

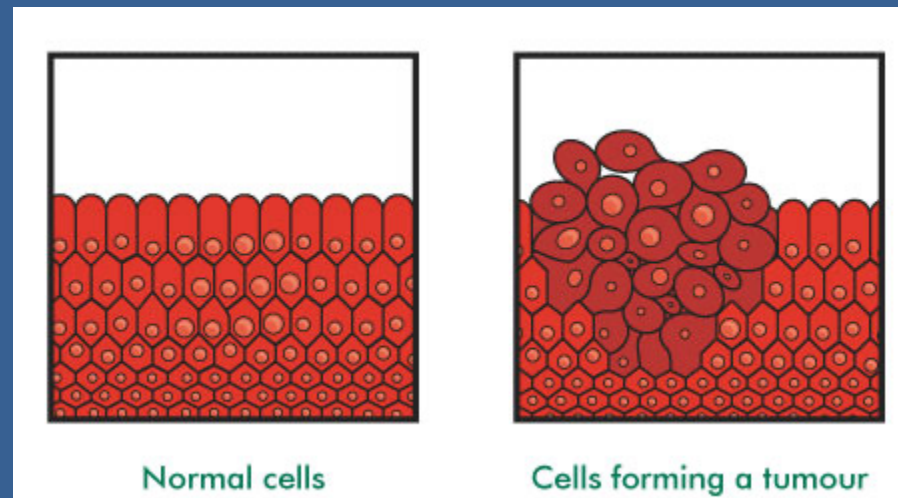


UNDERSTANDING CANCER



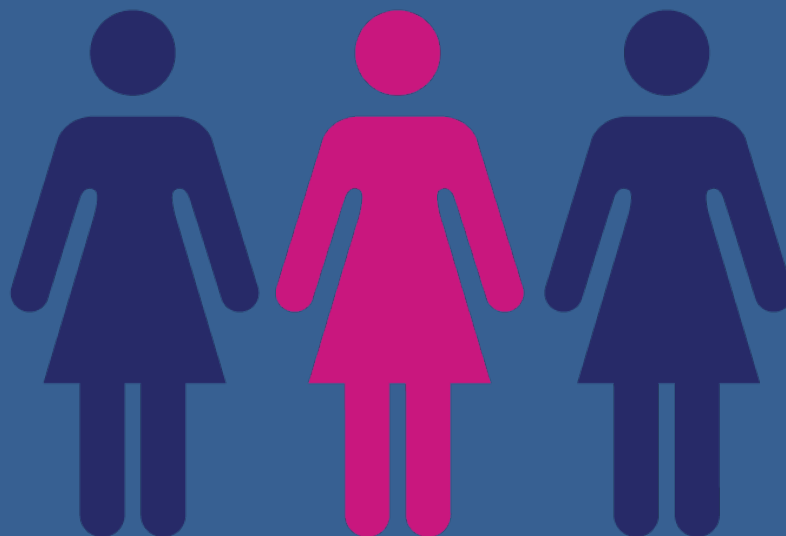
WHAT IS CANCER?

- The body is made up of cells, which usually divide and grow in a controlled and orderly way.
- Cancer cells are abnormal. They divide and grow rapidly in an uncontrolled way.



HISPANICS & CANCER

- ❑ Cancer is the leading cause of death in Hispanics
- ❑ About 1 in 3 Hispanic men and 1 in 3 Hispanic women will be diagnosed with cancer in their lifetime



CANCER AND LIFESTYLE

- ❑ Many things we do and do not do can increase our chances of getting cancer
- ❑ When we eat unhealthy foods and are inactive our organs start to get worn down
- ❑ We can change these behaviors and may be able to reduce our chances of developing cancer

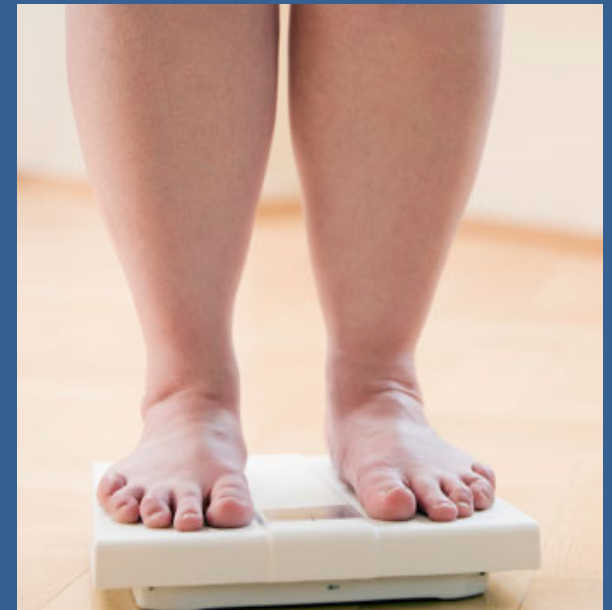


WHY DO WE GET CANCER?

External Factors	Internal Factors
<ul style="list-style-type: none">• Unhealthy food choices• Lack of physical activity• Excessive alcohol consumption• Cigarette smoking• Radiation	<ul style="list-style-type: none">• Inherit cancer genes• Abnormal hormone levels

CANCER OBESITY & DIABETES

- ❑ There is a relationship between obesity and certain cancers, such as colorectal and breast cancers.
 - ❑ Cancer can also be harder to detect in obese women and men
- ❑ Diabetes' risk of colorectal and breast cancer is 20 to 50% high than non-diabetics.



MYTHS

The following statements are commonly believed to be true, but are actually false.

MYTH #1



“It doesn’t matter what I do. If I’m going to get cancer, I’ll get it no matter what.”

MYTH #1: FALSE

- Some cancers may be preventable by:
 - Eating a healthy diet
 - Exercising regularly
 - Avoiding tobacco
 - Getting recommended screenings

MYTH #2



“If I don’t have a family history of cancer, then I don’t need to worry about ever getting it.”

MYTH #2: FALSE

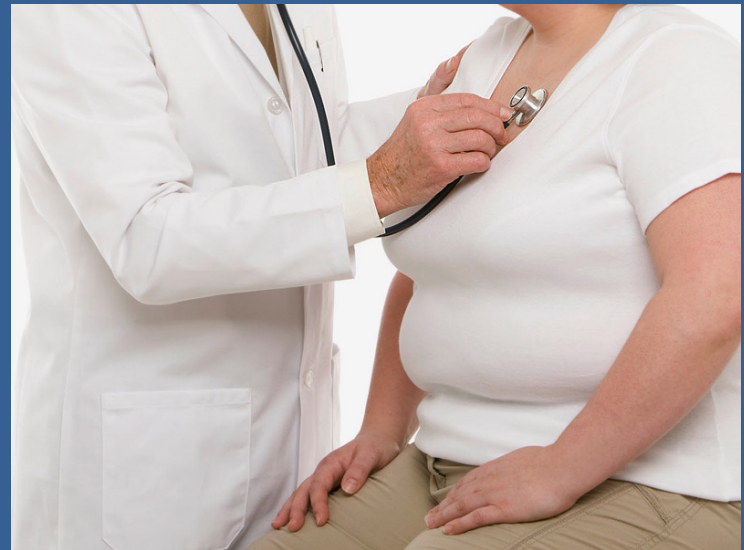
- It's estimated that only 1 in 20 cases of all cancers are truly passed down by family
 - Speak with a doctor about your cancer risks if a family member has had cancer
- Over 8 in 10 of women who get breast cancer do not have a family history of the disease
 - So make sure to take care of your body and get recommended screenings

BREAST CANCER



BREAST CANCER

- ❑ Breast cancer can start in any part of the breast.
- ❑ Obesity and lack of physical activity may increase the risk of developing breast cancer in women and men.



BREAST CANCER PREVENTION



- ❑ Ways to decrease risk of breast cancer:
 - ❑ Maintaining a healthy body weight
 - ❑ Engaging in moderate or vigorous physical activity
 - ❑ Breast-feeding
- ❑ Routine screening called mammograms can help to find growths in the breast before they get serious

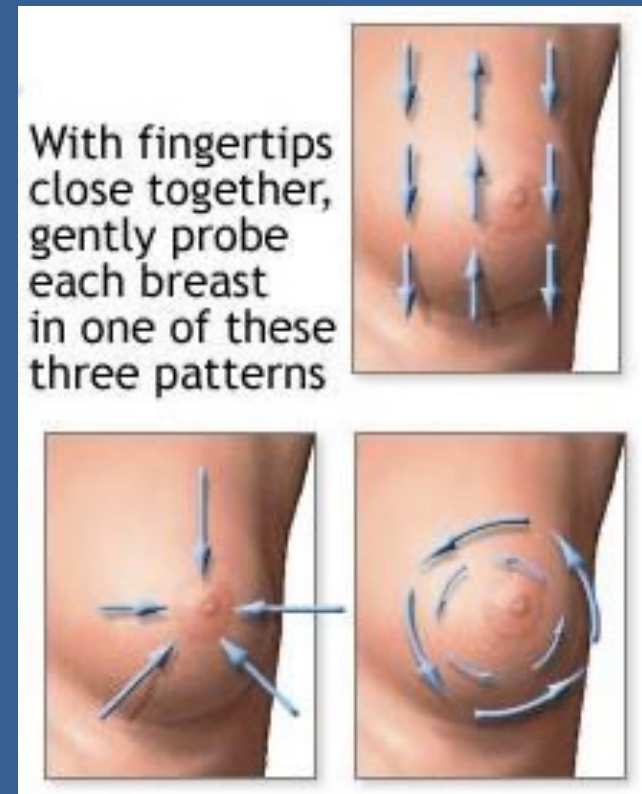
BREAST CANCER SCREENINGS

- ❑ Screening for breast cancer include:
 - ❑ Clinical breast exams every 1-3 years starting at age 25
 - ❑ Annual clinical breast exams and mammograms starting at age 40



BREAST CANCER SELF SCREENINGS

- ❑ One must become familiar with their own breast in order to notice when changes take place
- ❑ Adult women of all ages are encouraged to perform a self check at least once a month



MYTHS

The following statements are commonly believed to be true, but are actually false.

MYTH #3



“If I had breast cancer, I would know. I would feel it.”

MYTH #3: FALSE

- ❑ There are often no symptoms of breast cancer, but sometimes a person may discover a breast problem on their own.
- ❑ Signs and symptoms to be aware of may include:
 - ❑ A painless lump in the breast
 - ❑ Changes in breast size or shape
 - ❑ Swelling in the armpit
 - ❑ Nipple changes or discharge
 - ❑ Breast pain

MYTH #4



“Mammograms
cause cancer.”

MYTH #4: FALSE

- ❑ Mammograms require very small doses of radiation.
 - ▣ If cancer is present, it can be found in the earlier stages.
 - ▣ The benefits of a mammogram outweigh the risk.

COLORECTAL CANCER



COLORECTAL CANCER

- ❑ Colorectal cancer starts in the colon or the rectum
- ❑ Polyps, abnormal growths, can grow on the tissue lining of the colon which may lead to cancer
- ❑ Factors such as obesity and diabetes can increase risk



COLORECTAL CANCER SYMPTOMS

- ❑ There are usually no early warning signs
 - ❑ It is important to get screened
 - ❑ Detecting cancer early can save lives
- ❑ Signs as the disease progresses
 - ❑ Blood in stool
 - ❑ Abdominal pain
 - ❑ Change in bowel habits
 - ❑ Unexplained weight loss
 - ❑ Fatigue



COLORECTAL CANCER PREVENTION

- ❑ A lifestyle that includes regular physical activity can cut your risk of developing colorectal cancer in half
- ❑ Ways to decrease risk:
 - ❑ Eating a healthy diet that includes fruits, vegetables, high fiber foods, and calcium
 - ❑ Consuming less red meat and animal fat
 - ❑ Engaging in physical activity



COLORECTAL CANCER RISK FACTORS

UNCONTROLLABLE	CONTROLLABLE
<ul style="list-style-type: none">• Age• Personal or family history of polyps or colorectal cancer• Personal history of inflammatory bowel disease (IBD)• Inherited syndromes such as Familial Adenomatous Polypoid (FAP) and Lynch Syndrome	<ul style="list-style-type: none">• Diet high in red or processed meats• Being overweight – excess fat around the waist• Not getting enough exercise• Smoking and/or heavy alcohol use

COLORECTAL SCREENINGS

- ❑ Beginning at age 50, both men and women should get screened for colorectal cancer
- ❑ There are several options, some are very simple and easy but have to be done more often
- ❑ Some might cost more, but do not have to be completed as often
- ❑ The fecal occult blood test (gFOBT) is one of the easiest and cheapest test, but should be completed annually

TYPES OF COLORECTAL SCREENINGS

- ❑ Tests that find polyps and cancer
 - ❑ Flexible sigmoidoscopy every 5 years
 - ❑ Colonoscopy every 10 years
 - ❑ Double-contrast barium enema every 5 years
 - ❑ CT colonography (virtual colonoscopy) every 5 years
- ❑ Tests that primarily find cancer
 - ❑ Yearly fecal occult blood test (gFOBT)
 - ❑ Yearly fecal immunochemical test (FIT) every year
 - ❑ Stool DNA test (sDNA), interval uncertain

MYTHS

The following statements are commonly believed to be true, but are actually false.

MYTH #5



“Colorectal screenings are extremely risky and painful.”

MYTH #5: FALSE

- ❑ There are many different types of screenings and they are all low risk
- ❑ Tests may be uncomfortable but it should not be painful

MYTH #5



“It’s better not to
get tested for
colorectal cancer
because it’s
deadly anyway.”

MYTH #5: FALSE

- ❑ Colorectal cancer is often highly treatable
- ❑ If it's found and treated early, the 5-year relative survival rate is about 90%
- ❑ Only about 4 out of 10 are diagnosed at this early stage when treatment is most likely to be successful

MYTH #6



“Once you get cancer it’s too late.”

MYTH #6: FALSE

- ❑ Most types of cancer can be treated completely if diagnosed early
- ❑ Even in advanced staged cancer, much can be done to alleviate symptoms and prolong survival

HOW TO START

- ❑ Take control of your health and reduce your cancer risk
 - Eat healthy with plenty of fruits and vegetables
 - Get moving with regular physical activity
 - Stay at a healthy weight
 - Stay away from tobacco products
 - Limit how much alcohol you drink
 - Know yourself, your family history, and your risks
 - Have regular check-ups and cancer screening tests



TIPS & TRICKS



Find your support system. It could be a friend, co-worker, neighbor or family member.

TIPS & TRICKS

Ask friends and family for healthy recipes that have fiber and calcium.



TIPS & TRICKS

Try eating meals without meat a few times each week.



TIPS & TRICKS

There are free or reduced priced cancer screenings. Ask your doctors or go to community clinic and find out where!



SCREENINGS FOR BREAST AND COLORECTAL CANCER

AGE	25-39	40s	50s
WOMEN	<ul style="list-style-type: none">Clinical breast exams every 1-3 years	<ul style="list-style-type: none">Yearly clinical breast examYearly mammograms	<ul style="list-style-type: none">Yearly clinical breast exam and mammogramsColorectal cancer screening, interval dependent upon test
MEN	<ul style="list-style-type: none">Conduct self exams unless at high risk*	<ul style="list-style-type: none">Conduct self exams unless at high risk*	<ul style="list-style-type: none">Colorectal cancer screening, interval dependent upon test

*According to The National Comprehensive Cancer Network, men at high risk for breast cancer should have a clinical breast exams as well as mammograms.

TAKE CONTROL!

Scenario:

I have made it a habit to get
my screenings done every
June.

**Click to
start**

Marge
Role model

Marge, Role Model

NEXT STEP



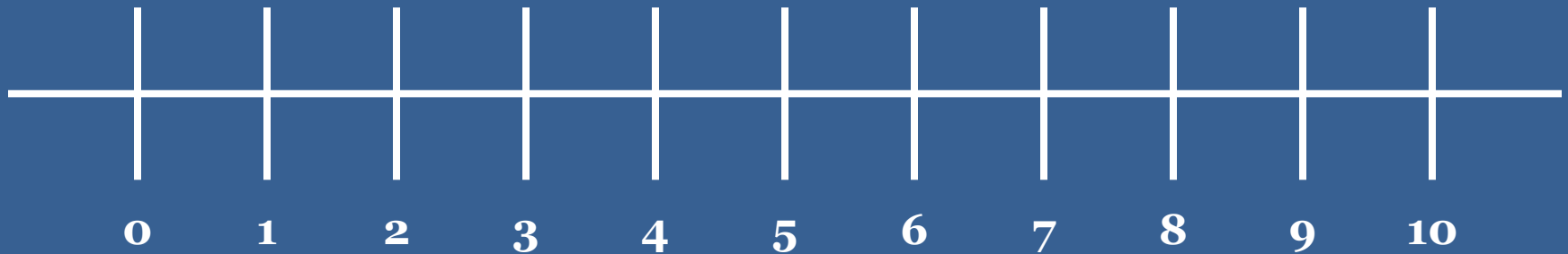
Start today because Your Health Matters!

THE PLAN

Disadvantages	Advantages

THE PLAN

- On a scale of 1-10, how confident are you that you can eat healthy portions daily?



Less
Important

Very
Important

MAKE A PLAN

**Setting goals is the key to success.
Write small, clear and realistic goals.**

What part of your plate is vegetables?

How do you remember the portions?

When will you start eating healthy portions?

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