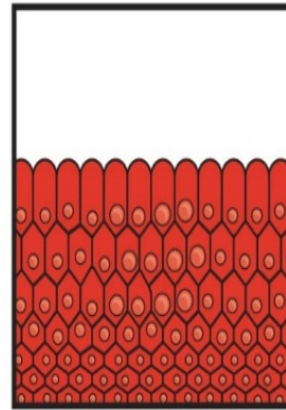
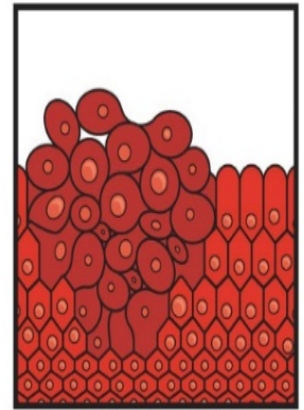


Cancer 101: An Overview of Cancer Basics

Cancer is an overgrowth of abnormal cells making it hard for the body to work the way it should. It can occur in any organ or tissue in the body. Most cancers form a lump called a **tumor** or a growth. However, not all lumps are cancer and not all cancer has lumps. Doctors take out a piece of the lump (**biopsy**) and look at it to find out if it is cancer. Lumps that are not cancer are called **benign**. Lumps that are cancer are called **malignant**. Cancer can be treated very well for many people. In fact, more people than ever before lead full lives after cancer treatment.



Normal cells



Cells forming a tumour

Risk factors are any characteristic, substance, or behavior that can increase a person's chance of developing a disease. Some risk factors *cannot* be changed (i.e. age). Some risk factors *can be changed through behavior changes*.

We can make several changes to help reduce our risk of developing cancer and improve health for cancer patients:

- Stop Smoking.
- Get to and stay at a healthy weight.
- Get moving—increase physical activity to 150 minutes of moderate activity per week.
- Eat healthy—eat lots of fruits and vegetables and reduce red meat.
- Limit alcohol to 2 drinks per day for men and 1 drink per day for women.
- Adhere to the screening guidelines (*see reverse side for details*).

The **Office of Community Outreach and Engagement** focuses on targeting education and screening efforts towards 5 types of cancer: **lung, breast, cervical, colorectal, and prostate cancers**

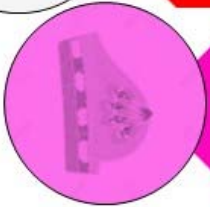
- These have the highest **incidence** (number of new diagnoses) and/ or **mortality** (number of deaths) in the state of Alabama.
- There is a clear message about who should be screened and what screening and treatment options are available.
- These types of cancer also disproportionately affect people who are African American.

Overview of Cancer Screening Guidelines



- **Any current smoker or recent quitter (in the last 15 years) over the age of 55**
- Anyone over the age of 55 with a 30-pack year history (average # of packs per day) * (# years)= pack years
- Get a **low dose computed tomography (CT)** at a Screening Center of Excellence

LUNG



- Women should be familiar with how their breasts normally look and feel and report any changes immediately.
- Starting at 40 years old, women should have a **mammogram** yearly.
- Women 55 (+) choose to get mammograms every other year or continue getting mammograms yearly.

BREAST



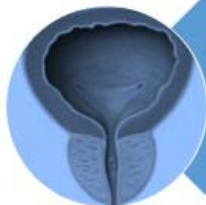
- **Starting at age 21, women** should have a **Pap Test** every 3 years. **Human Papilloma Virus (HPV) tests** should not be done unless a Pap test is abnormal.
- **Starting at age 30, women** with average risk should get a Pap test with a HPV test every 5 years. Alternatively they could have a pap test every 3 years from age 30 to 65.
- Even women who have had the HPV vaccine should follow screening guidelines.

CERVICAL



- **Adults should start screening at age 50** and continue until they are 75 years old.
- A **colonoscopy** will be done every 10 years. Alternatives: stool-based tests, sigmoidoscopy, or CT
- American Cancer Society recommends screening start at age 45. *Please check with your insurance provider to ensure coverage.*
- If anyone is symptomatic, a doctor will perform a colonoscopy at a younger age.

COLORECTAL



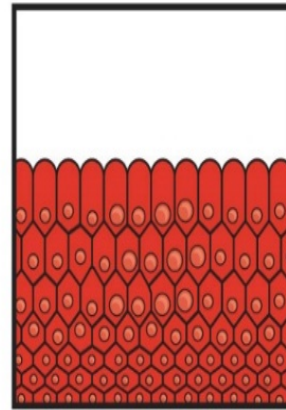
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- **Men aged 40 (+) who are at even higher risk** should be screened. These men have more than one first-degree relative with prostate cancer diagnosis younger

PROSTATE

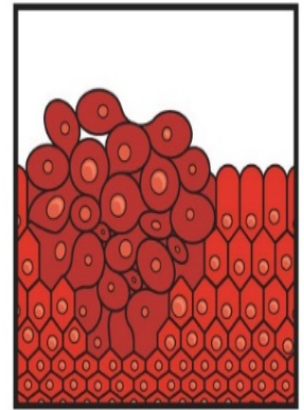
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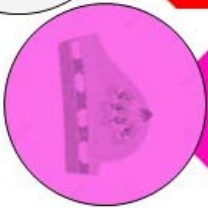
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PROSTATE

Additional Resources: O'Neal Comprehensive Cancer Center at UAB <https://www.uab.edu/onealcancercenter/> OR Office of Community Outreach and Engagement 205-975-2643

Are you concerned about cancer?

Knowledgeable members of your community are here to guide you!

We will advise, create an action plan, and assist you in seeking cancer screening.

For more information, contact your local Community Health Advisor
_____ at (____) _____ - _____.

O'NEAL COMPREHENSIVE
CANCER CENTER

UAB THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

Community Outreach and Engagement

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Alabama
COMPREHENSIVE CANCER
CONTROL COALITION



Why should I get screened for lung cancer?

- 2019 New Cases: 228,150
- 2019 Estimated Deaths: 142,670

Who should be screened for lung cancer?

- You have a 30 year pack-a-day smoking history
- You have a 15 year 2 packs-a-day smoking history
- Currently smoke or have quit within the last 15 years

Are E-cigarettes Safer than Cigarettes?

- E-cigarettes expose users to fewer harmful chemicals than burned cigarettes. – But burned cigarettes are extraordinarily dangerous, killing half of all people who smoke long-term.
- The use of any tobacco product, including e-cigarettes, is unsafe for young people.

What could be the symptoms of lung cancer ?

- Persistent cough
- Chest pain that gets worse with deep breathing, laughing or coughing
- Hoarseness
- Unexplained loss of appetite and weight
- Coughing up blood or rust-colored phlegm
- Shortness of breath
- Feeling weak and/or tired
- Bronchitis, pneumonia or other infections that keep recurring
- Wheezing

Financial Resources

Organization	Possible Financial Assistance	Contact Info
American Cancer Society	Has online resource to search for numerous types of assistance (financial help, support groups, screenings, etc.)	1-800-227-2345 http://www.cancer.org/treatment/support-programs-and-services/resource-search.html
Patient Advocate Foundation Co-Pay Relief Program	Direct co-payment assistance for pharmaceutical products to insured patients	1-866-512-3861 https://www.copays.org/
CancerCare Co-Pay Assistance Foundation	Help people with cancer afford co-payments for chemotherapy and targeted treatments	866-55-COPAY https://www.cancercare.org/copayfoundation
The PAN Foundation	Provides assistance with out-of-pocket costs for medications and treatment for those with non-small cell lung cancer and other illnesses	866-316-7263 https://panfoundation.org/files/PAN_Patient_Brochure_Updated_May2019.pdf

Adults.html#one

Lung Cancer

Lung cancer is the biggest cancer killer in both men and women.



Lung Cancer Screening



Lung cancer screening can find cancer early--before symptoms start.

- Most people with lung cancer don't have symptoms until the cancer is advanced.
- Cancer is easier to treat when found early.



How do I get screened?

1. Meet with your doctor to determine if you are high risk.
 2. Get a referral from your doctor for a Screening Centers of Excellence.
 3. Go for a low-dose CT to check for spots on your lungs.
- **Lung cancer screening is covered by most insurance plans, Medicaid, and Medicare as long as you are high risk.**



What can I expect from the low-dose CT?

- A low-dose CT is a scan of several x-rays of the lungs.
- You will lie down and move through a donut shaped X-ray machine.
- There are no dyes or injections. It does not hurt.



What happens after screening?

- A doctor will look at the results for spots. Spots can be lung cancer or something else. More tests call biopsies will be done to check.
- If it is cancer, there are treatment options! Your doctor will talk with you to figure out the best treatment plan.
- Treatment has come a long way over the years!

LUNG CANCER SCREENING CRITERIA

55-80
years old




CURRENTLY
smoke

or

QUIT
in the last
15 YEARS

Have at least a
30-PACK-YEAR
smoking history

 X  = **30**
2 packs per day 15 years pack-year
history

Image adapted from Houston Methodist

Office of Community
Outreach and Engagement
205-975-2643

<https://www.uab.edu/onealcancercenter/>

O'NEAL COMPREHENSIVE
CANCER CENTER
UAB THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

Are you a smoker?

If you are a current or former smoker between the ages of 55 to 74, you may be at risk of developing lung cancer.

You may be eligible for lung cancer screening.

Lung cancer is the #1 cause of death from cancer.

Early detection is key!

Low dose CT scans are done to screen for lung cancer.

For people at high risk, lung cancer screening is covered by most insurance plans, Medicaid, and Medicare. If you don't have insurance, we can guide you to screening!



Alabama Lung Cancer Awareness, Screening, and Education (ALCASE)

UAB IRB# 30002099

For more information, call your Community Health Advisor:
Tara Bowman
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(205) 975-2643

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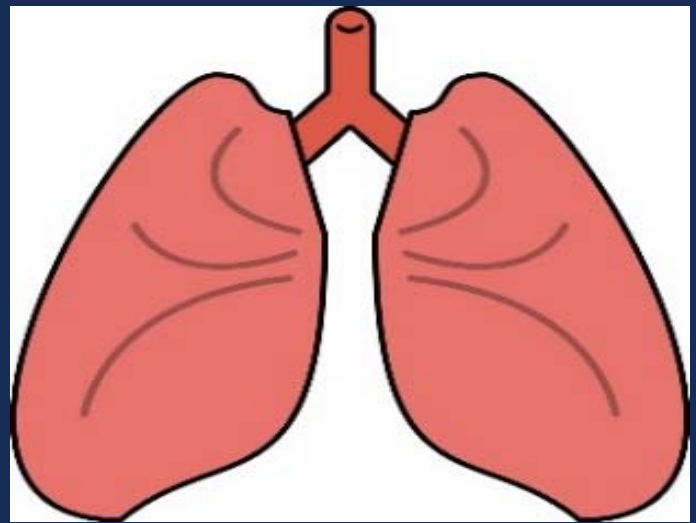
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SUNDAY MORNING HEALTH CORNER

Lung Cancer Awareness



November is Lung Cancer Awareness Month

LUNG CANCER IS THE BIGGEST CANCER KILLER IN BOTH MEN AND WOMEN.

African American men have the highest rates of lung cancer.

Screening can find the cancer early when it is easier to treat!

Who should be screened?

- 55- 80 years old
AND
- A current or former heavy smoker who quit less than 15 years ago

Talk with your doctor for referral to a Screening Center of Excellence for a **low-dose CT**. Most insurance, Medicaid, and Medicare will cover screening for people who are high risk.



**Office of Community Outreach
and Engagement**
205-975-2643

<https://www.uab.edu/onealcancercenter/>

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O'NEAL COMPREHENSIVE
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RESOURCES



Cancer.org
1-800-227-2345



go2foundation.org



1-800-298-2436
LungCancerAlliance.org



cdc.gov/cancer
1-800-232-4636

O'NEAL COMPREHENSIVE CANCER CENTER

UAB THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

CONTACT US

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LUNG CANCER

SCREENING INFORMATION
AND RESOURCES



LUNG CANCER

Lung cancer is the leading cause of cancer death in men and women. It is the 2nd most common cancer diagnosed in both men and women.

SYMPTOMS

- Coughing
- Blood in phlegm
- Shortness of breath
- Wheezing
- Chest pain
- Unexplained weight loss

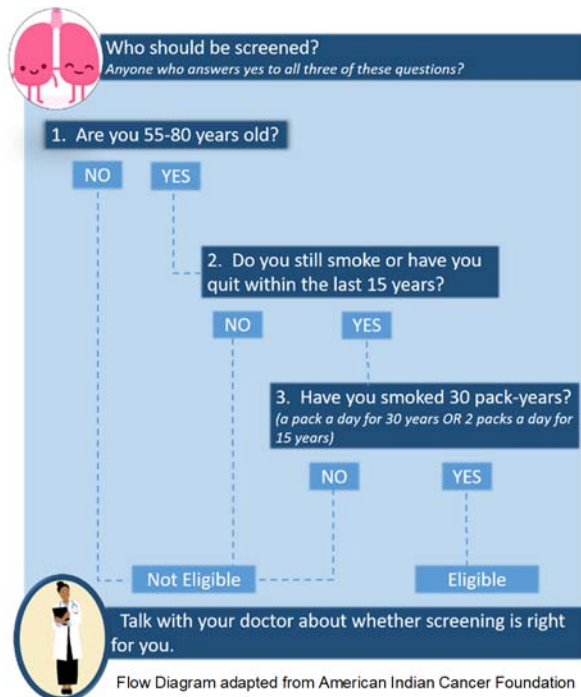
Most people with lung cancer don't have symptoms until the cancer is advanced.

Cancer is easier to treat when found early.

RISK FACTORS

- Smoking
- Older age
- Family History
- Exposure to radon, asbestos, or air pollution

WHO SHOULD BE SCREENED



HOW DO I GET SCREENED?

1. Meet with your doctor to determine if you are high risk.
2. Get a referral for a Screening Center of Excellence.
3. Go for a low-dose CT to check for spots on your lungs.

Lung cancer screening is covered by most insurance plans, Medicaid, and Medicare as long as you are high risk.

LOW DOSE CT

You will lie down and move through a donut-shaped x-ray machine.

There are no dyes or injections. It does not hurt.

WHAT HAPPENS AFTER SCREENING?

- A doctor will look at the results for spots. Spots can be lung cancer or something else. More tests called biopsies will be done to check.
- If it is cancer, there are treatment options! Treatment has come a long way over the years!
- Your doctor will talk with you to figure out the best treatment plan.

HOW OFTEN SHOULD I BE SCREENED?

For most people at high risk, a yearly scan is recommended until you are 75-80 years old. Talk with your doctor.





31 facts for the 31 days of October—Breast Cancer Awareness Month

1. In 2019, an estimated 330,930 new cases of breast cancer will be diagnosed in women in the U.S.
2. 1 in 8 women in the United States will develop breast cancer in her lifetime.
3. The number of new cases of breast cancer is slightly lower among African American women than white women. However, the number of deaths is about 40% higher in African American women than in white women. This may be due in part to differences in insurance, past screening rates, and access to follow-up care.
4. According to the World Health Organization (WHO), breast cancer is the most common cancer among women worldwide. It claims the lives of hundreds of thousands of women each year in countries at all levels of modernization.
5. Death rates from breast cancer have been declining since about 1990. This is likely due in part to better screening and early detection, increased awareness, continually improving treatment options, and declines in hormone replacement therapy after menopause.
6. Genetic counseling is recommended for those who are interested in being tested for breast cancer gene mutations. You can talk to a doctor about getting a referral to a genetic counselor, who can help determine whether genetic testing would make sense based on family history and risk factors.
7. Certain genetic mutations put you at greater risk of developing breast cancer. These are BRCA1 and BRCA2. Talk with your doctor about whether you qualify for genetic testing.
8. While BRCA1 and BRCA2 gene mutations may increase your odds of developing breast cancer, your likelihood of having either mutation are pretty small. An estimated 1 out of every 400 people carry a mutated BRCA gene.
9. While you can't prevent cancer, you can be proactive about your health! Managing your weight, eating a diet of lots of fruits and vegetables while limiting red and processed meats, being physically active, and not smoking are all things you can do to reduce your risk of cancer!
10. Exercise boosts the immune system and helps you to keep your weight in check. With as little as 30 minutes a day, a woman can begin to lower her risk of breast cancer. This doesn't require going to a gym either. Power walking is great!
11. A nutritious, low-fat diet with plenty of fruits and vegetables can help reduce the risk of developing breast cancer. A high-fat diet increases the risk because fat triggers estrogen production that can fuel tumor growth.
12. There are over 3.5 million breast cancer survivors in the United States.
13. Give yourself a breast self-exam once a month. If you notice any changes, it is very important that you see a doctor immediately.
14. When found early, breast cancer is treatable! Most treatment plans include a combination of the following: surgery, radiation, hormone therapy, chemotherapy, and targeted therapies. Some are local, targeting just the area around the tumor. Others are systemic, targeting your whole body with cancer fighting agents.
15. If diagnosed with breast cancer, you and your doctor should engage in shared decision-making. Your doctor will present some evidence-based information early in the conversation and will help guide your decisions on the right fit based on your values and preferences.
16. Dairy consumption does not increase the risk of breast cancer.
17. A mammogram, or x-ray of the breast, currently remains the gold standard for the early detection of breast cancer. Get a mammogram every year starting at age 40.
18. Breast compression while getting a mammogram cannot cause cancer to spread.
19. 62% of breast cancer cases are diagnosed at a localized stage. That means it hasn't spread to other areas of the body yet. At a localized stage, the 5-year survival rate is 99%.
20. Deodorant does not cause breast cancer. Researchers at the National Cancer Institute (NCI) are not aware of any conclusive evidence linking the use of underarm antiperspirants or deodorants to breast cancer.
21. You cannot catch breast cancer or transfer it to someone else's body. Breast cancer is the result of uncontrolled cell growth of mutated cells that begin to spread into other tissues within the breast.
22. If a mammogram detects a suspicious area, doctors will recommend a biopsy. This test removes a small sample of tissue or fluid from the breast. They will look at the cells under a microscope to see if they are cancerous.
23. If your mammogram screening was abnormal, don't panic! About 80% of women who have a breast biopsy do not have breast cancer!
24. Although rare, men get breast cancer too. The lifetime risk for U.S. men is about 1 in 1,000.
25. An estimated 2,670 men will be diagnosed with breast cancer this year in the United States and approximately 500 will die.
26. When dealing with breast cancer, tumors are often graded based on a scale of 1 to 3 indicating how aggressive the cancerous cells are. Tumor grades help determine the best treatment plan.
27. This year, an estimated 41,760 women will die from breast cancer in the U.S.
28. Once a person is diagnosed with breast cancer, the healthcare team will determine staging. The stage is based on how far the disease has progressed. Knowing the stage helps determine the best way to contain and eliminate the breast cancer.
29. While women who have a family history of breast cancer are in a higher risk group, most women who have breast cancer have no family history. Only about 10% of individuals diagnosed with breast cancer have a family history of this disease.
30. On average, every 2 minutes a woman is diagnosed with breast cancer in the United States.
31. The warning signs of breast cancer are not the same for everyone. The most common signs are a change in the look or feel of the breast, a change in the look or feel of the nipple, and nipple discharge.

Resources:

National Breast Cancer Foundation <https://www.nationalbreastcancer.org/about-breast-cancer/>
National Cancer Institute <https://www.cancer.gov/types/breast>
American Cancer Society <https://www.cancer.org/cancer/breast-cancer.html>
Susan G Komen Foundation <https://www.5komen.org/BreastCancer/AboutBreastCancer.html>