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**SURGEON GENERAL'S WARNING: Smoking
By Pregnant Women May Result in Fetal
Injury, Premature Birth, And Low Birth Weight.**

The drastic step that prevents cancer

How far would you go to fight a deadly disease? Two women share how they made the tough decision of whether or not to seek a controversial treatment that's 90 percent effective. **BY LAURIE TARKAN**



Cheryl Corin, age 42
When my mom was 40 she found a lump in her breast. Even though it turned out to be benign, she had lingering concerns about breast cancer because her grandmother had died of the disease. She told her surgeon she wanted him to perform a prophylactic mastectomy. He looked at her as if she had horns and refused to do it. That was in 1975. Ten years later she was diagnosed with breast cancer.

It was traumatic for me to watch her go through a mastectomy and chemotherapy. She was my confi-

In a recent McCall's poll, 46% of women said they'd have a preventive mastectomy if they knew they were at high risk for breast cancer.

"I didn't want my children to have to go through what I did," says Cheryl Corin.

Women at high risk for breast cancer say they feel as if there's a ticking time bomb in their body. Those with an inherited risk of the disease face between a 40 and 80 percent chance of developing breast cancer. Some in this perilous position have chosen to take a radical step to prevent cancer: They've undergone surgery to have both their breasts removed.

Up until now, though, experts haven't known the success rate of the operation. A recent study of 639 women who had the surgery, called prophylactic mastectomy, found that

it reduces risk by an impressive 90 percent. Despite this new finding, experts stress caution. Not every woman at risk gets cancer, so some who have the operation would never have developed the disease anyway. "This research is in no way a blanket recommendation for prophylactic mastectomy," says Lynn C. Hartmann, M.D., a medical oncologist at the Mayo Clinic in Rochester, Minn., and the study's lead author.

Here, two women at high risk for breast cancer grapple with the issues surrounding prophylactic mastectomy and speak frankly about how they made their difficult choice.

dant: We spoke four or five times a day, and I probably relied on her more than I should have. Because we were so close, I felt much of the anguish my mother experienced during her cancer treatments. I was pregnant with my first child at the time and afraid she wasn't going to live to see my baby. But she finished the chemotherapy just before my child was born and remained cancer-free for almost six years after that.

Then her disease recurred in 1990. She died two years later, when I was 35 and the mother of two young girls. I still carry the image of her suffering the side effects of the treatment and going through the process of dying. ▶

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The drastic step that prevents cancer

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After her death I decided to go to Memorial Sloan-Kettering Cancer Center in New York City to have regular monitoring for breast cancer. Doctors there recommended that I have annual mammograms, breast exams every three months and monthly self-exams to catch the disease at an early stage.

The experts who were working with me estimated my breast cancer risk to be greater than 60 percent. This was prior to genetic testing [see "Who's at risk? The family factor," below]. But soon after I started the surveillance program, I found two lumps, one in each of my breasts, within a three-month period. I felt a level of anxiety beyond anything I can describe. I really needed the support of my mother.

The doctor did a needle biopsy to check the first lump for cancer; it was benign. I had a surgical biopsy of the second lump, which turned out to be noncancerous as well. Even though the tests were normal, I was really scared. I started to think about cancer constantly and worried every time I felt a new lump in my breast.

I began to consider prophylactic mastectomy. I'm small breasted, and my breasts were never a major part of lovemaking with my husband. Still, I knew I'd miss them,

but I hoped he loved me enough to support whatever I chose to do. He didn't want to influence me, but he had a hard time understanding a procedure that would remove healthy breasts. He thought having regular examinations would be good enough. But I was afraid a malignancy would be missed. My doctors tried to reassure me that if I did get the disease, it would be detected early. I wanted a treatment, though, that would dramatically reduce my chances of developing cancer in the first place.

I also worried about what would happen to my children if I were to get breast cancer. My older daughter went through a difficult time when my mother died. I wanted my girls to have their mom as long as they could, so I decided to go ahead with the prophylactic mastectomy.

I chose not to have reconstructive surgery. My mom had breast implants—and one problem after another. The first implant started to come out through the incision. She had a new one inserted, but it had to be replaced because it encapsulated (hardened), then moved out of place when she fell on it. I wear breast prostheses except when I exercise. It's not that I mind how I look without them, but some clothes don't hang right. I tried to detach myself emotionally from ▶

Who's at risk? The family factor

Only women at very high risk for breast cancer should consider having a prophylactic mastectomy. If you think you fall into this category, ask your doctor to refer you to a genetic counselor, who can assess your chances of developing the disease.

She may recommend special testing to look for inherited mutations that increase your odds. The following criteria could indicate that you're at risk.

You have a first-degree relative (mother, daughter or sister) who has had cancer in both breasts.

You have a first-degree relative who developed breast cancer before age 45 and another relative who got breast cancer at any age.

You have a first-degree relative who has had breast cancer and two second-degree relatives



(grandmother, aunt, niece) or third-degree relatives (cousins) on either your mother's side or your father's side with breast cancer.

You have one relative who's had breast cancer and ovarian cancer, or you have a first-degree relative who has had breast cancer and one relative with ovarian cancer.

You have been diagnosed with lobular carcinoma in situ (LCIS), a breast abnormality that's known to increase a person's risk of breast cancer.

The drastic step that prevents cancer

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returned to the body to rebuild the blood supply and help restore immunity.] About eight months after that, the cancer recurred, and my mom had to go back on chemotherapy.

That's when I started worrying about myself. To be blunt, I felt my mother's generation had struck out, and now it was my turn. It seemed that my breasts were my enemy and would eventually kill me. I checked them for lumps several times a day and actually hoped I would find one so the waiting would finally be over. I'm convinced I'll get breast cancer in my mid-40s just like my mother and just like her mother.

I have regular breast exams at the Johns Hopkins Breast Center in Baltimore and had my first mammogram last year at 28. The technician slapped the film on the light box, and I saw a big white spot on my left breast exactly where my mother's tumor was. I started crying and shaking. It turned out to be nothing serious, simply an area of dense tissue.

I haven't gone for genetic testing, since I already know I'm at high risk because of my strong family history. And it's not as if being tested would make a difference in my case. I don't want to go on tamoxifen, a drug prescribed to some high-risk women to reduce their risk of breast cancer. You can't take it if you want to have children, which my husband and I plan to do. It increases your risk of endometrial cancer and blood clots, and it

produces some of the symptoms of menopause (hot flashes, for example). And I absolutely won't have a prophylactic mastectomy. I'm not a classic beauty by late-20th-century standards, but I feel as if the parts of my body work together pretty well. Without my breasts, my not-especially-svelte hips and somewhat broad shoulders would look out of proportion. And having a prophylactic mastectomy would be no guarantee I'd remain free of breast cancer. The new finding that it reduces the risk by 90 percent is not good enough to make me willing to do something so drastic. What if I disfigured myself, then got breast cancer anyway?

I try not to dwell on my breast cancer risk, but it's hard not to. I'm confident my disease would be caught at an earlier stage than my mother's was because I was much younger when I started having mammograms, and I get them every year. She had them every other year. Even if I get breast cancer at the same age that my mother and grandmother did, that's some 15 years from now. There may be more effective treatments available by then. And I still have time to reconsider my decision about surgery. ■

Laurie Tarkan is the author of My Mother's Breast: Daughters Face Their Mothers' Cancer, a book for the daughters of women with breast cancer, to be published April 15, 1999, by Taylor Publishing Company. Available in bookstores or by calling 800-275-8188.



a controversial choice

Now that research has demonstrated the effectiveness of prophylactic mastectomy, will it become a common option for women at high risk for breast cancer? You might think so, since increasing knowledge of the genetic underpinning of breast cancer allows doctors to target who's most likely to develop the disease. And many experts advise prophylactic oophorectomy, removal of the ovaries, for women with a mutation that increases the risk of breast and ovarian cancer. **Still, most experts are hesitant to recommend prophylactic mastectomy.**

"More and more, we're trying to save the breast when we treat cancer," says Andrea Eisen, M.D., medical oncologist at the University of Pennsylvania Cancer Center in Philadelphia. "With prophylactic mastectomy, you're talking about doing more radical surgery to prevent the disease than to treat it."

Eisen prefers to monitor high-risk women with breast exams every six months, mammograms every six to 12 months beginning at age 25 to 30 and monthly self-exams. Though studies haven't proven that this strategy saves lives in this group, experts believe it does. "We can find breast cancer in an early, treatable stage," says Eisen. "We don't have effective screening for ovarian cancer, and the survival rate is very low if it's not caught early."

But some experts point to the psychological benefits of prophylactic mastectomy. When Patrick Borgen, M.D., chief of the Breast Service at Memorial Sloan-Kettering Cancer Center in New York City studied 1,000 women who had the procedure, the majority said they were relieved. "They felt they could continue their lives," says Borgen. Only 5 percent wished they hadn't had the surgery. "The main predictor of regret was a patient's feeling that a doctor had talked her into the operation," he says.

What the Web can tell you about breast cancer

The sheer volume of information on breast cancer available today, especially on the Internet, is overwhelming. These nonintimidating sites provide a reliable, in-depth look at the causes and treatments of the illness, as well as the latest research findings. (No Web site can take the place of an in-person consultation with your doctor. Use these sites for additional research.)

<http://www.cancernet.nci.nih.gov>
Maintained by the National Cancer Institute (NCI), this site lists news on prevention, detection, treatment and support for every kind of cancer. You can also learn about the clinical trials that are going on throughout the country, and there's a list of NCI-approved Web sites for further research.

<http://www.y-me.org>

This is the home page for Y-ME, a network of breast-cancer survivors. Y-ME has a 24-hour hot line (800-221-2141) staffed by survivors of the disease, as well as sections on its site about everything from how to find a local chapter to what to do if you are a man who has breast cancer (1 percent of breast cancer cases occur in males).

www.cancergenetics.org

This site, based at Northwestern University's Robert H. Lurie Comprehensive Cancer Center, is an excellent resource for women with a family history of cancer. It focuses on cancer's genetic link, discusses the principles of genetic testing and diagnosis and provides a bulletin board to post questions for doctors.



Are you thinking, "Not my baby"? Think again.

Keeping your kids off cigarettes

The facts: 70 percent of all children try tobacco—and half of those end up smokers. Be sure your kid isn't one of them.

BY CAROL TANNENHAUSER

Maybe I'm not the best person to be writing this story, since I'm sitting here chomping on nicotine-replacement gum. Then again, I might be exactly the right one. The siren song of cigarettes is still fresh in my mind. I know how hard it is to resist the first butt and to extinguish the last. I also have a son who smokes.

If you're thinking I got what I deserved and my son just followed my bad example, it's not that clear-cut. I quit smoking the first time before he was born and stayed tobacco-free for 25 years. I didn't get hooked again—and then only briefly—until my boy

was away at college. Research does suggest that having a nonsmoking parent lowers a child's risk of starting, but it's not a guarantee; nor is it inevitable that your children will smoke if you do. In the tradition of the you-just-can't-win school of parenting, several people (including the editor-in-chief of this magazine) have told me one of the reasons they never smoked is that their parents did!

Still, being a good role model is an important element of any effort to raise tobacco-free children. But there's a lot more to it than that. Never mind the statistics—take a look around you: Kids are smoking on every corner! Despite the surgeon

general's warning, the steady decline of adult smoking since the 1960s, bans on cigarette advertising and sales to minors, restrictions on smoking in public places and increased prices, kids are picking up the habit at a higher rate than they have in decades—and it's rising. More than one third of all teenagers currently smoke; in 1991 about a quarter did. Every day 3,000 more start.

What's a mom to do? The best defense is to help kids develop a deep inner resolve to avoid tobacco, advises Roy F. House Jr., M.D., a pediatrician at the Mayo Clinic in Rochester, Minn. This isn't something you can do in one heartfelt ▶

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Keeping your kids off cigarettes

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talk when your kid hits a certain age. A smoking-prevention program has to start when your children are tiny and needs to move with them as they grow. Here, an age-by-age guide to get you started (and keep you going!).

The preschool years: Make it nice and simple

With little ones your goal is to teach good attitudes about healthy living overall. What to do:

Go ahead. Totally gross them out.

Smoking stains your teeth and makes your clothes and breath stink. It looks silly. Tell them so. Mention how cigarette smoke wafting over your restaurant table can spoil the meal; notice if you get stuck with a smelly smoking room in a motel; express annoyance when you see someone toss a cigarette butt out of a car window or spit tobacco juice on the sidewalk.

Help them develop and maintain a powerful body awareness.

Teach your kids to think about what they take into themselves, suggests Robert Schwebel, Ph.D., a psychologist specializing in adolescent substance abuse and treatment and author of *How to Help Your Kids Choose to Be Tobacco-Free* (Newmarket Press). Teach them about good nutrition by feeding

them healthy meals and snacks. Make sure they understand that using medicine is a serious business, done only when necessary—when they have an infection or are miserably sick—and then only with the guidance of a grown-up.

Insist on lots of physical activity.

Play catch, kick around a soccer ball, hike, bike, snowboard, dance, swim, in-line skate. Begin to build the movement habit early.

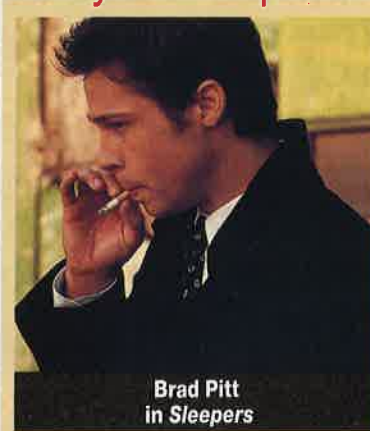
Explain why some things in their world have to be off-limits.

Don't just childproof your home—let your kids know why you keep dangerous household products locked away out of their reach. This introduces the idea that there are substances in the world that are harmful to our bodies.

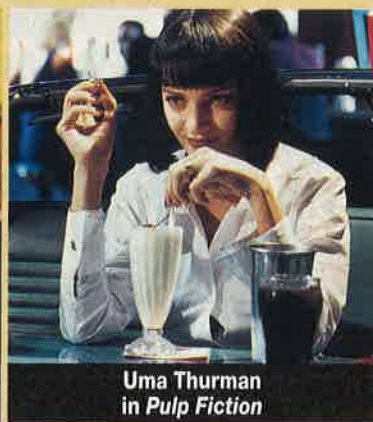
Be ready for copycat moments.

I can remember puffing away on blades of grass, to be like my dad. Kids are bound to see people using tobacco. If you discover your child "smoking" a pencil, now's the time to tell her she shouldn't smoke cigarettes because it's terrible for her own health and for the health of people around her. And what if it's you the kids are mimicking? "There's no way around it," Schwebel says. "You lose a lot of credibility if you smoke, but you still need to promote healthy behavior." Be honest. Tell them you're sorry you smoke; that you

Hollywood: Up in smoke?



Brad Pitt
in *Sleepers*



Uma Thurman
in *Pulp Fiction*

Even though tobacco companies can no longer legally pay movie producers and stars to prominently display and use their products (as was the case in *Superman II*, *Beverly Hills Cop* and many other popular films), many young

want to stop but it's very hard to do, which is why you want them never to start. If you can't quit, at the very least don't smoke around them.

The elementary school years: Get your message across while you're still their Magic Mommy

This is when to teach good decision-making and how to handle life's difficulties without turning to drugs, and to continue educating about tobacco. What to do:

Turn kids into savvy ad readers.

Encourage them to analyze tobacco advertisements. Point out the contradictions between the healthy people in cigarette ads and the fact that, in addition to making you very sick in the future, smoking can give you headaches and make you nauseous and short of breath today.

Bring on some big-time athletics.

Research shows that kids who play team sports are less likely to smoke. So, sign them up!

Let them know your ears are always open to hear their woes.

Do your kids feel secure about coming to you with problems? If they can trust you to be what Schwebel calls a problem-solving partner, they'll be more likely to turn to you instead of to unhealthy substances when the pressure's on.

Help them learn some sensible ways to blow off their stress.

Show them the self-calming techniques that work for you—including deep rhythmic breathing, visualization (imagining yourself in a peaceful setting), meditating or asking for support from others.

Explain—in careful detail—just how tobacco addiction works.

Now that your kids know about environmental pollution, describe how smoking pollutes a person's body. Tell them what it means to be addicted—that with nicotine, the more you use it the more your body needs. And this need can eventually override a person's common sense and wish to do the right thing.

Find the strength to set limits.

Talk frequently about how it's part of your family identity not to smoke. At this age they're still listening to you. Use that fact.

The middle school years: Keep the talk going and everybody's temper cool

As your child's focus shifts from the family to peers, your approach will change from instruction to interaction. What to do:

Look at the facts, and get real.

Be prepared to discover that the kid of your dreams has taken a drag. Seventy percent of adolescents ▶



Johnny Depp
in *Fear and Loathing in Las Vegas*



Christina Ricci
in *The Opposite of Sex*

heartthrobs and rock stars are still puffing away on camera. Fighting the glamour factor around smoking is one of the biggest and hardest problems worried parents face. Too bad movies aren't rated for their cigarette content.

"There's a second time for everything."



Keeping your kids off cigarettes

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experiment with cigarettes. Ideally, your child will tell you if he's been fooling around. Don't go ballistic. If you pounce, you'll cut off dialogue and lose your chance to influence.

Dare to take a look into their world and learn how and what they think.

Smoking is part of the deep desire kids this age have to bond with each other. (Kids are definitely more likely to smoke if their closest pals do.) Role-play how to resist the pressure. Help them develop their own phrases for refusing to light up. Also help them learn to negotiate the ups and downs of friendship and to feel comfortable in social situations. Encourage them to be leaders, not followers.

Become an antismoking activist.

Ask your child's pediatrician, dentist and teachers to reinforce your message. Make sure smoking prevention is part of your school's curriculum. Work with other parents to



Start the education before you find the evidence.

quit whenever they choose. Give them the cold, hard truth: In a study of addicted high school seniors, most said they planned to quit soon. But five years later, more than 70 percent of them were still hooked. And when kids say everyone's doing it, remind them that 65 percent of teenagers do *not* smoke.

The high school years: Parenting kids who think they know everything

expand nonsmoking areas in your community and to prohibit sales of tobacco products to minors.

Clear up their misunderstandings and confusion about tobacco.

Adolescents greatly underestimate the addictiveness of nicotine and overestimate their own ability to

"Tobacco companies are aware that this is the age of rebellion," says Mary G. Winkler, Ph.D., an associate professor at the Institute for Medical Humanities at the University of Texas Medical Branch in Galveston, Tex., who has been studying cigarette ads. "They play on that." Your job? Take this fact and use it to bring out your child's inner cynic. You need to encourage her to think

PHOTOGRAPHED BY CHRIS GALLO

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through her decisions about smoking. By now, keeping the dialogue going is your best bet. What to do:

Give up trying to have control.

It won't work. You'll only fuel their defiance and foster sneaking and lying, says Schwebel.

But don't ignore the issue either.

This was my mistake with my son. I was so caught up with other issues—SATs, college applications, where he was at three in the morning—that I took my eye off the ball. I knew all of my son's friends smoked, but I chose to ignore it. Even when he requested a smoking room for his freshman year, I continued to believe he was tobacco-free. ("It's for my roommate," he told me.) I should have been less naive and more vigilant and vocal about my antismoking sentiments. Studies show that kids are more likely to smoke if they think their parents don't know or (really) care.

Be fully prepared to meet your own teenager's logic head-on.

Here are some of the things kids are likely to say, and how to respond.

Child: "I only smoke a little. It's just a social thing for me. I can quit anytime I want to."

You: "You're right. Since you're still in the early stages of smoking,

you probably could quit—and I wish you would. Nobody sets out to start a pack-a-day habit. Don't underestimate how addiction sneaks up on people."

Child: "With all the stress in my life, I need to smoke."

You: "Wow. I'm sorry to hear that. Let's table the smoking discussion for now and talk about what's bothering you. But I hope you'll think about the fact that smoking really just gives you one more problem to deal with." (Consider too whether professional help may be needed. Research shows there's a link between substance abuse and depression.)

Child: "Hey, everything in this world causes cancer!"

You: "I know what you mean. But we still have to control what we can control, and we do know that smoking definitely creates terrible health risks. No offense, but it sounds like you're saying you don't care, and that sounds like a cop-out to me."

Child: "It's my choice to make. You can't force me to quit."

You: "You've got that right. I know you're going to do what you're going to do. But please don't underestimate the horrible risk you are taking. I love you, and I hate to see you get caught up in something so self-destructive." ■



Resist the urge to blow up. It won't help. Talking will.

"There's also a first time for a second bag."



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