"Why Me?" The Antigua & Barbuda Cancer Society

# MAKING STRIDES AGAINST CANCER

VOLUME 3 ISSUE 3 MARCH 2010


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# About Colorectal Cancer

Colorectal cancer is a cancer of the colon or rectum. It is equally common in men and women. With recommended screening, this cancer can be prevented (by removing polyps before they become cancerous) or detected early, when it can be more easily and successfully treated.

## AT RISK:

- Men and women age 50 or older
- People who use tobacco, are obese or are sedentary
- People with a personal or family history of colorectal cancer or benign (not cancerous) colorectal polyps
- People with a personal or family history of inflammatory bowel disease, such as long standing ulcerative colitis or Crohn's Disease
- People with a family history of inherited colorectal cancer.

## RISK REDUCTION:

1. Be physically active and exercise regularly
2. Maintain a healthy weight
3. Eat a high fiber diet rich in fruits, vegetables, nuts, beans and whole grains
4. Consume calcium rich foods like low fat or skim milk
5. Limit red meat consumption and avoid processed meats
6. Don't smoke
7. Don't drink alcohol excessively

## EARLY DETECTION:

If you are at average risk for colorectal, start having regular screening at age 50. If you are at greater risk, you may need to begin regular screening at an earlier age. The best time to get screened is before any symptoms appear. Consider the following:

*Screening intervals for tests that find pre-cancer and cancer:*

- Colonoscopy. Every 10 years
- Virtual colonoscopy. Every 5 years
- Flexible sigmoidoscopy. Every 5 years
- Double contrast barium enema. Every 5 years.

*Screening intervals for tests that mainly find cancer:*

- Fecal occult blood test (FOBT) Every year
- Fecal immunochemical test (FIT). Every year
- Stool DNA test (sDNA): speak with your doctor

Any abnormal result of a virtual colonoscopy or double contrast barium enema, as well as a positive FOBT, FIT or sDNA test, should be followed up with a colonoscopy.

## SYMPTOMS:

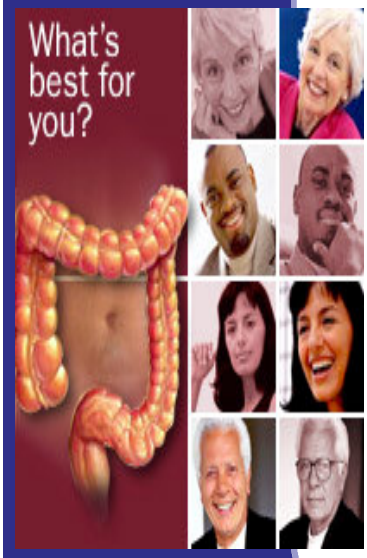
Early stages of colorectal cancer do not usually have symptoms. Advanced disease may cause:

A. Rectal bleeding or blood in or on the stool
B. Change in bowel habits or stools that are narrower than usual
C. Stomach discomfort (Bloating, fullness or cramps)
D. Diarrhea, constipation or feeling that the bowel does not empty completely
E. Weight loss for no apprent reason
F. Constant fatigue
G. Vomiting

## TREATMENT:

Surgery is the most common treatment. When the cancer has spread, chemotherapy or radiation therapy is given before or after surgery.

# About Colon Cancer




The rate of being diagnosed with colorectal cacner is higher among Afro/Caribbean people than among any other population group.

Colorectal cacner is the third most common cancer among Afro/Cariffean people. There is evidence that Afo/Caribbean people are more likely than Caucasians to have colorectal polyps detected when they can easily be removed. Polyps are grape like growth on the lining of the colon or rectum that may become cacner, but can be removed to prevent cancer from ever occurring.

Afro/Caribbean people are more likely to be diagnosed with colorectal cancer in advanced stages when there are fewer treatment options available. The are less likely to live five or more years after being diagnosed with colorectal cancer than other populations.

Diet, tobacco use and lack of access to equal medical treatment options may increase the risk of developing colon cancer.

There may also be genetic factors that contribute to the higher incidence of colorectal cancer among some Afro/Caribbean people. Understanding a family's medical history is very important. All men and women should tell their doctor is a relative, parent, brother, sister or child has had colorectal cancer or colorectal polyps.

Afo/Caribbean women have the same chance of getting colorectal cancer as men, and are more likely to die of colorectal cancer than are women of any other population group.


# Speak with your Doctor

Colorectal screening tests save lives. These tests not only detect colorectal cancer early, but can prevent colorectal cancer. Screenng tests can find non-cancerous polyps. Removing these polyps can prevent colorectal cancer from ever occurring. When you turn 50 years old, or younger if you are at higher risk, you need to talk with your doctor about colorectal cancer. If you are not satisfied with the responses you hear, talk to another doctor. Here are some of the questions to help you begin this important conversation.

1. I just turned 50, should I be tested for colorectal polyps or colorectal cancer?
2. I don't have any family history of colorectal cancer or of colorectal polyps. Should I still be tested?
3. Or...my medical history and/or my family medical history put me at an increased risk for colorectal cancer, should I be tested at a younger age and more often?
4. I understand there are a number of screening tests available; would you tell me about each of these tests and the risks and benefits?
5. I don't know which screening test is appropriate for me now. Which test do you recommend and why?
6. Will you perform the test? If not, who will?
7. Will I be awake or asleep during the test?
8. What will happen during the test?
9. How will I learn the results of the test?
10. What kind of follow-up care will I need if the tests show a problem?
11. If the tests show nothing wrong, when should I be tested again?

Don't dread colon cancer screening; get the facts and reduce your anxiety.

Colon cancer screening may seem scary and nobody jumps for joy at the thought of having to undergo a colonoscopy. But if you educate yourself about what to expaect, it will demystify the process and remove the fear of the unknown.

Screen for life
Colorectal Cancer Screening

# Nutrition and Physical Activity

Because people are interested in the relationship that specific foods nutrients, or lifestyle factors have to specific cancers, research on health behaviors and cancer risk is often reported on the news. No one study, however, provides that last word on any subject, and single news reports conflicting results. In brief news stories, reporters cannot always put new research finding in their proper context. Therefore, it is rarely, if ever, advisable to change diet or activity based on a single study or news report. The following questions and answers address common concerns about diet and physical activity in relationship to cancer.

**ALCOHOL:** *Does alcohol increase cancer risk?* Yes. Alcohol raises the risk of cancers of the mouth, pharynx (throat), larynx (voice box), esophagus, liver, and breast and probably of the colon and rectum. The combination of alcohol and tobacco increases the risk of some cancers far more than the effects of either drinking or smoking alone. Regular intake of even a few drinks per week is linked to a higher risk of breast cancer in women.

**ANTIOXIDANTS:** *What are antioxidants, and what do they have to do with cancer?* The body seems to use certain nutrients in vegetables and fruits to protect against damage to tissue that happens constantly as a result of normal metabolism. Because such damage is linked with increased cancer risk, the so called antioxidant nutrients are thought to protect against cancer. Antioxidants include vitamin C, vitamin e, carotenoids, and many other phytochemicals (chemicals from plants). Studies suggest that people who eat more vegetables and fruits, which are rich sources of antioxidants, may have a lower risk for some types of cancer. To reduce cancer risk, the best advice at present is to get your antioxidants through food sources, rather than supplements.

**FAT:** *Will eating less fat lower cancer risk?* There is little evidence that the total amount of fat a person eats affects cancer risks. But diets high in fat tend to be high in calories and may contribute to obesity, which in turn is linked with an increased risk of several types of cancers. There is evidence that certain types of fats, such s saturated fats, may increase cancer risk. There is little evidence that other types of fats, (omega 3-fatty acids, found mainly in fish), monounsaturated fatty acids (found in olice and canola oils), or other polyunsaturated fats reduce cancer risk.

**FIBER:** *What is dietary fiber, and can it prevent cancer?* Dietary fiber includes a wide variety of plant carbohydrates that humans cannot digest. Specific categories of fiber are "soluble" (like oat bran) or "insoluble" (like wheat bran and cellulose). Soluble fiber helps to reduce blood cholesterol, which lowers the risk of coronary heart disease. Good sources of fiber are beans, vegetables, whole grains, and fruits. Links between fiber and cancer risk are weak, but eating these foods is still recommended. These foods contain other nutrients that may help reduce cancer risk and have other health benefits.

**FISH:** *Does eating fish protect against cancer?* Fish is a rich source of omega-3 fatty acids. Studies in animals have found that these fatty acids suppress cancer formation or slow down cancer growth, but there is limited evidence of a possible benefit in humans. While eating fish rich in omega-3 fatty acids is linked with a reduced risk of heart disease, some types of fish (large predatory fish such as swordfish, tilefish, shark, and king mackerel) may contain high levels of mercury, and other environmental pollutants. Women who are pregnant, breast feeding or planning to become pregnant, and young children should eat these fish. People should vary the types of fish they eat to reduce the chance of exposure to toxins.

**FLUORIDES:** *Do fluorides cause cancer?* Extensive research has looked at the effects of fluorides given as dental treatments or added to toothpaste, public water supplies, or foods on cancer risk. Fluorides have not been found to incrase cancer risk.

**FOLATE:** *What is folate, and can it prevent cancer?* Folate is a B vitamin found in many vegetables, beans, fruits, whole grains, and fortified breakfast cereals. Since 1998, all grain products in the United States have been fortified with folate. Too little folate may increase the risk of cancers of the colon, rectum, and breast, especially in people who drink alcoholic beverages. Current eveidence suggests that to reduce cancer risk, folate is best obtained by eating vegetables, fruits, and enriched grain products.

***Do food additives cause cancer?*** Many substances are added to foods to preserve them and to enhance color, flavor, and texture. Additives are usually presen tin very small quanties in food, and no convincing evidence has shown that any additive at these levels causes human cancers.

**GARLIC:** *Can garlic prevent cancer?* The health benefits fo the allium compounds contained in garlic and other vegetables in the onion family have been publicized widely. Garlic is currently under study for its ability to reduce cancer risk. There is not enough evidence at this time to support a specific role for this vegetable in cancer prevention.

Genetics: If our genes determine cancer risk, how can diet help prevent cancer? Damage to the genes that control cell growth can be either inherited or acquired during life. Certain types of mutations or genetic damage can increase the risk of cancer. Nutirents in the diet can protect DNA from being damaged. Physical activity, weight control, and diet might delay or prevent the development of cancer in people with an increased genetic risk for cancer. The interaction between diet and genetic factors is an important and complex topic, and a great deal of research is under way in this area.

**IRRADIATED FOODS:** *Do irradiated foods cause cancer?* No. Radiation is used more often to kill harmful organisms on foods in order to extend their "shelf life." Radiation does not stay in the foods after treatment, and eating irradiated foods does not appear to increase cancer risk.

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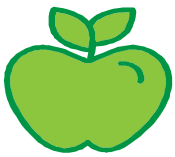


**LYCOPENE:** *Will lycopene reduce cancer risk?* Lycopene is the red-orange carotene pigment found mainly in tomatoes and tomato based foods and to a lesser extent in pink grapefruit and watermelon. Several studies have reported that intake of tomato products reduces the risk of some cancers, but whether lycopene is the nutrient responsible is uncertain. Even if lycopene in foods is linked with lower risk for cancer, it can't be concluded that high does taken as supplements would be either more effective or safe.

**MEAT: COOKING AND PRESERVING.** *Should I avoid processed meats?* Some studies have linked eating large amounts of processed meat to increased risk of colorectal and stomach cancers. This connection may or may not be due to nitrites, which are added to many luncheon meats, hams, and hot dogs to maintain color and to prevent bacterial growth. Eating processed meats and meats preserved by methods involving smoke or salt increases exposure to potential cancer-causing agents and should be reduced as much as possible.

*How does cooking meat affect cancer risk?* Adequate cooking is required ot kill harmful germs in meat. But some research suggests that frying, broiling, or gilling meats at very high temperatures form chemicals that might increase cancer risk. Although these chemicals can damage DNA and cause cancer in animals, it is not clear how much they (as opposed to other substances in meat) may contribute to the increased colorectal cancer risk seen in people who eat large amounts of meat in some studies. Techniques such as braising, steaming, poaching, stewing and microwaving meats produce fewer of these chemicals.

**OBESITY:** *Does being overweight increase cancer risk?* Yes. Being overweight or obese is linked with an increased risk of cancers of the breast, (among women after menopause), colon, endometrium, esophagus, kidney, and possible other sites as well. Although research on whether losing weight reduces cancer risk is limited, some research suggests that weight loss does reduce the risk of breast cancer. Because of other proven health benefits, people who are overweight are encouraged to lose weight. Avoiding excessive weight gain in adulthood is important not only to reduce cancer risk but also to reduce the risk of other chronic diseses.

**OLIVE OIL:** *Does olive oil affect cancer risk?* Intake of olive oil is linked with a reduced risk of heart disease, but is most likely neutral with respect to cancer risk. Although olive oil is a healthy alternative to butter and margine, it is still a dense source fo calories and should be used in moderation.

**ORGANIC FOODS:** *Are foods labeled "organic" more effective in lowering cancer risk?* The term "organic" is popularly used to designate plant foods grown without pesticides and genetic modifications. At this time, no research exists to demeostrate whether such foods are more effective in reducing cancer risk than are similar foods produced by other farming methods.

**PESTICIDES AND HERBICIDES:** *Do pesticides in foods cause cancer?* Pesticides and herbicides can be toxic when used improperly in industrial, agricultural, or other occupational settings. Although vegetables and fruits sometimes contain low levels of these chemicals, overwhelming scientific evidence suppots that overall health benefits and cancer-protective effects of eating vegetables and fruits. At present there is no evidence that residues of pesticides and herbicides at the low doses found in foods increase the risk of cancer, but fruits and vegetables should be washed thoroughly before eating.

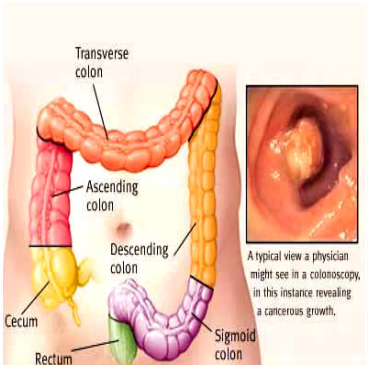
**PHYSICAL ACTIVITY:** *Will increasing physical activity lower cancer risk?* Yes. People who engage in moderage to vigorous levels of physical activity are at a lower risk of developing colon and breast cancer than those who do not. Risk is lowered whether or not the activity affects the person's weight. Data for a direct effect on the risk of developing other cancers is more limited. Even so, obesity and being overweight have been linked to many types of cancer, and physical activity is a key factor in reaching or staying at a healthy body weight. In addition, physical activity has helpful effects against heart disease and diabetes.

**SALT:** *Do high levels of salt in the diet increase cancer risk?* Studies in other countries link diets that contain large amounts of foods preserved by salting and pickling with an increased risk of stomach, nasopharyngeal, and throat cancer. No evidence suggests that moderate levels of salt used in cooking or in flavoring foods affect cancer risk.

**SELENIUM:** *What is selenium, and can it reduce cancer risk?* Selenium is a mineral that contributes to the body's antioxidant defense mechanisms. Animal studies suggest that selenium protects against cancer. One study has shown that selenium supplements might reduce the risk of lung, colon, and prostate cancer in humans. But repeated and well controlled studies are needed to confirm whether selenium is helpful in preventing these cancers. High dose selenium supplements are not recommended, as there is only a narrow margin between safe and toxic doses. The maximum dose in a supplement should not exceed 200 micrograms (this is 2/10th of a milligram) per day.

**SOY PRODUCTS:** *Can soy based foods reduce cancer risk?* Soy derived foods are an excellent source of protein and a good alternative to meat. So contains several phytochemicals, some of which have weak estrogen activity and appear to protect against hormone-dependent cancers in animal studies. At this time, there is little data showing that soy supplements can help reduce cancer risk. High doses of soy could possibly increase the risk of estrogen responsive cancers, such as breast or endometrial cancer. Women with breast cancer should take in only moderate amounts of soy foods as part of a healthy, plant based diet. They should nit ingest very high levels of soy in their diet or take concentrated sources of soy such as soy-containing pills or powders, or supplements containing high amounts of isoflavones.

**SUGAR:** *Does sugar increase cancer risk?* Sugar increases calorie intake without providingany of the nutrients that reduce cancer risk. By promoting obesity and elevating insulin levels, high sugar intake may indirectly increase cancer risk. White (refined) sugar is no different from brown (unrefined) sugar or honey with regard to their effects on body weight or insulin. Limiting foods such as cakes, candy, cookies, sweetened cereals, and high sugar beverages such as soda can help reduce sugar intake.




# Recognizing Cancer Symptoms

Unfortunately, many types of cancer don't display any obvious symptoms or cause pain until well advanced. Because early stage cancer symptoms tend to be subtle, they are often mistaken for signs of other, less threatening diseases.

Here are the seven warning signs of cancer:

- *Changes in bowel or bladder habits*
- *A sore that does not heal*
- *Unusual bleeding or discharge*
- *Thickening or lump in the breast or any other part of the body*
- *Indigestion or difficulty swallowing*
- *An obvious change in a wart or mole*
- *A nagging cough or hoarseness.*

Some symptoms are specific to certain types of cancer, such as a difficult urination for prostate cancer, or flu-like symptoms for acute leukemias.

Don't hesitate to discull unusual symptoms with your doctor. Diagnostic tests are available for most common cancers.

If diagnosed early, your chances of surving cancer are greatly increased.

***Love isn't love...until you give it away. Support Why Me? The Antigua & Barbuda Cancer Society. Donate Today!***

# What are Clinical Trials?

Cancer clinical trials are cancer research studies that involve people. The main purpose of a clinical trial is to find a better way to prevent, diagnose or treat a disease. Clinical trials are part of a long, careful research process. Patients who participate in a clinical trial receive drugs or procedures that already have been reachered in successful laboratory and/or animal studies. Most clinical trials study new dugs or procedures, but some study drugs or procedures that have already received approval by the U.S. Food and Drug Administration. All patients who participae in clinical trials are volunteers. They can choose to stop their participation in a clinical trial at any time.

***Why are Clinical Trials important?*** Clinical trials are important to develop new treatments for cancer. Many of today's standard cancer treatments—treatments that are accepted and widely used by most medical experts—are based on the results of clinical trials.

Who are the members of the clinical trials team? *The principal investigator,* usually a doctor, is responsible for the design, development and conduct of the clinical trial. He or she evaluates data and helps participating doctors manage the trial. You will continue to see your doctor if he or she is not the principal investigator.

*Research Nurse:* The research nurse directs and coordinates patient care during a clinical trial, and is a good contact for patients who have questions. He or she will:

- Teach you about participation in the clinical trial
- Make sure the protocol's instructions are followed
- Teach you about the side effects
- Help manage clinical trial data.

*Clinic Nurse:* The clinic nurse coordinates general patient care regardless of whetehr you participate in a clinical trial. He or she will meet with you during your doctor visits. Because the clinic nurse is a part of your health care team, you also may ask him or her questions.

What are the types of clinic trials? As you research and learn about clinical trials, you may come across different types of trials:

1. *Therapeutic trials — test new drugs, surgery techniques, radiation therapy procedures or other treatment methods on people with specific types and stages of cancer.*
2. *Prevention trials: Study how healthy people may prevent cancer. People at high risk of getting cancer may benefit from participating in a prevention trial.*
3. *Early-detection/screening trials: discover ways to find early stage cancer.*
4. *Diagnostic trials: find new and better ways to determine if someone has cancer—and, if so, where the cacner is located in the body, how much cancer is there, and whether or not it has spread to other parts of the body.*
5. *Quality of life/supportive care trials: seek to improve the comfort and quality of life of patients and their families or caregivers.*

For more information on clinical trials contact Why Me?

# The Benefits of Studying Medicinal Plants and Ethnobotany

Ethnobotany is the study of the cultural knowledge of plants, including plants for medicinal uses. Traditional peoples around the world possess unique knowledge of the natural resources on which they depend, including tremendous botanical expertise. Indigenous peoples are the "faculty", keepers of the cumulative knowledge of generations; the plants they utilize are the "stockroom" of potential medicines.

Fewer than 1% of indigenous cultures have been surveyed for their knowledge of medical plants and other natural products.

Many of the plant derived drugs used today in modern medicine were originally discovered through the study of the folk medical knowledge of indigenous peoples. For example, in the sixteenth century the Spanish invading the Inca empire in Peru discovered that the Indians used the bark of a rain forest tree, Cinchona species, to treat fevers. This bark became the source of quinine used worldwide for the treatment of malaria—until quinine-resistant malaria developed in recent years some regions, necesitating the switch to Mefloquine and otehr derivatives.

Historically, in the search for new medicines, the average success rate for identifying useful medicines from plants is one in 125. The success rate for new drugs from randomly synthesized chemicals is only one in 10,000. So looking for new medicinal compunds from natural sources, especially plants, makes a great deal of sense—and leads to savings of both time and money. When native healers from indigenous societies can be recruited to assist in these efforts, the success rates are even higher. But at the current rate of worldwide ecological destruction—which includes an extinction rate one hundred to a thousand times faster than before the arrival of Homo sapiens—we may be forever losing potentially lifesaving new medicines.

As a global community we are now in the midst of a crisis in loss of biological and cultural diversity. The current ongoing loss of biodiversity is the greatest contraction of life since the end of the Mesozoic Era sixty five million years ago—a wave of extinctions that extinguished the dinosaurs. Although prehistoric extinction spasms tend to claim mostly animals, plants too ar now threatened with extinction on a large scale. One fourth of all tropical plants may be wiped out in the next 30 years. Outside the tropics, the greatest concentration of threatened plants is found in souther Africa, where 13% of endemic plants are threatened. In southwestern Australia, two thirds of plant species are endangered by a fungal disease carried by humans walking or driving through the bush. In the US nearly one in eight native species is in danger. According to the 1997 IUCN Red List of Threatened Plants compiled by the World Conservation Union, worldwide 13.8% of vascular plants are imperiled.

In addition, much of earth's biodiversity is clustered in tropical regions. Many of these "hotspots" of diversity are populated by indigenous peoples. Today msot of the world's idigenous peoples are as imperiled as their homelands, threatened by loss of habitat and westernization.

***Lemongrass is highly beneficial for the human body. It provides a multitude of benefits. Stress, acne, muscle aches, athlete's foot, excessive perpiration.***

**Become a Volunteer!**
**Call 562.6295**

**Ecosystem, n: an ecological community of various plants, animals and other organisms, interacting with each other and with the nonliving resources in their environment, all functioning as a unit**

These services are vital to the support of human life, provided by intact natural ecosystems. These include the purification of air and water, detoxification and decomposition of wastes, regulation of climate regenration of soil fertility, and production and maintenance of biodiversity from which key ingredients of our agricultural, pharmaceutical, and industrial enterprises are derived. Historically, the nature and value of Earth's life support systems have largely been ignored until their disruption or loss higlighted their importance.

**Tickets?**
**Got Your Ticket?**



# Lemongrass: Oil you can do yourself

Lemongrass can be used to make delicious herb oils. Use it in cooking—fry meat or spices in lemongrass oil. When making these herb oils it is best to use a a bland base, such as peanut or sunflower, rather than olive oil, as its taste wouldf be too intrusive.

The young green tips of lemongrass can be put into plastic sandwich bags and then frozen. Flatten the bag with the palm of your hand to expel as much air as possible. Alternatively they can be frozen in little parcels made up from aluminum foil. The whole plant can be dried, then crumbled. This best done in a low oven with the door open or in a linen closet, which is a longer process. Split the stems lengthwise and spead tem on wax paper on a plate or a board. They will take at least two weeks to dry. They can eventually be crumbled and put into jars. Store them in a cool dark place and use within six months.

**LEMONGRASS OIL**

**Ingredients**

**Makes 2 cups**

*Handful of lemongrass stalks*

*2 cups of sunflower oil*

- Lay the lemongrass stalks on a wooden board and crush them lightly with a hammer wrapped in a piece of muslin. It is essential to bruise the stalks this way in order to extract the essential oils
- Place them in a wide-necked bottle, warm the oil to blood heat and carefully pour over lemongrass.
- Leave the mix for at least one month in a warm place, shaking the bottle from time to time.
- Pour off the oil through muslin into a fresh bottle, add a slice of lemon for decoration and seal tightly.

# Find a Cure for Colon Cancer

Globally, coloretal cancer also called colon cancer or bowel cancer is the third leading cause of cancer. The frequency of colorectal cancer varies around the world; it is common in the Western world and rare in Asia and Africa. In countries where people have adopted the western diets have an increasing incidence of colon cancer. The colon also known as the large bowel is the logest portion of the large intestine. The large intestine is the last part of the digestive tract, which is a tube that is about five to six feet in length; the first five feet make up the colon which then connects to about six inches of rectum, and finally ends with the anus. About three to eight hours after eating, by the time the food reaches the colon, the nutrients have been absorbed and the remainder is liquid waste product. The colon functions as a converter, changing this liquid waste into stool. The stool can spend anywhere from ten hours to several days in the colon before being expelled through the anus. It has been advised but not proven, that the longer the stool stays in the colon, the higher the risk of colon cancer.

Colon cancer includes cancerous growths in the colon, rectum and appendix. Many colon cancers are thought to arise from adenomatous polyps in the the colon. These mushroom like growths are usually benign, but some may develop into cancer over time. This process can take years which allow time for early detection with screening tests.

What you don't know about colon cancer can kill you...or someone you love.

**MYTHS AND REALITIES:**

***Myth: There is nothing I can do about colorectal cancer.***

***Reality:*** Colorectal cancer can be prevented. Screening tests can detect polyps and removing these polyps can prevent colorectal cancer from ever occurring.

***Myth: Colorectal cancer is usually fatal.***

***Reality:*** Colorectal cancer is usually curable when detected early. More than 90% of patients with localized colorectal cancer confined to the colon or rectum are alive five years after diagnosis.

***Myth: Colorectal cancer is a disease of older, white men.***

***Reality:*** An equal number of women and men get colorectal cancer. Afro/Caribbeans are more likely to be diagnosed with colorectal cancer at later stages of the disease at at a younger age.

***Myth: Screening tests are necessary only for individuals who have symptoms.***

***Reality:*** Since symptoms of colorectal cancer are often silent, it is important to get screened regularly. Screenings test for a disease even if the patient has no symptoms. If you have a family history of colon cancer, polyps, or inflammatory bowel disease you may need to be screended before age 50. Speak with your doctor.

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

Nellie Robinson Street
C/O P.O. Box 104
St. John's,
Antigua
Phone: 268 764-2561/562-6295
Fax: local only (268) 562-6295
E-mail: whymeoutmail@yahoo.com

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

**MAKING STRIDES AGAINST CANCER**

**We can't predict how many people will be diagnosed with colorectal cancer this year in Antigua and Barbuda, or how many will die from it. What too many of us do not understand is this is not just a disease that affects men. "I thought it was an old man's disease." It's a commonly held misconception that for all practical purposes can be deadly. Colon cancer doesn't really care about gender. Men and women get colon cancer at the same rates, and just because you think that as a female you may be immune to this disease, you're not, because this disease is an equal opportunity disease.**

**There is no other way to put it...early detection and early treatment will save your life.**

Why Me?

We're on the web:
www.whymeantigua.com

# A Powerhouse of Nutrition

"Let thy medicine be thy food." Hippocrates, the father of medicine, must have had the tomato in mind when he made this statement thousands of years ago. Now, in a world where drugs and supplements dominate, it appears that conventional medicine has forgotten the healing powers of food. Modern science knows that food provides vitamins, minerals and calories for energy, but does it believe that food offers any real medical treatments? With the discovery of bioactive compounds in whole foods, science is beginning to understand the wisdom of Hippocrates. In no other food is this trend trues than the tomato. The tomato is known as a powerhouse of nutrition. It contains a multitude fo vitamins and minerals that act to support health. However, it was not until the discovery of the carotenoid lycopene that modern science began to truly recognize the healing power of the tomato. Lycopene has recently become the poster child of bioactive substances found in food that demostrate health benefits. Among these benefits, the risk of prostate and breast cancer decreases due to lycopene. Lycopene appears to have a favorable effect in treating many other cancers such as: lung, stomach, colorectal, oral, esophageal, pancreatic, bladder and cervical cancer. Also research has shown lycopene to lower the oxidation of LDL cholesterol and reduce heart disease as well as increase the resistance to lung cancer and exercise induced asthma. There is even some evidence that lycopene in tomatoes may help to prevent cataracts, age related macular degeneration and sunburns. More and more research appears to show that lycopene assists the immune system in protecting the body from illness. Despite all of the wonderful health benefits of lycopene, there is one problem. The reductionistic model of isolating single compounds for drugs and supplements has been applied to the tomato and thus, lycopene. New lycopene supplements are hitting the market at an astronomical rate. Mounting evidence suggest that these lycopene neutraceuticals do not have the same impact as tomato food products. Once lycopene is isolated from the tomato there is risk of losing the other beneficial effects of this superfood. It is the whole tomato that provides superior benefit in regard to your health. Lycopene acts with the other tomato compounds to provide a unique medicine. The benefits of tomatoes and tomato products are important the lycopene acts alone or with the other compounds found in the whole tomato. This suggests that the tomato may be "thy medicine", and lycopene is one of its powerful constituents.