

N.E.D.

NO EVIDENCE OF DISEASE

We, the musicians of N.E.D. are all board certified Gynecologic Oncologists whose chosen work is to help women in their fight against cancers of the reproductive system. We follow our patients throughout treatment from initial detection through radiation, chemo therapy, surgery and post-operative rehabilitation. In the happiest of cases therapy leads to the joyful words "no evidence of disease" while in other cases, outcomes are not as positive. For all women, however, a central focus on quality of life is key. Cancers of the reproductive system are insidious and sometimes hard to detect, but there are many preventative and early detection measures that can be taken. In the spirit of N.E.D. we ask you to read and share the information in the following pages which has been provided to you by The Gynecologic Cancer Foundation.

This information can save lives.



WHAT EVERY WOMAN SHOULD KNOW

What are gynecologic cancers?

Gynecologic cancers are the uncontrolled growth and spread of abnormal cells originating in the female reproductive organs, including the cervix, ovaries, uterus, fallopian tubes, vagina and vulva.

What causes gynecologic cancers?

There are many factors that cause gynecologic cancers. Medical research has discovered that some classes of genes, called oncogenes and tumor suppressor genes, promote the growth of cancer. The abnormal function of these genes can be acquired (e.g., through smoking, aging, environmental influences) or inherited. Almost all cervical cancers and some cancers of the vagina and vulva are caused by a virus known as HPV, or Human Papillomavirus.

Who should treat gynecologic cancers?

Gynecologic cancers should be treated by a gynecologic oncologist. A gynecologic oncologist is a board-certified obstetrician/ gynecologist who has an additional three to four years of specialized training in an American Board of Obstetrics and Gynecology-approved program which provides training in the biology and pathology of gynecologic cancers, and in all forms of treatment for these diseases, including surgery, radiation, chemotherapy and experimental treatments. To find a gynecologic oncologist in your area, contact: www.sgo.org.

How are gynecologic cancers treated?

Gynecologic cancers are treated by using one or more of the following; surgery, radiation therapy or chemotherapy. The choice of therapy(s) depends on the type and stage of the cancer.

Who is at risk?

Every woman is at risk for developing a gynecologic cancer. It is estimated that there will be about 80,000 new cases diagnosed and approximately 28,000 deaths from gynecologic cancers in the United States each year.

WHAT CAN I DO TO PROTECT MYSELF AND MY LOVED ONES?

- **Learn to self examine:** Regular self examinations offer the best chance at the detection of certain types of gynecologic cancers in their earliest stages, when successful treatment is most possible.
- **Get screened:** Annual visits with a gynecologist are recommended for all women who are sexually active or 18 years and older.
- **Vaccinate your children:** HPV
Vaccinations are available and are highly effective in preventing HPV infections in select individuals, which can prevent cervical and other types of gynecologic cancer. Ask your doctor if the HPV vaccine makes sense for you.
- **Live healthy:** Maintaining a healthy diet, regular exercise, and healthy lifestyle choices can play a significant role in the prevention of cancer.
- **Get tested:** If there is a history of cancer in your family, speak to your doctor to see if there are tests available that can detect genes increasing your risk of cancer.

WHAT ARE THE TYPES OF GYNECOLOGIC CANCERS?

CERVICAL CANCER

Cervical cancer is a cancer that begins in the cervix, the part of the uterus or womb that opens to the vagina. Cervical cancer is caused by abnormal cellular changes in the cervix and is the one gynecologic cancer that can be prevented by regular screening and appropriate vaccination. Cervical cancer usually affects women between the ages of 30 and 55, but has been found as early as the teen years.

Incidence: It is estimated that there will be about 11,000 new cases of invasive cervical cancer diagnosed and approximately 4,000 deaths in the United States each year.

Symptoms: Bleeding after intercourse, excessive discharge and abnormal bleeding between periods.

Risk factors: Persistent infection with high-risk Human Papilloma Virus (HPV) has been shown to cause virtually all cervical cancers. However, HPV is very common and most women with HPV will never get any cervical disease. Other risk factors include smoking, HIV infection, starting to have sexual intercourse at a young age and failure to get an annual gynecologic examination and PAP test, which can offer the life-saving possibility of early diagnosis and effective treatment.

Screening/Prevention: Early vaccination with annual screening, which includes a PAP test and HPV test when recommended according to standard guidelines, is now the most effective strategy to prevent cervical cancer. It is important for women to make sure that a PAP test is performed and to find out the results, because it is possible to have a pelvic exam without a PAP test. It is also important that women know and understand the meaning of their PAP test results, and follow through with any recommendations made by their health care provider.

Vaccination: One of the most significant advances in the fight against cervical cancer is the development of HPV vaccines. In June 2006, one of these vaccines, Gardasil®, was approved by the FDA for use in 9-26 year old women and girls. In large clinical trials, the vaccine was found to be very effective in protecting women from developing precancerous lesions of the cervix, vulva and vagina.

OVARIAN CANCER

Ovarian cancer, the seventh most common cancer among women, usually starts on the surface of the ovary in cells that are called epithelial cells. About 85 percent to 90 percent of ovarian cancers are epithelial ovarian cancers.

Incidence: Ovarian cancer ranks fifth in cancer deaths among women and causes more deaths than all other gynecologic cancers combined. It is estimated there will be about 21,000 new cases diagnosed and approximately 14,500 deaths from ovarian cancer in the United States each year.

Symptoms: Bloating, pelvic or abdominal pain, difficulty eating or feeling full quickly and/or urinary symptoms (urgency or frequency). Women with ovarian cancer report that symptoms are persistent and represent a change from normal for their bodies. The frequency and/or number of such symptoms are key factors in the diagnosis of ovarian cancer. Several studies show that even early stage ovarian cancer can produce these symptoms. Women who have these symptoms almost daily for more than a few weeks should see their doctor, preferably a gynecologist. Prompt medical evaluation may lead to detection at the earliest possible stage of the disease. Early stage diagnosis offers the best chance at successful treatment.

Additional potential warning signs: Other symptoms that have been commonly reported by women with ovarian cancer include fatigue, indigestion, back pain, pain with intercourse, constipation and menstrual irregularities. However, these other symptoms are not as useful in identifying ovarian cancer because they are also found in equal frequency in women in the general population who do not have ovarian cancer.

Risk factors: The risk of epithelial ovarian cancer increases with age, especially around the time of menopause. A family history of epithelial ovarian cancer is one of the most important risk factors. Infertility and not bearing children are also risk factors for getting ovarian cancer, while pregnancy and the use of birth control pills decrease the risk.

Screening/Prevention: Currently, there is no widely accepted and effective screening test for epithelial ovarian cancer. High-risk women may be candidates for screening using transvaginal ultrasound and CA 125 blood tests on an annual or biannual schedule, though the benefits of such screening is unproven. For most women, ultrasound and CA 125 screening is not presently advised due to problems with false positive results leading to unnecessary surgery.

UTERINE CANCER: ENDOMETRIAL

The endometrium is the lining layer of the uterine cavity, and most uterine cancers begin because of cancerous changes in the lining. With endometrial cancer, cells in the endometrium lining grow out of control, may invade the muscle of the uterus, and sometimes spread outside of the uterus (ovaries, lymph nodes, abdominal cavity).

Incidence: Cancer of the endometrium is the most common reproductive cancer. It is estimated that there will be about 42,000 new cases diagnosed and approximately 7,500 deaths from endometrial cancer in the United States each year.

Symptoms: The most common warning sign for endometrial (or uterine) cancer is abnormal vaginal bleeding, and the recognition of this symptom often affords an opportunity for early diagnosis and treatment. In older women, any bleeding after menopause may be a symptom of endometrial cancer. Younger women should note irregular or heavy vaginal bleeding.

Risk factors: Risk factors for endometrial cancer include obesity, hypertension, diabetes, use of estrogen without progesterone, Tamoxifen use and late menopause (after age 52).

Women who have not been pregnant also have a slightly higher risk for endometrial cancer.

Screening/Prevention: Currently, there are no screening tests for endometrial cancer that are recommended on a routine basis. The PAP test is designed to find cervical cancers and its precursors, NOT endometrial cancer.

- **Maintain a healthy lifestyle:** A woman may lower her risk for developing endometrial cancer by exercising regularly, eating a healthy diet and maintaining a healthy weight. Keeping blood sugar and blood pressure under control also helps lower the risk.

- **Get tested if you have abnormal bleeding:** Women with unexpected postmenopausal bleeding or heavy, prolonged or unexpected bleeding during the menstruating years should have an endometrial biopsy to check for endometrial cancer.

VAGINAL CANCER

Vaginal cancer originates in the vagina, usually in the squamous epithelium (vaginal lining). It is usually diagnosed in older women and radiation is the most common treatment.

Incidence: Vaginal cancer is very rare. It is estimated that there will be about 2,000 new cases diagnosed and 750 deaths from vaginal cancer in the United States each year. Vaginal cancer accounts for about 3 percent of reproductive cancers.

Symptoms: Vaginal cancer, especially at precancerous and early stages, may not cause any symptoms. Common symptoms of more advanced stages include bleeding, pain, or problems with urination or bowel movements.

VULVAR CANCER

Vulvar cancer is caused by the growth and spread of abnormal cells of the skin of the labia and perineum.

Incidence: Vulvar cancer is uncommon. It is estimated that there will be about 3,500 new cases diagnosed and approximately 900 deaths from vulvar cancer in the United States each year. Vulvar cancer is usually diagnosed in the early stages and is most often cured with surgical treatment.

Symptoms: Itching, burning, bleeding, pain, or a new lump or ulcer in the genital area are common symptoms.

FALLOPIAN TUBE CANCER

Cancer rarely will develop in the fallopian tubes. Treatments and risk factors for fallopian tube cancer are similar to ovarian cancer.

What are the warning signs?

Gynecologic oncologists advise women to seek medical attention if these symptoms persist for two weeks:

- Change in bowel or bladder habits
- Genital sore that does not heal
- Unusual vaginal discharge
- A thickening or lump that either causes pain or can be seen or felt
- Persistent indigestion
- Pain in the pelvic area
- Persistent or progressive fullness, bloating or pressure in the abdomen or pelvis

In addition, women should seek medical attention immediately if they have vaginal bleeding after menopause. Even light brown vaginal spotting after menopause is abnormal and should prompt a woman to seek evaluation. In the premenopausal age group, woman should be checked if they develop new heavy menstrual periods or bleeding between periods. If you have been diagnosed with a gynecologic cancer, seek care first from a gynecologic oncologist. To find a gynecologic oncology specialist in your area visit: www.wcn.org or www.sgo.org.



**TO LEARN MORE AND SUPPORT AWARENESS AND RESEARCH
TO PREVENT GYNECOLOGIC CANCERS PLEASE VISIT THESE WEBSITES:**

Women's Cancer Network (WCN)
www.wcn.org

The Gynecologic Cancer Foundation (GCF)
www.thegcf.org

GCF's National Cervical Cancer Public Education Campaign
www.cervicalcancercampaign.org

Cancer Schmancer
(A health movement led by Fran Drescher)
www.cancerschmancer.org

N.E.D. Cancer Foundation
www.nedcancerfoundation.org

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- Help us spread the word online by visiting **www.nedtheband.org** or **www.motema.com** to get a free N.E.D. music and info widget to post on your personal or company website, blog, Facebook, MySpace, or other social networking site.
- Make a donation at **www.nedcancerfoundation.org**.

September is gynecologic cancer awareness month! Be a part of it all...

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