

Making Strides Against Cancer

"Why Me?"

The Antigua & Barbuda Cancer Society

Why Me? The Antigua & Barbuda Cancer Society

Happy Easter Ya'll

Volume 4, Issue 4

April is Childhood Cancer Awareness Month—Ribbon Color-Gold

Signs of Childhood Cancer



April is Childhood Cancer Awareness Month. The awareness ribbon color is Gold. Childhood cancer is rare. It is unlikely that your child will develop cancer. Still, as a parent, you need to be aware of the symptoms of childhood cancer.

Observe your child for any sudden, persistent changes in health or behavior as listed in the box. Since most of the symptoms of cancer can also be attributed to benign conditions, the diagnosis of cancer can be a long process. You must trust your own instinct and work as a team with your doctor, using your knowledge of your child and your doctor's knowledge of medicine to protect your child's health.

Chances are that your child will not get cancer: the odds of your child developing cancer by age of 19 is approximately 1 in 330. But, cancer is second only to accidents as a cause of death in children.

And, just as you put your

child in a car seat or a seat belt each time you get into the car, just as you teach your child to play safely, just as you watch your young child constantly so that he or she does not get hurt, so you also need to watch for signs of childhood cancer.

Speaking, (mother of a child cancer patient) for the parents of the "1 in 330", we hope that what we have learned going through the diagnosis of our children will help other parents of children with cancer obtain prompt treatment. Childhood cancers progress rapidly. A quick diagnosis greatly enhances the chance that the child will survive cancer to live a long life. Treated properly, the majority of children diagnosed with cancer are cured.

As a parent, you need to be aware of the symptoms of childhood cancer. Your pediatrician is probably a very good doctor, but pediatricians are busy, they do not know your child as well as you do, and they may never have diagnosed childhood cancer. You must trust your own intuition when you feel that there is really something wrong with your child, even if the doctor initially interprets the

symptoms as a common child ailment. Your doctor may be right, but you need to make sure that certain tests are performed to rule out cancer.

Leukemia: Leukemia is a cancer of the bone marrow, the spongy center of the bones that makes blood cells. It accounts for approximately 35% of all childhood cancers; approximately 1 in 1,000 children will be diagnosed with leukemia by the age of 19, although it is more common in children under the age of 10. Leukemia is treated by combination of chemotherapy and sometimes radiation. The five year survival rate for children diagnosed with leukemia and subsequently treated is approximately 70%.

A child in the early stages of leukemia may show some or all of the following symptoms:

- Lethargy, weakness, paleness, dizziness
- Back, leg, and joint pain, headache, trouble standing or walking
- Easy bruising, frequent nose bleeds, bleeding gums

Signs of Childhood Cancer

- Continued, unexplained weight loss
- Headaches, often with early morning vomiting
- Increased swelling or persistent pain in bones, joints, back, or legs
- Lump or mass, especially in the abdomen, neck, chest, pelvis, or armpits
- Development of excessive bruising, bleeding, or rash
- Constant Infections
- A whitish color behind the pupil
- Nausea which persists or vomiting without nausea
- Constant tiredness or noticeable paleness
- Eye or vision changes which occur suddenly and persist
- Recurrent or persistent fevers of unknown origin

- Repeated or frequent infections
- Fever that lasts for several days
- Loss of appetite, weight loss
- Swollen lymph nodes, bloated or tender stomach, swollen liver or spleen
- Night sweats

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MAKING STRIDES AGAINST CANCER

- Irritability

Many parents report that their leukemic child had an infection or the flu that would not go away. Looking back, they realize that the child had some of the other symptoms mentioned as well.

Neuroblastoma: Neuroblastoma is a cancer of the sympathetic nervous system. It accounts for 5%-7% of all childhood malignancies: about 1 in 6,000 children will be diagnosed with neuroblastoma by the age of five. Neuroblastoma is a solid, malignant tumor which manifests as a lump or mass in the abdomen or around the spinal cord. Treatment will be determined by many factors, including the stage of the disease at diagnosis and your child's age. Neuroblastoma is often present at birth, but is most often diagnosed much later when the child begins to show symptoms of the disease. The average age at diagnosis is two. Most malignant solid tumors, such as neuroblastoma, produce swelling or pain. The symptoms of neuroblastoma vary because the location of the tumor determines the symptoms that are noticed by the parents. Most neuroblastomas are found in the abdomen. Parents may feel a lump or mass while dressing or bathing their child. A tumor in the abdomen may cause the child to feel "full" experience stomach pain, loss of appetite, constipation and difficulty urinating. *Other signs and symptoms are:*

- Lump or masses in the abdomen, chest, neck or pelvis
- Loss of appetite, nausea, weight loss, stomach pain, constipation, difficulty urinating
- Changes in the eyes; black eyes, a droopy eyelid, a pupil that doesn't constrict, vision problems
- Pain in the chest, difficulty breathing, persistent cough
- Pain or numbness in the lower extremities, limping, inability to stand, stumbling
- Bone pain, fever, irritability, listlessness
- Backaches (backaches in children are not usual)

Symptoms sometimes appear with less specific characteristics such as weight loss, fever, or other vague feelings of ill health, and there-

fore any unusual signs or symptoms for which there are no apparent causes should be investigated. In the majority of cases, neuroblastoma has already spread to area's outside of the original site at the time of diagnosis.

Wilms Tumor: Wilms tumor is a cancerous tumor on the kidney, although it is totally unrelated to adult kidney cancer. It accounts for 6-7% of childhood cancer cases. It occurs in about 8 in 1 million children under age 14; it is more common in children under age 7. Wilms is best treated when it is found early, before it has spread to other areas of the body. Treatment for Wilms includes surgery, chemotherapy, and possibly radiation, depending on how far the cancer has spread. The 5 year survival rate for children treated for Wilms tumor is approximately 90%.

Signs and symptoms include:

- Abdominal swelling and/or pain
- Nausea
- Vomiting
- Constipation
- Loss of appetite
- Fever of unknown origin
- Night sweats
- Abnormal urine color or blood in the urine
- Malaise

Your child may show some or all of the above symptoms. The symptoms are the result of the tumor on the kidney. The lump of the tumor itself can sometimes be felt, but it may not always be detectable. The kidneys are located toward the back of the abdomen and the lump may be growing on the back of the kidneys or toward the inside and it may not be as easily detected. If your child is behaving in a manner that is inconsistent with their normal behavior, showing symptoms that you cannot explain, contact your doctor.

Brain Cancer: Brain cancers account for 15% of pediatric cancers. The symptoms

depend on the location of the tumor. Since the brain controls learning, memory, senses (hearing, visual, smell, taste, touch), emotions, muscles, organs, and blood vessels, the presentation of symptoms varies accordingly. Since young children often do not complain of the symptoms, parents must rely on their own observations of their child to be aware of signs and symptoms. Brain tumors are treated with surgery, radiation and chemotherapy. Depending on the type of tumor and the promptness of diagnosis, the 5 year survival rate is 40-80%.

Signs and symptoms include:

- A seizure not related to high fever
- Staring, repetitive automatic movements
- Persistent vomiting without any known cause (projectile vomiting), nausea
- Progressive weakness or clumsiness; neck tilt, squint
- Waling, balance problems
- Precocious puberty; growth retardation
- Sleep apnea
- Vision problems
- Headache, especially that wakes the child up at night or is early in the morning
- Pain, especially back pain, which should be taken seriously in a child
- Changes in personality, irritability, listlessness
- Excessive thirst and excessive urination (rare, if the tumor is pressing against the pituitary)

Continue on next page

As with most childhood cancers the symptoms of brain tumors are diffuse and confusing, and are often initially attributed to viruses, neurological problems, or even emotional problems. Most parents of children diagnosed with brain tumors report variation of the symptoms listed. Parents of children with brain tumors advise other parents to rely on their "own gut feelings", when you feel that your child is not what he used to be, do take your child to the doctor. Persistency of symptoms is also important. While it is appropriate to wait to take your child to the doctor; if you observe any signs or symptoms, go to your doctor and if the doctor disagrees, then by all means seek advice from another.

Rhabdomyosarcoma: Rhabdomyosarcoma is a fast growing, highly malignant soft tissue sarcoma which arises in undifferentiated striated muscles cells. This type of cancer can occur in a variety of places in the body: the head, neck, and around the eyes; the extremities (shoulders, arms, and legs); in the pelvic region and genitourinary tract; and in the chest and lungs.

Rhabdomyosarcoma accounts for 5-8% of childhood cancers and usually affects children the ages 2-6 and 15-19.

A noticeable lump or swelling is present in many cases of rhabdomyosarcoma. Other symptoms depend on the location of the tumor.

Signs and symptoms

- Lump or swelling, firm and pale-ness to touch, in the extremities, the groin area, or the vaginal area
- Drooping eyelids, swelling of the eye, protruding eyeball, rapid vision changes
- Hoarseness, difficulty in swallowing
- Abdominal pain that persists for more than a week.

Keep a close eye on your child for small lumps which do not disappear in a week or so, but instead keep growing larger. Especially watch the pelvic region and the arms and legs. Also watch for any changes in the eyes. Rhabdomyosarcoma is a rapidly growing tumor and the sooner treatment begins, the more favorable is the prognosis.

Treatment for rhabdomyosarcoma usually includes surgery to remove the tumor, radiation, and/or chemotherapy. Survival rates depend upon the site and stage of the cancer; current statistics state a five year survival rate of 60% overall for this type of cancer.

Lymphomas: Lymphomas are malignant cell infiltrations to the lymphatic system. The lymph systems includes the nodes with which many parents are familiar, located in the neck, armpits and groin. These nodes are only part of the lymph system, as they are connected to each other and to the spleen, thymus, and parts of the tonsils, stomach, and small intestine. Once a malignancy begins in one part of the lymph system, it often spreads throughout the rest of the system before it is detected.

Lymphomas are broadly classified as Hodgkin's and non-Hodgkin's. The two are distinguished by cell type. They share similar symptoms such as painless swelling of the lymph nodes, fever and fatigue. Non-Hodgkin's lymphomas are more common with at least 15 different types. Hodgkin's generally occurs in individuals between 15-40 years of age, while non-Hodgkin's generally occurs in individuals between 30-70 years of age.

Today, Hodgkin's lymphoma is more curable than non-Hodgkin's. The cure rate varies according to the type of disease.

Signs and symptoms

- Swollen lymph node, especially in the neck, armpit or groin
- Swelling of the face
- Weakness, tiredness
- Sweating, especially at night
- Unexplained fever
- Unexplained weight loss
- Abdominal pain or swelling

- Pain
- Breathing difficulties, occasional cough, sometimes difficulty in swallowing.

In most cases of non-Hodgkin's lymphoma, a painless, firm swelling in the neck, the armpit, or the groin lymph nodes is present. Since extranodal sites are often involved, other less specific signs may occur. Gastrointestinal tract involvement leads to abdominal pain, jaundice, diarrhea, gastrointestinal bleeding, and constipation. If the spleen or liver are involved, they are enlarged. If the bone marrow is involved, neutropenia, fatigue, bleeding or bruising occurs. At this point, many children will be found to have some other benign condition. In the majority of cases, the doctors take time to rule out a lot of other things, especially lung disease and leukemia.

Lymphomas are usually treated by a combination of chemotherapy, radiation, and/or bone marrow transplants. The cure rate varies greatly depending on the type of lymphoma and the progression of the disease.

Retinoblastoma: Retinoblastoma is a malignancy of the retinal cell layer of the eye and is the most common eye tumor in children. It usually occurs before the age of five and can occur in one or both eyes and is hereditary in some cases. Retinoblastoma occurs for 3-4% of all childhood cancers; about 1 in every 15,000 children will be diagnosed with this cancer.

Signs and symptoms

- Whitish color behind the pupil
- Problems with eye movements (crossed eyes)
- A red irritation that persists.

The most common symptom is a whitish color behind the pupil, instead of the usual dark color. If you suspect that the abnormalities listed are present and not adequately explained by your pediatrician, you should seek the ophthalmologist specializing in pediatric eye disease. Retinoblastoma is treated by surgery, chemotherapy, and radiation. Current statistics state a 80-90% 5 year survival rate.

Conclusion on next page



Signs of Childhood Cancer Conclusion

Bone Cancers: Osteosarcoma and Ewing's Sarcoma are the most common malignancies of bone tissues in children. Osteosarcoma, the more common of the two types, usually presents in bones around the knee; Ewing's sarcoma may affect bones of the pelvis, thigh, upper arm, or ribs. Bone cancers are most common in ages 10-20 and they account for about 6% of all childhood cancers.

Signs and symptoms

- Pain in a bone
- Swelling or tenderness around a bone or joint
- Interference with normal movement
- Weak bones, leading to fractures
- Fatigue, fever, weight loss and anemia

Bone pain is the most common symptom. Sometimes a lump can be felt on the bone, or the tumor will interfere with normal movements. What often happens is that a child injures themselves while playing, and the pain persists long after the injury should have healed. So, assuming that a bone is broken, the parents take the child to the doctor for evaluation, at which time X-rays reveal a bone tumor.

Bone cancer is treated by surgery to remove the tumor combined with chemotherapy. The prognosis depends on the location of the tumor and whether or not it has spread; generally a five year survival rate of 70% is given for childhood bone cancers.

This information was written with support and information from parents of children with cancer. These parents are now reaching out to other parents to give them the knowledge that they wish they had; the knowledge that would have helped their child. Sometimes we find ourselves saying: *not my child, my child won't get cancer*. But it does happen. These parents went through weeks of trips to the doctor not knowing what was wrong before the diagnosis of cancer was made. *In hindsight, they felt, they knew all along that something was wrong*. Pay attention to your heart. It can happen. No Matter Who You Are...We Want To Help.

Water: How much should you drink every day?

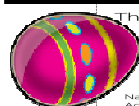
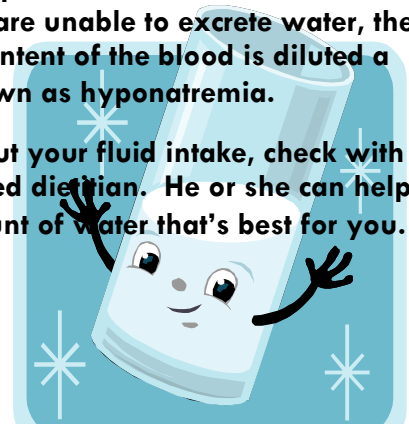
Water is essential to good health, yet needs vary by individual. A simple question with no easy answers. Studies have produced various recommendations over the years, but in truth, your water needs depend on many factors, including your health, how active you are and where you live.

Though no single formula fits everyone, knowing more about your body's need for fluids will help you estimate how much water to drink each day.

Water is the principal chemical component, making up on average, 60% of your body weight. Every system in your body depends on water. For example, water flushes toxins out of vital organs, carries nutrients to your cells and provides a moist environment for ear, nose and throat tissues. Lack of water can lead to dehydration, a condition that occurs when you don't have enough water. Even mild dehydration can drain your energy and make you feel tired.

Though uncommon, it is possible to drink too much water. When your kidneys are unable to excrete water, the electrolyte (mineral) content of the blood is diluted a condition known as hyponatremia.

If you're concerned about your fluid intake, check with your doctor or a registered dietitian. He or she can help you determine the amount of water that's best for you.



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Environmental factors linked to childhood cancer

Environmental factors may be important for childhood cancer. There are several reasons why we believe that this may be the case.

First some chemicals or other environmental agents are known to cause cancer in children—exposure to radiation, some agents used for chemotherapy, and the synthetic hormone DES (diethylstilbestrol).

Children exposed to X rays used for medical purposes on their mothers before birth are about 40% more likely to have cancer, particularly leukemia, before they reach 10 years of age, than other children. A fetus may be more sensitive than an infant to radiation. Because of these findings, ultrasound is now used on pregnant women instead of X-rays and the use of radiation therapy on children is linked to increases in breast and thyroid cancer later in life.

Second, there are differences in how common childhood cancers are in different parts of the world, which suggests that there may be environmental factors that contribute to the disease.

Third, studies of identical twins suggest that genetic causes do not cause most childhood cancer. Pairs of identical twins have exactly the

same genetic makeup. If cancer is a part of a person's genetic makeup then it determines their cancer experience, then we would expect that pairs of identical twins would have the same experience for cancer.

For childhood cancer, studies of twins show that there is little similarity in the experience of pairs of twins. In one study, for leukemia, both twins got the disease only 5% of the time. The percent was even lower for non-retinoblastoma solid tumors. The authors concluded that inherited genetic factors were not the cause of most forms of childhood cancer, apart from retinoblastoma.

*Certain environmental agents are suspected of causing cancer in children. These include: **second hand tobacco smoke, electromagnetic fields, pesticides, solvents, paints, metals, and chemicals associated with use of vehicles.***

Epidemiological studies provide clues about environmental factors that may lead to cancer. These kinds of studies look at patterns of disease in people and consider the environmental exposures that people experience. Though the results of epidemiological studies are not always conclusive, they do provide important evidence.

Children with cancers, particularly brain tumors and leukemia, are more likely to have been exposed to pesticides or solvents than other children. Solvents have been linked to brain cancer and leukemia, generally at relatively high occupational exposures in adults. Similar results have been reported with parental exposures to

Most kids get by with a band-aid and a kiss... Kids with cancer need a cure.



solvents during gestation or just after birth. Solvents are commonly in paints, non-water-based glues, de-greasers, varnish strippers and gasoline.

Another class of products that may cause cancer is combustion by-products. These include chemicals such as dioxins, poly aromatic hydrocarbons (PAHs), and sooty particles. These come from second hand cigarette smoke, diesel exhaust from buses and other vehicles, and industrial pollution.

When thinking about possible environmental causes of cancer in children, it is important to identify the several different time periods when critical exposures could occur. These include the time period before conception (when environmental agents could affect the sperm or egg of the parents), during pregnancy (when the mother's exposure would be critical), and after birth, when the child's direct exposure would be important.

For more information on this subject: www.environment@antiguabarbuda.net or contact whymeoutmail@yahoo.com

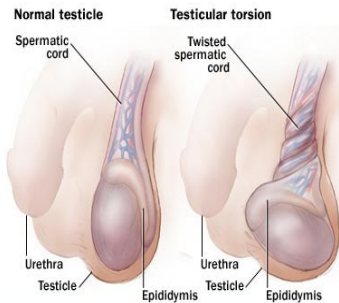


WHAT ARE THE RISK FACTORS AND CAUSES OF CHILDHOOD CANCERS

A risk factor is anything that changes your chance of getting a disease such as cancer. Different cancers have different risk factors. Lifestyle related risks are thought to be the main factors that affect cancer risk in adults. Examples include the effect of unhealthy diets, not enough exercise, and habits like smoking and drinking alcohol. Lifestyle related risk factors have little or no effect on childhood cancers.

Cancer is caused by a mutation in a gene. Over the past few years, scientists have made great progress in understanding how certain changes in a person's DNA can cause cells of the body to become cancer. DNA carries the instructions for nearly everything our cells do. When children are born with mutated DNA that was inherited from parents, the mutations are presented in every cell of the child's body. This means the mutations can be found by testing DNA blood cells. Most cancers, though, are not caused by inherited DNA mutations. They are the result of DNA changes that happened early in the child's lifetime. Everytime a cell prepares to divide into 2 new cells, it must copy the DNA. This process is not perfect, and errors sometimes occur. This kind of gene mutation can happen at any time in life and is called an acquired mutation. These acquired mutations are present only in the person's cancer cells and will not be passed on to his or her children. Although the causes of mutations responsible for certain adult cancers are known (chemicals in cigarette smoke), the reasons for DNA changes that cause childhood cancers are not known. Some of these changes can take place in developing fetuses and are already present at birth.

TESTICULAR TORSION



Testicular torsion occurs when a testicle rotates on the spermatic cord, which provides blood flow to the testicle. This rotation cuts off the flow of blood and causes sudden and often severe pain and swelling. Testicular torsion is most common in males 10 to 25 years old, but it can occur at any age.

Testicular torsion generally requires emergency surgery. If testicular torsion is treated within a few hours, the testicle can usually be saved. But waiting longer to treat testicular torsion can cause permanent damage and may affect the ability to father children. When blood flow has been cut off for too long, a testicle may become so badly damaged it has to be removed.

Signs and Symptoms:

- Sudden or severe pain in one testicle
- Swelling of the scrotum—a loose bag of skin under your penis that contains your testicles
- Nausea and vomiting
- Abdominal pain
- A testicle that's positioned higher than normal or at an odd angle
- Sudden testicle pain that goes away without treatment—this can occur when a testicle twists and then untwists on its own (intermittent torsion and detorsion)

When to see a doctor: Seek emergency medical care for sudden or severe testicular pain. While your signs and symptoms may be caused by another condition, if you do not have testicular torsion, prompt treatment can prevent severe damage or loss of your testicle. You should also seek prompt medical help if you've had sudden testicle pain that went away without treatment. This occurs when a testicle twists and then untwists on its own (intermittent torsion and detorsion). Even though the testicles untwisted on its own, you still need to see a doctor because surgery is needed to prevent the problem from happening again.

Causes: Testicular torsion occurs when the testicle rotates on the cord that runs upward from the testicle into the abdomen (spermatic cord). This rotation twists the spermatic cord and reduces blood flow. If the testicle rotates several times, blood flow to it can be entirely blocked, causing damage more quickly. Males who get testicular torsion have an inherited trait that allows the testicle to rotate freely inside the scrotum. This inherited condition often affects both testicles. In men and boys who are at risk of testicular torsion, the condition often occurs with no apparent trigger.

Signs and symptoms of testicular torsion may start following:

- Physical activity
- An injury to the scrotum
- Sleep

Risk factors:

1. **Age.** Testicular torsion is most common in males between 10 and 25 years old.
2. **Previous testicular torsion.** If you've had testicular torsion that went away without treatment, it's likely to occur again in either testicle unless you have surgery to correct the underlying problem.

Tests & Diagnosis: Your doctor will ask you a number of questions to verify whether your signs and symptoms are caused by testicular torsion or something else. He or she will also examine your scrotum, testicles, abdomen and groin. Your doctor may even test your reflexes by lightly rubbing or pinching the inside of your thigh on the affected side. Normally this causes the testicles to contract. This reflex probably won't occur if you have testicular torsion.

Treatment & Drugs: Surgery is required to treat testicular torsion. In some cases, the doctor may be able to untwist the testicle by pushing on the scrotum, but you'll still need surgery to prevent torsion from occurring again. If testicular torsion occurs before birth, surgery may not be possible. After surgery, you'll need to avoid strenuous activity, including sexual activity, for several weeks. Ask your doctor when it's OK to resume normal activities, including sex.

Testicular torsion in newborns & infants: In some cases, surgery is needed to diagnose and correct testicular torsion. This can prevent future issues with fertility or male hormone production. Deciding whether a newborn or infant should have surgery depends on the judgement of the doctor, and in some cases, the desires of the parents.

- **After birth.** If a boy is born with signs and symptoms of testicular torsion, it may be too late for emergency surgery to help. In some cases, the doctor may recommend a later, non-emergency surgery.
- **Before birth.** If signs and symptoms of testicular torsion occur after birth, the doctor may recommend emergency surgery.

Prevention: Having testicles that can rotate or swing freely in the scrotum is an inherited trait, which some males have and others don't. The only way to prevent testicular torsion if you have this trait is through surgery to attach both testicles inside of the scrotum so that they can't rotate freely.

Lead Exposure: Tips to protect your child

Lead exposure is preventable. Find out about common sources of lead exposure and what you can do to protect your child. Do you shudder when you see a lead recall list in the news? Protecting your child from lead exposure may seem nearly impossible. There are a number of steps you can take however, to prevent lead exposure and keep your child healthy.

Why is lead exposure dangerous for a child? Lead is a metal that's found in many places and can be hard to detect. Children are at especially high risk of lead exposure because they tend to put their hands and objects in their mouths, and their growing bodies readily absorb lead. Exposure to even low levels of lead—10 micrograms (a microgram is one millionth of a gram) in a deciliter (1/2 cup) of blood—can harm children over time. Too much lead in a child's blood may lead to :

- Anemia
- Decreased muscle and bone growth
- Hearing damage
- Learning disabilities
- Nervous system and kidney damage
- Muscle weakness
- Speech, language and behavior problems
- Brain damage

Keep in mind, however, that even children who seem healthy may have high levels of lead in their bodies.

What are the common causes of lead exposure? Children can be exposed to lead through many sources, including:

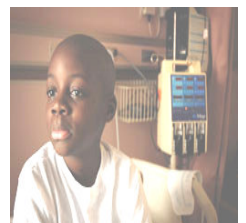
- Prenatal exposure. Lead crosses the placenta. An infant typically has a blood lead concentration level similar to his or her mother's
- Soil and water. Lead particles from a gasoline additive or paint can settle on soil and last for years, and lead and copper pipes soldered with lead can release particles into tap water.
- Lead paint. The use of lead based paints for homes, children's toys, and household furniture has been banned since 1978. However, lead based products can still be found on walls, and woodwork in many older homes and apartments.
- Children products. Such as bibs, backpacks, car seats, and lunch boxes. A child can absorb lead found in these products by mouthing or chewing on them or can inhale lead if the product is burned, damaged or deteriorating.
- Household dust. Household dust can contain lead from paint chips or soil brought into the house from outside.
- Food. Food can be contaminated with lead production, processing, packaging, preparation or storage.
- Folk or home health remedies and certain cosmetics. Some traditional remedies, such as the indigestion treatments azarcon and greta, may contain lead. Some types of paints and pigments used in makeup and hair dye contain lead.

How can you protect your family from lead exposure? Before you buy, a home or sign a lease, ask the landlord about lead. Keep children out of potentially contaminated areas. Filter water. Take precautions in the kitchen, store food in glass, plastic or stainless steel containers—not open cans. Avoid certain children's products. Regularly check lead recall lists and keep in mind when purchasing them. Keep your home clean, wipe floors and other surfaces with a damp mop or sponge.

Take precautions after working with lead. After working with lead, change your clothes and take a shower. Keep contaminated clothing in the work area or wash your work clothing separately as soon as possible. Also, keep materials used for hobbies that may involve lead, such as ceramics making, away from children and areas where they spend time.

If you think your child has been exposed to lead, ask your child's doctor about a blood test to check for lead.

Once you chose HOPE, anything is possible.





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

**Planting Seeds of Faith, Hope &
Charity**

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Making Strides Against Cancer

"If children have the ability to ignore all odds and percentages, then maybe we can learn from them. When you think about it, what other choice is there but to hope? We have two options, medically and emotionally: give up, or fight like hell."

Lance Armstrong

The one thing I will never do is give up *HOPE*. Not just that someday, dreams will become a reality, although, I do *HOPE* and pray for that. What I refuse to give up *HOPE* about, is that I am here for a purpose. I will never give up *HOPE* that I will one day see the blessing and see the purpose, in which I now can only see suffering.

I believe in my heart that we are all here for a very important reason, it's just that many of us aren't quite sure what the reason is, and that's OK. We just can't give up *HOPE* that one day we will see the light, and it will all make complete sense to us...on my dark and sad days, that is what I try to remember.

Why Me?



It's Not Really Love...Until You Give It Away!

The Brownies based at Kids Unlimited School are reminding us that *"It not really love—until you give it away"*.

A couple of years ago, the girls were sadly made aware of Breast Cancer; when their troop leader was diagnosed.

The girls wanted to do something wonderful and caring for her and they created the LOVE PILLOW.

The Love Pillows are little heart shaped pillows just big enough to help a person undergoing chemotherapy to relax, or make a ride home more comfortable or just put a smile on your face.

The Brownies along with our corporate sponsor, Francis Trading continue to assist Why Me in providing the cancer patients at MSJ Hospital a better quality of life during their journey of cancer.

From the voices you do not hear—we are sincerely grateful for your continued support.

Thanks to the Oncology Department and our volunteers and all of you who continue to *Plant Seeds of Faith, Hope and Charity*.

