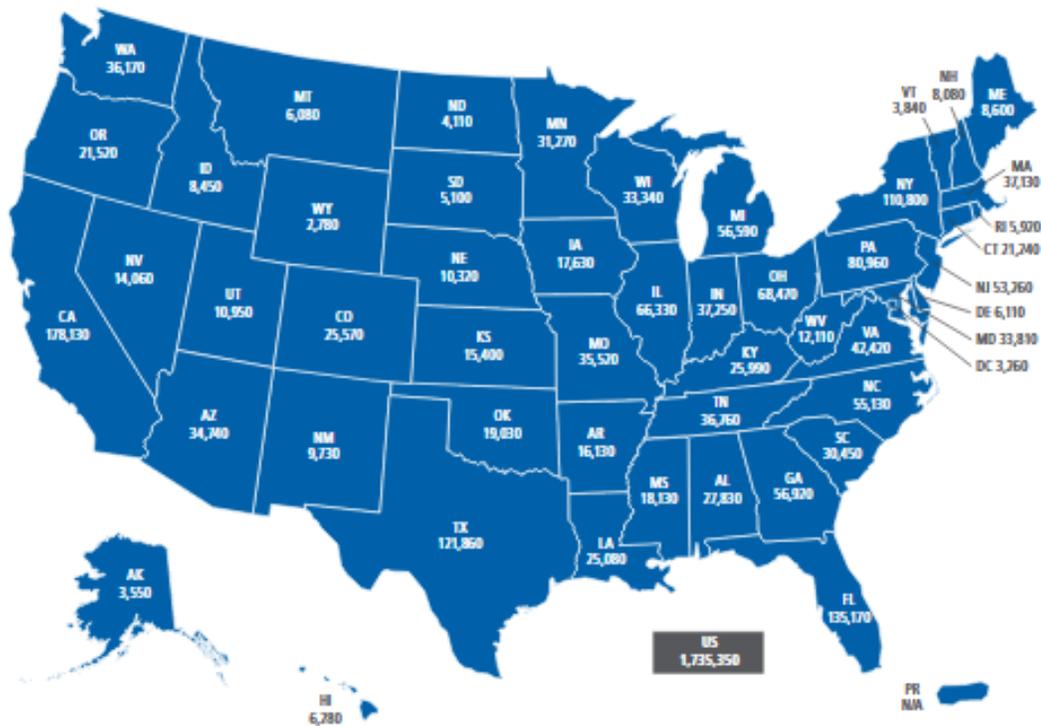


April Is Cancer Control Month



Estimated numbers of new cancer cases for 2018, excluding basal cell and squamous cell skin cancers and in situ carcinomas except urinary bladder. Estimates are not available for Puerto Rico.
Note: State estimates are offered as a rough guide and should be interpreted with caution. State estimates may not add to US total due to rounding.

What Is Cancer Control Month?

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 1,735,350 new cancer cases are expected to be diagnosed in 2018.
- Over a lifetime, about 1 in 3 people in the United States will develop cancer.
- Cancer rates and deaths have been on the decline since the early 1990's.
- The World Cancer Research Fund estimates that about 20% of all cancers in the US are related to being overweight or obesity, physical inactivity, excess alcohol consumption and poor nutrition.

Who's at Risk?

While everyone is at risk for cancer, some people are at greater risk than others. Age is the greatest risk factor for cancer, since nearly 87% of cancers are detected at age 50 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 2018 Cancer Facts and Figures.

American Cancer Society Recommendations for the Early Detection of Cancer in Average-risk Asymptomatic People*

Cancer Site	Population	Test or Procedure	Recommendation
Breast	Women, ages 40-54	Mammography	Women should undergo regular screening mammography starting at age 45. Women ages 45 to 54 should be screened annually. Women should have the opportunity to begin annual screening between the ages of 40 and 44.
	Women, ages 55+		Transition to biennial screening, or have the opportunity to continue annual screening. Continue screening as long as overall health is good and life expectancy is 10+ years.
Cervix	Women, ages 21-29	Pap test	Screening should be done every 3 years with conventional or liquid-based Pap tests.
	Women, ages 30-65	Pap test & HPV DNA test	Screening should be done every 5 years with both the HPV test and the Pap test (preferred), or every 3 years with the Pap test alone (acceptable).
	Women, ages 66+	Pap test & HPV DNA test	Women ages 66+ who have had ≥3 consecutive negative Pap tests or ≥2 consecutive negative HPV and Pap tests within the past 10 years, with the most recent test occurring in the past 5 years should stop cervical cancer screening.
	Women who have had a total hysterectomy		Stop cervical cancer screening.
Colorectal [†]	Men and women, ages 50+	Guaiaac-based fecal occult blood test (gFOBT) with at least 50% sensitivity or fecal immunochemical test (FIT) with at least 50% sensitivity, OR	Annual testing of spontaneously passed stool specimens. Single stool testing during a clinician office visit is not recommended, nor are "throw in the toilet bowl" tests. 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.
		Multi-target stool DNA test, OR	Every 3 years
		Colonoscopy, OR	Every 10 years
		CT Colonography, OR	Every 5 years
		Flexible sigmoidoscopy (FSIG), OR	Every 5 years alone, or consideration can be given to combining FSIG performed every 5 years with a highly sensitive gFOBT or FIT performed annually.
		Double-contrast barium enema	Every 5 years
Endometrial	Women at menopause		Women should be informed about risks and symptoms of endometrial cancer and encouraged to report unexpected bleeding to a physician.
Lung	Current or former smokers ages 55-74 in good health with 30+ pack-year history	Low-dose helical CT (LDCT)	Clinicians with access to high-volume, high-quality lung cancer screening and treatment centers should initiate a discussion about annual lung cancer screening with apparently healthy patients ages 55-74 who have at least a 30 pack-year smoking history, and who currently smoke or have quit within the past 15 years. A process of informed and shared decision making with a clinician related to the potential benefits, limitations, and harms associated with screening for lung cancer with LDCT should occur before any decision is made to initiate lung cancer screening. Smoking cessation counseling remains a high priority for clinical attention in discussions with current smokers, who should be informed of their continuing risk of lung cancer. Screening should not be viewed as an alternative to smoking cessation.
Prostate	Men, ages 50+	Prostate-specific antigen test with or without digital rectal examination	Men who have at least a 10-year life expectancy should have an opportunity to make an informed decision with their health care provider about whether to be screened for prostate cancer, after receiving information about the potential benefits, risks, and uncertainties associated with prostate cancer screening. Prostate cancer screening should not occur without an informed decision-making process. African American men should have this conversation with their provider beginning at age 45.

CT-Computed tomography. *All individuals should become familiar with the potential benefits, limitations, and harms associated with cancer screening. †All positive tests (other than colonoscopy) should be followed up with colonoscopy.

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 Oncology Prevention and Evaluation (HOPE) program at Rutgers Cancer Institute of New Jersey. Please call 732-235-7110 to schedule an appointment or for more information about the program.

Gene Therapy

Genes are genetic material that control the development of one or more traits and is the basic unit by which genetic information is passed from parent to offspring. Cells normally have genes that help prevent cancer from developing. Gene therapy is a medicine that introduces genetic material into a person's DNA to replace faulty or missing genetic material. It may be possible to treat cancer by placing a healthy gene into the cancer cells.

Vaccines

Vaccines help the immune system to prevent or fight disease. Cancer vaccines can stop or prevent certain cancers.

Chemopreventive Agents

Chemopreventive agents are given to prevent cancer. They can act alone or with other medicines to reduce the risk of certain cancers.

Early Detection

New and more accurate cancer screening methods allow earlier detection of some precancerous lesions and early-stage cancers. This helps physicians treat people before the disease progresses.

Lifestyle Changes

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 medicines can help control, cure, or prevent the return of cancer once it has developed.

Immunotherapy

New treatments have been developed that work with the immune system. This type of treatment can help fight or control cancer. 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. Antiangiogenesis therapy is the use of drugs or other substances to stop cancerous tumors from developing new blood vessels.

Cancer Prevention Trials at Rutgers Cancer Institute of New Jersey

If you would like further information about clinical trials for preventing cancer, please call Rutgers 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.

Where Can I Find Further Information?

Resource and Learning Center

732-235-9639

www.cinj.org/rlc

Provides reliable, relevant and current information about all aspects of cancer.

Agency for Healthcare Research and Quality (AHRQ)

<http://www.ahrq.gov/patients-consumers/index.html>

The American Cancer Society

1-800-ACS-2345

www.cancer.org

American Institute for Cancer Research

1-800-843-8114

www.aicr.org

MedlinePlus

www.medlineplus.gov

National Cancer Institute

1-800-4-CANCEER

www.cancer.gov

National Center for Chronic Disease Prevention and Health Promotion

800-232-4636

<http://www.cdc.gov/chronicdisease/index.htm>

National Institute of Health

301-496-4000

www.nih.gov

NJ Cancer Education and Early Detection Prevention and Health Promotion (NJCEED)

(609) 292-8540

<http://www.nj.gov/health/ces/public/resources/njceed.shtml>



RLC website QR code. Scan with smartphone / device.