A New Way to Look at (and for) Cancer

Healthy habits and regular screenings can drastically improve your odds for detecting — and beating — cancer at its earliest and most treatable stages.
How CANCER Became the ‘little c’

Cancer — the “big C.” It’s the word that’s whispered at dinner parties, and the one you never want to hear your doctor say. But the truth is, about half of us will face a cancer diagnosis in our lifetime. Sure that stat can be scary, but don’t forget there’s good news, too. Better screening tools and treatment options have changed the face of cancer care today, making the disease more survivable than ever. But they only work if you do your part!

“Recommended screening exams help us catch cancer in early stages of the disease,” says Jeffrey B. VanDeusen, MD, PhD, medical director of the Adena Cancer Center. And when cancer is diagnosed early — before it spreads — survival rates go up. Across the board for all cancers, five-year survival rates have improved — some dramatically — over the past two decades.

5 To-Do’s to Help Prevent Cancer

1. BRING ON THE BERRIES. On your cereal, in a smoothie or as a snack, berries deliver a high dose of cancer-crushing antioxidants that help heal cell damage.

2. PLAY IN REAL LIFE. Don’t let screen time be your only source of recreation. Throw a Frisbee, walk your dog or join a softball league. Exercise can lower insulin levels, which lowers cancer risk.

3. KEEP YOUR DOCTOR ON SPEED DIAL. Get regular checkups and screenings, and speak up if you notice any suspicious symptoms.

4. GET A LITTLE SUN. Some evidence suggests that vitamin D, which your body produces when exposed to sunlight, can help prevent or decrease cancer cell growth.

5. SKIP A SMOKE. Tobacco smoke contains more than 60 cancer-causing agents. Put down the pack of cigarettes, and chew on gum or an apple. Ask your doctor to help you quit for good.

How South Central Ohio Stacks Up

Compared to state averages, fewer people in our region of south central Ohio are getting the recommended cancer screenings:

<table>
<thead>
<tr>
<th>Cancer Screening</th>
<th>Ohio (state average)</th>
<th>Highland</th>
<th>Ross</th>
<th>Pike</th>
<th>Jackson</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAP test</td>
<td>88.8%</td>
<td>81.2%</td>
<td>81.5%</td>
<td>81.3%</td>
<td>80.5%</td>
</tr>
<tr>
<td>Mammogram</td>
<td>79.1%</td>
<td>74.7%</td>
<td>74.4%</td>
<td>74.8%</td>
<td>71.8%</td>
</tr>
<tr>
<td>Colonoscopy/sigmoidoscopy</td>
<td>55.7%</td>
<td>52.4%</td>
<td>52.0%</td>
<td>52.6%</td>
<td>41.7%</td>
</tr>
<tr>
<td>PSA test</td>
<td>57.5%</td>
<td>60.7%</td>
<td>56.6%</td>
<td>50.7%</td>
<td>62.1%</td>
</tr>
</tbody>
</table>

Source: National Cancer Institute, cancer.gov

5-year survival rate: 1985
5-year survival rate: 2005
5-year survival rate, localized (not spread)
A Guide by Your Side

Just like a GPS, the free patient navigators at Adena Cancer Center serve as expert guides to help you and your family navigate your route to recovery by:

> Getting you from A to B. They help schedule appointments, arrange transportation and coordinate your medical records.

> Identifying alternate routes. Navigators can help you understand your treatment options. “We’ll work together to answer all your questions,” says Lindsay Kemper, RN, a patient navigator at the Adena Cancer Center.

> Finding help close by. They can connect you with resources, including financial counseling or social workers.

> Providing “turn by turn” directions. Navigators can help make sense of medical jargon and discharge instructions.

> Tracking your progress. “We follow your care on a personal, case-by-case basis,” Kemper says.

Since January 2012, the Adena Cancer Center has provided state-of-the-art, convenient cancer care.

**One stop:** Comprehensive services, from screening and diagnosis through treatment

**One day:** Same-day scheduling for multiple appointments and tests; appointments within 72 hours

**One roof:** Our tumor board brings together a team of experts from various fields to customize effective care for each patient

**One contact:** A nurse navigator guides* patients through scheduling and care planning

“Our priority is to meet the needs of our patients during each step of their cancer journey,” says Lana Uhrig, Adena Cancer Center director. “We take pride in serving our community with the best cancer care right here at home.”

**TO LEARN MORE** about the patient navigators at Adena Cancer Center, visit adena.org/cancernavigators.

<table>
<thead>
<tr>
<th>Vinton</th>
<th>Fayette</th>
<th>Pickaway</th>
<th>Hocking</th>
<th>Adams</th>
<th>Scioto</th>
<th>Gallia</th>
</tr>
</thead>
<tbody>
<tr>
<td>81.0%</td>
<td>81.0%</td>
<td>84.5%</td>
<td>80.4%</td>
<td>81.5%</td>
<td>80.8%</td>
<td>80.5%</td>
</tr>
<tr>
<td>71.6%</td>
<td>74.7%</td>
<td>74.0%</td>
<td>71.6%</td>
<td>74.5%</td>
<td>75.0%</td>
<td>71.7%</td>
</tr>
<tr>
<td>41.2%</td>
<td>52.5%</td>
<td>49.2%</td>
<td>41.0%</td>
<td>52.3%</td>
<td>52.6%</td>
<td>41.5%</td>
</tr>
<tr>
<td>57.9%</td>
<td>65.1%</td>
<td>50.8%</td>
<td>61.8%</td>
<td>58.8%</td>
<td>56.1%</td>
<td>65.3%</td>
</tr>
</tbody>
</table>

---

*Adena offers patient navigators for breast, colorectal, head and neck, and lung cancer patients.
5 TIPS to Reduce Your Risk for Breast Cancer

You’ve heard you should exercise and lose weight to reduce your risk for breast cancer. But here’s how these and other changes can make a difference.

1. **Have babies and breastfeed them.** Reducing your exposure to estrogen — a hormone that stimulates breast cancer cells to grow and divide — can help lower your risk for the disease. Estrogen levels are lower during pregnancy and breastfeeding, so your lifetime exposure decreases.

2. **Manage your weight.** After menopause, your ovaries stop producing estrogen, and fat cells take over the job. The more fat tissue you have, the higher your estrogen levels, and the higher your breast cancer risk.

3. **Exercise regularly.** Working out is another way to lower estrogen levels — and lose weight. Walking briskly for 75 to 150 minutes per week can reduce a postmenopausal woman’s risk for breast cancer by 18 percent, according to a Women’s Health Initiative study.

4. **Don’t smoke.** “Smoking increases your risk for most types of cancer,” says Lindsay Kemper, RN, a patient navigator at the Adena Cancer Center.

5. **Limit your alcohol intake.** Alcohol raises your body’s estrogen levels and prevents your body from absorbing folate, both of which can increase breast cancer risk. Limit yourself to one alcoholic drink or less per day.

**LEARN MORE** about your risk for breast and other types of cancer with a free online Health Risk Assessment. Take it today at adena.org/findout.

### A Picture That’s Worth a Thousand…Times Less Worry!

We all know someone who’s been touched by breast cancer. It could be a sister or friend, a co-worker or the woman in your yoga class. Could it be you, too? Sure you could wait, wonder and worry. Or you could take matters into your own hands and schedule a mammogram.

Mammograms are recommended for women annually, starting at age 40. “Annual mammograms are the best way to catch breast cancer in its earliest, most treatable stages,” says Michael S. Levey, MD, radiologist at Adena Health System. In fact, a 2011 study showed that mammograms reduced breast cancer deaths by 30 percent.

Adena offers digital mammograms for the fastest, most accurate results possible. They work like traditional mammograms, except they take a digital picture that can be stored and analyzed on a computer. “Digital imaging, as opposed to traditional films, results in more accurate interpretation of mammograms, especially in younger women with dense breasts,” Dr. Levey explains. Learn more about breast health and mammograms at adena.org/mammo.

### Who Needs a Mammogram?

**Does this look like you?**

- You are a woman age 40 or older

You may need screening mammograms earlier or more frequently if:

- Your doctor says you have one of these factors that mean you’re at an increased risk for breast cancer:
  - Personal or family history of breast cancer
  - Dense breasts
  - No children or first child after 35
  - Use hormone replacement
**Prevention in a Pill?**

Here are three drugs that could actually help *prevent* breast cancer.

<table>
<thead>
<tr>
<th>Drug</th>
<th>How it works</th>
<th>In clinical trials …</th>
<th>Recommended for …</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tamoxifen</td>
<td>Selective estrogen receptor modulator (SERM) that acts against estrogen in the breast</td>
<td>Reduced risk by 50%</td>
<td>Women over 35 with a high risk for breast cancer</td>
</tr>
<tr>
<td>Raloxifene</td>
<td>A SERM that also makes bones stronger</td>
<td>Reduced risk by about 40%</td>
<td>Postmenopausal women with osteoporosis</td>
</tr>
<tr>
<td>Exemestane</td>
<td>Interferes with an enzyme to prevent formation of the hormone estradiol</td>
<td>Reduced risk by 65%</td>
<td>Postmenopausal women with a personal history of breast cancer; women over 60 with a history of ductal carcinoma in situ or an otherwise elevated risk</td>
</tr>
</tbody>
</table>

---

**Schedule a Mammogram Today!**

Call Adena Central Scheduling at **740-779-7711**.

Mammograms are available at:

**Adena Regional Medical Center:**
Monday-Thursday, 8:15 a.m.-4:45 p.m.; Friday, 8:15 a.m.-3:45 p.m.

**Adena Health Center — Western Avenue in Chillicothe:**
Monday-Friday, 8:30 a.m.-4 p.m.

**Adena Health Center — Jackson:**
Tuesday and Thursday, 8:30 a.m.-4 p.m.

**Adena Health Center — Waverly:**
Monday, Wednesday and Friday, 8:30 a.m.-4 p.m.

**Adena Greenfield Medical Center:**
Tuesday, 8:30 a.m.-3:30 p.m.

---

**Adena Cancer Center** offers a comprehensive team of specialists to care for cancer patients and provide support for their families. For more information, call **740-542-3030** or go online and view bios of our team at [adena.org/cancer](http://adena.org/cancer).

- **Jeffrey B. VanDeusen, MD, PhD**
  - **Medical Director**
  - **Adena Cancer Center, Chillicothe**
  - **Specialty:** Hematology/Medical Oncology
  - **Medical School:** Ohio State University College of Medicine
  - **Residency:** Duke University
  - **Fellowship:** Duke University

- **David Adam Jones, MD**
  - **Adena Cancer Center, Chillicothe**
  - **Specialty:** Radiation Oncology
  - **Medical School:** Jefferson Medical College
  - **Residency:** University of Kentucky Medical Center

- **Ganapathy S. Krishnan, MD**
  - **Adena Cancer Center, Chillicothe**
  - **Specialty:** Hematology/Medical Oncology
  - **Medical School:** Thanjavur Medical College
  - **Residency:** Michigan State University
  - **Fellowship:** Michigan State University/Breslin Cancer Center, St. George’s University School of Medicine

- **Zion Oshikanlu, MD**
  - **Adena Cancer Center, Chillicothe**
  - **Specialty:** Hematology/Medical Oncology
  - **Medical School:** University of Ilorin
  - **Residency:** Columbia University College of Physicians and Surgeons at Harlem Hospital
  - **Fellowships:** Michigan State University/Breslin Cancer Center, St. George’s University School of Medicine
New Ways to Look for Lung Cancer

For many types of cancer, regular screening tests detect the disease early — even before you have any symptoms. But until recently, there was no recommended screening test for lung cancer even though more people die from lung cancer than prostate, breast and colorectal cancer combined.

When lung cancer is diagnosed at an advanced stage, it’s hard to treat successfully. That’s why a recent recommendation from the U.S. Preventive Services Task Force for an annual low-dose CT screening for heavy smokers is exciting news. “Smokers are at high risk for lung cancer, and now they have a better option for early detection — and earlier, more effective treatment options,” says Haval Saadlla, MD, a pulmonologist at Adena Pulmonology, Critical Care & Sleep Services.

“The benefit of early detection outweighs the risk of radiation exposure, but the best prevention is to quit smoking.”

And patients can be sure they’ll receive well-coordinated care and disease management at Adena Cancer Center, which was recently designated as a “Screening Center of Excellence” by the Lung Cancer Alliance, the nation’s leading lung cancer advocacy group.

Personalized Treatment From a Team of Specialists
If you are diagnosed, treatment options will vary depending on the type of lung cancer you have, but they may include surgery, chemotherapy, radiation or a combination. At Adena Cancer Center, each patient’s case is reviewed by a team of specialists who creates a customized care plan.

Who Says Quitters Never Win?
Quitting smoking is one of the best ways to decrease your lung cancer risk. And the benefits begin almost immediately — even for longtime smokers.

Who Needs a Lung Cancer Screening?

Does this look like you?
- > Age 55 to 74
- > Current smoker or quit within past 15 years
- > Smoking history of 30 “pack-years” or more (for example: a pack a day for 30 years or two packs a day for 15 years)

Take a free lung cancer risk assessment at adena.org/findout.

CALL 740-542-LUNG (5864) to schedule a lung cancer screening, which is covered by some insurance plans. Adena is providing this screening free through the end of April. This screening also can help detect life-threatening aneurysms, advanced heart disease, and liver and lung nodules.
Adena Lung Nodule Program

An innovative screening program at Adena Cancer Center offers help and hope for people at high risk for lung cancer. The Adena Lung Nodule Program can find small lung nodules and detect lung cancer early using state-of-the-art imaging services, including bronchoscopy and CT-guided biopsy using the region’s only 128-slice CT scanner.

Candidates for the Adena Lung Nodule Program include people with:
> A previous history of lung cancer
> A history of smoking, secondhand smoke exposure or asbestos exposure
> Lung nodules or lung spots found during a chest X-ray or CT scan

TO LEARN MORE about the Adena Lung Nodule Program, or to take a free online Health Risk Assessment to evaluate your risk for lung cancer, visit adena.org/findout or call 740-779-8700.

6 Symptoms Not to Ignore

While lung cancer often has no early symptoms, if you experience any of these signs, talk with your doctor to evaluate the cause:

1. A cough that doesn’t go away
2. Coughing up blood
3. Chest pain that worsens with coughing or deep breathing
4. Shortness of breath and wheezing
5. Hoarseness
6. Recurrent infections, such as bronchitis or pneumonia

Ready to Quit?

Adena can help. Go to adena.org/quitsmoking to get tips, learn about aids to help you stop smoking, and find classes and programs.

After 1 year: Risk for heart disease decreases to half that of a continuing smoker.

After 5 years: Risk for mouth, throat, esophageal and bladder cancer is cut in half. Stroke and cervical cancer risk return to that of a nonsmoker.

Adena Cancer Center offers a comprehensive team of specialists to care for cancer patients and provide support for their families. For more information, call 740-542-3030 or go online and view bios of our team at adena.org/cancer.

Jeyanthi Ramanarayanan, MD

Adena Cancer Center, Chillicothe
Specialty: Hematology/Medical Oncology
Medical School: Sri Ramachandra Medical College and Research Institute
Residency: Mount Sinai School of Medicine
Fellowships: Roswell Park Cancer Institute, University of Buffalo at Erie County Medical Center

Ralph W. Roach, MD

Adena Cancer Center, Chillicothe
Specialty: Hematology/Medical Oncology and Palliative Care
Medical School: Medical College of Ohio
Residency: Ohio State University Medical Center
Fellowship: Ohio State University Medical Center

Debra E. Bihl, Certified Nurse Practitioner

Adena Cancer Center, Chillicothe
Specialty: Hematology/Medical Oncology
Graduate School: University of Cincinnati College of Nursing
Internship: Ohio State University College of Nursing

Douglas M. Smith, Certified Nurse Practitioner

Adena Cancer Center, Chillicothe
Specialty: Hematology/Medical Oncology
Graduate School: University of Cincinnati College of Nursing
COLONOSCOPY: 
The Screening That Saves Lives

What’s better than catching cancer early? Preventing it from developing in the first place. By finding and removing precancerous growths called polyps, a colonoscopy can deliver a one-two punch of detection and prevention.

The rate of new colorectal cancer cases has been falling almost 3 percent annually for the past 10 years. Part of that decline is due to the fact that more people are getting colonoscopies — that’s good news and proof of just how effective they are.

“Every adult at average risk should have a colonoscopy at age 50 and every 10 years after that if no polyps are found,” says Wayne Coats, DO, internist and endoscopist at Adena.

Don’t let squeamishness about the procedure or the prep keep you from getting one. “Around 40 percent of the [recommended] population is not getting screened,” Dr. Coats says. Colonoscopy prep options have improved in recent years. “The volume of fluids used for cleansing can be lessened, and patients can now use a pill prep instead [of liquids] that is much more tolerable,” he says.

Dr. Wayne Coats

WHO NEEDS A COLONOSCOPY?

Does this look like you?

> Age 50 or older
> Under 50 but with risk factors such as:
  ✓ A family history of colon cancer
  ✓ A personal history of polyps or inflammatory bowel disease
  ✓ African-American ethnicity

If you’re at higher risk, talk to your primary care physician about an earlier or more frequent screening schedule. To find a family doctor, visit adena.org/findadoc.

6 SYMPTOMS

That Could Signal Something Serious

Colorectal cancer often has no signs in its early stages, but if you experience any of these symptoms, the American Cancer Society recommends seeing your doctor.

☐ A change in bowel habits, such as diarrhea, constipation or changes in the consistency of your stool
☐ Blood in your stool or rectal bleeding
☐ Persistent abdominal cramps, gas or pain
☐ A feeling that your bowel doesn’t empty completely
☐ Weakness or fatigue
☐ Unexplained weight loss

TO LEARN MORE, visit adena.org/coloncancer, or talk to your primary care physician about a colonoscopy.

COLON CANCER 5K RUN/WALK

Colorectal cancer is the third most common cancer in the U.S., but if detected early, is one of the most treatable forms of cancer. Join us on April 19 as we walk to raise awareness of this disease. Proceeds benefit Adena Health Foundation’s Cancer Care Fund. For more information or to register, visit 2014coloncancer5k.eventbrite.com.

Cutting Colon Cancer Risk at the Dinner Table

What you eat and drink can affect your colorectal cancer risk, according to the American Cancer Society. Next time you head to the grocery store, consider adding these items to your list:

<table>
<thead>
<tr>
<th>BUY</th>
<th>INSTEAD OF</th>
<th>BECAUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken, fish or tofu</td>
<td>High-fat red meat</td>
<td>Dietary fat has been linked to increased colon cancer risk.</td>
</tr>
<tr>
<td>Berries, broccoli, brown rice and whole-wheat bread</td>
<td>White bread or rice, chips or other processed foods</td>
<td>Fiber-rich fruits, vegetables and whole grains can reduce fecal pH and minimize contact between carcinogens and your colon.</td>
</tr>
<tr>
<td>Green tea, water or 100% juices</td>
<td>Wine, beer or hard liquor (except in moderation)</td>
<td>When your body breaks down the ethanol in alcohol, it creates a potentially carcinogenic chemical called acetaldehyde. Plus, green tea has been linked in many studies to reduced cancer risk.</td>
</tr>
</tbody>
</table>

TO LEARN MORE, visit adena.org/coloncancer, or talk to your primary care physician about a colonoscopy.
HABITS THAT HURT YOUR HEALTH

Research links smoking, smokeless tobacco usage and alcohol with more than three-quarters of head and neck cancers, and the risk is highest among those who use both tobacco and alcohol. Here’s why they’re so bad for you:

> Tobacco smoke contains more than 60 known carcinogens, including the cancer-causing toxin arsenic, according to the American Cancer Society.

> Smokeless tobacco has at least 28 carcinogens. The worst offenders are nitrosamines and radioactive elements from fertilizers.

> In addition to the ethanol in alcohol, it can act as a solvent in the mouth, throat and digestive tract, making it easier for carcinogens to enter the cells.

> When used together, alcohol can hinder the body’s ability to repair the damage done to cells by cancer-causing chemicals in tobacco.

HPV Risk Is on the Rise

Once linked almost exclusively with tobacco and alcohol use, a growing number of head and neck cancers are now being traced to the human papillomavirus, or HPV, which is also linked to cervical cancer. About one in 14 Americans carries this common sexually transmitted virus in their mouths and throats. The virus is easily spread to others and can cause head and neck cancers, according to a 2012 study published in the Journal of the American Medical Association.

“HPV-associated oropharyngeal cancer affects the back part of the mouth and tonsils down to the middle of the throat,” explains Mathew Cosenza, RPH, DO, of Adena ENT and Allergy. The incidence has increased in the past two decades, especially among men, according to the National Cancer Institute.

Increased awareness of the association between HPV and head and neck cancer could potentially help people avoid the disease. “One of the best tools at our disposal is a vaccine for HPV that may be effective at preventing these types of cancers,” Dr. Cosenza says. That vaccine — provided in a three-shot series — is recommended by the Centers for Disease Control and Prevention for girls and boys, starting at age 11 or 12.

The good news? Effects are cumulative, so if you quit or cut back, your risk for cancer reduces over time.

NO MORE IFS, ANDS OR BUTTS!

Your primary care physician can help you develop a plan to quit smoking. If you need a physician, call the Adena physician referral line at 877-779-7585 to connect with one who’s right for you. And find helpful tips at adena.org/quitsmoking.

WHO NEEDS A HEAD AND NECK CANCER SCREENING?

Does this look like you?

> Smoke or use smokeless tobacco
> Drink alcohol
> Pain, a lump or a sore in your mouth or throat that isn’t going away
> Difficulty swallowing
> Hoarseness

WHO NEEDS A HEAD AND NECK CANCER SCREENING?

If you’re at high risk or have symptoms (see box), ask your primary care physician about the following screenings:

> X-ray
> CT scan
> MRI
> Endoscopy
> Laryngoscopy
> Neurological and hearing tests

TALK TO YOUR PEDIATRICIAN to learn more about the HPV vaccine. Need a pediatrician? Visit adena.org/findadoc.

IF YOU ARE AT RISK of head and neck cancer or you experience any symptoms, be sure to talk to your dentist and doctor.

First Line of Defense for Head & Neck Cancer

Every year, about 50,000 people are diagnosed with cancers of the lips, mouth, tongue, throat and voice box. As with all cancers, early detection is key to successful treatment. You might be surprised to learn that your dentist plays an important role in diagnosis. When he/she lifts your tongue to look underneath, he/she’s checking for signs of cancer. Dentists also can use a small brush to gather cells for a cancer biopsy if they discover a suspicious area.

Head & Neck Cancer Photos: Couple ©Thinkstock/Comstock; Food ©Thinkstock/Esykamak; Photos: Dentist ©Thinkstock/Alliance; Beverage ©Thinkstock/Bunyos

TRIUMPH, a special edition of Adena Today! | 2014
The ABCs of Prostate Cancer Screening

Each year, more than 240,000 men are diagnosed with prostate cancer, making it the most common solid organ cancer in men in the United States. Most men should undergo prostate cancer screenings starting at age 50, and two screening tests can be used for diagnosis: PSA (prostate-specific antigen) and DRE (digital rectal exam). PSA is a blood test that can help detect the presence of prostate cancer. It was previously recommended annually for nearly all men over 50 years old, but changing guidelines have challenged this recommendation and created confusion. Here’s what you need to know about the PSA test:

WHO NEEDS A PROSTATE CANCER SCREENING?

Does this look like you?

> You're a man age 50 or older
> You're under age 50, but have risk factors including:
  - Family history of prostate cancer
  - African-American ethnicity
  - Prostatitis, inflammation of the prostate

WHAT: A blood test that measures the amount of a protein produced by the prostate, which, when elevated, can help detect the presence of prostate cancer.

WHO AND WHEN: “Ask your primary care doctor or urologist if they think you should get a PSA test,” says Stephen Johnson, MD, a urologist at Adena Health System. “Then, make sure you have a conversation about why they’re making a certain recommendation” and what treatment is appropriate.

WHY HAVE ONE: The test shows the level of PSA in your blood and can detect early prostate cancer. Generally, a PSA over 4.0 ng/mL (nanograms per milliliter) is considered elevated, but there are many other causes for an elevated level besides cancer. For example, prostate inflammation or infection, benign prostatic hyperplasia (BPH) and advancing age all can cause elevation of the PSA level.

Progress in Prostate Cancer Treatments

One of today’s most popular treatments for prostate cancer is robotic-assisted prostatectomy, a minimally invasive surgery to remove the prostate through several half-inch incisions rather than a larger “open” incision. “Today, more than 70 percent of all prostate cancer surgery is performed robotically,” says Dr. Johnson. That’s good news for patients, he explains, since in addition to virtually no scar, it means:

> Less pain and blood loss
> Shorter hospital stays
> Faster recovery
> Fewer postoperative complications

Dr. Johnson adds that although there is conflicting data, most urologists agree that robotic prostatectomy also leads to a lower risk for erectile dysfunction and urinary incontinence, and better cancer control.

A Medication for High-Risk Men

According to an 18-year follow-up of the Prostate Cancer Prevention Trial, the 5-alpha reductase inhibitor finasteride can help certain men reduce their risk of prostate cancer by as much as 24.8 percent. Despite initial concerns that the drug showed a relative increase in the rate of high-grade prostate cancers, the follow-up analysis found the increased risk did not affect long-term survival rates.

Talk with your primary care physician about your personal prevention plan.

DOWNLOAD a free guide to robotic surgery at adena.org/robot.
Cancer Screening Record

**Remember, cancer is best fought when found early.** You have the best chance at catching cancer early if you follow the recommended guidelines for cancer screenings outlined below. This guide was designed so that you could cut it out and keep track of your screenings. On the back side of this page, you'll find information on where and how you can get these screenings.

These recommendations are for people with normal risk factors.

---

**EVERYONE**

- **Colonoscopy**  
  **date** _____/_____/_________  
  **Helps diagnose:** Colon cancer  
  **Start screenings:** Age 50  
  **Frequency (if results are normal):** Every 10 years

- **Low-dose CT screening**  
  **date** _____/_____/_________  
  **Helps diagnose:** Lung cancer  
  **Start screenings:** Age 55, if you’re a heavy smoker (a pack a day for 30 years or 2 packs a day for 15 years)  
  **Frequency (if results are normal):** Annually through age 75

- **Oral exam**  
  **date** _____/_____/_________  
  **Helps diagnose:** Head and neck cancers  
  **Start screenings:** Age 18  
  **Frequency (if results are normal):** Annually by your dentist, plus monthly self-exams; also ask your primary care physician for an oral exam as part of your regular checkup

- **Head-to-toe self-examination**  
  **date** _____/_____/_________  
  **Helps diagnose:** Skin cancer, breast cancer and testicular cancer  
  **Start screenings:** Age 20  
  **Frequency (if results are normal):** Monthly

- **Clinical skin check**  
  **date** _____/_____/_________  
  **Helps diagnose:** Skin cancer, including melanoma  
  **Start screenings:** Baseline exam in your 20s  
  **Frequency (if results are normal):** Depends on your risk factors

---

**WOMEN**

- **Mammogram**  
  **date** _____/_____/_________  
  **Helps diagnose:** Breast cancer  
  **Start screenings:** Get a baseline mammogram at age 40  
  **Frequency (if results are normal):** Annually

- **Clinical breast exam**  
  **date** _____/_____/_________  
  **Helps diagnose:** Breast cancer  
  **Start screenings:** In your 20s  
  **Frequency (if results are normal):** Every 3 years for women in their 20s and 30s; annually after age 40

- **Pap test**  
  **date** _____/_____/_________  
  **Helps diagnose:** Cervical cancer  
  **Start screenings:** Age 21  
  **Frequency (if results are normal):** Every 3 years from ages 21-29; every 5 years from ages 30-65

---

**MEN**

- **Digital rectal exam (DRE)**  
  **date** _____/_____/_________  
  **Helps diagnose:** Prostate cancer  
  **Start screenings:** Age 50  
  **Frequency (if results are normal):** Monthly

- **Prostate-specific antigen (PSA) blood test**  
  **date** _____/_____/_________  
  **Helps diagnose:** Prostate cancer  
  **Start screenings:** Age 50 if recommended by your physician  
  **Frequency (if results are normal):** Talk with your primary care provider about frequency

---

A primary care doctor or family doctor is an essential tool for your cancer prevention toolbox. These doctors can help you understand your risk factors for cancer, give you tips for lowering your risk, and help you keep on track with regular cancer screenings. To find a primary care physician for you and your family, go online to adena.org/findadoc.

---

Talk with your primary care physician about your risk for various types of cancer based on your family history, age, gender, race and lifestyle factors. If you are at increased risk for any type of cancer, your doctor may recommend earlier or more frequent screenings and possibly other types of tests.

---

**LEARN MORE** about your risk for cancer by taking our free online assessments at adena.org/findout.
**Q&A**

*With Lana Uhrig, RN, MBA, PhD Candidate, Adena Cancer Center Director*

**Q:** What are the best foods to help prevent cancer?

**A:** The notion of using food or food compounds to prevent disease is not new. “Let your food be your medicine, and let your medicine be your food,” was a famous quote by Hippocrates in 400 B.C. He realized thousands of years ago that diet and nutrition play prominent roles in wellness and disease.

The American Institute of Cancer Research (AICR) and the World Cancer Research Fund classify inadequate consumption of fruits, non-starchy vegetables and those containing carotenoids as being a “probable” risk factor in the development of cancer. Nevertheless, more than 80 percent of men and 70 percent of women ages 20-64 fail to eat the recommended five daily servings of fruits and vegetables. Research has demonstrated that eating a diet high in fruit specifically reduces the risk of cancers of the esophagus, lung, stomach, mouth, pharynx and larynx.

While fruit intake in general is encouraged, berries seem to pack a nutritional punch. Along with being powerful antioxidants, they are very high in compounds such as ellagic acid, quercetin, vitamin C, and anthocyanins (which gives them their deep, rich color). They also are a great source of fiber. Research I have been involved in at Ohio State University is providing evidence for how berries can lower levels of markers associated with oxidative stress and inflammation as well as affect the expression of genes and molecular pathways associated with the development of some types of cancers.

Whether fresh, frozen, in a smoothie, on your cereal, or in your yogurt, eating berries several times per week is a great way to help prevent cancer.

---

**Helpful Resources at Adena**

Take a Health Risk Assessment at [adena.org/findout](http://adena.org/findout).

> **BREAST CANCER**

To schedule your mammogram, call [740-779-7711](tel:740-779-7711) or learn more at [adena.org/mammo](http://adena.org/mammo).

Mammograms are available at the following locations:
- Chillicothe
- Jackson
- Waverly
- Greenfield

*See Page 5 for locations and hours.*

> **COLORECTAL CANCER**

To schedule a colonoscopy, talk to your primary care physician. Find an Adena doctor at [adena.org/findadoc](http://adena.org/findadoc).

> **HEAD & NECK CANCER**

Talk to your primary care physician or dentist. For more information about the HPV vaccine, talk to your pediatrician. Find an Adena doctor at [adena.org/findadoc](http://adena.org/findadoc).

> **LUNG CANCER**

To schedule a lung cancer screening, call [740-542-LUNG (5864)](tel:740-542-LUNG (5864)).

For information on the Adena Lung Nodule Program, call [740-779-8700](tel:740-779-8700).

For tips to help you quit smoking, visit [adena.org/quitsmoking](http://adena.org/quitsmoking).

> **PROSTATE CANCER**

To schedule an appointment with a primary care physician or urologist, request an appointment online at [adena.org/appointment](http://adena.org/appointment).

For information or to download a free guide about robotic surgery, visit [adena.org/robot](http://adena.org/robot).

---

**Next Steps to a Healthy Future**

> Learn your risk factors. Take our free online cancer risk assessments at [adena.org/findout](http://adena.org/findout).

> Learn more about cancer risk factors, symptoms and treatments at [adena.org/cancer](http://adena.org/cancer).

> Develop a personal prevention plan with your doctor. If you don't have a doctor, you can find an Adena physician at [adena.org/findadoc](http://adena.org/findadoc) or by calling [877-779-7585](tel:877-779-7585).

> Take a class or attend an event to improve your health. See a calendar at [adena.org/events](http://adena.org/events).

---

**Q&A**

*With Lana Uhrig, RN, MBA, PhD Candidate, Adena Cancer Center Director*

**Q:** What are the best foods to help prevent cancer?

**A:** The notion of using food or food compounds to prevent disease is not new. “Let your food be your medicine, and let your medicine be your food,” was a famous quote by Hippocrates in 400 B.C. He realized thousands of years ago that diet and nutrition play prominent roles in wellness and disease.

The American Institute of Cancer Research (AICR) and the World Cancer Research Fund classify inadequate consumption of fruits, non-starchy vegetables and those containing carotenoids as being a “probable” risk factor in the development of cancer. Nevertheless, more than 80 percent of men and 70 percent of women ages 20-64 fail to eat the recommended five daily servings of fruits and vegetables. Research has demonstrated that eating a diet high in fruit specifically reduces the risk of cancers of the esophagus, lung, stomach, mouth, pharynx and larynx.

While fruit intake in general is encouraged, berries seem to pack a nutritional punch. Along with being powerful antioxidants, they are very high in compounds such as ellagic acid, quercetin, vitamin C, and anthocyanins (which gives them their deep, rich color). They also are a great source of fiber. Research I have been involved in at Ohio State University is providing evidence for how berries can lower levels of markers associated with oxidative stress and inflammation as well as affect the expression of genes and molecular pathways associated with the development of some types of cancers.

Whether fresh, frozen, in a smoothie, on your cereal, or in your yogurt, eating berries several times per week is a great way to help prevent cancer.