

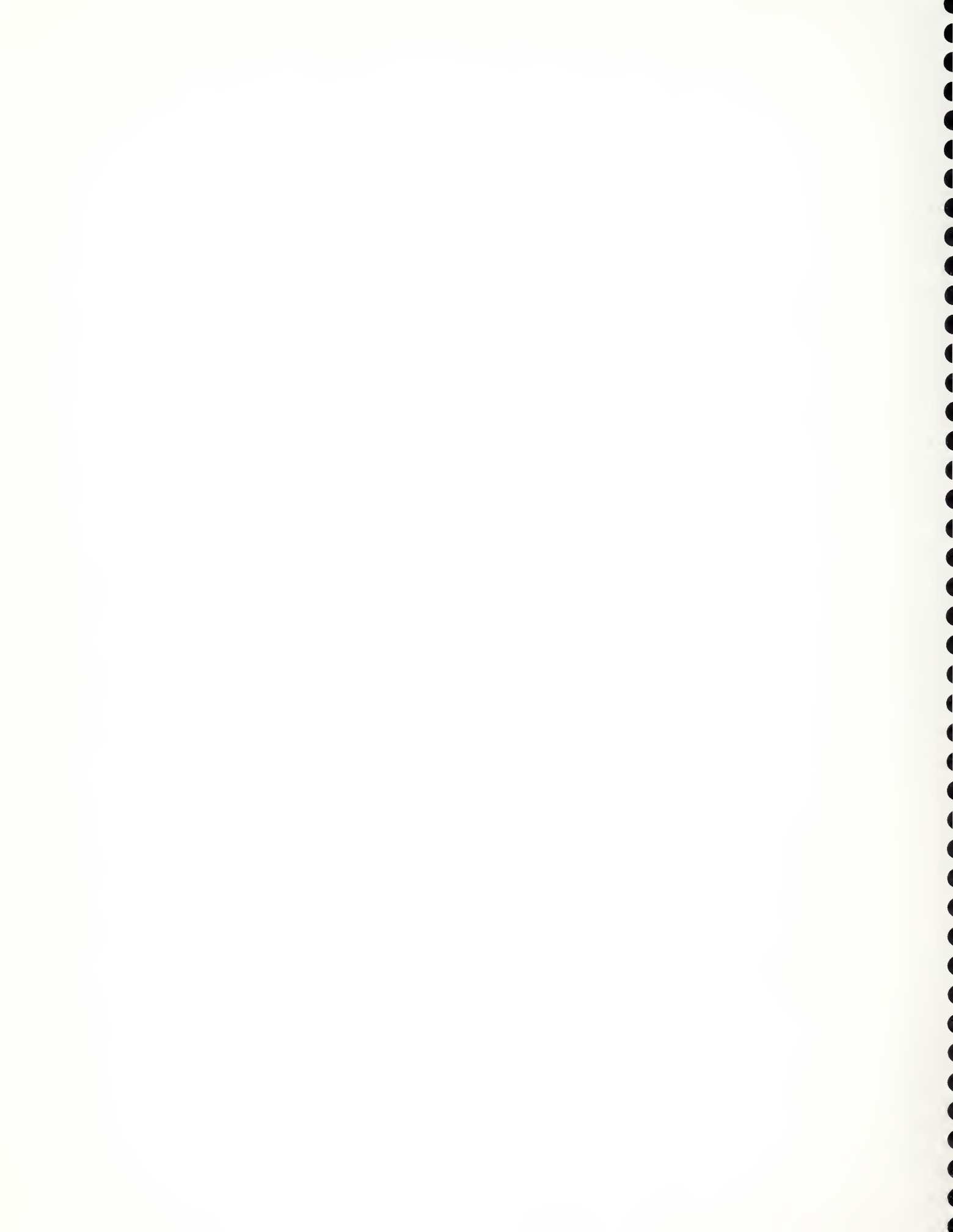


Filipino-American Resource Directory For Cancer Prevention, Early Detection & Treatment



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Kalusugan Community Services
5814 Hardy Avenue, Suite 2
San Diego, California 92182-1991



FILIPINO AMERICAN RESOURCE DIRECTORY FOR CANCER PREVENTION, EARLY DETECTION & TREATMENT



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2001



The "rondalla" of the Samahan Dance Company performing at the community forum in Mira Mesa Library.



Dancers of Samahan Dance Company performing at one of the Community forums in Mira Mesa Library.



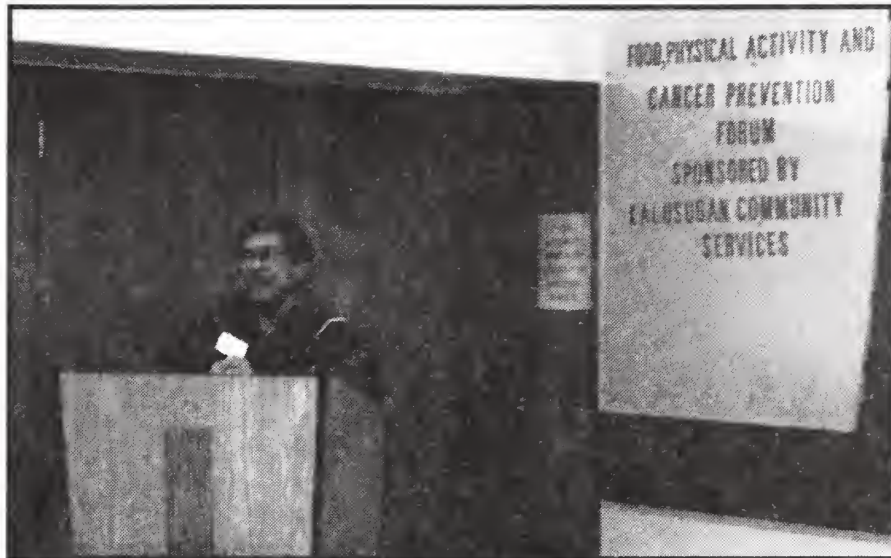
Dr. Riz Oades, conducting a discussion with coordinators of the Siglang Buhay Project, Cancer Screening Group.



Al Villamora, Mr. Winlove Cudal and some other senior citizens at the community forum in Holiday Inn.



Staff, consultants, & guests of the project. Left to right front: Linda Ferber, (consultant), & the visiting professor from Korea. Left to right back: Agnes Padernal, (staff), Kathy Turner, (secretary), and Lynda Barbour, (consultant).



Dr. Riz Oades, Kalusugan Community Services President, giving a motivational speech at the project's community forum in Mira Mesa library.

January 2001

This publication was part of the project, "Cancer Prevention for San Diego Filipino Americans," funded by the California Cancer Research Program, Cancer Research Section of the Department of Health Services from January 1, 1999 to December 31, 1999.

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DISCLAIMER

Every reasonable effort has been made, at the time of publication, to provide current data. The material provided was checked for accuracy of the information listed in the directory but changes do occur. Kalusugan Community Services (KCS) claims no responsibility or liability for error or inaccuracy in the information listed.



Siglang Buhay staff orientation at Tito Ben's Restaurant. Left side: Alfredo Ferrer, Hermie Abutin, Heidi Hardin, Lynda Barbour, Paul Policarpio, Manny Cabildo and Dr. Ofelia Dirige.

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Siglang Buhay staff (left to right): Melanie Custodio and Sylvie Berkoben.



Kalusugan Community Services (KCS) is an organization whose mission is to improve the health and quality of life of Filipino Americans (Fil-Ams) by promoting positive changes in their lifestyles in the spirit of unity and community involvement, while recognizing diversity within groups and respecting their traditional values and belief systems. Its main programs are Community Service, Training and Research.

KCS's Community Programs are geared to all age groups and all ethnicities. Some of the programs include prevention of heart disease and stroke through nutrition and physical activity, youth gang violence, substance abuse and AIDS. The Training Program provides students with fieldwork experience to work in the community in various projects. The Research component involves collaboration with the university to design, implement, and evaluate intervention programs. Most recently, because of current alarming trends, cancer as a health problem has been the main emphasis of KCS programs.

Cancer is the leading cause of death in the United States today but since 1993, it has become the major killer of Asian American and Pacific-Islander (AAPI) women including Fil-Ams. While new cancer cases and death rates have declined since the 1990s in the mainstream population, cancer deaths in the AAPI's have more than doubled (290% in males and 240% in females). Reports show that new cancer cases are higher among Fil-Ams compared with whites in the following sites:

- Cervix and uteri for women
- liver and intrahepatic bile duct for men and women
- nasopharynx for men
- thyroid for Filipino men and women

The prostate is the most common cancer site for Filipino men with lung ranking second and colorectal ranking third. Non-Hodgkin's lymphoma ranked fourth and liver ranked fifth. For Filipino women, breast cancer ranks first, colorectal second, lung third, uterus fourth and thyroid fifth, as the most common cancer sites.

Studies suggest that over 60% of cancers found could have been prevented through the practice of not smoking, good nutrition, increased physical activity, maintaining a healthy weight, and avoiding too much sun exposure and others. Early detection or use of cancer screening services can prevent the further progression of cancer.

KCS has recently teamed up with the University of San Diego's Cancer Prevention and Control Program and San Diego State University to address the serious cancer problem among Fil-Ams. In 1999, it conducted an assessment of the Filipino needs that relate to nutrition, physical activity and cancer. This was accomplished through community forums, focus groups, surveys and resource inventories.

Results of the need assessment showed that cancer is an important problem in the Filipino population. Surveys showed that only 16% of 456 Fil-Ams ate the recommended 5 servings of fruits and vegetables per day. Twenty four percent of them do not regularly exercise; only 19% moderately exercise for 30 minutes five times a week and barely 16% do vigorous exercise for 20 minutes three times a week.

Studies also indicate that Fil-Ams, especially women, tend to under use screening tests resulting in more late-stage cancers and poorer survival rates. Factors related to lower screening rates and higher death rates in this population include: lack of knowledge and diversity materials; failure of physicians to recommend screening; limited access and referral to preventive and therapeutic services; and negative or superstitious beliefs about the disease process and medical community.

KCS recently launched a health promotion project – *Siglang Buhay* (Food, Fitness and Cancer Prevention) – to reduce cancer risks among Fil-Ams in San Diego. Using the “principle” of participation, the project aims at enabling Fil-Ams to take control over, and to improve, their health.

Eighteen Filipino community-based organizations were recruited to participate in this three-year intervention phase. Adopted strategies for healthier lifestyles revolve around improved nutrition, increased physical activity and greater use of cancer screening services. Project goal is to effect policy and attitude or behavioral changes within the organizations and other interested groups.

In an effort to address barriers and apply community approach to the cancer problem, KCS has prepared this guide. It includes information and resources relating to prevention, early detection and treatment of cancer. It serves as a reference material for community residents and health professionals in San Diego County.

We hope that this directory will help you and your family as you strive for a healthier life.

Dr. Riz Oades, President
Dr. Ofelia Dirige,
Executive-Vice-President
Kalusugan Community Services

ACKNOWLEDGEMENT

The editors would like to thank the staffs, consultants and volunteers of the “*Cancer Prevention for San Diego Filipino Americans*,” project who provided the needed information for this publication.

- The staffs are: Kathy Turner, Holly Powers, Agnes Padernal, and Manny Cabildo.
- The consultants consist of: Dr. Cheryl Rock, Dr. Jim Sallis, Dr. Audrey Spindler, Paul Rosengard, Joan Rupp, and Linda Ferber.
- The volunteers are Emma Abutin and Heidi Hardin.

We also like to thank Dr. Maria Reyes-Mason, President of the American Cancer Society in California for reviewing the guide. We appreciate the help of the American Cancer Society in providing valuable information and educational materials.

Most of all, we thank the Cancer Research Program of the California Department of Health Services for funding this guide and Project *Siglang Buhay* (Food, Fitness and Cancer Prevention) that will continue up to year 2003.



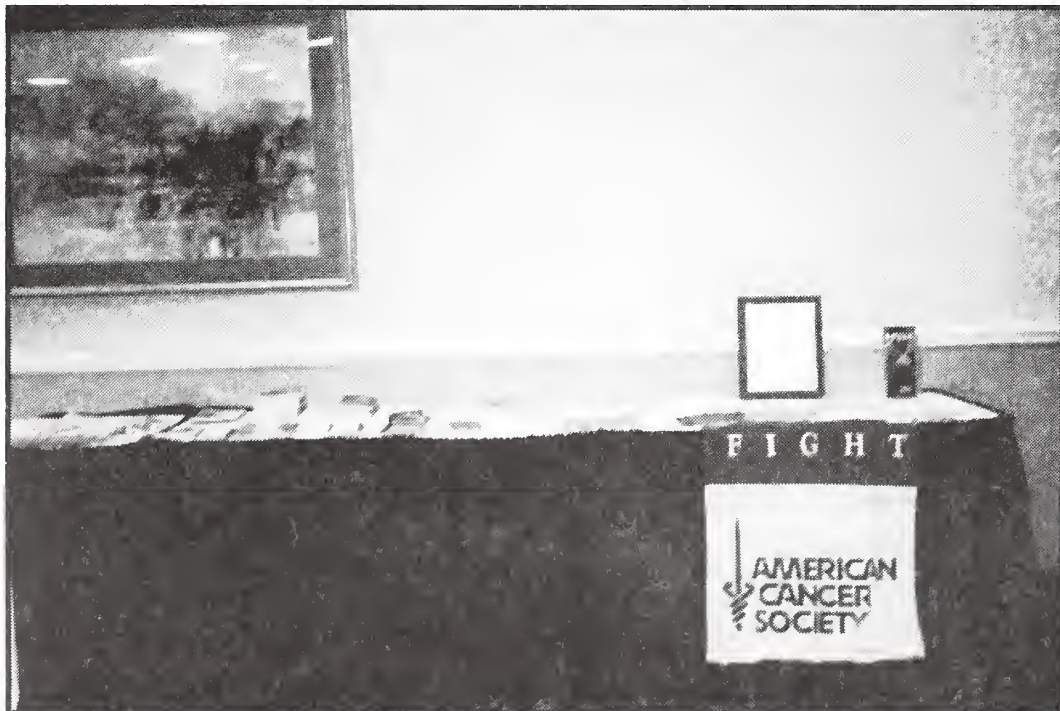
Staff of the project, “Cancer Prevention for San Diego Filipino Americans. Front, left to right: Agnes Padernal and Dr. Riz Oades. Back: Linda Ferber, Kathy Turner, Dr. Park (visiting professor from Korea), Lynda Barbour and Paul Rosengard.

What is Cancer?

Cancer is a group of more than 100 different diseases. Cancer occurs when cells become abnormal and keep dividing and forming more cells without control or order. All organs of the body are made of cells. Normally, cells divide to produce more cells only when the body needs them. This orderly process helps keep us healthy. If cells keep dividing when new cells are not needed, a mass of tissue forms. This mass of extra tissue, called a growth or *tumor**, can be *benign** or *malignant**.

Most cancers are named for the type of cell or the organ in which they begin. When cancer spreads, the new tumor has the same kind of abnormal cells and the same name as the primary tumor. For example, if lung cancer spreads to the liver, the cancer cells in the liver are lung cancer cells. This would be called *metastatic lung cancer**(it is not liver cancer).

* Definition of words can be found in glossary



American Cancer Society (ACS) exhibit at the project's community forum

PREVENTION AND HEALTHY LIFESTYLE INFORMATION

Ways To Take Control:

- Don't smoke. Cigarette smoking is the #1 cause of cancer deaths in the USA. Smoking is harmful to everyone near you.
- Maintain a healthy weight and participate in moderate exercise at least 5 times a week.
- Eat a variety of foods. A balanced diet offers the best help for lowering the risk of cancer.
- Eat at least five servings of vegetables and fruits every day.
- Add high-fiber foods such as whole grain cereals, vegetables, and fruits to your diet.
- Trim fat from your diet. The ideal diet contains less than 30% of calories from fat.
- Cut down on processed meats such as ham, bacon, bologna, hot dogs, and foods containing sulfate.
- Don't drink or limit the use of alcohol to a minimum.
- Avoid sun damage to the skin. Cover up when the sun is hottest: 10am to 3pm. Wear a hat. Use sunscreen every day with a SPF of at least 15. Best of all, stay out of the sun.
- Be careful of harmful chemicals in the workplace. If you work with harmful chemicals or fibers like asbestos, wear protective clothing and follow all directions.
- Use biodegradable products. Cut down on insecticides and other forms of toxic substances.
- Early detection examinations such as, self-examination, physical examination by a health professional, and by x-ray or laboratory test is important.

(Source: American Cancer Society)

HEALTHY EATING

No matter what your age, a healthy diet and regular physical activity go a long way toward improving your life. A nutritious diet is essential to good health. You'll have more energy. You'll be more active and be able to handle stress.

Adults need to eat a balanced diet with foods from all of the food groups. Eating a variety of foods helps ensure adequate levels of vitamins and minerals in the body. If you are planning on making changes in your diet, discuss them with your health-care provider.

Dietary Guidelines

- ♥ Eating a variety of foods help your body get all of the nutrients it needs.
- ♥ Balance the food you eat with physical activity, maintain or improve your weight.
- ♥ Consult a health-care provider to determine an exercise program.
- ♥ Choose a diet low in fat, saturated fat and cholesterol.
- ♥ Choose a diet with plenty of grain products, vegetables and fruits.
- ♥ Choose a diet moderate in sugars.
- ♥ Choose a diet moderate in sodium (salt).
- ♥ If you drink alcoholic beverages, do so in moderation. Alcohol, like sweets, can take the place of healthy foods in the diet. Many people feel less hungry when they drink. Many adults take medications that don't mix well with alcohol. Ask your health care provider if it's okay to drink while on your medication.

American Cancer Society Nutrition And Diet Guidelines

- ♥ Choose most of the foods you eat from plant sources.
- ♥ Limit your intake of high-fat foods, particularly from animal sources.
- ♥ Be physically active: achieve and maintain a healthy weight.
- ♥ Limit consumption of alcoholic beverages, if you drink at all.

American Institute For Cancer Research Diet And Health Guidelines For Cancer Prevention

1. Choose a diet rich in a variety of plant-based foods.
2. Eat plenty of fruits and vegetables.
3. Maintain a healthy weight and be physically active.
4. Drink alcohol only in moderation, if at all.
5. Select foods low in fat and salt.
6. Prepare and store food safely.

And always remember...

Do not use tobacco in any form.



PHYSICAL ACTIVITY GUIDELINES FOR ADULTS

1. Reduce the proportion of adults who engage in no leisure-time physical activity (PA).

(In 1997, 40% of adults aged 18+ engaged in no leisure-time PA).

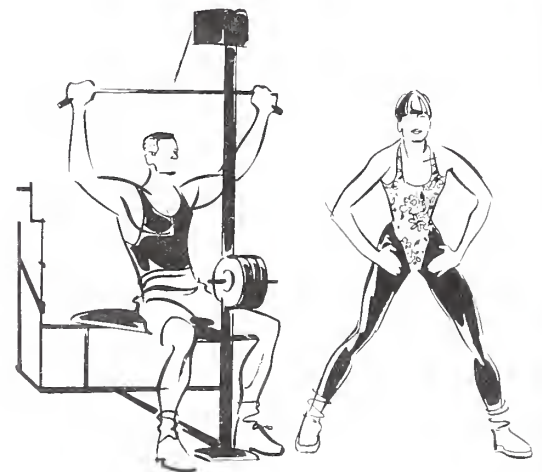
2. Increase the proportion of adults who engage regularly, preferably daily, in moderate PA for at least 30 minutes per day.

(15% of adults aged 18+ were active for at least 30 minutes five or more days a week in 1997).

3. Increase the proportion of adults who engage in vigorous PA that promotes the development and maintenance of cardio respiratory fitness 3 or more days per week for 20 minutes per occasion.

(23% of adults aged 18+ engaged in vigorous PA 3 or more days a week for 20 minutes or more minutes per occasion in 1997).

4. Increase the % of worksites offering employer-sponsored PA and fitness programs.



(Left to right): Dr. Jim Sallis, Professor of Psychology at San Diego State University and Paul Rosengard, Director of Project SPARK (Sports, Play, and Active Recreation for Kids), are consultants on Physical Activity to the *Siglang Buhay* Project.



TOBACCO INFORMATION AND RESOURCE LIST



Over 35% of cancer deaths are related to tobacco use. If you are smoking, the single most important thing you can do to prevent cancer is to **STOP USING TOBACCO PRODUCTS**.

If you want help to **QUIT SMOKING** here is a list of tobacco cessation programs in San Diego County. Call before attending any program for fees, times, and locations. Also, ask if any counselors speak Tagalog.

American Cancer Society

1-800-ACS-2345

Provides materials to quit smoking and referrals to resources

American Lung Association

2750 Fourth Avenue, San Diego, CA 92103

(619) 297-3901

Provides education materials for adults and students to quit smoking. www.lungusa.org

California Smokers' Hotline

1-800-NO-BUTTS (1-800-662-8887)

They have trained counselors for one to one help and information to assist you quit, but does not have counselors who speak Tagalog. Teenagers, adult program

Camp Pendleton Tobacco Cessation Program

Camp Pendleton. CA 92055-5191

(760) 725-0755

Call for times and locations

For eligible military and beneficiaries; and will see teenagers on an individual basis. No charge

Naval Hospital, San Diego

Health Promotion

34800 Bob Wilson Drive, San Diego, CA 92134-5000

(619) 532-6576

Call for times and location. For eligible military and beneficiaries only. No charge

Nicotine Anonymous Information Line

(619) 682-7092

Open to everyone. Meetings in San Diego area. Call for more information.

Nicotine Recovery Institute

106 Thorn Street, San Diego CA 92103

(858) 277-2772

Call for information and fees. Teenagers on individual basis.

Positive Choice

Kaiser Permanente,

7035 Convoy Court, San Diego, CA 92111

(858) 573-0090

Call for fees and location, Open to everyone, including non-members.

Reach For Our Hand Instead of a Smoke

Alvarado Health Connection

Cancer Resource Center

(619) 287-9151

Call for times and location. For persons 13 years of age and older. \$25 donation for six-week course (refundable upon completion)

Second Breath

Sharp Center for Health Promotion

3571 Corporate Ct., Bldg. E, Ste. D, San Diego, CA 92123

(858) 627-5340

Three locations: Chula Vista, La Mesa and Kearny Mesa. Call for fees and times. Teenagers are welcome.

Smoking Cessation

Paradise Valley Hospital

Center for Health Promotion

286 Euclid Ave, Ste. 210, San Diego, CA 92114

(619) 470-4346

\$25 for a six-week course. Call for location and to register. Teen's welcome, open to everyone.

Smoke Faders

San Diego State University
5564 Hardy Ave., San Diego CA 92182
(619) 594-4133

Provides individual counseling. Call for further information. Classes open to SDSU students

Smoke Free At Last

Palomar Pomerado Health System
1260 B Auto Parkway, Escondido, CA 92029
(760) 730-2930

Classes held at various locations in North County
Call for information and fees

Smoke No More

Scripps Health Resource Center
10666 N. Torrey Pines Road, FCRRPPS, La Jolla, CA 92037
(858) 554-8835

Open to everyone. Call for fees, times and locations. Teenagers are welcome

Smoke Stoppers of San Diego

3699 Park Blvd., San Diego, CA 92103
(619) 296-8700

Call for fees, times and locations. Stop smoking or pay nothing. Lifetime guarantee-come back, tuition free

Free monthly support, Teens welcome

SCREENING AND EARLY DETECTION

Sometimes, cancer can be found before the disease causes symptoms. Checking for cancer (or for conditions that may lead to cancer) in a person who does not have any symptoms of the disease is called screening. Screening may involve a physical exam, lab tests, and/or procedures to look at internal organs, either directly or indirectly. During a physical exam, the doctor looks for anything unusual and feels for any lumps or growths. Examples of lab tests include blood and urine tests, the Pap test (microscopic examination of cells collected from the cervix), and the fecal occult blood test (to check for hidden blood in stool). Internal organs can be seen directly through a thin-lighted tube (such as a sigmoidoscope, which lets the doctor see the rectum and the lower part of the colon) or indirectly with x-ray images (such as mammograms to check the breasts).

Doctors consider many factors before recommending a screening test. They weigh factors related to the individual, the test, and the cancer that the test is intended to detect. For example, doctor's take into account the person's age, medical history and general health, family history, and lifestyle. In addition, they assess the accuracy and the risks of the screening test and any follow-up tests that may be necessary. Doctors also consider the effectiveness and side effects of the treatment that will be needed if cancer is found. People may want to discuss any concerns or questions they have with their doctors, so they can weigh the pros and cons and make an informed decision about whether to have a screening test.



Dr. Maria Reyes-Mason,
KCS Consultant and
President of American
Cancer Society.

SIGNS AND SYMPTOMS OF CANCER

A *symptom* is an indication of disease, illness, injury, or that something is not right with the body. Symptoms are felt or noticed by a patient, but not easily observed by anyone else. A *sign* is also an indication of disease, illness, injury, or that something is not right with the body. But, signs are defined as observations made by a physician, nurse or other health care professional.

General Cancer Symptoms

It is important to know what some of the general (nonspecific) signs and symptoms of cancer are. They include unexplained weight loss, fever fatigue, pain, and changes in the skin. However, signs and symptoms may or may not be cancer, but should be reported to your doctor.

Unexplained weight loss: Most people with cancer will experience weight loss at some time with their disease. An unexplained weight loss of about 10 pounds may be the first sign of cancer, particularly cancer of the pancreas, stomach, esophagus, or lung.

Fever: Fever is very common with cancer. Almost all patients with cancer will experience fever at some time, particularly if the cancer or its treatment affects the immune system and reduces resistance to infection. Less often, fever may be an early sign of cancer, such as Hodgkin's disease.

Fatigue: Fatigue may be a significant symptom as the cancer progresses. It may occur early, especially if the cancer is causing a chronic loss of blood as in some colon cancer or stomach cancers.

Pain: Pain may be an early sign with some cancers, such as bone cancer or testicular cancer. Most often, pain is a symptom of advance disease.

Skin clues: In addition to cancers of the skin, some internal cancers can produce visible skin signs such as darkening of the skin, or hyper pigmentation, reddening or erythema, itching and excessive hair growth.

Specific Cancer Symptoms (7 signs)

In addition to the above general symptoms, The American Cancer Society has established the following seven common symptoms that could lead to a diagnosis of cancer.

1. **A change in bowl habits or bladder function.** Chronic constipation, diarrhea, or a change in the size of the stool may indicate colon cancer. Pain with urination, blood in the urine, or change in bladder function could be related to bladder or prostate cancer. Any changes in bladder or bowl function should be reported to your doctor.
2. **Sores that do not heal.** Skin cancers may bleed and resemble sores that do not heal. A persistent sore in the mouth could be and oral cancer and should be dealt with promptly, especially for patients who smoke, chew tobacco, or frequently drink alcohol. Sores on the penis or vagina should not be overlooked.

3. **Unusual bleeding or discharge.** Unusual bleeding can occur in early or advanced cancer. Blood in the sputum is a sign of lung cancer. Blood in the stool could be a sign of colon or rectum. Cancer of the lining of the uterus (endometrial cancer) or cervix can cause vaginal bleeding. Blood in the urine is a sign of possible bladder or kidney cancer. A bloody discharge from the nipple may be a sign of breast cancer.
4. **Thickening or lump in breast or other parts of the body.** Many cancers can be felt through the skin, particularly in the breast, testicle, lymph nodes (glands), and the soft tissues of the body. A lump or thickening may be an early or late sign of cancer. Any lump or thickening should be reported to your doctor. You may be feeling a lump that is an early cancer that could be treated successfully.
5. **Indigestion or difficulty swallowing.** These symptoms may indicate cancer of the esophagus, stomach, or pharynx (throat).
6. **Recent change in a wart or mole.** A change in color, loss of definite borders, or an increase in size should be reported to your doctor without delay. The skin lesion may be melanoma, which, if diagnosed early can be treated successfully.
7. **A nagging cough or hoarseness.** A persistent cough that does not go away is a sign of lung cancer. Hoarseness can be a sign of cancer of the larynx (voice box) or thyroid. These are often late signs of cancer.

(Source: American Cancer Society)

CANCER GUIDELINES FOR WOMEN

The cancers that most frequently affect women include breast, lung, colorectal, endometrial, ovarian, cervical and skin cancer. Knowing about these cancers and how they may be prevented or detected early can save your life.

Breast Cancer

Breast Self-Examination (BSE) is a self-examination formally recommended by the American Cancer Society as part of its guidelines for detecting cancer early in people with no symptoms. All women 20 and older should examine their breast monthly as a routine health habit. However BSE does not take place of a regular clinical breast examination or mammogram. A woman may miss a tumor that a physician or nurse can feel or that will appear on an x-ray.

How to do a Breast Self-Examination

By regularly examining your own breasts, a woman is likely to notice any changes that occur. The best time for breast self-examination (BSE) is about a week after your period ends, when your breasts are not tender or swollen. If you are not having regular periods, do BSE on the same day every month. Women who are pregnant, breast-feeding, or have breast implants also need to do regular breast self-examinations.

- Lie down with a pillow under your right shoulder and place your right arm behind your head.
- Use the finger pads of the three middle fingers on your left hand to feel for lumps in the right breast.
- Press firmly enough to know how your breast feels. If you're not sure how hard to press, talk with your doctor or nurse.
- Move around the breast in an up and down line pattern. Be sure to do it the same way every time, check the entire breast area, and remember how your breast feels from month to month.

Repeat the exam on your left breast, using the finger pads of the right hand. (Move the pillow to under your left shoulder.)

A breast self-exam can also be done standing up. The upright position makes it easier to check the upper and outer part of the breasts (toward your armpit). Steps for doing a standing breast exam are the same as lying down on a pillow. You may want to do the standing part of the BSE while you are in the shower. Some breast changes can be felt more easily when your skin is wet and soapy.

You should check your breasts for any dimpling of the skin, changes in the nipple, redness, or swelling while standing in front of a mirror right after your BSE each month.

**If you find any changes, see your doctor right away.
The earlier breast cancer is detected, the easier it is to treat.**

Clinical Breast Examination

A clinical breast examination (CBE) is an examination of your breasts by a health professional, such as a physician, nurse practitioner, nurse, or physician assistant. For this examination, you undress from the waist up. The health professional will first inspect (look at) your breast for changes in size or shape. Then, using the pads of the fingers, the examiner will gently palpate (feel) your breasts. Special attention will be given to the shape and texture of the breasts, location of any lumps, and whether such lumps are attached to the skin or to deeper tissues. The area under both arms will also be examined. During the CBE is a good time for the health professional to teach breast self-examination to the woman who does not already know how to examine her breasts. Ask your doctor or nurse to teach you and watch your technique.

Mammogram

Mammography refers to x-ray examination of the breast. Mammography is used to detect and diagnose breast disease both in women who have breast symptoms (problems such as a lump, pain or nipple discharge) and women who are asymptomatic (no breast complaints).

The goal of a mammography is to detect cancer when it is still too small to be felt by her physician or the woman. Early detection of small breast cancers by screening mammography greatly improves a women's chances for successful treatment.

The breast is compressed to spread the tissue apart and to allow a lower dose of x-ray. Although this may be temporarily uncomfortable, it is necessary in order to produce a good mammogram. The compression is only in place a few seconds of the examination and the entire procedure for screening mammography takes about 20 minutes.

8 Things to Expect When You Get A Mammogram

1. Mammogram costs, or a percentage of them, are covered by Medicare, Medicaid, and most private health plans. Low cost mammograms are available in most communities. Call the American Cancer Society at 1-800-ACS-2345 for information about facilities in your area.
2. The procedure requires that you undress above the waist. Wrap will be provided by the facility for you to wear.
3. A technologist will be present to position your breasts for the mammogram. Most technologists are women. You and the technologist are the only ones present during the mammogram.
4. The procedure takes about 20 minutes. The actual breast compression only lasts a few seconds.
5. You may feel some discomfort when your breasts are compressed, but you should not feel pain. To help lessen discomfort, don't have a mammogram just before or during your menstrual period. If you experience pain during the mammogram, tell the technologist.

6. All mammography facilities are now required to send your results to you within 30 days. You will be contacted within 5 working days if there is a problem with the mammogram.
7. Only 1 or 2 mammograms out of every 1,000 lead to a diagnosis of cancer. Approximately 10% of women will require additional mammography. Don't be alarmed if this happens to you. Only 8% to 10% of those women will need a biopsy, and 80% of those biopsies will not be cancer.
8. If you are a woman and age 40 or over, you should get a mammogram every year. You can schedule the next one while you're there at the facility and/or request a reminder.

The American Cancer Society recommends the following guidelines for early detection:

Age 40 and over:

- **Have a mammogram every year**
- **Have a clinical breast exam by a health care professional every year (the clinical breast exam should be done close in time to the scheduled mammogram)**
- **Do a breast self-exam each month**

Age 20-39:

- **Do a breast self-exam each month**
- **Have a clinical breast exam by a health care professional every three years**

Lung Cancer

Lung cancer is one of the few cancers that can be prevented, because smoking causes almost all of it. If you are a smoker, ask your doctor to help you quit. If you don't smoke don't start. If your friends and loved ones that are smoking, help them quit.

Colorectal Cancer

Most colorectal cancer begins as polyps, which later become cancerous. These polyps can be detected and removed before they become cancer. In this sense, colorectal cancer is a disease that can be prevented. Eating foods that is low in fat and high in fiber appears to lower the risk of colorectal cancer as does being physically active. The American Cancer Society recommends the following guidelines for early detection of colorectal cancer:

Age 50 and older, one of the following:

- **Fecal occult blood test every year and flexible sigmoidoscopy every five years**
- **Colonoscopy-Internal**
- **Double-contrast barium enema* every five to 10 years**

Cervical Cancer

A Papanicolaou test more commonly called Pap smear can detect changes in the cervix that can be treated before they become cancerous. A Pap smear is when cells are swabbed from the cervix and examined for cancer. The Pap test is also very effective in detecting cervical cancer in its early stages before it has spread to other parts of the body, when it is highly curable.

The American Cancer Society recommends that all women who have reached the age of 18 or who have been sexually active have a Pap test and pelvic exam every year. After three or more normal exams, the Pap test may be performed less frequently at her doctor's discretion.

Ovarian Cancer

Periodic, thorough pelvic exams are important. Unfortunately, there are no effective and proven tests for detecting ovarian cancer early, such as is the case with mammography and breast cancer. The Pap test, so effective in detecting cervical cancer in its early stages, only rarely detects ovarian cancer and usually in its late stages.

Endometrial Cancer

Watch for signs and symptoms, such as abnormal spotting or bleeding from the uterus. At menopause, women at high risk have a tissue sample or biopsy taken from the endometrium for evaluation. Although the Pap test is very good at detecting cancer of the cervix (the part of the uterus that extends into the upper vagina), it is not a reliable test for early diagnosis of endometrial cancer.

Skin Cancer

Avoiding prolonged exposure to the sun, especially between the hours of 10 a.m. and 4 p.m. can prevent most skin cancers. Wear protective clothing-hats with brims, long-sleeved shirts and use sunscreen on all exposed parts of the skin. If you have children, protect them from the sun and don't let them get sunburned. Examine your skin regularly, and have a skin exam during your regular health check-ups.

(Source: American Cancer Society)



Siglang Buhay staff at the orientation meeting at Tito Ben's Restaurant: (left to right): Melanie Custodio, Sylvie Berkoben, Agnes Pađernal and Maria Morante.

CANCER GUIDELINES FOR MEN

The cancer that most frequently affects men is prostate, lung, colorectal, and skin. Knowing about these cancers and how they may be prevented or detected early can save your life.

Prostate Cancer

Prostate cancer can be detected in its early stages. Your health care provider can check you for prostate cancer with simple tests, a prostate-specific antigen (PSA) blood test and digital rectal examination (DRE). American Cancer Society recommends the following guidelines for early detection of prostate cancer:

At age 50:

- **Talk with your health care provider about beginning prostate-specific (PSA) blood testing and digital rectal exam (DRE) of the prostate gland. Factors to consider include your overall health and life expectancy.**

Lung Cancer

Lung cancer is one of the few cancers that can be prevented, because smoking causes almost all of it. If you are a smoker, ask your doctor to help you quit. If you don't smoke don't start. If your friends and loved ones are smoking, help them quit.

Colorectal Cancer

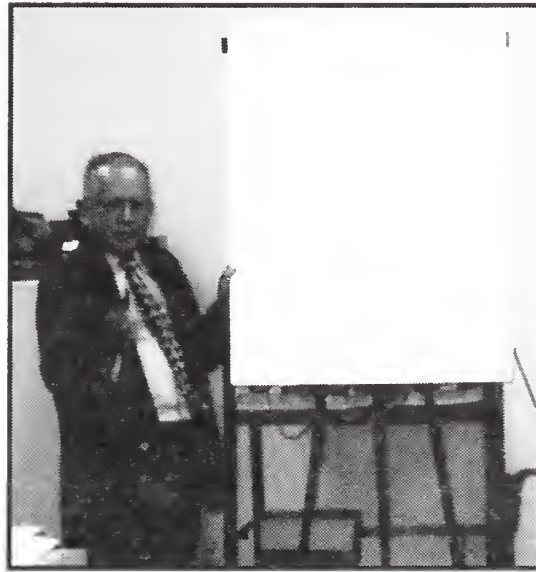
Most colorectal cancer begins as polyps, which later become cancerous. These polyps can be detected and removed before they become cancer. In this sense, colorectal cancer is a disease that can be prevented. Eating foods that is low in fat and high in fiber appears to lower the risk of colorectal cancer. The American Cancer Society recommends the following guidelines for early detection of colorectal cancer:

Age 50 and older, one of the following:

- **Fecal occult blood test every year and flexible sigmoidoscopy every five years**
- **Colonoscopy-Internal**
- **Double-contrast barium enema* every five to 10 years**

Skin Cancer

Avoiding prolonged exposure to the sun, especially between the hours of 10 a.m. and 4 p.m. can prevent most skin cancers. Wear protective clothing-hats with brims, long-sleeved shirts and use sunscreen on all exposed parts of the skin. If you have children, protect them from the sun and don't let them get sunburned. Examine your skin regularly, and have a skin exam during your regular health check-ups.



Dr. Quini, giving a lecture on "Prostate Cancer" to Coordinators of the *Siglang Bubay* Project.



Paul Ones, *Siglang Bubay* Educator and Joe Son, *Siglang Bubay* Coordinator from Ceboley, Inc.

TREATMENT

Cancer is treated with surgery, radiation therapy, chemotherapy, hormone therapy, or biological therapy. Patients with cancer are often treated by a team of specialists, which may include a medical *oncologist**, a surgeon, a *radiation oncologist**, and others. The doctors may decide to use one treatment method or a combination of methods. The choice of treatment depends on the type and location of the cancer, the stage of the disease, the patient's age and general health, and other factors. Some cancer patients take part in a *clinical trial** using new treatment methods. Such studies are designed to improve cancer treatment. (Additional information can be found in the Clinical Trials section.)

Getting a Second Opinion

Before starting treatment, the patient may want another doctor to review the diagnosis and treatment plan. Some insurance companies require a second opinion; others may pay for a second opinion if the patient requests it. There are a number of ways to find specialists to consult for a second opinion:

- The patient's doctor may suggest a specialist for a second opinion.
- The Cancer Information Service, at 1-800-4-CANCER, can tell callers about treatment facilities, including cancer centers and other programs in their area supported by the National Cancer Institute.
- Patients can get the names of doctors from their local medical society, a nearby hospital, or a medical school. San Diego County Medical Society 858-565-8161.

Preparing for Treatment

Many people with cancer want to learn all they can about their disease and their treatment choices so they can take an active part in decisions about their medical care. Often, it helps to make a list of questions to ask the doctor. Patients may take notes or, with the doctor's consent, tape record the discussion. Some patients also find it helps to have a family member or friend with them when they talk with the doctor—to take part in the discussion, to take notes, or just to listen.

Here are some questions a patient may want to ask the doctor:

- What is my diagnosis?
- What is the stage of the disease?
- What are my treatment choices? Which do you recommend for me? Why?
- What are the chances that the treatment will be successful?
- Would a clinical trial be appropriate for me?
- What are the risks and possible side effects of each treatment?
- How long will treatment last?
- Will I have to change my normal activities?
- What is the treatment likely to cost?

When a person is diagnosed with cancer, shock and stress are natural reactions. These feelings may make it difficult to think of every question to ask the doctor. Patients may find it hard to remember everything the doctor says. They should not feel they needed to ask all their questions or remember all the answers at one time. They will have other chances for the doctor to explain things that are not clear and to ask for more information.

Methods of Treatment

Surgery—Surgery is local therapy to remove the tumor. Tissues around the tumor and nearby lymph nodes may also be removed during the operation.

Radiation Therapy—In radiation therapy (also called radiotherapy), high-energy rays are used to damage cancer cells and stop them from growing and dividing. Like surgery, radiation therapy is local therapy; it can affect cancer cells only in the treated area. Radiation may come from a machine (external radiation). It also may come from an implant (a small container of radioactive material) placed directly into or near the tumor (internal radiation). Some patients get both kinds of radiation therapy.

External radiation therapy is usually given on an outpatient basis in a hospital or clinic 5 days a week for several weeks. Patients are not radioactive during or after the treatment.

For internal radiation therapy, the patient stays in the hospital for a few days. The implant may be temporary or permanent. Because the level of radiation is highest during the hospital stay, patients may not be able to have visitors or may have visitors only for a short time. Once an implant is removed, there is no radioactivity in the body. The amount of radiation in a permanent implant goes down to a safe level before the patient leaves the hospital.

Chemotherapy—Treatment with drugs to kill cancer cells is called chemotherapy. Most anti-cancer drugs are injected into a vein (IV) or a muscle; some are given by mouth. Chemotherapy is systemic treatment, meaning that the drugs flow through the bloodstream to nearly every part of the body.

When patients need many doses of IV chemotherapy, they can receive the drugs through a catheter (a thin flexible tube). One end of the catheter is placed in a large vein in the chest. The other end is outside the body or attached to a small device just under the skin. Anticancer drugs are given through the catheter. This can make chemotherapy more comfortable for the patient. Patients and their families are shown how to care for the catheter and keep it clean. For some types of cancer, doctors are studying whether it helps to put anticancer drugs directly into the affected area.

Chemotherapy is generally given in cycles: A treatment period is followed by a recovery period, then another treatment period, and so on. Usually a patient has chemotherapy as an outpatient—at the hospital, at the doctor's office, or at home. However, depending on which drugs are given and the patient's general health, the patient may need to stay in the hospital for a short time.

Hormone Therapy—Some types of cancer, including most breast and prostate cancers, depend on hormones to grow. For this reason, doctors may recommend therapy that prevents cancer cells from getting or using the hormones they need. Sometimes, the patient has surgery to remove organs (such as the ovaries or testicles) that make the hormones; in other cases, the doctor uses drugs to stop hormone production or change the way hormones work. Like chemotherapy, hormone therapy is systemic treatment; it affects cells throughout the body.

Biological Therapy—Biological therapy (also called immunotherapy) is a form of treatment that uses the body's natural ability (immune system) to fight infection and disease or to protect the body from some of the side effects of treatment. Monoclonal antibodies, interferon, interleukin-2 (IL-2), and several types of colony-stimulating factors (CSF, GM-CSF, G-CSF) are forms of biological therapy.

*Definition of words can be found in glossary



Coordinators and *Siglang Bubay* staff at the project orientation and breakfast meeting at the Home Town Buffet in National City.

CLINICAL TRIAL INFORMATION

Clinical trials are scientific studies of new treatments or combinations of treatments. Each trial is designed to answer a specific scientific question about treatment methods.

In clinical trials patients are randomly assigned to a control group, which is either given a standard treatment or the new treatment being studied. Neither you nor your physician can choose the group you are assigned to during a clinical trial. Each patient's progress is followed and treatment results are compared. It is through this process that accurate scientific comparisons can be made between the established therapy and the new therapy being studied. Your participation may help save lives. Ask your physician whether there are any clinical trials for which you may be eligible.

- ♥ For general clinical trial information call the American Cancer Society at 1-800-ACS-2345 or Internet: www.cancer.org
- ♥ For specific clinical trial information call the Cancer Information Service of the National Cancer Institute NCI at 1-800-4-CANCER or Internet: www.clinicaltrials.nci.nih.gov

Questions to Ask About Clinical Trials

- Are there clinical trials I should consider?
- How is this different from standard treatment?
- Is there any cost for my participation in a clinical trial?
- What time commitment is required to give?
- What drugs will I be receiving?
- How long does the treatment last?
- Can I stop at any time?
- What are the possible side effects and risks?
- Who pays for my care and treatment during the clinical trial?
- What are the advantages and disadvantages in participating?

SIDE EFFECTS OF CANCER TREATMENT

It is hard to limit the effects of treatment so that only cancer cells are removed or destroyed. Because treatment also damages healthy cells and tissues, it often causes unpleasant side effects.

The side effects of cancer treatment vary. They depend mainly on the type and extent of the treatment. Also, each person reacts differently. Doctors try to plan the patient's therapy to keep side effects to a minimum and they can help with any problems that occur.

Surgery—The side effects of surgery depend on the location of the tumor, the type of operation, the patient's general health, and other factors. Although patients are often uncomfortable during the first few days after surgery, this pain can be controlled with medicine. Patients should feel free to discuss pain relief with the doctor or nurse. It is also common for patients to feel tired or weak for a while. The length of time it takes to recover from an operation varies for each patient.

Radiation Therapy—With radiation therapy, the side effects depend on the treatment dose and the part of the body that is treated. The most common side effects are tiredness, skin reactions (such as a rash or redness) in the treated areas, and loss of appetite. Radiation therapy also may cause a decrease in the number of white blood cells, cells that help protect the body against infection. Although the side effects of radiation therapy can be unpleasant, the doctor can usually treat or control them. It also helps to know that, in most cases, they are not permanent.

Chemotherapy —The side effects of chemotherapy depend mainly on the drugs and the doses the patient receives. Generally, anticancer drugs affect cells that divide rapidly. These include blood cells, which fight infection, help the blood to clot, or carry oxygen to all parts of the body. When blood cells are affected by anticancer drugs, patients are more likely to get infections, may bruise or bleed easily, and may have less energy. Cells that line the digestive tract also divide rapidly. As a result of chemotherapy, patients may have side effects, such as loss of appetite, nausea and vomiting, hair loss, or mouth sores. For some patients, the doctor may prescribe medicine to help with side effects, especially with nausea and vomiting. Usually, these side effects gradually go away during the recovery period or after treatment stops.

Hair loss, another side effect of chemotherapy, is a major concern for many patients. Some chemotherapy drugs only cause the hair to thin out, while others may result in the loss of all body hair. Patients may feel better if they decide how to handle hair loss before starting treatment.

In some men and women, chemotherapy drugs cause changes that may result in a loss of fertility (the ability to have children). Loss of fertility may be temporary or permanent depending on the drugs used and the patient's age. For men, sperm banking before treatment may be a choice. Women's menstrual periods may stop, and they may have hot flashes and vaginal dryness. Periods are more likely to return in young women.

In some cases, bone marrow transplantation and peripheral stem cell support are used to replace tissue that forms blood cells when that tissue has been destroyed by the effects of chemotherapy or radiation therapy. (See more about these procedures in the Glossary.)

Hormone Therapy—Hormone therapy can cause a number of side effects. Patients may have nausea and vomiting, swelling or weight gain, and, in some cases, hot flashes. In women, hormone therapy also may cause interrupted menstrual periods, vaginal dryness, and, sometimes, loss of fertility. Hormone therapy in men may cause impotence, loss of sexual desire, or loss of fertility. These changes may be temporary, long lasting, or permanent.

Biological Therapy—The side effects of biological therapy depend on the type of treatment. Often, these treatments cause flu-like symptoms such as chills, fever, muscle aches, weakness, loss of appetite, nausea, vomiting, and diarrhea. Some patients get a rash, and some bleed or bruise easily. In addition, interleukin therapy can cause swelling. Depending on how severe these problems are patients may need to stay in the hospital during treatment. These side effects are usually short-term; they gradually go away after treatment stops.

Doctors and nurses can explain the side effects of cancer treatment and help with any problems that occur. The National Cancer Institute booklets Radiation Therapy and Chemotherapy also have helpful information about cancer treatment and coping with side effects. The American Cancer Society has about caring for Radiation and Chemotherapy for patients with cancer.

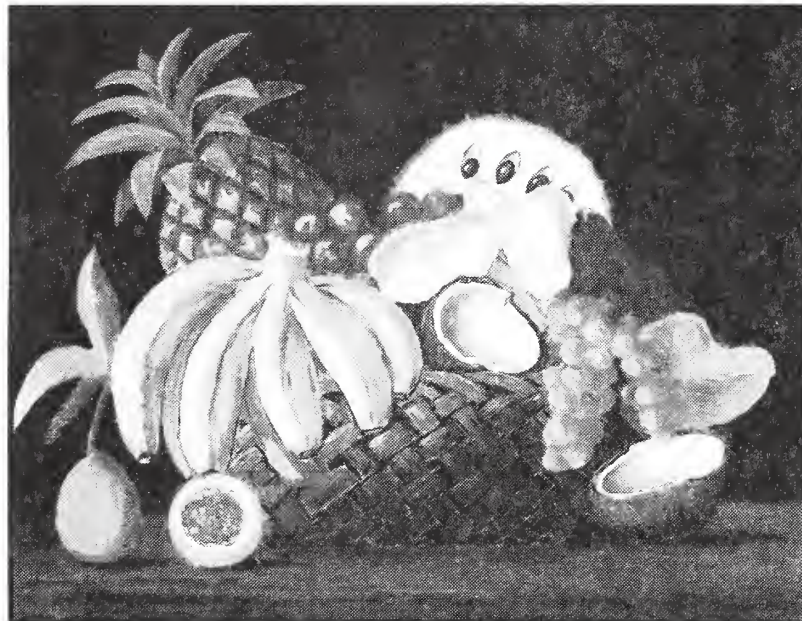
NUTRITION FOR CANCER PATIENTS

Some patients lose their appetite and find it hard to eat well. In addition, the common side effects of treatment, such as nausea, vomiting, or mouth sores, can make it difficult to eat. For some patients, foods taste different. Also, people may not feel like eating when they are uncomfortable or tired.

Eating well means getting enough calories and protein to help prevent weight loss and regain strength. Patients who eat well during cancer treatment often feel better and have more energy. In addition, they may be better able to handle the side effects of treatment.

Doctors, nurses, and dietitians can offer advice for healthy eating during cancer treatment. Patients and their families also may want to read the National Cancer Institute booklet Eating Hints for Cancer Patients, which contains many useful suggestions.

The American Cancer Society Nutrition during Cancer Treatment has helpful info to assist them in eating better during cancer treatment.



Dr. Audrey Spindler, Professor of Nutrition at San Diego State University conducting training of staff on how to get an accurate food record.

SUPPORT FOR CANCER PATIENTS

Living with a serious disease is difficult. Cancer patients and those who care about them face many problems and challenges. Coping with these problems is often easier when people have helpful information and support services.

Cancer patients may worry about holding their job, caring for their family, or keeping up daily activities. Worries about tests, treatments, hospital stays, and medical bills are also common. Doctors, nurses, and other members of the health care team can answer questions about treatment, working, or daily activities. Meeting with a social worker, counselor, or member of the clergy also can be helpful to patients who want to talk about their feelings or discuss their concerns about the future or about personal relationships.

Friends and relatives, especially those who have had personal experience with cancer, can be very supportive. The American Cancer Society has a visitor support program for women with breast cancer called *Reach to Recovery** and for men with prostate cancer called *Men to Men**. It helps many patients to meet with others who are facing problems like theirs. Cancer patients often get together in support groups, where they can share what they have learned about cancer and its treatment and about coping with the disease. It is important to keep in mind, however, that each patient is different. Treatments and ways of dealing with cancer that work for one person may not be right for another— even if both have the same kind of cancer. It is always a good idea to discuss the advice of friends and family members with the doctor.

Often, a social worker at the hospital or clinic can suggest groups that help with rehabilitation, emotional support, financial aid, transportation, or home care. The American Cancer Society has many services for patients and families.

In addition, the public library has many books and articles on living with cancer. The Cancer Information Service also has information on local resources.

*** For more information look under advocacy, education and information resources**



Mrs. Beatriz Oades, mother of Dr. Riz Oades, KCS President, is a colon cancer survivor.

CANCER SUPPORT GROUPS

Please note that it is important to telephone the support group to confirm dates, times and locations. Also, ask if any Tagalog speaking counselors are available.

General Support Groups for all Types of Cancer

The Brighter Side

Self-Help Support Group for Young Women with Cancer

439 So. Cedros Ave., Solana Beach, CA

Contact: (858) 481-7565

Meetings: Call for times and appointment
Free informal group to discuss common problems and concerns for all types of cancer

Cancer Hope Network

All types of cancer

1-800-55CHEMO (24366)

One-To-One Support from Volunteers

9-5:30p.m. Eastern Time

Free consultation, for cancer patients, families and friends

Children's Hospital

Families Supporting Families

3020 Children's Way, San Diego, CA 92123

Contact: (858) 576-3878 ext. 3878

Meetings: 3rd Tuesday of the month 6:30-8:30

For parents who have a child with cancer

Chula Vista Community Hospital

Cancer Support Group

751 Medical Center Court, Chula Vista, CA 91910

Contact: (619) 822-1001

Meeting: 2nd & 4th Monday of the month

For patients, family, caregivers, friends

Green Cancer Center of Scripps Clinic

"The Winner's Circle"

Green Cancer Center Office

Anderson Outpatient Pavillion

10666 N. Torrey Pines Road, La Jolla, CA 92037

Contact: Tom Friedman, LCSW (858) 554-9376

Meetings: 2nd and 4th Wed of the month at 7-9 p.m.

Green Cancer Center of Scripps Clinic

"Stem Cell Transplant Support"

Green Cancer Center Office

Anderson Outpatient Pavillion

10666 N. Torrey Pines Road, La Jolla, CA 92037

Contact: Tom Friedman, LCSW (858) 554-9376

Meetings: 3rd Wed of the month at 7-9 p.m.

For anyone who has had, or will have, stem cell transplant.

Friends, families welcome.

Naval Medical Center/Fellowship Hall

"Hope and Healing Through Education"

34800 Bob Wilson Dr., San Diego, CA 92134

Contact: Susan Lees (619) 532-7303

Meetings: 1st Wed of every month at 4:15-5:15 p.m.

For active duty military, retired and open to all

Tagalog interpretation available upon request

Southwest Cancer Care

Lymphoma/Hodgkin's Disease Education and Support Group

12751 Gateway Park Rd., Poway, CA 92064

Contact: (858) 451-7066

Meetings: Gateway Retirement Community in Poway

Call for more information, dates and reservations

For cancer patients and adult family members

Southwest Cancer Care

"Conquering Cancer"

15525 Pomerado Road, Suite B-1, Poway, CA 92064

Contact: (858) 451-7066

Meetings: Call for dates and times,

This is a series of six classes, which cover topics as understanding your cancer diagnosis and treatment, stress reduction and relaxation exercises, diet and nutrition and more.

Southwest Cancer Care

Education and Support Group for Caretakers of Adult Patients

15525 Pomerado Road, Suite B-1, Poway, CA 92064

Contact: (760) 737-2666 in Escondido, (858) 451-7066 in Poway

Meetings: Call for dates and times

The classes teach family caretakers of cancer patients the skills for home care

Stevens Cancer Center Support Groups

"Friend to Friend"

Scripps Encinitas Hospital

345 Santa Fe Drive, Encinitas, CA

Contact: (858) 626-6756

Meetings: 1st & 3rd Thursdays of the month 7-9 p.m.,

Rehab Activities Room (enter front door, turn right, go to end of hall)

For cancer patients, families, support people

Stevens Cancer Center Support Groups Scripps Memorial Hospital, Chula Vista

435 H St., Chula Vista, CA Annex 1

Contact: (619) 312-7661

2nd and 4th Thursdays, 10:30-12:00 p.m.

Call for further information

Stevens Cancer Center Support Groups

Bereavement Support Groups

Contact: Kevin Jones (858) 626-6330

Meetings: Groups meet every other week for 16 weeks,

call for dates, location and registration.

For those who have experienced a loss-not restricted

to losses from cancer.

Stevens Cancer Center Support Groups

Breast Care Center

9850 Genesee Ave., Ste. 170 La Jolla, CA

Contact: Bobbi Kinner, (760) 434-3599

Meetings: 2nd Tuesday of each month, 7-9 p.m., Conference Room

For women suffering from lymphedema

Breast Cancer Support Groups

Stevens Cancer Center Support Groups

Music Therapy Support Groups
Scripps Memorial Hospital, Encinitas
Contact: Barbara Reuer (858) 626-6248 for info.

Meetings: Groups rotate sites and times
For cancer patients and their families

Tri-City Medical Center

Cancer Support Group
2095 west Vista Way, Ste. 101, Oceanside, CA

Contact: (760) 940-3131

Meetings: 2nd & 4th Tuesday on the month, 1-2:30 p.m.

Call for more information

The Wellness Community of San Diego

8555 Aero Dr., Ste., 340, San Diego CA
92123-1746

Contact: (858) 467-1065, Fax (858) 467 1082

E-mail: wellness@inetworld.net

Internet: www.inetworld.net/wellness

Meetings: Newcomers every Monday 6-8 p.m.
and every Friday 11 a.m.-1 p.m.

Call for an appointment

The Wellness Community helps people with cancer and their loved ones enhance their health and wellbeing by providing a professional program of emotional support, education and hope free of charge. Services include support groups, stress management sessions, educational workshops and social events.

Ask about "Kids Count Too" program

American Cancer Society

Reach to Recovery

1-800-ACS-2345

Peer visitors provide emotional support, information,

and guidance, to those diagnosed with breast cancer

at the hospital, home and over the telephone.

Grossmont Hospital Cancer Center

Women's Breast Cancer Support Group
5555 Grossmont Center Dr., La Mesa, CA
91942

Contact: (619) 644-4519

Meetings: 2nd & 4th Thursday of the month,
5:30-7 p.m.

Patients must be pre-register before attending

Kaiser/San Diego Medical Center

Breast Cancer Support Group for Kaiser
Permanente Members

4647 Zion Ave, San Diego, CA 92120

Contact: (619) 662-1222

Must call to register

Naval Medical Center/Fellowship Hall

"Hope and Healing Through Education"
34800 Bob Wilson Dr., San Diego, CA
92134

Contact: Susan Lees (619) 532-7303

Meetings: 1st Wed of every month at 4:15-5:15 p.m.

For active duty military, retired and open to anyone else

Tagalog interpretation available upon request

Scripps Encinitas Hospital

Breast Cancer Support Group
279 North El Camino Real Ste. G, Encinitas,
CA

Contact: (858) 626-6756

Meetings: 1st & 3rd Wednesday of the month,
7-8:30 p.m.

For breast cancer patients

Call for location, directions and more information

Stevens Cancer Center Support Groups

Breast Care Center

9850 Genesee Ave., Ste. 170 La Jolla, CA

Contact: (858) 626-6756

Meetings: 1st & 3rd Tuesday of each month,
7-8:30 p.m.,

Conference Room

Tri-City Medical Center

Breast Cancer Support Group

4002 west Vista Way, Ste. 101, Oceanside, CA
92056

Contact: (760) 940-3229

Meetings: 2nd & 4th Wednesday of the month,
10:30-12:00 p.m.

Call for more information, appointment, and
consultation

The Wellness Community of San Diego

8555 Aero Dr., Ste., 340, San Diego CA 92123-
1746

Contact: (858) 467-1065, Fax (858) 467 1082

E-mail: wellness@inetworld.net

Internet: www.inetworld.net/wellness

Meetings: 1st Tuesday of the month from 6-8
p.m.

Call for an appointment

The Wellness Community helps people with
cancer and their loved ones enhance their health
and wellbeing by providing a professional pro-
gram of emotional support, education and hope
free of charge. Services include support groups,
stress management sessions, educational work-
shops and social events.

Ask about "Kids Count Too" program

Prostate Cancer Support

Ascension Lutheran Church

Informed Prostate Cancer Support Group
5106 Zion Ave., San Diego, CA

Contact: (619) 670-5055

Call for more information

San Diego Rehabilitation Institute

San Diego Cancer of the Prostate Support
Group

6655 Alvarado Rd., La Mesa, CA 91942

Contact: (619) 287-8866

Meetings: Call for times

Call for more information; ask about women's
issue related to partners with prostate cancer
group

The Wellness Community of San Diego

8555 Aero Dr., Ste., 340, San Diego CA 92123-
1746

Contact: (858) 467-1065, Fax (858) 467 1082

E-mail: wellness@inetworld.net

Website: www.inetworld.net/wellness

Meetings: Newcomers every Monday 6-8 p.m.
and
every Friday 11 a.m.-1 p.m. Call for an appoint-
ment

The Wellness Community helps people with
cancer and their loved ones enhance their health
and wellbeing by providing a professional pro-
gram of emotional support, education and hope
free of charge. Services include support groups,
stress management sessions, educational work-
shops and social events.

Ask about "Kids Count Too" program

HOME HEALTH CARE INFORMATION

Home health care usually includes a variety of skilled and non-skilled assistance. Home health care agencies provide licensed/certified-nursing personnel who make home visits under doctor's orders, or they can provide assistance through homemakers, caregivers, live-ins, etc. When it is determined that you may need assistance in your home, ask your health-care provider for a referral.

Questions To Ask About Home Health Care

- What specific services do you offer?
- Skilled Nursing?
- Home Infusion Therapy?
- Pharmacy?
- Pain Management?
- Homemaker/Caregivers?
- Social Work Assessment/Assistant?
- Physical or Occupational Therapy?
- How do you bill for services?
- If I don't have insurance, who can help pay for home health services?
- What insurance do you accept?
- Will you bill my insurance company directly?
- Are you Medicare certified?
- Is your staff screened and bonded?

HOME HEALTH CARE RESOURCE LIST

Here is an alphabetical list of home health care providers. Also you may ask your health-care provider for referral that can assist you in contacting home health care support. If you are an HMO member, please contact their "member service" representative for a referral. Be sure to ask if Tagalog speaking personal is available.

Aall Care In Home Supportive Services
619-297-9601

7801 Mission Center Court
San Diego, CA 92108-1313

Addus Healthcare
858-571-4500

3675 Ruffin Rd.
San Diego, CA 92123-1861

At Your Home Family Care
858-625-0406

9450 Scranton Rd Ste. 111
San Diego, CA 92121-4720

California Home Care
619-521-5858

3078 El Cajon Blv.
San Diego, CA 92104-1322

Cared About
619-299-4858

6950 Friars Rd.
San Diego, CA 92108-1125

Coram Healthcare
858-576-6969

8804 Balboa Blv.
San Diego, CA 92123-1506

Crescent Healthcare
858-547-8487

9115 Activity Rd
San Diego, CA 92126-4424

Firstat Nursing Services
619-220-7600

411 Camino Del Rio S
San Diego, CA 92108-3530

Good Care Home Health
858-503-7490

7841 Balboa Ave.
San Diego, CA 92111-2311

Home Medical of America
858-565-1806

7837 Convoy Ct.
San Diego, CA 92111-1209

Hospice-San Diego
619-688-1600

4311 3rd Ave.
San Diego, CA 921203-1407

Incare Home nursing
858-450-4747

6042 Cornerstone Ct.
San Diego, CA 92121-4746

Olsten Health Services
619-299-9900

2525 Camino Del Rio South
San Diego, CA 92108-3717

Preferred Home Health Services
858-674-4357

16935 W Bernardo Dr.
San Diego, CA 92127-1634

Seniors Helping Seniors
619-582-7300

San Diego, CA

HOSPICE INFORMATION AND REFERRAL HOTLINES

The purpose of hospice is to provide support and care for individuals in the final phase of a terminal illness so that they can live as fully and comfortably as possible. Hospice affirms life and regards dying as a normal process. Hospice neither hastens nor postpones death. Through personalized services and a caring community, patients and families can experience the dying process in a supportive environment.

Questions To Ask About Hospice

- Is services provided 24 hours/7 days a week coverage?
- Do you offer support services to individuals and family members?
- Will you bill my insurance carrier?
- If I don't have insurance, who can help pay for hospice services?
- Is your company state licensed?
- Are you a Medicare certified hospice program?

California State Hospice Association.....916-441-3770

Internet; www.calhospice.org

P.O. Box 160087, Sacramento, CA 95816

Local and statewide referrals.



Coordinators at the Siglang Buhay training session on cancer screening. Front: Marylou Lagdaan, Joann Fields, Michelyn Valle. Back: Alan Lagdaan and Dr. Maria Mason.

HAIR REPLACEMENT LIST

Chemotherapy- a common cancer treatment that involves the administration of drugs to destroy cancer cells. Hair loss is a side effect of chemotherapy. Some chemotherapy drugs cause the hair to thin out, while others result in the loss of all body hair. Once chemotherapy is completed, hair will in soon grow back.

Here is a list of stores/salons who work with chemotherapy patients. You may want to check with your insurance company to see if wigs are covered.

CENTRAL

American Cancer Society

1-800-ACS-2345

Have free wigs at local Discovery Shops

Biogenetics

9628 Campo Rd. #Z, Spring Valley, CA
91977

(619) 463-4247

W-Sat 10-5 by appointment

Wigs and other services

Crowning Glory Wig Salon

3775 Park Blvd., San Diego, CA 92103

(619) 296-4084

M, Tu, Th, F, Sat 11-6 closed Wed & Sun

Wigs human/synthetic hair

10% medical discount

Designer Millinery

311 4th Ave., Ste. 417, San Diego, CA
92101

(619) 239-4287

Hats, can view hats on website

By appointment only

www.softops.org

Granada Wigs

812 12th Ave (at F), San Diego, CA 92101

(619) 234-9917

Mon-Sat 10-6

10% off all customers for medical

Hair Unlimited

1400 Camino De La Reina #110, San Diego, CA 92108

(619) 299-6060

Mon-Sat 10-7, Sun 12-5

Wigs, hair, hats and accessories

Discount available

Toll free # 1-888-947-9447

The Wigloo

3066 University Ave., San Diego, CA 92103

(619) 291-4665

11-6 Tues-Sat

Wig City

4233 University Ave., San Diego, Ca 92105

(619) 281-3364

M-Sat 9-6

10% discount for chemotherapy patients

Wigs and turbans

Wigs Plus

845 Broadway, San Diego, CA 92101

(619) 238-6169

M-Sat 10-6:30

Wigs, turbans and scarves

Ask for discount

Y-ME Prosthesis and Wig Bank

1-800-221-2141

www.y-me.org

Y-Me maintains a prosthesis and wig bank for women with financial needs. If the appropriate size is available Y-ME will mail a wig and/or breast prosthesis anywhere in the country. A nominal-handling fee is requested.

NORTH COUNTY

Hair Extensions Assoc.

2720 Via De La Valle #E110, Del Mar, CA 92014

(858) 481-9631

M-F 9-6

10% medical discount

Selection Varies

Oriental Wigs

519 Mission Ave., Oceanside, CA 92056

(760) 722-5588

M-F 9:30-6, Sat 10-6

Wigs, turbans, scarves

10 % medical discount

SOUTH BAY

Hair Unlimited

36 North Euclid Ave., National City, CA 91950

(619) 264-2222

Mon-Sat 10-7

Wigs, hair, hats and accessories

Discount available

Toll free # 1-888-947-9447

PROSTHESES, BREAST FORMS, BRAS AND ACCESSORIES RESOURCE LIST

CENTRAL

American Cancer Society

1-800-ACS-2345

Local Reach to Recovery program has a free prostheses bank for women

Bionics Orthotics & Prosthetics

3737 Moraga Ave., B107, San Diego, CA 92117

(858) 270-9972

Product: Various forms available, will vary

Hours: M-F 8-5, by appointment only.

Ask about Insurance

Burlingame Health Care Center

1525 Fourth Ave., San Diego CA 92101

(619) 234-0904

Products: Fillers, covers, bras, partials, pads, bras, extender, etc.

Hours: M-F 9-5. Ask about Insurance

Health 'n' Home

4829 Clairmont Drive, San Diego, CA 92117

(858) 271-5280

Products: Amoena, Camp

Hours: M-F 9-7, Sat 9-6, Sun 10-5. Fittings by appointment. Ask about Insurance

Nordstrom's

University Town Center (UTC)

4321 La Jolla Village Dr., La Jolla CA 92122

(858) 457-4575

Products: Bras, bra extenders, foam fillers, swimwear, more. Contact: Maria Vargas for hours and fittings

Nordstrom's

Fashion Valley Mall

270 Fashion Valley, #598, San Diego, CA 92108

(619) 295-4441

Products: Bras, bra extenders, foam fillers, swimwear, more. Contact: Ethel Floyd for hours and fittings

So. Orthotics & Prosthetics (SCOPE)

7720 Cardinal Court, San Diego, CA 92123

(858) 292-7448

Products: covers, bras and others

Hours: M-F 8-5

Ask about Insurance

Y-ME Prosthesis and Wig Bank

1-800-221-2141

Y-Me maintains a prosthesis and wig bank for women with financial need. If the appropriate size is available Y-ME will mail a wig and/or breast prosthesis anywhere in the country. A nominal-handling fee is requested.

EAST COUNTY

Bischoff's Medical

5310 Baltimore Dr., La Mesa, CA 91942

(619) 644-2695

Products: Amoena (only) prostheses, bra

Hours: M-F 9-6, Sat 10-3. Ask about Insurance

Health 'n' Home

2760 Fletcher Parkway, El Cajon, CA 92020

(619) 461-1687

Hours: M-Sat 9-8, Sun 9-6 call for appointment

Ask about Insurance

Medical Supplies Enterprises

8046 La Mesa Blvd., La Mesa, CA 91941

(619) 466-2420

Products: breast forms, bras, special cleaners

Hours: M-F 10-5. Ask about Insurance

Price Rite Pharmacy

10080 Carroll Canyon Rd., San Diego CA 92131

1-800-300-7997

Products: vary, Ask about Insurance. Hours: M-F 9-6

Rehab Designs

5360 Jackson Dr., Ste., 110, La Mesa, Ca 91942

(619) 667-3008

Products: bras, prostheses, swimwear, bra pockets

Hours: M-F 8-5 closed 12-1 by appointment only.

Ask about Insurance

So. Orthotics & Prosthetics (SCOPE)

8875 La Mesa Blvd., Ste. B, La Mesa, CA 91942

(619) 589-9980

Products: vary

Hours: M-F 8-5 closed 12-1 call for appointment

Ask about Insurance

NORTH COUNTY**So. Orthotics & Prosthetics (SCOPE)**

760-941-1323

1929 West Vista Way Suite A

Vista, CA 92083

Hours: M-F 8-5 closed 12-1 call for appointment

Ask about Insurance

SOUTH COUNTY**So. Orthotics & Prosthetics (SCOPE)**

619-585-8421

340 4th Ave. Suite 14

Chula Vista, CA 91910

Hours: M-F 8-5 closed 12-1 call for appointment

Ask about Insurance

Medical Equipment Resources

Ask your health care provider for referral that can assist you in contacting medical equipment resources. If you're an HMO member, contact their "member services" representative for referral.

Questions To Ask About Medical Equipment

- Do you have a catalog you could send me?
- Will you bill my insurance company?
- If you don't have insurance, who can help pay for medical equipment?
- Do you accept Medicare/Medi-Cal?
- Do you provide any home care or pharmacy services?
- After I place an order, how soon will the products be delivered?
- Will I have to assemble the equipment?

INSURANCE AND LEGAL RESOURCES

Questions To Ask About Your Insurance

- Are annual examinations and mammograms covered?
- What is the policy on new therapies or participation in clinical trials?
- Whom can I talk to if I think my care needs to be improved?
- Can I change my mind about my health plan?
- Will the plan pay a percentage of the cost if I seek care from doctors outside your select group?

INSURANCE RESOURCES

California Department of Insurance

Consumer Services

1-800-927-4357

Provides information and handles complaints about insurance companies.

California Major Risk Medical

Insurance Program

1-800-289-6574

A state-run program for Californians who are unable to obtain insurance through regular channels.

CMRI (California Medical Review, Inc.)

1-800-841-1602

1-800-881-5980-TDD

For questions about Medicare coverage and screening and/or diagnostic mammograms, call CMRI.

County Medical Services Program

San Diego County

858-492-4444

Medical insurance program for indigent county residents who are 21 to 64 years old and not permanently disabled.

Health Insurance Counseling Program

San Diego County (HICAP)

858-565-8772

This volunteer program assists with Medicare billing and will help you compare supplemental and long-term care policies. Legal assistance is also available.

HMO Consumer Hotline

1-800-400-0815

Provides information and handles complaints related to HMO's.

Medi-Cal

San Diego County

858-514-6885

A state-run program for people who are under 65 years of age and indigent, poor children or parents, or the permanently disabled.

Medicare**1-800-633-4227**

A federal program for people over 65 years of age or under 65 and permanently disabled. A free Medicare handbook outlining the benefits is available from the Social Security Administration. For questions about Medicare coverage and screening and/or diagnostic mammograms call: California Medical Review, Inc., (CMRI) at 1-800-841-1602.

Healthy Families**1-800-880-5305**

The Healthy Families Program is low cost insurance that provides health, dental, and vision coverage to children and families who do not have insurance today and do not qualify for no-cost Medi-Cal.

LEGAL RESOURCES**CA Medical Association****1-800-882-1CMA**

Provides information regarding durable power of attorney for health care and patient's self-determination laws.

Cancer Legal Resource Center**213-736-1455**

919 south Albany St., Los Angeles, CA 90015-0019 – E-mail: Barbara.Schwerin@lls.edu

The Cancer Legal Resource Law Center, a joint program of Loyola Law School and the Western Law Center for Disability Rights, is a community based program providing information and educational outreach on cancer-related issues for people with cancer, cancer survivors, their families, health care providers and employers. Some of the issues, which arise, are cancer, access to government benefits, estate planning and custody and guardianship of minor children. The Center also conducts seminars and workshops throughout Southern California.

HOSPITALS AND CLINICS

Alvarado Hospital Medical Center

6655 Alvarado Rd., San Diego, CA 92120
Tel: 1-619-287-3270

Alvarado Breast Center

6386 Alvarado Court, Ste. 121, San Diego,
CA 91920
Tel: (619) 229-6555

Bay View Hospital

330 Moss Street, Chula Vista, CA 91911
Tel: (619) 426-6310

Children's Hospital & Health Services

3020 Children's Way, San Diego, CA 92123
Tel: (858) 576-1700

Coronado Hospital (Sharp)

250 Prospect Place, Coronado, CA 92118
Tel: (619) 435-6251

East County Community Clinic

855 E. Madison Ave., El Cajon, CA 92020
Tel: (619) 440-7616

Green Hospital of Scripps Clinic

10666 North Torrey Pines Rd., La Jolla, CA
92037
Tel: (858) 455-9100

Grossmont District Hospital

5555 Grossmont Center Dr., La Mesa, CA
91942
Tel: (619) 465-0711

Kaiser Permanente Medical Center

4647 Zion Ave., San Diego, CA 92120
Tel: (619) 528-5000

Linda Vista Health Care Center

6979 Linda Vista Rd., San Diego, CA 92111
Tel: (858) 279-0925

Mercy Hospital

4077 5th Ave., San Diego, CA 92103
Tel: (619) 294-8111

Mid-City Urgent Care

5577 University Ave., San Diego, CA 92105
Tel: (619) 583-3111

Mission Bay Memorial Hospital

3030 Bunker Hill, San Diego, CA 92109
Tel: (858) 274-7721

Naval Hospital, Camp Pendleton

P.O. Box 555191, Camp Pendleton, CA
92055-5191
Tel: (760) 725-1288

Naval Hospital, San Diego

34800 Bob Wilson Dr., San Diego, CA 92134
Tel: (619) 532-6400

Operation Samahan

1. 2743 Highland Ave., National City, CA
91950
Tel: (619) 474-2284
2. 10737 Camino Ruiz, #100, San Diego,
CA 92126
Tel: (858) 578-4220

Paradise Medical Associates

510 South Euclid Ave., #201, National City,
CA 91950
Tel: (619) 267-8181

Paradise Valley Hospital

2400 E. 4th St., National City, CA 91950
Tel: (619) 470-4321

Pomerado Hospital

15615 Pomerado Rd., Poway, CA 92064
Tel: (858) 485-6511

Scripps Clinic Rancho Bernardo

15025 Innovation Dr., San Diego, CA 92128
Tel: (858) 487-1800

Scripps Clinic Green Cancer Center

10666 N. Torrey Pines Rd., La Jolla, CA 92037

Tel: (858) 554-8533

Scripps Memorial Hospital-Chula Vista

435 H. St., Chula Vista, CA 91910

Tel: (619) 691-7000

Scripps Hospital-Encinitas

354 Santa Fe Dr., Encinitas, CA 92024

Tel: (760) 753-6501

Scripps Memorial Hospital-La Jolla

9888 Genesee Ave., La Jolla, CA 92037

Tel: (858) 457-4123

Sharp Cabrillo Hospital

3475 Kenyon St., San Diego, CA 92110

Tel: (619) 221-3400

Sharp Hospital of Chula Vista

751 Medical Center Court, Chula Vista, CA 91911

Tel: (619) 482-5800

Sharp Memorial Hospital

7901 Frost St., San Diego, CA 92123

Tel: (858) 541-3400

South Region Public Health Center

County Health & Human Services Agency

690 Oxford St.

Chula Vista, CA 91911

Tel: (619) 409-3110

UCSD Medical Center-Hillcrest

200 W. Arbor Dr., San Diego, CA 92103

Tel: (619) 543-8273

UCSD Thornton Hospital-La Jolla

9300 Campus Point Dr., La Jolla, CA 92037

Tel: (858) 657-700

ADVOCACY, EDUCATION AND INFORMATION RESOURCES

American Cancer Society
Internet: www.cancer.org

1-800-ACS-2345

San Diego Central Office
2655 Camino Del Rio North, Suite 100, San Diego, CA 92108

Imperial County Office
400 S. 8th Street, El Centro, CA 92243

The American Cancer Society is the nationwide voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives from cancer, and diminishing suffering from cancer through research, education, advocacy, and service.

Here is a list of direct services The American Cancer Society provides.

Information and Guidance

We will assist you or your family in dealing with the impact of cancer, help with problem solving, provide information about cancer and its treatment, and provide guidance in obtaining services from other resources.

Ombudsman Program

We know your needs change as you go through the cancer experience. Volunteers will assist you and your family on an ongoing basis, throughout the course of your experience.

Transportation Assistance

Volunteer drivers are available in many areas, to provide transportation to and from cancer-related medical appointments. This service is an interim measure only and advance notice is required.

Patients must be ambulatory and have no bone involvement.

Look Good...Feel Better!

Volunteer cosmetologists help patients enhance their appearance during cancer treatment. They demonstrate how women can use make-up, wigs, and other accessories to help elevate their self-image, confidence, and sense of control.

Emotional Support

Short-term individual and family counseling is available for cancer patients and their families. Time-limited support and ongoing self-help groups for patients are offered.

Camp Reach for the Sky

Camp Reach for the Sky is a special camp program for children dealing with cancer. Over 100 children take part each summer through day camp or resident camp.

Reach to Recovery

This visitation program features breast cancer survivors, who help new patients meet the emotional, physical and cosmetic needs related to their disease and treatments. This program has Filipino women who speak Tagalog.

Man to Man

Man to Man is the American Cancer Society prostate cancer education and support program that is a community based group education, discussion and support to men with prostate cancer. Volunteer coordinators invite speakers, meeting schedules, and make local arrangement for monthly meetings. Meetings are free. Topics include information about prostate cancer, treatment, side effects of treatment, and coping with the disease and treatment. Some groups may invite wives and partners to attend meeting. In some locations wives and partners may meet separately in a group setting known as Side by Side. In some communities a visitation component has been developed where a trained volunteer prostate cancer survivor meets one-to-one (in person or a telephone visit) with a man diagnosed with prostate cancer.

American Lung Association**619-297-3901**

The American Lung Association has been fighting lung disease through education, community service, advocacy and research. Lung disease, including asthma, emphysema, and lung cancer, is the third leading cause of death in America.

A Breast Cancer Screening Program**1-800-400-4922**

For California Women BCEDP
550 Washington Ste. 350 San Diego, 92103

This is a screening and diagnostic program only. It does not include treatment. Call to find out if you qualify for a free screening.

Cancer Care Inc.**1-800-813-4673**

M-Th 9-7 p.m. Thursday, 9-5 p.m. Eastern Standard Time
Financial Assistance is now available for cancer care patients in San Diego County. Funds are available for transportation, home care, childcare, and pain medication. Call for further information.

**Cancer Information Service of the
National Cancer Institute, NCI****1-800-4-CANCER**

Internet: www.nci.nih.gov

A nationwide telephone service for cancer patients, their families and friends, the public and health professionals. Cancer Information Specialists answer questions in English/Spanish, send booklets about cancer, and also provide information from the National Cancer Institute's PDQ database. In addition, also provides information about national and local resources, and can suggest ways to find support groups and other services. The number for caller with TDD equipment is 1-800-332-8615.

Leukemia & Lymphoma Society of America

858-277-1800

San Diego Chapter

1-800-215-1098

Internet: www.leukemia.org

4715 Viewridge Ave., Suite 110, San Diego, CA 92123

The Leukemia Society's Information Resource Center, 1-800-955-4LSA, provides patients, families, and healthcare professionals with accurate, up-to-date information. Our Information Specialists are Social Workers and Nurses. They are available to talk one-on-one from Monday through Friday, 9am to 6pm Eastern Standard Time. In addition, the Society provides free information on its disease through literature, posters, films, and videos, speaking engagements, seminars and education programs, news releases and public service advertising. The LSA's Mission is to cure leukemia, lymphoma, Hodgkin's disease, and myeloma, and improve the quality of life of patients and their families.

National Lymphedema Network

1-800-541-3259

E-mail: Lymphnet@hooked.net

Internet: www.lymphnet.org

1611 Telegraph Ave. Ste. 1111 Oakland, CA 94612-2138

Comprehensive information on the support and treatment of Lymphedema.

Susan G. Koman Breast Cancer Foundation

1-800-IM-AWARE

619-685-8768

Internet: www.komen.org

National Internet: www.breastcancerinfo.com

5005 LBJ Freeway. #370, Dallas, TX 75244

M-F 9-4:30 Central Standard Time

This organization seeks to eradicate breast cancer by advancing research, education, screening and treatment. Trained, caring volunteers who provide helpful information and resources to individuals with breast health or breast cancer concerns answer the hotline.

The Wellness Community of San Diego

858- 467-1065

8555 Aero Dr., Ste., 340, San Diego CA 92123-1746

Fax (858) 467-1082

E-mail: wellness@inetworld.net

Internet: www.inetworld.net/wellness

The Wellness Community helps people with cancer and their loved ones enhance their health and wellbeing by providing a professional program of emotional support, education and hope free of charge. Services include support groups, stress management sessions, educational workshops and social events.

Programs include:

- Newcomer Meetings.
- Ongoing Support Groups.
- Drop-in Networking Groups.
- Workshop (Yoga, T'ai Chi)
- Lectures by Physicians.
- Social Events.
- Kids Count Too (support for children who have a parent with cancer).

**Women's Cancer Task Force Y-ME San Diego Chapter 1-800-221-2141
858-569-9283**

Internet: www.y-me.org

254 East Grand Ave. Ste. 205, Escondido, CA 92025

A not-for-profit organization that provides information, a newsletter, advocacy, hotline counseling, educational programs and self-help meetings for breast cancer patients and their families and friends.

American Heart Association

619-291-7454

3640 5th Ave.

San Diego, CA 92103-4220

www.americanheart.org



NUTRI-FIT and 5 a Day Power Play! Campaign exhibits at the Kalusugan Community Services community forum.

GLOSSARY OF TERMS

A

Anesthesiologist (an-es-the-zee-ol-o-jist): A doctor who specializes giving medicines or other agents that prevents or relieves pain, especially during surgery.

Angiogenesis (an-gee-o-JEN-uh-sis): The formation of new blood vessels. Some cancer treatments work by blocking angiogenesis, thus preventing blood from reaching the tumor.

Antibiotic: Drugs used to kill organisms that cause disease. Living organisms may make antibiotics or they may be created in the lab. Since some cancer treatments can reduce the body's ability to fight off infection, antibiotics may be used to treat or prevent these infections.

Antibody: A protein produced by immune system cells and released into the blood. Antibodies defend against foreign agents, such as bacteria. These agents contain certain substances called antigens. Each antibody works against a specific antigen.

(See also *antigen*.)

Antigen (an-tu-jen): A substance that causes the body's immune system to react. This reaction often involves production of antibodies. For example, the immune system's response to antigens that are part of bacteria and viruses helps people resist infections. Cancer cells have certain antigens that can be found by laboratory tests. They are important in cancer diagnosis and in watching response to treatment. Other cancer cell antigens play a role in immune reactions that may help the body's resistance against cancer.

Antioxidants (an-ti-OX -uh-dents): Compounds that hold back chemical reactions with oxygen (oxidation) and are thought to reduce the risk of some cancers. Examples are vitamins C and E and beta-carotene.

Asymptomatic (a-simp-to-MAT-ik): Not having any symptoms of a disease. Many cancers can develop and grow without symptoms, especially in the early stages. Screening tests such as mammograms help to find these early cancers, when the chances for cure are usually highest.

(See also *screening*)

Atypical (a-tip-uh-kul): Not usual, abnormal. Often refers to the appearance of cancerous or pre-cancerous cells.

Autologous (aw-tahl-uh-gus): Bone marrow transplantation (trans-plan-tay-shun).

Axillary (ax-il-lair-ee) **dissection:** Removal of the lymph nodes in the armpit (axillary nodes). They are examined for the presence of cancer.

B

Benign (be-nine): Not cancer, not malignant.

Benign tumor: An abnormal growth that is not a cancer and does not spread to other areas of the body.

Beta-carotene: An early form of vitamin A that is found mainly in yellow and orange vegetables and fruit. It functions as an antioxidant and may play a role in cancer prevention.

Bilateral (bi-lat-er-ul): On both sides of the body; for example, bilateral breast cancer is cancer in both breasts.

Biopsy (buy-op-see): The removal of a sample of tissue to see whether cancer cells are present. There are several kinds of biopsies. In some, a very thin needle is used to draw fluid and cells from a lump. In a *core biopsy*, a larger needle is used to remove more tissue.

Blood count: A count of the number of red blood cells and white blood cells in a given sample of blood.

Bone marrow aspiration and biopsy: A procedure in which a needle is placed into the cavity of a bone, usually the hip or breast bone, to remove a small amount of bone marrow for examination under a microscope.

Bone marrow transplant: A complex treatment that may be used when cancer is advanced or has recurred, or as the main treatment in some types of leukemia. The bone marrow transplant makes it possible to use very high doses of chemotherapy that would otherwise be impossible. *Autologous bone marrow* transplant means that the patient's own bone marrow is used. An *allogeneic bone marrow transplant* uses marrow from a donor whose tissue type closely matches the patient's. For leukemia, the patient usually has an allogeneic transplant.

Brachytherapy (break-ee-ther-uh-pee): Internal radiation treatment given by placing radioactive material directly into the tumor or close to it. Also called *interstitial radiation therapy* or *seed implantation*.

Breast conservation therapy: Surgery to remove a breast cancer and a small area of normal tissues around the cancer without removing any other part of the breast. The lymph nodes under the arm may be removed, and radiation therapy is also often given after the surgery. This method is also called *lumpectomy*, *segmental excision*, *limited breast surgery*, or **tylectomy**.

Breast reconstruction: Surgery that rebuilds the breast contour after mastectomy. A breast implant or the woman's own tissue is used. If desired, the nipple and areola may also be recreated. Reconstruction can be done at the time of mastectomy or any time later.

Breast Self-Exam (BSE): A method of checking one's own breast for lumps or suspicious changes. BSE is recommended for all women over the age 20, to be done once a month, usually at a time other than the days before, during, or immediately after her menstrual period.

Bronchoscopy (bron-kos-ko-pee): Examination of the bronchi using a flexible, lighted tube called bronchoscope.

C

Cancer: Cancer is not just one disease but rather a group of diseases. All forms of cancer cause cells in the body to change and grow out of control. Most types of cancer cells form a lump or mass called *tumor*. The tumor can invade and destroy healthy tissue. Cells from the tumor can

break away and travel to other parts of the body. There, they can continue to grow. This spreading process is called *metastasis*. When cancer spreads, it is still named after the part of the body where it started. For example, if breast cancer spreads to the lungs, it is still a breast cancer, not lung cancer.

Some cancers, such as blood cancers, do not form a tumor. Not all tumors are cancer. A tumor that is not cancer is called *benign*. Benign tumors do not grow and spread the way cancer does. They are usually not a threat to life. Another word for cancerous is *malignant*.

Cancer care team: The group of health care professionals who work together to find, treat, and care for people with cancer. The cancer team may include any or all of the following and others: primary care physician, pathologist, oncology specialists (medical oncologist, radiation oncologist), surgeon (including surgical specialists such as urologists, gynecologists, neurosurgeons, etc.), nurses, oncology nurse specialists, and oncology social workers. Whether the team is linked formally or informally, there is usually one person who takes the job of coordinating the team.

Cancer-related checkup: A routine health examination for cancer in persons without obvious signs or symptoms of cancer. The goal of the cancer-related checkup is to find the disease, if it exists, at an early stage, when chances for cure are greatest. Depending on the person's sex and age, this checkup may include a digital rectal examination, clinical breast examination, Pap smears, PSA blood test, and skin examination. (See also *detection*.)

Carcinogen (car-sin-o-jin): Any agent-chemical, physical or viral that causes cancer. Examples include tobacco smoke and asbestos.

Carcinoma (car-sin-o-ma): A malignant tumor that begins in the lining layer (epithelial cells) of organs. At least 80% of all cancers are carcinomas.

CAT SCAN or CT (Computerized Axial Topography Scan): A scan procedure in which multiple x-rays are taken of all or part of the body to produce an image of internal organs. Except for injection of a dye (needed in some but not all case), this is a painless procedure.

Chemotherapy (key-mo-ther-uh-pee): Treatment with drugs to destroy cancer cells. Chemotherapy is often used in addition to surgery or radiation or to treat cancer that has come back (recurred), or when there is a strong chance that it could occur.

Clinical Breast Exam: A breast exam performed by a medical professional.

Clinical trials: Research studies to test new drugs or other treatments to compare current, standard treatments with others that may be better. Before a new treatment is used on people, it is studied in the lab. If lab studies suggest the treatment will work, the next step is to test its value for patients.

Colonoscopy (co-lun-AH-skuh-pee): A slender, flexible, hollow lighted tube about the thickness of a finger. It is inserted through the rectum up into the colon. A colonoscope is much longer than a sigmoidoscope, and allows the doctor to see much more of the colon's lining. The colonoscope is connected to a video camera and video display monitor so the doctor can look closely at the inside of your colon.

Complementary therapy: Therapies used in addition to standard therapy. Some complementary therapies may help relieve certain symptoms of cancer, relieve side effects of standard cancer therapy, or improve a patient's sense of well being. The American Cancer Society recommends that patients considering use of alternative or complementary therapy discuss this with their health care team.

Cyst (sist): A fluid-like mass that is usually benign. The fluid can be removed for analysis. (See *needle aspiration*).

D

Dermatologist: A doctor who specializes in skin disease.

Detection: Finding disease. Early detection means that the disease is found at an early stage, before it has grown large or spread to other sites. Note: many forms of cancer can reach an advanced stage without causing symptoms. Mammography can help to find breast cancer early, and the PSA blood test is useful in finding prostate cancer.

Diagnosis: Identifying a disease by its signs or symptoms, and by using imaging procedure and laboratory findings. The earlier a diagnosis of cancer is made, the better the chances for long-term survival.

Dietitian/registered dietitian/nutritionist: An expert in the area of food and diet; a registered dietitian (RD) has at least a bachelor's degree and has passed a national competency exam. The term nutritionist is also used, but there are no educational requirements associated with this title.

E

Endocrinologist (en-do-krin-ol-o-jist): A doctor who specializes in diseases related to the glands of the endocrine system, e.g., the thyroid, pancreas, and adrenal glands.

Endoscopy (en-dos-ko-pee): Inspection of body organs or cavities using a flexible, lighted tube called an endoscope.

Estrogen receptor assay: The estrogen receptor assay is a laboratory test done on a sample of the cancer in order to see whether estrogen receptors are present. The sample growth of normal breast cells and some breast cancers is stimulated by estrogen. Estrogen receptors are molecules that function as cells' "welcome mat" for estrogen circulating in the blood. Breast cancer cells without these receptors (called estrogen receptor negative or ER negative) are unlikely to respond to hormonal therapy. ER positive cancers are more likely to respond to hormonal therapy.

F

Fecal occult blood test: A test for "hidden" blood in the stool. The presence of such blood could be a sign of cancer.

Five-year survival rate: The percentage of people with a given cancer who are expected to survive five years or longer with the disease. Five-year survival rates have some drawbacks. Although the rates are based on the most recent information available, they may include data from patients treated several years earlier. Advance in cancer treatment often occurs quickly. Five-year survival rates, while statistically valid, may not reflect these advances. They should not be seen as a predictor in an individual case.

Frozen section: A very thin slice of tissue that has been quick-frozen and then examined under a microscope. This method gives a quick diagnosis, sometimes while the surgeon is waiting to complete a procedure. The diagnosis is confirmed in a few days by a more detailed study called permanent section

G

Gastroenterologist (gas-tro-en-ter-ol-o-jist): A doctor who specializes in disease of the digestive (gastrointestinal) tract.

Grade: The grade of cancer reflects how abnormal it looks under the microscope. There are several grading systems for different types of cancer, such as the Gleason grade for prostate cancer. Each grading system divides cancer into those with the greatest abnormality, the least abnormality, and those in between.

Gynecologist (guy-nuh-col-o-jist): A doctor who specializes in women's health.

H

Hematologist (hem-uh-tahl-o-jist): A doctor who specializes in diseases of the blood and blood forming tissue.

Hodgkin's disease: An often-curable type of cancer that affects the lymphatic system. Named for the doctor who first identified it.

Hormone receptor assay: A test to see whether a breast tumor is likely to be affected by hormones or if it can be treated with hormones. (See also *estrogen receptor assay*, *progesterone receptor assay*.)

Hormone therapy: Treatment with hormones, with drugs that interfere with hormone production of hormone action, or the surgical removal of hormone-producing glands. Hormone therapy may kill cancer cells or slow their growth.

Hospice: A special kind of care for people in their final illness, their families and caregivers. The care may take place in the patient's home or in a homelike facility.

Hysterectomy (his-ter-EK-to-me): An operation to remove the uterus through an incision in the abdomen or through the vagina. Removal of the ovaries (oophorectomy) may be done at the same time.

I

Immunotherapy (im-mune-no-THER-uh-pee): Treatments that promote or support the body's immune system response to a disease such as cancer.

Informed consent: A legal document that explains a course of treatment, the risks, benefits, and possible alternatives; the process by which patients agree to treatment.

In situ: In place; localized and confirmed to one area. A very early stage of cancer.

Invasive cancer: Cancer that has spread beyond the layer of cells where it first developed to involve adjacent tissues.

L

Leukemia (loo-key-me-uh): Cancer of the blood or blood-forming organs. People with leukemia often have a noticeable increase in white blood cells (leukocytes).

Leukocytosis (loo-ko-sigh-toe-sis): Having more than the usual number of white blood cells.

Leukopenia: Decrease in the white blood cell count, often a side effect of chemotherapy.

Localized cancer: A cancer that is confined to the place where it started; that is, it has not spread to distant parts of the body.

Lymphoma (lim-foam-uh): A cancer of the lymphatic system, a network of thin vessels and nodes throughout the body. Its function is to fight infection. Lymphoma involves a type of white blood cells called lymphocytes. The two main types of lymphoma are Hodgkin's disease and non-Hodgkin's lymphoma. The treatment methods for these two types of lymphomas are very different.

M

Malignant (muh-lig-nant) **tumor:** A mass of cancer cells that may invade surrounding tissues or spread (metastasize) to distant areas of the body.

Mammogram: A low dose radiation x-ray technique especially designed to detect breast cancer.

Margin: Edge of the tissue removed during surgery, a negative margin is a sign that no cancer was left behind. A positive margin indicated that cancer cells are found at the outer edge of tissue removed and is usually a sign that some cancer remains in the body.

Mastectomy (mas-tek-to-me): Surgery to remove all parts of breast and sometimes other tissue.

Medical oncologist: A doctor who is specially trained to diagnose and treat cancer with chemotherapy and other drugs.

Melanoma (mel-uh-no-muh): A cancerous (malignant) tumor that begins in the cells that produce the skin coloring (melanocytes). Melanoma is almost always curable in its early stages. However, it is likely to spread, and once it has spread to other parts of the body, chances for cure are much less.

Metastasis: The spread of cancer cells to distant areas of the body by way of the lymph system or bloodstream. When cancer spreads to another site, it is said to metastasize.

MRI (Magnetic Resonance Imaging): MRI is an imaging technique that uses a powerful magnet to transmit radio waves through the body. The images appear on a computer screen as well as on a film. Like x-rays, the procedure is physically painless.

N

Needle aspiration: A type of needle biopsy: Removal of fluid from a cyst or cells from a tumor. In this procedure, a needle is used to reach the cyst or tumor, and with suction, draw up (aspirate) samples for examination under a microscope. If the needle is thin, the procedure is called a fine needle aspiration or FNA. (See also *biopsy*.)

Needle biopsy: Removal of fluid, cells, or tissue with a needle for examination under a microscope. There are two types: fine needle aspiration (FNA) and core biopsy. FNA uses a thin needle to draw up (aspirate) fluid or small tissue fragments from a cyst or tumor. A core needle biopsy, use a thicker needle to remove a cylindrical sample of tissue form a tumor.

Needle localization: A procedure used to guide a surgical breast biopsy when the lump is hard to locate or when there are areas that look suspicious on the x-ray but there is not a distinct lump. A thin needle is placed into the breast. X-rays are taken and used to guide the needle to the suspicious area. The surgeon than uses the path of the needle as a guide to locate the abnormal area to be removed.

Nephrologist (nef-rol-o-jist): A doctor who specializes in disease of the kidneys.

Neurosurgeon (nur-o-sur-jun): A doctor specializing in operation to treat nervous system disorder.

Nodal status: Indicates whether the cancer has spread (node-positive) or has not spread (node-negative) to lymph nodes.

Nuclear medicine scan: A method for localizing disease of internal organs such as the brain, liver, or bone. Small amounts of a radioactive substance (isotope) are injected into the bloodstream. The isotope collects in certain organs. A scintillation camera is used to produce an image of the organ and detect areas of disease.

O

Oncologist (on-call-o-jist): A doctor with special training in the diagnosis and treatment of cancer.

Oncology(on-call-o-jee): The branch of medicine concerned with the diagnosis and treatment of cancer.

Oncology clinical nurse specialist: A registered nurse with a master's degree in oncology nursing who specializes in the care of cancer patients. Oncology nurse specialists may prepare and administer treatments, monitor patients, prescribe and provide supportive care, and teach and counsel patients and their families.

Oncology social worker: A person with a master's degree in social work who is an expert in coordinating and providing non-medical care to patients. The oncology social worker provides counseling and assistance to people with cancer and their families, especially in dealing with the non-medical issues that can result from cancer, such as financial problems, housing (when treatments must be taken at a facility away from home), and child care.

P

Palliative (pal-e-uh-tive) treatment: Treatment that relieves symptoms, such as pain, but is not expected to cure the disease. The main purpose is to improve the patient's quality of life.

Pap test: This test involves scraping some cells from a woman's cervix and looking at them under a microscope to see if abnormal cells are present.

Pathologist (path-all-o-jist): A doctor who specializes in diagnosis and classification of disease by laboratory tests such as examination of tissues and cells under a microscope. The pathologist determines whether a tumor is benign or cancerous and, if cancerous, the exact cell type and grade.

Pediatric oncologist: A doctor who specializes in the care of children.

Plastic and reconstructive surgeon: A surgeon specializing in restoring appearance or in the reconstruction of removed or injured body parts.

Platelet: A part of the blood that plugs up holes in blood vessels after an injury. Chemotherapy can cause a drop in the platelet count, a condition called thrombocytopenia that carries a risk of excessive bleeding.

Position emission tomography (PET) (pahs-uh-trahn uh-mish-uhn tom-agh-ruh-fee): A PET scan creates an image of the body (or of biochemical events) after the injection of very low dose of radioactive form of a substance such as glucose (sugar). The scan computes the rate at which the tumor is using sugar. In general, high-grade tumors use more sugar than normal and low-grade tumors use less. PET scans are especially useful in taking images of the brain, although they are becoming more widely used to find the spread of cancer of the breast, colon, rectum, ovary, or lung. PET scans may also be used to see how well the tumor is responding to treatment.

Pre-malignant: Changes in cells that may, but do not always, become cancer. Also called *pre-cancerous*.

Primary care physician: The doctor a person would normally see first when a problem arises. A primary care doctor could be a general practitioner, a family practice doctor, a gynecologist, a pediatrician, or an internal medicine doctor (an internist).

Primary site: The place where cancer begins. Primary cancer is usually named after the organ in which it starts. For example, cancer that starts in the breast is always breast cancer even if it spreads (metastasizes) to other organs such as bone or lung.

Progesterone receptor assay: A laboratory test done on a sample of the breast cancer that shows whether the cancer depends on progesterone for growth. Progesterone and estrogen receptor tests provide more complete information to help in deciding the best cancer treatment for the patient.

Prostate specific antigen (PSA): A gland protein made primarily by the prostate. Levels of PSA may be elevated for a number of benign reasons or prostate cancer. The PSA test is used to help find prostate cancer as well as to monitor the results of treatment.

Prosthesis (pros-thee-sis): An artificial form to replace a part of the body, such as breast prosthesis.

Protocol (pro-teh-call): A formal outline or plan, such as a description of what treatments a patient will receive and exactly when each should be given.

R

Radiation oncologist: A doctor who specializes in using radiation to treat cancer.

Radiation therapy: Treatment with high-energy rays to destroy cancer cells. This type of treatment may be used to reduce the size of a cancer before surgery, or to destroy any remaining cancer left after surgery.

Radioactive implant: A source of high-dose radiation that is placed directly into or around a tumor to kill the cancer cell.

Radiologist: A doctor with special training in diagnosing diseases by interpreting x-rays and other types of imaging studies, for example, CT scans and magnetic resonance imaging (MRI).

Recurrence: Cancer that has come back after treatment. Local recurrence means that the cancer has come back at the same place as the original cancer. *Regional recurrence* means that the cancer has come back in the lymph nodes near the first site. *Distant recurrence* is when cancer metastasizes after treatment to organs or tissues (such as the lungs, liver, bone marrow, or brain) farther from the original site than the regional lymph nodes.

Relapse: Reappearance of cancer after a disease-free period. (See also *recurrence*.)

Remission: Complete or partial disappearance of the signs and symptoms of cancer in response to treatment; the period during which a disease is under control. A remission may not be a cure.

S

Screening: The search for disease, such as cancer, in people without symptoms. For example, screening measures for prostate cancer including digital rectal examination and the PSA blood test; for breast cancer, mammography and clinical breast exams. Screening may refer to coordinated programs in large populations.

Sentinel lymph node biopsy: A new procedure that might replace standard axillary lymph node dissection. Blue dye or a radioisotope tracer is injected into the tumor site at the time of surgery and the first (sentinel) node that picks up the dye is removed and biopsied. If the node is cancer-free, no more nodes are removed.

Staging: The process of finding out whether cancer has spread and if so, how far. There is more than one system for staging. The TNM system, described below, is one used often.

The TNM system for staging gives three key pieces of information:

- T refers to the size of the Tumor.
- N describes how far the cancer has spread to nearby Nodes.
- M shows whether the cancer has spread (Metastasize) to other organs of the body.

Stem Cell and stem cell transplant: A variation of bone marrow transplant in which immature blood cells called stem cells are taken from the patient's blood and later, in the lab, stimulated with growth factors to produce more stem cells, which are returned to the patient by transfusion.

Surgical oncologist: A doctor who specializes in using surgery to treat cancer.

Survival rate: The percentage of survivors with no trace of disease within a certain period of time after diagnosis or treatment. For cancer, a 5-year survival rate is often given. This does not mean that people can't live for more than five years, or that those who live for five years are necessarily permanently cured.

Systemic therapy: Treatment that reaches and affects cells throughout the body; for example, chemotherapy.

T

Tumor: An abnormal lump or mass of tissues. Tumors can be benign (not cancerous) or malignant (cancerous).

Tumor markers: Substances sometimes found in the body in increased amounts that may suggest the presence of some type of cancer. Tumor markers include CA 125 (ovarian cancer), CEA (GI tract cancer) and PSA (prostate cancer). Also called biomarkers.

U

Ultrasound: An imaging method in which high-frequency sound waves are used to outline a part of the body. The sound wave echoes are picked up and displayed on a television screen. Also called ultrasonography.

Urologist (yur-ol-o-jist): A doctor who specializes in treating problems of the urinary tract in men and women, and of the genital area in men.

W

Wire localization: A method used during a surgical breast biopsy when the lump is hard to find or when there is an area that looks suspicious on the x-ray. A thin, hollow needle is placed into the breast and x-rays are taken to guide the needle to the area in question. A fine wire is inserted through the center of the needle. A small hook at the end of the wire keeps it in place. The hollow needle is then removed, and the surgeon uses the path of the wire as a guide to find the abnormal area to be removed.

X

X-rays: One form of radiation that can be used at low level to produce an image of the body on film or at high levels to destroy cancer cells.

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 - Cancer Prevention and Treatment: 2000

- Coalition Building: Getting and Keeping Filipinos Involved in Health and Social Issues: 2000
- Cancer Prevention for Filipino Americans: 2001

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KCS staff receiving an "Albertson's" Best Neighborhood grant.

Kalusugan Community Services (KCS)



KCS is a coalition of professionals and community leaders dedicated to helping Filipino Americans (Fil-Ams) and others to improve their health and well-being at home, at work and in their communities.

Develop and implement health and social programs for the Fil-Am community and others;

Serve as an advocate for the needs of Fil-Ams and others;

Conduct research on the health and social problems of Fil-Ams and develop a data bank on this population;

Provide continuing education and training for students, professionals, and community members; and

Seek and generate funds to support programs for Fil-Ams and others.

To improve the health and enhance the quality of life of Fil-Ams by promoting and advocating positive changes in lifestyle through shared community involvement with respect for regional diversity, traditional values, and belief systems.

A social marketing initiative that encourages children and their families to eat at least 5 servings of fruits and vegetables per day. Includes "Supermarket Adventure for Kids" at Albertson's grocery stores.

At Southwest High School: an educational program that reaches adolescents and their families and supports an environment that increases their choices for healthy eating and physical activity.

A program to reduce heart disease risk factors among Fil-Ams through a nutritious diet and increased physical activity.



Community forum participants on a "stretch" break.

A program to promote healthy eating and a physically active lifestyle among lower income Californians by using social marketing techniques to reach a large number of people.

A program to reduce gang violence in the Fil-Am community through parent education, after-school classes, sport activities, and community outreach.

A program to prevent AIDS in the Fil-Am community through education.

A project to prevent smoking and drug abuse among the youth through talent shows, sporting events, and mentoring programs.

A project to establish a center for Fil-Americans.

Provide field training for students and others who wish to work with Fil-Ams and its programs.

Give opportunities to those who would like to do volunteer work.

Joint Project of KCS and UCSD Cancer Prevention and Control through the San Diego Region Community Cancer Research Collaboration (SDR-CCRC). To reduce cancer risk through nutrition, physical activity, and cancer screening programs.

Joint Project of KCS and Center for Advanced Studies in Nutrition and Social Marketing to evaluate the 5-A-Day Farmers' Market Program.



Community Coordinator Maria Moranta with a team at health fair.



FILIPINO-AMERICAN "SIGLANG BUHAY PROJECT"

FOOD, FITNESS, AND CANCER PREVENTION



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PARTICIPATING ORGANIZATIONS

1. Baguio City Association of San Diego County
2. Bataan Association of Southern California
3. Bicol Club of San Diego County
4. Ceboley, USA
5. Fil-Am Association of East San Diego
6. Fil-Am Community Association of St. Rose of Lima
7. Fil-Am Retirees Association
8. Guagua Batubalani Club of San Diego County
9. Iriguenos of Southern California
10. Naic Association of San Diego, Inc.
11. National Federation of Filipino American Association (NaFFAA) Youth Ambassadors
12. Olongapo City Association
13. Salinas Association of California, Inc.
14. Samahang Bulacan of San Diego County
15. San Diego Majestic Lions Club
16. South Bay Fil-Am of San Diego
17. South Bay Terrace Community Park Fil-Am Senior Citizens Association
18. United Fil-Am Senior Citizens of San Diego, Inc.

CANCER FACTS

A cancer crisis exists among Asian-Americans including Filipino-Americans (Fil-Am) today.

- It is now the leading cause of death among Asian-American women.
- New cases of cancer & deaths due to cancer have more than doubled in Asian-Americans in the last few years.



FILIPINO-AMERICANS

New cancer cases are higher among Fil-Ams than Caucasians in the following sites:

Cervix...for women • Liver & intrahepatic bile duct, for men & women
Nasopharynx for men • Thyroid for Filipino men & women

Most common cancer sites:

WOMEN

1. Breast
2. Colorectal
3. Lung
4. Uterus
5. Thyroid

MEN

1. Prostate
2. Lung
3. Colorectal
4. Non-Hodgkins Lymphoma
5. Liver

PREVENTION

Most cancers can be preventable through changes in lifestyle. The following are the American Cancer Society (ACS) Guidelines on Diet, Nutrition, and Cancer Prevention:

1. Choose most of the foods you eat from plant sources.
2. Limit your intake of high-fat foods, particularly from animal sources.
3. Be physically active: achieve and maintain a healthy weight.
4. Limit consumption of alcoholic beverages, if you drink at all.

And always remember...
Do not use tobacco in any form.



SIGLANG BUHAY PROJECT

A three year project to reduce the risk of Fil-Ams for cancer through eating a minimum of 5 servings of fruits & vegetables per day, increasing moderate physical activity to at least 30 minutes per day, three or more times per week, and greater use of cancer screening services.

1. Group A—Prevention through improved nutrition & physical activity. Activities include:
 - Nutrition/physical activity seminars or workshops
 - Cooking demonstrations
 - Recipe contests
 - Walkathons
 - Dancing clubs
 - Basketball tournaments
 - Gardening
2. Group B—Prevention through greater use of cancer screening services, such as:
 - Breast
 - Cervical
 - Colorectal
 - Prostate
 - Testicular
 - Activities include: seminars + workshops on cancer screening & field trips