

THINK PINK!



About one in eight U.S. women (about 12 percent) will develop invasive breast cancer over the course of their lifetimes, according to breastcancer.org. In 2016, an estimated 246,660 new cases of invasive breast cancer are expected to be diagnosed in women in the U.S., along with 61,000 new cases of non-invasive (in situ) breast cancer.

For Breast Cancer Awareness Month, and to bring awareness to all forms of cancer, the Ohio Employee Assistance Program (OEAP) encourages you to take preventive measures and be aware of dangers in your body. For more information about cancer and other topics, visit liveandworkwell.com and enter the code 00832 to access articles, tools and other resources.

What Can I Do to Reduce My Risk of Breast Cancer?

Many factors can influence your breast cancer risk, and most women who develop breast cancer do not have any known risk factors or a history of the disease in their families. However, you can help lower your risk of breast cancer in the following ways:

- Keep a healthy weight;
- Exercise regularly (at least four hours a week);
- Get enough sleep;
- Don't drink alcohol, or limit alcoholic drinks to no more than one per day;
- Avoid exposure to chemicals that can cause cancer (carcinogens);
- Try to reduce your exposure to radiation during medical tests like mammograms, X-rays, CT (computerized tomography) scans, and PET (positron emission tomography) scans;

- If you are taking, or have been told to take, hormone replacement therapy or oral contraceptives (birth control pills), ask your doctor about the risks and find out if it is right for you; and
- Breastfeed your babies, if possible.

Although breast cancer screening cannot prevent breast cancer, it can help find breast cancer early, when it is easier to treat. Talk to your doctor about which breast cancer screening tests are right for you, and when you should have them.

If you have a family history of breast cancer or inherited changes in your BRCA1 and BRCA2 genes, you may have a higher breast cancer risk. Talk to your doctor about these ways of reducing your risk:

- Antiestrogens or other medicines that block or decrease estrogen in your body; and
- Surgery to reduce your risk of breast cancer:
 - Prophylactic (preventive) mastectomy (removal of breast tissue); and
 - Prophylactic (preventive) salpingo-oophorectomy (removal of the ovaries and fallopian tubes).

It is important that you know your family history and talk to your doctor about screening and other ways you can lower your risk.

By Centers for Disease Control and Prevention.



Cancer Facts for People Older Than 50

Cancer strikes people of all ages, but you are more likely to get cancer as you get older, even if no one in your family has had it. The good news is that cancer death rates are going down. No matter what your age, the chances of surviving cancer are better today than ever before.

What Is Cancer?

There are many kinds of cancer but they all begin when cells in a part of the body become abnormal and start making more cells. These extra cells form a mass of tissue called a growth or tumor. If the tumor gets bigger, it can hurt nearby tissues and organs. Cancer cells also can break away and spread to other parts of the body.

When cancer is found early, treatment is more likely to work. Early treatment often can shrink or destroy the tumor and stop it from growing and spreading. It may help to get regular checkups and to know the symptoms of cancer.

What Symptoms Should I Watch For?

Cancer can cause many different symptoms. Here are some things to watch for:

- A thickening or lump in the breast or any other part of the body;
- A new mole or a change in an existing mole;
- A sore that does not heal;
- Hoarseness or a cough that does not go away;
- Changes in bowel or bladder habits;
- Discomfort after eating;
- A hard time swallowing;
- Weight gain or loss with no known reason;
- Unusual bleeding or discharge; and
- Feeling weak or very tired.

Most often, these symptoms are not due to cancer. They may be caused by non-cancerous (benign) tumors or other problems. If you are having any of these symptoms or other changes in your health, you should see a doctor as soon as possible. Don't wait to feel pain. In its early stages, cancer usually doesn't cause pain.

What Regular Tests Should I Have?

It is important to have regular tests to check for cancer long before you might notice anything wrong. Checking for cancer when you don't have symptoms is called screening. Screening may involve a physical exam, lab tests or tests to look at internal organs.

Medicare now covers a number of screening tests for cancer. For more information, visit [medicare.gov](https://www.medicare.gov) or call the Medicare toll-free help line at 1-800-633-4227.

Before recommending a screening test, your doctor will ask about your age, past medical problems, family medical problems, general health and lifestyle. You may want to talk about your concerns or questions with your doctor so that together you can weigh the pros and cons of screening tests.

If you are 50 years old or older, the following is a list of some screening tests that check for some specific cancers:

Breast Cancer: Clinical Breast Exam

During a clinical breast exam, a doctor or other health care professional checks the breasts and underarms for lumps or other changes that could be a sign of breast cancer. Although primarily diagnosed in women, breast cancer can happen to men as well.

Breast Cancer: Mammogram

A special X-ray of the breast that often can find cancers too small for a woman or her doctor to feel. A woman's risk of breast cancer goes up as she gets older. The National Cancer Institute (NCI) says that women in their 40s or older should have a screening mammogram every one to two years.



Cervical Cancer: Pap Test

The doctor gently scrapes cells from the cervix (the lower part of the uterus or womb) and vagina. The cells are sent to a lab to see if they are abnormal. The NCI recommends that all women have a Pap test at least once every three years. However, if you are age 65 or older, talk with your doctor about whether you still need to get Pap tests.

Cervical cancer is caused by a virus, called the human papilloma virus (HPV), which can stay in the body for many years.

Cervical and Other Cancers: Pelvic Exam

The doctor checks the uterus, vagina, ovaries and rectum for any changes in shape or size. During a pelvic exam, an instrument called a speculum is used to widen the

continued on Page 3

vagina so that the upper part of the vagina and the cervix can be seen.

Colorectal Cancer: Fecal Occult Blood Test

Stool samples are put on special cards and sent to a lab. In the lab, they are looked at under a microscope to see if there is occult (hidden) blood, which can be a sign of cancer. Studies show that if you have a fecal occult blood test every one or two years between the ages of 50 and 80, you can lower your chance of dying from colorectal cancer. Most cases of colorectal cancer are diagnosed in people older than 50.

Colorectal Cancer: Sigmoidoscopy

The doctor uses a thin, flexible tube with a light to look inside the lower part of the colon and rectum for growths or abnormal areas. Studies show that sigmoidoscopy, done once every five years, can save lives.

Colorectal Cancer: Colonoscopy

Although like a sigmoidoscopy, this test looks at the whole colon. Some doctors recommend a colonoscopy every 10 years.

Mouth and Throat Cancers: Oral Exams

Are used by doctors and dentists to detect cancer early by looking at the lips, tongue, mouth and throat to see if there are any abnormal changes.

Prostate Cancer: Digital Rectal Exam

The doctor puts a gloved finger into the rectum and feels the prostate through the wall of the rectum. If the doctor feels hard or lumpy areas, they may be a sign of cancer. Prostate cancer is the most common cancer in American men — especially men older than 65. Researchers are working to find the best screening test for prostate cancer.

Prostate Cancer: Prostate Specific Antigen (PSA)

Measures the amount of PSA in the blood. If the PSA level is higher than average, it may mean that prostate cancer cells are present. PSA levels also may be high in men who have other prostate problems. Researchers are studying ways to make the PSA test more accurate.

Skin Cancer: Skin Exams

Are routine exams of the skin that can help find skin cancer early. Skin cancer is the most common form of cancer in the United States.

If a screening test does show a growth or abnormal change, it doesn't always mean that you have cancer. You may need more tests. A biopsy is the only sure way to know whether the problem is cancer. In a biopsy, a small piece of tissue is taken from the abnormal area and looked at under a microscope to check for cancer cells. If tests show you have cancer, you should talk with your doctor and decide how to treat it as soon as possible.



How Is Cancer Treated?

There are a number of cancer treatments. These include surgery, radiation therapy and chemotherapy (anticancer drugs). Recently, doctors have also been using biological therapy for some cancers. Some biological therapies help the body's defenses kill cancer cells. Other biological therapies block the chain of events in and around cancer cells so that they die or stop growing.

People with cancer often see different specialists. These may include a medical oncologist (specialist in cancer treatment), a surgeon, a radiation oncologist (specialist in radiation therapy) and others. The doctor may talk with you about using one type of treatment alone or two or more treatments together. Your choice of treatment depends on the type of cancer you have, where it is in the body and the stage where it is. You and your doctor also will take into account your overall health and any specific health problems you may have.

You may have heard that older people cannot have the same treatments as younger people with cancer. But studies show that treatments used in younger adults are often safe and work just as well in older adults.

Before starting treatment, you may want another doctor to go over the diagnosis and treatment plan. This is called getting a second opinion. Some insurance companies require a second opinion; others may pay for a second opinion if you ask for one.

Some cancer patients take part in studies of new treatments. These studies — called clinical trials — are meant to find out whether new treatments are safe and whether they work, or work better, than other treatments. If you are a cancer patient and are interested in taking part in a clinical trial, talk with your doctor.

Can Cancer Be Prevented?

Although your chances of getting cancer go up as you get older, there are steps you can take to prevent it. Experts

continued on Page 4

think that about two-thirds of all cancers may be linked to things we can control, especially use of tobacco and what we eat and drink. Having a lot of contact with some chemicals, metals or pesticides (weed killers and insect killers) also can make your risk of cancer higher. You can lower your risk of cancer in several ways:

Do not use tobacco products.

Tobacco causes cancer. In fact, smoking tobacco, using smokeless tobacco and passive smoking (often breathing other people's tobacco smoke) cause a third of all cancer deaths in the United States each year.

Avoid sunburns.

Too much ultraviolet radiation from the sun and from other sources — such as sunlamps and tanning booths — damages your skin and can cause skin cancer.

Eat right.

Have at least five servings of fruits and vegetables each day. Also cut down on fatty foods and eat plenty of fiber. Researchers think that about a third of all cancers are linked to what we eat and drink. People who have high-fat diets are more likely to have cancer of the breast, colon, uterus and prostate.

Keep your weight down.

People who are very overweight are more likely to get cancers of the prostate, pancreas, uterus, colon and ovary. Older women who are overweight are more likely to develop breast cancer.



Stay active.

Studies show that exercise can help lower your chance of getting breast and colon cancer and perhaps other cancers too. The National Institute on Aging has more information on exercise for people age 50 and older, visit: nia.nih.gov.

If you drink alcohol, don't have more than one or two drinks a day.

Drinking large amounts of alcohol raises the risk of cancers of the mouth, throat, esophagus and larynx. People who smoke cigarettes and drink alcohol have an especially high risk of getting these cancers.

Follow work and safety rules to avoid dangerous contact with materials that cause cancer.

By National Institute on Aging. Public domain.

Working During Cancer Treatment: Things to Consider

Many cancer patients wish to maintain some balance in their lives throughout their treatment and the healing process. Juggling treatment and work is a different experience for every individual. Some find it too stressful to work while others find that work is a healthy outlet and a distraction from the regimen of their treatments.

There are pros and cons to both options, but ultimately it is your personal decision. This article offers tips for both working through your treatment and taking time off.

To Work or Not During Treatment

Because you can't always predict how you will handle treatment and medications, it is important to gather as much information as you can about your diagnosis and treatment before making a decision. These are some questions and issues to consider:

- Tell your doctor about your job and the typical duties you perform. Don't hide any information from him or her, such as potential stressors or anticipated overtime. Your physician has a good understanding of potential side effects and may be able to offer suggestions to assist with any risks that you may encounter;
- Consider how your mood, energy level and physical stamina may change during treatment. Although cancer treatments affect everyone differently, your physician may be able to provide a rough idea of how your illness will affect you;
- Understand the complications and side effects of treatments;
- Ask how your treatments may affect your job;

continued on Page 5

- Consider your work's proximity to your doctor, the treatment center or hospital; and
- Do additional research by learning more about your diagnosis and treatment options online or at the library.

The Decision Process

After you know more about your illness and the physical and emotional effects it may have, the next step is to evaluate how or if you can adapt your job to your temporary needs. Here are some places to start:

- Research your employer's policy. Talk with your human resources department about options available to you. Every employee is eligible for the federal Family Medical Leave Act (FMLA), but some employers have special policies in place such as contingency plans for sick workers.
- Talk to your supervisor about options. It's up to you how much information you choose to share, but come prepared with ideas and suggestions for adapting your schedule. You are showing that you are proactive and a problem-solver.
- Analyze your schedule. Review your work schedule and project list. How much of your work do you need to do in the office? Can you do any of it at home? Consider if the following adjustments might make continuing work a possibility:
 - Working from home;
 - Flexible working hours;
 - Using vacation for sick days;
 - Shifting job responsibilities; and
 - Creating a new position.

Communicate

Once you have made your decision, contact your boss and begin talking to your co-workers. Having open communication will help those who are concerned about you. You may be hesitant to give a lot of details, but lack of communication can cause anxiety and confusion. Following are some specifics to consider:

Your Supervisor

Though your supervisor already knows of your condition, it is advisable to meet again to discuss what decision you have made and establish formal changes. This also is a good time to explain the level of privacy you would like to maintain.

Your Co-workers

Your co-workers are likely to have varying reactions to your diagnosis. They may be distant and may not know what to say. Your illness may remind them of their own health and wellness. In some cases, they may resent picking up the extra work, or they may be helpful and understanding. How much you share is your decision. It might be best if they know the following:

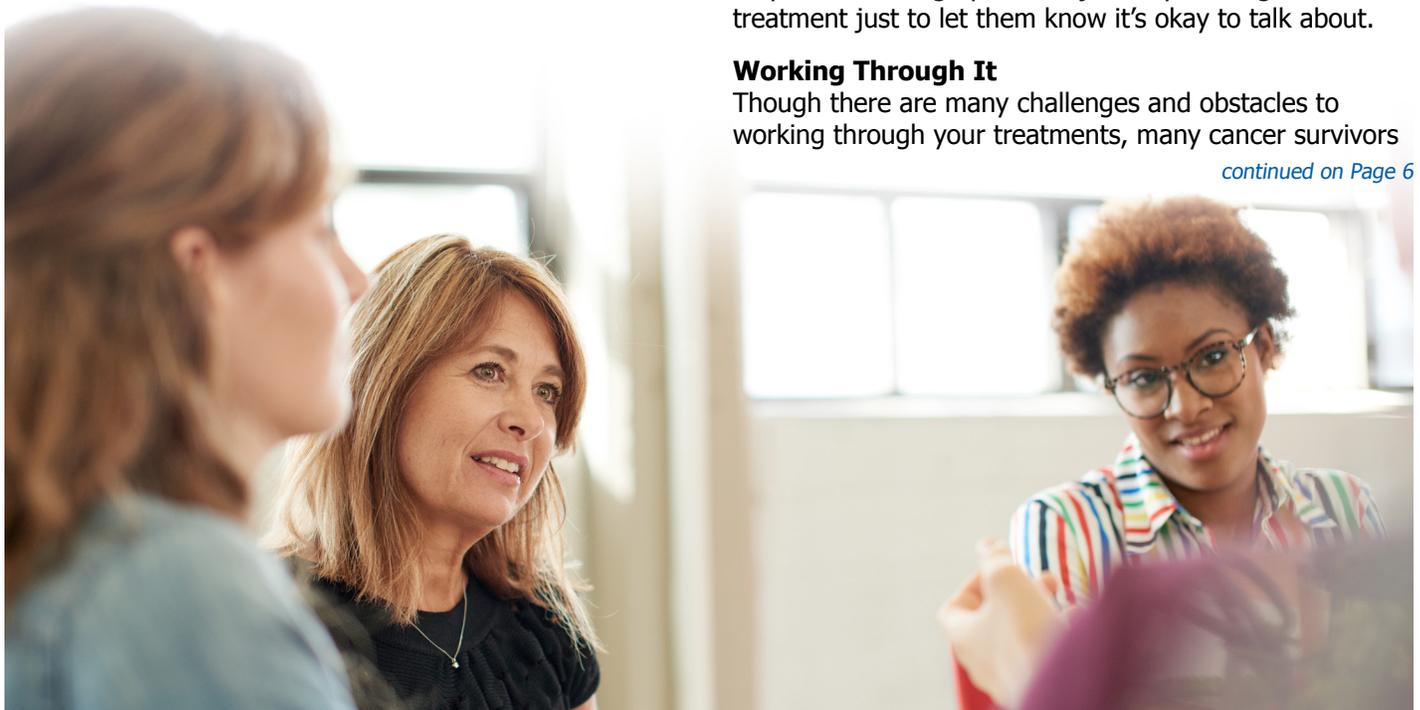
- The potential side effects of your treatment;
- How long the treatments last;
- How your body will react physically and how you may react emotionally;
- Your plan of action for adjusting to your job; and
- Who your "point person" is. This person can facilitate information and questions between you and the office.

Though your co-workers may care about you, you may notice that they shy away from the subject of your illness. Many cancer survivors note that this is typical. You may need to bring up the subject of your diagnosis and treatment just to let them know it's okay to talk about.

Working Through It

Though there are many challenges and obstacles to working through your treatments, many cancer survivors

continued on Page 6



note that work was a welcome release because it was one place that wasn't solely focused on their condition. It can take your mind off your diagnosis as well as remind you of the many things that you can control.

- Talk with your supervisor. Review the options that you discussed during the first meeting. Make sure that you both have the same expectations. You might like to schedule a weekly meeting to check-in and discuss how you are handling the work.
- Adjust your workspace. It's important to be as comfortable as possible during this time. Talk with human resources about different chairs, footrests or other ergonomic devices. If possible, bring in pictures or listen to music to help your emotional well-being. You might also consider requesting a closer parking space, if possible.
- Keep a work diary. A diary is helpful to keep track of doctor's appointments, treatments and sick days, but it also can be a personal journal of how you were feeling or how your mood was affected on different days of the week. Having this diary will help you predict how your body reacts to treatments. With this information, you can better schedule meetings and presentations according to your condition.

Choosing to Take Time Off

Some people decide that the best decision is to focus solely on healing. If this is best for you, there are a few ways that you can prepare and help yourself and your workplace through the adjustment. Here are some basic tips for preparing for time away:

Your Workload

- Review projects assessing:
 - Current status;
 - Potential for completion; and
 - Necessary tasks for completion.
- Identify who could take over projects for you, as approved by your supervisor. Some prefer for one co-worker to take all projects while others choose to divide the workload.

A Point Person

- Choose someone you trust to act as your spokesperson while you are out. Decide how often you will be in contact and how you can be reached.
- Explain your duties and organizational style to your point person. While gone, co-workers may need to find telephone numbers, files or email.
- Let the rest of your co-workers know who your point person is and the best mode of communication.

Returning to Work

- Go SLOWLY. Consider moving back into your routine gradually with options like flextime, part time or half-days, if possible.

- Decide if you need special accommodations, such as longer breaks or a different office. Take into account potential side effects from medications.
- Ask about a return-to-work, disability management or an OEAP program for help adjusting. These programs can help you find support groups or create strategies to resume your previous duties.
- Ask your doctor to write a letter to give to your employer if you are uncomfortable talking about your special medical accommodations.
- Schedule a meeting with your boss and later with your point person to review changes. You may want to schedule multiple meetings in the first month, depending on how much has changed.
- Don't get discouraged if you feel out of the loop. Adjustment takes time, but you will fall back into the routine. You may want to ask about seminars or trainings to refresh your skills.

Conclusion

During cancer treatment, self-care and healing are your most important jobs. Whether working through it or taking time off, make a decision based on your personal needs and your unique circumstances.

By © liveandworkwell.com. All rights reserved.



Your employee assistance program offers confidential help for personal problems and concerns. Concerned about a troubled family member who won't get help? Feel tired and exhausted, but don't know if it's burnout, loss of motivation, depression or all three? Late for work too often? Has the use of alcohol or drugs created a crisis you are facing right now? The bottom line, never wonder if your concern is appropriate to contact OEAP. So, if you've been putting off taking action to solve a serious issue that is weighing on you, give OEAP a call today.

Share Your Comments about Frontline Focus

Your comments are important. Please share your comments about Frontline Focus via OEAP's confidential email address: OEAP@das.ohio.gov. Your comments may be published in a future edition of Frontline Focus.

800-221-6327/614-644-8545 • ohio.gov/eap

Andy Bensing, OEAP Benefits Manager

