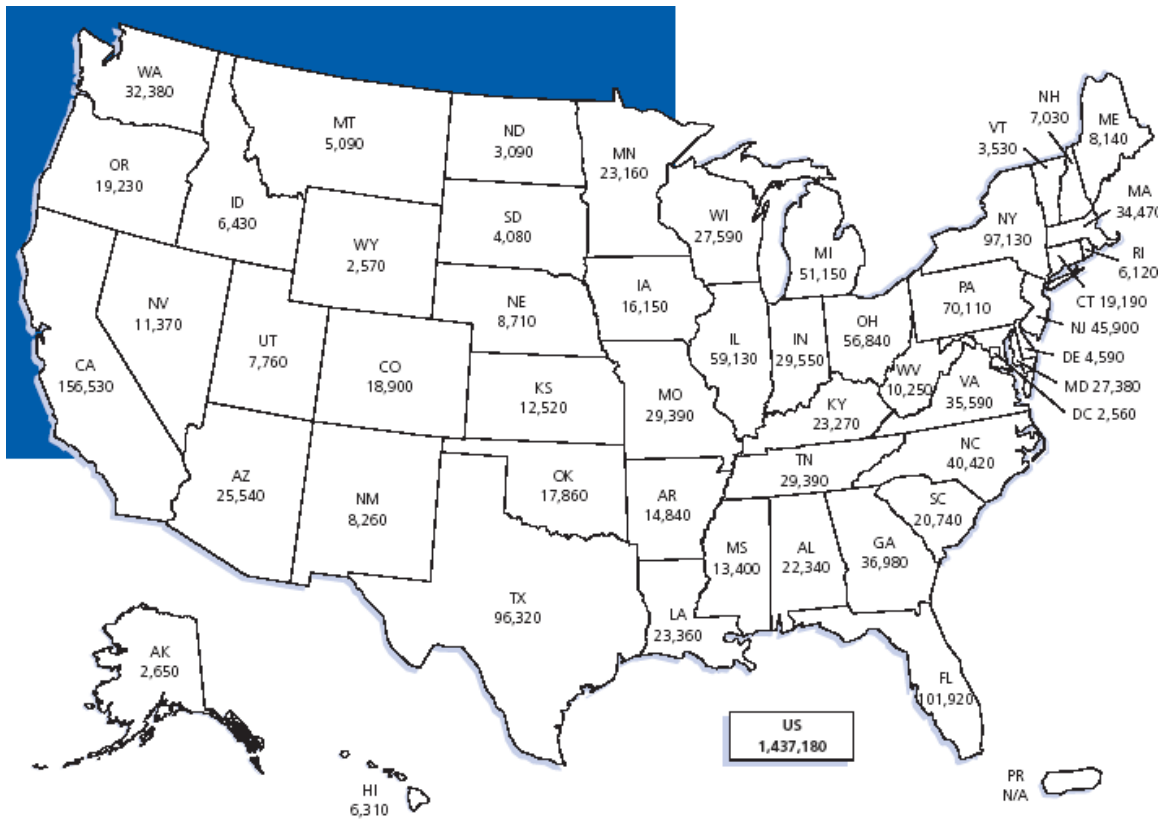




## April Is Cancer Control Month



### What Is Cancer Control?

Cancer control month highlights advances in fighting cancer. This includes prevention, early detection, and treatment of cancer. One way to control cancer is to find cancer cells and get rid of them. Cancer screenings can help find cancer early. The earlier the cancer is found, the better the prognosis. The American Cancer Society's recommendations for cancer screening can be found on the next page.

### What are the Key Statistics about Cancer?

- After heart disease, cancer is the second leading cause of death in the United States.
- About 1,437,180 new cancer cases are expected to be diagnosed this year.
- Over a lifetime, about 1 in 2 men and 1 in 3 women in the United States will develop cancer.
- Cancer rates and deaths have been on the decline since the early 1990's.
- One third of cancers detected will be related to overweight or obesity, physical inactivity, and nutrition.

### Who's at Risk?

- While everyone is at risk for cancer, some people are at greater risk than others are. Age is the greatest risk factor for cancer, since nearly 76% of cancers are detected at age 55 and older. Also, people who use tobacco, drink heavily, are physically inactive, eat a poor diet, are regularly exposed to carcinogens (cancer causing agents) in their occupation, or have prolonged and unprotected exposure to sunlight are all at increased risk for certain cancers.

Everyone should follow cancer prevention and screening guidelines. Those at highest risk for specific cancers should pay close attention to symptoms and screening recommendations and should seek prompt medical attention if they occur. Below are screening guidelines published in the American Cancer Society's 2009 Cancer Facts and Figures.

### Screening Guidelines for the Early Detection of Cancer in Average-risk Asymptomatic People

Cancer Site	Population	Test or Procedure	Frequency
<b>Breast</b>	Women, age 20+	Breast self-examination	Beginning in their early 20s, women should be told about the benefits and limitations of breast self-examination (BSE). The importance of prompt reporting of any new breast symptoms to a health professional should be emphasized. Women who choose to do BSE should receive instruction and have their technique reviewed on the occasion of a periodic health examination. It is acceptable for women to choose not to do BSE or to do BSE irregularly.
		Clinical breast examination	For women in their 20s and 30s, it is recommended that clinical breast examination (CBE) be part of a periodic health examination, preferably at least every three years. Asymptomatic women aged 40 and over should continue to receive a clinical breast examination as part of a periodic health examination, preferably annually.
		Mammography	Begin annual mammography at age 40.*
<b>Colorectal<sup>†</sup></b>	Men and women, age 50+	Fecal occult blood test (FOBT) <sup>‡</sup> with at least 50% test sensitivity for cancer, or fecal immunochemical test (FIT) with at least 50% test sensitivity for cancer, or	Annual, starting at age 50
		Stool DNA test	Interval uncertain, starting at age 50
		Flexible sigmoidoscopy, or	Every five years, starting at age 50
		Fecal occult blood test (FOBT) <sup>‡</sup> and flexible sigmoidoscopy, <sup>§</sup> or	Annual FOBT (or or fecal immunochemical test (FIT)) and flexible sigmoidoscopy every five years, starting at age 50
		Double-contrast barium enema (DCBE), or	Every five years, starting at age 50
		Colonoscopy	Every 10 years, starting at age 50
		CT colonography	Every five years, starting at age 50
<b>Prostate</b>	Men, age 50+	Digital rectal examination (DRE) and prostate-specific antigen test (PSA)	Health care providers should discuss the potential benefits and limitations of prostate cancer early detection testing with men and offer the PSA blood test and the digital rectal examination annually, beginning at age 50, to men who are at average risk of prostate cancer, and who have a life expectancy of at least 10 years. <sup>¶</sup>
<b>Cervix</b>	Women, age 18+	Pap test	Cervical cancer screening should begin approximately three years after a woman begins having vaginal intercourse, but no later than 21 years of age. Screening should be done every year with conventional Pap tests or every two years using liquid-based Pap tests. At or after age 30, women who have had three normal test results in a row may get screened every two to three years with cervical cytology (either conventional or liquid-based Pap test) alone, or every three years with an HPV DNA test plus cervical cytology. Women 70 years of age and older who have had three or more normal Pap tests and no abnormal Pap tests in the past 10 years and women who have had a total hysterectomy may choose to stop cervical cancer screening.
<b>Endometrial</b>	Women, at menopause	At the time of menopause, women at average risk should be informed about risks and symptoms of endometrial cancer and strongly encouraged to report any unexpected bleeding or spotting to their physicians.	
<b>Cancer-related checkup</b>	Men and women, age 20+	On the occasion of a periodic health examination, the cancer-related checkup should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.	

\* Beginning at age 40, annual clinical breast examination should be performed prior to mammography.

<sup>†</sup> Individuals with a personal or family history of colorectal cancer or adenomas, inflammatory bowel disease, or high-risk genetic syndromes should continue to follow the most recent recommendations for individuals at increased or high risk.

<sup>‡</sup> FOBT as it is sometimes done in physicians' offices, with the single stool sample collected on a fingertip during a digital rectal examination, is not an adequate substitute for the recommended at-home procedure of collecting two samples from three consecutive specimens. Toilet bowl FOBT tests also are not recommended. In comparison with guaiac-based tests for the detection of occult blood, immunochemical tests are more patient-friendly, and are likely to be equal or better in sensitivity and specificity. There is no justification for repeating FOBT in response to an initial positive finding.

<sup>§</sup> Flexible sigmoidoscopy, together with FOBT, is preferred, compared to FOBT or flexible sigmoidoscopy alone.

<sup>¶</sup> Information should be provided to men about the benefits and limitations of testing so that an informed decision about testing can be made with the clinician's assistance.

## **Can Cancer Be Found Early or Controlled?**

Scientific or medical discoveries have a major impact on controlling cancer. Some examples of controlling cancer are:

### **Genetic Testing**

Researchers have found changes (mutations) in genes may cause cancer. Some genetic changes may increase a person's chance of getting cancer. People who are concerned about cancer in their family should talk to their doctor. The doctor may send them to a cancer genetics specialist. People with a strong family history of cancer may be recommended to have a blood test. These tests may show if they have inherited any of these genetic changes. Genetic counseling helps people decide if testing is right for them as well as understand and deal with the results.

Genetic counseling is available through The Hereditary Risk Assessment Program at The Cancer Institute of New Jersey. Please call 732-235-7110 to schedule an appointment or for more information about the program.

### **Gene Therapy**

Cells normally have genes that help prevent cancer from developing. A large part of cancer cells have changes in these genes. This is still experimental, but it may be possible to treat cancer by placing a healthy gene into the cancer cells.

### **Vaccines**

Scientists are studying cancer vaccines that can stop (or in some cases, prevent) certain cancers. Vaccines help the immune system to fight the cancer.

### **Chemopreventive Agents**

New chemopreventive agents (agents given to prevent cancer) are being developed. They can act alone or with other medications to reduce the risk of certain cancers.

### **Early Detection**

The development of new and more accurate cancer screening methods will allow earlier detection of some precancerous lesions and early-stage cancers. This allows physicians to treat people before the disease progresses.

### **Lifestyle Changes**

The development of new findings about lifestyle changes, especially concerning diet, nutrition, and physical activity, may prevent some cancers.

### **Chemotherapy**

Clinical trials are in progress to test new chemotherapy drugs or combinations. Other studies are testing new ways to combine proven drugs to make them even more effective. These medications can help control or cure cancer once it has developed.

### **Immunotherapy**

Scientists are testing treatments that work with the immune system. This type of treatment can help fight cancer or control the side effects caused by some cancer treatments. You may also hear this referred to as biological therapy, biotherapy, or biological response modifier (BRM) therapy.

## **Antiangiogenesis Agents**

Tumors cannot grow without a blood supply. Researchers are studying antiangiogenesis therapy, which is the use of drugs or other substances to stop cancerous tumors from developing new blood vessels.

## **Cancer Prevention Trials at The Cancer Institute of New Jersey**

If you would like further information about clinical trials (available in New Jersey) for preventing cancer, please call toll-free New Jersey Cancer Trial Connect at 1-866-788-3929 or visit the Web site at [www.njctc.org](http://www.njctc.org). You can also call The Cancer Institute of New Jersey at 732-235-8675. For additional information about nationwide cancer prevention trials, you can call the National Cancer Institute at 1-800-4 CANCEER or visit their Web site at [www.cancer.gov](http://www.cancer.gov).

## **Where Can I Find Further Information?**

Resource and Learning Center

732-235-9639

[www.cinj.org/rlc](http://www.cinj.org/rlc)

National Cancer Institute

1-800-4-CANCER

[www.cancer.gov](http://www.cancer.gov)

New Jersey Cancer Trial Connect

1-866-788-3929

[www.njctc.org](http://www.njctc.org)

The American Cancer Society

1-800-ACS-2345

[www.cancer.org](http://www.cancer.org)

American Institute for Cancer Research

1-800-843-8114

<http://www.aicr.org>

National Institute of Health

301-496-4000

<http://www.nih.gov/>

U.S. Preventative Services Task Force

<http://www.ahepr.gov/clinic/uspstfix.htm>

National Center for Chronic Disease Prevention and Health Promotion

800-232-4636

<http://www.cdc.gov/nccdphp/>