

THE SCOURGE OF CANCER HAS BEEN DECLARED A 'GLOBAL HEALTH CRISIS'

(BWS) - WHY WE DO WHAT WE DO

***For several years, we have all watched helplessly
as the Cancer scourge took its Toll on our beloved Citizens***

**WHO DIRECTOR SAID, *THREE REASONS FOR INCREASING MORTALITY IN AFRICAN COUNTRIES ARE:
'LATE DETECTION, LATE DETECTION, LATE DETECTION!'***

- The relevant questions were;
 - How would our citizens know that there is an advantage in coming up early with their symptoms? An advantage that enables them to take an informed decision that can SAVE THEIR LIVES?
 - How do they know the symptoms to look out for?
 - How do they know what to do to ensure early detection?
 - How do they know when to present themselves for medical check up, or for screening, when and where?

Someone had to take the responsibility of reaching the people and arming them with the right information!

YOU CAN JOIN & BE THAT SOMEONE!

Fellow Citizens of Nigeria, **THE ALARMING CANCER STATISTICS OF 21,000 DEATHS DAILY, IS CALLING ON ALL OF US NOT TO REST ON OUR OARS....**

According to estimates from the International Agency for Research on Cancer (IARC), the total cancer deaths in 2008 to be 7.6 million (about 21,000 cancer deaths a day), 2.8 million in economically developed countries and 4.8 million in economically developing countries, like Nigeria.

During the 2015 World Cancer Day (Themed – 'It is not beyond us!'), a press release by Union for International Cancer Control (UICC) said that; *“More than eight million people a year die from cancer of which more than 60% of those deaths occurred in low- and middle-income countries. The IARC further noted that;”* The future burden will probably be even larger because of the adoption of western lifestyles, such as smoking, poor diet, physical inactivity, obesity, and fewer childbirths, in economically developing countries & UICC reiterated this opinion by adding that; , *“The absolute number of cancer cases in developing countries is set to rise dramatically , so action must be taken now.”* (UICC) and that these Low-income countries are where services are least developed, facilities largely absent and trained cancer experts are few .

"It is not beyond us" to prevent premature deaths from cancer, so we simply cannot sit back and continue to let the global burden grow. "Feasible and affordable solutions exist, such as increased tobacco control, earlier detection and treatment, plus access to life-saving vaccination programmes, which if implemented, will help to significantly reduce disease-based poverty and prevent millions of preventable deaths." (UICC).

This booklet is a unique opportunity to raise awareness that there is much that can be done at an individual, community and governmental level, to harness and mobilize these solutions and catalyze

positive change. By moving forward together, we have the potential to show Cancer like the UICC said that- It is not beyond us.

THE REALITY OF CANCER IN NIGERIA & NEED TO BREAK THE CYCLE OF IGNORANCE

- Do you know that 90,000 Cancer deaths occur in Nigeria per year and Nigeria currently enjoys number one position for worst cancer death, world-wide. (for 4 out of every 5 Nigerians diagnosed with Cancer dies) ... and yet a chill went down our spines when we lost an average of 8 victims to Ebola Virus Disease.
- While the prognosis (outcome) for several forms of cancer have improved over the last decade in developed countries, mostly due to vast technological and scientific advancements, the outlook remains grim in Nigeria. The available statistics bear this out. The World Health Organization estimated that by 2010 there would be approximately 500,000 new cancers, with an estimated 100,000 children dying from cancer in the developing world each year. The actual figures are probably much higher due to extremely limited documentation of cancer cases in the country. Across Africa, just 5% of childhood cancers are cured, compared to a cure rate of nearly 80% in the developed world.
- ***The awareness level of Nigerian women to Breast/Cervical Cancer 'best practices' is very low, even this is dogged by procrastination, fear, denial ('It is not my portion syndrome'), socio-economic, & superstitious/cultural restraints.*** This has given rise to the 'crisis of these two scourges in our environment' – viz: more than 83-87% of the affected women present late, incurring unaffordable bills of 150,000 -350,000 naira every 3 weeks on drug treatment, followed closely by rapid deterioration and death, **with resultant high morbidity and mortality in young and middle age groups when they are best productive in contributing to the socio-economic development of our nation!**
- **Late presentation of Breast/Cervical, & other cancers will continue to increase in Nigeria, unless we do something more proactive than we have been doing in the past!**
- These are distressing statistics given the fact that over one third of cancer deaths result from potentially preventable causes and much of the suffering and death from cancer could be prevented by more systematic efforts to reduce; viral infections, poor nutrition, physical inactivity, obesity, widespread tobacco use, expanding the use of established Vaccinations and screening tests.



Join To Kiss Cancer Goodbye: **giving our future generation the best chance of a 'Cancer-Free Future'**

GENERAL FACTS ON CANCER

Origin Of The Word Cancer

The origin of the word cancer is credited to the Greek physician Hippocrates (460-370 BC), who is considered the "Father of Medicine." Hippocrates used the terms *carcinus* and *carcinoma* to describe non-ulcer forming and ulcer-forming tumors. In Greek, these words refer to a **crab**, most likely applied to the disease because the finger-like spreading projections from a cancer called to mind the shape of a crab. The Roman physician, Celsus (28-50 BC), later translated the Greek term into *cancer*, the Latin word for crab. Galen (130-200 AD), another Greek physician, used the word *oncos* (Greek for swelling) to describe tumors. Although the crab analogy of Hippocrates and Celsus is still used to describe malignant tumors, Galen's term is now used as a part of the name for cancer specialists – Oncologists, and the discipline that manages Cancer is now called Oncology.

What is Cancer and what causes it?

There are many kinds of cancer, but they all start because of out-of-control growth of abnormal cells. Cancer comes in many shapes and sizes, and how they affect the body varies greatly. Cancer is a term used to describe a group of illnesses all having certain common characteristics - in which cells of an organ or tissue in the body become abnormal, growing and multiplying out of control. There are over **200 different types of cancer**, able to form in any part of the body from head to toe, each with a specific name, treatment and chance of being cured.

How do Cancers Form & how do they differ from normal cells?

Normal cells generally divide about 50 times, and reproduce themselves throughout the body in an orderly and controlled manner to replace worn out tissue, to heal wounds, and to maintain healthy organs, they then get old and either they die or they sit there and do nothing – **thus they are mortal**.

Cancer begins when cells in a part of the body start to grow out of control. Cancer cells, unlike normal cell, will continue to divide forever and live forever unless purposefully killed, - **we call this immortality**. Cancer cells don't follow any rules, they are anarchist, so not only do cancer cells have unlimited growth potential, but they also stop communicating with each other and with the normal cells that surround them.

Some tumours grow and enlarge only at the site where they begin and these are referred to as **benign tumours**. Others not only enlarge locally but also have the potential to invade and destroy surrounding normal tissue and to spread to distant parts of the body, & then begin to grow in those other parts of the body, like the bones, brain, liver, and blood. They achieve this through eating through the boundaries of the organ were they started and either burst through the blood vessels or through Lymphatic channels to other organs - a process known as "**metastasis**". These are called **malignant tumours or cancers**. Recent studies have shown that cancers, such as that of the prostate and breast, can begin to develop anywhere from 10 to 40 years before they are detected.

NOTE: **Cancer is NOT caused by witchcraft** or any form of supernatural force. Cancer is a disease that can affect anyone, anywhere, in any country, at anytime. Cancer is a complex group of over 200 diseases with many possible causes. Some of the known causes of cancer include:

- Genetic factors
- Lifestyle factors such as tobacco use, poor diet, physical inactivity; obesity
- Certain types of infections. Some viruses are linked to certain cancers. E.g. those with persistent infection with the Hepatitis B or Hepatitis C virus have an increased risk of developing cancer of the liver, and persistent infection with the Human Papillomavirus (HPV) causes Cervical Cancer.
- Environmental exposures to different types of chemicals, fumes and radiation
- **Age:** The older you are, the more likely that you will develop a cancer. This is probably due to a build -up of damage to cells in the body over time. Also, the body's defenses and resistance against abnormal cells may become weaker as you get older.
- **Immune System:** Those with a compromised immune system have an increased risk of developing certain cancers. E.g. people with HIV/AIDS, or people on immunosuppressive treatment

What lifestyle choices can I make to help me fight Cancer?

- Eat a balanced diet.*
- Get regular physical activity.
- Drink plenty of water.
- Get 10-15 minutes of sunshine a day.
- Do, eat, live everything in moderation. Reduce stress.

- Take in plenty of fresh air. Get help to stop smoking if you are a smoker.
- Allow yourself 8 hours of sleep at night for optimum rest.
- **Trust** – trusting in a higher power helps reduce stress.

*Balanced diet:

- ✓ Eat a healthy diet, with a variety of 5 servings of fruits and vegetables daily. Eat more of vegetables, especially leafy green vegetables (in as raw a form as possible, not over cooked), eat your fruits before or in-between meals, & not immediately after meals.
- ✓ Eat in moderation (2/3rd vegetable, and the balance made up of your carbohydrate & protein)
- ✓ Eat food as close as possible to its natural form (Vegetables raw or steamed, not overcooked in water)
- ✓ Limit your intake of processed foods, foods laden with preservatives, & sugar/sweeteners/enhancers
- ✓ Limit or eliminate your intake of alcohol [1 drink per day for women, 2 per day for men].
- ✓ Eat more vegetables, lentils (beans-type foods – akidi, okpa, fio-fio), & our natural complex carbohydrates (sweet potatoe, cocoyam, yam, cassava, local rice)
- ✓ Boil or Grill your foods, rather than fry or smoke them (if you must fry – pan-fry in shallow oil)
- ✓ Use very little oil for cooking & avoid re-using oil, or using **oil that is in a 'solid state' when it is at room temperature** & animal fat. Olive Oil, flaxseed oil, Coconut oil, well processed palm-oil are recommended.
- ✓ Drink lots of water – for you are 80% water. Best to drink water an hour before or an hour after food (not with food) and just before you go to bed and immediately after you get up from bed. (Aim to drink not less than 2-4 litres of water daily as a load)
- ✓ Exercise at least 3 to 4 times a week, sustaining your body in motion for at least 30 minutes each time.
- ✓ Eat less salt, & energy dense, nutrient poor, sugar laden, refined foods- especially carbohydrates, & foods with preservatives.
- ✓ Avoid food enhancers containing MSG (Monosodium glutamate) and also sweeteners with aspartame, etc. Season your food with a lot of natural ingredients; herbs, Onions, garlic, ginger, etc.

What are some signs and symptoms of Cancer?

These are some of the general signs and symptoms of cancer. But remember, having any of these does not mean that you have cancer—many other things cause these signs and symptoms, too. If you have any of these symptoms see a doctor and if they last for a long time or get worse, please urgently see a doctor:

- Unexplained weight loss
- Prolonged fever
- Fatigue
- Prolonged, unexplained pain

- Any new skin change, either darker or lighter dis-colouration
- Change in bowel habits or bladder function
- Sores that do not heal
- White patches inside the mouth or white spots on the tongue
- Unusual vaginal bleeding or discharge
- Thickening or lump in the breast or other parts of the body
- Indigestion or trouble swallowing
- Recent change in a wart or mole – skin tags

How is Cancer diagnosed?

If a cancer is suspected from your symptoms:

-Your doctor will examine you to look for abnormalities such as a lump under the skin or an enlarged liver. You may be referred for tests such as Radiological tests (X-rays, CT, MRI, US, Nuclear Scan, etc) , blood tests, endoscopy, colonoscopy, bronchoscopy, etc, depending on where the suspected cancer is situated. These tests can often find the exact site of a suspected cancer. However, a biopsy (when a small sample of tissue is removed from a part of the body & then examined under the microscope to look for abnormal cells), is often needed to be certain that the abnormality is a cancer and not something else (such as a benign tumour).

What are the treatment options for Cancer?

Treatment options vary, depending on the type of cancer and how far it has grown or spread (referred to as **Stage** of the cancer). The three most common treatments are:

- **Surgery:** It may be possible to operate and remove malignant tumours.
- **Chemotherapy:** This is a treatment that uses anti-cancer drugs to kill cancer cells, or to stop them from multiplying. There are various different types of drugs used for chemotherapy. The drug or combination of drugs selected depends on the type of cancer being treated.
- **Radiotherapy:** This is a treatment that uses high energy beams of radiation which are focused on cancerous tissue. This kills cancer cells, or stops cancer cells from multiplying.
- **Bone marrow transplant:** High dose chemotherapy may damage bone marrow cells and lead to blood problems. However, if you receive healthy bone marrow after the chemotherapy then this helps to overcome this problem. Bone Marrow/Cord blood transplant are also used for blood cancers
- **Hormone therapy:** This is where drugs are used to block the effects of hormones that sustain the cancer. This treatment may be used for cancers that are “hormone sensitive” such as some cancers of the breast, prostate and uterus.
- **Immunotherapy:** Some treatments can boost the immune system to help to fight cancer. More specific immunotherapy involves injections of antibodies which aim to attack and destroy certain types of cancer cells.
- **Gene therapy** is a new area of possible treatments. Research has found and some are still on-going /underway ways of blocking, repairing or replacing abnormal genes in cancer cells.
- **Special techniques** can sometimes be used to cut off the blood supply to tumours, The tumour then dies. (Minimal Invasive surgical radiology-guided procedures

- **Targeted Therapies**

For some cancers, a combination of two or more treatments may be used. A range of other treatments may also be used to ease cancer related symptoms such as pain. (***Palliative Care***)

What are the aims of treatment?

This can vary, depending on the cancer type, size, spread, etc. For example:

- Treatment may cure the cancer in many cases. With modern drugs and therapies, many cancers can be cured, particularly if they are treated in the early stages of the disease. Sometimes the word 'remission' rather than the word 'cured' is used to mean there is no evidence of cancer following treatment. If you are 'in remission', you may be cured. However, in some cases a cancer returns months or years later.
- Treatment may aim to control the cancer. If a cure is not realistic, with treatment, it is often possible to limit the growth or spread of the cancer so that it progresses less rapidly. This may keep you free of symptoms for some time and sustain your life for years.
- Treatment may aim to ease symptoms. Even if a cure is not possible, a course of radiotherapy, an operation, or other techniques may be used to reduce the size of a cancer which may ease symptoms such as pain. If a cancer is advanced then you may require treatments such as painkillers, or other comfort measures to help keep you free of pain or other symptoms.
- It is not possible to give an overall outlook (prognosis). As a general rule, the outlook is usually better the earlier a cancer is detected and treated.

Breast Cancer

EARLY DETECTION

This is when you, as an individual, well, hale and hearty, nothing wrong with you, take the decision and diligently practice and participate in actions and tests that can reveal something in your body that might be a sign that you may be harbouring breast cancer cells in your body. You will not see these signs ordinarily if you do not search for them. If you don't know they are there, the breast cancer cells will grow and grow secretly in you, till one day, it will rear its ugly head through, ugly disfiguring disease of the breast, pain, bleeding, loss of weight, etc, as enumerated below. So refusing to search for the early warning signs because of fear, will not

stop what is already in your body from growing and eventually becoming a threat to your life.
So lose your fear and take action today.

Some of us love our cars better than our bodies, for we don't wait for our cars to stop us on the way before we take them for servicing.

We take our cars for servicing as and at when due. So also must we do for our bodies.

Breast Cancer — A Serial Killer of Women – Though Not A Death Sentence

- ✓ Breast cancer strikes women hard, being the most common type of cancer in women.
- ✓ Globally every 68 seconds a woman dies from breast cancer.
- ✓ Breast Cancer is a major health problem in Nigeria and other African countries.
- ✓ Breast cancer is the leading cause of cancer death in women in Nigeria.
- ✓ All women can get breast cancer.
- ✓ The chances of a woman getting breast cancer in her lifetime is about 1 in 7 (globally) and 1 in 29 in Nigeria.
- ✓ About 350,000- 500,000 women are diagnosed with breast cancer in Nigeria annually, and 83-87% of them come in at 'late stages', increasing death rate by 70%.
- ✓ According to Dr. Blaylock, Newsmax medical editor of The Blaylock Wellness Report, ***all these deaths should NOT have happened, if women are given more information.***
- ✓ Breast cancer can be treated successfully, but the chances for successful treatment are highest when the cancers are found early.

HOW TO TAKE YOUR BODY FOR SERVICING

EARLY DETECTION OF BREAST CANCER – aka –SCREENING RECOMMENDATIONS

BWS Promotes 4 levels of Screenings:

- * Self Breast Exams.
- * Clinical Breast Exams.
- * Breast Ultrasound/Elastography.
- * Mammograms.

Breast Self-Exam (BSE)

- BSE IS TO BE DONE EVERY MONTH BY EVERY FEMALE THAT HAS A BREAST (for Breast cancer, although rare in children, have been found in 8yr old, 14yr old, less than 25yr olds, etc)
- If you are still having your periods (menstruation), perform the BSE from Days 8 -12 after your period has stopped.
- If you are already menopausal (if you have stopped seeing your period because of age), choose & perform the BSE on the same day every month.

- As most people don't remember to do this monthly exercise, we advise you pick a partner (your husband, friend, sister, colleague) to remind you and you her, to perform the exam monthly (This is called picking a Buddy or Buddy-Check 2)

Clinical Breast Exam (CBE)

A clinical breast exam (CBE) is an exam of your breasts by a health care professional, such as a doctor, OR nurse and should be performed ONCE A YEAR FROM AGE 20.

The CBE is a good time for women who don't know how to examine their breasts to learn the proper technique from their health care professionals. Ask your doctor or nurse to teach you and watch your technique.

MAMMOGRAPHY

- *A mammogram is an X-ray photograph of the breast, and is as safe as a dental X-ray, to help identify the breast lump or disease.*
- *Women over age 40 should have a mammogram each year.*
- *If you have a family history of breast cancer or other factors that increase your risk, you may begin screening as early as 25-30 years old, **with Ultrasound of the breast, Elastography or MRI.** Discuss with your doctor what is right for you.*

What Is Breast Cancer?

- Breast cancer is a potentially dangerous or malignant tumor that develops from a cell of the breast.
- The disease occurs mostly in women, but men can get breast cancer as well

Prevention

What causes breast cancer?

The cause of breast cancer is unknown.

That is why it is important to get tested/screened, to be sure to catch it early.

Many risk factors -- such as your genes and family history -- cannot be controlled. However, a healthy diet and a few lifestyle changes may reduce your overall chance of cancer in general.

WHAT ARE THE RISK FACTORS FOR DEVELOPING BREAST CANCER?

A: Risks that one cannot control:

- Being a woman: All women can get breast cancer. The chance of a woman getting breast cancer in her lifetime is about 1 in 8.
- Increasing age.
- Early beginning of menstruation (before age 12) & Late Menopause (after age 55).
- Family and/or personal history of breast cancer.

- Genetic/hereditary factors. (Having the breast cancer gene).
- Family history of cancer of the breast (mother, sister, auntie, cousin, or self). The risk increases the closer the relationship.

B: Risks that one can control:

- Drinking alcohol
- Smoking & inhaling secondary smoke
- Leading a sedentary lifestyle (Physical inactivity).
- Being obese/overweight, especially belly fat.
- Breast feeding less than 15 months.
- 1st pregnancy ending in an abortion
- Old age at 1st birth or never having given birth at all.
- First full time pregnancy after age 30.
- Radiation before puberty.
- Prolonged exposure to female reproductive hormones– oral contraceptives and Hormone replacement therapy
- Wrong diet
- John Hopkins study found that Cancer is also a disease of the mind, body & spirit and thus **Cancer cells can be fuelled by Emotional stress like Anger, Un-forgiveness,& bitterness**

Healthy Diet: [See section on General Cancer Facts](#)

SYMPTOMS OF BREAST CANCER

Early Breast Cancer usually does not cause symptoms. This is why regular breast exams are important. As the cancer grows, symptoms may include:

- **Breast Lump** or **lump in the armpit** that is hard, has uneven edges, and usually does not hurt
- Change in the size, shape, or feel of the breast or nipple -- for example, you may have redness, dimpling, or puckering that looks like the skin of an orange
- Fluid coming from the nipple -- may be bloody, clear-to-yellow, or green, and look like pus
- **Men do get breast cancer, too.** Symptoms include breast lump and breast pain and tenderness.

Symptoms of advanced breast cancer may include:

- Bone pain
- Breast pain or discomfort
- Skin ulcers
- Swelling of one arm (next to the breast with the cancer)
- Weight loss

EXAMS AND TESTS

The doctor will ask questions to ascertain your symptoms and risk factors, and then perform a physical exam, which includes both breasts, armpits, and the neck and chest area. Additional tests may include:

- **Mammography** to help identify the breast lump
- **Breast MRI** to help better identify the breast lump
- **Breast Ultrasound** to show whether the lump is solid or fluid-filled
- **Breast Biopsy/Needle Aspiration**, or **Breast Lump Removal** to remove all or part of the breast lump for closer examination by a laboratory specialist

If your doctor confirms that you do have breast cancer, additional tests will be done to see if the cancer has spread. This is called **staging**. Staging helps guide future treatment and follow-up and gives you some idea of what to expect in the future.

Breast cancer stages range from 0 to IV. In general, breast cancer that stays where it started from is called **'in situ'** or **'Noninvasive Breast Cancer'**. If it spreads, it is called **'Invasive Breast Cancer'**. The higher the 'stage number', the more advanced the cancer.

The 5-year survival rate refers to the number of patients who live at least 5 years after their cancer is found. According to the American Cancer Society (ACS), the 5-year survival rates for persons with breast cancer that is appropriately treated are as follows:

- 100% for stage 0
- 100% for stage I
- 92% for stage IIA
- 81% for stage IIB
- 67% for stage IIIA
- 54% for stage IIIB
- 20% for stage IV

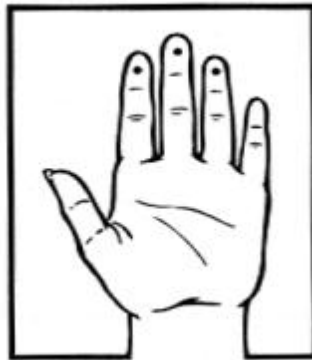
When to Contact a Medical Professional

Contact your health care provider for an appointment if:

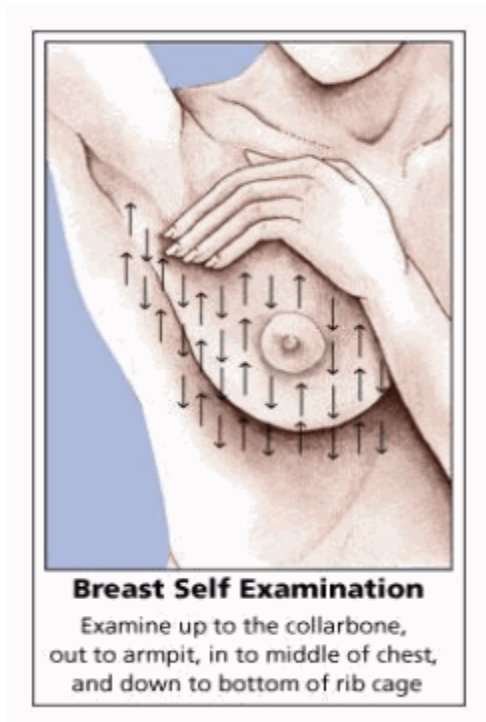
- You have a breast or armpit lump
- You are a woman age 40 or older and have not had a mammogram in the last year
- You are a woman age 25, 30 or older and have a mother or sister with breast cancer, or have already had cancer of the breast, uterus, ovary, or colon.
- You do not know how or need help learning how to perform a Breast Self-Examination.

How to examine your breasts – THE BREAST SELF EXAMINATION (BSE)

- Lie down and place your right arm behind your head. The exam is done while lying down, not standing up. This is because when lying down the breast tissue spreads evenly over the chest wall and is as thin as possible, making it much easier to feel all the breast tissue.
- Use the finger pads of the 3 middle fingers on your left hand to feel for lumps in the right breast. Use overlapping dime-sized circular motions of the finger pads to feel the breast tissue.



- Use 3 different levels of pressure to feel all the breast tissue. Light pressure is needed to feel the tissue closest to the skin; medium pressure to feel a little deeper; and firm pressure to feel the tissue closest to the chest and ribs. It is normal to feel a firm ridge in the lower curve of each breast, but you should tell your doctor if you feel anything else out of the ordinary. If you're not sure how hard to press, talk with your doctor or nurse. Use each pressure level to feel the breast tissue before moving on to the next spot.
- Move around the breast in an up and down pattern starting at an imaginary line drawn straight down your side from the underarm and moving across the breast to the middle of the chest bone (sternum or breastbone). Be sure to check the entire breast area going down until you feel only ribs and up to the neck or collar bone (clavicle).



- There is some evidence to suggest that the up-and-down pattern (sometimes called the vertical pattern) is the most effective pattern for covering the entire breast, without missing any breast tissue.
- Repeat the exam on your left breast, putting your left arm behind your head and using the finger pads of your right hand to do the exam.
- While standing in front of a mirror with your hands pressing firmly down on your hips, look at your breasts for any changes of size, shape, contour, or dimpling, or redness or scalying of the nipple or breast skin. (The pressing down on the hips position contracts the chest wall muscles and enhances any breast changes.)
- Examine each underarm while sitting up or standing and with your arm only slightly raised so you can easily feel in this area. Raising your arm straight up tightens the tissue in this area and makes it harder to examine.

This procedure described above for doing breast self-exam is different from previous recommendations. These changes represent an extensive review of the medical literature and input from an expert advisory group. There is evidence that this position (lying down), the area felt, pattern of coverage of the breast, and use of different amounts of pressure increase a woman's ability to find abnormal areas.

Clinical Breast Exam (CBE)

For this exam, you undress from the waist up. The health care professional will first look at your breasts for abnormalities in size or shape, or changes in the skin of the breasts or nipple. Then, using the pads of the fingers, the examiner will gently feel (palpate) your breasts.

Special attention will be given to the shape and texture of the breasts, location of any lumps, and whether such lumps are attached to the skin or to deeper tissues. The area under both arms will also be examined.

What to Expect When You Have a Mammogram

- To have a mammogram you must undress above the waist. The facility will give you a wrap to wear.
- A technologist will be there to position your breasts for the mammogram. Most technologists are women. You and the technologist are the only ones in the room during the mammogram.
- To get a high-quality mammogram picture with excellent image quality, it is necessary to flatten the breast slightly. The technologist places the breast on the mammogram machine's lower plate, which is made of metal and has a drawer to hold the x-ray film or the camera to produce a digital image. The upper plate, made of plastic, is lowered to compress the breast for a few seconds while the technician takes a picture.
- The whole procedure takes about 20 minutes. The actual breast compression only lasts a few seconds.
- You will feel some discomfort when your breasts are compressed, and for some women compression can be painful. The health facility staff usually schedules your screening guided by your last menstruation when your breasts are likely not to be tender, as they can be just before or during your period.
- Your mammogram results should be given to you within 30 days. Ideally, you will be contacted within 5 working days if there is a problem with the mammogram.
- Being called back for more testing does not mean that you have cancer. In fact, less than 10% of women who are called back for more tests are found to have breast cancer. Being called back occurs fairly often, and it usually just means an additional image or an ultrasound needs to be done to look at an area more clearly. This is more common for first mammograms (or when there is no previous mammogram to look at) and in mammograms done in women before menopause. It may be slightly less common for digital mammograms.
- Of every 1,000 mammograms, only 2 to 4 lead to a diagnosis of cancer.

If you are a woman aged 40 or over, you should get a mammogram every year. You can schedule the next one while you're at the facility and/or request a reminder.

Limitations of mammograms

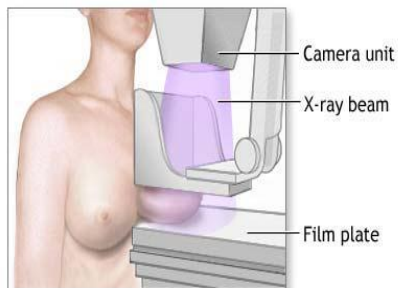
A mammogram cannot prove that an abnormal area is cancer. To confirm that cancer is present, a small amount of tissue must be removed and looked at under a microscope. This procedure is called a **biopsy**.

You should also be aware that mammograms are done to find breast cancer that cannot be felt by hand. ***If you have a breast lump, you should have it checked by your doctor and consider having it biopsied even if your mammogram result is normal.***

Mammograms are not perfect at finding breast cancer. They do not work as well in women with dense breasts, since dense breasts can hide a tumor. Dense breasts are more common in younger women, pregnant women and women who are breast-feeding , but any woman can

have dense breasts. Black women tend to have breast cancer at younger age (25-35yrs & 5-55yrs), than their white women counterparts.

This dense breast situation can be a problem for young women who are at high risk for breast cancer (because of gene mutations, a strong family history of breast cancer, or other factors) because they have a higher risk of developing breast cancer at a younger age. This is one of the reasons that the American Cancer Society recommends MRI scans in addition to mammograms for screening in these women.



In mammography, each breast is compressed horizontally, then obliquely and an x-ray is taken of each position

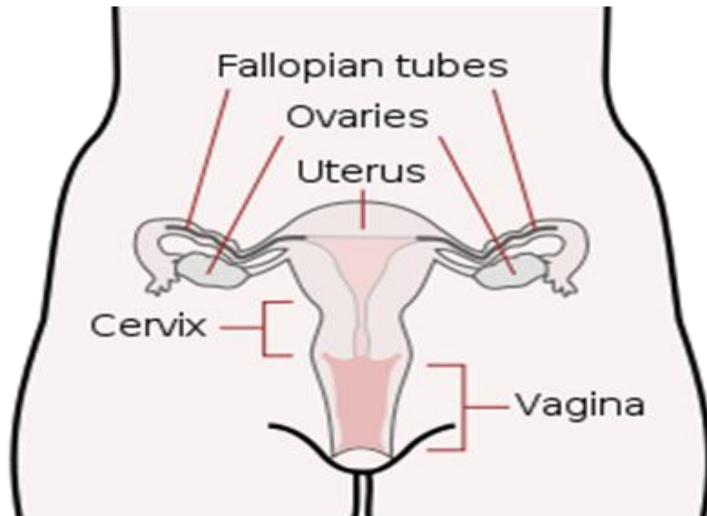
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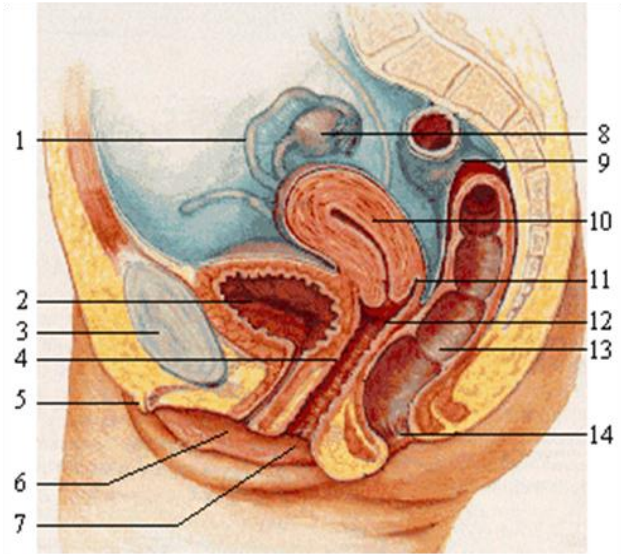
NO WOMAN NEEDS TO DIE FROM CERVICAL CANCER!

AND YET:

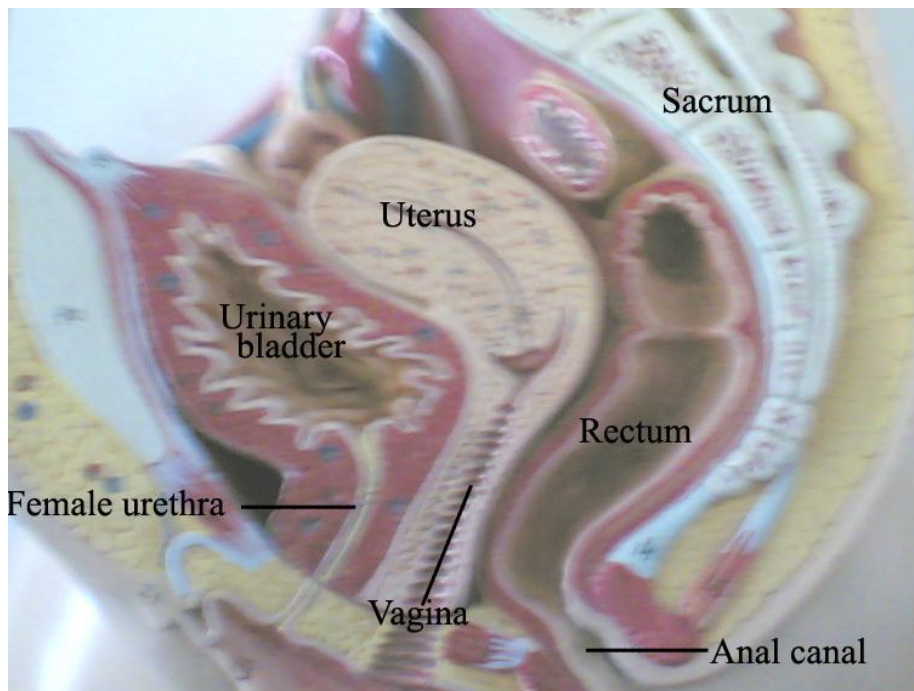
- **EVERY TWO MINUTES, one woman dies from Cervical Cancer**
- EVERY 69.5 seconds, a woman is diagnosed with Cervical Cancer (i.e found to have Cervical cancer)
- 80% of these deaths occur in developing Nations
- It is the 2nd most common cancer in Women Worldwide, and the MOST common in African Women.
- 25,000 new cases are seen in Nigeria every year i.e. 480 cases per week
- The Main cause of Cervical Cancer is a Virus called 'The Human Papillomavirus (HPV)', and almost a 100% of Cervical Cancer cases are caused by persistent infection with Cancer causing HPV infections
- HPV virus is very easily transmitted by skin-to-skin genital contact, penetrative intercourse is not necessary to become infected. Condoms are not effective to reduce the risk
- About half of all females diagnosed with Cervical Cancer are between 35 and 55years old. Many of these females were most likely exposed to Cancer-causing HPV types during their teens and 20's.

THE CERVIX IS THE NECK OF THE WOMB: SEE BELOW WHERE IT IS IN THE BODY





CERVIX IS MARKED NO 11



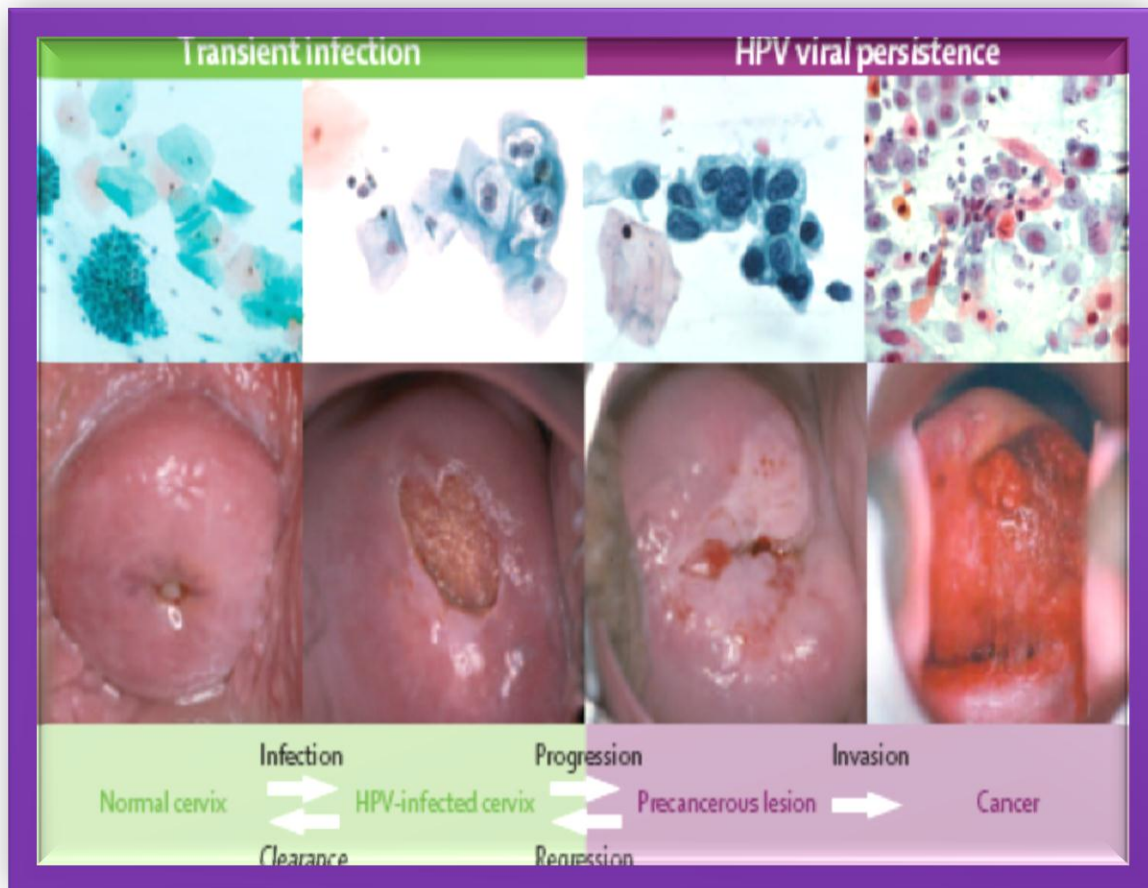
RISK FACTORS FOR CERVICAL CANCER

- Recurrent sexually transmitted infections (STI) , especially Infection with cancer-causing **Human Papilloma Virus (HPV)**
- Tobacco Use - **smoking cigarettes**: When people think of smoking, lung cancer usually comes to the mind first, not cervical cancer. The carcinogens in cigarettes can cause damage to the cervical cells, possibly leading to cervical cancer. Studies have shown that smoking can accelerate the cervical damage caused by HPV.

- **Heredity – Genetic predisposition:** Having a family history of cervical cancer may increase the risk for cervical cancer. It is estimated that if an immediate family member, like a mother or sister, has had cervical cancer, the risk is increased two to three times.
- **Weakened Immune Status**
- **Bad Sexual Habits:** Being sexually active before age 18yrs - having sex at an early age
- **Multiple Sexual Partners:** Having many sex partners or having sex with someone who has had many sexual partners may increase your risk of developing HPV, thus possibly developing cervical cancer.
- **HIV Infection:** Women infected with the human immunodeficiency virus (HIV) are at a greater risk of developing cervical cancer. HIV compromises the immune system, making it harder for the body to ward off an HPV infection. A weakened immune system may also cause cervical cancer to develop at a more rapid pace.
- Taking **Oral Contraceptives** for a long time: There is a small cervical cancer risk in using **birth control pills** for longer than five years. For married couples the benefits of oral contraceptives far outweigh the risks.
- It is thought that having sex with an **uncircumcised male** may increase your risk as well. Studies have shown that women whose partners were circumcised were less likely to develop cervical cancer.
- **Multiple Births:** Studies have shown that women who carry seven or more full-term pregnancies are at a higher risk of developing cervical cancer.
- **DES Exposure:** Diethylstilbestrol (DES) is a drug used in the past for women who were at high risk of having a miscarriage. It was used between 1940 to 1971. Women born to those who were given DES are at a slight risk of developing a rare form of cervical cancer because of the DES exposure. One out of 1,000 women who were exposed in utero will develop this type of cancer.
- **Failure to Get Screened Regularly for Cervical Cancer:** Women who have regular Pap smears greatly reduce their risk of developing cervical cancer. A Pap smear can detect abnormal cervical changes before they progress to cervical cancer.

Keep in mind that risk factors only increase the likelihood of developing cervical cancer, they do not guarantee you will develop it.

HOW THE CERVIX LOOKS IN HEALTH & WHEN DISEASED WITH HPV



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HOW WOULD I SUSPECT THAT I HAVE CERVICAL CANCER?

- Unfortunately in the early stages of Pre-cancers and cancers, No symptoms are present (you don't feel that anything is wrong).. **that is when you should come for screening – when you are feeling well, nothing wrong with you at all!!**
- Cervical cancer symptoms begin to appear as the disease advances, invading deeper into the cervix and surrounding tissue.
- You can have abnormal vaginal bleeding that is not occurring at your menstrual period , or which is heavier than usual or pelvic pain
- You may notice pain during or bleeding after Sexual intercourse
- If you start having Vaginal bleeding when you have already stopped seeing your period because of Menopause (Menopause usually occurs above 55years of age)
- If you feel a Pelvic mass (abnormal 'bump' down below, just above your female private part)
- If you notice 'Uncontrolled passing of Urine and stool'
- If you have, heavy vaginal discharge Watery or blood stained, foul-smelling vaginal discharge

Note that these signs can also be a sign of other conditions. *If you have any of the symptoms of cervical cancer listed above, it is not a guarantee that you have the disease. However, it does mean that you should pay a visit to your doctor. The bottom line is that you should not ignore your symptoms or wait for them to go away on their own. Self-diagnosing through information found on the internet is not recommended, either. Most people find that even though they may have the symptoms of a disease, their doctor diagnoses them with something completely different. Use information you find on the internet as a guide, not a diagnostic tool. It simply doesn't replace medical advice from your doctor.*

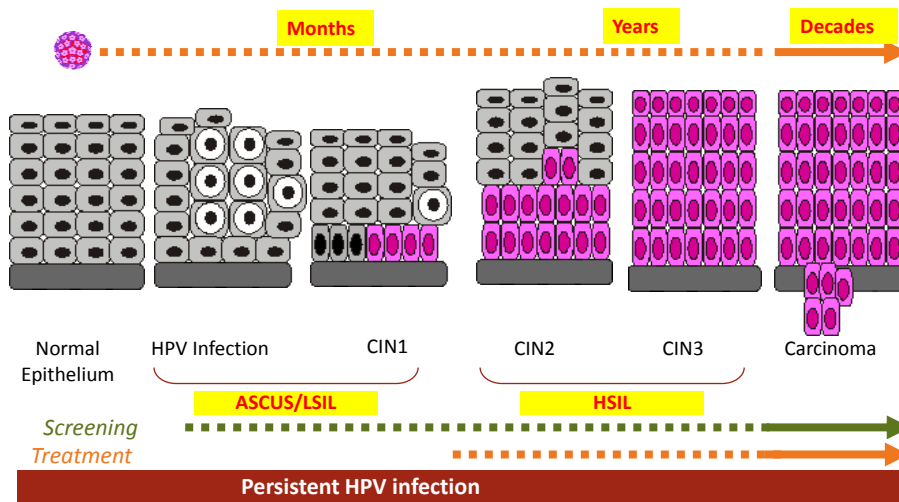


Her fingers are in the pelvic area

GOOD NEWS

- Cancer of the Cervix can both be Prevented and Detected Early
- The incidence of Cervical Cancer can be significantly reduced by preventing the incidence of Cancer-causing HPV infection
- Two companies have produced Vaccines that are efficacious against HPV (**Cervarix and Gardasil**). For optimal prevention of HPV infection, any of these two Vaccines should be given prior to sexual debut (*first sexual intercourse ever, of a female*)
- As women are at risk throughout their lives and infection can occur at any age, Vaccination is predicted to be beneficial for young girls (9-14 ideally, and older females 14- 30 years).
- Pre-cancerous Lesions (which are not Cancer yet, but which have the potential to progress to Cervical Cancer), can be detected through different types of **SCREENING**, conducted yearly from age 20yrs.
- Available screening methods are; **Pap Smear test** or **Visual Inspection with Acetic Acid or Lugols Iodine (VIA or VILI)**. These tests can find changes in the Cervix that can be treated before they become cancer.
- VIA and VILI are currently recommended for use in developing nations, because the woman can have her cervix looked at, painted, an abnormality found and treated at the same time.

PROGRESSION TO CERVICAL CANCER



SEE DIAGRAM ABOVE: THE PROGRESSION FROM FIRST INFECTION TO BECOMING CANCER TAKES YEARS

IT GIVES YOU TIME TO ACT...PSE GET SCREENED TODAY!!

SCREENING RECOMMENDATIONS FOR CERVICAL CANCER:

Though current thinking in Nigeria is that annual screening should start at Age 20, common recommendation is as follows:

- 3 years after commencement of sexual activity, screening should be done every two years.
- If screening is three times consecutively negative, change to screening 5 yearly.
- For those in promiscuous relationship (**WHICH IS NOT RECOMMENDED AT ALL!**), whether male or female, screening should be done more regularly, yearly.
- Above 50 years, annual screening is recommended.

The aim is to find it at ASCUS OR LSIL STAGE

How is Cervical Cancer Treated?

Cervical cancer may be treated with surgery, such as a hysterectomy (removal of the womb –uterus). Other forms of treatment include use of drugs called **chemotherapy** and **Radiation Therapy** – which is the use of monitored/controlled ionising radiation to kill the cancer cells. Treatment varies from patient to patient. One patient may only have surgery, while another may undergo several types of treatment. It all depends on the type and stage of cervical cancer.

ALL ABOUT INFECTION WITH HPV:

1 in 4 Teenage Girls are Infected with a Sexually Transmitted Disease

A CDC report released March 11, 2008, detailed that 1 in 4 teenage girls, is or have been infected with a sexually transmitted disease (STD). This translates to 3.2 million or 26% of teenage girls ages 13 to 19 being infected with 1 of the 4 common sexually transmitted diseases:

- Human Papillomavirus (HPV)
- Chlamydia
- Herpes Simplex Virus
- Trichomoniasis

HPV is the most common STD among teens (Teenagers)

The CDC (Centre for Disease Control) study found that the most common STD among teenage girls was HPV, with 18% of these young girls infected. The second most common was chlamydia, with 4% of teen girls being infected. HPV is the most common STD in the world - transmitted through sexual contact. It is estimated that over 20 million Americans are infected with the virus, many of whom are unaware. **HPV** has the strongest link to cervical cancer development. There are over one hundred different strains of HPV, with most posing no health risk. While most people with HPV will never experience adverse health effects of the virus, some untreated women are at risk for several types of cancer. A handful of the HPV strains affect the cervix, which could lead to cervical cancer. HPV usually does not present symptoms, so a regular **Pap smear** is vital to detecting cervical damage caused by HPV. HPV is also related to the development of vulvar and vaginal cancer in women. Men with HPV are at risk of developing cancer, such as anal and penile cancer.

Genital warts are also a product of HPV infection, in which both men and women are susceptible to.



Genital warts appear as flesh-toned or gray growths that are raised or flat on, in and around the genitals. They can grow in clusters that resemble cauliflower, or they can appear singularly... most will not present in the grotesque manner seen in these pictures above. In women, genital warts appear inside and outside of the vagina and inner thighs. They can also appear on the anal region, growing in and outside of the anus. In men, genital warts can appear on the penis, scrotum, testicles, anus, groin and thighs. In some cases, genital warts never appear or can appear years after contracting the virus. If you suspect that you may have genital warts, see your doctor. It is never a good idea to self-diagnose any condition! A topical treatment may be given to remove warts.

HPV Strains, Symptoms, & Diagnosis

There are high and low risk strains of HPV that affect the body differently:

- **Low Risk Strains:** Strains classified as "low risk" are associated with genital warts and mild cervical abnormalities that are found in routine Pap smears. Low risk strains do not cause cervical cancer.
- **High Risk Strains:** Strains of HPV classified as "high risk" are associated with both mild and severe cervical abnormalities found on a Pap test. When left untreated for several years, these abnormalities could develop into cervical cancer. Less frequently, high risk strains can cause atypical genital warts that can have precancerous and cancerous changes within them.
- **You can be infected with more than one strain of HPV.** An infected person can be a carrier of several strains of HPV concurrently. The good news is that for most people, both high and low risk HPV infections clear up without medical intervention.

Engaging in high risk sexual behavior increases your risk of contracting both high and low risk strains of HPV.

Symptoms of HPV Strains Related to Genital Warts: The strains of HPV known to cause genital warts in men and women obviously can cause genital warts to appear. However, in some cases, genital warts never appear or can appear years after contracting the virus. This is why you cannot rely on the visual presence of genital warts to determine if someone is infected or not.

Symptoms of HPV Strains Related to Cancer: High risk, cancer-causing strains of HPV do not generally produce symptoms. This is why a regular Pap smear is vital for all women. A Pap smear can detect abnormal cervical changes caused by HPV, long before they turn cancerous.

Diagnosing HPV in Women

For women, a regular pelvic exam and Pap smear is the best way to detect an HPV infection. During a pelvic exam, the doctor may examine the vagina for signs of genital warts.

The human papillomavirus (HPV) test detects the presence of human papillomavirus. HPV testing may be recommended to you if:

- Your Pap test was abnormal, showing atypical squamous cells of undetermined significance (ASCUS)
- You're age 30 or older

The HPV test is available only to women; no HPV test yet exists to detect the virus in men. However, men can be infected with HPV and pass the virus along to their sex partners.

Diagnosing HPV in Men

Unfortunately for men, there is no medical screening test that can determine if a man is infected with HPV. A doctor can visually examine the genitals for the presence of genital warts. Just like in women, HPV does not always produce symptoms, so men may be infected without showing any signs.

There's a new, more sensitive way to screen for cervical cancer — Why the Pap may no longer be enough.

Suppose there were a screening test for cervical cancer that could detect potential dangers with far more sensitivity than the Pap Smear? ... a test so reliable that when it is done with the Paps Smear, you could trust the results nearly 100 percent. Well...there is such a screen — **the HPV test**. It's been approved by the FDA and endorsed by the American College of Obstetricians and Gynecologists (ACOG) and the American Cancer Society as an option to be done with Pap smear.

What is the new HPV test?

There are more than 100 strains of HPV, about 40 of which cause cell abnormalities in the lining of the cervix that, years later, can become malignant. Two of these strains — numbers 16 and 18 — are thought to be responsible for roughly 70 percent of cervical cancer cases. The HPV test literally homes in on genetic coding that occurs in these two, plus about a dozen other high-risk strains. A negative HPV test means that no active virus could be found; a positive result, means that one or more of those strains is present.

How is this different from the Pap's Smear?

The Pap's Smear is designed for visual identification (by either lab technician or computer) of any cells that look abnormal. The HPV test was originally approved by the FDA as a follow-up for women whose Pap results were ambiguous (technically called ASCUS — "atypical squamous cells of undetermined significance"), a category that may affect some three million women every year. Now it's been approved as a screening test for women 30 and over, to be done with the Paps Smear and, generally, the same sample of cervical cells.

Scientific studies support a great need for the HPV vaccine.

When the HPV vaccines were approved for use in girls as young as 9, many parents wondered why the vaccine should be given to such young girls. The results of different studies both by the CDC & in some Teaching Hospitals in Nigeria make the answer clear: **Teens are definitely having sex and contracting HPV.** By immunizing preteen girls with the HPV vaccine prior to them becoming sexually active, we will greatly reduce their risk of contracting HPV, and not necessarily encourage them to have pre-marital sex.... As HPV Vaccination does not prevent pregnancy or contraction of other STDs like HIV..

Both Cervarix and Gardasil, are approved HPV vaccines, and protect against the two types of HPV that cause 70% of all cases of cervical cancer. Being vaccinated against HPV also greatly reduces the risk of developing precancerous and abnormal vaginal and vulvar lesions that could become Cancer. Girls vaccinated with the quadrivalent Gardasil are also protected from the two types of HPV that are responsible for 90% of genital warts.

What The Results of These Studies On Precocious Sexual Debut Mean to Parents

For most parents, the findings of precocious sexual escapades by their Teen girls, are an eyeopener. The study has shed light on how much we really need to educate our teens about the consequences of being sexually active. Educating them is not a licence to them, but gives them an 'Informed Choice' about the lifestyle they should choose to lead. ***A young lady once owned to me, that if only early in life, young girls are tutored about the negative consequences to their own lives of engaging in premarital sex, most of them would have opted to remain virgins till marriage.*** Sexual education can begin right in the home. For parents who aren't comfortable talking to their kids about sex, a trusted family friend, clergy member, or healthcare provider are all excellent choices to talk about sex with a child. Just because a parent is uncomfortable talking about sex with their child, does not justify their child going uneducated. *With the prevalence of STDs and unplanned pregnancy in today's world, allowing a teen to go uneducated would be like letting him play in the street, hoping he doesn't get hit by car when you aren't watching.*

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