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BREAST, CERVICAL & OVARIAN CANCERS: KNOW YOUR RISKS

PREVENT * DETECT * SURVIVE

So you can embrace life

CAREGIVING TIPS

Create a web of support

REDUCE YOUR RISKS

*Make informed choices
for healthier living*



Indiana State
Department of Health

Cancer is a Scary Thing

But with knowledge comes power

When I think about cancers impacting women, I am reminded of three patients who came to see me in my first month of practice in Appalachia years ago.

On my third day in practice, a woman and her husband came to see me because her skin was breaking down on her left breast. On exam, she had a large, ulcerative breast cancer. Mammography and biopsy were not needed for the diagnosis of this end-stage disease.

During my second week of practice, a young woman came in with the complaint of vaginal bleeding for almost a year. On exam, her cervical cancer was quite obvious.

Two weeks later, another woman came to see me because she had bloating and constipation for several months. Her examination revealed an ominous pelvic mass, and her ovarian cancer was confirmed with further testing.

Cancer is serious, but denial and lack of awareness can turn a preventable or treatable cancer into a deadly one. A great deal of progress has been made in raising awareness about women's cancers, improving early detection methods, increasing treatment options and survival rates and improving the quality of life for cancer patients and caregivers. But cancer still claims too many Hoosier lives, so there is much more work to be done.

Leading a healthy lifestyle through proper nutrition, adequate physical activity, eliminating tobacco and limiting alcohol consumption are basic steps all women need to take in order to help prevent many forms of cancer. Far too many women still do not get the recommended screenings for breast and cervical cancer and even more women are not aware of the symptoms that could be a sign of ovarian cancer.

Unfortunately, screening and survival rates are even more dismal when you look at racial and ethnic minorities and groups with lower incomes and less access to quality health care.

In the following pages, you will find basic information all women need to have about breast, cervical and ovarian cancer. You also will find resources that can provide additional support and information, as well as personal stories that will compel you to take action.

As your state health commissioner and as a woman, I ask you to take an active role in reducing the devastation caused by cancer by completing the following tasks:

- > Thoroughly read this insert so you are informed about women's cancers.
- > Follow the recommended screening guidelines and know your risks.
- > Pass this information along to your mother, daughter, friend, neighbor or co-worker and encourage them to be proactive about cancer prevention and early detection.

Cancer is a scary thing, but with knowledge comes power. I hope the information you gain from the next few pages will empower you to take action. It could save your life or the life of a woman you love.



Judy Monroe, M.D.
State Health Commissioner



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Women and Cancer

The good, the bad and the choice to live a healthier life

by Keylee M. Wright, Director, Indiana Comprehensive Cancer Control Program,
American Cancer Society in partnership with the Indiana State Department of Health



Keylee M. Wright

Unfortunately, the cure for cancer is still unknown and some cancer deaths are not preventable. However, the good news is that engaging in a healthy lifestyle is proven to dramatically reduce your cancer risk.

For the majority of women who do not smoke, dietary choices and physical activity are the most important modifiable determinants of cancer risk. According to the American Cancer Society, one-third of cancer deaths in the United States can be attributed to diet and physical activity habits, with another third due to smoking.

Although genetics influence the risk of cancer and cancer develops from genetic mutations in cells, most variation in cancer risk is due to factors that are not inherited. Behavioral factors, such as abstaining from tobacco, consuming a diet rich in nutritious

foods and staying active across the lifespan, can substantially reduce a woman's risk of developing cancer.

All women should follow the American Cancer Society's nutrition and physical activity guidelines for reducing cancer risk:

> Maintain a healthy weight throughout life. Balance caloric intake with physical activity. Avoid excessive weight gain. Try to lose weight if you are considered overweight or obese.

> Adopt a physically active lifestyle. Engage in moderate to vigorous activity for 30 minutes or more, in addition to usual activities, at least five days a week; 45 to 60 minutes of intentional activity are preferable.

> Consume a healthy diet. Eat a variety of five or more servings of fruits and vegetables per day. Choose whole grains over processed grains or sugars. Limit red meat consumption.

> Limit alcoholic beverages to one per day.

If you are not leading a healthy lifestyle, commit to making one change at a time. Start by taking the Great American Health Check Challenge at www.cancer.org/greatamericans. This four-step survey assesses your current health status by asking questions regarding personal characteristics, eating habits, physical activity, and alcohol and tobacco. Upon completion of the Great American Health Check Challenge, you will receive a personalized action plan to share with your physician.

The American Cancer Society provides various resources related to nutrition and physical activity, cancer risk reduction, and overall health benefits. For more information, please log on www.cancer.org or call (800) ACS-2345. [A](#)

Test Your Knowledge

by Tanya Parrish, MPH, C.H.E.S., Director of the Office of Women's Health, Indiana State Department of Health

(Answers on Page 15)

Cancer is a scary subject for all of us. But the more we know about cancer, its causes, risk factors and early detection methods, the better prepared we will be to tackle it head on. Find out how much you already know about breast, cervical and ovarian cancer by taking the quiz below. Then read the following pages to make sure you have the facts you need to protect and care for yourself as well as the women you love.

1. There are no signs or symptoms of ovarian cancer. True False
2. Breast cancer is the No. 1 killer of Hoosier women. True False
3. The HPV vaccine is most effective when given before a female becomes sexually active. True False
4. A Pap smear does not screen for ovarian cancer. True False
5. African-American women are more likely to survive breast cancer than white women. True False
6. Women who have had breast cancer are at increased risk of ovarian cancer. True False
7. Cervical cancer can be prevented. True False
8. A woman's risk for breast cancer decreases as she gets older. True False
9. One out of four people in the United States between the ages of 15 to 24 is infected with HPV. True False
10. Smoking can increase your risk of cervical cancer. True False



Tanya Parrish

Health Disparities

Obstacles contribute to breast, cervical and ovarian cancer among minority women

As the President and CEO of the Indiana Minority Health Coalition, I am greatly concerned by the impact of breast, cervical and ovarian cancer and am committed to addressing the disparities that exist in communities of color. Cancer continues to touch the lives of countless Americans and does so disproportionately among minority groups.



Nancy Jewell

Numerous health disparities exist among minority women, particularly in the screening, diagnosis and survival rates and can be attributed to multiple factors. Indicators point to social and economic inequities in which poverty is the most important factor.

Members of racial and ethnic minorities tend to be poorer and lack health insurance coverage. In fact, 24 percent of African Americans and 22 percent of Hispanic/Latinos live below the poverty line, compared with 8 percent of Whites. This is important, considering poor and uninsured people are more likely to be treated for cancer at late stages of disease and are more likely to die from cancer.

Research indicates that cultural and genetic factors influence cancer risks. For example, women from cultures where early marriage is encouraged, have a lower risk of breast cancer because they are likely to have children at an earlier age. Even with the lower incidence rate of breast cancer, African-American and Hispanic women are more likely to die from breast cancer compared to white women.

With cervical cancer, Pap screening rates are lower among minority women. African-American women are diagnosed with cervical cancer at higher rates than white women and are more likely to be diagnosed with a later stage of cervical cancer. Hispanic women are twice as likely to develop cervical cancer compared to non-Hispanic women. Asian-American women are 1.2 times more likely to have cervical cancer compared to white women.

Among minority women, American Indians and Hispanics are diagnosed with ovarian cancer at higher rates than African Americans and Asian Americans. However, American Indians and African-American women die from ovarian cancer more than Hispanic and Asian-American women.

We have known for some time that early screening and detection are key to reducing premature death from this dreaded disease. We remain constantly challenged to find ways to get the word out, encourage community members to take action, and remove barriers that contribute to health disparities in Indiana.

Nancy Jewell
President and CEO



Cancer Glossary

Learn basic terms to get a handle on dealing with a complex disease

Cancer is the second leading cause of death for women in Indiana, so fear and confusion are natural responses to a cancer diagnosis. Though you can't change your diagnosis, being well informed can help minimize your anxiety and stress.

Here are some commonly used terms to assist you in understanding the information on the following pages:

Benign — Not cancerous.

Biopsy — Removal of cells or tissues or examination by a pathologist.

CA-125 — Substance sometimes found in an increased amount in the blood, other body fluids or tissues. Increased levels of CA-125 may suggest the presence of some types of cancer.

Chemotherapy — Treatment with drugs that kill cancer cells.

Clinical trial — Type of research study using volunteers to test new methods of screening, prevention, diagnosis or treatment of disease.

Cyst — Sac or capsule in the body. It may be filled with fluid or other material.

Lumpectomy — Surgery to remove the tumor and a small amount of normal tissue around it.

Lymphedema — Condition in which excess fluid collects in tissue and causes swelling.

Malignant — Cancerous.

Mammogram — X-ray of the breast.

Mastectomy — Surgery used to remove the breast.

Oncologist — Doctor who specializes in diagnosing and treating cancer.

Metastis — Spread of cancer from one part of the body to another.

Precancerous — Term used to describe a condition that may become cancer.

Quality of life — Overall enjoyment of life.

Remission — A period of time when the cancer is responding to treatment or is under control.

Risk factor — Something that may increase the chance of developing a disease.

Screening — Checking for disease when there are no symptoms.

Tumor — Abnormal mass of tissue that results when cells divide more than they should or do not die when they should. Tumors may be benign or malignant.

Ultrasound — A procedure in which high-energy sound waves are bounced off internal tissues or organs and make echoes. The echo patterns are shown on the screen of an ultrasound machine, forming a picture of body tissues called a sonogram.

Your Questions Answered

An interview with Robert J. Goulet Jr., M.D., Professor of Surgery, Director of Breast Surgical Oncology, Indiana University Melvin and Bren Simon Cancer Center



Robert J. Goulet Jr., M.D.

Q: *How many women are diagnosed with breast cancer each year?*

A: According to the American Cancer Society, breast cancer leads the list at 26 percent of all newly diagnosed cancers in women. In real numbers, 182,460 new breast cancer cases were diagnosed in 2007, about 1 percent or 1,990 of which occurred in men. Last year, 3,660 new breast cancer cases were identified in Indiana.

Q: *Who has the highest risk of developing cancer?*

A: Statistically speaking, if you are a white woman living in the United States you have the highest incidence of breast cancer in the world. The risk of developing breast cancer increases with age, reaching a peak around the mid-seventh decade of life. Although the incidence is substantially lower in younger women, even women in their 20s and early 30s develop breast cancer.

Q: *What are the risk factors for developing breast cancer?*

A: In my patient discussions, I divide breast cancer risk factors into three major categories — familial risks, estrogen exposure and environmental exposure. A person's family history weighs heavily in breast cancer risk assessment.

The number of first-degree relatives with breast, ovarian or uterine cancer is significant. This is particularly important if that relative was premenopausal at the time of the diagnosis, if two or more of these tumors occurred in the same patient, if the disease affected both breasts or if the relative with breast cancer was a male.

The exposure to estrogen has been shown to increase the risk of breast cancer. Therefore women who start their menses below the age of 12 or who continue to have periods after age 50 are at increased risk. If a woman never carries a full-term pregnancy or if she delays her first full-term pregnancy until later in life her risk is increased. Women who take hormone replacement therapy combining estrogen and progesterone are

at increased risk.

Environmental risk factors cover a wide range of exposures. Previous medical therapy, such as radiation therapy for a childhood malignancy, may increase the subsequent risk of breast cancer. Exposure to carcinogens in the workplace may also play a significant role. Cigarette smoke, both primary and secondhand, increases a woman's risk. Certain dietary factors like high concentrated fats and excessive alcohol intake have also been implicated in breast cancer risk.

Q: *What are the warning signs and symptoms a person should look for?*

A: Despite the fact that the American Cancer Society and National Breast Cancer Coalition have withdrawn their support for monthly breast self-exam, I continue to encourage my patients to become familiar with their bodies by observing their breasts and conducting self-exams (see box). Nipple discharge can be disconcerting. Many women will have some element of nipple discharge and, in most cases, it is harmless. If the discharge occurs spontaneously or appears bloody, further evaluation is necessary.

The most ominous changes of the breast are associated with inflammatory breast cancer. The breast undergoes a rapid increase in size (usually over a week to 10 days). The patient complains that the breast feels heavier and her bra no longer fits properly. There is swelling of the skin, which is marked by small pitting across the surface of the breast and there is a distinct redness which progresses. Although patients complain of discomfort to the area, the pain is not typically intense. There is no associated temperature elevation or shaking chills typically seen in the context of a breast abscess. Any change that lasts for more than 30 days, should be brought to the attention of a health care professional.

Q: *What is the best way of ensuring early detection?*

A: Early detection is the key to success in

treating breast cancer. For women with no special risk factors, the American Cancer Society recommends annual clinical examination by your health care provider beginning in early adulthood and annual mammogram beginning at age 40.

For women with a first-degree relative with a history of breast cancer, the screening should begin 10 years before the onset of the relative's disease.

If your mother was diagnosed with breast cancer at age 40, you should begin your annual screening mammograms at age 30. There is ample data that supports the use of screening MRI in women who are at high risk and have dense breast tissue noted on mammography.

If an abnormality is detected on screening, then diagnostic studies should follow and if necessary, a biopsy of the breast tissue should be performed.

Q: *What about prevention?*

A: In breast cancer prevention, the first step is to clearly identify one's risk status. In some cases, genetic testing is performed that can identify an inherited abnormality that significantly increases the danger of breast cancer.

Breast cancer prevention has been a reality since 1998 when researchers, evaluating a group of women facing increased threat of breast cancer due to a variety of factors, reduced the risk of developing a malignancy by 50 percent overall with the prophylactic administration of a drug, tamoxifen, for five years. Since then, other medications have been tested and found effective in risk reduction and new medications are currently being evaluated in their role as preventative agents.


In some cases, particularly in women with documented genetic defects, prophylactic surgery may be recommended, which may include removal of the ovaries and fallopian tubes, in addition to mastectomies. Although surgical intervention results in dramatic risk reduction, it does not eliminate the possibility of breast or ovarian cancer and ▶▶▶

continued surveillance is necessary.

Q: *What lifestyle changes will help reduce the risks for developing breast cancer?*

A: Obesity, particularly post-menopausal, increases the hazard of breast cancer. The consumption of a diet high in saturated fats is related to this.

Excessive alcohol consumption also increases a woman's risk of breast cancer. Exercise, for as little as 30 minutes three times a week, results in breast cancer risk reduction.

If you smoke, stop! Women who smoke have an increased risk of a variety of associated health problems, including breast cancer. If you have adopted risky behaviors (i.e.; smoking, overeating), deal with them now and seek professional help if necessary. 



Supporting Those You Love

Annette Gross, twin sister of a breast cancer survivor, makes a difference

by Deb Wezensky



“Sisters, sisters, there were never such devoted sisters.” So goes the song from the classic film *White Christmas*.

Annette Gross shares this sentiment with her identical twin, Marlene Rosol. More than just sisters, these two friends talk more than once a day. Their chats are filled with everyday things like “Guess what happened?” or “Let me tell you about this great dress I bought.”

So when Marlene called Annette on Sept. 29, 2005, she didn't think it was a call about anything out of the ordinary. But Marlene sounded nervous. Out tumbled the story of how doctors found what appeared to be a spot on her breast during a routine mammogram.

Annette's immediate response was disbelief and then concern. “Suddenly, there's just this big question mark on your life,” she says. “You have to take each day as it comes after hearing that kind of news.”

Annette thought about the implications of her sister's news. “As I listened, I was shocked. I knew other people who had breast cancer.

Our (paternal) grandmother survived it at the age of 72.

But this was someone especially close to me: my identical twin sister. It was kind of scary to see what she would have to go through. I also thought that might raise the chances for me,” she says.

Already thinking about her full-time job and how it might be affected by the potential of having breast cancer, Marlene's future suddenly seemed uncertain.

A second mammogram quickly was performed, confirming the presence of a lump. A biopsy was performed on Oct. 7. Diagnosis: malignant.

On Oct. 18, Marlene had the lump removed, along with 12 lymph nodes. Just after Thanksgiving, she started 36 sessions of radiation.

Marlene was told that her cancer was estrogen based. She had taken estrogen after a hysterectomy in 1992, and that may have exacerbated her cancer.

Annette wanted to be there to support

Performing a Self-Exam

Step 1: Look

A woman should stand in front of a mirror with her hands at her sides and look at her breasts from the front and then side to side.

She should focus on changes in the size, shape and symmetry of the breasts. Look at the contour of the nipples and skin for changes in color, swelling or retraction. This should be repeated with the arms raised above the head. This maneuver may accentuate more subtle changes.

Step 2: Feel

Next, palpate the breasts. This can be done standing up or while lying down. Use gentle pressure to each area of the breast starting with a light touch, then moderate touch, and then deep touch. Normal breast tissue is compressible, while abnormal tissue will hold its shape under this pressure. You cannot differentiate between a cyst and a solid mass of the breast on palpation.

— Robert J. Goulet Jr., MD, Professor of Surgery, Director of Breast Surgical Oncology, Indiana University Simon Cancer Center

Marlene's Prognosis

For three years, Annette Gross' sister Marlene has gone to routine checkups and has a clean bill of health. Having breast cancer did change her outlook on life. She's more positive than ever. Marlene says, “Since I survived breast cancer, I can do anything.”

When other health issues come up, she says, “Well, I've gone through breast cancer, so I can deal with this.”

Marlene's attitude has affected Annette as well. Seeing her sister deal with breast cancer helps her keep things in perspective too. “I have learned what's really important: family,” Annette says. “I treasure my family; we are very, very close.”



As a child, Annette Gross (above left), shares Grandma Stella's lap with twin Marlene Rosol.

Annette (far left) continues to maintain a close relationship with her sister, Marlene (right).

Marlene as she dealt with her breast cancer treatments. But because of her own health concerns with fibromyalgia, she was unable to travel to North Carolina to be at her side. She also cared for their mother who grieved the loss of her husband of 62 years as well as dealing with lung cancer.

But what she could do was keep a sense of normalcy for her sister. They continued to talk many times, every day. "My mom and I were able to support Marlene by just talking with her ... not necessarily about her breast cancer, but just to be there for her," Annette says.

A short time later, Annette found something else she could do. While reading a Breast Cancer Network of Strength™ (formerly Y-Me) newsletter, she found a way to support Marlene and other women affected by breast cancer.

The words "sister study" jumped right out at her. Since Annette struggles with fibromyalgia symptoms, she couldn't participate in the Susan G. Komen walks. But when she saw this invitation to participate in a study for sisters of women affected by breast cancer, she thought, This is something I can do — if they'll have me.

Excited about her chance to make a difference, Annette inquired about being a part of the study. The Sister Study researches genetic and environmental factors related to breast cancer in a diverse group of 50,000 unaffected women whose sisters had been affected by breast cancer. "My sister and I couldn't have been raised any closer," Annette says. "As very young children, we slept in the same bed. I'll be perfect for this study."

An initial questionnaire was sent to Annette to determine whether she qualified for participation. Based on her responses, she became a part of the 10-year study.

The study involved a number of steps. Annette had to sign a consent form. She then

answered questions about the food she ate, the amounts she ate and when. She had to send in toenail clippings and dust collected from her house. Two telephone interviews were then conducted about the environments in which she had lived. There were questions about the presence of animals nearby and using nail polish, deodorant and hairspray. A nurse came to her house and conducted a health evaluation, including weight, height and body fat measurement, as well as collecting blood and urine samples.

Since completing the first part of the study, Annette received a summary of the results of her health evaluation, along with suggestions on how to improve her health. But the real benefit is knowing that she is helping reduce the number of women affected by breast cancer.

"I feel like not only am I helping my sister, but I'm helping other people. Even though prognoses are better, breast cancer has got to be one of the scariest things for a woman to go through. Anything that we can do is wonderful."

Her advice?

"Go for your routine mammogram. It's not invasive. It can save your life." ✂

Participants Needed

The Sister Study is the only long-term study of women ages 35 to 74 whose sister had breast cancer. It is a national study to learn how environment and genes affect the chances of getting breast cancer. A total of 50,000 women will join the effort to find the causes of breast cancer.

There has been a great response to the study. However, more women from specific groups still are needed to ensure the study represents all women. Therefore, until the end of 2008, or when the number of desired participants is met, the study is only enrolling women from groups that are underrepresented in the study to date:

African Americans, Latinas, Asians and Pacific Islanders, and Native Americans ages 35 to 74.

Caucasian women ages 65 to 74 or with a high school degree or less.

For more information, call (877) 474-7837 or log on www.sisterstudy.org.



By the Numbers

Healthy Habits

> Only **43.7** percent of women in Indiana met the recommendations for **physical activity** in 2007.

> **74.3** percent of Hoosier women consume less than five servings of **fruits and vegetables** a day in 2007.

> **22.5** percent of women in Indiana are current **smokers**, based on 2007 statistics.

Early Detection in Indiana

> Of women age 40 and older, **71.6** percent had a **mammogram** in the past two years, according to 2006 figures.

> Of women age 18 and older, **81** percent had a **Pap test** in the past three years, according to 2006 statistics.

New Cancers

According to 2005 data, the most recent available, the following numbers of new cancer cases were identified in Indiana women:

Breast: 3,800

Cervical: 232

Ovarian: 401

Cancer Deaths

According to 2005 data, the most recent available, the following numbers of Hoosier women died from cancer:

Breast: 827

Cervical: 87

Ovarian: 341

* Source: 2006 and 2007 Indiana BRFSS and Indiana State Cancer Registry



Wanda Cook, seated left

There is Help

Coming back from the “edge,” Wanda Cook finds the support she needs

by Keylee M. Wright, Director, Indiana Comprehensive Cancer Control Program, American Cancer Society in partnership with the Indiana State Department of Health

Wanda Cook, a 55-year-old mother of four and grandmother to 13, experienced severe stomach pain months prior to her cervical cancer diagnosis in April.

After work one evening, Cook doubled over with excruciating pain. Her husband rushed her to a local hospital, where she initially was treated for ear, urinary tract and sinus infections.

“It had been 20 years since I’d been checked by a doctor,” Cook says. “I kept thinking cancer but put it in the back of my mind.”

Cook attempted to return to work after her hospitalization but hadn’t experienced any relief and couldn’t stand the pain any longer.

She visited Wishard Health Services in Indianapolis, and along with her family, received the bad news. Not only did she have cervical cancer, it was too advanced to operate.

“Just the word ‘cancer’ is enough to drive you over the edge,” Cook says.

Cook began chemotherapy and radiation immediately. Her treatment required she and her husband travel about 120 miles roundtrip, five days a week. Her family has supported her throughout her illness.

“They try to stay positive, but they are really concerned and worried about me,” Cook says. “My kids have been helping pay for gas.”

With no income, finances have been

Cervical Cancer Facts

Don’t delay: Screening, early detection and diagnosis keep you safer

by Cathey Carter, R.N., Indiana Breast & Cervical Cancer Program Case Manager



All women are at risk for cervical cancer. It occurs most often in women ages 30 and older. In 2004, the most recent year for which statistics are available, 11,892 women in the United States were told they had cervical cancer, and 3,850 died from the disease, according to the U.S. Cancer Statistics Working Group.*

Largely due to Pap test screening, the death rate from cervical cancer has decreased greatly. It is important to get tested for cervical cancer because six of 10 cervical cancers occur in women who have never received a Pap test or have not been tested in the past five years.


Two methods of testing for cervical cancer are currently available. One is the traditional Pap test in which surface cells are collected from the cervix, or opening of the uterus, and transferred to a glass slide. The other is the liquid-based method in which a swab transfers cells from the cervix to a tube containing liquid that preserves the specimen.

Both tests can be performed in the doctor’s office during a woman’s annual gynecological exam. After three consecutive negative screening tests, most physicians recommend cervical cancer screening every two to three years. However, a woman’s age and other factors can affect this. Women should consult with their physicians to determine which screening interval is appropriate for them.

It is not uncommon for women to have an abnormal cervical cancer screening test at some point in their lives. These results are usually precancerous, and it is up to a woman and her provider to decide whether or not treatment is needed. Often, a repeat screening test in three to six months is all that is required.

The human papillomavirus is a common virus that can be passed from one person to another during sex and is the main cause of cervical cancer. There are many different strains of HPV, and not all cause cervical cancer. Women can be tested for HPV from the same specimen used for their cervical cancer screening test. At least half of sexually active people will have HPV at some point in their lives, but few women will get cervical cancer as a result of the infection.

It is important to remember that cervical cancer can be prevented if abnormal cells are found and treated as recommended. Even with a diagnosis of cervical cancer, if the cancer is found in an early stage, successful treatment is available.

The best protection is early detection, so all women should talk to their health care provider about getting screened for cervical cancer. 



Cathey Carter

* U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 2004 Incidence and Mortality*. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2007.




a major concern. Cook has received assistance from EMBRACE, a program that offers wraparound services to women receiving cancer treatment at Wishard Health Services (see more about the EMBRACE program on page 12). EMBRACE provided a gift card to help pay for groceries and some much needed guidance to identify other community resources.

“We’re still waiting to hear from SSI,” Cook says. “I called another organization for help, but they were out of funds.”

Beyond finances, Cook has struggled with depression. She’s worried about her next doctor’s appointment. The cancer is in her lymph nodes, and she still experiences pain.

Cook admits though her experience has been extremely difficult, she has learned a lot from her battle with cancer. She still has a lot of life left in her and a lot to live for.

Her advice to other women: “Your health is more important than anything. You need to be checked regularly by a doctor. There’s help out there. If you don’t have insurance or whatever, you just have to find it.” 

Did You Know?

Publicly funded schools in Indiana are required by law to inform parents of all sixth-grade girls about HPV and the HPV vaccine.

As of 2008, the law requires publicly funded schools to ask parents whether they have vaccinated or plan to vaccinate their daughters.

The data collected is anonymous and cannot be used to identify parents or girls or to prevent school entry.

HPV and Cervical Cancer

Persistent HPV infections are linked to cervical cancer

by Joan Duwve, M.D., M.P.H., Medical Director, Human Health Services and Preparedness Commission, Indiana State Department of Health

Physicians long have suspected a relationship between sexual activity and cervical cancer, but it wasn’t until the 1980s that scientists were able to prove this link by isolating the genetic material from human wart, or papilloma, virus in cervical cancer cells. To date, more than 100 types of human papilloma virus, or HPV, have been identified, and about 40 of these are capable of infecting the human genital tract.

Low-risk HPV types, such as 6 and 11, are responsible for causing genital warts or benign cervical cell abnormalities. It is the high-risk virus types, including 16 and 18, that have the potential to cause changes in cervical cells leading to cancer if left untreated. High-risk HPV types are detected in 99 percent of cervical cancers. Types 16 and 18 alone are responsible for about 70 percent of cervical and anogenital cancers worldwide.

The Centers for Disease Control and Prevention estimate about 20 million Americans are infected with at least one type of HPV. A study done by Eileen Dunne at the CDC found more than one out of every four women between the ages of 14 and 59 were infected with HPV. That number increases to one out of every three young women ages 15 to 19 and almost one out of every two women 20 to 24 years of age, according to the 2007 article “Prevalence of HPV Infection Among Females in the United States,” *Journal of the American Medical Association*.

Many of these infections are asymptomatic, and 90 percent will resolve spontaneously

over time. Infections that persist may cause genital warts, abnormal Pap smears or cervical cancer. The risk of becoming infected with HPV increases with the number of sexual partners; however, 49 percent of




Joan Duwve, M.D.

the women in a recent study (none of whom had been sexually active before) were infected with HPV after being in a monogamous relationship for three years. The only factor associated with the risk of HPV infection in these women was the number of previous partners of their male partner, according to *The Journal of Infectious Disease*.

Fortunately, there is now a safe and effective vaccine for women between the ages of 9 and 26 against four types of HPV. The HPV vaccine is a series of three shots, given over a six-month period. Because the vaccine prevents most HPV infections but does not treat existing infections, it works better when given prior to initiation of sexual activity.

In the 2007 Indiana Youth Risk Behavior Survey of high school students across Indiana, it was found that half of ninth- through 12th-graders had already had sex. The CDC recommends routine vaccination of girls at the age of 11 or 12 and vaccination of women ages 13 to 26 not previously vaccinated.

For more information, talk to your doctor or log on www.cdc.gov. 



Overcoming Ovarian Cancer

Pat Gray learns to stay true to what her body tells her

by Deb Wezensky

Painkillers and antacids were always within Pat Gray's reach to placate the pain and bloating she experienced in early 2003. She was part of a team implementing new billing software in her company, so she attributed the symptoms to stress.

That summer, it dawned on her that something wasn't right. The next day, she made an appointment to see her doctor.

Given her symptoms, a colonostomy was ordered, but the attending gastroenterologist saw nothing notable. Gray was told she most likely suffered from an irritable bowel.

She watched her diet more closely and decided to "hang in there." Gray endured a long winter of fatigue and constant abdominal discomfort. Then, as if with a breath of fresh spring air, she experienced relief from her symptoms that lasted until midsummer.

But it was a short reprieve. Her symptoms returned with a vengeance. She relented, "Enough; there must be something to be done to give me relief." Given the severity of her symptoms, Gray saw her doctor who was greatly concerned and scheduled her for an ultrasound and other tests within the hour.

His concern was not unfounded. The next morning, Gray received a call telling of her diagnosis: She had ovarian cancer. She listened vaguely as she was told appointments with an oncologist and surgeon were being made. "I was stunned — my family health history involved heart disease — not cancer. I knew nothing of cancer treatment and response other than general information that we're all exposed to."

Within the next few days, she was under the care of a "wonderful" team of an oncologist and gynecological oncologist. Her oncologist confirmed her diagnosis of ovarian cancer IIIC. The cancer had spread to the membrane lining of her abdominal cavity, diaphragm and outer casing of her intestine and possibly could have spread to lymph nodes in the abdomen. Together, they discussed her treatment, and in Gray's mind, her complete recovery.

At first, she was reluctant to discuss being ill. "Perhaps I'm a more private person than I thought," Gray says. "But I think it was more

about my wrapping my mind around the whole thing."

As a single woman, Gray worried about her daughter and son. "I needed to be strong and show them we would endure this," she says.

Treatment began immediately when five liters of cancerous fluid were drained from her abdomen, a huge relief from extreme bloating.

Chemotherapy was started to reduce the size of her tumors before her upcoming surgery and resumed after the procedure.


When she began to lose her hair, Gray bought a razor and asked her son and grandchildren to shave her head. "It turned out to be a good way to involve my grandchildren in understanding I was ill," Gray shares.

Her co-workers were very supportive. But Gray's greatest support was her family. Her children accompanied her to doctors' appointments. Her daughter came, taking time off from work, to care for her after surgery.

Fortunately, cancer was not found in Gray's vital organs or her lymph system. Any active cells still present were removed with a complete hysterectomy and removal of her appendix, gall bladder and the fatty panel of her abdomen.

Surviving an advanced cancer, Gray feels it is essential to educate other women about ovarian cancer. She worked as a temporary office manager at Ovar'coming Together, an Indianapolis-based not-for-profit organization dedicated to raise awareness of ovarian cancer. She also serves on its board of directors.

Realizing she was at high risk for recurrence for the first few years, Gray made the most of her days. She took her oldest grandson on a safari in Tanzania, a dream of hers since reading her grandfather's book on travel in Africa.

True to her sense of mission, Gray has these words of wisdom to share with others: "Women must claim responsibility for the care of their bodies regardless of medical response ... Doctors aid us; but it's our persistence (toward) our own personal good health that will ensure our wellness." 



Pat Gray

Ovarian Cancer

Remaining silent about certain changes in your body can be life threatening

by Deb Wezensky


Though ovarian cancer is rare, detecting it at an early stage is challenging. Only 19 percent of all ovarian cancers are found before they spread outside the ovary.

Once ovarian cancer has been found outside the ovary, the five-year survival rate is only 45 percent, according to the American Cancer Society. Awareness and early detection are critical to improved outcomes.

Symptoms are very subtle, persistent and increase over time. The warning signs can be easily misunderstood as symptoms of other health concerns. Women must know their bodies and pay attention when they experience differences in how they function. It is helpful to keep a record of the differences you observe to discuss with your physician.

In June 2007, a National Consensus Statement identified these symptoms for ovarian cancer:

- > pelvic or abdominal pain
- > bloating
- > urinary problems, including urgency or frequency
- > indigestion or a feeling of fullness after a light meal

Many women tend to seek the care of a gastroenterologist when first suffering from ovarian cancer because the symptoms are similar to those of bowel or urinary illnesses. If these symptoms persist and are different from your normal body, don't delay. Discuss your concerns with your health care provider. 

Tests for early detection of ovarian cancer include:

- > A rectal pelvic exam along with a transvaginal ultrasound
- > A CA-125 blood test. If tests reveal a mass in the ovaries and a CA-125 has risen above 30, seek a referral to a gynecologic oncologist for further evaluation.

If the exam and tests are normal, it is reasonable to wait two to three weeks. If symptoms do not resolve themselves, make an appointment with your doctor to discuss the possibility of undergoing additional studies, like an MRI or CT scan.

Know Your Risks

Ovarian cancer: Less “common” but deadliest of the cancers affecting women

by Deb Wezensky

About 600 Hoosier women were diagnosed with ovarian cancer in 2007. Though ovarian cancer is not a “common” cancer, each woman has a one in 70 lifetime risk of developing it. The symptoms for ovarian cancer are vague, and the survival rate has had almost no improvement in 30 years because it usually is found in advanced stages. It is important to understand your risk, but there are several factors to consider:

Genetics

A significant risk factor is an inherited genetic mutation in the BRCA1 or BRCA2 genes, according to the Ovarian Cancer National Alliance.

Increasing age


Risk increases with age. About 68 percent of women diagnosed are age 55 or older.

Reproductive history

Talk to your health care provider about the relationship between the number of menstrual cycles in a woman’s lifetime and her risk of developing ovarian cancer.

Obesity

Recent studies suggest obesity in early adulthood is associated with an increased risk up to 50 percent of ovarian cancer.

Understanding your risk for developing ovarian cancer is important, but be aware that the majority of women who get ovarian cancer do not have obvious risk factors. It’s important to pay attention to signs that something might not be right. Women need to work with their health care provider to determine the cause and the best course of action. 

Q&A

David H. Moore, M.D., Gynecologic Oncology of Indiana, St. Francis Medical Group



David H. Moore, M.D.

Q: *Nationally, how many women are diagnosed with ovarian cancer each year?*

A: According to estimates by the American Cancer Society, in 2008 there will be 21,650 new cases of ovarian cancer in the United States. The lifetime risk for a woman to develop ovarian cancer is one out of every 70 women.

Q: *Are there specific populations of women at risk for developing ovarian cancer?*

A: There are a number of factors that may slightly increase the likelihood for a woman to develop ovarian cancer including:

1) reproductive factors such as infertility (or never having become pregnant);

2) processes leading to pelvic inflammation such as pelvic infections or endometriosis;

3) demographic factors such as North American or Western European residency;

4) dietary factors such as higher consumption of lactose (dairy products such as cottage cheese or yogurt) or fatty foods; and

5) hormonal factors such as the use of postmenopausal hormone replacement; conversely, the use of birth control pills decreases ovarian cancer risk. Much more critical is the risk associated with a family history of multiple relatives with breast and/or ovarian cancer. Individuals with such a family history, or who have a known mutation in the BRCA1 or BRCA2 genes, have a 15 percent to 44 percent lifetime risk for developing ovarian cancer.

Q: *Describe the various stages of ovarian cancer and implications.*

A: There are four stages of ovarian cancer: Stage I ovarian cancer, as determined through a meticulous surgery with multiple biopsies, has not spread beyond the ovary. Over 90 percent of women with stage I ovarian cancer will be cured, and many will not require chemotherapy. When ovarian cancer has spread — stage II-IV depending

upon the extent of spread — the prognosis is less favorable; furthermore, all of these women will require postoperative treatment in the form of chemotherapy.


Q: *What are the warning signs or symptoms that women should look for?*

A: Ovarian cancer has been described as a “silent disease” because most women present with more advanced cancers — stages III or IV. Almost all women with ovarian cancer have symptoms, but these symptoms are initially either ignored or attributed to other conditions. Until these symptoms become more severe, the diagnosis of ovarian cancer is often not considered. Symptoms commonly reported include: abdominal cramping, bloating or distention, pain and bleeding; as well as nausea and vomiting, decreased appetite and weight loss.

Q: *What do you advise women to do to ensure early detection and prevention?*

A: Knowing your risk for developing ovarian cancer is vital for early detection and prevention. Women who come from a family background indicating a possible genetic predisposition (breast-ovary family cancer syndrome) should be offered genetic counseling and testing for a possible BRCA1 or BRCA2 genetic mutation.

Q: *What, if any, lifestyle changes will help reduce the risks for developing ovarian cancer?*

A: All women should be encouraged to exercise regularly, eat a balanced low-fat diet, maintain normal body weight and not smoke. The benefits of such a lifestyle go far beyond ovarian cancer risk reduction. Pregnancy is a personal decision and not something to be recommended as a “risk-reducing intervention.” Hormonal contraception reduces ovarian cancer risk and should be offered to all women — who do not have specific contraindications — as a means to reduce ovarian cancer risk. 



Smoking significantly increases the risk of developing ovarian cancer. Fortunately, the risk returns to normal after long-term smoking cessation.

SOURCE: Jordan S, Whiteman D, Pardi D, Green A, Webb P, et al. Does Smoking Increase Risk of Ovarian Cancer? A Systematic Review. Gynecologic Oncology. 2006; 103:1123-1129.

Visit www.WhiteLies.tv to find out more.



Just for Caregivers

Learn how to advocate better for a friend or loved one

Nearly one in four households has an informal caregiver — someone who is providing for the daily needs of a relative or friend with advanced illness. If you are a caregiver, you may be asked to be the health care representative for your friend or loved one.


In this role, you will work with doctors, other medical staff and family members to ensure your friend or loved one's wishes, including end-of-life choices, are honored if he or she is unable to make these decisions.

These tips may help you advocate on behalf of your friend or loved one:

- > Learn as much as you can about your friend or loved one's illness, possible treatments and outcomes.
- > Talk with your friend or loved one about his or her choices for care. Encourage the person to put those wishes in writing.
- > If you or your loved one has concerns about his or her care, make a doctor's appointment so the doctor can allow enough time to meet with you in an unhurried way.
- > Make a list of your questions so you won't forget them.
- > Speak up. Be clear about what you want to say to the doctor. Make sure you

share your key concerns at the beginning of the meeting. Don't minimize symptoms or situations.

- > Ask questions. To make informed decisions, ask about the goals of the treatment plan. Sometimes a doctor's definition of recovery can be different from what your loved one wants.
- > Listen closely to what the doctors and other medical staff say. Take notes to help you remember details.
- > Share your knowledge. The doctor knows medical care. You know family care. Be honest and thorough in tracking your friend or loved one's symptoms; details are important.
- > Separate feelings of frustration and not being able to help your loved one as much as you like from your feelings about the doctor.
- > Seek the help of a social worker or patient advocate. These professionals can help strengthen the communication between you and the doctor, if necessary.
- > Be assertive. If a health care provider is unresponsive to your friend or loved one's requests, don't be afraid to change to a different doctor.

For more information regarding care giving, please contact the Indiana Hospice and Palliative Care Organization at (866) 254-1910 or log on www.ihpco.org. 

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Surviving for the Long Term

Resources can improve quality of life after a cancer diagnosis

by DeAnna R. Wesley, MSW, LSW,
Director, EMBRACE Program at Wishard

Hearing the words, "You have cancer," takes an enormous toll on thousands of Indiana women. In fact, one in three of us are at risk of being diagnosed with cancer in our lifetime.



DeAnna R. Wesley

With these odds, coping with cancer has become a new way of life for many.

Fortunately, with advances in education, early detection and innovative treatment, more people live longer with this disease. In other words, some cancers once considered fatal are now much more treatable and often curable, allowing for long-term survivorship.

As the director of Encouraging Meaning and Balance in a Renewing and Comforting Environment, a program offering support services to women receiving cancer treatment at Wishard Health Services, I know addressing survivorship is critical. It helps patients ensure their quality of life after their diagnosis and throughout the treatment process.

Once a cancer diagnosis has been confirmed, the amount of information given to a patient can be overwhelming. The value and meaning of life, relationships, family, economic stability and health become paramount, as the fear of treatment and its side effects can lead to uncertainty, fear and depression.

The goal of supporting cancer survivors is to identify, understand and validate the adverse effects of a diagnosis and treatment. It requires working collaboratively with the patient, his or her loved ones and the health care team to overcome obstacles and optimize outcomes to ensure a heightened quality of life with long-term survival.

Although some cancer survivors emerge with a renewed sense of hope and love of life, others struggle with uncertainty. Fear of the treatment options and the ensuing side effects, can become overwhelming. Once treatment is complete, the waiting period begins to see whether or not the treatment has been

successful. Further intensifying the fear is the reality of a potential recurrence of the cancer.

In addition to these fears, many women struggle to find a new “normal” in their lives. As a result of the diagnosis, the dynamics of important relationships can change dramatically. For example, during treatment, there is often a redistribution of every day responsibilities both at work and home. Once treatment is over, there is a need for a renegotiation of these functions.

Further, returning to work also can add to the stress as many women feel they are treated differently upon their return to their place of employment. Many also fear discrimination, dismissal or the lack of opportunity for future promotions in their careers.


Finally, many women face tremendous financial struggles as a result of their illness. A history of cancer can result in health-related work limitations, as well as the inability to secure and maintain health insurance. Unfortunately, the economic burden of cancer can be significant. This is especially true for single mothers of young children.

Learning to cope can seem impossible at times. However, with the right information and support, managing and enjoying life after cancer is quite possible. Survivors and their loved ones can overcome the many challenges of cancer by taking control.

It is important to have frequent and open communication with the health care team. In order to get the most out of a patient’s time with her physicians, make a list of questions and concerns prior to an appointment. This allows the patient time to define what is unclear, as well as prevent the risk of forgetting topics and questions that she may want to discuss.

In addition, it is often helpful to take notes during a visit to the doctor. This will allow her the opportunity to review the information later for clarification. Some patients have even asked their physicians if they may tape record the sessions.

Another helpful tip is to ask a patient’s health care team to recommend books, Web sites and brochures related to her diagnosis. These can be invaluable resources for gaining more information and a better understanding.

No woman should face cancer alone. In addition to a patient’s health care team, numerous local and national organizations specialize in offering support services to women with cancer. 



Quality of Life

Evolving expectations often challenge women

by Nancy Shepard, Founder, CEO, I.W.I.N. Foundation

Women’s roles and responsibilities are not only changing but, more importantly, they are growing. Women are multifaceted, and the scope of responsibilities they carry is eye-opening.

When women have serious health issues, all aspects of their lives are affected.

Today’s woman might be a single working homeowner or a married mom with four children and a traveling husband. Maybe she is an elderly woman caring for her ailing husband or a grandmother raising her grandchildren.

The combinations are limitless and all too real. In our country alone, we witness a growing number of single women, women as heads of households and women caring for parents or other adult relatives.


Consider these facts: Almost three-quarters of married women with dependent children work in the paid labor force in America. Yet, working women still feel the pinch. Even though a U.S. Department of Labor survey found 79 percent of women “love” or “like” their jobs, another study found more than four in 10 “worry a great deal” about balancing family and work responsibilities.

Couple these challenges with the

diagnosis of cancer, and she now is confronted with the overwhelming stress of coping with the uncertainty of her future, as well as that of her family. She may be unable to care for herself, care for others, or earn sufficient income.

Compounding this emotional struggle are the financial and physical burdens traditional cancer therapies create. The rising costs of treatment for cancer can incapacitate a woman without health care insurance and likewise devastate a woman with insurance who tries to cover the common 20 percent balance of treatment costs.

The physical effects treatment can have on a woman are equally debilitating. Cancer therapies, such as surgery, chemotherapy and radiation, commonly cause side effects, including pain, nausea, fatigue and physical limitations. The threat of lost employment due to illness and treatment side effects can significantly jeopardize the stability and security of a woman and her family.

Fortunately, a variety of local, state, and national resources are available to assist cancer patients with the financial, emotional and physical ramifications of a cancer diagnosis. Check out page 16 of this insert for a list of resources available to help women affected by cancer, as well as their loved ones. 

Indiana Cancer Consortium

Public-private partnership builds awareness and takes action to fight cancer

by Keylee M. Wright, Director, Indiana Comprehensive Cancer Control Program, American Cancer Society in partnership with the Indiana State Department of Health

Cancer Clinical Trials

Making a difference in many lives

by Tisha Reid, Partnership Program Coordinator, National Cancer Institute's Cancer Information Service

Whether we have cancer, care about someone who does or worry about getting it in the future, cancer touches all of our lives. As the second leading cause of death after heart disease, cancer accounts for one in four deaths a year.

However, there are things we can do to improve the prevention, detection and treatment of cancer. We can make a difference by being a participant in a clinical trial. Clinical trials contribute to knowledge and progress against cancer.

Just as there are misconceptions about cancer screening tests, there are misconceptions about clinical trials. When people think about clinical trials, many imagine “guinea pigs” — participants getting inferior treatment or a sugar pill (placebo) instead of actual medical treatment. Many people also think clinical trials are for only the people who have no other treatment options available to them. And yet other people get beyond these mistaken beliefs and participate in clinical trials as a way to contribute to their own health and the health of others in the future.

Clinical trials are important in two ways:

First, clinical trials contribute to knowledge and progress against cancer. If a new treatment proves effective in a study, it may become a new standard treatment that can help patients. Many of today's most effective standard treatments are based on previous study results. Examples include treatments for breast, colon, rectal and childhood cancers.

Clinical trials also may answer important scientific questions and suggest future research directions. Because of progress


made through clinical trials, many people treated for cancer are now living longer. However, only 3 percent of U.S. adults with cancer participate in clinical trials — far fewer than the number needed to answer the most pressing cancer questions quickly.

Second, the patients who take part may be helped personally by the treatment(s) they receive. They get up-to-date care from cancer experts, and they receive either a new treatment being tested or the best available standard treatment for their cancer. Of course, there is no guarantee that a new treatment being tested or a standard treatment will produce good results.

New treatments also may have unknown risks. But if a new treatment proves effective or more effective than standard treatment, study patients who receive it may be among the first to benefit. Some patients receive only standard treatment and benefit from it.

Learn more about cancer clinical trials

For more information, contact the NCI's Cancer Information Service at (800) 4-CANCER or log on the NCI's Web site at www.cancer.gov/clinicaltrials.gov or the National Institutes of Health's Web site at <http://clinicaltrials.gov>.

You also can contact your local NCI's Cancer Information Service Partnership Program Coordinator for the Midwest region. Call Tisha Reid at (317) 278-2274 or e-mail tireid@iupui.edu. Make a difference by learning more, talking to your health care provider or participating in a clinical trial. 




Tisha Reid

The Indiana Cancer Consortium is a statewide network of public and private partnerships with the mission to reduce the cancer burden in Indiana. This public-private collaboration is designed to maximize resources within the state, focus cancer control efforts toward areas of potentially significant impact, and reduce or eliminate disparities in the cancer burden in Indiana.

The ICC is an action-oriented organization. Priorities for the ICC include advocating for legislation that will increase insurance coverage of standard care for cancer patients enrolled in clinical trials. ICC also encourages primary care practitioners to incorporate clinical practice guidelines to promote early detection of cancer.

ICC's accomplishments include expert consultation to the Indiana legislature regarding women's cancer issues, creating public service announcements regarding the importance of regular breast cancer screening and developing the Indiana Cancer Control Plan. Additionally, the ICC collaborates with the American Cancer Society, Great Lakes Division, and the Indiana State Department of Health to update and publish the Indiana Cancer Facts and Figures every three years.

Participation is open to all organizations and individuals interested in cancer prevention, early detection, treatment, quality of life, data and/or advocacy regarding cancer-related issues.

For more information, log on www.indianacancer.org. 

Quiz Answers:

(From Page 3)

1. False: Symptoms of ovarian cancer may be subtle, but they do exist. Typical symptoms include abdominal cramping, bloating or distention, pain and bleeding. Other symptoms include nausea and vomiting, decreased appetite and weight loss.

2. False: Heart disease is the No. 1 killer of women in Indiana as well as the United States.

3. True: HPV is a sexually transmitted virus that can cause cervical cancer, and the most effective time to vaccinate with any vaccine is prior to exposure.

4. True: A Pap smear does NOT detect ovarian cancer. There is no reliable screening test for ovarian cancer. Women experiencing symptoms that might be caused by ovarian cancer should talk to their doctors about diagnostic tests that could indicate whether ovarian cancer is present.


5. False: For African-American women, the five-year survival rate of breast cancer is 75 percent, compared to 89 percent in white women. African American women are more likely to be diagnosed with larger tumors and more advanced stages of breast cancer despite a lower incidence rate.

6. True: Women with a personal history of breast cancer — as well as endometrial and colon cancer — have a higher risk of getting ovarian cancer. Additionally, having a family history of ovarian, breast or colon cancer also increases a woman's risk for ovarian cancer.

7. True: A Pap smear looks for abnormal cells in the lining of the cervix. With routine screening, abnormal cells are often found at a precancerous stage and with appropriate follow-up and/or treatment cervical cancer does not develop.

8. False: A woman's risk for breast cancer actually increases as she gets older. More than three-fourths of breast cancers found each year occur in women older than age 50.

9. True: Almost 9.2 million sexually active people ages 15 to 24 are estimated to have HPV in the United States, which translates to nearly one in four individuals in this age group.

10. True: Smoking, as well as some cases of immune system suppression, has been linked to cervical cancer. 



Indiana Joint Council for Women's Cancers

Professional, advocacy and support groups work together for women affected by cancer

by Kalah Stocker, Chair, IJCWC

The Indiana Joint Council for Women's Cancers is an association of professional, advocacy and support groups that do exceptional work in their respective fields. Participants include doctors, nurses, researchers, advocates, social workers and volunteers.


The IJCWC was formed in the spirit of collaboration, not as a separate nonprofit, but as an association of groups with the primary goal of understanding the needs of women with cancer.

The group has connected women since its inception in August 2007 with helpful resources and information to help them deal with the realities of living with cancer.

The group meets quarterly to share information and develop materials to help women in Central Indiana navigate the many programs and services available to

them. Resources are maximized to serve more women effectively without duplication of services.

An online calendar and a searchable database of available resources in the cancer community are available at the organization's Web site, www.ijcwc.org.

Very often, people who come through a cancer diagnosis, whether personally or with a loved one, are transformed. They are inspired by the journey and have a strong desire to give back to the community. If you or someone you know is interested in connecting with an organization making a difference in women's cancers, please contact the IJCWC at ijcwc@yahoo.com or any of the groups listed in the resource section on page 16. 



Kalah Stocker

Resources — *emotional, medical, and social* — in support of those living with cancer

American Cancer Society offers information and services to support those with cancer. Call (800) ACS-2345 or log on www.cancer.org.

CancerCare Assist Services provides grants to assist with home care, childcare, transportation and other needs. Call (800) 813-HOPE or log on www.cancercare.org.

Caring Bridge offers free, personalized Web sites for anyone facing a critical illness to keep loved ones informed. Call (651) 452-7940 or log on www.caringbridge.com.

Catherine Peachey Breast Cancer Prevention Program serves women who have had breast cancer or are considered at high risk. Call (317) 278-7576 or log on www.cancer.iu.edu/programs/breast/c_peachey.

Chemo Angels is a volunteer organization dedicated to encouraging those undergoing chemotherapy treatments. Log on www.chemoangels.com.

Comfort Foods provides free meals to families dealing with medical crises. Call (317) 903-9635 or log on www.comfortingfamilies.org.

Creating Hope Inc. provides free art materials to cancer patients. Call (317) 595-8513 or log on www.creating-hope.org.

Helping Her Heal supports women with female cancers. Call (317) 873-0210 or log on www.helpingherheal.org.

The Indiana Breast and Cervical Cancer Program offers breast and cervical screening services to low-income women. Call (800) 433-0746 or log on www.in.gov/isdh/19851.htm.

Indiana Tobacco Quitline helps Indiana smokers quit. Call (800) QUIT-NOW or log on www.indianatobaccoquitline.net.

Indiana Women in Need assists women enduring breast cancer treatment by providing financial support for personal services. Call (317) 475-0565 or log on www.iwinfoundation.org.

The Little Red Door Cancer Agency provides Marion County residents transportation, breast prostheses, bandages, garments, wigs, hats and turbans. Call (317) 925-5595 or log on www.littlereddoor.org.

Look Good ... Feel Better is a free service of the American Cancer Society that offers beauty techniques to enhance self-image during cancer treatment. Call (800) 395-LOOK or log on www.lookgoodfeelbetter.org.

Lotsa Helping Hands assists with organizing family members, friends and others in times of need. Log on www.lotsahelpinghands.com.

Making Memories Breast Cancer Foundation grants wishes for metastatic breast cancer patients. Log on www.makingmemories.org.

Men Against Breast Cancer educates and empowers men to be effective caregivers when breast cancer strikes a female loved one. Call (866) 547-MABC or log on www.menagainstbreastcancer.org.

National Cancer Institute's Cancer Information Service provides the latest cancer information to the public and health professionals. Call (800) 4-CANCER or log on www.cancer.gov.

The National Cervical Cancer Coalition is dedicated to serving women with, or at risk for, cervical cancer and HPV disease. Call (800) 685-5531 or log on www.nccc-online.org.

Ovar'coming Together partners with the medical community and other cancer-oriented organizations to create awareness, provide resources and support research. Call (317) 925-6643 or log on www.ovarian-cancer.org.

The Ovarian Cancer National Alliance works to keep ovarian cancer education, policy and research issues on the agendas of national policy makers. Call (866) 399-6262 or log on www.ovariancancer.org.

Pink Ribbon Connection helps patients navigate resources, and delivers services locally to help those coping with breast cancer. Call (317) 255-PINK or e-mail info@pinkribbonconnection.org.

Sisters Network is committed to increasing attention to the impact breast cancer has among African Americans. Call (317) 823-1466 or (866) 781-1808 or log on www.sistersnetworkinc.org or www.indysisters.org.

Susan G. Komen for the Cure is the world's largest grassroots network of breast cancer survivors and activists. Call (877) GO KOMEN or log on www.komen.org.

The Wellness Community of Central Indiana provides free support, education and hope to individuals and their families affected by cancer. Call (317) 257-1505 or log on www.twc-indy.org.

Women In Government launched the Challenge to Eliminate Cervical Cancer Campaign in 2004, a bipartisan initiative. Call (202) 333-0825 or log on www.womeningovernment.org.

Young Survival Coalition of Central Indiana increases awareness about breast cancer in young women. Call (317) 776-1766 or e-mail ysccentralindiana@youngsurvival.org.

Thank you to our Sponsors:



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Reprints of *Know Your Risks* are available by calling 317.585.5858 or by mail: Weiss Communications, 6610 N. Shadeland Ave., Suite 100, Indianapolis, IN 46220.