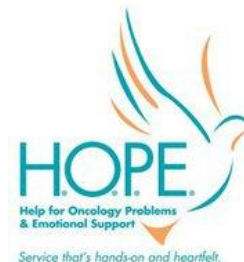


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H.O.P.E.'s Office Hours are Monday through Friday, 9:30—3.

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**.

Support Group Mtg.

Date: Wednesday, July 13

Time: 7:00 p.m.

Location: H.O.P.E. Haven

Speaker: Everyone

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)

Take a Swing at Cancer!

14th Annual Golf Classic Tournament

Saturday, August 20

Hickory Heights Golf Course

Spring Grove, PA

Continental Breakfast, Lunch, Lots of Prizes

Hole-In-One on #17 Wins \$5,000 for you/\$5,000 for H.O.P.E.



Call 717-244-2174 for information.

Shrimp and Bull Roast

Saturday, October 8

7—11 p.m.

Jarrettsville Gardens, Jarrettsville Fire Hall

3825 Federal Hill Road Jarrettsville, MD 21084

All You Can Eat Buffet

Shrimp, Pit Beef, Pit Turkey, Sides Beer and Wine



Silent Auction * Door Prizes * DJ & Dancing

H.O.P.E.'S
NEW ADDRESS

Mailing Address:

**P.O. Box 279,
Stewartstown, PA 17363**

Physical Address:

**13275 Blymire Hollow Rd.,
Stewartstown, PA 17363**

Phone: 717-244-2174

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FROM THE EDITOR'S DESK

For H.O.P.E., Christmas came in June, from hundreds and hundreds of Santa Clauses. More than 350 of those gift givers were our lady biker buddies who came to York from up and down the East Coast (Maine to Key West, in fact) to participate in their 30th annual **Mid-Atlantic Women's Motorcycle Rally**.

The ladies rolled into town on Wednesday, June 15, and stayed until Sunday the 19th. Every day was filled with different events and activities, from a river-boat ride to workshops to a silent auction to self-defense classes and jewelry making. In addition to getting together with friends both old and new, the theme of the rally was women supporting women with the challenge of cancer. Their goal matched their anniversary: \$30,000 for 30 years. And they made it with an extra 82 dollars. For almost 15 years H.O.P.E. has been partnered with this great group of gals, and this year the money will be shared between H.O.P.E. and Pink Out, a cancer non-profit in Gettysburg.



*"Try to be a
rainbow in
someone's
cloud."*

- Maya Angelou

Included in this gathering of motorcycle groups was H.O.P.E.'s special partner, the **Twin Rose Lady Riders** out of Lancaster. You've seen them thanked many, many times in our newsletters for the different fundraising events they have held for us over the past years. H.O.P.E. is proud to have so many friends in this special community.

You may have seen Carol's announcement on Facebook of the grant we recently received from **State Farm**. Thousands of organizations applied for the **Neighborhood Assist grant** and 4,000 made the first cut, H.O.P.E. among those. Those 4,000 were whittled down to 200, at which point State Farm sought out the public to finalize the selections. After votes were tallied, the top 100 organizations will receive a \$25,000 check. As you have guessed, we were one of those top 100 winners. Winners thanks to all our 'Santa Clauses' who voted for us. In fact, unofficially, we wound up #31 in the top vote getters. The money will be put toward the Haven, and a check will be presented in August.

Speaking of the **Haven**, we are inviting our first family to test out the premises in July. They'll be helping us as much as we'll be helping them. The finishing touches are being applied and the i's are dotted and the t's crossed, but we need a real family to show us what works and what might need tweaking. We can't wait to welcome them. Once we get their seal of approval, two and three families can begin enjoying the Haven at a time.

Summer temperatures are upon us and this summer is predicted to be the warmest on record. Therefore it is more important than ever to protect yourself from the sun when you're outside. (Or inside next to a window.) As you know, even on overcast days the sun's rays can penetrate through the clouds, so for those who spend a lot of time outside it's a good idea to get into a daily routine of **sunscreen** application. On the next page we have some sun and cancer statistics and sunscreen advice and recommendations.

Although **sarcoma** isn't one of the 'major' cancers, one type, osteosarcoma, is more common in children and young adults. It is treatable but it's symptoms can be confused with typical 'growing pains,' so it's important to take complaints of pain and swelling seriously if they don't seem to go away. See more about this type of cancer and its symptoms and treatment on page 4.

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

By: Barbara Titanish, President and Co-Founder

With our amazing friends the Twin Rose Lady Riders, we made our way to the Mid-Atlantic Women's Motorcycle Rally (MAWMR) held at the Wyndham Hotel in York, June 16-18, 2022. This year's fabulous Rally was a celebration of 30 years MAWMR. From the Beltway Motel in Baltimore to Aberdeen to Frederick to OC to Gettysburg to Shepardstown to Front Royal to York, the years have been adventurous and inspiring.



Over 350 ladies this year made up the participants along with 116 Newbies. The most Newbie ever at one Rally! Meeting new friends and making long-lasting friendships are among one of the reasons they come together. Sharing the stories of H.O.P.E. listening to the ladies makes my time with them go all too quickly!

All the years of support that they show towards H.O.P.E. is always grateful and loaded with lots of love!

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

Summer + Sun = Greater Skin Cancer Risk

Scroll back through our archives of newsletters and you'll find at least one article every summer about skin cancer. Here are a few updated facts and statistics:

- One in five Americans will develop skin cancer by the age of 70.
- More than two people die of skin cancer in the U.S. every hour.
- Having five or more sunburns doubles your risk for melanoma.
- When detected early, the five-year survival rate for melanoma is 99 percent.
- More people are diagnosed with skin cancer each year in the U.S. than all other cancers combined.

And if you didn't believe in 'global warming,' or climate change, here are some figures that indicate our planet is getting warmer and our exposure to sun deadlier.

- The diagnosis and treatment of nonmelanoma skin cancers in the U.S. increased by 77 percent between 1994 and 2014.
- About 90 percent of nonmelanoma skin cancers are associated with exposure to ultraviolet (UV) radiation from the sun. In the past decade, the number of new invasive melanoma cases diagnosed annually increased by 31 percent.
- It's estimated that the number of melanoma deaths will increase by 6.5 percent in 2022.

Now, a Few Words About Prevention

According to the Skin Cancer Foundation, daily use of an SPF 15 or higher sunscreen reduces the risk of developing a nonmelanoma skin cancer by about 40 percent. Regular use reduces the risk of developing melanoma by about 50 percent. Also, people who use sunscreen with an SPF of 15 or higher daily show 24 percent less skin aging than those who do not use sunscreen daily.

So what types of sunscreen products are recommended? Dermatologists recommend using a product with an SPF of 30 and reapplying it every two hours when you're outside. It takes an ounce of sunscreen to cover the entire body. If you burn easily, wearing a higher SPF may seem sensible; however, the actual difference in the amount of added protection is minimal. SPF 30 protects against around 97 percent of UVB rays, which cause sunburn, while SPF 50 provides about 98 percent protection. Here's a quick primer on those two types of sun rays.

- **UVA rays.** They have the least energy. These rays cause skin cells to age and can cause some indirect damage to cells' DNA. UVA rays are mainly linked to long-term skin damage such as wrinkles, but they are also thought to play a role in some skin cancers.
- **UVB rays.** These have slightly more energy than UVA rays. They can damage the DNA in skin cells directly, and are the main rays that cause sunburn. They are also thought to cause most skin cancers.

Sunlight is the main source of UV radiation, even though UV rays make up only a small portion of the sun's rays. Different types of UV rays reach the ground in different amounts. About 95% of the UV rays from the sun that reach the ground are UVA rays, with the remaining 5% being UVB rays. UV rays are strongest between 10 am. and 4 pm. They're stronger during spring and summer months. Even on a cloudy day the rays can get through. They also bounce off surfaces like water, sand, snow, pavement, or even grass, leading to an increase in exposure.

The SPF number (sun protection factor) of the sunscreen is how well a sunscreen protects against sunburn, which is mostly the result of exposure to the sun's UVB rays. In order to be labeled 'broad spectrum,' the FDA requires that a sunscreen protect against UVB and UVA rays.

Types of Sunscreens

Sunscreens fall into two categories: chemical (lotions and sprays) and physical. The latter is also called mineral or natural. These terms refer to the product's active ingredients, the ones responsible for sun protection. Mineral sunscreens contain zinc oxide or titanium dioxide, or both. These ingredients act as a shield. When the UV rays hit your skin, **mineral sunscreens** physically deflect them – they bounce off.

Chemical sunscreens include active ingredients approved by the FDA. These are avobenzone, ecamsule, homosalate, octisalate, octocrylene, octyl methoxycinnamate, octyl salicylate, and oxybenzone. Chemical ingredients protect by absorbing UV light before it can penetrate the skin and then, through a chemical reaction, release it later as heat. Most chemical sunscreens contain more than one active ingredient. There are also sunscreens that are made with both chemical and mineral ingredients.

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Sarcomas—Cancers More Common to Children

Sarcomas are rare cancers that develop in the bones and soft tissues, including fat, muscles, blood vessels, nerves, deep skin tissues, and fibrous tissues. According to the National Cancer Institute, about 12,000 cases of tissue sarcoma and 3,000 cases of bone cancer are diagnosed in the U.S. each year. Bone sarcomas are more common among children while soft tissue sarcomas are more common in adults.

Bone sarcomas are primarily bone tumors, which means that they develop in the bones. They are most commonly diagnosed in children. In addition to osteosarcoma, the most common form of primary bone cancer, there are several other types of bone tumors. Soft tissue sarcomas originate in the soft tissues of the body and are most commonly found in the arms, legs, chest, or abdomen. Soft tissue tumors can occur in children and adults.

Risk Factors

Most sarcomas do not have a known cause, although there are several factors that could increase a person's risk of developing a sarcoma. The most common sarcoma risk factors include the following:

- History of radiation therapy. Patients who have received radiation therapy for previous cancers may have a higher risk of developing a sarcoma.
- Genetic disorders. Patients with a family history of inherited disorders, such as Von Recklinghausen's disease (neurofibromatosis), Gardner syndrome, Werner syndrome, tuberous sclerosis, nevoid basal cell carcinoma syndrome, Li-Fraumeni syndrome, or retinoblastoma, have a higher risk of developing a sarcoma.
- A bone disorder called Paget's disease.
- Chemical exposure. Exposure to vinyl chloride monomer (a substance used to make some types of plastics), dioxin, or arsenic may increase the risk of sarcoma. However, most sarcomas are not known to be associated with specific environmental hazards.
- Long-term swelling. Having lymphedema, or swelling, in the arms or legs for a long time could increase the risk of developing a sarcoma.
- Exposure to viruses. The virus called human herpesvirus 8 can increase the risk of a type of sarcoma called Kaposi's sarcoma in people with weakened immune systems.

Sarcoma Symptoms

Early signs of soft tissue sarcoma can include a painless lump or swelling. Some sarcomas may not cause any symptoms until they grow and press on neighboring nerves, organs, or muscles. Their growth may cause pain, a feeling of fullness, or breathing problems.

The most common symptoms of bone sarcomas include the following:

- Pain and/or swelling in an arm or leg, the trunk, the pelvis, or the back; swelling may or may not feel warm to the touch.
- A limited range of motion in a joint.
- A fever of unknown origin.
- A bone that breaks from no apparent cause.
- A limp, if the sarcoma is in the leg.

These symptoms could be signs of many other medical conditions. Always check with your doctor for a proper diagnosis.

Treatment

Sarcoma is treated with a combination of chemotherapy, radiation therapy, and surgery. Reconstruction of the surgical area typically takes place at the same time the tumor is removed. Treatment depends on a variety of factors, including the type of sarcoma, the tumor's location, grade, and size, the patient's age, and whether the cancer is new or recurrent.

For primary tumors, radiation is used in conjunction with surgery (either before or after) to reduce the risk of tumor recurrence. For patients with metastatic disease (cancer that has spread to other areas of the body), stereotactic radiosurgery offers a noninvasive

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Recent Discoveries in Cancer Prevention and Treatment

Weight Loss Reduces Cancer Risk

As reported this spring in the *New York Times*, a large study found that people who lost significant amounts of weight through bariatric surgery gained a striking benefit: Their likelihood of developing cancer fell sharply.

The study, published in *JAMA* (formerly the *Journal of the American Medical Association*, now simply known as *JAMA*), followed more than 30,000 adults with obesity for a decade. It found that those who underwent weight loss surgery had a 32 percent lower risk of developing cancer and a 48 percent lower risk of dying from the disease, compared with a similar group of people who did not have the surgery.

According to the Centers for Disease Control and Prevention, obesity is a leading cause of preventable cancers, along with smoking, heavy drinking, and exposure to ultra violet light. People who are overweight or obese have a higher risk of developing 13 different types of cancer, including endometrial, breast, kidney, liver, esophageal, and colorectal. The CDC estimates that the 13 types of cancer linked to obesity make up 40 percent of all cancers diagnosed in the United States each year.

Obesity is often framed as a failure of willpower. But Dr. Ania Jastreboff, an associate professor at the Yale School of Medicine and the director of weight management and obesity prevention at the Yale Stress Center, said that since 2013, the AMA has recognized obesity as a chronic disease. “When a patient comes to see me for their obesity, one of the first things I say is that this is not their fault, this is not their choice. We should not blame patients for having the disease of obesity, in the same way that we do not blame our patients for having diabetes or high blood pressure.”

Miracle(?) Drug to Treat Rectal Cancer

A 38-year-old Bethesda, Maryland, woman noticed some rectal bleeding in 2019. After undergoing a sigmoidoscopy she was told by her gastroenterologist that she had rectal cancer. Before she began her scheduled chemotherapy at Georgetown University, a friend insisted she see a doctor at Memorial Sloan Kettering. The doctor told the woman her cancer included a mutation that made it unlikely to respond well to chemotherapy and she became the first patient in a clinical trial treated with a new drug, a checkpoint inhibitor called dostarlimab. The medication was given every three weeks for six months and cost about \$11,000 per dose. It unmasks cancer cells, allowing the immune system to identify and destroy them.

The Bethesda woman was one of 18 people who participated in the trial, and the cancer vanished in all 18. Moreover, none of the patients had clinically significant complications such as muscle weakness and difficulty in swallowing and chewing, which other patients have experienced with checkpoint inhibitors. Two years later, the first patient still does not have a trace of cancer.

Cancer doctors from around the country expressed elation and amazement, and all agreed that the patients will have to continue to be followed and the study itself will be replicated. Nevertheless, according to the author of the paper describing the results, there has never been a study in which a treatment completely obliterated a cancer in every patient.

Sunscreen Types

[continued from page 3]

According to testing conducted by *Consumer Reports* on a variety of both chemical and mineral sunscreens, there is a definite difference in protection provided by both types. “None of the 25 mineral-only or mineral plus chemical products in our current crop of sunscreens were highly rated. In fact, CR’s testing has never found a mineral sunscreen that rated higher than a Good, which means they came in at about the middle of the pack.”

One final thought, and this one hit home with me. According to dermatologists, ideally, sunscreen should be the final step in your morning regimen, but it’s okay layered between moisturizer and foundation. One or the other without sunscreen is inadequate, despite the products’ claims to have SPF protection. This protection is not the major job of the product, and the other ingredients dilute its effectiveness. According to one dermatologist, “In order to truly get the sunscreen’s benefit in foundation, you would need, like, four bottles of foundation.”

Sarcoma Treatment

[continued from page 4]

alternative to surgery. Stereotactic radiosurgery carefully aims beams of X-rays at abnormal tissues through the skin from multiple directions. The X-ray beams distort or destroy the DNA of cells in abnormal areas so they are unable to reproduce and grow. With optimal treatment, the abnormal tissue becomes inactive and gradually shrinks.

Surviving Sarcoma

Most people diagnosed with a soft tissue sarcoma are cured by surgery alone if the tumor is low-grade, meaning it is not likely to spread to other parts of the body. More aggressive sarcomas are harder to treat successfully.

The survival rate for osteosarcoma is between 60 and 75 percent if the cancer has not spread outside the area it started. It is more likely to be cured if all the cancer can be removed by surgery.

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