

The Pulse

Keeping a pulse on healthcare integration at RBH



November is

PANCREATIC CANCER

Awareness Month

In the United States an estimated 62,000 Americans will be diagnosed with pancreatic cancer this year. Pancreatic cancer starts when cells in the pancreas start to grow out of control. It typically spreads rapidly to nearby organs. It is seldom detected in its early stages, however, for people with pancreatic cysts or a family history of pancreatic cancer, some screening steps might help detect a problem early. Pancreatic cancer in the early stages typically causes vague, nonspecific symptoms that often don't occur until the disease is advanced. These symptoms may include poor appetite, weight loss, abdominal or back pain, jaundice (yellowing of the eyes or skin, dark colored urine and/or light-colored bowel movements). Treatment options for pancreatic cancer can include surgery, radiation therapy, chemotherapy and other drugs. A good way to help prevent pancreatic cancer is to stay at a healthy weight, resist smoking and limit alcohol. Pancreatic cancer is highly lethal because it grows, and spreads rapidly and often is diagnosed in the latter stages. The only curative treatment is to surgically remove all of the cancer, occasionally removal of the entire pancreas, and/or a pancreatic transplant; however, few are eligible for a transplant. Chemotherapy after surgery can lower the chances of the cancer returning. There is no known cure for Pancreatic Cancer, however patients diagnosed with pancreatic cancer are encouraged to seek out clinical trials that will ultimately improve pancreatic cancer treatment.

For more information visit the American Cancer Society website at <https://www.cancer.org/cancer/pancreatic-cancer.html>

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PANCREATIC CANCER FACTS

PANCREATIC
CANCER
ACTION
NETWORK

Pancreatic cancer is one of the **deadliest** cancers with the **lowest survival rate at just 9 percent.**¹

- The disease is the **3rd** leading cause of cancer-related deaths in the United States.¹
- Around 2020, estimates show that pancreatic cancer will rise to the **2nd leading cause of cancer-related deaths.**²
- In 2018, **an estimated 55,440 Americans will be diagnosed** with pancreatic cancer and **44,330 will die from the disease.**¹

KNOWN RISK FACTORS

- The **cause** of most pancreatic cancer is **unknown.**
- Risk factors for developing pancreatic cancer include:
 - Family history
 - Age
 - Chronic or hereditary pancreatitis
 - Smoking
 - Obesity
 - Long-standing diabetes (five-plus years)

SYMPTOMS

Patients with pancreatic cancer **typically experience vague symptoms**, which could also be confused with many other abdominal or gastrointestinal issues. These symptoms can include:



Abdominal and/or mid-to-upper back pain



Weight loss



Nausea/loss of appetite



Jaundice (yellowing of the skin and eyes)



Changes in stool (oily or watery)



New-onset diabetes

DETECTION

There is **no early detection test** for pancreatic cancer and few effective treatments are available.

TREATMENT OPTIONS

SURGERY is only possible in less than 20 percent of patients with adenocarcinoma (which accounts for more than 90 percent of all pancreatic cancers).

RADIATION is sometimes offered before or after surgery and can be combined with chemotherapy.

CHEMOTHERAPY is usually offered when tumors cannot be removed surgically and can be used before and/or after surgery.

CLINICAL TRIALS are an option for eligible pancreatic cancer patients and may offer a patient the best opportunity for a positive outcome.

THE PANCREATIC CANCER ACTION NETWORK (PANCAN)

With the mission of fighting the world's toughest cancer and saving lives, PanCAN attacks pancreatic cancer on all fronts: research, clinical initiatives, patient services and advocacy. Amplified by a nationwide network of grassroots support, PanCAN is determined to improve patient outcomes today and to double survival by 2020.

EnRICHing Lives

Alex grew up in Chesterfield and his favorite quote is **“Be the change that you want to see.”** He has one son and one on the way. Alex enjoys playing video games for fun. When asked what brought him to RBHA, Alex responded “Needed some help. I needed help a while ago but didn’t have anywhere to go. I needed to talk to someone, but I didn’t have insurance or anything.” Alex is receiving several services including medical, case management, and psychiatric. “The psychologist was good. She was really helpful.” Alex’s son is his motivation on his recovery journey.

When asked about his first experience with the RICH Recovery Clinic, Alex said “It was good. It was helpful. I know it’s busy and it has a lot going on. For me it wasn’t that bad, and they helped me get my Medicaid card. I’ve been to Tucker’s so I understand there are different levels of care. The care they gave me and the priority they gave me was good. They have been really helpful for me.” When asked what he feels is the best part of the RICH Recovery Clinic, Alex stated **“Staff and the doctors. All the nurses and Dr. Fleshman are good and helpful. They are busy but they make time for you. They are always on time and never been late. My new case manager is a really good guy too.”** When asked if he liked receiving all his services in one place, “Yeah, that was nice and really helpful because I was on an ankle monitor at the time, so it was really helpful,” was his response. Alex stated that the pandemic hasn’t been that bad on his recovery journey. “I don’t like being in large groups so it’s okay to me. I was actually talking to my psychologist for 7 months before we saw each other in person.”

When asked about his goals for the future, Alex responded “Make sure my son’s okay. I don’t have a car right now. We are looking for a better family car. Be a good man to my wife. Trying to get a house. I just want my son to have somewhere to go home to. I just want to give him that piece of mind when he gets older. He will always have somewhere to go. I just want to raise him to be happy and want to be here. The end goal is to find a piece of contentment and help find contentment for others as well.” He went on to say, “I was on an ankle monitor for like 10 months. I have been sitting around studying. I’ve been to prison. It’s not necessarily about being happy or always having good vibes. It’s about a balance. It’s okay to be upset. I try to express if I’m upset to not let the emotions take over. Understand your emotions. It’s okay to feel but don’t let your emotions cause you to act. I don’t take drugs or drink anymore. Don’t let something else control you. I was made to feel like I was crazy when I was younger. As I got older, I have learned I just needed help.” When speaking of the agency Alex affirmed, **“RBHA has really helped me to talk to people. They have really helped me get things together. I have been open to them that I didn’t want meds. I was on a lot of meds as a juvenile and I didn’t have a choice. It helped a lot to open up and talk to them. It was nice to talk to someone who didn’t call me crazy.”** When asked what he would say to someone in a tough situation to help inspire them, **“Even though it feels like forever, it’s not. It’s only a moment in time. Don’t give up.”**



ADDICTION RECOVERY SUPPORT WARM LINE

1-833-4PEERVA

(1-833-473-3782)

www.AliveRVA.org

Facebook and Instagram@AliveRVAwarmline

Peer Recovery
Warm Line

*Listening and
Recovery Support*

*Treatment,
Housing, Food &
Health Resources*

*You don't have to
face this alone.*

Call us.

**OPEN DURING
HOLIDAYS**

We encourage those
struggling with
addiction, their loved
ones & community
members to reach out.



Alive RVA Warm Line

8:00 am—12:00 midnight

7 days/week

Talk to trained individuals with lived experience in
addiction recovery. Safe and confidential.

We're here to help.

Alive RVA Project Partners:

Substance Abuse & Addiction Recovery Alliance (SAARA);

Mental Health America of Virginia;

Richmond Behavioral Health Authority.

Alive RVA is partially funded by a SAMHSA SOR grant awarded to Virginia DBHDS.