Cancer

Cancer is one of the most common causes of death in American women. But thanks to improved cancer screening and treatment, you have a better chance of beating cancer than ever before. About 66 percent of people diagnosed with cancer between 1996 and 2002 survived for at least 5 years. As the science of cancer detection and treatment continues to advance, even more people will survive cancer in the future.

What is cancer?

Cancer is a disease in which abnormal cells grow, divide, and spread, often forming a mass called a tumor. Although any abnormal growth is a tumor, some tumors are benign (bih-NYN) (not cancer) and some are malignant (muh-LIG-nuhnt) (cancer). Cancers may invade nearby tissues and metastasize (muh-TASS-tuh-syz), or spread to other parts of the body. Cancer can develop in almost any part of the body. In two types of cancer, leukemia (loo-KEE-mee-uh) and lymphoma (lim-FOH-muh), tumors do not form. Instead, cancer cells spread throughout the blood and the immune system, respectively.

Even if you haven't been diagnosed with cancer, it is important to know that there are steps you can take to:

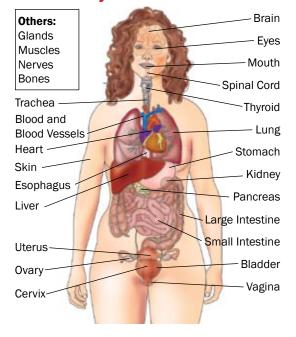
- reduce your chances of getting cancer
- detect cancer early
- make sure you get the treatment you need



What causes cancer?

A number of factors may affect your cancer risk—your chances of developing cancer in your lifetime. Your family history, personal history, and environment all play a part. Some risk factors are beyond your control, such as age and family history. But you can change some aspects of your behavior or environment to reduce your risk. Keep in mind that most women with these risk factors will never have cancer.

Body Parts That Can Be Affected by Cancer



Genetic Mutations

Changes to a cell's DNA, called genetic mutations, may cause the cell to become cancerous. Most of the mutations that cause cancer are caused by the environment, behavior (such as smoking cigarettes), or chance. But some cancer-causing mutations are inherited. For more information about genetics and health, see page 408 of the Appendix.

Age

Age is the most important risk factor for cancer. Most cancers—77 percent—occur in persons who are 55 years old or older. For this reason, you will need more tests and checkups to detect early signs of cancer as you get older.

Inherited risk

Inherited genetic mutations, on their own, cause very few cancers. Several common types of cancer tend to run in families. These include breast cancer, ovarian cancer, colon cancer, melanoma (me-luh-NOH-muh), and lung cancer. However, environment and behavior also affect the development of these cancers.

If you have a family history of a certain type of cancer, it does not mean that you will develop that disease. Talk to your doctor about cancer in your family. You may need to take steps to reduce your risk or be screened more often or at an earlier age.

Tobacco use

Tobacco use is one of the leading causes of cancer. It increases the risk of cancers of the lung, larynx, mouth, nose, pharynx, esophagus, pancreas, kidney, bladder, liver, cervix, and stomach. Tobacco use causes 30 percent of all cancer deaths and 87 percent of lung cancer deaths in the United States.

Smoking not only causes cancer in smokers, but also may raise the risk of lung cancer for nonsmokers who breathe in secondhand smoke.

You can reduce your risk of lung cancer and other cancers by not smoking or using other tobacco products. You should also avoid secondhand smoke. If you currently smoke, quitting can lower your risk of cancer.

For more information on the benefits of quitting smoking, see the *Respiratory Health* chapter on page 279.

Breast and Ovarian Cancer: Inherited Risk Factors

Women with a family history of breast or ovarian cancer may inherit mutated genes that increase their risk of developing these diseases. Mutations of the *BRCA1* or *BRCA2* genes are most strongly linked to these cancers, but other genes also play a role. Inherited mutated genes cause only about 5 to 10 percent of breast and ovarian cancers. And even women who inherit these mutated genes may not develop cancer.

If you have a family history of breast or ovarian cancer, talk to your doctor. Genetic counseling can help you decide if testing for BRCA mutations might be helpful. If you do test positive, your doctor may suggest:

- · additional screening tests
- taking tamoxifen or an aromatase inhibitor, a drug that reduces breast cancer risk
- surgery to remove the breasts or ovaries to prevent cancer

For more information about genetics and health, see page 408 of the Appendix.

Excessive alcohol intake

Drinking alcohol is a risk factor in cancers of the mouth, pharynx, esophagus, larynx, and liver. It may increase your risk of breast, colon, and rectal cancers. When drinking alcohol is combined with tobacco use, the risks of mouth, pharyngeal, and esophageal cancers are further increased. However, low or moderate alcohol intake may lower your risk of heart disease.

You can reduce your risk by avoiding drinking alcohol to excess. If you drink alcohol, do it in moderation.

Ultraviolet (UV) rays

The sun's UV rays cause most skin cancers. The amount of UV rays in sunlight depends on the time of day, season, and location. There are more UV rays at midday, during the summer months, and at locations close to the equator. However, you may be exposed whenever you are outdoors during the day—even on cloudy days. Water and snow, which reflect sunlight back toward your skin, can also increase your UV exposure.

You can reduce your risk by protecting your skin from UV rays.

- Avoid sun exposure between 10 AM and 4 PM, when the sun's rays are the most damaging.
- Wear protective clothing and a hat that shades your face.
- Avoid artificial UV rays from tanning beds or sunlamps.
- If you plan to spend time outside, apply sunscreen 30 to 60 minutes before you go out.



• Apply a broad-spectrum sunscreen with a sun protective factor (SPF) of at least 15. Reapply it after sweating or bathing.

Some medications

The female hormones estrogen and progesterone (proh-JESS-tuh-rohn) affect the growth and development of certain cancers. Drugs that contain these female hormones affect cancer risk.

Menopausal hormone therapy (MHT) relieves the symptoms of menopause and may prevent osteoporosis (OSS-tee-ohpuh-ROH-suhss). There are two types of MHT. Both types affect cancer risk:

- Estrogen-only MHT increases the risk of endometrial cancer and ovarian cancer. Progestin is added to MHT to reduce endometrial cancer risk.
- Combined MHT, which contains estrogen and progesterone or progestin, increases the risk of breast cancer. But it lowers the risk of colon cancer.



Birth control pills also contain female hormones. The pill lowers the risk of endometrial and ovarian cancers. But it may increase the risk of cervical, liver, and breast cancers. Today, birth control pills contain lower hormone levels than in the past. So the effects of the pill on cancer risk may be reduced.

Drugs used to suppress the immune system during an organ transplant may also lead to cancer, especially lymphoma. Chemotherapy drugs, used to treat many types of cancer, may cause leukemia. Cancer survivors are at higher risk of this disease.

You can learn more by talking to your doctor about the benefits and risks of these medications.

Substances in the home, workplace, and the environment

Some chemicals, particles, metals, radioactive materials, and other substances can increase your risk of developing cancer.

- Radon is a radioactive gas. It can build up in underground spaces, such as basements, if there is not enough airflow.
- Asbestos is a fibrous material that was widely used in building insulation until 1980.
- Secondhand smoke includes smoke from burning cigarettes and exhaled smoke.
- Air pollution is caused by substances and fine particles released into the air. Sources may include motor vehicles, power plants that burn fossil fuels, and factories.



 Chemicals and metals in pesticides, solvents (paint thinners, grease removers, and dry cleaning chemicals), and other substances may increase cancer risk.

Workers in agriculture, mining, manufacturing, and other industries may be exposed to carcinogens more often and at higher concentrations. Therefore, they may have an even greater cancer risk.

You can reduce your risk by avoiding or reducing your exposure to cancer-causing substances at home and at work.

Infections

Some infections may increase your risk of developing cancer.

- Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States. HPV is the primary cause of most cervical cancers. There is a new HPV vaccine available for girls and young women. This vaccine and regular screening can reduce infections and cancer risk. (See page 134 of the Sexually Transmitted Infections chapter for more information.)
- Hepatitis B and hepatitis C viruses may be transmitted by injected drug use, intimate sexual contact, or contact with infected blood. Infection may lead to liver cancer. These viruses are more common in Asia than in the United States. Because of this, Asian American women who have recently

Ten Most Common Cancers in American Women*

Breast cancer

Lung cancer

Colon and rectal cancers

Endometrial cancer

Non-Hodgkin lymphoma

Melanoma (skin cancer)

Ovarian cancer

Thyroid cancer

Pancreatic cancer

Leukemia

Ten Cancers Responsible for the Most Deaths Among American Women*

Lung cancer

Breast cancer

Colon and rectal cancers

Pancreatic cancer

Ovarian cancer

Non-Hodgkin lymphoma

Leukemia

Endometrial cancer

Brain tumors

Myeloma

^{*2000-2004}

immigrated have a higher risk of infection and liver cancer.

• Helicobacter pylori (H. pylori) bacteria cause a common stomach infection that increases the risk of developing stomach cancer. H. pylori is more common in developing countries than in the United States. Recent immigrants from Asia or Latin America have a greater chance of infection and risk for stomach cancer.

You can reduce your risk by taking steps to prevent infection when possible. Vaccines are available for HPV and the hepatitis B virus. If you think you may be at high risk for any of these infections, talk to your doctor about tests and treatments.

Types of cancer

The following chart lists some common types of cancer in women, along with their risk factors and symptoms. Some of these symptoms can be caused by



conditions other than cancer. Even if you have these symptoms, you may not have cancer.

Cancers Affecting Women: Risk Factors and Symptoms		
Brain tumors		
Risk factors*	• Age	
	Family history	
Symptoms†	Severe headaches	
	Nausea	
	Problems with speech, vision, or hearing	
	Loss of balance	
	Changes in mood or personality	
	Memory loss	
	Seizures	
	Numbness in extremities	

Cancers Affect	cting Women: Risk Factors and Symptoms
Breast cancer	
Risk factors*	• Age
	Family history
	High breast tissue density
	Hyperplasia (an increase in number of cells in the breast; detected by a biopsy)
	X-ray exposure, particularly at young ages or high doses
	Early onset of menstruation and/or late menopause
	Never having children
	Having first child after age 30
	Use of birth control pills (within 10 years of stopping use, risk returns to normal)
	Overweight or obesity after menopause
	Use of menopausal hormone therapy containing both estrogen and progestin
	Excessive alcohol consumption
	Inherited mutations of BRCA1 and BRCA2 genes
Symptoms†	Abnormalities (may be detected by a mammogram‡)
	A lump in the breast (may be detected by a mammogram‡)
	Changes in the breast (See page 160 of the Reproductive Health chapter for more information.)
Cervical cancer	
Risk factors*	 Human papillomavirus (HPV); a vaccine can now prevent infection with strains of the virus responsible for most cervical cancers; condoms also offer partial protection
Symptoms†	Abnormal cells (can be detected by Pap test‡)
	Abnormal vaginal bleeding
Colon and rectal	cancers
Risk factors*	• Age
	Family history
	History of inflammatory bowel disease
	Obesity
	Smoking
	Excessive alcohol consumption
	Inherited genetic mutations
Symptoms†	Polyps or tumors (can be detected by screening tests‡)
	Blood in stool (may be detected by screening tests‡)
	Changes in bowel habits
	Pain or cramping

Cancers Affectin	g Women: Risk Factors and Symptoms	
Endometrial cancer		
Risk factors*	Use of estrogen-only menopausal therapy (in women with an intact uterus)	
	Early onset of menstruation and/or late menopause	
	Never having children	
	Obesity	
Symptoms†	Abnormal uterine bleeding, especially after menopause	
Leukemia		
Risk factors*	Exposure to benzene or ionizing radiation	
	Cancer radiation treatment	
	Down syndrome and some other genetic abnormalities	
	Retrovirus human T-cell leukemia/lymphoma virus-1 (HTLV-1)	
Symptoms†	Fatigue	
	Paleness	
	Weight loss	
	Repeated infections	
	• Fever	
	Easy bruising	
	Nosebleeds	
Liver cancer		
Risk factors*	• Age	
	Family history	
	Hepatitis B or hepatitis C infection	
	Cirrhosis (sur-ROH-suhss)	
	Exposure to a toxic substance, aflatoxin, in mold that grows in nuts, seeds, and legumes	
Symptoms†	Abdominal pain on the right side	
	Abdominal swelling	
	Weight loss	
	Loss of appetite	
	Fatigue	
	Nausea	
	Jaundice	
	Fever	

Cancers Affectin	g Women: Risk Factors and Symptoms
Lung cancer	
Risk factors*	Smoking
	Exposure to airborne carcinogens such as asbestos, radon, secondhand smoke, some chemicals and metals, and air pollution
Symptoms†	Cough that does not go away
	Cough that produces blood
	Chest pain
	Repeated pneumonia (noo-MOH-nyuh) or bronchitis
Lymphoma (Hodgkin	and non-Hodgkin lymphomas)
Risk factors*	Reduced immune function due to autoimmune (aw-toh-ih-MYOON) disorders
	Infection with HIV, retrovirus human T-cell leukemia/lymphoma virus-1 (HTLV-1), or hepatitis C
	Family history
	Workplace exposures to herbicides and other chemicals
	Medications that reduce immune function for organ transplant
Symptoms†	Swollen lymph nodes
	Night sweats
	Fatigue
	Weight loss
	Fever
Myeloma (cancer of p	plasma cells in blood)
Risk factors*	• Age
	History of a condition called monoclonal gammopathy of undetermined significance (MGUS)
Symptoms	Pain in or broken bones of the back and spine
	Fatigue
	• Thirst
	Repeated infections or fevers
Oral cavity and phary	ngeal cancers
Risk factors*	Tobacco use (including cigarettes, cigars, pipes, and smokeless tobacco products)
	Excessive alcohol consumption
Symptoms†	Sores that bleed and/or do not heal
	Lumps or thickening
	Ear pain
	A mass on the neck
	Cough that produces blood
	Red or white patch that does not go away
	Difficulties chewing or swallowing

Cancers Affectin	g Women: Risk Factors and Symptoms	
Ovarian cancer		
Risk factors*	• Age	
	Use of estrogen-only menopausal hormone therapy	
	Overweight and obesity	
	Personal or family history of breast cancer	
	Mutations of BRCA1 and BRCA2 genes	
	Personal or family history of hereditary nonpolypsis colon cancer (HNPCC)	
Symptoms†	Bloating	
	Pelvic or abdominal pain	
	Difficulty eating or feeling full quickly	
	Digestive problems	
	Urinary problems (urgency or frequency)	
	Fatigue	
	Back pain	
	Abnormal vaginal bleeding	
Pancreatic cancer		
Risk factors*	Smoking	
	Chronic pancreatitis (PAN-kree-uh-TYT-uhss)	
	• Diabetes	
	Cirrhosis	
	Obesity	
Symptoms†	Weight loss	
	Abdominal discomfort	
	Jaundice	
Skin cancer (melano	Skin cancer (melanoma, basal cell, and squamous cell cancers)	
Risk factors*	Personal or family history of skin cancer	
	Many moles or large moles	
	Sunburning easily	
	Natural blonde or red hair	
	Personal history of major sunburns and use of tanning booths	
	Workplace exposure to certain substances	
Symptoms†	Changes in the skin, such as a new growth, change in an existing growth, or sores that do not heal	

Cancers Affecting Women: Risk Factors and Symptoms		
Thyroid cancer		
Risk factors*	• Age	
	Family history	
	Exposure to radiation or x-rays, especially at young ages	
	Diet lacking iodine	
	Workplace exposure to certain substances	
Symptoms†	Lump at the front of the neck	
	Swollen lymph nodes	
	Difficulty swallowing, speaking, or breathing	
	Throat or neck pain	

^{*}The factors listed have been shown to increase the risk of developing cancer. These factors are not listed in any particular order. Many people without any risk factors may develop cancer, whereas most people who are at risk will never have the disease.

†Some of these symptoms are common and may be caused by conditions other than cancer. Most women who experience these symptoms do not have cancer.

‡Screening tests may detect some cancers, or conditions that may lead to cancer, before you notice any symptoms. See below for more information about cancer screening.

These cancers can affect women from diverse racial or ethnic groups differently. Recent studies have shown that African American women are more likely to develop aggressive types of breast cancer. Cancers of the stomach, liver, and cervix are caused by infections. These infections are more common in Latin America and Asia. Therefore, rates of these cancers are higher among women who have emigrated from these regions. For more information on cancers caused by infection, see pages 55 and 56.

Finding out if you have cancer

Cancer symptoms

At first, cancer may not produce any symptoms. As a tumor grows, you may feel discomfort or pain at the tumor site, abnormal bleeding, fatigue, and weight loss. Other symptoms may depend on the location of the cancer. (See chart starting on page 56 for symptoms of several common types of cancer.)

Cancer screening

Depending on your age and risk factors, you should be screened for some cancers. This is important even if you feel healthy. Screening can allow your doctor to find and remove abnormal cells before they

turn into cancer. These tests can also detect cancer early, before you feel any symptoms.

Screening is not recommended for all women or for all types of cancer. Screening tests are not completely accurate, and they can have harms. Talk to your doctor about the benefits and harms of commonly used screening tests. Tests may produce false-positive results, meaning they may show you have cancer when you don't. This can cause worry and unneeded medical procedures. Tests may also produce false-negative results that miss cancer. Your doctor will need to do more tests to confirm the results. Your primary care doctor may also refer you to

an oncologist for more tests. An oncologist is a doctor who specializes in cancer.

The chart below lists the screenings recommended for women with average risk for some common cancers. If you think you may have higher than average risk, talk to your doctor about your risk factors. You may need additional tests. (See pages 418–421 of the Appendix for more information.)



Breast cancer

You should be screened for breast cancer on the following schedule:

- In your 20s and 30s, you should have a clinical breast exam every 3 years. After you turn 40, you should have a clinical breast exam every year.
- Starting at age 40, you should have mammograms (an x-ray examination of the breasts) every 1 to 2
 years.
- At any age, you should be familiar with the normal feel and appearance of your breasts. Report any changes to your doctor right way.

Discuss breast cancer risk with your doctor. If you are at higher risk, you may need mammograms at an earlier age. You may also need more frequent exams or additional tests.

Cervical cancer

Beginning 3 years after the start of sexual activity or at age 21, you should have a Pap test each year. A Pap test is a microscopic examination of cells taken from the cervix. After three normal tests, you only need to be tested every 3 years. If you are older than age 65 and have had three normal tests, you may choose to stop being testing. If you have had your cervix removed as part of a hysterectomy, you do not need to be screened (unless the hysterectomy was performed to treat cancer).

Colorectal cancer

Beginning at age 50, you should be screened for colorectal cancer on one of the following schedules.

- You may have a fecal occult blood test (FOBT) (a test that checks for blood in the stool) once each year.
- Flexible sigmoidoscopy (examination of the lower colon) may be performed once every 5 years.
- FOBT each year may be combined with flexible sigmoidoscopy once every 5 years.
- You may have a colonoscopy (examination of the colon) every 10 years.
- Computed tomography (tuh-MOG-ruh-fee) (CT) scans of the colon ("virtual colonoscopy") are used at some medical centers for screening.

Talk to your doctor about which type of testing is best for you. If you are at high risk of colon cancer, your doctor may recommend additional testing.

Diagnosis

Once a tumor is found, your doctor will collect a tissue sample. This procedure is called a biopsy. Your doctor will examine

the tissue to find out whether it is cancer. More tests may be needed to determine the cancer's stage or how advanced it is. The stage is based on the location and



size of a tumor and whether the cancer has spread. At earlier stages, cancer is easier to treat.

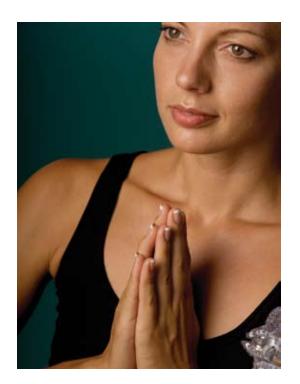
Cancer treatment

After diagnosing and staging the cancer, your doctor will discuss cancer treatment with you. Treatments may include measures aimed at curing the cancer and therapies that ease symptoms and improve quality of life. Depending on the type of cancer and its stage, doctors may recommend one or more of the treatments below.

- Surgery alone may be able to remove the cancer if it has not spread beyond the tissues where it began. Surgery may also be combined with other treatments.
- Chemotherapy, or chemo, uses drugs to destroy cancer cells. It may cure cancer, prevent it from growing or spreading, or relieve symptoms. Chemo may also harm healthy cells. This causes side effects such as fatigue, nausea, hair loss, weight loss, and anemia (uh-NEE-mee-uh).

- Radiation therapy targets cancer cells with a type of energy called ionizing radiation. It may destroy a tumor or shrink it, and it may harm healthy cells near the area being treated.
- **Biological therapy** stimulates the body's immune system to fight the cancer. It may also ease the side effects of other cancer treatments.
- Hormone therapy may be used to treat breast, ovarian, and endometrial cancers. Female hormones help these cancers grow. Hormone therapy reduces or blocks the effect of these hormones.





• Complementary or alternative medi**cines** are treatments that are not part of standard medical care. These treatments include herbal medicines, massage therapy, acupuncture, meditation, and others. These practices or medicines are called "complementary" when they are used along with standard care. When they are used in place of standard treatments, they are called "alternative." You may find complementary medicine helpful for relieving cancer symptoms. It may also help with the side effects of other treatments. Talk to your doctor before trying complementary or alternative medicine. Your doctor can make sure it will not interfere with other treatments.

For more information, see the *Complementary and Alternative Medicine* chapter on page 367.

Scientists are working to improve existing treatments to target cancer cells without damaging healthy cells. New types of treatment include gene therapy (changing the genetic material in cells) and vaccines. These treatments may be used to treat some cancers in the future.

Fertility

Depending on the site of your cancer and type of treatments, cancer may affect your ability to have children. Before you start cancer treatments, discuss your concerns with your doctor. Some treatments may make it difficult or impossible for you to have children. You may wish to consider procedures that protect fertility before treatment. Options may include:

- freezing embryos, eggs, or ovarian tissue
- moving ovaries to another part of the body to protect them from radiation
- surgeries that remove cancer but do not cause infertility

If you decide to become pregnant after cancer treatment, talk to your doctor or a doctor who specializes in fertility issues or reproductive problems. You may have special health risks or problems conceiving. You may also wish to consider whether your cancer is likely to come back.

What you can do to feel better

Coping with fatigue and pain

Fatigue—feeling weak or tired—is one of the most common symptoms of cancer. It can have a big effect on your quality of life, day-to-day activities, work life, and relationships. Many people with cancer experience pain, either from the

cancer itself or from cancer treatments. It is important to talk to your doctor about these and any other symptoms or side effects you experience. There are treatments that can help you feel better.

Taking care of your emotions

Cancer and cancer treatment can affect your emotional well-being in many ways. For example, you may feel shock, anger, or fear when you learn you have cancer. Cancer may change your sense of yourself and your future. And the disease or treatments may alter your appearance, abilities, and body image. These and other factors can lead to depression, which affects one-third to one-half of all women diagnosed with cancer.

It's important to take care of your emotions after a cancer diagnosis. You may find it helpful to seek additional support.

- Join a cancer support group where you can discuss your feelings with others who share your experience.
- Talk to your doctor if you are feeling depressed or anxious. There are medications that may help.
- Seek counseling or therapy to help cope with your emotions.
- Seek support from your family and friends.
- Talk with a spiritual advisor or religious leader.

Surviving cancer

Thanks to improved screening and treatment, more and more women are surviving longer after a cancer diagnosis.

Cancer may affect your health, emotions, work, and relationships long after your



treatment ends. As a cancer survivor, you need to continue to take care of your physical and emotional health.

- Talk to your doctor about any symptoms you have, such as pain, fatigue, or depression.
- Set up a schedule for follow-up care with your doctor. At follow-up appointments, your doctor can address any side effects of treatment and check to see if the cancer has returned or spread.
- Talk to your health care team about a wellness plan that can improve your health and may reduce the chances that your cancer will return.
- Take care of your emotions and seek support when you need it.

One Woman's Story

I have been a nurse for more than three decades and am currently working as a home health nurse and a professor. Cancer is not who I am—it's what is happening to me.

Early in October 2006, I felt pain in my upper left breast and noticed a lump. My doctor ordered a mammogram and an ultrasound, and then a biopsy. I was horrified when the biopsy revealed that it was, in fact, cancerous. After careful consideration, I elected to have a bilateral mastectomy because of the high possibility of reoccurrence in my right

breast. A plastic surgeon performed the reconstruction at the same time. I am grateful for such cutting-edge treatment, and I am thankful to the federal government for mandating that insurance companies cover 100 percent of reconstructive breast surgery.

When I found out I had cancer, I was initially in denial—devastated and numb. Two previous biopsies I had were negative; I was the picture of health and was rarely sick. It turns out the hardest thing about being diagnosed with breast cancer was breaking the news to my family.

My body may be beaten and tired, but I am not defeated.

Now, even though I pretend to be fine, I still have moments of uncertainty. Every day is

truly a miracle for me. The hair loss has been hard, and the chemotherapy leaves me tired and drained. The taste in my mouth is probably the worst. My favorite food, enchiladas, don't taste right. I still maintain a healthy diet because I know it's in my best interest.

Surviving cancer has been challenging, to say the least, but a good outlook helps. So does having a strong support team at work and at home. My body may be beaten and tired, but I am not defeated. Cancer doesn't define me and I will not let it win. I am a survivor; through cancer I have learned not to take things, people, situations, and life for granted. Every day is precious, and I must give it my best and be a testimony for others who may be facing breast cancer this very day.

Bettie

Las Cruces, New Mexico

For More Information...

Office on Women's Health, HHS

200 Independence Ave SW, Room 712E Washington, DC 20201

Web site: www.womenshealth.gov/

breastcancer

www.womenshealth.gov/quitsmoking www.womenshealth.gov/faq/bsefaq.htm www.womenshealth.gov/faq/pap.htm Phone number: (800) 994-9662,

(888) 220-5446 TDD

National Breast and Cervical Cancer Early Detection Program, CDC

4770 Buford Hwy NE, MS K-64 Atlanta, GA 30341-3717

Web site: www.cdc.gov/cancer/nbccedp

Phone number: (800) 232-4636,

(888) 232-6348 TTY

National Cancer Institute, NIH

6116 Executive Blvd, Room 3036A Bethesda, MD 20892-8322 Web site: www.cancer.gov Phone number: (800) 422-6237,

(800) 332-8615 TTY

National Center for Complementary and Alternative Medicine, NIH

PO Box 7923

Gaithersburg, MD 20898 Web site: www.nccam.nih.gov Phone number: (888) 644-6226,

(866) 464-3615 TTY

American Cancer Society

250 Williams St Atlanta, GA 30303

Web site: www.cancer.org

Phone number: (800) 227-2345,

(866) 228-4327 TTY

American Institute for Cancer Research

1759 R St NW

Washington, DC 20009 Web site: www.aicr.org

Phone number: (800) 843-8114

CancerCare

275 Seventh Ave, Floor 22 New York, NY 10001

Web site: www.cancercare.org Phone number: (800) 813-4673

Fertile Hope

65 Broadway, Suite 603 New York, NY 10006 Web site: www.fertilehope.org Phone number: (888) 994-4673

Gynecologic Cancer Foundation

230 W Monroe, Suite 2528 Chicago, IL 60606

Web site: www.thegcf.org

Phone number: (800) 444-4441

Lance Armstrong Foundation

PO Box 161150

Austin, TX 78716-1150 Web site: www.livestrong.org Phone number: (866) 467-7205

National Ovarian Cancer Coalition

500 NE Spanish River Blvd, Suite 8

Boca Raton, FL 33431 Web site: www.ovarian.org Phone number: (888) 682-7426

Susan G. Komen for the Cure

5005 LBJ Freeway, Suite 250

Dallas, TX 75244

Web site: www.komen.org

Phone number: (877) 465-6636