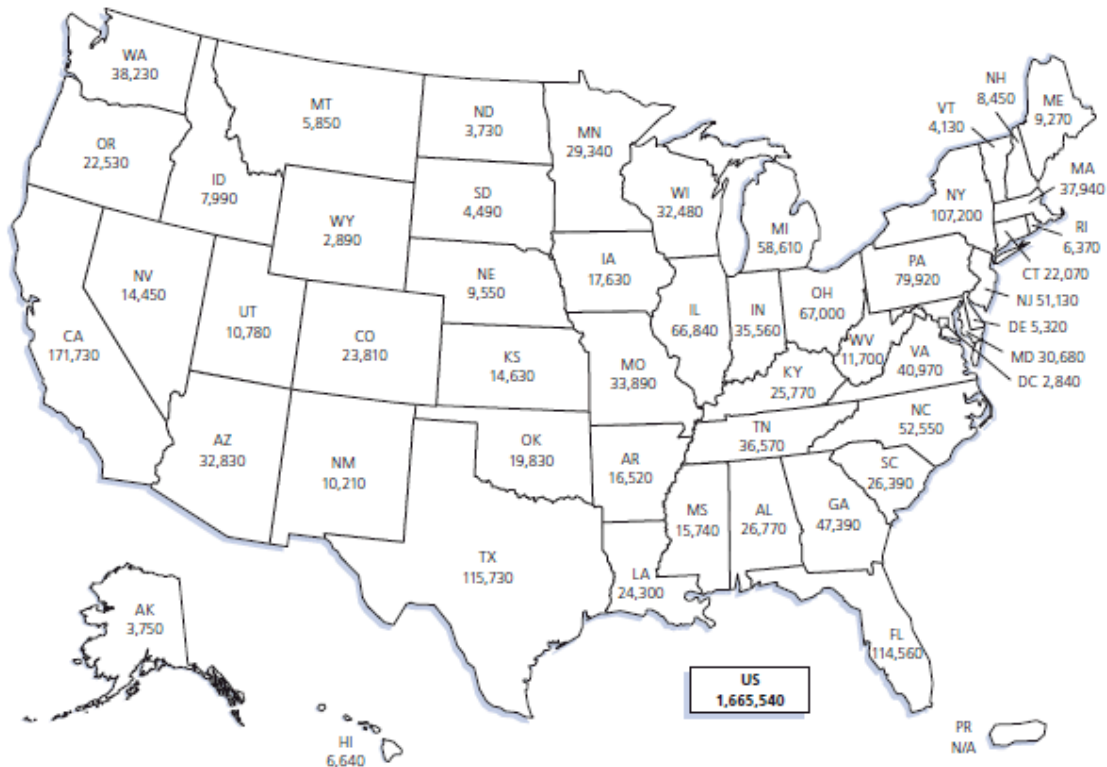


## April Is Cancer Control Month



Estimated numbers of new cancer cases for 2014, excluding basal cell and squamous cell skin cancers and in situ carcinomas except urinary bladder.  
**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?

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 1,665,540 new cancer cases are expected to be diagnosed in 2014.
- 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 77% 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 2014 Cancer Facts and Figures.

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

Cancer Site	Population	Test or Procedure	Frequency
Breast	Women, ages 20+	Breast self-examination (BSE)	It is acceptable for women to choose not to do BSE or to do BSE regularly (monthly) or irregularly. Beginning in their early 20s, women should be told about the benefits and limitations of BSE. Whether or not a woman ever performs 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.
		Clinical breast examination (CBE)	For women in their 20s and 30s, it is recommended that CBE be part of a periodic health examination, preferably at least every three years. Asymptomatic women ages 40 and over should continue to receive a CBE as part of a periodic health examination, preferably annually.
		Mammography	Begin annual mammography at age 40.*
Cervix†	Women, ages 21-65	Pap test & HPV DNA test	Cervical cancer screening should begin at age 21. For women ages 21-29, screening should be done every 3 years with conventional or liquid-based Pap tests. For women ages 30-65, 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 65+ 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 within 5 years, and women who have had a total hysterectomy should stop cervical cancer screening. Women should not be screened annually by any method at any age.
Colorectal	Men and women, ages 50+	Fecal occult blood test (FOBT) 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. Testing at home with adherence to manufacturer's recommendation for collection techniques and number of samples is recommended. FOBT with the single stool sample collected on the clinician's fingertip during a digital rectal examination is not recommended. Guaiac-based 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.
		Stool DNA test**, or	Interval uncertain, starting at age 50
		Flexible sigmoidoscopy (FSIG), or	Every 5 years, starting at age 50. FSIG can be performed 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 (DCBE), or	Every 5 years, starting at age 50
		Colonoscopy	Every 10 years, starting at age 50
CT Colonography	Every 5 years, starting at age 50		
Endometrial	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.	
Lung	Current or former smokers ages 55-74 in good health with at least a 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 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+	Digital rectal examination (DRE) and prostate-specific antigen test (PSA)	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.
Cancer-related checkup	Men and women, ages 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. \*\*The stool DNA test approved for colorectal cancer screening in 2008 is no longer commercially available. New stool DNA tests are presently undergoing evaluation.

## **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**

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 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 CANCER 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)

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

American Institute for Cancer Research

1-800-843-8114

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

MedlinePlus

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

National Cancer Institute

1-800-4-CANCER

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

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

(609) 292-8540

<http://www.state.nj.us/health/cancer/njceed/index.shtml>



RLC website QR code. Scan with smartphone / device.