### **Franklin County** RELAY It's about being a community that takes up the fight... American **Join the Fight!** Cancer **ocietv**® THE FRANKLIN TIMES THURSDAY, APRIL 27, 2023 SECTION B $\star \star \star$ $\star \star \star$ **RELAY FOR LIFE FRANKLIN COUNTY BUNN HIGH SCHOOL (STADIUM OR GYM),** FRIDAY, APRIL 28 • 6 p.m. to 10 p.m. • RAIN OR SHINE Disco for a Cure! 70's Theme SURVIVO CELEBRATING Grace Garrett, Danette Cheatham, Hope Benton SCHEDULE OF EVENTS Friday, April 28, 2023 **BHS FOOTBALL STADIUM or GYM** (Rain or Shine) 6 p.m. **Opening Ceremonies/Welcome Invocation, National Anthem** CAREGIVERS 6:15 p.m. Survivor Lap & Caregiver Lap **Sponsor & Team Lap**

7:15 p.m.



Soul Train Line (Center Field by Survivor Tent) Best 70's Costume(s)

8:30 p.m. Honoring a Caregiver Family

> 8:40 p.m. Luminary Service & Memorial Walk

(Please remain quiet during this time)

9:45 p.m. Closing Ceremony

# A message from Franklin Co. Relay for Life

Dear Citizens of Franklin County,

We would like to thank the residents of Franklin County for your donations and support on Relay for Life event in Bunn.

We are very appreciative of the many prayers, participation, and dedication of all who were involved in the Franklin County Relay Event. Many of the teams are still doing their part in raising donations along with the caregivers and everyone continued to show their support and love in remembrance of those who have gained their wings.

We have worked hard to get to this point throughout the year to make this event happen. We do it because we have all been touched by cancer. From research to education, prevention to diagnosis, and treatment to recovery, the American Cancer Society provides support to everyone impacted by all types of cancer, at all stages, every day. Your dollars make an imThese are certainly challenging times, and a time when the American Cancer Society's mission matters more than ever. We remain committed to funding the most innovative cancer research and training in the country to benefit cancer patients and their families. Because cancer has not stopped. So, neither have we.

pact.

Without you, cancer wins. With you, we save lives!

And a special thank you goes to the committee. The success of this event is in so many ways a reflection of your dedication, spirit, and passionate commitment to your fight against cancer. Thank you!

We were able to have 100 percent school participation in Franklin County Relay and give yourselves a pat on the back for all your hard work, extreme dedication, and passion.

We thank all the caregivers and without our caregivers, some cancer patients would not have the ability to keep appointments, enjoy a quality meal, or have a gentle hand to hold during treatment. Again, thank you caregivers for all that you do or have done to make the cancer journey a little more comfortable for cancer patients.

We want to take a moment to reflect again on what brought us here ...

Relay For Life gives us the opportunity to celebrate. We celebrate the cancer survivors in our lives and support them in their fight against this disease. We celebrate caregivers and thank them for everything they do. We celebrate taking one more step toward a cancer-free future.

Relay For Life also gives us time to remember those we have lost. They are never far from our hearts, and it is at Relay that we can come together and remember their lives. We remember them with every step as we walk around our communities, and they motivate us to keep going. We gaze at their luminaries and remember the father, mother, sister, brother, son, daughter, husband, wife, neighbor, or friend that person still is to us. Remembering them helps us remember what brings us here. Thank you for joining in this fight. We fought back harder than ever. The ceremony represents the HOPE that we all share that the day will come when



Danette Cheatham, Event Chair Volunteer

cancer is eliminated.

We are so grateful and thankful for the survivors of all ages; they are the reason we continue to fight. Their participation inspires HOPE in those currently battling cancer.

The theme for 2023 is "Disco for a Cure a 70's Theme". We are celebrating, remembering, and fighting back by participating. We honor cancer survivors, pay tribute to those we have gained their wings to this disease, and raise money to help fight cancer in our communities and show our caregivers that we appreciate all that they do.

A special thanks to the many Relay for Life volunteers who have worked to make this event a great success, celebrating the lives of those who have battled cancer, remembering loved ones lost, and pledging to fight back against the disease.

We certainly appreciate the generosity of this year's corporate sponsors. Relay for Life would not be possible without them and you.

We would also like to give a special thanks to Donna of *The Franklin Times* who has been our official reporter for life for several years. We appreciate her continual support in donating her time and services for our events.

Thank you all again to citizens of Franklin County, the volunteers, Sheriff's Department, the corporate sponsors, Maria Parham Franklin, Bunn High School, Franklin County Schools (central office), Down East Tent Rentals, LLC, The Forks Cafeteria, and to our survivors for giving us hope. With your continued support, we can win the fight against cancer in our lifetime.

We hope to see you all at this year's event!

Thank you! God bless!

Danette Cheatham Volunteer Event Relay for Life Chair

### 2023 Relay for Life Teams

Team Name, Team Captain

Concord Missionary Baptist Church - Danette Cheatham Almost Home Wee Care - Elaine Johnson FUMC "Staying Alive" - Linda Frederickson Bunn Elementary School - Lisa Barham Shady Grove Baptist Church - Delphenia Livingston Concerned Women for Justice of Franklin County - Evelyn Blackwell Youngsville Elementary School - Toni Bowden Centerville Baptist Church - Ning Auton Perry's Missionary Baptist Church - Barbara Alston Terrell Lane Middle School - Susette McConnell Walnut Grove Missionary Baptist Church - Jackie Rogers Team Diane - Teresa Edwards Team Jessica: Franklin County Schools Nursing Team -Kelly Young Nu Epsilon - Georgia Young Pilot Missionary Baptist Church - Sherry Newell New Hope Freedom & Deliverance Cathedral - Veronica McEachin-Davis Bunn High School - Stormi Barham Franklin County ELT - Hope Benton Kelsey's Crew - Mitch Craig Mitchell Baptist Church - Clara Foster Franklinton Elementary School - Jamie Wilkerson Mt. Moriah Family and Friends - Debra Brodie Laurel Mill Elementary School - Holly Kidd Nelson Chapel Baptist Church - Cora Campbell Lady Rams Softball Team - Ashley Bauer Warrior Pride-Louisburg Magnet High School - Sandy Findlay Gethsemane Missionary Baptist Church - Jessica Bland Cancer needs a Cure - Lindsay Lariviere Cedar Creek Middle School - Sharon Grissom The Franklin Times - Donna Cunard **Rustic Roots - Russ Vollmer Royal Elementary School - Petrice Fox** Old Liberty Missionary Baptist Church - Dazale Kearney Mitchiner's Grove Baptist Church Louisburg Elementary - Trenace Gilmore Long Mill Elementary School - Julie Southerland Franklinton Middle School - Tasha Hatten Franklin County Early College High School - Laura Wilson Edward Best Elementary School - Katie Renze-Beer Bunn Middle School - Demetria Moore Bruursema Strong - Crystal Bruursema

### 2023 Relay Committee

Danette Cheatham, Event Chair/Accounting Mildred M. Cheatham, Survivor Chair

# Relay volunteers step up



Franklin County Relay for Life volunteers were all smiles at the Relay Cancer Survivor Dinner on March 25. Front row, left to right: Danielle Benton, Mildred Cheatham, Armenta Eaton, Susie Davis, Delphenia Livingston, Barbara Terrell, Grace Garrett. Back row, left to right: Sgt. Dillon Sykora, Clara Alston, Lt. Bill Garrett, Cornelius Cheatham, Dave Benton, Robin Ray and Cornette Cheatham.





Franklin County Relay for Life volunteers pause for a photo during the annual survivor dinner at Maria Parham Franklin on March 25. From left to right: Danette Cheatham, Mary Fogg, Janice Cheatham, Dave Benton and Mildred Cheatham.



Hope Benton, Luminaria Chair Cornelius Cheatham, Logistics Chair /Survivor Committee Delphenia Livingstone, Survivor Committee Dave Benton, Logistics/Survivor Committee Linda Frederickson, Recruitment Clark Frederickson, Logistics Danielle Benton, Luminaria Committee Ben Benton, Luminaria/Survivor Committee Cornette Cheatham, Survivor Committee Mary Fogg, Survivor Committee Janice Cheatham, Survivor Committee Barbara Terrell, Survivor Committee Susie Davis, Survivor Committee Veronica McEachin-Davis, Survivor & Luminaria Committee Armenta Eaton, Historian

Franklin County Sheriff's Office had two of their finest at the Relay Survivor dinner, Sgt. Dillon Sykora and Lt. Bill Garrett (at right).

Volunteers Armenta Eaton and Barbara Terrell chat in between drive-up survivors at the Relay Cancer Survivor dinner.



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Thank You from Franklin County Relay for Life

The Franklin Times

## ACS guidelines for the early detection of cancer

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

doctor about screening for certain cancers.

Health care facilities are providing cancer screening during the COVID-19 pandemic with many safety precautions in place. The American Cancer Society Get Screened campaign encourages people to start or restart their recommended cancer screenings. Regular screenings can help find and treat pre-cancers and cancers early, before they have a chance to spread. Visit Get Screened to learn about screening tests and what you can do to get on track with a cancer screening schedule that's right for you.

#### **Breast cancer**

Women ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) if they wish to do so.

Women age 45 to 54 should get mammograms every year.

Women 55 and older should switch to mammograms every 2 years, or can continue yearly screening.

Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.

All women should be familiar with the known benefits, limitations, and potential harms linked to breast cancer screening.

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



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

### and polyps

For people at average risk for colorectal cancer, the American Cancer Society recommends start- HPV tests.) ing regular screening at age 45. This can be done either with a sensitive test that looks for signs of cancer in a person's stool (a stool-based test), or with have had regular cervical an exam that looks at the cancer testing in the past 10 colon and rectum (a visual exam). Talk to your health care provider about which tests might be good options for you, and to your not be started again. Those insurance provider about your coverage. No matter which test you choose, the most important thing is to get screened.

If you're in good health, you should continue regular screening through age 75.

For people ages 76 through 85, talk with your health care provider about whether continuing to get screened is right for you. When deciding, take into account your own preferences, overall health, and past screening history.

longer get colorectal cancer screening.

be followed up with a colo-your history. noscopy.

#### **Cervical cancer**

ing should start at age 25. People under age 25 should all women should be told not be tested because cervi- about the risks and sympcal cancer is rare in this age group.

People between the ages of 25 and 65 should get a primary HPV (human papillomavirus) test\* done every 5 years. If a primary small.) Talk with a health HPV test is not available, a co-test (an HPV test with a Pap test) every 5 years or a Pap test every 3 years are still good options.

(\*A primary HPV test is Colon and rectal cancer an HPV test that is done by itself for screening. The US Food and Drug Administration has approved certain tests to be primary

> The most important thing to remember is to get screened regularly, no matter which test you get.

People over age 65 who years with normal results should not be tested for cervical cancer. Once testing is stopped, it should with a history of a serious cervical pre-cancer should continue to be tested for at least 25 years after that diagnosis, even if testing goes past age 65.

People whose cervix has been removed by surgery for reasons not related to cervical cancer or serious pre-cancer should not be tested.

People who have been vaccinated against HPV should still follow the screening recommendations for their age groups.

Some individuals – be-People over 85 should no cause of their health history (HIV infection, organ tiplied by the number of

#### **Endometrial cancer**

The American Cancer Cervical cancer screen- Society recommends that at the time of menopause, toms of endometrial cancer. Women should report any unexpected vaginal bleeding or spotting to their doctors.

Some women – because of their history – may need to consider having a yearly endometrial biopsy. Please talk with a health care provider about your history.

#### Lung cancer

The most recent version of the American Cancer Society (ACS) lung cancer screening guideline [from 2018] is being taken down while we review new scientific evidence to be included in the next update. cer. While this important update is being completed, the ACS advises that health at increased risk for lung cancer, follow the recently updated recommendations for annual lung cancer screening from the US Preventive Services Task Force (USPSTF), the American Academy of Family Physicians (AAFP), or the American College of Chest Physicians. These organizations recommend yearly lung cancer screening with LDCT scans for people who:

Are 50 to 80 years old and in fairly good health, and

Currently smoke or have quit in the past 15 years,

and Have at least a 20 packyear smoking history. (This is the number of packs of cigarettes per day multransplant, DES exposure, years smoked. For exam-

If you choose to be etc.) – may need a differ- ple, someone who smoked right choice for them. screened with a test other ent screening schedule for 2 packs a day for 10 years than colonoscopy, any ab- cervical cancer. Talk to a  $[2 \times 10 = 20]$  has 20 packnormal test result needs to health care provider about years of smoking, as does a person who smoked 1 pack a day for 20 years  $[1 \times 20 =$ 20].)

In addition, it's important that people who are going to be screened:

Receive counseling to quit smoking if they currently smoke, and

Have been told by their doctor about the possible benefits, limits, and harms of screening with LDCT scans. and

Can go to a center that has experience in lung cancer screening and treatment.

#### **Prostate cancer**

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

Starting at age 50, men should talk to a health care provider about the pros can decide if testing is the tests.

If you are African American or have a father or brother who had prostate cancer before age 65, you should have this talk with a health care provider starting at age 45.

If you decide to be tested, you should get a PSA blood test with or without a rectal exam. How often you're tested will depend on your PSA level.

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

•Stay away from all forms of tobacco.

•Get to and stay at a healthy weight.

•Get moving with regular physical activity. Eat healthy with plenty

of fruits and vegetables. •It's best not to drink

alcohol. If you do drink, have no more than 1 drink per day for women or 2 per day for men.

•Protect your skin.

•Know yourself, your family history, and your risks.

•Get regular checkcare providers, and people and cons of testing so they ups and cancer screening





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### The Franklin Times

# How to reduce risk of cancer recurrence

challenge even the most mentally and physically strong individual. Once cancer is in remission, it may be difficult for some individuals to feel happy because the threat of cancer recurrence is looming in the back of their mind. Fear of recurrence can negatively affect quality of life and contributes to disabling anxiety in roughly 7 percent of patients, according to Cancer Therapy Advisor.

#### **Recurrent cancer** explained

Recurrent cancer happens when cancer cells present in the body grow because they were not fully destroyed or removed during treatment. Sometimes cancer cells are simply too small to show up in followup tests, says the National Cancer Institute. These cells can then grow into tumors. Recurrent cancer should not be mistaken for second primary cancer, which is a new cancer that affects a person who has a history of the disease.

Recurrent cancer is categorized as local, regional or distant. Local recurrence is when the cancer occurs in the same place as the original cancer or very close by. Regional means the tumor has grown in the lymph

A cancer diagnosis and nodes or in tissues near the of red meat and processed subsequent treatments can first cancer. Distant recur- meats. rence happens when the cancer spreads elsewhere and beverages. in the body.

#### Rates of recurrence

vary widely depending on cancer type and other variables, including genetic factors, treatments and stage. Typically, cancers that are difficult to treat have high rates of recurrence. For example, glioblastoma recurs in nearly all patients. Ovarian cancer, soft tissue sarcomas and bladder cancer also have high recurrence hol consumption or skip rates.

#### Can recurrence risk be reduced?

There is no way to prevent cancer from coming back, says the American Cancer Society. Even if a patient does everything right there is still a chance for recurrence. However, the healthy habits that can reduce the risk for cancer developing initially also may lessen the risk for recurrence.

• Eat a variety of vividly colored vegetables each day, as well as legumes that are full of fiber.

foods rather than ones that provide little nutrition.

• Eat fruits in a variety of colors.

• Avoid sugary foods

Engage in regular physical activity, aiming for 150 to 300 minutes per The rate of recurrence can week of moderate-intensity exercise. Include strength training at least two days a week.

> • Being overweight or obese is linked to cancer formation, so managing weight through healthy eating and exercise may help reduce risk of recurrence.

• Avoid excessive alcoalcohol altogether.



EAT HEALTHY. Employing a preventive approach, such as eating a wide array of colorful fruits and vegetables, may reduce risk of cancer recurrence.

Recurrence of cancer is already have overcome the rence, but there is no way a very real risk and is on disease. There are ways to to guarantee cancer won't • Cease usage of tobacco. the minds of people who reduce the risk of recur- return.

#### ne most commo cancers

More than 200 different forms of the disease in the types of cancer have been United States. identified. However, the vast majority of cancer cases across the globe are attributed to a handful of types.

Cancer is a leading cause of death around the world and a major contributor to health disabilities. Recognition of the most common cancers may raise awareness of which cancers pose the Consume nutritious biggest threat and how to reduce risk for these diseases. The following are the most common global cancers as well as the rankings for the • Limit consumptions most frequently diagnosed

Per the World Health Organization, these were the most common cancers across the globe in terms of new cases in 2020, the most recent

year for data. 1. Breast (2.26 million)

2. Lung (2.21 million)

3. Colon and rectum (1.93 million)

4. Prostate (1.41 million) 5. Non-melanoma skin (1.20 million)

6. Stomach (1.09 million) The National Cancer Institute lists these cancers as the most common in the United States, with the estimated new cases expected for 2023.

1. Breast (297,790 women; 2,800 men) 2. Prostate (288,300)

chus (238,340) 4. Colon and rectal

(153,020)5. Melanoma (97,610)

6. Bladder (82,290)

The Canadian Cancer Society estimates that, in 2022, an average of 641 Canadians were diagnosed with cancer every day. Certain cancers are more common than others in Canada. Excluding non-melanoma skin cancer, Best Health lists these as the six most common cancers in Canada (specific numbers are unavailable).

- 1. Lung and bronchus
- 2. Colorectal

3. Breast (which also happens to be the most common cancer in women)

4. Prostate (which is the most common cancer among help to reduce cancer rates 3. Lung, including bron- men in all but two Canadian

provinces) 5. Bladder

6. Non-hodgkin lymphoma Individuals should engage

their doctors in conversations about the applicable screenings for these cancers. Women are urged to get breast mammograms at set intervals. Men can undergo prostate specific antigen screening. Ĉolonoscopy can help inform both men and women of their risk for colon and rectal cancers. Lung cancer screenings typically are not routine unless a person has a high risk of lung cancer or is a longtime smoker.

Spreading knowledge of common cancers and promoting proactive screening and healthy lifestyles may across the globe.



The Franklin Times

# A survivor's own words



Breast cancer, when I heard the report, I already knew, and I also knew God had equipped me for this. I had surgery and one week after I started nursing school and went back to work followed by a month of radiation 5 days a week still working and attending school. The saying became real, if God brought me to it, he would bring me through it. People often say I don't know how you could do it, my answer but God!!! It was not in my strength, everyday I had to rely on Him to carry me through, I looked back and I saw the footprints in the sand, and He is still carrying me today through my second semester of school, still striving and pushing.

-Wanda Taylor Malone





## Franklin County Relay for Life drive-through dinner honors survivors and caregivers



Cancer survivors Daxter and Betty Brooks



Cancer survivor Marie Kidd



Tasha Hatten is all smiles at five years cancer-free



Cancer survivor Fred Rainey and wife Joyce Rainey





Survivor Clarence Cotton with wife Ponchita Cotton



Cancer survivor Jean Lloyd

