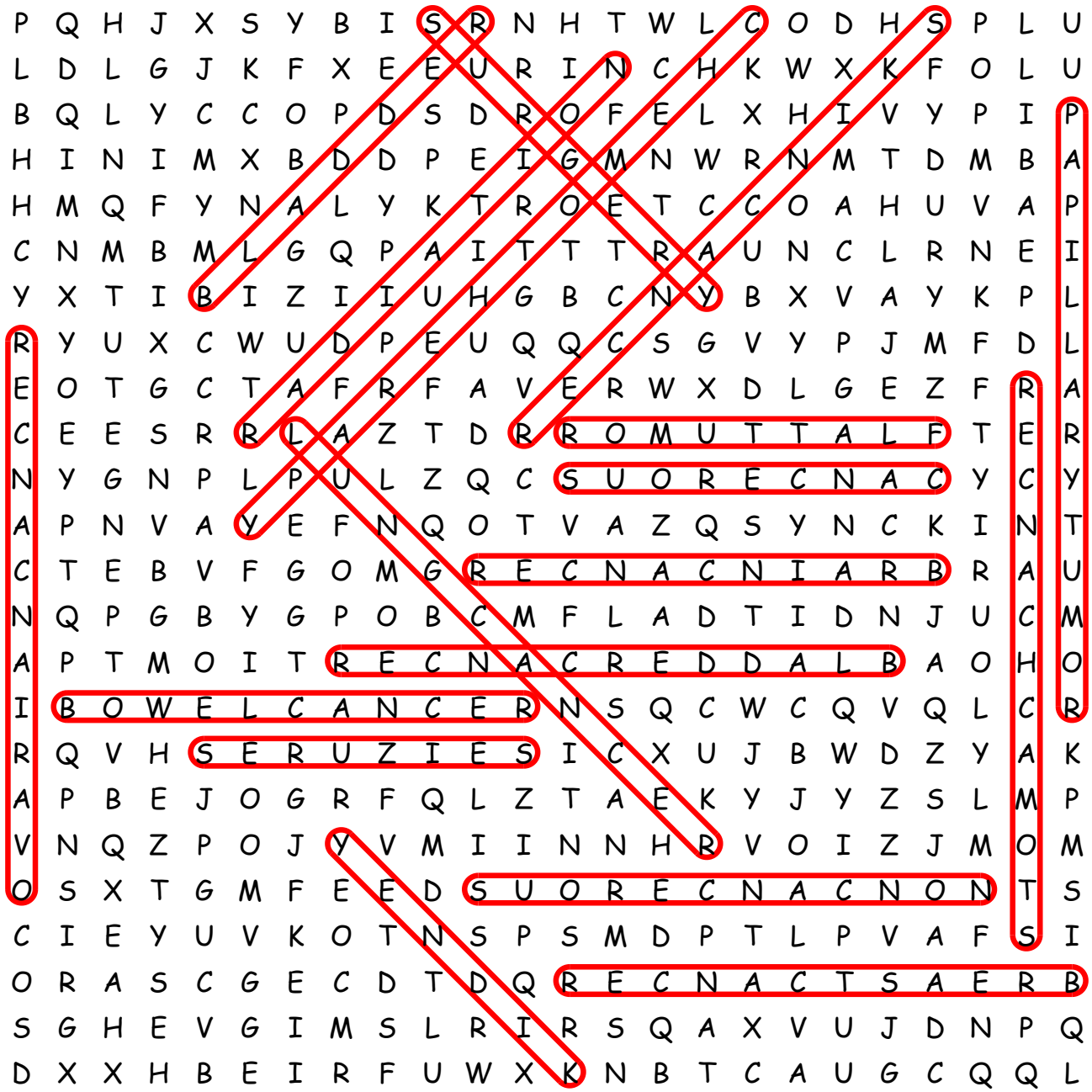
Name: _____ Date: _____

Cancer



Papillary Tumor
Stomach Cancer
Brain Cancer
Lung Cancer
Cancerous
Bladder

Bladder Cancer
Breast Cancer
Chemotherapy
Skin Cancer
Radiation
Surgery

Ovarian Cancer
Bowel Cancer
Noncancerous
Flat Tumor
Seizures
Kidney