Mayor’s Campaign Against Cancer

Michigan City has received a Five Star Investor Award from the American Cancer Society. These awards are for worksites active in fighting cancer on multiple fronts through the American Cancer Society At Work program.

Mayor Chuck Oberlie said, “The City of Michigan City is honored to be recognized as a “Five Star Investor” by the American Cancer Society, an organization that offers hope to so many people. We have joined with communities across the nation and the U.S. Conference of Mayors in promoting a broad community-wide awareness campaign under the direction of the American Cancer Society to address breast and prostate cancer concerns.”

September is Prostate Cancer Awareness Month, October is Breast Cancer Awareness Month, and November is the Great American Smokeout.

“The goals of this campaign,” said Mayor Oberlie, “are to increase awareness and knowledge regarding breast and prostate cancer, early detection, risk factor reduction and early treatment intervention. Among other projects, we will work with the American Cancer Society and local healthcare providers to notify the community about resources for low-income women and men which provide them with access to mammograms and prostate cancer screening. It is important that healthcare providers, non-profit organizations and other community members network to provide outreach into the community regarding cancer awareness and intervention.”

Mayor Oberlie said, “Creating awareness of the importance of early cancer detection techniques offers a unique opportunity for mayors to inspire individual and community action by providing essential information and resources. The Mayor’s Campaign Against Cancer includes many projects that involve the entire community, fostering the delivery of pertinent information.”

The actions taken by the City of Michigan City which lead to the city receiving a Five Star Investor Award include:

- Providing access to cancer information by promoting the American Cancer Society’s toll-free phone number and website;
- Offering insurance coverage and/or reimbursement to employees for cancer-related screenings;
- Participating in the Relay For Life;
- Promoting a smoke-free workplace;
- Participating in the Tell-A-Friend program;
- Providing a minimum of 100-volunteer-hours to the American Cancer Society in one year.

“The Mayor’s Campaign Against Cancer includes a variety of events beyond those which resulted in the Five Star Investor
Award,” said Mayor Oberlie. “These events include public service announcements on Channel 48 and on WEFM, televised discussion panels on September 8th and 15th with local health-care professionals and the American Cancer Society, self-exam instruction cards handed out to citizens at local stores on the morning of September 27th, a brown-bag Lunch & Learn on November 12th that is open to the public, and two very unique projects which require community participation. The calendar of events will be listed on the city’s website and will be mentioned in the News-Dispatch and on WEFM radio.”

The first of those unique projects is “Community Project in Pink,” which will be held at Patriot Park at 10:00 a.m. on Saturday, October 4th. “Come to Patriot Park wearing a pink top,” said Mayor Oberlie, “and you will have an opportunity to participate in a memorable event. The Michigan City Fire Department’s ladder truck will be on site, and a firefighter at the top of the ladder will direct the hundreds of participants into forming a living breast cancer awareness pin in pink. We are inviting neighborhood groups, church and school groups, scouting groups, sports teams, youth and senior groups, City employees, board and commission members, and everyone who lives, works and plays in Michigan City to put on a pink top—even just for the time it takes to snap the photo—and join us. Refreshments will be served to the participants, and the American Cancer Society will be on site to hand out brochures and pink pins.” The photograph of the resulting “human breast cancer pin” will become the logo for the Mayor’s Campaign Against Cancer in coming years.

“Plunge For The Cure” is scheduled for 10:00 a.m. on Saturday, October 25th at the Washington Park Beach. Participants can pick up registration forms at the Mayor’s Office in City Hall, the Parks & Recreation Department in Washington Park, and at the Michigan City Public Library. The form can also be printed from the city’s website at www.emichigancity.com. “Plungers” will secure donations, all of which will be given to the American Cancer Society for use in our area. Those participants who donate $100 or more will receive a t-shirt with the “Plunge For The Cure” logo, designed by world-famous artist John Lucas, printed on the front. All participants will receive a Certificate of Appreciation signed by Mayor Oberlie, and their names will be put into a drawing for a special prize consisting of gifts donated by area merchants and organizations.

“This prize basket will include a family membership to the Washington Park Zoo, four tickets to the 2003 Barker Christmas Tour, and gifts from several local merchants,” said Mayor Oberlie. “It’s worth at least sticking your toe into Lake Michigan.”

“Plungers” can, indeed, just stick their toe into Lake Michigan, but they can also choose to stick in a leg or plunge their entire body into the cooling waters of the Great Lakes. Blankets and hot chocolate, provided by St. Anthony Memorial Health Services and The Medical Group, will be available as well as emergency medical technicians and lifeguards.

“Cancer is a disease that has, sadly, had an impact on nearly every family in our community,” said Mayor Oberlie. “By providing information and educating people about local opportunities for free or reduced-cost screening tests, the Mayors Campaign Against Cancer will have helped contribute to the health and safety of Michigan City’s most precious resource—our people.”

Cancer

It can come at any time...the moment you become a part of a community you barely knew existed. No matter when it happens, no matter who you are, the American Cancer Society
Gender Simply being a woman is the main risk factor for breast cancer.

Age The chance of getting breast cancer goes up as a woman gets older.

Genetic risk factors About 1 case of breast cancer in 10 is linked to changes (mutations) in certain genes. Studies show that some breast cancers are linked to changes of the BRCA1 and BRCA2 genes. If a woman has inherited a changed gene from either parent, she is more likely to get breast cancer. About 5 to 8 women out of 10 with these gene changes will get breast cancer during their lifetime.

Family history Breast cancer risk is higher among women whose close blood relatives have this disease. The relatives can be from either the mother’s or father’s side of the family. Having a mother, sister, or daughter with breast cancer about doubles a woman’s risk.

Personal history of breast cancer A woman with cancer in one breast has a greater chance of getting a new cancer in the other breast or in another part of the same breast. This is different from the first cancer coming back (recurrence).

Race White women are slightly more likely to get breast cancer than are African-American women. But African-Americans are more likely to die of this cancer. Asian, Hispanic, and American Indian women have a lower risk of getting breast cancer.

Earlier breast biopsy Certain types of abnormal biopsy results can be linked to a slightly higher risk of breast cancer.

Earlier radiation treatment Women who have had chest area radiation treatment earlier have a greatly increased risk of breast cancer.

Menstrual periods Women who began having periods early (before 12 years of age) or who went through the change of life (menopause) after the age of 50 have a small increased risk of breast cancer. The same is true for women who have not had children, or who had their first child after they were 30 years old.

Birth control pills It is still not clear what part birth control pills might play in breast cancer risk. Studies have found that women now using birth control pills have a slightly greater risk of breast cancer. Women who stopped using the pill more than ten years ago do not seem to have any increased risk. It’s a good idea to discuss the risks and benefits of birth control pills with your doctor.

Hormone replacement therapy (HRT) Most studies suggest that long-term use (5 years or more) of HRT (especially estrogens together with progesterone) for relief of menopause symptoms may slightly increase the risk of breast cancer. Five years after stopping HRT, the risk appears to drop back. But there are other factors to think about. You should talk with your doctor about the pros and cons of using HRT.

Breast feeding Many studies have shown that breastfeeding slightly lowers breast cancer risk, especially if the breast feeding lasts 1/12 to 2 years. This could be because breast feeding lowers a woman’s total number of menstrual periods.

Alcohol Use of alcohol is clearly linked to an increased risk of getting breast cancer. Women who have one drink a day have a very small increased risk. Those who have 2 to 5 drinks daily have about 1 ½ times the risk of women who drink no alcohol. We suggest limiting the amount you drink, if you drink at all.
**Diet**  Being overweight is linked to a higher risk of breast cancer, especially for women after change of life and if the weight gain took place during adulthood. Also, the risk seems to be higher if the extra fat is in the waist area. But the link between weight and breast cancer risk is complex and studies of fat in the diet as it relates to breast cancer risk have often given conflicting results. Since diet and weight have been shown to affect the risk of getting several other types of cancer and heart disease, the ACS says it’s best to stay at a healthy weight and limit your use of red meats, especially those high in fat or processed.

**Exercise**  Exercise and cancer is a fairly new area of research. Some studies suggest that exercise in youth might give life-long protection against breast cancer. Even a small amount of physical activity as an adult could lower breast cancer risk. More research is being done to confirm these findings.

While a direct link between smoking and breast cancer has not been found, smoking affects your overall health and increases the risk for many other cancers, as well as heart disease. If you smoke, you should make every attempt to quit.

Recent internet e-mail rumors have suggested that underarm antiperspirants or underwire bras can cause breast cancer. There is no evidence to support this idea.

A large, recent study indicated that induced abortions do not increase the risk of breast cancer. Also, most studies show no direct link between miscarriages and breast cancer.

Silicone breast implants can cause scar tissue to form in the breast. But several studies have found that this does not increase breast cancer risk. If you have breast implants, you might need a special x-ray picture during mammography.

Right now, research does not clearly show a link between breast cancer risk and pollutants such as pesticides. A great deal of research has been reported and more is going on in this area. Most experts believe that if there is a link, it accounts for a very small number of breast cancer cases.

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Prostate Cancer

In American men, prostate cancer is the most common cancer and the second leading cause of cancer death. The prostate gland is walnut-sized and is located in front of the rectum, behind the penis, and under the bladder. It contains gland cells that produce seminal fluid, which protects and nourishes sperm cells or semen. Most prostate cancers grow very slowly, but when they spread, they can do so quickly.

Most early cases of prostate cancer cause no symptoms, but some early signs may be frequent urination, especially at night; difficulty starting urination or inability to urinate; and weak or painful urination, although these symptoms may be signs of other conditions. Whether or not symptoms are present, the American Cancer Society recommends that, beginning at age 50, men be aware of their risk of developing prostate cancer and consider being screened annually for the disease.

Risk of prostate cancer

Prostate cancer is the most common type of cancer found in American men, other than skin cancer. The American Cancer Society estimates that there will be about 220,900 new cases of prostate cancer in the United States in the year 2003. About 28,900 men will die of this disease. Prostate cancer is the second leading cause of cancer death in men, exceeded only by lung cancer. While 1 man in 6 will get prostate cancer during his lifetime, only 1 man in 32 will die of this disease. The death rate for prostate cancer is going down. And the disease is being found earlier as well.

African-American men are more likely to have prostate cancer and to die of it than are white or Asian men. The reasons for this are still not known.

Anything that increases a person’s chance of developing a disease is called a risk factor. Some of these risk factors for prostate cancer are as follows:

Age: Prostate cancer is rarely seen in men younger than 50 years old. The chance of developing prostate cancer increases as men get older.

Race: Black males are more likely to develop prostate cancer than white males. Black males are also more likely to die of prostate cancer than white males.

Family History of Prostate Cancer: A man whose father, brother, or son has had prostate cancer has a higher-than-average risk of developing prostate cancer.

Other potential risk factors include alcohol consumption, vitamin or mineral interactions, and other dietary habits.

Prevention:

Although the causes of prostate cancer are not yet completely understood, researchers have found several factors that increase the risk of developing the disease. Many risk factors such as a man’s age, race and family history are beyond his control, but since high-fat diets have been linked to prostate cancer, eating a diet that is low in fat—and especially low in saturated fat—may help reduce a man’s risk for developing the disease. Saturated fat is found in sources such as butter, whole milk, tropical oils and red meat. A diet that is high in fruits and vegetables may also help prevent prostate cancer, but this has not been proven.
**Detection:** Early detection may offer men with prostate cancer the greatest opportunity for full recovery. Beginning at age 50, all men should talk to their doctors about having a digital rectal exam (DRE) and a prostate-specific antigen (PSA) blood test every year. Men who are at high risk for prostate cancer (African-Americans or men with a first-degree relative, such as a father or brother, diagnosed with prostate cancer at a young age) should begin testing at age 45.

**Treatment:** If cancer is detected early, is slow growing, and is not causing symptoms, “watchful waiting” may be chosen initially, especially for older men. Active treatment will be started later if the cancer begins to grow more quickly or symptoms appear, or it may be done with curative intent, especially in younger men in otherwise good health. Examples of active treatments for prostate cancer include surgery as well as treatments such as hormone therapy, chemotherapy, and radiation treatments. Radical prostatectomy (surgical removal of the prostate) is the most commonly chosen surgical treatment for prostate cancer. Each of the surgical and non-surgical treatments has side effects that are explained to the patient and should be considered when deciding how to proceed.

**Statistics:**

2002 Estimates

- New cases 189,000
- Deaths per year 30,200
- 5-year localized survival rate 100%
- 5-year overall survival rate 96%

The 5-year survival rates represent persons who are living five years after diagnosis, whether disease-free, in remission, or under treatment. They do not imply that five-year survivors have been permanently cured of cancer. Localized cancer represents cancer that, at the time of diagnosis, had not spread to additional sites within the body. Typically, the earlier a cancer is detected and diagnosed, the more successful the treatment, thus enhancing the survival rate.

With annual screening, prostate cancer can be detected before it spreads. The five-year survival rate for early prostate cancer is very high with or without treatment (near 100%). If the cancer has spread by the time it is detected, it is less likely to be curable (about 34%).

**Screening tests for prostate cancer**

**Digital Rectal Examination:** A digital rectal examination (DRE) is performed by a doctor during a regular office visit. For this examination, the doctor inserts a gloved finger into the rectum and feels the prostate gland through the rectal wall to check for bumps or abnormal areas. Although this test has been used for many years, whether DRE is effective in decreasing the number of deaths from prostate cancer has not been determined.

**Transrectal Ultrasonography:** During this examination, high-frequency sound waves are sent out by a probe about the size of the index finger, which is inserted into the rectum. The waves bounce off the prostate gland and produce echoes that a computer uses to create a picture called a sonogram. Doctors examine the sonogram for echoes that might represent abnormal areas. Whether ultrasonography is effective in decreasing mortality from prostate cancer has not been determined.
**PSA:** For this test, a blood sample is drawn and the amount of prostate-specific antigen (PSA) present is determined in a laboratory. PSA is a marker that, if present in higher than average amounts, may indicate prostate cancer cells. However, PSA levels may also be higher in men who have noncancerous prostate conditions. Scientists are studying ways to improve the reliability of the PSA test.

Because unnecessary treatment due to false screening results could be harmful, research is being done to determine the most reliable method for prostate cancer screening. For example, scientists at the National Cancer Institute are studying the value of early detection by DRE and PSA on reducing the number of deaths caused by prostate cancer.

**Three tests are commonly used to screen for breast cancer:**

**Breast self-exam**
Breast self-exam (BSE) is checking your own breasts for lumps or other abnormalities.

**Clinical breast exam**
A clinical breast exam (CBE) is an exam of the breast by a doctor or other health professional. CBE may be done during a routine physical exam. The doctor will carefully feel the breasts and under the arms for lumps or other abnormalities.

**Mammogram**
A mammogram is an x-ray of the breast. This test may find tumors that are too small to feel. The ability of this test to find breast cancer may depend on the size of the tumor, the density of the breast tissue, and the skill of the radiologist.

If a lump or other abnormality is found using one of these 3 tests, ultrasound may be used to learn more. It is not used by itself as a screening test for breast cancer. Ultrasound is a procedure in which high-energy sound waves (ultrasound) are bounced off internal tissues or organs and make echoes. The echoes form a picture of body tissues called a sonogram.

**Other screening tests are being studied in clinical trials.**

**MRI (magnetic resonance imaging)**
MRI is a procedure that uses a magnet and radio waves to make a series of detailed pictures of areas inside the body. The pictures are made by a computer. MRI does not use any x-rays. This procedure is also called nuclear magnetic resonance imaging (NMRI).

MRI tests are used to make decisions about breast masses that have been found by a clinical breast exam or a breast self-exam. MRIs also help show the difference between cancer and scar tissue. Scientists are studying MRI to find out how helpful it is in screening for breast cancer.

Screening clinical trials are taking place in many parts of the country. Information about ongoing clinical trials is available from [www.cancer.gov](http://www.cancer.gov).

Visit [www.cancer.org](http://www.cancer.org) for more information on screenings, local events related to cancer awareness, and more.

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You May Be Eligible For A FREE Mammogram Through the American Cancer Society

If you are between the ages of 50 and 64, do not have HMO coverage or Medicare Part A & B coverage, and meet the income requirements designated by the American Cancer Society, you may be eligible for a free mammogram.

To determine if you are eligible for this free service, call Kristin Everett, Community Development Director for LaPorte County, at 574/257-9789.

Prostate Screenings Available At LaPorte Hospital

LaPorte, IN - Free Prostate Screening is available at LaPorte Hospital’s Center for Cancer Therapy on Saturday, September 6, 2003 from 8:00 a.m. until 1:00 p.m. Pre-registration is required as there are a limited number of appointment times available. Men wishing to pre-register for the free prostate screening should call the Wellness Resource Center at 219-326-2480. This screening is not appropriate for men already diagnosed with prostate cancer.

Warning signs of prostate problems are:
- Need to urinate frequently, especially at night
- Difficulty in starting or stopping urination
- Painful or burning urination
- Blood in the urine
- Inability to urinate
- Weak or intermittent urine flow
- Constant pain in lower back, hips, or upper thighs

The American Cancer Society recommends men 50 years and older should have a yearly rectal exam and a blood test, called a PSA, to screen for prostate cancer. African American or Hispanic men or men with a family history of prostate cancer should begin this screening process at the age of 40.

Any man who participates in the prostate screening and has no symptoms of prostate cancer can also participate in a special project/trial for prostate cancer prevention. Information about this special project/trial trial will be available on site.

Funding for this free prostate screening is provided by the LaPorte Hospital Auxiliary.
Michigan City, IN—St. Anthony Memorial Health Centers invites men age 50 and older to join Dr. Carey B. Ransone, urologist, for an informative overview on prostate cancer, screening and treatment options.

Wednesday, September 10th  
Noon-1 pm at St. Francis Hall at St. Anthony Memorial  
Light lunch provided.

Free PSA Blood Test Screenings will be provided to the first 100 men who register for the test before September 4th. Screenings will be held from 8 am—Noon and from 1-3 pm.

PSA Screening Guidelines:
- Men aged 50 and older should have a digital rectal exam and a PSA test (blood draw) every year, regardless of prior history of prostate cancer.
- Men with a family history of prostate cancer and African-American men are at higher risk for prostate cancer. They should have both tests starting at age 40.
- Any man with urinary problems should see his doctor.

RSVP: Call 219/877-1985 by September 4th to register for the program and PSA test.

Please remember to bring the name and address of your physician. This is required as test results must be sent to your physician.
Local Women’s Health Center Now Offers a Softer Mammogram

[MICHIGAN CITY, IN] The Women’s Health Center at The Medical Group is the first mammography facility in LaPorte County to offer a new product that dramatically eases the pain that many women feel when they get a mammogram.

The FDA-cleared foam cushion, called the Woman’s Touch MammoPad™, is designed to provide a softer, warmer mammogram. By making it more comfortable to get a mammogram, the center hopes to increase the number of area women complying with recommendations for regular screenings.

“The discomfort that many women feel during mammography is widely known to be a reason that some don’t come back as often as they should, or at all,” said Judi Lant, manager of Imaging Services at The Medical Group. Many women report that the procedure can cause painful compression, pinching, and skin stretching. The cold surfaces and hard edges of the mammography device can make the experience even more uncomfortable for some patients.

“The MammoPad answers these complaints by cushioning the breast during mammography,” said Lant. A single-use, adhesive-backed foam cushion, the MammoPad attaches to the compression plates of the mammography device. It was developed by Stanford University breast surgeon Gale Lebovic, M.D., who understood mammography discomfort from both a physician and patient’s point of view. The MammoPad not only provides a soft, warm surface for breast positioning but also helps lessen skin pulling.

The MammoPad is “invisible” to x-rays and does not interfere with the image quality of the mammogram. Made from a proprietary material, the MammoPad is also free of image-clouding artifacts.

“At The Medical Group, we’ve always tried to create the best possible experience for our patients,” said Rebecca Pelath, Chief of Operations. “We’re pleased to be able to offer our patients this important enhancement.”

A new analysis by the American Cancer Society demonstrates that women can reduce their risk of death from breast cancer by more than 60 percent if they receive regular mammographic screens. For this reason, both the society and the American College of Radiology recommend that women 40 and older receive mammograms yearly.

Yet despite the urgency of this message, compliance with the recommendation is lower than expected. Numerous studies have shown mammography pain and discomfort to be a major reason that women do not return for annual screening.

The new foam cushion could help reverse this trend. The MammoPad has been clinically proven in both the U.S. and Sweden, where clinical evaluations in more than 1,300 patients found more than 70 percent experienced a significant reduction in pain when the pad was used.

For more information about The Medical Group, call 219-879-6531.

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