# HEALTH

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AP Photo

**A NURSE** places Judith Bernstein's chemotherapy medication on an intravenous stand at the Fox Chase Cancer Center in Philadelphia.

## 1 in 5 U.S. cancer cases is a repeat

**By MARILYNN MARCHIONE**
AP Chief Medical Writer

Second cancers are on the rise. Nearly 1 in 5 new cases in the U.S. now involves someone who has had the disease before.

When doctors talk about second cancers, they mean a different tissue type or a different site, not a recurrence or spread of the original tumor.

Judith Bernstein of suburban Philadelphia is an extreme example. She has had eight types over the last two decades, all treated successfully.

"There was a while when I was getting one cancer diagnosis after another," including breast, lung, esophageal, and the latest — a rare tumor of her eyelids, she said. "At one point I thought I had cancer in my little finger."

About 19 percent of cancers in the United States now are second-or-more cases, a recent study found. In the 1970s, it was only 9 percent. Over that period, the number of first cancers rose 70 percent while the number of second cancers rose 300 percent.

Strange as it may sound, this is partly a success story: More people are surviving cancer and living long enough to get it again, because the risk of cancer rises with age.

Second cancers also can arise from the same gene mutations or risk factors, such as smoking, that spurred the first one. And some of the very treatments that help people survive their first cancer, such as radiation, can raise the risk of a new cancer forming later in life, although treatments have greatly improved in recent years to minimize this problem.

Psychologically, a second cancer often is more traumatizing than the first.

"I think it's a lot tougher" for most people, said Julia Rowland, director of the federal Office of Cancer Survivorship. "The first time you're diagnosed, it's fear of the unknown. When you have your next diagnosis, it's fear of the known," and having to face treatment all over again.

Robert Ulrich, 58, a contractor and building inspector in Wasilla, Alaska, said that when doctors told him in 2013 he had advanced colon cancer, two decades after he had overcome Hodgkin lymphoma, it was like "they put a time stamp on your existence ... it makes your head spin."

He is making end-of-life plans while fighting the disease with aggressive chemotherapy.

"My outlook on it is, I got 30 years out of the first go-round which gave me an opportunity to raise my family and enjoy my bride. So whatever time I get forward here I consider free time," he said. "You hope for the best and you prepare for the worst."

Imagine what it has been like for Bernstein, 72, the Philadelphia-area woman who has had skin, lymphoma, breast, two types of lung, esophageal, thyroid and now the eyelid cancer, a form of lymphoma.

"I'm not going to tell you I'm some uber human being," Bernstein said. She went to a psychiatrist after one diagnosis and "spent four days very upset" after the latest one.

But she said that exercising has helped her feel well through treatments, and that having endured many tragedies among her friends and family has given her resilience. "Some people just can grieve and deal with it" when faced with challenges like cancer, she said.

"She is so upbeat," said Barbara Rogers, a nurse practitioner at Fox Chase Cancer Center who has treated Bernstein for more than a decade. For most patients, "it is harder the second time around, or third or fourth ... like, 'Oh, God, not again.'"

Medically, second cancers pose special challenges. Treatment choices may be more limited. For example, radiation usually isn't given to the same area of the body more than once. Some drugs also have lifetime dose limits to avoid nerve or heart damage.

"The body has a memory for the radiation or chemotherapy" and can't endure too much of the same type, said Dr. Alan Venook, a colon and liver cancer expert at the University of California, San Francisco, who treats Ulrich, the Alaska man.

A second cancer means doctors need to assess genetic risk to the patient and possibly the family, Venook said.

"We've failed if a woman who had a BRCA1 mutation and had breast cancer develops colon cancer," he said.

The gene mutation means she should be monitored and screened often enough for other cancers to have any precancerous colon growths removed, he said.

Experts have this advice for cancer survivors:

—Have a formal survivorship plan, a blueprint for the future that includes a detailed summary of the treatment you received and what kind of monitoring is needed.

"Anyone who's had a first cancer needs to understand what kinds of symptoms they need to be alert to and what kind of medical follow-up" they need, said Elizabeth Ward, an American Cancer Society researcher who authored a recent report on second cancers.

—Don't neglect screenings for other forms of cancer besides the one you were treated for. Make sure to get any recommended tests such as colonoscopies, mammograms or HPV or Pap tests.

—If you get a second cancer, "take a deep breath," Rowland said. Treatments improve every day, and there are more resources, including social media, for support, and doctors are more used to treating cancer more than once.

"No one's giving up on you," she said.

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**Online:**

Research on second cancers: http://tinyurl.com/opoq6ss
http://tinyurl.com/nkwglrm
http://tinyurl.com/obvyeuf
Advice for survivors: http://www.journeyforward.org
http://www.asco.org/practice-research/cancer-survivorship

## Second cancers

AP Photo

**NURSE CAITLIN FANNING,** left, inserts an IV for Judith Bernstein's chemotherapy at the Fox Chase Cancer Center in Philadelphia. Bernstein has had eight different types of cancer over the last two decades, all treated successfully.

AP Photo

**JUDITH BERNSTEIN** meets with Dr. Henry Fung at the Fox Chase Cancer Center in Philadelphia on Tuesday. Her husband, Arnold, is at right. Bernstein has had eight different types of cancer over the last two decades, all treated successfully. About 19 percent of cancers in the United States now are second-or-more cases, a recent study found. In the 1970s, it was only 9 percent.

## Three generations of Swedish family linked by a single womb

GOTHENBURG, Sweden (AP) — For one family in Sweden, a pioneering procedure has led to a baby being born from the same womb that nurtured his mother, uniting three generations.

The new mother, who lost her own uterus to cancer in her 20s, said it was "unimaginable" that she now had her own child, thanks to her mother's donated womb.

"It can't be described how happy we are," she told The Associated Press in an exclusive interview. "It's everything that I hoped for and a little bit more," said the woman, who asked that she and her mother not be identified in order to protect the privacy of her 9-month-old son.

Dr. Mats Brannstrom, who is behind the revolutionary process, has ushered in four babies — all boys — with transplanted wombs; a fifth is on the way. He said there was something very special about this case: "It's one uterus bridging three generations of a family."

Before his breakthrough, there had been two attempts to transplant a womb — in Saudi Arabia and Turkey — but no live births. Doctors in Britain, France, the United States and elsewhere are planning similar operations with wombs from women who have died recently, not living donors.

Brannstrom, a professor of obstetrics and gynecology at Sahlgrenska Hospital at the University of Gothenburg and Stockholm IVF, first transplanted wombs into nine women about two years ago as part of an experimental study, including the new mother, who was the first. Complications forced the removal of two of the wombs. The women in the trial were either born without a womb or had it removed due to cancer.

The new mother, in her early 30s, recalled that as hospital staffers wheeled in her mother for the transplant, "I was crying and told her I loved her and thank you for doing this."

The woman's mother — the baby's grandmother — said she immediately agreed when her daughter raised the idea.

The proud grandmother, in her mid-50s, acknowledged she has difficulty understanding the magnitude of the birth, but "at the same time, I sometimes think that I am a part of history."

The new mother underwent in vitro fertilization to make embryos using her eggs and her husband's sperm. Doctors waited a year after the transplant to ensure everything was OK. After four attempts to transfer embryos into the new womb, she got pregnant. There were no complications, and she delivered via cesarean section, as planned.

"Feeling him against my cheek was the most wonderful feeling ever," the mother said. In tribute to Brannstrom, she and her husband gave the baby the middle name of Mats.

She said they will one day tell the boy how he was conceived. "My thought is that he will always know how wanted he was," she said. "Hopefully when he grows up, uterus transplantation (will be) an acknowledged treatment for women like me and he will know that he was part of making that possible."

Brannstrom and his colleagues are planning more groundbreaking womb transplant procedures. One trial will use wombs from recently deceased women and another will employ robotic surgery to shorten the time of the 10- to 12-hour operations. Brannstrom is working with doctors in India, Singapore, Lebanon and Argentina to do womb transplants there.

Experts marvel at Brannstrom's work and described it as the biggest breakthrough in fertility medicine since IVF.

"This was impossible until Brannstrom did it," said Dr. Antonio Gargiulo, an associate reproductive endocrinologist at Brigham and Women's Hospital in Boston who has not been involved in the operations. He said removing a womb is unlike any other operation and that the organ must be very delicately grafted onto the recipient's major arteries and veins.

AP Photo/Maria Cheng

**A YOUNG SWEDISH MOTHER,** foreground, with her child and and her mother play with the child on a swing in Gothenburg Sweden. For this family in Sweden, a pioneering procedure has led to a baby being born from the same womb that nurtured his mother, uniting three generations. The new mother, who lost her own uterus to cancer in her 20s, said it was "unimaginable" that she now had her own child, thanks to her mother's donated womb.

## Family health history is important; genetic link found in some diseases

**By DR. CHAD LARSON**

The information you gain when you look into your family's past is vast and full of pertinent knowledge.

Larson

You might learn the geographic location of your ancestors and what social or political positions they held. More importantly, you can also find out crucial information regarding the health history of your family members.

There are over 23.5 million Americans who suffer from autoimmune diseases, which are caused by an abnormal immune system response.

This abnormal response produces antibodies that attack healthy cells and tissues, which leads to the deterioration and possible destruction of those tissues.

Though genetics are not the sole cause of autoimmune diseases, like MS or rheumatoid arthritis, your likelihood of developing an autoimmune disorder increases if your family members have suffered from conditions like these.

With this information in mind, having knowledge of your family history is essential for not only your own health, but your children's health as well.

To get started, begin documenting the health of your immediate family and branch out from there. Be sure to include your grandparents from both sides.

If any of your family members are deceased, know the cause and age of their death. Also include aunts, uncles, nieces, and nephews.

You will need to record things like current age, medical conditions and age at the time of the diagnoses.

Compile this information and make sure your family members have it as well. Most importantly, share your family's health history with your health care providers on a regular basis.

If any of your family members has been diagnosed with an autoimmune disease, you need to take action. Get to know the symptoms of the disease and pay close attention to your own health, making note of any changes in how you feel.

Understand the risk factors and other possible disease triggers. Talk to your doctor about what, if anything, you can do to mitigate the risk of getting the disease.

You might also consider asking your doctor about any related tests to consider. For instance, if one of your family members is diagnosed with celiac disease and you are suffering the same symptoms, it might be worth considering getting tested for gluten reactivity.

Cyrex Laboratories has the most comprehensive gluten sensitivity test, the Array 3, which will indicate if you are reactive to wheat and wheat proteins, like gluten and gliadin. If you show symptoms, talk to your doctor about additional tests to consider. Early intervention is key because you want to have the opportunity to address the changes necessary prior to the tissue destruction and deterioration that result from autoimmune diseases.

When it comes to your health, knowledge is power. By asking yourself, "Do I have my family's health history?" you will empower yourself and your family to possibly prevent autoimmune diseases and other illnesses.

Sharing this knowledge with a medical professional will allow you to collaborate on ensuring a healthy future for you and your loved ones.

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