

Guide to

Preventable Cancers



For American Indians and Alaska Natives
Steps to wellness for you and your family



RESEARCH • EDUCATION • OUTREACH

About the Prevent Cancer Foundation

The PREVENT CANCER FOUNDATION can empower you to reduce the risk of cancer for you, your family and your community. We envision a future where fewer people get cancer and fewer still die from it, because more people are taking steps to reduce their cancer risk.

For more than 25 years, we have carried out our mission in three main ways:

- **Funding research that adds to what is known about how to prevent cancer**
- **Educating the public about cancer prevention and early detection (when it can be more successfully treated)**
- **Providing cancer education and screenings to underserved communities**

Since 1985, the Prevent Cancer Foundation has provided more than \$120 million to fund research, education and community outreach across the country.

To learn more about the Prevent Cancer Foundation or to make a donation, visit www.PreventCancer.org.

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LEADER IN CANCER PREVENTION RESEARCH

When the Prevent Cancer Foundation began its work in 1985, prevention was not seen as a major strategy in the War on Cancer. Scientists worked primarily to develop new cancer treatments rather than new ways to prevent the disease from ever developing or to detect it in early stages.

Today, however, prevention research is recognized as essential in the fight against cancer. Through its grants and fellowships program, the Foundation has played a pivotal role in initiating advances in cancer prevention in two key ways—by funding novel ideas of early-career investigators who often go on to receive larger federal and other grants, as well as mentor the next generation of prevention researchers, and by supporting established scientists who are changing their research focus to prevention.

The Foundation is still the **ONLY** organization in the United States solely focused on cancer prevention and early detection.

COMMITMENT TO THE COMMUNITY

The Prevent Cancer Foundation shares evidence-based ways to reduce cancer risks through diverse programs in communities across the country and through the Internet. Its programs “reach people where they live” with, for example, health education booths at state fairs, skills-based breast health education in urban high schools, traveling exhibits, screening programs for underserved communities and interactive conferences for health professionals and advocates.

ABOUT THIS GUIDE FOR AMERICAN INDIANS AND ALASKA NATIVES

This guide invites clinic staff, health educators, community health workers and community members throughout Indian Country to learn about cancer prevention and early detection—and to use this information with their families and in their communities.

Contrary to the long-standing belief of many American Indian and Alaska Native (AI/AN) people, they do get cancer and are more likely to die from some cancers than are other Americans. The purpose of this guide is to help change that.

This guide is intended to help educate AI/AN communities about cancer: what it is, how it can be detected and treated and, in some cases, how it can be prevented. Some healthy behaviors that may decrease cancer risks may also decrease risks of type-2 diabetes and heart disease.

Reliable information on cancer among AI/AN people was not available in the past. But in this decade, federal and state agencies have partnered with tribes and urban Indian organizations, and great progress has been made.

REDUCE YOUR CANCER RISK.

The Prevent Cancer Foundation created this guide to outline steps you can take on a daily basis to protect you and your family against cancer. It's never too early—or too late—to make lifestyle changes that may save your life or the life of someone you love. Get the facts: **Eat healthy. Stay active. Stay away from commercial tobacco. Get screened.**

These steps are more than a call to action; they're the keys to leading a long, healthy life. Reducing your risk represents the greatest control you may ever have over some cancers. In general, these factors may lower your risk of many cancers and other diseases: maintaining a healthy weight; eating a variety of fruits, vegetables and whole grains; being physically active; and staying away from commercial tobacco.

Thanks to advances in cancer research, we know more about how the disease develops and what contributes to cancer risk. We now have better weapons for fighting the disease that include new technologies for early detection and improved therapies.

This guide focuses on eight specific cancers and also includes known risk factors for certain other cancers. Get the facts about cancer and cancer screening, and put them to work for you.

Get the Facts.

Get the facts about cancer from reliable sources. To get started, check out these Web sites: the Prevent Cancer Foundation at www.preventcancer.org; the National Cancer Institute at www.cancer.gov; the Centers for Disease Control and Prevention at www.cdc.gov; the American Society for Clinical Oncology at www.cancer.net; and the American Cancer Society at www.cancer.org. Get the facts—and then make them part of your daily life.

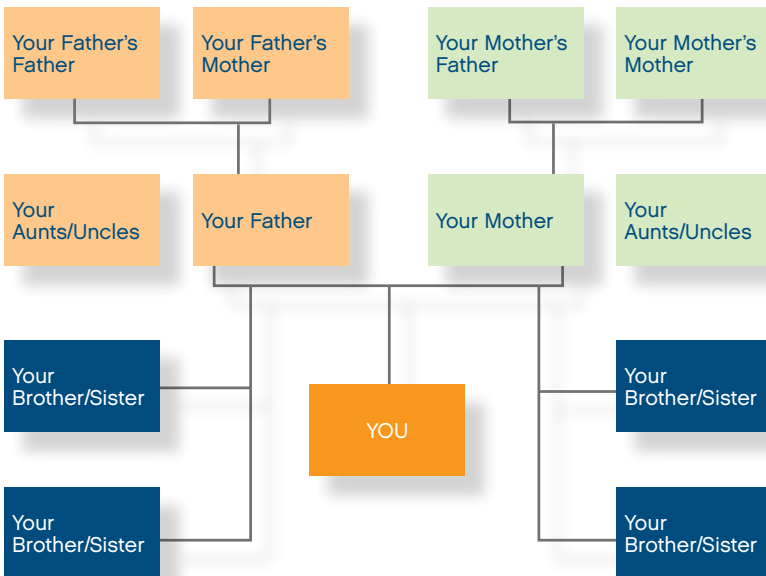
Know Your Family History.

Most people who get a particular kind of cancer do not have a family history. This is one reason why screening everyone is so important. But if you or a family member has had cancer or certain other diseases, you may have increased risk of getting cancer. Prevention and screening may be even more important for you.

To help determine your risk, complete this family medical history chart, and share it with your family and your health care professional. This chart is also available online at www.preventcancer.org under Prevention/Reduce Your Cancer Risk/Healthy Habits.

- ▶ For each blood relative, note in the box any diagnosed cancer or other chronic disease the person had and the age at which each was found.
- ▶ Note any surgeries and the dates of the procedures.
- ▶ If you can, note the date of birth and date and cause of death for each family member who is deceased.

This will help you and your health care professional decide which cancer screenings you may need and when to begin screening.



EAT HEALTHY. STAY ACTIVE. STAY AWAY FROM COMMERCIAL TOBACCO.

Eat a Variety of Healthy Foods, Especially Fruits, Vegetables and Whole Grains.

There is growing evidence linking cancer to the food that people eat. In many cases, however, more research is needed to know if certain foods or supplements lower the risk of certain cancers. Cut down on red meat, and cut out processed meats, like bologna (baloney) and Spam. Choose buffalo, venison, fish and skinless chicken or turkey. Make fruits such as berries, vegetables such as broccoli or cauliflower and whole grains such as whole wheat bread, cereal and pasta part of the food you and your family eat. Make food choices that help you keep your weight at a healthy level.

If You Drink Alcohol, Limit the Amount.

Recent studies have determined that drinking alcohol poses cancer risk (including risk of breast, colorectal, esophageal, liver and oral cancer) but also provides some protection against coronary heart disease. A man should have no more than two drinks a day, and a woman no more than one drink a day.

Stay Active and Maintain a Healthy Weight.

Getting at least 30 minutes of physical activity each day can make a big difference in your general health and well-being.

Inactivity and obesity have been linked to breast and colorectal cancers, and there is also some evidence of a link to cancer of the lung and pancreas.

Add exercise such as dancing or gathering foods and herbs to your family activities to reduce stress, increase energy, control your weight and reduce your risk for cancer. Exercise can also help your digestive system function properly, may boost your immune system and may help you sleep and feel better.

Stay Away From Commercial Tobacco.

Commercial tobacco use can cause great harm to you and your family. It is deadly and causes cancers of the lung, throat, mouth and esophagus, in addition to heart disease, emphysema and many other smoking-related health problems.

More than 85 percent of all lung cancer is related to smoking commercial tobacco. Non-smokers who are exposed to secondhand smoke are at risk for lung cancer and other respiratory conditions.

The term “tobacco” can refer to commercial tobacco as well as to traditional tobacco. Commercial tobacco is a blend of tobacco leaves and many chemical additives. This manufactured tobacco is used in cigarettes, loose tobacco, chew and other products. When these products are smoked and inhaled or held in the mouth, over time they may cause cancer.

Traditional tobacco has ceremonial uses in some American Indian cultures, which may or may not involve the burning of leaves. In addition, many varieties of plants may be used, either in place of or with traditional tobacco. Some uses of traditional tobacco involve exposure to smoke. The occasional ceremonial use of traditional tobacco is not known to pose a cancer risk.

In contrast, the risks from regularly smoking commercial tobacco are well documented. Some AI/AN communities and organizations seek to preserve the sacred use of tobacco and to educate people in Indian Country about the abuse brought by commercial tobacco. Tobacco-related cancer rates have been rising in AI/AN communities since widespread use of commercial tobacco began around the time of World War II.

GET SCREENED!

Follow Cancer-Screening Guidelines.

Talk with your health care professional about cancer screening. Some tests can help detect cancer early when it's easier to treat, and some can also detect precancerous conditions before they become cancer. Discuss which screenings you should have and when to have them. If you are at higher risk for some cancers because of your family history or your lifestyle, you may need to start screening earlier or get screened more often than someone at average risk. **Be sure to talk about your family history and your personal health habits.** Talk about other steps you can also take to protect yourself.

INFORMATION ON EIGHT SPECIFIC CANCERS IS FOUND ON:

- ▶ Page 6 for Breast Cancer.
- ▶ Page 9 for Cervical Cancer.
- ▶ Page 11 for Colorectal Cancer.
- ▶ Page 14 for Lung Cancer.
- ▶ Page 16 for Oral Cancer.
- ▶ Page 18 for Prostate Cancer.
- ▶ Page 21 for Skin Cancer.
- ▶ Page 23 for Testicular Cancer.

BREAST CANCER

This year, an estimated 230,480 women and 2,140 men will be diagnosed with invasive breast cancer. Nearly 40,000 will die of the disease (an additional 57,650 people are estimated to develop non-invasive carcinoma in-situ, which means cancer only in the milk ducts). If found early and treated before it spreads, the five-year survival rate for breast cancer is 98 percent.

Breast cancer is the most common cancer among American Indian and Alaska Native (AI/AN) women, and breast cancer rates among AI/AN women vary greatly by region. Breast cancer in AI/AN women is often diagnosed at later stages, making a cure or long-term survival with good quality of life less likely. Regular screening for breast cancer increases the likelihood of early diagnosis and survival.

AT RISK

- ▶ Women who began their menstrual periods before age 12 or began menopause after age 55
- ▶ Women who have used hormone replacement therapy (HRT) with estrogen and progesterone for a long time
- ▶ Women with abnormal genes, such as BRCA-1 or BRCA-2
- ▶ Women who are overweight or obese
- ▶ Women who are not physically active
- ▶ Women over 40 (Most breast cancer is diagnosed in women over 40.)
- ▶ Women with a family history of ovarian cancer
- ▶ Women who have had radiation therapy to their chests
- ▶ Women and men with a family history of breast cancer (Risk increases if several close relatives have been diagnosed with breast cancer or if a person's older female relative, either on the mother's or father's side, was diagnosed before age 50.)
- ▶ Women and men who have already had cancer in one breast

RISK REDUCTION AND EARLY DETECTION FOR WOMEN

- ▶ If you have babies, breastfeed them.
- ▶ If you drink alcohol, limit your drinking to no more than one drink a day.
- ▶ Exercise daily for 30 to 60 minutes.
- ▶ Maintain a healthy weight.
- ▶ Stay away from commercial tobacco.

- ▶ In your 20s and 30s, have a clinical breast exam (CBE) by a health care professional at least every three years.
- ▶ Beginning at age 40, have an annual CBE.
- ▶ At age 40, begin annual screening mammography.
- ▶ If you have an abnormal gene, talk with your health care professional about beginning annual screening mammograms at a younger age *and* MRI (magnetic resonance imaging).
- ▶ If you have a family history of breast cancer, talk with your health care professional about genetic testing.
- ▶ At menopause, talk with your health care professional about whether you should have hormone replacement therapy.
- ▶ Ask your health care professional about other ways to reduce your risk. For example, health care professionals may recommend tamoxifen and raloxifene for risk reduction in women with five-year Gail model risk of 1.67% or higher.

Breast self-exam is one way that you can get to know what is normal for your breasts. If you notice changes, see your health care professional right away.






SYMPTOMS

Don't wait for symptoms to appear. Get screened according to guidelines. If you do notice any of the following symptoms, talk with your health care professional right away.

- ▶ A lump, hard knot or thickening in the breast
- ▶ A lump under your arm
- ▶ A change in the size or shape of a breast
- ▶ Nipple pain, tenderness or discharge, including bleeding
- ▶ Itchiness, scales, soreness or rash on nipple
- ▶ A nipple turning inward or inverted
- ▶ A change in skin color and texture (dimpling, puckering or redness)
- ▶ A breast that feels warm or swollen

TREATMENT

Treatment depends on the type and stage of the breast cancer.

- ▶ The most common treatment is surgery to remove just the cancer itself (lumpectomy) combined with radiation. In some cases, removal of the breast (mastectomy) is needed.
 - ▶ Chemotherapy, radiation or hormone therapy may be used alone or in combination before or after surgery.
- 

CERVICAL CANCER

This year, an estimated 12,700 women will be diagnosed with cervical cancer and nearly 4,300 will die of the disease. Cervical cancer was once one of the most common causes of cancer death in women in the United States. Today, lives are saved because of regular screening with a Pap test (also called a Pap smear).

Cancer of the cervix (the opening of the womb or uterus) is more common among American Indian and Alaska Native (AI/AN) women than it is among white women. And among AI/AN women, it is often diagnosed at later stages.

AT RISK

- ▶ Women who have the human papillomavirus (HPV), a sexually transmitted virus
- ▶ Women who began having sex at an early age
- ▶ Women who have multiple sex partners
- ▶ Women who don't have regular Pap tests
- ▶ Women who smoke commercial tobacco
- ▶ Women who have used birth control pills for a long time
- ▶ Women with weakened immune systems, such as women who have human immunodeficiency virus (HIV)
- ▶ Women who are overweight or obese
- ▶ Women who have a close relative, such as a sister or mother, who has had cervical cancer
- ▶ Women who were exposed to diethylstilbestrol (DES) before birth



RISK REDUCTION AND EARLY DETECTION

- ▶ Avoid infection with HPV by not having sex, or, if you do have sex, by using a condom the right way every time. (Condoms can't give complete protection against HPV because the virus can infect areas that aren't covered by a condom.) Avoiding HPV is the most important way to reduce cervical cancer.
- ▶ Stay away from smoking commercial tobacco, and don't breathe in second-hand smoke.
- ▶ Begin regular screening for cervical cancer within three years after becoming sexually active, but no later than age 21. You may choose to be screened every year with the standard Pap test, or every two years with the liquid-based Pap test.
- ▶ At age 30, you may decide to be screened every two to three years if you have had three normal Pap tests in a row. (A Pap test is not the only reason to visit your health care professional. A yearly check-up is a good idea to ensure your health.)
- ▶ At age 30, consider adding an HPV test to the Pap test for your regular screening. If a woman has had three normal Pap tests in a row *and* a negative HPV test, she can choose to be screened with both tests every three years. If she was exposed to DES before birth, or if she has a weakened immune system, she should continue to have yearly screening.
- ▶ Talk with your health care professional about the HPV vaccine, which protects against the types of HPV that are most likely to cause cancer. The vaccine is recommended for girls and young women ages 9–26. It's most effective if a person is vaccinated before becoming sexually active.
- ▶ Beginning at age 70, talk to your health care professional about whether you still need a Pap test at your annual exam.

SYMPTOMS

Precancerous conditions in the cervix usually don't cause symptoms and are not detected unless a woman has a pelvic exam and a Pap test. A woman should talk with her health care professional right away if she has any of the following symptoms:

- ▶ Increased or unusual discharge from the vagina
- ▶ Blood spots or light bleeding at times other than a normal period
- ▶ Menstrual bleeding that lasts longer and is heavier than usual
- ▶ Bleeding or pain during or after sex
- ▶ Bleeding after menopause

TREATMENT

Cervical cancer is treated through surgery, radiation and chemotherapy. These therapies may be given alone or in combination with one another. Treatment depends on the stage of the cancer, the type of tumor cells and a woman's medical condition.

COLORECTAL CANCER

Colorectal cancer is cancer of the colon or rectum. It's as common in women as it is in men.

This year, over 141,210 people will be diagnosed with colorectal cancer and an estimated 49,380 will die of the disease. With certain types of screening, this cancer can be prevented by removing polyps (grape-like growths on the wall of the intestine) before they become cancerous, or detected early, when it can be more easily and successfully treated.

The rates of colorectal cancer among American Indian and Alaska Native (AI/AN) people vary greatly from one region to another, with the highest rates in Alaska and the Northern, Central and Southern Plains states. Among AI/AN people, colorectal cancer is often diagnosed at later stages. With recommended screening, this cancer can be prevented (by removing polyps before they become cancerous) or detected early, when it can be more easily and successfully treated.

AT RISK

- ▶ People age 50 and older
- ▶ People who use commercial tobacco
- ▶ People who are overweight or obese, especially those who carry fat around their waists
- ▶ People who aren't physically active
- ▶ People who drink alcohol in excess, especially men
- ▶ People who eat a lot of red meat (such as beef, pork or lamb) or processed meat (such as bologna—"baloney"—or Spam)
- ▶ People with personal or family histories of colorectal cancer or benign (not cancerous) colorectal polyps
- ▶ People with personal histories of inflammatory bowel disease (such as ulcerative colitis or Crohn's disease)
- ▶ People with family histories of inherited colorectal cancer or inherited colorectal problems



RISK REDUCTION AND EARLY DETECTION

- ▶ Be physically active for at least 30 minutes, at least five days a week.
- ▶ Maintain a healthy weight.
- ▶ Stay away from smoking commercial tobacco.
- ▶ If you drink alcohol, have no more than one drink a day if you're a woman or two drinks a day if you're a man.
- ▶ Eat more fruits such as berries, vegetables such as broccoli or cauliflower and whole grains such as whole wheat bread, cereal and pasta.
- ▶ Eat less red meat and cut out processed meat.

If you're at average risk for colorectal cancer, start getting screened at age 50. If you're at higher risk, you may need to start regular screening at an earlier age and be screened more often. If you're older than 75, ask your doctor if you should continue to be screened. The best time to get screened is before you have any symptoms.

Use this information to help you talk about screening options with your health care professional. Consider one of these tests:

Tests that find pre-cancer and cancer:

- ▶ Colonoscopy
- ▶ Virtual colonoscopy
- ▶ Flexible sigmoidoscopy
- ▶ Double-contrast barium enema

Screening intervals:

- ▶ Every 10 years
- ▶ Every 5 years
- ▶ Every 5 years
- ▶ Every 5 years

Tests that mainly find cancer:

- ▶ Stool occult blood test (FOBT) (guaiac) ▶ Every year
- ▶ Stool immunochemical test (FIT) ▶ Every year
- ▶ Stool DNA test (sDNA) ▶ Ask your health care professional because technology is evolving.

An abnormal result of a virtual colonoscopy or a double-contrast barium enema, or a positive FOBT, FIT or sDNA test, should be followed up with a colonoscopy. These guidelines are from the American Cancer Society, the US Multi-Society Task Force on CRC and the American College of Radiology.



SYMPTOMS


Early stages of colorectal cancer don't usually have symptoms. Later on, people may have these symptoms:

- ▶ Bleeding from the rectum or blood in or on the stool
- ▶ Change in bowel habits
- ▶ Stools that are narrower than usual
- ▶ General problems in the abdomen, such as bloating, fullness or cramps
- ▶ Diarrhea, constipation or a feeling in the rectum that the bowel movement isn't quite complete
- ▶ Weight loss for no apparent reason
- ▶ Being tired all the time
- ▶ Vomiting

If you have any of these symptoms, see your health care professional.

TREATMENT

Surgery is the most common treatment. When the cancer has spread, chemotherapy or radiation may be given before or after surgery.



LUNG CANCER

Lung cancer is the leading cause of cancer death for both men and women. This year, an estimated 221,130 people will be diagnosed with lung cancer and nearly 157,000 will die of the disease. Lung cancer accounts for about 14 percent of all new cancer diagnoses and 27 percent of all cancer deaths. Commercial tobacco use is the most important risk factor for lung cancer.

Lung cancer is the second most common cancer in American Indian and Alaska Native (AI/AN) people (after prostate cancer in men and breast cancer in women).

Regional differences in lung cancer rates are large: the rate of lung cancer is seven times higher in the Northern Plains than in the Southwest. These rates reflect the commercial cigarette smoking rates in these areas. In many communities there are additional factors at work which make it more likely that cigarette smoking will result in lung cancer,



such as exposure to cancer-causing substances in the environment. While commercial smoking rates are falling in the general population, smoking rates among people in Indian Country are not going down.

The term “tobacco” can refer to commercial tobacco as well as to traditional tobacco. Commercial tobacco is a blend of tobacco leaves and many chemical additives. This manufactured tobacco is used in cigarettes, loose tobacco, chew and other products. When these products are smoked and inhaled or held in the mouth, over time they may cause cancer.

Traditional tobacco has ceremonial uses, which may or may not involve the burning of leaves. In addition, many varieties of plants may be used, either in place of or with traditional tobacco. Some uses of traditional tobacco involve exposure to smoke. The occasional ceremonial use of traditional tobacco is not known to pose a cancer risk.

In contrast, the risks from regularly smoking commercial tobacco are well documented. Tobacco-related cancer rates have been rising in AI/AN communities since widespread use of commercial tobacco began around the time of World War II.

AT RISK

- ▶ People who smoke commercial tobacco
- ▶ People exposed to second-hand smoke
- ▶ People exposed to indoor and outdoor air pollution
- ▶ People exposed to certain toxic substances, such as arsenic, radon or asbestos
- ▶ People whose jobs expose them to radiation
- ▶ People with personal or family histories of lung cancer

RISK REDUCTION AND EARLY DETECTION

- ▶ Stay away from commercial tobacco in any form.
- ▶ Stay away from second-hand smoke.
- ▶ Make your home and community smoke-free.
- ▶ Check your home for radon. (Qualified contractors can be located through state radon offices, which are listed on the EPA Web site at www.epa.gov/iaq/contacts.html.)
- ▶ Eat lots of fruits and vegetables.

Some research says being physically active may reduce your risk.

Early results of a large study on a new way to screen for lung cancer in smokers and former smokers showed that low-dose helical CT scans (often called spiral CT scans) reduced the rate of death from lung cancer. If you're a smoker or a former smoker, talk with your health care professional to see if screening is a good choice for you.

SYMPTOMS

In the early stages, there may be no symptoms. Later these symptoms may occur:

- ▶ A cough that doesn't go away
- ▶ Coughing up blood
- ▶ Constant chest pain
- ▶ Repeated pneumonia or bronchitis
- ▶ Weight loss and loss of appetite
- ▶ Hoarseness
- ▶ Wheezing or shortness of breath
- ▶ Feeling very tired all the time

Talk with your health care professional if you have any of these symptoms.

TREATMENT

Lung cancer treatment depends on the type of cancer (small cell or non-small cell), the size of the tumor and whether or not it has spread.

- ▶ Surgery is the usual treatment for disease in its early stages when it has not spread outside the lungs. Sometimes in early stages chemotherapy is used in combination with surgery.
- ▶ Radiation and chemotherapy are sometimes used in combination with surgery for later stages of the disease.
- ▶ Some patients with stage-IV lung cancer (disease that has spread to distant organs) may be treated with oral therapies. These are patients with tumors that show certain genetic changes. Patients should have their tumors tested for these genetic changes.

New, less-invasive surgery may help patients recover more quickly with the same results as older, more-invasive surgery.

ORAL CANCER

Oral cancer is cancer of the mouth or throat. This year, an estimated 39,400 people will be diagnosed with oral cancer and nearly 8,000 will die of the disease. Oral cancer is twice as common in men as in women. Not using tobacco *and* not drinking alcohol in excess can prevent most oral cancer. However, one in four people diagnosed with oral cancer has no risk factors. It's important to see your dentist regularly for screenings

Oral cancer is less common in American Indians and Alaska Native (AI/AN) people than in the general population, and it is less common in AI/AN women than in men. However, Alaska Native women are the exception: they have more than twice the risk of oral cancer compared to white women. People who drink alcohol in addition to smoking commercial tobacco or using smokeless (chewing) tobacco increase their risk of oral cancer.

AT RISK

- ▶ People who chew or smoke commercial tobacco
- ▶ People who drink alcohol in excess
- ▶ People who both drink a lot of alcohol and use tobacco
- ▶ People who are exposed to sunlight for long periods of time
- ▶ People with a certain type of human papillomavirus (HPV)
- ▶ People whose immune systems are suppressed by certain medications
- ▶ People with a skin disease called lichen planus, graft-versus-host disease (GVHD), or certain inherited conditions of the blood





RISK REDUCTION AND EARLY DETECTION

- ▶ Stay away from commercial tobacco in any form.
- ▶ If you drink alcohol, limit your drinking to no more than one drink a day if you're a woman or two drinks a day if you're a man. Do not use alcohol and tobacco together.
- ▶ Stay out of the sun, especially between 10 am and 4 pm when sunlight is strongest.
- ▶ Always use lip balm with SPF 30 or higher.
- ▶ Eat lots of fruits and vegetables.
- ▶ Have an oral cancer screening by your dentist at your regular check-up.
- ▶ Look at your mouth in a mirror once a month. If you see something different, tell your dentist.


SYMPTOMS

- ▶ White or red patches on lips, gum, tongue or mouth lining
- ▶ A lump which can be felt inside the mouth or on the neck
- ▶ Pain or difficulty chewing, swallowing or speaking
- ▶ Hoarseness lasting a long time
- ▶ Numbness or pain in any area of the mouth that doesn't go away
- ▶ Swelling of the jaw
- ▶ Loosening of teeth
- ▶ Difficulty wearing dentures
- ▶ Bleeding in the mouth
- ▶ A sore that doesn't go away on the lips or in the mouth
- ▶ An earache that doesn't go away

If you have any of these symptoms, see your dentist right away.

TREATMENT

Surgery, radiation, chemotherapy and newer targeted therapies may be used alone or in combination.



PROSTATE CANCER

This year, an estimated 240,890 men will be diagnosed with prostate cancer, and an estimated 33,720 will die from the disease. Most prostate cancer is diagnosed in men older than 65.

Prostate cancer is the most common cancer in Alaska Native and American Indian (AI/AN) men, and it is the second leading cause of cancer death for them after lung cancer. The rate of prostate cancer is lower among AI/AN men taken as a group than among white men. However, in some regions, such as the Northern and Southern Plains, AI/AN men have higher than average rates of prostate cancer.

AT RISK

- ▶ All men over age 50
- ▶ Men with a family history of prostate cancer
- ▶ If a man has African-American ancestry, he may be at increased risk: African American men are more likely to develop prostate cancer than men of other races and ethnicities.



RISK REDUCTION AND EARLY DETECTION

You might lower your risk of prostate cancer by maintaining a healthy weight, exercising and staying away from commercial tobacco. More research is needed to determine whether certain foods or supplements lower the risk of prostate cancer.

- ▶ At 50, start talking with your health care professional about the pros and cons of getting tested—or not getting tested.

There is no question that in some cases early detection of prostate cancer followed by prompt treatment saves lives.

It is also clear that some men are treated for cancers that will never cause them harm, and they must live with any side effects or complications of this treatment.

Currently available tests are useful but are not 100 percent accurate. Sometimes a test indicates cancer where none exists, and sometimes it does not indicate cancer where it does exist.

A PSA (Prostate-Specific Antigen) blood test may be done every one or two years, depending on the results. Over time, if a PSA level goes up, the chances of having prostate cancer also go up. Another test, the DRE (Digital Rectal Exam), is optional. Researchers are working to improve screening methods and to determine which cancers are likely to be life-threatening.

- ▶ If you are a man with African American ancestry, or if you have a close relative (father or brother) who had prostate cancer before age 65, start talking to your doctor about prostate cancer when you are 45. If more than one of your close male relatives had prostate cancer before 65, start that talk when you turn 40.

The American Cancer Society (ACS) has a guide to help you decide about whether to get screened for prostate cancer. This guide can be viewed or downloaded at <http://www.cancer.org/acs/groups/content/@nho/documents/document/acspc-024618.pdf>.

SYMPTOMS

In the early stages, there are usually no symptoms. Some men experience symptoms that include:

- ▶ Urinary problems (not being able to urinate, having trouble starting or stopping urine flow, having a weak or interrupted urine flow, feeling pain or a burning sensation while urinating)
- ▶ Blood in the urine
- ▶ Painful or difficult erection
- ▶ Pain in lower back, pelvis or upper thighs

Urinary symptoms may also be caused by other health problems including BPH (benign prostatic hyperplasia—enlargement of the prostate).




TREATMENT

Current treatment options vary, depending on the stage of the cancer and other medical conditions of the individual.

- ▶ Treatments include surgery, radiation or hormone therapy. Sometimes treatments are combined.
- ▶ Some prostate cancers grow very slowly and do not require immediate treatment. In these cases, men and their doctors may decide on “active surveillance” with regular follow-ups, usually every three to six months. This option should be open to reassessment, as a man’s condition or concerns may change.

Researchers are working to improve current treatment methods and develop new ones.



SKIN CANCER

Skin cancer is the most common cancer diagnosis, and it's the most preventable cancer. Most skin cancer is caused by damage from the sun's UV rays (ultraviolet radiation). This year, an estimated 70,230 people will be diagnosed with melanoma—the most dangerous type of skin cancer—and an estimated 8,790 will die of the disease. Every year, as many as two million people are diagnosed with non-melanoma skin cancer—either basal cell or squamous cell carcinoma.

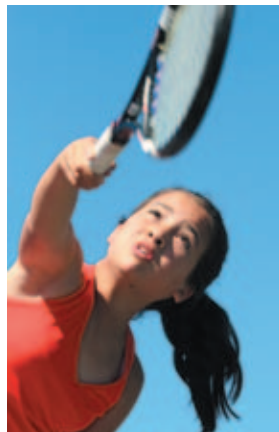
Some research on the benefits of vitamin D (made by the skin from sunlight) indicates that just a brief exposure of your face, arms and hands to the sun is sufficient—about 15 minutes a day, three days per week. Talk with your health care professional about Vitamin D and your health.

Anyone of any skin color may develop skin cancer, and everybody can take steps to prevent it. Melanoma is much less likely to occur among American Indian and Alaska Native (AI/AN) people compared to white people.

AT RISK

- ▶ People who spend time in the sun, or use sun lamps or tanning booths
- ▶ People who smoke commercial tobacco
- ▶ People who have blond, red or light brown hair, and blue, gray or green eyes
- ▶ People with fair skin or freckles, or skin that burns easily
- ▶ People with personal or family histories of skin cancer
- ▶ People with certain types of genetic problems that affect the skin
- ▶ People who have been treated with radiation
- ▶ People with weakened immune systems
- ▶ People who have several moles on their bodies, especially if they have had some moles since they were born
- ▶ People who have odd moles or one or more large colored spots on their skin
- ▶ People who have had contact with certain chemicals, such as arsenic in drinking water
- ▶ People whose skin is damaged from injury or from long-term inflammation
- ▶ People with HPV (human papillomavirus)

Men are more likely than women to get non-melanoma skin cancer. People who are white are more likely to develop melanoma than are African Americans. The risk for skin cancer increases as people get older.



RISK REDUCTION AND EARLY DETECTION

- ▶ Avoid the sun, especially between 10 am and 4 pm, and don't use sun lamps or tanning beds.
- ▶ Always use sunscreen and lip balm with UVB and UVA protection with SPF 30 or more, even on cloudy days.
- ▶ Apply an ounce of sunscreen—a palm full—20 minutes before going outside and reapply every two hours if in continuous sunlight.
- ▶ Wear sunglasses that have been treated to absorb UV radiation, a wide-brim hat, and clothing made of tightly woven material with long sleeves.
- ▶ Protect children from the sun. Childhood sunburns may increase the risk of melanoma later in life.
- ▶ Look at your skin once a month. Tell your health care professional about any changes.
- ▶ Have your health care professional examine your skin once a year after age 50.

SYMPTOMS

- ▶ A sore that doesn't heal
- ▶ A mole or other growth you haven't noticed before
- ▶ Change in the border of a spot, spread of color, redness or swelling around the area
- ▶ A small, smooth, shiny, pale or waxy lump that may bleed
- ▶ Large areas with oozing or crust
- ▶ A flat red spot or a lump that is scaly or crusty
- ▶ Itchiness, tenderness or pain from a mole or elsewhere on your skin
- ▶ A brown or black colored spot with uneven edges

When looking at moles, remember the ABCDE rule: Asymmetry, Border irregularity, Color that is not uniform, Diameter greater than 6 mm (about the size of a pencil eraser) and Evolving size, shape or color.

If you notice any of these, see your health care professional.

TREATMENT

Most skin cancers found early can be treated successfully. Treatment depends on the type of skin cancer and the stage of the disease.

COMMON TREATMENTS:

- ▶ Surgery
- ▶ Radiation
- ▶ Various chemotherapies
- ▶ Biological drug treatments

OTHER POSSIBLE TREATMENTS:

- ▶ Immunotherapy (for melanoma skin cancer)
- ▶ Photodynamic therapy (for non-melanoma skin cancer)

TESTICULAR CANCER

This year, an estimated 8,290 men will be diagnosed with testicular cancer, and an estimated 350 will die of the disease. It is the most common cancer in men age 15 to 35. When found early and treated appropriately, testicular cancer is usually curable.

Testicular cancer occurs about half as often in young American Indian and Alaska Native (AI/AN) men as in young white men. If you are a young man, learn the symptoms of testicular cancer and know how to check yourself. If a symptom occurs, see your health care professional promptly.

AT RISK

- ▶ Men with personal history of undescended testicle at birth, or other abnormal development of the testes
- ▶ Men who are infected with HIV (human immunodeficiency virus)
- ▶ Men with a genetic problem caused by having an extra X chromosome
- ▶ Men with personal or family histories of testicular cancer

Men who are white are more likely to develop testicular cancer than men of other races.

RISK REDUCTION AND EARLY DETECTION

- ▶ Ask your health care professional to examine your testicles as part of a routine physical exam.
- ▶ Talk with your health care professional about testicular self-exam. It is one way to get to know what is normal for you. If you notice a change, talk with your health care professional right away.
- ▶ If you have a son who was born with an undescended testicle, talk with his health care professional about correcting it before he reaches puberty.

SYMPTOMS

Talk with your health care professional right away if you have any of these symptoms:

- ▶ A painless lump, enlargement or swelling in either testicle
- ▶ A change in how the testicle feels
- ▶ Dull aching in the lower abdomen, back or groin
- ▶ Pain or discomfort in a testicle or in the scrotum
- ▶ Sudden collection of fluid in the scrotum
- ▶ Feeling of heaviness in the scrotum

TREATMENT

Treatment depends on the stage and type of the cancer, and the size of the tumor. It also depends on whether the cancer has spread beyond the testicle. Treatment can include surgery, radiation and chemotherapy, alone or in combination.

This guide uses information from the following sources:

Cancer in the American Indian and Alaska Native Populations in the United States: A Supplement to Cancer, Vol. 113, Issue S5, 2008.

BREAST CANCER

American Cancer Society. *Breast Cancer Detailed Guide*. <http://www.cancer.org/Cancer/BreastCancer/DetailedGuide/index>. Accessed December 3, 2010.

American Cancer Society. *Breast Cancer Facts & Figures 2009-2010*. Accessed December 10, 2010.

American Cancer Society. *Cancer Facts & Figures, 2011*. Accessed June 24, 2011.

American Institute of Cancer Research (AICR) and World Cancer Research Fund (WCRF) Expert Report. *Food, Nutrition, Physical Activity and the Prevention of Cancer: a Global Perspective*. <http://www.dietandcancerreport.org/>. Accessed November 12, 2010.

National Cancer Institute, National Institutes of Health. *Breast Cancer PDQ®*. Accessed December 3, 2010.

National Cancer Institute, National Institutes of Health. "Physical Activity and Cancer Fact Sheet." <http://www.cancer.gov/cancertopics/factsheet/prevention/physicalactivity>. Accessed December 9, 2010.

CERVICAL CANCER

American Cancer Society. *Cancer Facts & Figures, 2011*. Accessed June 24, 2011.

American Cancer Society. *Cervical Cancer Overview*. <http://cancer.org/Cancer/CervicalCancer/OverviewGuide/>. Accessed November 1, 2010.

Centers for Disease Control and Prevention. *Condoms Fact Sheet in Brief*. <http://www.cdc.gov/condomeffectiveness/brief.html#Consistent>

National Cancer Institute, National Institutes of Health. *Cervical Cancer PDQ®*. <http://www.cancer.gov/cancertopics/types/cervical/>;

<http://www.cancer.gov/cancertopics/pdq/prevention/cervical/healthprofessional>. Accessed December 10, 2010.

COLORECTAL CANCER

American Cancer Society. *Cancer Facts & Figures, 2011*. Accessed June 24, 2011.

American Cancer Society. *Detailed Guide to Colorectal Cancer*. <http://www.cancer.org/Cancer/ColonandRectumCancer/DetailedGuide/index>. Accessed December 3, 2010.

American College of Gastroenterology. "Facts about Colorectal Cancer Screening." <http://www.acg.gi.org/patients/crcfactsheet.asp>. Accessed December 16, 2010.

American Institute of Cancer Research (AICR) and World Cancer Research Fund (WCRF) Expert Report. *Food, Nutrition, Physical Activity and the Prevention of Cancer: a Global Perspective*. <http://www.dietandcancerreport.org/>. Accessed November 12, 2010.

"Association of Adherence to Lifestyle Recommendations and Risk of Colorectal Cancer: A Prospective Danish Cohort Study." *British Medical Journal*. October 26, 2010. Accessed December 23, 2010.

National Cancer Institute, National Institutes of Health. *Cancer Trends Progress Report—2009/2010 Update*. Accessed November 12, 2010.

National Cancer Institute, National Institutes for Health. *Colorectal Cancer PDQ®*. <http://www.cancer.gov/cancertopics/pdq/prevention/colorectal/healthprofessional>. Accessed December 3, 2010.

National Cancer Institute, National Institutes of Health. "Physical Activity and Cancer Fact Sheet." <http://www.cancer.gov/cancertopics/factsheet/prevention/physicalactivity>. Accessed December 9, 2010.

LUNG CANCER

American Cancer Society. *Cancer Facts & Figures, 2011*. Accessed June 24, 2011.

American Cancer Society. *Detailed Guide to Non Small Cell Lung Cancer*. [http://www.cancer.org/Cancer/LungCancer-Non-SmallCell/DetailedGuide/index;DetailedGuide to Small Cell](http://www.cancer.org/Cancer/LungCancer-Non-SmallCell/DetailedGuide/index;DetailedGuide%20to%20Small%20Cell).

Lung Cancer. <http://www.cancer.org/Cancer/LungCancer-SmallCell/DetailedGuide/index>. Accessed January 13, 2011.

National Cancer Institute, National Institutes of Health. *What You Need to Know about Lung Cancer*. <http://www.cancer.gov/cancertopics/wyntk/lung/>. Accessed January 13, 2011.

National Cancer Institute, National Institutes of Health. *National Lung Screening Trial*. <http://www.cancer.gov/clinicaltrials/noteworthy-trials/nlst>. Accessed January 13, 2011.

ORAL CANCER

American Cancer Society. *Cancer Facts & Figures*, 2011. Accessed June 24, 2011.

American Cancer Society. *Detailed Guide to Oral and Oropharyngeal Cancer*. <http://www.cancer.org/Cancer/OralCavityandOropharyngealCancer/DetailedGuide/index>. Accessed January 20, 2011.

American Institute of Cancer Research (AICR) and World Cancer Research Fund (WCRF) Expert Report. *Food, Nutrition, Physical Activity and the Prevention of Cancer: a Global Perspective*. <http://www.dietandcancerreport.org/>. Accessed November 12, 2010.

National Cancer Institute, National Institutes of Health. *What You Need to Know About Oral Cancer*. <http://www.cancer.gov/cancertopics/wyntk/oral>. Accessed January 20, 2011.

PROSTATE CANCER

American Cancer Society. *Cancer Facts & Figures*, 2011. Accessed June 24, 2011.

"American Cancer Society Guideline for the Early Detection of Prostate Cancer: Update 2010." *CA: A Journal for Clinicians*, 2010.

American Cancer Society. Web site www.cancer.org. Accessed July 9, 2010.

Agency for Healthcare Research and Quality. Web site www.ahrq.gov. Accessed July 9, 2010.

"Mortality Results from a Randomized Prostate-Cancer Screening Trial." *The New England Journal of Medicine*, 2009.

National Cancer Institute, National Institutes of Health. Web site www.cancer.gov. Accessed July 9, 2010.

"Screening and Prostate-Cancer Mortality in a Randomized European Study." *The New England Journal of Medicine*, 2010.

SKIN CANCER

American Cancer Society. *Cancer Facts & Figures*, 2011. Accessed June 24, 2011.

American Cancer Society. *Detailed Guide to Skin Cancer: Basal and Squamous Cell*. www.cancer.org/Cancer/SkinCancer-BasalandSquamousCell/DetailedGuide/index. Accessed December 2010.

American Cancer Society. *Detailed Guide to Skin Cancer: Melanoma*. www.cancer.org/cancer/skincancer-melanoma/index. Accessed December 2010.

Centers for Disease Control and Prevention. *Skin Cancer Basic Information*. <http://www.cdc.gov/cancer/skin/>. Accessed December 2010.

"Incidence Estimate of Nonmelanoma Skin Cancer in the United States, 2006." *Archives of Dermatology* 146(3), 283-287, 2010.

Institute of Medicine Report. "Dietary Reference Intakes for Calcium and Vitamin D." November 30, 2010. www.iom.edu/Reports/2010/Dietary-Reference-Intakes-for-Calcium-and-Vitamin-D/Press-Release.aspx. Accessed November 2010.

National Cancer Institute, National Institutes of Health. *What You Need to Know About Skin Cancer*. www.cancer.gov/cancertopics/wyntk/skin. Accessed December 2010.

National Cancer Institute, National Institutes of Health. *What You Need to Know About Melanoma*. www.cancer.gov/cancertopics/wyntk/melanoma. Accessed December 2010.

TESTICULAR CANCER

American Cancer Society. *Cancer Facts & Figures*, 2011. Accessed June 24, 2011.

American Cancer Society. *Detailed Guide to Testicular Cancer*. www.cancer.org/Cancer/TesticularCancer/DetailedGuide/index. Accessed December 2010.

National Cancer Institute, National Institutes of Health. *Testicular Cancer Fact Sheet*. <http://www.cancer.gov/cancertopics/factsheet/sites-types/testicular>. Accessed December 2010.

The Prevent Cancer Foundation's mission is cancer prevention and early detection through research, education and community outreach to all populations, including children and the underserved. The Foundation is dedicated to working in collaboration with American Indian and Alaska Native communities to promote cancer prevention and early detection for the best possible outcomes.

The Foundation focuses its energies and resources on those cancers—including breast, cervical, colorectal, lung, oral, prostate, skin and testicular—that can be prevented through lifestyle changes or screening as well as those that can be detected early and successfully treated.

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