SPECIAL ADVERTISING SECTION

CANCER AWARENESS

ATTACKING CANCER FROM ALL ANGLES

IN PARTNERSHIP WITH:

American Cancer Society®

YOU STOPPED SMOKING
NOW START SCREENING

Now there's a new screening that can
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SavedByTheScan.org

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CANCER AWARENESS

DURING THE MONTH OF OCTOBER, we see pink everywhere in recognition of breast cancer awareness and the cumulative efforts are making a positive impact in our fight against the disease. Since 1989, the increased awareness about breast cancer and additional screenings have reduced breast cancer deaths by 38 percent. Despite this progress, there is still work to be done as more than 35,000 Arizonans will receive a cancer diagnosis this year, and an estimated 12,050 will die. Some of the most common cancers in our state are also among the deadliest. As we transition from October and the positive momentum we have gained through years of effort toward breast cancer, we now shift our attention toward two other forms of cancer where we hope to see similar positive results, as November is both Lung Cancer Awareness Month and Pancreatic Cancer Awareness Month. The American Cancer Society is highlighting these diseases, hoping additional awareness will save more lives.

LUNG CANCER

Lung cancer is the second most common cancer in both men and women (not counting skin cancer), and is by far the leading cause of cancer deaths among men and women. Each year, more people die of lung cancer than colon, breast and prostate cancers combined. In Arizona, an estimated 3,940 people will be diagnosed with lung cancer this year, and more than half - approximately 2,820 - will die.

Lung cancer starts when cells of the lung become abnormal and begin to grow out of control. As more cancer cells develop, they can form into a tumor and spread to other areas of the body.

There are three main types of lung cancer. Knowing which type you have is important because it affects your treatment options and your prognosis.

•NON-SMALL CELL LUNG CANCER

About 80 percent to 85 percent of lung cancers are non-small cell lung cancer (NSCLC). This type of lung cancer occurs mainly in current or former smokers, but it is also the most common type of lung cancer seen in non-smokers. It's more common in women than in men, and is more likely to occur in younger people than other types of lung cancer.

•SMALL CELL LUNG CANCER

This is sometimes called oat cell cancer. About 10 percent to 15 percent of lung cancers are SCLC.

•LUNG CARCINOID TUMOR

Lung carcinoid tumors are uncommon and tend to grow slower than other types of lung cancers. They are made up of special kinds of cells called neuroendocrine cells.

PREVENTION AND EARLY DETECTION

Most lung cancers could be prevented, because they are related to smoking (or secondhand smoke), or less often to exposure to radon or other environmental factors like pollution. But some lung cancers occur in people without any known risk factors for the disease. It is not yet clear if these cancers can be prevented.

LUNG CANCER IS THE SECOND MOST COMMON CANCER.

IN ARIZONA, AN ESTIMATED 3,940 PEOPLE WILL BE DIAGNOSED WITH LUNG CANCER THIS YEAR.

80-85% OF LUNG CANCER OCCURS IN CURRENT AND FORMER SMOKERS.

MOST LUNG CANCERS COULD BE PREVENTED.

PHOENIX magazine TOP DOCTOR 2000 - 2017

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BREAKTHROUGH TREATMENT

AXUMIN PET SCANS
for Patients with Recurrent Prostate Cancer

Prostate Cancer Breakthrough

Look around at the men working in your office, eating at your favorite restaurant, or cheering on their team at a ballgame. About one in seven of them will be diagnosed with prostate cancer, according to the American Cancer Society. The disease is usually treated successfully but approximately one-third of patients experience a recurrence.

Until recently, detecting prostate cancer relapse was often a shot in the dark. Now, a breakthrough scan is sleuthing out the most elusive tumors – earlier, more accurately, and more cost-effectively than anything before.

It's called Axumin.

www.esmil.com

"The way we've been imaging and treating prostate cancer has not changed in well over a decade, maybe two or three decades," says Nishant Verma, M.D., a radiologist with Scottsdale Medical Imaging (SMIL)."Axumin changes the game. It's a breakthrough."

After a man is treated for prostate cancer, he gets periodic PSA tests, which measure the prostate-specific antigen levels in his blood. Elevated amounts of this protein could mean the cancer is back.

Here's the rub, PSA tests do not indicate where the tumors are. They could be in the prostate area, lymph nodes, bones, or elsewhere. Conventional CT or bone scans can't find prostate cancer until the PSA level is extreme (10 to 30-plus). So physicians, not knowing where to aim, may prescribe body-wide treatments like chemotherapy or hormones, which can cause severe side effects.

Axumin can often pinpoint the location of recurrent prostate cancer when the PSA level is lower than one. "Axumin is far more sensitive and more specific than anything else we use – leaps and bounds better," Verma says.

Think of Axumin as the James Bond of cancer imaging; he has a password that lets him into a secret cancer hideaway and wears a tracking device that allows the authorities to follow his movements.

Here's how it works: Patients are injected with Axumin, which consists of a radioactive tracer linked to amino acids. Prostate cancer cells have many more receptors for these amino acids, so they welcome them inside, including the Axumin infiltrators. Radiologists put the patient through a PET (positron emission tomography) scan, and the radiotracer-carrying amino acids light up, revealing the location of the cancer hideout.

"I had a patient who had a 4 millimeter lymph node [growth] that you would have never caught on a CT, but it lit up on the Axumin study," Verma says. He also saw a patient whose PSA jumped from 0.1 to 0.6 in six months, indicating something was growing fast – somewhere. His doctors ordered a CT, regular bone scan and PET bone scan, but found nothing. Finally, SMIL used Axumin and discovered three tiny lesions in his spine.

With this quick, Medicare-covered scan, "you're catching the disease way earlier, which means you can treat patients sooner and hopefully rid them of disease earlier," Verma says. What's more, radiology physicians can pinpoint tumors, so treating physicians can use targeted therapies like surgery or radiation, which are faster and have fewer side effects than chemotherapy. "As a way of imaging patients with recurrent prostate cancers," Verma says, "[Axumin] is better than all the alternatives."

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RISK FACTORS

A risk factor is anything that affects a person's chance of getting a disease such as cancer. Different cancers have different risk factors. Some risk factors, like smoking, can be changed. Others, like a person's age or family history, can't be changed. Having a risk factor, or even several, does not mean you will get the disease and some people who get the disease may have few or no known risk factors.

Several risk factors can make you more likely to develop lung cancer:

•SMOKING

Smoking is by far the leading risk factor for lung cancer. About 80 percent of lung cancer deaths are thought to result from smoking. The risk for lung cancer among smokers is many times higher than among non-smokers. The longer you smoke and the more packs a day you smoke, the greater your risk.

•SECONDHAND SMOKE

If you don't smoke, breathing in the smoke of others can increase your risk of developing lung cancer. Each year, secondhand smoke is thought to cause more than 7,000 lung cancer deaths.

•EXPOSURE TO CHEMICALS (RADON, ASBESTOS)

Radon is a naturally occurring radioactive gas that results from the breakdown of uranium in soil and rocks - you can't see, taste, or smell it. According to the U.S. Environmental Protection Agency (EPA), radon is the second leading cause of lung cancer in this country, and is the leading cause among non-smokers.

People who work with asbestos (such as in mines, mills, textile plants, places where insulation is used, and shipyards) are several times more likely to die of lung cancer. It's not clear how much low-level or short-term exposure to asbestos might raise lung cancer risk.

•AIR POLLUTION

In cities, air pollution appears to raise the risk of lung cancer slightly.

SIGNS AND SYMPTOMS

Most lung cancers do not cause any symptoms until they have spread, but some people with early lung cancer do have symptoms. If you go to your doctor when you first notice symptoms, your cancer might be diagnosed at an earlier stage, when treatment is more likely to be effective. The most common symptoms of lung cancer are:

•A cough that does not go away or gets worse.
•Coughing up blood or rust-colored sputum (spit or phlegm).
•Chest pain that is often worse with deep breathing, coughing, or laughing.
•Hoarseness.
•Weight loss and loss of appetite.
•Shortness of breath.
•Feeling tired or weak.
•Infections such as bronchitis and pneumonia that don't go away or keep coming back.
•New onset of wheezing.

TYPES OF TESTS

Most lung cancers have already spread widely and are at an advanced stage when they are diagnosed. Because of that, lung cancer can be very difficult to cure. These tests can help find some lung cancers early, which can lower the risk of dying from this disease.

•SPUTUM CYTOLOGY

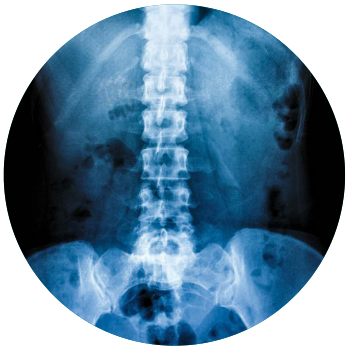
For this test, a sample of mucus you cough up from the lungs (sputum) is looked at under a microscope to see if it contains cancer cells. The best way to do this is to get early morning samples from you three days in a row.

•X-RAY

A chest x-ray can show abnormalities in the lungs and is an important procedure for diagnosing, staging and treating the disease.

•CT SCAN

A CT scan can help doctors find cancer and show things like a tumor's shape and size. CT scans are most often an outpatient procedure. The scan is painless and takes about 10 to 30 minutes. CT scans show a slice, or cross-section, of the body. The image shows your bones, organs, and soft tissues more clearly than standard x-rays.



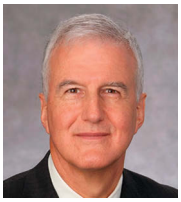
GREAT AMERICAN SMOKEOUT, NOV. 16, 2017

Every year, on the third Thursday of November, smokers across the nation take part in the American Cancer Society Great American Smokeout event. The first Great American Smokeout was held in 1976 to inspire and encourage smokers to quit for a day. One million people quit that day at the California event and it has grown into an American Cancer Society initiative to help others kick the habit. By quitting – even for one day – smokers take an important step toward a healthier life and reduce their cancer risk.

Even champions need a champion.

Meet the Cancer Specialists of The University of Arizona Cancer Center at St. Joseph's

To learn more about our comprehensive care team at The University of Arizona Cancer Center at Dignity Health St. Joseph's Hospital and Medical Center, visit **dignityhealth.org/uacc** or call **602.406.UACC** (8222).



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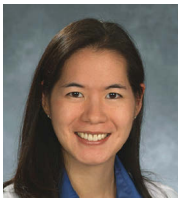

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The University of Arizona Cancer Center at Dignity Health St. Joseph's Hospital and Medical Center
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PANCREATIC CANCER

The pancreas is an organ that sits behind the stomach. Pancreatic cancer starts when cells in the pancreas start to grow out of control. The exocrine cells and endocrine cells of the pancreas form different types of tumors. It's very important to know if the cancer in the pancreas is an exocrine or endocrine cancer because they have distinct risk factors and causes, different signs and symptoms, are diagnosed with different tests, treated in different ways, and have different prognoses.

Pancreatic cancer is hard to find early. The pancreas is deep inside the body, so early tumors can't be seen or felt by health care providers during routine physical exams. People usually have no symptoms until the cancer has already spread to other organs.

Pancreatic cancer is not as common as lung cancer, and accounts for about three percent of all cancers in the U.S. and about seven percent of all cancer deaths. In Arizona, approximately 1,110 people will be diagnosed this year, but an estimated 930 will die from the disease.

TYPES OF PANCREATIC CANCER:

•EXOCRINE PANCREATIC CANCERS

Exocrine cancers are by far the most common type of pancreas cancer. About 95 percent of cancers of the exocrine pancreas are adenocarcinomas. These cancers usually start in the ducts of the pancreas.

•PANCREATIC ENDOCRINE TUMORS

Tumors of the endocrine pancreas are uncommon, making up less than five percent of all pancreatic cancers. As a group, they are often called pancreatic neuroendocrine tumors (NETs). Pancreatic NETs can be benign (not cancer) or malignant (cancer). Benign and malignant tumors can look alike under a microscope, so it isn't always clear if a pancreatic NET is really cancer. Sometimes it only becomes clear that a NET is cancer when it spreads outside the pancreas.

RISK FACTORS

Smoking is one of the most important risk factors for pancreatic cancer. The risk of getting pancreatic cancer is about twice as high among smokers compared to those who have never smoked. About 20 percent to 30 percent of pancreatic cancers are thought to be caused by cigarette smoking. Cigar and pipe smoking also increase risk, as does the use of smokeless tobacco products.

Obesity is a risk factor for pancreatic cancer. Very overweight people are about 20 percent more likely to develop pancreatic cancer. Carrying extra weight around the waistline may be a risk factor even in people who are not very overweight.

OBESITY IS A RISK FACTOR FOR PANCREATIC CANCER.

ACCOUNTS FOR ABOUT 3% OF ALL CANCERS IN THE U.S.

PANCREATIC CANCER IS DIFFICULT TO DETECT IN EARLY STAGES.

EXOCRINE CELLS VS. ENDOCRINE CELLS FORM DIFFERENT TUMORS.

We provide doctors with answers and patients with care.

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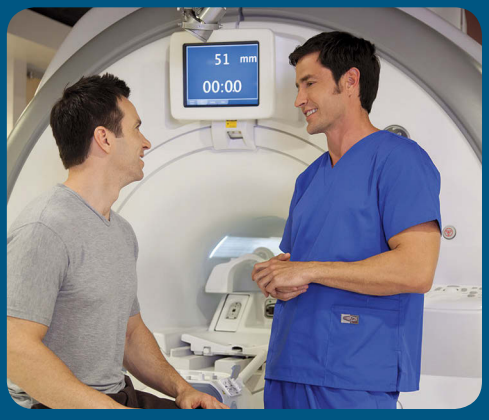

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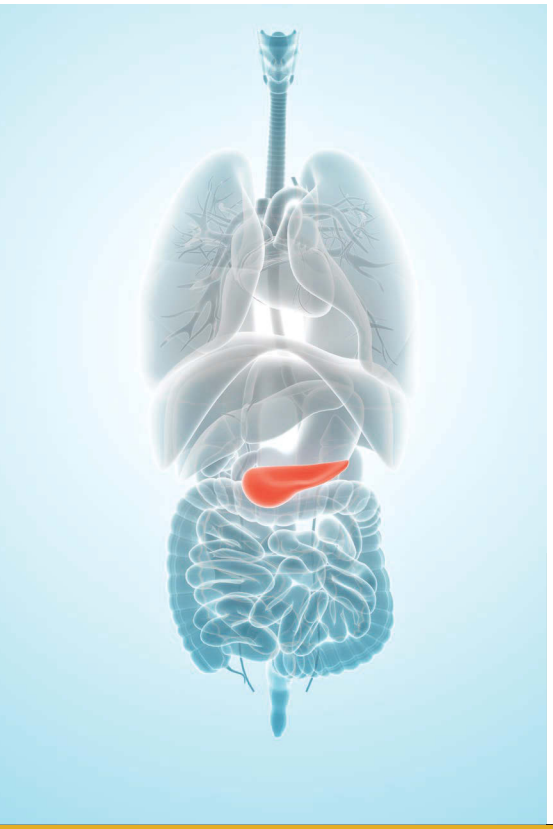


SIGNS AND SYMPTOMS

Early pancreatic cancers often do not cause any signs or symptoms. By the time they do cause symptoms, they have often already spread outside the pancreas.

The inability to catch this early is a key factor in why this particular cancer has such a high mortality rate.

Some signs that could be indicative of pancreatic cancer include:

- Jaundice and dark urine.
- Belly or back pain.
- Weight loss and poor appetite.
- Nausea and vomiting.
- Blood clots.

Additionally, people with diabetes are at a higher risk of developing pancreatic cancer.

TESTS TO DIAGNOSE

Screening tests or exams are used to look for a disease in people who have no symptoms (and who have not had that disease before). At this time, there is no recommended routine screening for pancreatic cancer in people who are at average risk. This is because no screening test has been shown to lower the risk of dying from this cancer.

For people in families at high risk of pancreatic cancer, newer tests for detecting early pancreatic cancer may help. One of these is called endoscopic ultrasound. This test is not used to screen the general public, but it might be used for someone with a strong family history of pancreatic cancer or with a known genetic syndrome that increases their risk. Doctors have been able to find early, treatable pancreatic cancers in some members of high-risk families with this test.

AMERICAN CANCER SOCIETY PATIENT PROGRAMS

Once a patient has been diagnosed with cancer, the American Cancer Society empowers them with the resources to fight back. Free program and services that are available to cancer patients and their families include:

• CANCER RESOURCE CENTERS:

These are located within health care facilities and are staffed with American Cancer Society volunteers who can help with ACS programs and services as well as referring patients and their loved ones to community resources.

• ROAD TO RECOVERY:

Even the best treatment can't work if a patient can't get to where they need to be to receive the treatment. This program provides round-trip transportation for cancer patients who don't own a vehicle, can't afford gas, or don't have access to public transportation. Some patients may be elderly and unable to drive, too ill to drive, or have no family members or friends who can help with their transportation needs. Volunteer drivers donate their time and use of their cars so cancer patients can receive the potentially life-saving treatments they need.

• LOOK GOOD FEEL BETTER:

This is a free program that teaches female cancer patients how to cope with appearance-related side effects of chemotherapy and radiation treatments. The program helps to restore appearance and self-esteem through the use of skincare and makeup products, wigs, scarves, and other accessories. Each cancer patient receives a cosmetic kit matched to her skin tone worth $250.

• REACH TO RECOVERY:

Breast cancer survivors provide one-on-one support and information to help newly diagnosed patients cope with breast cancer. Visits can be via email, phone, or in person.

CANCER AWARENESS

• PATIENT LODGING:

The American Cancer Society partners with hotels and motels in communities to provide free or reduced cost lodging to patients traveling more than 50 miles to their cancer related appointments. The American Cancer Society also operates a Hope Lodge at Mayo Clinic in Phoenix, which is a home away from home for patients and their caregivers.

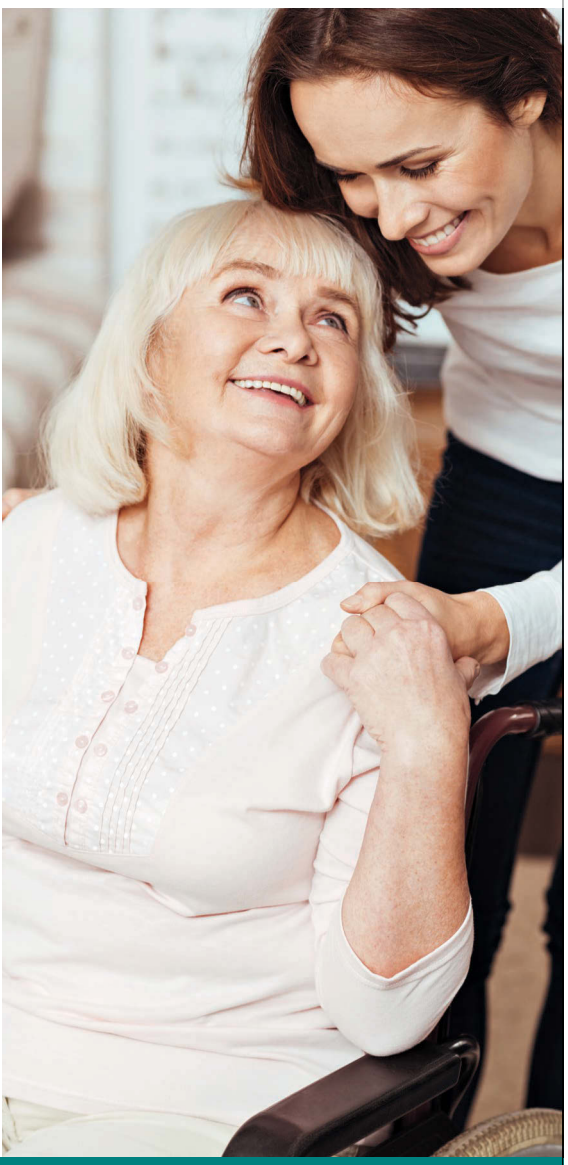
• PATIENT NAVIGATION:

Navigators are professionals dedicated to helping newly diagnosed cancer patients, their families and caregivers through the cancer experience. All of our patient navigators can assist with a variety of requests including cancer information, community-based resources, transportation, lodging nutritional information and free wigs.

• NATIONAL CANCER INFORMATION CENTER:

The American Cancer Society National Cancer Information Center provides information and support 24 hours a day, 365 days a year via (800) 227-2345 or online at cancer.org. Trained cancer information specialists take calls and participate in online chats, providing accurate information and connecting people with valuable services and resources in their communities. This resource is free to anyone with questions about cancer.

BEATING CANCER takes more than medicine. When a patient is diagnosed, they often feel that the disease comes at them from all sides - that's why the American Cancer Society (ACS) takes a comprehensive approach to fighting cancer on every front. We convene community-based and national leaders who work tirelessly to create awareness and impact; enable local communities to come together to support those affected by cancer and help with access to treatment; empower people with information to outsmart cancer, and launch innovative research and develop game changing approaches to address the burden for all people. We are attacking this from every angle. Thanks in part to the ACS's work, cancer deaths have declined 23 percent during the last two decades.

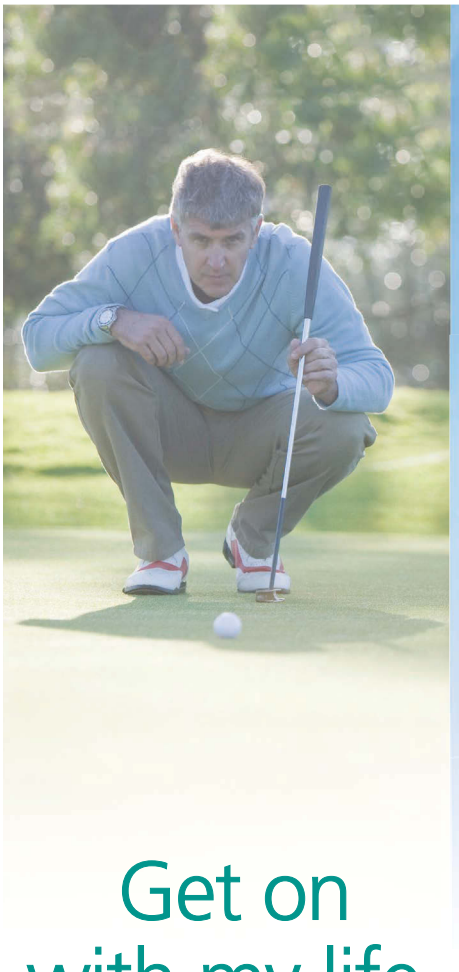


FOR CANCER INFORMATION, ANSWERS, SUPPORT, TO DONATE OR BECOME A VOLUNTEER, PLEASE VISIT

CANCER.ORG,

OR CALL ANYTIME, DAY OR NIGHT,

1-800-227-2345.



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