



Strang Cancer Prevention Institute
Dedicated to Promote Cure by Early Detection and Research to Prevent Cancer since 1933

Prevention

National Cancer Prevention Month February 2018

CANCER PREVENTION AWARENESS MONTH

During the Month of February Each Year We Reflect on What Can be Done to Prevent Cancer

For those smoking cigarettes it's the perfect time to stop. Smoking increases the risk of lung cancer, but also head and neck, esophageal, pancreatic, upper urinary tract and bladder cancer. Nicotine itself does not cause cancer but rather inhalation of tars from burning tobacco fibers. Therefore, substituting other sources of nicotine, such as nicotine gum or vaping (inhalation of vaporized nicotine), can be far safer for those who currently smoke. (For non-smokers, consuming any source of nicotine raises the risk of cigarette addiction and should be very strongly discouraged.)

Like heart disease, cancer is associated with poor dietary choices and inadequate physical exercise. Avoiding saturated (animal) fats and sugars and increasing physical activity protect against both cancer and heart disease. Recent research shows that high-intensity interval training, exercising to breathlessness for 15-second to 2-minute intervals, is remarkably effective, even for older patients, who are the most likely to get cancer.

BREAST CANCER

Although annual mammograms were first proven to reduce cancer death rates, the US Preventive Services Task Force now recommends screening only every other year for healthy women age 50 to 74. Annual screening will find more cancers but increase "overdiagnosis," finding tumors that look like cancer under the microscope but would not grow and spread. For younger (age 40-49) and older women, a doctor-patient discussion of the pros and cons is essential.

COLORECTAL CANCER

For all healthy patients from age 50 to 74, screening for colorectal cancer by testing stool for blood or looking directly by sigmoidoscopy (looking directly at the far end of the colon or rectum) or colonoscopy (looking at the entire colon and rectum) lowers cancer death rates. Because it takes 10 years or more for most cancers to change from non-cancer growths (polyps) to cancers, 10 years between colonoscopy procedures is recommended. For older and younger patients, screening is not recommended, although some patients 75 to 84 may decide with their doctors to screen.

PROSTATE CANCER

Despite more than 25 years of experience with using PSA screening to find cancers early, research studies have not always found that screening reduces prostate cancer deaths. Further, surgery and radiation make most men impotent, and most cancers, especially those found by screening, are unlikely to grow significantly. Therefore, researchers have cautioned against prostate screening. However, some patients, especially those with prostate cancer deaths in their family, are more worried about prostate cancer than the side effects of treatment. Therefore, the recommendation has changed from against screening to a thoughtful "shared decision-making" discussion.

LUNG CANCER

After a frustrating failure with chest X-ray screening, the National Lung Cancer Screening Trial, which used CT scans, changed our thinking about screening smokers for lung cancer. CT scans can detect smaller cancers that may be more curable. After 3 annual CT scans, lung cancer deaths were reduced by 20% in heavy smokers (at least 30 pack-years, the average packs per day X number of years they smoked) who still smoke or quit less than 15 years ago. Women appeared to benefit more than men: lung cancer deaths fell 27% in women and only 8% in men.

Cancer Prevention Awareness Month

CERVICAL CANCER

As X-ray technology changed lung cancer screening, understanding of biology changed cervical cancer screening. The appearance of cervical cells under the microscope, the Pap test, inspired and initially funded The Strang Foundation. However, we now know that most cervical cancers result from infection with a sexually transmitted virus, human papilloma virus, or HPV. Once it infects a woman, it enters her cervical cells and can cause them to change. Some over time, become a cancer: they grow out of control and invade into adjacent cervical tissue.

Types of HPV that may cause cancer are known as “high-risk types.” New screening guidelines now rely more on detection of high-risk HPV than on the Pap smear. Further, vaccination against HPV can prevent cervical cancer and more: HPV also causes cancers of vulva, vagina, penis, anus, and throat.

HPV infection is so common in young women that it doesn't tell who is at higher risk of cancer. Therefore, we don't bother testing for HPV in women under age 30. Instead, we use the Pap to look for changes to their cervical cells. Women aged 21–29 years should have a Pap test alone every 3 years.

Women aged 30–65 years could continue to have a Pap test alone every 3 years, or they could have an HPV test every 5 years. Women older than age 65 years should stop getting cervical cancer screening if they were adequately screened and had no prior abnormalities. Abnormalities include moderate or severe abnormal cervical cells or cervical cancer.

LIVER CANCER

Liver cancer, also known as primary hepatocellular carcinoma, is very difficult to treat. It is also usually caused by a virus infection, either hepatitis B (HBV) or hepatitis C (HVC). Both viruses are transmitted directly from person to person, usually by blood. As a result, virus-related liver cancer can be prevented in two ways: vaccination against virus infection, which we can do for HBV, or cure of the virus, which has recently become possible for HVC.

Treatment for HCV is very costly but highly effective, and it prevents both liver cancer and liver failure (cirrhosis). Guidelines for screening for HCV are being developed by the US Preventive Services Task Force, but testing should be part of the medical workup for all patients with significant liver function abnormalities.

THE STRANG SCREENING TRIAL

The Strang Foundation is completing a major research study to improve the effectiveness of screening. A randomized trial studied how to best help primary care doctors at Mount Sinai West and Downtown guide their patients when to start screening, when to stop and how to decide together when the decision isn't clear. The study allows a closer look at communication than earlier studies; doctors and patients reported on their conversations immediately after the check-up visit.

Our results have shown how hard these discussions can be. Our preliminary results have generated interest at conferences in the US and Europe in the last 2 years. We plan to complete analyzing the final results in the next few months. We will share our results in upcoming Strang newsletters.

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The Strang Cancer Prevention Cookbook

Reduce your Risk for Cancer by Eating a Healthy Diet!

Sautéed Spinach with Garlic

This cooking method can be applied to other leafy greens such as Swiss chard, escarole, broccoli rabe, and beet or turnip greens

- 1 1/4 pounds fresh spinach
- 1 tablespoon extra -virgin olive oil
- 4 garlic cloves, peeled, lightly crushed, and quartered lengthwise
- Pinch of hot red pepper flakes (optional)
- Salt and freshly ground black pepper



Remove the stems from the spinach and tear any large leaves into bite –size pieces.

Rinse thoroughly and drain.

Heat the olive oil in a large skillet. Add the garlic and red pepper flakes if using, and cook over medium heat until the garlic is light gold; don't let the garlic get too brown or it will be bitter.

Remove the garlic and set aside.

Reserve the oil in the skillet and increase the heat to medium high.

Add the spinach and season with salt and pepper to taste. Sauté, turning the spinach with tongs to cook evenly. When the spinach is just wilted and tender, 2 to 3 minutes, remove the skillet from the heat. Using a slotted spoon or tongs, lift the spinach from the skillet leaving behind excess liquid. Transfer to individual plates or a platter. Top with garlic and serve

Spinach is exceptionally high in beta –carotene (110 percent of the DV for Vitamin A per serving of this recipe) as well as other carotenoids, folate (more than 80% of the DV), vitamin C (more than 80% of the DV) and minerals such as calcium, iron, magnesium, and potassium. It is also high in protein when compared to other vegetables. A good source of fiber.

Calories 82, protein 5 g, carbs 7 g, fat 4g, cholesterol 0 mg, dietary fiber 4 g, saturated fat 1 g

MAJOR SOURCES OF POTENTIAL CANCER FIGHTERS.

Phytochemicals: allium compounds, terpenes (carotenoids).

Recipe by Laura Pensiero, R.D. Owner, Gigi Trattoria, Rhinebeck, New York

THIS NEWSLETTER IS DEDICATED TO FRANCIS OSBORNE



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