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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

Support Group Mtg.

Date: Wednesday, March 8

Time: 7:00 p.m.

Location: H.O.P.E. Haven

Speaker: Everyone

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. 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)

1st Annual Easter H.O.P.E. Easter Egg Hunt

Saturday, April 1 (rain date April 8), at 10:30 a.m.

The Hope Haven

13275 Blymire Hollow Rd

Ages 2-13 (divided into age groups)

Photos with the Easter bunny

Corn hole toss for prizes

RSVP #of children to 717-244-2174

Basket Bingo & Non-Perishable Food Drive



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

New Freedom Community Bldg New Freedom, PA

> Tickets \$20 in advance \$22 at the door

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

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

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

Physical Address: 13275 Blymire Hollow Rd., Stewartstown, PA 17363 Mailing Address: P.O. Box 279,

P.O. Box 279, Stewartstown, PA 17363 Phone: 717-244-2174

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FROM THE EDITOR'S DESK

Are your daffodils poking their heads through your garden? Is your forsythia already blooming? Did you know that according to the Department of Agriculture (USDA) the 'hardiness zone' we are in has moved frozone 5 to zone 7 in less than 50 years? In other words, we're getting warmer. But that is old news, isn't it? Nevertheless, March weather always keeps us guessing, and no doubt there are still some cold days and nights in store for us, regardless of what 'Phil' predicted.

March is one of the few 'down' months here at HOPE, but one during which we regroup for spring and summer events. As usual, we have a full calendar, which you can see on page 5, and we'll keep you well informed in advance of each event so you'll know all the details. Spring Bingo is just around the corner!

You may remember that February in the cancer world honored World Cancer Day and Donor Day, and in last month's newsletter we touched on both, particularly the latter. This month we're following up on that with a first-person narrative by a bone marrow recipient whose three-year anniversary transplant occurred at the beginning of this year. Jason Dudey grew up in Reisterstown, Maryland, and now lives in Austin, Texas. On the next page you can read about his treatment and the ups and downs he's been experiencing since then. Many of you will no doubt be able to relate to his moving words.

March is **colorectal cancer awareness** month. This cancer is the third most common type of cancer worldwide and the second most common cancer cause of death, despite the availability of screening to catch and cure it. While colorectal cancer rates are highest among those aged 50 to 60, these days, a growing number of patients are younger. The exact reason for the increase in risk is unknown, but it may be due to several factors, including genetic links, environmental changes, and an increase in inflammatory bowel disease (IBD). We have information about this disease on page 4.

March is also kidney cancer awareness month. Kidney cancer begins when healthy cells in one or both kidneys change and grow out of control, forming a mass called a renal cortical tumor. Risk factors for kidney cancer include older age, smoking (the risk decreases after the smoker quits), obesity, high blood pressure, treatment such as long-term dialysis for kidney failure, a family history of kidney cancer, and certain inherited syndromes. Kidney cancer is more common among older people and occurs more often among men than women and among Whites than Blacks. Symptoms don't show up early, but in time these may include blood in the urine, which may appear pink, red, or cola-colored; pain in the back or side that doesn't go away; loss of appetite; unexplained weight loss; tiredness; fever. It's not clear what causes most kidney cancer. Diagnosis is done through blood and urine tests, imaging tests, or biopsy of kidney tissue. Treatment usually begins with surgery to remove the cancer. For cancers confined to the kidney, this may be the only treatment needed. If the cancer has spread beyond the kidney, additional treatments may be recommended. For people with cancer in only one kidney, the five-year survival rate is 93%. If the cancer has spread to surrounding tissues or organs and/or the regional lymph nodes, the five-year survival rate is 71%.



"What do we live for if not to make life less difficult for each other?"

~ George Eliot

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

BY BARB TITANISH, PRESIDENT & CO-FOUNDER



Thanks to everyone for their prayers, flowers, fruit baskets and more! I was hospitalized at the beginning of this month. Actually, the doctors are still confused as to what is going on with my health. But I am working hard at regaining my strength. I work with therapists daily because I don't like staying home. I want to get back to

work as soon as possible. The smiling faces from my volunteers and patients are what I need to bring me back to somewhat normal. Again, many thanks to those folks who sent in cards, prayers and 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!

Thoughts From A Bone Marrow Donor On His Third Anniversary

Last month we talked about ways you can be a 'donor.' These went from personally assisting cancer patients to donating money or valuable items to a cancer organization to the ultimate donation: your blood or bone marrow. This month we have a story from a young man, Jason Dudey, whose life was saved by just such a donation.

In 2017 and 2019 Jason was diagnosed with Grade B Large Cell Diffused Non Hodgkin's Lymphoma. He received six months of chemo both times. After the second treatment he was told that the only way to make sure the cancer didn't come back was to get a bone marrow transplant. In July of 2019 he simultaneously started RCHOP chemo treatment and began looking on Be The Match for a donor. On December 13th Jason was told they had found a donor for him, and on December 17th he was on his way from Austin, Texas, to Johns Hopkins to start all the testing before his transplant day, January 23, 2020, at 48 years old.

Jason wrote a post on Facebook of what his life has been like moving forward after cancer on the third anniversary of his bone marrow donation. It's an honest and thought-provoking assessment. Here is what he wrote:

"Today is the three-year anniversary of my bone marrow transplant, or as they say in the transplant world, my "ReBirthday." I had a really good talk with my oncologist six months ago as this year was the hardest yet.

My question was simple: "When will things go back to the way they were, before cancer, before transplant?" Intellectually I knew what his answer was going to be, but it still hit me hard emotionally. "Jason, you will never be the Jason before cancer before transplant. That life isn't coming back.""

Here are my observations and lessons this last year:

- Anger crept in and came out sideways. At work, with friends, and just in general. Cancer has been a huge part of my life since 2017 and I got really pissed off this year.
- Meditation practice is invaluable and really the only way to get through some days.
- Work/Life balance isn't a goal anymore, it's a necessity. Still trying to figure this out.
- I am allowed to say no, change my mind, or cancel plans. Guilt trips don't work on me any longer.
- I must find a creative outlet; I'm looking for it this year.
- Divorced since 2018, Dating again eludes me.
- My family: parents, sister and her family, my cousins and friends that have become family are 100% there for me. Without judgment.
- Chronic pain is real and a huge adjustment. I've now had shingles for a year and a half. Eventually my nerves will repair themselves, but it could take years.
- Humbled beyond words when I met my donor and his wife this year. I'm in awe of the selflessness of this man and the time he took to save a stranger's life. This world needs more Jacob Ludwigs.
- Vacations, every six months. Not an option.
- Fatigue is real and not going away.
- Psychotherapy, as my oncologist has stressed to me for years, is so important to learn how to live with this. I hate the term PTSD but am starting to believe that it's real. My connection with my friend Mike Ginsberg, who has had a similar diagnosis and transplant, makes me not feel so alone.

That's where I am on my rebirthday. The past year was harder than getting chemo and a transplant. This next year, the goal is to seek out fun, laughter, and joy. <insert some inspirational quote here>

Here are three non profits that helped me if you feel so inclined to check them out: Be The Match, Regarding Cancer, and Flatwater Foundation."

Not Your Father's Cancer Any Longer

Colorectal cancer is a disease in which cells in the colon or rectum grow out of control. Sometimes it is called colon cancer, for short. It often begins as a growth called a polyp, a small growth of tissue, inside the colon or rectum. Most polyps are not cancerous, but some may grow out of control and become cancerous. Most precancerous polyps produce few, if any, symptoms. Because of this, it is crucial to get screened routinely for colon cancer. These screenings allow your doctor to find and remove polyps before they turn into cancer.

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. Another 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.

Colorectal cancer can strike both men and women, and it has the second highest rate of cancer deaths in the U.S. 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.

Many people with colon cancer do not have symptoms in the early stages. As the disease advances, more symptoms may appear. These may include blood in your stool or 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.

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.

Lifestyle choices that may decrease your risk of getting colon cancer include regular screening tests, staying at a healthy weight, regular exercise, eating a healthy diet with lots of fruits and vegetables, avoiding cigarette smoking, and drinking alcohol only in moderation or not at all.

The results of a clinical trial conducted by Sloan Kettering Memorial Cancer Center on 18 young adult patients with colorectal cancer with a certain genetic makeup were revealed last June in the New England Journal of Medicine. All 18 patients showed no evidence of cancer after being given the immunotherapy drug dosterlimab, and none required any further type of treatment. Although this type of rectal cancer is found in only 5-10% of patients whose tumors are classified as mismatch repair (MMR) deficient, its outcomes were unprecedented and further research and clinical trials will determine whether dostarlimab represents a long-term cure.

Despite a decrease of rectal cancer in older patients, current trends predict that by 2030 cases will increase 124% in patients ages 20-34 and 46 % in patients ages 35-49. (The "Black Panther" star Chadwick Boseman is probably the best known young adult victim of colorectal cancer.) While modern surgical techniques to remove part of the colon often preserve quality of life and bowel function, rectal cancer surgery often results in significant bowel function changes, sometimes requiring a permanent colostomy bag to collect and dispose of fecal matter. Therefore particularly in young patients, providing effective, nonsurgical options can significantly increase quality of life potentially for 50 years or longer after having colorectal cancer.

Pancreatic Cancer Support Group: Building Resilience

Educational and supportive workshops for patients and caregivers facing pancreatic cancer. Sponsored by Virginia Mason Cancer Institute.

A series of discussion workshops via Zoom held every other Tuesday from 10-11:30 a.m.

Dates are: March 14, March 28, April 11, April 25, May 9, May 23, June 6, June 20.

Topics Include:

- Managing Symptoms
- Navigating the World of Clinical Trials
- Mindfulness and Perspective
- Defining and Enhancing Quality of Life
- Supporting Self/Supporting Caregivers

Drink a Toast To HOPE



Saturday, March 25, at the Park Innbar, 19308 York Road, in Parkton, northern Baltimore County.

To honor their moms, one who died from breast cancer and one who died from pancreatic cancer, and

two friends who are going through cancer treatments, two ladies will be guest-tending bar and donating their tips to HOPE.

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., Bernard Family and H.O.P.E., we will be awarding 4, \$1000.00 scholarships to students who have an immediate family member with 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.

Weekend Camp for Grieving Children June 9-11

Camp Dragonfly Camp Hebron, Halifax PA

- For children ages 6-15.
- Specialized teen track, ages 13-15
- Group sessions.
- Adult buddies.
- Horsemanship program.
- Fun camp activities.
- Parent/guardian session Sunday to learn about childhood grief.
- Free to attend; registration required.

Apply by May 1. bereavement@hospiceofcentralpa.org (717) 732-1000

Attention Saubel's Shoppers:

It's savings stamps time again, and this time Saubel's is offering fluffy new bathroom towels through April 19. You get one stamp for every \$10 you spend. Fill a book for HOPE.

Attention Amazon Smile Shoppers:

Amazon is discontinuing the program due to too many organizations (a million globally!) and thus money spread too thin. Thank you for supporting us all these years.

Easter Egg Hunt

Spring Bingo

Adult Prom

Voices for Hope Banquet

Give Local
Music Concert

Scholarship Awards Mason-Dixon Car Show

Markets Yard Sale

MAWMR

Golf Tournament

Bull RoastFall Bingo

CALENDAR! Saturday, April 1

Sunday, April 16

Saturday, April 15

Thursday, May 4

Friday, May 5 Sunday, May 7

Wednesday, May 10 Saturday, May 27

Saturday, June 10

Thursday, June 15-Saturday, June 17

Saturday, August 19

Saturday, Sept. 30

Sunday, November 5

Visit Us on the Web Www.hopelifeline.org http://www.hopelifeline.org "Like" Us on Facebook:



"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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