

MAKING STRIDES AGAINST CANCER

WHY ME? THE ANTIGUA & BARBUDA CANCER SOCIETY



"Why Me?"
The Antigua &
Barbuda Cancer Society

May 2010

VOLUME 5, ISSUE 5

Special points of interest:

- Your body needs... Good food, Water, Air Sunshine, Exercise, Rest, Sleep, Cleanliness, Proper Clothing, Adequate shelter so that it can... Stay Alive and Well.
- Coming Soon "Our Green Isle"
- Angel Room (The construction/location of the Mammogram machine is underway)
- VOLUNTEERS NEEDED—Hope it's you!!!

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FACTS ABOUT OVARIAN CANCER



May is Ovarian Cancer Awareness Month. The awareness ribbon color is Teal.

Ovarian cancer often does not show any obvious signs or symptoms until late in its development.

The most common sign is enlargement of the abdomen, caused by an accumulation of fluid. In women older than 40, vague digestive disturbances—such as stomach discomfort, gas and distention—that persist and can't be explained by any

other cause may indicate a need for an evaluation for ovarian cancer, including a thorough pelvic exam.

The American Cancer Society estimates 23,100 new cases of ovarian cancer will be diagnosed in US women this year, and 14,000 women are expected to die from the disease.

Ovarian cancer causes more deaths than any other cancer of the reproductive system.

The five year survival rate for all stages is 50%. If diagnosed and treated early, the rate is 95%, but only about 25% of cases are found at the localized stage. However, the good news is that rates of ovarian cancer declined significantly from 1992 to 1996 in the US.

Surgery, radiation therapy and chemotherapy are treatment options. Surgery usually includes the removal of one or

both ovaries, the fallopian tubes, and the uterus. In some very early tumors, only the involved ovary is removed, especially in young women who want to have children.

Risk for ovarian cancer increases with age. Women who have never had children are more likely to develop ovarian cancer. Both pregnancy and use of oral contraceptives appear to lower a woman's risk for the disease.

It is recommended for women to have periodic, thorough pelvic exams. The Pap test, an important tool for detecting cervical cancer, rarely uncovers early ovarian cancer. Research has found transvaginal ultrasound and a tumor marker, CA125, may help in diagnosis, but they are not yet used for routine screening.

Pap smear: Can it detect ovarian cancer?

QUESTION: *Pap smear, can it detect ovarian cancer?*

ANSWER: *No. A Pap smear can't reliably detect ovarian cancer.*

A Pap smear is a procedure that collects cells from your cervix. A Pap smear can detect cervical cancer and changes in your cervical cells that may increase your risk of cervical cancer in the future.

Very rarely, ovarian cancer cells can be detected during a Pap smear. If the ovarian cancer cells travel away from

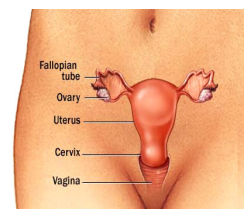
your ovaries through your fallopian tubes and uterus to the area around your cervix, the ovarian cancer cells could be collected during a Pap smear. But this is rare, so the Pap smear isn't a reliable test for ovarian cancer.

Unfortunately, there is no standard or routine screening test for ovarian cancer. Researchers haven't yet found a screening tool that's sensitive enough to detect ovarian cancer in its early stages and specific enough to distinguish ovarian cancer from other, non-cancerous conditions. Doctors

don't recommend routine screening for women with an average risk of ovarian cancer.

Whether women with a high risk of ovarian cancer may benefit from screening is a point of debate. Experts don't agree on exactly what to do for screening, when to do it or if it should be done. Concerned about your risk?

Speak with your doctor.

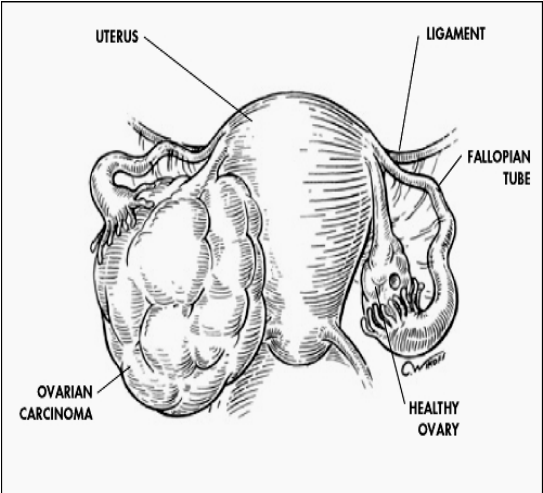


The Deadliest of all...

Of all of the cancers to which women are prey, this is the deadliest. By the time it's discovered in the majority of cases odds of a cure have already dropped to little more than 1 in 10.

Fortunately, this kind of cancer is also quite rare. Your overall chances of developing it are 1 in 100—in contrast to breast cancer where the rate is 1 in 9. Even if you're in the group at greatest risk—women in their 50's and 60's the odds against you are still only 1 in 70.

Like all cancers—this one is most dangerous when discovered late. Hope of a cure in most advanced stages is only 5%. On the other hand, there's much more reason for optimism if your doctor finds the disease early, when chances of a cure are 2 to 1 in your favor. The catch, however, is finding it.



Because ovarian cancer often develops without any troubling symptoms, your only warning could be discovery of an enlarged ovary during your annual physical exam. If your doctor does encounter a mass while checking your pelvic area, he or she will probably follow up with an ultrasound and look at the internal organs, followed by a blood test for tumor-related substances. Surgery may be needed if both tests suggest the possibility of cancer.

Ovarian tumors tend to arise from three different kinds of ovarian tissue:

- About 85% grow from epithelial tissue, the kind of tissue that covers most external

surfaces of the body and its organs.

- About 10% from stromal cells, the cells that make up the connective tissue framework of an organ;
- The remaining 5% come from germ cells (the egg cells and their precursors).

Tumors that grow from these kinds of cells can be benign, on the borderline between benign and malignant, or purely malignant. The ones that are malignant vary in their severity:

- Some spread quickly,
- Others are easier to control

If you are diagnosed with ovarian cancer, your treatment will depend on the malignancy and stage of the tumor; in other words, what kind of tumor it is and how far it has spread.

Surgery is almost always the first step in treating ovarian cancer because the cancerous tissue must be removed. If the cancer is confined to the ovary and has not spread to the lymph nodes or to other parts of the abdomen, your doctor will try to ensure that you'll still be able to have children, if you are of childbearing age. However, since ovarian cancer can spread rapidly, this is not always possible; your doctor's primary goal is to do what is needed to eradicate the cancer and prolong life.

Whether you receive chemotherapy and radiation depends on the stage and malignancy of the cancer and how your individual case is being managed. These forms of treatment are generally used after surgery to destroy any cancerous tissue that was too small to have been detected during the operation.

The most effective medications studied so far include cisplatin (Platinol), carboplatin (Paraplatin), doxorubicin, (Adriamycin, Rubex), cyclophosphamide (Cytoxan, Neosar). Chemotherapy drugs

are very powerful and can have side effects ranging from severe nausea and fatigue to actually causing other kinds of cancer such as leukemia. Although you will be monitored constantly during your treatment, sometimes it is very difficult to tell if the surgery and follow up treatments have eradicated all of the cancer. As a result, you may undergo, what is known as a "second look laparotomy", so that your doctor can see first hand whether any cancer has slipped past the treatments. The best judge of ovarian cancer is just time.

Because ovarian cancer gives so few warnings, and because there's no way you can check for it yourself, your annual check-up is your best and possibly your only hope of discovering the disease while it is still easily curable. Make sure you get a thorough pelvic exam every year, complete with palpation of the ovaries. If you feel you have any reason for concern, don't hesitate to ask your doctor about a sonogram and the CA125. If you're lucky, you'll find they weren't needed at all.



**Thank You
For Your
Support!!**

Air Pollution Linked to Deaths From Lung Cancer

From the AMC News Center...Air pollution—mainly from vehicles, industry, and power plants—raises the chances of Lung Cancer and heart disease in people exposed to it long term, according to a report in the March 6 Journal of the American Medical Association (Vol. 287, No. 9:1132-1141).

There's an excess risk of both lung and cardiopulmonary disease associated with increased exposure to fine particles (in air pollution),

The risk comes when gases from auto exhaust and smokestacks combine with oxygen in the air to form very small particles that are breathed in. Smoking is the main cause of lung cancer. But breathing very polluted air long term can raise the risk of lung cancer as much as breathing second hand smoke. The largest effect of bad air on deaths from heart disease and lung cancer was on non-smokers. And, bad air increased all study participants' chance of death by the same amount as if they were all "moderately" overweight, the report noted.



Study longest, Largest Yet:

Earlier studies suggested air pollution might be linked to disease and death, but some studies were too small or didn't follow people

exposed to air pollution long enough for scientist to be sure of the connection. The new study looked at the health of 500,000 people in over 100 US cities from 1982 to 1998, long enough for lung cancer or heart disease—which can take decades to develop—to show up. The data for the study came from the American Cancer Society's Cancer Prevention Study II study, an ongoing program that has tracked the health of over 1.2 million people since 1982.

Risk Increases As Pollution Increases

The study found there was no level of air pollution that was safe, and that the more air pollution increased, the higher the risk became of dying from lung cancer, heart disease, or from any cause.

Pollution drove up the risk of dying from lung cancer the most, followed by the risk of death from heart disease, and then by risk of dying from all causes.

The risk of lung cancer death went up by 8% for every 10 micrograms of fine particles in a cubic meter (about 3 feet by 3 feet) of air, the study found. Heart disease deaths went up 6%, and deaths from all causes 4%, for every such increase.

The 1994 study, estimated 50,000 to 100,000 Americans died yearly from the effects of outdoor particulate air pollution.

Limits Imposed by the EPA

Scientists have known since the 1970's that very high rates of particles in the air caused death rates to jump. By the late 1980's and 1990's studies were showing that even at very low levels, air pollution was causing damage to health.

So in 1997, the Environmental Protection Agency (EPA) put limits on power plant emissions that produce the gases that help form fine particle pollution.

Air pollution has lessened since the 1970's, but it is still above some of the current limits.

Benefits of Cleaner Air Seen

The researchers couldn't find a level of air that didn't increase death rates. That means it's more difficult for regulators to decide pollution limits than if harm didn't occur below a certain level, **but it also means every reduction in air pollution will likely lower death rates.**

We can expect to see health benefits from the air pollution decline but, there appears to be opportunities for additional benefits from further improvement in our air quality.

Won't you do your part? Help improve the air we all have to breathe.

The Environment and Women's Health

THE ENVIRONMENT

Q: What do you mean by "the environment"?

A: The environment is everything around you, indoors or outdoors. The air you breathe, water you drink, the ground you walk on, and food you eat are all part of your environment. It's important that you know what things in the environment can affect your health and what you can do to help

protect the environment and your health.

Q. How can the environment affect women's health?

A. Chemicals and other substances in the environment can cause serious health problems in women, such as cancer, lung disease, or reproductive system problems. They can also make health conditions worse. Scientists are studying the ways toxins in the environment may play a role in conditions such as breast cancer, endometriosis, and menopause.

Q. How can the environment affect children's

health?

A. Many types of environmental exposures are more harmful for children than for adults. There are many reasons for this:

- Relative to their body weight, children eat, breathe, and drink more than adults do. So children take in higher concentrations of any toxins in their food, water or air.

Continue on next page

- As organs develop, they are more likely to be damaged by exposure to toxins.
- The ways that toxins are removed from the body are not fully developed in children
- Children spend more time outdoors, where they may be exposed to outdoor air pollution and ultraviolet radiation.
- Children do more intense physical activity, causing them to breathe air pollutants more deeply into their lungs.
- Young children tend to put their hands, dirt, or objects into their mouths.

Q. How can the environment affect women who are pregnant or nursing?

A. Exposure to some toxic substances—including lead, mercury, arsenic, cadmium, pesticides, solvents, and household chemicals—can increase the risk of miscarriage, preterm birth, and other pregnancy complications. These other environmental toxins can also harm the developing bodies of fetuses and infants. Women who are pregnant or nursing or who plan to become pregnant should take special care to avoid exposure to certain chemicals discussed here.

Q. How can the environment affect older women?

A. Pollutants in the environment can contribute to some illnesses that are more common in older adults. Indoor and outdoor air pollution can aggravate the symptoms of cardiovascular and lung diseases, including high blood pressure, chronic obstructive pulmonary disease and asthma. These conditions are more common in women and men over the age of 50. Older adults may be more susceptible to the health effects of toxic chemicals. People who are exposed to pollutants over the course of a lifetime may have health problems when they are older. For instance, long term exposure to pesticides may cause cancer or dementia.

Lead is a toxic metal that may be stored in bones. In postmenopausal women who were exposed to lead early in life, bone loss can release lead into the bloodstream. This may cause kidney damage, increase the risk of high blood pressure, and decrease cognitive functions.

Outdoor Air Pollution

Q. What is outdoor air pollution and how can I

be exposed to it?

A. There are many sources of pollution outdoors, such as:

1. Emissions from cars and trucks, buses
2. Power plants that burn fossil fuels
3. Factories and wild and forest fires

Q. What are the health effects of outdoor air pollution?

A. Outdoor air pollution can cause your eyes and nose to burn, your throat to itch, and even breathing problems. Exposure to air pollutants at high levels over a period of time may lead to cancer, birth defects, brain and nerve damage, and long term injury to the lungs and breathing passages. Air pollution affects everyone. Children are especially susceptible to the effects of air pollution because their lungs are developing. They also spend more time active outdoors. People with lung and heart diseases are also more sensitive to outdoor air pollution.

Q. What can I do to reduce exposure to outdoor air pollution?

A. Many newspapers, radio and television weather forecasts include the Air Quality Index. The AQI is a measure of five pollutants: ozone, particle pollution, sulfur dioxide, nitrogen oxide and carbon monoxide. Learn more about the AQI and contact our environmental agency for more information. When levels of air pollution are high you can protect yourself and your family by limiting outdoor physical activity. This is because physical activity can cause you to take faster, deeper breaths, inhaling more pollutants into your lungs.

Q. What is particle pollution and how can I be exposed to it?

A. Particle pollution are tiny solid particles and liquid droplets in the air. This is also called particle matter or PM. These particles come from dust, fires, motor vehicles, power plants, and factories. Many types of particle pollution are too small to be seen with the naked eye. Particle pollution causes haze.

Q. What are the health effects from exposure to particle pollution?

A. Exposure to particle pollution can irritate your eyes, nose and throat. Inhaling these

particles can cause coughing and wheezing, even if you are healthy. Long term exposures to particle pollution can reduce lung function and lead to chronic bronchitis. High levels of particle pollution may aggravate symptoms of lung and heart disease.

Q. What is global warming?

A. Global warming is an increase in the Earth's average temperature. This increase can cause a variety of changes in local climates around the world, such as changes in rainfall patterns and a rise in sea level. It also triggers a wide range of changes in plants, wildlife, and human life. "Greenhouse gases," including carbon dioxide and methane, trap the heat of the Earth. In the past 200 years, human activities like burning fossil fuels have increased the levels of greenhouse gases in the atmosphere. This has caused average temperatures to rise. Temperatures are expected to continue to rise in the future.

Q. What are the health effects of global warming?

- A. Scientist predict that global warming may affect human health in many ways:
- Extremely high summer temperatures may lead to more heat related deaths.
 - Warmer climates can increase the spread of some infectious diseases.
 - Climate change may lead to more extreme weather events, such as hurricanes and floods.
 - Higher temperatures can increase concentrations of ozone and particulate pollution.

For more information on the environment and your health, please e-mail us or call 562.6295.



*"Why Me?"
The Antigua &
Barbuda Cancer Society*

The Lucky Winner!! The Lucky Winner!!



Raffle Event of the YEAR!
Is Over & the Winner is...

*Ms. Kishma Beazer
Villa Resident
Congradulations!!*



Thanks to all...
who purchased tickets,
sponsored events - selling tickets,
retail outlets, friends
and supporters who sold tickets.

*It's Been Great!!
Thanks so much to
our Sponsors -
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the fight against
cancer!*



PROVENGE: New Hope For Advance Prostate Cancer Patients

The Prostate Cancer Foundation is delighted for patients that Provenge has been approved for use in patients with advanced prostate cancer by the FDA. It is the first of several promising immunotherapeutic agents to make it to the clinic.

“This is a ‘breakout’ not a ‘breakthrough’ for treatment of patients”, said Dr. Jonathan Simons, CEO of PCF.

A “breakthrough would be curing men; the breakout in our thinking is that some patients can live months longer with inducing their immune system to fight metastatic disease. Now the field gets to build upon the concept that some day we could develop a preventative vaccine against developing prostate cancer in the first place gets a big scientific boost,” said Simons.

The approval of Provenge validates 16 years of PCF research funding to identify and then harness cells in a patient’s immune system to fight prostate cancer and prolong life. Since 1993, PCF has invested nearly \$2 million as venture philanthropy to support dendritic cell vaccines and immunotherapy research.



In the case Provenge, PCF first provided funding to Dr. Eric Small at the UCSF in 1999 (within the PCF Clinical Therapy Consortium (www.pfc.org/pccct) to support clinical research around measuring immune

responses in patients treated with Provenge (sipuleucel-t). Dr. Small’s academic investigations in UCSF patients provided early scholarly preliminary data contributions to the development of Provenge by Dendreon. Results of that PCF-support research and placebo-controlled clinical trial were published by Dr. Small and colleagues in the *Journal of Clinical Oncology* in July 2000.

PCF’s initial research investment has helped deliver an important new therapy for prostate cancer patients with advanced metastatic disease and contributed to the growth of Dendreon, a biomedical startup. (Dendreon is currently funding an unrestricted research grant for a three year PCF Young Investigator. <http://www.pcf.org/younginvestigators>) to study immune biology in prostate cancer.

PCF itself is redoubling its research grant efforts to expand a scientific understanding of why certain patients benefit from immunotherapy agents such as Provenge while others do

not.

We need a better understanding how the human immune system can be stimulated so it can help cancer patients survive longer.

Going forward, this data in advanced prostate cancer patients might also help patients with many other forms of life-threatening, metastatic cancers.

Note***

About Provenge: Provenge is designed to stimulate a patient’s immune system against prostate cancer. It is developed through Dendreon’s proprietary Antigen Deliver Cassette technology, which utilizes a recombinant form of an antigen found in 95 percent of prostate cancers, prostatic acid phosphatase (PAP).

Provenge is being further evaluated in an ongoing, pivotal Phase 3 trial (D9902B) under Special Protocol Assessment agreement with the U.S. Food and Drug Administration.

Provenge also has Fast Track designation. The double-blind, placebo-controlled trial is enrolling patients at leading cancer centers around the U.S.

Need more info: Dendreon.com or Provenge.com



Are You Food Illiterate? You’re Not Alone

Are you food illiterate? If so, you appear to be in the majority. Recent headlines paint a dismal picture of what’s happening to cooking these days:

1. People’s lack of food skills is getting in the way of them being able to make healthy food choices.
2. Kitchen gadgets take the fast food mentality into the home.
3. Some people—parents and children alike—have never seen a cabbage or a baked potato but they know coleslaw and french-fries.

Researchers at the Queensland University of Technology study the food skills of 16-26 year olds noted that these

teens and young adults are food illiterate—they don’t have the skills to choose and cook healthy food. The root cause, they suspect, is that these young people come from homes where meals and food preparation were outsourced.

At recent international Home and Housewares show in Chicago, which drew 60,000 people, the focus was on gadgets that reduce cooking to a one or two step process, such as:

- A. A toaster that toasts bread and poaches an egg simultaneously.
- B. Toaster ovens with a “pizza bump” (a rounded front) to allow frozen pizza to more easily fit.
- C. Ovens and microwaves with pizza and chicken nugget buttons for one touch cooking.

If you count yourself among the food illiterate, would you like to change? Then try this one week challenge:

1. Just say no to eating out. Yep, no eating at restaurants, only eat from home, preferably at home.
2. Eat only “real food”. Think whole grains, fresh fruits and vegetables, small cuts of poultry, fish, lean meat and low fat dairy. Avoid boxed or frozen dinners and junk food snacks.
3. Get a cookbook. Or go online for recipes. Look for ones from recognized health organizations. Choose a few easy and appealing recipes, and give them a try.

By the end of the week, you’ll definitely know what skills you have—and the ones you lack.

Cancer Surgery: Physically removing cancer

The prospect of cancer surgery may make you feel anxious. Put your mind at ease by learning more about cancer surgery and how and why it's used.

Cancer surgery—an operation to repair or remove part of your body to diagnose or treat cancer—remains the foundation of cancer treatment. Your doctor may use cancer surgery to achieve any number of goals, from diagnosing your cancer to treating it to relieving the symptoms it causes. Cancer surgery may be your only treatment, or it may be supplemental with other treatments, such as radiation, chemotherapy, hormone therapy and biological therapy.

How is cancer surgery used in treatment? Cancer may be used to achieve one or more goals. Common reasons you might undergo cancer surgery include:

- ⌘ **Cancer prevention.** If there's a reason to believe that you'll develop cancer in certain tissues or organs, your doctor may recommend removing those tissues or organs before cancer develops.
- ⌘ **Diagnosis.** Your doctor may use a form of cancer surgery to remove all or part of a tumor—allowing the tumor to be studied under a microscope—to determine whether the growth is cancerous or noncancerous.
- ⌘ **Staging.** Cancer surgery helps your doctor define how advanced your cancer is. It is called staging. Surgery allows your doctor to evaluate the size of your tumor and determine whether it's traveled to your lymph nodes.
- ⌘ **Primary treatment.** For many tumors, cancer surgery is the best chance for a cure, especially if the cancer is localized and hasn't spread. If

there's evidence that your cancer hasn't spread, your doctor may recommend surgery to remove the cancerous tumor as your primary treatment.

- ⌘ **Debulking.** When it's possible to remove all of a cancerous tumor—for example, because doing so may severely harm an organ—your doctor may remove as much as possible (debulking) in order to make chemotherapy or radiation more effective.
- ⌘ **Relieving symptoms or side effects.** Sometimes surgery is used to improve your quality of life rather than to treat the cancer itself—for example, to relieve pain caused by a tumor that's pressing on a nerve or bone or to remove a tumor that's obstructing your intestine.

Surgery is often combined with other cancer treatments, such as chemotherapy and radiation. Whether you opt to undergo additional cancer treatment depends on your type of cancer and its stage.

How is cancer surgery traditionally performed?

Traditionally, the primary purpose of cancer surgery is to cure your cancer by removing all of it from your body. The surgeon usually does this by cutting into your body and removing cancer along with some surrounding healthy tissue to ensure that all of the cancer is removed. This helps your doctor assess the chance of your being cured, as well as the need for any further treatment.

In the case of breast cancer surgery, your doctor may remove the cancer by removing the whole breast (mastectomy) or by removing only the portion of your breast that contains the cancer and some of the surrounding tissue (lumpectomy). In the case of lung cancer surgery, your doctor may remove part of one lung (lobectomy) or the entire lung (pneumonectomy) in an attempt to ensure that all the cancer has been removed.

There are many other surgical methods for treating cancer and precancerous conditions and investigators continue to research new methods. Some common types of cancer surgery include:

- ⌘ **Cryosurgery.** During this type of surgery, your doctor uses very cold material, such as liquid nitrogen spray or a cold probe, to freeze and destroy cancer cells or cells that may become cancerous, such as irregular cells in a woman's cervix that could become cervical cancer.

- ⌘ **Electrosurgery.** By applying high frequency electrical currents, your doctor can kill cancer cells, for example, in your mouth or on your skin.
- ⌘ **Laser surgery.** Laser surgery, used to treat many types of cancer, uses beams of high intensity light to shrink or vaporize cancer cells.
- ⌘ **Mohs' surgery.** Useful for removing cancer from sensitive areas of the skin, such as near the eye, and for assessing how deep a cancer goes, this method of surgery involves carefully removing cancer layer by layer with a scalpel. After removing a layer, your doctor evaluates it under a microscope, continuing in this manner until all the abnormal cells have been removed and the surrounding tissue shows no evidence of cancer.
- ⌘ **Natural orifice surgery.** Natural orifice surgery is currently being studied as a way to operate on organs in the abdomen without cutting through the skin. Instead, surgeons pass surgical tools through a natural orifice, such as your mouth, rectum or vagina. As an example, a surgeon might pass surgical tools down your throat and into your stomach during natural orifice surgery. A small incision is made in the wall of the stomach and surgical tools pass into the abdominal cavity in order to take a sample of liver tissue or remove your gallbladder. Natural orifice surgery is experimental, and few operations have been performed this way. Doctors hope it can reduce the risk of infections, pain and other complications of surgery.

Cancer surgery continues to evolve. Researchers are investigating and other surgical techniques with a goal of less invasive procedures.

Preparation and healing from cancer surgery varies greatly based on the operation you're undergoing. As with any surgery, cancer surgery does carry risks. What side effects you might experience after cancer surgery will depend on your specific surgery.

Whatever cancer treatment your doctor recommends, you're likely to feel some anxiety about your condition and the treatment process. Knowing what to expect can help. For more information speak with your doctor or contact Why Me?

Why Me?

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**Happy Mother's
Day to All!**



**Planting seeds of Faith,
Hope and Charity**

We're moving...
More details...
**We're moving...
More details...
SOON!**

MAKING STRIDES...

I'd like to start this month off with the theme of "hope." Even though the economy isn't so terrific right now, the progress we can make in cancer research and specifically in ovarian cancer is amazingly *hopeful*.

We are in the dawn of *molecularly driven therapies* for cancers and "personalized" medicine. New drugs and their targets that exist in the ovarian cancer cell *are being* discovered and tested. Examples of these potentially exciting targets in the ovarian cancer that can be used for treatment include P13kinase, PARP, aurora kinases, VEGF and VEGF receptors, HER3; these represent only a partial list.

What is achievable in this year and the next five years should be very exciting. We need to make molecular breakthroughs in ovarian cancer much like what has happened with breast cancer, **these are achievable goals**. Through understanding we will know why ovarian cancer develops and develop better treatments. Yep, *it's achievable with hope*.

Continue advocacy, awareness and fundraising for ovarian cancer because they are paramount in making these goals attainable and I truly believe they are.

Why Me?

Laughter still works...

TOP 10 WAYS TO KNOW YOU ARE A CANCER SURVIVOR

10. Your alarm clock goes off at 6 a.m. and you're glad to hear it.
9. Your mother-in-law invites you to lunch and you just say NO.
8. You're back in the family rotation to take out the garbage.
7. When you no longer have an urge to choke the person who says, "all you need to beat cancer is the right attitude."
6. When your dental floss runs out and you buy 1000 yards.
5. When you use your toothbrush to brush your teeth and not comb your hair.
4. You have a chance to buy additional life insurance but you buy a new car instead.
3. Your doctor tells you to lose weight and do something about your cholesterol and you *actually listen*.
2. When your biggest annual celebration is *again your birthday*, and not the day you were diagnosed.
1. When you use your Visa card more than your hospital parking pass.

There is a big difference between—having a good laugh about some of the things that happen to you when you have cancer and actually making fun of the disease helps. This was reasonably funny...if you have one and want to share e-mail us.