



# 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 with offices on the second floor of the New Freedom Community Center at

150 East Main Street, New Freedom, PA 17349

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) 227-2824

## Shrimp and Bull Roast

**Saturday, October 6**

**7—11 p.m.**

**Jarrettsville Gardens**

**Jarrettsville Fire Hall**

**All You Can Eat Buffet**

**Shrimp, Pit Beef, Pit Turkey,  
Sides Beer and Wine**

**Silent Auction, Door Prizes**



## Annual Craft & Vendor Show

**Saturday, October 20**

**8:30 a.m.—2 p.m.**



**New Freedom  
Community Building**

**50+ Crafters and Vendors**

**Lots of Holiday Gifts!**

**Tasteful Occasions**

**Fantastic Food**

**Admission: Two Cans of Food  
for the Food Pantry**

**Please check your expiration dates**

## Support Group Meeting

Date: Wednesday, October 10

Time: 7:00 p.m.

Location: H.O.P.E. Serenity Room

Speaker: Heather Moore (Coordinator)

Topic: Livestrong Program YMCA

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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 717-227-2824.

## FROM THE EDITOR'S DESK

In our age of technology we are doing more and more online, from keeping up with friends and acquaintances to shopping to banking to making appointments and reservations to getting information about nearly everything. In the past year, our newsletters have provided links to many different organizations and websites connected with cancer. These have included sites with medical information as well as sites that are more interactive.

However.

There is still nothing better than talking to another person or other people about something you share. Studies show that empathy and laughter are often the best medicine. **H.O.P.E.'s monthly support groups** offer exactly those and more. We have speakers who provide information on topics as varied as wills and other documents, tips for caregivers, how to use essential oils, art activities, even hula hooping. And on the evenings there is no speaker, there is sharing. The support group is a safe place where members can open up and express feelings that maybe they're reluctant to admit to others who won't understand. Everyone speaks and everyone is supportive. Advice, not limited to medical issues, is offered. Tears are encouraged, although there is far more laughter than tears. Sometimes the humor is dark, but it's something everyone understands.

So if you're feeling as if no one understands what you're going through, come to our support group meeting the second Wednesday of the month and find a new family, one that can help you navigate your ups and downs, because these group members have been there too. And you can help them as well. Plus, if it's a H.O.P.E. event you know there will be great food with leftovers that always need a home.



*“If you want to  
life yourself up,  
lift someone else  
up.”*

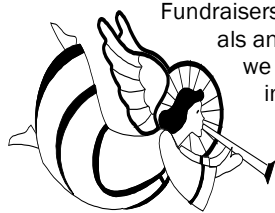
- Booker T.  
Washington

Last month the newsletter featured other voices from the H.O.P.E. family: two childhood cancer survivors and the mother of one of them. These three told of the journey from their perspectives. This month we have turned to four ladies to give us their personal insight on breast cancer, still the most common type of cancer. Despite the decline of new cases in the U.S. since 2000 and a decreasing death rate since 1989, one in eight women will still be diagnosed with breast cancer in her lifetime, with most diagnosed after the age of 50, and an estimated 40,920 women (statistic from breastcancer.org) are expected to die from the disease in 2018. For those of you reading this newsletter who are breast cancer patients and others who are family members or caregivers, you will probably identify with what these ladies are saying, and hopefully their comments will prove helpful as well. (Incidentally, did you know that the left breast is 5-10% more likely to develop cancer than the right? The left side of the body is also roughly 5% more prone to melanoma. Nobody is exactly sure why this is.)

October brings the elements of autumn we love: cooler weather, colorful leaves, anticipation of family holidays to come. October for H.O.P.E. brings our **annual bull roast** this year. It is also the month during which **Kimmy's Café** in Fawn Grove is donating a percentage of their profits to us (see page 5). And make sure you put Saturday, October 20, on your calendar for our annual **Craft and Vendor Show**. Nothing complements a cool, crisp autumn morning like shopping for unique Christmas gifts created by local craftspeople. See page 1 for more details.

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

BY BARB TITANISH, PRESIDENT & CO-FOUNDER H.O.P.E.



Fundraisers are what help keep H.O.P.E. afloat. In addition to the generosity of individuals and organizations, we count on our events to help keep us going. Last month we had two wonderful fundraisers and cannot begin to adequately thank those involved.

First was our **Golf Tournament** on August 18th, where 104 golfers came out to enjoy the game and win lots of prizes donated by great sponsors. Everyone had a great time.

The very next day was **Raising HOPE** at the Agriculture and Industrial Museum. Attendees enjoyed wonderful bands, great vendors, an art show, and silent auction items.

Together the two events brought in over \$15,000. We thank the committees, the sponsors, the volunteers, and all who attended for making these such a success. Back-to-back events are a bit of a challenge, but it was those wonderful people who made them work. Angel Wings go out to hundreds.

*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 [asstant@hopeforcancerfamilies.org](mailto:asstant@hopeforcancerfamilies.org), and she'll put you on our list. (And it will have color!) Thanks!*

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# LOCalizer, Less Chemotherapy, and Online Aids for Important Decision Making

Here are some of the latest developments in breast cancer treatment, starting with locating a tumor in order to perform a lumpectomy. Because 50% of all breast cancer tumors are non-palpable at diagnosis, doctors need a method of locating the tumor to be excised. A couple decades ago this required the insertion of a wire into the patient to mark where the surgeon should operate. In addition to the undesirability for the patient of a wire hanging out of her breast, there was the discomfort, possibility of dislodgement, general accuracy, and introduction of infection. Plus the procedure had to be done the day of the lumpectomy. A more recent procedure is that of implanting tiny radioactive iodine seeds up to five days prior to surgery. This method more accurately locates the tumor to be excised. The insertion is done with a needle during a mammogram and the seed can be left in up to five days, allowing a little more leeway than the wire. However complex regulations for the handling of radioactive material makes this solution less popular with hospitals.

The latest technology in marking the location of a breast tumor is LOCalizer, a system that uses radio frequency identification tags to locate small tumors within breast tissue. With this system a needle, guided by ultra sound or x-ray, inserts a small tag the size of a grain of rice into the breast up to 30 days prior to surgery. The tag emits a signal that is detected by a hand-held probe with a receiver. The probe allows the technician to locate the tumor with far greater accuracy than either the wire or seeds. Not only that, it alleviates the stress on the patient. Tammy Taylor, a Reisterstown, Maryland, resident, was discovered to have a small breast mass 25 years ago and doctors used the wire technique with her. Fortunately the growth was benign. This past April another growth was found, but this time her doctor, Dr. Dona Hobart, medical director of the Center for Breast Health at Carroll Hospital in Westminster, used the LOCalizer. Carroll Hospital is the first in Maryland to adopt this new surgical technique, and Tammy Taylor couldn't praise it enough. "When I went in for the procedure I was expecting discomfort from moving into different positions as I had done with the wire. But this time I just sat there and the machine did the moving. There was no pain, and all I had was a couple of strips of tape at the end that I pulled off the next day. What a difference!"

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A recent ten-year study concerning the necessity for chemotherapy in early-stage breast cancer patients was made public this past June. The findings were presented at the annual meeting of the American Society of Clinical Oncology (ASCO) and published in the New England Journal of Medicine. It showed that about 70% of women diagnosed with early-stage breast cancer can avoid chemotherapy with the help of a genetic test that helps predict recurrence. The study found that gene tests on tumor samples were able to identify women who could safely skip chemotherapy and take only a drug that blocks the hormone estrogen or stops the body from making it. The hormone-blocking drug tamoxifen and related medicines, called endocrine therapy, have become an essential part of treatment for most women because they lower the risks of recurrence, new breast tumors, and death from the disease. Patients affected by the new findings include women who have early-stage breast tumors measuring one to five centimeters that have not spread to lymph nodes; are sensitive to estrogen; test negative for HER2; and have a score of 11 to 25 on a widely used test, Oncotype DX Breast Cancer Assay, that gauges the activity of a panel of genes involved in cancer recurrence. This test has been available since 2004. It costs about \$3,000 and insurance usually covers it. Previously those in this 11-25 range had received chemotherapy. The study, begun in 2006, included more than 10,000 women ages 18 to 75. Of these, 70% had scores of 11-25 on the gene test. These women had surgery and radiation, and then were assigned at random to receive either endocrine therapy alone, or endocrine therapy plus chemo. After seven years those in the chemo group had no advantage; 93.9% were still alive in the endocrine-only group and 93.8% in those who also got chemo. The only 'catch' was that some benefits of chemo were found in women 50 years of age or younger.

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The Journal of the American College of Surgeons conducted a nationwide survey online in December 2017 to ask breast cancer patients about their understanding of their treatment options. The results indicated that they could be more confident. A major misunderstanding was in the area of time: many patients felt that they had to make decisions more quickly than was necessary. However, according to Sunny Mitchell, MD, a breast surgeon in Stratford, Connecticut, patients can take several weeks from their diagnosis to weigh their options.

Researchers sent respondents two web-based decision-making aids. One was a commercial program that is typically paid for by hospitals or private physician practices. The other was standard, high-quality cancer websites, such as the American Cancer Society or the National Cancer Institute.

The decision-aid programs were written for an eighth-grade reading level, contained video vignettes, and allowed some personal interaction. The study found that women who used this web aid had more knowledge and gained greater confidence in their ability to make the best decisions for themselves. They also recognize that waiting a few weeks to make treatment decisions would not affect their survival.

If this type of web-based, hospital-provided decision aid isn't available, doctors can refer their patients to their favorite websites to help them understand various treatments and procedures. In addition, some hospitals or physicians can refer patients to a patient-advocate or oncology nurse navigator who can help a patient work through treatment decisions. Patients should also make a list of questions and bring it to their consultation and bring someone else to take notes. A note of caution from the study: be careful what online resources you use. Patients are advised to stay away from online blogs, forums, and discussion boards, as the patients may end up more confused, or worse, misinformed.

## Words of Wisdom From the Support Group

At September's support group meeting we asked the members with breast cancer to share some of their feelings and experiences. Four ladies were willing to respond, Denise Cochran, Caroline Harris, Mary Jo Lilley, and Jan Pharr. Caroline is a breast cancer survivor who nevertheless attends the support group meetings and the others are battling the disease now. Following are their responses to five questions.



*“It is one of the most beautiful compensations of this life that no man can sincerely try to help one another without helping himself.”*

- Ralph Waldo Emerson

### Toughest Moment

The first question asked for their toughest moment, and each lady had a slightly different response. Mary Jo was stunned to find out she had breast cancer because no one else had it in her family. Denise said her toughest experience has been watching others go through the same thing she has. Jan's 'eye opening realization' was that the people she thought would be there for her when she needed them most were not. Caroline said her toughest moment was being discharged from the doctor and not knowing when and if her cancer comes back.

### What Has Helped

When asked what has been helpful to them, three of the four said the same thing: H.O.P.E. Here is what Mary Jo said: "I don't know what I'd do without all those wonderful people at H.O.P.E. They have been so good for me; they are so positive and brave. I love them and pray for them every night." Jan has appreciated the assistance H.O.P.E. has provided with rides to chemo sessions and the help she has found in getting through the emotional aspect by talking with others. Caroline praises the monthly support group meetings. Denise just keeps moving: she works out three times a week and is busy being a caregiver for two other people.

### What Hasn't Helped

What hasn't been helpful? Other people, for the most part. Denise has no patience with people who say she shouldn't be doing this or that; she "does it anyway." Jan wishes people wouldn't say to her "You don't look sick." Mary Jo had a humorous take on other people: "Negative people I don't like and I stay away from them." As for Caroline, what was least helpful to her was the meds she was taking.

### Advice

Probably the area where these four ladies were most eloquent was when they were asked for advice they might offer others in their situation. Here's what Jan said: "Take one day at a time; realize that not everyone's journey is the same. The mental anguish is terrifying; it changes you." Mary Jo says, "Try to be positive. Rest and be as social as you can." Caroline repeated the importance of the support group: "H.O.P.E. has been my lifesaver during treatments. I encourage others to take advantage of these meetings." Denise said, "I believe if you have a true faith and a belief in yourself then you can accomplish almost anything."

### Tips?

A final question was similar to that of advice. They were asked for any additional tips they could give and three responded. (I think we know what Caroline would have said.) Jan said simply to find a support group. Mary Jo said prayer helps. Denise had two tips: "Wherever you go and whatever you do just make sure you do exactly what they tell you and don't do things on your own." She added, "There's always someone to help."

Perfect words to end with.

### Christmas Tea!

**Put Tuesday, December 4, on your calendar for our annual Christmas Tea, this year being held for the first time at our new HOPE Haven. Seating is limited so reservations are first come, first served, with cancer patients receiving priority. Call the office to reserve a seat and get directions. (717-227-2824)**



## How To Cut Your Chances For Getting Cancer

Experts now estimate that nearly half of all cancer cases are directly related to the everyday choices we make – from what we put in our bodies to how often we move them. Said health expert Graham Colditz, “The real key here is that most cancers are not just a result of bad luck or chance. The majority are preventable.”

So where to begin?

**Keep an eye on the scales.** Body weight has a huge bearing on a person’s likelihood of getting cancer (as well as other diseases like diabetes, high blood pressure, heart disease, and stroke). For every five points a person goes above the normal Body Mass Index (BMI) range of 18.5 to 24.9, the risk of colorectal cancer or post-menopausal breast cancer doubles. People who fall into the obese category (BMI 30 or above) face an increased risk for 13 different cancers.

Uh oh. Now what?

We’ll address diet soon, but something that can almost undo the risk for all of the above maladies is movement. **Exercise.** Study after study after study proves the importance of not only getting up and moving around (which you should do a minimum of every 30 minutes) but really moving. The average American should aim for at least 30 minutes of moderate exercise a day. In fact, one recent study found that people who walked fast (a pace that made them slightly out of breath or sweaty when sustained) have a 24% chance of living longer and improving heart health.

### Eat right.

You’ve heard this before. Avoid processed meats, such as bacon or hot dogs, and red meat. Both seem to cause inflammation in the body. (Inflammation is the body’s response to outside threats like stress, infection, or toxic chemicals. When the immune system senses one of these dangers, it responds by activating proteins meant to protect cells and tissues. But if immune cells start to overreact, that inflammation can be totally directed against us.)

**Avoid sugary drinks,** and if you must have meat consume no more than 18 ounces a week. Fill at least two thirds of your plate with vegetable, fruits, whole grains, and beans. Other frequent recommendations for an ‘anti-cancer’ diet: more tomatoes, olive oil, garlic and onions, and fatty fish like salmon, tuna, and herring. Green tea is also a powerful anti-oxidant. Oxidants, or oxidizing agents, can be harmful to biological components because they can chemically alter or damage DNA, potentially leading to cancerous cells.

### Party less hearty.

Alcohol is a recognized carcinogen because it can damage DNA and can increase hormones in your body, like estrogen, that can fuel cancer. Women should aim to drink no more than five ounces of wine or 12 ounces of beer a day; men can have double that limit.

### Don’t smoke. (And if you do, quit.)

Smoking is linked to 81% of lung cancers and raises the risk of 12 other cancers.

*Save the Date!*

**Ride for H.O.P.E. With the Twin Rose Lady Riders**

Charity Ride With AMA Points

(2, 3, or 4 Wheels!)

Sunday, October 7

10—1:30

York Motorcycle Club

2333 Whiteford Road (next to the Galleria Mall)

For Information, contact Dawn, 717-471-7026,  
dmhtrlr@comcast.net



**Basket BINGO!!!!**

Sunday, November 4

New Freedom Community Building

Doors open at 12:30; Games begin at 2.

Refreshments for sale by *Tasteful Occasions.*

Tickets \$15 before November 3; \$18 at the door.

25 games, 5 secret games, 1 thank-you game.

Call 717-227-2824.

Try **Kimmy’s Café** at 106 Mill Street, Fawn Grove

Open Tuesday through Saturday 7 a.m.—8 p.m.

Sunday 8 a.m.—6 p.m.

- Features breakfast sandwiches and combos with all-you-can-eat breakfast buffet on weekends.
- Sandwiches, salads, subs, burgers, pizza, small plate appetizers for sharing, Italian entrees.
- BYOB or enjoy a beer from South County Brewing.

**Kimmy’s will donate a percentage to H.O.P.E. and Triple Negative Breast Cancer Research during October.**

Be sure to get your raffle tickets for a cool Kimmy’s Gift Basket.



**Christmas is Coming...!**

In two short months H.O.P.E. will be celebrating Christmas

at our new celebration site: **Stewartstown Presbyterian Church, 14 College Avenue**



Sunday, December 2

2—4 p.m.

Food ~ Music ~ Entertainment ~ Santa!





Visit Us on the Web  
<http://www.hopeforcancerfamilies.org>  
"Like" Us on Facebook:  
H.O.P.E. (Help for Oncology Problems and Emotional Support)

## Upcoming Events

H.O.P.E.'s Support Group Meeting  
2<sup>nd</sup> Wednesday of every month at 7pm  
H.O.P.E.'s Serenity Room in the New Freedom Community Center  
150 East Main Street, 2<sup>nd</sup> Floor (Elevator Available)

Everyone is Welcome!  
(Cancer patients, care givers, families and friends)  
For more information  
Call 717-227-2824



*"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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