RCPC Community Calendar of Events:

HPV Vaccinations
First Wednesday of each month: Whitesburg Wal-Mart
First Thursday of each month: Jackson Wal-Mart
First Friday of each month: Hazard Wal-Mart

We also provide HPV vaccinations at the local health departments and area health clinics. Please contact your local health department or healthcare provider for more information.

RCPC Community Advisory Council
Tonya Godsey—UKCERH—Hazard
Deborah Ree Neace—KY River Health Department
Sherry Payne—American Cancer Society
Darlene Cornett—KY River Health Department
Chas Gayheart—Kentucky Cancer Program
Katie Dollarhide—Faith Moves Mountains
Ruby Campbell—KY River Health Department
Vivian Smith—KY River Health Department
Deanna McIntosh—KY River Health Department
Reene Neace—KY River health Department
Susan Kincaid—KY River Health Department
Lauren Bates—Hazard Community College
Carrie Hall—North Fork Valley Community Health Centers
John Paul Amis—Perry County Schools
Andie Oliver—KY River Health Department

We are grateful these individuals have volunteered their time to help us with our community service and research activities.

RCPC Mission

The Rural Cancer Prevention Center (RCPC) is a planned collaboration of community members, public health professionals, and researchers designed to reduce the health disparities associated with cervical cancer, breast cancer, and colorectal cancer among residents of the Kentucky River Health District.
Colon Cancer Survivor
By: Sherry Payne

It was the last weekend in October in 1998. That Friday I started having excruciating pain. I may have had some pain earlier in the week, but if I did, I ignored it. There was no ignoring this pain. I had no relief from it all weekend. Sunday it had eased up some, but Monday it started again so I went to my family doctor. I am blessed to have a thorough doctor who left no stone unturned. Even though the fecal occult blood test did not show any signs of blood, and he couldn’t find anything else that could explain the pain, he sent me for a colonoscopy. I was only 44 years old, so was not old enough to have had screenings for colon cancer at this time.

The colonoscopy could not be completed because there was a growth blocking the colon. They called me back in the next day. I called my husband and he went with me. At this time, I still was not thinking cancer. I was thinking colitis or Crohn’s disease. Even when the doctor said it was cancer, it didn’t really hit me. But it did hit my husband. As I stood there, aware of the conversation going around me, I still wasn’t comprehending what was going on. The doctor said surgery needed to be scheduled immediately and had suggested that any of the general surgeons in Corbin could do it.

This is when I became alert and said I needed to talk to my family doctor to help me make this decision. So we headed back to his office. He was waiting for us when we got there. It was obvious the whole office had been told. I had been a patient there for 35 years and they all knew me. My doctor was very blunt about the survival rate of colon cancer. The numbers were not good. We discussed surgeons and my husband insisted it be done in Lexington. My doctor had recently met a colorectal surgeon in Lexington and recommended him.

We met with the surgeon and the week before Thanksgiving, I was being prepared for surgery. But there were complications. By this time, the tumor was so big, cleansing of the colon in preparation for surgery was nearly impossible. The surgeon met with me that morning and said that he would need to remove the entire colon. After surgery, it was determined that I had stage 3 colon cancer. The cancer had spread to at least eight lymph nodes. I was told that I could maybe have 2-3 years with chemotherapy treatment. At this time, very few advanced colon cancer patients were making the five-year survival rate. After the holidays, I started a 48-week treatment of chemotherapy. They started me on a new drug that had just been released for colon cancer. Fluorouracil, or 5-FU for short, had recently been discovered — through research funded by the American Cancer Society — to be extremely effective in increasing the survival rate of colon cancer patients. Although the drug had been used in other cancers, this was the first year it was approved to be used aggressively for colon cancer patients. For 48 weeks, I sat in a chair a couple hours a week with the cold IV chemotherapy going through my body. It made me weak, but I tolerated it fairly well. I never had to miss a treatment, although by the end of the sixth month, it was harder to push on. I was so tired of being tired. But, I made it through with the support of my family, my church, and my friends.

Five years later during a regular visit with my family doctor, he looked at me and said he never thought I would still be here five years later. That is when it really hit me how blessed I was to have made it through this journey. If I had been diagnosed one year earlier, I may not be here today. It’s been 13 years and I give thanks every day for the excellent doctors, the research by the American Cancer Society, the support of all those around me, and the opportunities I have to help newly diagnosed colon cancer patients.

To learn more about colorectal cancer prevention, screening, and treatment, please contact the American Cancer Society at: 1-800-227-2345 or visit http://www.cancer.org.
I am a twenty-three year survivor of cervical cancer. The adenocarcinoma cell type I had is much more aggressive and rapidly-spreading than is squamous cell carcinoma of the cervix. It is also less likely to be diagnosed early. My physician later revealed that if I had missed my annual Pap test that year, the cancer would have spread to other parts of my body by the time I was diagnosed. I would have ultimately lost my life if that had happened.

My annual Pap test specimen had been sent through my local health department to the state laboratory in Frankfort. When my oncologist repeated the test, he sent the second specimen to a private laboratory in Louisville. When the two reports matched, I accepted the fact that I had stage II(b) invasive cancer, even though I had no symptoms at all of disease.

I underwent a total hysterectomy with extensive dissection of lymph nodes from my waist to my knees. I was happy to hear after surgery that no lymph node involvement had been found; I would not need radiation or chemotherapy. However, my oncologist cautioned me that I should faithfully adhere to the follow-up exam protocol for the next two years. I never missed an exam.

It wasn’t until a year later that I met the man I would marry. His first wife had died young with a severe chronic illness; he brought three adult sons and a daughter into my life. His oldest son was already married, with an infant daughter. My husband and I married just eight weeks after his second son was married. Since then, I’ve had the honor of attending our third son’s and our daughter’s weddings. Eight more grandchildren have been added to our family. Our eldest granddaughter has married and blessed us with our first great-grandchild. I wouldn’t have wanted to miss these wonderful years of my life!

For more information on prevention and screening for cervical cancer, please contact the National Cancer Institute at: 1-800-4-CANCER or visit http://www.cancer.gov/cancertopics/types/cervical.
“Boys in Pink”: The Event Was a Lifesaver
By: Linda Eastland

Linda Eastland described herself as just an average person before she found out she had breast cancer. She devoted much of her time to her grandchildren and work. “When you spend so much of your time attending sports events with your grandchildren and caring for your family and job, it is too easy to put yourself last.” Linda’s quote rings true for far too many women in the mountains of southeastern Kentucky. Linda didn’t recognize any symptoms that might have led her to believe she had breast cancer. She did not have regular screenings because she didn’t feel she had the time to schedule a mammogram and was not sure if her insurance would pay for it.

Linda knew that Alice Lloyd College, in association with the UK Rural Cancer Prevention Center and the Knott County Cancer Consortium, was hosting a basketball tournament for local middle schools (Boys in Pink), but she did not plan to attend due to attending her grandson’s basketball game at another location. Luckily she got back to Alice Lloyd before the tournament was over and her grandson convinced her to take him to watch the games. While at the event she was encouraged by a volunteer to enter a raffle for a free mammogram. “This event was a miracle; God was there taking care of me when I was too foolish to take care of myself” says Linda. She won the free mammogram, and reluctantly had it. Breast cancer was detected; luckily it was in an early stage and thanks to treatment, Linda may never face a life threatening episode related to her cancer.

After her experience with breast cancer, Linda is even more determined to live every minute to the fullest, but some things have changed in her life. Linda now describes herself as informed of how important it is to be aware of her own health and wants to use her experience to help other women. In Linda’s words, “This event was a lifesaver.” The UK Rural Cancer Prevention Center, along with our network of community partners, would be honored to help women in southeastern Kentucky learn more about how they can get breast cancer screening.

For more information, read the National Cancer Institute’s Follow-Up Care Factsheet (http://www.cancer.gov/cancertopics/factsheet/Therapy/followup/print) and the American Society of Clinical Oncology Survivorship Factsheet (http://www.cancer.net/patient/Survivorship). Additional resources include: Cancer Care (www.cancercare.org); Live Strong (http://www.livestrong.org/); the National Coalition for Cancer Survivorship (www.canceradvocacy.org); and the NCI Office of Cancer Survivorship (http://dccps.nci.nih.gov/ocs/).

Survivorship Follow-Up Care Plans
By: Laurel Mills

Cancer survivors face unique challenges after their cancer treatment ends. Planning for follow-up care is very important for survivors, their families and caregivers. Generally, this is done in consultation with a physician. Topics such as frequency of follow-up visits, which doctor to use for follow up care, and frequency of any needed follow-up tests should be discussed in the care plan. Additionally, it is important that cancer survivors have detailed records of their cancer treatment including: date of diagnosis, type of cancer, stage at diagnosis, treatment regimens, and any related medications taken during treatment. This information will be necessary and relevant for any future medical care. It is also important to discuss any possible long-term side effects or late effects as a result of cancer treatment. Moreover, cancer survivors should be aware of what specific symptoms to watch for as well as whom to contact if symptoms persist. Cancer survivors should also take proactive measures to address their emotional and mental health following cancer treatment. Seeking out support groups and volunteering are common ways in which cancer survivors find support. Additionally, speaking with your doctor if changes in your mood and sleeping pattern persist is important for overall health.

To learn more about breast cancer screening and treatment, please contact the American Cancer Society at 1-800-227-2345 or visit http://www.cancer.org.