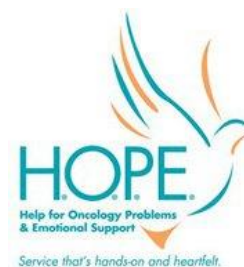


# H.O.P.E. LIFELINE



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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](mailto:barb@hopeforcancerfamilies.org) [www.hopeforcancerfamilies.org](http://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.

## H.O.P.E. Basket Bingo & Non-Perishable Food Drive



**Sunday, April 5**

Doors Open at 12:30  
 Bingo Starts at 2:00

New Freedom Community Bldg.  
 New Freedom, PA

Tickets \$15 in advance  
 \$18 at the door

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

Contact the H.O.P.E. office  
 at 717-244-2174

## 15th Annual Voices for Hope Benefit Banquet

**Thursday, May 7, 2020**  
**5:30—9:30 p.m.**

**Out Door Country Club**

**Tickets \$75.00 per person**  
**(Table of 8, \$525 by April 20)**

**Features a Reception, Silent  
 Auction, Dinner, and Presentation**



**For tickets,  
 call 717-993-3778**

**Or email [mcauliff@comcast.net](mailto:mcauliff@comcast.net)**

## Support Group Meeting

Date: Wednesday, March 11  
 Time: 7:00 p.m.  
 Location: H.O.P.E. Haven  
 Speaker: To be Announced  
 Topic: To be Announced

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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 717-244-2174.

## FROM THE EDITOR'S DESK

What a difference a year makes. Last year at this time the weather was cold and the Haven was still a work in progress with plans and permits proving occasionally problematic. Now, here we are, open for business in our spacious office and applying the finishing touches to the retreat house. And the weather is downright balmy.

What hasn't changed is our exciting activities for spring: the always popular **Bingo** (still taking place at our old stomping grounds, the New Freedom Community Center (see info on front page), and our fabulous **Voices for Hope Banquet**, held again this year at the beautiful Out Door Country Club. (See info on front page.)

This year we're honoring "The Three Amigos," a.k.a. **Greg Alban, Mike Long, and Craig Snook**. These guys take volunteering to a new level. Since December of 2018 they have been on the job every day. They were Kinsley Construction's main assistants. Included in this 'assistance' was the gutting, cleaning, and rebuilding of the office; clearing debris from the woods with the help of students from the River Rock Academy (they hauled 7,000 pounds of metal to a recycle site), and cutting and stacking more than 15 cords of wood; helping paint and stain walls and doors of both the office and the Haven house; and creating the brick walkways.

Our speaker is **Tricia Seaman**, RN, author of "God Gave Me You, a True Story of Love, Loss, and a Heaven-Sent Miracle." In the book, published in 2016, Tricia shares her story of meeting a terminally ill cancer patient who asked the oncology nurse to look after her young son after she passed away. The book has earned five stars (out of five) on Amazon, so imagine getting to hear her tell her story in person.

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A reminder to high school seniors who are eligible for our **scholarship**. All applications must be submitted by March 15. See information on page 5.

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**Another reminder: Our new office is 13275 Blymire Hollow Road. This is the site of the Haven, the office, and the food pantry. If you are uncertain how to get here, give us a call and we'll direct you. Our office is NOT Barb's home address, which shows up as the return address on our bulk mailings. Please do not come to Green Valley Court. And, as always, please call and make an appointment so that we know when you're coming and what service we will be providing. Thanks!**

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

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



Once again the owners and staff of the New Freedom Family Restaurant went above and beyond to provide food and financial support to the H.O.P.E. family. Owners Dimos and Vicky Papageorgiou provided a delicious pasta dinner.

The staff keeps everything moving smoothly between 3-9pm. Diners enjoyed salad, pasta with a variety of sauces, bread and soda as family and friend chat over dinner!

Dimos and Vicky donate the proceeds from this evening and has been doing so for many years now! H.O.P.E. appreciates the community support. So the next time you're in the mood for pasta (or any of the items on the menu) stop by the New Freedom Family Restaurant and congratulate Dimos, Vicky and the staff for earning their angel wings—again!



*"We're so busy watching out for what's just ahead of us that we don't take time to enjoy where we are."*

- Calvin & Hobbes

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!

# Colorectal Cancer: Preventable Yet Still Deadly

Colorectal cancer can strike both men and women, and it has the second highest rate of cancer deaths in the U.S. It occurs when abnormal cells grow in the colon or the rectum. These are parts of the large intestine, which is the lower part of the body's digestive system. During digestion, food moves through the stomach and small intestine into the colon. The colon absorbs water and nutrients from the food and stores waste matter (stool). Stool moves from the colon into the rectum before it leaves the body. Colorectal cancer often begins as a growth called a polyp, which may form on the inner wall of the colon or rectum. Some polyps become cancer over time. Finding and removing them can prevent colorectal cancer.

## Risk Factors

In most cases, it isn't clear what causes colon cancer. It can be genetic, but that occurs in only a small percentage of cases. Other risk factors include older age (50 and above), African-American race, inflammatory intestinal conditions, a personal history of colorectal cancer or polyps, a sedentary lifestyle, diabetes, obesity, smoking, heavy use of alcohol, and radiation therapy directed at the abdomen to treat a previous cancer.

## Signs and Symptoms

Colorectal cancer doesn't have early warning signs, so it is important to get checked. Finding it early means it's more curable. As the disease gets worse, you may see blood in your stool or have pain in your belly, bathroom-related troubles like constipation or diarrhea, unexplained weight loss, or fatigue. By the time these symptoms appear, tumors tend to be bigger and harder to treat.

## Screening

Because it can take years for a polyp to develop into colorectal cancer, screening can prevent this. Most people should have a **colonoscopy** every 10 years once they turn 45. This test uses a tube with a tiny camera to look at the whole colon and rectum and can help prevent cancer by finding tumors early. While not all polyps will turn into cancer, almost all colon cancers start as a preexisting polyp. Other types of screening is a **virtual colonoscopy**, which uses a CT scan to show a 3-D model of the colon. However, this test can miss small polyps. A flexible **sigmoidoscopy** may be recommended instead of a colonoscopy. Here the doctor uses a slender tube to look inside the rectum and the bottom part of the colon. The tube has a light and a camera, and it shows polyps and cancer. This type of scan should be done every five years if used. Final tests are the **fecal occult blood test** and **fecal immunochemical test** that can show whether there is blood in the stool, which can be a sign of cancer. The latter is an at-home DNA test called Cologuard that looks for blood or suspicious DNA in the stool sample. The American Cancer Society recommends getting this type of test every three years, and having a fecal occult blood test done every year. If the samples show signs of blood, a colonoscopy will be required.

If a test shows a possible tumor, the next step is a biopsy. During the colonoscopy, the doctor takes out polyps and gets tissue samples from any parts of the colon that look suspicious. Experts study the tissue under a microscope to see whether or not it is cancerous. If it is cancer, the next step is determining the stage, or how far it has spread. This also helps the doctor decide what type of treatment(s) to use.

Stage 0: Cancer is in the innermost lining of the colon or rectum.

Stage I: The disease has grown into the muscle layer of the colon or rectum.

Stage II: Cancer has grown into or through the outermost layer of the colon or rectum.

Stage III: It has spread to one or more lymph nodes in the area.

Stage IV: It has spread to other parts of the body, such as the liver, lungs, or bones.

## Treatment

Surgery is the most common treatment for colorectal cancer. The tumor is removed as well as part of the healthy colon or rectum and nearby lymph nodes. For rectal cancer, radiation therapy may be used before surgery to shrink the tumor so that is easier to remove. It may also be used after surgery to destroy any remaining cancer cells. Chemotherapy is often given at the same time as radiation therapy, called chemoradiation therapy, to increase the effectiveness of the radiation and to avoid colostomy or reduce the cancer that the cancer will recur. Other possible treatments include targeted therapies and immunotherapy.

[See information for Prevention on next page.]

## The Good, the Bad, and the Ugly in Cancer Deaths

### First, the Good:

The cancer death rate in the United States fell 2.2 percent from 2016-2017 – the largest single-year decline in cancer mortality ever reported, according to the American Cancer Society. Since 1991 the rate has dropped 29 percent, which translates to approximately 2.9 million fewer cancer deaths than would have occurred if the mortality rate had remained constant.

Why? Experts attributed the decline to the reduced smoking rates and to advances in lung cancer treatment. New therapies for melanoma of the skin have also helped extend life for many people with metastatic disease, or cancer that has spread to other parts of the body. There has also been a dip in melanoma-related deaths for younger generations because of two new immunotherapies. Improved survival rates for some types of leukemia and lymphoma have been attributed to the availability of targeted therapies.

### The Bad:

Unfortunately, as more Americans put on excess pounds, the rate of obesity-related cancers is increasing. These include malignancies of the liver, kidneys, pancreas, and uterus, cancers of the breast in post-menopausal women, and colon and rectal cancers in adults younger than 55.

Researchers are comparing today's obesity to yesterday's smoking. Deaths due to cervical cancer are completely preventable, thanks to screening, for example. But the second-most common cause of death in women in the twenties and thirties is cervical cancer. Although prostate cancer death rates declined 52 percent from 1993 to 2017, reductions in prostate cancer cases have halted. Over the past decade, there has been a slight rise in female breast cancer incidence, attributed to a decline in fertility rates and an increase in obesity.

And cancer is selective. Black men are 20 percent more likely to die than white men. Men and women living in certain states are also more likely to develop and succumb to potentially preventable cancers, such as lung cancer, cervical cancer, and melanoma. The reason lies in historical differences in smoking prevalence, obesity, other cancer risk factors, and the ability to access and afford quality cancer care.

### And the Ugly:

According to the World Health Organization, in the next two decades the world could see a 60% increase in the number of cancer cases. In low-and-middle-income countries the increase could be as high as 81%. Exposure to risk factors is key; people in low-income countries tend to have higher rates of cancer related to infection, such as cervical cancer from HPV, and higher rates of lung cancer and other cancers related to smoking. As tobacco companies have seen fewer people in the U.S. using tobacco, they have increased their campaigns to spread it in underdeveloped countries, according to the American Cancer Society. Another important difference is resources the countries have to spend on health, needing to spend money on treatment and cure of diseases rather than prevention and diagnosis.

[Colorectal Cancer, continued from previous page]

#### Prevention

- Eat well. **DO** eat a 'rainbow' of foods: blueberries, cranberries, carrots, broccoli, spinach, avocado, tomato, red apples, purple grapes, and other colorful fruits and vegetables. Use olive oil. Eat whole grains (brown rice, oats, wheat germ), nuts (Brazil nuts, almonds), fish (tuna, halibut, sardines, salmon), garlic, onions, and mushrooms.
- **DON'T** drink sugary sodas or even diet sodas. Avoid diet anything, because of all the chemicals used in adding 'flavor'. Avoid red meat. Don't eat processed meats, especially lunch meats and bacon. Avoid alcohol. Don't eat potato chips or other snack foods that contain trans fats as well as excess salt and preservatives. And of course, don't smoke.

Information was taken from The New York Times, Cancer.net, ASCO (American Society of Clinical Oncology), , webmd.com, mayoclinic.org



*“Kindness is more important than wisdom, and the recognition of this is the beginning of wisdom.”*

- Joey Adams

### Important Announcement

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

*High School Seniors with a Cancer Connection: You Still Have Time to Apply for the H.O.P.E. Scholarship.*



Any high school senior who has been affected by cancer, either personally or with someone in the immediate family, is eligible to apply for a H.O.P.E. scholarship.

On behalf of P.I.N.K., we will be awarding 1 scholarship to a student who has an immediate family member with Breast Cancer.

To apply, visit the H.O.P.E. website at <http://www.hopelifeline.org> and download an application. If you have trouble downloading the application please call the office at 717-244-2174 and we can email it to you.

All completed applications must be mailed to H.O.P.E. at P.O. Box 279 Stewartstown, PA 17363, postmarked **no later than March 15**. No application will be considered after that date.

*Application deadline is , March 15.*

**When Life Changes, Embrace the New Normal**

Lynda Wolters was diagnosed with an incurable cancer just after she turned 49. Her book “Voices of Cancer, What We Really Want, What We Really Need; Insights for Patients and the People Who Support Them,” is a “culmination of different perspectives, personalities, and insights from those whose cancer journeys are both similar and completely different than mine.”

Through these other voices Wolters expresses what so many cancer patients also feel but often are unable to express. One of these is how the cancer has changed their lives, even after treatment and remission. As Wolters says in her book, “Everything changes after cancer—everything. Life will never be the same again, even on the smallest of levels some things will always be different. There is no going back to who you once were, so embrace it and grow from it and with it find the new you in your new space and make it wonderful.”

Wolters’s cancer is currently ‘dormant,’ a word she prefers to use rather than remission, because she feels the latter is too often associated with cure. Wolters has a blog, [lyndawolters.com](http://lyndawolters.com), and some of her post titles are Sex and Cancer, Chemo Brain—what it’s really like, Scanxiety, Support of a Fur Baby, and Tips for Caregivers.

**UPMC / Hillman Cancer Center Breast Cancer Support Group**

Hosted by Dawn Floyd, RN and Janice Williams, CRNP on the last Monday of each month (excluding May). Light refreshments will be served.

Meetings run from 6p-8p at the Outpatient Services at UPMC Memorial, 1703 Innovation Drive, Suite 2001, York, PA.

To reserve a seat, visit [UPMCPinnacle.com/events](http://UPMCPinnacle.com/events) or call 717-231-8900.

The “**Vacation from Cancer Retreat**” will be opening the doors soon and we need your help to make this happen. Please fill out the survey below.

<https://www.surveymonkey.com/R/retreat-from-cancer>

The survey will take approximately 5-10 minutes.



Healthwell Foundation is a Maryland-based non-profit “dedicated to improving access to care for America’s underinsured. When health insurance is not enough, we fill in the gap by assisting with copays, premiums, deductibles and out-of-pocket expenses.” It provides financial assistance to help with prescription copays, health insurance premiums, deductibles, and coinsurance, pediatric treatment costs, and travel costs. Patients can apply for a grant online [<https://www.healthwellfoundation.org>] or through HealthWell’s toll-free automated phone system 800-675-8416.

Even if you’re not comfortable with or able to complete an online application, it is advisable to go to the website and read the information carefully, particularly in the section labeled Patients. There you will find specific eligibility requirements concerning the type of cancer you have, the type of health insurance you have (you must have some), whether your medication is covered by the organization, and your income. The variety of diseases covered is extensive, but forms of cancer are limited to acute myeloid leukemia, bone metastases, cancer-related behavioral health, chronic lymphocytic leukemia, mantle cell lymphoma, melanoma, multiple myeloma, and small-cell lung cancer. Still, even if your cancer isn’t currently listed among the Open Funds, patients are advised to fill out a form to let the foundation know what diseases they need to cover in the future.

Visit Us on the Web  
www.hopelife.org

## Upcoming Events

H.O.P.E.'s Support Group Meeting  
2<sup>nd</sup> Wednesday of every month at 7pm  
The Hope Haven Office  
13275 Blymire Hollow Road, Stewartstown, PA

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



Happy St. Patrick's Day

*"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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RETURN SERVICE REQUESTED

H.O.P.E.  
Help for Oncology Problems & Emotional Support  
16580 Green Valley Court  
Stewartstown, PA 17363  
(717) 244-2174

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