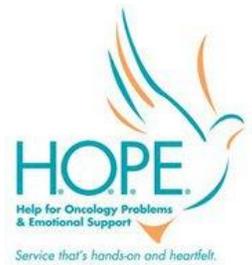




# H.O.P.E. LIFELINE



**H.O.P.E.**  
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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))

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**H.O.P.E.'s First Annual**  
**ROAD RALLY**  
**Sunday, October 4**  
**Car - Truck - Motorcycles**  
**Six Interesting Stops—Around**  
**York County—Farm animals**  
**to Ice Cream**  
**Register between 11 am &**  
**12:30 pm.**  
**Start & end at Stewartstown**  
**Community Center**  
**14-16 College Avenue**  
**Must be back by 5:30 pm—**  
**Drawing for 3 Prizes—**  
**\$20 per Vehicle**

**Shop For H.O.P.E. at**  
*Boscov's*  
**Wednesday, October 14**  
**and**  
**Thursday, October 15**  
**9 am to 9 pm**  
**You get 20% off their**  
**lowest sale prices.**  
**We get 5% of your**  
**purchase.**  
**Just select H.O.P.E. when**  
**you make your purchase.**

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.

**Support Group Meeting**  
Date: Wednesday, October 14  
Time: 7:00 p.m.  
Location: H.O.P.E. Haven  
Speaker: Nicole Schmid  
Topic: Speaking about Medicare and Open Enrollment and answering questions.

**INSIDE THIS ISSUE...**

From the Editor's Desk	Pg. 2
Calling Urban Paul Bunyans	Pg. 2
Angel Corner	Pg. 2
Breast Cancer Basics and Information	Pg. 3
Breast Cancer Treatment News	Pg. 4
Good Health Insurance News	Pg. 5
Christmas Gift Ideas	Pg. 5

## FROM THE EDITOR'S DESK

Happy autumn and goodbye 90+ degree days! Autumn usually signifies fun fundraisers for H.O.P.E.— the bull roast, bingo, craft and vendor show — but alas, not this year. The latter is our latest to be cancelled. Which leaves our primary sources of income your welcomed donations and **firewood**. That's right, firewood. As you see by the photo and request below, wood sales are helping keep us afloat. So if you have time and a little bit of strength and want to help H.O.P.E. where it's most needed, give us a call and we'll hook you up with the wood brigade. They need help with stacking and delivering; you don't even have to wield a chain saw.

We look forward to seeing you at our **first annual Road Rally**. Details are in the box on page 1. This will be a wonderful way to enjoy a Sunday drive with family and/or friends, explore York County, and help H.O.P.E. You can grab a bite to eat at the beginning and end and nibble at stops en route. Bring the kids, too; while you're driving they can entertain themselves with an activity booklet and a box of crayons we'll provide.

Our summer **support group** sessions at the Haven have been opportunities for members to enjoy the ambience and share experiences. This month we have a **speaker**. She is Nicole Schmid, a hospice account executive from Memorial White Rose. Nicole will talk to the group about Medicare and Open Enrollment and answer all questions. She spoke at one of our meetings a few years ago and was extremely helpful. Put Wednesday, October 14, on your calendar and jot down any questions you have.

**ATTENTION – H.O.P.E. is looking for volunteers to help with loading and stacking wood during the day, during the week. We have been lucky to be blessed with many wood orders. Our chief wood supervisor Craig Snook is scheduling volunteers for this project. You may reach him at 717-487-9043 if you can help in any way. This project has been crucial for H.O.P.E. to keep things running. during these crazy times.**



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

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



In this crazy pandemic when everyone's finances are in a questionable state, we are blessed to have friends to help us out! Just this week we received a wonderful donation of \$6300 from the York Jaycees, the Stewartstown Presbyterian Church, Steve & Katherine Jenson, and Frances Greiman were very generous and helped us out at this time.

We have a group of wonderful friends host Birthday fundraisers on Facebook, Bonnie Jo White hosted a Nail Street Color Party, along with Amanda Pross hosted a Scentsy Party.

When the Hamm's learned we were struggling to give our families Gift Cards to help them thru these trying times. The Hamm's generously donated \$500 in Gift Cards.

As always, there are too many to list here. You know who you are.

*“We must let go  
of the life we  
planned, so as  
to accept the  
one that is  
waiting for us.”*

- Joseph Campbell

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!

## Breast Cancer Basics and New Information

October, as everyone is aware, is breast cancer month. Breast cancer is the most common cancer diagnosed among US women and is the second leading cause of death among women after lung cancer. In addition, an estimated 2,620 men in the United States will be diagnosed with invasive breast cancer. It is estimated that 42,690 deaths (42,170 women and 520 men) from breast cancer will occur this year. We'll give you some breast cancer basics and then tell you about developments in testing and treatment.

Breast cancer often has no symptoms, but you may notice something you want the doctor to check. Keep an eye out for:

- A painless lump in the breast
- Changes in breast size or shape
- Swelling in the armpit
- Nipple changes or discharge

The earlier you find the disease, the easier it is to treat. Mammograms, an X-ray of the breast, can show tumors before they get large enough to feel. The American Cancer Society says women with an average risk level should get a yearly mammogram beginning at age 45. Continue them as long as you're in good health. The U.S. Preventive Services Task Force says until you're 50 you should talk to your doctor about your need for testing. After that, get a mammogram every 2 years from age 50 to 74. You don't have to stop at 75; the group just doesn't assess the pros and cons. You can work it out with your doctor. (For new information on screening, see article below.)

Don't panic if a tumor is found. Eighty percent of breast lumps aren't cancerous. They often turn out to be harmless cysts or tissue changes related to your menstrual cycle. Also, let your doctor know right away if you find anything unusual in a self-check. If it is cancer, the earlier it's found, the better. And if it isn't, testing can give you peace of mind.

The only sure way to know a lump is cancer is to do a biopsy. This means removing a sample of the lump so it can be examined. Your doctor may be able to do this with a small needle. But you might need surgery to take part of or the entire lump for testing. The results will show whether it's cancer, and if so, what type. There are several forms of breast cancer, and treatments are carefully matched to each type.

### Earlier Cancer Screening?

A study was conducted in the UK (United Kingdom) on more than 160,000 women from 1997 to 2015 to determine if starting mammogram screening at age 40 rather than 50 would reduce the number of women who died from breast cancer. The women in the study were randomly split into two breast cancer screening groups:

- 53,883 women were in the intervention group and had a screening mammogram every year until they turned 49.
- 106,953 women were in the control group and had usual care, which meant they had no screening mammograms until they were 50 years old.

During the follow-up period 10,439 women died, and 683 of those women (7%) died from breast cancer that was diagnosed before they were 50 years old: 209 women in the intervention group, and 474 women in the control group. This meant that about 25% fewer women died from breast cancer in the first 10 years of the study. The researchers noted that this reduction leveled out as all the women started to be screened for breast cancer.

The results also showed that there was a slight increase in overdiagnosis for women who had annual mammograms from age 39 to 40. The researchers said these overdiagnosed cancers would have been found by mammograms starting at age 50. So starting screening at 40 didn't seem to dramatically increase the number of overdiagnosed cases compared to starting screening at age 50.

Breastcancer.org recommends that women at average risk of breast cancer have mammograms annually starting at age 40 and that monthly breast self-exam and annual physical exams by a doctor are essential parts of an overall breast cancer screening strategy. They also recommend the following points for women to consider and possibly discuss with their doctor:

- Family history of breast cancer or other related cancers (ovarian, melanoma)
- Any test results for gene mutations linked to a high risk of breast cancer
- Results of past breast biopsies, even if they were benign
- Breast density

(continued on page 4)

## Easier Radiation Treatment

For most women with early breast cancer, a single dose of targeted radiation (or radiotherapy) during surgery is just as effective as conventional radiation, which requires several visits to a hospital after surgery. This combination of targeted radiotherapy (restricted to the area around the tumor) given immediately after surgery is called targeted intraoperative radiotherapy. Conventional radiotherapy involves repeat doses to the whole breast over several days after surgery.

The findings, published by the BMJ (British Medical Journal) last month, show that this treatment is associated with an 80% chance of avoiding a full course of conventional radiotherapy, fewer side effects, and no difference in survival or likelihood of the cancer returning. The findings are based on a study done on 2,298 women in 10 countries between March 2000 and June 2012.



*“Love is a fruit  
in season at all  
times, and within  
reach of every  
hand.”*

- Mother Teresa

## The Latest Buzz About Breast Cancer Treatment

Using the venom from 312 honeybees and bumble bees in Perth Western Australia, Ireland, and England, researchers found that the venom induces cancer cell death in hard to treat triple-negative breast cancer with minimal effect on healthy cells. The aim of the research was to investigate the anti-cancer properties of honeybee venom, and a component compound, melittin (which they were able to produce synthetically), on different types of breast cancer cells. They found that “both honeybee venom and melittin significantly, selectively and rapidly reduced the viability of triple-negative breast cancer and HER2-enriched breast cancer cells.” In fact, they found that melittin can completely destroy cancer cell membranes within 60 minutes. Researchers also learned that within 20 minutes melittin was able to substantially reduce the chemical messages of cancer cells that are essential to cancer cell growth and division. They also found that melittin could be used with small molecules or chemotherapies, such as docetaxel, to treat highly aggressive types of breast cancer. The combination of melittin and docetaxel was extremely efficient in reducing tumor growth in mice.

The research was conducted by Dr. Ciara Duffy from the Harry Perkins Institute of Medical Research and The University of Western Australia. She began with collecting Perth honeybees because they are some of the healthiest in the world. Dr. Duffy also studied European honeybees and found they produced almost identical effects. However, bumblebee venom was unable to induce cell death at even very high concentrations. “The bees were put to sleep with carbon dioxide and kept on ice before the venom barb was pulled from the abdomen of the bee and the venom extracted by careful dissection,” Dr. Duffy explained.

## Earlier Cancer Screening

(continued from page 3)

- Personal history of being treated with radiation to the face and/or chest before age 30
- Any use of postmenopausal combined hormone replacement therapy (HRT)
- Whether or not they had a full-term pregnancy or breastfed
- Weight, if they're overweight
- The amount of processed food and trans fats they eat
- Their smoking history
- Alcohol consumption, if they regularly drink more than three alcoholic beverages per week
- Level of physical activity

# PA Legislators Pass Historic Legislation for Breast Cancer Screening

The Pennsylvania House *unanimously* passed Senate Bill 595, legislation requiring PA insurers to cover breast cancer screenings including MRI and ultrasound for women with very dense breasts and other high-risk conditions. Senate Bill 595, sponsored by Senator Bob Mensch (R-24), covers breast cancer screenings for women with the following criteria:

- **High-risk factors** for breast cancer such as personal history, family history or a genetic predisposition
- **Extremely dense breast tissue**
- **Heterogeneously dense breast tissue** with one other high-risk factor for breast cancer.

Nearly 40 percent of women have dense breast tissue, which makes it harder to detect breast cancer on a mammogram. A recent study published in the Journal of the American Medical Association (JAMA), found that MRI detects 2.5 times more breast cancers than even 3D mammograms in women with dense breasts. For many women, however, screening options like MRIs are not covered. Senate Bill 595 will require insurers to cover those additional screenings for women insured under PA law.

Now, Senate Bill 595 goes to Governor Tom Wolf for his signature. When it becomes law, Pennsylvania will be one of only a few states to require insurance coverage of supplemental breast cancer screenings like MRI and ultrasound.

Looking For that perfect or memorable Christmas gift? Look no farther than H.O.P.E. A raffle ticket will be like two gifts: the ticket itself and the anticipation of finding out what the prize is. Or, if you want something long lasting, buy a brick in honor of someone you love. It will be seen by everyone who visits the Haven on the walkway leading into the house.



January 2021 Calendar Raffle

Donation \$20 per ticket

Prizes from \$50 up to \$500

Gift cards ~ gift baskets ~

Coach bags ~

Two nights at Ocean City

## 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

Help  
**H.O.P.E.**

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

Deadline December 31, 2019



## ONE FULL CORD OF WOOD

*Out, Split and Delivered*  
(within 25 miles of Stewartstown)

# \$175.00



Help support H.O.P.E.  
purchase a cord of wood  
call 717-244-2174

## 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



*"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."*

Visit Us on the Web  
[www.hopelifeline.org](http://www.hopelifeline.org)  
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