



The Research Connection

The Psychosocial & Nursing Advisory Board to
the New Jersey Commission on Cancer Research

Editor: Kathleen Neville, Ph.D., RN

Number 1

The Joint Psychosocial and Nursing Advisory Group to the New Jersey Commission on Cancer Research (NJCCR) was appointed to advise the NJCCR of special research needs pertaining to nursing, psychology, sociology, and related disciplines for the purpose of addressing gaps in vital areas of cancer research and cancer care in New Jersey.

2009 Psychosocial & Nursing Advisory Group Members

Co-Chairs

Mildred Ortu Kowalski, PhD, RN, MPA
Lissa Parsonnet, PhD

Denyse Adler, MA
Alan Axelrod, MSW
Cynthia Ayres, PhD, RN
Wendy Budin, PhD, RN, BC
Julie A. Fitzgerald, PhD
Denise C. Fyffe, PhD
David Gordon, MS
Kathy Leifeste, RN, MSN, AOCN
Ellen Levine, MSW, LCSW, OSW-C
Ruth Lin, RN, MS, AOCN
Kathleen Neville, PhD, RN
Linda J. Patrick-Miller, PhD
Kathleen Walsh Scura, EdD, APRN, BC

Addressing the Unmet Needs of Cancer Survivors: A Dialogue for Action

Long-term survivorship after cancer is now a reality for millions of Americans. Meeting the complex medical, psychological, social, and spiritual needs of this growing population presents a significant challenge for all of us.

In 2008, an interactive public forum during the Annual Retreat on Cancer Research in New Jersey offered an opportunity for patients, survivors, family members and the public to interact with scientists and health care professionals on key issues and concerns on the many complex and unexplored issues in survivorship. This newsletter will present articles developed from the panel members of the public forum which will develop a framework for action so that New Jersey can begin to better address the needs of cancer survivors.

IN THIS ISSUE

Article 1	Addressing the Psychosocial Needs in Cancer Care	2
Article 2	Physical Effects in Cancer Survivors	3
Article 3	Sexuality and Cancer Survivorship	5
Article 4	Employment, Insurance and Financial Issues	6
Article 5	Spirituality and Cancer Survivorship	8
Article 6	Courageous Cancer Couple-Meaningful Meanderings	10

Addressing the Psychosocial Needs in Cancer Care

by

Kathleen Neville, Ph.D., R.N.

Professor, Department of Nursing
Kean University

In the latest Institute of Medicine (IOM) report (2008), *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*, a committee on psychosocial services to cancer patients/families convened to study the delivery of psychosocial services needed by individuals with cancer and their families in community settings and to describe barriers to psychosocial services. It is now recognized that good quality care encompasses acknowledgement, treatment and management of psychosocial problems for individuals and their family members facing cancer. This current IOM report addressed that cancer care is often incomplete and that many people report that their cancer care needs are not being met. Most significantly, patients report dissatisfaction with the amount and type of information they are given about their diagnosis, prognosis, available treatments, and ways to manage their illness and health (p.5). Furthermore, this information is not communicated in ways that are understandable to enable action by patients and their family members. Also, individuals with cancer reported that their care providers do not understand their psychosocial needs, do not consider psychosocial support an integral part of their care, are unaware of psychosocial health care resources and do not make referrals for psychosocial stressors when evidenced.

In the IOM report, patients with cancer identified a number of other problems that affected their health care and recovery and included:

- a. poor communication with physicians (15% of U.S. households affected by

cancer report leaving a doctor's office without getting answers)

- b. lack of knowledge about their illness and its management
- c. lack of transportation
- d. financial problems
- e. lack of health insurance.

Strengths in practice were identified. A shared vision to improve practice, as well as patient care tools, resources and services necessary to deliver effective services exist in cancer care settings.

Key to the improvement of meeting psychosocial needs is effective communication. Effective communication between patients, care providers and family members is essential in accurate assessment of informational needs and preferences in designing cancer care. It is important to recognize the difficulty of this quest, as denial, protective communication, and informational preferences often dictate communication patterns between patients, family members and health care providers. The IOM report identified the need to strengthen the patient side of the patient-provider partnership through the enhanced provision of patient and family education. Fear, anxiety, uncertainty, depression as well as other psychosocial problems common to the cancer experience can be more effectively managed through effective communication.

Attending to psychosocial needs should be an integral part of quality cancer care. All components of the health care system that are involved in cancer care should explicitly incorporate attention to the psychosocial needs into their policies, practices and standards addressing

clinical health care with the aim at ensuring the provision of psychosocial health services to all patients and their families who need them.

References

Committee on psychosocial services to cancer patients/families in a community setting, Institute of Medicine, (2008). In N. Adler & A. Page (Eds.). *Cancer care for the whole patient: Meeting psychosocial health needs*: Washington, DC: National Academy of Sciences.

Physical Effects in Cancer Survivors

by

Regina S. Cunningham, PhD, RN, AOCN

Senior Director

The Tisch Cancer Institute
Mount Sinai Medical Center

The estimated number of cancer survivors in the US has now reached 11 million and this figure is expected to double over the next few decades. Improved survival rates are the result of a combination of factors that include earlier and more specific diagnosis, enhanced therapeutic efficacy and better supportive care. While these advancements have prolonged survival, the quality of life after cancer is not always as good as we might hope. Lingering effects of both the disease and treatment can haunt cancer survivors long after they have completed therapy.

The physical effects of cancer and cancer treatment are diverse and complex. They depend on the specific disease as well as the type and dose of therapy. Complicating this is the fact that most cancer patients receive multiple types of cancer therapy, such as radiation, surgery, and

chemotherapy, compounding the likelihood of long-term problems. The changing therapeutic paradigm further complicates this scenario.

Evidence on physical consequences among survivors is still emerging. Most studies of survivors to date have focused on people with breast or prostate cancer, and survivors of childhood malignancies. Other survivor groups have been less well studied. There is a pressing need to carefully follow all populations of survivors over time so that we can gain a better understanding of their long-term experience.

What types of physical effects do cancer survivors experience?

Changes in Physical Functioning

Many cancer survivors report decreases in their physical functioning, including basic body mobility and engagement in work and leisure activities. Across cancer diagnoses and types of treatment, many adult survivors report that they have not fully regained their pre-cancer levels of physical functioning or engagement in social, work, or leisure activities. Fatigue, one of the most common symptoms experienced by patients while they are receiving treatment, often continues long after treatment has subsided. Post therapy fatigue has been inadequately studied in adult survivors of pediatric and adolescent cancer; more research is needed in this area.

Changes in Heart and Lung Function

Certain types of chemotherapy can effect the functioning of the heart leading to cardiomyopathy (a weakening of the heart muscle) or an irregular heart beat. Anthracyclines are potent and effective drugs that are used in the treatment of many types of cancers. They have improved survival rates but

their use is associated with toxic effects on the heart. Abnormalities in heart size and function, as well as heart failure have been associated with all of the drugs in this category and their derivatives.

Traztuzumab or herceptin, a biological therapy used to treat certain types of breast cancer, is also associated with a specific type of cardiac dysfunction, which differs from anthracycline-induced myocardial damage.

Testicular cancer is one of the most common cancers affecting young men. Cisplatin-based, combination chemotherapy is largely responsible for long-term survival of these men; however, it also may be responsible for the cardiac problems seen in long-term survivors. Cisplatin-based chemotherapy has direct and indirect effects on the cardiovascular system and impacts cardiac risk factors that increase chances of developing atherosclerosis. In addition, long-term survivors who have received this type of therapy have an abnormally high incidence of obesity, lipid abnormalities, and hypertension.

Radiation therapy can also cause problems with the heart that include weakening of the muscle, narrowing of the cardiac vessels, and an irregular heart rate.

Lung toxicity can be seen in patients after they receive specific types of chemotherapy or radiation therapy. These toxicities can include irritation or hardening of the lung tissue, making breathing more difficult.

Reproductive Issues

Treatment with radiation therapy or chemotherapy may have adverse effects on fertility. Chemotherapy is associated with changes in libido, sexual and reproductive function. Many patients

experience premature menopause as a result of cancer treatment; this is often associated with a number of physical symptoms such as flushing, vaginal dryness, and insomnia, that can be very distressing to patients. Early menopause can also lead to osteoporosis and an increased risk for bone injury.

Other Physical Effects

Numbness related to nerve damage, weakness, pain, swelling in the arm after surgical intervention, problems with cognitive function, and weight gain are some of the other types of lasting physical effects experienced by cancer survivors.

What should survivors do to manage these physical effects?

Certainly not all survivors will experience these effects, but we know that some will. We are not yet able to predict with any degree of precision who is at risk for these consequences and who is not. Being aware of the long-term effects of therapy is important for survivors. At the completion of treatment, survivors should be provided with a summary that outlines the type and dose of treatment they received and what specific monitoring (if any) is required. This is sometimes called a Survivor Care Plan and it is an important part of the health record. This information can be shared with other providers including Primary Care Physicians, so that they know what to expect and what kinds of tests to order. Survivors should be diligent about their ongoing care and know that follow-up for cancer really needs to be life long. The end of treatment is often a time of great contemplation. As the transition to the survivorship phase of care is made, survivors may want to learn more about healthy lifestyle behaviors such as diet and exercise which can be helpful in keeping them

in the best physical shape possible for their specific situation.

Summary

In summary, cancer survivors are challenged by a significant number of diverse and complex physical issues that affect their overall morbidity and mortality as well as the quality of their lives. It's not all over for survivors when they complete the active phase of their care. Significant multidisciplinary research is needed to more precisely characterize the lingering and late physical effects and to develop interventions to provide tailored care based on an individual survivors particular risk.

Sexuality and Cancer Survivorship

by

Lynne Koltun Schneider, PhD

Board Certified Sexuality Counselor

973-252-9190

drlynne@hotmail.com

Our sexuality is vulnerable to many outside influences – including our upbringing, values, ethnicity, religion, age, and especially our physical and mental health. In many ways, these variables covertly and overtly influence our sex life: when we engage in sexual activity (as well as when we can't), with whom (and with whom we shouldn't), how often, in what positions, even who should be pleased first.

Developing and maintaining a healthy sex life is a challenge even among the healthiest and happiest of couples. Children, job concerns, money issues can all impede an otherwise happy sex life. It is therefore not surprising that a diagnosis of cancer can substantially interfere with a couple's

sexual life together. The cancer may directly compromise sexual function (such as with prostate or ovarian cancer) and/or the treatments can exert an influence (chemotherapy, surgery, radiation causing fatigue, bruising, pain). The patient might complain of hair loss, scarring, disfigurement, nausea/stomach problems, hygiene concerns, weight changes – all of which can interfere with a healthy and spontaneous sex life. Many patients are concerned with their body image during and after cancer treatments – and since they (the patients) are unable to see themselves as “sexual beings”, they can't understand how or why their partners continue to be sexually interested in them. Another component involves the emotional response to a cancer diagnosis – the belief that many survivors acknowledge that their body has betrayed them with cancer, or that the cancer is in some way a physical validation of some prior wrongdoing in your life: “If I am so bad (or have done something in my past that is so bad) that I now have cancer, why would I expect to have a good sex life?”

The key to having a healthy sex life during and after a diagnosis of cancer is through open communication – with your partner and with your clinicians. Ask your clinician how the recommended treatments might affect your sexuality. Should the treatment interfere with your ability to have an erection? To maintain the erection? To be able to ejaculate? Will your ability to lubricate be compromised? How will the treatments affect your sexual desire? Your overall energy level? Remember to include questions about the other medications you might be taking – particularly anti-depressants – which can have a substantial negative effect on sexual desire.

Ask your clinicians for suggestions to improve your sex life. Perhaps they might recommend different positions, or prescribe specific medications (such as the PDE-5 inhibitors Levitra,

Cialis or Viagra), prosthetic devices (pumps), painkillers, or over-the-counter agents (vaginal lubricants, massage oils). They may recommend you schedule your lovemaking for those times during the day when you have the most energy and least pain – such as early morning or mid-afternoon.

It is vital that you maintain an open dialogue with your partner about your sexuality. If this is difficult for you, you might want to schedule an appointment with a social worker, psychologist or sexuality therapist who can help you tackle these issues. The counselor can help you both discuss your fears, concerns, and desires, and can help you put them into perspective. For example, a lot of cancer patients maximize the physical changes owing to their disease, whereas their partners minimize those changes – and are just glad to be able to hold and continue loving their partner! Whether you work with a counselor or are able to talk on your own, make sure you always find time for sensual intimacies – holding hands, touching, kissing, and just talking quietly with one another. You don't need to be having intercourse hanging from the chandelier – instead, commit to “making out” on the couch, cuddling together in bed, walking holding hands. Establish realistic sexuality goals – regarding how often you can be sexually intimate, what times of day are best, and what positions don't hurt. Most importantly – enjoy being together.

The reality of cancer survivorship is to focus on what is expected during the different stages of diagnosis and treatment. Initially, upon hearing the diagnosis, all efforts and energy are focused on SURVIVING: finding the correct clinician, the best treatment(s), the most appropriate facility; finding the strength to survive whatever each day throws at you. While this is typically a very ego-centric phase, it can be helped and eased by the love and support of your partner and closest family/friends.

Employment, Insurance and Financial Issues

by

Barbara Hoffman, J.D.

Founding Chair,

National Coalition for Cancer Survivorship

Legal Research & Writing Faculty,

Rutgers University School of Law, Newark, NJ

The employment, insurance, and financial concerns of cancer survivors have changed significantly during the past generation. With improving survival rates, new legal rights, and a wide variety of resources that address the quality of life of cancer survivors, survivors now have new opportunities to advocate for their employment, insurance, and financial needs.

Most adults who are employed when they are diagnosed with cancer are able to continue to work during or after treatment. Although employers generally treat survivors fairly at work, a small minority of survivors face discrimination because of their cancer. Because most Americans obtain health insurance through work, maintaining employment can be critical to having sufficient health insurance to pay for treatment.

Some federal laws protect cancer survivors at work. The Americans with Disabilities Act (ADA), 42 U.S.C. §§ 12101-12213, prohibits employers with at least 15 workers from discriminating against a person because he or she has a disability. The definition of disability covers most, but not all, cancer survivors who can perform their jobs with or without reasonable accommodations. 42 U.S.C. § 12112(a).

The ADA:

- Prevents disabled employees from being treated differently because they have or had cancer. So, for example, an employer cannot

refuse to hire a person solely because he or she is still in cancer treatment. Similarly, an employer cannot demote an employee because he or she takes time off to care for a spouse who has cancer.

- Prohibits an employer from asking job applicants detailed questions about their medical history until they have been offered the job. Only then can the employer ask applicants to complete a medical form for insurance and safety purposes. At that time, survivors should fill out a medical questionnaire honestly.
- Requires employers to offer reasonable accommodations. These accommodations are relatively inexpensive and safe ways, such as a change in job duties or flex time, to help employees return to work or perform a new job. Although the ADA does not require employers to offer health insurance, if they do, they must do so fairly and base any difference in coverage on actuarial data, not on stereotypes.

The ADA is enforced by the Equal Employment Opportunities Commission. Most complaints are resolved without a trial.

Every state has a law similar to the ADA. The New Jersey Law Against Discrimination, N.J. Stat. Ann. 10:5-1 et seq., prohibits all employers from discriminating against cancer survivors who are capable of performing their jobs.

Additionally, the federal Family and Medical Leave Act, 29 U.S.C. § 2601 et seq., requires any employer with at least 50 workers to provide up to 12 weeks of unpaid medical leave to care for oneself, spouse or child with a "serious health condition," which in most cases includes cancer. These 12 weeks, which the employee can

take all at once or over time, are often enough time to recover from surgery and to adjust to treatment. While on leave, the employee is still entitled to medical benefits. Employees who return from leave are entitled to their previous job or to an equivalent one. Under federal law, employers may, but do not have to, provide paid leave. Beginning in July, 2009, New Jersey will be one of the few states that will require large employers to provide paid medical leave for employees to take care of an ill dependent.

In May 2009, the federal Genetic Information Nondiscrimination Act, 42 U.S.C. § 2000ff et seq., will prohibit employers and health insurance providers from discriminating based on genetic information. The 1996 New Jersey Genetic Privacy Act also provides strong insurance and employment protections from discrimination based on genetic information. N.J. Stat. Ann. 10:5-42 et seq.

Cancer survivors who have health insurance are entitled to all of the rights described in their policies. In addition to these rights, a growing, but still insufficient, patchwork of state and federal laws offer cancer survivors very limited remedies to barriers to securing adequate health insurance.

Spirituality and Cancer Survivorship

by

Chaplain Kava Schafer, M.Div., MA

Certified Spiritual Director

Chaplain of the Bone Marrow Transplant Unit
at the Hospital of the University of
Pennsylvania Medical Center

A diagnosis of cancer and the treatment responses that follow often raise serious existential questions about the meaning of life and one's life purpose. These are the meaning questions that go to the heart of life and appear to be embedded in our common humanity. As a chaplain, I often see that these existential questions arise in the language of spirituality and religion. In my observations, the general confusion about what we are talking about when we say spirituality and religion may indeed limit access to much needed spiritual support for the cancer survivor who is deeply involved in reflection on these questions. Some people look for answers in a religious framework, while others may have come to feel that the religious framework that held them before has now lost its elasticity. And there are many people who do not align themselves with organized religion, but are searching to deepen their spiritual lives through a variety of different expressions. And we cannot forget that there are people who are careful to define themselves as non-religious, but who are also seeking to find meaning or craft meaning out of their experiences. What is most important in our understanding of this possible confusion over language is that despair can arise when this meaning-making process comes to a dead end and meaning becomes bankrupt.

In other words, living with cancer inevitably opens the door on the central questions of life. Why would this happen to me, who am I, what is the purpose of my life are all questions that rise to the surface and spill over into the many complexities of

diagnosis and treatment. How could they not, as so many survivors tell me that their reflection on these questions root in an examination of mortality that unfolds when the diagnosis comes. The examination of these questions may lead to a sense of rupture with one's purpose or may lead to a renewed commitment to a different way of living life. For a religious person, there may be multiple layers of complexity permeating these meaning questions. The circumstances and challenges of cancer have the power to strengthen religious faith, transform it to a deeper level, or undermine that faith. So bringing God into the 'why me' question and into the purpose questions may reveal a linkage between cancer and punishment for something done or left undone in one's life. Anger is not uncommon in living with cancer, but there are ways that anger can intersect with religious faith causing stagnation and despair. Please do not underestimate the power of these feelings to depress and de-stabilize one's ability to cope and persevere as guilt and shame may make it difficult for the affected person to speak of it with any one. There is great hope in knowing that with delicacy and sensitive companionship and with a skilled and compassionate spiritual and religious caregiver, it is possible for transformative shifts in awareness to occur.

Encountering and engaging our spirituality is not necessarily always warm and fuzzy. How could it be when these value questions root in the meaning of existence? It is easy to imagine the range of feelings that this broad spectrum indicates because we are talking about the place of aliveness in each person. This is the wholeness of each person that has the power to animate and enliven in the face of tremendous challenges. When we are able to stay connected with this source of wholeness, it is possible to bear many things. This is what is meant by the term "spiritual well-being." When we are living in congruence with our most

deeply held beliefs and values, this experience of spiritual well-being can carry us very far. There may be a lot of uncertainty, maybe even pain and discomfort, but a deeply-felt experience of core integrity may serve as a still point in a storm. Staying connected to that core fosters resiliency and flexibility in the face of uncertainty. No one can give this to another person as this is the inner domain of each individual, but all of us can nurture and strengthen this sense of well-being in another. For the religious person, the core of spiritual well-being may reside in relation with God. Other people might not use that language to describe their sense of wholeness. This helps to explain why deep listening is so important in the careful discernment of what a person is saying about their core values in life.

As a chaplain and as a spiritual director, I am often called in to remind a person of their spiritual resources and to offer suggestions on how to bolster a sense of connection to what sustains and empowers. As a professional caregiver, I know the importance of deep listening and the impact it may have on those who are struggling to be heard. Intimate spiritual conversation, often with a stranger or someone outside of the family may open locked doors and lead to an emotional shift. I meet many people who find it difficult to put words to their feelings, especially if they are painful and complicated. In addition to careful listening, there are many ways to connect body, mind, and spirit for nourishment throughout the experience of living with cancer. Multiple modalities offer replenishment and strengthening of that inner core of spiritual well-being. Commitment to a yoga practice, when strength permits, offers profound benefits in its linkage of mind, body, and spirit. This practice builds flexibility in the body, but the spirit also deepens in flexibility. Many cancer survivors report the relaxation effects of receiving Reiki as part of the treatment plan. Reiki is an

energy modality that is safe and simple in practice. One of the benefits is that any person can receive the attunements in order to practice Reiki on themselves. The spiritual benefits of prayer and many forms of meditation have been widely documented. I have only mentioned a sampling of what is possible. Many of these practices teach us how to consciously connect our bodies, minds and spirits. The fruit of those intentions has a direct impact on the body and the mind. Deeper relaxation leads to freedom from the kind of thoughts that pull us away from the inner source of our strength and life.

In my companionship of cancer survivors, every day I hear of the cycle of thoughts and worries that often oppress the spirit. Life is always uncertain, but with a cancer diagnosis, uncertainty comes into sharp focus. The uncertainty over life and death, the uncertainty over identity and how it will change, the uncertainty that manifests when everything stable seems to be upended are just a few of the many uncertainties. Worry and fear can emerge in these experiences. A sense of grief for all that has been lost and may still be lost is an intimate thread of spiritual work that surfaces in my listening. The experiences of loss may range from the profound to the ordinary and the cumulative effect may become weighty. The loss of independence and autonomy, and the feelings of being a burden are other important concerns that emerge. This is too brief a format to engage with a full spectrum of all those very real and legitimate versions of uncertainty that have the ability to rob a person of hope. Many spiritual responses to these concerns root in the belief that there are ways to live and engage with these challenges in life-enhancing ways intended to develop an inner and outer freedom from the obsessive quality of fearful thinking about a future event that may never happen. We cannot underestimate the spiritual benefits.

Living with cancer can be stressful. This is not to be disputed. It can be so stressful that sometimes people tell me that the whole experience begins to feel traumatic. Diagnosis, treatments, hospitalizations, unrelieved pain and symptoms all spill into some of those spiritual and emotional concerns that were outlined above. And sometimes, people already come into cancer with a certain level of traumatic burden because of life circumstances. Far too frequently, I meet survivors of cancer who are also survivors of war, or have devastating multiple losses in their families, maybe even addition histories, trauma as children, etc. So I take this dimension very seriously as well. Our abilities to heal definitely connect to our experience of stress and trauma. The human spirit is infinitely resilient. I am taught that every single day in ways that continue to inspire me. Yet I am dedicated to empowering cancer survivors to remember their wholeness, to root in the belief that they are whole human beings who happen to be living with cancer. All dimensions of our personhood are necessary to heal into life.

ANNOUNCEMENT



A Resource Book for Cancer Patients in New Jersey
has been revised by the Nursing & Psychosocial Advisory Group to the NJCCR.

Copies are now available, free of charge, by calling 609-631-4747.

A CANCER SURVIVOR'S PERSPECTIVE

Courageous Cancer Couple Meaningful Meanderings

by

DonnaLyn Giegerich, MBA, CIC, RYT
 Award-winning motivational speaker,
 entrepreneur, athlete, cancer survivor

My gorgeous husband and I were concurrently diagnosed with serious cancer conditions from October 2006 thru year end 2008. How do two young, clean living athletes get so lucky by 45? What are the chances?

I survived a 4 in 1 million rare Leiomyosarcoma soft tissue, 10 hr kidney autotransplantation surgery and he muscled through a multiweek full out auto stem cell transplantation for Multiple Myeloma. My protocol required a year of a combination of surgical rehab, radiation, cyberknife (high octane radiation) and chemotherapy. His stem cell transplant was preceded by weeks of hospitalized and local oncological chemotherapy sessions. We got leveled physically, mentally and emotionally almost simultaneously, but we just kept going. People ask me how we did it without losing our minds or sense of humor. I tell them its all about choices and perspective. We'd been fortunately enjoying a positive and highly experiential life up to that point. Rewarding work, great friends, frequent travel, community service, and constant learning kept us largely engaged in living well. After all, we weren't diagnosed as young children, we'd led full lives and we'd experienced all the high points in life that were important to us by forty. Everyone should be so lucky!

We also planned for this disaster surprisingly well, mainly because we were professionals in the business and were intimately aware of the staggering statistics on how chronic illness can destroy financial stability. We had health, life, disability and long term care coverage well placed by forty...just in the nick of time for TWO cancers to appear! So instead of worrying about impending financial ruin, we concentrated on readjusting and considering new ways of turning lemons not into mundane lemonade, but bubbly champagne!

Here's what we came up with:

1. We became increasingly clear on how and with whom we wanted to spend our time with...funny how cancer instantaneously cuts out the energy vamps and negative noise. We were lucky. We'd done a good job of that without cancer, but this was a quick revisit and reminder of our fabulous circle of friends and family.
2. We stopped working like mules. We take longer, more frequent breaks, don't sweat the small or big stuff (it's still all stuff), and share laughter as often as possible. We get to the gym or the great outdoors daily. No exceptions. Our dogs love us more for it too!
3. Each day is sacred, greatly appreciated and shared in greater harmony. Less frustration, little argument and more meditation, massages and restful sleep.
4. We live each day with curiosity and excitement about the future. This has not been a huge shift for us as a result of cancer, but the commitment to the theme has been amplified.
5. We continue to learn new skills and serve our communities. I'm trying to write a book instead of talking about it. Tom's ramping up his insurance

business and we're both back to volunteering and showing up with enthusiasm.

Tom and I have vastly different ways of handling our journeys. I'm a vocal advocate of sorts for transparency, education, and empowerment through cancer so others might assertively forge their paths with hope and determination. Tom, on the other hand, has chosen quiet acceptance and forward moving grace as a way so as not to burden others with our frightful news. Both are authentically genuine and free styling while vastly divergent and completely predictable according to our friends.

Bottomline: Today we're toasting with champagne and hoping for many new healthy, happy beginnings!

DonnaLyn Giegerich, MBA, CIC, RYT is a twenty year professional in the insurance and real estate business, former Adjunct Professor of Finance and Economics, writer, speaker, athlete, adventure traveler and cancer surviving courtesan empowering women to be financially free, physically fit and fabulously female no matter what ails them. Her work, awards and speaking engagements can be viewed at www.donnalyn.org.



FIRST CLASS MAIL
U.S. POSTAGE
PAID
TRENTON, NJ
Permit No. 21

**PO Box 369
Trenton, NJ 08625-0369**