



September Health Highlights

“ Women of all ages should listen to their bodies. If something is not quite right, don't dismiss it. Tell your doctor. ”

Janet L., Ovarian Cancer Survivor



Ovarian Cancer Awareness Month: Ovarian cancer is the second most common gynecologic cancer in the United States. Ovarian cancer causes more deaths than any other cancer of the female reproductive system. All women are at risk for ovarian cancer, but older women are more likely to get the disease than younger women. About 90 percent of women who get ovarian cancer are older than 40, with the greatest number of ovarian cancers occurring in women aged 60 years or older. Each year, approximately 21,000 women in the United

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September is

- Ovarian Cancer Awareness Month
- Prostate Cancer Awareness Month

Program News and Highlights

- FIT on 10th Starting this Month!
- Community Garden needs

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You can donate at emohealth.org by clicking the donate button!

States get ovarian cancer. Among women in the United States, ovarian cancer is the eighth most common cancer and the fifth leading cause of cancer death (CDC). There is no way to know for sure if you will get ovarian cancer. Most women get it without being at high risk. However, several factors may increase a woman's risk for ovarian cancer, including if you—



- Are middle-aged or older.
- Have close family members (such as your mother, sister, aunt, or grandmother) on either your mother's or your father's side, who have had ovarian cancer.
- Have a genetic mutation (abnormality) called BRCA1 or BRCA2, or one associated with Lynch syndrome.
- Have had breast, uterine, or colorectal (colon) cancer.
- Have an Eastern European or Ashkenazi Jewish background.
- Have endometriosis (a condition where tissue from the lining of the uterus grows elsewhere in the body).
- Have never given birth or have had trouble getting pregnant.

In addition, some studies suggest that women who take estrogen by itself (without progesterone) for 10 or more years may have an increased risk of ovarian cancer (CDC).

There is no known way to prevent ovarian cancer, but these things are associated with a lower chance of getting ovarian cancer—

- Having used birth control pills for five or more years.
- Having had a tubal ligation (getting your tubes tied), both ovaries removed, or a hysterectomy (an operation in which the uterus, and sometimes the cervix, is removed).
- Having given birth.
- Breastfeeding. Some studies suggest that women who breastfeed for a year or more may have a modestly reduced risk of ovarian cancer (CDC).

There is also no simple test for ovarian cancer. Ovarian cancer may cause one or more of these signs and symptoms:

- Vaginal bleeding (particularly if you are past menopause) or discharge from your vagina that is not normal for you.
- Pain or pressure in the pelvic or abdominal area (the area below your stomach and in between your hip bones).
- Back pain.

- Bloating, which is when the area below your stomach swells or feels full.
- Feeling full too quickly or difficulty eating.
- A change in your bathroom habits, such as more frequent or urgent need to urinate and/or constipation.

Pay attention to your body, and know what is normal for you. If you have vaginal bleeding that is not normal for you, see a doctor right away. If you have any of the other signs for two weeks or longer, see a doctor (CDC).



Prostate Cancer Awareness Month: Aside from non-melanoma skin cancer, prostate cancer is the most common cancer among men in the United States. It is also one of the leading causes of cancer death among men of all races and Hispanic origin populations. Many men with prostate cancer—especially those with tumors that have not spread beyond the prostate—die of other causes without ever having any symptoms from the cancer. Overall, about 97% of men who are diagnosed with prostate cancer are still alive five years later. All men are at risk for prostate cancer. Out of

every 100 American men, about 13 will get prostate cancer during their lifetime, and about 2 to 3 men will die from prostate cancer. The most common risk factor is age. The older a man is, the greater the chance of getting prostate cancer (CDC).

Some men are at increased risk for prostate cancer. You are at increased risk for getting or dying from prostate cancer if you are African-American or have a family history of prostate cancer.

African-American Men:

- Are more likely to get prostate cancer than other men.
- Are more than twice as likely to die from prostate cancer than other men.
- Get prostate cancer at a younger age, tend to have more advanced disease when it is found, and tend to have a more severe type of prostate cancer than other men.

For some men, genetic factors may put them at higher risk of prostate cancer. You may have an increased risk of getting a type of prostate cancer caused by genetic changes that are inherited if—

- You have more than one first-degree relative (father, son, or brother) who had prostate cancer, including relatives in three generations on your mother’s or father’s side of the family.
- You were diagnosed with prostate cancer when you were 55 years old or younger.

- You were diagnosed with prostate cancer, and other members of your family have been diagnosed with breast, ovarian, or pancreatic cancer.

Different people have different symptoms for prostate cancer. Some men do not have symptoms at all. If you have any of the following symptoms, be sure to see your doctor right away—

- Difficulty starting urination.
- Weak or interrupted flow of urine.
- Frequent urination, especially at night.
- Difficulty emptying the bladder completely.
- Pain or burning during urination.
- Blood in the urine or semen.
- Pain in the back, hips, or pelvis that doesn't go away.
- Painful ejaculation.



Keep in mind that these symptoms may be caused by conditions other than prostate cancer. Different types of treatment are available for prostate cancer. You and your doctor will decide which treatment is right for you. Some common treatments are—

- Expectant management. If your doctor thinks your prostate cancer is unlikely to grow quickly, he or she may recommend that you don't treat the cancer right away. Instead, you can choose to wait and see if you get symptoms in one of two ways:
 - Active surveillance. Closely monitoring the prostate cancer by performing prostate specific antigen (PSA) tests and prostate biopsies regularly, and treating the cancer only if it grows or causes symptoms.
 - Watchful waiting. No tests are done. Your doctor treats any symptoms when they develop. This is usually recommended for men who are expected to live for 10 more years or less.
- Surgery. A prostatectomy is an operation where doctors remove the prostate. Radical prostatectomy removes the prostate as well as the surrounding tissue.
- Radiation therapy. Using high-energy rays (similar to X-rays) to kill the cancer. There are two types of radiation therapy—
- External radiation therapy. A machine outside the body directs radiation at the cancer cells.
- Internal radiation therapy (brachytherapy). Radioactive seeds or pellets are surgically placed into or near the cancer to destroy the cancer cells.

Program News



FIT on 10th, providing **YMCA memberships to 150 Ebenezer Medical Outreach patients** is starting this month! We have already sent 78 referrals to the YMCA, and they are working to get our patients in to officially begin their membership through September. **We are still recruiting patients interested in improving their health** through this year-long membership program. This program is available for patients with a diagnosis of prediabetes, diabetes, hypertension, hyperlipidemia, or by physician discretion for another health condition that may be improved with exercise. We are grateful to our partners at **WVU**

Office of Health Services and the **Huntington YMCA** for this amazing opportunity for our patients.

Farmacy WV Program: We are heading into week 13 of our 15 week Farmacy program! Thanks to the Walmart Foundation, we are providing our program participants diagnosed with diabetes, high blood pressure, or obesity a box of produce each week throughout the growing season and into the fall. Our program participants have



had two cooking demonstration classes. We are collecting weight and blood pressure data each week from our participants to track the outcomes of the program more closely and watch for changes throughout the program. We are teaching patients to get an accurate blood pressure reading using a wrist monitor.

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The **community garden** project is underway, but we need your help! We need to build up our pool of volunteers who will help care for the garden! Have you got a green thumb and a desire to help people suffering from chronic disease? We need you! **Call us at 304-529-0753 to get connected!**



Be sure you are following us on Facebook, Instagram, Twitter, and LinkedIn to get the latest updates!