

WCSP Newsletter

Aging with Grace

Do we really want a “Fountain of Youth”? Is it possible to prolong the aging process? If we found the “Fountain of Youth” would we be able to decrease the probability of getting cancer or other chronic diseases when we are old?

We, as humans, have been looking for ways to increase our life spans or be younger for longer than any of us can remember. Juan Ponce de Leon thought he found the “Fountain of Youth” in Florida after the new world was discovered. Today, scientists study the process of aging, in the lab, hoping that there will be ways to slow down the progression and improve our quality of life. The latest and greatest studies include the study of the centurion population world wide known as the Blue Zones. (6)

Google definitions for AGING are: 1). Ripening, acquiring desirable qualities by being left undisturbed for some time. 2). the organic process of growing older and showing the effects of increased age. 3). the accumulation of changes in an organism or object over time. 4). Becoming senescent (ceasing to divide by mitosis because of excessive DNA damage); accumulation damage to macromolecules, cells, tissues and organs with the passage of time. (I personally like definition number 1.) (1) MedicineNet.com states that, “human aging is the process of becoming older, a process that is genetically determined & environmentally modulated”.

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Aging with Grace con't

Per the collaboration of Jay Olshansky, Leonard Hayflick and Bruce Carnes “aging is the accumulation of random damage to the building blocks of life – especially to DNA, certain proteins, carbohydrates and lipids – that begins early in life and eventually exceeds the body’s self-repair capabilities. This damage impairs the functioning of cells, tissues, organs and organ systems, thereby increasing vulnerability to disease.”(4)

As we age and are diagnosed with a chronic disease, several factors contribute to our survival rate: Co-morbid conditions, progression of disease at diagnosis, incapability of various cancer drugs in association with other medication the patient is receiving, and the most import one is old age itself (fewer years of life left). (3)

Environmental factors such as smoking, stress & exercise seem to affect the rate at which our cells age.

(5) Per Dan Buettner, Blue Zone Founder, “Danish Twin Studies established that less than 25% of how long the average person lives is dictated by genes”. (6) When we are young, we don’t think about how our actions will affect us as we age, so many of us smoke, drink and enjoy an unhealthy life style. But as we reach our middle ages and look toward retirement, we realize that we need to take better care of ourselves. We become more aware of our health and life style and how we can prolong our lives. More screening procedures are conducted, because we are more diligent about receiving routine health care.

We can possibly make our own “Fountain of youth by changing our behaviors and environment.

BlueZones.com recommends 4 behaviors to increase our life span: 1. Move naturally: focus on activities such as gardening, walking, and playing with your family. 2. Have the right outlook: know your sense of purpose and make personal time for calm. 3. Eat Wisely: eat 20% less meat, avoid processed food and drink a couple of glasses of wine daily. 4. Belong to the right tribe: surround yourself with the right people. Connect or reconnect with your religion and put loved ones first. (6)

Our life expectancy has increased over many years due to all of the options that are open to us for health care and our life styles. As a whole, we get the necessary care that we need, we are improving our life styles and we are taking better care of ourselves at a younger age. But like any machine our bodies will eventually just “wear out”.

1. wordnetweb.princeton.edu/perl/webwn
2. <http://www.merck.com/mkgr/mmg/sec9/ch72/ch72a.jsp>
3. Dec. 29 2008 No truth to the Fountain of Youth. <http://www.scientificamerican.com>
4. <http://www.demographic-research.org/Volumes/Vol9/8/9-8.pdf>
5. <http://www.time.com/time/health/article/0,8599,1963637,00.html>
- 6 <http://www.bluezones.com/about>

Submitted by : Vicki Moxley



Human Papillomavirus (HPV) and Cervical Cancer

This year alone, 12,000 women in the United States are estimated to be diagnosed with cervical cancer and more than 4,000 may die from it. Additionally, over 5,000 men and women may be diagnosed with anal cancer and approximately 770 of them are expected to die from it.

There appears to be an association between the Human Papillomavirus (HPV) and cancer. There are more than 150 types of HPV and more than 40 types are spread through sexual transmission. These viruses are common and can occur without any symptoms and could cause genital infections. The body usually fights the infections and they go away. However, some infections are persistent in which cell changes may occur and this area could become precancerous and could then become cervical cancer if left undetected and untreated. The reason that cervical and anal cancer statistics are listed above is because these cancers are caused from high-risk HPV and there are more than 15 high-risk types identified.

Fortunately, few HPV infections ever lead to cervical cancer which can be treated before it becomes cervical cancer. The Center for Disease Control and Prevention (CDC) recommends that women start getting regular Pap tests beginning at age 21, or they should start getting routine Pap tests within three years of their first sexual encounter, whichever happens first. Another useful screening is an HPV DNA test that looks for viral DNA from any of

The many high-risk virus types and can detect the presence of an infection in the cervical cells before cell changes become apparent. These tests can be performed at the same time and the procedure is much like a Pap test.

Cervical cancer used to be one of the deadliest among women but according to the National Cancer Institute at the National Institutes of Health, the numbers of cases and deaths decrease by at least 80% and it is felt to be due to regular Pap screening and early detection. Please remember to consult with your physician to see if it's appropriate to have regular gynecological exams and talk to your mothers and daughters about the importance of these exams.

More information regarding diagnosis and mortality can be obtained from National Cancer Institute at National Institutes of Health at: <http://www.cancer.gov/cancertopics/factsheet/risk/HPV>.

To get more information about HPV infection, go to: <http://www.niaid.nih.gov/Pages/default.aspx>

For more information on Cervical Cancer Screening, go to: http://www.cdc.gov/cancer/cervical/basic_info/screening.htm

For more details about the benefits of screening with the Pap test, go to: <http://www.cancer.gov/cancertopics/pdq/screening/cervical/HealthProfessional>

Submitted by : Deneen Shadakofsky

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September: Color of the Month Blue **Promoting Prostate Cancer Awareness**

Most of us working in Tumor Registry or in a cancer program know that the month of September is Prostate Cancer Awareness Month. In males, prostate cancer is the most frequently diagnosed cancer, after skin cancer and the second largest cause of cancer deaths after lung cancer (1).

Like the other cancer awareness months, the news media will publish articles, the Health Fairs will encourage men to have their PSA's checked, special events will take place and the politicians will make their speeches. But what happens when the band stops playing? Currently, there are no studies to prove that prostate cancer awareness campaigns have increased efforts by men to have their PSA checked or to undergo a digital rectal exam.

On the brighter side, this does not mean we, as friends and family members, should not encourage the men in our lives to get annual exams. The proof is in the statistics.

According to the American Cancer Society, about 217,730 new cases of prostate cancer will be diagnosed this year and 32,000 men will die from prostate cancer. One in six men will be diagnosed with prostate cancer in their life time. Grim statistics, yet greater than 2 million men in the United States are surviving with prostate cancer.(2)

No doubt, the key to any success story is early detection with cancer screening tests. For prostate cancer, screening includes a PSA test. The PSA stands

for Prostate Specific Antigen. A simple blood test that measures anti-bodies whose presence indicates the body's attempt to fight infection or cancer related to the prostate. However, the PSA alone should not be the only tool in the diagnostic toolbox. The PSA is normally found in a man's blood stream, therefore, it is important to understand that an elevated PSA may not be an indication of cancer. Other conditions include BPH (benign prostatic hyperplasia), a prostate infection or other inflammatory process. Other factors to consider include a man's age, size and symmetry of the prostate (as determined by a digital rectal exam), the rate at which the PSA is rising or changing and medications. About one in four men with a positive PSA test will be diagnosed with prostate cancer.(3)

Prostate cancer risk factors include age, race, nationality, family history and diet.

Age is the strongest risk factor for men between the ages of 40 and 75. Prostate cancer before the age of 40 is rare but rises rapidly after 50. Two of three prostate cancers are diagnosed in men over 65.(4)

African American men have a higher incidence of prostate cancer than other races and are more likely to be diagnosed at an advanced stage. Hispanic/Latino men have a lower incidence of prostate cancer than non-Hispanic whites. Asian-Americans have a lower incidence of prostate cancer but a higher risk than men living in Asia with similar backgrounds.(5)

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Prostate Cancer Awareness Con't

A family history of prostate cancer may suggest an inherited or genetic risk factor. Prostate cancer in a direct family member such as father or brother, more than doubles a man's risk for developing prostate cancer.(6) However, genetic testing is not yet available for prostate cancer.

There is no clear indication as to the role of diet as a risk factor for prostate cancer. It has been noted that diets high in red meat, low in fruits and vegetables and high in calcium appear to have a higher risk of developing prostate cancer. (7)

Other risk factors being researched include smoking, prostate inflammation, prostate infections and vasectomy before the age of 35. Not all men with risk factors will get cancer as the link between these risk factors and prostate cancer is not clear.(8)

Anyone wanting to learn more about prostate cancer statistics, prostate cancer risks and treatments, may visit on line resources including the website of the National Cancer Institutes at <http://www.cancer.gov/cancertopics/types/prostate>. The Wyoming Comprehensive Cancer Control Consortium has a prostate cancer tool kit available on line at

<http://health.wyo.gov/phsd/ccc/cancerkits.html>.

1. "General Information about Prostate Cancer," National Cancer Institute, www.cancer.gov.
 2. "What are the Key Statistics About Prostate Cancer?," National Cancer Institute, www.cancer.gov.
 3. "Prostate Cancer Screening: Should you get a PSA test?" mayoclinic.com/health/prostate-cancer
- 4,5,6,7,8 "What are the risk factors for prostate cancer?" American Cancer Society, www.cancer.org.

Submitted by : Deb Broomfield

Below: picture of Wyoming State Capital decorated in lights and ribbon to bring awareness about prostate cancer for the month of September.



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Upcoming Events

December, 2011

12/1 NAACCR Webinar- Collecting Cancer Data: Thyroid and Adrenal Gland

January 2012

1/5 NAACCR Webinar- Collecting Cancer Data: Pancreas

February, 2012

2/2 NAACCR Webinar—Collecting Cancer Data: Lung

March, 2012

3/1 NAACCR Webinar– Abstracting and Coding Boot Camp: Cancer Case Scenarios

April, 2012

4/5 NAACCR Webinar Collecting Cancer Data: Lower Digestive System
4/18 –4/21 NCRA 38th Annual Conference, Washington DC



WCSP newsletter is a semi-annual publication of the Wyoming Cancer Surveillance Program (WCSP).

This and previous issues are also available online at:

<http://www.health.wyo.gov/phsd/wcsp/news.html>

****Please note the WCSP mailing address has changed– our new address is:**

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