



EAST CENTRAL DIVISION VOICES *of* HOPE

September 2012

EAST CENTRAL DIVISION ★ VOICES OF HOPE

East Central Division
Voices of Hope 2012

Central Region PA

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Linda Dunkle
Marguerite Santorine
Daniel Staples
Rodney Lynn
Lisa Newton

Eastern Region PA

LeeZa Ohl
Ken Miller
Kara Rhodes
Barb Feeman
Sherry Sperring
Brenda Naydock

South Central Region PA

Cindy Mellinger
Cynthia Scott Harris
Chris Yealy
John Segneri

South East Region PA

Deedee Grubb
Jim Levinski

Western Region PA

Kay Gardone
Rebecca Fitzgerald
Bob Clark
Gretchen Belan

South West Region OH

George Pepper
Tom Evans
Dave Allen

North East Region OH

Heather Gollan
Mike Taylor

North West Region OH

Sharon Knoop
Kelly Hanna

Learning ABC's Put on Hold to Fight Cancer!

Christopher Yealy



A four year old should be focusing on learning his ABC's, counting to ten and learning his address and phone number in preparation for pre-school. That's what Chris Yealy was doing until the whole family's priorities changed in July of 1998.

Chris is a 14 year cancer survivor who lives in McSherrystown PA with parents Brian and Lynn Yealy. He has an older sister Jennifer. He is a 2012 graduate of Delone Catholic High School where his parents both work as music directors and has just started college at York College of Pennsylvania as a computer science major.

For the past five years he has been a participant in the Relay For Life of Hanover walking for the Delone Faculty, Family and Friends Team. In 2011 he served as the honorary chairperson for the Relay and gave

the Survivor's speech at the East Central Division Relay Leadership Summit in Pittsburgh. Here is Chris' story:

I began my battle with cancer when I was four years old. I was diagnosed with Acute Lymphoblastic Leukemia, or ALL, one of the most common types of leukemia in children under the age of 20, in July, 1998. About a month prior to that, I began to experience daily low-grade fevers. If I was given Tylenol, the fever went away but returned the next day. I had no other symptoms that would indicate the presence of cancer. The doctors were puzzled and the blood work came back inconsistent. I was tested for many different things. In late June of that year, I was put on an antibiotic and went on a mini vacation to Nags Head, North Carolina with my extended family. It was truly a blessing. I was fever-free the entire time and everyone thought my health issues had been resolved. However, after we returned to Hanover, my fever returned. After the next batch of blood work started to look more consistent, we were sent to Hershey Medical Center to see a pediatric hematologist. My mom, dad and I went to Hershey for what we thought was just a consultation. After they tested my blood, they told my parents they were doing a bone marrow aspiration to confirm the presence of abnormal cells. After the procedure, they told us go have lunch and be back in one hour. They were admitting me and starting chemotherapy that very day. I had Acute Lymphoblastic Leukemia. I have to admit, a lot of this is just a blur to me. At the age of four, I didn't really know what was happening. My parents were stunned and tried to remain calm around me. I was incredibly fortunate. My initial hospital stay was only four days. My

oncologist, Dr. David Ungar, told us from the beginning not to let cancer weigh us down. We were told to go on with our daily lives as much as possible. We took his advice to heart, and did not allow cancer to become the focal point of our lives. ALL is more likely to recur in boys, so I went through three and a half years of chemotherapy. The first year of treatment went in three-month cycles. I took daily pills at home, crushed up in Hershey Syrup. I also received chemotherapy in the form of intramuscular injections and IV infusions. I had to have a spinal tap every three months to make sure the cancer did not spread. During this first year, I had a mediport installed under my skin near my heart to help me receive treatment.

As a young child, I knew I had a blood disease and that there were bad cells attacking my blood. I knew that the medicine was very powerful and affected both good and bad cells. I never really minded the loss of my hair. I did not suffer from the uncomfortable nausea that many people experience when undergoing treatment. I sometimes experienced odd side effects that most people didn't have. I had a very bad time with sores lining my throat and mouth, but I know that others have suffered far more debilitating effects with their treatment.

Through the course of my treatment, I attempted to attend preschool. I missed more school than I attended, due to low blood counts, pneumonia, and an outbreak of chicken pox in my classroom. I did a little better in kindergarten and first grade and by the time I finished my treatment, I was able to attend school regularly. My classmates, teachers and administrators were very helpful.

Throughout the course of my treatment, my family, friends, church, school, and community remained very supportive and positive. Back then, we didn't refer to such people as a "social network," but they definitely cast a safety net of love and support under my family and me. They provided prayers, gift baskets, gas money, rides to Hershey Medical Center, grocery money, home-cooked meals, fundraisers, financial contributions for expenses, and more. I experienced a lot of generosity and prayers from people I didn't even know.

Because I was so young when undergoing treatment at Hershey Medical Center, my parents were allowed to stay with me overnight in my hospital room. Other caregivers do not always have that option. The American Cancer Society's Hope Lodge program offers cancer patients and their caregivers a free, temporary place to stay when their best hope for effective treatment may be in another city. Currently, there are 31 Hope Lodge locations throughout the United States, including Hershey, Philadelphia, and Baltimore.

When I was little, various Delone band parents and my grandfather would frequently volunteer to drive my mother and me an hour to Hershey for my treatments. Other cancer patients may not have such a network of support. The ACS Road to Recovery program provides transportation to and from treatment for cancer patients who do not have a ride or are unable to drive themselves. Volunteer drivers donate their time and the use of their cars so that patients can receive the life-saving treatments they need.

These American Cancer Society programs and many others would be impossible without Relay for Life. I sincerely want to thank team members on behalf of all cancer survivors for helping us to fight back against cancer and celebrate more birthdays. I assure you that your care and support mean the world to us. Walk on!

September is Childhood Cancer Awareness Month...for more information on all aspects of childhood cancer, visit www.cancer.org.

5 Years of Spreading HOPE VOH Reunion

Sunday, September 9, 2012

11:30 am

Pavilion Q

Knoebel's Amusement Resort
Elysburg PA

WILL YOU ATTEND?

✓ YES

? MAYBE

✗ NO

Meat, beverage and all paper products will
be provided. Bring a dish to share.

Join us for an afternoon of good friends,
good food and sharing stories.
Bring your family!

Kimbra Stewart



What Relay Means to Me!

Relay has been a vital part of my life. It has taught me to be strong in the face of adversity. I have made some "VERY SPECIAL" friends that have blessed me in ways I never would have thought possible. It also was an encouragement to me to GET INVOLVED and help others thru Reach to Recovery & ACS's many other programs! As a new dear friend says it best "ALWAYS RELAYING"

Kim Stewart

Life provides losses and heartbreak for us all. But the greatest tragedy is to have the experience and miss the meaning.

-author unknown

quoted on Good Morning America by Robin Roberts



What's New in Ovarian Cancer Research?

Risk factors and causes

Researchers continue to study the genes involved in ovarian cancer -- how they normally work and how changes can lead to cancer. In the future, this research could lead to new drugs to prevent and treat certain types of ovarian cancer.

Prevention

New knowledge about how much BRCA1 and BRCA2 gene changes increase ovarian cancer risk is helping women make decisions about prevention. For instance, there are mathematical models that help estimate how many years of life an average woman with a BRCA gene change might gain by having both ovaries and fallopian tubes removed to prevent ovarian cancer from starting. But it should be kept in mind that although doctors can predict the average outcome of a group of many women, they still can't predict the outcome for any one woman.

Other studies are testing new drugs to reduce ovarian cancer risk. Researchers are always looking for clues such as lifestyle, diet, and medicines that may alter the risk of ovarian cancer.

Finding ovarian cancer early

Better methods for finding ovarian cancer early could have a great impact on the cure rate. A national "bank" for blood and tissue samples from women with ovarian is being set up. This will allow researchers to look for patterns of blood proteins in women with ovarian cancer. This might help them find new ways to test (screen) for ovarian cancer.

Two large studies of screening tests have been done--one in the United States and the other in the United Kingdom. Both studies looked at using the CA-125 blood test along with ovarian ultrasound to find ovarian cancer. In these studies, more cancers were found in the women who were screened. Some of these were found at an early stage. But the outcomes of the women who were screened were not better than the women who weren't screened - the screened women did not live longer and were not less likely to die from ovarian cancer.

A test called OVA1 is meant to be used in women who have an ovarian tumor. It measures the levels of certain proteins in the blood. The levels of these proteins, when looked at together, are used to put women with tumors into 2 groups: low risk and high risk. The women who are labeled low risk are not likely to have cancer. The women who are called high risk are more likely to have a cancer and so should have surgery done by an expert (a gynecologic oncologist). This test is NOT a screening test - it is only meant for use in women who have an ovarian tumor.

-for more information on Ovarian Cancer Research visit www.cancer.org

About 20% of ovarian cancers are found at an early stage. When ovarian cancer is found early at a localized stage, about 94% of patients live longer than 5 years after diagnosis. Several large studies are in progress to learn the best ways to find ovarian cancer in its earliest stage.

Ways to find ovarian cancer early

•**Regular women's health exams:** During a pelvic exam, the health care professional feels the ovaries and uterus for size, shape, and consistency. A pelvic exam is recommended because it can find some reproductive system cancers at an early stage, but most early ovarian tumors are difficult or impossible for even the most skilled examiner to feel. Pelvic exams may, however, help identify other cancers or gynecologic conditions. Women should discuss the need for these exams with their doctor.

The Pap test is effective in early detection of cervical cancer, but it isn't a test for ovarian cancer. Rarely ovarian cancers are found through Pap tests, but usually these are at an advanced stage.

See a Doctor if You Have Symptoms:

Early cancers of the ovaries tend to cause symptoms that are more commonly caused by other things. These symptoms include abdominal swelling or bloating (due to a mass or accumulation of fluid), pelvic pressure or abdominal pain, difficulty eating or feeling full quickly, and/or urinary symptoms (having to go urgently or often). Most of these symptoms can also be caused by other less serious conditions. These symptoms can be more severe when they are caused by ovarian cancer, but that isn't always true. What is most important is that they are a change from how a woman usually feels. By the time ovarian cancer is considered as a possible cause of these symptoms, it usually has already spread beyond the ovaries. Also, some types of ovarian cancer can rapidly spread to the surface of nearby organs. Still, prompt attention to symptoms may improve the odds of early diagnosis and successful treatment. If you have symptoms similar to those of ovarian cancer almost daily for more than a few weeks, and they can't be explained by other more common conditions, report them to your health care professional -- preferably a gynecologist -- right away.

Better ways to screen for ovarian cancer are being researched. Hopefully, improvements in screening tests will eventually lead to a lower ovarian cancer death rate. www.cancer.org