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March + April 2015

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HEALTH

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matters...™

Cutting-Edge Research **ADVANCING THE FIGHT** Against Cancer

**HEALTHY SNACKS
CAN KEEP YOU FROM
OVEREATING**

**MAKE HEALTHIER
FOOD CHOICES TO
LOWER RISKS
OF CANCER**

**Preventing
Underage Drinking**



WHAT IS CANCER?

Many people don't think about the impact of cancer until it confronts them, their family, or friends.

Maybe the disease is too frightening to think about, even though many people recover, survive, and live long lives.

Cancer is not just one disease but a group of diseases characterized by uncontrolled growth and spread of abnormal cells. All cancers cause cells in the body to change and grow out of control. Many types of cancers form a lump or mass called a tumor. The tumor can invade and destroy healthy tissues. Cells from the tumor can break off and go to other parts of the body where they can continue to grow. This spreading process is called metastasis. If the spread is not controlled, it may result in death.

When cancer spreads, it is still named after the part of the body where it started. If lung cancer spreads to the brain, it is still lung cancer, not brain cancer. Some cancers, such as leukemia and lymphoma, do not form a tumor.

GET EARLY DETECTION SCREENINGS

Screening means checking your body for cancer before you have symptoms. Getting screening tests regularly may find breast, cervical and colorectal (colon) cancers early when treatment is likely to work best.

Source: The Burden of Cancer in Missouri: A comprehensive Analysis and Plan 2010-2015



In 2015, there will be an estimated 1,658,370 new cancer cases diagnosed and 589,430 cancer deaths in the US. Visit Cancer.org to view the latest *Cancer Facts & Figures 2014*. This annual report provides the estimated numbers of new cancer cases and deaths in 2014, as well as current cancer incidence, mortality, and survival statistics and information on cancer symptoms, risk factors, early detection, and treatment.

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Dating violence can have a negative effect on health throughout life.



Health Research Blazing New Trails

This issue marks our 10th anniversary of sharing valuable health news and information and encouraging you to "take control of your health." It is because of you—and others who need a little push to get started on the journey—that we exist. Because "your health matters," we dedicate ourselves to helping you understand the seriousness of chronic preventable conditions, and how to take steps to prevent them. And we want you to learn about available health care services for you and your family.

Good health is a premium. There are thousands of people working on research each day to ensure that we have an opportunity to enjoy the best quality of life. Research is the amazing process of exploring the unknown to discover new knowledge. The National Academy of Sciences says "the object of research is to extend human knowledge of the physical, biological, or social world beyond what is already known."

There are many cancer-related diseases that are the subject of ongoing research to find a cure and lengthen life—breast cancer, liver, colon, lung cancer, leukemia and lymphoma to name a few. It is a race that never slows and picks up momentum whenever a new device, drug or clinical trial shows promise. I applaud the dedication of leading researchers, advocates and funders of cancer research. Agencies such as the American Cancer Society, other nonprofits, private donors and the federal government, are committed to finding cures for cancer and providing resources to lessen the burden that accompanies this disease. In this issue we spotlight five areas that show promise for possible cures and better treatment options for cancer.

Also in this issue, we examine the link between nutrition and cancer. Find out what you can do to help lower your risk. We explain the meaning of many cancer terms you've heard or wondered about. Eye exams are not just to check for perfect vision—it can reveal so much more about your overall health. Have doubts about whether snacking is good? Well, it can be. We celebrate National Nutrition Month® with an article on how to keep your snacks healthy, delicious and nutritious.

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Ruth Ramsey, Publisher and CEO



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Reduce Cancer Risks By Eating Healthy

Changing your diet can help protect your health.

By OHM Staff

Whether you have a history of cancer in your family, or are currently battling the disease, lifestyle factors, including your diet, can make a huge difference in helping you fight off cancer. Some foods actually increase your risk of cancer, while others support your body and strengthen your immune system. By making smart food choices, you can protect your health, feel better, and boost your ability to fight off cancer and other diseases.

Linking cancer and diet

Not all health problems are avoidable, but you have more control over your health than you may think. Research shows that

a large percentage of cancer-related deaths are directly linked to lifestyle choices such as smoking, drinking, a lack of exercise, and an unhealthy diet. Avoiding cigarettes, limiting alcohol, reaching a healthy weight, and getting regular exercise are a great start to preventing cancer. To best support your health though, you also need to look at your eating habits.

What you eat — and don't eat — has a powerful effect on your health, including your risk of cancer. Without knowing it, you may be eating many foods that fuel cancer, while neglecting the powerful foods and nutrients that can protect you. For example, a daily serving of red or processed meat increases your risk of

colorectal cancer by 21 percent, whereas eating whole soy foods such as tofu or edamame can help reduce your risk of breast cancer. Every 35 grams of dairy protein you consume each day can increase your risk of prostate cancer by 32 percent, while eating more fruits and vegetables can lower your risk for a variety of common cancers. By making small changes to your diet and behaviors, you can lower your risk of cancer.

Avoid GMOs and pesticides

Genetically Modified Organisms (GMOs) are plants or animals whose DNA has been altered in ways that cannot occur in nature or in traditional cross-breeding, most commonly in order to be resistant to pesticides or produce an insecticide. While the U.S. Food and Drug Administration (FDA) and the biotech companies that engineer GMOs insist they are safe, many food safety advocates point out that these products have undergone only short-term testing to determine their effects on humans.

Some animal studies have indicated that consuming GMOs may cause certain types of cancer. Since most GMOs are engineered for herbicide tolerance, the use of toxic herbicides like Roundup® has substantially increased since GMOs were introduced. Some studies have indicated that the use of pesticides even at low doses can increase the risk of certain cancers, such as leukemia, lymphoma, brain tumors, breast cancer, and prostate cancer. However, research into the link between GMOs, pesticides and cancer remains inconclusive.

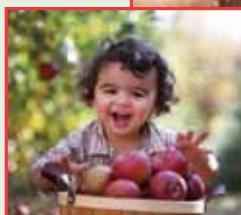
Visit kcourofhealthmatters.com to learn about other cancer-causing substances found in food.*

SOURCES: U.S. National Library of Health, nih.gov Helpguide.org, World Cancer Research Fund International

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Terrence Howard, actor/musician



Photo: Andrew Macpherson

Colorectal cancer is the second leading cancer killer in the U.S., but it is largely preventable.
If you're 50 or older, please get screened. Screening finds precancerous polyps, so they can be removed before they turn into cancer. And screening finds colorectal cancer early, when treatment works best. If you're at increased risk—if you have a personal or family history of polyps or colorectal cancer, or you have inflammatory bowel disease—ask your doctor when to start screening.

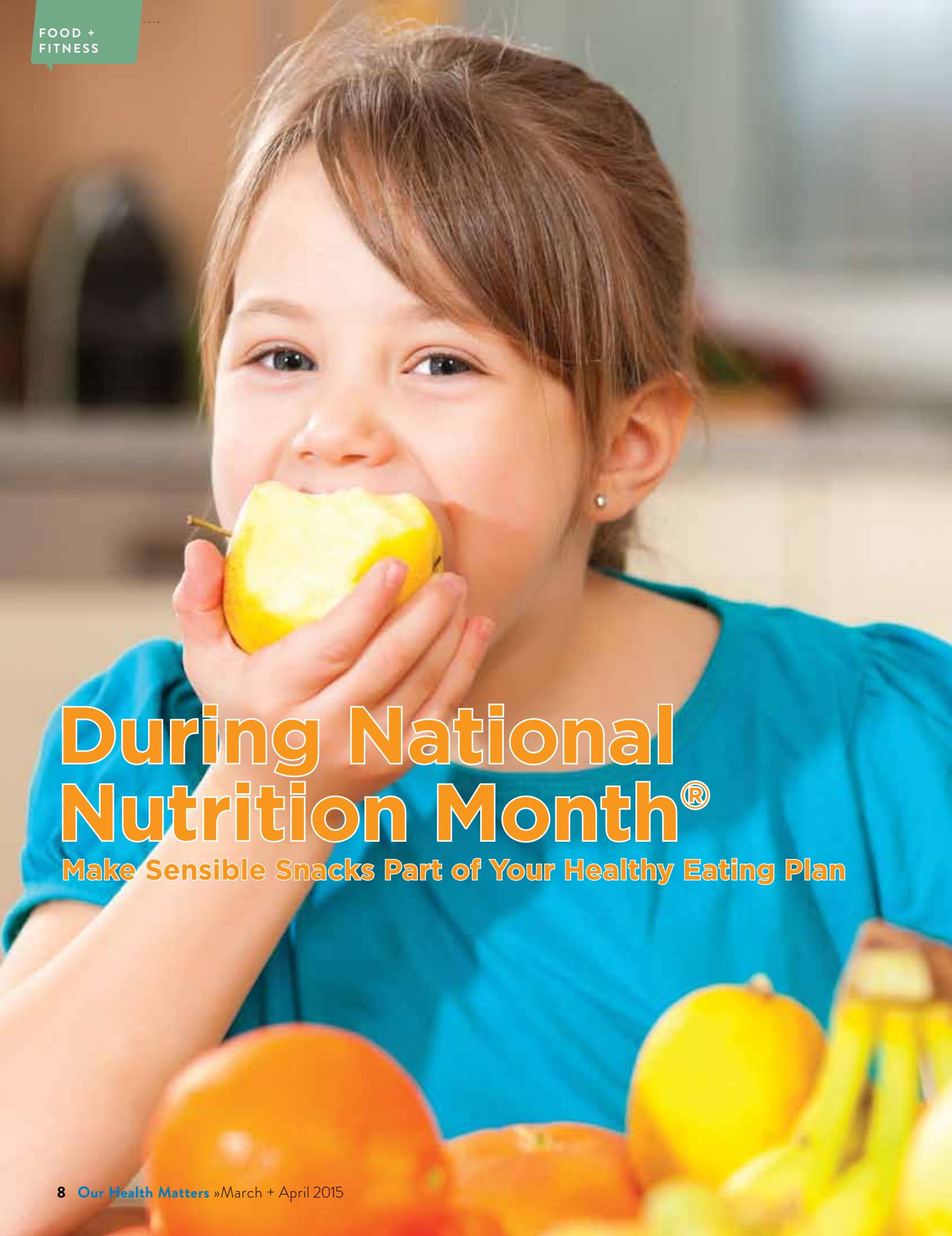
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During National Nutrition Month®

Make Sensible Snacks Part of Your Healthy Eating Plan



SNACKS CAN BE A FUN AND VALUABLE PART OF A PERSON'S HEALTHFUL EATING PLAN, but they can also add unneeded calories, sugar, sodium and fat. During National Nutrition Month®, the Academy of Nutrition and Dietetics offers smart snacking ideas that help everyone "Bite into a Healthy Lifestyle."

"If you choose carefully, and plan ahead, sensible snacks can be part of any healthful eating plan," says registered dietitian nutritionist and Academy Spokesperson Isabel Maples. "Snacks can prevent overeating at mealtimes and throughout the day. For children and adults alike, snacks can supply foods and nutrients that we might miss in meals. Snacks especially offer a great way to eat more fruits, vegetables, whole-grains and low-fat dairy."

"Snacks especially offer a great way to eat more fruits, vegetables, whole-grains and low-fat dairy."

– Isabel Maples, Academy of Nutrition and Dietetics spokesperson

Each March, the Academy encourages Americans to return to the basics of healthful eating through National Nutrition Month. This year's theme encourages consumers to adopt a healthy lifestyle that is focused on consuming fewer calories, making informed food choices and getting daily exercise in order to achieve and maintain a healthy

weight, reduce the risk of chronic disease and promote overall health.

For active kids and teens, snacks can supplement meals. "Because children are still growing, they may need to eat more often to get the calories they need and provide foods that might be missing from their meals," Maples says.

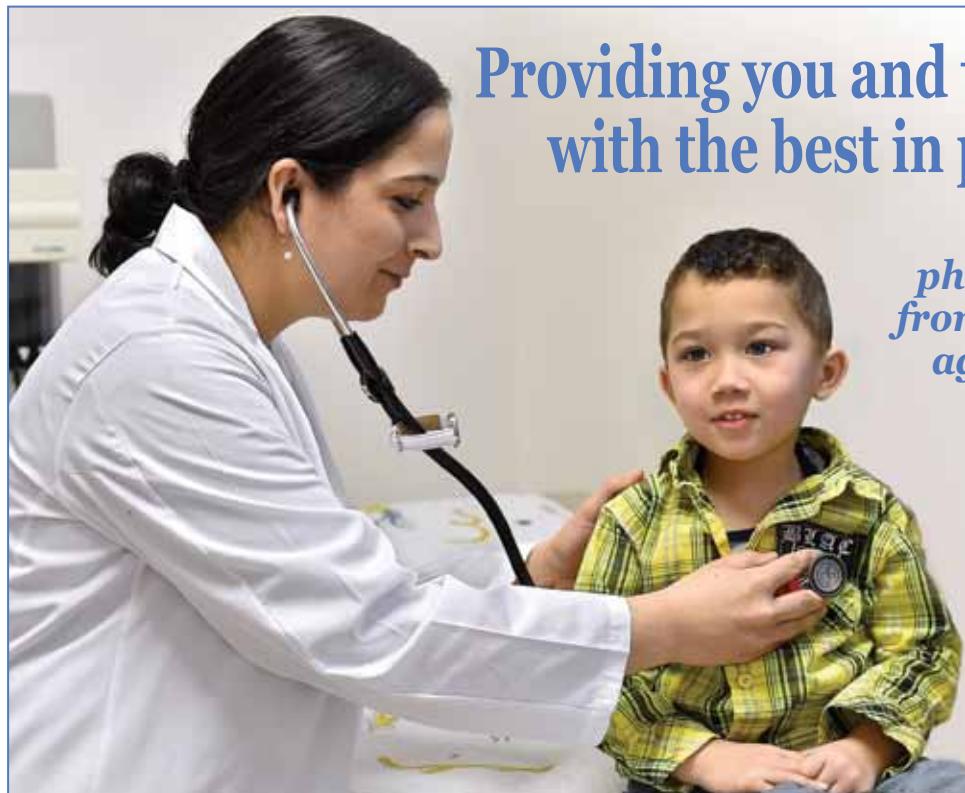
"For adults, a healthy snack can provide an energy boost, and satisfy your mid-day hunger. If you haven't eaten for three or more hours, a snack can help bring up your blood sugar level for optimal energy. For older adults with smaller appetites or limited energy, several small meals including snacks may be easier for their bodies to handle," Maples says. •

Excerpt from the Academy of Nutrition and Dietetics press release

To learn more and to find a registered dietitian in your area visit eatright.org.

For ideas on preparing healthy snacks visit kcourhealthmatters.com.

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What's Hiding Behind Your Eyes?

Eye exams can uncover more than you think.



By Dr. Kristen Yates
Optometrist, Littlefield
Eye Associates

Most people visit the eye doctor to check the accuracy of their vision. It may surprise you to know that one of the most important aspects of your visit is to make sure your eyes are healthy. The overall health of one's eyes is what your doctor will be interested in as well. The two leading causes of blindness in adults, diabetes and glaucoma, can often have very minor symptoms, and the person can have them while still seeing well.

Diabetes and glaucoma: the leading causes of blindness

Diabetes can affect the eye in several different ways; it can lead to swelling in the back of the eye, bleeding in the eye, changes in vision (especially after a meal), and it can accelerate the growth of cataracts. Diabetic retinopathy, or progressive damage to the blood vessels in the eye, affects 4.1 million Americans, and is the leading cause of blindness in working-age adults, according to the Centers for Disease Control and Prevention (CDC). Early diagnosis and treatment is critical in dealing with retinopathy, which is why all people with diabetes need a comprehensive eye examination every year.

Glaucoma is the second leading cause of blindness in the country, but it is not nearly as well known or understood as diabetes. Glaucoma affects more than 3 million Americans, with African-Americans and Hispanics at highest risk. In glaucoma, the optic nerve is damaged by pressure inside the eye, causing peripheral vision to slowly disappear. It is

a very gradual change, and even the most observant patients don't notice that it's happening. By the time the damage is done, there is nothing that can be done to get that vision back. Your eye doctor is the only person who can see signs of glaucoma, and can help you prevent vision loss. Again, early detection is key in this disease, because the sooner damage is seen, the easier it is to treat.

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Dr. Kristen Yates is an optometrist at Littlefield Eye Associates in Kansas City, Missouri.

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Health Screenings Men Should Not Ignore

Talk to your doctor about these six essential tests.

There are critical health concerns men need to take seriously even when they are young. Too often, young men who are healthy will avoid their annual physical or put it off for as long as possible.

A patient's age often helps a doctor determine if it's necessary to screen for certain diseases. For example, all men starting at age 50 should undergo screening for colorectal cancer.

Many patients worry about their prostate cancer risk, which is the most common cancer among men after skin cancer. But while a rectal exam to detect prostate abnormalities typically is a part of a man's physical, the prostate specific antigen (PSA) test is not recommended for routine prostate cancer screening. This is because patients who do not have prostate cancer may still have elevated levels of a specific enzyme in the blood, leading to other invasive and frequently unnecessary tests. So doctors often are careful when deciding which patients should have a PSA. However, some doctors recommend all male patients have a baseline PSA test at age 40.

Patients should become familiar with these screening guidelines from organizations such as the U.S. Preventive Services Task Force (USPSTF), American Cancer Society (ACS) and the American Heart Association (AHA), and then discuss a screening plan with their doctor.

BLOOD PRESSURE TEST: The AHA recommends patients have their blood pressure taken at least once each year starting at age 20.

LIPID PANEL: The AHA recommends testing cholesterol and triglycerides levels every 4 to 6 years.

BLOOD GLUCOSE TESTS: Screening for diabetes should occur at least every three years starting at age 45, according to AHA.

COLONOSCOPY: The USPSTF says most patients should begin colorectal cancer screening with a colonoscopy at age 50 and undergo the test every 10 years, usually until the age of 75. A doctor may determine that sigmoidoscopy and fecal blood testing is sufficient. The ACS outlines similar recommendations.

PROSTATE SPECIFIC ANTIGEN TEST (PSA): The USPSTF recommends against routine screening for prostate cancer with PSA blood tests, due to the high rate of false-positives. The ACS suggests a patient be given the option for PSA testing after their doctor has provided thorough information about the risks and benefits of this test. Both the USPST and ACS say a digital-rectal exam should occur during a man's yearly checkup.

TESTICULAR EXAMS: The USPSTF does not recommend routine testicular cancer screenings; however, the ACS recommends that testicular exams be incorporated into every male patient's annual physical exam. •

SOURCE: Men's Health Network,
menshealthnetwork.org

What are NCI-Designated Cancer Centers?

The National Cancer Institute (NCI) is part of the National Institutes of Health (NIH), which is one of 11 agencies that compose the Department of Health and Human Services (HHS). The NCI, established under the National Cancer Institute Act of 1937, is the Federal Government's principal agency for cancer research and training. The National Cancer Act of 1971 broadened the scope and responsibilities of the NCI and created the National Cancer Program.

The NCI-designated cancer centers program recognizes centers around the country that meet rigorous criteria for world-class, state-of-the-art programs in multidisciplinary cancer research. These centers put significant resources into developing research programs, faculty, and facilities that will lead to better approaches to prevention, diagnosis, and treatment of cancer. The NCI designation not only recognizes excellence but opens doors to greater federal funding, information sharing, and resources.

There are 68 NCI-designated cancer centers, of which 41 are comprehensive cancer centers. The University of Kansas Cancer Center is our local area's NCI Center.

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Cutting-Edge ADVANCED THERAPY Against



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Cancer is one of the nation's deadliest diseases and is responsible for nearly one of every four deaths in the United States. It is estimated that about 589,430 Americans will die from cancer in 2015. That's approximately 1,620 deaths every day. Additionally, about 1.7 million new cases are expected to be diagnosed this year.

On the bright side, the survival rate for all cancers

has increased by 18% since 1977—a reflection of earlier detection and improved treatments.

In the recently published "2014 Research Roundup: 10 Key Breakthroughs and Insights," the American Cancer Society highlights the work of scientists and researchers around the world who are making strides in the cure for cancer. Here's a look at five of the ten.



No One Should Face the Challenge of Cancer Alone...

The staff of Cancer Action is here to support you through every step of your journey. We offer programs and services that address the physical, emotional, social and financial needs of cancer survivors and their families:

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#1 Nanosensor Device

May Help Watch for Cancer from the Inside

Nanoscale technology is infiltrating everything from computers to cars to clothing. Such tiny tech—about 100,000 times smaller than a single strand of human hair—may one day be able to signal the onset, progression, or spread of cancer. Since cancer becomes harder to treat once it starts to grow and spread, this early warning system would allow doctors to administer drugs more accurately and sooner—ultimately helping to reduce the number of cancer-related deaths.

According to its developer, Daniel Roxbury, Ph.D., the sensor is built with carbon nanotubes—very small cylinder-shaped carbon fibers. It works by detecting the presence and level of a specific biomarker (or indicator) in the blood that signals the progression and spread of cancer. Roxbury says that certain cancer cells shed a biomarker called uPA (urokinase plasminogen activator), which is associated with many types of cancers. His device is trying to monitor the uPA in a person's bloodstream.

Roxbury currently envisions the sensor being inserted under the skin using a minimally invasive procedure. Once in place, the sensor would send signals to an external device, like a smart phone, allowing patients and physicians to track the levels of the cancer biomarker in the blood.

"With the current treatments we have," says Roxbury, "I am pretty sure we can cure most cancers by detecting them early."

#2 Putting Breast Cancer Cells to Sleep

Recently, in the lab of Xiaoting Zhang, Ph.D., breast cancer cells were multiplying out of control as usual. Then, unexpectedly, everything came to an abrupt halt.

It happened when Zhang, a cancer biologist at the University of Cincinnati College of Medicine, and his research team disabled a protein called MED1. Now they're trying to uncover and develop a biological trigger to disable MED1 and lull breast cancer cells into a permanent sleep, known as senescence.

Senescent cancer cells are still alive but do not divide. They remain dormant until

the immune system wipes them out. It's an indirect cancer-killing approach.

Researchers have known that about half of the breast cancers diagnosed each year have high levels of the MED1 protein. Research suggests that the protein may spur the growth of breast cancer cells and make them resistant to some hormonal therapies. However, until Zhang's discovery, no one knew turning off MED1 could make breast cancer cells lapse into senescence.

According to Zhang, "Our goal is to enhance the effects of chemotherapy by combining the removal of MED1 with the administration of current chemotherapeutic drugs."

#3 Vitamin D Holds Skin Cancer Drug Potential

Early research suggests that vitamin D, a compound the human body makes naturally when exposed to the sun, has the potential to be used in the treatment of skin cancer.

Scientists in recent years have shown that vitamin D₃ appears to have the ability

to stop a malfunctioning network of proteins linked to basal cell carcinoma. Basal cell is the most prevalent of all cancer types in the United States, with more than 2 million diagnoses each year.

The discovery of the link between vitamin D₃ and the protein network is what spurred University of Connecticut chemist and researcher Kyle Hadden, Ph.D., to try to create chemical compounds based on vitamin D that could help treat basal cell cancer.

Hadden notes that there is currently one inhibitor drug for the protein network on the market, but it stops working over time. "We are hopeful that our compound would continue to work over time ... we want to be better than the current therapy."

#4 Immunotherapy: Disrupting the Cancer Treatment World

The cancer research world is increasing efforts in a rapidly evolving type of treatment that has the potential to be more effective than many of today's existing options. Using the body's own natural

system for fighting disease, immunotherapy may offer a lifeline for patients with certain types of cancer who have exhausted other treatment options.

The immune system is made up of cells that fight infection. When doing their job correctly, these white blood cells circulate in the body and spring into action to eliminate any foreign substance that does not belong, including bacteria and viruses. This is what happens when the immune system is working correctly.

When cancer develops, it seems that the immune system doesn't work quite right. For some reason, the immune system doesn't recognize the cancer cells as a threat and does not destroy them. It is not that the immune system never tries to kill the cancer cells. It does make an attempt, says Padmanee Sharma, M.D., Ph.D., scientific director of the immunotherapy platform at the M.D. Anderson Cancer Center in Houston. However, the immune system eventually turns off, thinking its job is finished.

Early experiments in immunotherapy focused on boosting the immune system. But

Truman Medical Centers Provides Help and Hope for Cancer Patients

Cancer is one of the most frightening words to hear when it comes to your health.



But the new **Richard and Annette Bloch Cancer Center** at Truman Medical Centers hopes to ease some of that fear by providing quality, state-of-the-art care.

The new space houses the latest in cancer technology, yet provides a comfortable, healing environment for patients and their families.

Features include a welcome area, ten dedicated clinical exam rooms and a procedure room along with 16 chemotherapy infusion rooms equipped with recliners and individual TV/entertainment centers for patients.

Designed to maximize patient comfort and convenience, the center includes:

- Private and semi-private infusion bays – for receiving treatment
- Resource Area – with printed materials and computer access to research your diagnosis
- Social Worker – to assist with home care needs and planning
- Financial Resource Counselor – to work with each patient to access payment sources that best serve you
- Clinical Psychologist – to schedule appointments for those wanting help with stress relief techniques and other aspects of coping with your healthcare journey
- Appearance boutique – where you are assisted in finding a wig or prosthetic to fit your personal needs

In addition, the Cancer Center recently opened a Biobank for the collection of specimens for cancer research. Patients have the opportunity to donate a small amount of blood and any remnant tissue from their procedures. These specimens are crucial in helping to find a cure.

For more information about the Bloch Cancer Center at TMC, please call 816-404-4375, or visit trumed.org.

TMC
TRUMAN MEDICAL CENTERS | Better. For Everyone.

then, researchers discovered that the immune system has a shut-off valve—and that valve might need to be turned back on. “What we think now, is that with immunotherapy, we can reset the immune response and try to get things going again,” says Sharma.

Major pharmaceutical companies are now making significant commitments to developing immunotherapy drugs. There are currently more than 900 cancer immunotherapy clinical trials listed on clinicaltrials.gov.

5 Toolkit in the Works to Increase Cancer Screening Rates

Colorectal cancer is currently one of only a handful of cancer types that can actually be prevented by getting a screening test. But about 1 in 3 American adults who need to be screened is not doing so. Jennifer Weiss, MD, a researcher and physician at the University of Wisconsin, is working on a solution to this problem. Weiss is in the process of conducting research, funded by the American Cancer Society, to help health systems nationwide increase their colorectal cancer screening rates – and save more lives.

Weiss’ research has already led to a significant improvement in the colorectal cancer screening rate within the University of Wisconsin health system – increasing it from 65% in 2008, when she began her work, to 80% today.

Breaking Down Barriers

Barriers to colorectal cancer screening exist for patients, doctors, and health systems, Weiss and her partners found in their initial research:

For patients, there is a lot of resistance to getting a colonoscopy – one type of screening test for colorectal cancer – because of the prep involved. Patients have to drink a special liquid to clear out their colon beforehand. A lot of patients also just didn’t know when they were due for an exam.

Doctors were having trouble easily identifying which patients were due for screening.

For health systems, one of major issues was a long wait list for getting people scheduled for a colonoscopy.

Weiss, in collaboration with a taskforce of gastroenterologists, primary care doctors, clinic managers, and health insurance com-

Making an Impact in the Fight Against Cancer

The American Cancer Society saves lives and creates more birthdays by helping people stay well and get well, by finding cures, and by fighting back against cancer. Today, two out of three people diagnosed with cancer survive. The goal is to make that three out of three.

American Cancer Society (ACS) at Work

Cancer is fought not just in the laboratory, but through public policy as well. Together, with our nonprofit, nonpartisan advocacy affiliate, the American Cancer Society Cancer Society Network® we have helped enact policies that prevent cancer, educate lawmakers on policies that provide access to quality and affordable health care, and encouraged increased federal investment in cancer research.

Saving Lives in Kansas City

- > ACS volunteer drivers provide cancer patients rides to cancer-related treatments and appointments
- > ACS provides lodging to cancer patients while they traveled away from home for treatment at the American Cancer Society Hope Lodge
- > ACS works with healthcare professionals in hospitals, state cancer programs, and health insurance companies, and systems who provide care to the medically underserved to ensure their patients receive cancer screenings in order to prevent cancer from occurring or detect it early.
- > ACS provides patients, survivors, and caregivers information and resources through our Cancer Information Specialists.
- > ACS provides newly diagnosed breast cancer patients with one-on-one support from a survivor through the American Cancer Society Reach to Recovery® program.

Currently, the Society is investing in three research grants totaling \$1,270,000 at Stowers Institute for Medical Research in Kansas City and 19 grants in Missouri totaling \$10,193,500.

To learn more about the American Cancer Society, or to get help, call 1-800-227-2345 or visit cancer.org.

pany representatives recommended these key interventions:

DEVISING A HEALTH MAINTENANCE

ALERT: “When a patient comes in to see their doctor a yellow box pops up and says if the patient is due for a screening,” says Weiss. And the box includes links to guidelines for screening and to allow the provider to order any type of colorectal screening exam.

CREATING A CENTRALIZED SCHEDULING SYSTEM: To address the long

waiting list for screening tests, the task force reorganized the scheduling system to make it easier for people to get tested at different locations and make more efficient use of available time slots for colonoscopies. Weiss and her partners have successfully increased the colorectal cancer screening rate. •

SOURCE: American Cancer Society
Visit cancer.org to view full report “2014 Research Roundup: 10 Key Breakthroughs and Insights.”



THE UNIVERSITY OF KANSAS CANCER CENTER PROVIDES PERSONALIZED CARE, GREAT OUTCOMES

At age 17, James Wade was diagnosed with salivary gland cancer after noticing a bump behind his ear. While his friends played baseball and attended prom, James battled cancer.

After a six-hour surgery to remove the tumor, James started treatment. "Suddenly I had to fit 33 radiation treatments into my schedule of classes and baseball. I had to give up playing." Now, at 23, James has been cancer-free for six years, graduated college and is the bullpen catcher for an independent professional baseball team.

"Our excellent outcomes result from leading-edge research and outstanding care," said Terry Tsue, MD, center physician-in-chief. "Our staff members provide compassionate, personalized care." Patients at the region's only NCI-designated Cancer Center benefit from state-of-the-art drug discovery through clinical trials unavailable at other cancer programs.

TREATING THE WHOLE PERSON

A key aspect of personalized care, Dr. Tsue stressed, is "treating the whole person, not just the cancer." This includes educating patients about their specific condition and treatments, reducing stress, promoting a positive attitude, managing side effects and symptoms, maximizing nutrition, and supporting patients, their loved ones and caregivers throughout the cancer journey and beyond.

The University of Kansas Cancer Center provides an array of support services. These include one of the most specialized nurse navigator programs, which helps coordinate appointments and answer questions; an accredited appearance center that helps patients reclaim their self-image and self-confidence; and survivorship programs addressing late effects of cancer on mind, body and spirit.

LEADING CANCER CARE IN KANSAS CITY

The region's leading cancer program provides patients access to more personalized care and more clinical trials than other cancer centers.

"Through our research, we are committed to delivering more advanced cancer prevention, early detection and treatment options," said Roy Jensen, MD, center director. The cancer program's national recognition by *U.S. News & World Report* also sets it apart. And more than 50 medical, surgical and radiation oncologists treat patients from throughout the region.

THE UNIVERSITY
OF KANSAS HOSPITAL

To speak with a nurse navigator, schedule an appointment or for a second opinion, call 913-588-1227 or visit kucancercenter.org.

GLOSSARY OF CANCER TERMS

ACUTE: Refers to symptoms that start and worsen quickly but do not last over a long period of time.

BENIGN: Refers to a tumor that is not cancerous. The tumor does not usually invade nearby tissue or spread to other parts of the body.

BIOPSY: The removal of a small amount of tissue for examination under a microscope. Other tests can suggest that cancer is present, but only a biopsy can make a definite diagnosis.

BONE MARROW: The soft, spongy tissue found in the center of large bones where blood cells are formed.

CANCER: A group of more than 100 different diseases that can begin almost anywhere in the body; characterized by abnormal cell growth and the ability to invade nearby tissues.

CARCINOMA: Cancer that starts in skin or tissues that line the inside or cover the outside of internal organs

CELLS: The basic units that make up the human body.

CHEMOPREVENTION: The use of natural, synthetic (made in a laboratory), or biologic (from a living source) substances to reverse, slow down, or prevent the development of cancer.

CHEMOTHERAPY: The use of drugs to kill cancer cells.

CHRONIC: Refers to a disease or condition that persists, often slowly, over a long period of time.

IMAGING TEST: A procedure that creates pictures of internal body parts, tissues, or organs to make a diagnosis, plan treatment, check whether treatment is working, or observe a disease over time.

INVASIVE CANCER: Cancer that has spread outside the layer of tissue in which it started and has the potential to grow into other tissues or parts of the body (also called infiltrating cancer).

Cancer has its own language that is unfamiliar to most people when they are newly diagnosed. Our Health Matters is pleased to help you understand some of the terms.

LEUKEMIA: A cancer of the blood. Leukemia begins when normal white blood cells change and grow uncontrollably.

LOCALIZED CANCER: Cancer that is confined to the area where it started and has not spread to other parts of the body.

LYMPH NODES: Tiny, bean-shaped organs that help fight infection, which is a part of the lymphatic system.

LYMPHOMA: A cancer of the lymphatic system. Lymphoma begins when cells in the lymph system change and grow uncontrollably and may form a tumor.

MALIGNANT: Refers to a tumor that is cancerous. It may invade nearby healthy tissue or spread to other parts of the body.

MASS: A lump in the body.

METASTASIS: The spread of cancer from the place where the cancer began to another part of the body; cancer cells can break away from the primary tumor and travel through the blood or the lymphatic system to the lymph nodes, brain, lungs, bones, liver, or other organs.

PATHOLOGIST: A doctor who specializes in interpreting laboratory tests and evaluating cells, tissues, and organs to diagnose disease.

POLYP: A growth of normal tissue that usually sticks out from the lining of an organ, such as the colon.

PRECANCEROUS: Refers to cells that have the potential to become cancerous. Also called pre-malignant.

PRIMARY CANCER: Describes the original cancer.

PROGNOSIS: Chance of recovery; a prediction of the outcome of a disease.

SARCOMA: A cancer that develops in the tissues that support and connect the body, such as fat and muscle.

SECONDARY CANCER: Describes either a new primary cancer (a different type of cancer) that develops after treatment for the first type of cancer, or cancer that has spread to other parts of the body from the place where it started (see metastasis, above).

TUMOR: A mass formed when normal cells begin to change and grow uncontrollably. A tumor can be benign (noncancerous) or malignant (cancerous, meaning it can spread to other parts of the body).

SOURCE: Cancer.Net – provides timely, comprehensive, oncologist-approved information from the American Society of Clinical Oncology (ASCO), with support from the Conquer Cancer Foundation.



HOW TO HELP A CHILD COPE WHEN A PARENT HAS CANCER

It is important to make communications about cancer a priority with a child.

Make sure you not only talk about cancer, but about other things going on in the child's life as well:

> OPEN THE DOOR FOR COMMUNICATION TO OCCUR.

This will help them feel more comfortable and in the know.

> LET YOUR KIDS ASK QUESTIONS.

They may overhear you talking to others, and if they aren't able to ask about what they've heard, they may invent their own explanations.

> TAKE EVERY OPPORTUNITY TO COMMUNICATE.

Always give them accurate information they will understand.

> BE HONEST AND MAINTAIN TRUST.

It is ok if you don't know the answer to their questions. It can be something you discover together.

> EXPLAIN HOW CANCER MAY AFFECT YOU OR THEM.

Prepare them for changes that might occur, such as hair loss or loss of energy. Assure them that their needs will still be met despite these changes.

> ASK THEM WHAT THEY KNOW.

You may assume younger children don't have a good grasp on what cancer is, but you may be surprised as to how much they have picked up. This also allows you to clear up misinformation they may have learned from others.

> SHOW YOUR LOVE AND AFFECTION FOR THEM.

Let them know that their needs are still very important to you. Explain that your health may have changed, but your love hasn't.

> BE PREPARED TO LISTEN TO YOUR CHILD'S CONCERNSS AND EMOTIONS.

And in turn, express your feelings

with them. This models that it is ok to talk about how you feel.

Consider having your child speak with a counselor, which can be a support system for them as you go through treatment.

> REASSURE YOUR CHILDREN THAT THEY DID NOT CAUSE YOUR CANCER.

Explain that sometimes events happen in life that we cannot explain.

> COMMUNICATE WITH YOUR CHILDREN'S TEACHERS AND SCHOOL COUNSELORS ABOUT YOUR MEDICAL CONDITION.

They will be able to support them at school and also



By David Wakefield, PhD, Psychologist
Cancer Treatment Centers of America

inform you if your child shows signs of significant changes in behavior or mood. •

Dr. David Wakefield, a mind-body therapist at Cancer Treatment Centers of America (CTCA) at Southwest Regional Medical Center in Tulsa, OK, understands that cancer does not just impact the body; it affects the mind and spirit as well.

SOURCE: cancercenter.com



2015 Annual Community Gratitude Luncheon

April 13 from 11:30am to 1:30pm
Ewing Marion Kauffman Foundation
Tickets \$45

First Call's Annual Community Gratitude Luncheon celebrates those who work tirelessly to reduce the stigma often associated with substance use disorders. The keynote speaker at this year's event is Rabbi Mark Borovitz, COO and Head Rabbi of Beit T'Shuva, a residential treatment center in Los Angeles.



Rabbi Mark Borovitz
Keynote Speaker

Ad sponsored by:



First Call provides prevention and recovery services to over 20,000 individuals annually.

For more information contact:
Karen Gerson 816-800-8050 • kgerson@firstcallkc.org
firstcallkc.org/CommunityGratitudeLuncheon



Oncologists Serve an Important Role in Cancer Treatment

A look at three career directions.

By OHM Staff

Medical students who are interested in treating patients diagnosed with cancer may pursue careers as oncologists. The three main oncology specialties are medical, surgical and radiation.

- **MEDICAL ONCOLOGISTS** treat cancer with chemotherapy, drugs designed to kill the cancer cells, through intravenous, oral or targeted therapy.
- **SURGICAL ONCOLOGISTS** remove the tumor and surrounding tissue, and also perform biopsies (the removal of small tissue for examination under a microscope).
- **RADIATION ONCOLOGISTS** treat cancer using radiation therapy (high energy x-rays used to kill cancer cells)

Education

The path to becoming an oncologist is lengthy. A person pursuing a career in oncology must complete an undergraduate degree, four years of medical school, and a residency or fellowship program. The programs may last two to four years, depending on the oncology specialty. The residency or fellowship provides hands-on, real-world experience and training in the clinical setting.

In addition to becoming licensed to practice medicine, many practicing oncologists are required to be board certi-

fied. The American Board of Internal Medicine offers a certification in medical oncology. In addition, gynecological oncologists are certified by the American Board of Obstetrics and Gynecology, and radiology oncologists are certified by the American Board of Radiology.

Work environment and outlook

Oncologists can be found working in hospitals, clinics, research facilities, and in academia. As the race continues to develop new ways to treat cancer, the demand for these professionals is high. According to the U.S. Bureau of Labor Statistics, the demand for doctors and specialists will continue to grow through 2022 at a rate of 18%, due to the rate of health care expansion.

According to the Oncologist Compensation Report: 2013, at Medscape.com, oncology ranks as the 10th highest paying medical specialty. Oncologists can expect to make an average annual salary of \$278,000. The top 10% of oncologists averaged around \$500,000 per year. •

SOURCES: U.S. Bureau of Labor Statistics
Medscape.com

YOU...

can make the difference.

Whether you are infected
or affected you can...

- *Serve*
- *Advocate*
- *Volunteer*
- *Educate*



Promote Outreach

Learn More About Preventing HIV/AIDS:

www.Facebook.com/KCTGARyanWhitePlanningCouncil

(816) 513-6331

 **Kansas City**
Planning Council
"A community of commitment to HIV care and prevention."



The Serious Risks of Drinking During Pregnancy

A look at Fetal Alcohol Spectrum Disorders.

By Jeanene Dunn, OHM Staff

Fetal Alcohol Spectrum Disorder (FASD) was not on Sandy's* radar when she adopted her daughter 17 years ago. She didn't suspect anything was wrong until her child started attending school. "When she entered kindergarten, she began acting out," says Sandy. "There were behavior, academic and social problems," Sandy continued. "The first few years of school were a challenge for my daughter."

Sandy didn't suspect that her daughter's problems were associated with alcohol use during pregnancy until she attended a workshop on FASD. She learned that children adopted from Eastern European countries – where alcohol, particularly, vodka is widely consumed – were more likely to be affected with FASD.

ALCOHOL CAN CAUSE SERIOUS DAMAGE
TO THE DEVELOPING BRAIN IN THE FIRST TRIMESTER
OF PREGNANCY. DEPENDING ON THE SEVERITY OF THE
BRAIN DAMAGE, CHILDREN AFFECTED BY FASD
MAY NEED SERVICES THROUGHOUT
THEIR LIVES.

"My daughter is doing very well and is looking forward to pursuing higher education."

There is no "safe" drink

According to the CDC, "no amount or type of drink containing alcohol is safe to consume during pregnancy." Take care to avoid so-called "safe" drinks like beer, wine or wine coolers. Remember, when you are pregnant, your baby eats and drinks what you eat and drink.

If you are pregnant or think you may be pregnant, make an appointment to see your doctor immediately. If you drink alcohol, stop. You will need to start receiving prenatal care right away. Be honest with your doctor about your alcohol consumption. If you need help to stop drinking, he or she can direct you to appropriate resources and treatment options. •

*Sandy is the mother of a daughter affected with FASD.

SOURCES:

Centers for Disease Control and Prevention (CDC)
Substance Abuse Mental Health Services Administration (SAMHSA)
Dr. Leigh Tenkku Lepper, Associate Professor,
Director of Research, University of Missouri-Columbia, School of Social Work
National Organization on Fetal Alcohol Syndrome (NOFAS)

What is FASD?

FASD is a spectrum of disorders that affect individuals whose mothers drank alcohol while pregnant. The spectrum means some people may be more severely affected than others. Leigh Tenkku Lepper, PhD, MPH, and her team have been working for years to increase awareness about FASD in the provider community. "We just received new funding from the Centers for Disease Control and Prevention (CDC) to lead national training and education efforts in the healthcare community regarding FASD," says Lepper. "We have discipline-specific training for pediatricians, nurses, social workers, and medical assistants," she adds. "We are also intensifying our efforts with obstetricians and gynecologists because we want to help them feel more confident in asking their patients questions about alcohol use."

Alcohol can cause serious damage to the developing brain in the first trimester of pregnancy. Depending on the severity of the brain damage, children affected by FASD may need services throughout their lives.

As for Sandy's daughter, she is now preparing to graduate from high school, and is thriving. "It has taken years of special attention and care, as well as private, specialized education," she said.

BEHAVIORAL AND COGNITIVE PROBLEMS MAY INCLUDE:

- > Mental retardation
- > Learning disabilities
- > Attention deficits
- > Impulse control problems
- > Language and memory skills challenges

POSSIBLE PHYSICAL EFFECTS OF FASD

- > Brain damage
- > Facial abnormalities
- > Growth deficiencies
- > Heart, kidney and liver defects
- > Vision and hearing problems
- > Skeletal defects
- > Dental abnormalities

Living in Pain → Living in Peace

The pain started in Aurora's right arm, but soon made its way into her leg. She could barely move and missed most of her junior year. Then her parents found the Rehabilitation for Amplified Pain Syndromes (RAPS) program at Children's Mercy. A specialized rehab program, RAPS uses no medicine or surgery. Instead, a patient goes through intense physical and occupational therapy, yoga, swimming, music therapy, therapeutic art and counseling to get back to a life without pain and—in Aurora's case—back to her senior year. See how we're transforming lives every day at childrensmerry.org/stories.

Aurora | Age 17 | Lenexa, KS | RAPS Program



Parents—A Strong Weapon Against Underage Drinking

Get involved and use resources that help you start the conversation.

By Jeanene Dunn, OHM Staff

IF YOU HAVE TEENAGED CHILDREN, it is possible that they have tried at least one alcoholic drink. Even though the legal age to purchase and consume alcohol in the U.S. is 21, more than half of teens have tried at least one alcoholic drink by age 15. At age 18, that number increases to 70% of teens having tried at least one alcoholic drink. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) cites underage drinking as a “serious health problem.” It is worth noting that 11 percent of the alcohol consumed in the U.S. was by children between the ages of 12 and 20.

Did you know that teens are more likely to drink alcohol than smoke cigarettes or marijuana? While children and teens may not drink as frequently, they are more likely to consume large amounts of alcohol in one sitting – binge drinking.

The agency’s prevention programs emphasize making good choices, and finding positive and productive ways to cope with peer pressure, stress and other chal-

lenges. Other programs include support for families coping with addiction.

First Call Alcohol/Drug Prevention and Recovery, in Kansas City, MO has partnered with school districts and community stakeholders to educate young people about the dangers and risks of underage drinking. “Through our programs, we provide kids with positive tools to cope with the issues and challenges they face, and to make good choices,” says Molly O’Neill, First Call president and CEO. “Our training programs are age appropriate, but we want to reinforce the message is that is ok to ‘be who you are,’ ” O’Neill continued.

Why is there a legal drinking age?

The legal drinking age is tied to the science behind brain development in children and adolescents. Young brains are still developing, and drinking alcohol can interfere with healthy brain development. The younger a child starts drinking, the more likely he or she is to develop an addiction to alcohol. According to the

website, wait21.org, waiting until the age of 21 to drink decreases the likelihood of addiction by 90%.

The other dangers of underage drinking include:

- Impaired judgment
- Risky behavior
- Brain development problems
- Serious injuries
- Death

How parents can help

First, educate your children about the law. If they are caught consuming or attempting to purchase alcohol, they could face legal consequences. If your child is old enough to drive, they could lose their license, go to jail and face big fines. It is just not worth it.

In addition to talking to your children about the dangers of drinking, here are some other ways you can have an influence:

- Drink responsibly yourself, if you drink.
- Don’t make alcohol readily available.
- Supervise parties to make sure there is no alcohol present.
- Encourage activities that don’t involve alcohol.

If you need help starting the conversation with your child, visit the Mothers Against Drunk Driving website to download the *Power of Parents* handbook. If you suspect your child may be drinking or have a problem with alcohol, talk to his or her doctor about possible treatment options. •

SOURCES: Mothers Against Drunk Driving – madd.org
Wait21.org
National Institute on Alcohol Abuse and Alcoholism
Centers for Disease Control and Prevention
First Call Alcohol/Drug Prevention and Recovery



Understanding Teen Dating Violence

Fact Sheet

2014

Dating violence is a type of intimate partner violence. It occurs between two people in a close relationship. The nature of dating violence can be physical, emotional, or sexual.

- **Physical**—This occurs when a partner is pinched, hit, shoved, slapped, punched, or kicked.
- **Psychological/Emotional**—This means threatening a partner or harming his or her sense of self-worth. Examples include name calling, shaming, bullying, embarrassing on purpose, or keeping him/her away from friends and family.
- **Sexual**—This is forcing a partner to engage in a sex act when he or she does not or cannot consent. This can be physical or nonphysical, like threatening to spread rumors if a partner refuses to have sex.
- **Stalking**—This refers to a pattern of harassing or threatening tactics that are unwanted and cause fear in the victim.

Dating violence can take place in person or electronically, such as repeated texting or posting sexual pictures of a partner online.

Unhealthy relationships can start early and last a lifetime. Teens often think some behaviors, like teasing and name calling, are a “normal” part of a relationship. However, these behaviors can become abusive and develop into more serious forms of violence.



Why is dating violence a public health problem?

Dating violence is a widespread issue that had serious long-term and short-term effects. Many teens do not report it because they are afraid to tell friends and family.

- Among adult victims of rape, physical violence, and/or stalking by an intimate partner, 22% of women and 15% of men first experienced some form of partner violence between 11 and 17 years of age.¹

- Approximately 9% of high school students report being hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend in the 12 months before surveyed.²



How does dating violence affect health?

Dating violence can have a negative effect on health throughout life. Youth who are victims are more likely to experience symptoms of depression and anxiety, engage in unhealthy behaviors, like using tobacco, drugs, and alcohol, or exhibit antisocial behaviors and think about suicide.^{3,4,5} Youth who are victims of dating violence in high school are at higher risk for victimization during college.⁶



Who is at risk for dating violence?

Factors that increase risk for harming a dating partner include:⁷

- Belief that dating violence is acceptable
- Depression, anxiety, and other trauma symptoms
- Aggression towards peers and other aggressive behavior
- Substance use
- Early sexual activity and having multiple sexual partners
- Having a friend involved in dating violence
- Conflict with partner
- Witnessing or experiencing violence in the home

CELEBRATE YOUR HEALTH ALL YEAR LONG

Our Health Matters is committed to helping you meet the future with greater knowledge and opportunity to improve your health status and quality of life. There are numerous health observances of which to take notice. For more on these health observances, visit the website of the specific health organization.

MARCH + APRIL HEALTH OBSERVANCES

MARCH

National Colorectal Cancer Awareness Month
Prevent Cancer Foundation
www.preventcancer.org

National Endometriosis Awareness Month
Endometriosis Association
www.endometriosisassn.org

National Kidney Month
National Kidney Foundation
www.kidney.org

National Nutrition Month®
Academy of Nutrition and Dietetics
www.eatright.org/nnm

National Problem Gambling Awareness Month
National Council on Problem Gambling
www.npgaw.org

Save Your Vision Month
American Optometric Association
www.aoa.org

Trisomy Awareness Month

Support Organization for Trisomy 18, 13 & Related Disorders
www.trisomy.org

Workplace Eye Wellness Month

Prevent Blindness
www.preventblindness.org

APRIL

Alcohol Awareness Month
National Council on Alcoholism and Drug Dependence, Inc.
www.ncadd.org

National Child Abuse Prevention Month

Child Welfare Information Gateway
Children's Bureau
www.childwelfare.gov/preventing/preventionmonth

National Distracted Driving Awareness Month

National Safety Council
www.nsc.org

National Minority Health Month

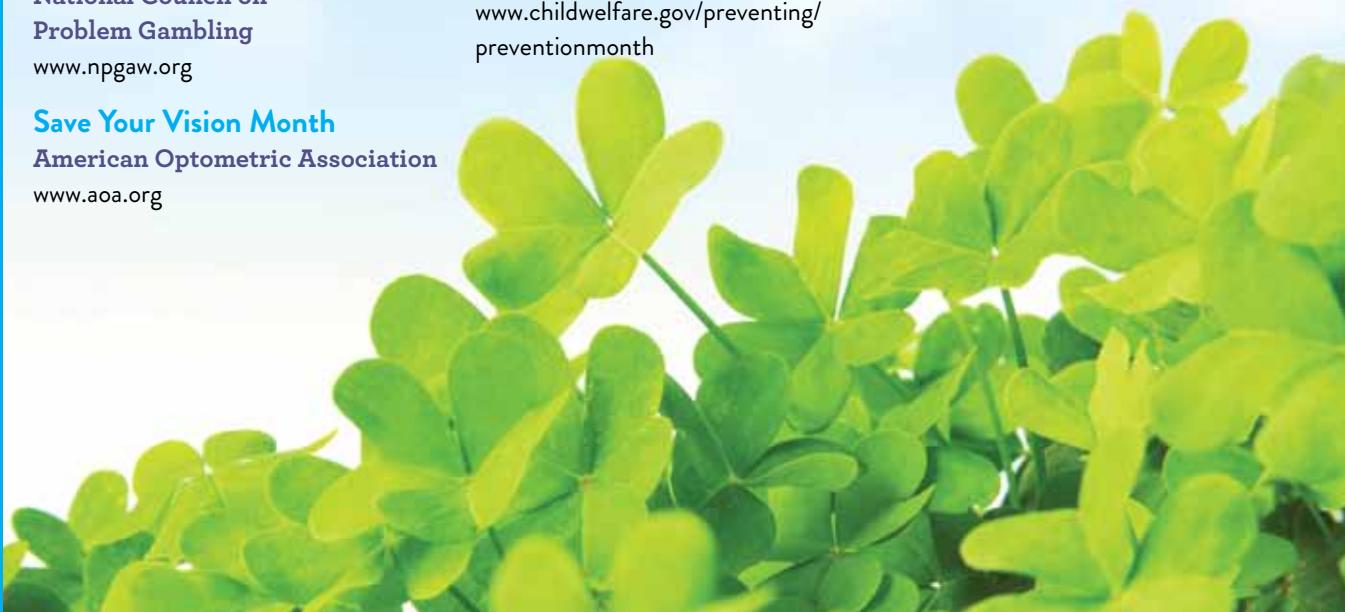
Office of Minority Health
U.S. Department of Health and Human Services
www.minorityhealth.hhs.gov

Sexual Assault Awareness and Prevention Month

Rape, Abuse & Incest National Network (RAINN)
www.rainn.org

Women's Eye Health and Safety Month

Prevent Blindness
www.preventblindness.org





COMING IN THE MAY + JUNE 2015 EDITION

MARRIAGE

In this wedding season, we take a look at what it takes to have a healthy marriage. You don't want to miss the 10 things you should know before you get married and more.

ORAL HEALTH

Good oral health plays a major role in maintaining a healthy lifestyle. We examine how oral health has strong ties to your overall health.

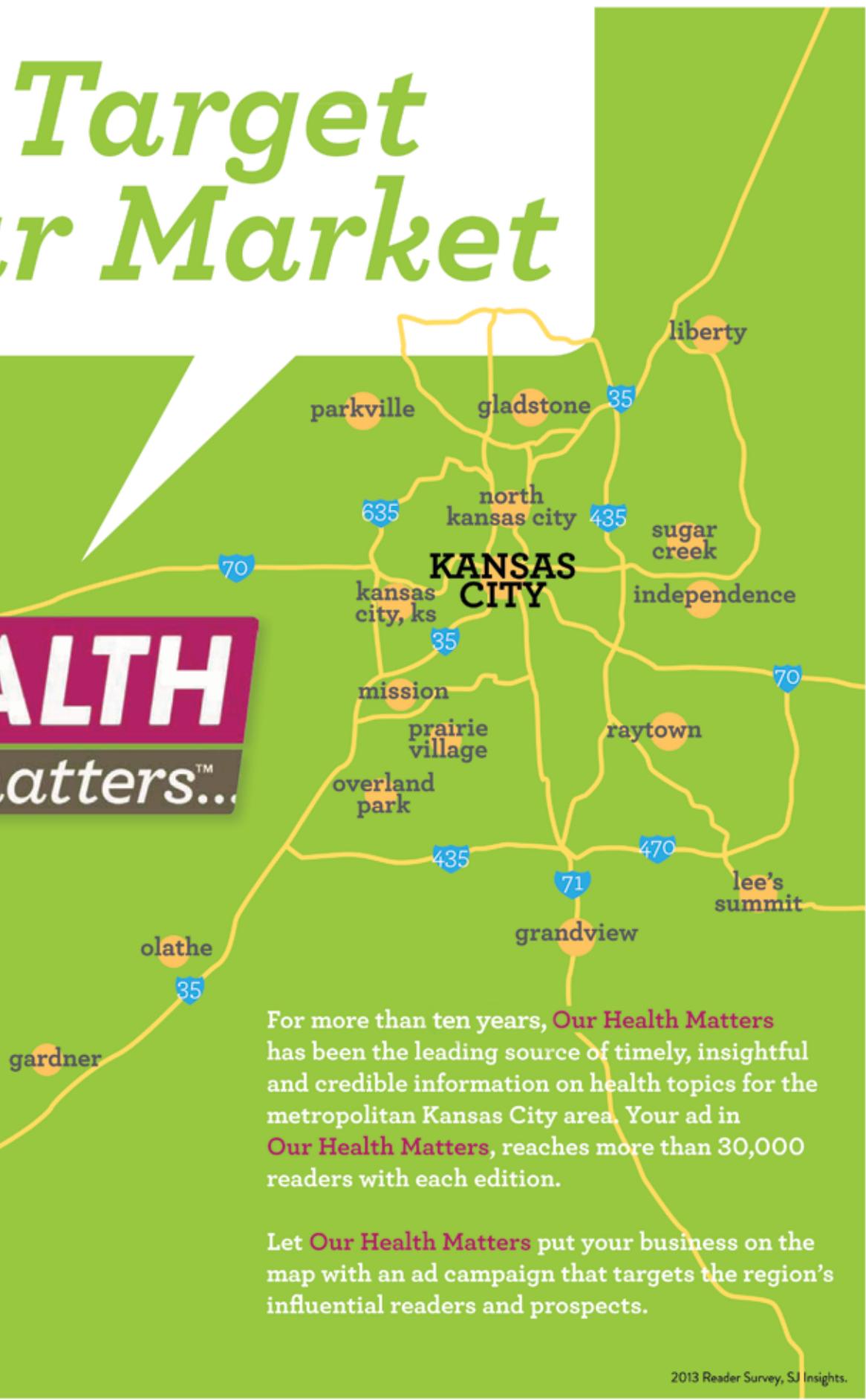
ASTHMA

More than 25 million Americans live with asthma. Learn what triggers asthma attacks and strategies for managing this chronic disease.



We Target Your Market

our
HEALTH
matters...™



2013 Reader Survey, SJ Insights.

To Put **Our Health Matters** On Your 2015 Media Plan, Visit www.kcourhelathmatters.com