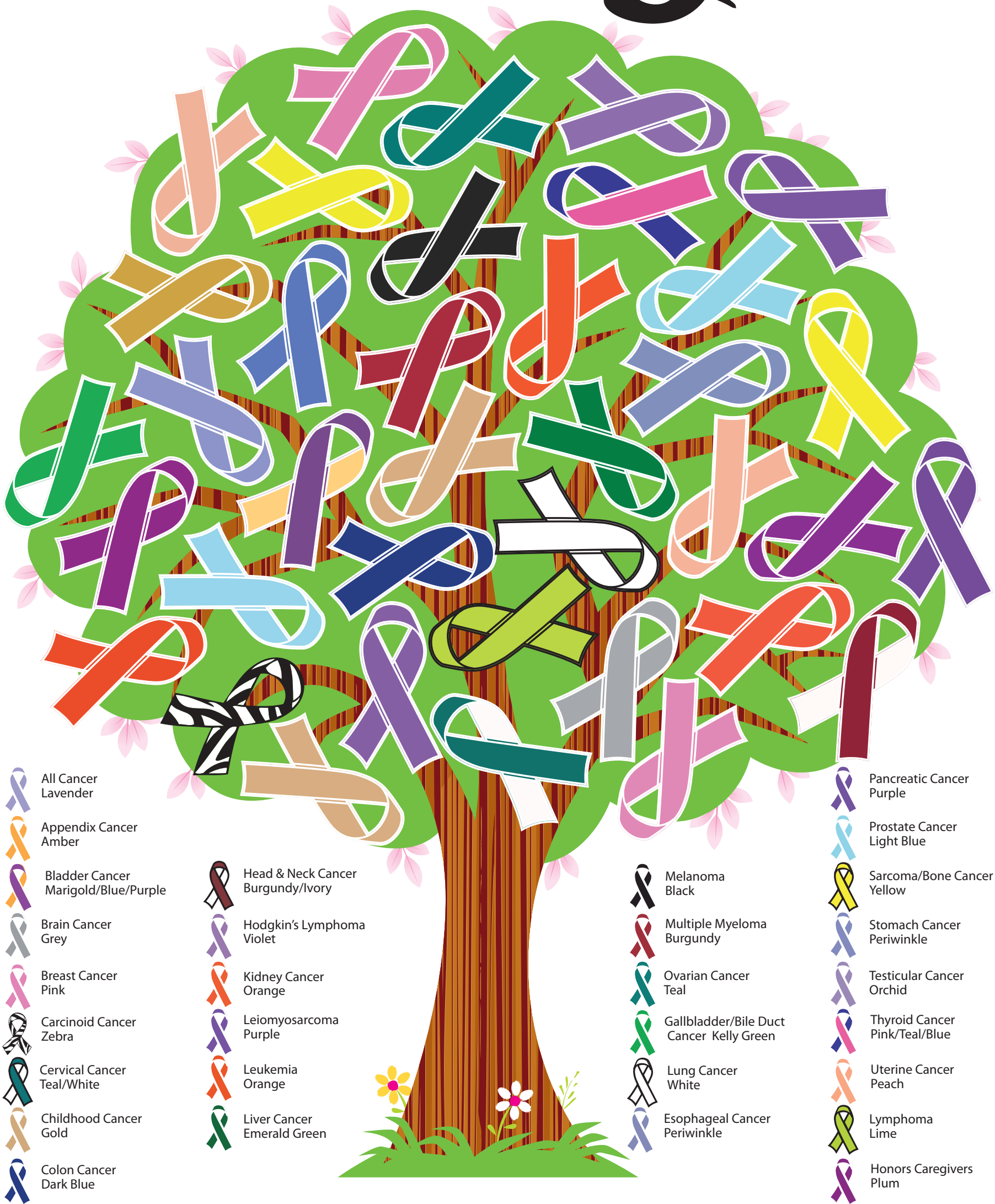













The Big C



-  All Cancer
Lavender
-  Appendix Cancer
Amber
-  Bladder Cancer
Marigold/Blue/Purple
-  Brain Cancer
Grey
-  Breast Cancer
Pink
-  Carcinoid Cancer
Zebra
-  Cervical Cancer
Teal/White
-  Childhood Cancer
Gold
-  Colon Cancer
Dark Blue

-  Head & Neck Cancer
Burgundy/Ivory
-  Hodgkin's Lymphoma
Violet
-  Kidney Cancer
Orange
-  Leiomyosarcoma
Purple
-  Leukemia
Orange
-  Liver Cancer
Emerald Green

-  Melanoma
Black
-  Multiple Myeloma
Burgundy
-  Ovarian Cancer
Teal
-  Gallbladder/Bile Duct
Cancer Kelly Green
-  Lung Cancer
White
-  Esophageal Cancer
Periwinkle

-  Pancreatic Cancer
Purple
-  Prostate Cancer
Light Blue
-  Sarcoma/Bone Cancer
Yellow
-  Stomach Cancer
Periwinkle
-  Testicular Cancer
Orchid
-  Thyroid Cancer
Pink/Teal/Blue
-  Uterine Cancer
Peach
-  Lymphoma
Lime
-  Honors Caregivers
Plum

GROWING AWARENESS TO SAVE LIVES

A supplement to McLean County Independent, Underwood News, Leader-News, McLean County Journal, McClusky Gazette, Velva Area Voice, Beulah Beacon, Hazen Star, Center Republican, Mountrail County Record and New Town News.

Let's work together to stomp out The Big C

Cancer. The Big C. No matter what you call it, it's a matter of life and death.

Although it's often on our minds each day, our communities come together each spring to fund raise to try to put a stop to cancer. This section is designed to salute those efforts, to inform our readers about people and options available to our readers.

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We leave you with our hope that

research stomps out The Big C and this inspirational poem.

Cancer is so limited ...
 It cannot cripple love, It cannot shatter hope,
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 It cannot kill friendship,
 It cannot suppress memories,
 It cannot silence courage,
 It cannot invade the soul,
 It cannot steal eternal life,
 It cannot conquer the spirit.

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In Loving Memory of Norman Allmer Who Passed Away on November 6, 2015



Those we love don't go away,
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 day, unseen, unheard, but always near,
 still loved, still missed and very dear.

Sadly missed by your loving family

Two Survivors of Cancer Personal interview

By: Suzanne Werre

What was your first thought when you were told you had cancer?

1. "I was just shocked. They had just said it wasn't going to be that because it's rare."
2. "Not being around for my kids."

How was your cancer treated?

1. "I just had to have surgery and took a pill for awhile." "There was really no choice but to take it out."
2. "Chemo, radiation and a double mastectomy." "Get rid of them – I don't need them anymore," was her thoughts about the mastectomy.

Do you still think about it a lot?

1. "It's in the back of my mind, but I don't dwell on it. ..I think about it the day I'm going to have my yearly ultrasound done."
2. "You can't live your life by

it – If you think about it too much, you just break down. It snowballs in a bad way."

1. "It changed my opinion about always worrying about everything – It made me slow down a little bit. I like to do more family things."
2. "Even though you have everyone around you, you feel alone – But I think that gets better because I don't feel like that anymore." "You don't feel that aloneness anymore." "You have a different normal." "You have the 'normal' when you go through treatments. Now you have a different normal."

1. "Positivity is huge."
2. "I think a huge part of how you get through it mentally, getting through the treatment, positivity is huge."

1. "What I don't forget about, and what bothers me . . . I watch

my daughter like a hawk," as her particular type of cancer is genetic.

2. "Genetically, we're negative – but my sister had ovarian and breast cancer," on worrying about her children being predisposed to breast cancer.

"2. The one traumatic moment, my hair was starting to fall out because of the chemo, and I reached around the back of my head, and all of it came out in my hand." It was then that she and her daughters decided it was time to just get rid of her long mane of hair, and they shaved it off. She never had an issue of looking at herself in the mirror – it was no problem.

1. "I don't want to waste all my time worrying about it."
2. "We're living."
2. Even more than just being "cancer survivors, we're living."



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Going through cancer with God

By Sandy Blanes

Bonnie Budeau's eyes light up as she talks about her Christmas Eve surprise with her family after the dreadful diagnosis of breast cancer that altered her life in a matter of days. Her head is covered with one of her favorite scarfs and she sits in her 'comfort' corner chair looking out the beautiful large windows onto a field that still has its winter look. The sky is clear but Bonnie says that sometimes she likes the winter cloud cover that gives her a day to meditate and work on one of her many quilts without the urge to go outside and get some sunshine.

"How do people go through these things without God?" Bonnie says her voice charged with emotion as she thinks back to the day she discovered the lump. Bonnie did not need to make a list on paper; she was surrounded by many who were going through cancer treatments and by those who she had lost over the years and some just recently.

Among those she had lost in the past couple of years were her classmate Roger Lakoduk who had succumbed to cancer just in the last month, joining other classmates: Jim Moseanko, whose twin sister Jeanine (Edwards) Phillips is a breast cancer survivor, JoAnn Ple-suk Bokovoy and nephew Shawn Verbitsky, son of Daryl and Louise Verbitsky.

Journal entries for Bonnie included the following information, starting on December 11, 2015.

Friday - "While watching television, I felt an itch under

Thursday - (Forgot about the journal)

Friday - "Received notice that the mass was cancerous."

Weekend - "Another longest weekend ever - thinking, more thinking, wondering, praying, waiting; could not do this without having someone with me, my husband, Russ, best support ever."

Christmas week!

Monday - "Appointment with surgeon at Bismarck Cancer Center, gave two options, lumpectomy or mastectomy." (With lumpectomy, the tumor and a small rim of normal tissue around the tumor are removed but the rest of the breast remains intact. With mastectomy, the entire breast is removed).

Tuesday - "Scheduled for extensive MRI and cat scans - they will find out if there is cancer anywhere else. I have not voiced this aloud but this is one of my biggest fears. Is there more hiding somewhere? Oh, God! Give me peace. I cannot pray for only myself when there are so many people around the world suffering, but please God, help them find a cure for cancer."

Wednesday - "Appointment with head doctor, Tarek Dufan, Medical Director of Bismarck Cancer Center. Straight forward, direct, I appreciate that and felt comfortable. I will soon know the results. Tomorrow is Christmas Eve and I will be with family. I hope I will receive news soon so I will at least know. I do think that if it is just in the breast, I can handle it."

Bonnie was somewhat distracted while spending time with her extended family and her son Dennis



Bonnie and Russ Budeau with sons Jim and Dennis, just before starting her treatments.

“How do people go through these things without God?” Bonnie Budeau

my arm on my breast, scratched it and felt a large, hard spot, examining a little more, made a note to call the doctor on Monday."

Weekend - "The longest weekend ever, everything that I've heard about breast cancer comes to mind but more than that, thoughts of my family and friends with cancer bombarded my peace."

Monday - "A call to my general practitioner this morning as early as possible; mammogram tomorrow. That was fast!"

Tuesday - "Doctor called to confirm a mass, biopsy is tomorrow."

Wednesday - "Ultrasound and biopsy at 1p.m."

from Bismarck on Christmas Eve, but in the back of her mind, she kept listening phone to for the ring. She needed to know. She finally got a call that told them all she was cancer-free in the rest of her body. They celebrated.

The biggest surprise of all was when she answered a knock on the front door and her son, Jim of DeForest, Wisconsin, with her twin grandsons, Alexander and Conner, 13, were standing there, one of the 'Best Christmas surprises ever,' as she put it.

Now it is April and her treatments have been steady, brutal to her body, sapping her energy, changing her appearance. "There are days that are good, and I can get some things done, like today," Bon-

nie said, "but the shots that rebuild cells have devastating side effects."

Bonnie had trouble with her port that had to be surgically removed and replaced, which she said gave her more pain and worry than some other procedures.

"The Bismarck Cancer Clinic has gone over the top to help me. I cannot even read all the material they have given me. Treatments are a full day event and there are about 10 recliners with all different patients from old to young who are entertained' by staff with lots of humor and kidding around.

Bonnie says it is so ugly, but complete strangers find a connection to her when they see her in her scarf.


Bonnie reflects on the 'olden' days and how hard it was for her ancestors who homesteaded and brought up children on the prairie



Bonnie Budeau with her Christmas surprise: grandsons, Alexander and Conner, 13.

CANCER WITH GOD


Continued on page 6



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Erica's Pretty in Pink

By Kate Johnson

"I wasn't 40 years old and they say you can get a mammogram about 35 if you are a higher risk category. I have zero family history. I don't have any of the precursors for breast cancer. So I've never had a mammogram. If I hadn't decided that morning to do my own check -- I was still six to seven months out from my annual exam -- and who knows where I'd be at that point." Erica Petrowitz

Erica is a 38-year-old woman who has spent her days working as head of human resources for the Dakota Gasification Company as well as raising two children with the help of her husband, Aaron. As all parents do, Erica let herself fall behind her children on the priority list, no longer conducting self breast exams. One morning while standing in the shower, it dawned on her that this was something she had been skipping over and decided to go ahead and do one right then and there.

Upon this self-exam, Erica came across a lump. Because Erica found this lump on her own, it led her to a doctor's office which carried on to the knowledge that it was, in fact, cancerous, and that it needed to be removed.

Doing the self breast exam that day helped Erica get a jump on her cancer, and allowed for it to be removed in the early stages.

Erica has become an advocate for self breast exams on a monthly basis – taking to her personal Facebook page to send out reminders.

"I picked the 7th of every month," says Erica, "October 7 was the day I had my first biopsy and MRI." She mentioned the seventh day of each month have been focal points throughout her journey.

"If I can get one person to remember then I've done something," says Erica.

The driving force behind her posts are in hopes friends will be reminded to check and potentially catch the disease early. One in eight women is affected by breast cancer, whether it be personally or someone in your family or friend pool.

Erica has decided to tackle this obstacle life gave her openly and positively. Positivity is something that Erica has always radiated throughout her life.

"I've always been a positive person, which has helped a lot," says Erica, "A positive mind goes a long way"

Erica said the reason she has decided to be so open and will-



Erica Petrowitz's favorite picture of her family – husband, Aaron and their children.

“The key with breast cancer is the earlier you can find it, the greater chance of beating it and having a successful outcome.” Erica Petrowitz

ing to share her journey is because of the lack of knowledge she had prior to being told she had breast cancer.

"I didn't know a lot about it. So for me it was extremely scary and it didn't have to be as scary if I had known more about it. My thought is, with so many people who are affected by breast cancer, that if I can get my story out there and tell people, I'll pretty much share anything about my experience. And maybe I can help someone else out there not be as scared," says Erica.

She also mentioned that her diagnosis, surgery, and journey isn't something to hide or be ashamed of. "The key with breast cancer is the earlier you can find it, the greater chance of beating it and having a



Pretty in Pink fundraising event brought back the 80s.

successful outcome," says Erica, something she didn't know prior to her diagnosis.

Erica had two tumors, which resulted in her desiring a double mastectomy. Doctors tested the tissue in her chest cavity, with areas around the tumors and lymph-nodes all coming back negative when searching for remaining cancerous cells. However, doctors could not guarantee she would never have

cancer again.

"I felt I was already proactive by doing the double mastectomy, which I didn't have to do. But I want to do as much as I can to make sure it has at least a chance as possible," said Erica.

This led her to chemotherapy. Erica feels she is continuing the

PRETTY IN PINK

Continued on page 6



Erica Petrowitz after shaving her head.



Erica Petrowitz after her first round of chemotherapy.

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Melanomas, early detection is vital

By Kate Johnson

Advancing technology has given patients and doctors outlets for preventive care. Doctor Mike Hammerschmidt, Beulah Vision, has experienced patients having to lose an eye because of their unwillingness undergo preventative care options. Preventative care measures offered by optometrists can include either dilating a patient's eyes with drops or taking a picture of each eye.

"I had a patient in years ago. He never wanted this done, he didn't want me to dilate his eyes, so we had him sign a form. But I said 'you know that you should have this done' - he's 40 some years old. Well, we finally got him to take a picture and we found a melanoma in his eye. He actually lost his job because they had to take the eye out, so had no depth perception," says Hammerschmidt.

Recently Hammerschmidt's office has invested in a new piece of equipment. This is something he has had for the past 15 years; however, this year a smaller, yet better, version was produced and the old version discontinued.

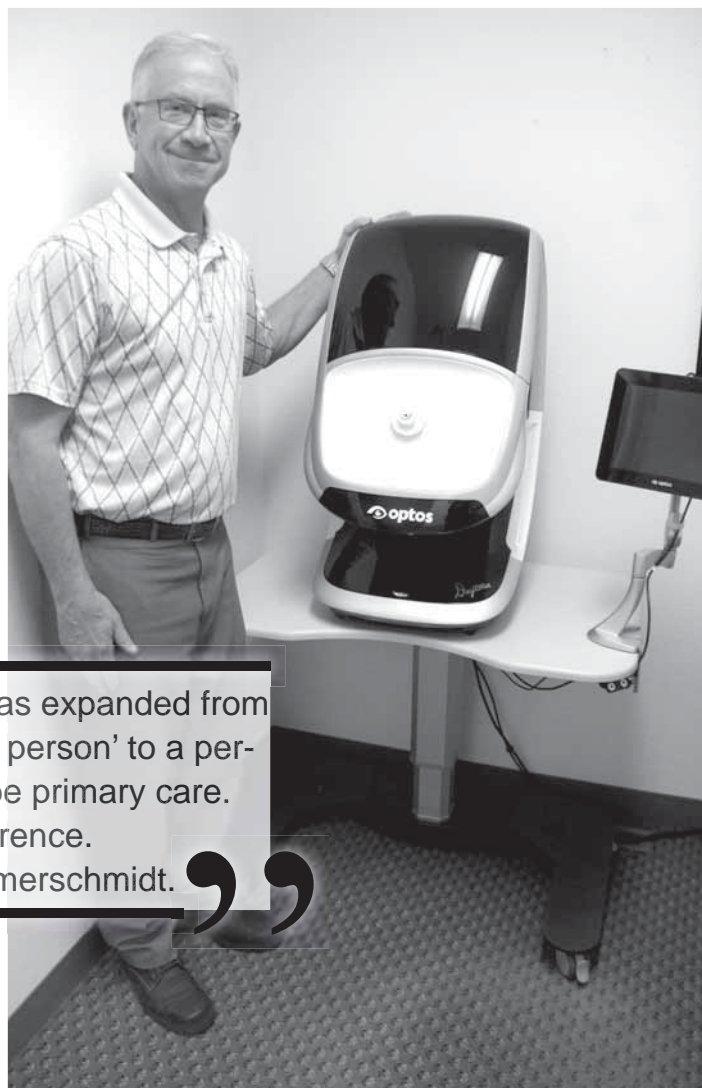
The equipment is referred to as an optomap. This machine has the ability to take 100 pictures in half a second, placing them all together to form one. The patient places the cheekbone and forehead on the pads and looks through a little hole in the machine. Moving the position of the eye right to left, up and down, until the color is no longer red but green and a flash of light is quickly to follow.

This procedure is done on both eyes. Moving into the patient room, the picture is brought up on a large screen that has been mounted to the wall. With both eyes side-by-side, the patient and doctor can see the entire eye and anything that is currently inside of it.

This picture can see blood vessels - determining what kind of condition the patient's eye is in, any signs of other diseases -- stroke, heart disease, hypertension, and di-



Dr. Mike Hammerschmidt, Beulah Vision, showing the different diseases that can be found in a patient's eye.



Dr. Mike Hammerschmidt, Beulah Vision, standing next to his new piece of equipment, the optomap, which is a retinal imaging device.

“Optometry has expanded from this 'eye glass person' to a person who can be primary care. There's a difference. Dr. Mike Hammerschmidt.”

abetes -- all can be seen in the retina. Diabetic retinopathy affects the eyes and kidneys, damaging tiny blood vessels inside the retina. In age-related macular degeneration, the center of the eye -- or "macula" -- can become diseased with age, making daily activities difficult. Glaucoma, or increased eye pressure, damages the optic nerve and can develop without systems. Hypertension, or high blood pressure, may result in changes to the blood vessels in the eye, which could mean increasing risk of cardiovascular disease.

Melanomas are also something this device can pick up. Melanoma in the eyeball is extremely rare; however, they are also the most common type of eye cancer in adults.

Hammerschmidt mentioned that, in one out of every 40,000 patients, an optometrist will find a melanoma in their eye.

"So if I see 3,000 patients a year, times 10 years, I'm going to see one melanoma every 10 years," says Hammerschmidt. "Now listen to these statistics, so I've been in practice for 30 years, I've seen three melanomas."

Touching on the rarity of the disease, Hammerschmidt discussed how you just never know who it

will be.

"The old saying for optometry back when someone was sitting in a chair, you'd say 'well that's pretty rare isn't it?'" Hammerschmidt said. "And our saying when we were in class back then was, 'it's not rare if it's sitting in your chair.'"

Before the time of technology and the ability to snap a quick picture of the eye, eyes had to be dilated for this preventative check to be performed. Optometrists would use drops to dilate the patient's eyes. This would take 10 to 20 minutes for the eye to dilate fully. Then the patient's face would be placed in a contraption to allow for the doctor to shine a light directly into the eye while holding a small lens to look into your eye. Hammerschmidt explained this process was bothersome for the

patient. Nonetheless, the patient's eyes would stay dilated for five to 10 hours after the examination.

With this camera, no dilation is needed. However, the option of using the machine's photograph is an added expense. However, this picture captures 80 percent of the eye, whereas the alternative procedure can only see 15 percent.

Having a machine of this kind allows for optimal retinal imaging, allowing for optometrists to sort through a patient's history and compare their eyes from year to year.

Dr. Hammerschmidt acknowledged that prescription glasses are the easy part of his job.

"Optometry has expanded from this 'eye glass person' to a person who can be primary care. There's a difference," says Dr. Hammerschmidt.

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CANCER WITH GOD

Continued from page 3

without the luxuries we have now. Through death, sickness, and hardship, she wonders how they kept going. "Somehow, they kept going and you have to keep going, too," she tells herself.

She also recalls the hardship that her parents went through when she was born in Minot, during a terrible storm, in 1951. No one was able to

get in or out of the Butte area by car but her mother and newborn Bonnie flew in on a little airplane with skis and arrived home safely on the farmstead of Ralph and Fern Zavalney.

What is next for Bonnie? She will make a decision about surgery and probably is looking at another year of treatments.

She and Russ, a Balfour graduate, will be celebrating 45 years of marriage in June this year. Bonnie says he has been her rock, along with her faith in God and sister, Yvonne Kandt, who has also taken turns staying with her during treatments. Bonnie says her 'go-to person' is another cancer patient in the community, Ray Frantsen, who

always seems so strong. She gets emotional as she thinks of others, like Ray, who have young families.

"How can I ask God to cure me when there are so many others who need it? We need a cure for cancer," Bonnie said through her tears and moved across the room to show me her quilt from the Dove Outreach Ministry.

The Turtle Lake Area Comfort Quilters gifted her a quilt made with blocks of prayers and scriptures, with which she both covers herself and reads to give her strength. A special one from Bonnie, for everyone who is going through a hard time, is "Be strong and take heart, all you who hope in the Lord." Psalm 31:24.

PRETTY IN PINK

Continued from page 4

proactive measures she has taken, and undergoing eight rounds of chemotherapy, which take place every other week.

Something Erica has learned since day one is being diagnosed with breast cancer is "not a death sentence." She has learned that catching it at the earliest time is important, which enhanced her advocacy of self breast exams. Everyone's cancer is different, depending on its "makeup."

Erica speaks highly of her husband, family, and community in the efforts and lengths they have gone to to help her family.

"Everyday people are asking to help, clean the house, and dropping off food, taking the kids. Just those little things and helping out just really helps," says Erica, mentioning the community has already done so much.

When Erica's coworkers approached her with a fundraising thought, Erica agreed it was a phenomenal idea but she did not want any of the proceeds. She said the community had already contributed enough with other fundraisers her friends and family had put on, and the money that would be raised at this outing would go to others in need.

The event was called "Pretty in

Pink" and took place in Hazen at Cinema Flix. Movie-goers were to wear their best 80s or prom attire, meanwhile joining in for a special showing of everyone's favorite cult classic, "Pretty in Pink." This movie chosen to honor Erica and all women battling breast cancer.

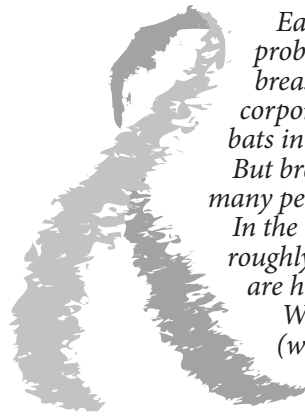
All donations collected were gifted to the Edith Sanford Breast Foundation. The movie was of no cost, but donations for cancer research were appreciated. Participants could also take part in a photo booth opportunity which had a retro 80s backdrop. Meanwhile there was also a Chinese auction taking place, with items donated from the community.

Denny Sanford, who donated millions to Sanford Hospital started the Edith Sanford Breast Foundation in honor of his mother, who also had breast cancer. Because of his donations to the foundation, it covers all overhead costs, meaning 100 percent of donated money from outside parties goes towards the foundation and its research or for helping other women who have cancer.

"I don't know any other place that will donate 100 percent," says Erica of her chosen beneficiary.

This event was well attended by the community and raised \$1,500.

UNDERSTANDING BREAST CANCER



Each year, Mother's Day in the United States helps shed light on the problem of breast cancer. Heightened efforts at raising awareness of breast cancer around Mother's Day include the cooperation of many corporations, including Major League Baseball, whose players use pink bats in a show of support for breast cancer victims and survivors. But breast cancer is an issue that extends beyond the month of May, and many people might be surprised to learn of breast cancer's prevalence. In the United States alone, breast cancer incidence in women is 1 in 8, or roughly 13 percent. In fact, among women in the U.S., breast cancer rates are higher than those of any cancer besides lung cancer. With such staggering figures, it's important for both women and men (who can also suffer from breast cancer) to gain a greater understanding of this deadly disease.

What is Breast Cancer?

Breast cancer is an uncontrolled growth of breast cells. Any type of cancer is the result of mutations in genes responsible for regulating the growth of cells and keeping them healthy. In a healthy body, the cells replace themselves in an orderly fashion, as healthy new cells take over as old ones die out. When mutations occur, changed cells gain the ability to keep dividing without control or order, producing more similar cells and forming a tumor.

In the case of breast cancer, cancerous cells gradually invade nearby healthy breast tissue and make their way into the underarm lymph nodes, which are small organs that filter out foreign substances in the body. If the cancer

reaches the lymph nodes, it then has a pathway into other parts of the body. Upon diagnosis, a patient will be told what stage of breast cancer they are in, which tells how far the cancer has spread beyond the original tumor.

Is Breast Cancer Hereditary?

According to BreastCancer.org, a nonprofit organization dedicated to providing reliable, complete and current information about breast cancer, only 5 to 10 percent of cancers are due to an abnormality inherited from a parent.

While all breast cancers are caused by a genetic abnormality, roughly 90 percent of breast cancer cases are the result of genetic abnormalities that are a result of the aging process and the wear and tear of everyday life.

Can Breast Cancer Be Prevented?

Maintaining a healthy lifestyle is always an ideal approach, but breast cancer is never the fault of the individual. A balanced diet, a lifestyle that includes abstaining from smoking and drinking alcohol in excess, and regular exercise are all ways to stay healthy, but none will guarantee a man or woman will not get breast cancer.

Are There Risk Factors for Breast Cancer?

BreastCancer.org notes that there are factors a man or woman can control that might lessen their risk for breast cancer. Those risks include:

- **Weight.** Postmenopausal women in particular can reduce their risk of breast cancer by maintaining a healthy weight. Fat tissue is the body's main source of estrogen after

menopause, and having more fat tissue means higher estrogen levels, which increases breast cancer risk.

- **Diet.** Many cancers are linked to diet, but studies have yet to show for certain which types of foods increase risk for breast cancer. In general, it's good to restrict sources of red meat and other animal fats, such as fats from dairy products.

Some studies have shown that eating a lot of red and/or processed meats is associated with a higher risk of breast cancer.

Eating a diet low in fat and rich in fruits and vegetables is often recommended to reduce cancer risk.

- **Exercise.** The American Cancer Society recommends engaging in 45 to 60 minutes of physical exercise 5 or more days per week, as evidence continues to mount that exercise can reduce breast cancer risk.

- **Alcohol and smoking.** Alcohol limits the liver's ability to control blood levels of estrogen, which can increase risk of breast cancer.

Similarly, smoking has been associated with a small increase in breast cancer risk. BreastCancer.org also notes additional risk factors for breast cancer can include recent oral contraceptive use, stress and anxiety and exposure to estrogen.

While all of the mentioned risk factors are within an individual's control, there are a host of additional factors beyond a person's control that can increase risk of breast cancer. These factors include age, family history, personal history, and race among others.

For more information on breast cancer, visit www.breastcancer.org.



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moments of comfort and
convenience, but where he
stands at a time of
CHALLENGE.

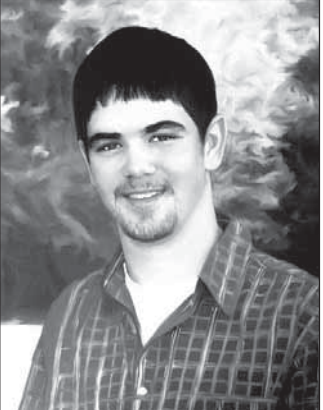


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Your loving family and friends

**In Loving Memory of Christopher Vettel
Who Passed Away on August 7, 2006**



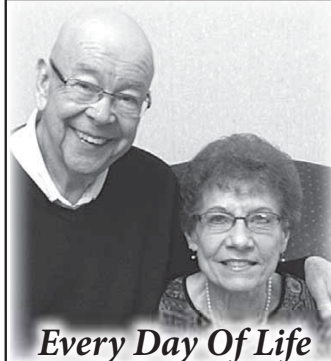
Your life was a blessing,
Your memory a treasure...
You are loved beyond words
And missed beyond measure.

Sadly missed by your loving family

In Loving Memory of
**Bonnie
Flaagan**
December 4, 1956 - February 18, 2016



**We miss you
We will always
remember you
We will always
love you
From Kevin, Reid & Drew**



**Every Day Of Life
Is Precious
Live It To The Fullest**

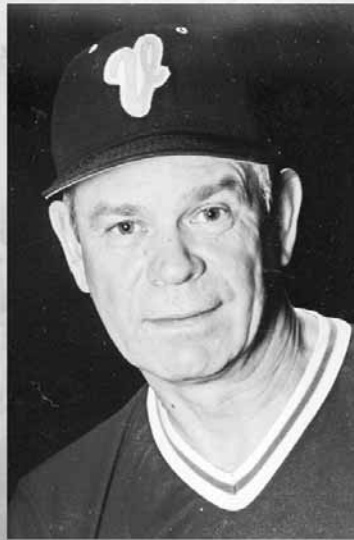
With God's help and many prayers by family, friends, prayer groups and churches, Jack is making a nice recovery from major esophageal cancer surgery and treatment.

Hazel has been given the strength to survive two cancer surgeries and fights for recovery, with help from God, family and many friends.

Words cannot express how thankful both of us are for all of your prayers and friendships. We love all of you - God Bless You

Jack and Hazel Jensen

Celebrating the life of
Gene Buen
who passed away May 23, 2015.



Those we love don't go away.
They walk beside us every day,
unseen, unheard, but always near.
Still loved, still missed, and very dear.



✿

We will miss you forever.
Your Loving Family & Friends

**In Loving Memory of
Mikala Jordan
who left her earthly home
on August 8, 2013**

Your life was way too short on this earth!! We were blessed with you in our lives for 36 years with so much love, joy and smiles!!

It is embedded in our hearts forever!!
You walk with us every day, and you live on through your beautiful son, Sawyer!!
We love you always and forever!!
Until we meet again, our beloved Mikala!!!

**Miss you every day!!!
We love you!!!
Mom & Dad, Sawyer
& all of your family!!**

She believed she could, so she did!



Kristi Abrahamson!!!

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**Strength and
Dignity &
Laughs without Fear of the
Future.**
Proverbs 31:25

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Paula, Emily & Loril!

Foundation seeks to help tribes battle cancer

By Jerry W. Kram

It takes a lot to draw a crowd on the shores of Lake Sakakawea when the temperature is hovering in the single digits and there is a raw wind blowing. It takes even more to get that crowd to start stripping down to swim trunks and patiently wait in line for a chance to leap from an ice covered dock into an equally frigid lake.

But hundreds of people did that last February at the 4 Bears Casino Marina. Single file, waiting in line for up to an hour, alone or sometimes with two or three brave souls holding hands for support, they braved the Arctic conditions and took the "Polar Plunge."

“ There were literally hundreds of people who had raised money just for the right to jump into that freezing water. ”
Kris Rhodes

The event was the brain-child of Three Affiliated Tribes Chairman Mark Fox. Fox is the vice-chairman of the American Indian Cancer Foundation. The foundation offers support and technical assistance for tribes to establish programs for cancer screening, prevention and care across the nation.

"We are looking for money to help assist Indians with cancer across the Nation," Fox said. "We have been trying to collaborate with the foundation locally. We have members who go to Rochester or the University of Minnesota for service. We want to set up a system of helping family members who travel with their ill loved ones. So we are looking forward to coordinating with the foundation."

Fox said there is a need on Fort Berthold for Hospice services for tribal members. He would also like to see assistance for people who are accompanying family members for treatments in Rochester, Minn., and other distant hospital.

Kris Rhodes, Executive Director of the Foundation, said the foundation was grateful for the tremendous show of support at the event.

"It was an amazing thing to see," she said. "There were literally hundreds of people who had raised money just for the right to jump into that freezing water."

Rhodes said the foundation is needed because cancer has hit American Indian communities hard. She said cancer kills more American Indians than either heart disease or diabetes. At the Polar Plunge, nearly every participants could name a relative who was battling cancer or who had lost that fight. Many listed two or three names, parents, grandparents, cousins, aunts and uncles, without even stopping to think. Rhodes said the the cancer rate among American Indians is much higher than it is in surrounding communities.

The Foundation has been working with the Elbowoods Clinic on the Fort Berthold Reservation on what Rhodes described as an excellent breast cancer screening program. She added the clinic working to expand screening for colorectal cancer on the reservation as well.

The Foundation also emphasizes prevention. It has started a Healthy Native Foods Initiative to improve the diets of tribal members. It encourages immunizations against the HPV virus, which is the primary cause of cervical cancer. Rhodes said another important program was to help people quit smoking.

"The smoking rate among American Indians is very high," Rhodes said. "We can't expect people to just quit on their own. That's why we support programs, whether it is patches or gum or a buddy system to keep from smoking, that will give support to people as they are trying to quit."



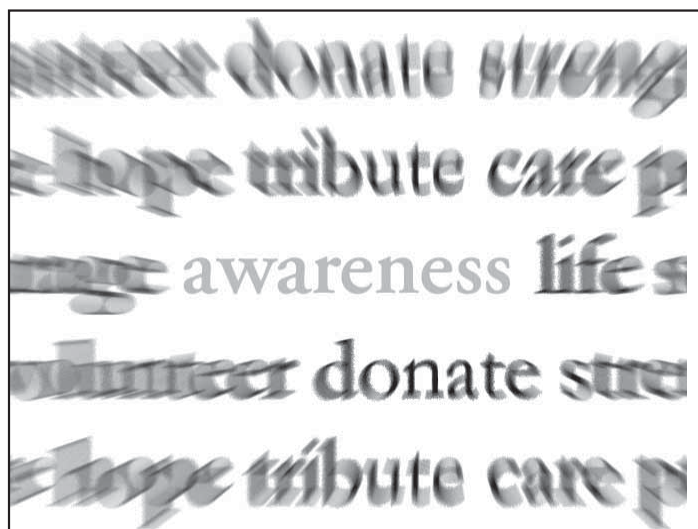
Gabrielle Petri and Trista Marsette leaped from an ice covered dock into the frigid waters of Lake Sakakawea last February for a Polar Plunge event that raised money for the American Indian Cancer Foundation. The Foundation works to provide technical assistance and funding for Native American tribes for cancer screening, prevention and treatment. Photo by Jerry W. Kram

In early May, the Foundation held its largest annual fundraiser, the Powwow for Hope in Minneapolis. The event, now in its fifth year, raises about \$75,000 for the foundation's programs. Rhodes said raising money is important, but there are other important aspects to bringing people together for events like the powwow and Polar Plunge.

"It's about hope and community," Rhodes said. "Having so many people in the same place, not only remembering those who have passed but those who have survived builds

hope. Being with so many people in one place who are either survivors or family members of cancer patients builds community. A cancer diagnosis can be very isolating, but when you are with so many people that share that experience, then you realize that you are not alone.

Donations can be made to the American Indian Cancer Foundation through its website www.american-indiancancer.org. Donations can also be mailed to the foundation at 615 1st Ave. NE, Ste. 125, Minneapolis, MN, 55413.



National Cancer Survivors Day is June 3. We applaud cancer survivors for their strength and courage in battling this devastating illness. As we recognize cancer survivors, we also recognize the importance of joining together in the fight for a cure.

Cancer Focus: Kidney Cancer

Renal cell carcinoma, the most common type of kidney cancer, affects about 3 in 10,000 people. Kidney cancer is difficult to detect, but CT scans are often very useful in detecting kidney tumors.



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One day at a time

By Courtney Duke Graves

When it comes to cancer, no two cases are alike. Cindy Wiest knows that better than anyone.

At age 42, she was experiencing severe back pain. Seeing a chiropractor didn't help.

"It was like a charlie horse that lasted for 30 or 40 minutes at a time," she said.

When she went to the doctor, they thought she simply pulled a muscle. She went home, and the pain continued for almost another year.

"Finally, I just walked into the doctor's office and I said, 'something's wrong with me. I don't just have a charlie horse or a pulled muscle, and I demand I have an MRI,'" said Wiest.

She had an MRI as soon as the machines opened up at 4 p.m. An hour later, the doctor called her and said she needed to come back to the hospital immediately.

"That's when he told me I had Multiple Myeloma. At the time, I didn't know much about it, but he said I had bone cancer and it was stage 4, and that I needed to make arrangements because I probably wasn't going to live very long."

After getting a second opinion, Wiest discovered she didn't have Multiple Myeloma. Rather, she had stage four Hodgkin's Lymphoma with a 20 percent chance of survival.

"Most people see 20 percent and gasp. But for me, that was a lot better than hearing I only had a couple

weeks," said Wiest.

At first, that 20 percent seemed to be getting smaller. Wiest's body began rejecting medication, and she had to spend more and more time away from home.

"I had a sophomore in high school and two boys in fifth grade," said Wiest. "But that whole year, they didn't really have a mother. I feel bad for them. They'd come home wondering if mom was here today, or what happened to mom, or what is she going to look like

“ Deal with what you have now, and move on to the next thing tomorrow. And let your faith, friends and family help you. Cindy Wiest. ”

today. And they don't want to cause problems, but they have to live their life, too."

Then, her luck changed. When asked about her strongest sources of support, Wiest credits God and family.

"I was having a lot of problems, and then it just flipped. I was in a trial of six people, I was the worse one, and now I'm the only one alive. I don't know why. Maybe it was faith," said Wiest.

Wiest went into remission, and hasn't had any major health problems since. The fatigue and after-effects from cancer treatment, however, remain.

"Cancer hits so many people. And it affects your whole body,



Cindy Wiest, center front row, with her husband, sons, daughter, daughters-in-law, and grandchildren.

mind and life. And then doctors are worried about giving you medicine for pain. What a lot of people don't understand is chemo affects all your nerve endings, so chemo patients have pain a lot of the times. Mine has never gone away. And it messes up your whole internal temperature. It could be 80 degrees outside, and you may see me with sweat clothes on, because my whole system's messed up," said Wiest.

It was one thing to be told she had Hodgkin's Lymphoma. It was quite another to be told, years later, her son Justin Kittelson had the same.

"At first they thought he had

tuberculosis, so they quarantined him. It was hard for him to be alone. And then we were going to the doctor every day, at Cancer Care in Minot and another in Rochester, Minnesota. Any disease is tough, I realize that. But it's hard to watch people you love, and see how they become so helpless," said Wiest.

Justin Kittelson, 35, was diagnosed two years ago with stage 2 Hodgkin's Lymphoma. Doctors said he had a tumor near his lung the size of a fist.

"There was a time for about six weeks when Justin couldn't do anything. I had to give him his bath. I had to give him his medicine. He

was walking with a walker. I had to wake him up at all times in the middle of the night to give him his medication," said Wiest. "If you could see a picture of him then, and see him now, you wouldn't even recognize him. His brothers and sister came in July, and they would've walked right past him."

Even though they were diagnosed with the same disease, the care Kittelson is receiving is different than what Wiest had. While Wiest had intravenous (IV) and medicinal chemotherapy only, Kittel-

ONE DAY AT A TIME

Continued on page 18



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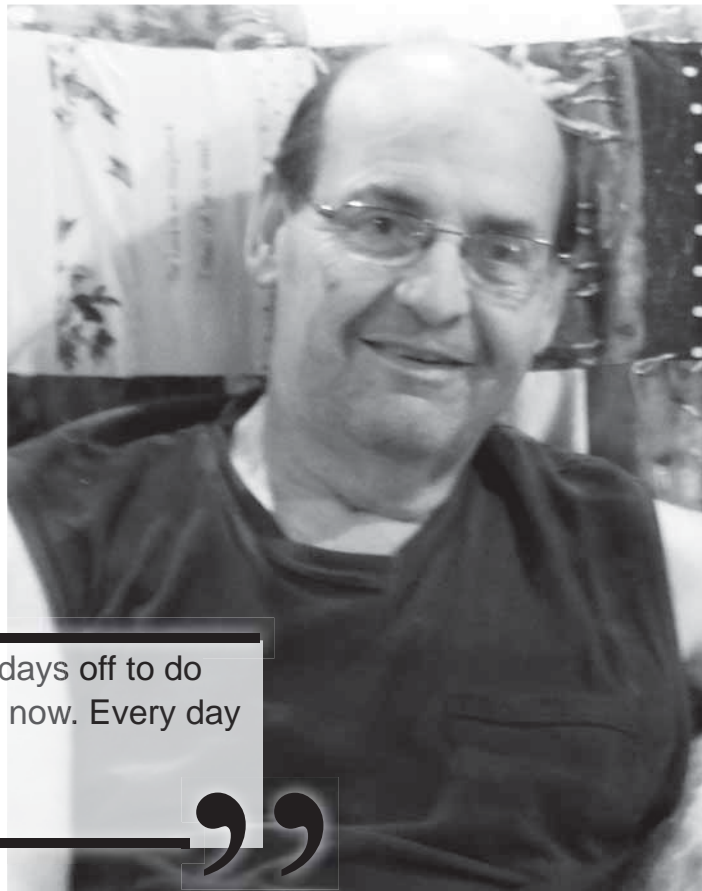
Remission is a wonderful word

By Allan Tinker

The pain in his back got worse while Wayne Helm was putting up hay a year ago. He went to the doctor; had his back examined and the doctor could find nothing wrong. He received some pain pills but they would only work for two hours and the pain got worse and worse.

Another trip to the doctor after his legs got numb resulted in an MRI (multiple resonance imaging) and it revealed a tumor pressing on Helm's spine. A diagnosis of multiple melanoma and he was told to get to a specialist as soon as he could.

The oncologist set up radiation treatments for three weeks and it shrank the tumor "quite a bit," said Helm. He went down to Mayo on Easter Sunday of 2015 and stayed for 42 days. For three days, the doc-



“We take more days off to do different things now. Every day is a blessing.”
Wayne Helm

tors ran tests and withdrew blood to be able to

store stem cells. Six million stem cells would be needed for transplant back into his body after the radiation that would kill all the cells in his blood, including the cancer cells.

"I lost my hair with a big dose of chemo, then got really sick and worn down. I was in the hospital for a week and then they transplanted one-half of the stem cells. They saved the others 'just in case,'" Helm added.

"I drank lots of water to stay hydrated but nothing tasted good, tea and water just didn't taste right. After about two or three months, water started to taste okay. My appetite is so-so; chocolate tastes bitter now. I put hot sauce on most things.

"Now I take Revlimid to keep the cancer in remission. I started heavy on 25 mg for 14 days per month, now on 15 mg for 24 days every month. My immune system is gone from the treatments and I have to start all my grade school shots all over," he explained.

Medical sources state that Revlimid, otherwise known as Lenalidomide, is a derivative of thalidomide introduced in 2004. It was initially intended as a treatment for multiple myeloma, for which thalidomide is an accepted therapeutic treatment. Lenalidomide has also shown efficacy in the class of hematological disorders known as myelodysplastic syndromes. Lenalidomide has significantly improved overall survival in myeloma, although toxicity remains an issue for users. It costs \$163,381 per year for the average patient.

Helm confirmed that his medicine, currently covered by his insurance, costs \$1,000 per pill.

"When they transplanted the cells, there were 'Happy Birthday' signs up as they said it was my new 'birth' day. It took two hours to put in the five bags of stem cells. I was down so low I felt crazy. After the checkups about the fourteenth to the twentieth day, then I felt so-so. When I got hydrated again, I felt better. They would give me two bottles of water in an IV in the morning when I was dry.

"Now that I am home, I wake up and think I can work. Two hours later, I lie down and sleep. The good part is that my clothes fit better. I need belts as my pants slide down. I was in church one Sunday and someone asked why I had my hands in my pocket. I told them I was holding my pants up," Helm laughed at his joke.

"If I can work five hours a day

Wayne Helm in the new addition to his home in Pickardville spoke on his year of battling cancer.

that is okay. I don't think about it; you do what you can and forget about it. We take more days off to do different things now. Every day is a blessing. If I don't eat, I get run down and depressed and it takes about two weeks to recover."

Five years ago, Wayne's wife Lynn had a mammogram, then a biopsy and surgery to remove a stage "zero" tumor. Then she had radiation. She continues to work and has had no further issues.

Wayne adds, "There was no telling how long I had the cancer. A lot of people have this type of cancer and do not know it. I had a hip replaced a few years ago and I forget about it and do things I shouldn't. The farthest thing from my mind when I had the pain was cancer. I thought the doctor had flipped when they came to draw blood and I asked if I was going down to Mayo for a second opinion and they said, "No, you are going down to have the treatment done."

"Now there are the tanks of extra stem cells waiting, just in case. There are deals to do test-

ing monthly for research but we decided it was too much travel and hard tests."

"Remission is a wonderful word. I asked about the white spots on my bones in the x-rays and they tell me that it is where the cancer used to be. They said in time, the spots would probably disappear. 'Nothing wrong,' the doctor said, it takes a while."

Helm joked that it is a not a weight loss program. He was burned from the radiation and his skin peeled. "I had low blood pressure and felt wobbly if I stood up too fast."

The checkups with his regular doctor are monthly and he has to return to Mayo yearly for checkups, for how long is unknown.

The Helms have one son Kevin, who works and lives on the family farm near their home in Pickardville and one daughter, Kelly, Mandan, who is a spiritual caregiver for Sanford Hospice. Both children are single. Helms also have one granddaughter Mikayla who lives with her mom.

Sun Myths Exposed

Myth: I don't have to worry about the sun on cloudy days.

Truth: There is a risk of exposure to UV radiation even on cloudy days, necessitating the application of a sunscreen or sunblock. According to the Skin Cancer Foundation, up to 80 percent of the sun's ultraviolet rays can still pass through the clouds. Even if the weather is cool or overcast, apply sunblock before going outdoors.

Myth: Most sun damage occurs before age 18.

Truth: Recent studies indicate that previous estimates were inaccurate and that only 25 percent of sun exposure occurs during childhood. That makes being sun-smart important at any age.

Myth: Establishing a base tan provides a safe way to tan afterward.

Truth: There is no such thing as a safe tan if it's coming from the sun or a tanning bed. Spending prolonged periods of time outdoors unprotected from the sun can damage the skin. For those who want to have skin that glows, consider a self-tanning lotion.

Myth: Light clothing reflects the sun's rays while dark colors absorb it.

Truth: UV rays tend to pass through light-colored fabrics easier than darker ones. If you are able to see light through a piece of clothing, there's a good chance UV rays can pass right through to the skin. Choose deep colors to protect the skin better.

Myth: Sun rays do not pass through windows.

Truth: UVB rays cannot pass through windows but UVA rays can. While you may not get a sunburn sitting next to a window, you may experience premature aging from freckling and wrinkles.

Myth: A beach umbrella is adequate protection from the sun at the beach.

Truth: Although the umbrella will shade you somewhat, the surrounding sand reflects up to 17 percent of UV radiation. That means you can still get skin damage if you don't apply sunblock.

Myth: Makeup that contains SPF is protection enough.

Truth: Some makeup will offer a light measure of protection from the sun, but will not be adequate. Furthermore, some shiny or glossy products actually can draw the UV rays to areas where the product was applied.

Myth: Sunscreens can increase skin cancer rates.

Truth: Research indicates this is only the case if you use sunscreen to spend more time out in the sun. When used correctly, sunscreens can lower skin cancer rates.

Myth: Dark-skinned individuals do not get sunburn.

Truth: Although people with more melanin pigment in their skin may not burn at the same rate as lighter-skinned individuals, there is still the chance for skin damage if sunscreen isn't used.

Myth: Vitamin D deficiency will occur if I don't spend long times out in the sun.

Truth: While it's true that sunlight exposure is necessary for the body to produce vitamin D naturally, it doesn't take that much exposure to do so, even when wearing sunscreen. The Cancer Council of New South Wales says most people get enough vitamin D from their everyday activities during the summer, even when protected with hats, sunscreen and clothing.



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Get relief from the pain of sunburn

Summer draws people outdoors to enjoy fun in the sun. But not every aspect of summertime weather can be pleasant, especially when sunburn rears its blistering head.

Despite the health warnings about sun exposure, people still venture outdoors repeatedly without the use of a protective product with a high enough SPF. Side effects of failing to protect the skin can include nasty burns and an increased risk of skin cancer later in life. Perhaps individuals fail to take sunburns seriously because they don't associate sunburns with anything dangerous. But sunburn is just like any other burn and the skin pays the price.

Most people wouldn't intentionally set fire to their skin or play with caustic chemicals. But they will spend hours in the sun unprotected. Just like the flames of a fire, the sun can cause serious burns, even second- and third-degree ones. A second-degree burn causes not only damage to the epidermis, or the outer layer of skin, but extends deeper into the dermis as well. A third-degree burn seriously harms the entire epidermis and dermis,

as well as nerves and fatty tissue contained within, according to The Children's Hospital of Wisconsin.

Because the epidermis and hair follicles are destroyed, new skin will not grow. Sunburn can occur after roughly 15 to 30 minutes of exposure to the sun. The burn itself may not show up for hours later, which is why people often think they've avoided a burn. The results of sunburn are often pain, redness and potential blistering, depending on the level of damage. Although there is no specific treatment for sunburn, there are some remedies that can help the pain and help to speed up recovery.

- Drink plenty of water. Damaged skin may not be able to properly inhibit the loss of moisture from the body, resulting in dehydration. Drinking water can replenish fluids needed for comfort and health.

- Over-the-counter pain medications may alleviate the stubborn pain. If the pain is very severe, consult a physician, who might feel prescription-strength pain relievers are necessary. There also are topical pain-relief sprays that temporarily dull the pain and cool the skin.

- Cool, wet compresses as well as lotions that soothe can also be helpful and reduce swelling. Look for ones with natural ingredients, such as aloe vera.

- Oral antihistamines can help when the skin eventually starts to peel and becomes itchy.

- If blisters are present, leave them be until they break on their own. Prematurely breaking sunburn blisters can increase the risk of infection. An antibiotic cream may be applied after the blisters break to speed up healing and prevent infection.

- If the sunburn is severe or accompanied by a fever, consult a physician. The best way to treat sunburn is not to get it in the first place. This means being diligent about applying sunblock before going outdoors.



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NEARLY A THIRD OF PROSTATE CANCER CASES ARE DIAGNOSED IN MEN DURING THEIR PRIME YEARS AT WORK.

Prostate cancer is the second leading cause of cancer death in men, but it also has one of the highest survival rates when detected in its early stages.

Talk to your doctor about the risk factors, and find out if it's time for you to schedule a prostate cancer screening test.

* According to the American Cancer Society at cancer.org.

[sur • vi • vor]

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To the Moon & Back

Concessions provided throughout the evening by S&S Snack Shack of Garrison

Hitting it head-on

Catching cancer early, aiming to prevent it completely



Nurse practitioner Kellie Weisenburger performs a manual exam for signs of skin cancer at the Washburn Clinic.

By Alyssa Meier

Cancer touches most people in some fashion throughout their lives, with over 1.6 million new cases in 2015. But medical professionals in the area are working hard to lessen damage done by the disease.

Complete prevention or the long-sought cure for cancer may seem unachievable, but that is the goal at the Bismarck Cancer Center and at the Washburn Clinic. Here, the employees work to help find cancer early and minimize the impact of it, and to educate patients on ways to hopefully prevent the disease altogether.

“We all feel very strongly about being preventative,” Nurse practitioner Michelle Leidholm of the Washburn Clinic said. “We like to talk to our patients and give them ideas in that way.”

Leidholm said the clinic is mindful when it comes to cancer, making sure patients are up to date on screenings and watching those with a family history of cancer even more carefully.

“Breast cancer, you don’t start screenings until you’re in your 40’s, but if you have a family history of cancer, you start 10 years earlier,”

Leidholm said.

Leidholm said genetic testing is a valuable asset to help track down those who may be at a higher risk, but regular exams are important for everyone, regardless of medical history. Leidholm said lung, breast, skin, colon and prostate cancers are

spreads to other parts of the body.

But even with take-home tests available and free screenings offered for many types of cancer, people often avoid having them done.

“They are afraid we’ll find something,” Leidholm explained. “We all have that fear.”

Leidholm said there are studies constantly being done, researching new ways to treat cancer, but also to prevent it.

“I read a study the other day that said if you’re at risk for breast cancer, you may want to never drink,” Leidholm said. “It was that extreme.”

Leidholm said she has read lots of similar articles claiming avoiding different substances or taking specific vitamins can help prevent certain cancers. But she, Gross and Schilke agreed that a healthy lifestyle is the greatest way to try and curb your risk. Limiting alcohol and tobacco, eating right and maintaining a healthy weight are all proven to help decrease the chances of developing cancer.

But many types of cancer are unpredictable, so regularly having screenings done can help stop the disease in its tracks and save lives.

“We are finding stuff sooner. We are finding it earlier. Treatments are better. And people are living past their cancers,” Leidholm said.

Center offers cancer services

What does BCC offer: The Bismarck Cancer Center provides cancer treatments and caring support for local patients so they can stay close to home and loved ones during their cancer journeys. In 1999, CHI St. Alexius Health and Sanford Health joined forces to build and operate the facility in order to bring needed technologies to the area.

The Center offers highly-skilled radiation therapy team of oncology nurses, radiation therapists, a medical physicist and dosimetrists work with radiation oncologists to provide the best treatment possible.

What are people saying: “The staff at BCC is the most caring and compassionate staff that I have ever met. I was always greeted with warmth and enthusiasm, and I really felt they cared. When I left after my treatments were over it felt as if I was leaving my family behind,” said Lloyd, a BCC patient.

What else is available: Bismarck Cancer Center Foundation (BCCF) was established in 2007 to provide an array of services to help patients during their cancer journeys. Every year, the Foundation provides patients with a place to stay while undergoing treatment, gas cards to make traveling easier, dietary counseling to promote good health, massage therapy to relieve stress, and various outlets for emotional and spiritual support. In 2015 art therapy classes were added.

“Along with their cancer treatments, our patients deal with a lot of physical, spiritual, and emotional challenges while on their journeys. The Foundation allows us to cover the costs of providing unique services that wholly treat our patients — body, mind, and spirit,” said Amy Gross, BCC assistant director of operations.

Services

The Bismarck Cancer Center suggested following these general guidelines in screening for some common cancers.

Breast Cancer - Women over age 40 should have an annual mammogram, and, starting at age 20, all women should receive a clinical breast exam at least every three years. All women should learn how to perform a breast self-exam and regularly check themselves.

Prostate Cancer - It is recommended that every man have a baseline prostate screening test at the age of 40. This screening includes a digital rectal examination (DRE) and a prostate specific antigen (PSA) blood test. If you are African American, have a family history of prostate cancer, or have an initial PSA higher than 1, then you should start having annual screenings. If your PSA is lower than 1, then you don’t have to repeat the screening until age 45. At that time, if your PSA is still below 1, then you should start having yearly screenings at 50.

Head & Neck Cancer - Everyone should receive a general health screening once a year, during the exam, your doctor will check for head and neck cancers by looking in the mouth, nose, and throat for abnormalities. They will also feel your neck for lumps, and if they find anything unusual, they will run more tests.

Colorectal Cancer - Colorectal cancer is preventable. Colonoscopies help detect polyps before they turn into cancer. These precancerous polyps can be removed before they become dangerous. The average person’s first colonoscopy should be performed at age 50, and they should have one every 10 years after that. Those who test positive for polyps should have repeated colonoscopies every six months to five years, depending on the findings. African Americans should consider getting screened at age 45. And those with a family history of colorectal cancer should have their first screening 10 years prior to when their first-degree family member was diagnosed.

Lung Cancer - A low dose CT screening is recommended for patients who are smokers or former smokers (who have quit within the last 15 years) between the ages of 55-74, those who have a 30 pack-years history of smoking, or who are smokers of 20 pack-years who also have a family history of lung cancer. If you meet these criteria, you should contact your health care provider about having a low dose CT lung cancer screening. (A pack-year is calculated by multiplying the number of packs of cigarettes smoked per day by the number of years the person has smoked. For example, 1 pack-year is equal to smoking 1 pack per day for 1 year, or 2 packs per day for half a year, and so on.)

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Exploring The Risk Factors For Prostate Cancer

In the United States, one in six men can expect to be diagnosed with prostate cancer, while there is a one in seven chance that a Canadian man will be diagnosed with prostate cancer at some point during his lifetime.

Those elevated incidence rates could be a byproduct of an aging population, as age is a significant risk factor for prostate cancer. According to the Prostate Cancer Foundation, one in 10,000 men under age 40 will be diagnosed with prostate cancer. That figure skyrockets to one in 38 for men between the ages of 40 to 59, and one in 15 for men in their 60s.

Though age is perhaps the most significant risk factor, it's not the only thing that increases a man's risk for prostate cancer. In fact, there are a host of factors in addition to age that increase a man's risk for prostate cancer, which the Canadian Cancer Society says will claim the lives of more than 4,000

Canadian men this year.

One such risk factor is where a man lives. Men who live in rural China, for instance, have a relatively low risk of developing prostate cancer during their lifetime. That risk is only 2 percent if a man stays in rural China his entire life. But that risk increases significantly if a Chinese man moves to the West, where a man in the United States has a 17 percent chance of developing prostate cancer.

And not only does which country a man lives in play a role, but also the location of his home within that country's borders can elevate a man's risk for developing prostate cancer. Men who live in cities north of 40 degrees latitude (north of Philadelphia, PA, Columbus, OH, and Provo, UT) have the highest risk of dying from prostate cancer, and researchers feel this is because men who live in such cities get less sunlight during the winter months and therefore less vitamin D.

Race is another risk factor for prostate cancer. Asian men have the lowest risk of developing prostate cancer, while African-American men are 60 percent more likely to develop the disease than Caucasian men. The PCF notes that African-American men are also 2.5 times more likely to die from the disease, which highlights the importance that African-American men must place on screenings. Family history also plays a role in a man's risk for developing prostate cancer. Men whose fathers or brothers have had prostate cancer are twice as likely to develop the disease. Their risk increases even more if their fathers or brothers were diagnosed with the cancer before reaching the age of 55 or if they had three or more family members who were diagnosed with prostate cancer.

Research into prostate cancer is ongoing and continues to unearth new information regarding this potentially deadly disease. The PCF notes, for instance, that the risk

factors for aggressive version of this type of cancer can differ from the risk factors for slow-growing cancers. As a result, risk factors that were once not linked to prostate cancer are now being linked to aggressive forms of the disease. Smoking, for example, might be a risk factor for aggressive prostate cancer, as is a diet void of vegetables. Neither factor, however, is thought to increase a man's risk of slow-growing prostate cancer. Additional risk factors for aggressive prostate cancer include height (tall men might have an elevated risk) and living a sedentary lifestyle.

Many men are aware of the importance of prostate cancer screenings. However, few might know that certain factors significantly increase their risk for being diagnosed with this potentially deadly disease.

More information about prostate cancer is available at www.pcf.org.

In Loving Memory

Mom
Rose Weflen
Grandma
Olga Lien
Brother-in-law
Gary Tiedt

Cancer took you physically away but your memory is always present.

Colleen Weflen and family

The best protection is early detection

It's in your breast interest to have both!



We Support You!



National Cancer Survivors Day is June 3. We applaud cancer survivors for their strength and courage in battling this devastating illness. As we recognize cancer survivors, we also recognize the importance of joining together in the fight for a cure.

Cancer Focus: Prostate Cancer

Prostate cancer is the most common non-skin cancer among men in the United States. It's important for all men over age 50 to ask their doctor about a Prostate-Specific Antigen (PSA) test.



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When it comes to breast cancer, early detection is a woman's best defense. Mammograms can detect breast cancer before signs or symptoms of the disease occur, making treatment easier and more successful.

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JUNE IS CANCER FROM THE SUN MONTH.

The American Cancer Society recommends a skin examination every three years between the ages of 20 and 40, with annual exams after age 40. We also suggest performing a monthly self-examination in front of a full-length mirror, checking all areas of the body including palms, soles, back of the torso and back of the legs.

Other simple preventive measures include the following:

- Avoid prolonged exposure to intense sunlight, particularly between 10 am and 3 pm.
- Wear protective clothing such as a shirt and hat when outdoors.
- Use sunscreen with SPF of 15 or higher.
- Wear sunglasses with UV absorption of 99% to 100%.
- Avoid tanning beds, sun lamps and other sources of UV light.

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For more information on Mercer County Relay for Life contact Angela Weigum aweigum@bnicoal.com or Rebekah Hartman rebekah.hartman@cancer.org, 701-250-1022

Through the eyes of a caregiver

By Alyssa Adam

Cancer has ripped through the lives of so many, but it is not just the survivors and the families of the loved ones lost, that is impacted by this disease. Cancer touches those who care for its victims just as deeply.

Connie Allard, formerly of Benedict, had brief experiences with cancer through family members, her parents, mother-in-law and even a family pet but nothing could have prepared her for her role as a caregiver for two husbands who fell victim to cancer.

She watched as her husband of 16 years, Rich slowly faded away and succumbed to his Stage 4 mesothelioma. From the diagnosis to the end, she said, was only two and a half months.

Connie said, looking back, she noticed that he was abnormally tired and had been for the last two years.

"When he started losing weight and had symptoms of pneumonia the doctor ordered an MRI, which showed the cancer," she said. "They sent him to the Mayo Clinic. There, the doctors said the cancer was too advanced and that he would not survive surgery to remove the lung, mainly because of the diaphragm."

Connie said the doctors wouldn't say how long Rich had to live, but the prognosis was terminal. She said they both believed in miracles and Rich stayed positive and believed he was going to beat the cancer, but as the days went on, he became thinner and weaker and Connie "just knew."

She said in those two and a half long months she sat by his side and watched him sleep and slip away, only to wake up for the pain pills and to eat "which is very little." On Hospice, one has to keep track of the pills and when to give them so it is important to know what one is doing, she said.

"He had to be on oxygen and I slept with him through those times. The night he died, I was so tired I thought, 'well I am going to sleep in the other room and get a good night's sleep.' I suddenly woke up as something didn't seem right and he was gone. The machine was running but he was gone," she said. "You basically just watch them fade away and that is the most hopeless feeling in the world. A lot of Prayers were said for Rich, especially for the pain he had.

Connie said the mesothelioma was due to asbestos, working in the ship yards, as a sailor, in Houston, Texas.

And then there was Gene...

"Three and a half years later I married Gene," Connie said.

She said by looking back and comparing pictures of the time dating Gene and to their marriage, she believed he had cancer when they were married by the gray tone to his face.

Nine months after they were married, she said, Gene had lost 10 pounds, was always holding his chest and was noticeably tired. She said she told him he needed to see a doctor.

Connie said the doctor confirmed her worst fears. The x-ray showed what looked like small cell cancer in the chest, she said. Gene was sent to the VA hospital in Fargo for a better diagnosis.

"This cancer was so bad that it was pushing on all his organs, he started chemo immediately as his numbers were very, very high. I had to drive to Fargo and back two, sometimes three times a week for treatments," she said. "I was very tired and ate a lot of sunflower

seeds to help stay awake while driving."

Connie said the chemo was almost unbearable for Gene and he was constantly sick, causing them to be in and out of the hospital frequently.

"He was very sick, I've seen children throw up and adults but I've never seen a cancer patient throw up from chemo," she said, "it came

out so violently that it literally splattered up on the curtains in the bedroom."

After 8 months of chemo, the doctors gave Connie the news that they could not give Gene anymore chemo, as it was now killing the good cells. So, he was sent home, with no options.

She said, now all out of options, their friend told them about going to Mexico for alternative treatments as he had done. They decided to give it a try. Connie said the treatment center was in Tijuana, Mexico, and they offered a room with a little kitchenette.

"Gene did well his first trip down there, then we came home and he started to become sick again, so we went back to Mexico a second time for more treatments. This time Gene was weaker and it was very hard to get groceries for our kitchenette as there are no handicap curbs in Mexico, at least where we were," she said. "So I would put him in the wheel chair and when we came to the end of the sidewalk, I would stand him up, drop the wheel chair down to the pavement and put him back in the wheel chair and go across to the other side, then stand him up and put the wheel chair up on the sidewalk and set him back in the wheel chair. I had to do this for seven blocks."

Connie said once you got to the store everything was in Spanish so finding the groceries was a battle in itself.

"Not knowing how to speak Spanish let alone read it, grocery shopping was a challenge," she said. "even just to find salt and pepper was really hard."

Connie said the Mexican treatment center in Tijuana was not helping Gene and he was really sick so they looked to alternative



Connie Allard at her home in Minot

“He was very sick, I've seen children throw up and adults but I've never seen a cancer patient throw up from chemo.”
Connie Allard

methods once again.

"A lady told us of an American clinic in Mexico only a few blocks from this clinic and she said many people have been saved from cancer there. We checked into this clinic and they thought they could help Gene, so we began treatment there but now we would have to stay at a Motel in San Diego and commute everyday back and forth to Mexico," she said "Each morning at 7 a.m. we were on the bus to Tijuana. It was easy getting into Mexico but coming back was really difficult at times."

Connie said the officers at the boarder were really tough on Gene. "They made Gene get out of the van and stand in line, finally I had to put him in the wheel chair and practically begged them not to make him have to get out of it," she said. "At the end I think they finally realized how ill he was and they let him go with the bus on the other side, while we all had to stand in line with our passports."

At one point during the treatment, Gene's feet had swollen to the point of which his shoes would not

CAREGIVER

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Handling cancer with proactive decision-making

By Daniel Arens

“I owe pretty much my life to him.”

These were the words of Mark Schneider for his physician at Coal Country Community Health Center (CCCHC), Dr. Aaron Garman, after the latter’s continuing encouragement for Schneider to get a colonoscopy led to the discovery of colon cancer at an early enough stage that it could be dealt with.

Cancer is a continued theme in the medical field, something which many researchers, scientists, and organizations dedicate their lives to understanding and, hopefully, curing. Although cancer has always been a threat for humans, the significance and impact of it grew rapidly since scientists identified its nature, abnormal cell growth, and began the process of searching for cures. But, as of now, the best ways to defend against cancer is to be well-informed about the disease, and to be proactive with your health.

Of course, being proactive will not guarantee a person that they will not receive cancer. There are many unknowns in life, and many factors lie beyond our personal control. But the best way to prevent can-



“I owe Doctor Garman a lot. He pushed on this from the beginning.”
Mark Schneider

cer or other dangerous diseases is to acknowledge that you, like anyone else, could be at risk, and to do what you can to prevent these diseases before they arise.

Mark Schneider, Beulah, is a case in point. Due to proactive decision-making and utilizing the resources available to him, Schneider was able to stay on top of colon cancer that was developing within him, and is hopefully now on the way to a full cure.

“It all starts with your hometown physician,” Schneider said. Garman was able to see that colon cancer was a possibility that Schneider should have checked, and Schneider’s decision to heed his physician’s warning saved his life.

“You run the gamut of waiting till it’s a little bit too late,” Schneider noted, saying that the main takeaway he wanted others to get from his story was for them to be proactive with their health and listen to the warnings and advice of their physicians.

“Your health is something, it has to be up to you,” Schneider stressed, saying that there was little that could be done if people refused to take steps to protect their own health. “You as an individual have so much say.”

Garman agreed. “It’s their body,” the physician said, referring to patient health. “We just give them information.”

Garman first informed Schneider that he should start considering a colonoscopy, a screening to detect possible cancerous growths called polyps in the colon, in 2008 and 2009. The recommended time for getting a colonoscopy comes at 50 years, and since Schneider had not reached that age yet he did not immediately act.

In Dec. 2011, Schneider experienced major blood loss while attending his son-in-law’s graduation, and quickly got in contact with Garman.

The physician’s response was concise: “You better get that colonoscopy done.”

Schneider got his colonoscopy

at Sakakawea Medical Center (SMC) in Beulah, where a cancerous growth was detected on his colon. However, the growth was found relatively early, and a surgery helped remove the initial growth before it could spread.

Garman’s persistence in pushing Schneider to have the initial colonoscopy completed proved lifesaving. Just as important was Schneider decision to act on his physician’s recommendation.

Schneider followed up the surgery with eight weeks of radiation treatment, but didn’t have any issue. At first he did not follow up on the

of the second screening provided a different answer.

The procedure revealed that the colon cancer had returned. Because of the resurgence, as well as the location of the cancer in a place that was difficult to operate on, Schneider was ultimately referred to the Mayo Clinic in Rochester, Minn. Doctors at the Mayo Clinic were able to perform a successful surgery to remove the cancer on April 9, 2013.

Schneider spent six weeks in Rochester, where a lot of restructuring was needed for his lower intestines. Even after leaving

Schneider said he was able to get one of the best doctors specializing in colonoscopies while at the Mayo Clinic, who put together chemo and radiation teams. The surgery was around a 12 hour process, as well as further recovery to allow Schneider’s intestines to pick back up again.

Following the surgery, Schneider described some side effects, including the loss of over 15 pounds, a

tingling that affected his body, and the surgery being hard on his teeth.

Once again, Schneider attributed the second cancer discovery and treatment to Garman. “I owe Doctor Garman a lot. He pushed on this from the beginning.”

Although there has been no resurgence in the cancer since the

HANDLING CANCER
Continued on page 18

A colonoscopy (koe-lun-OS-kuh-pee) is an exam used to detect changes or abnormalities in the large intestine (colon) and rectum. During a colonoscopy, a long, flexible tube (colonoscope) is inserted into the rectum. A tiny video camera at the tip of the tube allows the doctor to view the inside of the entire colon. If necessary, polyps or other types of abnormal tissue can be removed through the scope during a colonoscopy. Tissue samples (biopsies) can be taken during a colonoscopy as well.

surgery following the completion of radiation, but finally was convinced to have a second colonoscopy done in December of 2012.

“Basically, when radiation was over, I thought we were done,” Schneider admitted. But the results

Mayo Clinic, he spent much of the summer of 2013 on chemo, and continues to return to Rochester every six months for blood work and CTI scans until he experiences five years without any resurgence of cancer.

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Billionaire behind Cancer Moonshot 2020

Editor's note: The following are excerpts from an article that appeared on CNN.

Silicon Valley thrives on disrupting the traditional ways we do many things: education, consuming music and other media, communicate with others, even how we stay healthy. Bill Gates and Dr. Patrick Soon-Shiong know a few things about how to spend a lot of money to disrupt mainstream research while searching for cures in medicine.

Sean Parker hopes to join their ranks. In 1999, he co-founded the file-sharing service Napster, and in 2004, he became the first president of Facebook. Parker recently announced his latest endeavor: a \$250 million bet on eradicating cancer. Through the Parker Institute for Cancer Immunotherapy, he says his plan is just a matter of time until it works.

What's unique about Parker's Institute is its structure and design.

It brings together six of the country's leading cancer centers to have them share intellectual property, enabling more than 300 research-

ers at more than 40 labs across the country to have immediate access to each other's findings.

The institute will license the research findings from each of the cancer centers in order to share.

"That removes a lot of the bureaucratic barriers that would've prevented scientists from immediately sharing or capitalizing upon each others' discoveries," Parker said. "So a breakthrough made by one scientist at one center is immediately available to be used by any scientist within the network, and they improve upon it."

The participating centers are Memorial Sloan Kettering Cancer Center, Stanford Medicine, the University of Texas MD Anderson Cancer Center, the University of Pennsylvania and the University of California campuses in Los Angeles and San Francisco.

"To do the research that really moves the field forward, you need a lot of collaboration, but you (also) need one big, open sandbox for everyone to play in, in order for that collaboration to take place," said Parker. "So a breakthrough made by one scientist at one center

is immediately available to be used by any scientist within the network, and they improve upon it. They can move the ball down the field, so to speak, and as a result of that, things can happen much, much faster."

"Sharing enormous amounts of data is not new in the scientific community" said Jean Claude Zenklusen, director of the Cancer Genome Atlas Project at the National Cancer Institute. He cites the Human Genome Project and the Cancer Genome Atlas as examples of successful projects where researchers have access to each others' results.

During his 2016 State of the Union address, President Barack Obama announced the establishment of a new White House Cancer Moonshot Task Force to accelerate cancer research and that he wants a budget of \$1 billion. But the problem with government-funded research, said Parker, is that potentially life-saving projects take too long to get funded.

"In our case, it could be 48 hours before a trial is funded, and (just) several weeks before we have approval to conduct that trial in actual



Sean Parker announces \$250 million commitment to cancer immunotherapy research.

humans," said Parker.

According to the FDA, when a sponsor submits a study as part of the initial application for a new drug, the agency has 30 days to review the application and place the study on "hold" if there are any obvious reasons why it should not be conducted. Barring a hold, the study may begin with Institutional Review Board approval.

Parker wants the researchers to lead the charge, not institutions. "Our model is completely dif-

ferent from the model of a grant-making organization," said Parker. "We internally develop this road map, working with every single scientist. Everything is exhaustively debated. We tell them to throw out their mediocre ideas that maybe they were waiting to get funded or they were standing in line effectively trying to get funding for one of their ideas from the NCI. We say, 'Throw it all away. Tell us the most ambitious thing you want to work on. We want you working on that.'"

Facts About Ovarian Cancer

(MS) — Women should protect their health with routine medical screenings and by being aware of risk factors to certain types of cancers. While breast cancer statistics and annual mammograms are widely known, many women don't have the facts about ovarian cancer, another leading female cancer.

Here are some statistics, courtesy of the American Cancer Society. (www.cancer.org)

- More than 21,000 new cases of ovarian cancer will be diagnosed in the United States in 2008. Of those cases, more than 15,000 women

will die from the disease.

- Ovarian cancer is the eighth most common cancer and the fifth leading cause of cancer death.
- A woman's chance of getting ovarian cancer in her lifetime is roughly 1 in 71.
- Researchers think there may be a correlation between the release of eggs and the risk for ovarian cancer. Pregnancy and taking birth control pills could reduce the risk.
- Women who have had a hysterectomy or a tubal ligation (tubes tied) are at a lower risk for ovarian cancer.
- Most ovarian cancers happen after

change of life (menopause). Half of all these cancers are found in women over the age of 63.

- It appears that obese women have a higher risk of getting ovarian cancer.

One ACS study found a higher rate of death from ovarian cancer in women who were overweight. The risk went up by 50 percent in the heaviest women.

- During a pelvic exam the doctor will feel the female organs to check their size and shape to determine if there are tumors present.

September is Ovarian Cancer Awareness Month

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CAREGIVER

Continued from page 15

fit him anymore. Connie said one of the drivers was kind enough to give her a ride to a Walmart store to buy him some sandals so he would be comfortable. She said she paid the driver and purchased his groceries.

"They kept telling us he was getting better but I could see he was getting worse," she said. "The last night we were there he threw up so violently, I told the doctors 'I think I have to take him home', and they agreed."

Connie said at the airport, Gene was not doing well.

"He was so sick, and as sick as he was, they made him undo his shoes at the airport security and brought him over to the side and checked him out so completely, and I couldn't be with him, she said. "It was so sad."

During one of the two-hour layovers Connie said Gene was so tired he begged her to let him lay down. She had no choice but to lay him on the floor, where he slept peacefully until the flight. When it was time for him to get up, Connie said some military men helped him back in his wheel chair.

"We flew into Minneapolis and had to stay over until the flight to Minot the next day," she said. "My daughter Shelly and some of her friends literally carried him to the car and into the house and did the same thing the next morning."

At the airport, to Connie's relief, the flight attendants showed immense kindness and made Gene as comfortable as they could.

"When we boarded the plane, the attendants saw how sick he was and gave us a seat right near the bathroom so he could stretch out and relax a little more," she said. "It was very kind of them."

As they finally made it into Minot, Connie said she was grateful, as there were so many times she thought she was going to lose him.

"I don't know how I got him

home," she said.

Connie said they were greeted by her daughter Kim and her husband Bruce at the airport, who had made sure their homecoming was special.

"They had decorated our house, it was Christmas time," she said. "Gene was so happy to see the Christmas tree he started crying."

However, the happiness was short-lived.

That night, Connie said Gene told her, "the Lord is telling me to go to the hospital."

"He lived only three more days, I barely got him home."

She said if she had to do it over again she would have never taken Gene to Mexico.

"I think he was too far gone. We should have went home when the VA said there was nothing else they could do," Connie said. "But you'll try everything because you are desperate."

Connie and Gene were married for a year and a half.

Connie's experiences with cancer doesn't end there. Four months after Gene was diagnosed with cancer, Connie got a phone call from her youngest daughter, Karla, she would never forget.

"Karla called and said 'mom, this is the hardest phone call I have ever had to make, with all you are going through with Gene, I have to tell you I have cancer.' Karla was diagnosed with Padgett breast cancer," Connie said "The hardest part of this was I couldn't be with her, I thank God she had her sister Shelly and many friends that took care of her. To date Karla is still cancer free, thank God."

Connie married her current husband Marvin in 2009, in 2013. He had surgery to remove a brain tumor, "We thank the Lord it was benign and he is doing well," she said. "God is good."

After going through losing both husbands, watching her daughter

suffer with breast cancer and having a brain tumor scare with her current husband, Connie said she is about done with cancer.

"I've kinda had it with cancer," she said. "I'm all cancered out."

As her role as a caregiver Connie said the hardest part is watching loved ones suffer with what they are going through, as they really don't

have much of a life at that point, just trying to get through another day.

"It's hard to watch them fade away and you can't do anything about it but be there for them, she said. "Its a life sentence that doesn't have a good ending."

She said one just has to remember the good Lord will only give you as much as you can take and

you get through it but you look back and wonder how you did it.

"He is right there beside you," she said. "Every caregiver goes through this, and much more for some."

Connie said Rich and Gene were heavily comforted by their faith and their belief in God's plan for them and that gave her comfort.

ONE DAY AT A TIME

Continued from page 9

son's program calls for medicinal chemotherapy with IV radiation.

"It really affects your voice. Justin and I both used to really enjoy singing, but your throat gets hoarse. The medication affects your lungs and heart too, so you're hoarse, and you get a lot of shortness of breath. His is even worse because of the radiation," said Wiest.

Kittelton also had to spend more time at the hospital than his mother ever did.

"He's had a lot more episodes of fever than I did. And because the tumor was on his heart and lungs, he went into respiratory arrest a few times. He spent time in ICU. His lung collapsed. Then, he ended up with some rare fungal infection in his lung that we had to have a specialist come in for. The doctor said he'd seen very few cases in his 20 years of practice, and wouldn't you know, he got it," said Wiest.

Kittelton's lungs were so pressured and sensitive, that something as simple as a certain smell would cause him to have difficulty breathing. He developed blood clots and shingles during his stay at the hospital.

"His uncle visited him at the hospital once when Justin went into respiratory arrest right there in his hospital room. All of a sudden

he couldn't breathe, and he was out. His uncle said he just wanted to stand there and cry, because he didn't know what to do for him," said Wiest.

Even this wasn't the most life-threatening thing to happen to Justin while he was in the hospital.

"One time we were sitting in the hospital waiting room because they had to do respiratory treatments on Justin," said Wiest. "All of a sudden we see a crash cart go by, and a doctor running, and an x-ray machine. Then they said, 'code 417.' That was Justin's room. Then the nurse called my cell phone after she saw the x-ray, and said, 'you need to get to the hospital now.' But we were already there. The doctor said if that had happened when he was at home, we never would've got to the hospital in time."

Kittelton had a lot of anxiety at first, but he's come to find comfort in family, friends and faith, just as his mom did.

"He always was asking what's going on, what's going to happen. He still has trouble sleeping at night. But one day he told me, 'You know what mom? I'm ready to go when it's my time,'" said Wiest.

Before 2003, Wiest worked as a nurse, so she can administer many of Kittelton's treatments herself. But it's difficult for both parents to work and still be there for their son.

"Home health was supposed to come in two to three times a week. The doctor ordered it, but they weren't able to do it, so I had to do most of the care, giving IV medications through his PICC line (a catheter that goes through the skin and stays in place for days or weeks) several times during the day," said Wiest.

Wiest works part-time for Gooseneck Implement, and said

they've been very flexible and understanding with her. Kittelton's employer has been just as gracious.

"Justin recently went back to work. He installs fire sprinkler systems for a company called NOVA. And they've been really good to him," said Wiest.

In addition to generous employers, the community support for the family has been extremely helpful.

"Small towns like Velva tend to pull together. We had people that brought Justin's medication down from Minot because it had to be used in six hours. Plus, they just had a huge benefit for Justin a while ago. It's been amazing," said Wiest.

Justin is now working part-time with NOVA. When he couldn't work, he applied for disability, but was denied three times over an 18-month period. Justin then had a video conference with the judge, who agreed he was eligible for disability, but the ruling was overturned.

"That was one of my biggest frustrations, but it has all worked out okay now," said Wiest.

Kittelton is still undergoing treatments and tests. A PET scan in late February showed signs of yet another complication in his chest. He had an echocardiogram (EKG) in the third week of March, and had another doctor's appointment on March 30. He still maintains his positive attitude.

"The best message I can give people in a similar situation is just the old reliable 'one day at a time' saying. When it comes down to it, that's what it is. Don't get ahead of yourself. Deal with what you have now, and move on to the next thing tomorrow. And let your faith, friends and family help you," said Wiest.

HANDLING CANCER

Continued from page 16

second operation, Schneider noted that it is still something that he has to live with. He still needs regular fecal immunochemical tests (FIT tests) to look for blood issues in the colon.

Speaking of Schneider's blood loss in 2011 that initially caused concern about possible cancer, Garman noted that there was no more specific evidence that colon cancer could be the issue. "There are many reasons to have blood in your bowels," he said. "One of the bad ones is colon cancer. Unless you look you don't know what it is."

The role of the local physician in these kinds of issues, Garman said, is to ensure that the patient receives coordinated care. Garman didn't perform any of the surgeries, but his overview of the situation helped ensure that Schneider received the right care at the right time to remain a step ahead of the cancer.

"We like to catch it early," Garman said, noting that colon cancer is one kind of cancer that is curable if it is detected at an early enough stage of development.

"I would encourage everyone with family history to see their provider," Garman added.

Once you reach the age of 50 you should have the screening so that there is a greater chance that any colon cancer is detected early enough to be cured. If the screening is held off too long, the cancer could develop to a stage where it becomes incurable.

"Every patient that gets screened is a notable experience. Successful experiences are the ones we catch

early, treat early, and they don't become a problem. It's not glamorous fun, but it's worth it," Garman said. "An ounce of prevention is worth a pound of cure."

"I'm a good test case," Schneider said. "Every day's a gift."

Rhonda Pfenning, a Chronic

Care Coordinator at CCCHC in Beulah, noted that Schneider's story was one that always stayed with her.

"It was a moving and changing experience for me," Pfenning said. "His outlook on life is really amazing."

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The Big C and me

By Jerry W. Kram

The Big C and me, we have a history.

My mother's family always had a thing about words. Maybe that's one reason I wound up becoming a writer as my life's profession. Mom's mother, Grace, always had a much loved and well used dictionary nearby. Its battered binding was held together with blue tape that had small illustrations from the Christmas story, no doubt a free gift for some holiday charitable donation. She looked for the hardest crossword puzzle books she could find, and always did them in pen. She was a high school graduate in the 1920s, no mean feat when few people attended school after the eighth grade.

When I was 12, my mother told me that Grandma Grace was very sick and we had to go to the hospital to say our goodbyes. She had pancreatic cancer, and almost in an instant that formidable intellect and great compassionate heart were gone for good.

Just about two and a half years later, in the summer, there was another conversation. My mother, who had instilled and encouraged my intense love of reading, had an exploratory surgery and the doctors found her colon was covered with small tumors. There was little they could do back in 1975. My mother hung on to life with the tenacity of a fighter through the fall and winter. I think so she could spend a final holiday season with us kids. But on January 2, 1976, she closed her eyes and left the pain of the world behind. She was only 45 and I was 15.

In part because of these experiences, I decided to study science in college. I didn't become a scientist because I really don't have a talent for lab work. But I gained an understanding that allows me to keep up with the advances researchers are making in the field. I found that my talents lay in explaining complicated things and making them easier to understand.

The year before Grandma Grace got sick, President Nixon declared the "War on Cancer." That unleashed, at least for a while, money for basic research on cancer and its causes. Over the years it has become fashionable to declare that the War on Cancer was a failure. Critics point out that cancer is still a leading cause of death and if anything, has become more common. Most of this criticism comes from a misunderstanding of the nature of cancer.

Cancer is not a disease. It is a collection of hundreds of diseases that share one trait, uncontrolled cell growth. Blood cancers are different from liver cancer which is different from breast cancer which is different from lung cancer. Doctors have even found tumors in placental tissues, something a woman's body only produces for nine months.

The War on Cancer will never be won by a grand army sweeping its enemies before it, like Patton rolling his tanks through France. Fighting cancer is urban warfare, where each building has to be cleared individually and progress comes foot by bloody foot. There are no front lines in this war, just thousands of tiny battles being waged all over the map.

The great unreported story of the War on Cancer isn't how many of these skirmishes have been lost, but how many have been won. The great triumph of the war has been childhood leukemias and lymphomas. When cancer was attacking my family, these were death sentence. Now, 40 years later, almost nine out of 10 children who get these diseases are cured.

The work on cancer prevention has also had an impact. The rate of lung cancer, especially in men, has dropped by about half in the last 40 years. That mirrors the decline in smoking over that same period. Other cancers are related to obesity and diet, and that should provide an opportunity for other improvements in prevention in the future. The HPV vaccine promises to make cervical cancer a rarity in the next generation of women.

Screening has made important inroads in the treatment of breast

cancer. In 40 years, the survival rate of women with breast cancer has increased from 75 percent to 90 percent. In fact, screening has become so good that it has created a dilemma for doctors. We can now find tumors so small that the majority of them will never grow to become life threatening. The problem is that at this time we cannot tell the difference between those tumors and those that will become invasive cancer. So many women will undergo treatments they may not have needed. Figuring out how to tell those tumors apart will be a major triumph when it happens.

In any war, not every battle can be won. The pancreatic cancer that killed my grandmother is still one of the most deadly diseases known. The deaths of Michael Landon and Steve Jobs showed that fame and fortune are meaningless in face of some cancers. Every year we hear about hopeful breakthroughs that are trumpeted as "the" cure. What we have learned to our sorrow is that there is no one cure. About a decade ago, scientists figured out how some tumors created their own blood vessels and found drugs to interrupt that process. It was an important discovery, and while those drugs help people with a few kinds of cancer, it was not "the" cure.

Yet, if my mother had had access to the tools and treatments available today, I think it would have been likely that her cancer would have been discovered much earlier. I know for a fact that the treatments for tumors like hers are much better now and would have given her, if not a cure, at least a few more years of life and a better quality of life.

Somewhere out there are students studying who will become the next generation of doctors and researchers who will deliver the next generation of weapons for the War on Cancer. They need support to continue the unglamorous basic work of figuring out how hundreds of different kinds of cancer cells work, of testing thousands of compounds that might kill those cells and figuring out how to deliver those drugs in a way that won't do more harm than good. They, and the dedicated doctors who are on the front lines of the war, that will make it possible maybe 100 years from now to talk about cancer they way we talk about smallpox and polio now: horrible scourges but something that is no longer a threat.



www.cancer.gov
Source: American Cancer Society, Cancer Treatment & Survivorship Facts & Figures 2014-2015

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Smart choices can reduce your risk for cancer

Cancer does not discriminate, afflicting men, women and children regardless of their race, ethnicity or gender. While there's no way you can fully protect yourself from cancer, there are ways to reduce your risk of developing cancer. Some of the most effective ways to lower your cancer risk is to make certain lifestyle choices. Many of these choices will not only reduce your risk of developing cancer but also improve your overall quality of life.

Avoid tobacco. According to the Centers for Disease Control and Prevention, lung cancer causes more deaths than any other cancer. The majority of lung cancer cases are caused by cigarette smoking, and male smokers are 23 times more likely to develop lung cancer than men who don't smoke. Women who smoke are 13 times more likely to develop lung cancer than their nonsmoking counterparts. In addition, the United States

Department of Health and Human Services notes that smoking can also cause a host of other cancers, including cancer of the larynx, mouth and throat, esophagus, bladder, kidney, pancreas, cervix, and stomach. Avoiding tobacco entirely can drastically reduce your risk of developing any of these cancers.

Don't allow others to smoke around you. Even people who don't

smoke might be at a significant risk of developing cancer if they allow others to smoke around them. In a 2006 report titled "The Health Consequences of Involuntary Exposure to Tobacco Smoke," HHS researchers revealed that cancer-causing and toxic chemicals are higher in secondhand smoke than in the smoke inhaled by smokers. Exposure to secondhand smoke at home or at work increases your risk by to 20 to 30 percent, so don't

allow others to smoke in your presence.

Avoid heavy alcohol consumption. The World Health Organization notes that studies conducted around the globe have found that regular alcohol consumption increases a person's risk of developing mouth, voice box and throat cancers. In 2007, WHO researchers published a study that found daily consumption of roughly 50 grams, or less than two ounces, of alcohol doubles or triples a person's risk of the aforementioned cancers compared with the risk in non-drinkers. Numerous studies have also found that moderate alcohol consumption can reduce risk for other diseases, including coronary artery disease. As a result, men and women should discuss alcohol consumption with their physician and, if they do consume alcohol, always do so in moderation.

Protect your skin. Though lung cancer might be the most deadly cancer, skin cancer is among the most prevalent. That's especially disconcerting, as skin cancer is largely preventable. Men, women and children who protect their skin from the sun when spending time outdoors can drastically reduce their risk of developing skin cancer, which is the most common form of cancer in the United States. Seek shade, apply sunscreen and wear protective clothing, including a hat and sunglasses, to reduce your exposure to the sun's potentially harmful ultraviolet rays. Though anyone can develop cancer, there are many choices people can make that can drastically reduce their risk of joining the millions of people who receive a cancer diagnosis each year.

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For some, it's not a matter of 'if'

By Annette Tait

"I think I had nine or 10 names in 2007, now I have more than 50. There were 42 names in 2014; there have been four more in just the last month."

Charmayne Leinius recalled the first year she joined in the Avon Walk to End Breast Cancer. As participants gather, they are invited to write the names of people they are walking for – friends, family

sold t-shirts during Christkindlmarkt, malts during the Old Settlers Days barbecue, and baked goods at other times during the year.

"It's crazy, people just give me money now [toward the walk]," Leinius said, noting how grateful she is for their support of the cause.

Erhardt has wanted to join Leinius in the walk for a number of years, but has not been able to do so due to scheduling conflicts. Her schedule is full year-round with

“My girls say, because both their grandmothers had cancer and Randy's dad died of cancer, it's not if – it's when and where. Charmayne Leinius”

members, and others who have fought or are fighting the fight against cancer, or who were taken by the disease. "I lost my mother to breast cancer when she was 55 years old," Leinius said, recalling the names and relationships with numerous family members and friends who have been affected by the disease, with mixed outcomes.

Leinius' husband's mother was diagnosed in 2003, and an aunt was diagnosed a few months later. Her brother-in-law's wife was diagnosed about a month after that.

"Three within four months," Leinius said. "My girls say, because both their grandmothers had cancer and [her husband] Randy's dad died of cancer, it's not if – it's when and where."

She went on to explain that the time spent before, during, and after the walk makes the Walk to End Breast Cancer far more than a fundraising event. Through sharing their experiences, participants provide support to each other and forge friendships that continue long after they cross the finish lines.

"It's people [who have been affected by cancer] getting together and doing the walk," Leinius said. "The closing ceremonies are overwhelming -- it's a sea of pink."

Leinius – participating with her friend Janet Erhardt – continued her crusade to fight breast cancer at her fifth Walk to End Breast Cancer, the Houston Avon 39 walk Apr. 23-24. The Houston event is the first of seven walks to be held throughout the United States in 2016. Since the series' launch in 2003, more than 220,000 participants have walked more than 7 million miles and raised nearly \$590 million for local, regional, and national breast cancer organizations nationwide.

Leinius and Erhardt met when Leinius was hired as business manager for the Center school district in 1988. Erhardt was a physical education and health teacher and coach for the district. The two became fast friends, the ying to each other's yang.

"Charmayne is very organized – everything in its place," Erhardt said, chuckling that she's a bit more relaxed in nature.

The two also have a lot in common, from their dedication to their communities to their motivation for fighting to eliminate cancer. Erhardt lost a sister-in-law to cancer; the disease has touched her life in many ways through its effect on loved ones.

Over the years, Erhardt has helped Leinius in her fundraising efforts, as each participant must raise a minimum of \$1,800 to participate in the walk. The two initiated the annual Center-Stanton High School Coaches vs. Cancer volleyball game, which includes a raffle and serving contest -- where a dollar buys a chance to serve the ball and win a t-shirt – and have

teaching, coaching, holding sports camps, and teaching driver's education.

"This year, I decided to 'just do it,'" Erhardt said.

Some participants train prior to walking in the event, but Leinius and Erhardt lead active lives, which are training programs in themselves. Erhardt teaches physical education and volleyball, which

FOR SOME
Continued on page 23



Janet Erhardt (left) and Charmayne Leinius after completing the 2016 Avon 39 Walk to End Breast Cancer in Houston.



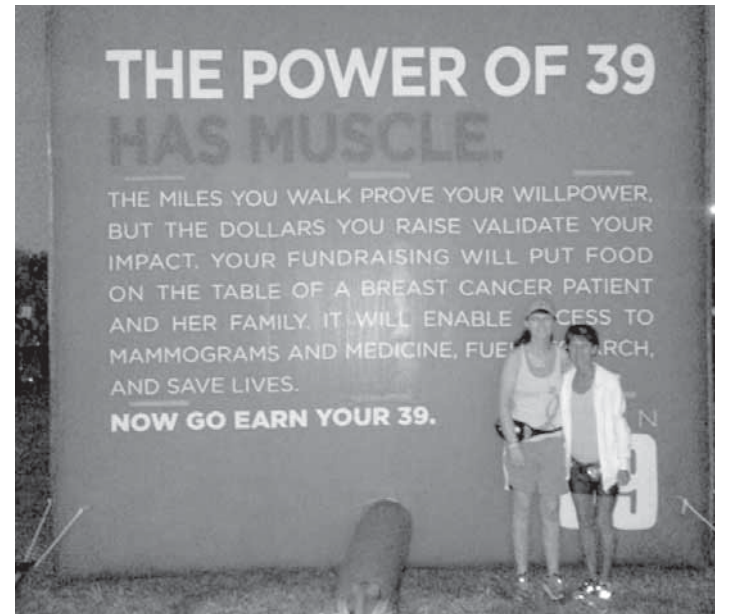
Charmayne Leinius (left) and Janet Erhardt have spent countless hours planning and holding fundraising activities over the years to support the fight against breast cancer.



Charmayne Leinius (left) and her daughter, Rachel Wetherhold, during the 2014 Avon Walk to End Breast Cancer in Boston, Mass.



Janet Erhardt (left) and Charmayne Leinius stop to commemorate completing two-thirds of the 39.3-mile course.



Janet Erhardt (left) and Charmayne Leinius had an early start the first day of the 2016 Avon 39 Walk to End Breast Cancer.

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FOR SOME

Continued from page 22

requires a lot of walking and movement, and also gardens.

"I walk three to six miles a day, and Janet moves twice as much as I do," said Leinius, who also manages the fitness center. "We did some hiking on the bike path, and walked 11 miles north of Stanton, just to see if we could do it."

Leinius and Erhardt walked 26.2 miles the first day, and 13.1 miles the second day to complete the course. The event is manned by volunteers, who provide beverages and snacks at rest stations, and staff "Basecamp 39," a sea of pink tents with showers, meals, and volunteer medical services available during

the walkers' overnight stay.

Funds raised through the Avon 39 walks help fund research, awareness, and education, and provide assistance to families currently battling breast cancer. There is also a strong emphasis on prevention, with programs to provide much-needed screenings and treatment to detect breast cancer early and stop it in its tracks.

During the walk, Leinius's and Erhardt's focus was on cancer – fighting the disease, in order to eradicate it.

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