

Clip and save...
A LIFE

By **BECKY BATCHA**

IF ALL Americans quit smoking, exercised regularly and ate healthfully to keep their weight in line, and followed through with recommended cancer screenings, the annual number of cancer deaths — now about 565,000 — would be halved.

Got scissors?

The his and her early-detection coupons on this page streamline the American Cancer Society's latest screening recommendations to help you remember when you're due for one of these potentially life-saving tests.

If you smoke or you're overweight, quitting and slimming down are by far the most important steps you can take to give yourself an edge against cancer.

We also have coupons to clip and save as reminders that the power to prevent cancer is in your hands (provided they're not wrapped around a 32-ounce soda or a pack of

smokes).

Even before the current economic downturn, 25 percent of families reported that cancer care was wiping out most or all of their savings. The American Cancer Society says some patients are stretched so thin that they're delaying or forgoing care.

In one coupon that's a sad reflection of our times, a doctor offers strategies and resources to help patients continue their treatments even if they face unemployment or a reduction in hours.

We've also included a coupon that outlines an emerging technique to help screen for melanoma — a deadly form of skin cancer that is on the rise in young women and old men, according to the National Cancer Institute.

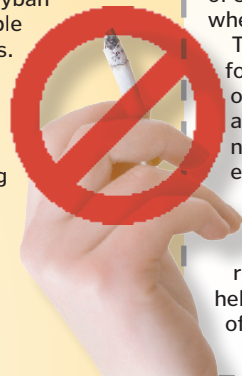
Clip them, save them, share them. In this case, the newspaper is delighted to have you tear our coverage apart.

**STOP SMOKING
HERE'S WHY
AND HOW**

- Besides causing lung cancer, smoking also causes cancers of the larynx (voice box), mouth, throat, esophagus and bladder.
- ▶ It also contributes to the development of pancreatic, cervical, kidney and stomach cancers.
 - ▶ It's linked to the development of some types of leukemia.
 - ▶ Smokeless-tobacco products like chewing tobacco and snuff cause cancers, too. The American Cancer Society warns: "There is no safe way to use tobacco."
 - ▶ For help in quitting, call the National Cancer Institute's **National Quitline**

(877-448-7848) or visit www.quitnet.com, an online community in which you can ask expert counselors your questions and talk with fellow quitters.

- ▶ For the American Cancer Society's written tips on quitting, visit philly.com/cancerhelp. The society says medicines like Zyban and Chantix can double your odds for success. So can nicotine-replacement therapy — nicotine patches, nicotine gum, etc. — and phone-counseling programs.
- ▶ Another tip: It really helps to tell your friends and family members that you're quitting.



KNOW YOUR BACK STORY

Some cancer doctors are encouraging general practitioners to watch their patients' backs — literally — for early signs of melanoma, a potentially deadly form of skin cancer that's easy to cure when caught early.

The back is one common site for this cancer, and the patterns of the moles and the freckles are also reliable indicators that melanoma could be lurking somewhere else on the body, or in a patient's future.

Between checkups, the American Cancer Society recommends doing regular self-exams. You can use a hand-held mirror or enlist someone to scan out-of-the-way places like your back and the



back of your thighs. (Visit philly.com/cancerhelp for a link to the detailed instructions.)

If you find a mark that concerns you, have a doctor examine it. Dermatologists, in particular, are trained to distinguish trouble spots from harmless ones.

Fair-skinned people who burn instead of tan run a higher risk for developing melanoma than others. New research shows that people who had outdoor summer jobs for three or more years as teenagers are also more likely to develop it.

LOSE WEIGHT, FIGHT CANCER

What should you eat to avoid cancer? The easy answer is ... *less*.

Altogether, 26 cancers have been linked to being overweight, says Dr. Richard Wender, chairman of family and community medicine at Thomas Jefferson University and past president of the American Cancer Society. "It's not what you eat, it's what you don't eat."

The specifics:

- ▶ Your cancer risk is linked to your body mass index, or BMI.
- ▶ To reduce your risk for breast cancer, colon cancer, uter-

ine cancer, cancer of the esophagus, kidney cancer and many more, aim to keep your BMI under 25.

- ▶ You can ask your doctor what your BMI number is, or visit philly.com/cancerhelp to link to a National

Institute of Health BMI calculator.

- ▶ If you're 5 feet 4, you shouldn't weigh more than about 140 pounds.
- ▶ If you're 5 feet 11, you shouldn't weigh more than about 175 pounds.
- ▶ If your BMI is 30 or more, you're considered obese and have an even greater cancer risk.

YOUR LUCKY NUMBER:

25

(or less)

**LOST YOUR JOB?
KEEP YOUR TREATMENTS**

In a recent study by BreastCancer.org, 12 percent of breast-cancer patients reported that they had to change their cancer care because of financial hardship. Some patients chose less expensive treatments, some were postponing treatment and some had stopped.

Others have kept up their treatments "but can't afford the medicines that would ease the way — for things like nausea and pain," says Dr. Marisa Weiss, a local breast-cancer crusader who is founder and president of the nationally acclaimed patient Web site.

"I was surprised by the numbers," says Weiss, a radiation oncologist at Lankenau Hospital in Wynnewood. "There's no question that we're seeing a major impact."

She offers these strategies for cancer patients hit with the double whammy of a serious illness and hard economic times:

- ▶ **If you lose your job, enroll in Cobra if you can.** As part of the federal recovery plan, workers laid off between last Sept. 1, 2008 and Dec. 31, 2009, need to pay only 35 percent of the costs to continue their health insurance under their former employer's plan. Cobra can be expensive, but if you use it to maintain continuous coverage, you can't be denied health insurance in the future because of pre-existing health problems.
- ▶ **Reach out to your hospital's social workers.** Besides helping patients cope with the emotional blow of cancer, these are the professionals who tend to know the nuts-and-bolts of the programs that are available to help patients afford medical treatment — from the hospital, government agencies and nonprofit community organizations. Weiss says they don't always come to you. You may need to ask for an appointment.
- ▶ **Seek lower- or no-cost medicines.** Breastcancer.org has a list of drug companies' programs to help patients afford costly cancer medicines, including the programs' phone numbers. The Partnership for Prescription Assistance (www.pparx.org, or call 888-477-2669) is another good resource.
- ▶ **Consider enrolling in a clinical trial.** You'll typically receive the standard of care for your cancer *plus* the investigative treatment, sometimes free or at a low cost. In some cases you won't be charged even for the co-pay on medicines.
- ▶ **If bills pile up, ask for relief.** Creditors will often work out extended payment plans to help otherwise good customers make ends meet during hard times, especially when those customers are ill. "In general, they don't want to mess with someone with cancer. It's bad karma," Weiss says. It's important to speak up early. Don't wait for collection agents to call.

EARLY-DETECTION CHECKLIST: HIS

IN YOUR 20S AND 30S:

- ▶ Get in the habit of seeing a doctor for periodic health exams. Depending on your health history, your physician might examine for cancers of the thyroid, mouth, skin, lymph nodes and testes as part of your regular checkups.
- ▶ Ask the doctor if there's anything in your health history or your family's that puts you at special risk for any type of cancer. If there is, you may want to start certain cancer screenings earlier than most people do, or have them done more often. This applies at all ages.
- ▶ Get to know the pattern of moles, blemishes, freckles and other marks on your skin, and try to do a quick self-check monthly so you'll notice any changes. If you do, have a doctor take a look.

IN YOUR 40S:

- ▶ At 40, men with several first-degree relatives (fathers and brothers) who've had prostate cancer should discuss with their doctor the potential benefits and limitations of early detection for that disease using PSA blood tests and digital-

rectal exams.

- ▶ At 45, black men and men with a father or brother who contracted prostate cancer before age 65 should discuss with their doctor the potential benefits and limitations of regular screenings for the disease.
- ▶ Continue to self-check for changes in the pattern of moles, blemishes, freckles and other marks on your skin.

50 AND OLDER:

- ▶ At 50, start getting screened for colorectal cancer, either with an exam that tests for polyps and cancer — the preferred option — or an exam that tests mainly for cancer.
- ▶ The four tests that search for polyps and cancer are: a flexible sigmoidoscopy (every five years); a colonoscopy (every 10 years); a double-contrast barium enema (every five years); or a virtual colonoscopy (every five years).
- ▶ The three that mainly search for cancer are the fecal occult blood test (every year), the fecal immunochemical test (every year) and the stool DNA test.
- ▶ Talk with your doctor about the potential benefits and limitations of starting annual screenings for prostate cancer. The American Cancer Society urges men to take an active part in this decision by learning about prostate cancer and the pros and cons of early detection and treatment.
- ▶ Continue to self-check for changes in the pattern of moles,

EARLY-DETECTION CHECKLIST: HERS

IN YOUR 20S AND 30S:

- ▶ Know how your breasts normally feel, and tell your doctor right away about any change.
- ▶ Get a medical checkup about every three years that includes a clinical breast exam. Your doctor might also examine for cancers of the thyroid, mouth, skin, lymph nodes and ovaries as part of your regular checkup.
- ▶ Start getting cervical-cancer screenings about three years after you start having sex and no later than 21 years of age. Get screened every year if you're using the regular Pap test or every two years with the newer liquid-based Pap test.

▶ Beginning at 30, women who have had three normal Pap-test results in a row may skip a year or two between screenings.

▶ Ask your doctor if there's anything in your health history or your family's that puts you at special risk for any type of cancer. If there is, you may want to start certain cancer screenings earlier than most people do, or have them done more often. This applies at all ages.

- ▶ Get to know the pattern of moles, blemishes, freckles and other marks on your skin, and try to do a quick self-check monthly so you'll notice any changes. If you do, have a doctor take a look.

IN YOUR 40S:

- ▶ At 40, start having annual mammograms and continue for as long as you're in good health.
- ▶ Also starting at 40, get a checkup every year that includes a clinical breast exam.
- ▶ Pay attention to how your breasts normally feel and report any change right away.
- ▶ Continue your regular cervical-cancer screenings.
- ▶ Continue to self-check for changes in the pattern of moles, blemishes, freckles and other marks on your skin.

50 AND OLDER:

- ▶ At 50, start getting screened for colorectal cancer, either with a test that searches for polyps and cancer — the preferred option — or a test that mainly searches for cancer.
- ▶ The four tests that find polyps and cancer are: a flexible sigmoidoscopy (every five years); a colonoscopy (every 10 years); a double-contrast barium enema (every five years); or a virtual colonoscopy (every five years).

The three that mainly find cancer are the fecal occult blood test (every year), the fecal immunochemical test (every year) and the stool DNA test.

- ▶ Continue your annual mammograms for as long as you're in good health.
- ▶ Continue to get a checkup every year that includes a clinical breast exam.
- ▶ Pay attention to how your breasts normally feel and report any change right away.
- ▶ Continue to self-check for changes in the pattern of moles, blemishes, freckles and other marks on your skin.
- ▶ Continue your regular cervical-cancer screenings. (You can choose to stop if you're 70 or older and have a history of normal tests. Ask your doctor for details.)
- ▶ Once you're in menopause, ask your doctor to explain the risks and symptoms of endometrial cancer. Report any unexpected bleeding or spotting right away.

SCREENINGS UNDER SCRUTINY
The American Cancer Society responds - Page TK

