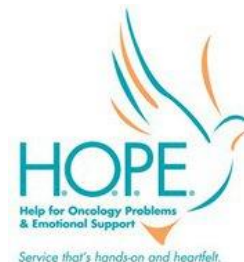


H.O.P.E. LIFELINE



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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)

Sometimes we may feel all alone in the midst of a cancer journey, as life brings new challenges to overcome and hardships to bear.

Then hope comes when we least expect it, in the way of a H.O.P.E. volunteer. It may be a drive to treatment, kind word, card in the mail, homemade meal, or a visit that suddenly brings feelings of being surrounded by the loving grace of God.

In the spirit of gratitude and selfless giving, we want to take the time to thank all the wonderful volunteers who make a difference in the lives of others.

Merry Christmas from Barb and everyone at H.O.P.E.

Peace



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

Please call in advance 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**.

Santa's Workshop has taken over H.O.P.E.'s office, so there will be **no support group** meeting in December. See you in January!

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

Physical Address:

**13275 Blymire Hollow Rd.,
Stewartstown, PA 17363**

Mailing Address:

**P.O. Box 279,
Stewartstown, PA 17363**

Phone: 717-244-2174

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*“Christmas is
most truly
Christmas
when we
celebrate it by
giving the light
of love to those
who need it
most.*

-Ruth Carter
Stapleton

*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!*

FROM THE EDITOR'S DESK

Happy holidays! We hope your Thanksgiving was (will be) an opportunity to give thanks for the blessings you have and a time of celebration with your loved ones, whether in person or virtually. We still have so much to be thankful for in our country. Christmas is a little more than a month away, a countdown that was probably begun a while ago by excited children and overwhelmed parents. In the midst of all the anticipation and expectation try to take some moments to look for examples of wonder and awe, for, as Socrates said, “Wonder is the beginning of wisdom.”

And speaking of the season of gift giving, don't forget our **online lottery raffle**. For those who participated in last year's hugely successful online raffle or those who wished they had, we're doing it again this year. Tickets are available now through December 31. Go to our website hopeforlifeline.org/calendarraffle/ to see what you can win, and then either order your ticket online or call the office to let them know you're coming in with a check. Raffle tickets are ideal Christmas gifts, stocking stuffers, and gifts to family and friends and yourself! Prizes include a \$400 diamond necklace, a \$350 Coach purse and \$100 Coach wallet, \$100 gift cards from Amazon, Home Depot, Kohl's, Lowe's, Wal Mart, and Texas Roadhouse, and lots of dining out gift cards.

We overlooked an important group of people for recognition in last month's newsletter: caregivers. Appropriately, November is the month during which we honor caregivers, those unsung heroes who make all the difference in the world. What better time than this hectic season to address the **needs of caregivers**? Most likely everyone in their lifetime will spend some time as a care giver or care receiver. To that end, we're offering articles on how caregivers can help themselves and how others can help them.

January is cervical cancer awareness month. Every year we give you information about this cancer, 99 percent of which is caused by the human papillomavirus (HPV), and every year for the past six years we've told you about the **HPV vaccine**, which can prevent 90 percent of cancers caused by HPV from developing. But we'll say it again, because for some reason only 50 percent of American girls and young women have gotten the vaccine that will almost completely guarantee their resistance to this potentially deadly disease. And this vaccine isn't only for women. In fact, here's a thought-provoking statement from the website “HPV Vaccine for Boys: The Shot That's Worth It,” at <https://blog.uvahealth.com/2019/05/07/hpv-vaccine-boys/>. : “There are more males getting cancer of the oropharynx (back of the throat, including the base of the tongue and tonsils) from HPV than girls getting cervical cancer.”

Let's end on a good note for 2022: the popular pasta dinner is coming back! Pencil in the last Monday in February, the 28th, for the **all-you-can-eat pasta dinner** at the New Freedom Restaurant and Coffee Shop. Check our website and facebook page for details.

H.O.P.E.'S ANGEL CORNER

Do you realize we had not had a bingo since November of 2019?! Everyone was so excited to play bingo again with their old bingo buddies. Thank you to **Chris Waltemyer** and **Sis** for all the wonderful baskets and door prizes. Chris and Sis do the Bingo in honor of Chris' brother Joe who lost his battle to cancer—hence “No Ordinary Joe.” We would also like to thank the **Mongelli family** for donating their mother's baskets to be used for our food donation prizes. Pat was a regular at our bingos and her family thought it was only fitting to donate them for us to use. We can't forget our great caller **Terry Snook** from the Rose Fire Company.

Tasteful Occasions was there with their wonderful food. Everyone was excited to have their mashed potato bowl. We also can't forget all the wonderful volunteers who worked the event: **Linda Miller, Nancy Ransom, Marty Streett, Sandy Sharnetzka, Bobbie Seidel, Geoff Seidel, Hayden Walters, Katy Lemmer, and Daria Bernard**; and board members **Stacey Orndorff, Barb Spurlock, and Cheryl Schroeder**. And of course we also can't forget **Carol Nelson**. Thank you all for making this a great success.

We also need to recognize the **Twin Rose Lady Riders** for their awesome donation from the Ride in September. The TRLRs have supported HOPE for years and this year was no different, with their donation of over \$7000 to be used to help furnish the Haven. Thank you, Ladies!!!



Cervical Cancer Could Be a Non-Disease...

Cervical cancer is the fourth-leading cancer worldwide, with an estimated 570,000 cases a year and 270,000 deaths. In the U.S., thanks to screening, there are an estimated 13,000 cases a year with about 4,000 deaths. **Yet for the generation of women born in the 1990s and beyond, these numbers could drop drastically more if they were given the HPV vaccine.**

Cervical cancer begins when healthy cells on the surface of the cervix change and grow out of control, forming a mass called a tumor. At first, the changes in a cell are abnormal, not cancerous. Researchers believe that some of these abnormal changes are the first step in a series of slow changes that can lead to cancer. Some of the abnormal cells go away without treatment, but others can become cancerous. This phase is called dysplasia, which is an abnormal growth of cells. The abnormal cell, sometimes called precancerous tissue, needs to be removed to stop cancer from developing. Often, the precancerous tissue can be removed or destroyed without harming healthy tissue, but in some cases a hysterectomy, the removal of the uterus and cervix, is needed to prevent cervical cancer.

The most common cause of cervical cancer is human papillomavirus (HPV). This virus affects nearly 80 million people in the United States. It is transmitted through **skin-to-skin contact** or through sexual activity. Although HPV often goes away on its own, certain types can cause medical concerns, from genital warts to cervical cancer. Roughly 99 percent of cervical cancers are caused by this sexually transmitted infection. The most common strains of the virus, HPV 16 and HPV 18, are responsible for about 70 percent of all cases of the disease. According to the CDC, HPV causes close to 36,000 cancer cases yearly in people of all genders in the United States. The majority of sexually active women will be exposed to HPV at some point in their lifetime; fortunately, only about 5 to 15 percent will develop cervical precancer. An even smaller percentage will develop cancer. This is because when exposed to HPV, a woman's immune system typically prevents the virus from doing harm. In a small group of women, however, the virus survives for years, contributing to the process that causes some cells on the surface of the cervix to become cancer cells.

The HPV Vaccine

The HPV vaccine has been available for well over a decade. It can prevent 90 percent of cancers caused by HPV from developing in the U. S. each year, and yet the number of adolescents getting the vaccine is only a little over 50 percent. The vaccine is available for girls and women ages 9 to 45. It is most effective if given to girls before they become sexually active. Known as Gardasil 9, it is given in a series of shots to girls and boys. Ages 9-14 need two shots, with the second given six months after the first. For people ages 15-45, the vaccine is given in three separate shots. The second shot is given two months after the first, and the third four months after the second. It takes six months to get all three shots. Once a person has a type of HPV infection the vaccine will not offer protection, but it will protect against others, and there are more than 200 types of HPV out there, with roughly 14 million new HPV infections of some sort detected each year.

Symptoms and Risk Factors

Cervical cancer tends to occur in midlife. Most cases are found in women younger than 50. It rarely develops in women younger than 20. Many older women do not realize that the risk of developing cervical cancer is still present as they age. More than 15% of cases of cervical cancer are found in women over 65. However, these cancers rarely occur in women who have been getting regular tests to screen for cervical cancer before they were 65.

Early-stage cervical cancer generally produces no signs or symptoms. Signs and symptoms of more advanced cervical cancer include vaginal bleeding after intercourse, between periods, or after menopause; watery, bloody vaginal discharge that may be heavy or have a foul odor; pelvic pain or pain during intercourse. There are two types of cervical cancer, named for the type of cell where the cancer started: squamous cell carcinoma, which begins in the thin, flat cells lining the outer part of the cervix which projects into the vagina; and adenocarcinoma, which begins in the column-shaped glandular cells that line the cervical canal. Most cervical cancers (80-90%) are squamous cell carcinomas.

Risk factors for cervical cancer include:

- **Many sexual partners.** The greater your number of sexual partners – and the greater your partner's number of sexual partners – the greater your chance of acquiring HPV.
- **Pregnancy.** Women who have had three or more full-term pregnancies, or who had their first full-term pregnancy before age 17, are twice as likely to get cervical cancer.
- **Early sexual activity.**

[Continued on page 5]

Merry Christmas, Caregivers!

Did you know that caregiving often adds at least 15 extra hours of work per week? A caregiver gives a lot to the individual they're caring for, so much, in fact, that they might forget to take care of themselves, too. Many caregivers also have other jobs and duties to attend to. Because of this, caregivers often get overwhelmed with all of their duties. That's why it is essential that their community of loved ones take the task of how to help a caregiver seriously. Here are some suggestions for ways you can bring assistance and even joy to three lives: the caregiver, the care receiver, and your own.



- **Share the care.** Offer to help them with some of the things on their 'to-do' list. When offering, be explicit in the tasks you're fit for and wanting to do; don't just give a generic 'I can help' offer.
- **Be quick to listen and slow to give advice.** Sometimes people just need to vent and want to be heard.
- **Offer to sit with the care receiver.** Give the caregiver a break so they can do something for themselves.
- **Bring food.** Whether snacks or a whole meal for later, they may not have time to care for themselves and make their own food.
- **Take them on a trip to relax.** From a weekend getaway to a longer vacation, a relaxing trip away can help get their mind off work and let them come back refreshed.
- **Invite them to things, even if you know they can't come.** Nothing is worse than feeling left out, and even when life is busy, it feels good to know you're loved and included.
- **Invite them to a workout class with you.** Getting a workout in is proven to boost endorphins and help you feel happier. Take them with you to a class or **give them a gift certificate** for one or more.
- **Run errands for them.** When running your errands, ask if there is anything you can pick up for them to help save them time. This could be especially helpful in the holiday season.
- **Be specific in your offers.** For example, "I'm free tomorrow from 3 to 5, can I come over and help do laundry and clean your house?" Help for caregivers can come in all shapes and sizes, but being direct in your availability can lessen their workload if they know they can count on you.
- **Always remind them how loved, supported, and important they are.**

(The above suggestions were found in "No Barriers," an organization that believes "What's Within Us is Stronger Than What's In Our Way." No Barriers has been helping people for the past 20 years deal with isolation, a loss of community, mental health challenges, fear, and uncertainty. If you're interested in learning more about this comprehensive organization go to <https://nobarriersusa.org/what-is-no-barriers/vision-mission/>.)

How Caregivers Can Should Help Themselves



Caregiving can be overwhelming. It can often resemble a full-time job, but the hours aren't regular and you don't get weekends off. Often caregivers put their own needs or feelings aside while caring for their loved one, and this negatively impacts everyone around. Here are some suggestions from the website CancerCare (<https://www.cancer.org/publications/47-advice-for-caregivers-how-can-you-help-yourself>) for how caregivers can help themselves.

- **Organize help.** Decide which of your loved one's needs you can or would like to help with and which ones will require further assistance. Then, ask family members, friends, neighbors, co-workers, or professionals who would be able to lend a hand. You can also check with community agencies, religious institutions, or a hospital social worker for information on volunteer and respite care programs.
- **Join a support group** for caregivers.

[Continued on next page]

Caregivers



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- **Become informed.** Learn about your loved one's diagnosis and treatment so you have a sense of what to expect.
- **Understand your rights.** Under the Family and Medical Leave Act (FMLA), eligible employers are required to provide up to 12 weeks of unpaid, job-protected leave for family members who need time off to care for a loved one with a serious health condition. You should speak to your loved one's medical team for a certification to show your employer. For help with insurance rules and regulations, contact your loved one's insurance company. Many insurance companies will assign a case manager to address concerns, clarify benefits, and suggest ways to obtain additional health-related services.
- **Keep up with your own check-ups,** screenings, and medications.
- **Get professional help.** As a caregiver, you may sometimes feel overwhelmed and need more than friends or family members to talk to. Speaking with a counselor or social worker can help you cope with some of the emotions or concerns you may be facing as a caregiver. *CancerCare* provides free individual counseling from oncology social workers who specialize in helping people with cancer and their loved ones and caregivers.
- **Do something good for yourself.**

Cervical Cancer

[**Risk Factors**—Continued from page 3]

- **Other sexually transmitted infections (STIs).** Having other STIs such as genital herpes, chlamydia, gonorrhea, syphilis, and HIV/AIDS increases your risk of HPV.
- **Family history:** Women with a sister or mother who had cervical cancer are two to three times more likely to develop cervical cancer.
- **Smoking:** A woman who smokes doubles her risk of cervical cancer
- **A weak immune system.** In most people with healthy immune systems, the HPV virus clears itself from the body within 12-18 months. However, people with HIV or other health conditions or who take medications that limit the body's ability to fight off infection have a higher risk of developing cervical cancer.

Prevention

We said in the beginning of this article that one reason the rates of cervical cancer in the U.S. were lower than those worldwide was screening. The United States Preventive Services Task Force has released new guidelines on screening for cervical cancer.

- Women ages 21-29 should receive a Pap test every three years. (Screening is not recommended for women under 21.)

Starting at age 30, women have three options available for screening:

- A Pap test alone every three years
- Co-testing with a Pap and HPV test, every five years
- An HPV test alone, every five years. The HPV test is a DNA test that involves testing cells collected from the cervix for infection with any of the types of HPV that are most likely to lead to cervical cancer.
- After age 65, women who have had adequate prior screening and are not otherwise at high risk should consult with their doctor as to whether they need to continue screening. For some reason, there has been a decline in the past six years of the number of women receiving cervical cancer screening, and these women account for most cervical cancer-related deaths.

Another common-sense method of prevention is to practice safe sex. Use a condom and limit the number of sexual partners.

And don't smoke.

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“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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