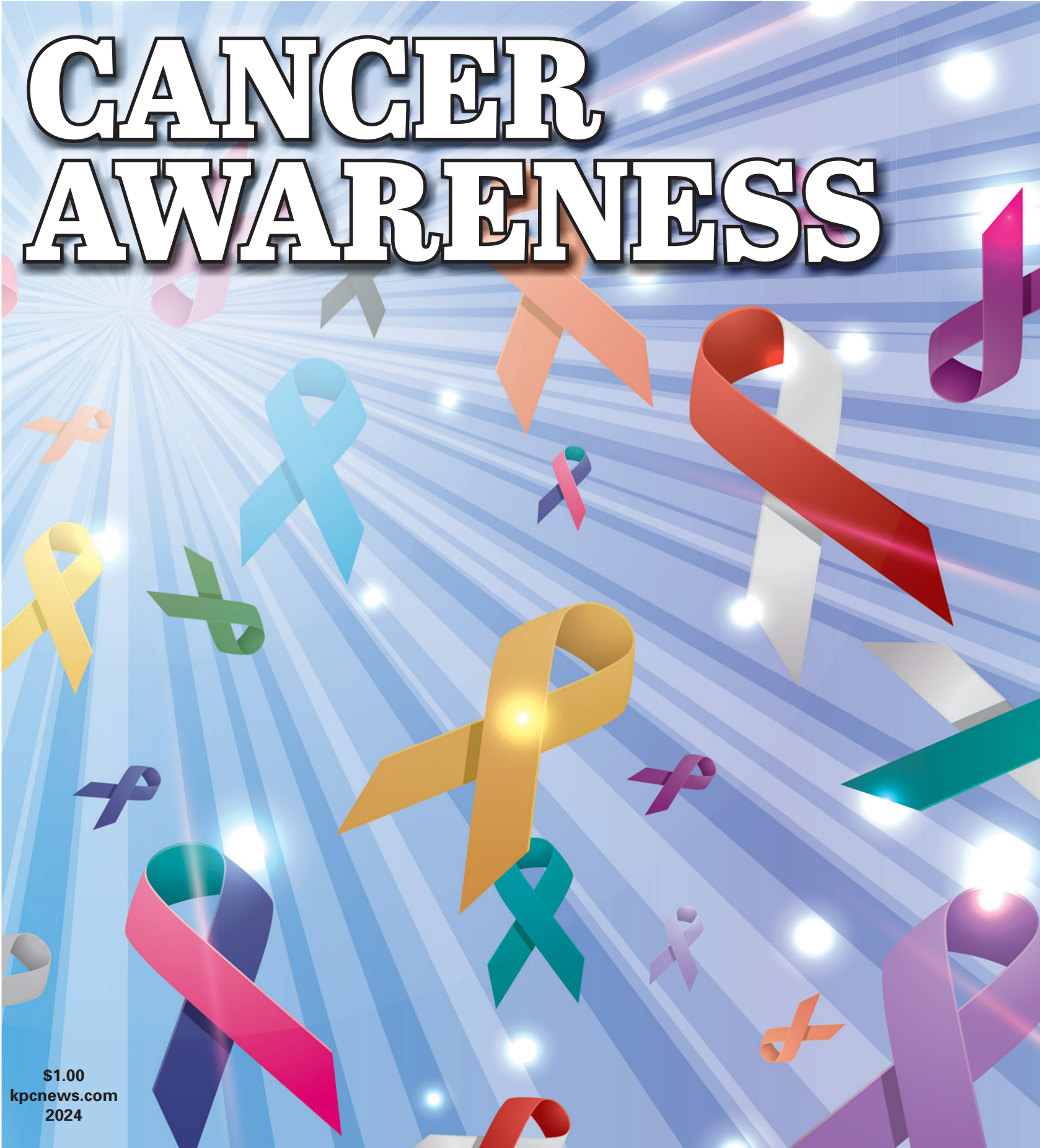


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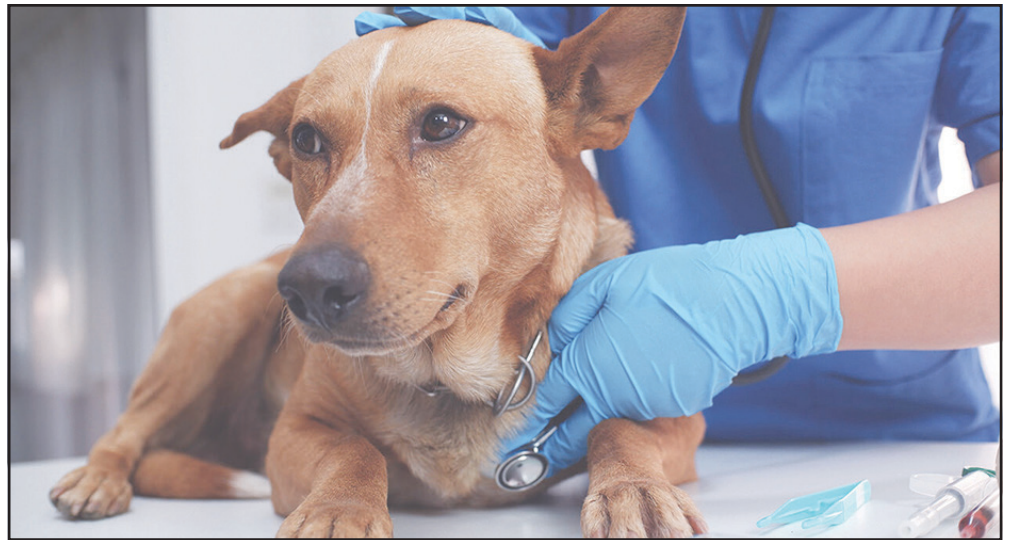
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Did you know?

BY METRO CREATIVE CONNECTION

According to the National Canine Cancer Foundation, certain dog breeds are more likely to develop cancer than others. The NCCF notes that data supports the notion that genetic characteristics contribute to higher rates of cancer, though more research is needed to understand precisely which factors are behind a greater cancer risk. The Merck Veterinary Manual notes that

Golden Retrievers, Boxers, Bernese Mountain Dogs, and Rotweilers are more likely to develop cancer than other breeds. Cancer is a more notable threat to dogs, particular purebred canines, than some dog owners may recognize. In fact, the NCCF reports that 25 percent of all purebred dogs die of cancer. Those figures are even higher among purebreds that live beyond 10 years, as 45 percent of such dogs are likely to succumb to cancer.



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Compassion is an integral component of palliative care

BY METRO CREATIVE CONNECTION

Various medical and therapeutic treatments are designed to promote health and well-being. Many of these therapies attempt to remove illness or address sickness. But at some point in their lives, people may receive a different form of care known as palliative care.

Palliative care, according to Get Palliative Care, is based on the needs of the patient and not the patient's prognosis. Unlike curative treatments that aim to eliminate illness, palliative care is centered on improving quality of life for patients and their families by addressing physical, emotional and psychological needs. Palliative care

focuses on comfort, care and quality of life for those with serious illness. It is designed to improve life for people of any age who need it, not just older adults. The National Institute on Aging says palliative care is interdisciplinary, which means it involves a variety of doctors and care providers who work together with patients and families to address individual goals and values.

Palliative care prioritizes comfort and support, aiming to alleviate pain, manage symptoms and offer holistic care that encompasses the whole person. Some of the hallmarks of palliative care are relief from pain and other symptoms of a serious illness. It also may help a person cope with

side effects of medical treatments. Palliative care may be recommended whether a condition can be cured or not. It is performed alongside other treatments a person may be receiving, says the Mayo Clinic.

Patients with serious illnesses often experience pain, nausea, fatigue, and shortness of breath. Palliative care specialists utilize strategies and medications to alleviate these symptoms, ensuring that patients remain as comfortable as possible.

Some of the conditions for which palliative care can be effective include:

- Cancer
- Heart disease
- Blood and bone marrow disorders
- Dementia
- Cystic fibrosis
- Kidney failure
- Lung disease
- Liver disease
- Stroke

According to a study published in the New England Journal of Medicine, patients with serious illnesses who

received palliative care lived longer than those who did not receive this care. By focusing on relief and support, palliative care helps individuals and their families confront challenging times.

Those who would like to inquire about palliative care for themselves or a loved one can search the Palliative Care Provider Directory to find options nearby. A conversation with one's doctor also can point patients in the direction of palliative care.



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Leukemia

Leukemia is a broad term for cancers of the blood cells. The type of leukemia depends on the type of blood cell that becomes cancer and whether it grows quickly or slowly. Leukemia occurs most often in adults older than 55, but it is also the most common cancer in children younger than 15. Factors that may increase risk of development of some form of leukemia included previous cancer treatment, genetic disorders, exposure to certain chemicals, smoking and family history of leukemia.

– Mayo Clinic

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Being a Friend to Someone with Cancer

BY AMERICAN CANCER SOCIETY

Today, most people with cancer are treated as outpatients, meaning they don't have to stay in the hospital. But they still often need help, support, and encouragement.

Friendship and cancer

Studies have found that cancer survivors with strong emotional support tend to adjust better to the changes cancer brings, have a more positive outlook, and often report a better quality of life. Research has shown that people with cancer need support from friends. You can make a big difference in the life of someone with cancer.

Friends of people with cancer often want to help, but don't know what to do.

As you spend time with your friend and learn more about how cancer is affecting their everyday life, keep your eyes open for other things you can offer to help with. Here are some ideas about where to start.

What you can do: Notes and calls

Make sure your friend knows that they're important to you. Show that you still care for your friend despite changes in what they can or can't do, or how they look.

- Send brief, frequent notes or texts, or make short, regular calls
- Ask questions
- End a call or note with "I'll be in touch again soon," and follow through
- Call at times that work best for your friend or set times for them to call you
- Return their messages right away
- Check in with the person who helps with their daily care (caregiver) to see what else they might need
- What you can do: Visits
- Cancer can be very isolating. Try to spend time with your friend – your visit can help take their mind off of things and help them feel

like they did before cancer became a major focus of their life.

- Always call before you visit. Be understanding if your friend can't see you at that time.
- Schedule a visit that allows you to give physical and emotional support for the caregiver, too. Maybe you can arrange to stay with your friend while the caregiver gets out of the house for a couple of hours.
- Make short, regular visits rather than long, infrequent ones. Understand that your friend might not want to talk, but they may not like being alone either.
- Begin and end the visit with a touch, a hug, or a handshake.
- Always refer to your next visit so your friend can look forward to it.
- Offer to bring a snack or treat to share.
- Try to visit at times other than weekends or holidays, when others may visit. Time can seem the same to a person who is home most of the time. For example, a Tuesday morning can be just as lonely as a Saturday night.
- Take your own needlework, crossword puzzle, or book, and keep your friend company while they doze or watch TV.
- Share music they enjoy, watch their favorite TV show, or watch a movie with your friend.
- Read sections of a book or newspaper, or find topics of interest online and summarize them for your friend.
- Offer to take a short walk with your friend if they are up to it.
- Don't be afraid to touch, hug, or shake hands with your friend.
- What you can do: Conversation
- Many people worry that they don't know what to say to someone with cancer. Try to remember that the most important thing is not what you say – it's that you're

there and willing to listen. Try to hear and understand how your friend feels. Let them know that you're open to talking whenever they feel like it. Or, if the person doesn't feel like talking, let them know that's OK, too.

- Listen without always feeling that you have to respond. Sometimes a caring listener is what the person needs most.
- Gear the conversation to your friend's attention span so they don't feel overwhelmed or guilty about not being able to talk.
- Help your friend focus on whatever brings out good feelings, such as sports, religion, travel, or pets.
- Help your friend keep active in the friendship by asking advice, opinions, and questions – even if you don't get the response you expect.
- Ask your friend if they're in any discomfort. Suggest new ways to be more comfortable, such as using more pillows or moving the furniture.
- Give honest compliments, such as "You look rested today."
- Support your friend's feelings. Let them be negative, withdrawn, or silent. Resist the urge to change the subject.
- Don't urge your friend to "fight" the disease.
- Don't tell them how strong they are; they may feel the need to act strong even when they're sad or exhausted.
- Be sure to include your friend when talking to others in the room.
- Assume that your friend can hear you even if they seem to be asleep or dazed.
- Don't offer medical advice or your opinions on things like diet, vitamins, and herbal therapies.
- Respect their decisions about how their cancer care will be treated, even if you disagree.
- Don't remind them of past behaviors that might be related to the illness, such as drinking or smoking. Some

people feel guilty over those things.

- Ask your friend questions. Ask for their advice and opinions.

What you can do: Errands and projects

Many people want to help friends facing a difficult time. Keep in mind that wanting to help and offering to be there for your friend is what matters most.

- Take care of any urgent errands your friend or the caregiver needs right away.
- Run an errand for the caregiver; it's as helpful as running an errand for your friend.

Your friend may appreciate it more if you take care of regular, scheduled errands, rather than fewer ones that take a lot of time.

- Plan projects in advance and start them only after talking with the caregiver.

Include the person in usual work projects, plans, and social events. Let them be the one to tell you if the commitment is too much to manage.

Check before doing something for your co-worker with cancer, no matter how helpful you think you are being. Keep them up-to-date with what's happening at work.

Suggested ideas:

- Get a list of tasks. Organize friends, neighbors, and co-workers to help complete the tasks on a regular, weekly basis. There are special websites that can help with this.
- Make lunch for your friend and their caregiver one day a week. If your friend is getting chemo, ask what they feel like eating.
- Clean your friend's home for an hour every Saturday.
- Care for your friend's lawn or garden.
- Baby-sit, pet-sit, or take care of your friend's plants.
- Commit to taking their child to practice or music

lessons twice a week.

- Buy groceries.
- Look for ways to help on a regular basis.

What you can do: How to offer support

Some people find it hard to accept support – even when they need it. Don't be surprised or hurt if your friend refuses help. It's not you. It may be more their need for independence.

- Provide emotional support through your presence and your touch.
- Help the caregiver. In doing so, you'll help your friend. Many people are afraid of being a burden to their loved ones.

- Offer practical ideas on what you can do to help, and then follow through.

If your friend needs medical equipment or money for treatment, you can look into getting something donated or organizing ways to help raise money.

Assume your help is needed, even if there are others also helping out.

What you can do: Gifts

Look for small, practical things your friend may need or just enjoy. Think about what their average day is like and what might make it a little better. It's always good to laugh and smile, too, so look for fun things for your friend.

- Make sure gifts can be used now. Small gifts given frequently are usually better than large, one-time gifts.
- Insist that a thank-you note is not needed.
- Suggested ideas:
 - Soft or silly socks
 - Fun hats or scarves
 - Bright, soft washcloths, towels, or sheets
 - Silk or satin pillowcases
 - Pajamas or a robe
 - Unusual toiletries, such as soap and lotion
 - Stamped postcards
 - Favorite or unusual foods or snacks
 - Self-care items, such as

Cancer Survivor Facts

As of January 2022, it is estimated that there are 18.1 million cancer survivors in the United States. This represents approximately 5.4% of the population. 1

The number of cancer survivors is projected to grow to 26.0 million by 2040.

Over the next decade, the number of people who have lived 5 or more years after their cancer diagnosis is projected to increase approximately 30%, to 16.3 million.

In 2022, 69% of survivors have lived 5+ years since their diagnosis; 47% of survivors have lived 10+ years since their diagnosis; and 18% of survivors have lived 20+ years since their diagnosis.

More Details About Cancer Survivors

- 67% of survivors are currently age 65 or older.
- It is estimated that by 2040, 74% of cancer survivors in the United States will be age 65 or older.
- There are 623,405 people living with metastatic breast, prostate, lung, colorectal, or bladder cancer or metastatic melanoma in the United States, and that number is expected to increase to 693,452 by the year 2025.
- Among today's survivors, the most common cancer types represented include female breast (22%, 4.1 million), prostate (20%, 3.5 million), colorectal (8%, 1.4 million), melanoma (8%, 1.5 million), and gynecologic (8%, 1.4 million).

– Cancer.gov

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Breast Cancer

Each year in the United States, about 250,000 cases of breast cancer are diagnosed in women and about 2,300 in men. About 42,000 women and 510 men in the U.S. die each year from breast cancer. Black women have a higher rate of death from breast cancer than White women.

Studies have shown that your risk for breast cancer is due to a combination of factors. The main factors that influence your risk include being a woman and getting older. Most breast cancers are found in women who are 50 years old or older.

Some women will get breast cancer even without any other risk factors that they know of. Having a risk factor does not mean you will get the disease, and not all risk factors have the same effect. Most women have some risk factors, but most women do not get breast cancer. If you have breast cancer risk factors, talk with your doctor about ways you can lower your risk and about screening for breast cancer.

– Centers for Disease Control and Prevention

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Kidney Cancer

Scientists have found several risk factors that could make you more likely to develop kidney cancer. They include being overweight or obese, high blood pressure, having advanced chronic kidney disease, family history of kidney cancer, long-term use of pain-relieving drugs called phenacetin, certain rare genetic diseases and prolonged contact with asbestos or cadmium. Men develop kidney cancer more often as they are more likely to be smokers and are more likely to be exposed to cancer-causing chemicals at work, which may account for some of the difference.

– National Kidney Foundation

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What to know about hospice at home

The philosophy behind hospice is that people should be able to live as fully and as comfortably as possible through the last days of their lives, surrounded by loved ones and friends. Hospice treats the symptoms of illness rather than trying to be curative. Hospice also does not try to postpone nor accelerate death.

The American Cancer Society says hospice care is offered by a team of professionals who work together to manage distress, symptoms and spiritual issues. Services also are offered to family members, including access to counselors and bereavement experts. Hospice workers help family members make decisions and plan care.

Hospice is a form of care, rather than a place. Saying a person is going into hospice means he or she will begin to receive this type of palliative care. While hospice can take place in a center that only offers this type of service, a hospice team can work in a variety of settings, including one's home.

Many people receive hospice care at home. VNS Health provides care in spaces patients call home and says that hospice care can include administration of medications, arrangement of equipment (like beds and oxygen) and visits from a hospice care team. A



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hospice team may include nurses, social workers, physicians, therapists, and even clergy who come to the home to offer support and care.

Home hospice care begins with a team member visiting with a terminally ill person and his or her family. During a visit, needs will be addressed and the hospice team can arrange for desired services.

Things may move quickly afterwards, and families may find relief in knowing there is another person on their side to help in what can be extraordinarily stressful situations.

The ACS says home hospice care often requires that someone be home with the patient 24 hours a day, seven days a week. This primary caregiver will be trained to give much of the

hands-on care. Members of the hospice staff will visit regularly to check up and make sure that any symptoms are under control.

Should home care prove too much, respite care gives families time off to recover, and the patient can spend some time in a nursing facility. There is also the possibility for continuous home care, which offers

short-term, around-the-clock care at home. Moving an individual to a private facility for inpatient care may be another option if a primary caregiver is overwhelmed.

Home care is an option for those researching hospice services. Families are urged to do their homework to find the best program for their needs.

FRIEND

FROM PAGE A4

a cancer resource book, a special pillow, or a heating pad

- A massage device
- A small cordless phone
- Pictures of friends
- A CD or download of your friend's favorite soothing music or nature sounds
- Funny movies
- Audio books

- Journal or notebook
- Everyone, no matter how strong, can benefit from having a friend. Your friend with cancer needs you and your support.

• Give a gift to the caregiver; it's as welcome as a gift to your friend.

- What not to do
- Offer advice they don't ask for or be judgmental.
- Feel you must put up with serious displays of temper or mood swings,

disruptive or abusive behavior is not acceptable just because someone is ill.

• Assume your co-worker can no longer do the job. They need to feel like a valuable contributing member of the company or department.

• Take things too personally. It's normal for the person with cancer to be quieter than usual, to need time alone, and to be angry at times.

- Be afraid to talk about the illness.

• Always feel you have to talk about cancer. The person with cancer may enjoy conversations that don't involve the illness.

- Be afraid to hug or touch your friend if that was a part of your friendship before the illness.
- Be blameful. For example, try not to ask about past behaviors or talk about what might have

caused their cancer. And, try not to use a "How sick are you today?" tone when asking how the person is doing.

• Tell the person with cancer, "I can imagine how you must feel," because you really can't.

• Be around someone with cancer if you are sick or have a fever or any other signs of infection.

Source — American Cancer Society

Hodgkin's Lymphoma

Hodgkin's lymphoma, formerly known as Hodgkin's disease, is a cancer of the lymphatic system, which is part of your immune system. It may affect people of any age, but is most common in people between 20 and 40 years old and those over 55. In Hodgkin's lymphoma, cells in the lymphatic system grow abnormally and may spread beyond it. Hodgkin's lymphoma is one of two common types of cancers of the lymphatic system. The other type, non-Hodgkin's lymphoma, is far more common. Advances in diagnosis and treatment of Hodgkin's lymphoma have helped give people with this disease the chance for a full recovery. The prognosis continues to improve for people with Hodgkin's lymphoma.

— Mayo Clinic

Non-Hodgkin's Lymphoma

Non-Hodgkin's Lymphoma (also known as Non-Hodgkin's Lymphoma, NHL, or sometimes just lymphoma) is a cancer that starts in white blood cells called lymphocytes, which are part of the body's immune system.

NHL is a term that's used for many different types of lymphoma that all share some of the same characteristics. There is another main type of lymphoma, called Hodgkin's Lymphoma, which is treated differently.

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NHL most often affects adults, but children can get it too. NHL usually starts in lymph nodes or other lymph tissue, but it can sometimes affect the skin.

— American Cancer Society



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Esophageal Cancer

Cancer of the esophagus starts when cells in the lining of the esophagus begin to grow out of control. Cells in nearly any part of the body can become cancer, and can spread to other areas of the body. Esophageal cancer can start anywhere along the esophagus. It starts in the inner layer of the esophagus wall and grows outward through the other layers. You can help reduce your risk of cancer by making healthy choices like eating right, staying active and not smoking. It's also important to follow recommended screening guidelines, which can help detect certain cancers early.

– American Cancer Society

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Definition of Cancer

Cancer is the term for diseases in which abnormal cells divide without control and can invade nearby tissues. Cancer cells can also spread to other parts of the body through the blood and lymph systems. There are several main types of cancer. Carcinoma is a cancer that begins in the skin or in tissues that line or cover internal organs. Sarcoma is a cancer that begins in bone, cartilage, fat, muscle, blood vessels, or other connective or supportive tissue. Leukemia is a cancer that begins in blood-forming tissue, such as the bone marrow, and causes too many abnormal blood cells to be made. Lymphoma and multiple myeloma are cancers that begin in the cells of the immune system. Central nervous system cancers are cancers that begin in the tissues of the brain and spinal cord. Also called malignancy.

– National Cancer Institute



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