

HPV & Cervical Cancer
Better screening
methods on the horizon

Understand your body
Rethinking Folic Acid
Supplementation

Barbara Collura
Having a child after
cancer is possible

**MEDIA
PLANET**

September 2011

REPRODUCTIVE HEALTH

3

TIPS

TO A
HEALTHIER YOU

TRIUMPH OVER OVARIAN CANCER

Kathy Bates explains how she won't allow a cancer diagnosis define her

PHOTO: MATTHIAS CLAMER/NBC



Let your doctor see what your Pap can't.

Knowing your risk matters. See page 8.

CHALLENGES



OVARIAN CANCER NATIONAL ALLIANCE
2011 Gala: A Celebration of Women Chefs.
PHOTO: S. CRAIGHEAD PHOTOGRAPHY

TIP
1
VISIT YOUR
OB-GYN ANNUALLY
FOR A WELL-
WOMAN EXAM

A strong **doctor-patient relationship**—built on trust and open and ongoing communication—can lay the foundation for good health.

Getting to know your ob-gyn

With more than 70 million office visits each year, ob-gyns are on the front lines of helping to keep women healthy at all ages, from adolescence through menopause and beyond. We often serve as primary care physicians, working with our patients on a spectrum of healthcare issues, ranging from birth control, prenatal care and pregnancy, flu shots, and Pap screenings.

A strong doctor-patient relationship—built on trust and open and ongoing communication—can lay the foundation for good health. Women who feel comfortable with their doctors may be more likely to speak up about unusual symptoms or concerns about their overall health or well-being. They are also more likely to return for follow-up visits, receive preventive screenings and vaccinations, comply with medical advice, and take

medications as directed. Likewise, physicians who are familiar with their patients may be better able to convey useful information, express concern regarding unhealthy behaviors or habits, or give advice on reducing risk factors or improving health conditions.

Well-woman exam

When faced with a difficult diagnosis such as ovarian cancer, the support and guidance of a trusted physician can make all the difference. Early symptoms of ovarian cancer—including increased abdominal size or bloating, abdominal or pelvic pain, or feeling full quickly or difficulty eating—are vague and could be related to a number of conditions. However, a woman who reports these symptoms to a tuned-in doctor aware of certain family or lifestyle factors that may put her at risk improves the likelihood of an early diagnosis at a time when the cancer is most treatable. Once cancer is diagnosed, a woman's doctor can help



James N. Martin, Jr, MD
President, The American College of
Obstetricians and Gynecologist

“A strong doctor-patient relationship—built on trust and open and ongoing communication—can lay the foundation for good health.”

her navigate specialist referrals, treatments, and follow-up care.

The American College of Obstetricians and Gynecologists recommends that all women visit their ob-gyn annually for a well-woman exam. The exam assesses a woman's current health status, allowing the physician to note changes that occur from year to year. Important screenings—such as annual breast and abdominal exams beginning at age 19, and routine annual pelvic exams beginning at age 21—are also performed. The well-woman visit provides an opportunity to detect and treat new or ongoing health problems, while also helping to prevent future health issues and establishing doctor-patient rapport through regular interaction.

If you haven't seen your ob-gyn in a while, now's the time to schedule a visit. Check in, get checked out, and build on the foundation of good health for a lifetime.

JAMES N. MARTIN JR, MD
editorial@mediaplanet.com



WE RECOMMEND



The pap test falls short
The number one cause of cervical cancer worldwide is human papillomavirus

PAGE 8

MEDIA PLANET

REPRODUCTIVE HEALTH,
1ST EDITION, SEPTEMBER 2011

Publisher: Jessica Stanek
jessica.stanek@mediaplanet.com
Business Developer: Brandon Hale
brandon.hale@mediaplanet.com
Designer and sub-editor: Missy Kayko
missy.kayko@mediaplanet.com
Managing Director: Geraldine Delacuesta
geraldine.delacuesta@mediaplanet.com

Contributors: James N. Martin, JR, MD; Kathy Bates; Karen Orloff Kaplan, MSW, MPH, ScD; Michael D. Randell, MD, FACOG; Dr. James Greenberg, MD; Barbara Collura; Barry Wit, MD; Pedro T. Ramirez MD

Distributed within:
USA Today, September 2011
This section was created by
Mediaplanet and did not involve USA
Today or its Editorial Departments.



FOLLOW US ON FACEBOOK & TWITTER!
[facebook.com/MediaplanetUSA](https://www.facebook.com/MediaplanetUSA)
twitter.com/MediaplanetUSA

Mediaplanet's business is to create new customers for our advertisers by providing readers with high-quality editorial content that motivates them to act.

Ovarian Cancer Recurrence

Ongoing research is needed to explore options that may help increase long-term survival in ovarian cancer. Clinical research studies help to determine whether experimental drugs, or new ways of using existing drugs, can improve disease outcomes.

The FAR-131 and FAR-122 clinical research studies are investigating an experimental drug in ovarian cancer—specifically cancer that has relapsed after treatment with a platinum-containing chemotherapy regimen. These clinical research studies are sponsored by the pharmaceutical company Morphotek, a fully owned subsidiary of Eisai Inc.

What is the FAR-131 clinical research study?

The FAR-131 clinical research study is investigating whether the experimental drug is safe and effective when given in combination with carboplatin and taxane in platinum-sensitive epithelial ovarian cancer. The study includes patients who have cancer that has relapsed between 6 and 24 months after first-line treatment with a platinum-containing chemotherapy regimen. The goal of this research study is to learn if carboplatin and taxane work better alone or when given with the experimental drug.

Who can participate in the FAR-131 study?

You may be eligible to participate in this study if you have been diagnosed with ovarian cancer, have been treated with surgery and a platinum-containing chemotherapy regimen (e.g., cisplatin, carboplatin), and have experienced a reappearance of the disease between 6 and 24 months after your last treatment with platinum-containing chemotherapy. There are other eligibility requirements that a study doctor can review with you if you are interested in participating in this study. Approximately 1,100 women worldwide will participate in the FAR-131 clinical research study.

For more information on the FAR-131 study, please visit clinicaltrials.gov and type NCT00849667 in the search field.

What is the FAR-122 clinical research study?

The FAR-122 research study is the second study investigating whether an experimental drug is safe and effective when given in combination with the drug paclitaxel in platinum-resistant epithelial ovarian cancer.

This study includes patients with cancer that has relapsed less than six months after previous treatment with a platinum-containing chemotherapy regimen. A goal of this study is to determine whether paclitaxel given weekly is more effective when given by itself or when used in combination with the experimental drug.

Find Out if a Clinical Trial is Right for You.

Who can participate in the FAR-122 study?

You may be eligible to participate in this study if you have been diagnosed with ovarian cancer, have been treated with debulking surgery and at least one line of platinum-based chemotherapy (e.g., cisplatin, carboplatin) that also includes a taxane such as Taxol (paclitaxel) or Taxotere (docetaxel), and have relapsed during or within six months of receiving your last platinum-based chemotherapy. Participants also cannot have received more than four additional lines of chemotherapy after becoming platinum resistant or refractory.

A study doctor can review these and other eligibility requirements with you and answer any questions about participating in the study. Approximately 550 women worldwide will participate in the FAR-122 clinical research study.

For more information on the FAR-122 study, please visit clinicaltrials.gov and type NCT00738699 in the search field.



INSPIRATION

Kathy Bates' fight for survival

HOW I MADE IT

■ **Question:** How should you cope with the hardships of ovarian cancer?

■ **Answer:** For Kathy Bates, you stay brave and you embrace who you are as a woman.

It was supposed to be a dream come true.

In 2003, after filming a couple of movies in Europe, Kathy Bates went to study French at a school in Villefranche—something she'd wanted to do her entire life. But something wasn't right. She felt exhausted, her skin was flushed, and even more alarming, she was experiencing menstrual spotting and was unable to properly insert a tampon.

"I just thought I was tired from the

shooting," she says.

A grim diagnosis

On advice from her best friend, she decided to return to the states and visit her doctor. This just might've saved her life, as an ultrasound revealed an aggressive tumor. It was ovarian cancer.

"I had had an exam six months before this and everything was fine," she says.

In that time a tumor had grown to the size of a baseball and had begun to attach to her colon. If it had spread any further, her chance of surviving another five years would have dwindled to 25 percent. She needed surgery immediately.

A life of gratitude

Yet eight years later, Bates is healthy and the star of *Harry's Law* on NBC. The Acad-

"What I'm going through doesn't define me as a person; I define myself."

Kathy Bates



emy Award winner silently endured nine rounds of chemotherapy before the cancer went into total remission, and now she's living a cancer-free life.

"Going through an experience like cancer sharpens your focus and makes you realize that you have to look after yourself," she says. "It focuses your attention on the relationships that are important to you in life. You learn to sweat the small stuff."

Though initially she was quiet about her illness, she's

now ready to advocate on behalf of other women suffering from ovarian cancer.

"At the time I was very conscious, and part of it was being in the industry that I'm in. Ovarian is the cancer that women don't want to talk about."

Her advice to women with the disease is to embrace who they are, despite any taboo that comes along with diseases of a sexual nature. If she were to experience it all again, she says she'd be proud and open, and she wouldn't try to hide her baldness.

She says: "What I'm going through doesn't define me as a person; I define myself."

STEVE ETHERIDGE

editorial@mediaplanet.com

Saving women's lives through
research.



Learn what you need to know
about gynecologic cancers.

**Get your free guide
today.**

www.upthevolume.org/guide

What do you love
about your life?

Love Life Skin addresses inflammation to relieve irritated skin, improve moisturization and reduce visible signs of aging. Inspired by skin issues associated with radiation and chemotherapy, Love Life Skin is blend of natural botanical extracts, antioxidants and moisturizing agents soothe, hydrate and restore the skin, even sensitive skin. Skin looks smoother, brighter, transformed!

Feel the love!

www.lovelifeskin.com

LOVE
LIFE
SKIN



This September, Avon Books and the Ovarian Cancer National Alliance urge you to **K.I.S.S. AND TEAL:** **Know the Important Signs & Symptoms**



September is National Ovarian Cancer Awareness month, and Avon Books is urging our authors and readers to learn about the symptoms of ovarian cancer, and to help spread the **“K.I.S.S. and Teal”** message. Avon Books has made an initial donation of \$25,000 to the Alliance. And—with your help—Avon Books has also committed to donating 25¢ from the sale of each book, physical and eBook, in the **“K.I.S.S. and Teal”** promotion between 8/30/2011 and 2/28/2012, up to an additional \$25,000 toward programs that support ovarian cancer patients and their families. So, help us spread the word and reach our goal of \$50,000 which will benefit all the women in our lives. Log on to www.kissandteal.com to learn how you can further help the cause and donate.



Avon Books is proud to support the Ovarian Cancer National Alliance.

www.OvarianCancer.Org

NEWS

NEWS IN BRIEF

Early stage

The high mortality associated with ovarian cancer is due primarily to the fact that the majority of patients present with advanced stage disease. Patients with early ovarian cancer have an excellent survival rate. Whenever possible such patients should be referred to a gynecologic oncologist so that the appropriate staging procedure is performed. Fertility-preserving options should be considered in women with early-stage disease given the excellent outcomes of these patients with conservative surgery.

PEDRO T. RAMIREZ, MD
editorial@mediaplanet.com

CATCHING CANCER EARLY

A simple genetic test offers the chance to detect a cancer risk before it's too late.

Catching ovarian cancer at its earliest stages is crucial, as the survival rate is 94 percent for those who treat it before it spreads. But very few women are able to do so, which is why its overall survival rate is a devastating 47 percent. The need for early detection can't be overstated, but there are relatively few options for screening against the disease.

Assessing the risk

One option is genetic testing, which can greatly benefit women with a family history of ovarian cancer.

"For doctors, genetic information provides us with tools to predict a person's risk, to advise the best methods for early detection, to use the most effective treatments, and to prevent many cancers that are known to have a genetic cause," says Dr. Richard Frieder of UCLA.

Treatment towards prevention

A simple BRCAAnalysis test can detect if a woman carries a mutation of the BRCA1 or BRCA2 gene, a mutation that gives a woman an 87 percent risk of developing breast cancer and a 44 percent risk of developing ovarian cancer. If such a mutation is discovered, a woman can pursue a number of effective

"There are many people that are so aware of breast cancer. Other women's cancers are rarely spoken about. It's a more private, more delicate thing to talk about as a woman."

David F. Silver, MD, President of the Board of Directors for Up the Volume

treatments towards prevention. If one isn't discovered, she can have a greater peace of mind.

"Studies have shown that anxiety levels will reduce significantly

after testing regardless of whether the test result is negative or positive," says Mark Capone, president of Myriad Genetics laboratory division. "The test results tend to be very empowering."

Accessible and affordable

Though this kind of genetic testing isn't appropriate for all women, it is generally accessible and affordable for those whom it could benefit.

"Over 90 percent of patients have some form of insurance coverage for the test, and the average out of pocket cost for a patient is about 100 dollars," says Capone.

STEVE ETHERIDGE
editorial@mediaplanet.com

DOES BREAST OR OVARIAN CANCER RUN IN YOUR FAMILY?

The power to identify the risk of hereditary breast or ovarian cancer starts with you.

Ask your healthcare professional about BRCAAnalysis® testing if you have a personal or family history of*:

- Breast cancer
 - at age 50 or younger
 - in a male relative
 - two primaries in the same person or on the same side of the family
 - triple negative cancer in you or a family member
- Ovarian cancer at any age
- Pancreatic cancer and an HBOC-associated† cancer in the same person or on the same side of the family at any age
- Ashkenazi Jewish ancestry and a personal or family history of an HBOC-associated† cancer at any age
- Previously identified BRCA1 or BRCA2 mutation in your family

BRCAAnalysis is a test that can help to determine if you have an increased risk for hereditary breast or ovarian cancer (HBOC). Tell your healthcare professional if you have a personal or family history of breast or ovarian cancer and be ready against hereditary cancer.



Scan this QR code to go to WWW.BRACNOW.COM

*Assessment criteria based on medical society guidelines. For these individual medical society guidelines, go to www.myriadtests.com/patient_guidelines.

† HBOC-associated cancers include breast, ovarian, and pancreatic



Myriad Genetic Laboratories, Inc.
320 Wakara Way | Salt Lake City, Utah 84108
Myriad, the Myriad logo, BRCAAnalysis, and Just Ask are either trademarks or registered trademarks of Myriad Genetics, Inc. in the United States and other jurisdictions. © 2011

JUST
ASK!

BRCAAnalysis®

NEWS

Creating hope through research

Question: How do we change the statistics surrounding ovarian cancer?

Answer: By investing in research and making headway with risk factors and treatments.

Ovarian cancer is the deadliest of the gynecologic cancers, ending a woman's life every 37 minutes. There is no early detection test for ovarian cancer and we need significantly better diagnostics and treatments, particularly for late stage and chemo-resistant disease. This is where researchers step in, searching for new treatments and tests for ovarian cancer. Thankfully, some areas of research are showing great promise.



Karen Orloff Kaplan, MSW, MPH, ScD
CEO, Ovarian Cancer National Alliance

Genetic makeup

Our new understanding of genomics—an individual's genetic makeup—is the basis for several promising approaches. Ten to 15 percent of ovarian cancers result from genetic mutations, chief among them BRCA1, BRCA2 mutations and those associated with

Lynch Syndrome. Scientists believe that there are many as-yet-unidentified mutations that contribute to the development of ovarian cancer.

Personalized therapeutic vaccines—used to treat a disease rather than prevent it—are another new development in cancer care. Several clinical trials are underway that use tissue from a woman's ovarian tumor to create a vaccine specific to her cancer. This treatment is in the early stages of development, but we are encouraged by the success of a vaccine for prostate cancer.

Genetic mutations

Genetic mutations are not the only factors that increase a woman's risk of developing ovarian cancer.

Another risk factor, infertility, was the focus of a recent study, which found that infertile women who develop ovarian cancer all appear to produce an antibody called mesothelin. This discovery could be used to identify a group of women at particular risk.

In addition to genetics, there has been a great deal of research attention on anti-angiogenesis agents. Tumors must be nourished by blood in order to grow. They develop blood vessels for this purpose through a process called angiogenesis. Researchers are exploring agents that prevent or slow this process in order to inhibit tumor growth.

Every day, scientific research unlocks new keys to understanding cancer. We remain hopeful that research will one day change the course of ovarian cancer.

For more information, learn more at www.ovariancancer.org.

KAREN ORLOFF KAPLAN, MSW, MPH, ScD
editorial@mediaplanet.com

FACTS

Signs and symptoms of ovarian cancer:

- Increased abdominal size or bloating
- Abdominal or pelvic pain
- Feeling full quickly or difficulty eating
- Urinary urgency or frequency



VoiceForLife.org



In Memoriam
Dr. Marilyn Varadi
1942-2010

Founded by Charles Rudy in honor of Dr. Marilyn Varadi, the mission of VOICE is to promote early detection, research and advocacy for ovarian cancer education.

VOICE raises awareness through support and outreach programs for women and their families as well as research and educational programs by the medical community.

VOICE actively supports NOCEDP (National Ovarian Cancer Early Detection Program located at Mt. Sinai), a multi-disciplinary international collaboration of physicians and scientists committed to new research and tests to help detect epithelial ovarian cancer at early stages. As such, this is perhaps the largest integrated multi-disciplinary program of clinicians, scientists and institutions assembled to improve women's health care and decrease the morbidity and mortality associated with ovarian cancer.

For further information please contact:

Dr. David Fishman, NOCEDP
Professor of OB/GYN & Director of Gynecologic Research
Mt. Sinai Medical Center, 212.241.1901

Mr. Charles Rudy, Founder, VOICE, 516.353.4689

And remember, September is National Ovarian Awareness Month

INSPIRATION



NEWS IN BRIEF

The pap test falls short

■ Gynecologists have relied on the Pap smear for decades, but better screening methods might be on the horizon.

The number one cause of cervical cancer worldwide is human papillomavirus (HPV), which is responsible in over 99 percent of cases. New research indicates that paying more attention to the nature of HPV can reveal significantly more about a woman's health than the Pap test alone, which has long been the gold standard in preventing cervical cancer in women.

"At least four out of five women in the U.S. will have been infected with HPV at some point in their lives, and it's critical to have early and accurate information about which individuals are at greatest risk for possible progression to cervical cancer," says Mark H. Stoler, MD, Professor and Associate Director of Surgical Pathology and Cytopathology, at the University of Virginia Health System.

Finding the risk

A new test, called the cobas HPV Test, detects the two most dangerous HPV strains—HPV 16 and 18—which are present in roughly 70 percent of cervical cancers. It also detects 12 additional high risk HPV genotypes. When combined with the Pap test, the cobas test is significantly more effective than the Pap test alone in gauging a risk for cervical cancer.

"Pap smears alone can miss high grade disease about 50

percent of the time," says Dr. Suzanne Trupin, OB/GYN. "By adding HPV testing it makes it extremely unlikely we're going to miss high grade disease."

Changing standards

Further, a new study by Philip Castle, a researcher at the American Society for Clinical Pathology Institute in Washington, D.C., finds that for women who are already HPV-positive, the cobas test is enough; the Pap test isn't necessary.

"The cobas HPV Test provides physicians with a validated tool that helps them make early and more informed decisions regarding patient care," says Dr. Stoler.

The future of cervical health

This could hold interesting implications for screening guidelines, which currently allow only the Pap test or the Pap test plus HPV testing to determine a woman's risk for cervical cancer.

Some doctors have predicted that the HPV test will eventually become the primary screening method for cervical cancer, a change that would undoubtedly be dramatic in scope. But as cervical cancer still kills more than 4,000 women a year in the United States, it is important that doctors continue to push towards screening methods that are as accurate and affordable as possible.

STEVE ETHERIDGE

editorial@mediaplanet.com

Question: How can I best protect myself against cancer once an ovarian mass is detected?

Answer: Early detection, appropriate diagnosis, and expert treatment is key.

TIP

2

ASK YOUR DOCTOR FOR A HPV TEST IN ADDITION TO YOUR PAP

Headways in detection

OVA1 A New Blood Test Improves Ovarian Cancer Detection Over CA 125 Blood Test and Clinical Assessment

Each year millions of women in the United States develop an ovarian mass. The challenge is to determine the likelihood of malignancy, before surgery, in order for the patient to be treated by a specialist if she has cancer. There are many studies substantiating that a woman with ovarian cancer initially under the care of a Gynecologic Oncologist receives better treatment and has higher survival rates. Most ObGyn's are not trained to manage ovarian cancer, but do take care of many patients with benign ovarian masses. OVA1 is a new blood test cleared by the FDA to help a physician evaluate an ovarian mass by providing a risk of malignancy score as part of the standard pre-surgical evaluation.

After careful consideration, my practice in Atlanta has adopted the use of OVA1 in our patient evaluation. We are encouraged by the high negative predictive power of the test in addition to the high

"Physician impression, which typically incorporates traditional methods such as imaging, physical examination, and CA125, does not do an adequate job of identifying early stage ovarian cancer."

Fred Ueland
Principal investigator, OVA1 clinical trial

sensitivity which detects more cancers. A compelling example of the value of this test was recently demonstrated in one of my patients. She had an ovarian mass, a normal CA125, but her OVA1 score suggested ovarian cancer. The surgery was performed with a gynecologic oncologist and the patient was found to have ovarian cancer. By adding the OVA1 test to our protocol, she had the benefit of the specialist, avoided having another surgery, and received the appropriate care in a timely manner.

Another challenge is finding those patients when the ovarian cancer can be identified at

an early stage when treatment is more likely to be successful. "Physician impression, which typically incorporates traditional methods such as imaging, physical examination, and CA125, does not do an adequate job of identifying early stage ovarian cancer," states Dr. Fred Ueland, principal investigator of the OVA1 clinical trial

In a recent peer reviewed study, OVA1 identified 98 percent of early stage epithelial ovarian cancers compared to just 68 percent identified by CA 125. Furthermore, OVA1 identified 93 percent of premenopausal early stage cancers compared to only 36 percent identified by CA125.

Relative five-year survival rates for the most common type of ovarian cancer range from 80-94 percent for early stage, when disease is confined to the ovary. Early detection and appropriate diagnosis and treatment offer important benefits to women with ovarian cancer. So, any improvements in early detection or accurate preoperative diagnosis of ovarian cancer, is the right step forward.

MICHAEL D. RANDELL, MD, FACOG
editorial@mediaplanet.com

Ovarian Cancer?



- OVA1® is the only FDA cleared blood test to aid in the evaluation of an ovarian tumor as part of a physician's pre-surgical exam.*
- OVA1 provides physicians a risk of malignancy test result that may help refer those women to the most appropriate surgeon.
- OVA1 is available nationwide through Quest Diagnostics with coverage by Medicare and numerous insurance plans.



Helping Guide
Surgical Decisions

To learn more visit ova-1.com



*FDA clearance does not denote official approval.
Vermillion and OVA1 are registered trademarks of Vermillion, Inc.

OVA1® is a qualitative serum test that combines the results of five immunoassays into a single numerical result. It is indicated for women who meet the following criteria: over age 18, ovarian adnexal mass present for which surgery is planned, and not yet referred to an oncologist. OVA1® is an aid to further assess the likelihood that malignancy is present when the physician's independent clinical and radiological evaluation does not indicate malignancy.

PRECAUTION: OVA1 is not intended as a screening or stand-alone diagnostic assay. Incorrect use of OVA1 carries the risk of unnecessary testing, surgery, and/or delayed diagnosis.

 **VERMILLION®**
YOUR HEALTH, OUR PASSION

NEWS

QUESTION
& ANSWER

Dr. James Greenberg, MD
Brigham's and Women's Hospital,
Harvard Medical School

When should a woman begin folate supplementation?

The turnover on folate levels is a hundred days. It takes almost a third of a year for your folic acid levels to dramatically change. So if you start taking prenatal vitamins just when you get pregnant, you're roughly 100 days behind. Thus, supplementation with folate before conception is essential, because you're not going to see changes for a long time.

STEVE ETHERIDGE
editorial@mediaplanet.com

Rethinking folic acid supplementation

■ **Question:** Is normal folic acid supplementation right for all women?

■ **Answer:** Research suggests that more than half of all women might need to look to other options.

Most women know to take folic acid during pregnancy. But few know whether their bodies can process it.

For many years now women have known that taking folic acid during pregnancy is important. Poor folate status in the gestation period has commonly been linked to complications like neural tube defects, miscarriage, anemia, pre-term birth, low birth weight, autism, depression, preeclampsia, and pregnancy

induced hypertension.

Challenging the norm

Recent evidence, however, suggests that how women's bodies process folic acid is more complicated than previously thought.

"There's broad ignorance across both the medical community and the public at large," says Dr. James Greenberg of the Brigham and Women's Hospital. "And I don't mean to use the term 'ignorance' in a pejorative way, it's just that it's very difficult to discuss folate and folic acid without lots of complicated biochemistry speak."

Folic acid, which the body cannot create on its own, requires a multi-step breakdown process in order to

become "active." Many women in their childbearing years need assistance with this process, which can be found in specific prenatal products that contain the bioavailable form of folic acid.

"All folic acid is not created equally," says Susan Bentley, a leading researcher on the topic. "About 53% of Caucasian women and 70% of Hispanic women have a gene mutation that precludes folic acid in its reusable form. So even though they may be taking folic acid, they may have the gene mutation where their bodies can't use it."

A better solution

Preliminary evidence shows that taking the bioavailable

form of folate—called L-methylfolate—in lieu of folic acid is more effective in reducing the risk of neural tube defects and anemia. Further, this type of supplementation is unaffected by the gene mutation that prevents so many women from getting the most out of folate supplementation.

Keeping in mind these findings, along with a recent study out of Vanderbilt that proposes a diet rich in folate may reduce the risk of getting breast cancer, women should pay greater attention to their folate intake.

STEVE ETHERIDGE
editorial@mediaplanet.com

She has enough to worry about...



SHE
Made THE
connection
at neevodha.com

 **NeevODHA**
Mother Nature's Folate

Her pre-natal vitamin is not one of them.

INSIGHT

Imagine you are sitting in your doctor's office, waiting for the test results.

Your doctor walks in, shuts the door, looks you in the eye and tells you that you have cancer. As you try to absorb this diagnosis, he tells you he has more bad news. Your cancer or the treatments you will receive to stop or cure the cancer could make you infertile. At this point in your life, having a baby is still a possibility for the future, but today is not the day you want to rule out parenthood.



Having children after cancer

A cancer diagnosis can be devastating, but the good news regarding your future fertility is that you have options.

Men and women in their reproductive years (generally ages 18-44) who are diagnosed with cancer or another condition that can affect fertility have options that could enable them to have children after medically-caused infertility.

Women can freeze their eggs. Recent technological advances in egg freezing have made this a more successful process than even a few years ago. Eggs can now survive the freezing process (called cryopreservation), and when thawed, they are viable eggs, or oocytes, for attempts at reproduction.

Women can freeze embryos. Eggs are retrieved and immediately fertilized with sperm to create embryos. The embryos can then be cryopreserved for future implantation. This is basically the same procedure as someone who goes through in vitro

fertilization, or IVF.

Men can freeze sperm. Sperm banking is considered a very successful method for enabling men to father children after medically-caused infertility.

There are several useful websites where you can find information about cancer and fertility treatments:

■ **www.resolve.org:** RESOLVE: The National Infertility Association's website provides information, support groups and community for people facing infertility.

■ **www.reproductivefacts.org:** The patient website of the American Society for Reproductive Medicine provides resources to help you learn more about reproductive health.

■ **www.livestrong.org:** The Fertile Hope section provides reproductive information to cancer patients and survivors whose medical treatments present the risk of infertility.

Another encouraging piece of news is that an increasing number of oncologists are adhering to the American Society of Clinical Oncology (ASCO) guidelines by informing

"It is critical that if you or a loved one has been diagnosed with cancer or another medical condition, you ask questions about how the disease or its treatment could affect your fertility."



Barbara Collura
Executive Director,
RESOLVE: The National Infertility Association

patients how their cancer or treatment may impact their fertility. However, too many doctors still do not offer this information. Therefore, it is critical that if you or a loved one has been diagnosed with cancer or another medical condition, you ask questions about how the disease or its treatment could affect your fertility. This information is your first step toward making informed choices and taking action now so that you have family building options available to you in the future.

You can also take action on behalf of patients who have experienced a medical condition causing infertility. The Family Act (S 965) has been introduced in the U.S. Senate and would create a tax credit for the out of pocket costs associated with in vitro fertilization and treatments to preserve fertility for cancer patients. I encourage you to write to your Senators and ask them to support the Family Act of 2011. For more information, please visit www.RESOLVE.org/familyact2011.

BARBARA COLLURA
editorial@mediaplanet.com

QUESTION & ANSWER

With **Barry R. Witt, M.D.**, Medical Director of Greenwich Fertility Center

What are the best infertility options available to survivors of cancer treatments?

■ Those who have not had significant ovarian damage may undergo typical treatments like IVF or intrauterine insemination. Those who have had significant ovarian damage may require egg donation.

How should a woman select a program for egg freezing?

■ Although many IVF programs offer egg freezing, relatively few have adequate experience with successful pregnancies after thawing and using the eggs for IVF. It is critical for the woman to get as much information as possible regarding the specific success rates, live birth rates, and number of live births that have resulted from the use of egg freezing in that program before choosing that provider.

What's the most common misconception women have when it comes to egg freezing?

■ That it is a guaranteed "insurance" against loss of fertility, that it can be performed successfully regardless of a woman's age, and that all IVF programs offer similar success rates.

STEVE ETHERIDGE
editorial@mediaplanet.com



Finally, Quality Infertility Treatment You Can Afford

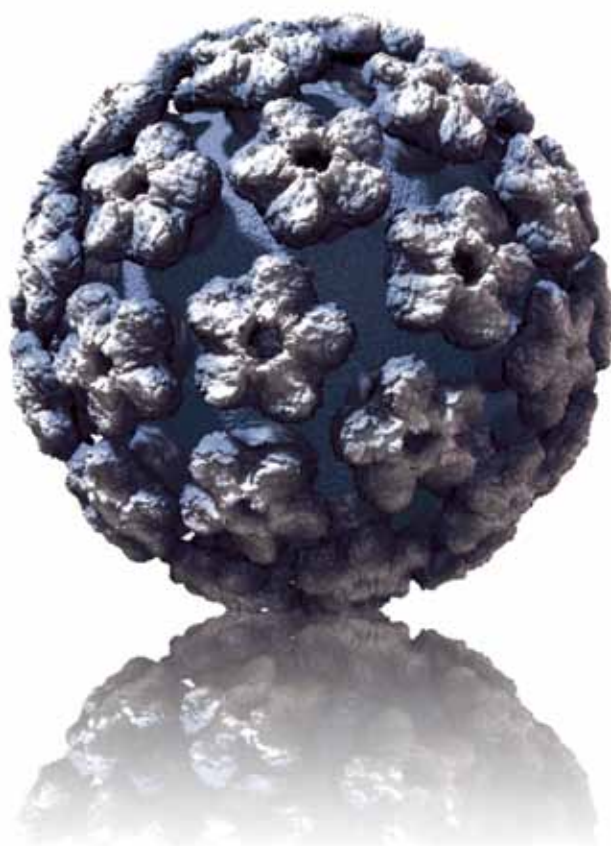
Since 2000, **WINFertilitySM** has managed the care of thousands of infertility patients for large insurers and employers. Now, self-paying patients can benefit, too. If you need help conceiving, or are considering fertility preservation, **WINFertility** can help.

WINFertility Offers:

- A full spectrum of treatment options
- A single, discounted price pays for treatment and medications — up to a 50% savings
- No qualifying criteria to participate
- Personal FertilityCoach NursesSM for support and care coordination
- Board Certified fertility specialists
- Financing programs available



Call us Toll Free at 1 (855) 705-4IVF (4483)
or visit us at www.winfertility.com



Let your doctor see what your Pap can't.

If you're 30 or older, the American College of Obstetricians and Gynecologists recommends that you get a human papillomavirus (HPV) test in addition to your Pap test for cervical cancer.

Why? Because a Pap only shows if you have abnormal cells in your cervix. It can't tell you if you have HPV type 16 or 18 – the two types that cause 70% of cervical cancers.

A new test just approved by the FDA can. The **cobas**[®] HPV test is the only one that pinpoints whether women have HPV 16 or 18 – along with 12 other high-risk types – to help you spot the disease earlier.

If you're over 30, ask your doctor if the new **cobas** HPV test is available in your area. Because you can prevent cervical cancer, and *knowing your risk matters*.

Know your risk.
Visit hpv16and18.com to find out more.