

Understanding Cancer: Tests, Terms, and Tumor Markers

||| A Guide for People Living With
and Learning About Cancer

There is a lot to learn about cancer. And the more you know, the better you can help to manage your care.

We are learning more about cancer every day. About how to find it in the body. And how to treat it. This booklet will help you understand terms you may hear. It will also explain tests you may have.

After reading this booklet, you may have lots of questions. Be sure to talk to your doctor. Speak with your whole health care team. They can answer your questions. And help you decide what's best for you.



Models used for illustrative purposes.

Tests

Common medical tests in cancer:

CT scan (also called a CAT scan)

A CT scan uses energy called radiation to make pictures. The pictures show organs and soft tissues. Doctors and nurses can make the pictures as big as they like.

This makes it easier to learn from.

Doctors may take CAT scans at different times during your care. They can compare the scans. This can show how treatment is affecting the tumor.

CAT scans can take anywhere from 10 minutes to 30 minutes.

MRI

An MRI uses magnetic fields to make pictures. An MRI can be done on any part of the body. And show many angles of the body. It gives doctors detailed pictures of organs and tissues. These are clearer than CAT scans. MRIs can help doctors see if cancer has spread. They can also help doctors plan treatment.

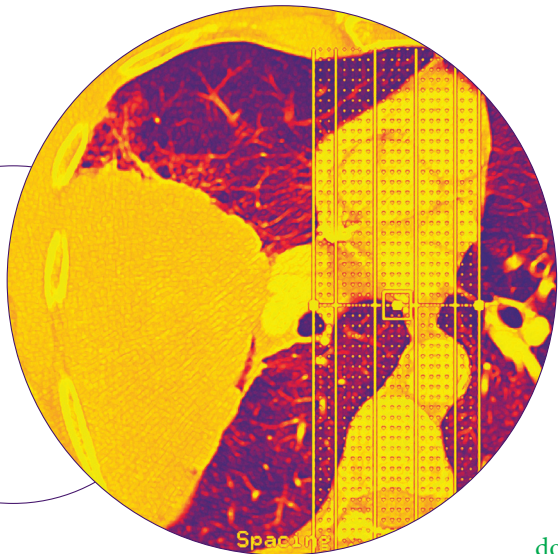
People with metal in their body might not be able to have MRIs. That means people with pacemakers. Talk to your doctor about any metal in or on your body first.

X-Ray

X-rays focus a beam of radiation on the body. This makes shadow-like images of organs and tissues.

An x-ray of the breast is called a mammogram. These can find and diagnose breast cancer.

Special types of x-ray tests may use dyes. These dyes are called contrast materials. The contrast can help a doctor see parts of the body more clearly.



Dyes help doctors see parts of the body more clearly.

Types of contrast x-rays are

Angiography (an-jee-AH-gruf-fee):

Shows blood vessels next to a cancer. This can help surgeons plan for surgery.

IVP: Shows how the kidneys are working. It also helps doctors find tumors of the urinary tract.

Lower GI series (barium enema): Looks at the lining of the colon and rectum.

Upper GI series (barium swallow): Looks at the lining of different organs. These include the esophagus, stomach, and the upper part of the small intestine.

Lymphangiography (limf-an-jee-AH-gruf-fee): This is used in a cancer called lymphoma. It can help with a treatment plan. Or in seeing if treatment is working.

PET scans

Can tell a tumor from normal tissue affected by cancer treatment. They can show how fast a tumor is growing. And how much of a danger it might be.

SPECT scans

Shows how blood flows through vessels. This helps doctors see how the organs are working. It also helps find tumors.

Antibodies in PET and SPECT scans

A special type of cell messenger is made in a lab. It is a kind of antibody. It is made to find cancer cells and stick to their surface. Plus some messengers get another job. They carry a tiny piece of radiation. And deliver it to cancer cells. The radiation lights up the tumor. First, the messengers travel through the bloodstream. When they find a tumor they attach themselves. The radiation they deliver lights up the tumor. This helps the doctor see exactly where the tumor is.

Tumor Markers

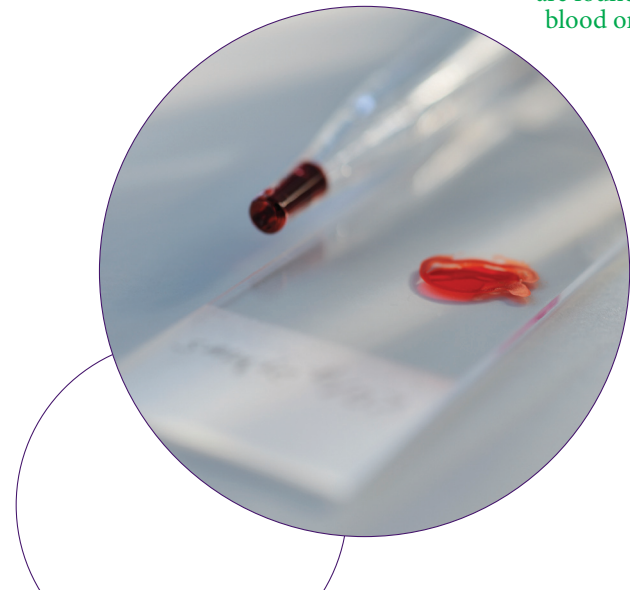
What are tumor markers?

Tumor markers are made by cancer cells. Tumor markers show up in different places in the body. They are found in blood. In urine. And in other parts of the body. They may be signs of cancer. Doctors look at tumor markers to learn about your cancer. They can help doctors decide how to treat.

How are tumor markers measured?

First, doctors take a sample. This is a small amount of blood or urine. Sometimes this is a piece of the tumor. They test the sample in the lab. The test measures how many tumor markers are in the sample.

Many tumor markers are found in the blood or urine.



How are tumor markers used in cancer care?

Doctors use tumor markers to

- **Look for cancer**

Some tumor markers may act as signs of cancer. They tell doctors that cancer may have started to grow in the body. Doctors can then run tests and learn more

- **Predict how the cancer will act**

When cancer is found, the level of a tumor marker offers clues. It may suggest how the cancer will act in the body. It may tell what kind of medicine will work best. This can help your doctor pick the right treatment

- **Tell if the cancer treatment is working**

Most often, tumor markers are used to see if treatment is working. If it is, tumor marker levels usually go down. If the levels go up, it may mean that the cancer is not responding to the specific medicine you are taking

- **See if the cancer has returned**

Tumor markers can show a return of cancer. The sooner cancer is found, the better

Do tumor markers show that treatment is working?

Tumor markers are just one way to look at progress. Ask your doctor to explain any changes in your tumor marker level.

Common cancer types and tumor markers:

Breast cancer tumor markers

Doctors use several kinds of tumor markers in the treatment of breast cancer. They can help show how well treatment is working.

CA15-3 This is mainly used to monitor patients with breast cancer. In early stages it is not usually high. In later stages, high levels are more common.

CA27.29 This measures the same marker as CA15-3. But it does it in a different way. It may be less likely to be positive in people without cancer.

CEA This is short for carcinoembryonic antigen. CEA covers the surface of many types of cancer cells. But it is not present on healthy cells in adults. Because it is only on cancer cells, it is a good way to find cancer. If the CEA level is high at diagnosis, it may be used to see how treatment is working.

Estrogen and Progesterone These are female hormones. Some cancer cells grow by using these hormones. Your doctor will test your cancer cells to see if they use estrogen or progesterone. If they do, certain treatments can block the hormones. This may keep the cancer from growing.

HER2/neu Tumors with this marker often grow quickly and spread through the body. All newly diagnosed breast cancers should be tested for HER2. If your cancer has this marker, doctors can choose treatments that block HER2.

GI cancer tumor markers: Stomach, pancreas, liver, or colon

These tumor markers are used when treating cancer of the GI (gastrointestinal) tract. They can help a doctor see how well treatment is working.

AFP A number of cancers have this tumor marker. It is often found in liver cancer cells.

CEA This tumor marker is found in many cancers of the GI tract. In colon cancer, CEA is a common way to measure whether treatment is working. It may also show whether cancer has come back.

CA19-9 This is another tumor marker found in many cancers of the GI tract. Doctors often use it to track the treatment of patients with cancer of the pancreas.

CA 72-4 May be high in people with stomach cancer.

Leukemia and lymphoma tumor markers

B2M Used in multiple myeloma, chronic lymphocytic leukemia (CLL), and some lymphomas. B2M can help predict what to expect over time.

Lung cancer tumor markers

Doctors use 4 different tumor markers when treating lung cancer. They help to show how well a patient is responding to treatment.

CEA People with large cell lung cancer often have higher levels of CEA.

CgA Often high in people with small cell lung cancer.

NSE This tumor marker is found in small cell lung cancer. It can help doctors see how well treatment is working.

TPA Sometimes used along with other markers. Doctors might use it to see how treatment is working.

Ovarian cancer tumor markers

AFP High levels are seen in certain rare types of ovarian cancer.

CA125 Relied on for the most common type of ovarian cancer. Changes in levels are often watched during treatment. This can give an idea of how well treatment is working.

CA 72-4 Sometimes used with other markers.

HCG Levels are elevated in some types of ovarian cancer. This marker can be used to diagnose ovarian cancer. It can be used to see how treatment is working. HCG can show if cancer has returned.

LASA-P This is not effective on its own. LASA-P is sometimes used along with other tumor markers. It can help assess response to treatment.

Prostate cancer tumor markers

CEA Often high in men with prostate cancer.

CgA Levels can also be high in some advanced forms of prostate cancer that have certain features.

PSA High levels of PSA often show up in men who have prostate cancer. After treatment, follow-up PSA tests can help spot any return of the cancer.

Tumor markers for cancer of the testicles

HCG and AFP Men with cancer of the testicles often have high levels of these tumor markers. Both are used to spot the illness and to tell how well treatment is working.

Exciting New Approaches

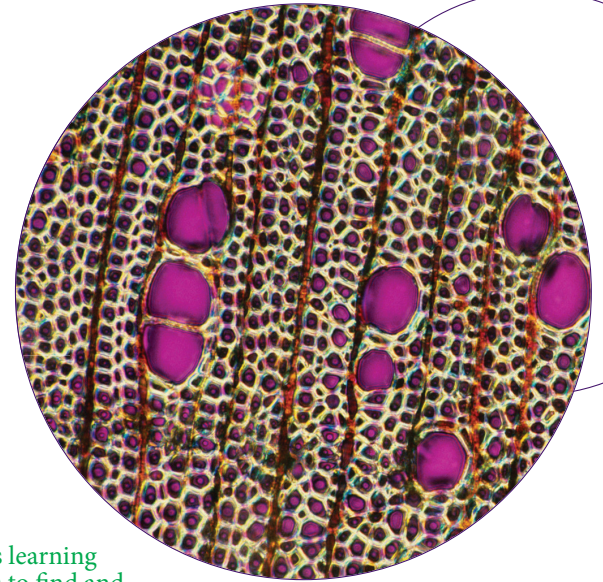
Genomics (jee-NOH-mix)

This looks at DNA. And the way DNA changes in cancer. DNA is in every cell in the body. So this test looks at lots of cells. It looks for patterns of change. Looking at patterns may help find cancer earlier.

Proteomics (pro-tee-AH-mix)

This looks at the patterns too. But it looks at proteins in the blood. And it helps show which proteins are important in different cancers. This may help in the future. It could lead to a special blood test for cancer.

These new tests are still in development. Very few are used at this time.



Science is learning new ways to find and treat cancer every day.

Targeted therapy

Genes are part of every cell in the body. They tell cells what to do. And when cells multiply, genes pass along traits to other cells. Genes play a role in cancer. Sometimes genes make cancer more likely. And sometimes genes in cancer cells make them more likely to respond to treatment. Genes that help doctors find cancer are called genetic markers. Some genetic markers are being studied to treat cancer.

Oncogenes

Oncogenes are mutations of certain normal genes. They cause cells to grow out of control, which can lead to cancer.

Tumor suppressor genes

These are normal genes that slow down cell division and tell cells when to die. When they don't work properly, cells can grow out of control, which can lead to cancer.

Ras sarcoma gene

Changes in the Ras gene can lead to cancer.

Vascular endothelial growth factor

Many tumors make VEGF to help them grow. It is a tumor marker for a number of cancers.

Some cancer treatments target VEGF. They prevent VEGF from working. Ask your doctor if a treatment that targets VEGF may be right for you.

Epidermal growth factor receptor (EGFR)

This protein is found on the surface of many kinds of cancer cells. It helps the cells divide and spread.

Cancer Terms

You may want to learn all you can about your cancer, but the words that doctors use may be new to you. Listed here are many of the cancer terms that you may hear from your health care team. Talk to your doctor if something is not clear to you.

To find cancer terms that are not in this booklet, search the glossary at the American Cancer Society (www.cancer.org). Or visit the National Cancer Institute (www.cancer.gov/dictionary).

A

Acute: An illness that comes on quickly but does not last long.

Adjuvant (AD-joo-vent) treatment: Treatment given after the first treatment to lower the risk the cancer will come back.

Alopecia: (al-oh-PEE-shuh) A loss of hair. It can be a side effect of some cancer treatments.

Alternative therapy: Forms of treatment that some people use along with doctor's treatment. Examples include massage, vitamins, special teas, and yoga. Also called complementary therapy.

Analgesic: (AN-ul-JEE-zik) A drug used to reduce pain.

Anemia: (uh-NEE-mee-uh) When the body does not make enough red blood cells. Signs can include looking pale and feeling tired.

Angiogenesis: (an-jee-oh-JEN-eh-sis)
How the body forms blood vessels.

Antiangiogenesis: (an-tee-an-jee-oh-JEN-eh-sis) A way of keeping blood vessels from forming.

Antibody: A protein made by the body to help it fight infection.

Antiemetic: (an-tee-eh-MEH-tic) A drug used to prevent or reduce upset stomach and vomiting.

Antifungal: A drug used to treat infections caused by a fungus.

B

Barium (BARE-ee-um) **enema:** A thick, milky liquid that is given as an enema before an x-ray. It helps the bowels show up better on the x-ray.

Barium swallow: A thick, milky liquid that is given as a drink before an x-ray. It helps the throat show up better on the x-ray.

Benign: (beh-NINE) Not cancer. It will not spread to any other part of the body.

Biopsy: (BY-op-see) Taking a small sample of cells from the body and looking at them closely. This helps doctors tell if the cancer will spread or get worse.

Blood counts: The number of blood cells in a sample of blood. Doctors use blood counts to check for illness or other health problems.

Bone marrow: A spongy substance inside bones that makes the blood cells.

Bone marrow biopsy: Inserting a needle into the hip bone and removing a small piece of bone marrow, which is then checked for cancer.

Bone marrow suppression: When the bone marrow stops making blood cells. Chemotherapy drugs can sometimes cause this.

Bone marrow transplant: A way of using bone marrow cells to replace ones that have been lost or damaged.

Bone scan: Looking at the bones to check for cancer. A bone scan can also show if there is bone damage or if the bones are healing.

Breast conserving surgery: Removing breast cancer but not the breast itself.

C

Cancer: A disease in which body cells grow out of control. Cancer can invade nearby tissue and spread to other parts of the body.

Cancer in situ: (in-SIT-you) Very early cancer that has not spread to nearby tissue.

Carcinoma: (KAR-si-NO-muh) Cancer that starts in the skin or the lining of body organs. See also melanoma. There are several kinds of carcinoma:

- **Adenocarcinoma:** (a-DEE-no-KAR-si-NO-muh) Cancer that starts in the body's glands. These include the glands in the breast, bowel, and pancreas
- **Basal (BAY-sul) cell carcinoma:** Cancer that starts in the basal cells, a layer of the skin
- **Bronchogenic (brawn-ko-JIN-ik) carcinoma:** Cancer that starts in the bronchi, a part of the lungs

- **Cervical** (SERVE-i-cull) **carcinoma:** Cancer that starts in a woman's cervix
- **Colorectal** (ko-low-RECK-tul) **carcinoma:** Cancer that starts in the colon or rectum
- **Endometrial** (en-do-MEE-tree-ul) **carcinoma:** Cancer that starts in the lining of the uterus
- **Squamous** (SKWAY-mus) **cell carcinoma:** Cancer that starts in the skin or organs covered with these cells. Squamous cells are found in many parts of the body, including the skin, lungs, head and neck, prostate, and uterus

Case manager: A trained expert who helps patients manage nonmedical issues; for example, doctors' appointments and insurance issues.

CAT scan (also called a CT scan): A test that uses computers and x-rays to create pictures of the body's organs.

CEA: A substance found in the blood of some patients with certain kinds of cancers, including colon cancer.

Chemotherapy (chemo): (KEE-moe)
A drug treatment that kills cancer cells. Doctors can use chemo in 3 different ways:

- **Adjuvant** (AD-joo-vent) **chemotherapy:** A chemo drug often given after surgery. It helps to kill cancer cells that may still be in the body
- **Combination chemotherapy:** Using more than 1 chemo treatment at the same time
- **Neoadjuvant** (NEE-o-AD-joo-vent) **chemotherapy:** A chemo drug given before surgery to shrink the tumor and make it easier to remove

Cholinergic symptoms: (KO-lin-ER-jik) Side effects that sometimes occur after taking a medicine. They can include things like upset stomach, vomiting, sweating, or diarrhea. They usually go away after treatment stops.

Clinical trial: A study to see how well a treatment works on a disease and how safe it is. Patients must ask to take part in this kind of study.

Colon: Part of the body's digestive system. It moves waste material through the body. From the small intestine to an area called the rectum. Waste is stored in the rectum until a person has a bowel movement.

Colonoscopy: (ko-lun-AHS-ko-pee) A medical test that uses a small lighted tube. Doctors place the tube in the rectum. This lets them see inside the colon (large intestine).

Colostomy: (ko-LAHS-tuh-mee) An opening into the colon from outside of the body. This provides a new path for waste to leave the body.

Cryosurgery: (KRY-o-SIR-ger-ee) Killing cells by freezing them.

CT scan: See CAT scan.

Cyst: A pouch or pocket below the skin or inside an organ that has liquid or gel inside.

Cystectomy: (sis-TEK-tuh-mee) Surgery to remove all or part of the bladder.

Cystitis: (sis-TIE-tis) An infection in the bladder.

D

Dietician: A trained expert who helps patients plan the best foods to eat during treatment. This helps keep patients' weight and energy up.

Dose: The amount of medicine taken, or radiation given, at one time.

Drug resistance: When the body gets so used to a drug that it no longer works.

Dysphagia: (dis-FAY-jee-a) Trouble or pain with swallowing.

E

Edema: (eh-DEE-ma) Swelling caused by too much fluid in body tissues.

EGFR: This protein is found on the surface of many kinds of cancer cells. It helps the cells divide and spread.

Endoscopy: (en-DAHS-kuh-pee) Putting a small lighted tube down the throat. This allows the doctor to see inside the throat and stomach.

Epoetins: (ee-PO-eh-tin) A drug that helps the body form red blood cells.

Esophagitis: (eh-SOF-a-JY-tis) Swelling or soreness of the throat.

Estrogen: (ES-tro-jen) A female hormone.

Estrogen receptor: A protein found inside some cancer cells. It lets in estrogen, which the cell needs to keep growing.

Excision: (ek-SI-zhun) Removing a small part of the body by cutting it out.

F

Fine-needle aspiration: (as-per-AY-shun)
Removing body tissue or fluid with a needle so it can be looked at very closely. Also called needle biopsy.

G

Gastric: Having to do with the stomach.

Genes: Pieces of DNA that pass from parents to their children. Genes help to shape the way we look, think, and act.

H

Hematocrit (Hct): (he-MA-tuh-crit) The amount of red blood cells in the blood. Low hematocrit can be a sign of anemia.

Hemoglobin (Hb): (HE-muh-glow-bin)
The part of red blood cells that carries oxygen to the body.

Hepatic: (he-PA-tick) Having to do with the liver.

Hodgkin's disease: A cancer of the lymph organs or lymph nodes.

Hormone: A kind of chemical that controls growth, sex, and how the body works.

Hypersensitivity: (HI-per-SEN-si-TIV-i-tee) A reaction after taking a drug. This could be feeling nervous, being short of breath, or having a fast heartbeat.

I

Ileostomy: (il-ee-AHS-tuh-mee) An opening into the bowels from outside of the body. This provides a new path for waste to leave the body.

Immunity: The body's way of fighting off disease and infection.

Immunosuppression: (i-MEW-no-suh-PREH-shun) When the body is unable to fight off disease and infection.

Immunotherapy: (i-MEW-no-THERuh-pee) Uses the immune system to fight cancer.

Implanted port: A quarter-sized disc that is placed under the skin. It lets a doctor give drugs or draw blood without putting a needle into a vein.

Informed consent: Learning all about a treatment study—including how it may hurt you or help you—before deciding to take part in it.

Infusion: Putting drugs or fluids into the bloodstream over a period of time.

Injection: Putting a drug into the body through a needle. There are 3 main kinds of injection:

- **Intramuscular:** (IN-tra-MUS-ku-lur)
Into the muscle
- **Intravenous:** (IN-tra-VEE-nus)
Into the vein
- **Subcutaneous:** (SUB-ku-TAY-nee-us)
Under the skin

L

Laparoscopy: (lap-a-RAHS-ko-pee) Putting a small, lighted tube through the skin into the stomach. This allows a doctor to look inside the abdomen for any signs of a health problem.

Lesion: (LEE-zhun) An area of tissue that is not normal. Lesions are caused by an injury or a disease (like cancer).

Leukemia: (loo-KEY-mee-uh) Cancer of the blood.

Leukopenia: (LOO-ko-PEE-nya) A low number of white blood cells.

Lumpectomy: (lump-EK-tuh-mee) Removing a breast tumor and a small amount of tissue around it but not the breast itself.

Lymphatic system: (lim-FA-tick) The tissues and organs that white blood cells use to travel through the body and fight infection. Cancer cells can also use this network to spread through the body.

Lymphedema: (LIM-fa-DEE-ma) Swelling caused by too much fluid in the tissues. This sometimes happens after the lymph nodes are removed or blocked.

Lymph (limf) nodes: Small, bean-shaped organs throughout the body that collect and kill bacteria. Cancer cells can spread through the lymph nodes.

Lymphoma: (lim-FO-ma) A cancer of the lymph nodes. It may be Hodgkin's disease or a non-Hodgkin's lymphoma.

M

Malignant: (ma-LIG-nant) A tumor that is cancer and can spread to other parts of the body.

Mammogram: (MAM-o-gram) An x-ray of the breast that helps a doctor look for cancer.

Mastectomy: (mas-TEK-toe-mee) Surgery to remove the breast.

Melanoma: (MEL-a-NO-ma) A form of skin cancer.

Metastasis: (meh-TAS-ta-sis) The spread of cancer from one part of the body to another.

Monoclonal antibody: (MAH-no-KLO-nul AN-tih-BAH-dee) A substance made in the lab that attaches itself to cancer cells wherever they are in the body. This helps doctors find and treat the cancer.

MRI (magnetic resonance imaging): (mag-NEH-tick REZ-o-nunz IM-uh-jing) Using magnetic waves to create clear pictures of the body.

Multiple myeloma: (MY-uh-LO-muh) Cancer that starts in certain kinds of white blood cells.

Myelosuppression: (MY-uh-LO-suh-PRESH-un) When bone marrow is unable to form a normal amount of blood cells. This is a side effect of some cancer treatments.

N

Needle biopsy: Using a fine needle to take a small sample of fluid or tissue.

Neuropathy: (noo-RAH-pa-thee) A nerve problem that can cause pain, numbness, tingling, or muscle weakness. Also called peripheral neuropathy.

Neutropenia: (NOO-tro-PEEN-yuh) A decrease in the number of neutrophils, a kind of white blood cell.

Non-Hodgkin's lymphoma: A group of cancers of the lymphatic system. It includes large cell lymphoma and B-cell lymphoma.

Non-small cell lung cancer (NSCLC): One of the types of cancer that starts in the lungs. Doctors spot this cancer by looking closely at the cells.

Nurse practitioner (NP): A nurse with more schooling than a registered nurse (RN). In some cases, patients will see an NP instead of a doctor.

O

Oncologist: (on-KOL-o-jist) A doctor with special training in the treatment of cancer.

Oncology: (on-KOL-o-jee) The study of cancer.

Overall survival: In a study, the length of time that most patients survive. Also called the survival rate.

P

Palliative (PAL-ee-uh-tiv) **treatment:** Care given to improve the life of patients who have cancer. The goal is to help a patient feel better—not to cure the disease.

Pap smear: Taking cells from a woman's cervix to look for cancer or other problems. Also called a Pap test.

Pathology: (pa-THOL-o-gee) Looking closely at tissue and fluids from the body to spot cancer cells. A doctor who does this is called a pathologist.

PET scan: Taking computer pictures of the bloodstream after sugar has been added to it. Since cancer cells use more sugar than normal cells, the pictures can be used to spot cancer in the body.

Phlebitis: (fle-BY-tis) Pain and swelling in a vein.

Photosensitivity: (FO-toh-SEN-si-TIV-i-tee) Being sensitive to bright light. This could include sunlight, filtered light, or light from a lamp.

Plasma: (PLAZ-ma) A clear liquid that carries blood cells through the body.

Platelets: Blood cells that help blood to clot (or thicken).

Pleurodesis: (PLOOR-o-DEE-sis) A treatment to keep fluid from building up in the lungs.

Polyp: (POL-ip) A growth that bulges from a mucosa.

Primary tumor: The place where a cancer starts.

Progesterone: (pro-JES-ter-own) A female hormone.

Progesterone receptor: A protein found inside some cancer cells. It lets in progesterone, which the cell needs to keep growing.

Prognosis: (prog-NO-sis) A patient's chances of recovery.

Progression: (pro-GREH-shun) An increase in the size of a tumor, or the spread of cancer in the body.

Prophylactic: (PRO-fa-LACK-tik) A drug that helps to prevent a side effect of cancer treatment.

Prostate: (PROS-tate) A gland in the male body that helps to make semen. The prostate surrounds part of the tube that empties the bladder.

Prostatectomy: (pros-ta-TEK-tuh-mee) Surgery to remove part or all of the prostate.

Protocol: (PRO-toh-call) A treatment plan.

PSA: (prostate-specific antigen) A substance in every man's body. The amount of PSA rises in men who have prostate cancer or other prostate problems.

R

Radiation: (ray-dee-AY-shun) Used in medical treatments such as x-rays and CAT scans, this energy can help doctors spot illness and treat disease.

Radiation oncologist: A doctor who is trained in radiation therapy.

Radiation therapy: A cancer treatment that uses strong x-rays to kill cancer cells.

Radiologist: (ray-dee-OL-o-jist) A doctor who is skilled in reading x-rays and scans.

Reconstructive surgery (breast): Surgery to reshape or rebuild the breast.

Recurrence: When cancer comes back.

Red blood cells (RBCs, erythrocytes): The blood cells that carry oxygen to all the parts of the body.

Regimen: A treatment plan that tells how to take a medicine.

Regression: When a tumor gets smaller.

Relapse: The return of cancer after it seemed to have gone away with treatment.

Remission: When signs of cancer have dropped off or gone away.

Renal: Having to do with the kidneys.

Response rate: The percentage of patients whose tumor shrinks or goes away after a certain treatment.

S

Sarcoma: (sar-KO-ma) Includes cancers such as the bone, cartilage, or muscle.

Side effects: Unpleasant things that can happen during a drug treatment. For cancer, this could be hair loss, upset stomach, or vomiting.

Social worker: A trained expert who provides counseling and helps patients find support after treatment.

Sputum: (SPEW-tum) Mucus and other matter that is brought up from the lungs by coughing.

Squamous (SKWAY-mus) cell: Cells that cover surfaces inside and outside of the body.

Staging: A way of describing how far cancer has spread in the body.

Stem cells: Cells in the bone marrow that make all blood cells.

Stoma: (STO-ma) An opening from an area inside the body to the outside.

Stool test: A test to check for hidden blood in the bowel movement.

Systemic disease: A disease that affects the whole body.

T

Targeted therapy: A treatment that targets specific cells.

Time to progression: The time from when a disease is found (or treated) until it starts to get worse.

TNM: A way of describing how much cancer is in the body. T stands for tumor, N stands for lymph node, and M stands for metastasis. The TNM score helps doctors tell at what stage the cancer is, and how best to treat it.

Tumor: A lump that forms when cells grow out of control. Some tumors are a form of cancer; others are not.

Tumor markers: Signs of cancer. They turn up in the blood, urine, or other parts of the body.

U

Ultrasound examination: A test that uses sound waves to form pictures of organs and other body parts.

V

VEGF (vascular endothelial (VAS-ku-ler en-doh-THEEL-ee-ul) growth factor): A substance in the body that makes new blood vessels. Some tumors keep growing by making large amounts of VEGF.

W

White blood cells: Blood cells that help the body detect and fight off illness and infection.

White blood count: The total number of white blood cells in a sample of blood.

X

X-ray: A way of taking pictures inside the body. It allows doctors to look closely at bones and some internal organs. See radiation.



Notes



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