

Name: _____

Date: _____

CANCER

B L O O D C L O T T I N G C I C C
Z S L Y M P H N O D E S O N L Y E
N U T R I T I O N P A D O A L R T
L I D D S N N W K I H I S G L K A
A K K T B R E A S T C A N C E R T
P K D Q T K O B O R T P R R L P S
S S O L R I A H O M E W E A S J O
J M V K R E S Z L L E H Z D J Y R
P F Y I F B S L B U I H Y I B S P
B W E D A W F E R N D I C A N Y L
X V F N E O O U O G K F S T H O P
S L L E C F C K N C P K S I G M K
T J W Y G Q D E C A Z R D O E R T
V E W F M Q U M H N E P S N L R H
A G P Z V W X I I C F I R Q C Z B
K A J C H G S A P E P Z Z S K I N
Z B J B S G Y Q U R X U Z H U D M

BLOODCLOTING
LUNGCANCER
HAIRLOSS
BRONCHI
CHEMO

BREASTCANCER
RADIATION
LEUKEMIA
KIDNEY
SKIN

LYMPHNODES
NUTRITION
PROSTATE
CELLS