



MISSION STATEMENT

The American Cancer Society is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer through research, education, advocacy, and service.



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COLORECTAL CANCER

Colorectal cancer is the third most common cancer in both men and women in the United States. Incidence rates have been decreasing over the past two decades, due to increases in the use of colorectal screening tests that allow the detection and removal of colorectal cancer polyps before they progress to cancer.

RISK FACTORS:

- Risk increases with age; 91% of all cases are diagnosed in individuals over the age of 50
- A personal or family history of colorectal cancer or polyps
- · A personal history of chronic inflammatory bowel disease
- Certain inherited genetic conditions (Lynch Syndrome)
- Obesity
- · Physical inactivity
- · A diet high in red or processed meat
- Alcohol consumption
- · Long-term smoking
- · Having type 2 diabetes

SCREENING GUIDELINES STARTING AT AGE 50

Tests That Detect Adenomatous Polyps and Cancer:

- Flexible sigmidoscopy every 5 years, or
- Colonoscopy every 10 years, or
- Double contrast barium enema every 5 years, or
- CT Colonography (virtual colonoscopy) every 5 years

Tests That Primarily Detect Cancer:

- Annual fecal occult blood test (FOBT) with high test sensitivity for cancer
- Annual fecal immunochemical test (FIT) with high test sensitivity for cancer
- Stool DNA test (sDNA) with high sensitivity for cancer, interval uncertain

TREATMENT:

- Chemotherapy
- · Radiation therapy
- Surgery
- · Targeted therapies
- Combination of one or more of the above

Did You Know?

Thanks to the improvements in prevention, early detection, and treatment, more than one million people in the United States count themselves as survivors of colorectal cancer.

BREAST CANCER

Breast cancer is the most common cancer in women besides skin cancer. While it occurs mostly in women, men can be diagnosed with the disease as well.

RISK FACTORS:

- · Weight gain after 18
- Obesity
- · Use of oral contraceptives
- · Physical inactivity
- Alcohol consumption
- · High breast tissue/bone mineral density
- Women who start their menstrual cycles early and/or end late in life
- Having one's first child after the age of 30
- · Never having children
- · Family history
- Increasing age

WHAT TO LOOK FOR:

- A lump in the underarm
- · A nipple discharge other than breast milk
- Breast pain
- · Nipple pain or the nipple turning inward
- Redness, scaliness, or thickening of the breast skin
- Swelling of all or part of the breast

EARLY DETECTION METHODS

Women in their 20's and 30's:

- A clinical breast exam at least every three years by a medical expert
- Breast self-examination (BSE) is an option for women starting in their 20's. Women should be told about the benefits and limitations of BSE.
 Women should report any breast changes to their health professional right away.

Women Age 40 and Over:

- A breast self-examination (BSE) is encourage once a month
- A mammogram every year
- A clinical breast exam every year, preferably before your annual mammogram
- Annual screening using MRI in addition to mammography is recommended for women at high lifetime risk.

TREATMENT:

- Chemotherapy
- Hormone therapy
- Radiation
- Surgery
- Lumpectomy: removal of the tumor itself with clear margins of surrounding areas
- Mastectomy: removal of the breast and some of the surrounding underarm lymph nodes
- · Targeted biological therapy
- · Combination of two or more of the above treatments

Did You Know?

As the nation's largest non-governmental funder of cancer research, the American Cancer Society has played a role in nearly every major breast cancer research breakthrough in recent history, including establishing mammography as the standard for breast cancer screening, discovering lifesaving treatments and understanding factors that can reduce our risk of getting breast cancer.

LUNG CANCER

Lung cancer accounts for more deaths than any other cancer in both men and women. Tobacco use is the number one cause of lung cancer, but people who don't smoke may get lung cancer too. It takes many years to develop lung cancer, and the early signs cannot be seen by x-ray and cause no symptoms. Later, these pre-cancerous cells turn cancerous and start to form tumors. Lung cancer is a life-threatening form of the disease and often spreads to other parts of the body before being diagnosed.

RISK FACTORS:

- · Cigarette, cigar, hookah and pipe smoking
- · Family history of the disease
- History of tuberculosis
- Marijuana use: marijuana cigarettes contain more tar than tobacco cigarettes
- Occupation and environmental exposure to asbestos, radon, certain metals like arsenic and chromium, radiation, air pollution and some organic chemicals
- · Secondhand smoke

PREVENTION:

Lung cancer is one of the few cancers that can be prevented. Since smoking is the leading cause of lung cancer, the best defense is not smoking.

Newer tests, such as low-dose spiral computed tomography (LDCT) scans and molecular markers in sputum have produced promising results in detecting lung cancers at earlier, more operable stages in high-risk patients.

TREATMENT:

- Chemotherapy
- · Radiation therapy
- Surgery
- Targeted biological therapies
- · Combination of two or more of the above

Did You Know?

The American Cancer Society has had a hand in nearly every major cancer breakthrough of the last century, including confirming the link between cigarette smoking and lung cancer.

PROSTATE CANCER

Prostate cancer is the most common cancer among men, after skin cancer, but can often be treated successfully. No signs or symptoms are usually present within the early stage of the disease. More than two million men in the United States count themselves as prostate cancer survivors.

RISK FACTORS:

- Age: 60% of all cases are diagnosed in men 65 and older
- · African-American and Jamaican men are most at risk
- Family history
- · Diets high in processed meat or dairy

EARLY DETECTION:

The American Cancer Society recommends beginning at age 50, men who are at average risk of prostate cancer and have a life expectancy of at least 10 years receive information about the potential benefits and known limitations associated with testing for early prostate cancer detection and have an opportunity to make an informed decision about testing. Men at high risk of developing prostate cancer should have this discussion with their health care provide beginning at age 45.

TREATMENT:

- Chemotherapy
- Radiation therapy
- Surgery
- · External beam radiation
- · Brachytherapy (radioactive seed implants)
- Hormone therapy
- · Combination of two or more of the above

Did You Know?

New research on genes linked to prostate cancer is helping scientists better understand how prostate cancer develops. This could make it possible to design medicines to target those changes. Researchers continue to look for foods or substances in them that can help lower prostate cancer risk.

SKIN CANCER

Skin cancer is the most common of all cancers of the body; accounting for about half of all cancers in both men and women. It is most commonly divided into two categories, basal and squamous cell cancers and melanoma. Basal and squamous cell cancers, if discovered in the earliest states and treated properly, are more curable. Melanoma is more difficult to treat because it is more likely to travel to other parts of the body.

RISK FACTORS:

- · A personal or family history of melanoma
- The presence of atypical or numerous moles (more than 50)
- Sun sensitivity (sun burning easily, fair-skinned, red or blonde haired people)
- · Use of tanning booths
- Diseases that suppress the immune system

PREVENTION:

- · Always use sunscreen with an SPF of 15 or higher
- · Avoid tanning beds and sun lamps
- Limit sun exposure during midday hours (10 a.m. 4 p.m.) when the sun is at its strongest
- Examine your skin regularly
- Wear protective clothing including long-sleeved shirts, long pants, a hat, and sunglasses when outdoors.

WHAT TO LOOK FOR:

- Changes in skin growths, including the appearance of new growths
- A progressive change in lesion's size, shape, or color by using the ABCD rule

ABCD RULE:

- Asymmetry: One half of a mole does not match the other half
- Border Irregularity: Edges of a mole that have ragged, notched, or blurred edges.
- Color: Mole pigmentation should be uniform with no variable degrees of brown, tan or black.
- Diameter: Diameter of a mole should not exceed 6 millimeters or about the size of a pencil eraser.
- If there is any suspicion of skin cancer, a biopsy will be taken to confirm the diagnosis.

TREATMENT:

- Biopsy
- Chemotherapy
- Radiation therapy
- Surgery
- Immunotherapy
- Electrodessication and curettage (tissue removal by electrical current and scraping)
- Cryosurgery (removal of tissue by freezing)
- · Topical medications

Did You Know?

Research into the causes, prevention, and treatment of melanoma is being done in medical centers throughout the world. The best way to reduce the number of skin cancers and the pain and loss of life from this disease is to educate the public. The American Cancer Society uses the slogan **Slip! Slop! Slap! And Wrap!** to help people remember to slip on a shirt, slop on some sunscreen, slap on a hat and wrap on sunglasses when out in the sun.

Programs and Services

The American Cancer Society (ACS) understands the difficulties and emotions associated with cancer. The Society offers many programs and services to help people with cancer and their loved ones understand cancer, manage their lives through treatment and recovery and find the support they need at no cost.

NATIONAL CANCER INFORMATION CENTER

The Society's nationwide helpline is designed to provide cancer information to individuals any time they need. Available 24 hours a day, 7 days a week, and in multiple languages, the helpline is designed to provide cancer patients, caregivers, and loved ones the most accurate and easy-to-understand information available.

HEALTH INSURANCE ASSITANCE

The American Cancer Society can answer questions regarding health insurance and provide information on where to turn for help – even for the uninsured. Through 1-800-227-2345, the Health Insurance Assistance Service offers help for cancer patients who have lost or are in danger of losing their health care coverage.

CANCER SURVIVORS NETWORK

Cancer Survivors Network is an online resource bringing together people from across the nation who have been touched by all forms of cancer. The network allows members to share experiences, inspiration, and hope through personal web pages, private chats, monthly e-newsletters, and support communities. Visit acscsn.com to get involved.

ROAD TO RECOVERY

Road To Recovery is a program designed to aid in the transportation needs of patients undergoing treatment. Volunteers donate their time and vehicles so that individuals currently involved in treatment may receive the care they need.

PERSONAL HEALTH MANAGER

The American Cancer Society's Personal Health Manager Kit is an easy-to-use tool designed to help patients organize and keep track of appointments, medications, test results, insurance bills, and various other logistical and practical details associated with cancer.

More programs and resources are available through the American Cancer Society, including brochures designed for specific cancers as well as support services for those currently diagnosed and their loved ones.

Having cancer is hard, finding help shouldn't be.



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