HOLLYWOOD, HEALTH & SOCIETY USC ANNENBERG NORMAN LEAR CENTER

Contact: hhs@usc.edu

Cancer Using Real Stories

Topic: Cancer Using Real Stories

What's the Problem?

Every day, nearly 4,200 Americans get the terrifying news from their doctor that they have cancer, and the numbers are increasing. Although cancer strikes people of every age, older people have the highest risk—and America's population is aging. According to CDC's latest projections, the number of cancer cases is expected to jump from 1.5 million in 2011 to 1.9 million in 2020, at which time more than 18 million Americans will be cancer survivors.

Shocked parents learn a new "normal" when their child is diagnosed with leukemia. A young cervical cancer survivor must give up her dream of becoming a mother. And in an increasingly common tale, middle-aged parents are sandwiched between caring for their teenaged children and an aging parent who is stricken with cancer.

But there's another C word: cure. About two out of every three people who get cancer are expected to live at least five years after diagnosis. While many cancers continue to be devastating, ongoing research offers patients real hope. Overall cancer death rates have been declining slowly since the early 1990s.

We're also learning more about how to prevent cancer in the first place, or find it early when it's easiest to treat. Regular screening tests are recommended for some of the most common kinds of cancer: breast, cervical, and colorectal (colon). A family history of cancer may reveal a genetic predisposition that can be managed; Angelina Jolie told that story eloquently.

Who's at Risk? Can It Be Prevented? The Bottom Line

Here are some common cancers. Skin cancer is the most common kind, and one of the few cancers that is on the rise. It's mostly caused by exposure to ultraviolet (UV) rays, so it usually strikes white people who sunbathe or use tanning beds frequently. Ironically, the most common victims of the deadliest kind of skin cancer—melanoma—often are the most beauty conscious, leaving them with disfiguring scars. But skin cancer also strikes people who consistently work or play outdoors. Many people are diagnosed with skin cancer more than other kinds of cancer at a younger age.

The second most common kind of cancer in America is <u>prostate cancer</u>, which is most common in African-American men. Deciding whether to get screened, and at what age, is a real struggle for many men. A prostate-specific antigen (PSA) test can indicate a prostate health problem that may or may not be cancer. Most prostate cancers grow slowly and cause no symptoms; if treated, the side effects can include incontinence and impotence. The U.S. Preventive Services Task Force (USPSTF), an independent group of experts, recommends against PSA screening tests in men who have no symptoms, but other groups disagree.

The third most common kind of cancer is <u>breast cancer</u>. Most cases are found in women who are 50 years old or older, but it also affects younger women. About 11% of all new cases of breast cancer in the United States are found in women younger than 45 years of age. Some women have changes in certain genes, called BRCA (BReast CAncer susceptibility) genes that increase their risk for getting breast and ovarian cancer at a young age. And although rare, men can also get breast cancer.

<u>Lung cancer</u> is the next most common cancer. While everyone knows cigarette smoking causes most cases, many people underestimate the risks of secondhand smoke, especially to children. About 2 in every 5 children (including 7 in 10 black children) are exposed to secondhand smoke, which contains more than 7,000 chemicals, 70 of which are known to cause cancer. About 7,300 people who never smoked die every year from lung cancer due to secondhand smoke.

Most <u>colorectal</u> (<u>colon and rectal</u>) <u>cancers</u> can be prevented with regular screening tests starting at age 50. That's why it's tragic that colorectal cancer is still so common. A colonoscopy can find precancerous polyps (abnormal growths) and remove them before they turn into cancer. It can also find cancer at an early stage. For those who prefer not to go through the prep necessary for a colonoscopy, home stool tests are now widely available. Still, about 1 in 3 (23 million) American adults between 50 and 75 years old is not getting tested as recommended.

Cervical cancer, also often called endometrial cancer, is the most common cancer of the female reproductive system. It's also one of the most preventable kinds of cancer. It's caused by human papillomavirus (HPV), a common sexually transmitted infection. Both boys and girls should be vaccinated against HPV when they're 9 to 12 years old, but there has been some controversy around the vaccine, although it has been shown to be safe and effective. Women who are 21 to 29 should be screened for cervical cancer with a Pap test every three years. At age 30, women can choose to be screened with both a Pap test and an HPV test every five years.

Almost every cancer survivor has at least one person who helps him or her through the experience: a family member, close friend, or even a member of the same house of worship. This person, called an <u>informal caregiver</u>, helps the patient in a variety of ways, like driving him or her to the doctor, getting prescriptions filled, running errands, and helping to clean the patient's house. The caregiver may even help the patient eat, get dressed, and use the bathroom. While many people get a sense of personal fulfillment from taking care of a loved one with cancer, caregiving can take a physical, emotional, and financial toll.

Case Examples

Case Example #1



Sharolyn was in her 30's when she and her husband began trying to start a family. She experienced occasional pains in her abdomen but then one day developed fever and chills. Her doctor told her she had an intestinal virus and prescribed medications and fluids. But later that week she experienced nausea and night sweats, and subsequent blood work from her doctor showed a large mass in her ovary which was ovarian cancer. Sharolyn had exploratory surgery the following week at the age of 37. The doctor was not able to get all the cancer, so she began chemotherapy and aside from a few cysts resulting from the original cancer, the chemotherapy knocked out the ovarian cancer. Almost 12 years later, Sharolyn was diagnosed with early breast cancer and then subsequently treated through a lumpectomy and radiation. Then 6 years later, Sharolyn had a skin cancer on her nose but it was treated and required a skin graft.

Sharolyn's experiences with cancer taught her that life is short and made her realize the importance of making the most of every day. Sharolyn says, "If I don't take care of me, I won't have the ability to care for others very well."

http://www.cdc.gov/cancer/knowledge/survivor stories/sharolyn.htm

Case Example #2



Brenda has worked in the educational system for years as a teacher, guidance counselor and assistant principal. She had fibroids for years but at the age of 56 experienced abnormal very heavy bleeding even after going through menopause, which prompted her to make an appointment with her doctor. Her doctor told her she had uterine cancer. Brenda consulted with an oncologist and a surgeon and within months had surgery to remove the cancer. Now 10 years later, Brenda is cancer-free. She is blessed with a supportive network of friends, and works to raise awareness about cancer in her community by sharing her story and encouraging women to listen to their bodies.

http://www.cdc.gov/cancer/knowledge/survivor stories/brenda.htm

Case Example #3



Dr. Baretta Casey, a family physician in Appalachian Kentucky, has a special motivation to reduce cancer rates. Her father, a coal miner, died of lung cancer. Ovarian cancer killed a first cousin. Another cousin was treated for ovarian and breast cancer, and another cousin for throat cancer. An aunt underwent mastectomy for breast cancer. Her grandmother, a local midwife who inspired Dr. Casey to study medicine, died of pancreatic cancer that Dr. Casey herself diagnosed.

Dr. Casey is now a coinvestigator at the University of Kentucky's Rural Cancer Prevention Center, a CDC-funded Prevention Research Center (PRC). She and her colleagues at the PRC are researching ways to reduce and prevent cancer incidence and mortality in Kentucky's Appalachian Mountain region, which has the state's highest cancer death rate. The PRC addresses several types of cancer via a multipronged approach—community outreach; education of medical professionals, students, and community members; and research into social factors affecting cancer risk. Dr. Casey believes several factors contribute to Kentucky's cancer rate, including poverty, inadequate insurance, and reduced access to medical care because of difficult mountain terrain. Residents have built "swinging bridges" over ravines and rivers to address this problem. The Kentucky PRC researchers hope their research, education, and community outreach will continue to contribute to decreased cancer rates in the state. And for people in whom cancer is diagnosed, they hope their efforts contribute to more happy endings.

http://www.cdc.gov/prc/stories-prevention-research/stories/cancer-burden.htm

