



TEAM UP!
Against Cancer

January 2012 Announcements

1,242 Now Cancer Free!!

A Patient Testimony from Kay Sorenson



Kay's alternative approach to treating cancer brings amazing results and five years of being cancer free!

My name is Kay Sorenson. My story begins with a little pain in my left side. I found it very uncomfortable to lie on my left side, so I thought I would make an appointment with the doctor to be checked out. My doctor looked a little alarmed when he told me that my white blood cell count was off the charts.

He sent me to a specialist to have both a CT scan and a colonoscopy. Both results showed that I had colon cancer. After examining the results of both tests, the surgeon told me that he didn't think the cancer had broken through the wall and that was good news, however it turned out to be anything but good news. During the surgery, he discovered that the cancer had in fact broken through the wall and had attached itself to my ribs and also to my back bone. In addition it had made its way into my lymph glands; I was stage IV.

As the incision was healing, I was informed that I must take ten months of chemotherapy, and then 14 days of radiation, and then an additional three months of the chemotherapy again. They warned me that if I didn't go through this process, that my chances of survival would be around six months to maybe a year to live.

I tried the chemo therapy for a month and a half, and I became so sick and so weak that I thought I was going to die just from that treatment. A member of my church approached me with some information to check out, an alternative to the traditional method for treating cancer. He told me to call Tracy Gibbs with Optimal Health Research.

I made an appointment to see Tracy. My experience with Tracy and Optimal Health was a totally positive one. They took a sample of my blood and placed the sample on a slide and projected it on to a screen for me to see. A healthy person's blood cells should be round and free floating. Mine were not. They were stuck together with all manor of mutations and discolorations. Tracy gave me a diet to correct my blood, along with vitamins to build up my immune system, a detox and also a very special herb formula that only kills cancer cells. These ingredients are the same foundational formula for GenEpic Dietary Supplement that was used in a recently completed clinical trial in a hospital in Malaysia.

As I was leaving the Optimal Health office I told Tracy what the Oncologist had said about me only having six months to live. Tracy smiled and said, "We'll have you cancer free in six months." I immediately stopped taking the chemotherapy, and never did take any radiation treatment. Within a month I returned to Tracy to have my blood checked again. To my surprise, there was my blood, projected up on the screen, with all the cells round and free floating. I was on my way to a magnificent healing.

I stayed on the GenEpic formula and followed Tracy's dietary instructions and this March I will have been cancer free for five years!!!! Praise the Lord, Optimal Health Research, Tracy, and all the prayers that went up on my behalf.

Editor's Note: For more information on the GenEpic Supplements and treatment programs available contact Dr. Steven Osguthorpe at Optimal Health Research, 801-264-8561.

Additional article on page two documents the results of the clinical trial from GenEpic at Mt. Miriam Hospital in Panang, Malaysia.

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Team Up! Against Cancer is part of the Prayer Ministry at Phoenix First Assembly in Phoenix, Arizona.



Amazing Results of Clinical Trial of Natural Herbal Compound

A human study of a natural herbal compound which containing 50mg of Graviola (annonaceous acetogenin), 30mg of Maitake (beta glucan), 20mg of Maytenus illicifolia (maytansine), 50mg of Cats Claw, 50mg of Suma (paffosides), 15mg of Bitter melon (guanylate cyclase and cucurbitacin B) and 20mg of Mutamba (procyanidin b-2) plus a proprietary formula from **GenEpic** was conducted on various types of humans breast carcinomas, stage 1 through stage 4. The trial was conducted by Dr. Amir Farid Datuk Isahak MD and Dr. Lee Chui Ai PhD at **Mt. Miriam Hospital, in Panang, Malaysia.**

Our study spanned six months and involved 210 tests subjects. Due to the time frame involved in the study and the limited number of tests subjects the only requirement of each test subject was a positive mammogram along with an MRI showing a malignant carcinoma in the breast tissue. Our next dilemma was to produce a comparative method to describe what we were seeing. Due to the fact that we were viewing various carcinomas we decided that a total measurement of each subjects tumor thickness, length, and width would be taken and recorded in millimeters, then multiplied by the number of subjects in our study. This number would represent the group as a whole and give us an average size of the whole group.

Each test subject followed the protocol with monthly interviews and a follow-up MRI after three months with a final after the sixth month. The protocol was three doses of the compound on an empty stomach at 7:00am, 3 doses at 1:00pm, and 3 at 8:00pm

The following results were seen...

1st month — 85% of the tests subjects reported a severe reaction to the treatment starting on or about the 5th day. Symptoms included 100% severe fatigue, 22% nausea, 65% headache, 15% skin rash, 10% stiff joints, and 18% bloating and swelling in extremities, 8% diarrhea and 2% stomach cramps. By day 12 over 80% of the symptoms had disappeared while most of the subjects still reported fatigue. It should be noted that many of the patients had reported to their regular physician who subsequently experienced an extreme increase in blood chemical cancer markers during the first few weeks on the protocol. We can only assume this to be a response to the treatment.

2nd month — 5% of the subjects are still experiencing mild fatigue while 65% have expressed an increase in energy levels. Only 30% remained unchanged. It should be noted that we found during this interview that almost 10% had not followed the protocol on a regular basis. Of these 22 subjects 18 fell into the unchanged category while 4 are still experiencing mild fatigue.

3rd month — After reviewing the MRI results from the test subjects we notices a 12% drop in average tumor size. Over 40% of the subjects experienced a 20% reduction or more, while 38% experienced a less than 10% reduction. 7% experienced an average of 3% increase in tumor size while 12% of the group was unchanged.

4th month — During month four, 22% of the subjects called in with a reoccurrence of symptoms as expressed in month one. However the severity was drastically reduced to simple headaches, fatigue, and mild diarrhea. 42% of the subjects expressed an increase in energy while the remainder had no particular change in feeling.

5th month — During this month 47 of the tests subjects phoned in that a recent mammogram could detect no trace of cancer. We asked each one to continue on the program until we could confirm our results with an MRI. After the monthly interviews we discovered that 87% had no traceable symptoms of the protocol while 9% were still experiencing headaches. 3% of these subjects have been expressing this since the beginning and on previous health reports before the protocol began complained of migraine like symptoms.

6th month — MRI results were conclusive that 178 of the 210 subjects involved have no traceable sign of cancer. 24 of the remaining 32 have experienced a 50% drop in tumor size. Of the remaining eight subjects 3 have experienced a 30% decrease in tumor size while 5 have experienced a combined average increase of 4% in tumor size. All five of these subjects after a consultation have opted to have a complete or partial mastectomy and therefore will not qualify to continue on the protocol. The 35 remaining subject have agreed to continue with the protocol and a follow-up visit will occur monthly.

In summary, we feel as if these results warrant a review from the directors of this clinic to not only incorporate this protocol in the standard treatment of breast cancer but also ask that funding be provided to incorporate this program along with clinical protocols into other forms of cancer, such as lung, colon, liver, cervical, uterine, prostate, brain, kidney, esophageal and melanoma.

EDITOR'S Note:

Optimal Health Research, a U.S. Company, has begun an FDA approved Institutional Review Board (IRB00008666) to conduct a Controlled Clinical Trial to further determine the potential benefit of this compound (GenEpic™). GenEpic™ has augmented the original formula by including additional vitamins, herbs, and minerals to boost the immune system during the protocol. GenEpic™ is available to Health Care Professionals throughout the World that would like to include patients in this IRB.

For additional information and for a domestic contact regarding participating in a case study protocol, please contact Dr. Steven Osguthorpe, ND at 801-264-8561, or www.ohresearch.com

Please join us live on the web every Tuesday evening at 7 pm (MST) for praise, worship and prayer. Go to www.prayerpavilion.org and click on the tab entitled, "Tuesday Night Prayer with Pastor Saeed at Phoenix First Assembly". You will be blessed!

Anti-Cancer Superfoods: Do They Really Work?

The short answer to this question is – drum roll, please – yes. They really do. While studies are ongoing, and in many cases experts still don't know exactly how these superfoods work, there's strong evidence that certain fruits and vegetables rich in plant-based nutrients can both prevent tumors from starting and halt their growth. Here, the top foods to work into the family diet if you'd like to cut cancer risk or help those with cancer recover. And who wouldn't?

1. Blueberries, Acai Berries, Raspberries, and Cranberries – The rich, dark colors of blueberries, Brazilian acai berries, raspberries and cranberries come from phytochemicals that protect against numerous types of cancer. Most recently, researchers at the University of Florida found that the active ingredient in acai berries destroyed cancer cells when tested in cell cultures. And blueberries and muscadine grapes contain compounds that recent research shows cause cancer cells in the liver to self-destruct. In studies particularly important to women, cranberries have recently been discovered to be an important weapon in the fight against deadly ovarian cancer. Studies reported at the annual meeting of the American Chemical Society found that ovarian cancer cells that were becoming resistant to platinum chemotherapy – the standard of care for ovarian cancer – became six times more sensitive when exposed to a compound in cranberries.

The anti-cancer properties of all these berries are so strong that researchers have developing concentrated supplements and other products such as purees and concentrates.

2. Green Tea – One of the first plant-based chemicals to be studied for its anti-cancer properties, catechins – the chemicals in green tea – have been known for some time to prevent and reduce recurrence of breast and other cancers. With this particular chemical, experts even know why: a chemical known as EGCG inhibits breast tumor growth, a University of Mississippi study shows. Just two cups a day is enough to do the trick.

3. Garlic – Numerous studies over the years (more than 30 different studies to date) have documented the anti-cancer properties of garlic. The strongest evidence so far has focused on digestive cancers, but garlic appears to protect against all types of cancer, including breast and prostate.

According to the National Cancer Institute, an analysis of seven different large-scale population studies showed that the more raw and cooked garlic a person consumed, the lower his risk of stomach and colorectal cancer; one study found that middle-aged women who regularly consumed garlic had a 50 percent lower risk of developing colon cancer.

Scientists have isolated two active ingredients in garlic, allicin and allyl sulfur, and demonstrated that they prevent and fight cancer in both animals and humans; you can take garlic in supplement form but the capsules must be enteric-coated to protect these active ingredients. Add crushed, fresh garlic to your meals whenever possible; some experts also recommend waiting 15 minutes between peeling and chopping the garlic to get the full effects of the active compounds.

4. Broccoli and Cabbage – British researchers made headlines last year with a study that showed that men with early signs of developing prostate cancer prevented tumor growth by eating broccoli four times a week. Other studies have shown anti-cancer benefits from eating cabbage, brussel sprouts, and other cruciferous vegetables.

5. Onions and Leeks – According to the National Institutes of Health, studies of people from Southern Europe who eat a diet high in garlic and onions show a direct relationship between high consumption of "allium" vegetables (all types of garlic, onions, and leeks) and reduced risk of many common cancers.

6. Tomatoes – Harvard researcher Edward Giovannucci reviewed 72 different studies published by the National Cancer Institute, and concluded that lycopene, the active chemical in tomatoes, lowered the risk of many different cancers, particularly prostate, breast, lung and colon cancer. Subsequently, the FDA conducted a review of its own and disagreed, refusing food companies' request to label tomato products with an anti-cancer health promotion message. However, many experts believe the FDA's process was flawed and that tomatoes will be vindicated by further studies. The good news: cooking tomatoes seems to enhance the effects of lycopene, qualifying tomato-based spaghetti sauce as a nutritional powerhouse. Bring on the pasta!

7. Resveratrol – The hype about red wine centers on an antioxidant called resveratrol that's present in grapes and grape juice, but is most concentrated in red wine. Numerous studies show that resveratrol possesses powerful anti-cancer activity.

Teams at several universities and cancer centers are studying resveratrol's effects against specific types of cancer. Most recently, a University of Nebraska study published in *Cancer Prevention Research* demonstrated that resveratrol suppresses the abnormal cell growth that leads to most types of breast cancer. Breast cancer is fueled by estrogen, and resveratrol acts to block the action of the estrogen, preventing it from feeding tumor growth. Previously, research conducted at the University of Alabama at Birmingham showed that mice fed a diet enriched with resveratrol had an 87 percent reduction in their risk of developing prostate tumors of the most dangerous kind. The problem, however, is that higher alcohol intake has been linked to cancer as well, particularly breast and esophageal cancer. The solution? One glass of red wine a day, unless you're at risk for or have one of these types of cancer, in which case a resveratrol supplement is a better idea.

8. Soy – The active ingredient in soy is genistein, which is a phytoestrogen that protects against hormone-dependent cancers. It's also a powerful inhibitor of several proteins that are implicated in the uncontrolled growth of cancer cells. To get the anti-cancer benefits of soy, you need to consume about 50 grams per day of the whole food, such as raw fresh soybeans, known as edamame, dry roasted soybeans, or

PLEASE NOTE: TEAM UP! Against Cancer does not recommend any form of treatment, medication or vitamin/herbal supplements. The information provided herein is for informational and educational purposes only. Please consult your own health advisor or doctor regarding your personal health matters.

tofu. The research to date shows that supplements containing isoflavones don't work with the same action as soybeans themselves and in fact can be bad for you rather than good.

9. Turmeric — The orange-yellow spice turmeric, best known for its role in Indian curries and other Asian dishes, fights cancer because of an active ingredient, curcumin, that's a powerful antioxidant. Researchers at Ohio State University in Columbus reviewed numerous animal studies and concluded that curcumin demonstrated anti-cancer effects at virtually all stages of tumor development. Researchers in France and Britain also have been studying curcumin's action in the laboratory and concluded that it prevents and slows tumor cell growth. The great news about turmeric is how easy it is to work into the diet, because you don't need very much. Add a teaspoon of the spice to soups, salad dressings, meat and pasta dishes and you'll reap the preventative effects.

Watch out, though; according to the American Cancer Society, turmeric made certain anti-cancer drugs less effective when studied in animals and test tubes. Cancer patients shouldn't add a lot of turmeric to their diets or take curcumin supplements without talking to their doctors first.

10. Watercress and Spinach — Okay watercress isn't exactly a major part of the American diet. But maybe it should be, according to researchers in Ireland, who released studies in the past two years showing that eating watercress everyday can prevent the DNA damage that leads to cancer. Research published in the American Journal of Clinical Nutrition – but conducted in Ulster where people are more comfortable eating watercress – found that antioxidants in the nutrient-rich greens prevented free radicals from damaging healthy cells. Spinach, which we're all more familiar with, is also a cancer-fighter; research conducted by the M.D. Anderson Cancer Center in Texas showed spinach to protect against bladder cancer. The chemical that gives spinach its dark green color, chlorophyllin, proved to reduce the risk of liver cancer in research by the National Academy of Sciences. Who cares about muscles? Here's a much more important reason to eat your greens.

None of this is to say that an anti-cancer diet or nutritional supplements should be used in place of doctor-recommended treatments such as chemotherapy and radiation. While there are members of Caring.com's cancer community like Joel MacDonald who are using nutrition to battle their disease and have interesting stories to tell, the experts in this field strongly recommend that those who've already been diagnosed with cancer use anti-cancer nutrients to bolster traditional medical cancer treatment, not to replace it.

A great resource for those interested in learning more about making dietary changes to prevent cancer or cancer recurrence is a new book, *Anti-Cancer: A New Way of Life* by David Servan-Schreiber, an MD, PhD, and professor of psychiatry at the University of Pittsburgh School of Medicine. At the age of 31, Servan-Schreiber, one of the founders of Doctors Without Borders, had a brain tumor surgically removed. After exploring the research on the connections between diet and cancer, Servan-Schreiber embarked on a series of lifestyle changes that he credits with preventing his brain cancer from recurring. Two books by nutritional biochemist Richard Beliveau, *Foods to Fight Cancer* and *Cooking with Foods That Fight Cancer*, provide specific lists of foods and cooking suggestions that make following an anti-cancer diet straightforward and simple.

The list above is by no means comprehensive. Please comment and share your anti-cancer nutrition and diet ideas.

SOURCE: *Caring Magazine* – January 17, 2012

Possible Cure for Leukemia (CML) Found in Fish Oil

A compound produced from fish oil that appears to target leukemia stem cells could lead to a cure for the disease, according to Penn State researchers.

"We have shown that some metabolites of Omega-3 have the ability to selectively kill the leukemia-causing stem cells in mice. The important thing is that the mice were completely cured of leukemia with no relapse," said Sandeep Prabhu

The compound - delta-12-prostaglandin J3, or D12-PGJ3 - targeted and killed the stem cells of chronic myelogenous leukemia, or CML, in mice, said Sandeep Prabhu, associate professor of immunology and molecular toxicology in the Department of Veterinary and Medical Sciences. The compound is produced from EPA - Eicosapentaenoic Acid - an Omega-3 fatty acid found in fish and in fish oil, he said. *(Photo: The compound shown above is D12-PGJ2, which closely resembles delta-12-prostaglandin J3, or D12-PGJ3, a compound that targeted and killed the stem cells of chronic myelogenous leukemia or CML in mice. Credit: Sandeep Prabhu)*

"Research in the past on fatty acids has shown the health benefits of fatty acids on cardiovascular system and brain development, particularly in infants, but we have shown that some metabolites of Omega-3 have the ability to selectively kill the leukemia-causing stem cells in mice," said Prabhu. "The important thing is that the mice were completely cured of leukemia with no relapse."

The researchers, who released their findings in the current issue of *Blood*, said the compound kills cancer-causing stem cells in the mice's spleen and bone marrow. Specifically, it activates a gene - p53 - in the leukemia stem cell that programs the cell's own death. "p53 is a tumor suppressor gene that regulates the response to DNA damage and maintains genomic stability," Prabhu said.

Killing the stem cells in leukemia, a cancer of the white blood cells, is important because stem cells can divide and produce more cancer cells, as well as create more stem cells, Prabhu said. The current therapy for CML extends the patient's life by keeping the number of leukemia cells low, but the drugs fail to completely cure the disease because they do not target leukemia stem cells, said Robert Paulson, associate professor of veterinary and biomedical sciences, who co-directed this research with Prabhu.

"The patients must take the drugs continuously," said Paulson. "If they stop, the disease relapses because the leukemia stem cells are resistant to the drugs." Current treatments are unable to kill the leukemia stem cells, Paulson said.

"These stem cells can hide from the treatment, and a small population of stem cells give rise to more leukemia cells," said Paulson. "So, targeting the stem cells is essential if you want to cure leukemia."

During the experiments, the researchers injected each mouse with about 600 nanograms of D12-PGJ3 each day for a week. Tests showed that the mice were completely cured of the disease. The blood count was normal, and the spleen returned to normal size. The disease did not relapse.

In previous experiments, the compound also killed the stem cells of Friend Virus-induced leukemia, an experimental model for human leukemia. The researchers focused on D12-PGJ3 because it killed the leukemia stem cells, but had the least number of side effects. The researchers currently are working to determine whether the compound can be used to treat the terminal stage of CML, referred to as Blast Crisis. There are currently no drugs available that can treat the disease when it progresses to this stage. The researchers, who applied for a patent, are also preparing to test the compound in human trials.

Source: Pennsylvania State University-December 29, 2011

NOTE FROM EDITOR: We're sorry for those of you whom this discovery may be coming too late. Though it may take some time before the patent is approved, if it is granted, its value will be beyond comprehension, both in what it will accomplish and its monetary worth.

Ten Little-Known Signs of Lung Cancer

In July 2010 Danish researchers published a new study, showing many cases in which cancer patients, particularly those with lung cancer – discovered they had a tumor after being referred for psychiatric care. The study, published in the June 2010 issue of the International Journal of Cancer, got almost no attention. But it was actually an important finding because it gives us a new way to look at one of the hot issues in cancer treatment right now, which is the problem of lung cancer going undiagnosed until it's well advanced and nearly impossible to cure.

The study, which followed 4,320,623 people in Denmark for ten years, showed that when people ages 50 to 64 were referred to a psychiatrist for the first time in their lives, the reason often turned out to be an undetected malignancy.

"Our study illustrates the importance of making a thorough physical examination of patients with first-time psychiatric symptoms," lead author Michael E. Benros, MD, was quoted as saying. According to Benros, the overall cancer incidence was highest in those over 50 years of age admitted with a first-time mood disorder – one out of 54 patients turned out to have a malignant cancer diagnosed within the first year. Among those 50-64, the overall incidence of cancer was increased almost four-fold, and the incidence of brain tumors increased 37 times.

One of the most common and saddest stories I hear at Caring.com is from those with non-small cell lung cancer, which is the most common kind and often isn't diagnosed until its Stage 3 or 4. A common site for this type of lung cancer to metastasize, or spread, is to the brain.

What other early signs should you watch for to try to catch lung cancer as early as possible?

1. Persistent cough or hoarseness
2. Deep chest pain when you cough or laugh
3. Shortness of breath or wheezing
4. Reddened, rust-colored, or bloody phlegm
5. Getting recurrent infections, like pneumonia or bronchitis
6. Thickened, painful fingertips (caused by abnormal bone growth)
7. Weight loss or lack of appetite
8. Abnormal breast growth in men
9. Mood swings, depression, or lethargy in someone who hasn't been depressed before
10. Sudden onset of irritability, aggression, and temper; could be characterized as "everything gets to him."

Many of these symptoms sound vague, or could indicate a number of other conditions or other cancers. But trust your gut; if you or someone you love is feeling or behaving in a way that's out of character, see the doctor about it. In the case of lung cancer this is particularly important for anyone with a history of smoking.

SOURCE: Caring Magazine – November 2, 2011

Link Between Stress and Aggressive Breast Cancer

A new study finds that black and Hispanic women with breast cancer suffer more stress than white women, and the researchers connected the extra stress to more aggressive tumors.

But, the study authors cautioned that the research is preliminary and doesn't provide insight into whether the women's stress levels already were high before diagnosis, whether the stress levels increased after diagnosis, or whether the increased stress caused the cancer to be more aggressive.

Still, the findings point to one possible – if unconfirmed – explanation why breast cancer is generally worse in black and Hispanic women, said study lead author Garth H. Rauscher.

"One possible reason for that, among others, could be differences in the role of stress in influencing the development of breast cancer," said Rauscher, associate professor of epidemiology at the University of Illinois at Chicago's School of Public Health.

Contacting Dr. Mary Ruth Swope for Nutritional Information: If you are a patient or a member of a patient's family please feel free to contact Dr. Swope to discuss your nutritional needs. Dr. Mary Ruth is available to answer your questions and you may contact her through TEAM UP! Against Cancer, or directly at 480-634-4846 or via email her direct at drmrswope@gmail.com

The researchers studied 989 breast cancer patients who had been recently diagnosed with the disease. Within two to three months after their diagnosis, the women responded to surveys about their levels of stress; the surveys asked about issues such as their levels of loneliness, anxiety and fear.

The investigators also used medical tests to examine the aggressiveness of the women's tumors.

Eleven percent of the 397 white women in the study reached a level of stress that the researchers considered to be elevated, Rauscher said. However, the stress levels were about twice as high for the two minority groups: 24 percent of the 181 Hispanic women and 22 percent of the 411 black women reported elevated stress. (Other minority groups weren't included in the study.)

Rauscher said more research is needed because the study didn't answer how stress might be linked to the aggressiveness of tumors. Did the stress come first? Or the tumors? Or did both appear at the same time?

"If we'd interviewed these women one year or five years or 10 years prior to diagnosis, would these same women have reported greater levels of stress than their counterparts in the study?" he asked. "It's fairly reasonable to assume there's a correlation in the level of stress they report after diagnosis and what they reported prior to that, but we don't have any data to say that's true."

However, Rauscher said the new research is consistent with previous findings from studies in rodents. Those studies found that severe stress and social isolation boosted the risk of breast cancer, he noted.

The study was to be presented this week at the American Association for Cancer Research Conference on the Science of Cancer Health Disparities, in Washington D.C. The findings should be viewed as preliminary until they are published in a peer-reviewed medical journal.

Dr. Laura Kruper, an assistant professor and cancer surgeon at City of Hope Cancer Center in Duarte, Calif., cautioned that the study doesn't allow any conclusions to be made about how stress is connected to more aggressive tumors. "To clearly show an association between higher stress levels and aggressiveness of breast cancer, patients would have to be followed for many years prior to diagnosis to see if patients with higher levels of stress developed more aggressive forms of cancer," she said.

Kruper said the idea that stress causes cancer is unproven, although it's possible. A cancer diagnosis can certainly cause stress, she said.

"Some patients need temporary anti-anxiety medications. Most only need the medications during a short time during their treatment," she said. "We often prescribe low-dose antidepressants, not only to help with mood, which can definitely be impacted by a breast cancer diagnosis, but also to help combat the side effects of the breast cancer treatments such as hot flashes." For more information go to the U.S. National Cancer Institute has a fact sheet about psychological stress and cancer.

SOURCES: Garth H. Rauscher, Ph.D., associate professor, epidemiology, School of Public Health, University of Illinois at Chicago; Laura Kruper, M.D., assistant professor and surgeon, General Oncologic Surgery, City of Hope Cancer Center, Duarte, Calif.; Sept. 19, 2011, presentation, American Association for Cancer Research Conference on the Science of Cancer Health Disparities, Washington, D.C. – HealthDay – September, 2011



TEAM UP!
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"Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles so that we can comfort those in any trouble with the same comfort we ourselves have received from God." 2 Cor. 1:3-4

Team Up! Against Cancer is a faith based cancer support group made up of cancer survivors and their families extending a helping hand to cancer patients and their families both in the church and in the community.

Through information packets, books, and articles we attempt to address the questions of:

- Where do I go? What can I do?
- What resources and support groups are available?
- Learning about your cancer, it's diagnosis and treatments options.
- Addressing the needs of a newly diagnosed patient.
- Questions to ask your doctor.
- Can you team up with a cancer survivor who has the same type of cancer?

Team Up was started in August 2006 as a cancer support group under the Prayer Ministry at Phoenix First Assembly in Arizona. We have assembled an intercessory prayer team of over 81,000 people around the world praying for our patients and families.