

Women's Quarterly

Fall 2017



“Chapter 59 - My Way”

Carla McGuire shares her breast cancer journey in a one-woman show at Slates

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Debbie Bowden demonstrates inspired leadership at Harold Alfond Center for Cancer Care

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**Make it your own —
Creating a new life**

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About this section

This special advertising supplement was produced by the Kennebec Journal/Morning Sentinel and is published quarterly.

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The cover design by Alicia Tuttle, Graphic Designer, features Carla McGuire, story on page 4.

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Just a Thought

BY TERRI HIBBARD
Correspondent

Sally Jane taught us about courage and fun

This is a reprise of a column written in 1995 about Terri's cousin Sally Michaud who died of breast cancer.

Sally was a hellion and an angel, empathetic, energetic, a sissy and the bravest of the brave. She was sweet with a persistent devilish streak.

For graduation parties—and we had many with my five children going through high school and college—Sally made “the green stuff,” that too-sweet Cool Whip, pistachio pudding mix that made my health-nut heart

cringe, but delighted the kids.

When one of my sons worked out of state and couldn't come home for Christmas, Sally packed up directions and ingredients for “the green stuff” except for Cool Whip and mailed it off to brighten his spirits.

On the day of my daughter's high school graduation, my young son Glenn played with gasoline that afternoon and ended up in the hospital with a badly-burned leg. I was torn, wanting to be at the hospital and at graduation. Sally to the rescue. She smuggled in a tiny TV for Glenn (the hospital had none) and made me feel that it was perfectly okay to leave Glenn in the hospital with her so I could be there for my first graduate.

Sally was always there for us during tough times, and fun. When the diagnosis came back from the breast lump, she was 36 and none of us could believe she wouldn't always be there. Sally die? Unthinkable.

Fortunately for us, she also refused to believe it. Women do beat it. Who better to beat it than Sally Jane Shorey Michaud?

When she was a kid, Sally was what we called “spleeny.” Almost as soon as she had braces on her teeth, she demanded they be taken off. No way was she going to tolerate that discomfort.

The day I went to see her after the breast lumpectomy, she had radiation implants stuck straight through her breast. They looked exactly like shish kabobs skewers. And she wasn't complaining.

There weren't enough statistics to determine whether chemo would prevent a recurrence, so Sally decided instead to live a good healthful life and forget killer chemicals. She would minimize stress, maximize fun and eat healthy. She would squeeze every bit of enjoyment out of every day. It didn't take much.

Picking strawberries with Sally wasn't hot sticky work—it was an adventure. A yard sale wasn't an accumulation of junk—it was a treasure hunt. A swim in the pool wasn't just a way to cool off, with Sally it was like being a kid again.

She loved babies, animals, crafts, gardening and celebrations. She was crazy about people. The feeling was mutual.

One year after her surgery, a lump appeared in her neck. This time she embraced chemo with the same enthusiasm she had for the good things of life. Each course of treatment—and there were many, tested and experimental—would do the trick she believed.

And, just in case she needed one, she went to the Shrine of St. Anne-de-Beaupre near Quebec to pray for a miracle.

Sally was “no cancer victim.” Cancer was an inconvenience. When she lost her hair, she wore a wig. When she lost her ability to walk, she used a walker, then a wheelchair. When the pain was unbearable, she had acupuncture or submitted to more drugs. There is a saying—We can decide whether to be the statue or the bird. This little birdie wasn't about to quit flying.

But the cancer was relentless, one organ, then another, finally the brain. She became disoriented, argumentative, lethargic, and finally, comatose.

By October of 1994, cancer had the upper hand.

But with the wonders of technology plus a doctor and family willing to do everything possible to give her a bit more of the life she loved, her brain tumors were shrunk and she came back, not fully, but enough.

Shortly after we had agonized as she lay comatose in the hospital, I stopped by her house to find Sally struggling to get her cowboy boots on. Steroids had swollen her 41-year-old body and the jeans were so tight she couldn't bend over. But, by God, she was going line dancing.

By spring we knew there would be no more dancing for Sally. Those last weeks, we prayed for a miracle, little knowing that we had already had our miracle: this perfectly ordinary woman, a regular hellcat as a youngster, was our angel on earth.

She had made kindness, caring and joy a way of life.

Sally left us March 20, 1995. At the big Catholic Church in Fairfield, it was standing room only. The funeral director said Sally Michaud's funeral drew the biggest crowd he had ever seen.

It was no surprise to us.

Contact Terri Hibbard @terrihibbard41@gmail.com

“Chapter 59 - My Way”:

Carla McGuire shares her breast cancer journey in a one-woman show at Slates

BY NANCY P. MCGINNIS
Correspondent

One might assume that by the time a person has lived through nearly six decades, there are not many “firsts” left. But two years ago, for the first time in her life, Carla McGuire asked for a second medical opinion. There’s a very real chance she is still alive today only because she did so.

And now, for the first time in her life, she admits, she’s planning to show up at an exhibit of her own art. She hopes to see old friends and make new ones at Slates Restaurant in Hallowell on the evening of Oct. 15, at the opening of “Chapter 59: My Way,” McGuire’s solo art show reflecting her physical, mental and spiritual journey since being diagnosed with Stage 3 Invasive Lobular Carcinoma.

It was in early Sept. 2015, McGuire recalls, that “I looked at myself in the mirror, and was surprised to discover a big dimple on my left breast.” She was thankful that she already had an appointment for a routine mammogram screening scheduled for a few days later, when she brought up her concerns.

But McGuire was hardly reassured when the large dimple and the accompanying orange-peel-textured skin (which can be a telltale sign of inflammatory breast cancer), were written off as scar tissue from breast reduction surgery years earlier.

“I just didn’t feel comfortable, letting this go,” she said. She had a feeling of foreboding, and the explanation didn’t make sense, so she decided to get another medical opinion. Further testing, and a biopsy, indeed revealed the presence of a large (approximately 4-inch-by-2-inch) mass in the left breast. She learned that lobular cancers are sometimes harder to detect than ductal cancers — and they can both be deadly.

“I remember the doctor urging me to have surgery that week,” McGuire said. “I said I was totally unprepared for this, that I needed time. So she gave me a week and a half.”

The breast was removed, and 24 nearby lymph nodes at the same time. Subsequent biopsies showed that 22 of them were cancerous.

Then followed months of chemo, and many days of physical and mental exhaustion and distress. “I was very, very lucky— 13 years earlier, I had relocated to central Maine with only my son,” McGuire said. “But by the time I needed them, I had amassed a huge support network “family” of friends who stepped in and took care of everything from shoveling snow, bringing food and sitting with me, doing the laundry, and everything else.”

McGuire also is grateful for the kind-



Nancy P. McGinnis photo

Carla McGuire hopes to see old friends and make new ones at Slates Restaurant in Hallowell on the evening of Oct. 15, at the opening of “Chapter 59: My Way,” McGuire’s solo art show reflecting her physical, mental and spiritual journey since being diagnosed with Stage 3 Invasive Lobular Carcinoma.

ness and wisdom of the support professionals she has encountered along this journey. It was a nurse who urged her to follow her gut and get that second opinion, and another nurse who impressed upon her how important it was to be absolutely comfortable as a patient with the communication style and manner of one’s oncologist.

Dr. Richard Polkinghorn, head of oncology at the Harold Alfond Center for Cancer Care at MaineGeneral Medical Center, was a good match who respected McGuire’s desire for upfront and forthright information.

By the time she completed her last session of chemotherapy, McGuire had made the decision to have her other breast

removed. “It turned out to be a good choice,” she says somberly. “They found the same cancer cells.”

“It would have been the right choice for me, anyway, regardless of the biopsy findings,” she said. “For me, eliminating the potential risk offered incredible peace of mind, a huge weight lifted. Even if you have chemo, it doesn’t go after dormant cells in other parts of the body, which means that breast cancer cells can spread to the bones, liver, lungs and brain.”

Meanwhile, “chemo brain” (the negative impact of chemotherapy on mental acuity) is not a joke, she soon learned. Chemotherapy can make it difficult to focus, remember things, or think clearly,

“Since being diagnosed with Stage 3 breast cancer last year, I have grown to appreciate what I’ve got and what I’m not. This show celebrates what I have learned. As an expression of gratitude, a portion of art sales will be donated to The Maine Breast Cancer Coalition and the Joe Andruzzi Foundation. They both provided emotional and financial support at a time when I needed it.”

— CARLA MCGUIRE

much of the time—simple tasks like filling out forms became a real challenge.

McGuire’s dearest best friend, Suzanne DerBoghossian, arrived from Connecticut after she learned of the upcoming biopsy.

“She showed up at my place the evening before— and moved into the guest room so that she could pitch in and offer tireless moral and logistical support twenty-four, seven, until I was completely healed from my second surgery.

“Suzanne helped me fill out those inevitable forms, drove me to all my appointments and treatments, came in with me and took notes and raised questions about things I wanted to know but couldn’t remember to ask. She held my hand. She is the one who shaved my head, when my hair started falling out in clumps.”

Hair loss and hats are a common thread running through much of the artwork that McGuire created for this exhibit. The first “Red Devil” phase of chemo most likely causes your hair to fall out—not just the hair on your head, but even your eyebrows and lashes, she explained.

“Personally, I felt like the prospect of losing my hair threatened my femininity more than losing a breast,” McGuire acknowledged. Though her own hair has now grown back, “I started a collection of wigs to wear. I wanted to resolve to keep a positive attitude, keep my smile and sparkle, even though I knew I might only have a few hours a day when I’d feel even halfway decent.”

“There were some members of my

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Chapter 59

CONTINUED FROM PAGE 4

(Alfond Center) support group who kept on working at their jobs, every day. Some people have no choice, for economic reasons, and I have the utmost respect and admiration for them. I was fortunate that my employer, Maine Today Media, was very supportive and good at acknowledging what I was going through," says McGuire, an advertising media consultant for the Kennebec Journal.

Though now very much at home as a resident of Hallowell, she was born and raised near Chicago, Illinois. From early childhood, McGuire showed a natural affinity for art and an interest in the human form. She is grateful to this day for the private lessons she began at the age of seven, when she was introduced to basic concepts such as shadows and perspective.

Later, in high school and art school, she studied drafting and human anatomy. Though her art was included in exhibits of student work from time to time, for some reason that she can't articulate she always avoided attending. But she is looking forward with great anticipation to this event, partly because it will be an opportunity to spread awareness about, and perhaps pay forward in some modest fashion, two organizations that helped McGuire when she needed it most.

These are the Maine Breast Cancer Coalition, a Bangor-based advocacy and education nonprofit; and the Joe Andruzzi Foundation, founded by the former New England Patriots offensive guard who has also battled cancer.

For many cancer patients undergoing surgery, along with follow up treatment and therapy, resources get stretched pretty thin, McGuire said. She was the grateful recipient of gift cards for groceries and for gas to travel to necessary treatments; and assistance to make ends meet when it was time to pay the rent or the utility bill.

A percentage of the sales from McGuire's show will go to those two organizations.

Her artwork is rendered in acrylics, pastels, watercolor, watercolor pastels or mixed media. Some pieces deliver a direct, straightforward message; others are more subtle, bordering on abstract. Each work is accompanied by a brief text vignette excerpted from earlier writings that McGuire had created while participating in a therapy writing group for can-

cer patients at the Alford Center.

Journaling has remained one way for McGuire to explore, validate and come to terms with her array of thoughts and emotions throughout the ongoing journey.

"I remember saying, even before my surgery, that I'll never be "just Carla" again. From now on, I'll forever be a breast cancer patient, or a breast cancer survivor. That's just the reality."

Another entry begins with the statement: "You have three choices in life: give up, give in, or give it all you've got. Thinking about this again today... some may think "my all" is a little over the top at times. When I felt bad about this in my 20s, my Mom told me it's their loss—and they just don't understand that is who you are."

Now in remission, McGuire gladly shares the lessons she has learned from firsthand experience and observation:

- Cancer does not necessarily "follow the rules." McGuire was the first person in her family to be diagnosed with breast cancer, after years of faithfully following medical recommendations regarding mammogram screenings at regular prescribed intervals.

- Inform yourself, ask questions, do research—but in the end, as McGuire did, trust your gut. Science is not perfect. Doctors are human. No one knows your body as well as you do, or has more at stake. It's the only body and the only life you have, and you are in charge of it.

- Get information and recommendations on your options, but remember that there are subtleties and complexities in every scenario. Make choices that are right for you, for reasons that ring true for you. No two situations are the same, and the decision whether to go ahead with surgery, chemotherapy, radiation, reconstruction, etc. — or not— is yours to make.

- When anyone (yourself, or a friend or loved one) has been diagnosed with cancer, even if they claim to be fine, and seem self sufficient, be aware that might not be the case. McGuire recalls an overwhelming panic attack that gripped her out of the blue on a visit to the doctor's office; a nurse to whom she described the experience identified it as PTSD (Post Traumatic Stress Disorder).

- Don't let life get in the way of taking care of yourself— checkups, mammograms, etc. And to the best of your ability, don't let cancer get in the way of living your life to the fullest. McGuire was motivated to heal in part because she wanted to keep dancing, and to realize her inner artist's dream of launching her CMc Studio.



Nancy P. McGinnis

Carla's artwork is rendered in acrylics, pastels, watercolor, watercolor pastels or mixed media. In this piece she is painting the "The View of Health" she remembers from going through her chemotherapy treatments.

The Road I Traveled, 2016

*Every road has its freeways, intersections and turns.
These roads definitely have potholes, ruts and road blocks.
My road started at the end of 2015 with a huge cave-in,
and I could do nothing to stop it.
If I turned around I would get nowhere.
So I waited until a temporary bridge was built for me.
The bridge being temporary was not a smooth ride
and far from pleasant.
I had to go slow because it was narrow and very rickety.
At times I wasn't sure if I would make it to the other side,
or if I even wanted to.
Where is a good strong off ramp when you need one?
When I finally got over that trench I took a good deep breath
and looked to the sky.
The sun was shining bright and I could see the sun flash
across the wires that were attached to me.
Were they there all along?
Why didn't I know this in the beginning... I could have relaxed.
Then I heard a voice say, "I needed you to know that you
really wanted to cross that bridge."
The weaker the bridge got, the stronger you stood
and the more confident you became.
Then the voice said, "My love comes in many ways. I want you to be
strong and confident for others. Share my love."*

~Carla McGuire

Chapter 59 - "My Way:"

Show and sale of original art by Carla McGuire
at Slaters Restaurant

163 Water Street, Hallowell ME

Opening reception Oct. 15: 5:30-7:30 p.m.

With cash bar, complimentary hors d'oeuvres
and live music by Sarah Crosby

Art exhibit & sale continues through Nov. 11, 2017



“I am loving the journey. This work allows me to make an impact in the lives of our patients, families and our dedicated staff.”

**DEBBIE BOWDEN,
ADMINISTRATIVE
DIRECTOR OF
ONCOLOGY & INFUSION
SERVICES AT HAROLD
ALFOND CENTER FOR
CANCER CARE**

Contributed photo
Debbie introduces patients who have been treated at the Harold Alfond Center for Cancer Care over the past 10 years during a recent Cancer Survivors Day ceremony.

Bowden demonstrates inspired leadership at Harold Alfond Center for Cancer Care

BY JOY MCKENNA

Special to Women's Quarterly

So many wonderful stories have been shared during this year — the 10th anniversary of the Harold Alfond Center for Cancer Care (HACCC).

Anyone who has been to the cancer center knows that one person there is connected to all these stories. Debbie Bowden, RN, MSN, administrative director of Oncology & Infusion Services, has been there from the beginning, and continues to shape the culture and nurture staff and patients daily.

Bowden and her siblings grew up in Corinna. Her first taste of working in health care was in high school. She served as a nurse's aide in a nursing home, and came away with a passion for working with the elderly population.

After obtaining her bachelor's degree in nursing at Olivet University in Illinois, Bowden returned to Maine.

Her story at MaineGeneral goes back more than 32 years.

“When I came back to Maine, I was swayed to work at Thayer in part because my Uncle Brud had required care there for many, many years,” Bowden said. “Every chance he could, he encouraged me to join the then Mid-Maine Medical Center family.



**DEBBIE BOWDEN, ADMINISTRATIVE
DIRECTOR OF ONCOLOGY
& INFUSION SERVICES AT THE HAROLD
ALFOND CENTER FOR CANCER CARE**

“Thayer indeed had the ‘family’ culture that I wanted to be a part of. I came to the Waterville area a stranger, but now after 32 years, this is my home and my community. There is nothing more wonderful than to be able to care for your own community. I just love it!”

Bowden worked her first 11 years at Thayer on the med-surg(ery) floor (the

former 3 North).

“The experience provided me a wonderful foundation to make me a strong and well-rounded nurse,” she said. During these early years in her nursing career, Bowden felt the “tug in her heart” to care for patients with cancer.

In her time there, the unit transitioned its care focus to cancer patients. Driven to obtain more tools to help her patients, Bowden earned her chemotherapy certification.

Her talents and strength to inspire others made Bowden a natural leader in the unit. In 1996, she became coordinator and then nurse manager of 3 North. Her role expanded to the outpatient setting, and then to being part of the planning team for the Harold Alfond Center for Cancer Care, serving as director of nursing (clinical practice) from 2007 to 2013.

Bowden completed her master's degree in Nursing Management and Leadership and then in 2014 took on the role of administrative director, which merged her oversight of the clinical practice and operations of oncology services.

When not at the cancer center, Bowden, who says she “loves to be busy!” can be found active in area theater — both adult and children's — especially at her church in Waterville. She also enjoys playing the piano and singing.

Those who have attended MaineGeneral's Cancer Survivors Day see the fruits of Bowden's many months of work and coordination in this inspiring day for the community. She lends her immense creative power and compassion to every detail. It all comes down to serving her patients and their families.

“I am loving the journey,” Bowden said. “This work allows me to make an impact in the lives of our patients, families and our dedicated staff. I am able to impact and support the patient experience, which is such a privilege.”

Bowden said there are many changes in the technology and delivery of cancer treatment, which give her hope and keep her motivated and eager to continue learning each day “how to navigate the many elements to ensure we provide the best care possible.”

Bowden is confident the best care is being delivered at the HACCC, and is proud of the near-120-member staff there.

“They truly love and respect those they serve,” she said. “Their daily actions reflect their love in their touch and words. That care has been constant since Day One.

“We provide top-quality care from an incredibly dedicated staff and, unless it's something we don't offer, there's no need to go elsewhere for cancer care. I'm proud I can say this to our community without any hesitation.”

Gut reaction: Health and wellness

BY NANCY P. MCGINNIS
Correspondent

What do hand sanitizers, processed foods, C-sections, and antibiotics have in common?

The answers, which may surprise you, can be found in “The Good Gut: Taking Control of Your Weight, Your Mood and Your Long-Term Health” by Justin and Erica Sonnenburg, PhDs.

Research is increasingly pointing to the aforementioned culprits’ negative impact on our health and wellbeing in Western civilizations. How? By potentially interfering with the microbiota that naturally keep us healthy.

What are microbiota? The term is used to describe a “community” of bacteria and other single-celled organisms that play an essential role in maintaining the health of our gastrointestinal systems.

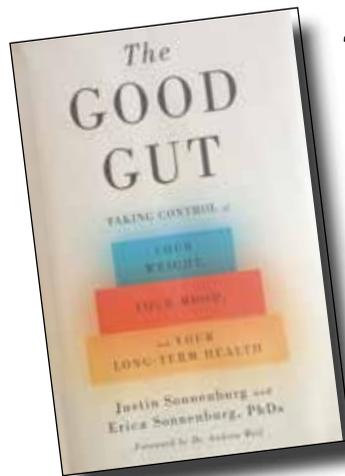
But there is so much more than just digestive health at stake, according to the pioneering husband and wife research team, based at Stanford University’s microbiology and immunology laboratory.

In 2015, they shared their knowledge with other professionals and the interested general public in this engaging and compelling book.

“More than we ever suspected,” the authors write, “our gut microbiota sets the dial on our immune system.” Thus, a well functioning gut is a significant boost to all aspects of our health, from fighting off infections efficiently to promptly extinguishing malignancies as soon as they are manifest. Conversely, an unhealthy gut increases the risk of developing autoimmune disease and cancer.

For better or worse, our microbiota are not only wired into our immune system, they also communicate directly with the central nervous system through what the Sonnenburgs refer to as our “gut-brain axis.”

Though continents apart, members of primitive communities



“The Good Gut: Taking Control of Your Weight, Your Mood and Your Long-Term Health” by Justin and Erica Sonnenburg

in places such as Tanzania and Peru, whose subsistence has been based for generations on hunting and gathering, have remarkably similar microbiota—which is markedly different from ours.

Like their ancestors, their guts typically host up to 50 percent more bacterial species and twice as many bacterial genes than ours do. By contrast, when it comes to a helpful diversity of microbes, our GI tracts almost resemble a wasteland.

Over the past decade, in Western populations, the changing composition of microbiota in the large intestine apparently offers clues to the rise in allergies, asthma, inflammatory bowel diseases, even autism.

The good news is, that paying attention to gut health, according to the Sonnenburgs, could help prevent cancer, heart disease, diabetes and even obesity, and possibly help to address mental health issues such as depression and schizophrenia.

The Sonnenburgs, who have dedicated this book to their young daughters, describe simple lifestyle changes that they have implemented in their own family that can help the average reader take action toward better health.

For example, they have adopted a mostly plant-based diet, with lots of fresh vegetables, legumes, and ancient grains such as quinoa replacing white rice and flour. Naturally, probiotic foods such as yogurt and kefir, and fermented foods including pickles and sauerkraut, round out their menus. The family enjoys fresh fruits and perhaps occasionally a little dark chocolate for dessert.

The Sonnenburgs’ research philosophy carries over into their parenting skills.

Knowing that a diverse mix of bacteria can improve health, they are not overly concerned about the need for the girls to wash their hands after playing outside or petting the family dog, for example.

And they advise extreme caution regarding antibiotics. While there are times when antibiotics are necessary and unavoidable, statistically speaking their overuse has given rise to deadly, antibiotic-resistant bacteria.

Another, lesser-known concern is the collateral damage that can affect gut microbiota because most antibiotics are “broad spectrum.” They don’t discriminate between the bad bacteria versus the good microbes—they wipe out everything. Recovery after a course of antibiotics can be a lengthy process, and is sometimes never fully achieved.

As an added bonus, the Sonnenburgs include a chapter of recipes for familiar and appealing foods such as pancakes, hot chocolate, quesadillas, salads and smoothies, modified and/or reinvented to promote gut health. Also presented are some interesting ethnic dishes, incorporating naturally gut-friendly non-western cuisine, such as Indian Dal and Burkina Faso Skillet Cake.

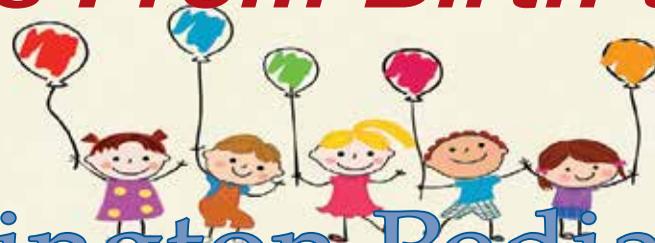
Fortunately for all of us, in “The Good Gut” the Sonnenburgs share the science behind their research in a user-friendly way, and arm us with the necessary knowledge making it possible to choose wisely toward better health for ourselves and those we love.

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10 years later: Vision behind Harold Alfond Center for Cancer Care remains strong

BY JOHN D. BEGIN

Special to Women's Quarterly

The vision came first — long before the first shovelful of earth was turned to transform a defunct golf course into something much more.

Chuck Hays was a part of it. So were Barbara Martin and many others who saw the need to regionalize cancer care in the Kennebec Valley through construction of a state-of-the-art cancer center on that former course.

And when the Harold Alfond Center for Cancer Care (HACCC) opened its doors in July 2007, the man who embraced this vision most of all — Harold Alfond — helped celebrate the milestone.

Much has changed since the center treated its first patients, numbering more than 9,400 to date.

Cancer treatment is now more targeted and individualized to a patient and his or her specific cancer. The adverse side effects that often accompany treatment are managed better, as is a patient's pain level. Cancer is no longer the "death sentence" it once was and patients are living longer with an improved quality of life.

What hasn't changed, said Hays, MaineGeneral Health's CEO, is the level of dedication of the caregivers.

"The care our staff provides continues to be incredible. We can take care of more patients locally and do it in a manner that provides high quality and patient satisfaction with great outcomes," he said. "It's one of the most rewarding projects I've been involved with."

Hays emphasized that the ability to maintain a high level of care over 10 years results from an organizational desire to "continually improve and offer services we can and should provide close to home."

The latest service is genetic testing and support for cancer patients through collaborative partnerships with the Dana Farber Cancer Institute and The Jackson Laboratory.

"It's exciting to have partners that want to provide genetic services," Hays said. "I'm not sure we would have had those opportunities had it not been for what we've built at the center."

Radiation therapist Barbara Martin has worked at MaineGeneral for the past 29 years, first providing radiation treatment in the basement of what is now the Thayer Center for Health (TCH) in Waterville.

She was closely involved in the center's design process and helped merge the two radiation oncology sites and staff into one before it opened. Her father was the first

"The care our staff provides continues to be incredible. We can take care of more patients locally and do it in a manner that provides high quality and patient satisfaction with great outcomes. It's one of the most rewarding projects I've been involved with."

CHUCK HAYS, CEO MAINEGENERAL HEALTH



Contributed photo

The dedicated staff at the Harold Alfond Center for Cancer Care in Augusta.

prostate cancer patient treated there. To say Martin is invested in treating patients with cancer is a serious understatement.

"Every morning, I come in here and I'm like 'thank you!' I'm so fortunate to be here," she said. "I think, and I hope, that we make a difference because going through cancer treatment is a tough thing. That's what keeps me going."

Dr. Richard Polkinghorn, MD, oncology medical director at the HACCC, joined its staff five years ago. While not part of the center's first five years, he is part of its present and future — a future he said is exciting because of the center's expert medical staff and what their collective skills and knowledge offer patients and families.

"We work really well together and are very dedicated to helping our patients," he said. "Our center has become a very compassionate, dedicated and energetic force and I think we have great outcomes as a result."

The Harold Alfond Center for Cancer Care's (HACCC) 'Top 10 in 10'

The following are Top 10 highlights in the past 10 years of the HACCC, in no particular order of importance, offered by the center's staff:

1. QOPI® certification

- Recognized in 2010 and since by the American Society of Clinical Oncology's Quality Oncology Practice Initiative (QOPI®) certification program
- One of the first 16 cancer practices in the U.S. — and the first in Maine — with this certification

2. Treatment advancements

- Immunotherapy (targeted chemotherapy) individualized to the patient
- Two new linear accelerators for targeted radiation therapy

3. Genetics program

- Maine Cancer Genomics Initiative, housing The Jackson Laboratory genomic specialists at the HACCC through Harold Alfond Foundation grant funding
- Genetic testing and consultation provided through telemedicine

4. Open-access clinic

- Non-emergent care to cancer patients with medical issues related to treatment

5. Clinical trials

6. Navigators

- Two levels of registered nurses: point-of-entry and clinical

7. Care management services

- Emotional support
- Psychosocial support
- Assistance with insurance coverage
- Financial counseling
- Help with transportation and medication issues

8. Survivor support

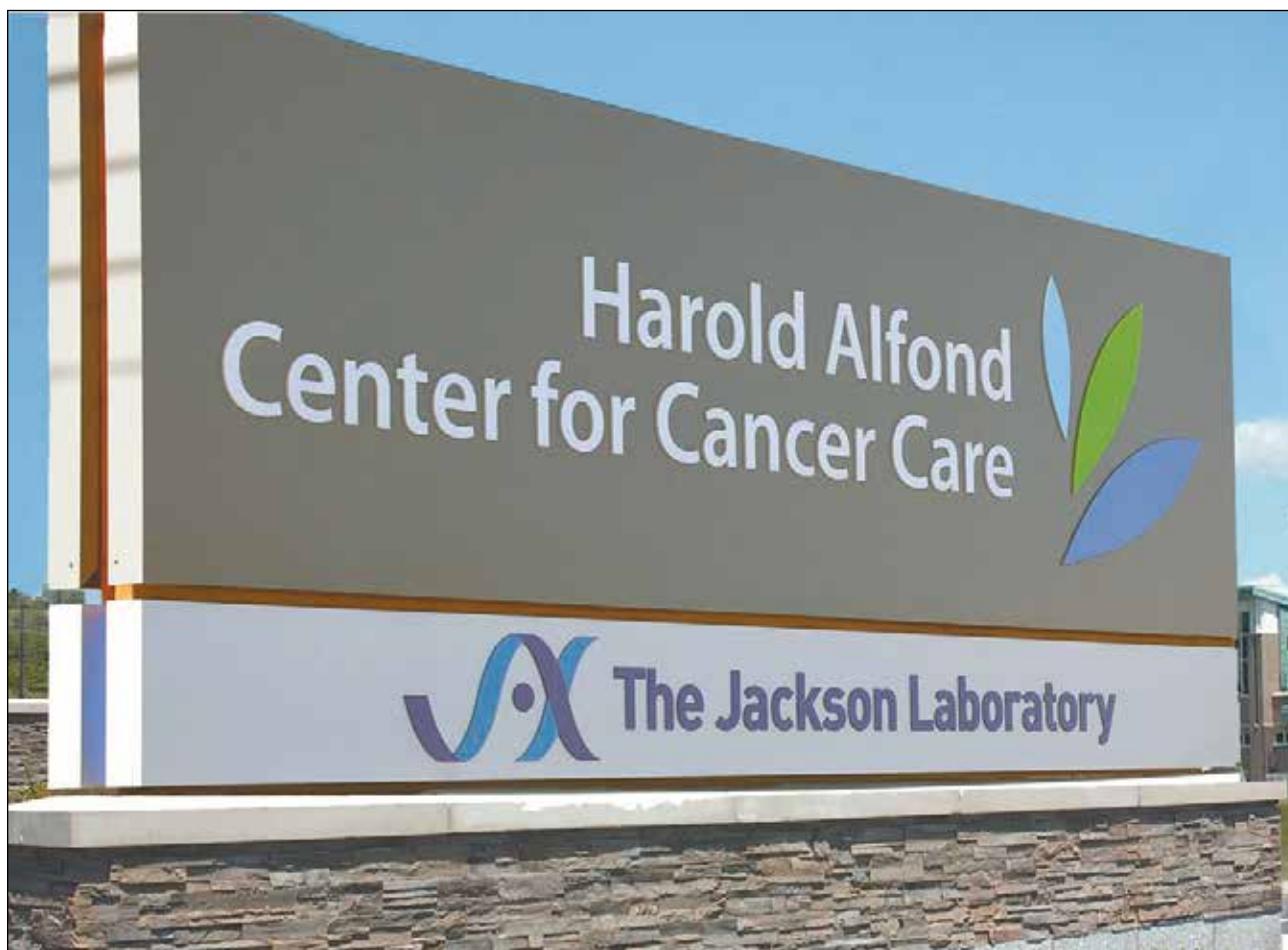
- Access to exercise programs and various other services
- Cancer Survivors Day

9. Community outreach and education

- Integrative therapies
- Education
- Programs to support patients during and after treatment

10. Cancer rehabilitation onsite Services for patients suffering treatment side effects:

- Increasing strength and energy
- Managing pain
- Improving function and quality of life



Contributed photo

When the Harold Alfond Center for Cancer Care (HACCC) opened its doors in July 2007, the man who embraced the vision most of all, Harold Alfond, helped celebrate the milestone.



MaineGeneral Health organizes Walk for Hope

MaineGeneral is celebrating the 10th anniversary of the Harold Alfond Center for Cancer Care, and is expanding their incredible Walk for Hope community.

What started out as a crowd of 250 breast cancer survivors and supporters 14 years ago now surpasses 1,000 each year. Those brave walkers built an incredible community that will now embrace every cancer journey and give all oncology patients, families and friends hope and strength when they might otherwise feel alone.

As their mission grows to be more inclusive, more space is needed to accommodate the growing numbers of walkers. It will now be held at Mill Park in downtown Augusta!

All funds raised for MaineGeneral's Harold Alfond Center for Cancer Care stay here.

Walk For Hope
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Make it your own — Creating a life

BY SUSAN VARNEY
Correspondent

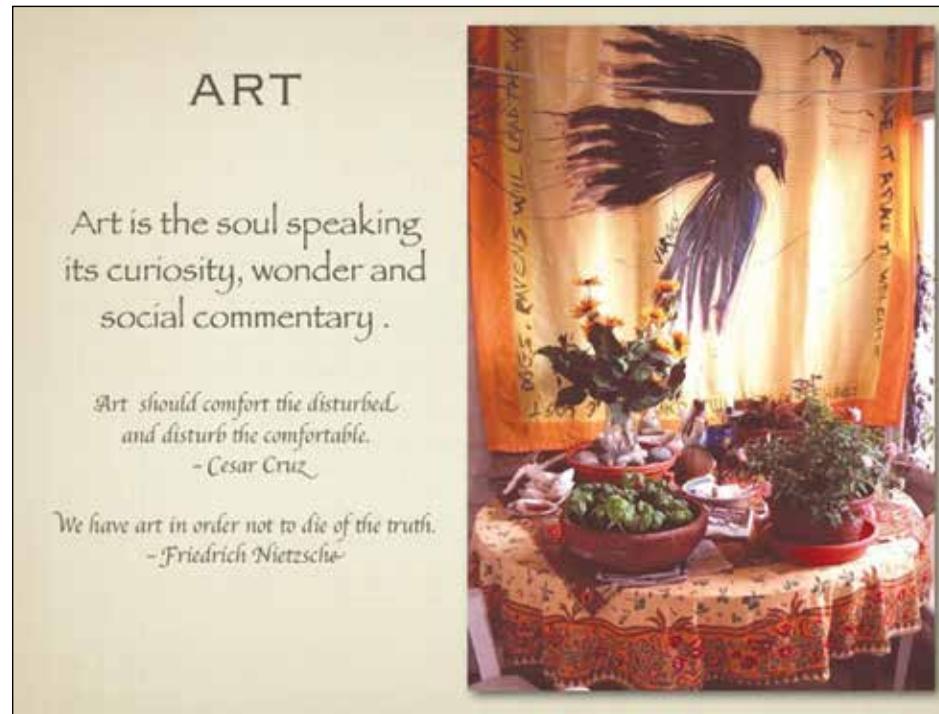
My curiosity is stimulated by books, films, interesting people, laughter, nature and art. An easel stands in my living room, loaded with paintings, done and undone, and collages.

Masks hang from the corners, empty canvases cry out for attention, a crow mask overlooks it all. I love crows. I have crows in the windows, in the plants, looking down from the dining room chandelier, in the garden perched in the bean trellis. I talk to the crows while out walking the dog in the mornings. They are very curious and remember friends and enemies.

I like repurposing books as well as other items — such as exercise bicycles and computer monitors, old brooms, driftwood and found objects.

Growing up on a farm in Maine I escaped after chores to the woods with sketch pad or book, or played in the river building island paradises on exposed rocks. On rainy days it was exploring the attic and inventing games, putting on plays with costumes from old trunks or building forts in the haymow. We had to create our fun out of what we had — barns, sheds, attics, fields, river and woods.

I spent my 18th birthday in the hospital having an emergency operation for cancer, followed by cobalt radiation treatments with everyone thinking I was going to die — It never crossed my mind. That was 50 years ago. Unable to reproduce was a shock at first, but with too many people on the planet already, I turned to art as a ven-



Photos by Susan Varney

Art definition page with crow wall hanging from a poetry collection titled “Lovers & Other Strangers.” By the way, a crow image is painted on an old shower curtain, making it a flag or banner.

ue for expression, meaning and comfort, then went off to college to study art and English.

Both have served me well in a world that doesn't particularly honor women or women's voices and choices. I'm still writing

and making art, amazed to have lived so long; amazed at the friends lost to age and cancer, heart disease, and Alzheimer's.

Everyone is an artist.

Remember the fun we had with crayons and brown paper bags as kids? It's never

too late to do it again.

Forget about the teachers who failed us for coloring outside the lines. Look at Jackson Pollack or Picasso, some of my favorite art is imperfect, colorful, spontaneous, capturing a moment, a feeling, a memory, a time or place.

Art is an expression of who we are, what we are thinking, what we care about, does it matter what others think? Of course, but not totally. Art is our opportunity to express our anger, love, frustration, curiosity, excitement and passion.

When repurposing a book, one can do many things to cover the old text and photos: Sometimes I paint over pages with gesso or white acrylic paint. This often leaves a ghost of what was originally there.

You can write, paint or collage over this once it is dry — it is called palimpsest from the practice of reusing papyrus or parchment documents even though the earlier writing was incompletely erased and remained somewhat visible in the background. It makes for an interesting effect as you can see in the “Warriors in Pink” image from the Passion book.

You can also just glue images from magazines and newspapers or photos, postcards, fliers to create new images. Then you can paint parts of the images created.

Make it your own. Artists have always recycled materials, reused discarded items, repurposed objects. Look at what Bernard Langlais did with discarded wood, nuts, bolts and paint — Voila, the Skowhegan Indian and so much more.



Old cover, new cover and an inner page of a repurposed book. Libraries are always running out of space and getting rid of books. To repurpose a book, look for a book that doesn't have too many pages and includes images you like. You can pull some pages out of the book so it doesn't get too big as you add images. “Maine on my Mind” has pages with great white spaces for adding poetry and stories. Its shiny pages make it easy to take fine sandpaper to erase the text.

Passion is a repurposed book once devoted to Ancient America. A repurposed book can become a diary, a collection of poetry, observations, recipes, inspirational sayings, photos, paintings and collages. It is what you make it.

Pages from repurposed book “EYE LOVE TRAVEL,” pays homage to a beloved cat, Moxie, along with a brief history of the soda Moxie and a recipe for a Kennebec Islander that includes Moxie, Champagne, lime and ice. The second page is a tribute to Maine with an observation added: If you don't love it, can't eat it, or get there without flying — you don't need it!

Audrey Hepburn, cancer victim, lived a full life helping others

BY TERRI HIBBARD
Correspondent

Audrey Hepburn was my all-time favorite actress and lived by those words.

Most of us (older movie goers anyway) remember Hepburn as a beautiful and enchanting actress in such films as “Roman Holiday,” “Breakfast at Tiffany’s” (my favorite of the many I loved), “Sabrina,” “Funny Face,” “Charade” and “My Fair Lady.” The American Film Institute named Hepburn third among the Greatest Female Stars of All Time. She is one of few entertainers who has won Academy, Emmy, Grammy and Tony Awards.

But Audrey was so much more than a movie star.

Her family suffered tremendously during the Nazi occupation of the Netherlands, where they lived in fear and suffered near starvation. In the winter of 1944, the Germans blocked the resupply routes for food and fuel for the Dutch in retaliation for railway strikes that were held to obstruct German occupation.

Like others, Hepburn’s family resorted to making

flour out of tulip bulbs to bake cakes and biscuits. Audrey developed acute anemia, respiratory problems and edema as a result of malnutrition.

“Had we known that we were going to be occupied for five years, we might have all shot ourselves. We thought it might be over next week ... six months ... next year ... that’s how we got through,” she said years later.

Hepburn performed in a series of secret ballets called “black performances” to help raise money for the rebels and their underground war against Hitler. After the shows, there was no applause because that might alert the German soldiers.

Later in life, Hepburn worked tirelessly for UNICEF (the United Nations Children’s Fund) and was presented with the Presidential Medal of Freedom as well as the Jean Hersholt Humanitarian Award for her contribution to humanity. UNICEF also honored Hepburn’s legacy of humanitarian work by unveiling a statue, “The Spirit of Audrey,” at UNICEF’s New York headquarters.

Audrey died Jan. 20, 1993 of a rare form of abdominal cancer.



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Inland staff offers proposals for a cancer-free life

Diet and exercise play a role

BY EMILY KNIPP

*Dietetic intern at Inland Hospital
Special to Women's Quarterly*

Did you know that a plant-based diet could be the secret to living cancer free? It may seem simple, but researchers say that diet is a key factor in the prevention of cancer.

While there is no 'miracle food' that will protect you from cancer, there are evidence-based dietary changes that can aid in prevention of chronic diseases including cancer.

Maintain a healthy weight

Overweight/obesity is the second leading cause of cancer according to the International Agency for Research on Cancer, following tobacco use as the primary preventable cause. In fact, studies from the British Medical Journal show that obesity increases the risk of breast cancer incidence in postmenopausal women by more than 50 percent. This is because body fat is the primary source of estrogen production in women, which causes hormonal changes in the body that increases cancer growth and development.

High body fat percentage is also linked to free radical production. Free radicals are unstable and highly reactive toxic molecules that form in the body during normal oxygen metabolism; they attack and damage healthy cells and tissues causing oxidative stress in the body, which can lead to cancer.

Fight free radicals with fruits and vegetables

In order to fight the damage caused by free radicals, a plant-based diet is key. Antioxidants and phytochemicals are substances found in plants including fruits, vegetables, nuts, seeds, legumes, herbs and whole grains.

Why are they important? Antioxidants and phytochemicals are natural chemical compounds that work against the oxidation process in our bodies to prevent free radicals from doing damage and provide our bodies with various health benefits.

The American Institute for Cancer Research (AICR) reports that phytochemicals have the potential to block the substances we eat, drink and breath from becoming carcinogens in our bodies, reduce inflammation that encourages cancer growth, slow the growth rate of cancerous cells, prevent DNA damage, and even help with DNA repair.

Jennifer Migliore, RDLD, CDE, is a registered dietitian with Inland Hospital's Diabetes and Nutrition Wellness program. She emphasizes that, "We get these nutrients from whole foods rather than supplements."

Existing research on supplement usage is limited, and often conflicting. Some studies even indicate that supplementation is actually a cause of certain cancers. Plant-based foods are also high in fiber, which helps us feel full longer thus playing a key role in weight maintenance. Increase the amount of fruits, vegetables, legumes, and whole grains that you consume to fill two-thirds of your plate at every meal to ensure that you reap the benefits of these powerhouse plants.

Limit consumption of processed and red meats

It is important that we don't just simply add more

fruits and vegetables to our diet, but that we use them to replace less nutritious foods. Countries with a Westernized diet, like the United States, which have diets heavy in meat, dairy, sugar and processed foods, typically have higher incidences of breast, prostate and colorectal cancers according to the American Cancer Society. Processed meats such as hot dogs, lunch meat, and ham should especially be avoided. This is, in part, due to the nitrites/nitrates that are added into processed meat in order to increase the shelf life and improve the aesthetic quality of the food.

Certain methods of cooking meat indicate an increased risk for cancer as well. Frying, grilling, and broiling red meats at high temperatures is known to produce a chemical that raises the amount of carcinogens in the body. Diets high in these processed meats and red meat (pork, beef, and lamb) are linked to higher incidence of stomach and colorectal cancer.

Many challenges keep us from meeting our health goals. Whether it is money, time, or availability of food and resources — there are simple ways to have a healthier lifestyle:

- Prepare meals ahead of time and freeze them in individual servings. This allows you to have healthy, homemade meals available in minutes.
- Shop local. Farmers markets are great resources for eating healthy. The Maine Harvest Bucks program is set up at most Maine farmers markets to help you save money by reimbursing every EBT dollar you spend. Shopping at farmers markets is also great exposure to new fruits and vegetables, and you can have the opportunity to talk with the farmer about how to cook produce that you may have never tried before.
- Save money by using unit prices to compare food costs. Purchasing items in bulk is typically cheaper per pound than buying individual items. Using unit prices can save you hundreds of dollars over time.
- If you can't find time to exercise, try incorporating movement into your everyday routine. Take the stairs, take a walking lunch break, or try a quick at home workout routine (like the Scientific 7 Minute Workout App!) The goal is 150 minutes of physical activity per week for adults, so find an activity that you enjoy and get moving!

Maintaining a healthy weight, increasing fruit and vegetable intake, and decreasing processed and red meat consumption also have been linked to a decreased risk for heart disease, diabetes, and stroke.

"The bottom line is to limit processed foods and focus on whole foods, mostly plants," Migliore said. Take these steps now to ensure a happy and healthy future for you and your loved ones.

For more information on cancer prevention, visit the American Cancer Society website, cancer.org, and schedule an appointment with your primary care provider to discuss your risk for developing disease. For more local healthcare resources for primary care, nutrition and wellness, visit inlandhospital.org.

Emily Knipp is a dietetic intern at Inland Hospital. She has a B.S. in Human Nutrition from the University of Maine and is currently studying to become a registered dietitian nutritionist.

"The bottom line is to limit processed foods and focus on whole foods, mostly plants."

JENNIFER MIGLIORE, REGISTERED DIETITIAN
WITH INLAND HOSPITAL'S DIABETES AND
NUTRITION WELLNESS PROGRAM



Contributed photo

Jennifer Migliore, RDLD, CDE, Inland Hospital registered dietitian, shows a family at a recent LET'S Go! Family Fun Series event the large amount of sugar in soda. She shared the LET'S Go! 5210 daily healthy habits messages of 5 or more fruits and vegetables; 2 hours or less of recreational screen time; 1 hour or more of physical activity; and 0 sugary drinks, more water.

Festive Cranberry Crumble Bars believed to reduce cancer risks

BY NANCY P. MCGINNIS
Correspondent

Ruby red cranberries add a festive splash of color, a bright burst of tart-sweet flavor, and a distinct holiday air to the menu. Fresh (or frozen) cranberries are also bursting with antioxidants, vitamins, flavonoids, resveratrol and other nutrients believed to be helpful in reducing the risk of a range of health concerns from cancer to tooth decay. The ginger, cinnamon, and oats in these cranberry crumble bars lend an additional nutritional boost— though they taste simply delicious, without a hint of “it’s good for you.”

If cranberries only appear on your table once or twice a year as cranberry sauce out of a can, this recipe might just be life changing. These cranberry bars, featuring a homemade fresh cranberry sauce filling spiked with fresh ginger and orange zest, sandwiched between rich, buttery, toasted oat crumble layers, are irresistible for dessert, snacks, that holiday cookie exchange, even an indulgent breakfast or brunch.

These treats are quick to prepare, even though made from scratch. As a bonus, once you discover how easily real cranberries can be transformed into sauce you and your family may never settle for the canned variety at your holiday table again.

It may come as a surprise that freshly harvested Maine-grown cranberries are available at some farmers markets and farm stands. Even if you can’t find Maine cranberries at this time of year, cranberries grown elsewhere are readily found in the produce section of your supermarket. Cranberries have a limited shelf life at room temperature or in the fridge, but they freeze beautifully, retaining their nutritional value. Purchase them in quantity now, during the harvest season, so you can enjoy some fresh and freeze the rest for year round enjoyment.



FESTIVE CRANBERRY CRUMBLE BARS

Ingredients:

- 4 cups fresh or frozen cranberries
- 1 1/4 cups sugar
- 3 tablespoons orange zest
- 1 1/2 cups white whole wheat flour or all-purpose flour
- 1 1/2 cups old fashioned rolled oats (or half steel cut oats, for extra chewy bars)
- 3/4 cup packed light brown sugar
- 1 teaspoon baking powder
- 1 heaping teaspoon cinnamon
- 1 heaping teaspoon fresh ginger*, minced
- 1/2 teaspoon salt
- 1 cup (2 sticks) butter

* Look for organic ginger, which can simply be rinsed and minced with a sharp knife without peeling the thin skin.

Directions:

In a saucepan over medium high heat, combine the cranberries, sugar, ginger and orange zest. Stir gently from time to time to prevent scorching until the mixture comes to a boil, then reduce heat and cook until reduced to about 1 1/2 cups. Remove from heat and allow the thick sauce to cool while you prepare the pan and crust.

Preheat oven to 350 degrees F. Line a 9”x13” glass baking pan with a sheet of parchment large enough to drape over the pan edges, to create a sling.

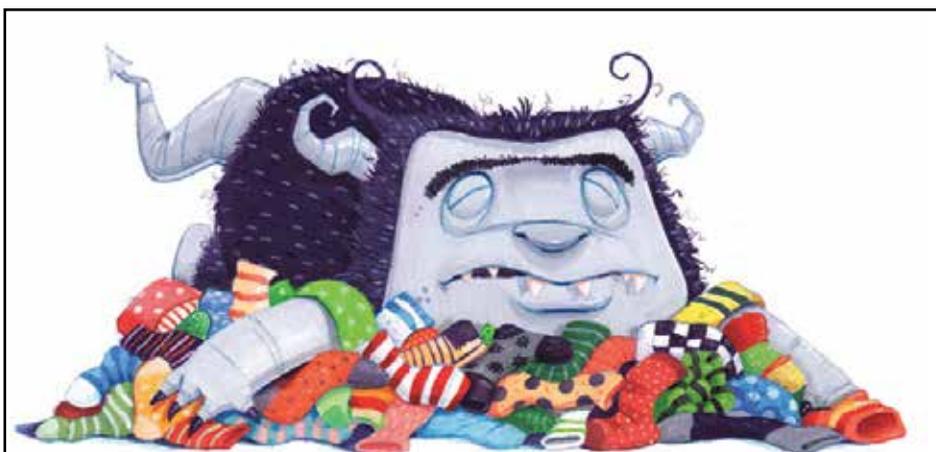
In a dry skillet, toast the oats over low heat, gently shaking the pan and removing it from the stove as soon as the oats begin to

smell fragrantly toasty.

In a medium bowl, stir together the dry ingredients. Using clean hands or a pastry blender, cut in the butter until the mixture resembles coarse crumbs. Press half of this mixture firmly into the prepared pan. Spread the cranberry sauce evenly over the base, and distribute the remaining oat crumble mixture over the top.

Bake for 15-20 minutes in the preheated oven, until the top is golden brown. Set on a wire rack to cool completely before transferring to a cutting board (simply grasp and lift out by the parchment edges). Once it is thoroughly cool, cut into serving-size bars or triangles.

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The Calendar Girls, a play about a group of friends raising money for a cancer care facility in Great Britain, inspired the Waterville Opera House to use ticket sales to raise \$2,000 for The Harold Alfond Center for Cancer Care in Augusta.

“Calendar Girls” leaves its mark — and a sizeable donation — for cancer care

BY NATE TOWNE

Waterville Creates!

Special to Women’s Quarterly

There’s one thing the producers of the latest Waterville Opera House hit show “Calendar Girls” helped prove, it’s that life imitates art.

The show, a play about a group of friends raising money for a cancer care facility in Great Britain, inspired the Waterville Opera House to try and use ticket sales to try and raise money for a local hospital in central Maine —The Harold Alfond Center for Cancer Care in Augusta. Just like the hit movie, the play was based on, strong “Calendar Girls” ticket sales allowed the Waterville Opera House to donate an impressive \$2,000 to the Center — raised entirely by those that came out to see the show, many first time patrons.

For those unfamiliar with the plot of “Calendar Girls,” the show is based on the hit British movie of 2003 starring Helen Mirren. It centers around the friendship of Chris and Annie, best friends sharing a tight knit group of friends in a local ladies social club, the Women’s Institute.

When Annie’s husband, John, dies of leukemia, Annie and her best friend Chris resolve to raise money for new furniture in the local hospital waiting room by posing nude for an “alterna-

tive” calendar, with fellow members of the Women’s Institute.

The news of the women’s charitable venture spreads like wildfire, and hordes of press soon descend on the small village. The calendar is a success, but Chris and Annie’s friendship is put to the test under the strain of their newfound fame.

Based on the true story of 11 women who posed nude for a calendar to raise money for the Leukemia Research Fund, “Calendar Girls” contained tasteful nudity —the ‘shock factor’ a necessity to help drive awareness and sales for the show, which donated a portion of ticket sales to the Harold Alfond Center for Cancer Care.

The fundraiser was conceptualized by Waterville Opera House executive director, Tamsen Brooke Warner, and “Calendar Girls” director, Debra Susi. While it is always challenging selling tickets to a ‘straight play’ (aka

“This was an incredibly emotional show for all involved from the very beginning.”

TAMSEN BROOKE WARNER, WATERVILLE OPERA HOUSE EXECUTIVE DIRECTOR

a play without music) as musicals are historically more popular, Warner felt it was an appropriate risk to take in keeping with the spirit of the play— nothing ventured, nothing gained.

In addition to having the support of the producer and director, during the audition process many of the auditioning cast mentioned their desire to try out for the show based on personal experiences with battling cancer— from past cancer survivors to those supporting friends and family touched by cancer.

“This was an incredibly emotional show for all involved from the very beginning,” said Warner, who recounts the very first reading of the play during the first day of rehearsal. “It was apparent that everyone had a deep sense of connection to the characters and the story. We knew it would be a magical performance and were excited by the potential to raise money for and awareness of the Har-

old Alfond Center for Cancer Care. We’re thankful to all of our patrons who made this fundraising effort a big success”

The personal connection to the show was apparent to anyone who read the program book for “Calendar Girls”—the actors spoke from the heart on stage as well as through their own biographies.

Laurie Columbia, who played Lady Cravenshire, had never been in a stage production previously, but having lost her husband to brain cancer and being a stem cell donor for her brother, felt the show was “a good fit” and wanted to “pay it forward by helping other widows.”

Teresa Rael, who played Jessie, dedicated her performance to her mother and all of the other friends and loved ones lost to that “cheating, sly, conniving, silent bloody disease that cancer is” and to those, including her sister, Beverly, who are still fighting the good fight.

While “Calendar Girls” has come and gone at the Waterville Opera House, it touched thousands of lives and earned thousands of dollars for a very important local cause. Let’s give a hand to the Waterville Opera House and the cast and crew of “Calendar Girls.” You bared it all for a great cause —and we loved every minute!

Letter to my newly-widowed friend...

BY GRACE VON TOBEL
Special to Women's Quarterly

We met as freshmen in high school. After graduation ('62) we lost track of each other. Eventually, you married; I did not. We reconnected by sheer serendipity six hours north of our New Jersey high school, both living in Maine, back when you were a new mom.

Our friendship deepened in ways we could not have imagined as teenagers. Now in our 70s, I watch you enter life as a single woman. I hear you wondering who you shall become? What shall you do with this one wonderful life now that you travel alone?

I've spent my life single and watched friends arrive at solitude through death or divorce. I cannot fathom the wrenching pain that loss of a partner must cause. I see it on your face, in your tears, and in the fond stories shared during the time of social grieving: visiting hours, funeral, celebration of life.

What comes next?

That is the subject I write about today. As I was thinking about you, an image of a butterfly's metamorphosis bloomed in my mind. The metaphor has its limits, but here goes:

You wake up in the caterpillar stage. Pain and loss are not pretty. Confronting the loss of partnership, the need to take



on responsibilities that your husband once handled, the emotions of sharing news of his death with friends and family, the quiet hollowness of the house, the emptiness of your bed.

The caterpillar stage is a small life focused on survival, eat, sleep, grieve. Memories rise in conversation. Your life with your beloved becomes a thread that starts to form a chrysalis. The strand grows as you share tears and belly laughter with your kids. Phone calls with distant family add more threads. Routine tasks are all new when done alone. Each "new experience" of old behaviors adds another thread. At times it is overwhelming. Wea-

riiness and loss of a sense of time become the new normal.

Family gathers closer to help you grieve. Friends pray for "good grief"—the ability to be fully present with the loss and pain in such a way that one can move through it into acceptance.

Distant family and friends begin to arrive and gather to celebrate your beloved. You hear stories old and new. You see your husband through the eyes of his children, friends, family, business associates ... all the myriad facets of his life. But only you were present with him intimately for 47 years. The rituals of funeral and burial hit you in ways you'd not experienced before. He was your focus for many years, but now there's just you. You ponder the time you have remaining. How you will use it? How you will leave this life? Memories, tears, laughter, and pondering all become threads in a chrysalis tying you to a spiritual center and wrapping you in supportive protection for the changes yet to come. For a season, the chrysalis is all there is. It protects you from anything beyond what once was.

After the funeral, when everyone goes back to their homes and you are alone, the chrysalis may seem like a prison, isolating you from all you once knew. You have the stories but not the substance of your shared life. Much of what you once knew looks different without him by your

side. Inside the chrysalis, all that matters is that the anchor bonding you to the twig or leaf stem holds fast. Outwardly, it looks like nothing is happening. But inside, a fat caterpillar is being transformed into an elegant butterfly. That's a bit too earthy to describe you, dear friend. You have always had a bit of elegance and silliness. But a chrysalis is a spiritual model for how we humans evolve through our trials and tribulations.

You've heard that whatever doesn't kill you outright, makes you stronger? Too often people miss the next step, the opportunity for metamorphosis, allowing a transition from emptiness and loss into a reality of loving openness to new possibilities.

When the time comes for the butterfly to emerge, the protective coating is discarded. It is a struggle to stretch one's wings and learn to fly. But what a miracle! May you find joy in transformation.

This cycle has been going on throughout both our lives. Each successive loss/transition resulted in a new butterfly. Then back to becoming a caterpillar, chrysalis and butterfly again. Widowhood is one of the biggest metamorphoses. You had the rare experience of a long marriage that ultimately blessed you both in ways you could not have imagined on your wedding day. I look forward to seeing who you shall become in this next phase of life.

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Exploring the three main types of skin cancers

Skin cancer is a significant threat that does not discriminate based on age, gender or ethnicity. According to the Skin Cancer Foundation, each year there are more new cases of skin cancer than the combined incidence of cancers of the breast, prostate, lung and colon.

While the incidence rates of skin cancer are alarming, the good news is that skin cancer is highly curable if detected early and treated properly. Adults concerned about the threat posed by skin cancer can take a proactive approach by learning about the three main types of this often preventable disease.

Basal cell carcinoma

The American Cancer Society notes that roughly eight out of 10 skin cancers are basal cell carcinomas. Basal cells are in the lower part of the epidermis, or skin, which is known as the basal cell layer. Basal cell carcinomas typically develop on the head and neck or other areas of the body that are exposed to the sun. Though they rarely metastasize, basal cell carcinomas can spread to other areas of the body if left untreated.

The SCF notes that basal cell carcinomas may look like open sores, red patches, pink growths, shiny bumps, or scars. Basal cell carcinomas can be a byproduct of cumulative exposure to the sun or even intense, occasional sun exposure.

Squamous cell carcinoma

Squamous cell carcinomas most commonly appear on areas of the body that are exposed to the sun, though the SCF notes they also may occur on the mucous membranes and genitals. According to the SCF, in the United States alone, more than one million people each year are diagnosed with squamous cell carcinoma, which is mainly caused by cumulative sun exposure over the course of a lifetime. Year-round exposure to ultraviolet light and UV rays from the sun, as well as UV exposure from tanning beds, can take a toll on the skin's squamous cells over time, ultimately leading to squamous cell carcinoma.



Squamous cell carcinomas may look like scaly red patches, open sores, warts, or elevated growths with a central depression. In addition, squamous cell carcinomas may crust or bleed.

Melanoma

Though they are far less common than basal and squamous cell cancers, melanomas are more likely to grow and metastasize if left untreated. Melanomas develop when unrepaired DNA damage to skin cells triggers mutations that cause the skin cells to multiply rapidly and form malignant tumors. Ultraviolet radiation from sunshine or tanning beds is most often the cause of the damage connected to melanomas.

Melanomas typically resemble moles, and some may even develop from moles. Melanomas are often black or brown, but the SCF notes that they also may be pink, red, purple, blue, white, or even skin-colored. Early detection of melanoma before it spreads to other parts of the body is essential, as the SCF notes that melanoma is hard to treat and potentially fatal once it has begun to spread.

More information about skin cancer and how to prevent it is available at www.skincancer.org.



Vaccines to prevent and treat cancer

Vaccines are medicines that are administered to boost the immune system's natural ability to protect the body against the infectious agents that may cause disease. Vaccines also can be helpful in preventing some types of cancer.

Preventative vaccines

Vaccines are typically given to children and adults to prevent infections, such as those administered for varicella (chicken pox), measles and mumps. The American Cancer Society states that cancer vaccines work similarly to more traditional vaccines, but they help a person's immune system attack cancer cells. Some cancer vaccines also may help prevent certain cancers from forming in the first place.

Vaccines to help prevent cancer include those targeted toward certain viruses that can cause cancer. By protecting against these viruses, certain cancers may be avoided. These include strains of the human papilloma virus (HPV) as well as hepatitis B (HBV).

HPV has been linked to cervical, anal, throat, and some other cancers. HPV vaccines, typically administered during adolescence, protect against the cancers linked to the virus.

Chronic infections with HBV can cause a higher risk for liver cancer. Immunizing against HBV may lower some people's risk for liver cancer.

Treatment vaccines

Unlike preventative, or prophylactic, vaccines given to healthy individuals in efforts to keep cancer from forming, therapeutic cancer vaccines are sometimes prescribed to cancer patients undergoing

treatment. These vaccines are designed to stimulate a natural immune system response that will mobilize white blood cells to destroy cancer cells. The first experiments studying cancer vaccines were done in 1891, when Dr. William Coley tried to improve a patient's cancer prognosis by injecting inactivated streptococcus pyogenes and serratia marcescens to rev up the immune system.

The ACS says some therapeutic vaccines are made up of cancer cells, parts of cells or pure antigens. Antigens are a toxin or another foreign substance that induces an immune response in the body, especially in regard to the production of antibodies. The vaccines may be combined with other substances called adjuvants to stimulate the immune response as much as possible.

Currently, the only vaccine to treat cancer approved in the United States is Sipuleucel-T, which can be used to treat advanced prostate cancer. The vaccine doesn't cure cancer, but it can extend patients' lives.

The National Cancer Institute says that, like other vaccines, cancer vaccines produce some side effects. The most commonly reported side effect is inflammation at the site of injection, including redness, pain, swelling, warming of the skin, itchiness, and occasionally a rash. In addition, immune system responses may cause flu-like symptoms after a vaccine is administered. Such symptoms usually only last for a short time.

Doctors and researchers are continually working on cancer vaccines to help improve the survival rates of cancer patients and also to prevent the onset of the disease.

Cancer terms to know

A cancer diagnosis is often shocking. Once the shock begins to wane and patients and their families start examining their treatment options, it's easy to grow confused by the terminology physicians and their staffs use. The following are some common cancer terms, courtesy of the American Cancer Society and Cancer.net, to help lessen confusion and ensure cancer patients and their families are as informed as possible.

Ablation: Ablation, or ablative therapy, is treatment that removes or destroys all or part of a cancer. Ablation may also refer to removing or stopping the function of an organ, such as when ovaries are removed to prevent them from making hormones.

Adhesions: Adhesions are scar tissues that form after surgery or injury. If this scar tissue tightens, it can bind together organs that would normally be separate.

Alopecia: Alopecia is hair loss that, in instances where cancer is present and being treated, can result from chemotherapy or radiation therapy treatments.

Bilateral: When cancer is bilateral, it is present on both sides of the body. This term may be used to describe the presence of breast cancer in both breasts.

Biopsy: A biopsy is the removal of a small amount of tissue for examination under a microscope to determine if cancer is present.

Bone marrow: Bone marrow is soft tissue found in the center of large bones where blood cells are formed.

Cancer cell: A cancer cell is one that divides and reproduces abnormally and is capable of spreading throughout the body.

Carcinogen: Any substance that causes cancer or helps it to grow. Tobacco smoke is loaded with carcinogens.

Carcinoma: Cancer that begins in the lining layer of organs. The ACS notes that 80 percent of all cancers are carcinomas.

Chemotherapy: A form of cancer treatment that employs drugs to kill cancer cells.

Five-year survival rate: The percentage of people with a particular cancer who are alive five years or longer after diagnosis. Five-year survival rates generally improve the earlier the cancer is detected.

Hemoglobin: The part of a red blood cell that carries oxygen and is often measured in complete blood count. That count can get very low in people who have cancer.

In situ: In situ refers to cancer that has not spread from its point of origin to nearby tissue.

Invasive cancer: Contrary to cancer described as "in situ," cancer described as "invasive" has spread outside the layer of tissue in which it started and can potentially spread to other parts of the body.

K-ras: A gene that can mutate into a cancer accelerator and allow colorectal cancer to grow.

Lobules: The milk-producing glands in a woman's breasts.

Metastasize: The spread of cancer cells to one or more sites elsewhere in the body, often via the lymph system or bloodstream.

Oncologist: A doctor who specializes in treating patients with cancer. There are various types of oncologists, including surgical oncologists and pediatric oncologists.

Precancerous: Cells described as "precancerous" have the potential to become cancerous.

Sarcoma: Cancer that develops in the tissues that support and connect the body, including fat and muscle.

Stage: A way to describe cancer that may refer to its location, where it has spread and whether or not it is affecting the function of other organs in the body.



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