



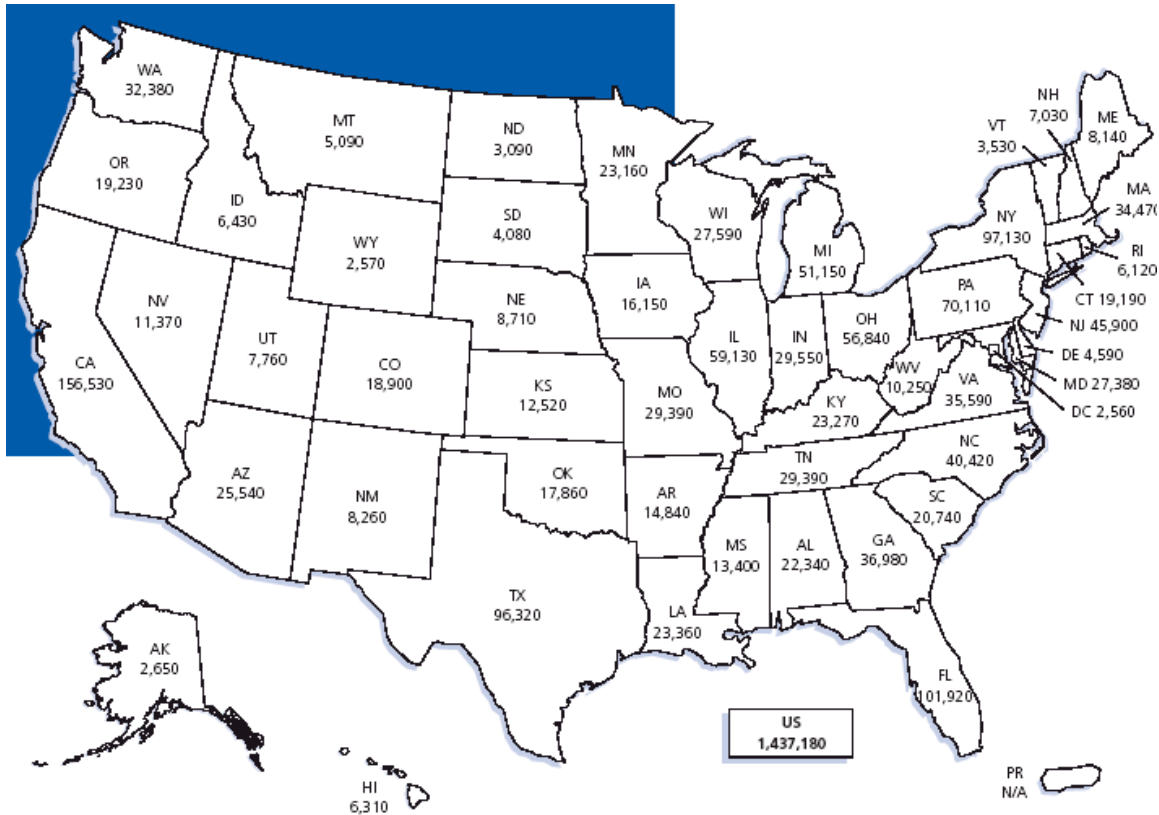
ROBERT WOOD JOHNSON
MEDICAL SCHOOL

University of Medicine & Dentistry of New Jersey



A Comprehensive Cancer
Center Designated by the
National Cancer Institute

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 in 2008.
- 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.

Screening Guidelines

For the Early Detection of Cancer in Asymptomatic People

Site	Recommendation
Breast	<ul style="list-style-type: none"> Yearly mammograms are recommended starting at age 40. The age at which screening should be stopped should be individualized by considering the potential risks and benefits of screening in the context of overall health status and longevity. Clinical breast exam should be part of a periodic health exam about every 3 years for women in their 20s and 30s and every year for women 40 and older. Women should know how their breasts normally feel and report any breast change promptly to their health care providers. Breast self-exam is an option for women starting in their 20s. Screening MRI is recommended for women with an approximately 20%-25% or greater lifetime risk of breast cancer, including women with a strong family history of breast or ovarian cancer and women who were treated for Hodgkin disease.
Colon & rectum	<p>Beginning at age 50, men and women should begin screening with 1 of the examination schedules below:</p> <ul style="list-style-type: none"> A fecal occult blood test (FOBT) or fecal immunochemical test (FIT) every year A flexible sigmoidoscopy (FSIG) every 5 years Annual FOBT or FIT and flexible sigmoidoscopy every 5 years⁴ A double-contrast barium enema every 5 years A colonoscopy every 10 years <p><i>*Combined testing is preferred over either annual FOBT or FIT, or FSIG every 5 years, alone. People who are at moderate or high risk for colorectal cancer should talk with a doctor about a different testing schedule.</i></p>
Prostate	<p>The PSA test and the digital rectal examination should be offered annually, beginning at age 50, to men who have a life expectancy of at least 10 years. Men at high risk (African American men and men with a strong family history of 1 or more first-degree relatives diagnosed with prostate cancer at an early age) should begin testing at age 45. For both men at average risk and high risk, information should be provided about what is known and what is uncertain about the benefits and limitations of early detection and treatment of prostate cancer so that they can make an informed decision about testing.</p>
Uterus	<p>Cervix: Screening should begin approximately 3 years after a woman begins having vaginal intercourse, but no later than 21 years of age. Screening should be done every year with regular Pap tests or every 2 years using liquid-based tests. At or after age 30, women who have had 3 normal test results in a row may get screened every 2 to 3 years. Alternatively, cervical cancer screening with HPV DNA testing and conventional or liquid-based cytology could be performed every 3 years. However, doctors may suggest a woman get screened more often if she has certain risk factors, such as HIV infection or a weak immune system. Women aged 70 and older who have had 3 or more consecutive normal Pap tests in the last 10 years may choose to stop cervical cancer screening. Screening after total hysterectomy (with removal of the cervix) is not necessary unless the surgery was done as a treatment for cervical cancer.</p> <p>Endometrium: The American Cancer Society recommends that at the time of menopause all women should be informed about the risks and symptoms of endometrial cancer and strongly encouraged to report any unexpected bleeding or spotting to their physicians. Annual screening for endometrial cancer with endometrial biopsy beginning at age 35 should be offered to women with or at risk for hereditary nonpolyposis colon cancer (HNPCC).</p>
Cancer-related checkup	<p>For individuals undergoing periodic health examinations, a cancer-related checkup should include health counseling and, depending on a person's age and gender, might include examinations for cancers of the thyroid, oral cavity, skin, lymph nodes, testes, and ovaries, as well as for some nonmalignant diseases.</p>

American Cancer Society guidelines for early cancer detection are assessed annually in order to identify whether there is new scientific evidence sufficient to warrant a reevaluation of current recommendations. If evidence is sufficiently compelling to consider a change or clarification in a current guideline or the development of a new guideline, a formal procedure is initiated. Guidelines are formally evaluated every 5 years regardless of whether new evidence suggests a change in the existing recommendations. There are 9 steps in this procedure, and these "guidelines for guideline development" were formally established to provide a specific methodology for science and expert judgment to form the underpinnings of specific statements and recommendations from the Society. These procedures constitute a deliberate process to ensure that all Society recommendations have the same methodological and evidence-based process at their core. This process also employs a system for rating strength and consistency of evidence that is similar to that employed by the Agency for Health Care Research and Quality (AHCRO) and the US Preventive Services Task Force (USPSTF).

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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. You can also call The Cancer Institute of New Jersey at 1-866-654-9898. 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.

Where Can I Find Further Information?

Resource and Learning Center

732-235-9639

www.cinj.org/rlc

National Cancer Institute

1-800-4-CANCER

www.cancer.gov

New Jersey Cancer Trial Connect

1-866-788-3929

www.njctc.org

The American Cancer Society

1-800-ACS-2345

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

800-311-3435

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

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