

**October** 2019

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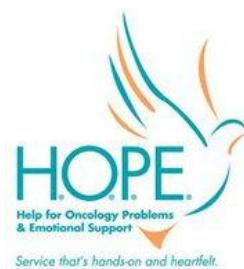
H.O.P.E.  
P.O. Box 155  
Shrewsbury, PA 17361

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.

# 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 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

## Annual Craft & Vendor Show

Saturday, October 19  
8:30 a.m.—2 p.m.

New Freedom Community Building

50 Crafters and Vendors  
Lots of Holiday Gifts!  
Chinese Auction, Raffle

Tasteful Occasions Fantastic Food

Admission: 2 Cans of Food for the Food Pantry

Interested in being a vendor?

Contact: 717-309-3824 or  
bspurlock50@aol.com



Sunday, November 3

New Freedom Community Center

Tickets \$15 before November 1 or \$18 at the door

Doors Open at 12:30  
Games Begin at 2

Refreshments for Sale by Tasteful Occasions

Donate items for food pantry for chance to win prizes

## Support Group Meeting

Date: Wednesday, October 9

Time: 6:30 p.m.

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

Topic: To Be Announced

Speaker: To Be Announced

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## FROM THE EDITOR'S DESK

The skies are a bit bluer, the air a bit crisper, and the leaves a bit more vivid. Kids are settling back into classrooms and sports enthusiasts are following their favorite teams. Fall is finally here. Halloween decorations dominate, but soon we'll be seeing and hearing evidence of 'the most wonderful time of the year.' How perfect that our **Holiday Craft and Vendor Show** takes place during this month. Make sure you set aside a few hours on Saturday, October 19, to check out the myriad personally crafted gift items. Come early (doors open at 8:30), browse for a bit, and then enjoy some food by Tasteful Occasions. Best of all, admission is only two canned goods, and all proceeds from the event will help our cancer families.



*Whether you're a mother or father, or a husband or a son, or a niece or a nephew or uncle, breast cancer doesn't discriminate.*

- Stephanie McMahon

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

Thanks!

Thank you **Sauble's shoppers** for your generosity in donating stamps from your purchases. Because of you we are able to provide cookware for the two kitchens at the Haven. From frying pans to roasters, you gave us 'free' almost a thousand dollars worth of every item needed for our kitchens.

October is **breast cancer awareness month**. The most commonly diagnosed cancer among American women, in 2019 it is estimated that about 30% of newly diagnosed cancers in women will be breast cancer. This cancer receives the most research funding and is the one about which the general public is most aware and knowledgeable. In this issue we're focusing on some new developments in breast cancer research and treatment (page 3) and covering breast cancer in men (page 5). Despite the fact that this cancer occurs in only 1% of men, there are nevertheless over 2,500 cases expected to be diagnosed before 2019 ends. On page 4 we're sharing a personal essay that was posted on the website Everyday Health by a young woman who is living with metastatic breast cancer.

## FYI

Women who exercise lower their risk of developing breast cancer. A meta-analysis of 31 studies published in the journal *Breast Cancer Research and Treatment* found a 12 percent reduction in breast cancer risk, on average, among physically active women — an effect that increased with age. Exercise lowers levels of estrogen circulating in the blood. This is protective because higher levels of estrogen raise breast cancer risk.

Then there's the impact of exercise on body weight. "It's well established that postmenopausal breast cancer risk is higher for overweight and obese women, and that the risk rises as body mass index increases," says Robert Steigerwald, a registered clinical exercise physiologist and certified cancer exercise trainer. Obesity can lead to insulin resistance, causing higher than normal levels of insulin in the blood; research suggests this may help breast cancer cells develop and grow.

Results from the Women's Health Initiative Trial suggest that postmenopausal women who reduced the amount of fat they ate seem to have a 21% lower risk of dying from breast cancer. A secondary analysis of the data suggested that postmenopausal women who ate a low-fat diet after being diagnosed with breast cancer were more likely to be alive 10 years after diagnosis compared to women who ate a diet that was higher in fat after being diagnosed.

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

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

When our patients and guests can enjoy the beautiful pool deck and patio at the Haven and stroll the 18 acres of grounds, part of their pleasure will have been provided by **Daniel Sentman**, a local high school student who is earning his Eagle Scout while he helps beautify our Haven. Daniel built five large flower boxes and five bluebird boxes. But he wasn't finished helping H.O.P.E. He also raised over a thousand dollars to buy an picnic table that can be used by a person in a wheelchair.

We have been blessed to have so many young people take an interest in helping make the H.O.P.E. Haven a beautiful get-away from cancer. Thank you Daniel for your time and talent and dedication.



If It's September, it's **Bull Roast** month, and as usual it could not have taken place without the assistance of dozens. As always, we thank the generous friends who donated prizes for the silent auction and the volunteers who put together the attractive baskets. An especial thank you goes to **Chris Wagman** who once again volunteered his time and talent as DJ to keep the party going. Jarrettsville Gardens was the perfect setting and Richlin Catering provided an overwhelming, tasty array of everything shrimp, carved turkey and beef, lasagna, hot dogs, and all the sides. There was something for everyone. If you missed the Bull Roast this year, don't make that mistake next year.

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## Some Recent Breast Cancer Discoveries

The following research news items were published on breastcancer.org. All were published within the past six months.

If **chemotherapy after surgery** is part of a woman's recommended treatment plan for early-stage breast cancer, chemo should be started within four months of diagnosis because waiting longer is linked to worse overall survival, a study suggests. To do the study, the researchers looked at the records of 172,043 women diagnosed with stage I to stage III breast cancer between 2010 and 2014 who were treated with both surgery and chemotherapy after surgery. Doctors call treatments given after surgery adjuvant treatments. The researchers' analysis also found that no matter the type of surgery a woman had, starting chemotherapy more than 120 days after diagnosis was linked to worse overall survival.

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After being diagnosed and treated for **DCIS**, six factors seem to be linked to a higher risk of recurrence of invasive breast cancer, according to a study. DCIS – ductal carcinoma in situ – is non-invasive breast cancer. Ductal means that the cancer starts inside the milk ducts, carcinoma refers to any cancer that begins in the skin or other tissues (including breast tissue) that cover or line the internal organs, and in situ means "in its original place." DCIS is called non-invasive because it hasn't spread beyond the milk duct into any normal surrounding breast tissue.

The factors for possible recurrence are:

- DCIS found by a doctor during a physical exam
- Being premenopausal
- Positive margins (DCIS was found at the edge of the removed tissue)
- High-grade DCIS
- High levels of p16 protein, a protein that helps regulate cell growth
- Being African American

DCIS isn't life-threatening, but being diagnosed with DCIS increases your risk of developing invasive breast cancer later on. Current DCIS treatment guidelines recommend surgery to remove the DCIS, often followed by radiation therapy and hormonal therapy, if the DCIS is hormone-receptor-positive (most are). Still, the researchers who did this study said most cases of DCIS likely will not progress, so many women are overtreated. "There is a large unmet need to distinguish harmless from potentially hazardous DCIS," said senior author of the study Jelle Wesseling, M.D., professor of breast pathology at the Netherlands Cancer Institute and Leiden University Medical Center, in a statement. "We hope our work will help reduce the burden of intensive treatment that thousands of women with low-risk DCIS undergo annually."

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A study has found that compared to traditional 2D mammograms, 3D mammograms offer fewer false positives and are more effective in women age 65 and older. **Three-dimensional (3D) mammography** (also called digital breast tomosynthesis, digital tomosynthesis, or just tomosynthesis) creates a 3D picture of the breast using X-rays. Several low-dose images from different angles around the breast are used to create the 3D picture. A conventional mammogram creates a two-dimensional image of the breast from two X-ray images of each breast. 3D mammography is approved by the U.S. Food and Drug Administration (FDA) and is a standard of care for breast cancer screening. Because it's a newer technology, it may not be available at all hospitals and mammogram facilities. A number of studies have found that 3D mammograms find more cancers than traditional 2D mammograms and also reduce the number of false positives.

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On July 24, 2019, Allergan announced a global **recall of Biocell textured breast implants** and tissue expanders after the U.S. Food and Drug Administration (FDA) requested the recall. The recall comes after a rare type of cancer called anaplastic large-cell lymphoma (ALCL) has been linked to textured breast implants. Lymphoma is cancer of the lymphatic system. The FDA also updated the number of worldwide cases of ALCL associated with breast implants: 573 women have been diagnosed, and 33 women have died from the disease.

Once a breast implant is in place, scar tissue forms around it, creating what's called a tissue capsule. ALCL can develop in and around the tissue capsule. The risk of ALCL is higher in women with textured implants, which have a bumpy surface, as opposed to smooth implants, according to the FDA. The material inside the implant — silicone or saline — doesn't seem to affect the risk of ALCL.

Most of the women who have been diagnosed went to their doctors and were diagnosed with ALCL because fluid had collected around the implant (called a seroma) years after the implant was placed. In some cases, testing the seroma fluid led to the diagnosis. In other cases, ALCL was diagnosed after a mass was found in the breast or because the tissue capsule tightened (called capsular contracture) and caused discomfort or cosmetic problems. Most ALCL associated with breast implants has been treated by removing the implant and the scar tissue capsule. Additional treatments such as radiation therapy and chemotherapy usually aren't needed but may be recommended in some cases.

# “How I Live With Metastatic Cancer”

By Tori Geib

*The following personal essay was posted on the website Everyday Health. Information about the writer follows her essay, as well as a link to a wonderful website she maintains.*

During the week of my 30th birthday, I woke up on my side feeling pressure on my left breast. I thought I'd rolled over onto my cell phone, but there was no phone there. The pressure I felt was coming from a hard lump I could feel with my hand. I went to a local nurse practitioner the same day. Within a week, I'd been diagnosed with breast cancer, specifically invasive ductal carcinoma.

Two weeks later, I went to another oncologist for a second opinion. In the course of the appointment, I mentioned that I'd also been experiencing back pain. In short order, a CT (computerized tomography) scan revealed that the cancer had metastasized, or spread, and gone to my spine. That fact meant that my cancer was now classified as metastatic breast cancer (MBC), also known as stage 4 cancer.

The staging system for breast cancer runs from 0 to 4, with stage 0 signifying an early case, with no spread, and stage 4 meaning the most advanced stage of the disease, in which it has spread to other parts of the body. While MBC is treatable, it isn't curable. Once you're considered as having MBC, you'll be in treatment for the rest of your life, and that life will likely be cut short by the disease. Only about 2 percent of MBC patients will live a normal lifespan. Over 75 percent die in the first five years.

For those of us with MBC, then, the conversation isn't about “winning the war,” it's about living with the disease as well as we can. Often, that means our conversations are about palliative care, a form of treatment that addresses the painful symptoms and side effects of cancer. Palliative care isn't about curing, it's about improving quality of life. Nor is it only for metastatic patients, like me. It's meant to handle symptoms from cancer or side effects from treatment at any stage.

I lucked out. Where I'm treated, at The Ohio State University Comprehensive Cancer Center, palliative care is made a priority for patients (It's not that way at all hospitals, but it should be). My oncologist established palliative care as part of my regimen from the time of my diagnosis. Palliative care can take many forms. For me, it's been a comprehensive approach to address the physical and mental strains that come from my cancer, my treatments, and their side effects.

Months after one radiation treatment, for instance, I developed a rare, painful condition that caused hardening of tissue and skin throughout my breast, ribs, and underarm. It took months of testing and biopsies to figure out what was going on. During that time, I had to put the medication treating my cancer on hold, which allowed my cancer to progress and resulted in not only increased pain, but anxiety about what the future held.

Palliative care became my main source of treatment for the pain and complications from the radiation. Among the therapies I received were physical therapy, surgery that burned off nerves in my spine, pain medication, anti-nausea medication, message therapy, acupuncture and cupping, and cognitive therapy to help with the mental stress and anxiety.

This comprehensive palliative treatment plan took me from spending days in bed, and having to routinely use a wheelchair and occasional a roller walker, to being able to comfortably live my life and even do some light exercise, including water aerobics and barre.

There's a common misconception that palliative care is synonymous with end of life comfort care, or hospice. Hospice and palliative care share certain goals, like making patients comfortable. But hospice is focused on doing that at the end of life, while palliative care focuses on empowering metastatic patients like me to live the fullest life possible right now — in spite of cancer and its side effects.

Palliative care has not only allowed me to manage my pain, it has empowered me to make informed decisions about my options and manage my pain and other life-altering effects of cancer. I attend appointments with my palliative team monthly to make sure my needs are being met. My palliative team is also directly tied in to my cancer treatment team and is readily available to assist during times of increased pain or transitions in treatment.

I know that this is a terminal disease that will eventually end my life. Still, I make the choice to live today to the best of my ability. Over the last year, I've started getting involved with advocating for palliative care after seeing too many of my family and friends living with metastatic breast cancer suffering without it. Since then, I, along with my fellow advocates, have taken the issue to the Ohio House of Representatives and Senate to improve access to palliative care as a comprehensive treatment plan. There is no reason for patients to suffer unnecessarily.

Tori Geib was diagnosed in 2016 with metastatic breast cancer (*de novo*), soon after her 30th birthday. At the time she was diagnosed, Tori worked as an assistant sous-chef at The Ohio State University Wexner Medical Center and as food and beverage manager at Mad River Mountain ski resort. Since diagnosis, she has spent time as a patient advocate for metastatic breast cancer research, funding, and awareness both independently and with organizations such as Living Beyond Breast Cancer, Komen Columbus, and Dr. Joe Explains. She is an active public speaker and writer. She is a graduate of Mount Vernon Nazarene University and Columbus State Community College and lives in Bellefontaine, Ohio, with her family and dog, Georgie. She enjoys traveling every chance she gets. She can also be found on her website [MetastaticMillennial.org](http://MetastaticMillennial.org).

# Male Breast Cancer

Breast cancer occurs mainly in women, but men can get it too, although they have less than one percent of the cases. Of the men who develop breast cancer, the vast majority of those cases are Infiltrating Ductal Carcinoma (IDC), which means that cells in or around the ducts begin to invade surrounding tissue. Because the disease is so rare in men it is often diagnosed later. Here are some of the **risk factors** associated with male breast cancer:

- Age. This is the biggest factor. The average age of men diagnosed with breast cancer is about 68.
- High estrogen levels. Breast cell growth is stimulated by the presence of estrogen. Men can have high estrogen levels as a result of taking hormonal medicines; being overweight, which increases the production of estrogen; having been exposed to estrogens in the environment; being heavy users of alcohol, which can limit the liver's ability to regulate blood estrogen levels; having liver disease, which usually leads to lower levels of androgens (male hormones) and high levels of estrogen.
- Strong family history of breast cancer or genetic mutations. Men who inherit abnormal BRCA1 or BRCA2 genes have an increased risk of male breast cancer. (Men with a genetic predisposition to breast cancer are also at higher risk of getting prostate cancer at a younger age than usually diagnosed.)
- Klinefelter syndrome in which men carry an extra X chromosome.
- Radiation exposure. If a man has been treated with radiation to the chest, such as for lymphoma, he has an increased risk.

**Symptoms** of male breast cancer may include:

- A lump felt in the breast.
- A lump under the nipple.
- Nipple pain.
- An inverted nipple.
- Nipple discharge or bleeding.
- Redness of skin around the nipples.
- Changes in size and shape of breast, such as color, shape, and texture.
- Enlarged lymph nodes under the arm.
- Weight loss.
- Fatigue.

(Note that enlargement of both breasts (not just on one side) is usually not cancer. The medical terms for this is gynecomastia. Sometimes the breasts can become quite large. Non-cancer-related enlargement of the breasts can be caused by medications, heavy alcohol use, weight gain, or marijuana use.)

When it comes to diagnosis and treatment, men really suffer. Many oncologists have never seen a case of breast cancer in a male patient and general practitioners who see male patients don't pay attention to the breast. Since men with breast cancer are often older they may have very large tumors by the time they seek care because they were not on the lookout for the disease. The FDA has just issued a guideline calling for researchers to include male patients in clinical trials of breast cancer treatments. A major study conducted by the International Male Breast Cancer Program found men not receiving proper therapy for the type of cancer they had and men who had undergone surgery not getting adequate follow-up treatment. Another problem is that pharmaceutical companies aren't interested in funding research for male breast cancer because there are so few cases.

## Attention Friends

We know many of you are as excited as we are for our new Hope Haven. However, it is still a work in progress, and therefore we ask that people please refrain from stopping by while construction is still going on. Our insurer will not cover anyone who is not an employee.

Please wait for an official open house, which we will be announcing shortly. Thank you!

Also, for the next couple of months we ask the same for the office. We are starting to pack and still take care of our patients. We need to devote our time to our scheduled patients and still get done what we need to get completed for the BIG MOVE. We find ourselves being pulled in different directions and sometimes are not in the office. Please make sure you call and set up an appointment before stopping by the office. Again Thank you!

## Holiday Murder Mystery Theater



Saturday, November 16

Pine Ridge Farm

9313 Blue Ball Road, Stewartstown

\$70 per person before October 1

\$75 per person after October 1



Tickets Include Cash Bar \* Silent Auction \* Delicious Dinner  
by Tasteful Occasions \* Murder Mystery Performance

## Buy A Brick

### Brick Sizes

|                |                |
|----------------|----------------|
| 4 x 8 \$100    | 8 x 8 \$250    |
| 12 x 12 \$1000 | 24 x 24 \$2500 |

### PLEASE VISIT

[WWW.HOPELIFELINE.ORG/BUYABRICK](http://WWW.HOPELIFELINE.ORG/BUYABRICK)

TO DOWNLOAD YOUR APPLICATION  
OR ORDER ONLINE VIA PAYPAL

Engraved commemorative bricks  
will be laid around our  
"Vacation from Cancer Retreat"

For more information  
Call the office 717-227-2824 or  
[assistant@hopeforcancerfamilies.org](mailto:assistant@hopeforcancerfamilies.org)

Help  
**H.O.P.E.**  
Support  
**H.O.P.E. Haven**

Deadline December 31, 2019

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.”*

RETURN SERVICE REQUESTED

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