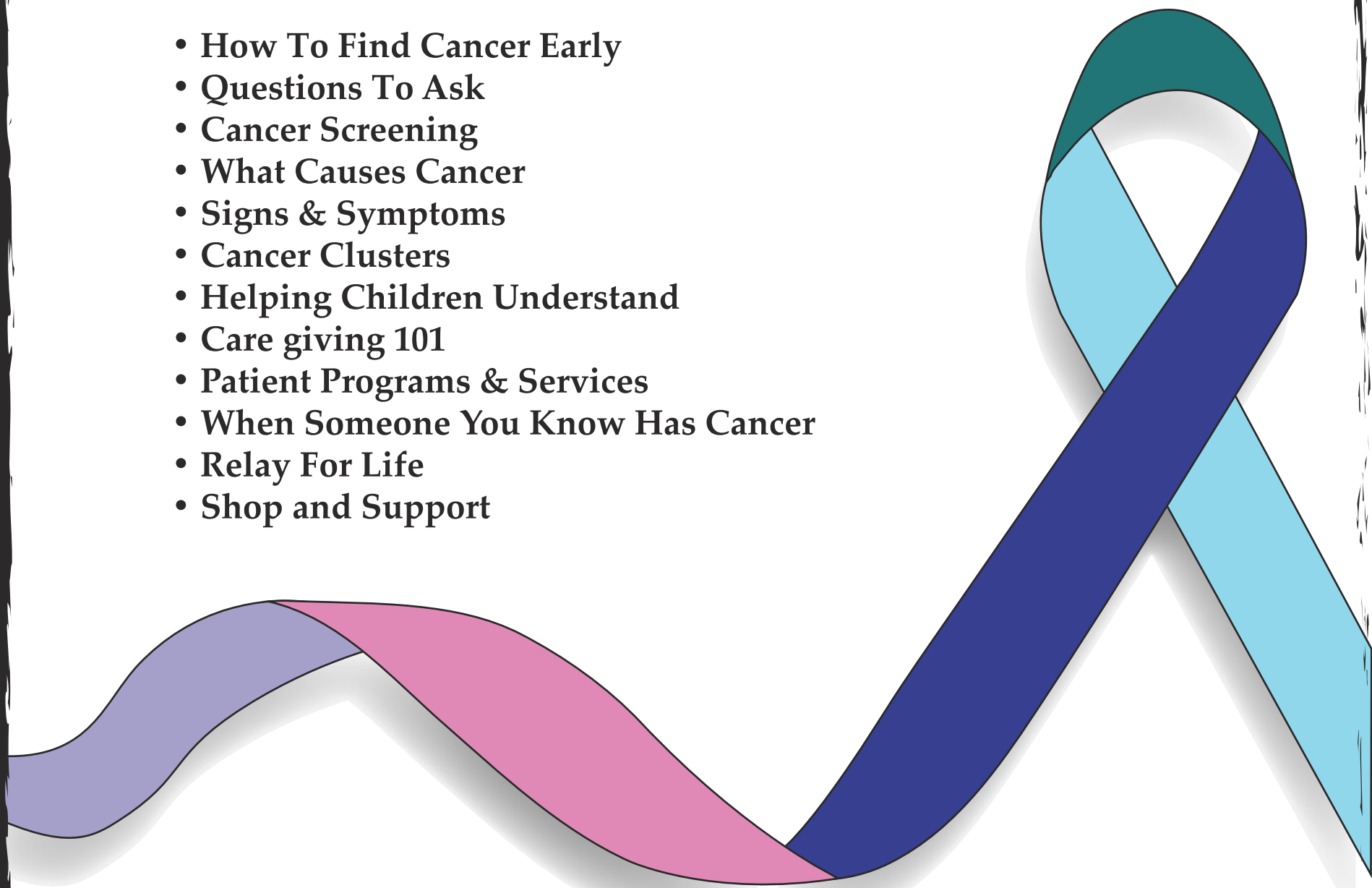




C A N C E R A W A R E N E S S

- How To Find Cancer Early
- Questions To Ask
- Cancer Screening
- What Causes Cancer
- Signs & Symptoms
- Cancer Clusters
- Helping Children Understand
- Care giving 101
- Patient Programs & Services
- When Someone You Know Has Cancer
- Relay For Life
- Shop and Support



Published by the Robertson County News & Franklin Advocate
Inspired by the True Story of Teresa Hair Phillips

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In Honor of Kathy Gomez (Survivor)

MOTHER, WIFE, BEST FRIEND AND PUBLISHER OF THE ROBERTSON COUNTY NEWS & FRANKLIN ADVOATE

BY DENNIS H. PHILLIPS
HUSBAND & BEST FRIEND

To say this is the hardest column I have written in my career would be an understatement, but how difficult is it really to write about the one thing you love most in the world?

While I could write her life story here, that is not what is intended for this special section, instead, I will write the story that will end her life, the story of cancer, a story that needs to be told.

This section was her idea, as often the case, Teresa was the inspiration behind many special sections I have published through the years, truly too many to list. But this one, well it's special, "If the information you can publish will help just one person, then

I don't care how many ads you sell, just get the information out there. Do it now, and do it every year, for me," she asked me.

It began in 2010 while working at the Clifton Record. Teresa was diagnosed, early, with Ovarian Cancer. She beat it. The key was early detection, a solid cancer plan, and a strong team. She was told she was cancer-free and at that time, she was. Annual screenings would be required, but she got busy, we both did with life and after the first couple of years, the screenings stopped.

Fast forward to December 2021. Teresa, always dealing with a back problem as well as diabetes would see doctors regularly to control pain and keep diabetes under control. Though she was told the

bulge in her abdomen was a small hernia and nothing to be alarmed about, that would turn out to be a poor diagnosis.

While there was a hernia, also formed was a cancer tumor. In February 2022, a lab tech at a local emergency clinic in Bryan, Texas would locate the tumor.

The young man took his time telling me the news; instead, he spent his time looking for a hospital that could take her before. He was 26 years old and had the job of telling my wife she had cancer, that was a rough night.

In the hospital the first time it was confirmed, a 17 cm x 9 cm mass was Colon Cancer and had attached itself to her colon, but the plan was formed to fight it, but she never stood a chance.

In March of 2022,

SEE TERESA PAGE 31



Find Cancer Early

Some cancers can be found early, before they have had a chance to grow and spread. In this section you can learn more about the screening tests that can be used to look for cancer and about American Cancer Society guidelines for using these tests.



A GOLD RIBBON IDENTIFIES
CHILDHOOD CANCER

Screening tests are used to find cancer before a person has any symptoms. Here are the American Cancer Society's recommendations to help guide you when you talk to your doctor about screening for certain cancers.

Health care facilities are providing cancer screening during the COVID-19 pandemic with many safety precautions in place.

The American Cancer Society [Get Screened](#) campaign encourages people to start or restart their recommended cancer screenings. Regular screenings can help find and treat pre-cancers and cancers early, before they have a chance to spread. Visit [Get Screened](#) to learn about screening tests and what you can do to get on track with a cancer screening schedule that's right for you.



Breast cancer

Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer. Women should also know how their breasts normally look and feel and report any breast changes to a

health care provider.

Women should also know how their breasts normally look and feel and report any breast changes to a health care provider

SEE SCREENING PAGE 5

Take control of your health, and help reduce your cancer risk.

- Stay away from all forms of tobacco.
- Get to and stay at a healthy weight.
- Get moving with regular physical activity.
 - Eat healthy with plenty of fruits and vegetables.
 - It's best not to drink alcohol. If you do drink, have no more than 1 drink per day for women or 2 per day for men
 - Protect your skin.
 - Know yourself, your family history, and your risks.
 - Get regular check-ups and cancer screening tests.

SCREENING continued from page 4

right away.

Some women – because of their family history, a genetic tendency, or certain other factors – should be screened with MRIs along with mammograms. (The number of women who fall into this category is very small.) Talk with a health care provider about your risk for breast cancer and the best screening plan for you.

Colon and rectal cancer and polyps

For people at average risk for colorectal cancer, the American Cancer Society recommends starting regular screening at age 45.

If you're in good health, you should continue regular screening through age 75. People over 85 should no longer get colorectal cancer screening.

Cervical cancer

Cervical cancer screening should start at age 25. People under age 25 should not be tested because cervical cancer is rare in this age group. The most important thing to remember is to get screened regularly.

Endometrial cancer

The American Cancer Society recommends that at the time of menopause, all women should be told about the risks and symptoms of endometrial cancer. Women should report any unexpected vaginal bleeding or spotting to their doctors.

Lung cancer

The most recent version of the American Cancer Society (ACS) lung cancer screening guideline [from 2018] is being taken down while we review new scientific evidence to be included in the next update.

While this important update is being completed, the ACS advises that health care providers, and people at increased risk for lung cancer, follow the recently updated recommendations for annual lung cancer screening from the US Preventive Services Task Force (USPSTF), the American Academy of Family Physicians (AAFP), or the American College of Chest Physicians.

The ACS recommend yearly lung cancer screening with LDCT scans for people who:

Are 50 to 80 years old and in fairly good health, and Currently smoke or have quit in the past 15 years,

Prostate cancer

The American Cancer Society recommends that men make an informed decision with a health care provider about whether to be tested for prostate cancer.

Research has not yet proven that the potential benefits of testing outweigh the harms of testing and treatment. We believe that men should not be tested without first learning about what we know and don't know about the risks and possible benefits of testing and treatment.

If you are African American or have a father or brother who had prostate cancer before age 65, you should have this talk with a health care provider starting at age 45. If you decide to be tested, you should get a PSA blood test with or without a rectal exam. How often you're tested will depend on your PSA level.

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Questions to Ask Your Doctor about Cancer Screening

Screening tests are used to find cancer in people who have no symptoms. Screening increases the chances of finding certain cancers early, when they are small, have not spread, and might be easier to treat.



A WHITE RIBBON IDENTIFIES
LUNG CANCER

You might be getting to, or you might be at, the age when you need to start screening. You might even be overdue for your screening tests because of the COVID-19 pandemic. During the pandemic, many elective medical procedures, including screening tests, were put on hold, and this led to fewer people getting screened for cancer.

As you think about starting your screenings or getting your screening tests back on track, here are some questions you can ask your doctor:

- What cancer screening tests are recommended for someone my age?
- How often should I get the screening tests?
- Do I need to see any specialists to get my screening tests done, or can you order all of them?
- Which of the screening tests should I get first?
- Do I have to get screened right away or can I wait?
- How long can I wait to schedule my screening tests?
- If I canceled or postponed a screening appointment, when should I reschedule?
- Is it harmful, if I missed my regular screening test?
- Is it safe to get screened now?
- Where can I go to get screened?
- What precautions are being taken by the facility to help reduce the spread of COVID-19?
- What are the risks and benefits of getting screened now compared to putting it off until later, given my personal and family history, risk factors, and when I got my last screening test?
- Are there screening tests that I can do at home?
- How do I schedule my screening tests?
- Can someone help me schedule my screening tests?
- Will my screening tests be covered by my health insurance?
- What will the screening tests cost if they are not covered by insurance?
- When will I get the results of my screening test and who will give me the results?
- Do I need to come back and see you at another appointment to find out the results?
- What happens if my results show possible signs of cancer?

These are examples to help you come up with your own questions about starting or returning to regular cancer screening as soon as possible. At the same time, it's important to remember that if you have signs or symptoms of cancer, or if you have additional risk factors that put you in a high-risk group, you should talk to your doctor or a health provider as soon as possible.



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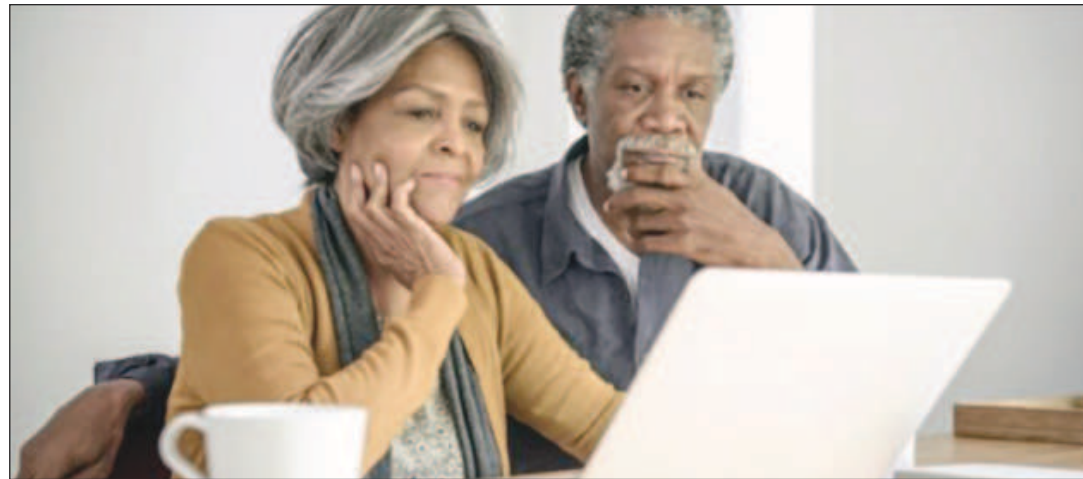
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Questions About Causes of Cancer



What is a risk factor?

A risk factor is something that raises the chance of getting a disease. Each cancer has its own risk factors. Having risk factors does not mean that someone will get cancer. Even when a person with a risk factor is found to have cancer, there's no way to prove that the risk factor caused the cancer.

Some risk factors, like a person's age or gene damage, can't be changed. But some risk factors can be controlled. Tobacco use, contact with secondhand smoke, being in the sun, excess body weight, not being active, drinking alcohol, and not eating a healthy diet are risk factors that can be managed.

Can injuries cause cancer?

Falls, bruises, broken bones, or other such injuries do not cause cancer. Sometimes a person might visit a health care provider for an injury and cancer is found. But the injury did not cause the cancer; the cancer was already there.

Can I bring cancer on myself?

Your personality and emotions cannot cause cancer and will not affect the outcome of your cancer. Research shows that there is no connection between personality types or attitude and cancer occurrence or outcomes.

Can stress cause cancer?

Researchers have done many studies to see if there's a link between personality, attitude, stress, and cancer. It's known that stress affects the immune system, but so do many other things. At this time, there is no clear evidence that a person's stress level affects their risk of getting cancer.

Does sugar feed cancer?

Sugar intake has not been shown to increase the risk of getting cancer, having cancer spread, or having it get worse. Still, sugars and sugar-sweetened drinks add a lot of calories to the diet and can cause weight gain, which is linked to cancer.

Is cancer contagious?

You can't catch cancer from someone who has it. You won't get cancer by being around or touching someone with cancer. When family and friends stay away, people with cancer may feel isolated and alone. They need your visits and support. To learn more, see [Is Cancer Contagious?](#)

Is cancer inherited?

Sometimes, certain types of cancer seem to run in some families. In some cases, this might be because family members share certain behaviors or exposures that increase cancer risk, such as smoking. Cancer risk might also be affected by other factors, like obesity, that tend to run in some families.

But in some cases the cancer is caused by an abnormal gene that is being passed along from generation to generation. Although this is often referred to as inherited cancer, what is inherited is the abnormal gene that can lead to cancer, not the cancer itself.

There are a lot of rumors and myths about cancer that make it hard for people to know what's true. Here are answers to some of the questions people ask about the causes of cancer. If you want to know more about how cancer starts and spreads, here is a [good link](#) for additional information see [What Is Cancer?](#)



A PINK RIBBON IDENTIFIES
BREAST CANCER

Signs and Symptoms of Cancer

Signs and symptoms are ways the body lets you know that you have an injury, illness, or disease.

A sign, such as fever or bleeding, can be seen or measured by someone else.

A symptom, such as pain or fatigue, is felt or noticed by the person who has it.

Signs and symptoms of cancer depend on where the cancer is, how big it is, and how much it affects nearby organs or tissues. If a cancer has spread (metastasized), signs or symptoms may appear in different parts of the body.

How does cancer cause signs and symptoms?

A cancer can grow into, or begin to push on nearby organs, blood vessels, and nerves. This pressure causes some of the signs and symptoms of cancer.

A cancer may also cause symptoms like fever, extreme tiredness (fatigue), or weight loss. This may be because cancer cells use up much of the body's energy supply. Or the cancer could release substances

that change the way the body makes energy. Cancer can also cause the immune system to react in ways that produce these signs and symptoms.

What are some general signs and symptoms of cancer?

Most signs and symptoms are not caused by cancer but can be caused by other things. If you have any signs and symptoms that don't go away or get worse, you should see a doctor to find out what's causing them. If cancer is not the cause, a doctor can help figure out what the cause is and treat it, if needed.

For instance, lymph nodes are part of the body's immune system and help capture harmful substances in the body. Normal lymph nodes are tiny and can be hard to find. But when there's infection, inflammation, or cancer, the nodes can get larger. Those near the body's surface can get big enough to feel with your fingers, and some can even be seen as swelling or a lump under the skin. One reason lymph nodes may swell is if cancer gets trapped there. So, if you have

unusual swelling or a lump, you should see your doctor to figure out what's going on.

Here are some of the more common signs and symptoms that may be caused by cancer. However, any of these can be caused by other problems as well.

- Fatigue or extreme tiredness that doesn't get better with rest.
- Weight loss or gain of 10 pounds or more for no known reason.
- Eating problems such as not feeling hungry, trouble swallowing, belly pain, or nausea and vomiting
- Swelling or lumps anywhere in the body.
- Thickening or lump in the breast or other part of the body
- Pain, especially new or with no known reason, that doesn't go away or gets worse.
- Skin changes such as a lump that bleeds or turns scaly, a new mole or a change in a mole, a sore that does not

heal, or a yellowish color to the skin or eyes (jaundice).

- Cough or hoarseness that does not go away.
- Unusual bleeding or bruising for no known reason.
- Change in bowel habits, such as constipation or diarrhea, that doesn't go away or a change in how your stools look.
- Bladder changes such as pain when passing urine, blood in the urine or needing to pass urine more or less often.
- Fever or night sweats.
- Headaches.
- Vision or hearing problems.
- Mouth changes such as sores, bleeding, pain, or numbness.
- The signs and symptoms listed above are the more common ones seen with cancer, but there are many others that are not listed here. If you notice any major changes in the way your body works or the way you feel – especially if it lasts for a long time or gets worse – let a doctor know. If it has nothing to do with cancer, the doctor can find out more about what's going on and, if needed, treat it. If it is cancer, you'll give yourself the chance to have it

SEE SIGNS PAGE 29

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Cancer Clusters

What is a cancer cluster?

Possible cancer clusters tend to get a lot of attention in the news and other forms of media. About 1,000 suspected cancer clusters are reported to state health departments each year. But just what is a cancer cluster?

People may become concerned that there's a cancer cluster in their community if they believe there is a higher than normal number of cancers in the area. Often there's a concern that the cancers might be caused by some type of carcinogen (cancer-causing agent) in the environment.

Scientists have a specific definition of a cancer cluster. The US Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI) define a cancer cluster as a greater-than-expected number of cancer cases that occurs within a group of people in a defined geographic area over a specific period of time. Each part of this definition is important.

A greater-than-expected number of cancer cases...

To see if there is a greater number of cancers than expected, the number of cases seen needs to be compared to what would typically be seen in a similar group of people – such as a group with the same age, gender, and ethnicity. The type(s) of cancer seen is also important. The cancers should either be



all of the same type or types of cancer that are known to have the same cause.

Cancer is a group of more than 100 different diseases. Each type of cancer has its own risk factors and causes. True cancer clusters rarely involve more than one type of cancer. For it to be considered a true cluster, it usually must have one of the following characteristics:

There is a larger than expected number of a specific type of cancer (or types of cancer that are known to have a common cause).

There are several cases of a rare type of cancer.

The cancers are a type that is not usually seen in a certain group of people (for example, children getting a cancer usually seen in adults).

If the excess cancer cases include many different types of cancer over a period of many years, it's not likely to be a true cancer cluster, or to be caused by a single environmental

factor or exposure.

That occurs within a group of people...

Cancer doesn't affect all groups

period when determining if there are more than the expected number of cases.

The time period is also important when looking for the possible causes of a cluster. For example, there are exceptions, but for most cancers linked to environmental causes, there's often a delay of many years (even decades) between the time of exposure and when the cancer first appears. Because of this, it might be important to see if the people affected by the cancer shared some common exposure in the past (and not necessarily the present). The longer ago this was, the harder this might be to determine.

Collections of cancers that don't meet all parts of this definition are much less likely to be true cancer clusters.

Note that the definition of a cancer cluster does not include anything about the cancers all having a common cause. It might turn out that a cluster does have a common cause once it's investigated, but more often it turns out that no common cause can be found. This is discussed in more detail later on.

Some important points to consider

When considering if a cancer cluster might exist, it's important to keep in mind that cancer is common. Well over a million new cancers are diagnosed every year in the United States alone, and nearly 4 out of 10 people in the United States will develop cancer during their lifetimes. So, it's not uncommon for several people in a relatively small area to develop cancer around the same time.

Even if the excess number of cases reported in a cancer cluster looks significant based on statistics, it doesn't necessarily mean that the cancers are caused by something unique to that area. Some clustering of cancer cases happens by chance, but people tend to notice and report situations where rates seem to be

of people equally. For example, it's rare in children, and becomes more common as people age. Some types of cancer are more common in men than in women (and vice versa), and some are more common in certain racial or ethnic groups, or in people with other shared characteristics (such as a history of tobacco use). These factors need to be taken into account when determining if there are more than the expected number of cancers in a group of people.

In a defined geographic area...

The boundaries of the area in which to include cancer cases needs to be defined carefully. Moving the boundaries (for example, to make the area larger or smaller) might make it look more or less likely that a cancer cluster exists.


Over a specific period of time

The number of cancer cases needs to be looked at over a specific time

SEE CLUSTER PAGE 12



A TEAL BLUE RIBBON IDENTIFIES
OVARIAN CANCER



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CLUSTER continued from page 10

above average.

If the excess cases of cancer don't seem to be random, they might need to be looked at more closely to find out if they might have a common cause. Studying cancer clusters allows scientists to identify areas of increased cancer risk, as well as to try to figure out what is causing the increase in risk. For example, studying clusters of malignant mesothelioma led to the discovery of the link between asbestos exposure and this rare cancer.

For most well-documented cancer clusters that have been found to be caused by a shared exposure, the exposure took place in the workplace, rather than in the communities where people lived. Workplace exposures may be more likely to cause cancer because the level of exposure can be higher and might last longer than in other settings. Workplace exposures can also be easier to identify because the group of exposed people is better defined and easier to trace as compared to groups in the community. This is why the links between cancer and many cancer-causing agents (carcinogens) are often first found in studies of workers. Of course, it's also possible for cancer clusters to occur in communities as well.

How are cancer clusters

**reported?
People concerned about a possible cancer cluster can report it to a local or state health department. Procedures vary by state, but most health departments will first ask for information, such as:**

- The type(s) and number of cancers involved
- Any suspected exposure(s) that might cause cancer
- The area and time period in which the cases occurred
- Specific information about each person thought to be affected
- Specific information about the cancers themselves
- How are cancer clusters investigated?

When a cancer cluster is reported, the health department will first review the initial information provided. Based on this, most suspected clusters can be determined not to be true clusters, and no further investigation is needed. According to guidelines from the CDC, some factors that do not support the

need for further investigation include:

- Cancer cases within family members who are blood relatives (especially cancers known to be strongly genetically linked)
- Different types of cancers that are not known to be related to one another
- A few cases of very common cancers, particularly when the people affected are of the usual age and sex for those cancers
- Cancers among people who didn't live in the same area at the time an exposure would have to have taken place to cause that cancer

If the health department feels that the potential cluster should be studied further, they will collect more information. They'll need to make sure that the cases are cancer and that they know the specific diagnosis. For example, there are several types of leukemia, and it's important to know which type each person has. They also may want to see if there are specific cancer risk factors that affected people have in common. To do this, they might contact patients or relatives or look at medical records. The health department will look at the number of cases in the affected area and those nearby to see if there are really more cases than expected. Scientists in the health department might also look at reports in the medical literature to see if other clusters like this have been noted in the past.

If needed, the state or local health department might ask federal agencies for help with the investigation. The CDC is the agency most often involved in cancer cluster investigations. Other agencies, such as the Environmental Protection Agency (EPA) and the National Institute of Environmental and Health Sciences (NIEHS), may also help investigate.

A more in-depth investigation might include getting more thorough medical histories from affected people, as well as testing blood or other body fluid samples from both affected and non-affected people. It might also include collecting and testing samples from the environment (air, soil, drinking water, etc.), especially if there is concern about a specific type of exposure as a possible cause.

Suspected cancer clusters can cause a great deal of concern and confusion in a community. It's very important that government agencies keep members of the community informed from the start of and throughout the investigation. This should include giving people a realistic idea of what may or may not be found.

What are the possible outcomes of a cluster investigation?

There are 3 main possible outcomes from a cancer cluster investigation:

- In most cases, an investigation will show that the suspected cluster is not a true cancer cluster.
- Less often, an investigation finds a true cancer cluster, but no cause can be found.
- Rarely, an investigation finds a cancer cluster where the cause can be determined.
- To help illustrate this point, in a scientific review of over 500 cancer cluster investigations done over 20 years, only about 1 in 8 found a true increase in cancer rates, and in only one case was a clear cause for the increase found.

It might not be a cancer cluster.

In many cases, investigators can determine that a “cluster” of cancers isn’t a true cluster. For example, the number of cases might not really be higher than expected once other factors that could explain the increase (such as people’s age, gender, and tobacco use) are taken into account. Or the types of cancer might not be related to each other.

It might be a cancer

cluster, and its cause is found.

Sometimes a true cancer cluster can be confirmed, and its cause is identified. At that point, steps can be taken to address it. Unfortunately, this is not a common outcome of cancer cluster investigations.

It might be a cancer cluster, but no cause can be identified.

Even if statistics show that it may be a true cluster, it’s important to know that it’s very rare that a cause is found. There can be several reasons for this. For example:

Random patterns can form a cluster: Even if the number of cases in an area is higher than expected, it still might not be caused by a single factor or exposure. More cancer cases in the United States are expected in large population centers or in places where the population tends to be older. But even so, for the most part, cancer cases in the United States are spread randomly

across the country.

As with any random pattern, there will be more cases than expected in some spots, and fewer cases than expected in others. The areas with more cases than expected are more likely to be noticed. But many of these will be due to the “bull’s-eye effect” (which is something like drawing a target on the wall after the darts have been thrown). Suppose you took a map of the United States and started drawing random circles of different sizes in different locations. You would find that some of the circles would contain more cancers than expected, and some would have fewer. Some of the circles with more cases might be clusters that have a single cause, but most would be due to chance.

Random patterns are the most common reason for a cancer cluster with no identified cause.

It can be very hard to figure out which of many exposures might be the cause: With rare exceptions, scientists don’t have a way of telling what trigger

SEE CLUSTER PAGE 28

(if any) may have caused cancer in any one person, whether it’s part of a cluster or not. Humans aren’t like lab animals – their environments aren’t strictly controlled. People are exposed to countless natural and man-made substances during their lifetimes, and to make this even more complex, these can interact with each other.

Think about how hard it would be to test for everything you’ve been exposed to, even if you knew where to start. Investigators might have a few clear leads or starting points for common exposures among affected people, but they need to look at all the possibilities. Finding the one exposure that could be the cause can be like looking for a needle in a haystack.

There is often a long delay between exposure and cancer: In clusters where the cause is known (which have been found mostly in workplaces), the time between exposure to the substance and the development of cancer has been anywhere from a few years to several

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Helping Children When a Family Member Has Cancer

Dealing with Diagnosis

How children react to a cancer diagnosis in the family often depends on how their parents or other close adults handle the crisis. Kids learn through their parents' behavior. Although parents know this, they are under a great deal of stress and have their own intense feelings of fear and uncertainty.

A child might also be affected differently, depending on whether they've known someone with cancer before, and whether or not that person recovered.

With the right kind of help, parents and their children can and do learn to cope well with cancer and its treatments.



A DARK BLUE RIBBON IDENTIFIES
COLON CANCER

Dealing with Treatment

Explaining cancer treatment to children can be tough. When facing cancer, adults usually feel anxious and scared enough without worrying about how a child will react, too. A lot of progress is being made in cancer treatment, but a first response of fear and uncertainty is normal.

It's very hard to keep a cancer diagnosis a secret for long. The challenge is fitting cancer and its treatment into a family's everyday life. This includes helping children deal with the major changes it causes. Here we will try to share information that can help you help a child who knows and cares about someone with cancer.

How can I make sure my child understands what I tell them?

Young children need less information than older kids. They are also more likely to be confused by the information they're given. They may be able to repeat what you told them but still not really understand it.

One mother who talked about surgery for "cancerous tissue" in her lung reported that her children thought she had Kleenex® in her body.

You and other caregivers can use play and art to help the child understand what's happening. It will also help to give the child some time each day to ask questions, such as at bedtime or during breakfast. You may need to repeat explanations many times before a child begins to understand.

Children, especially those under age 12 or so, may feel guilty and be afraid that they somehow caused the cancer. This is because of the natural way young children think. They should be assured that nothing they thought, wished, said, did, or didn't do caused



their parent's cancer or the side effects of the cancer treatment. You may have to repeat this over and over, especially to younger children.

Children often don't understand the severe tiredness that's a common side effect of treatment. They may expect that mom or dad will bounce right back after the last treatment. But, in reality, being very tired may go on for many months. It's a good idea to explain that cancer treatment and side effects may last for a while. And even after treatment ends, it will take time for your body to heal and for things to go back to "normal."

Assure your children that you'll tell them what they need to know, when they need to know it. Any time you talk with your children about cancer, ask them if they have questions or if there's anything else they want to know. One good thing to say is "other children wonder about..." which gives you a chance to address concerns you suspect they have.

Children also learn about cancer from other sources – from school, TV, the Internet, classmates, and from listening to other people talk. Some of this information is correct but a lot of it is not. It's best if the child can go to their parents about things they may hear.

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CAREGIVING

101

Caring for a loved one with cancer

When you become a caregiver for someone with cancer, you have questions. Lots of them. Get an overview of what caregivers do and how your role is important in the cancer journey.

- Caregivers may be partners, family members, or close friends.
- Most often, they're not trained for the caregiver job.
- Many times, they're the lifeline of the person with cancer.
- As a caregiver, you have a huge influence on how the cancer patient deals with their illness.

If You're About to Become a Cancer Caregiver

Caregiver is defined here as the person who most often helps the person with cancer and is not paid to do so. In most cases, the main (primary) caregiver is a spouse, partner, parent, or an adult child. When family is not around, close friends, co-workers, or neighbors may fill this role. The caregiver

during and after cancer treatment.

Caregivers serve as home health aides and companions. They may help feed, dress, and bathe the patient. Caregivers arrange schedules, manage insurance issues, and provide transportation. They are legal assistants, financial managers, and housekeepers. They often have to take over the duties of the person with cancer, and still meet

Here are some things to think about if you are about to become a caregiver for a person with cancer.

What does it feel like to be a caregiver?

Despite the sadness and shock of having a loved one with cancer, many people find personal satisfaction in caring for that person. You may see it as a meaningful



has a key role in the patient's care. Good, reliable caregiver support is crucial to the physical and emotional well-being of people with cancer.

Today, most cancer treatment is given in outpatient treatment centers – not in hospitals. This means someone is needed to be part of the day-to-day care of the person with cancer and that sicker people are being cared for at home. As a result, caregivers have many roles. These roles change as the patient's needs change

the needs of other family members.

On top of the normal day-to-day tasks, such as meals, cleaning, and driving or arranging transportation, as a caregiver, you'll also become an important part of the cancer care team. This busy schedule could leave you with no time to take care of your own needs. You also may feel the need to turn down job opportunities, work fewer hours, or even retire early to meet the demands of being a caregiver.

role that allows you to show your love and respect for the person. It may also feel good to be helpful and know that you're needed by a loved one.

You might find that caregiving enriches your life. You might feel a deep sense of satisfaction, confidence, and accomplishment in caring for someone. You may also learn about inner strengths and abilities that you didn't even know you had, and find a greater sense of purpose for your own life.

The caregiving role



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can open up doors to new friends and relationships, too. Through a support group, you can get to know people who have faced the same kinds of problems. Caregiving can also draw families together and help people feel closer to the person who needs care.

Caregiving can also be frustrating and painful. People caring for very sick patients may notice their own feelings of severe sadness and emotional distress. They may feel sadness and grief over their loved one's illness and may also feel overwhelmed or frustrated as they try to manage many difficult problems.

Caregivers can develop physical symptoms, like tiredness and trouble sleeping. This is more likely to be a problem for caregivers who aren't able to get the support they need, and who don't take care of themselves – especially those who try to press forward alone, even as their own quality of life suffers.

Caring for someone going through cancer treatment can be demanding, but being good at it can give you a sense of meaning and pride. These good feelings can help provide the strength and endurance to continue in the role for as long as needed.

You'll need to take care of yourself, too

It's hard to plan for a

major health problem like cancer. Suddenly you've been asked to care for the person with cancer, and you're also needed to help make decisions about medical care and treatment. None of this is easy. There will be times when you know you've done well, and times when you just want to give up. This is normal.

There are many causes of stress and distress in cancer caregivers. Dealing with the crisis of cancer in someone you love, the uncertain future, financial worries, difficult decisions, and unexpected and unwanted lifestyle changes are just a few of them. Fear, hopelessness, guilt, confusion, doubt, anger, and helplessness can take a toll on both the person with cancer and the caregiver. And while the focus tends to be on the patient, all of this will affect your physical and mental health, too.



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Hope Lodge

Facing cancer is hard. Having to travel out of town for treatment can make it even harder. Yet the American Cancer Society has a place where cancer patients and their caregivers can find help and hope when home is far away - an American Cancer Society Hope Lodge.

What is Hope Lodge?

Each Hope Lodge offers cancer patients and their caregivers a free place to stay when their best hope for effective treatment may be in another city. Not having to worry about where to stay or how to pay for lodging allows guests to focus on getting better.

Hope Lodge provides a nurturing, home-like environment where guests can retreat to private rooms or connect with others. Every Hope Lodge also offers a variety of resources and information about cancer and how best to fight the disease.

Currently, there are more than 30 Hope Lodge locations throughout the United States and Puerto Rico. Accommodations and eligibility requirements may vary by location.

To find out more about a Hope Lodge, please select one of the locations above. If there is not a Hope Lodge in your area, please call the American Cancer Society at 1-800-227-2345 for more information about lodging assistance.



Help make cancer patients feel at home

The American Cancer Society Hope Lodge Network provides free, home-like accommodations for cancer patients who have to travel for treatment. There are several ways volunteers can help with daily Hope Lodge operations such as preparing meals, providing entertainment, planning special events and activities, and improving the facility

and grounds. Additionally, we need volunteers at select locations to drive patients to and from treatment.

Required Training

Volunteer orientation training, confidentiality training, and onsite training may be required.

Volunteer drivers must take required training.

Benefits

Volunteers help make Hope Lodge communities a true home away from home. Volunteers may choose from

a variety of opportunities and activities that fit your skills and interests. You can volunteer for a single day or be a longer-term volunteer, and you can volunteer by yourself or with a group. You can choose to work with cancer patients and caregivers or work behind the scenes in other areas. Join us and help brighten the day of cancer patients and their caregivers!

Volunteer Positions and


Responsibilities

Volunteers help with daily Hope Lodge operations such as making meals, providing entertainment, planning activities, and improving the facility and grounds. Additionally, we need volunteers to drive patients to and from treatment.

Add' Requirements

Volunteers are required to be dependable and comfortable interacting with others.

For select lodges that have volunteer driver opportunities, volunteers must meet current age criteria, have a valid driver's license issued by the state where they will perform their driving duties or in the state where they reside, provide proof of automobile insurance, pass a background and motor vehicle records check and complete required volunteer training. Some volunteer roles may have additional requirements including a background check.




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Thank you for taking all that time to help us book gigs, and becoming a well-known name not just in the county, but across the state. Thank you for listening to us practice for hours on end (even though there were definitely times when we sounded like crap.)

Thank you for constantly encouraging us to keep following our dreams, to never give up, and just being our mom.

You are and always will be a member of the band, we just could not have done any of it without you.

We love you, and you will never truly know just how much you mean to each and everyone of us.

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When Someone You Know Has Cancer

Finding out that someone you know has cancer can be difficult. If you're very close to the person, this can be a frightening and stressful time for you, too.

If you are not comfortable talking about cancer, you might not be the best person for your friend to talk with at this time. You may need some time to work through your own feelings. You can even explain to your friend that you are having trouble talking about cancer. You might be able to help them find someone who is more comfortable talking about it by helping them look for support groups or connecting with a community or religious leader.

But if you feel you want to be there to help the person in your life with cancer, here are some suggestions for listening to, talking with, and being around this person. Communication and flexibility are the keys to success.

Talking with someone who has cancer

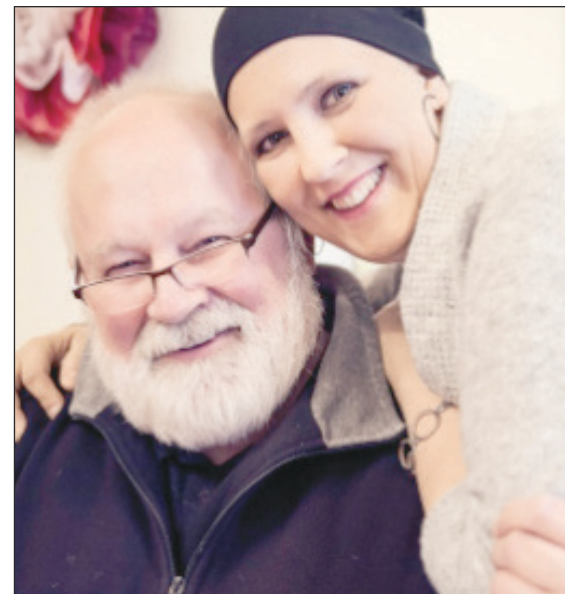
When talking with someone who has cancer, the most important thing is to listen. Try to hear and understand how they feel. Don't make light of, judge,

or try to change the way the person feels or acts. Let them know that you're open to talking whenever they feel like it. Or, if they don't feel like talking right at that time, that's OK, too. You can offer to listen whenever they're ready.

There may be times when the uncertainty and fear make the person with cancer seem angry, depressed, or withdrawn. This is normal and is a part of the process of grieving what was lost to the cancer (things like health, energy, time). Over time, most people are able to adjust to the new reality in their lives and go forward. Some may need extra help from a support group or a mental health professional to learn to deal with the changes cancer has brought into their lives.

Someone with cancer might feel guilty that they've done something to cause their cancer. Some people are made to feel guilty by others who might ask them if they did things in the past that might have caused their cancer. This is called stigma and can sometimes make a person with cancer blame themselves for their illness or feel left out, isolated, depressed, and as if they don't have much support. It can even affect how they approach their treatment, affect their quality of life, and might make them avoid follow-up care. If someone feels stigmatized for their cancer diagnosis, be reassuring and show you care. Help them know that they can't change what might have happened in the past, but they can take charge of their life and care while going through treatment and beyond.

Some people with cancer might talk about death, worry about their future or their family's future, or talk about their other fears. You don't always have to respond but be ready to hear their pain or the unpleasant



thoughts they might want to share. If you are asked your opinion about their illness, treatment, or other parts of their cancer journey, be open and honest, but don't try to answer questions that you don't know the answers to.

You're not alone if you don't know what to say to someone who has cancer. You might not know the person very well, or you may have a close relationship. It can be harder in the workplace because relationships with co-workers are so varied. You might not know the person very well, or you may have worked together for many years and be close friends.

The most important thing you can do is mention the situation in some way that shows your interest and concern. You can express encouragement, and/or you can offer support. Sometimes the simplest expressions of concern are the most meaningful. And sometimes just listening is the most helpful thing you can do.

Try to make your response honest and heartfelt. Here are some ideas:

- "I'm not sure what to say, but I want you to know I care".
- "I'm sorry to hear that you are



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going through this”.

- “How are you doing?”
- “If you would like to talk about it, I’m here”.
- “Please let me know how I can help”.
- “I’ll keep you in my thoughts”.

While it’s good to be encouraging, it’s also important not

such as “You’re looking pale,” or “You’ve lost weight.” It’s very likely that they’re acutely aware of it, and they may feel embarrassed if people comment on it.

It’s usually best not to share stories about family members or friends who have had cancer. Everyone is different, and these

might say, in a caring way, “I heard what’s happening, and I’m sorry.”

You may feel angry or hurt if someone who’s close to you didn’t share the news of a cancer diagnosis with you right away. No matter how close you are, it may take time for the person to adjust to the diagnosis and be ready to tell others. Don’t take it personally. Focus on how you can support that person now that you know. For suggestions on how to do this, see *How To Be a Friend To Someone With Cancer*.

How do I get over feeling uncomfortable around someone who has cancer? Feeling sorry for them, or feeling guilty for being healthy yourself, are normal responses. But by turning those feelings into offerings of support, you make the

feelings useful. Asking how you can help can take away some of the awkwardness. Cancer is a scary disease. It can create a great deal of uneasiness for people who don’t have experience dealing with it. Don’t be ashamed of your own fears or discomfort. Be honest with the person about how you feel. You might find that talking about it is easier than you think.

Cancer often reminds us of our own mortality. If you are close in age to the person with cancer or if you are very fond of them, you may find that this experience creates anxiety for you. You might notice feelings somewhat like those of the person who has cancer: disbelief, sadness, uncertainty, anger, sleeplessness, and fears about your own health. If this is the case, you may want to get support for yourself from a mental health professional or a local support group. If your company has an Employee Assistance Program (EAP), you can contact a counselor that way. You can also use other

sources of counseling, such as your health insurance or religious support services.

How does someone cope with cancer?

People develop all kinds of coping styles during their lives. Some people are quite private, while others are more open and talk about their feelings. These coping styles help people manage difficult personal situations, although some styles work better than others.

Some people use humor and find it a relief from the serious nature of the illness. But some may become withdrawn and isolated from family and friends. A cancer diagnosis creates a lot of change. People often try to maintain as much control as they can to feel more secure. Some people become very angry or sad. They might be grieving the loss of their healthy self-image, or the loss of control over their lives.

Some people find it helps to simply be hopeful and do what they can to maintain that hope. Hope means different things to different people. And people can hope for many things while facing cancer.

You might assume that someone who is positive and optimistic must be denying the fact that they have cancer. If the person with cancer seems upbeat and unaffected by having cancer, don’t assume they’re in denial. Making the most of every day may simply be their way of coping. As long as they are getting medical care, they’re probably not in denial, and their way of coping with cancer should be respected. For more information, please see *Coping With Cancer in Everyday Life*.

There are many sources of support for people facing cancer. These include visitation programs like the American Cancer Society Reach To Recovery® program for women with breast cancer. There are local support groups options



to show false optimism or tell the person with cancer to stay positive. Doing these things might seem to discount their very real fears, concerns, or sad feelings. It’s also tempting to say that you know how the person feels. But while you know this is a trying time, no one can know exactly how any person with cancer feels.

Using humor can be an important way of coping. It can also be another approach to support and encouragement. This can be a great way to relieve stress and take a break from the more serious nature of the situation. But you never want to joke unless you know the person with cancer can handle it and appreciate the humor. Let the person with cancer take the lead; it’s healthy if they find something funny about a side effect, like hair loss or increased appetite, and you can certainly join them in a good laugh.

If they look good, let them know! Avoid making comments when their appearance isn’t as good,

stories may not be helpful. Instead, it’s OK to let them know that you are familiar with cancer because you’ve been through it with someone else. Then they can pick up the conversation from there.

Respect the privacy of someone who has cancer

If someone tells you that they have cancer, you should never tell anyone else unless they have given you permission. Let them be the one to tell others. If someone else asks you about it, you can say something like, “It’s not up to me to share this, but I’m sure (____) will appreciate your concern. I’ll let them know you asked about them.”

It might feel awkward if you hear through the grapevine that someone has cancer. You could ask the person who told you if it’s public information. If it’s not, you probably shouldn’t say anything to the person with cancer. But if it is public information, don’t ignore it. You

through the American Cancer Society as well., and even If you're interested in online groups, like the American Cancer Society has a Cancer Survivors Network, and you can also check out others such as the Cancer Support Community, the Cancer Hope Network, and CancerCare, to name just a few.

Some of our local offices may be able to help with transportation and can put you in touch with other sources of support. To find out about services where your friend lives, contact your American Cancer Society.

What if the person 's cancer comes back?

In some cases, a person's cancer will come back (recur or recurrence) and treatment might begin again or a new treatment might be needed. The person with cancer may or may not react the same way they did the first time. Again, communication is key. Most people are quite upset if they learn their cancer is back. They may feel they don't have the emotional or physical reserves to get through it again, they might be empowered to be as strong as possible. They may have expected it to come back, or are simply ready to face it again. By equipping yourself with the knowledge of how best to talk to the person with cancer, you can be most helpful to them.

What if the person refuses or stops cancer treatment?

At some point during a person's cancer journey, they might refuse or decide to stop cancer treatment. You might feel like they're giving up, and that can be upsetting or frustrating. You might not agree with their decision, but it is important to support them and give them the space to decide what they feel is best for their health, well-being, and quality of life.

Even after a person refuses

cancer treatment or decides to stop their treatment, it's important to make sure they fully understand their options. You might want to suggest the person to talk with their cancer care team about their decision. Some will and others won't. After talking to their cancer care team, don't be surprised if your loved one still decides to stop or refuse treatment. Continue to offer your support.

Palliative care can help anyone with cancer, even those who are sure that they don't want treatment for the cancer itself. Palliative care is focused on treating or improving symptoms like pain or nausea, and not the cancer itself. It helps the person feel as good as possible for as long as possible.

The person who refuses or stops cancer care may be open to hospice. Hospice care treats a person's symptoms so their last days may be spent with dignity and quality, surrounded by their loved ones. Hospice care is also family-centered – it includes the patient and the family in making decisions.

Encourage someone who has stopped or refused cancer treatment to talk to their cancer care team about palliative care and/or hospice.

Facing the final stages of life

When someone's cancer is no longer responding to treatment, it can also be a scary time for those close to them. No matter how hard it might be, it's still important to try to be there to give support. Try to follow the cues and stay in the background but be available when they need you.

Some people worry about what to say when a person with cancer talks or asks about dying. Listen to them and be open and honest. Don't try to answer questions that you don't know the answers to. Offer to help them reach out to their health care team. There are no magic words for a person who is dying, but often your presence and support goes a long way.

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WHAT IS RELAY FOR LIFE?

Relay For Life is a movement, a community of like-minded survivors, caregivers, volunteers, and participants who believe that the future can be free from cancer. Because of the COVID-19 pandemic, our community is currently connecting in different ways. While our fundraising might look different right now, our passion to save lives, celebrate lives, and lead the fight for a world without cancer is unchanged.

When you participate in Relay For Life, you become a vital part of the American Cancer Society: a volunteer. You are now part of an organization of 2.5 million survivors, patients, advocates, volunteers, caregivers, and researchers doing everything within our power to save lives.

There are now more ways than ever for anyone, anywhere, to join the Relay community – virtually or in-person – and come together to connect, support, and fundraise to help save lives from cancer.



THE AMERICAN CANCER SOCIETY INVITES YOU TO JOIN THE RELAY FOR LIFE MOVEMENT

Relay For Life is one of the largest peer-to-peer fundraising events in the world. For more than 35 years, communities around the globe have come together to raise funds for a future free from cancer and we have no intention of ever slowing down. Join the Relay For Life movement. Sign up to help save lives.

"Relay is miracles." - Ridi, Cancer Survivor

"Relay is never giving up hope, that against all odds you can find step by step your way through." - Trisha, Cancer Survivor

"We just want to bring awareness and let the community know that we're all here for you and let them know you're not doing this alone." - Brittany, 4x Cancer Survivor

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Your money helps the American Cancer Society fund groundbreaking cancer research, provide free information and support, and help prevent cancer and find it earlier when it's easier to treat. Your donation will truly help save lives.

"Come to Relay For Life, because there's no other event that really makes you feel like you are doing something. You're really contributing. You're really making a difference in those peoples' lives, because our survivors rely on the American Cancer Society for a lot of different services. So, that's what we're raising money for, as well as to find a cure." — Troy, Team Captain

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CLLUSTER continued from page 13

decades. Exposures are very unlikely to cause cancers right away. And again, it's not easy to study people and their environments.

Suppose a group of people live in a community that has a higher than expected number of cases of a certain type of cancer. If there is a potential cause, investigators first have to figure out when these people were exposed to it. Was it a single event or has it been ongoing? Was it 5 years ago? 10? 20? And what did the people with cancer have in common during that time? Added to this, some people will have moved into the community, while others may have moved away. Should the cases of people who moved into town in recent years be included? And can the people who moved away be found?

The boundaries of the cluster area can be hard to define: Defining the geographic cluster area is not always as clear-cut as one might think it would

be. Just how big should the "bull's eye" be? Should it include only the local neighborhood where most of the cases were found? Or should it also include the larger community, or even nearby communities? These areas may have cases that may or may not be related to the others.

Not everyone who is exposed is likely to develop cancer: To make things even more tricky, some people might be more or less likely to get cancer after being exposed to something, based on their genes. It's unlikely that everyone exposed will develop cancer. At the same time, there may be people who were not exposed who develop the same cancer by chance.

Even after investigating, questions often remain

Scientists do their best to piece together the puzzle when there is a cancer cluster, but more times than not, they don't find a likely cause. This

doesn't always mean that there isn't one; it may just be that one can't be found with the methods available at the time.

In many cases there might not be a common cause for the cancers, but it can be hard for everyone to feel sure of that. This might not be a satisfactory answer for the people in a community being affected, but it is often the case.

What should I do if I suspect a cancer cluster?

Concerns about cancer clusters most often come up in schools, workplaces, and in certain areas of a community. If you are concerned about a possible cancer cluster, contact your local or state health department. If you don't know who to call in your area, the CDC has a list of web links to local and state contacts at cdc.gov/nceh/clusters/statelocal.htm. (Also see the Additional resources section.)

Some of your concerns might be relieved during the initial phone call. If not, the health department will probably look into doing a brief investigation and

then, if needed, will do a more complete review of the situation. For more complex or urgent situations, the health department might also call in experts from the CDC or other federal agencies to help do a more in-depth investigation.

The investigators might be able to figure out with a fair amount of certainty that there is no true cluster, or that there is a true cluster and it's probably caused by a certain exposure. But in many cases, even when it seems there is a cluster, a single cause can't be found.

Suspected cancer clusters can be very distressing for those affected by them. Some people might be comforted if an investigation finds no clear cause for a cluster, but others might find it worrisome or frustrating.

Even though thorough investigations of potential cancer clusters often don't give clear-cut answers, it's important that communities keep reporting suspected cancer clusters, and that health organizations respond to these concerns.



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SIGNS continued from page 9

treated early, when treatment is more successful.

Sometimes, it's possible to find cancer before you have symptoms. The American Cancer Society and other health groups recommend cancer-related check-ups and certain tests for people even though they have no symptoms. This helps find certain cancers early. You can find more

information on early detection at the American Cancer Society Guidelines for the Early Detection of Cancer.

And keep in mind, even if you have cancer-related screening tests, it's still important to see a doctor if you have any new or worsening signs or symptoms. The signs and symptoms might mean cancer or another illness that needs to be treated.



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Phillips Publishing LLC would like to thank the American

Cancer Society for the outstanding methods used to help educate the American public about cancer. Cancer from A-Z can be found on their website or by calling the number we have listed at the bottom of just about every page.

While many of us are aware

of the American Cancer Society, unfortunately many, like myself never really take the time to educate ourselves on this deadly disease.

I would encourage you to make a donation, the phone and link are at the bottom of this page **From one publisher to another..**

Many community news organizations will see this section and many will take the time to read it. If you as a publisher have gone this far, maybe you will go a little further.

This section is available for reprint without the advertisements and holds just about 50% advertising to editorial content. Phillips Publishing would like to offer you the pages so that you can create your own Cancer Awareness section for your communities, free of charge.

Just give me a call, at 979-250-2733 or send me an email request and I will send you the electronic package so that you can publish this content for your readers.

All we ask in return is on the cover, the line, "Inspired by the True Story of Teresa Hair Phillips" remain in tact and unchanged. As

for the story on page 3, you are welcome to use that or replace it with a local inspirational story that fits your community, that choice is yours.

We also ask for a copy of your printed section once completed. When requesting the section, which is FREE as I have mentioned, we will send you our address and contact information as I would love to see as many of these printed as possible.

For more information on this section, feel free to call.

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I also want to thank all of the advertisers in this section. Phillips Publishing reached out to just about every business in Robertson County, Texas, and a few beyond.

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TERESA continued from page 3

at home, her pain grew immeasurably, and again, to the hospital. This time the news was devastating. The tumor had torn away from her colon causing a “rip” too large to repair. Though the attempt was made in surgery, it was no use.

The surgeon found me in the waiting room to let me know there was nothing he could do, the cancer had spread too far and was blocking any attempt to repair her Colon.

I ask how long? How long would my wife live? “She has three to five days, I’m going to send Hospice over here to talk with you about options,” he replied. I remember that very clearly, 3-5 days. That was 90 days ago and as I write this, she is watching Grey’s Anatomy on the bed eating a banana split I just made for her. She loves Grey’s Anatomy and banana splits.

What went wrong? How did we get here? These are all valid questions I have been asking for for 3 months and I think I have the answers. That is what I want to share with you today, the answers to all the questions I had about cancer, hospice, caregiving, prevention, detection, and real plans of

action. How to beat cancer and what to do when you can’t.

In short and in her words, “If you can help just one person,” Teresa said, “then it will all be ok, you’ll see.”

When I started this project a month ago, I did not think she would be here to read it. Now, I know she will read this and every word I print in this section and that fills me with calm, joy, and even about of pride. Because she is still here with me, she will get to see this section help someone too. While this section will forever be printed annually by myself and this newspaper, at least for the first one she will be here to see what her story did to help people and that is what truly matters to her.

So please, share this section with your loved ones. We are printing extra copies, so if you would like to come to the office and pick some up to share with your loved ones please do, that’s what this is for.

I sit here knowing there were things we should have done, could have done, but there is no time to dwell on that aspect. I have so little time left with her I’m reminded of just how short



Dorothy Hair and Teresa Hair Phillips, mother and daughter share a smile in 2014. With Teresa, always, it’s family first. Dorothy resides with Teresa and I and has since Teresa’s father Wayne passed.

our time here is, so love your family and take care of them. It is our most valuable possession on Earth.

I do want to that the American Cancer Society. The wealth of information, resources, and help this organization has to offer is overwhelming, but then again, cancer is overwhelming and the American Cancer Society has been fighting cancer and helping people from all walks of life since 1913.

You will see a phone number at the bottom of most of these pages and if you are reading this online as many of you do these days, the link at the bottom is to donate directly to the ACS, if you can, please do so and help someone fight to win.

God Bless you and keep you and your family safe.

Dennis Phillips
Devoted Husband and
Teresa’s Best Friend

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