



one hat

the power of

by teresa caldwell board

if you do
one thing
to prevent
several
common
cancers,
start here

one

The trouble with New Year's resolutions is trying for too much change overnight. No one wakes up on January 1 a completely different person from the night before. To change your lifestyle, it works much better to take one step at a time.

For example, if you want to reduce your risk of cancer, there are three main strategies:


- * Don't use tobacco, or quit if you do.
- * Eat a diet rich in fruits and vegetables.
- * Exercise regularly and control your weight.

People who don't do these things are three times more likely to die prematurely of cancer, and four times more likely to die prematurely of all causes. That finding comes from a 1997 report by the American Cancer Society, based on its Cancer Prevention Study II, which has followed almost 1.2 million Americans since 1982.

For many Americans, getting from their current lifestyle to the one described above can be big leap. Where do you start? Here are good first steps to help prevent several common cancers:

skin cancer

cover up

 Protecting your skin from the sun's rays is the best way to prevent skin cancer, the most common of all cancers. "About one of every two Americans will get skin cancer in their lifetime," says Silas Deane, vice president of communications for the National Foundation for Cancer Research.

It's important to use lip balm and sunscreen with a sun-protection factor of at least 15 that filters out both UVA and UVB rays—and not just at the beach. When you're outside during daylight hours, ultraviolet rays can damage your skin, regardless of the season, location or weather.

Sunscreen helps minimize UV exposure, but it's also best to avoid direct sun exposure between 10 a.m. and 4 p.m.

If you are outside, seek shade or wear protective clothing, including a broad-brimmed hat and sunglasses with 100 percent UV absorption.



lung cancer

be smoke-free

* Lung cancer is the biggest cancer killer for both men and women. It's also the most preventable. "Tobacco use is associated with 30 percent of all cancer deaths, including 87 percent of lung cancer deaths," says Colleen Doyle, M.S., R.D., director of nutrition and physical activity for the American Cancer Society (ACS). Smokers who quit can expect to live about 10 years longer than those who continue to smoke, according to the ACS.

Secondhand smoke is dangerous, too. A nonsmoker living with a smoker has a 25 percent increased risk for lung cancer, according to the Cancer Research and Prevention Foundation.

Quitting works best when you're prepared. **START** by taking these five important steps from smokefree.gov (800-784-8669):

- S** = Set a quit date.
- T** = Tell family, friends and co-workers that you plan to quit.
- A** = Anticipate and plan for the challenges you'll face.
- R** = Remove cigarettes and other tobacco products from your home, car and workplace.
- T** = Talk to your doctor about getting help to quit.



breast cancer

watch your weight

* After skin cancer, breast cancer is the most common cancer in American women. "Unfortunately, no one can do anything about the most important risk factors: being a woman and getting older," says Eric P. Winer, M.D., chief scientific adviser for Susan G. Komen for the Cure.

But what *can* you do? "Maintain a normal body weight and avoid excessive weight gain during your life," Winer says. "Obesity is very clearly a risk factor for breast cancer in post-menopausal women."

An American Cancer Society study found that women who gained 21 to 30 pounds since age 18 were 40 percent more likely to develop breast cancer after menopause than women who did not gain more than five pounds, Doyle says. "Women who gained 70 pounds doubled their risk of breast cancer."

A combination of healthy eating and regular activity helps establish and maintain a healthy weight. Talk to your healthcare provider about how to move in this direction.



If you take PLAVIX continuing to do so will help increase your protection.

You may be feeling better, but your risk of a future heart attack or stroke never goes away.

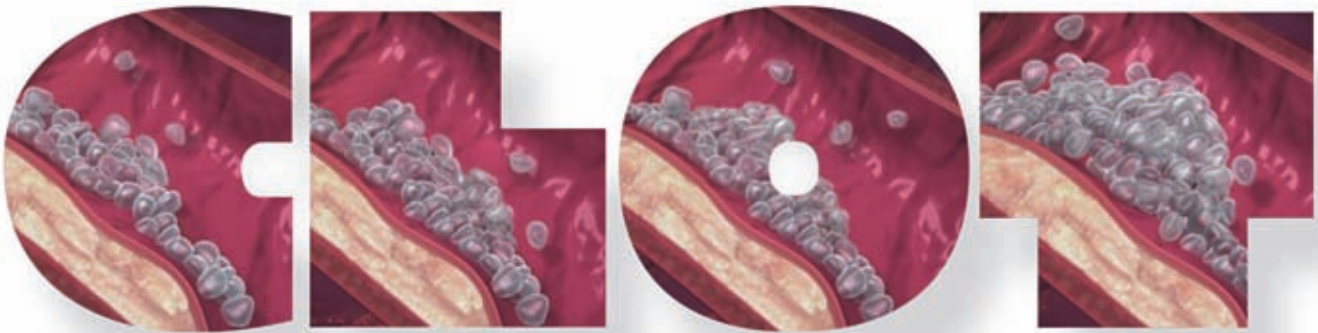


Help stay protected with PLAVIX.

Please see important product and prescribing information on following pages.

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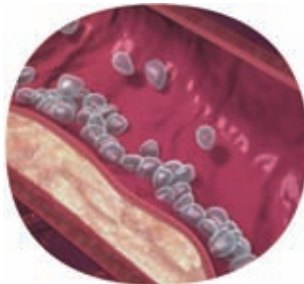


You can help protect against the formation of clots and reduce your risk of a future heart attack or stroke.

This is important information if you've been hospitalized with heart-related chest pain or had a heart attack. That's because these conditions, known as Acute Coronary Syndrome—or ACS—are usually caused when blood platelets stick together and form clots that block blood flow to your heart. And if you've already had a clot, you're at an increased risk for a future heart attack or stroke.

PLAVIX, taken with other heart medicines, helps provide greater protection against heart attack or stroke than other heart medicines alone.

That's because prescription PLAVIX works differently than your cholesterol and blood pressure medications, focusing on your blood platelets to help keep them from sticking together and forming clots.



IMPORTANT INFORMATION: If you have a stomach ulcer or other condition that causes bleeding, you should not use PLAVIX. When taking PLAVIX alone or with some other medicines including aspirin, the risk of bleeding may increase so tell your doctor before planning surgery. And, always talk to your doctor before taking aspirin or other medicines with PLAVIX, especially if you've had a stroke. If you develop fever, unexplained weakness or confusion, tell your doctor promptly as these may be signs of a rare but potentially life-threatening condition called TTP, which has been reported rarely, sometimes in less than 2 weeks after starting therapy. Other rare but serious side effects may occur.

See important product information on the following page.

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Plavix[®]
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Help stop a clot before a clot stops you.

To learn more, talk to your doctor today.
Or visit www.plavix.com or call 1.800.248.5730

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WHO IS PLAVIX FOR?

PLAVIX is a prescription-only medicine that helps keep blood platelets from sticking together and forming clots.

PLAVIX is for patients who have:

- had a recent heart attack.
- had a recent stroke.
- poor circulation in their legs (Peripheral Artery Disease).

PLAVIX in combination with aspirin is for patients hospitalized with:

- heart-related chest pain (unstable angina).
- heart attack.

Doctors may refer to these conditions as ACS (Acute Coronary Syndrome).

Clots can become dangerous when they form inside your arteries. These clots form when blood platelets stick together, forming a blockage within your arteries, restricting blood flow to your heart or brain, causing a heart attack or stroke.

WHO SHOULD NOT TAKE PLAVIX?

You should NOT take PLAVIX if you:

- are allergic to clopidogrel (the active ingredient in PLAVIX).
- have a stomach ulcer
- have another condition that causes bleeding.
- are pregnant or may become pregnant.
- are breast feeding.

WHAT SHOULD I TELL MY DOCTOR BEFORE TAKING PLAVIX?

Before taking PLAVIX, tell your doctor if you're pregnant or are breast feeding or have any of the following:

- gastrointestinal ulcer
- stomach ulcer(s)
- liver problems
- kidney problems
- a history of bleeding conditions

WHAT IMPORTANT INFORMATION SHOULD I KNOW ABOUT PLAVIX?

TTP: A very serious blood condition called TTP (Thrombotic Thrombocytopenic Purpura) has been rarely reported in people taking PLAVIX. TTP is a potentially life-threatening condition that involves low blood platelet and red blood cell levels, and requires urgent referral to a specialist for prompt treatment once a diagnosis is suspected. Warning signs of TTP may include fever, unexplained confusion or weakness (due to a low blood count, what doctors call anemia). To make an accurate diagnosis, your doctor will need to order blood tests. TTP has been reported rarely, sometimes in less than 2 weeks after starting therapy.

Gastrointestinal Bleeding: There is a potential risk of gastrointestinal (stomach and intestine) bleeding when taking PLAVIX. PLAVIX should be used with caution in patients who have lesions that may bleed (such as ulcers), along with patients who take drugs that cause such lesions.

Bleeding: You may bleed more easily and it may take you longer than usual to stop bleeding when you take PLAVIX alone or in combination with aspirin. Report any unusual bleeding to your doctor.

Geriatrics: When taking aspirin with PLAVIX the risk of serious bleeding increases with age in patients 65 and over.

Stroke Patients: If you have had a recent TIA (also known as a mini-stroke) or stroke taking aspirin with PLAVIX has not been shown to be more effective than taking PLAVIX alone, but taking aspirin with PLAVIX has been shown to increase the risk of bleeding compared to taking PLAVIX alone.

Surgery: Inform doctors and dentists well in advance of any surgery that you are taking PLAVIX so they can help you decide whether or not to discontinue your PLAVIX treatment prior to surgery.

WHAT SHOULD I KNOW ABOUT TAKING OTHER MEDICINES WITH PLAVIX?

You should only take aspirin with PLAVIX when directed to do so by your doctor. Certain other medicines should not be taken with PLAVIX. Be sure to tell your doctor about all of your current medications, especially if you are taking the following:

- aspirin
- nonsteroidal anti-inflammatory drugs (NSAIDs)
- warfarin
- heparin

Be sure to tell your doctor if you are taking PLAVIX before starting any new medication.

WHAT ARE THE COMMON SIDE EFFECTS OF PLAVIX?

The most common side effects of PLAVIX include gastrointestinal events (bleeding, abdominal pain, indigestion, diarrhea, and nausea) and rash. This is not a complete list of side effects associated with PLAVIX. Ask your doctor or pharmacist for a complete list.

HOW SHOULD I TAKE PLAVIX?

Only take PLAVIX exactly as prescribed by your doctor. Do not change your dose or stop taking PLAVIX without talking to your doctor first.

PLAVIX should be taken around the same time every day, and it can be taken with or without food. If you miss a day, do not double up on your medication. Just continue your usual dose. If you have any questions about taking your medications, please consult your doctor.

OVERDOSAGE

As with any prescription medicine, it is possible to overdose on PLAVIX. If you think you may have overdosed, immediately call your doctor or Poison Control Center, or go to the nearest emergency room.

FOR MORE INFORMATION

For more information on PLAVIX, call 1-800-633-1610 or visit www.PLAVIX.com. Neither of these resources, nor the information contained here, can take the place of talking to your doctor. Only your doctor knows the specifics of your condition and how PLAVIX fits into your overall therapy. It is therefore important to maintain an ongoing dialogue with your doctor concerning your condition and your treatment.

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prostate cancer

get lean

✿ For men, prostate cancer is the second most common cancer, after skin cancer. “We’re still trying to better understand what causes prostate cancer,” says Jonathan W. Simons, M.D., CEO and president of the Prostate Cancer Foundation.

Since prostate cancer tends to be slow-growing, it takes a long time to gather research data on effective prevention. “It’s an area of active research,” Simons says. “Exercise and nutrition are important in reducing overall risk.”

A diet high in fat, especially animal fat, may be associated with an increased risk of prostate cancer, according to the National Cancer Institute. “The highest rates of prostate cancer appear in countries where people tend to eat a lot of fat,” Deane says. “You may be able to lower your risk by eating less red meat and fat, and eating more fruits, vegetables and whole grains.”

Just as maintaining a healthy weight may help prevent breast cancer in women, it also may help men prevent some prostate cancers. “Evidence is highly suggestive that being overweight increases the risk of aggressive prostate cancer,” Doyle says.

So avoiding excess fat—both in your diet and your waistline—may improve your chances of avoiding prostate cancer, and will benefit your overall health.

one
appointment

how YOU should quit smoking

Every person is different, so there is no one-size-fits-all approach to giving up your smoking habit. To get a better sense of what method is best for you, take the American Cancer Society’s free online quiz and discuss the results with your doctor. Go to cancer.org, click “Guide to

go

Quitting Smoking,” followed by “Quiz: What’s the Best Way for You to Quit?”

control your environment

You may worry about how environmental factors such as air pollution or exposure to chemicals could affect your risk of cancer. If you have a job that puts you in contact with potentially harmful chemicals, you should make sure you know how to protect yourself.

But most people tend to overestimate the risk caused by factors imposed on them by others, and to underestimate the seriousness of risks caused by their own behavior, according to the American Cancer Society.

DIRTY AIR? One survey found that 40 percent of respondents agreed with the myth that living in a polluted city is a greater risk for lung cancer than smoking a pack of cigarettes a day. In fact, air pollution is estimated to have 1/100th the impact on lung cancer risk that smoking does.

MAKE YOUR HOME SAFE. Think about how to create a healthier environment in your home by eliminating tobacco, stocking up on fruits and vegetables, planning healthy meals, and pursuing physical activity with family and friends.

colorectal cancer

get screened

✿ Colorectal cancers are the second-leading cause of cancer death in the United States.

The best way to prevent colorectal cancer is to get screened if you are 50 or older. “Of the 52,180 people expected to die of colorectal cancer in 2007, screening could save more than half,” Doyle says.

Usually, screening tools make it possible to detect and treat cancer early. But screening for colorectal cancer can prevent it by finding precancerous polyps, or growths, and removing them before they can develop into cancer.

Colorectal cancer deaths also could be dramatically reduced if more people were screened, says Carolyn Aldigé, founder and president of the Cancer Research and Prevention Foundation. Only about 42 percent of adults over 50 get appropriate screenings, although that number is on the rise.

