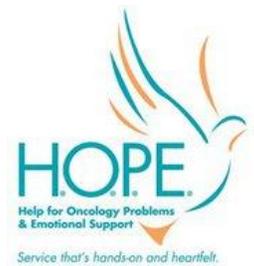


H.O.P.E. LIFELINE



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H.O.P.E.
P.O. Box 279
Stewartstown, PA 17363

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.

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)

H.O.P.E. is an independent 501 (C)(3) non-profit organization and is neither affiliated with nor receives any funding from the American Cancer Society.

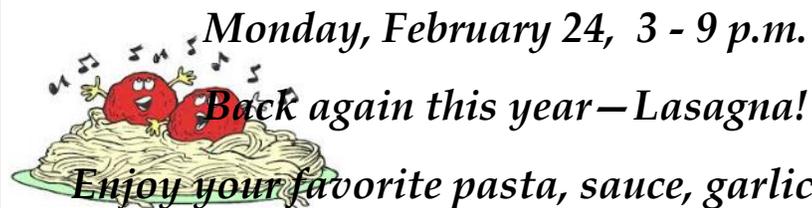
It's Pasta Time!



*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 24, 3 - 9 p.m.



Back again this year—Lasagna!

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

All proceeds benefit H.O.P.E.

Support Group Meeting

Date: Wednesday, February 12

Time: 7:00 p.m.

Location: H.O.P.E. Haven

Speaker: To be Announced

Topic: To be Announced

(If weather looks 'iffy,' please call the office before
you leave for the meeting.)

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FROM THE EDITOR'S DESK

We're here! Barb and H.O.P.E. have come a long way in a long time (25+ years), from a humble home office to rented headquarters in the New Freedom Community Center building to the beautiful HOPE Haven on the hill. We're still a work in progress but are open for office business. And speaking of office, volunteers and staff don't know what to do with all this space and updated technology in their new headquarters. It's a one-stop operation now, and we're no longer tripping over each other in our designated tasks toward helping our cancer families. For example, the newsletter editor and letter writer share a computer and an office that is separate from the computer/office the 'money guys' use. No more juggling schedules and worrying about lost work. The volunteers who maintain the pantry are thrilled with the roominess and ease of getting the food on and off the shelves. There is more freezer space, and best of all clients can pull their cars right up to the door and load their groceries. No more elevators and donated shopping carts! Do you remember when the Serenity Room was piled high with back-to-school supplies, Christmas presents, or baskets being filled for bingos? Serenity was a bit of a misnomer. That, too, will be a thing of the past. Patients who come to the monthly Support Group meetings will sit around a large table in a conference room devoid of evidence of the latest event or gifts for families. Just being in this beautiful getaway location is relaxing in itself.



“I don't understand why Cupid was chosen to represent Valentine's Day. When I think about romance, the last thing in my mind is a short, chubby toddler coming at me with a weapon.”

- Unknown

Important Announcement

Due to insurance regulations, we can no longer keep walkers, wheelchairs, canes, potty chairs, or shower chairs on the premises.

Now, about this beautiful, relaxing location. It isn't hyperbolic to call it paradise. Even in the dead of winter the views of the rolling hills and trees are worth the visit. Your newsletter editor is probably one of the most challenged people in the world when it comes to finding a location, and she (I) managed to find her way here with only one wrong turn. After the first time it was easy. Depending on the route you use, you can get here either from Plank Rd. or 24. If you use Plank, then it's three turns and you're here; 24 only requires two turns. The entrance comes upon you suddenly but it's well marked, and once you climb the driveway and round the bend be prepared for another world.

The house itself is almost beyond description. Bedroom suites redesigned for families upstairs and down, open areas for relaxing and recreation, a gorgeous fireplace, huge eat-in kitchen. But it's nature that captures your attention. There is a view from every window in the house. Deer are seen grazing on the hills, hawks and eagles fly overhead. There has even been a bear spotted (nowhere near the house!).

As you may have seen on the front page, our office hours are still the same. Our new phone numbers are 717-244-2174, and 717-244-2161. Our address is 13275 Blymire Hollow Road, Stewartstown, PA, 17363. And our mailing address is P.O. Box 279, Stewartstown, PA, 17363.

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

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

On Saturday, January 4, H.O.P.E. moved 20 years of 'stuff' into our new office. In one day. This would not have been possible without the generosity of **A. Duie Pyle**, who donated the use of a 26-foot box truck and **Kurt Snook**, who drove the truck.

It took three trips to move the contents of the office, the Serenity Room, and the pantry. Most items had been boxed by this point, so 'all' Barb needed was a crew of heavy lifters. Enter the **Penn State York baseball team** with their Athletic Director **Jeff Barkdoll** and assistant director, **Jack Tillet**. These 14 young men moved boxes, furniture, etc. out, loaded it all onto the truck, unloaded the truck, and moved everything into its new home. Three times. Among these items were refrigerators, hundreds of library books, and desks which they first had to take apart. And many of these items had to go upstairs in the house. (Let's hope their coach goes a little easy on them in spring training after all the weight lifting they did.)

While the boys were doing this, others were busy at both ends of the move. A New Freedom Lion's Club member (he referred to himself as '**Lion Wayne**') who heard we were moving showed up to help, as did Board members **Buddy Hart**, **Sue Holtzinger**, **Melissa McDade**, **Pete McGraw**, **Sue Peters**, **Dr. Doug Prince**, **Cheryl Schroeder**, and **Barb Spurlock**. The heart of H.O.P.E., its volunteers, was represented by **Greg Alban**, **Craig and Lynn Snook**, **Bobbie Seidel**, **Marty Streett**, **Mike Resh**, **Nick Snook**, and **Ed Titanish**. Assistant Director **Carol Nelson** has helped oversee the move from beginning to, well, not quite end yet, and she was also part of the moving team on this momentous day. H.O.P.E. continues to marvel at the hundreds of people who step forward from their busy lives to lend a hand. Our Angels abound.

Cervical Cancer Rates Are Falling. But.....

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, need 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). 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 number 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 begins in the thin, flat cells lining the outer part of the cervix which projects into the vagina; and adenocarcinoma 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.

[Continued on page 4]

Cervical Cancer Rates Are Falling. But...

[Continued from page 3]

- **Early sexual activity.**
- **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.

Treatment

Treatment for cervical cancer depends on several factors, such as the type and stage of the cancer and the woman's age and general physical condition. Surgery (only done with early-stage cancers), radiation, chemotherapy, or a combination of the three may be used. Pre-cancerous conditions are completely curable when followed up and treated properly. The chance of being alive in five years (five-year survival rate) for cancer that has spread to the inside of the cervix walls but not outside the cervix area is 92%. The five-year survival rate falls steadily as the cancer spreads into other areas.

(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.)

We want to know what you think about
our new RETREAT!

Our Needs and Interests Survey will be
Forthcoming.

Questions to Ask When Given a Cancer Diagnosis

They say knowledge is power, and where is knowledge more important than when it concerns your health? A diagnosis of any disease is scary, but a cancer diagnosis is terrifying. Here are some general but valuable questions you should ask after that initial diagnosis and throughout the entire treatment regimen. Arrive at each appointment prepared with questions and ready to take notes; and even better, take someone else with you who will take notes.

Questions to Ask After a Diagnosis of Cancer or Precancer

- What is my diagnosis, and what does it mean?
- What is the stage of the precancer or cancer? What does this mean?
- Can you explain my pathology report (laboratory test results) to me?

Questions to Ask After Choosing a Treatment and for Managing Side Effects

- What are my treatment options?
- What clinical trials are available to me? Where are they located, and how do I find out more about them?
- What treatment plan do you recommend? Why?
- What is the goal of each treatment? Is it to eliminate the cancer, help me feel better, or both?
- Who will be part of my health care team, and what does each member do?
- Who will be leading my overall treatment?
- What are the possible side effects of this treatment, both in the short term and the long term?
- How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
- What can I do to stay as healthy as possible during and after treatment?
- If I have questions, whom should I contact?

Questions to Ask About Having Surgery

- What type of surgery will I have? Will lymph nodes be removed?
- How long will the operation take?
- How long will I be in the hospital?
- Can you describe what my recovery from surgery will be like?
- Whom should I contact about any side effects I experience? And how soon?
- What are the possible long-term effects of having this surgery?

Questions to Ask About Having Radiation Therapy

- What type of radiation is recommended?
- What is the goal of this treatment?
- How long will it take to give this treatment?
- What side effects can I expect? Whom should I contact about side effects I experience? How soon?
- What can be done to relieve any side effects?
- What are possible long-term effects of having this treatment?

Questions to Ask About Having Therapies Using Medication

- What type of medication is recommended?
- Will this treatment be combined with other treatments?
- What is a goal of this treatment?
- How long will it take to give this treatment?
- What side effects can I expect? What can be done to relieve them?
- What are the possible long-term effects?

Questions to Ask About Planning Follow-up Care

- What is the chance that the cancer will come back? Should I watch for specific signs or symptoms?
- What long-term side effects or late effects are possible based on the cancer treatment I received?
- What follow-up tests will I need, and how often will I need them?

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

H.O.P.E.'s Support Group Meeting
2nd Wednesday of every month at 7pm
At H.O.P.E. Haven.

Everyone is Welcome!
(Cancer patients, care givers, families and friends)
For more information
Call 717-244-2174 or 717-244-2161



"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."

H.O.P.E.
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