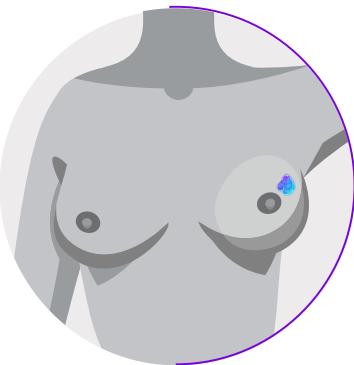


# How to look out for and fight off breast cancer

## Are you at risk?



### Gender

Men can develop breast cancer, but women are 100x more likely to<sup>1</sup>

### Age

The older you are, the more likely you are to develop it<sup>1</sup>

### Genetics

A woman's risk is nearly 2x if she has a first-degree relative who has been diagnosed, but 85% of breast cancers occur in women with no family history<sup>2</sup>

### Weight

Excess body weight or obesity after menopause increases risk<sup>3</sup>

**276.5K**

new cases of invasive breast cancer will be diagnosed this year<sup>1</sup>

**1 in 8**  
American women  
will develop breast  
cancer<sup>1</sup>

**THERE'S  
HOPE**

**3.5M have survived  
the disease<sup>2</sup>**

## Prevention tips



### Eat healthy

Eat 5 or more servings of fruit and vegetables daily—pomegranates, grape seed extract, and blueberries all contain powerful breast cancer-fighting agents; limit processed and red meat; and choose whole grains<sup>5</sup>



### Watch your weight

Walk for just 75 to 150 minutes weekly to lower risk<sup>3</sup>



### Avoid alcohol

Don't drink more than 1 beverage a day—women who have 3 drinks a week have a 15% higher risk<sup>6</sup>



### Get screened

Remember to self-check and get your annual mammogram starting at age 40<sup>5</sup>

If you have a predisposition to breast cancer, take charge in the fight against it by maintaining healthy behaviors and changing risky ones—**prevention is possible.**

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# The healthy balance to throw off cancer

>4 out of 10 cancer cases in U.S. adults ages 30 and older are attributable to potentially modifiable causes<sup>1</sup>

A healthy diet and lifestyle can reduce your cancer risk. Start making these 10 changes now to transform your general health for years to come:



## Whittle your middle

Calculate your body mass index (BMI) to see if you're at a normal weight. Even if you are, still watch your waistline and belly fat, as higher amounts of body fat are associated with increased risks of a number of cancers.<sup>2</sup>



## Portion your plate

Eat more fruits and vegetables, and less meat, starches, and desserts. Using smaller plates and measuring amounts while cooking are all handy ways to keep your excess intake down too.<sup>3</sup>



## Get moving

Exercise for 30 minutes a week. Break it up—15 minutes twice a week, or 10 minutes three times a week. As long as you're getting physical activity—rather than, say, watching TV, browsing the web, or playing video games—you'll get the same health benefits.<sup>3</sup>



## Avoid alcohol

Definitely don't exceed two alcoholic beverages a day if you're a man or one beverage a day if you're a woman.<sup>3</sup>



## Stop smoking

Smoking can cause cancer and then block your body from fighting it by changing or damaging a cell's DNA and weakening the body's immune system. While nine out of 10 deaths from lung cancer are caused by cigarette smoking or secondhand smoke exposure, smoking can also cause cancer of the blood, bladder, cervix, colon and rectum, esophagus, kidney and renal pelvis, larynx, liver, lungs, trachea, and bronchus, mouth and throat, pancreas, and stomach.<sup>6</sup>



## See a red light with red (and processed) meats

Try to avoid lamb, beef, and pork, as they've been classified as "probably carcinogenic to humans" by the World Health Organization (WHO). Also avoid processed meats, which include hot dogs, ham, corned beef, beef jerky, and certain deli meats, as they're classified as "carcinogenic to humans" that can increase cancer risk.<sup>4</sup>



## Take sodium with a grain of salt

90% of Americans consume too much salt.<sup>5</sup> Substitute herbs and spices, ensuring you don't consume more than 2,300 mg of sodium in a day. Check labels on "low-sodium" foods and condiments, as they may still contain a lot of salt.<sup>3</sup>



## Only complement with supplements

Try your best to meet your nutritional needs through diet alone, but if you feel strongly about adding supplements, talk to your doctor—as they aren't recommended for cancer prevention.<sup>3</sup>



## Cap the sweet tooth

Limit the sugar in your daily caloric intake to 10% or less, avoid eating fast food, and refrain from drinking beverages that are processed or high in added sugar.<sup>3</sup>



## Choose nutritious foods

Aim to eat at least five servings of fruits and vegetables daily; two plant-based foods out of every three servings you consume; and steamed, broiled, microwaved, sauteed, or baked foods vs. fried or cream sauce-covered foods.<sup>3</sup>

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# Putting colorectal cancer to the test



The links between diet, weight, and exercise and the risk of developing colorectal cancer are some of the strongest for any type of cancer<sup>1</sup>

## Prevention and early detection

Studies suggest that consuming a diet low in animal fats and high in fruits, vegetables, and whole grains reduces the risk of colorectal cancers, as can increasing physical activity, limiting alcohol consumption, and avoiding tobacco. Along with these healthy behaviors, the most effective way to reduce your risk of colorectal cancer is to routinely get screened to find it early, when treatment works the best.<sup>2</sup>

If your personal or family history includes certain types of polyps or colorectal cancer, you've had inflammatory bowel disease or radiation to the abdomen or pelvic area for a previous cancer, or a close family member has had hereditary colorectal cancer syndrome or Lynch syndrome, you should start screening before you reach age 45.<sup>3</sup> Adults without these risk factors should start screening at age 50, and those older than 75 should ask their doctor if they should be screened.<sup>4</sup>

## Different options to choose from

You can choose from several screening tests to find polyps or colorectal cancer.<sup>5</sup> Check out these options, consider your preferences, medical condition, and likelihood you'll get the test, and then talk to your doctor about the right one for you:

Test types	How it works	Administration	Frequency	Direct risk to colon (Y/N)	Bowel prep (Y/N)	Home sampling (Y/N)	Pretest diet/med changes	Sedation (Y/N)	Limitation
<b>Stool tests</b>									
gFOBT	Uses the chemical guaiac to detect blood in the stool	A test kit from your healthcare provider	1 / y	N	N	Y	Y	N	May miss many polyps and some cancers
FIT	Uses antibodies to detect blood in the stool	A test kit from your healthcare provider	1 / y	N	N	Y	N	N	May miss many polyps and some cancers
FIT-DNA	Looks for abnormal DNA	An entire bowel movement sent to a lab	1 / 3 y	N	N	Y	N	N	May miss many polyps and some cancers
<b>Visual exams</b>									
Colonoscopy	Uses a colonoscope to view the entire length of the colon and rectum	The insertion of a long, thin, flexible, lighted tube into the rectum	1 / 10 y	Y (small)	Y	N	Y	Y	Can miss small polyps
CT colonoscopy	Produces images of the entire colon for analysis	An advanced type of CT scan	1 / 5 y	Y (small)	Y	N	N	N	Can miss small polyps; exposes the body to a small amount of radiation
Flexible sigmoidoscopy	Uses a colonoscope to view the rectum and lower third of the colon	The insertion of a short, thin, flexible, lighted tube into the rectum	1 / y	Y (small)	N	N	N	N	Doesn't examine the entire colon

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# Screening for cancer during COVID-19

**Routine screenings for cancer were down as much as 94% compared to the previous average<sup>1</sup>**

Delaying your cancer screening? While it's true you should postpone any clinic visits you can to conserve health system resources and reduce patient contact during COVID-19,<sup>1</sup> be cautious. Self-exams and physical vigilance may work for the time-being, but the high potential risk of delays is the diagnosis of a more-advanced cancer. To ensure you still critically detect cancer early, it's crucial to understand which screenings you should—or shouldn't—postpone.

## When to call your doctor for support

**Telehealth may be the best option if you're a:**

- Survivor who has completed treatment and not shown symptoms
- Low-risk patient taking hormonal or oral chemotherapy

## When it might be okay to delay

Ask yourself, does your risk of developing cancer outweigh your chances of getting COVID-19? If you're healthy with no symptoms and no risk factors, you can likely defer elective screenings such as mammograms and colonoscopies.

**Staying safely at home, consider these alternatives for early cancer detection and ask your physician if they might be right for you:**

- At-home colon cancer tests – the fecal occult blood test and the fecal DNA test that collect a stool sample to be sent to a lab
- Skin cancer self-exams – monthly checks conducted by you of easy-to-see places and a family member or friend for harder-to-view sites such as your scalp, back, and backsides of the ears



## When you shouldn't wait

**Seriously consider getting screened by your physician if you notice:**

- New skin lesions that grow in size or don't disappear, changes to existing lesions, or a severe rash—these may be signs of skin cancer
- A new lump or mass in your breast, bloody discharge from the nipple, or changes in breast skin such as redness—these could be signs of breast cancer
- Changes in bowel habits, including blood in the stool—this may be a symptom of colon cancer
- A new or increasing cough, shortness of breath, or excessive fatigue—these are possible symptoms of lung cancer

## Try to maintain your screening schedule if you've:

- Received a diagnosis or developed a condition that may increase your risk for cancer, such as myelodysplastic syndrome, inflammatory bowel disease, or polyps
- Determined any family history of cancers
- Found a known genetic mutation
- Received an abnormal screening in the past

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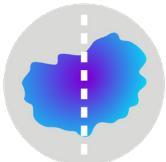
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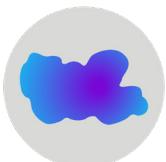
# How to find skin cancer early

To catch it as early as possible—at its most treatable stage, do the **ABCDE** check on suspicious moles monthly and consult a doctor if the mole has<sup>2</sup>:



## (A)SYMMETRY

Two halves that don't match



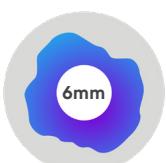
## (B)ORDER

An uneven border



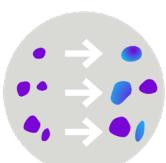
## (C)OLOR

Multiple shades of tan, brown, or black; or unusual colors such as red, purple, or blue



## (D)IAMETER

A diameter longer than 6 mm  
(about the size of a pencil eraser)



## (E)VOLUTION

A different size, shape, or color over time



**1 in 5**

Americans will  
develop skin  
cancer by the age  
of 70<sup>1</sup>



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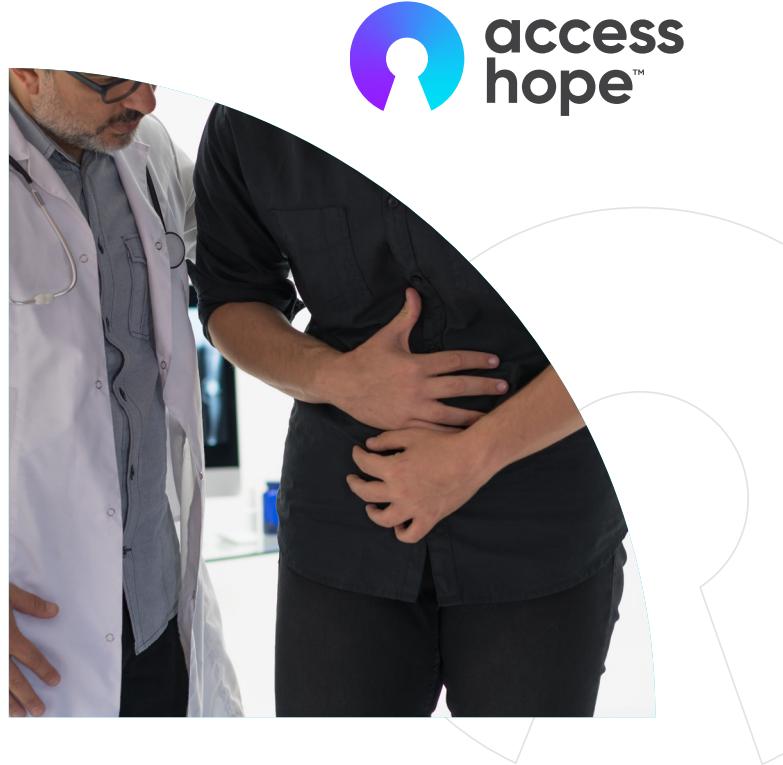
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# Why colon cancer is on the rise in the young

About 104,000 cases of colon cancer will be diagnosed this year, and about 12% of these cases will be in people younger than 50<sup>1</sup>



As a result of the alarmingly increasing numbers of colon cancer in the young over the last five to 10 years, the American Cancer Society (ACS) amended its guidelines to recommend that those at average risk start getting screened at 45 vs. 50. As the numbers continue to climb, this recommendation may go even younger in the future.<sup>2</sup>



## Why the premature surge?

Nobody fully knows why young people are increasingly getting diagnosed, but it's likely a combination of gene mutations that researchers don't yet know about and the environment. Scientists initially thought that diet may contribute to the higher number of incidences—specifically, one rich in red meat—but it turns out that diet is more likely to affect those around 60, 70, and 80 years old, since their younger counterparts haven't yet lived long enough for diet to have made that kind of impact.<sup>2</sup>

Other scientists have linked obesity to developing colon cancer. Race is also a factor—African American and Hispanic individuals are at a higher risk of getting it, and these individuals are typically diagnosed at later stages than white individuals.<sup>3</sup> However, these risk factors also don't explain why younger people are developing the disease.



## The younger the patient, the more likely the dismissal

One major cause that needs to be addressed is younger people don't go to the doctor when they experience symptoms of colon cancer; or when they do, they're dismissed due to their age. In fact, 75% of younger colorectal patients see two or more physicians and 36% see three or more physicians before getting a diagnosis.<sup>4</sup> Further, colon cancer tends to be more aggressive in young people. It can take tumors five to 10 years to evolve in those 60 or 70, but that growth can happen in two to three years in younger people.<sup>2</sup>



## The vital importance of screening without delay

### Early detection is key to survival, especially in the young.

They should see a doctor if they experience:

- Vague abdominal pain that persists for more than three months
- Painless rectal bleeding or blood in the stool

### As the cancer advances, they may encounter:

- Severe abdominal pain
- Increasingly smaller stool
- Unintentional weight loss of 10 pounds or more

It's crucial that patients don't ignore these symptoms, even if they know they have hemorrhoids. Considering that effective, well-tolerated screening is available for colon cancer, unlike most other cancers, it can only help in determining for sure if they have cancer.<sup>2</sup>



## The path from screening to survival

Surgery has come a long way in treating colorectal cancer. Chemotherapy has also evolved significantly, helping people with metastatic cancer live for many years—when 30 years ago, the treatment could usually only help them live for maybe six months. Further, genomic sequencing is innovatively helping determine the optimal treatment for each patient.

The trend toward higher rates of colon cancer in younger populations is troubling, but it should motivate younger people to get screened earlier—since with early detection, colon cancer is very treatable.<sup>2</sup>

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