CANCER - DID YOUKNOW?

There are many myths out there. On 4 February 2013 get the facts.



General Cancer Awareness: "Myths and Misconceptions"

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Objectives

- Define Cancer
- Common Cancers in Zimbabwe
- Causes of Cancer
- Treatment of Cancer
- General Myths and Misconceptions
- Conclusions



CANCER - DID YOU KNOW?

There are many myths out there. On 4 February 2013 get the facts.

DEFINITIONS

- MYTH: A myth is a story that may or may not be true. Myths are generally very old. No records or other proof that they happened. Some myths may have started as 'true' stories but as people told and re-told them, they may have changed some parts.
- MISCONCEPTION: A view or opinion that is incorrect because based on faulty thinking or understanding. (misapprehension – misunderstanding)

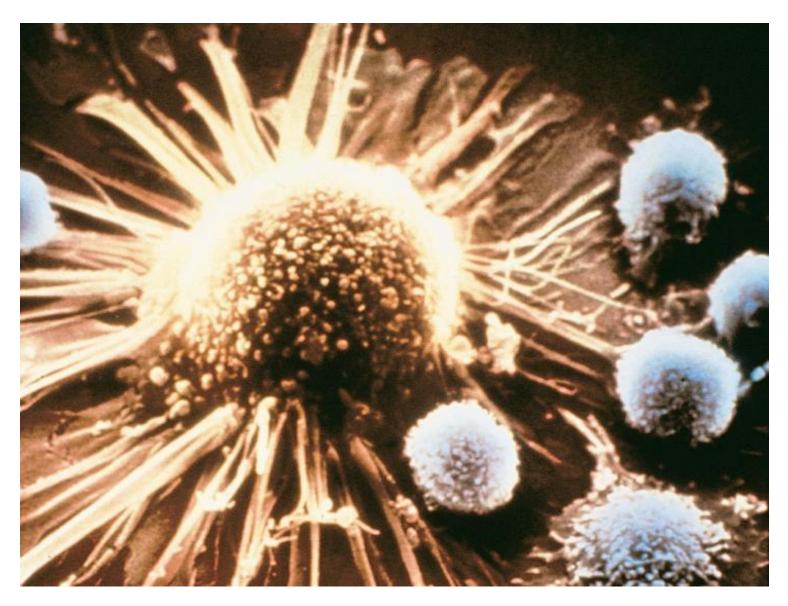
DEFINITIONS

- BELIEF: An acceptance that a statement is true or that something exists. Something one accepts as true or real; a firmly held opinion or conviction. (faith - trust – confidence)
- FACT: A thing that is indisputably the case.
 Information used as evidence or as part of a report or news article. (reality deed actuality truth case circumstance)
- TRUTH: The quality or state of being true:
 That which is true or in accordance with fact or reality: (verity reality fact)

WHY SO MANY MYTHS AND MISCONCEPTIONS AROUND CANCER??

- Still an evolving area: research still being carried out to answer questions that we still have
- Not enough general awareness/ lack of education; people getting information from their communities ie prev experiences friends and loved ones
- Newer treatments now available but still people refer to the past experiences
- Diverse disease, different cancers mean different things to different people.

What is Cancer?

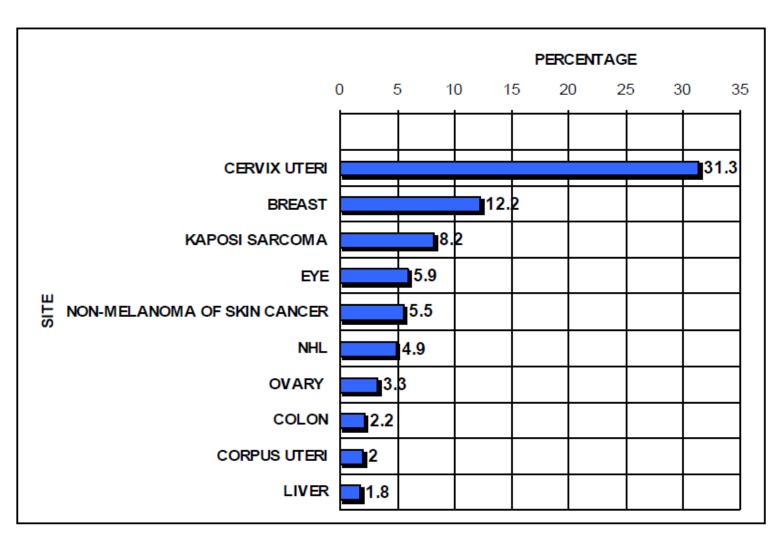


Cancer is ...

- The uncontrolled growth of cells/tissues of the body
- Result of underlying genetic abnormality (mutation)
- Ability to invade surrounding structures and other organs
- More than 200 cancers
- Named according to cell or organ of origin eg skin cancer, breast cancer

Cancer Burden in Zimbabwean Females

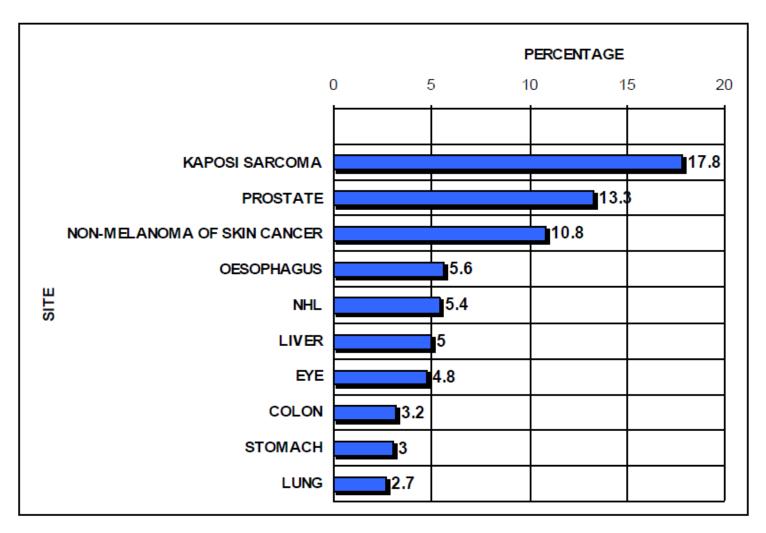
2009: All Zimbabweans: Females



Zimbabwean Males

MOST COMMON CANCERS

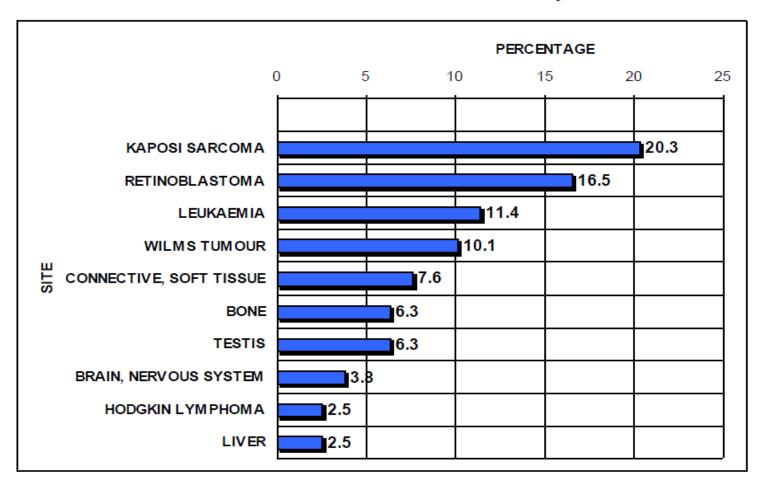
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Childhood Cancers- Boys

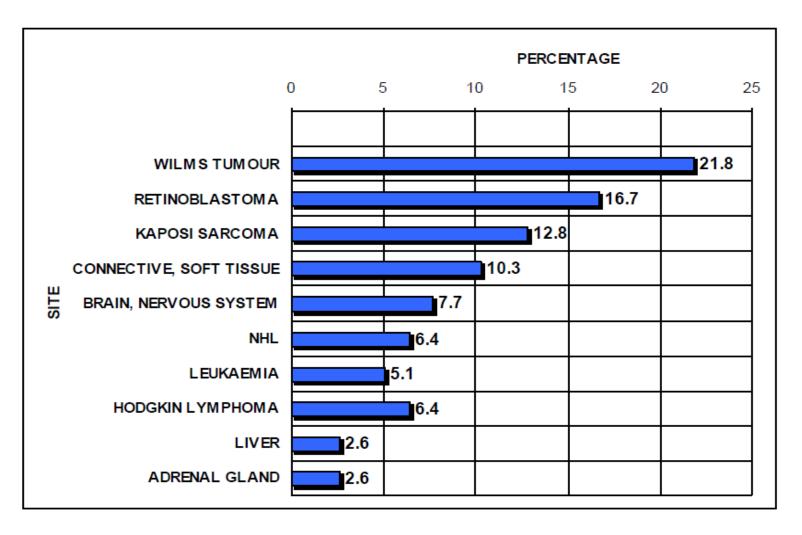
MOST COMMON CANCERS

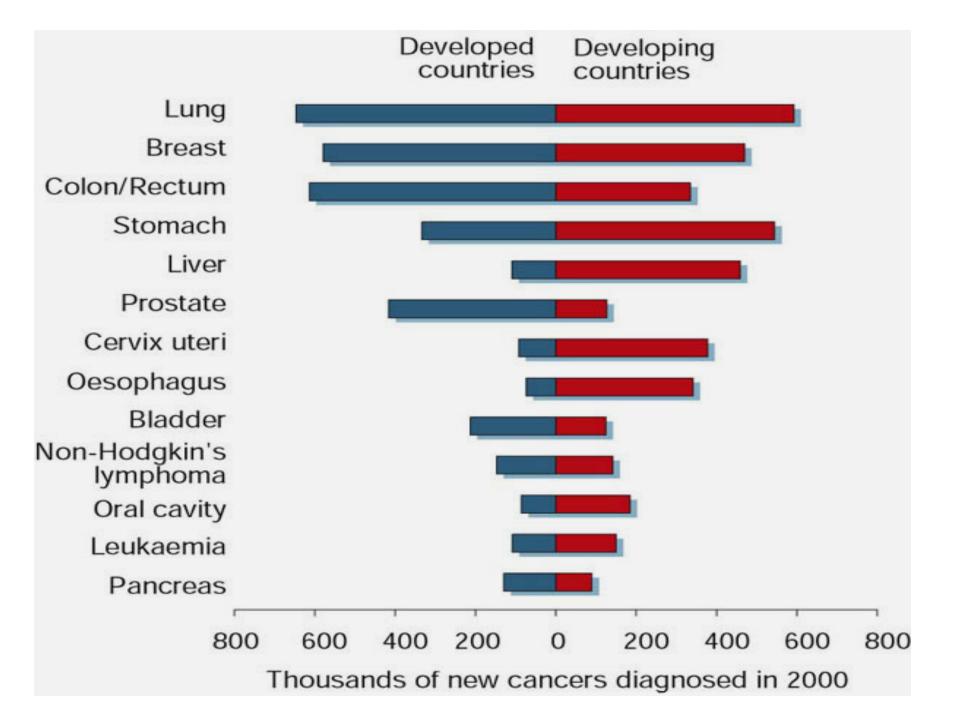
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Childhood cancers - Girls

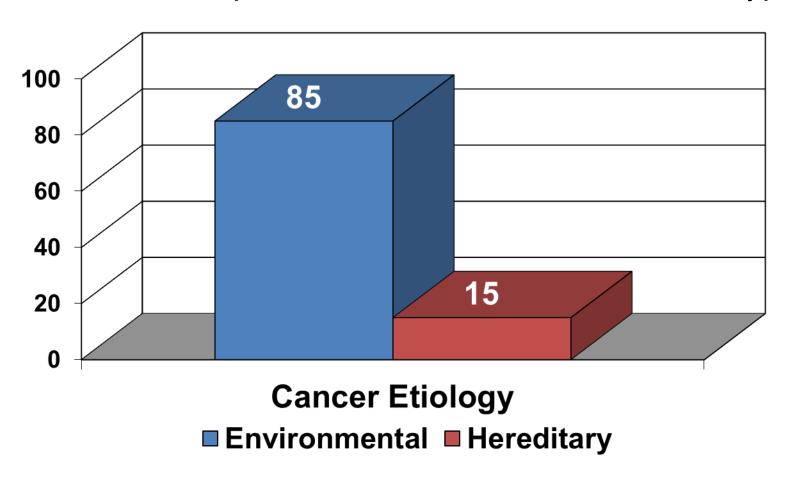
2009: Paediatrics: All Zimbabweans: Girls





What Causes Cancer?

- 80-90% of cancers no identifiable cause
- Multifactorial (Environmental and Hereditary)



Risk Factors & Risk Reduction

- Nearly all cancers of the lung, bladder, mouth and skin could be prevented
- 50-75% of cancer deaths are related to personal behaviors or habits
- 30% or more of all cancer deaths related to cigarette smoking
- 30% of all cancer deaths in the U.S. are related to poor nutrition & inactivity leading to obesity
- Risk may be reduced by increasing consumption of fruits & vegetables and limiting high-fat foods
- Source: Cancer Trends Progress Report 2005 Update, National Cancer Institute, NIH, DHHS, Bethesda, MD, December 2005, http://progressreport.cancer.gov.

Lifestyle Factors



Risk Factors for Cancer Development

- Avoidable/ factors that can be controlled
 VS
- Factors that cannot be changed

Preventable Causes of Disease

- Biological factors and Behavioral Factors
- Environmental factors
- Immunologic factors
- Nutritional factors
- Genetic factors
- Services, Social factors, and Spiritual factors

[JF Jekel, Epidemiology, Biostatistics, and Preventive Medicine, 1996]

Factors that can be controlled

Lifestyle factors:

- Smoking tobacco: cigarette smoke > 200 carcinogens (lung, cervical, bladder, ...)
- Alcohol: avoid or limit to 1 to 2 units a day
- Physical exercise: 30min at least 3 days/week
- Chronic stress



The Smoker's Body

Every 6.5 seconds someone dies from tobacco use, says the World Health Organization. Research suggests that people who start smoking in their teens (as more than 70 to 20 to 25 years earlier than those who never light up. It is not just lung cancer or heart disease that cause serious health problems and death. Below, some of smoking's less publicized side effects – from head to toe.



More detailed PDF versions in English, Spanish & French can be downloaded at the World Health Organization's website at: http://www.who.int/tobacco/research/smmokers_body/en/

DIET

- Adopt healthy diet
- High fibre, low fat and white meat
- Plenty fruit and vegetables
- Coloured vegetables, antioxidants (carrots, tomatoes pumpkins, beetroot)
- Vitamins and minerals eg
 Vitamin E, zinc and
 selenium



Cont. DIET

- Avoid processed food and preserved foods eg salt fried foods
- Proper storage of foods eg peanuts, maize (aflatoxin/fungus contamination can occur if crop drying is delayed and moist storage of crops and insect or rodent infestations facilitate mold invasion)
- Drink plenty of water, at least 1.5litres a day
- Obesity is a risk factor for cancer development
- Use of BMI (Body mass index) as a guide
- Obesity BMI > 30
- Weight in kg/ Height in metres squared

Sunlight Exposure

- Light skinned individuals eg caucasian and albinos
- Increased risk of skin cancers

Infectious Agents

- Viruses eg HPV (cervix) and HBV (liver cancer)
- HIV infection
- Bilharzia and bladder cancer
- H-pylori and stomach cancer

Miscellaneous Factors

- Use of hormone replacement therapy for menopausal symptoms (uterine body and breast cancer)
- Not having children
- Having children late after age of 30 years
- Not breast-feeding
- Having unprotected sex and multiple sexual partners

Environmental Carcinogens

- A cancer-causing agent
- Three main types:
 - Chemical
 - Physical (radiation)
 - Biological (especially virus)

Human carcinogens - environmental

- Aflatoxins
- Asbestos
- Benzene
- Cadmium
- Coal tar

- Creosote
- DDT
- Polycyclic aromatic hydrocarbons
- Radon
- Solar radiation

Human carcinogens - drugs/therapeutic agents

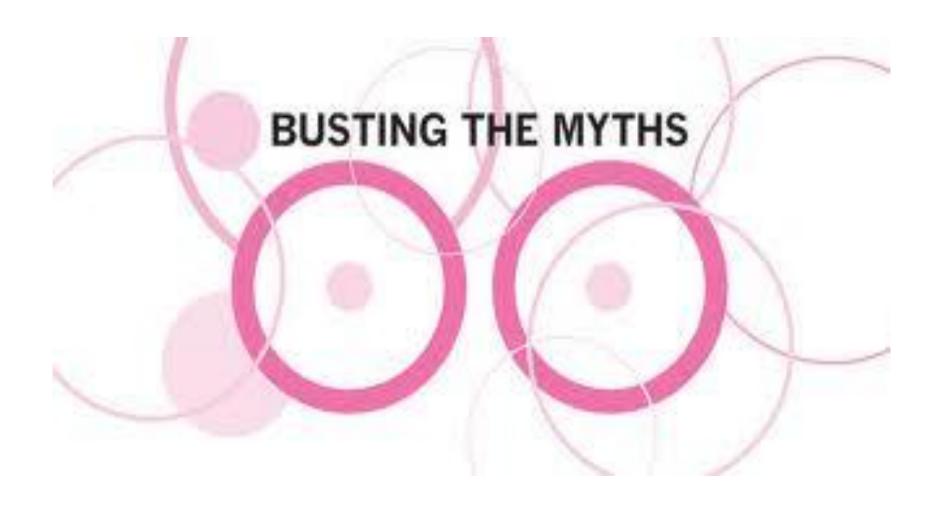
- Adriamycin (doxorubicin)
- Androgenic steroids
- Chlorambucil
- Cisplatin
- Cyclophosphamide
- Cyclosporin A

- Diethylstilbestrol
- Ethylene oxide
- Melphalan
- Tamoxifen

Unavoidable Risk Factors

- Sex
- Advanced age
- Family history (inherited genes)
- Race
- Reproductive history eg early menses and late menopause

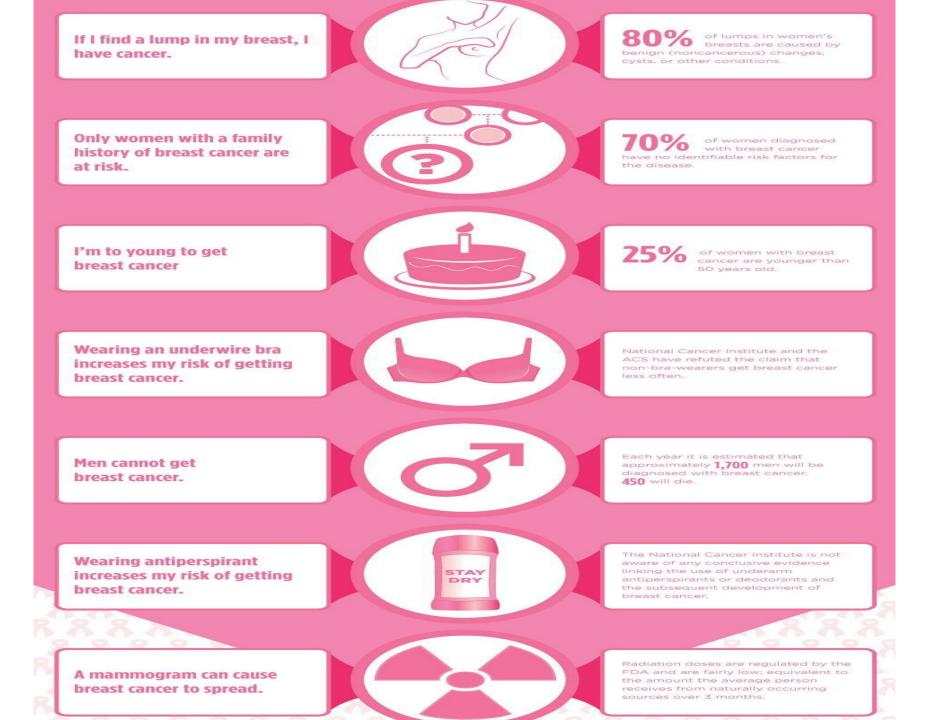
Myths and Misconceptions





Myths and Misconceptions

- I don't have any symptoms so I cannot have cancer. I was told that cancer is painful.
- I have cancer because I was bewitched
- Blame: Oneself (lifestyle factors eg smoking/ alcohol drinking/ obesity/ not exercising/ food intake)/ not undergoing screening
- Blame others eg parents (genetic), failure to undergo appropriate vaccines as a child, food taken in as a child, environment one grew up in; blame infections on partner eg HIV/HPV; workplace/ government eg contaminated water etc



Myths and Misconceptions

Breast cancer myths and misconceptions

- Radiation: a woman who is treated with radiation could have a high risk on her family or nursing her baby
- Breast size: there is a misconception that bigger breasts could get breast cancer more than smaller ones
- Breast implants: plastic surgeries of the breasts like breast implants encourage breast cancer

Cellphones

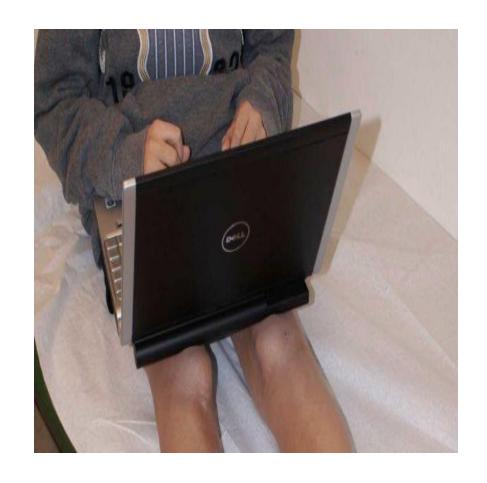


- No research evidence of increased cancer risk esp brain cancer.
 Radiofrequency waves, low e-m frequency. Cancer higher energy eg ionizing radiation
- Studies ? Assoc with length of time on phone and how close to the body

True or False: Laptops Cause Cancer?

False

- Laptops- no evidence; lower E-M frequency than cellphones
- Males and infertility
 due to overheating
 when used on the laps,
 heat to testicles



MICROWAVES AND CANCER

Quick Fact

The type of radiation emitted by microwave ovens is non-ionizing. This means that it doesn't contribute to your chance of getting cancer like x-rays, ultraviolet light, etc. do. Outside of potential burn risks, experiments done with rodents have yet to show any major adverse effect to prolonged exposure to microwaves at the 2.45 GHz range seen in most microwave ovens, even with continual low level exposure.

@TodaylFoundOut.com

Truth or False?

- Is it true that the powder or chemical which falls of when we scratch juice cards is carcinogenic?
- ANS: Scientists may lead to cancer because the grey panel coating on scratch cards contains heavy metals- silver nitric oxides, cadmium and aluminum.
- If you scratch a mobile card, the dangerous chemicals get deposited in your fingernails. If you sit down to eat food without properly washing your fingernails, these chemicals can enter your body and cause cancer.
- Never scratch mobile recharge coupons with fingernails, use a coin, pin or key.



Tampons and Cancer

- Emails and flyers circulating state that tampons cause cancer. They read that tampons contain asbestos, dioxin, and other synthetic fibers that can cause cancer in women.
- ANS: In fact, tampons do not even contain asbestos. The FDA maintains that there is no asbestos in the tampon or as part of the manufacturing process.
- Dioxin was previously used in tampons in the past, and at very low amounts. Today, dioxin is not contained in tampons.
- The bottom line is that when used properly, tampons are safe to use.



Myths and Misconceptions

Prevention and Risk factors

- Cancer is my fate there is nothing that can be done to prevent it
- Can I get cancer from someone else (Is it infectious)?
- Is cancer an opportunistic disease? What is the link between cancer and infections such as HIV, HPV and HBV?
- How does diet and alcohol intake increase the risk of getting cancer?
- Is cancer inherited?

Cont: Prevention and Risk Factors

- Is it true that if you are exposed to stressful situations over a long period of time, you will be at a higher risk of getting cancers?
- Does everyone have cancer cells/ abnormal cells lying dormant?
- Is it true that prolonged use of contraceptives increases your chances of developing women cancer such as breast and cervical cancer?

Cancer Screening

- Use of special tests and procedures in people who do have no symptoms to DETECT cancer EARLY
- Cancer formation averages 5 to 10years
- Therefore long window of opportunity for early detection!!

Breast Cancer Screening

- Breast Self Examination
- Clinical breast Examination
- Mammography

Breast Self Examination

- Know your breasts
- Monthly exam of the breasts and underarm area
- May discover any changes early
- Begin at age 20, continue monthly



When to do BSE

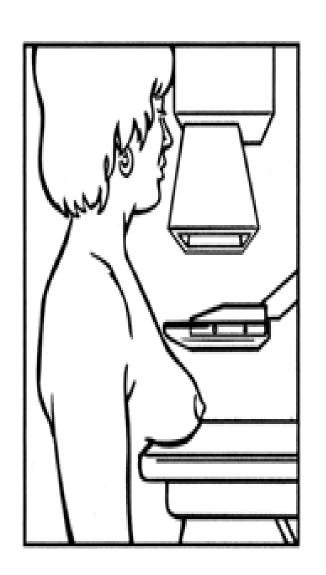
- Menstruating women- 5 to 7 days after the beginning of their period
- Menopausal women same date each month
- Pregnant women –
 same date each month
- Takes about 20 minutes
- Perform BSE at least once a month
- Examine all breast tissue



Clinical Breast Examination

- Twice a year visit for breast examinationnearest health practitioner
- Mammography, annually from 40 years

Mammography

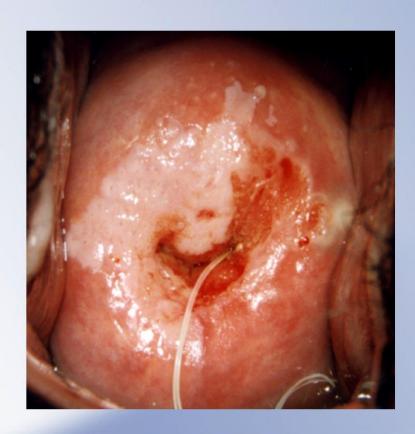


- Average-size lump found by woman practicing occasional breast self-exam (BSE)
- Average-size lump found by woman practicing regular breast self-exam (BSE)
 - Average-size lump found by first mammogram
 - Average-size lump found by getting regular mammograms

Cervical Cancer Screening

- Pap Smear: commencement average age 21 years
- Annual for at least 3 years, thereafter intervals at discretion of doctor
- VIA (visual inspection under acetic acid)

Development of Cervical Cancer



High-grade Precursor



Invasive Cancer

Takes 10 years on average

Cervical cancer vaccine

- HPV vaccine: prevent development of cervical cancer by up to 90%
- Vaccinate young children (females 9 to 13 years)
- Cervarix (HPV 16, 18) and Gardasil (6, 11, 16, 18)
- Older women but not as efficacious

Screening/Early Detection Techniques

- Ovarian Cancer
- Annual pelvic exam should be performed to try and detect an ovarian mass.
- CA-125 not accurate for screening ALL women for ovarian cancer.
- Pelvic ultrasound with vaginal probe may become routine in combination with the CA-125

HIV related cancers

- KS, NHL, Eye (squamous cell conjunctiva)
- Immunosuppression poor control of infectious cancer causing agents
- Poor immune surveillance
- NB- a diagnosis of these not necessarily mean HIV positive

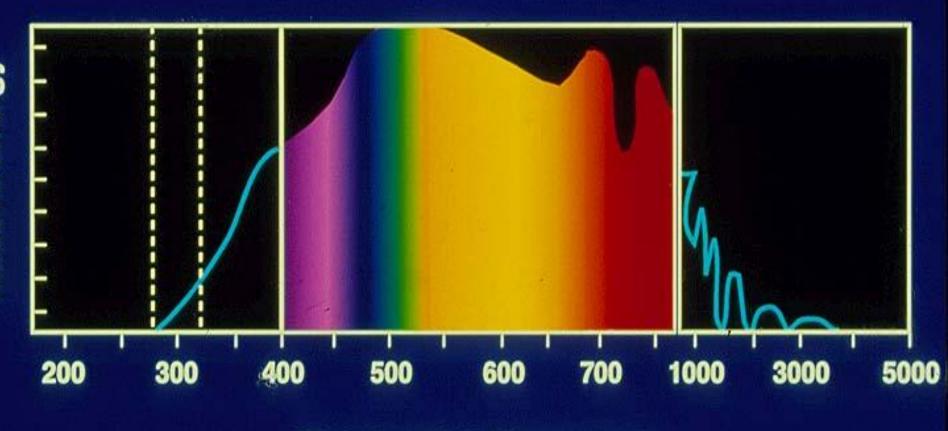
Kaposi's Sarcoma



SKIN CANCERS

- Light skinned; albinos, non-black females (caucasian)
- Risk mainly midday ie 10am to 3pm
- Use of SLIP/SLAP/SLOP
- SLIP on a long sleeved shirt or long skirts or slacks
- SLAP on a hat
- **SLOP** on sun-protector cream
- Look out for any changes in a pre-existing mole or non-healing ulcer.

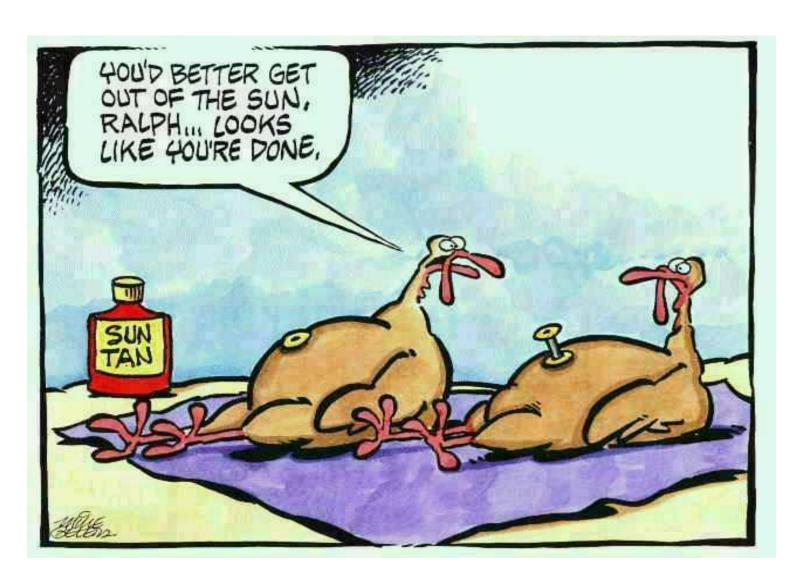
SOLAR SPECTRUM



Wavelength in Nanometers



Sun Tanning



Skin Cancer – Basal cell cancer



Prostate Cancer Screening

All men 50+ should undergo screening annually

Available Screening Methods;

- Digital Rectal Examination (DRE)
- Prostate Specific Antigen Tests (PSA)

Confirmation Tests

- Trans-rectal Ultrasound (TRUS)
- Biopsy

Testicular Cancer

Accounts for only 1% of all tumors in males

 Most common form of cancer in males aged from 15 – 45 years

 Screening= regular self testicular examination

Screening/Early Detection Techniques

Colon/Rectum- Third most common cancer in both men and women

- Beginning at Age 50:
- Stool blood test annually
- Digital rectal exam annually
- Sigmoidoscopy
- Colonoscopy

Lung Cancer

Leading cause of cancer death

Routine chest x-rays no proven benefit.

Myths and Misconceptions

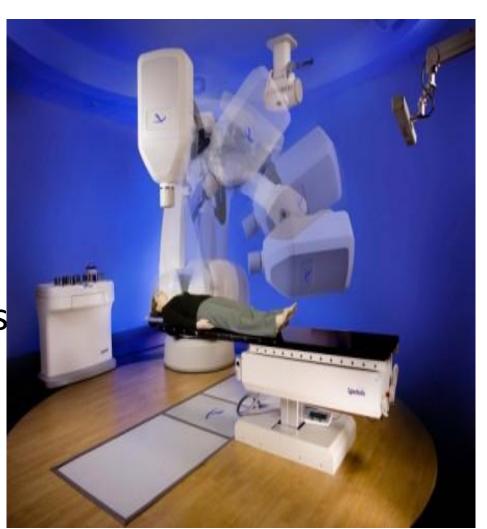
- I am too young or too old to undergo screening
- Cancer is a disease of the old
- I am too poor or too rich
- Cancer is a disease of white or black people
- If I get screened the doctors are bound to pick up something

Myths: Early Detection and Screening

 "It is pointless to go for cancer screening, if you are told you have cancer, you cannot afford to have the tests done, let alone afford the treatment. So it is better not to know than to die of stress, since you will not be able to do anything about it".

CANCER TREATMENT

- Surgery
- Chemotherapy
- Radiotherapy
- Hormonal Therapy
- Targetted Therapies



OUTCOME OF TREATMENT

DEPENDS ON CERTAIN FACTORS

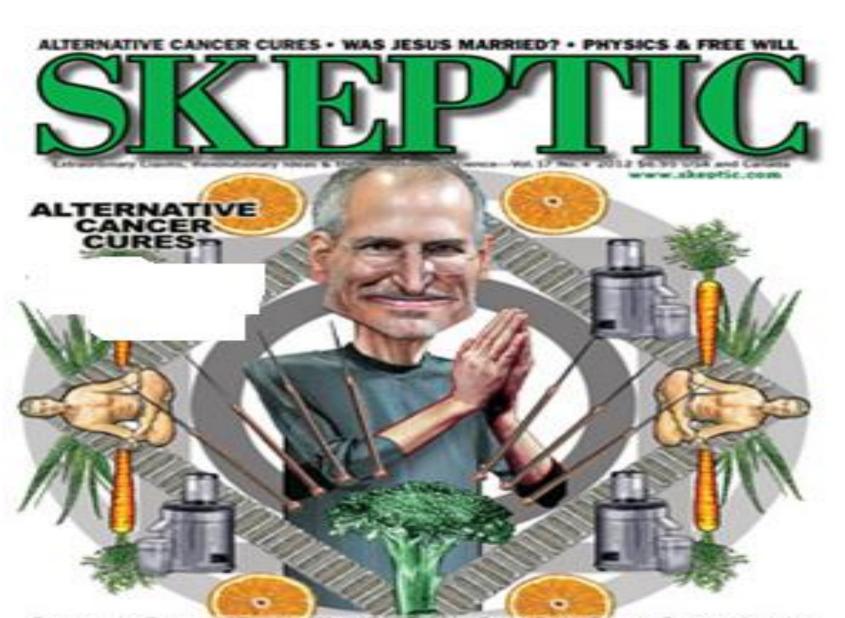
- Type of cancer
- Stage of cancer
- Age
- Patient's general condition: physical/psychospiritual, emotional
- Resources and support

Management/Treatment

- Cancer is a death sentence
- Is it true that if you are given chemotherapy or go through radiation in treatment you will die earlier since cancer does not want to be disturbed?
- If you are cut/biopsy or have surgery the cancer will spread faster and you will die soon??? "Cancer haidi kubatwabatwa".

Management/Treatment Cont...

- Cancer causes hair loss
- Can you breast feed when you are having cancer treatment? Or when you have had breast cancer?
- Availability, access and cost of treatment are beyond the ordinary Zimbabwean. What is being done to those who cannot afford treatment?



PRICEDURE OF SPEARING IN TRADUCTS - MICHAEL FACT CRECKING GAMES - BOOM BARROOF CARE-ALL - INCLINET EXPONENT BOX LANSON - DO AMERICAN DISCOURS EMPTS - FOREST - BOWNER BARROOF OF PRICEDURE - PRICEDURE Misconcermons: "Goe and the Four or Fairs": Where is the Garden or Excel WillO'S IN CHARGE? Free WID - New Science of Neurocthics. JR SKEPTIC: Ancient Myrospotts

17305 CANCER CURE THAT YORKIED!

FIFTY YEARS OF SUPPRESSION

Preventing Cancer SUMMARY

- 1. Avoid Smoking and create smoke free environments
- 2. Eat healthy
- 3. Be physically active
- 4. Avoid or Limit Your Alcohol Intake
- 5. Avoid environment and occupational carcinogens
- 6. Protect your skin and early recognition of skin changes
- 7. Avoid cancer causing infections
- 8. Know Your Personal and Family Medical History
- 9. Stress management
- 10. Get Screened for Cancer Regularly

Cancer Prevention Conclusion

- 1/3 of cancer deaths can be avoided through prevention and
- 1/3 another third can be cured if detected and treated early

PREVENTION SAVES LIFE

CONCLUSION

- A cancer diagnosis does not have to mean death
- There is something that we can ALL do to alleviate cancer burden:
- PREVENTION
- TREATMENT
- EARLY DETECTION
- PALLIATIVE CARE
- We must not feel helpless when faced with this a diagnosis of cancer

Further information and assistance

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THANK YOU!!!!