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MEDICAL GUIDE

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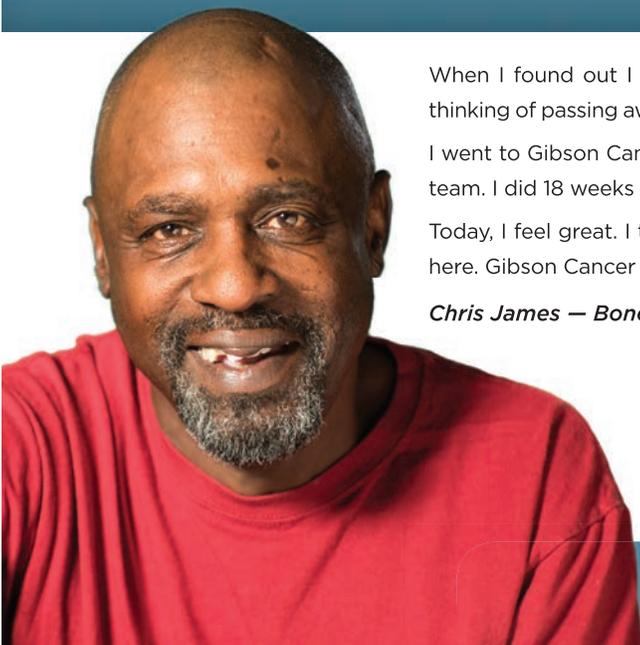
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Chris James — Bone Cancer Survivor



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What exactly is cancer?

Cancer can affect anyone. Sometimes it strikes with no warning, while other times people may have a genetic predisposition. Various medical organizations say there are between 100 and 200 different types of cancer. Everyone has heard of cancer, but some are still unsure of what cancer is.

Defining cancer

The organization Cancer Research UK defines cancer as abnormal cell growth. Cancer cells are cells that divide in an uncontrolled way. New human cells normally grow and divide to form new cells as the body requires them. As healthy cells grow old or become damaged, they die off and new cells take their place. However, when cancer develops, this process goes haywire. Damaged cells become even more abnormal and can survive when they would normally die. These cells keep multiplying and eventually can form lumps or masses of tissue called tumors. This is the case in most cancers, with the exception of leukemia, wherein cancer prohibits normal blood function due to abnormal cell division in the bloodstream.

Not all lumps in the body are tumors. Lumps that remain in place and do not spread to other areas of the body can be harmless or benign. According to the American Cancer Society, cancerous tumors are malignant, which means they can spread into, or invade, nearby tissues. Cancer stages actually are determined based by how far cancerous cells have spread beyond their point of origin.

Cancer stages

Cancer is staged according to particular criteria based on each individual type of cancer. Generally speaking, lower stages of cancer, such as stage 1 or 2, refer to cancers that have not spread very far. Higher stages of cancer, such as 3, mean cancer has branched out more. Stage 4 refers to



cancer that has spread considerably.

Common forms of cancer

Cancer can occur just about anywhere in the body. Cancers of the breast, lung, colon, and prostate cancers affect males and females in high numbers.

Classifying cancer involves understanding where the cancer originated. Cancer Treatment Centers of America offers these classifications:

- Carcinomas begin in the skin or tissues that line the internal organs.
- Sarcomas develop in the bone, cartilage, fat, muscle or other connective tissues.
- Leukemia begins in the blood and bone marrow.
- Lymphomas start in the immune system.
- Central nervous system cancers develop in the brain and spinal cord.

Cancer is treated in various ways and depends on the cancer's stage, type and effects on the body. A person's age as well as his or her current health status also may play a role in treatment decisions made by both the patient and his or her medical team. Surgery may be

conducted to remove a tumor, while chemotherapy employs chemicals to kill cancerous cells. Radiation therapy, which uses X-rays to direct radiation toward cancerous cells, is another potential cancer treatment. The side effects of each treatment vary, and there are ways to mitigate these effects.

Why does cancer occur?

Cancer develops for various reasons — some of which may not be fully understood. The National Cancer Institute states genetic changes that cause cancer can be inherited from a person's parents. Cancers can also arise during a person's lifetime as a result of errors that occur as cells divide or because of damage to DNA that results from certain environmental exposures. Cancer-causing substances include the chemicals in tobacco smoke. Ultraviolet rays from the sun also have been linked to cancer.

Learning more about cancer can help people reduce their risk for developing this potentially deadly disease. Individuals should always speak with their physicians if they have specific questions about cancer.



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Fatigue is one of the most common side effects of cancer treatment. But cancer patients should know that fatigue is treatable.



Coping with cancer treatments

Affecting people all around the world, cancer does not discriminate based on gender, age or ethnicity. A cancer diagnosis and subsequent treatments can be overwhelming. Medical teams work together with patients and families to choose the best treatment plans. But while treatments are often highly effective, coping with both the emotional and physical side effects of cancer treatments is a big part of winning the fight against this disease.

The National Cancer Institute says cancer treatments cause side effects because treatments not only affect cancerous cells, but also healthy tissues or organs. Side effects vary from person to person, even among those who get the same treatment. Side effects are particularly common among recipients of chemotherapy. According to The Mesothelioma Center, fatigue is the most frequently reported side effect of chemotherapy,

affecting up to 96 percent of cancer patients. Nausea and vomiting also occur in 70 to 80 percent of chemo patients.

Cancer patients dealing with side effects like nausea, vomiting and fatigue can focus their efforts on feeling the best they can despite these effects. Nausea can occur during both radiation and chemo treatments. Patients undergoing treatments for cancers of the brain may also experience nausea, says the American Cancer Society. Patients can discuss alternative treatment plans with their physicians if nausea becomes overwhelming. Furthermore, there are medications designed to staunch the feelings of nausea that may help alleviate vomiting spells. Patients should always speak with their cancer care teams about how nausea or vomiting is affecting them, especially if it's impacting how much nutrition they

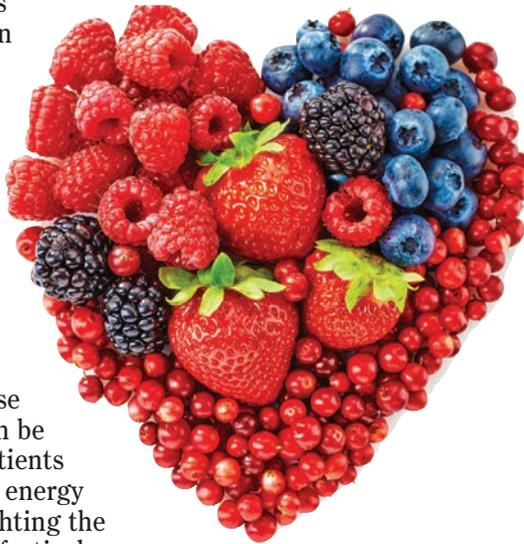
are able to receive.

Fatigue is another common concern. MD Anderson Cancer Center says that fatigue is treatable, but many patients fail to discuss fatigue with their doctors. Cancer-related fatigue can have a trickle-down effect that leads to sleeping disorders; emotional distress, including depression; and added stress. A healthy lifestyle can help fight fatigue, and such a lifestyle includes healthy eating and exercise. Exercising while undergoing cancer treatments can be challenging, but even a 20-minute walk during the day can help reduce stress and increase energy. People experiencing fatigue should resist the urge to nap too frequently. One 30-minute nap may be all you need to recharge. In addition, maintain a fatigue journal, which can help doctors identify potential fatigue triggers.

Emotional effects of cancer

treatment can be overwhelming, and some patients may not be eager to share such side effects with their physicians. But seeking help for depression, anxiety, fears, and any of the other myriad feelings that cancer and its treatments can produce can make a world of difference. Trained therapists who specialize in helping cancer patients routinely work with individuals to assist them in coping. When emotional health is in check, it's much easier to focus on physical health.

Cancer treatments may come with side effects. But these effects can often be mitigated so patients can direct their energy and focus to fighting the disease more effectively.



Did you know?

While cancer remains the second-leading cause of death in the United States, with only heart disease claiming more lives, there is a silver lining to the cancer cloud. Statistics released by the American Cancer Society show that more people than ever are surviving cancer. The cancer death rate in the United States has dropped by nearly 25 percent since its peak in 1991. Many factors no doubt contribute to the decline in cancer-related deaths, but the decline in smokers may be near the top of that list. In addition, advances in cancer research and treatments and highly effective campaigns educating men, women and children about the dangers of cancer are also contributing to the decline in cancer-related deaths.



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How leukemia differs from other cancers

If asked to envision cancer, many people may automatically imagine tumors forming throughout the body through the uncontrolled growth of unhealthy cells. While that is a relatively accurate depiction of many types of cancers, leukemia does not fit that bill.

Unlike other “solid” cancers that originate in one part of the body, leukemia is often a cancer of the white blood cells that develop in the marrow of bones (although leukemia can form in any of the early blood-forming cells). According to the Leukemia and Lymphoma Society, leukemia can claim a life every 10 minutes.

Leukemia causes bone marrow to produce too many white blood cells, which do not die off naturally in the way that normal aging blood cells do. Ultimately, these extra cells end up dividing infinitely and taking over healthy red blood cells. This, in turn, can cause depletion of oxygen

Leukemia is a blood cancer, mostly affecting immature white blood cells deep within bone marrow.

and nutrients in the blood stream, since healthy red blood cells are responsible for these processes. The American Cancer Society says that over time, these cells spill into the bloodstream and spread to other organs, where they can keep other cells from functioning normally.

While lumps or tumors are typically hallmarks of other cancers, leukemia symptoms may not be as apparent. Persistent fatigue, infections, weakness, bone pain, or easy bleeding and bruising are some potential indicators that leukemia is present. It's easy to overlook early symptoms because they can mimic the flu or other illnesses. Doctors



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typically have to screen specifically for leukemia to detect its presence.

Leukemia treatments may also differ from other cancer treatments. Surgical removal of tumors, radiation therapy and chemotherapy are some of the more widely used cancer treatments. But leukemia treatments may vary. The Mayo Clinic says an oncologist will work with the patient to develop the right strategy based on the patient's age and overall health. Radiation therapy and chemotherapy medications may be used to kill leukemia cells or stop their growth, but other therapies, including biological therapy, also may be discussed and ultimately employed. Biological therapy works by using treatments that help your immune system recognize and attack leukemia cells.

Leukemia treatments may also involve stem cell transplants, which are similar to bone marrow transplants. During this treatment, healthy stem cells will be used to help rebuild diseased bone marrow, which will have been weakened by high doses of radiation and chemotherapy. Stem cells may



come from a donor or may actually come from the patient.

Leukemia is a type of cancer that can differ in its symptoms, characteristics and treatment methods from other

types of cancers. Learning more about the condition helps people recognize leukemia's signs and get the testing and treatment necessary to defeat the disease.

Asking the Right Questions for Your Doctor

When you're living with a serious or advanced illness, conversations about your illness can be overwhelming. There are many questions you may want to ask, but you might not be sure what to say. We can help you **Begin the Conversation** with your doctors and loved ones. Answers to these questions may help you set healthcare goals, while guiding decisions about your plan of care, now and in the future.

Examples of questions for your doctor

- How will living with my illness affect or change my life?
- What treatment options are available?
- How long will I need to undergo treatment?
- What will my quality of life be like during treatment?
- Will my quality of life improve because of treatment?
- What possible side effects could I experience with treatment?
- Will treatment extend my life?
- Will it give me more quality time with my loved ones?
- What are the risks of treatment?
- Could hospice or palliative care help me?
- Will I have to go to the hospital or will I be able to stay at home?



If you have a serious or advanced illness, you may qualify for palliative care or hospice. Call us for more information.

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Sunburn and skin cancer

Sunburn can be a painful, unsightly consequence of too much unprotected time spent in the sun. But sunburn is more than just a temporary nuisance. According to the Skin Cancer Foundation, sunburn can cause long-lasting damage to the skin and increase a person's risk of developing skin cancer.

Sunburn tends to be so common, particularly during the warmer months of the year, that many people may consider it a relatively harmless byproduct of spending time outside under the sun. But the United Kingdom-based charitable organization Cancer Research UK notes that getting painful sunburn just once every two years can triple a person's risk of developing melanoma, the most dangerous form of skin cancer. A better understanding of sunburn and its relationship with skin cancer may encourage more people to prioritize protecting their skin when spending time in the sun.



What is sunburn?

Sunburn occurs when the DNA in skin cells has been damaged by UV radiation. Many people associate sunburn with skin that peels or blisters, but any

skin that turns pink or red in the sun has been sunburnt.

Am I always vulnerable to sunburn?

Though many people may only get

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Applying sufficient amounts of sunscreen with a minimum sun protection factor of 30 can help adults and children reduce their risk for skin cancer.

sunburns on hot days, that's not because the skin is not susceptible to sunburn year-round. In fact, sunburn can occur any time of year because it's caused by ultraviolet radiation, which has nothing to do with the temperature. Many people only spend time outdoors on hot days; hence, the reason they may only suffer sunburn in late spring and summer. Since sunburn can occur at any time of year, it's imperative that skin is covered up and sunscreen is applied regardless of what time of year a person is enjoying the great outdoors.

Am I out of the woods once my skin peels?

People who have experienced sunburn may have noticed their skin peeling in the days after they were burned, though not every sunburn victim's skin

peels. Peeling is how the body rids itself of the damaged cells that can lead to cancer. But just because a sunburn victim's skin peels post-sunburn does not mean that person has necessarily dodged the skin cancer bullet. Some damage may remain after skin peels, and that remaining damage can still make sunburn sufferers vulnerable to skin cancer.

I've been sunburned. Now what?

A sunburn, even a particularly bad sunburn, does not guarantee a person will develop skin cancer. But frequent

sunburns increase a person's risk of the disease, so people who have been sunburned, whether it's just once or several times, should revisit what they're doing to protect their skin before going back out in the sun. Wearing protective clothing, including long sleeve shirts and protective hats, and applying strong sunscreen with a minimum sun protection factor, or SPF, of 30 are just a couple of ways to protect skin from sun damage.

More information about sunburn and skin cancer prevention is available at www.skincancer.org.

Did you know?

Despite the ongoing efforts to study cancer and cancer treatments, in many ways the disease remains a mystery to researchers and medical professionals alike. According to data published by the research-based healthcare company Roche, for reasons that are not entirely understood, breast cancer is more common in the left breast than the right. The left breast is 5 to 10 percent more likely to develop cancer than the right breast. The left side of the body is also 10 percent more vulnerable to the skin cancer melanoma than the right side of the body.

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Cancer treatments like chemotherapy and radiation therapy can take a toll on patients' bodies. Though the side effects vary depending on the type of cancer and the treatment being administered, cancer patients may experience both short- and long-term consequences related to their treatments, leaving many with some work to do once their treatments have proven successful.

Fatigue, bruising and bleeding and skin irritation are some of the more common short-term side effects associated with cancer treatments. But

cancer patients may also experience long-term side effects. For example, Susan G. Komen®, a tax-exempt organization that aims to address breast cancer through various initiatives, notes that early menopause is a potential long-term consequence of breast cancer treatments.

Helping their bodies recover after cancer treatment is a primary goal for many cancer survivors. While cancer survivors should work with their physicians to devise a post-treatment recovery plan, the following are some helpful tips for survivors to keep in



mind as they get back in the swing of things.

- Recognize the importance of exercise. Cancer survivors who did not exercise much prior to their diagnosis should recognize the important role that

exercise can play in their lives going forward. According to the Mayo Clinic, cancer survivors who exercise may benefit from improved mood and sleep, and many report feeling less anxiety than they did during or



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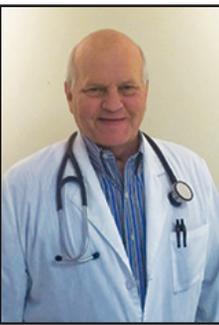



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prior to treatment. And the American Cancer Society notes that some evidence suggests that maintaining a healthy weight, eating right and being physically active may reduce the risk of cancer recurrence and other serious, chronic diseases.

- Take it slow. Cancer survivors should approach their post-treatment recovery slowly at first as they reacclimate their bodies to regular exercise. According to the ACS, cancer survivors should aim for at least 30 minutes of exercise five or more days per week. As the body grows more accustomed to exercise, survivors can increase the intensity and duration of that exercise. But some low-intensity yet routine exercise once treatment has ended is a



great first step on the path to recovery.

- Don't downplay feelings of fatigue. While fatigue is generally a short-term side effect of cancer treatment, survivors should not downplay any feelings of fatigue

that linger even after treatment has run its course.

On days when cancer survivors lack the energy for vigorous physical activity, a walk around the block or something similar can take the place of more strenuous

activities. Report prolonged feelings of post-treatment fatigue to your physician.

- Focus on nutrition. The ACS notes that a healthy diet can help cancer survivors regain their strength and rebuild tissue. The ACS recommends that cancer survivors try to eat at least 2 1/2 cups of fruits and vegetables each day and include plenty of high-fiber foods in their diets. In addition, the ACS suggests limiting red meat intake to no more than three to four servings per week.

Bouncing back from successful cancer treatments may take survivors some time, but staying committed to exercise and a healthy diet can help survivors regain their strength and potentially reduce their risk of recurrence.

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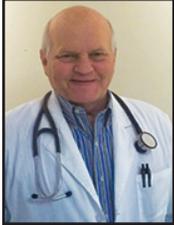
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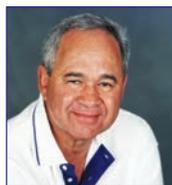
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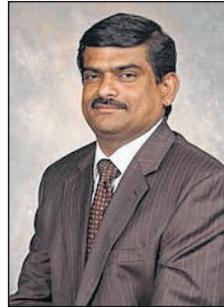
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Learn the facts about lung cancer

One of the more prolific and leading causes of cancer-related deaths among both men and women, lung cancer continues to affect the lives of millions of people each year. The American Lung Association says lung cancer is the most common cancer across the globe, accounting for roughly 1.8 million new cases each year. Although more men than women are diagnosed with lung cancer each year, more women live with the disease. The rates of lung cancer diagnoses in women have risen 98 percent over the past 37 years.

Despite the prevalence of lung cancer, some people remain in the dark about the particulars of this potentially deadly disease. Misinformation may also lead some to believe they are safer than they truly are. The following are some lung cancer statistics that may help men and women gain a better understanding of this deadly yet often preventable disease.

- Lung cancer claims more lives than breast, prostate and colon cancer combined, says the American Cancer Society.
- Survival rates among other cancers are higher than those of lung cancer. The five-year-survival rate of lung cancer is only 16.8 percent, compared to 89.2 percent for breast cancer.
- The National Cancer Institute says black men and women are more likely to develop and die from lung cancer



Lung cancer goes beyond the obvious connection to smoking, as the disease can even affect people who don't smoke.

than any other racial or ethnic group. The lung cancer incidence rate for black women is roughly equal to that of white women, despite the fact that black women smoke fewer cigarettes.

- Lung cancer is not exclusive to smokers. The ACS says almost 80 percent of new lung cancer cases occur in former smokers or people who have never smoked. Current smokers account for 20 percent of lung cancer cases.
- According to the Mary Horrigan Connors Center for Women's Health and Gender Biology of Brigham and Women's Hospital, and Harvard Medical School, lung cancer is among the least funded cancers in terms of research dollars per death.
- Lung cancer patients are routinely blamed for their condition, even though many cases of lung cancer are beyond their control — as is the case with non-

smoking-related lung cancer. Radon causes around 10 percent of lung cancer cases and occupational exposure to carcinogens around another 10 to 15 percent, says the American Lung Association.

- Lung cancer may not produce early symptoms, but a cough that will not go away or chest pain may indicate the presence of the disease.
 - Early detection of lung cancer is crucial to survival. Receiving treatment as early as possible can lower the risks associated with the disease, including its likeliness to spread to other organs.
- Lung cancer remains a very serious threat. However, arming people with information can help those who may be at risk identify the ways to stay healthy and get the help or treatment they need. More information on lung cancer is available at www.lung.org.

Did you know?

According to the World Health Organization, tobacco kills up to half its users, annually killing roughly six million people each year. The WHO notes that more than five million of those deaths are the result of direct tobacco use, while more than 600,000 deaths can be attributed to non-smokers being exposed to secondhand smoke. While many in the United States may understand the threat that smoking poses to their overall health, the WHO notes that studies indicate knowledge about the specific health risks of tobacco use is not widespread. A 2009 survey of smokers in China found that less than 40 percent of smokers knew that smoking tobacco

causes coronary heart disease, while only 27 percent were aware of the link between smoking and stroke. It's also important that smokers recognize that cigarettes once characterized as "light" or "low tar" are not healthier than more traditional cigarettes. While the US Food and Drug Administration has banned the use of such terms in cigarette sales within the United States, smokers traveling or living overseas should be mindful that other countries may not operate under such restrictions. In addition, the American Cancer Society notes that there is no proof that cigarettes sold as "all natural" and marketed as having no chemicals or additives are any safer than traditional cigarettes and that the best way for men, women and children to avoid the dangers of tobacco is to never smoke or to quit immediately.



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Genetic testing may detect cancer risk

Cancer affects people from all walks of life. While there is no guaranteed way to prevent cancer, genetic testing can help individuals better understand their risks for certain types of cancer.

Genetic testing has been developed for many diseases. Such testing looks for specific markers that can indicate the likelihood that a person will develop a specific disease. Genetic testing has been used to diagnose genetic disorders such as muscular dystrophy and fragile X syndrome. Genetic testing also is used to raise awareness about risk factors for Down's syndrome.

Since cancer sometimes appears to run in families, people with a family history of the disease may benefit from hereditary testing. Some genetic tests examine rare inherited mutations of certain protective genes that may be indicative of cancers of the breast or ovaries. These genes include BRCA1 and

BRCA2. The National Cancer Institute says mutations in genes that control cell growth and the repair of damaged DNA are likely to be associated with increased cancer risk.

It's important to note that even if a cancer-predisposing mutation is present in your family, you will not automatically inherit the mutation. And even if you do, it is no guarantee that it will lead to cancer.

The NCI says that mutations in hereditary cancer syndromes are inherited in three ways: autosomal dominant, autosomal recessive and X-linked recessive inheritance. Autosomal dominant inheritance occurs when a single altered copy of the gene is enough to increase a person's chances of developing cancer. Autosomal recessive inheritance occurs when a person has an increased risk of cancer only if he or she inherits an altered copy of the gene from each par-



ent. A female with a recessive cancer-predisposing mutation on one of her X chromosomes and a normal copy of the gene on her other X chromosome is a

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carrier but will not have an increased risk of cancer. Two mutations makes her more likely to get cancer. Men are less likely to get cancer from this mutation because they only have one X chromosome.

Researchers continue to develop tests to examine multiple genes that may increase or decrease a person's risk for cancer. Such tests may facilitate a proactive approach that can detect cancer before it spreads.

If you feel you are a candidate for genetic testing, speak with your doctor. Risk is based on things like personal medical history and family history. Testing may be conducted by a trained doctor, nurse or genetic counselor. Patients will go through some sort of genetic counseling and be asked a number of questions about their lineage and the family

history of the disease in different branches of their family trees, which will help to determine if further testing is warranted.

Testing may be done on a sample of blood, cheek cells, urine, hair, amniotic fluid, or other bodily tissues. Results will be interpreted by experts, and the information will be shared. Remember, an increased risk for cancer does not guarantee that you will get cancer. However, it can help you make certain lifestyle choices and become aware of symptoms so that cancer can be caught early. Doctors can help you sort through your options at this point.

Individuals should speak with their doctors about their concerns regarding cancer genetics and potential mutations that may be indicative of heightened cancer risk.

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Help kids overcome a fear of needles

Immunizations are an integral part of a healthy lifestyle. Physicians and various health organizations advise that children and adults adhere to a specific schedule of vaccinations that can help them develop antibodies to fend off a variety of illnesses. Unfortunately for kids who fear needles, most immunizations are administered intravenously.

Children fearful of needles are typically hesitant, if not petrified, to receive their immunizations. However, failure to receive recommended vaccinations increases a child's susceptibility to various diseases, and kids who do not receive their immunizations may be running afoul of the law. The American Academy of Pediatrics' immunization schedule calls for children to get the bulk of their vaccines before age two. However, additional vaccines must be administered later in life. And while many children outgrow their fear of needles as



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Help

From page 24

they approach adolescence, some may still resist. To make the immunization process less painful for children, parents can take certain steps.

- Put on a smile. Children take their cues from their parents. If you show nerves or let on that you are nervous about the immunization shots, your son or daughter may take note of your apprehension and become even more scared of needles than he or she already is. Make light of what is going to happen if the child understands what the visit is all about. Downplay any discomfort and resist the urge to say “don’t worry.” It may actually give the child the impression there is something to worry about.

- Be open and honest. Older children may appreciate hearing the truth instead of being told a tall tale about

Parents can employ various strategies to calm kids’ fears about receiving immunization shots.

the immunization process. Explain that the needle will only briefly penetrate the skin, meaning the procedure will be done very quickly.

- Don’t make shots a form of punishment. The threat “behave or the doctor will give you a shot,” is not helpful at all. It will only compound fears of shots and paint the picture that they are a punishment rather than a necessity.

- Listen to concerns. Let your child speak to you about why he or she is nervous about receiving a shot. Offer

your support in a warm, matter-of-fact way.

- Offer a distraction. Let the child hold a video game or incentivize the process by promising a sweet or favorite treat, which can take your child’s focus off of the shot being administered.

- Hold your child. Kids may find that sitting on a parent’s lap assuages their fears. For older children who can’t fit on your lap, let them hug you or hold your hand for comfort.

- Use a topical anesthetic. Ask the doctor or nurse if there is a numbing swab or spray that can be used to take the bite out of the needle.

- Lead by example. Take your child with you when you receive vaccinations, so that he or she can witness that the process is both quick and painless.

Immunization shots are seldom fun for children or adults, but there are strategies to make the entire process less painful.

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Managing prediabetes or diabetes

Diabetes and its precursor is a major problem, both in the United States and across the globe. In 2015, a study published in the *Journal of the American Medical Association* revealed that nearly 50 percent of adults living in the United States have diabetes or prediabetes, a condition marked by higher than normal blood glucose levels that are not yet high enough to be diagnosed as diabetes. Meanwhile, the World Health Organization reports that the global prevalence of diabetes figures to rise from 8 percent in 2011 to 10 percent by 2030.

Preventing diabetes should be a priority for men, women and children, but management must take precedence for the millions of people who have already been diagnosed with prediabetes or diabetes. According to the American Heart Association, making healthy food choices is an essential step in preventing or managing diabetes. Making those choices can be difficult for those people who have never before paid much attention to their diets, but the AHA offers the following advice to people dealing with prediabetes or diabetes.

- Limit foods that may worsen your condition. Some foods, including fiber-rich whole grains and fish like salmon that are high in omega-3 fatty acids, can help people with prediabetes or diabetes. But many more foods must be limited, if not largely ignored. Limit

your consumption of sweets and added sugars, which can be found in soda, candy, cakes, and jellies. It's also good to limit your sodium intake and resist fatty meats like beef and pork.

- Document your eating habits. The AHA recommends that people with prediabetes or diabetes maintain a food log to see how certain foods affect their blood glucose levels. Within 60 to 90 minutes of eating, check your blood glucose levels to see how your body reacts to the foods you eat. As your food log becomes more extensive, you will begin to see which foods match up well with your body and which foods you may want to avoid.

- Plan your meals. Hectic schedules have derailed many a healthy lifestyle, but people who have been diagnosed with prediabetes or diabetes do not have the luxury of straying from healthy diets. Plan your meals in advance so your eating schedule is not erratic and your diet includes the right foods, and not just the most convenient foods. Bring lunch and a healthy snack to work with you each day rather than relying on fast food or other potentially unhealthy options in the vicinity of your office.

- Embrace alternative ingredients. Upon being diagnosed with prediabetes or diabetes, many people assume they must abandon their favorite foods. But that's not necessarily true. Many

dishes can be prepared with alternative ingredients that are diabetes-friendly. In fact, the AHA has compiled a collection of diabetes-friendly recipes that can be accessed by visiting www.heart.org.

A prediabetes or diabetes diagnosis requires change, but these conditions can be managed without negatively affecting patients' quality of life.



Did you know?

A prediabetes diagnosis means you have higher than normal blood glucose levels, but not high enough to be considered diabetes. Excessive glucose in the blood can damage the body over time, and those diagnosed with prediabetes are at risk for developing type 2 diabetes, heart disease and stroke. According to the National Institute of Diabetes and Digestive and Kidney Diseases, the majority of people with prediabetes do not have any symptoms. The condition is typically revealed after blood tests indicate blood glucose levels are higher than normal.

Being overweight and living an inactive lifestyle are two of the biggest risk factors for prediabetes, and doctors may recommend that men and women 45 and older, especially those who are overweight, be tested for prediabetes. Those who have been diagnosed with prediabetes will not necessarily develop diabetes down the road. In fact, the NIDDK notes that men and women who lose at least 5 to 10 percent of their starting weight can prevent or delay the onset of diabetes and may even be able to reverse prediabetes.

Growing out of pediatric care

Know when and how to transition to adult care doctors

Pediatricians provide valuable health care to children from the moment the children are born until they reach young adulthood. But there comes a time in each child's life when he or she is ready to make the transition from pediatric care to adult health care. This decision can become even more challenging if the child is being treated for a serious illness like cancer.

According to the American Academy of Pediatrics, ideally children should transition to an adult-oriented health practice between the ages of 18 and 21. But that transition can occur even earlier if

the patient feels comfortable doing so.

Transitioning to a new doctor might be difficult for young people coping with cancer. However, children and parents can work together to make the transition go smoothly, and parents should encourage youngsters to voice any concerns they have as they switch physicians.

Parents can begin the transition by involving their children in the search for adult care doctors. Young adults may want to use the same doctor their parents see, though some may feel more comfortable visiting a different practice. A

patient-doctor connection is important, so parents can encourage their children to find a doctor who has the right credentials but also a demeanor they're comfortable with. Pediatricians may refer doctors they know and trust, and that can be handy when patients require a doctor with specific experience or one who understands the particular challenges of cancer treatment.

Insurance coverage will also play a role in choosing a new doctor. When looking for a new physician, make sure each prospective physician accepts your insurance; otherwise, you may pay

substantial out-of-pocket expenses.

Doctors can take steps to facilitate the transition as well. They can work together to transfer health records. With regard to cancer treatment, doctors will need to discuss maintenance medications and cancer therapy options that can impact overall health.

Parents, doctors and patients can work together to make sure the transition from pediatrician to adult doctor goes as smoothly as possible, even when a disease such as cancer threatens to complicate that transition.

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Lower blood-sugar levels without medication

Diabetes is a disorder in which the body cannot properly store and use the energy found in food. To be more specific, diabetes compromises the body's ability to use glucose.

According to MediLexicon International, type 1 diabetes is an autoimmune disease in which the body wrongly identifies and then attacks pancreatic cells, which causes little to no insulin production. Those with type 1 diabetes usually must rely on insulin shots to remain healthy.

Type 2 diabetes involves insulin resistance or insufficient insulin production and is the more common form of diabetes. The pancreas may still produce insulin, but not enough to meet the demands of the body. Insulin resistance occurs in some cases because a consistent high blood-glucose level causes cells to be overexposed to insulin and then makes cells less responsive or immune to its

effects.

Diabetes treatment can include a combination of strategies, including the following nondrug remedies.

- **Diet:** Diabetics can work with their doctors and nutritionists to come up with a diet that will be most effective. Some advocate for eating foods that are low in carbohydrates or ones with a low glycemic index. Others say that it is more important to restrict caloric intake rather than sugar intake.

Work with a professional to create a healthy diet and follow it as closely as possible. Eat meals at the same time each day so you can better regulate blood-sugar spikes and lulls. Skipping meals may cause you to overeat later in the day, which can throw glucose levels off-kilter.

- **Exercise:** Many people with type 2 diabetes are carrying around extra weight. Exercise can help them shed pounds and maintain healthier weights.

But exercise does more than just help you lose weight. The Joslin Diabetes Center says strength training exercises are an important component of workouts. By maintaining lean muscle mass, you can get rid of a larger amount of glucose in the bloodstream, thus helping manage diabetes in the process. Get



at least 20 to 30 minutes of moderate activity several days per week.

- **Supplementation:** Some people find that certain natural ingredients can help regulate blood-sugar levels. For example, pure, organic apple cider vinegar taken over time can help people with diabetes manage their blood-sugar levels more effectively.

A small amount of cinnamon per day may be able to reduce fasting glucose levels by anywhere from 18 to 29 percent, according to a study in the *Journal of Agricultural and Food Chemistry*.

Always speak with a doctor before trying any home remedies to treat diabetes or exploring any alternatives to traditional diabetes treatments.

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How women can combat high cholesterol

High cholesterol can dramatically affect a person's long-term health. According to the Centers for Disease Control and Prevention, people with high total cholesterol have approximately twice the risk of developing heart disease as people whose cholesterol levels are ideal. And contrary to what many people may think, women are no less susceptible to high cholesterol than men.

Cholesterol can be a confusing topic. Though cholesterol has a bad reputation, that stature can be somewhat misleading. That's because there are two types of cholesterol, one of which actually reduces a person's risk for heart disease and stroke. High-density lipoprotein, often referred to as "HDL" or "good" cholesterol, absorbs low-density lipoprotein, or "bad" cholesterol, or "LDL," and carries it back to the liver, which then flushes it from the body. HDL accounts for a minority of the body's cholesterol. Unfortunately, the majority of cholesterol in the body is LDL, high levels of which can contribute to plaque buildup in the arteries, increasing a person's risk for heart disease and stroke.

A 2015 report from the American Heart Association indicated that more than 73 million American adults have high LDL cholesterol. The 2013 Canadian Health Measures Survey found that, between 2009 and 2011, the number of Canadians with unhealthy levels of LDL increased significantly with age, with 40 percent of men and women between the ages of 40 and 59 suffering from

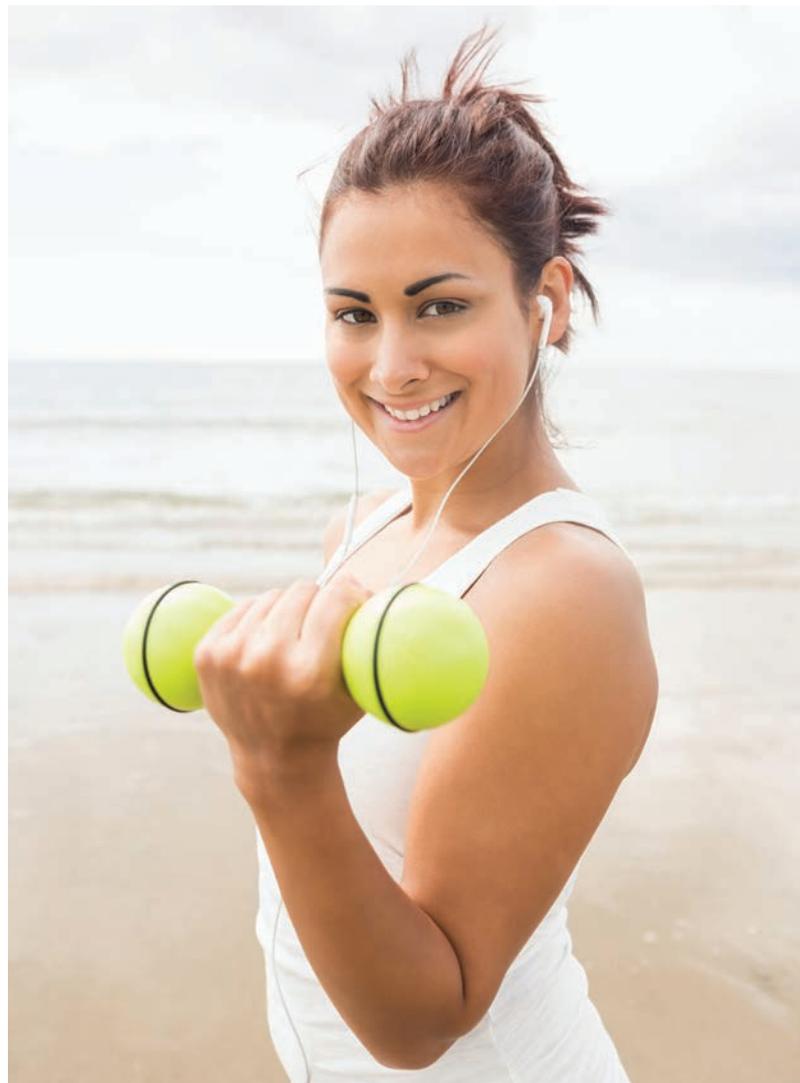
unhealthy LDL levels.

Women may think that the presence of the female sex hormone estrogen can positively impact their cholesterol levels. While estrogen tends to raise HDL levels, its presence alone does not mean women are out of the woods with regard to cardiovascular disease, including heart disease and stroke. In fact, the CDC notes that heart disease remains the leading cause of death among women.

High LDL cholesterol levels do not mean women will automatically develop heart disease, but women who receive such a diagnosis should take the following steps to lower their LDL levels so they can live longer, healthier lives.

- **Eat right.** Avoid foods that are high in fat, especially saturated fats and trans fats. The AHA notes that foods that contain saturated fats contribute to high levels of LDL. Fatty beef, lamb, pork, poultry with skin, lard and cream, butter, and cheese are just a few of the foods that contain saturated fats. Those foods all come from animal sources, but many baked goods and fried foods are also high in saturated fat and should be avoided. Fruits, vegetables and whole grains are heart-healthy foods that can help women lower their LDL levels and reduce their risk for cardiovascular disease.

- **Exercise regularly.** Routine physical activity can help women lower their LDL levels, especially when such exercise is combined with a healthy diet. The



Office on Women's Health recommends women get two hours and 30 minutes of moderate-intensity aerobic activity each week, or one hour and 15 minutes of vigorous-intensity aerobic activity each week. Speak with your physician to learn which exercises are most appropriate for someone in your condition. Women who want to do more than aerobic activity can still meet their exercise requirements by combining moderate and vigorous cardiovascular exercise with muscle-strengthening

activities two or more days per week.

- **Quit smoking.** Smoking can accelerate the damage already being done by high cholesterol. While research does not indicate that smoking directly impacts LDL levels, the toxins produced and inhaled from cigarettes can modify existing LDL, making it more likely to cause inflammation.

Cholesterol does not discriminate, and women need to be just as mindful as men when monitoring their total cholesterol levels.

How music may improve health

Plato said, “Music gives a soul to the universe, wings to the mind, flight to the imagination, and life to everything.” Music often communicates messages that are not easily expressed, which is one reason why music is such an integral part of so many people’s lives.

While many people love music for its entertainment value, there is growing evidence that music can be good for overall health as well. A study from researchers at the Cleveland Clinic focused on the use of music for brain surgery patients who must be awake during their procedures. Researchers found that music enabled the patients to manage anxiety, reduce pain and relax more fully during their procedures.

In a study titled, “The effect of music intervention in stress response to cardiac surgery in a randomized clinical trial,” a team of Swedish researchers measured serum cortisol, heart rate, respiratory rate, mean arterial pressure, arterial oxygen tension, arterial oxygen saturation, and subjective pain and anxiety

levels for patients who had undergone cardiothoracic surgery. Those who were allowed to listen to music during recuperation and bed rest had lower cortisol levels than those who rested without music.

Many doctors now play music while operating or enable patients to listen to music to calm their nerves during in-office procedures.

According to Caring Voice Coalition, an organization dedicated to improving the lives of patients with chronic illnesses, music has also been shown to enhance memory and stimulate both sides of the brain, which may help individuals recover from stroke or those suffering from cognitive impairments.

Music also can have a positive impact on mood. Neuroscientists have discovered that listening to music heightens positive emotions through the reward centers of the brain. Music stimulates the production of dopamine, creating positive feelings as a result.

Some researchers think that music

may help improve immune response, promoting faster recovery from illness. Undergraduate students at Wilkes University measured the levels of IgA — an important antibody for the immune system’s first line of defense against disease — from saliva. Levels were measured before and after 30 minutes of exposure to various sounds, including music. Soothing music produced significantly greater increases in IgA than any of the other conditions.

Another way music has been linked to improved health is its ability to make physical activity seem less mundane. Listening to songs can distract one from the task at hand, pushing focus onto the music rather than the hard work being done. When exercising, upbeat music can help a person go a little further as they work to achieve their fitness goals than working out without music.

The benefits of music extend beyond enjoying a favorite song, as music can do much to contribute to one’s overall health.

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Robotic surgery can be advantageous

Certain illnesses or injuries require surgery to correct the problem or prevent further damage. Surgery is not something many people would volunteer for, but it can be a necessity in certain instances.

Patients may have many questions when they learn that surgery is on the horizon. Robotic surgery in particular may raise patients' eyebrows. Robotic surgery is a relatively recent development. According to UC Health and Mount Carmel Medical Center, robotic surgery is an advanced form of minimally invasive or laparoscopic (small incision) surgery. Compared to open surgeries, robotic surgery offers many benefits to patients, some of which include:

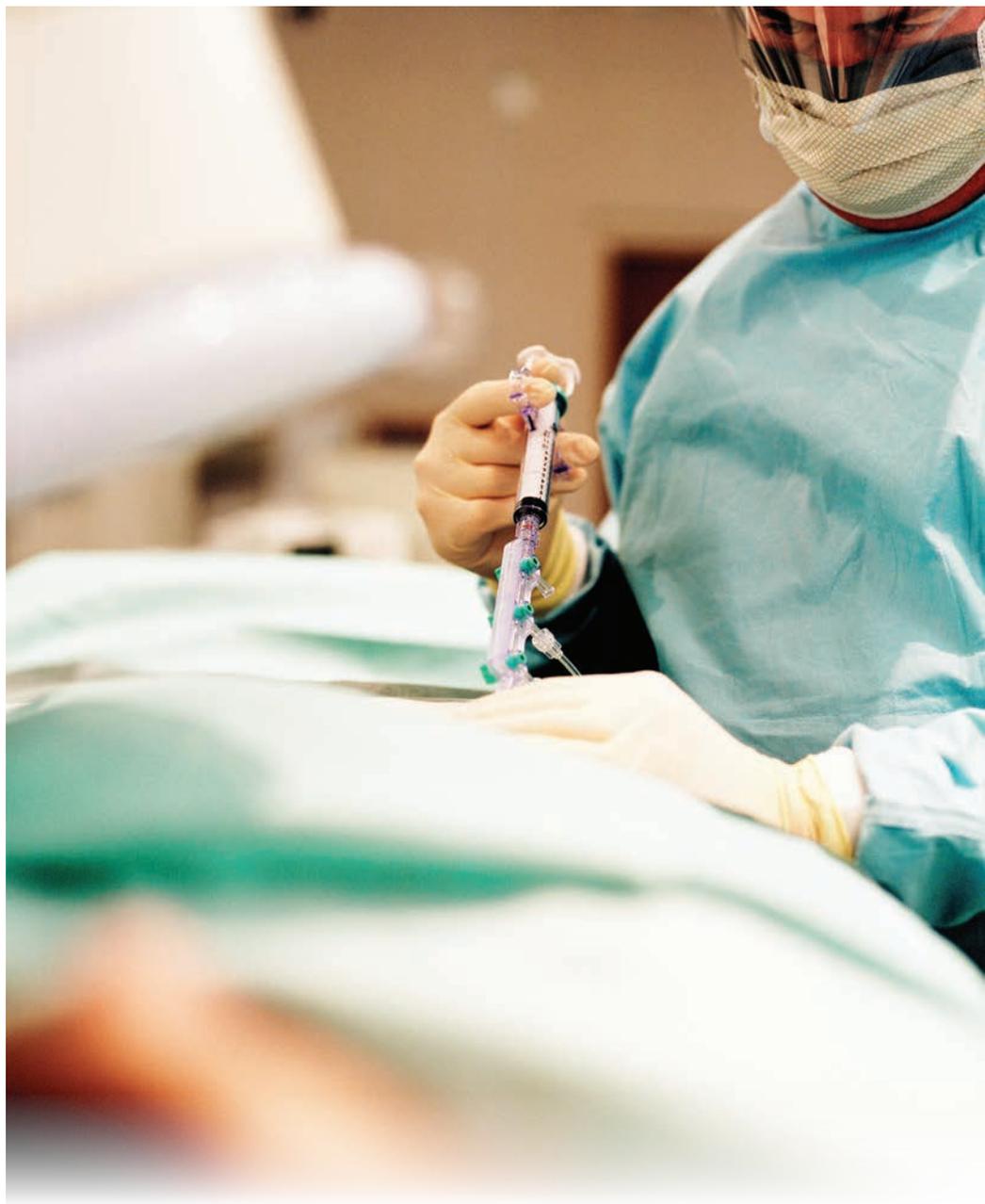
- minimal scarring
- reduced blood loss
- faster recovery time
- reduced risk of infection
- reduced pain and discomfort
- possibly shorter hospitalization
- faster recovery time

Robotic surgery works similarly to traditional surgery, but instead of the surgeon working manually, robotic arms take over. During robotic surgery, typically three robotic arms are inserted into the patient through small incisions. One arm is a camera and the other two serve as the surgeon's "hands." In some instances, a fourth arm is used to clear away any obstructions. Surgeons will perform the procedure using a computer-controlled console.

Robotic surgery does not mean that a robot is taking the place of a surgeon. Rather, robotic surgery combines the skills and knowledge of surgeons with advancements in technology in an effort to improve surgical procedures. Many surgeons prefer robotic surgery because of its precision and the superior visualization of the surgical field that the procedure provides. It's also easier to account for tremors in the hands, and the machinery enables greater maneuverability.

UC Health explains how robotic surgery works:

The surgeon will work from a computer console in the operating room, controlling the miniaturized instruments mounted on the robotic arms. He or she looks through a 3-D camera attached to



another robotic arm, which magnifies the surgical site. The surgeon's hand, wrist and finger movements will be transmitted through the computer console to the instruments attached to the robot's arms. The mimicked movements have the same range of motion as the surgeon, allowing for maximum control. While the surgeon is working, the surgical team will supervise the robot at the patient's bedside.

Men, women and children can benefit from robotic surgery, which has become especially helpful for gynecologic condi-

tions. Robotic surgery has been used in the treatment of cancers of the abdomen, as well as pelvic masses, fibroids, tumors, and tubal ligations. Robotic surgery also can be used for pelvic reconstruction surgeries and to treat incontinence and organ prolapse.

Although the success rates of traditional surgery versus robotic surgery have been relatively similar, many people are now leaning toward robotic surgery because of its advantages — and seeking doctors and hospitals trained in robotic surgery.

Explaining atrial fibrillation

In late 2013, the World Health Organization released results from a data analysis that examined atrial fibrillation and its prevalence across the globe. The results were troubling, indicating that 33.5 million people worldwide have the condition.

If those figures don't raise an eyebrow, that's likely because few people are familiar with atrial fibrillation, in spite of its prevalence. A broader understanding of atrial fibrillation, often referred to as AF, may help people reduce their likelihood of developing the condition.

What is atrial fibrillation?

The National Heart, Lung and Blood Institute notes

that atrial fibrillation is the most common type of arrhythmia, which is a problem with the rate or rhythm of the heartbeat. AF occurs when rapid, disorganized electrical signals cause the heart's two upper chambers, known as the atria, to contract very quickly and irregularly.

What happens when a person has atrial fibrillation?

The heart is not functioning properly when a person has atrial fibrillation. That's because blood pools in the atria when a person has AF, and because of that pooling, the blood is not pumped completely into the heart's two lower chambers, which are known as the ventricles.



As a result, the heart's upper and lower chambers do not work in conjunction as they do when the heart is fully healthy.

Are there symptoms of atrial fibrillation?

Some people with AF do

not feel symptoms and only learn of their condition after physical examinations. That highlights the importance of scheduling annual physicals for all people, but especially for people with a personal or

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Explaining

From page 35

family history of heart trouble.

According to the American Heart Association, the most common symptom of AF is a quivering or fluttering heartbeat, which is caused by abnormal firing of electrical impulses. Anyone who feels such a symptom or suspects their heartbeat is abnormal should consult a physician immediately.

In addition to a quivering or fluttering heartbeat, the AHA notes that people with AF may experience one or more of the following symptoms:

- General fatigue
- Dizziness
- Shortness of breath and anxiety
- Weakness
- Faintness or confusion
- Fatigue when exercising
- Sweating
- Chest pain or pressure

The AHA warns that people experiencing chest pain or pressure are hav-

ing a medical emergency that requires immediate medical attention. Whether or not symptoms of AF are detected, the condition can still increase a person's risk for serious medical problems, including stroke.

Who is at risk for atrial fibrillation?

No one is immune to atrial fibrillation, though risk of developing the condition rises as a person ages. Men are more likely than women to develop AF, which the NHLBI notes is more common among whites than African Americans or Hispanic Americans.

People suffering from hyperthyroidism, a condition characterized by excessive amounts of the thyroid hormone, are at greater risk for AF than those without the condition. In addition, people who are obese and those who have been diagnosed with diabetes or lung disease are at greater risk for AF than those without such conditions.

The NHLBI also notes that AF is

more common in people who have:

- High blood pressure
- Coronary heart disease
- Heart failure
- Rheumatic heart disease
- Structural heart defects
- Pericarditis
- Congenital heart defects

Can atrial fibrillation be prevented?

There is no guaranteed way to prevent AF, though certain lifestyle choices can reduce a person's risk for the condition. A heart-healthy diet that's low in cholesterol, saturated fat and trans fat and also includes daily servings of various whole grains, fruits and vegetables can lower a person's risk for AF. Daily physical activity, maintaining a healthy weight and not smoking also can lower a person's risk.

Atrial fibrillation is a rising threat across the globe. More information about AF can be found at www.heart.org.

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Coffee and colon health

Coffee compels many people to rise out of bed every morning. While individuals have many reasons to drink caffeinated beverages, the most notable is often the pep such beverages provide. But coffee, tea and other caffeinated beverages actually may provide additional benefits, including helping to fend off disease, including colorectal cancer.

The American Cancer Society estimates that, in the United States, more than 95,000 new cases of colon cancer and 39,000 new cases of rectal cancer will be diagnosed in 2016. Colorectal cancer is the third most common cancer diagnosed in men and women. However, coffee may help reduce instances of colon cancer.

A study titled “Coffee Consumption and the Risk of Colorectal Cancer,” which was published in the journal *Cancer Epidemiology, Biomarkers & Prevention*, found that regular coffee consumption inversely correlates to colorectal cancer risk. Coffee has been identified as a protective agent against

colorectal cancer, as several of its components affect the physiology of the colon and can make cancerous cells less likely to take root there. The *Journal of the National Cancer Institute* also substantiates these claims. Frequent coffee consumption has been associated with a reduced risk of colorectal cancer in a number of case-control studies — for both men and women.

Drinking coffee may not only help keep cancer at bay, it may boost the survival rate from colon cancer, too. Information from a study published in *The Journal of Clinical Oncology* stated that colon cancer patients who are heavy coffee drinkers have a far lower risk of dying or having their cancer return than those who do not drink coffee. Significant benefits start at two to three cups per day. People who consumed four cups of caffeinated coffee or more a day had half the rate of recurrence or death than non-coffee drinkers.

Other data indicates caffeine alone may not be behind the reduced cancer risks and rates — it may be the coffee itself. Researchers at the University of Southern California Norris Comprehensive Cancer Center of Keck Medicine



found that decreased colorectal risk was seen across all types of coffee, both caffeinated and decaffeinated. According to Dr. Stephen Gruber, the author of the study, coffee contains many elements that contribute to overall colorectal health, which may explain coffee's preventive properties. Caffeine and polyphenol can act as antioxidants, limiting the growth of potential colon cancer cells. Melanoidins generated during the roasting process have been thought to encourage colon mobility, and diterpenes may prevent cancer by enhancing the body's defense against oxidative damage.

Although data continues to suggest that coffee can help reduce colorectal cancer risk and survival rates, additional information is still needed before doctors can start recommending coffee consumption as a preventative measure.



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