



## Four Ways You Can Prevent Cancer

- ✓ **Send your donation today** to support cancer research that will lead to cures.
- ✓ **Refresh your knowledge about cancer prevention** through proper nutrition and good habits. Visit our website [www.NFCR.org](http://www.NFCR.org) for the latest tips.
- ✓ **Schedule a regular checkup** with your doctor today! Early detection is essential to effective treatment.
- ✓ **Tell a friend** about the important research NFCR is conducting. NFCR is Research for a Cure.

## Reduce Your Cancer Risk Through Better Nutrition

- Eating at least 5 servings of fruits and vegetables a day can cut your cancer risk. Apples, oranges, corn, and carrots are healthy choices.
- Foods rich in vitamin C, such as orange juice and other citrus fruits, may help prevent mouth, esophageal, lung, stomach, and colon cancers.
- Potassium is important for proper cell functioning. A healthy breakfast of grapefruit juice and fresh strawberries topped with yogurt gives you nearly 1/3 of your daily potassium.
- Don't overcook vegetables. Cooking veggies too long and at too high a temperature can remove cancer-fighting vitamins, minerals, and nutrients from produce.

## Eight Warning Signs of Cancer

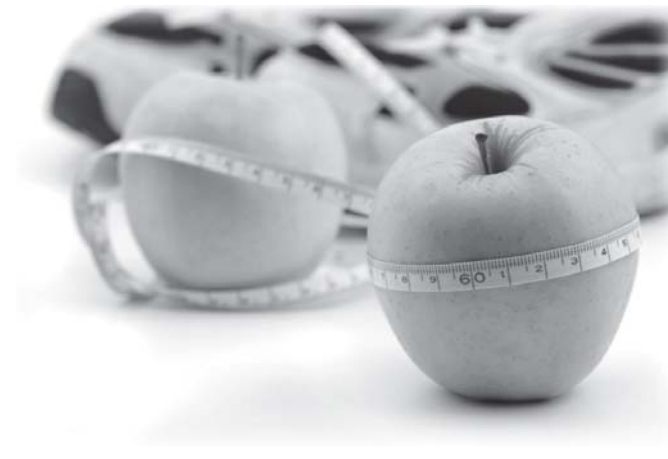
- Change in bowel or bladder habits
- A sore that does not heal
- Unusual bleeding or discharge
- Thickening or lumps in breast or elsewhere
- Indigestion or difficulty in swallowing
- Obvious change in wart or mole
- Nagging cough or hoarseness
- Deep, persistent aching pain lasting more than a week or two

*NFCR researchers are committed to finding a cure for cancer. Until that day comes, prevention is your best defense.*

## Top Cancer Fighting Foods

There are many foods that are good for you and can help decrease your risk of cancer. Enjoy our top picks, and visit our website, [www.NFCR.org](http://www.NFCR.org), for more recipes!

1. **Peppers** are a great source of cancer-fighting vitamin C, vitamin A, folic acid and potassium.
2. **Crucifers** including **cabbage, broccoli, cauliflower, collards, Brussels sprouts, mustard greens, radishes, turnips** and **watercress**, all include powerful phytochemicals that help fight cancer.
3. **Cranberries, blueberries, raspberries, and strawberries** are rich in vitamin C and folic acid, and contain phytochemicals which are strong antioxidants.
4. **Water (mineral, spring and seltzer) and decaffeinated tea** are the best beverages to drink. They play a key role in digestion, nutrient transmission and absorption. Try to drink at least 6-8 cups of fluids a day.
5. **Lycopenes** are found in **tomato-based pasta sauce, tomato paste, ketchup and salsa** is powerful antioxidant. Lycopenes helps reduce the risk of prostate, skin and certain other cancers.
6. **Olive oil** is one of the healthiest types of fat. It includes phytochemicals and vitamin E, and may help prevent breast and colon cancer.
7. **Apples**, especially the peel, contain cancer-fighting phytochemicals and have been indicated to inhibit the growth of both colon and liver cancer cells.
8. **Pumpkins, sweet potatoes and acorn squash** all provide virtual battalions of cancer-fighting carotenoids, particularly beta-carotene.



# On Your Health

This is useful health information that can help to save your life. Please hang on to it.

**The cure rate for cancer is greatly increased by early detection.** Periodic health appraisals, screening tests, and self-examinations may detect cancer early and save your life! Below, you will find general guidelines for cancer detection. Please keep in mind your doctor may have good reason to do things differently based on various factors. Your age, family medical history, lifestyle, and occupation are important factors which your doctor will consider.



*Research for a Cure*

## CANCER DETECTION TEST OR PROCEDURE

AGE	FREQUENCY	FEMALES	MALES
18-20	One Time	Complete health exam <sup>1</sup>	Complete health exam <sup>1</sup>
	Yearly	Pap test <sup>2</sup>	
	Monthly	Skin self-exam, Breast self-exam	Skin self-exam
20-40	Every 3 Years	Complete health exam <sup>1</sup> , Clinical breast exam	Complete health exam <sup>1</sup>
	Yearly	Pap test <sup>2</sup>	
	Monthly	Skin self-exam, Breast self-exam	Skin self-exam, Testis self-exam
40-50	Every 3 Years	Complete health exam <sup>1</sup>	Complete health exam <sup>1</sup>
	Yearly	Clinical breast exam, Mammogram, Endometrial biopsy <sup>2</sup> , Pap test <sup>2</sup> , Fecal occult blood test (FOBT) or Fecal immunochemical test (FIT) <sup>4</sup>	Prostate-specific antigen (PSA) blood test <sup>5</sup> , Digital rectal exam, Fecal occult blood test (FOBT) or Fecal immunochemical test (FIT) <sup>4</sup>
	Monthly	Skin self-exam, Breast self-exam	Skin self-exam, Testis self-exam
50-65	Every 5-10 Years	Colonoscopy, Flexible sigmoidoscopy, Double contrast barium enema (DCBE) <sup>4</sup>	Colonoscopy, Flexible sigmoidoscopy, Double contrast barium enema (DCBE) <sup>4</sup>
	Yearly	Complete health exam <sup>1</sup> , Clinical breast exam, Endometrial biopsy <sup>3</sup> , Mammogram, Pap test <sup>2</sup> , Fecal occult blood test (FOBT) or Fecal immunochemical test (FIT) <sup>4</sup>	Complete health exam <sup>1</sup> , Prostate-specific antigen (PSA) blood test <sup>5</sup> , Digital rectal exam, Fecal occult blood test (FOBT) or Fecal immunochemical test (FIT) <sup>4</sup>
	Monthly	Skin self-exam, Breast self-exam	Skin self-exam, Testis self-exam
65+	Every 5-10 Years	Colonoscopy, Flexible sigmoidoscopy, Double contrast barium enema (DCBE) <sup>4</sup>	Colonoscopy, Flexible sigmoidoscopy, Double contrast barium enema (DCBE) <sup>4</sup>
	Yearly	Complete health exam <sup>1</sup> , Clinical breast exam, Endometrial biopsy <sup>3</sup> , Mammogram, Pap test <sup>2</sup> , Fecal occult blood test (FOBT) or Fecal immunochemical test (FIT) <sup>4</sup>	Complete health exam <sup>1</sup> , Prostate-specific antigen (PSA) blood test <sup>5</sup> , Digital rectal exam, Fecal occult blood test (FOBT) or Fecal immunochemical test (FIT) <sup>4</sup>
	Monthly	Skin self-exam, Breast self-exam	Skin self-exam, Testis self-exam

For additional copies, or others in the series, please contact us at:

4600 East West Highway, Suite 525  
Bethesda, MD 20814  
1-800-321-CURE (2873) • [www.NFCR.org](http://www.NFCR.org)

1. As a minimum, includes history, physical exam, blood/urine laboratory tests and chest x-ray as determined by your physician. 2. Conventional Pap test (yearly) or liquid-based Pap test (every 2 years) should begin 3 years after first vaginal intercourse but no later than age 21. Women over 30 can screen every 2-3 years after 3 normal results in a row. Alternatively, HPV DNA testing plus a Pap test could be performed every 3 years. Your doctor may also suggest you taking a Pelvic exam. 3. Annual screening should be offered to individuals beginning at age 35 who belong to high-risk groups, defined as women with or at risk for hereditary nonpolyposis colon cancer (HNPCC). Women at average risk should be informed of the early symptoms of endometrial cancer and report any unexpected bleeding or spotting to their physicians. 4. Beginning at age 50, men and women should take one of the following examinations: Colonoscopy (every 10 years), Double-contrast barium enema (every 5 years), Flexible sigmoidoscopy (every 5 years) and/or FOBT or FIT (yearly). 5. Those in high-risk categories should begin at age 45.  
Note: Your doctor may suggest a different testing schedule depending on your risk of developing a specific type of cancer. Discuss with your doctor about a test schedule that is tailored to your own situation.

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# CHILDHOOD CANCER DETECTION CHART

Cancer Type Overview	Major Subtypes	Age (yr.)	Signs and Symptoms	Initial Diagnosis Tests(*)
<p><b>Rhabdomyosarcoma:</b></p> <p>The most common type of soft tissue sarcomas in children, which starts in muscle tissue and can occur anywhere in the body. This is a fast-growing, highly malignant tumor, and can spread to any part of the body.</p> <p>Rhabdomyosarcoma is found in four major sites: head and neck; genitourinary tract; extremities; trunk (chest and lungs)</p>	<p><b>Embryonal:</b> Most common type of rhabdomyosarcoma, usually found in young children around the head and neck or genitourinary tract. The more treatable form of the disease.</p>	1-10	A noticeable lump or swelling is present in many cases of rhabdomyosarcoma. Other symptoms depend on the location of the tumor.	<p>Biopsy; chest x-ray; ultrasound; CT/CAT scan; MRI scan; blood and bone marrow tests; PET (positron emission tomography) scan.</p>
	<p><b>Alveolar:</b> More aggressive form of the cancer. Usually involves the muscles of the extremities such as arms and legs, or trunk (chest and lungs).</p>	<15	Lump or swelling, firm and painless to touch, in the extremities, the groin and or the vaginal area; drooping eyelids, swelling of the eye, protruding eyeball, rapid vision change; hoarseness, difficulty in swallowing; persistent abdominal pain.	
<p><b>Retinoblastoma:</b></p> <p>Cancerous cell forming in the retina of the eye. It is the most common eye tumor in children. This cancer is curable if caught early. Although it is rare, if not treated quickly, retinoblastoma can spread or metastasize outside of the eye to the brain, the spinal cord, and the bones.</p>	<p><b>Special Note</b></p> <p>When retinoblastoma occurs in both eyes, it is always inherited. Therefore, siblings of children with retinoblastoma in both eyes need to have regular ophthalmological eye exams as well.</p> <p>It is important to note that for children with inherited retinoblastoma, the chance of developing other types of cancer in later years also increases. Regular complete physical exams are strongly recommended.</p>		<p>Pupil of the eye appears white (instead of red) under flash photograph; crossed or misaligned eyes; pain or redness in the eye.</p>	<p>Family history of retinoblastoma; eye exam with dilated pupil; CT/CAT scan; ultrasound exam; MRI.</p>
	<5			
<p><b>Liver Cancers:</b> Also known as hepatoma.</p> <p>Well-known risk factors include: being male, having very low birth weight, history of hepatitis B or hepatitis C infection. The risk of developing liver cancer is greatest when the virus is passed from mother to child at birth.</p> <p>Having other types of liver disease such as biliary cirrhosis or tyrosinemia also increases the likelihood of getting liver cancer.</p>	<p><b>Hepatoblastoma:</b> Generally self-contained liver cancer that usually does not spread outside of the liver. It can be inherited. Two important genetic conditions related to this type of cancer are: Beckwith-Wiedemann Syndrome and familial adenomatous polyposis.</p>	<3	Painless lump in the abdomen; swelling or pain in the abdomen; weight loss for no known reason; early puberty in boys; nausea and vomiting.	<p>Complete physical exam; serum tumor marker test; complete blood count; liver function tests; abdominal x-ray; CT/CAT scan; ultrasound; MRI; biopsy.</p>
	<p><b>Hepatocellular carcinoma:</b> Often tends to spread to other parts of the body. Less frequently seen than hepatoblastoma.</p>	<18		
<p><b>Bone Cancers:</b></p> <p>Cancer that arises from inside the bone (primary bone cancer) is very rare. Primary bone cancer affects children more often than adults.</p>	<p><b>Osteosarcoma:</b> The most common type of bone cancer. Usually develops at the growing edges of the long bones. Most often found around the knee area. The second most common site for these tumors is in the end of the upper arm bone close to the shoulder. This type of cancer typically does not respond to radiation therapy.</p>	10-18	Prolonged bone pain in areas such as: knee, shoulder, back, and other places. While persistent back or joint pain is common in adults, it should not be disregarded in children or viewed lightly.	<p>Radiological tests including: x-ray, bone scan, skeletal survey; surgical biopsy; blood test.</p>
	<p><b>Ewing's Sarcoma:</b> Can affect bones of the pelvis, thighs, upper arms and ribs. Normally responds to radiation therapy.</p>		Bone pain as a result of cancer progression may closely resemble the back pain that is common after heavy exercise. Whenever bone pain lasts more than a week, consult your physician.	

## National Cancer Centers

Dana-Farber Cancer Institute  
44 Binney Street  
Boston, MA 02115  
[www.dana-farber.org](http://www.dana-farber.org)

Memorial Sloan-Kettering Cancer Center  
1275 York Avenue  
New York, NY 10021  
[www.mskcc.org](http://www.mskcc.org)

Johns Hopkins Hospital  
600 North Wolfe Street  
Baltimore, MD 21287  
[www.hopkinsmedicine.org](http://www.hopkinsmedicine.org)

Mayo Clinic, Rochester, Minn.  
1216 Second Street SW  
Rochester, MN 55902  
[www.mayoclinic.org](http://www.mayoclinic.org)

University of Chicago Hospitals  
5841 South Maryland Avenue  
Chicago, IL 60637  
[www.uchospitals.edu](http://www.uchospitals.edu)

Duke University Medical Center  
Erwin Road  
Durham, NC 27710  
[www.mc.duke.edu](http://www.mc.duke.edu)

University of Texas M.D. Anderson Cancer Center  
1515 Holcombe Boulevard  
Houston, TX 77030  
[www.mdanderson.org](http://www.mdanderson.org)

Barnes-Jewish Hospital  
Washington University, St. Louis  
1 Barnes-Jewish Hosp Plaza  
Saint Louis, MO 63110  
[www.barnesjewish.org](http://www.barnesjewish.org)

University of Washington Medical Center  
1959 NE Pacific St, Box 356151  
Seattle, WA 98195  
[www.uwmedicine.org](http://www.uwmedicine.org)

University of California, San Francisco Medical Center  
500 Parnassus Avenue  
San Francisco, CA 94143  
[www.ucsfhealth.org](http://www.ucsfhealth.org)

UCLA Medical Center  
10833 Le Conte Avenue  
Los Angeles, CA 90095  
[www.healthcare.ucla.edu](http://www.healthcare.ucla.edu)

## National Pediatric Centers

Children's Hospital Boston  
300 Longwood Avenue  
Boston, MA 02115  
[www.childrenshospital.org](http://www.childrenshospital.org)

New York-Presbyterian Univ. Hosp. of Columbia and Cornell  
525 East 68th Street  
New York, NY 10021  
[www.nyp.org](http://www.nyp.org)

Johns Hopkins Hospital  
600 North Wolfe Street  
Baltimore, MD 21287  
[www.hopkinsmedicine.org](http://www.hopkinsmedicine.org)

Children's Hospital  
1056 East 19th Avenue  
Denver, CO 80218  
[www.thechildrenshospital.org](http://www.thechildrenshospital.org)

Stanford Hospital and Clinics  
300 Pasteur Drive  
Palo Alto, CA 94304  
[www.stanfordhospital.com](http://www.stanfordhospital.com)

Texas Children's Hospital  
6621 Fannin Street  
Houston, TX 77030  
[www.texaschildrenshospital.org](http://www.texaschildrenshospital.org)

Cincinnati Children's Hospital Medical Center  
3333 Burnet Avenue  
Cincinnati, OH 45229  
[www.chmcc.org](http://www.chmcc.org)

Children's Hospital of Philadelphia  
34th St & Civic Center Blvd  
Philadelphia, PA 19104  
[www.chop.edu](http://www.chop.edu)

Children's Hospital and Regional Medical Center, Seattle  
4800 Sand Point Way Ne  
Seattle, WA 98105  
[www.seattlechildrens.org](http://www.seattlechildrens.org)

Rainbow Babies and Children's Hospital  
11100 Euclid Avenue  
Cleveland, OH 44106  
[www.uhhs.com](http://www.uhhs.com)

Children's Hospital Los Angeles  
4650 Sunset Boulevard  
Los Angeles, CA 90027  
[www.chla.org](http://www.chla.org)

# CHILDHOOD CANCER DETECTION CHART

A resource to help recognize the early warning signs of childhood cancer



## PREVENTION DETECTION TREATMENT

Provided as a public service by the



Research for a Cure

With support from The Ludcke Foundation

If your child exhibits any of these symptoms, it does not necessarily mean that he or she has cancer. But your child should be examined by a physician immediately as early detection is the key to curing childhood cancers.

(\*) Initial Diagnosis Tests: Your physician will decide which tests need to be done for diagnosis.

For additional copies of **NFCR's Childhood Cancer Detection Chart** or more information about other NFCR prevention and detection publications, please write to: **National Foundation for Cancer Research** at 4600 East West Highway, Suite 525, Bethesda, MD 20814, call 1-800-321-CURE (2873), or visit [www.NFCR.org](http://www.NFCR.org)



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Cancer Type Overview	Major Subtypes	Age (yr.)	Signs and Symptoms	Initial Diagnosis Tests(*)
<p><b><u>Leukemia:</u></b></p> <p>The most common childhood malignancy. Leukemia is cancer of the blood cells. Most childhood leukemias are acute and will progress quickly if not treated early. Chronic leukemias usually present milder symptoms and progress more slowly.</p> <p>Early symptoms of leukemia are very similar to those of a common viral infection, but persist much longer than a typical viral infection. Parents of children with leukemia often recall a general sense that there was "something wrong" with their kids for many weeks or longer. Whenever parents experience such pervasive and persistent uneasiness about a child's health, it is recommended that they proceed to obtain a second opinion even if the initial diagnosis is normal.</p> <p>While persistent back pain is common in adults, it is rare in children. If a child experiences chronic back pain, consult your doctor immediately.</p>	<p><b>Acute Lymphoblastic Leukemia (ALL):</b> Cancer of the blood and bone marrow. ALL is the most common malignancy in children and can spread from the blood stream to other vital organs very quickly if left untreated.</p>	2-5	Fever; infection; easy bruising or bleeding; bone or joint pain; constant feeling of fullness below ribs; painless lumps in the neck, underarm, stomach, or groin; weakness and constant fatigue; loss of appetite; weight loss.	Complete physical exam; complete blood count (CBC) with differential; bone marrow aspiration and biopsy; cytogenetic analysis; immunophenotyping; blood chemistry study; chest x-ray.
	<p><b>Acute Myelogenous Leukemia (AML):</b> Second most frequently diagnosed leukemia in children. Although AML generally responds well to initial treatment, many patients later experience a relapse. Ongoing research is focused on decreasing the risk of relapse and improving the long-term outcomes for AML patients.</p>	1-20	Shortness of breath; fever with or without an infection; painless lumps around the eyes (may be blue-green); pain in the bones or joints; easy bruising or bleeding; painless lumps in the neck, underarm, stomach, or groin; significant weight loss.	Complete physical exam; complete blood count (CBC) with differential; bone marrow aspiration and biopsy; cytogenetic analysis; immunophenotyping; blood chemistry study; chest x-ray.
	<p><b>Chronic Myelogenous Leukemia (CML):</b> Most people with CML carry a gene mutation (but it is not passed on from parent to child), and only on rare occasions does it occur in young children.</p>	13-20 or >40	Feeling very tired; night sweats; fever; unexplained weight loss; constant feeling of fullness below ribs on the left side. Sometimes CML doesn't cause any symptoms at all.	Complete physical exam; complete blood count (CBC) with differential; bone marrow aspiration and biopsy; blood chemistry study.
<p><b><u>Cancer of the Central Nervous System (CNS):</u></b></p> <p>Second most common childhood malignancy. CNS includes the brain and spinal cord. Unlike other types of cancers, CNS tumors arising within the brain or spinal cord often do not spread to other organs. They interfere with normal body functions by spreading locally and destroying tissues of the central nervous system and their surroundings.</p>	<p><b>Medulloblastoma:</b> Cancer of the cerebellum (lower back of the brain that controls movement, balance, and posture). Also called Primitive Neuroectodermal Tumor (PNET).</p>	1-15	Having trouble speaking; loss of balance; worsening handwriting; change in personality or behavior; unusual exhaustion; unexplained nausea or vomiting; headache that goes away after vomiting; seizures.	CT/CAT scan, MRI, brain tumor biopsy.
	<p><b>Gliomas:</b> The most common brain and spinal cord tumors which develop from glial cells. Glial cells are those that surround, support, and protect nerve cells. Glioma is not a specific type of cancer but rather a general category. The most common type of glioma is astrocytoma, which arises in a type of glial cells called astrocytes in the brain.</p>	1-15	The symptoms of different types of gliomas depend upon their location, size and rate of growth. Symptoms can include headache, nausea, vomiting; double vision; change in personality and behavior; having trouble speaking; loss of balance, or paralysis.	CT/CAT scan, MRI, brain tumor biopsy.
<p><b><u>Lymphoma:</u></b></p> <p>Lymphoma is the third most common childhood cancer and is closely related to leukemia in its disease origin.</p> <p>Lymphoma is a term referring to a group of cancers originating in the lymphatic system. The lymphatic system includes lymph nodes throughout the body, lymphatic vessels that produce and transport lymph fluid from tissues to the circulatory system, the spleen, and other organs in our immune system.</p>	<p><b>Hodgkin's Lymphoma:</b> Currently more curable than Non-Hodgkin's Lymphoma, and considered one of the most curable forms of cancer.</p>	5-14	Painless swollen lumps in the neck, chest, underarm, or groin; itchy skin; persistent fatigue; unexplained weight loss; fever; night sweats.	Complete physical exam; lymph node biopsy; complete blood count (CBC); chest x-ray; CT/CAT scan; gallium scan; sedimentation rate; blood chemistry studies; detection for presence of Reed-Sternberg cell.
	<p>Hodgkin's Lymphoma is unique in its predictable pattern of cancer progression. It usually begins as a lump in a lymph node, and spreads systematically from one lymph system to the next, moving into organs such as the liver, lungs, bones, and bone marrow.</p>	10-20	Painless swollen lumps in the neck, chest, underarm, abdomen, or groin; itchy skin; shortness of breath or difficulty breathing; persistent fatigue; lower back pain that extends to one or both legs; unexplained weight loss; fever; night sweats.	Complete physical exam; CT/CAT scan; x-ray; MRI; thoracentesis; gallium scan.
	<p><b>Non-Hodgkin's Lymphoma (NHL):</b> Common subtypes of NHL include lymphoblastic lymphoma, Burkitt's lymphoma, anaplastic large cell lymphoma, and large B-cell lymphoma.</p> <p>Because all of NHL subtypes generally progress very quickly, treatment for each of these diseases needs to begin immediately after diagnosis.</p>	<5	Lump in the abdomen, neck, or chest; bulging eyes; dark circles around the eyes; bone or joint pain; swollen stomach; shortness of breath; painless and bluish lumps underneath the skin; weakness or partial paralysis.	Complete physical exam; 24-hour urine test; blood chemistry study; cytogenetic analysis; bone marrow aspiration; CT/CAT scan; immunohistochemistry study; neurological exam; x-ray; ultrasound.
<p><b><u>Neuroblastoma:</u></b></p> <p>Cancer of the sympathetic nervous system. Usually manifests as a lump or mass in the abdominal region or around the spinal cord (chest, neck, and/or pelvis).</p> <p>Neuroblastoma is often presented at birth, but diagnosis is often delayed until the child shows symptoms of the disease. When diagnosed before 1 year old, children experience cure rates as high as 90%.</p>	Special Note	<5		
	<p>Neuroblastoma can be very difficult to diagnose and can sometimes be misdiagnosed as lymphoma or rhabdomyosarcoma. Make sure a physician who is familiar with neuroblastoma is consulted for a child suspected of having this disease.</p>	3-8	Fever; swollen abdomen; blood in the urine; reduced appetite; weight loss; high blood pressure; constipation; stomach pain; nausea or vomiting.	Complete physical exam; complete blood count; blood chemistry studies; liver function test; renal function test; urinalysis; ultrasound; CT/CAT scan; abdominal x-ray; biopsy.
<p><b><u>Wilms' Tumor:</u></b></p> <p>The most common type of childhood kidney cancer, often curable. Usually affects one kidney (unilateral), but can sometimes affect both (bilateral).</p> <p>Wilms' Tumor can grow up to 1 pound in weight without causing significant pain to a child.</p>	Special Note	3-8		
	<p>For children with the following diseases, regular screening for Wilms' Tumor should be performed every three months until age 8: WAGR syndrome (Wilm's Tumor, aniridia, ambiguous genitalia, and mental retardation); Beckwith-Wiedemann syndrome; hemihypertrophy; Denys-Drash syndrome; cryptorchidism; hypospadias.</p>	3-8	Fever; swollen abdomen; blood in the urine; reduced appetite; weight loss; high blood pressure; constipation; stomach pain; nausea or vomiting.	Complete physical exam; complete blood count; blood chemistry studies; liver function test; renal function test; urinalysis; ultrasound; CT/CAT scan; abdominal x-ray; biopsy.

If your child exhibits any of these symptoms, it does not necessarily mean that he or she has cancer. But your child should be examined by a physician immediately as early detection is the key to curing childhood cancers. (\*) Initial Diagnosis Tests: Your physician will decide which tests need to be done for diagnosis.

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