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2017

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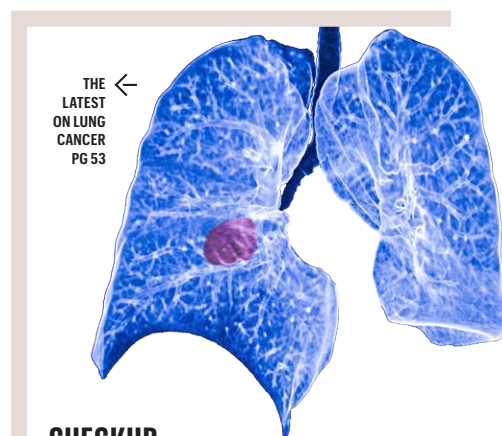
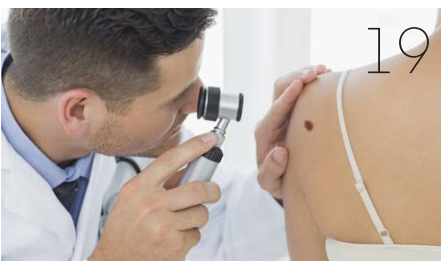
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PHOTOGRAPHY BY: OMAR CRUZ /
WWW.OMARCRUZ.COM



Personal Stories



People often ask me about the most popular topics on WebMD, and while many change with news cycles and of-the-moment trends, thyroid problems are consistently one of the top searches and topic of conversation. An estimated 20 million Americans have some form of thyroid disease. And even people who aren't diagnosed with a thyroid condition are curious about what that tiny butterfly-shaped gland in their neck does or whether a problem with it could be to blame for low energy, mood swings, or weight gain. In this issue, sci-fi action-movie star Zoe Saldana opens up about her diagnosis with Hashimoto's disease, a condition in which the immune system attacks the thyroid. She tells us how the diagnosis caused her to rethink her health overall and especially how she eats.

Also in this issue, we focus on the latest innovations in cancer diagnosis and treatment. And on WebMD.com, we've launched a new video series featuring the deeply personal stories of women living with advanced breast cancer. Hosted by *Good Morning America* co-anchor and breast cancer survivor Robin Roberts, the series underscores the community, strength, and resiliency demonstrated on a daily basis by patients, friends, families, community advocates, and health care professionals. Be sure to check out the series at webmd.com/treatbreastcancer.

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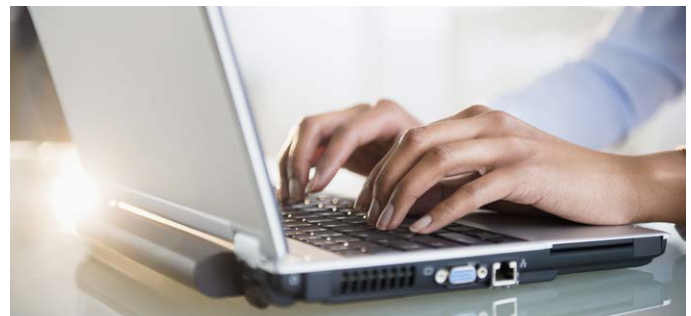


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JUST LAUNCHED

WebMD's newest blog, called "My Experience," features people whose lives have been changed by a health condition or health-related event. Every two weeks, a new writer shares his or her story and gives readers an opportunity to look at health through someone else's eyes.

Read the blog at blogs.WebMD.com/my-experience.



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FACTS & STATS

Living With Cancer

Cancer is still a serious disease, but the outlook for people diagnosed these days is looking up. The number of cancer survivors in the United States continues to rise, thanks in part to earlier detection and more effective treatments.



15.5 million
The number of cancer survivors in the U.S. That number is expected to grow to 26.1 million by 2040.

67%

The percentage of people who have survived five years or more after their diagnosis.

50%

The percentage of cancer deaths experts estimate could be prevented if people adopted healthy lifestyle habits like not smoking, sticking to a healthy body weight, exercising regularly, and drinking alcohol in moderation.

15%

The percentage of American adults who currently smoke. That's down from nearly 21% in 2005.

IN THE NEWS

Game Changers



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We touch on cancer in a number of stories in this issue. One takes a look at two women faced with the question of whether to have breast reconstruction surgery following a mastectomy. The decision is more complicated than you might expect, and the risks and side effects as well as potential benefits are not always clear-cut. The two women we profile ultimately took divergent paths, which help illuminate the many complex questions and goals every woman should weigh before deciding to undergo the procedure (**"The Reconstruction Choice,"** page 39). In **"The Future of Cancer Detection"** (page 43), we look at researchers testing new ways to use blood, urine, and saliva, among other factors, to detect cancer, potentially replacing the more invasive biopsies doctors generally rely on now. "We don't want to harm people by doing a biopsy or by over-testing them," one of our experts says, which is why these new tests could one day change cancer diagnosis for good. — *Colleen*



WAISTLINE WARNING

AN EXTRA 4 INCHES OVER THE ideal waist circumference can increase your risk for obesity-related cancers by about 13%. These include postmenopausal breast, colorectal, lower esophageal, upper stomach, liver, gallbladder, pancreatic, uterine, ovary, and kidney cancers. A waistline larger than 37 inches brings health risks for men. For women, the threshold is 31.5.

SOURCE: *British Journal of Cancer*

273

NUMBER

of calories a 150-pound person burns in an hour spent raking leaves.



Malnourished Mannequins

If you think that mannequin looks awfully thin, you're probably right. Researchers measured 32 female and 26 male mannequins at 17 retail stores in two British cities. Every single one of the female dummies had the proportions of an underweight woman.

The majority were emaciated. As for the male figures, just two of them measured too slim. Human beings with the same dimensions as the underweight mannequins, the researchers said, would be considered medically unhealthy.

SOURCE: *Journal of Eating Disorders*

WATER WEIGHT

Replace one beer or sugar-sweetened beverage per day with a glass of water and slash your risk of becoming obese by 20%.

SOURCE: *Journal of the Academy of Nutrition and Dietetics*



Power Down and Buckle Up

TEEN DRIVERS ARE FOUR TIMES AS LIKELY AS MORE experienced drivers to be involved in a car crash—three times as likely to be killed in one. Cell phones and failure to buckle up are to blame.

SOURCE: AAA



12,500

NUMBER

of cotton-swab-related pediatric ear injuries treated in U.S. emergency rooms every year.

SOURCE: *Pediatrics*

LIVING LONGER LIVES

Life expectancy for African Americans has increased by almost four years in the last decade—to 75.6 years—shrinking the gap in mortality rates between African Americans and whites to just under four years.

SOURCE: CDC



IT'S ALL ABOUT THE GREENS

Toddlers ages 12 to 23 months old are more likely to eat french fries than green vegetables on any given day. That was the conclusion of a study that tracked the eating habits of 2,359 babies, from birth to 23 months, for three years. One in five babies between the ages of 12 and 23 months rarely or never eat any type of vegetable. The foods babies eat lay the groundwork for preferences throughout life, researchers say. That's why it's important for babies to eat a fruit or non-starchy vegetable with every meal and snack.

SOURCE: *Pediatrics*

2,436

NUMBER

of reported cases of hepatitis C in 2015. That's an all-time high, up from 850 in 2010.

SOURCE: CDC



TAKE THE STAIRS

Need an afternoon pick-me-up? Skip the coffee and climb some stairs. Researchers studied 18 young women who sleep less than 6.5 hours a night—a group that could definitely use a boost. On three different days, the women tried one of three energizers: a caffeine pill, a placebo or “fake” pill, or a 10-minute stair climb at a moderate pace. After each method, the women answered questionnaires and took cognitive tests. Neither coffee nor stair climbing improved thinking skills. But stair climbing significantly increased motivation to work compared to caffeine pills.

SOURCE: *Physiology & Behavior*

**HOLD THE JUICE**

Cut out 100% fruit juice in the first year of your baby's life to reduce the risk of childhood obesity. Offer whole fruit instead.

SOURCE: *Pediatrics*

**BREAST CANCER: CUT YOUR RISK**

Eat right, exercise, and limit drinking, and you could slash your risk for breast cancer, says an analysis of 119 studies that included 12 million women and more than 260,000 breast cancer cases. A diet rich in non-

starchy vegetables, carotenoids—found in yellow, orange, and red vegetables—and calcium lowered risk in the studies. Thirty minutes of vigorous activity each day, such as running, cut risk for premenopausal breast cancer by 17% and postmenopausal by 10%. Every half-drink per day—that's .3 ounces of pure alcohol—increased risk of premenopausal breast cancer by 5% and postmenopausal by 9%.

SOURCE: World Cancer Research Fund International/American Institute for Cancer Research

Relieve Your Knees

Losing 10% of your body weight—that's 20 pounds if you weigh 200—significantly slows the loss of the knee cartilage in overweight older adults with osteoarthritis. The weight loss could relieve pain and even delay knee replacement.

SOURCE: Radiology



50 to 100

CALORIES

An acceptable amount of daily candy consumption as part of an otherwise healthy 1,800 to 3,000 calorie-per-day diet.

SOURCE: Advances in Nutrition



SLOW DOWN AGING

Cutting daily calorie intake by just 12% could tap the brakes on the aging process. Researchers calculated the biological age—a score based on cardiovascular, metabolic, immune, liver and kidney function and cholesterol, blood pressure, and hemoglobin—of 220 adults. Half then cut their daily calories by 12%. That's 250 calories—think a chicken salad sandwich on wheat—off a 2,100-calorie-a-day diet. The other half continued life as usual. Each year for the next two years, the calorie-cutters aged by only one-tenth of a biological year while the status quo group aged by seven-tenths of a bio-year.

SOURCE: Journals of Gerontology

REALITY CHECK

Twenty percent of people with reversible risk factors for heart disease don't see any reason to make lifestyle changes. People might not understand, the researchers suggest, that risk factors such as obesity are just as dangerous as smoking.

SOURCE: Journal of the American Heart Association



ONE PUFF TOO MANY

EVEN THE OCCASIONAL cigarette raises risk for heart disease. In a study of 36,555 adults, just 9% of self-described smokers and 10% of social smokers had normal blood pressure. Eighty percent

of nonsmokers had normal blood pressure. Likewise, only 10% of social smokers and 13% of smokers had healthy cholesterol levels while 75% of nonsmokers did.

SOURCE: American Journal of Health Promotion

GET MOVING

Fountain of Youth

We all know exercise helps keep you healthy. But if you make your exercise rigorous and regular, you just might slow the hands of time—or at least how your body ages.

PEOPLE WHO ARE HIGHLY ACTIVE have younger cells than people of the same age who are sedentary. Research shows that vigorous exercise, such as running, could take as much as nine years off your body clock. But the fountain of youth doesn't come easy. To help keep your body as young as possible, men should aim for at least 40 minutes of rigorous exercise, and women at least 30 minutes, five times a week.

—HEATHER HATFIELD

MEN'S HEALTH

Cancer Update

What's new in cancer research and treatment for men?
Our expert highlights some recent breakthroughs.



MORE THAN 1.6 MILLION NEW CASES OF CANCER WERE DIAGNOSED IN the U.S. in 2017, and nearly 600,000 people were estimated to die from the disease, according to the National Cancer Institute. But knowing your cancer risks and what new treatments are available now and in the near future can arm you with knowledge and power.

Which should men be the most aware of? “The most common cancers are prostate cancer, lung cancer, colorectal cancer, bladder cancer, and melanoma,” says Heather Cheng, MD, PhD, assistant professor in the division of medical oncology at the University of Washington School of Medicine and director of the Prostate Cancer Genetics Clinic at the Seattle Cancer Care Alliance.

About one in seven men will be diagnosed with prostate cancer in their lifetime, according to the American Cancer Society, and the majority of those diagnosed are 65 and older.

WHAT ARE THE SYMPTOMS OF PROSTATE CANCER?

“Most men who develop prostate cancer usually don’t have any symptoms,” says Cheng. Often prostate cancer is detected through a PSA test, or prostate-specific antigen, which is a blood test, explains Cheng. “Or they have a digital rectal exam from their doctor, and the cancer is identified that way.”

Though early prostate cancer often has no symptoms, “men can have what we call lower urinary track symptoms,” explains Cheng, “which are things like urinary frequency—when you feel like you have to pee all the time—or urgency, when you feel like you have to pee right away.”

They can also get nocturia, “when you get up in the middle of the night to pee, or hesitancy, which is feeling like you can’t control your bladder as well as you’d like.”

Often these symptoms are not related to cancer but to another condition—benign prostatic hyperplasia, Cheng says, “which is when the prostate gets large, but it’s not cancerous.”

Bottom line? “If you have these [urinary] symptoms, you should definitely talk to your doctor about it,” says Cheng, “but don’t jump to the conclusion that it’s necessarily cancer related.”

BY THE NUMBERS

1/3

Number of all cancers diagnosed in the U.S. that could be prevented by making lifestyle changes—maintaining a healthy weight, exercising, not drinking too much alcohol, and eating healthy meals.

25%

Percentage by which you slash your risk of colon cancer when you get 150 minutes of exercise, like brisk walking, each week.

1 in 5

Number of Americans who will develop skin cancer in their lifetime. In fact, more skin cancers are diagnosed each year in the U.S. than all other cancers combined, according to the American Cancer Society.



BY Christina Boufis

REVIEWED BY Michael Smith, MD
WebMD Chief Medical Director

“We have new medications, so-called immunotherapies, that kill rapidly dividing cells.”

WHAT ARE THE RISK FACTORS FOR PROSTATE CANCER?

“Older age,” says Cheng. “The older you are the more likely you are to have prostate cancer.”

Another risk factor? Family history. “A lot of people have heard about BRCA1 and BRCA2 mutations because of the risk of breast and ovarian cancer,” says Cheng. But men can also inherit these genetic mutations, she explains. What’s more, you’re just as likely to inherit them from your mom’s side of the family as your dad’s, she adds.

“The third risk factor for prostate cancer is being African American,” says Cheng. “We know that they have a higher risk of prostate cancer and are also more likely to have more aggressive prostate cancer.” Indeed, African American men are two to three times more likely to die from the disease as white men.

WHAT PROMISING TREATMENTS ARE THERE FOR PROSTATE, BLADDER, AND OTHER CANCERS?

“We have newer medications, so-called immunotherapies—that don’t work in the same way as chemotherapies—that kill rapidly dividing cells,” explains Cheng. One class of

these drugs, called checkpoint inhibitors, basically “takes the brakes off the immune system. It hopefully finds the cancer and takes care of it on its own,” she says.

Immunotherapies have been approved for a handful of cancers, says Cheng, and research shows they can be helpful for treating melanoma, bladder cancer, and Hodgkin lymphoma. Recently, the FDA approved one drug for any cancers that show certain genetic features, and which may be helpful for treating a small percentage of advanced prostate cancer patients.

Also for advanced prostate cancer, such as those due to genetic mutations, a new class of drugs called PARP inhibitors that have recently been approved for ovarian cancers are in trials for prostate cancer.

In general, the future looks bright for cancer treatment. “We’ve been taking enormous leaps and bounds in what we know about cancer,” says Cheng. “People are getting diagnosed earlier. They’re getting access to outstanding treatments they’ve never had before. And, even when we can’t cure cancer, we can absolutely help people live longer and with a good quality of life.”



WHAT CAN MEN DO TO LOWER THEIR RISK OF PROSTATE AND OTHER CANCERS?

EAT HEALTHY MEALS

Focus on plant-based meals, says Heather Cheng, MD, PhD. Studies don’t prove cause and effect, but eating more fruits, vegetables, and whole grains has been linked to a decreased risk of colon and other cancers.

MAINTAIN A HEALTHY WEIGHT

Being overweight increases the risk of many types of cancers, according to the American Cancer Society.

EXERCISE REGULARLY

People who exercise have better outcomes even if they do get prostate cancer, says Cheng. Aim for 150 minutes of activity each week. Even small steps add up.

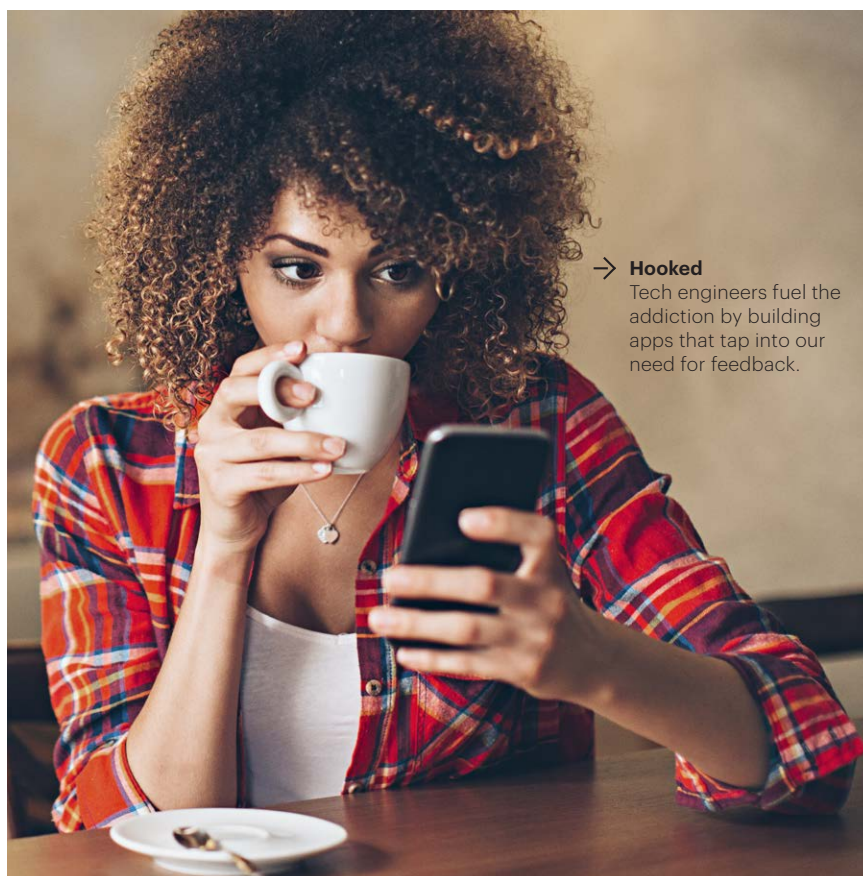
USE SUNSCREEN

Apply it every day to protect your skin from skin cancer, Cheng says. Look for brands with an SPF of 30 or higher and broad-spectrum protection against both UVA and UVB rays.

MIND MATTERS

Digital Fix

New research indicates that for a growing number of people, digital usage is increasingly obsessive, compulsive—and sometimes—even addictive



→ **Hooked**
Tech engineers fuel the addiction by building apps that tap into our need for feedback.

A DECADE AFTER SMARTPHONES WERE INTRODUCED INTO OUR LIVES, RESEARCH suggests our digital habits are triggering behavioral addictions in 40% of digital users.

The negative effects of digital addiction are similar to substance addiction, says Adam Alter, author of *Irresistible: The Rise of Addictive Technology and the Business of Keeping Us Hooked*, creating social, financial, psychological, and physical problems. That's because the brain's reward center can act in similar ways—dopamine is released, inducing a pleasurable feeling—if to a lesser extent.

Still, behavioral addiction is not merely about physiology. “It scratches a psychological itch,” Alter clarifies. “It’s an action you return to in the short term that you enjoy and strongly want, but one that diminishes your long-term well-being.” Addicts range from the constant email-checker who can’t engage with his family over a meal to the video game fanatic who mostly stops eating and sleeping to play for days at a time.

In his book, Alter outlines how “really smart, savvy engineers” construct today’s digital platforms to seduce us into logging on more frequently by incorporating the human need for feedback into them, making it difficult for some to log off at all.

“Tech titans build feedback—including “likes” on our posted comments and photos—that is uncertain into devices. We find nothing more compelling than when someone else is interested in something we’ve said—especially when the reward is not guaranteed.” Wanting more feedback is what gets some people hooked.

Many are. Some even hear phantom ringing. A recent University of Michigan study correlated digital dependence with users who frequently reached for their phones after hearing rings that never occurred.

Unlike heroin addicts who avoid drug dens to stay clean, digital addicts can’t fully escape a wired world. Alter advises compartmentalization: “Create sacred parts of the day that are screen-free,” he says. “Maybe dinnertime. Expand from there.”

BY THE NUMBERS

280 million
Number of Americans who are smart-phone addicts, based on 2015 data.

70%
Percentage of office emails that are read within six seconds of appearing in an in-box.

46%
Percentage of people who participated in a recent study who say they couldn’t bear to live without their smartphones.

3 hours
The average time people now spend each day on smart-phone usage.

WOMEN'S HEALTH

Cancer Update

Innovative screenings and treatments help women live longer, better lives



YOU'VE PROBABLY HEARD THE STATISTIC: ONE IN EIGHT WOMEN WILL develop breast cancer at some point in her life. And if you have a first-degree relative, such as a mother, sister, or daughter with breast cancer, that risk doubles. Ovarian cancer, though far less common—one in 75 women has a lifetime risk—is often detected at a later stage and accounts for more deaths than all other

reproductive cancers in women combined, according to the American Cancer Society.

However, “women with early stage breast cancer are doing better and better because

→ **New Technology**

Three-dimensional mammograms provide a more detailed picture of the breast.

of better therapies and early detection,” says Harold J. Burstein, MD, PhD, institute physician at the Dana-Farber Cancer Institute and associate professor of medicine at

Harvard Medical School.

In addition, for women who have metastatic breast cancer (cancer that has spread), “we have new therapies rapidly entering clinical trials and the marketplace, and women can expect to benefit from these extraordinary breakthroughs,” Burstein adds. Some recent new treatments include:

PARP Inhibitors. “An exciting development for hereditary breast cancer, those caused by BRCA1 and BRCA2 gene mutations, is a new class of drugs called PARP inhibitors,” says Burstein.

Simply put, PARP inhibitors work by blocking a cell enzyme, called PARP, that helps repair DNA. In cancer treatment, PARP inhibitors, taken in pill form, help prevent cancer cells from repairing themselves, which leads to cell death.

For ovarian cancer, “we now we have three FDA-approved PARP inhibitors,” used in different ways, says Beth Karlan, MD, director of the Cedars-Sinai Women's Cancer Program at the Samuel Oschin Comprehensive Cancer Institute, and director of the Gilda Radner Hereditary Cancer Program.

While not a cure, “PARP inhibitors seem to be another effective arsenal in the army of fighting cancer,” particularly for women with serious ovarian cancer, she adds. However, PARP inhibitors are not without side effects, such as nausea and fatigue, she adds.

Immunotherapy. “Immunotherapy really means drugs that take the brakes off the immune system,” explains Burstein. “Then the immune system can go to work and attack more of the cancer cells. We’ve seen real strong marks of success with immunotherapy in melanoma, bladder cancer, and lung cancer, and we’re beginning to see signals that it could be true particularly for what’s called triple negative breast cancer, probably in combination with chemotherapy.”

But the results of immunotherapy for ovarian cancer so far are not as exciting, says Karlan. “However, in uterine and endometrial cancer, we’ve seen remarkable responses to immunotherapy.” Recently, the FDA approved an immunotherapy drug, not for use in a specific location in the body, but for all cancerous tumors that show a particular genetic feature.

“This [feature] is a very frequent characteristic of uterine cancers,” Karlan says. “And when we’ve treated recurring uterine cancers with immunotherapy, the response is frankly remarkable.”

Immunotherapy also comes with side effects. When the immune system attacks cancer cells it sometimes also attacks normal cells and other organs in the body, Burstein adds.

Screening. One new screening tool to detect possible breast cancer is

three-dimensional mammograms, which, as its name implies, create a detailed 3-D picture of the breast. “The issue isn’t so much the newer technologies, though they’re helpful,” says Burstein, but the fact that women are getting screened in general.

“We’ve known for years that mammograms and early detection help women live longer,” he says. “Mammograms can miss things or lead to biopsies that you wish you didn’t have to go through, but the broad consensus is that for most women ages 50 to 70 in generally good health, mammograms make sense.”

Genetic testing. While having a mother or a sister or other first-degree relative who has had cancer does increase your lifetime risk of breast cancer, it’s also important to know your family history on both sides, says Karlan.

“You’re just as likely to inherit a BRCA mutation from your father as you are from your mother,” she explains. “These genes are not on the sex chromosomes.”

Talk to members of your family, if you can, about their health histories, and share this information with your doctor. “It really is about communication and then action,” says Karlan.

Genetic testing, if appropriate for you, can lead to early detection and more lives saved, she says.



WHILE YOU CAN'T CHANGE YOUR FAMILY HISTORY OR GENES, YOU CAN CHANGE YOUR LIFESTYLE. THESE PROVEN STEPS HELP LOWER YOUR CANCER RISK.

MAINTAIN A HEALTHY BMI

A normal body weight can decrease your risk of endometrial cancer, says Beth Karlan, MD. Studies show that if you are overweight or obese, you're two to four times more likely to develop endometrial cancer than women who have a healthy BMI.

EXERCISE

Beyond helping you maintain a healthy weight, research shows exercise is breast-healthy. One study showed that women who walked briskly for 1.25 to 2.5 hours per week reduced their breast cancer risk by 18% compared to those who did not exercise.

TAKE BREAKS FROM SITTING

An American Cancer society study found that women who sit for six or more hours each day had a 10% greater risk of invasive breast cancer than women who limited sitting to less than three hours a day.

BY THE NUMBERS

85%

Percentage of breast cancers that occur in women with no family history. Talk to your doctor about breast cancer screening.

20%

Percentage by which you can lower your risk of seven types of cancer by exercising. One large study of more than 1.4 million people found that 150 minutes of physical activity per week (walking, swimming, running) lowered cancer risk compared to those who were inactive.

60%

Percentage decline in cervical cancer diagnoses and deaths since the 1950s due to the introduction of the Pap test.

HAIR CARE

At Home Hues

Ready to freshen up your hair color without an expensive trip to the salon? Take some pointers before you open up the box.

COLORING YOUR HAIR AT HOME seems simple enough. Just mix the color, don some gloves, and saturate strands with the dye, right? Not quite. Getting the hair hue you envision at home—without some next-day regret—takes a little special attention. For starters, always follow the instructions on the dye box. Not doing so is a one-way ticket to pricey salon fixes, say experts. A few important things that you might not find in the instruction manual:

- Hair should be dirty before dying, says Sejal Shah, MD, a New York City dermatologist, and hair expert. Dirty strands hold color better, and the scalp's natural oils protect them.
- Buy a few boxes of dye. Depending on the length and thickness of your hair, one box may not be enough to get full coverage.
- Dye your hair while the company hotline is still open (the hours should be listed on the packaging) so you can call if you have any questions or problems.

—AYREN JACKSON-CANNADY

DERM Q&A

On the Nose

My 16-year-old daughter doesn't like her nose and thinks cosmetic surgery will improve her looks. What's involved in rhinoplasty? Is it safe for a teen?



RHINOPLASTY, ALSO KNOWN AS A NOSE JOB, IS A VERSATILE procedure. It can improve a person's appearance by restoring balance and harmony to facial features. It can also correct structural issues like a deviated septum to improve breathing problems.

"Rhinoplasty is not without its limitations, however," says Beverly Hills plastic surgeon **John Diaz, MD, FACS**. "The main disadvantage is the possibility that you may not be happy with the results." This is common with nose jobs for cosmetic reasons. Judging the outcome, Diaz says, can be very subjective.

It's also limited by your anatomy. "You should expect a better and more refined version of your existing nose, not a different nose entirely," Diaz says.

Q Is it OK for teens?

DIAZ "Although safe for teens, it's rare to be performed on anyone younger than 18 years old. Anyone younger should demonstrate maturity and an understanding of the risks, benefits, and alternatives. Cosmetic surgery should be avoided in any patient younger than 16."

Q What's involved?

DIAZ "Most rhinoplasties are performed under general anesthesia. It usually takes two to three hours. Small surgical tapes and a plastic splint are usually applied at the end. Most patients return home shortly after. Pain medications are usually given, but many people feel comfortable without

them. Often over-the-counter pain medications work well."

Q What's recovery like?

DIAZ "You may feel a heavy, congested feeling, similar to a bad cold or flu, for two to three days. Bruising and swelling peaks after about three days and typically resolves rapidly. Dressings are removed after six to eight days. Most people can go out in public and resume activities after six to seven days."

Q When do you see results?

DIAZ "Your nose may be very swollen and red immediately after the tapes and splint are removed. Most patients look very good after three to four weeks. It takes several months for all the swelling to go away and full definition of the shape of the nose to appear. The final result may take up to one year. Results should last a lifetime."

4 Tips

PAVE THE WAY FOR BETTER RESULTS WITH THESE TIPS FROM PLASTIC SURGEON **JOHN DIAZ, MD, FACS**

HAVE A PLAN

Before surgery, think about what you'd like to change. Your profile? The tip of your nose? The width? The more you know, the better you can communicate with your doctor.

FIND AN EXPERT

Go to a qualified surgeon. He or she should be board-certified in plastic surgery or otolaryngology, which is ear, nose, and throat surgery.

DO SOME RESEARCH

Look at the surgeon's website. Has he or she performed enough rhinoplasties? Do you like the before-and-after pictures?

DON'T RUSH

After rhinoplasty, get plenty of rest and avoid strenuous activities. The first week of healing is critical. Avoid anything that may disturb this process.

BEAUTY SMARTS

Call the Dermatologist

Your doctor regularly sees a range of skin conditions—from alopecia to athlete's foot—but some show up on a daily basis. Find out how they deal with the problems that keep them the busiest.



DERMATOLOGISTS SEE IT ALL—LITERALLY. THEIR JOB IS TO scrutinize every follicle to diagnose diseases and address concerns. That being said, some issues make appearances more often than others.

“Just like in pop music, dermatologists see a ‘Top 40’ of skin complaints,” says Papri Sarkar, MD, a dermatologist in Brookline, Massachusetts. “The complaints differ based on geographic location, season, and skin type, but there are a few things that I can guarantee I’ll see every day I’m in the office.”

Here’s how dermatologists from across the country help their patients deal with the conditions they treat on a daily basis.

Jeremy Green, MD, dermatologist, Coral Gables, Florida, and clinical assistant professor, University of Miami Department of Dermatology

COMMON CONDITIONS: ACNE AND ROSACEA

WHY “I think these conditions are common in my practice—and one of the

top reasons people visit dermatologists—because many of us, myself included, feel that a blemish is something the whole world can see and will focus on when looking at us. Pimple molehills become acne mountains! And the conditions can be mistaken for each other since the symptoms—redness and bumps—can be similar. This is why it’s important to see a dermatologist for a diagnosis.”

GO-TO TREATMENT “I see more women with adult acne, and I don’t know why. But addressing acne-causing hormones is my first strategy. Spironolactone is a game changer for treating adult female

Aisle Do

TIRED OF NAILS THAT PEEL, CRACK, OR TURN AN ICKY SHADE OF YELLOW? MEET SOME HEALTH-CONSCIOUS PRODUCTS THE PROS TURN TO FOR HEALTHY NAILS AND CUTICLES.

THE OPINIONS EXPRESSED IN THIS SECTION ARE OF THE EXPERTS AND ARE NOT THE OPINIONS OF WEBMD. WEBMD DOES NOT ENDORSE ANY SPECIFIC PRODUCT, SERVICE, OR TREATMENT.



PRODUCT PICK

WELEDA Skin Food (\$12)

“A great product for dry skin like the hands and feet, this has a rich base of oils and is also beeswax-based. It glides on easily for manicure prep, plus it smells divine.”

Erica Marton
celebrity manicurist, Miami, Florida



PRODUCT PICK

NOW Oregano Oil (\$12)

“This topical treatment, which contains thymol, can help kill off the pesky fungus that leads to nail discoloration, thickness, and brittleness.”

Jeffery LaMour, DPM
podiatrist, Family Foot and Ankle Clinic, Austin, Texas



PRODUCT PICK

ZOYA Nail Polish (\$9)

“For not being marketed as a long-wear polish, these last an insane amount of time. But the best part is that they’re 10-free, which means they don’t contain 10 of the most potentially harmful chemicals—including formaldehyde—that some other polishes do.”

Vera Toms
freelance nail technician, Asheville, North Carolina



THE SCOOP

Smooth Over

HIT A ROUGH PATCH WITH YOUR FEET? BEVERLY HILLS DERMATOLOGIST **TSIPPORA SHAINHOUSE, MD**, SUGGESTS THESE STEPS TO PREVENT AND TREAT BLISTERS AND CALLUSES.



PREVENT

ROTATE YOUR SHOES

Don't wear the same pair two days in a row. This simple style tweak helps prevent repeated friction in the same areas.

WEAR THE RIGHT SOCKS

Cotton socks absorb sweat and prevent odor, but they stay wet, and wet fabric can rub and create blisters. Wear breathable synthetic (nylon or polyester) socks or wool-blend socks to wick away moisture.

TREAT

EXFOLIATE

Gently remove the top layer of hard skin with a pumice stone or emery file.

MOISTURIZE

Hydrate and soften calluses with creams and lotions that contain skin-smoothing urea.

acne. It works by reducing the effects of androgens, the hormones that stimulate oil glands. Topical medications like aznove or onexton are also helpful."

"For rosacea, there is a new topical medication called rhofade that looks promising for reducing redness. I also use lasers to reduce the appearance of blood vessels and general redness."

DOCTOR'S ORDERS "Be patient with your treatment. Spironolactone can take up to three months to kick in. And lasers aren't a cure for rosacea—maintenance treatments may be necessary."

Matthew Mahlberg, MD, dermatologist, Denver, and assistant clinical professor of dermatology, University of Colorado

COMMON CONDITION: SKIN CANCER

WHY "Skin cancer is common in our practice because there is a tremendous increase in the number of skin cancers diagnosed annually in the U.S. Second, we're at a high altitude and receive strong UV rays. We have more than 300 sunny days a year and a population who loves the outdoors."

GO-TO TREATMENTS "For non-melanoma skin cancers in high-risk or cosmetically sensitive areas, Mohs surgery is the go-to treatment. This is a precise surgical technique that helps ensure the

highest cure rate and smallest surgical wound. Some forms of melanoma can also be treated with surgical excision or Mohs surgery while other more invasive forms require coordination of care with medical and surgical oncology.

"I counsel patients to carefully watch their skin for changes. Beyond sunscreens, using topical chemotherapy creams or topical retinoids such as tretinoin can help reduce some sun damage that leads to cancerous lesions. Recent research also shows that nicotinamide, a form of vitamin B3 that helps skin cells repair damage, shows promise for reducing the number of non-melanoma skin cancers that high-risk people can develop."

DOCTOR'S ORDERS "Early diagnosis allows for good outcomes. If you have any lumps, bumps, or sores that don't heal in six to eight weeks, see your doctor. Have moles evaluated and go in for your annual skin exam."

Papri Sakar, MD, dermatologist, Brookline, Massachusetts, and vice president, New England Dermatology Society

COMMON CONDITIONS: WRINKLES

WHY "The number one reason I see people with wrinkles is because they have exposed themselves to too much sun. I see people who are athletes, so

➔ Search for the slideshow
Pictures of Common Foot
Problems at WebMD.com.

being outdoors is a way of life. And I see sun worshippers, who I hope are now reformed.”

GO-TO TREATMENTS “Retinoids are great for fine lines, but they’re also good at prevention, so they’re a good option for everyone. For deeper lines, I usually recommend a botulin toxin or filler based on which lines are bothering the patient. Lasers are good at resurfacing and stimulating collagen production. A simple fix is to use a daily moisturizer—dehydrated skin is more likely to wrinkle, so moisturizing goes a long way.”

DOCTOR’S ORDERS: “Take good care of your teeth. Healthy teeth provide scaffolding for the lips and the skin around them. Teeth are mother nature’s fillers.”

Carl Thornfeldt, MD, dermatologist, Fruitland, Idaho

COMMON CONDITIONS: SENSITIVE SKIN
WHY “The amount of exposure to UV light, pollution, and heat are all factors that can cause irritation with a skin barrier abnormality—a disruption of the cholesterol, ceramide, and linoleic acid ratios in the skin. If the skin barrier is compromised, irritants can more easily penetrate the surface and cause irritation. We’re dealing with damage caused by latitude, altitude, and humidity, all of which are connected to increased sensitivity.

“I also see patients doing too much



exfoliating, which leads to a chronically damaged skin barrier and inflammation.”

GO-TO TREATMENTS “Skin repair products containing cholesterol can help. Other ingredients to look for include glycerin, petrolatum, mineral oil, and niacinamide. Botanical extracts from avocados, flax, safflower, and sunflower help reduce inflammation. The products need to be used daily, like brushing your teeth.”

DOCTOR’S ORDERS “Wash with gentle cleansers to avoid stripping the skin.”

Kate Holcomb, MD, owner Pure Dermatology, Metairie, Louisiana, and assistant clinical professor, Tulane University School of Medicine

COMMON CONDITION: EYELID DERMATITIS

WHY “So many of the common conditions I treat also involve irritation in the eye area. The eyelids are a very sensitive part of the body, so environmental irritants that may not cause a reaction with the rest of your skin can cause a reaction around the eyes.

“Also, common conditions like rosacea, eczema, psoriasis, and allergies can lead to eyelid flaking or redness. The lymphatic system of the eyes isn’t as efficient at dealing with swelling, so even slight irritants or mild skin diseases can cause eyelid swelling.”

GO-TO TREATMENTS “Usually I have patients stop using potentially irritating products—anything packed with fragrance or harsh cleansers. Surprisingly, nail polish is a culprit because the formaldehyde it contains is extremely irritating. Often, an over-the-counter steroid like cortisone can help, or I’ll prescribe a steroid cream like desoximetasone to stop the inflammation. I also suggest using Vaseline or La Roche Posay products containing ciclaplast or Avene’s cicalfate options to encourage healing.”

DOCTOR’S ORDERS “Don’t ignore it! The texture of the skin can change if it undergoes repeated irritation. Over time, you’ll have creasing and wrinkles. It’s possible for long-term swelling and inflammation to impair vision as well.”

Dirty Secret

“I HAVE A HABIT OF PICKING AND POPPING MY PIMPLES. DO I NEED TO STOP?”

HANDS OFF, PLEASE

“Many people ‘enjoy’ doing this but it’s really not a good idea. Excessive pimple popping can become a habit. You run the risk of spreading infection and creating a scar. That’s how many blemishes are formed.”

TRY ANOTHER APPROACH

“Schedule an appointment with an aesthetician or dermatologist. They can expel pimples using proper protocols to avoid the spread of infection and scarring. Dermatologists can also inject pimples with a mild steroid to decrease inflammation, which makes them heal faster.”

AN OUNCE OF PREVENTION EQUALS A POUND OF CURE

“Find yourself a good aesthetician or dermatologist who will create a personalized plan to help prevent acne in the first place. Prevention is key. Diet, stress reduction, products, and services can aid in improving your skin and keeping it healthy.”

—Leslie Gerstman, MD, cosmetic physician, New York City

EXPERT PICKS

No-Soap Zone

Ditch the soaps (the ones full of bubble-making surfactants), says one dermatologist. Try these irritation-minimizing, skin-hydrating cleansers instead, says Rhonda Klein, a dermatologist in Norwalk, Connecticut.



1. PORE-FACTOR
SkinCeuticals
Clarifying Cleanser
(\$34)

"This dermatologist-approved treatment exfoliates with a combination of salicylic, glycolic, and mandelic acids to unclog pores, minimize blemishes, and smooth out rough skin."

2. COAL CALL
Beautycounter
Charcoal Bar (\$24)

"Charcoal has the ability to absorb excess oil for a clarifying effect on your skin. It won't leave you with a stripped feeling. This bar also contains coconut and sunflower seed oils to maintain skin's moisture."



3. WATER WORKS
Bioderma Sensibio
H₂O (\$12)

"Micellar waters are popping up everywhere, but this crowd pleaser is the original and longtime favorite. Saturate a cotton pad and wipe it over your face; the no-rinse, fragrance-free cleanser removes dirt and non-water-resistant makeup while soothing any irritation."

4. RAISE THE BAR
Avène Cold Cream
Ultra-Rich Cleansing
Bar (\$10)

"Gentle enough for a baby, this non-stripping bar is formulated with minimal ingredients. The well-tolerated milky foam that the bar creates provides a gentle cleanse and a protective film that is nourishing and hydrating."

HALLOWEEN

Sugar Rush

Costumes and decorations are cool, but for kids, Halloween is all about the candy. Prevent a sugar overload without making your children feel they've missed out.

BY THE TIME YOUR kids finish circling the neighborhood, their trick-or-treat bags will be stuffed with about 4,800 calories worth of candy. Those snack-size sweets add up to about 3 cups of sugar—more than kids should consume in an entire month. To curb candy consumption, stow the candy stash out of sight and set limits: no more than one or two pieces per day, and they have to eat their greens first. Give them the option of trading some of their candy for toys or other non-food prizes. And, make sure they brush and floss their teeth well after they indulge to prevent tooth decay.

—STEPHANIE WATSON

BABY

Side by Side

Bed sharing could be risky for your baby



NEW PARENTS—ESPECIALLY FIRST-TIME ONES—WANT TO KEEP THEIR BABY CLOSE by and protected at all times. Yet there is such a thing as too close when it comes to sleeping arrangements, health experts say.

“Parents may bring their baby to bed to settle them down, comfort them, and make them happy and sleep better,” says Lori Feldman-Winter, MD, professor of pediatrics at Cooper University Health Care and Cooper Medical School in Camden, New Jersey. “But that’s not necessarily the best thing to do, because it’s not a safe sleep environment.”

The worry with bed sharing is that it can increase the risk for sudden infant

→ **Sleep Space**

Set a timer to return your baby to the crib in case you get drowsy while feeding.

death syndrome (SIDS) in babies—especially those younger than 4 months—who can suffocate or become trapped under a parent’s body weight. Even feeding your baby in bed can pose a risk if you fall asleep while nursing, which is easy to do.

To lower the risk, the American Academy of Pediatrics recommends that you keep your baby in your room, but in a separate crib or bassinet, for at least the first six months—and ideally until the first birthday. If you want to keep your baby close, use a bedside sleeper that attaches to the side of your bed but has its own separate mattress.

If you nurse during the night, it’s better to do it in bed than on a couch or armchair, where the suffocation risk is even higher. But remove pillows, blankets, and other soft objects from your bed beforehand to keep the space safe. And have a plan in place to return the baby to his or her crib in case you nod off. “At the completion of the feed, set a timer, have a partner help, or have some other mechanism so the mom can place the baby onto that separate sleep surface,” suggests Feldman-Winter.

ASK YOUR DOCTOR

Q What’s the safest way to put my baby to bed?

Always put babies under 1 year old on their back to sleep.

Q How should I set up the crib?

The crib should have a firm mattress with a fitted sheet. Remove all pillows, bumpers, blankets, stuffed animals, or other soft items or surfaces.

Q How should I dress my baby for bed?

Don’t over-bundle your baby. Put him or her to bed in the same weight clothing you’d wear to feel comfortable.

Q What else can I do to prevent SIDS?

Try to breastfeed for at least one year, keep your baby away from anyone who smokes, and keep up with recommended vaccinations. Research finds these practices can help lower the risk for SIDS.

→ Search for the WebMD Pregnancy App at WebMD.com.

PREGNANCY

Recurrence Risk

Is breast cancer likely to return after a woman has a baby? Our expert sheds light on some new research findings.



A NEW STUDY PROVIDES REASSURANCE TO YOUNG WOMEN WHO'VE HAD BREAST CANCER that having a baby should not increase the chance of the cancer returning. **Ann Partridge, MD**, medical oncologist and founding director of the Program for Young Women with Breast Cancer at the Dana-Farber Cancer Institute in Boston, explains.

Q What did this study find, and why is it important?

PARTRIDGE: A number of smaller studies show that women who become pregnant after a breast cancer diagnosis do just as well, and have about the same rate of cancer recurrence, as women who don't get pregnant. This study is the largest so far to

investigate the safety of pregnancy after breast cancer, involving more than 1,200 women. Because of its size, it was also able to look at subgroups of patients, like women who have had hormone-positive cancer.

Q Does this mean there are no downsides to getting pregnant after breast cancer?

PARTRIDGE: No. For some women with high-risk disease, who may be at a fairly high risk of recurrence in the next few years whether they become pregnant or not, choosing to become pregnant may make the situation more difficult. And even lower-risk women do sometimes hear from their cancer again. You have to talk with your doctor about your baseline risk of recurrence and think about your personal and family preferences to make

the best decision for yourself.

Q What about for a woman who has just finished breast cancer treatment and is on hormone therapy. Can she try to get pregnant?

PARTRIDGE: Not yet. Hormonal therapies like tamoxifen are not safe to take during pregnancy. This can be hard for women who really want to have a baby. One option is to stay on hormonal therapy for a couple of years, interrupt the treatment to get pregnant and have the baby, and go back on therapy, but we don't yet know whether that is safe. I am the principal investigator in an ongoing international trial, the POSITIVE study, focusing on whether or not we can interrupt hormonal therapy, support women in having a pregnancy, and then get them back on treatment.

BY THE NUMBERS

250,000+

Number of women in the U.S. today who were diagnosed with breast cancer younger than age 40.

24,000

Approximate number of women younger than 45 diagnosed with breast cancer every year.

40%

Percentage of young women diagnosed with breast cancer who are "very concerned" about how it will affect their future fertility.

2.4

Median years from breast cancer diagnosis to conception, according to a new study.

→ Search for the article **Teens and Alcohol** at WebMD.com.



KIDS' HEALTH

Smart, Privileged, and At-Risk

New research shows high-achieving kids are more likely to drink and use drugs as teens and develop addictions by adulthood. Here's what parents can do.

DO YOU ASSUME THAT SINCE YOUR KID GETS GOOD GRADES AND GOES TO a good school that they're not doing drugs? Think again.

That's the takeaway from two new studies suggesting that academically gifted youths are more likely to abuse substances, both as teens and adults. One surveyed 6,000 London students over nine years. Those with the highest test scores at age 11 were more likely to drink alcohol and smoke marijuana in adolescence—and were twice as likely to do so “persistently” by age 20.

→ Self-Medicating

Pressure to excel may be driving high-achieving kids to drugs and alcohol.

An Arizona State University (ASU) study followed 330 high-achieving high schoolers from suburban New England schools. It found that their frequency of drunkenness and use of marijuana, stimulants, cocaine, and other drugs was substantially higher than the norm for their peers. By age 26, they were two to three times more likely to have been diagnosed with an addiction.

“The assumption has always been that if there is a group of kids that are at greatest risk of addiction, it is those living in poverty. Our data shows there is another group at great risk here,” says Suniya Luthar, lead author and ASU psychology professor.

Luthar suspects pressure to excel at AP courses and extracurricular activities and get into a good college may drive some to self-medicate.

While not all students in her study came from wealthy families, the schools were in affluent neighborhoods where access to disposable income makes it easier to purchase fake IDs, alcohol, and drugs, she says.

Parents with high cognitive ability and socioeconomic status also tend to drink more themselves, studies show. And some take a laissez-faire attitude when they catch their high-achiever doing it.

“People assume, ‘She’s still on the honor roll. How bad can it be?’” says Luthar.

Notably, the ASU study found that high schoolers who were more afraid their parents would punish them were less likely to use as adults.

Luthar’s guidance for parents: Start the conversation in middle school, and don’t downplay it. “Tell them it only takes one arrest, and all the things they are working for so hard can be derailed.”

BY THE NUMBERS

Between

23% and 40%

Percentage of high-achieving upper middle-class boys diagnosed with drug or alcohol dependence by age 26, according to a study of New England high schoolers.

Between

19% and 24%

Percentage of high school girls in the same study diagnosed with drug or alcohol dependence by age 26.

72%

Percentage of 12th-grade girls in the study who got drunk in the past year. The national average was 41% for the same year.

23%

Percentage of full-time college students who abuse or are dependent on drugs and alcohol—that’s two and a half times the national average.

TEEN HEALTH

Help Your Teen

With suicidal thoughts among adolescents on the rise, and a controversial TV show shining a light on the subject, experts say the time to be talking mental health with your teen is now

→ **Gender Inequality**
In a recent study, teen girls made up 64% of hospital admissions for suicide attempts and ideation.

THE NETFLIX SMASH HIT *13 REASONS WHY* CENTERS AROUND A HIGH SCHOOL girl who violently takes her own life, leaving behind 13 audio tapes to explain to friends and family why she did it.

While the controversial series is fiction, new research suggests more teens than ever imagine a similar fate for themselves. Hospitalizations for either attempting or contemplating suicide more than doubled among youth ages 5 to 17 since 2008, according to a recent study by Vanderbilt University researchers. An alarming 17% of high school students considered taking their own life in the past year, and 8% attempted it, according to the CDC. And while the number of young people who die from suicide remains small compared to other age groups, that too is rising rapidly, particularly among teen girls.

Pediatricians and psychiatrists blame a combination of factors, from academic stress, social media, and the erosion of affordable mental health services for kids.

"There is just a lot more pressure on kids in general today," says Gregory Plemmons, MD, an associate professor of pediatrics at Vanderbilt's Monroe Carell Jr. Children's Hospital, where he's seen a notable increase in suicidal thoughts among his own patients. "It's happening all across the country," he says.

SCHOOL STRESS AND CYBERBULLYING

Plemmons examined admissions records at 32 U.S. children's hospitals and found 116,000 incidents of youth admitted for suicide attempts or ideation between 2008 and 2015. Notably, the highest percentage of admissions came in October, just as the school year began to get into swing, he said.

Females made up 64% of admissions overall, and the number of teen girls admitted quadrupled over the study period. The results mirror those of a recent CDC paper, which found suicide deaths had risen among every age group in the past 15 years, but spiked the most among teen girls, tripling among those ages 10 to 13.

Some suspect the earlier onset of puberty among girls, with its body changes and

BY THE NUMBERS

42,773

Number of people who committed suicide in 2014 in the U.S. The U.S. suicide rate has increased 24% since 1999.

5,504

Number of youth ages 10 to 24 who died by suicide in 2014. Suicide is the second leading cause of death among adolescents.

25

Number of people who attempt suicide for each person who dies by suicide.

4x

The factor by which males are more likely to die by suicide compared to females.



While suicidal thoughts are common among teens, suicidal behaviors remain rare.

mood swings, may be a factor. Teen girls also spend more time on social media and are more likely to be targets of cyberbullying than teen boys are, Plemmons says.

Gender aside, teens growing up in the wake of the recession of 2009 face more uncertainty about their economic future, increased pressure to get into a good college, and more stress at home, says Victor Schwartz, MD, chief medical officer of the New York-based JED Foundation, a suicide prevention nonprofit.

"If the family is in distress, it trickles down to the kids," Schwartz says.

ALARMING BUT RARE

Schwartz and Plemmons say the increases in hospital admissions for suicidal thoughts may be, at least in part, a sign of positive developments.

"It could mean we are doing a better job identifying kids in distress and getting them to a place they can be evaluated," says Schwartz.

He stresses that while suicidal thoughts are more common among teenagers, suicidal behaviors remain fairly rare, and teen suicide is even rarer. "Referring to suicide as an epidemic can raise anxiety and make people feel that if they are having these

feelings there is nothing they can do about it," he warns.

While mental health experts say *13 Reasons Why* has brought up important points about bullying, assault, and other harmful teen behavior. Many have expressed concerns that the show's graphic portrayal of suicide by cutting, and the theme of suicide as an act of revenge, could lead to copycat attempts in vulnerable teens.

Schwartz and Plemmons don't recommend the show for preteens or those with a history of suicidal ideation or depression. If your teen does watch the show, watch it with him or her, they say. (The JED Foundation offers talking points at www.jedfoundation.org/13-reasons-why-talking-points.)

Also, early on, encourage your kids to come to you with mental health concerns just as they would with any other health concerns, says Schwartz.

"The big misperception out there is that if you are having these thoughts there is nothing you can do about it—that you just need to work things out on your own," says Schwartz. "In reality, there is often very effective treatment and support available that can make a life or death difference."



HOW TO TALK TO YOUR TEEN ABOUT SUICIDE

TALK MENTAL HEALTH FIRST

Make it clear that just as you would expect your child to come to you with a stomach ache or broken bone, you want them to tell you if he or she feels depressed or anxious.

KEEP THINGS IN PERSPECTIVE

If a suicide happens in your community, or a favorite celebrity takes his or her own life, reassure your teen that suicide is rare and, with help, most people can get past their depression or anxiety.

LISTEN FOR WARNING SIGNS

If a teen seems pre-occupied with death, starts giving away belongings, makes statements alluding to suicide, or talks about how he or she would do it, seek professional help.

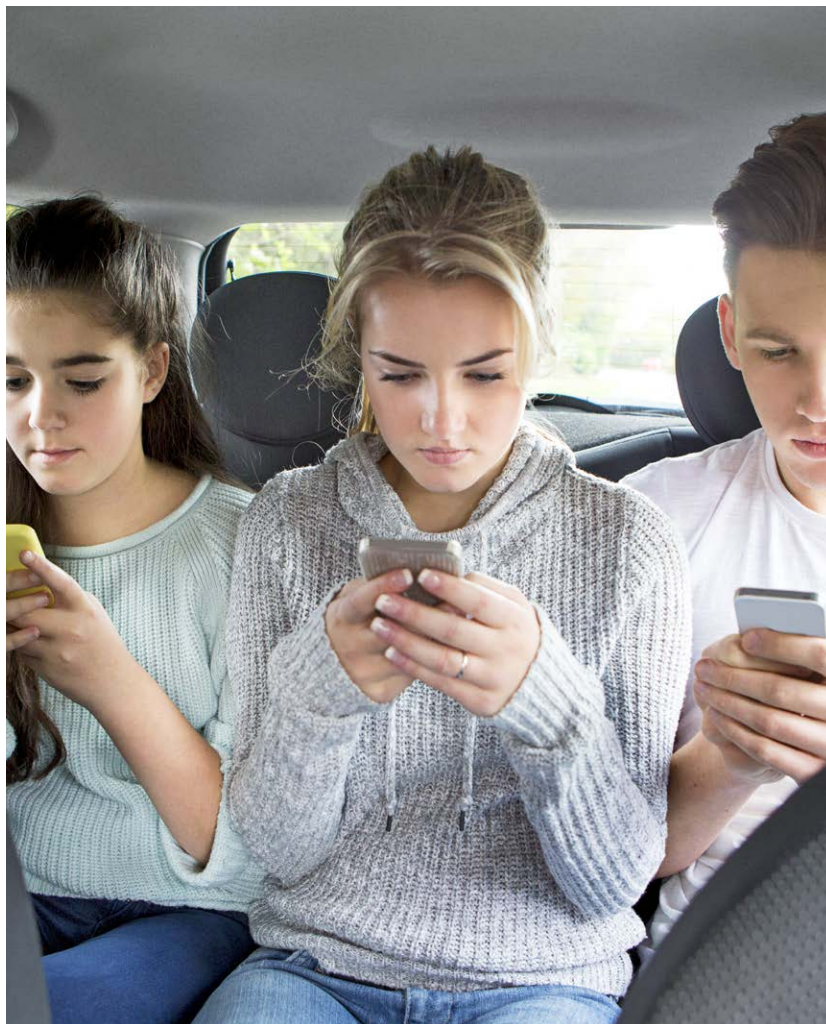
ASK THE QUESTION

If you're worried, ask your teen flat out: "Are you actively thinking about harming yourself?"

PARENTING

Me, Me, Me

Sound like your kid? In this selfie-obsessed world, how can you teach your child empathy and adopt a wider world view?



YOU PROBABLY DO IT. IF YOUR CHILDREN ARE PRETEENS OR OLDER, they surely do it, too—take endless “selfies” to document life’s moments, however inconsequential. Fuss with filters to display an enhanced version of reality. And then post these curated shots to an array of social networks, chasing after new followers and “likes” for positive affirmation.

Your kids also probably text rather than talk, their devices both an instrument for, and a barrier to, true communication.

Is this growing level of naval-gazing and indirect exchange promoting a rise in narcissism and loss of empathy in our culture, especially among younger generations? Are kids losing their sense of compassion and community?

Yes, maintains Michele Borba, EdD, and author of *Unselfie: Why Empathetic Kids Succeed in Our All-About-Me World*. Unsettling research she outlines in her book suggests a staggering 58% rise in self-centered thoughts, aspirations, and actions among American college kids across demographics during the past three decades, with a 40% decrease in empathic behavior.

“The ‘selfie syndrome’ is not entirely about photo-taking and social networks,” Borba explains. “It refers to a shift in our overall culture to hyper-individualize, a change first noted around 2000. We’ve become more competitive and self-focused with the rise of reality television; even musical lyrics that once said ‘Two hearts beat as one’ now say ‘I this,’ and ‘I that.’ In books, we’re seeing *I* far more than *we*. Kids used to want to grow up and become something, do something. Now they simply say: ‘rich and famous.’”

What is the antidote to the me-myself-and-I era? Turns out teaching empathy to children as young as age 1 or 2—and continuing to both model and reinforce empathy until they’re old enough to leave home—is key.

So how do you combat narcissism and instill empathy in your children? Borba offers these nine ideas:

1 DEVELOP EMOTIONAL LITERACY

In an age of texting, kids fail to recognize facial cues and voice intonation. To understand their own feelings and the feelings of others, Borba advises “regular, scheduled unplugged time. Take back the family meal. Put down the cell phone and talk. Eye to eye. So you can see and hear each other’s expressions and meaning.”

2 MAKE A FAMILY MISSION STATEMENT

“Tell your kids: ‘This is what our family stands for: You are expected to be kind, caring, and socially responsible to others.’ Create a sign of this statement and hang it on the refrigerator, so they see

and internalize it every day.” Parents must also practice what they preach.

3 STAY ‘OTHER’ FOCUSED

“Teach your kids to ask: ‘How would I feel as that other person?’ Ask this when you discipline. When you watch TV, ask them to point to a character who goes through something difficult and ask: ‘What does she need to feel better?’ Ask it enough, and empathy kicks in.”

4 READ GOOD BOOKS

Introduce literary fiction, such as *Charlotte’s Web*, Borba suggests, with rich moral dilemmas to teach empathy. “The young adult novel *Wonder* is another great example,” she says.

5 JUST BREATHE

Kids need to learn how to manage their emotions through self-regulation. “When stress builds, we sometimes all go into survival mode and turn off empathy,” Borba says. “Deep breathing is a way to get to a more mindful state. I tell kids to take slow, deep breaths from their tummy. You can teach even the youngest children this technique. It’s fabulous for teens. It helps them to chill out.”

6 PRACTICE KINDNESS

If you behave kindly, kindness becomes a habit. “I know of a family that instructs their kids as they’re leaving for the day to do two random kind things and report back at dinner. Simple stuff, like smiling at another child, or opening the door for a teacher. I promise, they love the positive reinforcement they receive. It develops a caring mindset, and not just during the holidays. Have fun with this: Create a basket of kindness index cards and let the kids come up with ideas. Every day, tell them to pick two.”

7 TEACH CONFLICT RESOLUTION

“Team players are collaborators and problem-solvers when conflicts arise,” says Borba. Still, society can be so competitive. “I encourage younger kids to work out conflicts with games of rock-paper-scissors, which teaches empathy through play. An oldie but a goodie.” She instructs older kids to “stop, listen to their feelings, take turns telling the problem without interruption or put-downs, narrow the choices toward a solution, decide on it, shake hands—and let it go.”

8 STICK YOUR NECK OUT

Children who learn moral courage become future leaders, according to Borba, who has studied the works and biographies of 30 Nobel Prize winners. “They’re the kids who can’t stand bullying or seeing another kid upset,” says Borba. Still, it can be daunting to take a stand. “The Navy Seals learn four techniques to pass rigorous training tests for challenging situations,” the author adds. “Teach them to your kids. The first is positive self-talk: ‘I’m calm and in control.’ The second is: ‘Chunk it’—‘I can get through the next five minutes.’ When those five minutes are done, say it again to take small steps toward conquering a problem. The third is deep breathing, which drives away fear. And the fourth is doing a mental rehearsal to visualize success.”

9 GROW A DIFFERENCE-MAKER!

“Parents need to give their kids opportunities to serve and give back . . . and, just as important, they need to follow their passions, and encourage kids to chase their own,” Borba says. “Also, use newspapers, and not for doom and gloom; all the negative can be numbing. Find uplifting stories and read them to kids before bed to fill them with the wonder of the world.”



“I encourage younger kids to work out conflicts with games of rock-paper-scissors, which teaches empathy through play.”

PETS

Old Dog, New Tricks

Senior dogs make great pets. Just be aware of some common health issues and other considerations.

THINKING ABOUT ADOPTING A DOG? Don't overlook shelter dogs with gray muzzles.

"Senior dogs provide you with all of the companionship [of puppies] but considerably less work: Most come house trained, they are typically lower energy, and they often easily adapt to routines," says Michelle Matusicky, DVM, MPH, assistant professor in the College of Veterinary Medicine at The Ohio State University. "Unfortunately, just like humans, many health conditions start becoming more frequent or severe in older animals."

Concerns over health issues might be the reason that senior dogs—which most veterinarians define as a dog older than age 7—often are overlooked in shelters. Sometimes, Matusicky notes, these conditions are the reason older dogs are surrendered to shelters.

If you decide to adopt an older dog, make an appointment with a vet. As part of the initial exam, ask the vet to evaluate the dog's age. Shelters might mislabel a dog as "old" because the dog has a gray muzzle or moves slowly. "These things could be signs of an old dog or they could be red herrings," says Matusicky.



BY THE NUMBERS

more than
1.6 million
Number of dogs adopted from animal shelters every year.

up to
4X
How much longer it takes senior dogs in animal shelters to find homes than younger dogs.

26%
Percentage of pet owners who cited pet health problems—and the cost of treating them—as one of the most common reasons for giving up their pets.

If your new family member is getting on in years, your vet may recommend more frequent checkups and special tests, such as senior blood work and x-rays, to monitor for health issues. The goal is early detection and treatment of age-related ailments such as heart disease, cancer, arthritis, and diabetes. Routine dental care is also essential for older dogs, and vets often recommend annual cleanings.

You may be able to purchase pet insurance to help cover costly veterinary care, but most plans don't cover pre-existing conditions and some restrict new coverage to younger dogs. "Read the fine print carefully," Matusicky advises.

As your dog ages, dietary needs change. Look for senior dog foods that are formulated for easier digestion and feature a different balance of calories and fat to reflect the changing caloric needs of older dogs.

Although they may need more care, Matusicky notes that you might not need to enroll an older dog in obedience classes. Unlike puppies that need to be trained to do their business outside and not chew on shoes, some of the more mature dogs available for adoption have already learned the basics like sit, stay, and come from previous owners. On the other hand, teaching old dogs new tricks is a great way to stimulate their mental health, keeping doggie dementia at bay.

With appropriate care, most of the health conditions that affect older dogs can be managed and their quality of life can be maintained, according to Matusicky. "[An older dog] can be a bit more of an undertaking financially and emotionally than a puppy," she adds, "but a good old dog is a dream companion."

Most pet insurance plans don't cover pre-existing conditions, and some restrict new coverage to younger dogs.





BY LAUREN PAIGE KENNEDY

REVIEWED BY BRUNILDA NAZARIO, MD
WEBMD LEAD MEDICAL DIRECTOR

BEHIND — THE — SCENES

REFUSING TO LET A THYROID DISORDER
SLOW HER DOWN, HOLLYWOOD'S GO-TO
STAR FOR BIG-BUDGET SPACE ADVENTURES
FAST-TRACKS HER HEALTH, FAMILY, AND A
BLOCKBUSTER CAREER

You may know her as the blue-skinned creature Neytiri from the highest-grossing film of all time, *Avatar*. Or as Lt. Uhura from the rebooted, out-of-this world *Star Trek* movie franchise. Or even as killer comic book assassin Gamora from *Guardians of the Galaxy* and its super successful sequel, *Vol. 2*.

Seems Zoe Saldana, 39, has the market cornered on space heroines with universal appeal.

The busy actor—whose voice is featured in this month's *My Little Pony: The Movie*—acknowledges how triumphing in Hollywood has its perks, yet the old adage holds true: Nothing is as important or as coveted as good health. And Saldana takes hers seriously.



Saldana played Graciela in the 2016 dramatic crime thriller *Live by Night*.

FAMILY HISTORY

From a young age Saldana knew she was predisposed to developing Hashimoto's disease, an autoimmune disorder where antibodies attack and inflame the thyroid. The thyroid is a gland located in the neck that secretes hormones and controls metabolism, affecting the body's heart rate, energy levels, and how quickly the body burns calories. Her mother has Hashimoto's, as do her two sisters, with whom she recently launched a production company, Cinestar Pictures.

"My mother struggled with Hashimoto's early on in her life—fighting fatigue, wanting to live a more active life, constantly feeling like her body was inflamed—and we were already showing markers for it from blood work [we had done] as teenagers," Saldana says of herself and her siblings. "At 17, I showed signs of an overactive thyroid."

This is called hyperthyroidism, symptoms of which can show up in the earliest stages of Hashimoto's. As the thyroid is attacked it releases too much of the hormone thyroxine, resulting in weight loss, rapid heartbeat, nervousness, and sometimes panic attacks.

"I had normal anxiety," says the actor, who spent her teen years studying dance. "I was just super-curious about life, eager to conquer the world. I never felt unhappy or felt heart problems. I was always on the slender side. Then, talking to

doctors, I learned how the thyroid can burn out quickly [from over-activity]. That was my case. I was diagnosed with Hashimoto's in my 30s."

When the thyroid "burns out" the condition flips to hypothyroidism, an underactive thyroid. Symptoms often reverse, too: slowed heart rate, sluggishness, unexplained weight gain, a feeling of being inflamed, an inability to get warm, joint and muscle pain, and stubborn, sometimes difficult-to-treat depression.

Her diagnosis led her to become vigilant about her health. "I learned the importance of a healthy diet and exercise, to avoid certain foods, and to make sure not to be deficient in selenium and vitamin D to assist my body so it doesn't feel like it has to fight."

Saldana credits her mother for being a health pioneer and a role model for her in this regard, describing her as "the only mom in Queens back in the 1980s questioning all the chemicals in our products. She stopped buying canned goods and frozen meat and would take two trains and a bus to go to the organic butcher and buy from local farmers, doing that at a time when no one else was."

DIET & NUTRITION

Nutrition is a key factor when it comes to managing Hashimoto's, says Kent Holtorf, MD, director of Holtorf Medical Group in Los Angeles, which specializes

Saldana will be reprising her *Avatar* role in upcoming sequels.



PHOTOS COURTESY OF: WARNER BROS. PICTURES (TOP LEFT); TWENTIETH CENTURY FOX (MIDDLE); AND CHUCK ZLOTNICK / MARVEL STUDIOS 2017 (RIGHT)

in treating thyroid disorders and other autoimmune diseases.

“Diet plays a big role,” he says. “So much so that eating differently can make a huge difference” in how patients with thyroiditis feel. This may be due to food sensitivities that trigger the immune system and lead to inflammation. Holtorf points to obvious culprits such as gluten and dairy—both of which Saldana has eliminated from her diet—and advises allergy testing for anyone who might have a thyroid disorder.

“Food allergies can help drive it, and it becomes a vicious cycle: The food allergy inflames the gut, the gut gets leaky, then big proteins get in to create an autoimmune response,” Holtorf says. “Different people develop different autoimmune responses based on genetic predispositions. Some get Hashimoto’s, others lupus or rheumatoid arthritis.”

Hashimoto’s main causes? In addition to heredity as a risk factor, women are more likely than men to develop it, with the condition often first appearing in middle age. Pregnancy, radiation exposure, and other

autoimmune disorders can also trigger it. Holtorf adds to this list chemical exposure as well as chronic, undiagnosed infections that can also set off the immune system. Plus, “stress, toxins, pesticides, parasites—all those things may be involved.”

Saldana, who split her childhood between the Dominican Republic and New York City, wonders if parasitic infection might have played a role in her family’s diagnoses. “I lived half my life in the Caribbean and was exposed to so many things,” she muses. “And I’m an adventurous eater. I travel all the time, and I’ve got a little Anthony Bourdain in me!”

Hashimoto’s can’t be cured, but once hypothyroidism sets in, doctors prescribe thyroid replacement therapy to help restore normal metabolism. Holtorf also prescribes dietary supplements vitamin D and selenium, in addition to a revamped diet full of fresh fruits and vegetables and other unprocessed foods.

“I eat clean,” says Saldana, whose symptoms are now largely under control. In fact,



Saldana returned to *Guardians of the Galaxy Vol. 2* as comic book assassin Gamora this year.

“IF YOUR DIET IS CONSISTENTLY HEALTHY,
YOUR BODY WILL HAVE YOUR BACK.”

following the advice of, and then befriending, nutritionist Alejandro Junger, author of *Clean: The Revolutionary Program to Restore the Body's Natural Ability to Heal Itself*, is how she met her husband, Italian artist Marco Perego. He and Junger are longtime close friends.

"If your diet is consistently healthy," Saldana says, "your body will have your back."

Sleep and regular exercise also are vital to maintaining a healthy immune system—yet Saldana says she struggles to find enough time for either.

"Never a gym person," she says she likes to do Pilates on occasion but prefers "not to stop life to go exercise. I'd rather meet friends and go for a hike, or chase around my kids for hours." She juggles toddler twin boys, Cy and Bowie (2), and newborn Zen (6 months) while jetting between film sets, never known for their steady 9-to-5 hours.

"I'm not gonna lie," she says "I'm a working mom with three kids under 3, in a high-intensity business with a great amount of stress. Lately, I'm not getting enough sleep. That's when I have to become more disciplined about my diet and not overbook myself. If I can't afford to cancel a work obligation, I can afford to cancel social engagements that require me to stay up. I sleep when my kids sleep, and eat when they eat. It's a constant negotiation."

A CALL TO ACTION

Still, she maintains how vital it is for women to chase their goals, which in turn nurtures emotional health. "I'm blessed," she says. "I have a partner who teaches our sons every day, 'Mom's going to work! Look at what Mama does!' It's important for us to know the boys

we're raising into men have a natural understanding that women as well as men must fight for their dreams."

Her female fans see her fight—and win—on film, making her a real role model for girls everywhere. "It feels great, but there's a lot of room for growth in this industry, the way women are portrayed in stories," she says. "We need more female directors, writers, and producers for more projects. The way *Wonder Woman* killed at the box office is a testament that women can provide action-driven movies ... and be amazing!"

It's with that same passion for empowering others to share their stories that Saldana is launching a new project called BeSe (pronounced "bee-say"), a media brand targeting young Latinos that will debut by the end of 2017.

Saldana fights for personal causes, too, including Shot@Life, a campaign of the United Nations Foundation that provides vaccinations for kids in developing countries.

"Our twins were born eight weeks early," she says of Cy and Bowie. "They were susceptible to getting [certain diseases] that could actually kill them. We understood through a lot of research the vaccines they needed, even for play dates, so they could be around other kids. I grew up half my life in a developing country, where a child there—or in Thailand or Africa—can die from diarrhea. Or the common cold. Or not having the polio vaccine. Understanding that, we need to educate people that medicine has been developed and evolved for our betterment.

"I united with Shot@Life to help it grow, so we can get more access for kids who need our help from diseases they shouldn't be dying from."

Spoken like a true action hero—with a mission to succeed.

MYSTERY MALADY?

Hashimoto's disease can be tricky to diagnose, says **Kent Holtorf, MD**, a specialist in thyroid disorders based in Los Angeles. That's because the condition can include many general symptoms, making it potentially easy to miss the underlying root cause. According to Holtorf, standard thyroid

tests can sometimes come back as "normal" even when inflammation is present on the gland, with symptoms beginning to show. Among the diseases associated with Hashimoto's:

FIBROMYALGIA

Unexplained, chronic joint pain and stiffness can signal Hashimoto's; so can constant

fatigue and mood and memory issues.

HEART PROBLEMS

Episodes of a racing heart may indicate earlier stages of the disease, or hyperthyroidism. An underactive thyroid, or hypothyroidism, left untreated can lead to an enlarged heart and, possibly, heart failure.

GOITER

Overstimulation of the thyroid can leave it inflamed and enlarged with visible swelling in the neck.

DEPRESSION

Those with Hashimoto's can have sharp mood swings due to a thyroid hormonal imbalance. Anxiety, panic disorder, shaking hands, low

energy, sweating, and feelings of deep depression are all attributed to this condition.

WEIGHT GAIN

When the metabolism slows considerably from an underactive thyroid gland weight gain inevitably follows, even when diet and calorie intake have not changed.





BY SONYA COLLINS
REVIEWED BY
BRUNILDA NAZARIO, MD
WEBMD LEAD MEDICAL DIRECTOR

the Reconstruction Choice

AFTER A MASTECTOMY, A WOMAN FACES A CHOICE ON HOW—AND IF—SHE SHOULD HAVE **BREAST RECONSTRUCTION**. BUT MANY FIND THEY'RE NOT SUFFICIENTLY **INFORMED ABOUT OPTIONS, RISKS, SIDE EFFECTS, AND THE ULTIMATE RESULT.**

At 39 YEARS OLD, Kimberly Barnes learned that she had a 69% chance of developing breast cancer by the time she was 80. That's a staggering number compared to the average woman's 12% risk. Barnes carries a mutation in the BRCA2 gene that predisposes women who have the gene to breast cancer. Knowing that she wanted to live the longest, highest-quality life possible, Barnes decided to have a preventive double-mastectomy.

To her, a long, high-quality life meant continuing her work as a stay-at-home mom to her two young children and living to see high school graduations, weddings, and the births of grandchildren without the fear of being sidelined by cancer treatment. But Barnes determined after much research that breast reconstruction surgery after her mastectomy ran counter to those plans.

Like Barnes, most women—some 60%—pass on breast reconstruction after mastectomy. It's less common, however, for a woman to be as informed as Barnes and to make a decision so well-aligned with her goals, a recent study in the *Journal of the American Medical Association (JAMA)* found.

The decision to have breast reconstruction after mastectomy is a complex one. There is no standard recommendation. Instead, the choice


ought to be based on what's important to each woman. Choosing the option that best fits with a woman's values and preferences requires ample information about the risks, benefits, and expected outcomes of each.

"A woman needs to think about her goals—whether it's the quickest recovery so she can get back to her kids, or to have the most natural-looking and -feeling breasts possible—and push that back to her provider by saying, 'How do my goals fit with these options?'" says Clara Lee, MD, a plastic surgeon who specializes in cancer reconstruction at Ohio State University Wexner Medical Center in Columbus. Lee co-authored the *JAMA* study.

A MISMATCHED DECISION

Among women who have mastectomies, as many as 57% make decisions about reconstruction that are misaligned with their priorities and based on limited understanding of their options. Lee's study evaluated the decisions of 126 women.

About 40% had breast reconstruction after mastectomy, while the remainder did not. The women completed a test of their understanding of their options, including risks, number of procedures required, the difference between types of reconstruction, the effect of radiation, women's satisfaction rates with the choices, and risk of recurrence.



They also answered a questionnaire about their preferences regarding having a breast shape and the risk, number of procedures, and duration of recovery they would accept.

The study authors then determined which option—mastectomy with or without reconstruction—was best aligned with the preferences each of the women had expressed. For example, if a woman ranked having a breast shape higher than any other concern on the questionnaire, reconstruction was the best option for her. The authors calculated the number of women whose choices reflected their preferences.

A woman's decision was "high quality" when she scored a 50 or higher on the knowledge test and her ultimate choice aligned with her preferences. Based on these criteria, just 43% of the women made high-quality decisions.

But how does such a mismatch happen?

"Patients whose preferences show they are really concerned about complications, for example, but don't realize what the risk [of reconstruction] actually is, might end up agreeing to a surgery that they would have thought twice about if they had really understood the risks," says Lee.

The same was true on the other side, Lee says. Some women whose questionnaire indicated a preference for reconstruction didn't end up having it.

"This implies that their knowledge of what these procedures entail prior to the process isn't very good," says Grant Carlson, MD, a breast surgeon at Emory Winship Cancer Institute in Atlanta.

THE DECIDING FACTORS

Cindy Carnahan had all the information she needed. "The idea of feeling and looking whole again after two surgeries was very exciting to me," she says. Carnahan, a 62-year-old retired art teacher, had her left nipple removed several years ago when doctors found cancer there—a condition called Paget disease of the breast. After a mammogram uncovered more cancer early this year, Carnahan's doctor recommended she have the breast removed.

"It was like a two-by-four to the side of the head. I thought I was finished with this," she recalls.

After her mastectomy in February, Carnahan started the process of breast reconstruction. "I'm in good health. I'm single, I just retired, I'm going to be traveling, and I was looking forward to just looking normal again."

While Carnahan was still under anesthesia for the mastectomy, Lee, her plastic surgeon, inserted a tissue expander under the chest muscle. Every Friday for the next six weeks, Lee injected fluid into the expander until Carnahan's left side matched the right. The procedure stretched the muscle to make room for the permanent implant. Once the fluid injections were complete, it took about six more weeks until Carnahan's muscle was fully stretched and ready for the second

ASK YOURSELF
and then your doctor

**YOUR CHOICE TO UNDERGO
BREAST RECONSTRUCTION
AFTER MASTECTOMY WILL
DEPEND ON MANY FACTORS.**

and final surgery to insert the permanent implant.

Just days after the surgery and still in bandages, Carnahan says, "I'm feeling good, and I already look so normal. I'm so glad I did this." She adds, "It was definitely a process, and it wasn't painless, but I could put up with it and even get excited about it."

Barnes, on the other hand, wasn't ready to give up the time that reconstruction would take. "The doctor said I wouldn't be able to drive for four to six weeks. That would detract from my quality of life with my kids," she says. After her mastectomy, she was back behind the wheel in a week with all the time she needed to consider breast reconstruction. She thought of everything.

Barnes didn't want to risk complications now or later. Like any major surgery, breast reconstruction, whether with implants or the body's own tissue in what's known as a flap procedure, has risks. Some women feel pain around their implants. Several complications of implant reconstruction can require additional procedures later. For example, radiation after implants can cause a hardening of scar tissue around the implant. Necrosis, when tissue around the implant breaks down and dies, can cause pain, bleeding, bruising, oozing

sores, numbness, and fever and require treatment. Implants can shift or leak over time.

A flap procedure, which can result in more natural-looking and -feeling breasts, uses tissue from the abdomen or back to reconstruct the breast. In addition to risks like those of implant surgery, flap procedures pose risks for the area from which the tissue is taken, including weakness, loss of function, and loss of sensation.

Reconstructed breasts, Barnes learned, wouldn't have the same sexual sensation as her natural breasts. With scars and the loss of her nipples, she didn't feel they would look like the breasts she once had. And they wouldn't change with her body as she ages or as her weight fluctuates, like natural breasts do.

"It's important for women to realize," Barnes says, "whether you do reconstruction or not, you're never going to have this part of your body back, and that's a big loss," she says.

With her husband's full support, which was crucial for Barnes, she decided to use prosthetics rather than undergo reconstruction. Barnes liked the fact that prosthetics—typically a silicone gel breast form—you wear in your bra can be swapped out over the years to fit your

“THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ALLOWS A WOMAN TO CHOOSE . . . TO HAVE RECONSTRUCTION AT ANY TIME AFTER HER MASTECTOMY.”

changing body. They move like natural breasts, she says, and she can wear them inside a swimsuit in the pool. Barnes puts on her prosthetic breasts as soon as she gets dressed every morning, even if she doesn't plan to leave the house.

"This allows me to look at myself in the mirror and see the same person I was before the surgery," she says.

TAKE TIME TO CHOOSE

Whether to have breast reconstruction after mastectomy is a deeply personal choice with numerous considerations. You can take all the time you need to decide. The Women's Health and Cancer Rights Act of 1998 allows a woman to choose at any time after her mastectomy—even years later—to have breast reconstruction covered by her health insurance.

"Reconstruction is not an emergency," says Carlson. "You

need to take the time to really understand everything."

Carlson and Lee recommend that women bring up reconstruction options with the breast surgeon who treats their cancer rather than waiting to speak to a plastic surgeon. Studies show that not everyone gets a referral to a plastic surgeon, unless they ask. But everyone who has a mastectomy for breast cancer has the right to reconstruction, though no one is required.

"My doctors assumed I was going to want to have reconstruction," Barnes says. "So, they told me about those options, but I don't think they always provide information about not doing reconstruction at all."

While Barnes and Carnahan chose two different paths after their mastectomies, their advice for other women is the same. "As positive as I have been about the whole process for me," Carnahan says, "it's about what matters to you."

FIRST ASK YOURSELF WHAT'S IMPORTANT TO YOU:

- How important is a permanent breast shape?
- How quickly do you want to get back to your normal routine?
- How much risk are you willing to assume?
- How many procedures are you willing to undergo?

ASK YOUR DOCTOR THESE QUESTIONS:

- What are the advantages and disadvantages of each option available to me?
- How many procedures are involved in each option?
- What is the recovery time for each option?
- What are the risks?
- What's the probability of each of those risks occurring?
- What can I expect my breasts to look and feel like?
- Can I do reconstruction later?
- What are the advantages and disadvantages of doing it now?

BY MATT McMILLEN

REVIEWED BY HANSA BHARGAVA, MD
WEBMD SENIOR MEDICAL DIRECTOR

THE

FUTURE

OF

CANCER
DETECTION





DETECTING CANCER MAY SOON BE EASIER

New kinds of tests that promise to be less invasive are exiting the lab and entering the market, and more are in development. By using blood, urine, and saliva, researchers hope these new tests may reduce the need for often-painful, risky biopsies, a type of surgery to remove suspicious tissue for study.

As the hunt for new ways to detect cancer has heated up in the past few years, so has investment in new tools and tests. In January, Grail, a San Francisco-based startup, pledged to raise \$1 billion to develop a blood test for early detection.

“Five years ago, there would not have been such a long list [of new and experimental tests],” says Peter Mazzone, MD, the director of the lung cancer program at the Cleveland Clinic’s Respiratory Institute.



RECENT ADVANCEMENTS

The discovery that cancer can be detected in certain biomarkers, like DNA, RNA, and proteins, is driving test development. Advances in technology during the past five to 10 years have allowed scientists to use those discoveries to create tools to diagnose cancer.

Already, at least three early cancer detection tests are on the market. The FDA approved Cologuard, which screens for colon cancer, in 2014. Oncimmune and Integrated Diagnostics have developed blood tests that help screen for lung cancer; the tests are done in the companies' federally certified laboratories. (FDA approval is not required for tests unless they are commercially marketed.)

Both tests involve sending a patient's blood sample to laboratories for analysis. Both labs are Clinical Laboratory Improvement Amendments-certified, meaning the companies can charge for performing tests in their labs and do not need FDA approval to do so.

Meanwhile, the Mayo Clinic and Exact Sciences Corporation recently announced a promising blood test for lung cancer based on Cologuard, also developed by Exact Sciences.

Early detection of cancer is an important key to treating and sometimes surviving it, health experts agree. But many cancers—pancreatic and ovarian tumors, for instance—often have no early symptoms, meaning diagnosis may come at a late stage. Meanwhile, other people have biopsies and unnecessary testing for what turns out not to be cancer—harmless nodules in the lungs, for example.

"We don't want to harm people by doing a biopsy or by over-testing them," says Mazzone, who has researched breath and urine tests to identify lung cancer—by far the leading cause of cancer death in the U.S. "That's an area where these breath, blood, and urine tests might help us." Such tests would identify factors like abnormal chemicals or chemical patterns that show that a disease is present, says Mazzone.



**MANY CANCERS—
PANCREATIC AND OVARIAN
TUMORS, FOR INSTANCE—
OFTEN HAVE NO EARLY
SYMPTOMS, MEANING
DIAGNOSIS MAY COME AT
A LATE STAGE.**

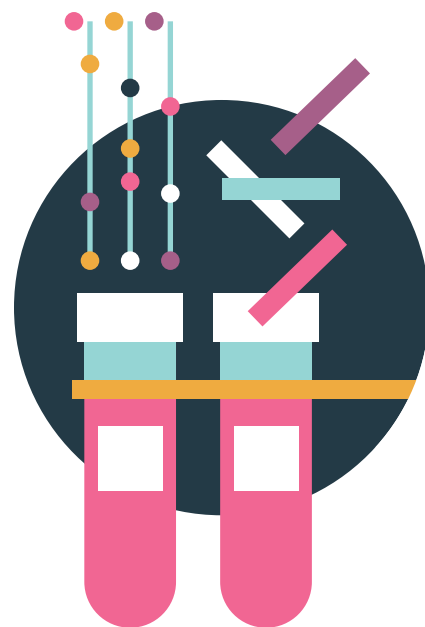
They may also help fine-tune existing methods of cancer detection. For example, lung CT scans often find small spots called lung nodules. About 99 times out of 100, the nodules are harmless, says Mazzone. But it can be hard to distinguish between harmless nodules and those that signal an aggressive cancer.

"There are lots and lots of false positives," says Richard Schilsky, MD, chief medical officer at the American Society of Clinical Oncologists. "The challenge is to figure out which, if any, among these abnormalities actually is cancer."

A NOVEL BLOOD TEST

In early March, researchers at the University of California, San Diego, developed a blood test that not only detects cancer, it also finds where it is in the body. The test identifies normal cells killed by a growing tumor. Those dead cells wind up in the bloodstream before they are flushed out of the body. Researchers traced those cells back to the part of the body they came from, such as the liver, the pancreas, the kidneys, and the lungs. In the study, researchers screened blood samples from people with and without cancer.

"Current blood tests are only used on people who already have been diagnosed, to see if cancer can still be detected in the blood after treatment," says bioengineering professor Kun Zhang, PhD. "We're working on early diagnosis."



NOT ALL CANCERS WILL KILL A PERSON, AND TESTS MAY EVENTUALLY HELP DOCTORS TELL THE DIFFERENCE BETWEEN DEADLIER FORMS OF THE DISEASE AND CANCERS THAT ARE MUCH LESS OF A THREAT.

One type of cancer he wants to target is pancreatic cancer. Right now, he says, a diagnosis usually means death within two years, because it doesn't catch the disease in time to treat it successfully.

Zhang says the next step is to test his research in the real world. He and his colleagues plan to collect blood samples from a large number of currently healthy people and then observe them for two to three years to see if his test accurately identifies those who develop cancer. Zhang can't say when this research will be completed.

WHAT THE FUTURE MAY HOLD

Schilsky says that a good test is both sensitive and specific. By sensitive, he means that the test can pick up even very small amounts of whatever it's searching for, such as tumor DNA in the blood. Specific means that the test can accurately identify its target and distinguish it from the many other substances around it.

Proving a test is accurate is an early step in the development process. Next, developers must show that it works in the people it's meant for. A successful test for lung cancer, for example, must show that it can identify the disease in adults between ages 55 and 80 who smoked for 30 years—a group known

to be more likely to get the disease.

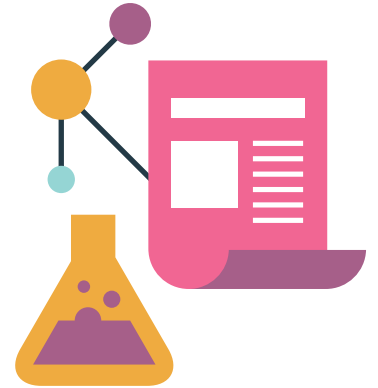
Schilsky says that it can take years to determine whether a test saves lives. In the case of an often-aggressive cancer like lung cancer, it may take five years. Tests for cancers that often move more slowly, like colorectal cancer and breast cancer, may require about 15 years.

Not all cancers will kill a person, and tests may eventually help doctors tell the difference between deadlier forms of the disease and cancers that are much less of a threat.

"Prostate cancer is the case study," says Schilsky. "You can detect lots of prostate cancer, but many of them will not become clinically significant. You would like to have a test that tells the doctor whether a particular cancer is going to behave badly."

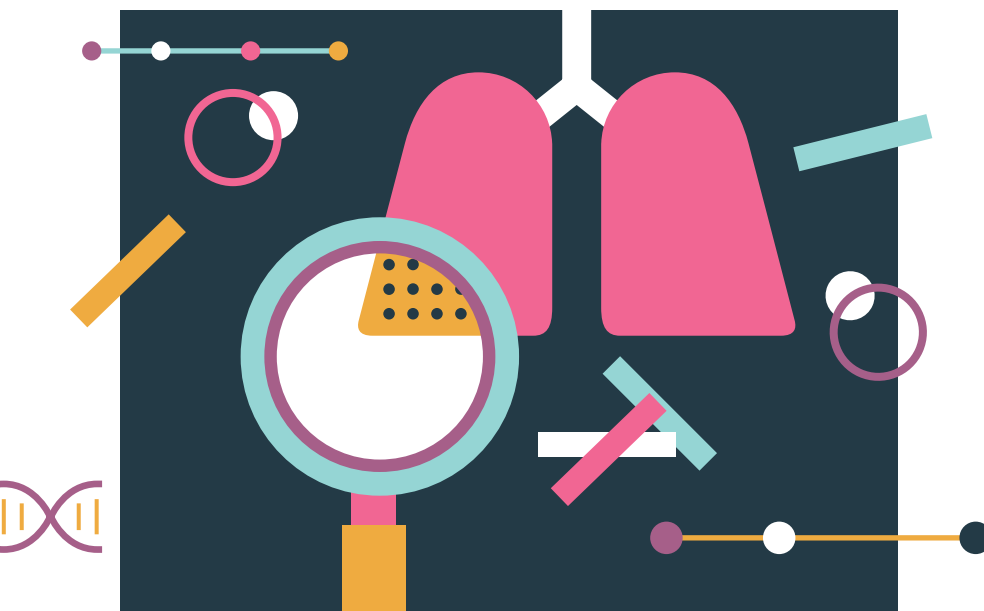
Mazzone says the goal of a test is to help a doctor make the right decisions: "Sometimes even accurate tests don't lead to changes in decisions that go on to help patients. . . . People still die even though they got screened."

While these are exciting times for cancer researchers, Mazzone sounds a note of caution. "No test is perfect. Every yes doesn't mean yes, and every no doesn't mean no. If a test is used inappropriately, it can cause harm. The medical and research communities have to assess these tests completely before using them widely."



SO FAR THIS YEAR, RESEARCHERS HAVE PUBLISHED NUMEROUS INNOVATIONS IN CANCER TESTING. THE RESEARCH IS IN EARLY STAGES, BUT IT DEMONSTRATES THE CURRENT PUSH TO DEVELOP NEW DIAGNOSTIC METHODS. SOME OF THESE NEW DEVELOPMENTS INCLUDE:

- + Researchers at Boston University **identified more than 500 genes in the nose related to lung cancer.** By taking a nose swab, the genes may help researchers determine whether growths in the lung are malignant.
- + At Massachusetts General Hospital, scientists developed a method of **detecting cancer cells in the blood that could improve the early diagnosis and treatment of lung cancer.**
- + In South Korea, experts at the Ulsan National Institute of Science and Technology **published a promising study showing that urine tests can identify cancer cells shed by tumors.**
- + Purdue University researchers **discovered that high levels of certain proteins in the blood appear to indicate breast cancer.** The blood test may be able to detect other cancers as well.



POWER PODS

Soy Joy

A sushi restaurant favorite and kid-friendly finger food, edamame offers nutty flavor and an impressive pop of protein and plant compounds that may benefit heart health

ONE OF THE WORLD'S HEALTHIEST foods also makes an easy, delectable snack. Edamame is the Japanese name for young, green soybeans. Just a half-cup of shelled edamame offers more than a third of an adult's daily value of fiber and protein. These legumes contain plant compounds like isoflavones and phytosterols that may benefit heart health, and they also keep blood-sugar levels steady, useful for reducing type 2 diabetes risk. Find edamame fresh in the produce aisle or frozen in the freezer section. Steam or boil the pods for a few minutes, allow them to cool slightly, and pop the beans out of the pods, right into your mouth.

—ERIN O'DONNELL



→ For featured recipes from WebMD's Healthy Recipe Finder, sign up for [The Daily Bite Newsletter](#) at [WebMD.com](#).

3 WAYS

Black Beans

The ultimate healthy kitchen staple, black beans are inexpensive, versatile, and packed with fiber, protein, and beneficial phytonutrients. These legumes also contain “resistant starch,” a fuel that helps beneficial bacteria in your colon thrive.



THE VEGETARIAN FAVORITE

Black Bean Sweet Potato Chili

Perfect for chilly nights, this savory dish provides flavor, protein, and fiber. For a thicker chili, remove one cup of beans from the pot, puree with a blender, and stir back in.

→ THE MIX

Black beans + sweet potato, olive oil, chili powder, jalapeño, garlic, crushed tomatoes, onion



MAKE IT Sauté chopped onion, jalapeño, and garlic in olive oil with 2 tbsp chili powder, 2 tsp cumin, and black pepper to taste. Add a peeled, cubed sweet potato, a large can of crushed tomatoes, a can of black beans (rinsed), and

2 to 3 cups low-sodium chicken stock. Bring to a boil, then reduce to simmer for 30 to 45 minutes. Add water or additional chicken stock if needed. Garnish with avocado, Greek yogurt, and corn tortilla strips. **SERVES 4**

PER SERVING (ABOUT 2 CUPS) | 433 calories, 22 g protein, 68 g carbohydrate, 11 g fat (2 g saturated fat), 0 mg cholesterol, 20 g fiber, 6 g sugar, 439 mg sodium; calories from fat: 22%

2

A TWIST ON PIZZA

Southwest Black Bean Flatbread

This easy recipe layers an array of colorful veggies on a premade whole-wheat pita bread. (As an alternative to pitas, try packaged naan, a tasty Indian bread.) Serve with a leafy green salad.

→ THE MIX

Black beans + 4" whole wheat pita bread, red onion, corn (kernels only), jalapeño, Monterey Jack cheese, cherry tomatoes



MAKE IT Top four whole-grain pitas with a drizzle of olive oil and a mixture of 1½ cups canned black beans (rinsed), 2 cups corn, 2 cups halved cherry tomatoes, minced red onion, 1 chopped jalapeño, and a pinch of cumin.

Sprinkle with ½ cup shredded Monterey Jack cheese. Bake at 400° F for 8 to 10 minutes. Garnish with fresh cilantro and serve immediately. **SERVES 2**

PER SERVING (1 WHOLE 4" FLATBREAD) | 368 calories, 18 g protein, 45 g carbohydrate, 15 g fat (3 g saturated fat), 25 mg cholesterol, 10 g fiber, 3 g sugar, 314 mg sodium; calories from fat: 37%

3

THE FILLING LUNCH

Black Bean Stuffed Squash

This recipe features acorn squash, in season now. The quinoa and black bean filling is seasoned with adobo sauce, which comes in cans with chipotle peppers. Find them in the international section of large supermarkets.

→ THE MIX

Black beans + red pepper, adobo sauce, quinoa, acorn squash, garlic, onion



MAKE IT Microwave 2 halved and seeded acorn squash, covered, for 10 to 12 minutes or until soft. Combine sautéed onion, chopped red sweet pepper, and garlic with 1 cup cooked quinoa, 1½ cups canned black beans

(rinsed), salt and pepper, and 2 tbsp adobo sauce. Spoon mixture into squash. Bake at 350° F until heated through. Garnish with queso fresco crumbles and green onions. **SERVES 4**

PER SERVING (½ ACORN SQUASH FILLED WITH ¾ CUP BEAN MIXTURE) | 340 calories, 3 g protein, 57 g carbohydrate, 8 g fat (3 g saturated fat), 6 mg cholesterol, 12 g fiber, 3 g sugar, 326 mg sodium; calories from fat: 21%

➔ Search for the slideshow **Spices and Herbs to Pump Up the Flavor** at WebMD.com.

REVIEWED BY **Hansa Bhargava**
WebMD Senior Medical Director



MAKE IT

1. Heat your pan no higher than medium throughout cooking.
2. Start with cinnamon sticks, whole cloves, and star anise. They will season the oil and provide the flavor foundation of your curry.
3. Add finely chopped onions and cook them until softened and golden brown. Don't rush this step. You must caramelize the onions to make a proper curry.
4. Pulverize fresh ginger and garlic to make a paste, then stir it into the onions. Both will deepen your curry's flavor, and the ginger will help tenderize the meat.
5. Next come the colorful spices: chili powder, turmeric, ground cumin, and ground coriander. Choose top quality, fresh spices, and fry them briefly—no more than a minute—to form a paste in the pan.
6. Now, if using, the meat goes in. Choose chunks of skinless, bone-in chicken thighs, pork loin, or flavorful, marbled cuts of meat like chuck. You don't need to brown the meat.
7. Add vegetables like potatoes and whole mushrooms with or in place of the meat.
8. To finish the sauce, pour in pureed tomatoes, coconut milk, or cream. Simmer for about an hour. Leave the pan uncovered if you prefer a thicker sauce. Salt to taste when the meat has fully cooked and top with cilantro or basil.
9. Serve with rice, potatoes, or bread.

OFF THE MENU

Build a Better Curry

Curries come in countless varieties. With just a few basic techniques, you can begin to master this dish made around the world.

SEATTLE-BASED CHEF AND COOKING INSTRUCTOR **CHRISTINA AROKIASAMY** CALLS curry a comfort food, just like beef stew. "A spicy sauce, light or rich, with vegetables, meat and/or seafood, curries can be the best braised dishes you'll ever taste," says Arokiasamy, author of the recently published *The Malaysian Kitchen*. She reveals a few secrets for creating a great curry.

Awesome Oils

NICHOLAS COLEMAN CO-FOUNDED GROVE AND VINE, WHICH OFFERS SUBSCRIBERS MASTERFUL BLENDS OF THE FRESHEST OLIVE OILS FROM AROUND THE WORLD. MEET FIVE OF HIS FAVORITE OLIVE OILS.



ROI: CARTE NOIRE BADALUCCO, LIGURIA
"Light, delicate, sweet, and ethereal. Best used when you want the oil to blend with—rather than overwhelm—the other ingredients in dishes like pesto, eggs, or potatoes."



FRANTOIO FRANCILE TREBBIANE GROSSETO, TUSCANY
"Grassy, bitter, and peppery, this medium-intense oil is produced using hand-picked and immediately cold-extracted Tuscan olives. Excellent for drizzling over roast meats and hearty soups."



FRANTOIO CUTRERA: PRIMO D.O.P. MONTI IBLE CHIARAMONTE, SICILY
"Produced with the local Tonda Iblea olive. It's vibrant aromas of green tomato leaves pairs perfectly with grilled seafood, pasta, and pizza. Best when it's at its freshest."



CASTILLO DE CANENA: ARBEQUINA JAEN, SPAIN
"A quintessential Spanish olive oil, with a mellow, sweet, and vegetal taste. Try it with the regional delicacy Salmorejo, a chilled tomato soup, or in a vinaigrette."



DAVERO HEALDSBURG, CALIFORNIA
"A blend of hand-harvested olives with notes of freshly cut grass, almond, and a balanced peppery finish that lends itself to vegetables, soup, lentils, or red meat."

THE OPINIONS EXPRESSED IN THIS SECTION ARE OF THE EXPERTS AND ARE NOT THE OPINIONS OF WEBMD; WEBMD DOES NOT ENDORSE ANY SPECIFIC PRODUCT, SERVICE, OR TREATMENT.

REVIEWED BY Hansa Bhargava, MD
WebMD Senior Medical Director

1. NUTMEG

Wonderfully pungent and warmly scented, nutmeg flavors both savory and sweet dishes, from cauliflower gratin and shepherd's pie to ice cream and eggnog. Grate whole nutmeg for the freshest flavor.

2. CARDAMOM

Its dominating and complex flavor adds slightly sweet, spicy, resinous, floral, and citrus notes to curries, chai teas, puddings and other desserts, and coffee drinks.

3. CUMIN

Earthy, nutty, and peppery, this savory, leathery spice adds a meat-like scent to vegetable dishes, while its salty notes balance sweet or sour dishes. It's strong, so use sparingly.

4. TURMERIC

Brightly scented, sweet but with hints of bitterness, and brilliantly yellow, turmeric flavors and colors sauces, stews, and traditional dishes. Use it with roasted cauliflower, chickpeas, and braised veal shoulder.

5. FENNEL SEED

Similar to anise, strongly aromatic and slightly bitter, fennel often appears in Italian, Indian, and Middle Eastern cuisines. Add it to vinaigrettes, fish stocks, and homemade sausages and meatballs.

FOOD 101

Spice It Up

The myriad scents, flavors, and, in some cases, health benefits of spices enhance and enliven dishes, so savor their variety

LIOR LEV SERCARZ KNOWS SPICES. A CLASSICALLY TRAINED CHEF, founder of New York City spice shop La Boite, and author of *The Spice Companion*, Sercarz made his first spice blend as a teenager in his native Israel. He now offers 60 blends to clients around the globe. "Any dried ingredient that elevates food or drink is a spice," he writes. Here are his five essentials.

➔ Search for the **Healthy Recipe Finder** at WebMD.com.

REVIEWED BY **Hansa Bhargava, MD**
WebMD Senior Medical Director

1 FOOD, 5 MEALS

An Apple a Day

WHETHER YOU'VE GONE APPLE PICKING OR BEEN LURED BY THE 5-POUND BAGS THAT SHOW UP AT THE MARKET IN THE FALL, YOU CAN FIND WAYS TO MAKE USE OF AN ABUNDANCE OF APPLES AND EAT THEM THROUGHOUT THE WEEK. HERE ARE FIVE WAYS TO FEATURE THEM AT BREAKFAST, LUNCH, AND DINNER.



MONDAY

GRILLED CHEESE WITH APPLES

Spread whole grain bread with maple-mustard and layer with slices of sharp cheddar and apple. Grill the sandwich and serve with an arugula salad.

WEDNESDAY

APPLE COMPOTE

Core and slice apples and cook them in a saucepan with a bit of water until softened and cooked through. If you're using sweeter apples, you won't need sugar. For tart apples, add a teaspoon or two. Add cinnamon, nutmeg, or ginger, if you feel inspired. Pair this classed-up applesauce with yogurt, granola, or crepes.



TUESDAY

CURRIED WALDORF CHICKEN SALAD

Mix up chunks of cooked chicken, cubed apples, diced celery, sliced grapes, and toasted walnuts with a dressing of plain yogurt, curry powder, a squeeze of lemon juice, salt, and pepper. Serve as a sandwich filling or as a topping for green salad.



THURSDAY

GREEN APPLE SLAW

Cut a couple of tart green apples into matchstick-size strips and mix with a bag of cabbage slaw. Dress with 2 tablespoons of lime juice, 1 tablespoon of olive oil, 2 teaspoons sesame oil, and 2 teaspoons soy sauce. Add sesame seeds or chopped peanuts for crunch.

FRIDAY

BRAISED APPLES AND CABBAGE

Sauté sliced red cabbage and apples in olive oil. Add salt, pepper, and apple cider vinegar. Serve with cooked pierogi (Polish dumplings) or chicken sausages.

KIDS' BOX

Who's the Boss?



If you've ever battled with your child about what's for dinner or how much they're eating (or not eating), you're in good company. But a single parenting principle can help manage those disputes—the division of responsibility. At its core, it's a simplified job description for both parents and kids. Parents: It's your job to choose what to serve your children, when and where. Kids: You get to choose whether and how much to eat.

This strategy was coined by childhood nutrition expert Ellyn Satter as a way to turn kids into competent eaters. In practice, that means you choose meals for yourself and your children that you like and feel good about eating. Your kid might eat a lot or a little—that's OK. What's not OK is giving children control over the menu every night and then trying to limit their intake of those foods—or pressuring them to eat something they don't want to. These strategies can backfire, making picky eaters dig in their heels and become pickier.

If given the chance, many kids would choose to eat chicken nuggets or mac and cheese every night. But they can't eat mac and cheese at every meal if you don't give it to them. Ultimately, your kids will get hungry, and they'll eat. Or they won't. That's their choice. Once you've put food on the table, you've done your job.

CUTTING EDGE

Researchers are making new discoveries in every area of lung cancer: which genes raise risk, who to screen, and how to improve treatment.



SCIENTISTS ANALYZED THE COMPLETE genetic material—the genome—of 85,716 people, 29,266 of whom had lung cancer. Comparing the genes of those who had cancer with those who didn't, they discovered 18 different segments of the genome associated with lung-cancer risk. This information could help doctors better understand risk and who needs screening.

Being male could be a risk factor that warrants more frequent screening. U.S. guidelines recommend annual lung CT scans for adults ages 55 to 80 who have smoked for 30 pack-years (the number of packs per day multiplied by the number of years of smoking) and who

haven't quit or quit less than 15 years ago. A study analyzed men and women who showed no signs of cancer after a first CT scan and got a diagnosis after a later scan. Of the women's cancers, 18% had advanced past stage I, while 51% of the men's had. This suggests lung cancer progresses faster in men, and those at risk would benefit from more frequent scans.

Immunotherapy—medication that triggers the body's own immune system to fight disease—has helped many people with late-stage lung cancer. Advanced tumors contain cells that can shut down the immune system and allow the cancer

to grow. Immunotherapy drugs can block those cells and boost the immune system. New research reveals that even early-stage lung lesions contain these immune-blocking cells. The discovery could lead doctors to start immunotherapy sooner and stop lung cancer before it spreads.

Up to 70% of non-small-cell lung cancers—the most common type of lung cancer—respond to chemotherapy at first, then become resistant. Current research explores how cancer cells evolve to make themselves drug resistant and which medication could undo that resistance. —SONYA COLLINS

DOCTOR Q&A

Next Steps

Learning you have cancer can be frightening and overwhelming. Here's how to process the news and move forward.



THIS YEAR, ABOUT 1.7 MILLION PEOPLE WILL HEAR THEIR DOCTOR SAY ONE of the scariest phrases imaginable: “You have cancer.” If you’re among them, you might not know where to begin to move forward, make decisions, and begin your treatment. **Wendy Baer, MD**, medical director of psychiatric oncology at the Winship Cancer Institute at Emory University in Atlanta, walks you through the first steps to take after a cancer diagnosis.

LEARN AS MUCH AS YOU CAN ABOUT YOUR CANCER

BAER: Always bring a pen and piece of paper to your doctor appointments. Then you can write down your questions and refer back to them. If possible, bring somebody with you so you have an extra set of ears. A family member or friend can help you digest the information you’re getting from the oncologist and help you ask questions.

You can also do research online, but stick to sites with reputable, sourced information. Avoid message boards and blogs (unless you’re looking for support), because you can get advice that isn’t based on medical science.

FIND THE BEST CARE YOU CAN

BAER: It’s really important to be at a center that treats your kind of cancer on a regular basis. Sometimes it helps to be in an academic center, because you have the opportunity to work with physicians who are doing cancer research. The National Cancer Institute’s Cancer Centers Program (cancercenters.cancer.gov)

designates cancer centers around the country that deliver cutting-edge cancer care.

Also look at the strength of the center’s treatment services such as chemotherapy, radiation, immunotherapy, or surgery. What you want from a cancer center is a treatment plan that’s evidence-based—one that’s grounded in science. The goal is to fight the cancer and keep you as healthy as possible.

SEEK OUTSIDE ADVICE—BUT DON’T GET TOO MANY OPINIONS

BAER: If you want another perspective on your cancer, it’s okay to get a second opinion, or maybe two. The main reason to get a second opinion is if you have questions or concerns about the care you’ve been getting and your oncology team isn’t answering them, or you feel there’s been a delay in scheduling your care.

When you start going to three, four, five, or six doctors, at some point you’ll end up

BY THE NUMBERS

15.5 million
Number of Americans who are living survivors of the disease in 2016.

20%

Percentage of cancers that experts say is caused by a combination of preventable factors like obesity, inactivity, smoking, excessive alcohol use, and poor diet.

87%
Percentage of cancers that are diagnosed in people age 50 and older.



“Help is out there, but it takes a minute to see which people are going to be most supportive.”

with more opinions than you know what to do with. If you get two opinions that are relatively well matched, you know you’re on the right treatment path.

GET ORGANIZED

BAER: A cancer diagnosis can make you feel out of control. Knowing what medicines you’re on and what tests and procedures you’ve had can help you regain a sense of control. Put together a binder or notebook with all the information related to your diagnosis and care. Include a section for your diagnostic workup, including copies of your imaging tests like CT scans, as well as blood work and pathology reports. Then if you do get a second opinion, you’ll have all of your information in one place to bring with you.

FIND SUPPORT

BAER: Learning that you have cancer and undergoing tests and treatments can be emotionally difficult. Lean on family and friends for support. Help is out there, but it takes a minute to catch your breath and see which people are going to be most supportive.

One option is to talk to a therapist who specializes in working with people who have major medical problems like cancer. Some people find that techniques like meditation or journal writing help them cope with their diagnosis. You can also find support groups and other assistance through cancer organizations like the American Cancer Society.

Depending on your situation, you may want to ask for a palliative care consult. Palliative care isn’t the same as hospice—it’s holistic care that helps you deal with the symptoms of your cancer and its treatment, along with the stress of your illness.

DON’T LET YOUR PROGNOSIS PANIC YOU

BAER: Some people want to know their anticipated outcome. Others prefer not to know. If you do ask about your outlook, know that prognosis is one of the trickiest questions for an oncologist to answer, because nobody has a crystal ball. Some people don’t live as long, and others live longer than expected. A prognosis can be helpful if it encourages you to take good care of yourself and live life to the fullest.

Cancer Queries

THE DAYS AND WEEKS FOLLOWING A DIAGNOSIS CAN BE A WHIRLWIND OF DOCTOR VISITS AND NEW INFORMATION. THESE QUESTIONS WILL HELP YOU MAKE SENSE OF YOUR CANCER AND THE TREATMENTS AHEAD.



Are there any markers that define my cancer?

Markers are substances tumors produce that can be identified in your blood or other bodily fluids. These markers can help your doctor fine-tune your diagnosis and treatment.

What are the treatment options for my cancer?

Depending on your type and stage of cancer, you might have a specific treatment path—for example, surgery then radiation. Or, you may have several treatment paths to choose from.

What stage is my cancer?

Your stage tells the doctor how big your cancer is and if or where it has spread. Staging your cancer can help your doctor find the right treatment for you.

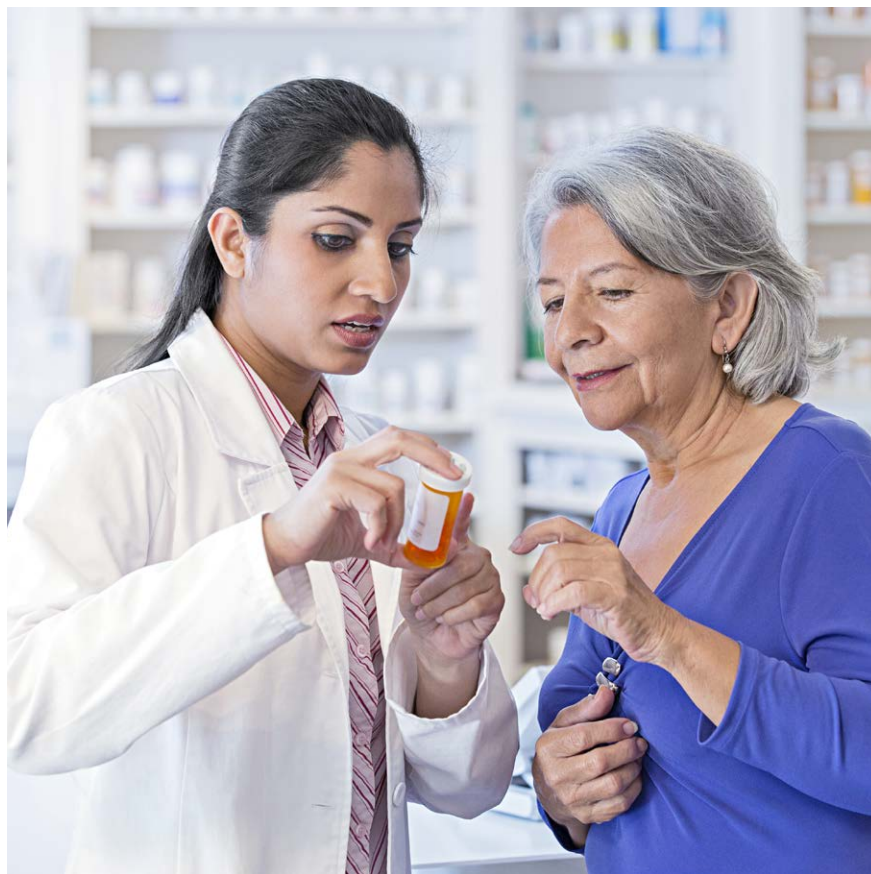
How long will my treatment take?

Find out how long you’ll be in treatment, and when you can expect to go back to work. Knowing the timeline will help you plan for the future.

EXPERT Q&A

Rx Check

Tap your local pharmacist for valuable information about your medications. Knowing the right questions to ask can make a big difference.



VISITING YOUR LOCAL PHARMACY IS AN OPPORTUNITY TO TALK TO A PHARMACIST, which can be as valuable as the discussions you have with your doctor. You can initiate a conversation—no need to wait for the pharmacy staff to approach you. **John Whyte, MD**, director of professional affairs and stakeholder engagement at the FDA, suggests some questions to ask.

Q Why do some medications seem to have different names?

WHYTE: A pharmacist can explain why a particular medication has a specific name. Knowing the names of your medications can help in emergencies, when ordering refills, or when seeing a new physician. Medications have two names: the brand

name and the chemical (generic) name. Manufacturers use a brand name (such as Motrin) to market a product, while the chemical name (such as ibuprofen) is also the name of the medication. The brand name will be different for each company's product, while the chemical name will be the same.

Q How should I take my medication?

WHYTE: Pharmacists are experts in how the body metabolizes drugs. You may want to ask if some drugs should be taken with food or on an empty stomach. Does “twice a day” mean every 12 hours or does it mean at breakfast and dinner? Timing affects the effectiveness of a drug; a pharmacist can give you specific instructions for how and when to take each medication.

Q What about side effects from the medication or interactions with other drugs?

WHYTE: Most medications have known side effects, and a pharmacist can

explain which might apply most in your situation. He or she can also point out allergic drug reactions, drug-drug interactions, and drug-disease interactions.

Tell the pharmacist all the prescription and over-the-counter medicines you take, including vitamins, dietary supplements, and herbal products. Some may cause drug interactions that decrease a drug's concentration, reducing effectiveness, or increase the drug's concentration, leading to high levels. Also, alcohol, grapefruit juice, and certain foods affect how well some drugs are absorbed.

Q What happens if I miss a dose?

WHYTE: The effectiveness of a medication is directly related to taking it as prescribed, so a pharmacist can help you know what to do before missing a dose and help you get back on track quickly if you do miss one (don't just double-up for the next scheduled dose).

BY THE NUMBERS

20% to 30%
Percentage of new prescriptions that patients never fill at the pharmacy.

72%
Percentage of patient visits to physicians that result in a prescription.

50%
Percentage of medications that patients do not take as prescribed.

SLEEP

The Art of Napping

Research shows napping has significant health benefits, giving you one more reason to curl up for a short siesta

→ Keep It Short

Avoid deeper stages of sleep—and subsequent grogginess—by sleeping only 20 minutes.



INSTEAD OF FIGHTING THE AFTERNOON SLUMP, GIVE IN AND TAKE A NAP. Catching a few zzz's in the middle of the day offers up surprising health benefits.

Research shows that napping can improve cognitive function, bolster the immune system, and enhance creativity. Naps are also better at dealing with the afternoon drowsiness than caffeine or more nighttime sleep, according to a recent study published in the *Journal of Sleep Research*.

"Sleep has tremendous restorative power," says Jeffrey M. Ellenbogen, MD, assistant professor of neurology at Johns Hopkins University.

To harness the power of a power nap, establish a napping schedule. Catching a catnap in the middle of the afternoon decreases the odds that a nap will interfere with your ability to fall asleep at night. (One study found that napping between 3 p.m. and 5 p.m. resulted in more efficient sleep than napping later, referring to the hours between 7 p.m. and 9 p.m. as "the forbidden zone" for napping.)

"The downside to napping is that, for the average person, it can lead to insomnia at night," Ellenbogen says.

Remember to set an alarm before you fall asleep. A 20-minute nap is ideal because it keeps you in the shallower stages of sleep, according to Ellenbogen. A longer nap will put you into deeper stages, increasing the odds you'll wake up groggy. Also, one study found that naps longer than 40 minutes increased the risk of metabolic syndrome, which includes health conditions such as high blood pressure, high cholesterol, and high blood sugar.

While naps can be ideal for a quick pick-me-up, Ellenbogen warns against relying on an afternoon siesta to make up for lack of sleep at night.

"By far the most common issue [causing daytime drowsiness] is insufficient sleep at night," he says. "Nap if you must . . . but don't ignore the opportunity to fix an underlying problem."

4 TIPS

FORGET PUTTING YOUR HEAD DOWN ON YOUR DESK IN THE MIDDLE OF A NOISY OFFICE. FOR QUALITY SLEEP—EVEN IN THE MIDDLE OF THE AFTERNOON—**JEFFREY M. ELLENBOGEN, MD,** SUGGESTS THESE FOUR STRATEGIES.

FIND A QUIET SPOT

It'll be easier to fall asleep if there aren't a lot of distractions. If crawling under the covers at home isn't an option, close your office door (and turn off the phone) or retreat to your car for a quick catnap.

GET COMFORTABLE

You don't want to wake up from a nap with an aching back or a kink in your neck. Plus, "If you're not comfortable, it'll be harder to fall asleep," Ellenbogen says.

TURN OUT THE LIGHTS

A brightly lit room sends your brain the signal that it's time to be awake, not asleep. The darker the room, the more apt you are to slip into slumber.

HAVE A CUP OF COFFEE

Research shows that a pre-nap cup of coffee could help you feel more alert when you wake up (about the same time the caffeine takes effect).

QUIZ

Do You Need a Test?

What puts you at higher risk for hepatitis C—and should you be tested? Take the quiz and find out.



ASK YOUR DOCTOR

Q Can hepatitis C be treated?

Yes, hepatitis C can be treated and in some cases cured. Talk to your doctor about treatment options.

Q How soon after exposure might I test positive for hepatitis C?

Hepatitis C can be diagnosed as soon as four weeks after exposure, but most reliably after six months.

Q Can I be vaccinated against hepatitis C?

Vaccines are available for hepatitis A and B, but not C.

Q If I do have hepatitis C, how can I protect my partner?

Hepatitis C can be spread through sex. Use a latex condom to protect yourself and your partner.

Quiz

1

Am I at higher risk if I'm a current or former injection drug user?

☐ YES

☐ NO

2

Should I be tested if I'm a health care worker who has been exposed to hepatitis C through a needlestick?

☐ YES

☐ NO

3

If someone I live with has hepatitis C, does that put me at higher risk of infection?

☐ YES

☐ NO

4

What if I have HIV infection? Does that mean I should be tested for hepatitis C?

☐ YES

☐ NO

5

I was born between 1945 and 1965. Should I be tested for hepatitis C?

☐ YES

☐ NO

6

I know I'm at high risk for hepatitis C, but I don't have any symptoms. Does this mean I'm hepatitis C-free?

☐ YES

☐ NO

Answers

1. Yes. About 30% of injection drug users ages 18 to 30 test positive for hepatitis C—as well as the more than 70% of older or former injection drug users.

2. Yes, but your risk of infection is low—only about 2%. Get tested to give yourself peace of mind.

3. No, simply living with a person who has hepatitis C doesn't put you at higher risk of infection. Hepatitis C is not spread through normal daily contact like sneezing, coughing, hugging, or holding hands.

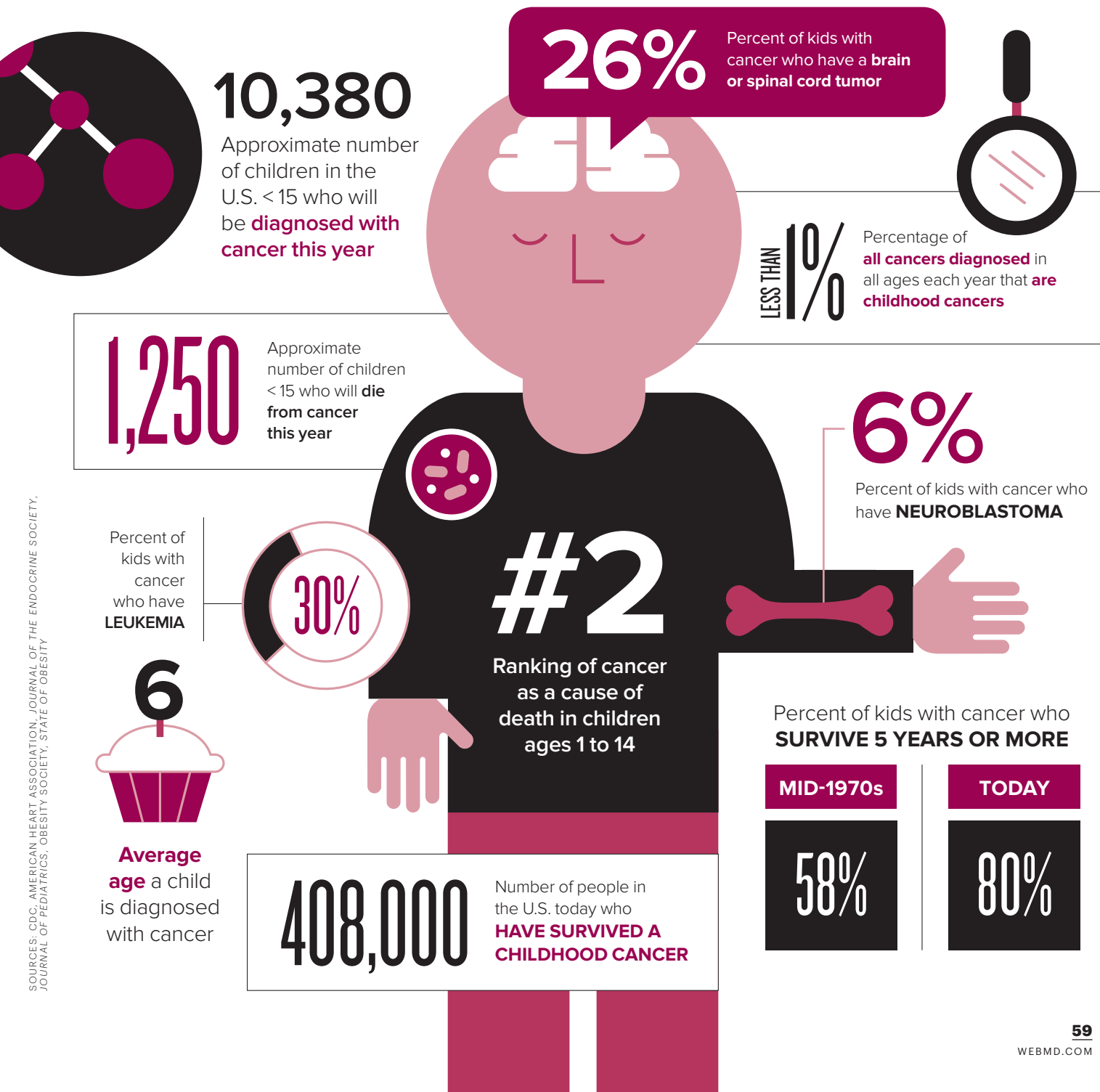
4. Yes, you should be tested—about one-third of people with HIV also have hepatitis C. If you have both, the hepatitis C disease will progress faster.

5. Yes. About 75% of the estimated 3.2 million people infected with hepatitis C in the U.S. were born during 1945 to 1965.

6. No. More than 70% of people with acute hepatitis C have no symptoms.

BY THE NUMBERS: Facts and Stats on Trending Health Topics

Children and Cancer



Eric McCormack

Actor, 54, Vancouver + Los Angeles

1

You're in two television series—*Travelers* and *Will and Grace*—and they're filmed in different cities. How do you stay fit on the road?

I go to hotel gyms. I do a lot of walking. Friends volunteer to pick me up, and I'm like, "Nope. I'll walk to where you are." I love cities where you can just walk forever.

2

Do you feel pressure returning to the role of Will Truman, on *Will & Grace*, years later?

There was pressure years ago. I was a very straight guy playing a gay guy. Was the gay community going to accept that? Was I going to be pigeonholed for the rest of my career? Now I own it. No one will ever be Will Truman except me. Whenever you do a series, if they don't like it, they don't like it. But if they love it, it's yours forever.

3

What's your personal health philosophy?

Because of the camera, I generally try to stay slim. I've never been a big athlete, so keeping fit has always been about running. I have to stretch. I can feel the age creeping in. I wouldn't say I've gotten into yoga yet, but I probably should. I'm just very impatient—and yoga requires a kind of zen I don't always have.

4

What's your worst health habit?

Wine. I will always not order potatoes so that I can have a glass of wine. I'm a white wine guy—chardonnay. It's not macho, but . . .



"I will always not order potatoes so that I can have a glass of wine."

5

How do you feel about aging?

I lost both my parents to cancer in their 70s. My mom smoked but she didn't die from lung cancer—she died from bladder cancer. Prostate cancer snuck up on my father a second time—he beat it the first time. So, there's kind of no rhyme or reason to it, but I'm aware that in my family it can happen early.

6

Do you think there's a formula for a long, healthy life?

I'm very social. I think that's a big piece of it. My dad—and a lot of men—at a certain age start to pull away. They do a little less. They stay home a little more. For me, it's to keep living the way I've always lived—with friends and travel, looking forward to meals and looking forward to getting together.

7

You're involved in many causes. Which are especially meaningful to you?

Prostate cancer is in my top three. Another big one is the Rape Treatment Center in Santa Monica. Anyone who's been raped in the Los Angeles area is taken there first before the police speak to them. They are dealt with humanely, properly, and legally. It's a tremendous thing for women. I do a lot for the ASPCA, too—animal rescue.

8

You and your wife, Janet, recently celebrated your 20th anniversary. What's your secret?

Don't get divorced. Like every couple, it's a rollercoaster—but you have to stay on it. It's too easy when that's on the table. Janet and I said years ago, "Let's just take this off the table." No matter how bad the argument gets, we're working through it.

9

What makes you unhappy?

Stupidity and prejudice and prevailing ancient attitudes.

10

What makes you happy?

Work that I love. Riding my Vespa in Vancouver to work and then riding home when it's still light out. Walking my dogs on the beach with my son, who's 15—that's probably the most relaxed and happy I can get.

—KARA MAYER ROBINSON