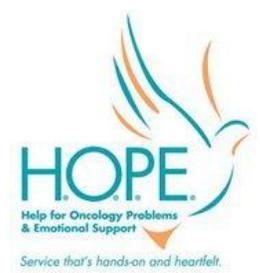


H.O.P.E. LIFELINE



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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

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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.

It's Pasta Time!



What better way to fight the cold than dinner with friends in a cozy restaurant?

Join us at the New Freedom Restaurant and Coffee Shop and support H.O.P.E.

Monday, February 25, 2019
 3 to 9 p.m.

Enjoy your favorite pasta, sauce, garlic bread, salad and soda or BYOB.

Support Group Meeting

Date: Wednesday, February 13

Time: 7:00 p.m.

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

Speaker: To be Announced

Topic: To be Announced

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FROM THE EDITOR'S DESK

As 2018 turns into 2019, let's take a few moments to look backward and forward at all that has occurred with H.O.P.E. As Barb said, 2018 was "exciting, overwhelming, a bit trying at times, but fulfilling."

Let's start with the retreat, Hope Haven. As everyone knows this has been a long time coming (25 years), and has raised and dashed hopes more than once over the years. But we have a place, and as of September 28 it became an official retreat. Renovations are going on, and as with any H.O.P.E. project they couldn't happen without our volunteers. In this case we are eternally grateful to the students at the Kinley Education Center who are donating their time and expertise. Many others are volunteering their professional skills as well. Come moving time, sometime in the spring, we're looking forward to even more people to help us pack up our office, pantry, and Serenity Room and relocate it all to our new home. Barb hopes to host our first retreat guests this summer.

Our event calendar is already packed for 2019 (see page 5), and our 2018 events were well attended. Bingos, the bull roast, pasta dinner, Voices for HOPE, the golf tournament, craft and vendor show, and our Christmas party and tea, brought out multitudes of friends and supporters. What a fun way for us to raise money and awareness and see old and new friends.

Despite the statistical evidence that cancer rates and deaths are steadily decreasing, our numbers are climbing. Last year (2017) we provided Christmas for 113 people. This year Head Elf Marty and her helpers handled Christmas for 152 people. One reason for our increasing numbers is the closing by the American Cancer Society of its York County office. Although we've always been the most comprehensive 'game in town,' now we're one of the only game in town. Our pantry has been popular and always needs restocking.

January is cervical cancer awareness month, and we have information about that throughout the newsletter. See pages 3 and 5. Although daylight is slowly returning in the months of January and February, these are still months that bring the blues. SAD is the perfect acronym for Seasonal Affective Disorder, so if you know yourself to be one of the millions affected by this, maybe you'll find some helpful treatment tips on page 4.

And if you're wondering why we're featuring the January cancer in February, that's because somehow January snuck past us. May these other cold months pass as quickly!

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

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



We can imagine our shoppers must have been humming "Have Yourself A Merry Little Christmas" as they purchased gifts for the children in our cancer families. This year we provided Christmas for 152 people. We even mailed packages to nine people in other states, including one family in California. Our angels who provided these gifts are too many to name, from the 32 individual families and organizations who provided Christmas to one or more families to the people who took mittens from the 283 that were hung on trees in seven different locations. The H.O.P.E. volunteer elves were certainly busy wrapping and organizing gifts for all the members of these families.

Fans of **Bonkey's** Ice Cream in New Freedom got a special treat in November. Bonkey's opened their doors to customers for the New Freedom Christmas tree lighting ceremony, and all proceeds went to H.O.P.E. Customers who brought in a gift card for our families received free ice cream, and altogether Bonky's donated \$1575 to H.O.P.E. from its special Christmas event. Ice cream warmed a lot of hearts that day.



"A New Year's resolution is something that goes in one year and out the other."

- Author Unknown

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, and she'll put you on our list. (And it will have color!) Thanks!

Cervical Cancer—Another “Unnecessary” Cancer

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.

The most common cause of cervical cancer is human papillomavirus (HPV). 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. 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. This vaccine should be just as routine as the traditional childhood vaccines for every preteen girl and boy.

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: 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 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.
- Other sexually transmitted infections (STIs). Having other STIs such as 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.

[continued on next page]

Feeling Blue? Maybe You're Just "SAD"



Commuters in Bristol, England, are encouraged to dress in brighter clothes at the start of the week to combat "blue Monday." For many others, however, these blues extend far beyond just Mondays during the shorter days and longer nights of winter.

Seasonal Affective Disorder, or SAD, affects roughly 6 percent of Americans. Symptoms of it may include a persistent low mood, a loss of pleasure or interest in normal everyday activities, irritability, feelings of despair, lack of energy, and finding it hard to get up in the morning. It typically starts in the late fall and early winter and goes away during the spring and summer. Interestingly it is diagnosed four times more often in women than men and is also more common in younger adults, reported even in children and teens.

Traditionally there are three types of treatment for SAD: light therapy, psychotherapy, and medication. The idea behind light therapy is that it replaces the diminished sunshine of the fall and winter months using daily exposure to bright, artificial light. Symptoms may be relieved by sitting in front of a light box first thing in the morning, on a daily basis, from the early fall until spring. These light boxes filter out the ultraviolet rays and require 20-60 minutes of exposure to 10,000 lux of cool-white fluorescent light (the measure of luminous flux over a unit of area), an amount that is about 20 times greater than ordinary indoor lighting. These boxes run a little over a hundred dollars, which isn't a terribly high price to pay for something that could mitigate symptoms of depression.

Cognitive behavioral therapy (CBT) is a type of psychotherapy that is effective for SAD. It relies on basic techniques such as identifying negative thoughts and replacing them with more positive thoughts and then identifying activities that are engaging and pleasurable, whether indoors or outdoors, to improve coping with winter. CBT is a form of talk therapy that teaches people skills to help themselves. But it's important to find a therapist who has had experience in treating SAD specifically.

A third option in treating SAD is through medication. The FDA has approved the SSRIs (selective serotonin reuptake inhibitors) sertraline (also known as Zoloft) and fluoxetine (Prozac) for treatment of SAD symptoms. People in a study who had a history of SAD who started using bupropion XL (Wellbutrin) before the onset of symptoms saw a lower reoccurrence of their symptoms.

[cont'd from previous page]

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.

(Information provided by the following online sources: Cancer.net, National Cervical Cancer Coalition, Science Daily, National Institutes of Health, Planned Parenthood, The New York Times, the Mayo Clinic.)



"May all your troubles last as long as your New Year's resolutions."

- Joey Adams

Minimally Invasive Surgery Is Not Minimally Harmful

Two new studies published in October 2018 in the New England Journal of Medicine concerning surgery for cervical cancer revealed that patients who had had minimally invasive surgery had a higher rate of cancer recurrence and a worse rate for long-term survival.

A radical or complete hysterectomy is a common treatment for early-stage cervical cancer where the uterus and cervix are removed as well as possibly one or more ovaries and fallopian tubes and part of the vagina. These can be removed through the vagina, in which case it's called a vaginal hysterectomy, or by means of a large incision in the abdomen, making it a total abdominal hysterectomy. A third method of removing the uterus and cervix is making a small incision with a laparoscope. This is known as a total laparoscopic hysterectomy and is considered minimally invasive. Because of this patients recover faster.

Laparoscopic surgery had largely replaced open surgery for cervical cancer patients but there had been no long-term follow-up. Surgeons at two hospitals, Massachusetts General and M.D. Anderson, were concerned about this and wanted to compare open (total abdominal) and minimally invasive surgery for cervical cancer. The latter had been used successfully with patients with uterine cancer, but this cancer needs a simpler operation, the removal of only the uterus. Doctors at M. D. Anderson recruited 631 patients from the U.S. and seven other countries in June 2008 and followed them through June 2017. The patients were assigned randomly to have either open or laparoscopic surgery, about half to each group. Their average was 46, and all had early-stage cervical cancer. As the study progressed, it was monitored by an independent safety board that looked at the data to make sure the patients were not being harmed. Partway through the project, the board saw too many deaths in the minimally invasive group and stopped recruiting patients. After four and a half years, 96.5 percent of the patients who had open surgery were free of cancer, as opposed to 86 percent in the other group.

A second study, paid for by the National Institutes of Health, analyzed data comparing the two surgical methods. It found that four years after the surgery 9.1 percent of women who had the minimally invasive procedure had died, while 5.3 percent who had the open surgery had died. A final analysis found that the survival rate for cervical cancer began to decline when minimally invasive surgery was introduced, dropping by 0.8 percent a year after 2006.

H.O.P.E. is raffling off a beautiful handmade **QUILT** at the Pasta Dinner being held at the New Freedom Family Restaurant. The drawing will take place at 7 p.m. February 25th, 2019.

Hand pieced-machine quilted ~ 54" x 54"



\$3 for 1 ticket
\$10 for 5 tickets

Tickets may be purchased at the office prior to Pasta Dinner and will be sold on the evening of dinner at restaurant.

See What's Coming Up This Year!



In addition to all the favorites, from bingo to golf, we have a new event coming in November. Here is a nearly complete list of activities to look forward to. As the event approaches we will of course give the location and times.

- Pasta Dinner Monday, February 25
- Indoor Yard Sale Saturday, March 2
- Adult Prom Saturday, March 23
- Spring Basket Bingo Sunday, April 7
- Voices For HOPE Thursday, May 2
- Shrimp & Bull Roast Saturday, September 21
- Murder Mystery Saturday, November 16
- Christmas Party Sunday, December 1

Event dates to be announced:

- Raising HOPE Arts Festival (summer)
- Take a Swing at Cancer Golf Tournament (summer)
- Craft and Vendor Show (fall)
- Fall Bingo (fall)

H.O.P.E. Has Partnered With Community Aid

(Neighbors Helping Neighbors) to Collect Clothing.

We Need Your Clothing, Shoes, Bedding, Curtains, and Drapes.

These Items Will Benefit H.O.P.E. With Every Pound You Donate!

(No Small Appliances or Furniture, Please.)

The Container Is In the H.O.P.E. Parking Lot. Other containers are located in the following locations:

- Stewartstown Presbyterian Church
- Old Mill Shopping Center in Fawn Grove
- Hametown Park
- The "Coop" in New Freedom



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
2nd Wednesday of every month at 7pm
H.O.P.E.'s Serenity Room in the New Freedom Community Center
150 East Main Street, 2nd 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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