



Cancer Screening & Detection

GOALS

Participants will be able to understand the importance of early cancer detection. Recommended screening exams to prevent cancer or decrease cancer risk are also discussed.

OBJECTIVES

At the end of this section, each participant will be able to:

EXPLAIN the importance of early detection for cancer treatment

DISCUSS the benefits of cancer screening

IDENTIFY screening methods available for specific cancers

KNOW recommended screening guidelines

ANSWER common questions about cancer screening exams and procedures

KNOW questions to ask your doctor about cancer screening

Cancer Screening & Detection

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Photo courtesy of Lee Bartnik

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Cancer Screening & Detection

Table of Contents

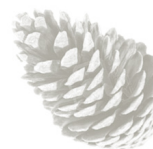


Table of Contents

Early Detection	4
Why is early detection important?	4
What are the basics of early detection	4
Benefits of having a screening exam	4
Cancer Warning Signs	5
C.A.U.T.I.O.N.....	5
Informed Decision Making.....	6
Cancer Screening & Insurance	7
Men's & Women's Health	8
Skin Cancer Screening	8
A.B.C.D.E. Method	8
What does a suspicious mole look like?	9
Colorectal Cancer Screening	10
Why have a colorectal screening exam?	11
What do all these tests mean?.....	11
Common questions about C/R screening	12
Questions to ask your doctor	13
Men's Health	14
Prostate Health	14
Prostate cancer screening	15
Questions to ask your doctor	16
Testicular Health.....	17
What are the risk factors?	17
Testicular self-exam.....	18

-Table of Contents continued on the next page-

Table of Contents

Women's Health	19
Breast Health	19
Mammograms	20
Common questions about mammograms	21
Questions to ask your doctor	22
Cervical Health	23
Pap smear results	24
HPV & the HPV vaccine	25
Common questions about cervical health	26
Questions to ask your doctor	27
Cancer Screening Summary Grid	28
Summary of Key Points	31
Where to Find More Information	33
Glossary of Terms	35
References	36

Cancer Screening & Detection

Early Detection

The BEST way to treat cancer is to find and treat it EARLY!

Survival rates improve when cancer is found and treated early.

Basics of Early

Detection:

- Do monthly self-exams
- Have recommended screening exams
- Recognize warning signs and see your health care provider

Early Detection



Early detection means finding cancer in its early stage, before it has time to spread beyond the organ where it first started to grow.

Survival rates improve when cancer is found and treated early.

Why is early detection important?

The goal of early detection is to find and remove or destroy cancer before it grows and spreads. This means finding the cancer before people start to have pain or other symptoms.

If found early, cancer can be treated more effectively. The person can also have a better outcome.

What are the basics of early detection?

- Do monthly self-exams.
- Have recommended screening exams.
- Recognize warning signs and see your health care provider.

Currently, not every cancer can be detected at its earliest stage by a screening exam. However, several screening exams and procedures have been developed for some of the most common cancers.

When screening exams are done as recommended, cancer can often be found early before pain or symptoms occur. Recommendations for screening exams are based upon a person's age, risk factors and family history.

Benefits of having a screening exam

- You are actively taking care of your health.
- You may feel a sense of relief.
- You are a positive example for your family and friends.

Many screening exams are covered by insurance. If you do not have insurance, local programs and resources may be available. Low-cost and no-cost screenings may also be available.

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Cancer Warning Signs

Remember, most cancers do not cause pain or other symptoms when they first start and are small.

Cancer Warning Signs

(adapted from American Cancer Society)

The word CAUTION will help you to remember the following warning signs of cancer. Various signs are associated with cancer but they can also be symptoms of other diseases. It is important to talk with your health care provider if you notice changes within your body.

C.A.U.T.I.O.N

Change in bowel or bladder habits.

Changes in bowel function include diarrhea, constipation, size of stool or blood in stool. Bladder changes include having trouble urinating and urinating more often than usual.

A sore that does not heal.

This includes any open sore or irritation of the skin anywhere on the body or sores that heal and then break down again. Cracks in and around the mouth which do not heal or persistent white patches in the mouth.

Unusual bleeding or discharge.

Unusual menstrual bleeding, any bleeding between menstrual periods, post-menopausal bleeding, blood in the urine, coughing or spitting up blood or bleeding from the rectum or anus (may look black or red).

Thickening, lump, or swelling in the breast or any other part of the body.

Persistence of swollen lumps or lymph nodes after several weeks.

Indigestion or difficulty swallowing.

Any pain or difficulty in swallowing, a feeling of fullness or persistent nausea and vomiting.

Obvious change in a wart or mole.

Change in size, shape, thickness, or color of a mole or wart. Moles and freckles should not bleed or drain.

Nagging cough or hoarseness.

Any new hoarseness or cough which does not go away or any change in a "smoker's cough".

Cancer Screening & Detection

Informed Decision Making

Informed decision making can help you figure out what cancer screening tests are best for you!

When you've made your decision, share this information with your doctor. They will be able to assist you in scheduling your screening.

Informed Decision Making

Knowing what kind of cancer screenings you should get and when you should get them, can be hard to figure out. **Informed decision making** is the process of gathering information about your health and a specific health issue (like cancer). By gathering this information, you can make the best decision for you. This process can be broken down into small steps:

Step 1: Define the health concern and the questions you have.

In this case, the health concern is cancer. Questions may include:

- Should I get screened for cancer?
- What type of cancer screening(s) should I get?
- At what age should I get screened?

Step 2: Gather information. Gather personal information like your age, family history, diet, exercise habits, tobacco use, etc. You can use the “CC&S Cancer Risk Factor Checklist” at the end of the Cancer Basics module to help identify cancer risk factors.

Also, gather information about the type of cancer, the type of cancer screening tests available and the risks and benefits of cancer screening.

Step 3: Talk to your doctor. Talk to your doctor about the information you gathered. Your doctor will be familiar with current screening guidelines. Ask your doctor any questions that you still have. You can use the “Questions to Ask Your Doctor” worksheets found later in this module.

Step 4: Make a decision when you're ready. If you still need time to decide after talking to your doctor, share this with them. If you need more information or still have questions, follow-up with your doctor.

You may decide that you want your doctor to make the decision for you. It is okay to let your doctor know this, too.

Step 5: Schedule your screening. When you've made your decision, share this information with your doctor. They will be able to assist you in scheduling your screening.

For a listing of where to find more information about cancer and cancer screening, please turn to the “Where to Find More Information” at the end of this module.

Cancer Screening & Detection

Cancer Screening & Insurance

In order to find out what cancer screenings are covered, you will need to contact your health insurance provider.

The benefits number can be found on the back of your insurance card.

Cancer Screening and Insurance

What cancer screening tests will health insurance cover?

The Health Care Law requires that all health insurance plans cover essential benefits including cancer screening, treatment and follow-up care.

It is important to note that if a screening test results in a biopsy or removal of an abnormal growth, the procedure can be considered diagnostic and you may have to pay coinsurance or a copayment.

In order to find out what cancer screenings are covered, you will need to contact your health insurance provider. They will be able to tell you where you can go to get cancer screenings. Your health insurance provider will also be able to tell you if you need a referral from your primary care doctor.

The phone number for the Benefits Department can be found on the back of your health insurance card.



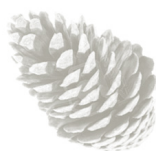
Cancer Screening & Detection

Skin Cancer Screening

Skin cancer is the most common cancer in the United States.

There are several types of skin cancer. They can vary in severity.

Wear protective clothing, hats, sunglasses and sunscreen to help prevent skin cancer.



Men's and Women's Health

Skin Cancer Screening

Skin cancer is cancer that forms in the tissues of the skin. There are several types of skin cancer, including: basal cell, squamous cell and melanoma.

Skin cancers vary in severity from the relatively minor basal cell to the potentially fatal melanoma.

Skin cancer is the most common cancer in the United States. Ultraviolet (UV) radiation from the sun is the main cause of skin cancer. There are two types of harmful UV radiation, UV-A and UV-B.

To protect skin from the sun's harmful rays, people wear protective clothing, hats, sunglasses and sunscreen with an SPF (sun protection factor) of 30. Sunscreen and eyewear should block out both UV-A and UV-B radiation. Using tanning booths is not recommended.



Moles: For concerns about a mole use the ABCDE method regularly to help decide if it needs to be checked by a health care provider. If you answer yes to the following questions, have the mole checked by a provider.

ABCDE Method

A=Asymmetry	Does the mole look different on either side?
B=Border	Is the border jagged or uneven?
C=Color	Are there varied colors in the same mole?
D=Diameter	Is the mole larger than a pencil's eraser?
E=Evolution	Has the mole been changing in any way?

Please note: Any sore that does not heal needs to be reported to your health care provider

Cancer Screening & Detection

Skin Cancer Screening

When it comes to your health and skin cancer, it's a good idea to be proactive and keep an eye out for suspicious, abnormal or changing moles.

ABCD Method

A=Asymmetry

B=Border

C=Color

D=Diameter

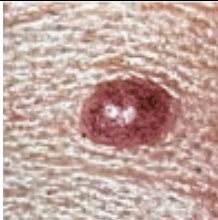
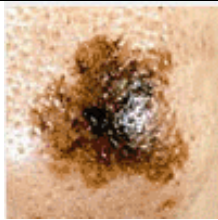



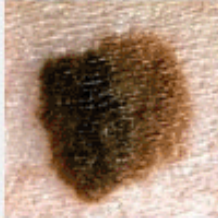


E=Evolution

What does a suspicious mole look like?

When it comes to your health and skin cancer, look for changes. It's a good idea to be proactive and keep an eye out for suspicious, abnormal or changing moles.

Suspicious moles can be linked to skin cancer. This is especially true if you have a family history of skin cancer.

Photographs Used by Permission: National Cancer Institute

Normal Mole	Suspicious Mole	Sign	Characteristic
		Asymmetry	When half of the mole does not match the other half
		Border	When the border (edges) of the mole are ragged or irregular
		Color	When the color of the mole varies throughout
		Diameter	If the mole's diameter is larger than a pencil's eraser

Healthy moles look the same over time. Contact your healthcare provider if a mole starts to evolve or change in any way. Any change or any new symptom such as bleeding, itching or crusting should be looked at by a healthcare professional.

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Colorectal Cancer Screening

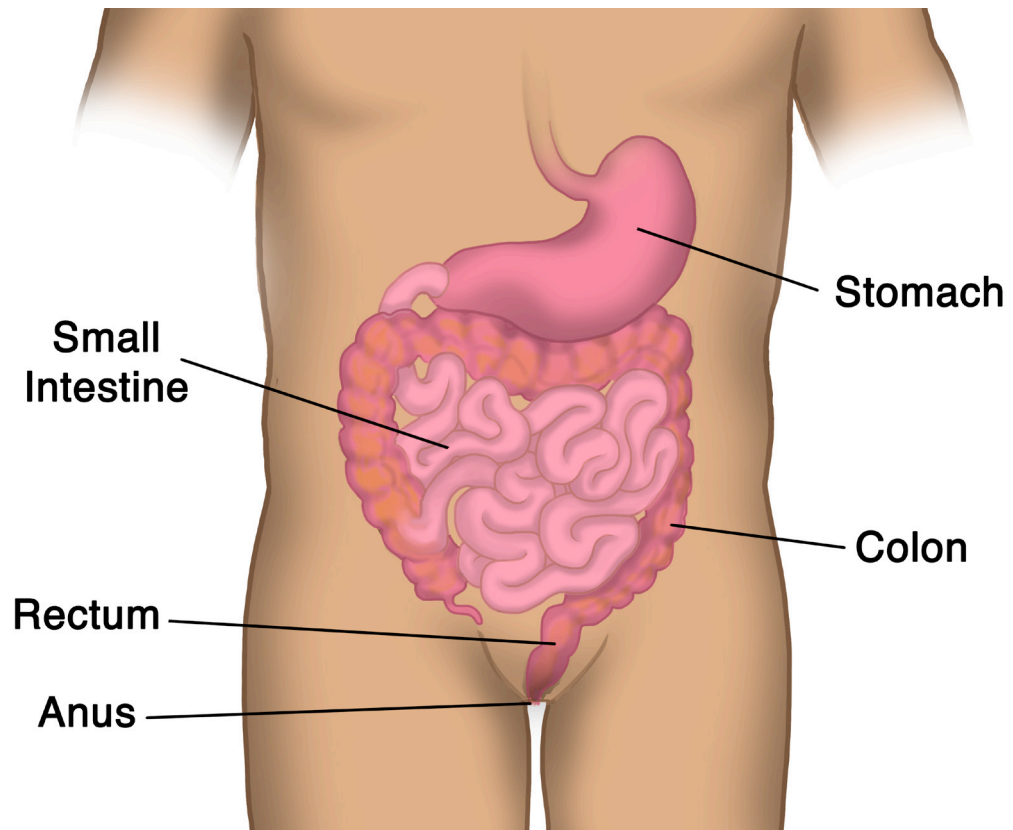
There are NO early warning signs for colorectal cancer but it CAN be detected early with cancer screening.

Colorectal Cancer Screening

The words 'colorectal cancer' mean cancer of the colon or cancer of the rectum. The **colon**, also called the large intestine, removes water and nutrients from partially digested food. The **rectum** is the lowest end of the colon.

The colon and rectum act as the body's trash compactor.

There are NO early warning signs for colorectal cancer. However, late signs in the cancer's development may include a change in bowel habits, change in shape of stool, blood in the stool or a constant feeling like you have to go to the bathroom.



Cancer Screening & Detection

Why have a colorectal screening exam?

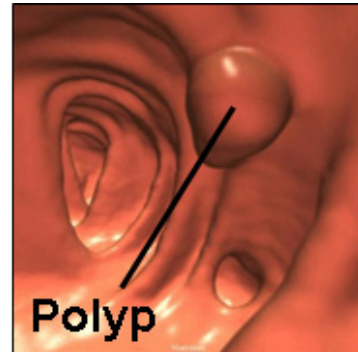
Prevent colorectal cancer by removing **polyps** (small noncancerous growths).

Talk with your health care provider today about colorectal cancer screening!

Why have a colorectal screening exam?

To prevent cancer by removing **polyps** (small noncancerous growths) before they become cancer. If there is already cancer, find it early when it can be best treated.

When: Men and women should start colorectal screening at age 50. If you have a mother, father, sister, brother or child who had colorectal cancer and/or you have inflammatory bowel disease you may need to begin screening at age 40 or younger. Talk to your health care provider.



How: Screening exams for colorectal cancer can include:

1. Fecal Occult Blood Testing (FOBT) or a Fecal Immunochemical Test (FIT) every year; or
2. Sigmoidoscopy every 5 years; or
3. Colonoscopy every 10 years to examine the entire colon.

Your healthcare provider may also recommend other screening tests.

What do all these tests mean?

- The **Fecal Occult Blood Testing (FOBT)** and the **Fecal Immunochemical Test (FIT)** are tests that look for blood in your stool. You collect a small amount of a bowel movement at home and then send them to a lab to be tested for the presence of blood. If the test is positive, a colonoscopy should be done.
- A **sigmoidoscopy** examines the rectum and part of the colon. Polyps are not removed during a sigmoidoscopy. If a polyp is found during a sigmoidoscopy, a colonoscopy should be done.
- A **colonoscopy** examines the rectum and the entire colon. A mild sedative is given for a colonoscopy. During the exam, your health care provider may remove polyps or small pieces of tissue, called a biopsy. The biopsy tissue is then examined under a microscope to look for cancer cells by a specially trained doctor, called a pathologist. A colonoscopy is considered the gold standard of colorectal cancer screening.

Before a sigmoidoscopy and a colonoscopy, patients are given 'prep' medications. The medications help to completely empty the colon so the lining of the colon and rectum can be seen.

Cancer Screening & Detection

Common Questions about Colorectal Cancer Screening

Your health care provider will give you 'prep' instructions. If any of the instructions are not clear or you do not understand them, call the provider's office and go over them step by step with a nurse.

A colonoscopy is a safe procedure; complications are rare and usually minor.

Common Questions about Colorectal Cancer Screening

How do I prepare?

Preparation for colonoscopy or sigmoidoscopy makes you go to the bathroom a lot. In order for your health care provider to see the inside of your colon clearly and get good pictures, it should be as cleaned out as possible.

Your health care provider will give you instructions. Read them carefully a few days ahead of time, since you may need to shop for special supplies and get laxatives from a pharmacy. If any of the instructions are not clear or you do not understand them, call the provider's office and go over them step by step with the nurse.

You may also need to change your plans for the preparation day. You will need to be near your bathroom as soon as you start the laxatives. Many people consider the 'prep' the worst part of the test.

Will I need to miss work?

Because a colonoscopy is done with drugs that make you sleepy, most people miss at least a half day of work and need a driver. Ask your provider if you'll need to miss work before a sigmoidoscopy. Before either test you'll need to stay close to a bathroom for a number of hours.

What are the possible complications of a colonoscopy?

A colonoscopy is a safe procedure; complications are rare and usually minor. Studies have estimated the overall risk of complications for a routine colonoscopy to be less than .5%. If a polyp is removed, the complications can be higher (around 2%).

Will it hurt?

No, these exams are not painful. In most cases, patients are given a sedative to sleep through the colonoscopy, so they don't feel anything. Sigmoidoscopy doesn't require medicine to make the patient sleepy. Air is pumped into the cleaned-out colon to keep it open so that providers can get the best pictures. While the air pressure may cause some discomfort, it should not hurt.

How will I feel afterward?

Most people feel okay after a colonoscopy. They may feel a bit woozy from the sedatives. They'll be watched and given fluids as they wake up. They may have some gas, which could cause mild discomfort.

Cancer Screening & Detection

Questions to Ask Your Doctor: Colorectal Cancer Screening

A health care provider can recommend the best screening plan for you based on current guidelines, your age, family history and personal history of cancer.

Questions to Ask Your Doctor

Colorectal Cancer Screening

- Am I at an increased risk for colorectal cancer? What are the possible symptoms? _____

- What screening test(s) do you recommend for me? At what age should I have those tests? _____

If you are having a colonoscopy or sigmoidoscopy you will want to know:

- What is involved in the test(s)? Will it hurt? Is the test safe?

- Where can I get the test(s) done? Who will do the test(s)? Will I need someone with me? _____

- How do I prepare for the test(s)? Do I need to change my diet or medication schedule? _____

- When will I be contacted with the results? Who will contact me?

If you're having symptoms: Tell your health care provider if you have any of these symptoms:

- Blood in or on your stool (bowel movement)
- Stomach pain, aches, or cramps that do not go away
- Losing weight and you don't know why
- Change in bowel habits – diarrhea, constipation, narrowing of stools

These symptoms may be caused by something other than cancer, but the only way to know what is causing them is to talk with your health care provider about them.

Cancer Screening & Detection

Prostate Health

Men's Health

Prostate Health



The **prostate** is a gland surrounding the neck of the bladder and the urethra. The urethra is a tube that carries urine from the bladder to the outside. The prostate gland adds fluid to sperm.

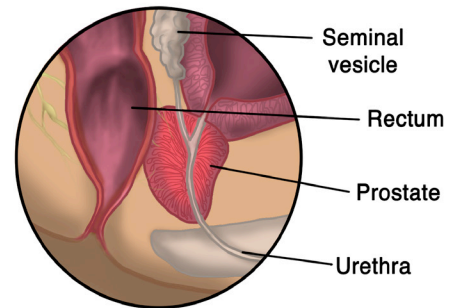
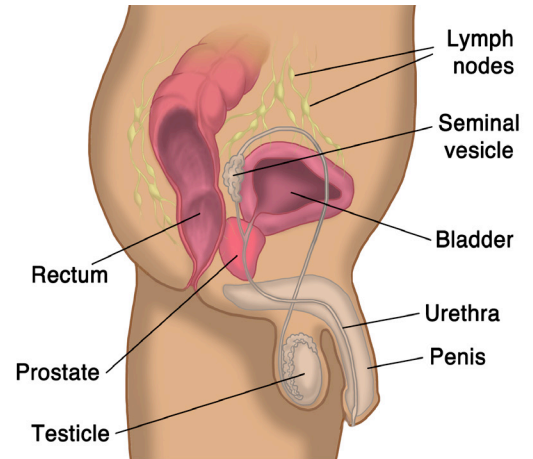
A man of any age should tell his health care provider if he has any of these symptoms:

- Trouble urinating
- Blood in your urine or semen
- Weaker stream when urinating

An elevated PSA blood test does not mean you have prostate cancer, but it does require further evaluation.

These symptoms may be caused by something other than cancer. The only way to know what is causing them is to talk with your health care provider about them.

A man's risk of developing prostate cancer increases with age. Just being a man and getting older are the two biggest risk factors for developing prostate cancer.



Cancer Screening & Detection

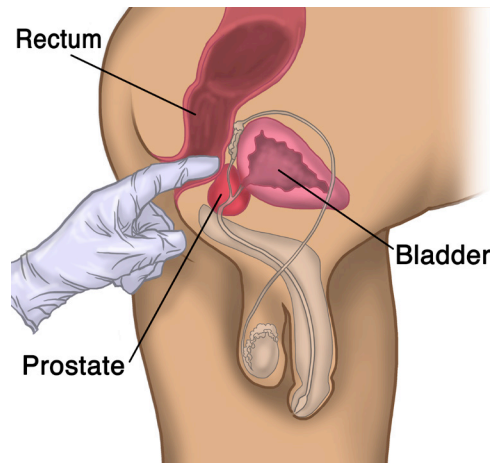
Prostate Cancer Screening

A health care provider can recommend the best screening plan for you based on current guidelines, your age, family history and personal history of cancer.

Prostate Cancer Screening

A **prostate-specific antigen (PSA) blood test** may be ordered to screen for prostate cancer. The PSA level can be elevated in men who have prostate cancer, an enlarged prostate or an infection in the prostate. For more accurate results, the PSA blood test is done before a digital rectal exam (DRE).

A **digital rectal exam (DRE)** is done to feel for abnormal lumps in the prostate, which may be cancer. The health care provider puts a gloved finger into the patient's rectum to feel the prostate through the wall of the rectum and check for any hard or lumpy areas. The man may feel mild pressure in his rectal area during the procedure.



When: Guidelines for routine screening vary. It is helpful for men to talk with their provider to learn what is best for their health.

- A prostate-specific antigen (PSA) blood test and a digital rectal examination (DRE) may be recommended yearly for men starting at age 50.
- For men with a family history of prostate cancer, prostate screening may begin at age 40 or 10 years before the person's father or brother was diagnosed with prostate cancer.
- Men ages 50-75 without a family history of prostate cancer should discuss the risks and benefits of prostate screening with their provider.
- There is *no* agreement that every man age 50 and older should have prostate cancer screenings but there is agreement that every man age 50 and older should discuss this with his provider.

Cancer Screening & Detection

*Questions to Ask
Your Doctor:
Prostate Cancer
Screening*

Talk to your
doctor about
prostate cancer
screening!

Questions to Ask Your Doctor

Prostate Cancer Screening

- Am I at an increased risk for prostate cancer? What are the possible symptoms? _____

- What are the risks and benefits of screening for prostate cancer?

- Would you recommend prostate cancer screening tests for me? If so, which test? _____

If you are having a PSA (prostate-specific antigen) blood test and/or DRE (digital rectal exam) you will want to know:

- What is involved in the test(s)? Will it hurt? Is the test safe?

- Where can I get the test(s) done? Who will do the test(s)?

- When will I be contacted with the results? Who will contact me?

If you're having symptoms: Tell your health care provider if you have any of these symptoms:

- Trouble urinating
- Blood in your urine or semen
- Weaker stream when urinating

These symptoms can be caused by something other than cancer, but the only way to know what is causing them is to talk with your health care provider about them.

Cancer Screening & Detection

Testicular Health

Testicular Health

Testicular cancer is rare but it is the most common cancer in men ages 15 to 35 years old. The **testicles** are the organs in males that produce sperm and the male hormone, testosterone. They are two small organs that hang behind the penis in the small pouch of tough skin called the **scrotum**.

One of the most famous celebrities who was diagnosed with testicular cancer was Lance Armstrong. Like most young, healthy men, Lance ignored the warning signs. At age 25, he was diagnosed with advanced testicular cancer.

What are the risk factors?

Men who are born with an undescended testicle (the testicle has not moved down into the scrotum where it belongs) have a 5 times higher risk of developing testicular cancer.

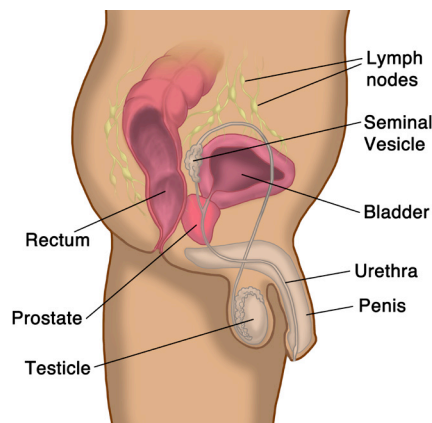
Men with a father or brother who had testicular cancer have a higher risk for developing testicular cancer.

Men who have had testicular cancer in one testicle are at a higher risk of developing cancer in the other testicle.

Signs or symptoms of testicular cancer may include the following:

- A painless lump or irregularity in either testicle
- A change in the size or shape of a testicle
- Swelling or feeling of heaviness in the testicle
- Pain or discomfort in the testicle
- Pain or discomfort in the lower abdomen or groin

These symptoms may be caused by something else other than testicular cancer, but the only way to know what is causing them is to talk with your health care provider about them.



Testicular cancer is rare, but it is the most common cancer in men ages 15 to 35.

Cancer Screening & Detection

Testicular Health

When testicular cancer is found early, it is one of the most curable cancers.

A monthly testicular exam can increase the chances of finding abnormal changes in the testicles early.

Testicular Exam

Men can do a testicular exam once a month after a warm bath or shower. The heat causes the scrotal skin to relax, making it easier to feel anything unusual.

If a man does a monthly exam he will learn what his testicles normally feel like and will be able to identify any changes early.

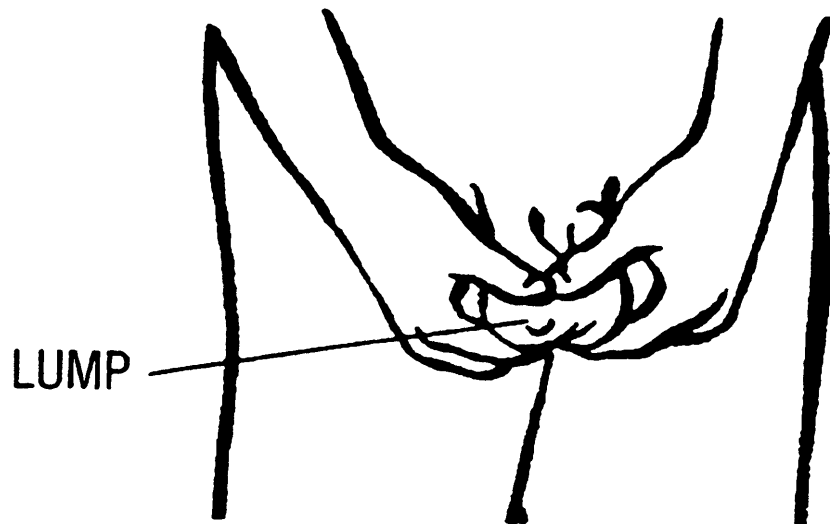
A monthly testicular exam can increase the chances of finding abnormal changes in the testicles early.

How to do a testicular self-exam:

- Hold your penis out of the way and check one testicle at a time.
- Hold the testicle between your thumbs and fingers of both hands and roll it gently between your fingers.
- Look and feel for any hard lumps or smooth rounded bumps or any change in the size, shape or consistency of the testes.

NOTE: The **epididymis**, the soft tube-like structure at the back of the testes, should not be confused with a tumor.

If you check your testicles regularly, you will learn what is normal for you and be able to tell when something is different. Always report any changes to a health care provider right away.



Women's Health

Breast Health



Breast cancer affects 1 in 8 women during their lives, and many of us know someone — a mother, sister, friend — who has had it.

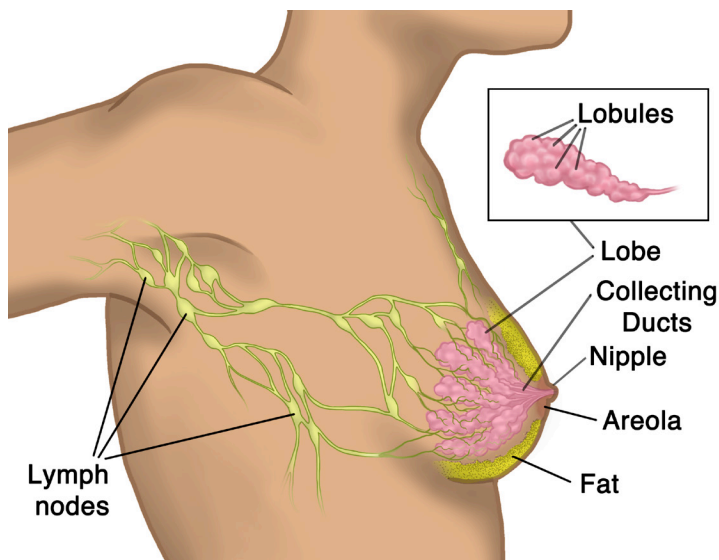
A woman's risk of developing breast cancer increases with age. Over half of all women diagnosed with breast cancer are over age 50. Just being a woman and getting older are the two biggest risk factors for developing breast cancer. Other breast cancer risk factors include:

- A first degree relative (mother, father, sister, brother or child) with breast cancer
- Personal history of breast cancer
- Having no children or giving birth after age 30
- Not breast-feeding

Late menopause (greater than 55 years of age), being overweight, eating a high fat diet, drinking alcohol and using tobacco increase a person's risk of developing breast cancer.

Both men and women can get breast cancer, though breast cancer in men is very rare.

Breast cancer affects 1 in 8 women during their lives.



Cancer Screening & Detection

Mammograms

A mammogram is a special x-ray of the breast. A mammogram can find breast changes early before they can be felt.

Mammograms

A **mammogram** is a special x-ray of the breast. A mammogram can find breast changes early before they can be felt. Mammograms are considered the gold standard for breast cancer screening.

Two x-rays are taken of each breast: one is top to bottom, and the other is side to side. More views may be needed if the person's breasts are large or if the mammogram is being done to check a suspicious lump.

The mammogram is done by a radiology technician, who is trained and licensed to do mammograms.

Many hospitals do not require a referral from your primary care provider. Call and schedule your appointment today!



When: The American Cancer Society recommends that:

- **Women ages 40 to 44** should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) if they wish to do so.
- **Women age 45 to 54** should get mammograms every year.
- **Women 55 and older** should switch to mammograms every 2 years, or can continue yearly screening.

Some women – because of their family history or other risk factors – may have to start screening at an earlier age. Talk with a health care provider about your risk for breast cancer and the best screening plan for you.

Cancer Screening & Detection

Common Questions about Mammograms

A yearly mammogram is an opportunity for a woman to take care of herself, stay healthy, and become a role model for her family and friends.

The amount of radiation exposure from a mammogram is very low.

Common Questions about Mammograms

Why should I get a mammogram if my breasts feel fine?

A mammogram can find breast changes before they can be felt. These changes may be cancer. A yearly mammogram is an opportunity for a woman to take care of herself, stay healthy and become a role model for her family and friends. It is much easier to treat breast cancer when it is found early.

Does having a mammogram hurt?

A mammogram may cause discomfort while the breasts are being compressed for the x-ray. The pressure is necessary to take the best x-ray or picture of the breast tissue. Compression does not damage breast tissue in any way. Any discomfort will be short term. You can reduce discomfort by taking a Tylenol (acetaminophen) and limiting your caffeine intake before your mammogram. Also, try not to schedule your mammogram during your period.

Will the radiation from a mammogram cause cancer?

The amount of radiation exposure from a mammogram is very low. The radiation that you receive during one mammogram is the same amount you receive from your natural surroundings during a 3 month period of time.

What if there is a history of breast cancer in my family?

Talk with your family to learn your family medical history. Learn if someone in your family has had cancer, what kind of cancer and at what age they were diagnosed.

People with a first degree blood relative (mother, father, sister, brother, son or daughter) with breast cancer are at higher risk for developing breast cancer.

It is important to discuss your family history with your health care provider. This may require getting regular mammograms earlier than 40.

If no one in my family has had breast cancer do I still need to be concerned about developing breast cancer?

Yes. Even if no one in your family has had breast cancer it is an important part of your health care. Breast cancer is the most commonly diagnosed cancer among women. The biggest risk factor for developing breast cancer is just being an older woman.

Cancer Screening & Detection

Questions to Ask Your Doctor: Breast Cancer Screening

A health care provider can recommend the best screening plan for you based on current guidelines, your age, family history and personal history of cancer.

Questions to Ask Your Doctor

Breast Cancer Screening

- Am I at an increased risk for breast cancer? What are the possible symptoms? _____

- What screening test(s) do you recommend for me? At what age should I have those tests? _____

If you are having a mammogram or other breast cancer screening, you will want to know:

- What's involved in the test? Will it hurt? Is the test safe? _____

- Where can I get the test done? Who will do the test? Will I need someone with me? _____

- How do I prepare for the test? _____

- When will I be contacted with the results? Who will contact me? _____

If you're having symptoms: Tell your health care provider if you have any of these symptoms:

- A lump near your breast or underarm area
- Change in size or shape of your breast
- A nipple turned inward into your breast
- Fluid from your nipple
- Scaly, red or swollen skin on your breast

These symptoms may be caused by something other than cancer, but the only way to know what is causing them is to talk with your health care provider about them.

Cancer Screening & Detection

Cervical Health

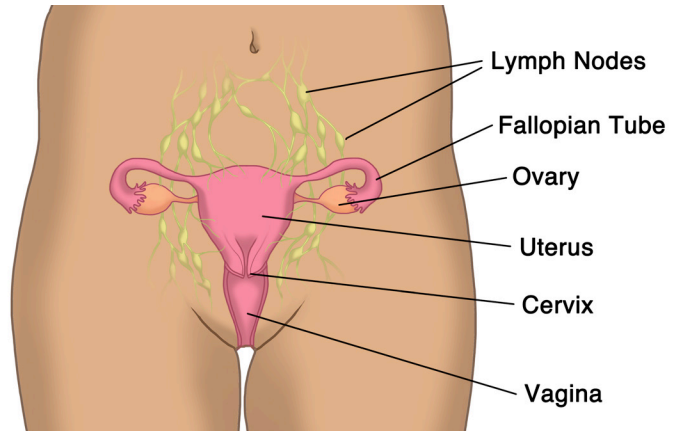
The **cervix** is the lower end of the uterus. It is located at the top of the vagina and is about one inch long.

By finding and treating abnormal cervical cells early, cervical cancer can be prevented.

Cervical Health

The **cervix** is the lower end of the uterus. It is located at the top of the vagina and is about one-inch long.

A Pap smear test can find cervix cell changes before they have time to become cancer. Having regular Pap smears can prevent cervical cancer.



For the **Pap smear exam**, the health care provider places a **speculum** in the vagina to see the cervix. A speculum helps your health care provider look at the vagina and cervix. It is a slender instrument made of plastic or smooth metal which looks like a duck's bill.

A sample of cells is collected from the cervix and examined under a microscope for cancer or other abnormal cells. An **HPV test** checks for the presence of human papillomavirus (HPV). An HPV test is generally done on the same sample of cells collected from the cervix during a Pap smear.

During the **pelvic exam**, the health care provider feels for any change in size or shape of the uterus, vagina, ovaries, fallopian tubes and bladder. This exam is done by placing the gloved index and middle fingers of one hand into the vagina while the other hand is placed gently and firmly on the abdomen to feel the pelvic organs.

A health care provider might also perform a digital rectal exam (DRE). A DRE is done to check the organs in the pelvis and lower belly. During the examination, the health care provider gently puts a lubricated, gloved finger into the rectum. The provider may use the other hand to press on the lower belly or pelvic area. The patient may feel mild pressure in her rectal area during the procedure.

Section 3

Cancer Screening & Detection

Cervical Health

Talk with your health care provider about cervical cancer screening!

If the Pap smear is abnormal or unsatisfactory, it is very important that the woman returns for another exam.

When: The American Cancer Society recommends that:

- **Cervical cancer testing should start at age 21.** Women under age 21 should not be tested.
- **Women between the ages of 21 and 29** should have a Pap test done every 3 years. HPV testing should not be used in this age group unless it's needed after an abnormal Pap test result.
- **Women between the ages of 30 and 65** should have a Pap test plus an HPV test (called "co-testing") done every 5 years. This is the preferred approach, but it's OK to have a Pap test alone every 3 years.
- **Women over age 65** who have had regular cervical cancer testing in the past 10 years with normal results should not be tested for cervical cancer. Once testing is stopped, it should not be started again. Women with a history of a serious cervical pre-cancer should continue to be tested for at least 20 years after that diagnosis, even if testing goes past age 65.

A woman who has had her uterus and cervix removed (a total hysterectomy) for reasons not related to cervical cancer and who has no history of cervical cancer or serious pre-cancer should not be tested.

Pap Smear Results

Unsatisfactory result means the laboratory did not have enough cells for the test to be completed or the specimen was handled incorrectly.

If the Pap smear showed an **abnormal** result, it could be due to an infection or irritation of the cervix or a precancerous condition.

If a woman receives unsatisfactory or abnormal results, she needs to return for a repeat exam. The follow-up visit can help to determine the cause and treatment if necessary.

When a woman's Pap smear is abnormal, a colposcopy exam may be recommended. A **colposcopy** is a visual examination of the cervix using a vaginal speculum, bright light and special binoculars to magnify a woman's cervix.

During a colposcopy, a biopsy of cervical cells may be taken. These cells are then looked at under a microscope by a specially trained doctor called a pathologist.



Section 3

Cancer Screening & Detection

HPV & the HPV Vaccine

It is important to
talk with your
health care
provider and
learn more about
HPV and the
HPV vaccine.

HPV & the HPV Vaccine

HPV, or the human papilloma virus, causes nearly all cases of cervical cancers.

HPV can also cause cancer in both male and female genital areas, the mouth and the throat. HPV can also cause genital warts.

HPV will affect an estimated 75% to 80% of males and females in their lifetime.

The HPV vaccine can help prevent HPV infection. This vaccine is given as a series of 3 shots over 6 months and works best if given before sexual activity. The HPV vaccine has been recommended for both males and females ages 9 to 26. The HPV vaccine does not protect against all forms of HPV or other STDs. Continue to use condoms after receiving the vaccine. (Note: Condoms are unlikely to provide complete protection against HPV because areas not covered by condoms can be infected by the virus.)

If girls and women are vaccinated prior to their first sexual experience, the majority of cervical cancers can be prevented.

Women who have the HPV vaccine still need to have recommended Pap smears because the vaccine does not protect against all forms of HPV or other STDs.

It is important to talk with your health care provider and learn more about the HPV and the HPV vaccine.



Cancer Screening & Detection

Common Questions about Cervical Health

A Pap smear only takes a couple of minutes. It can be done in your health care provider's office or at a clinic.

Common Questions about Cervical Health

Can I have cancer of the cervix and not know it?

Yes. There is usually no pain or symptoms, such as bleeding or discharge, during the early stage of cervical cancer. Therefore, it is important to get a Pap smear every three years or as recommended by your health care provider.

Does a Pap smear hurt?

Women may experience a small amount of cramping or discomfort during a pelvic exam and Pap smear. However, the procedure takes very little time. Minimal bleeding, or spotting, is common after a Pap smear. The spotting usually goes away within 24 hours.

Why do women have to get Pap smears after they stop having children and go through menopause?

Cervical cancer can happen to a woman at any age. Pap smears can find cervical changes early before they become cancer.

Does a woman who has had a hysterectomy need to have Pap smears?

A woman needs to discuss her situation with her health care provider. The answer depends upon the type of hysterectomy, whether she has any remaining cervical tissue, and the reason she had the hysterectomy.



Cancer Screening & Detection

Questions for Your Doctor: Cervical Cancer Screening

A health care provider can recommend the best screening plan for you based on current guidelines, your age, family history and personal history of cancer.

Questions for Your Doctor

Cervical Cancer Screening

- Am I at an increased risk for cervical cancer? What are the possible symptoms? _____

- What screening test(s) do you recommend for me? At what age should I have those test(s)? _____

If you are having a Pap smear, pelvic exam and/or Human Papillomavirus (HPV) test, you will want to know:

- What is involved in the test(s)? Will it hurt? Is the test safe?

- Where can I get the test(s) done? Who will do the test(s)?

- How do I prepare for the test(s)? When should I schedule the screening test? _____

- When will I be contacted with the results? Who will contact me?

If you're having symptoms: Tell your health care provider if you have any of these symptoms:

- Bleeding from your vagina that is not normal – after intercourse, between periods or after menopause
- Increase in discharge from your vagina
- Pain during intercourse

These symptoms may be caused by something other than cancer, but the only way to know what is causing them is to talk with your health care provider about them.

Cancer Screening & Detection

Cancer Screening Summary Grid

A health care provider can recommend the best screening plan for you based on current guidelines, your age, family history and personal history of cancer.

Men's and Women's Health: Cancer Screening Summary Grid



Skin Cancer Screening Guidelines

General

Self-monitor moles using the ABCD method:

A=Asymmetry Does the mole look different on either side?

B=Border Is the border jagged or uneven?

C=Color Are there varied colors in the same mole?

D=Diameter Is the mole larger than a pencil's eraser?

E=Evolution Is the mole changing?

If you answer yes to any of the above questions, have the mole checked by a health care provider.

Colorectal Cancer Screening Guidelines

General

Average risk: Begin screening at age 50.

Higher risk (personal history of colorectal cancer or chronic inflammatory bowel disease, family history of colorectal cancer or polyps): Discuss appropriate screening with your health care provider.

Screening exams for colorectal cancer can include:

- Fecal Occult Blood Testing (FOBT) or a Fecal Immunochemical Test (FIT) every year; or
- Sigmoidoscopy every 5 years; or
- Colonoscopy every 10 years to examine the entire colon.

Cancer Screening & Detection

Cancer Screening Summary Grid

A health care provider can recommend the best screening plan for you based on current guidelines, your age, family history and personal history of cancer.

Men's Health:

Cancer Screening Summary Grid



Prostate Cancer Screening	
Prostate Specific Antigen (PSA) testing and Digital Rectal Exam (DRE)	<p>Informed decision making between a patient and a health care provider is recommended to determine whether to be screened for prostate cancer.</p> <p>Average risk: A PSA and DRE may be recommended yearly for men starting at age 50.</p> <p>Higher risk: For men with a family history of prostate cancer, prostate screening may begin at age 40 or 10 years before the person's father or brother was diagnosed with prostate cancer.</p>
Testicular Cancer Screening	
Testicular Self-Exam	Men ages 15 to 35 can perform a monthly testicular self-exam. Report any changes to a health care provider right away.

Cancer Screening & Detection

Cancer Screening Summary Grid

A health care provider can recommend the best screening plan for you based on current guidelines, your age, family history and personal history of cancer.

Women's Health:

Cancer Screening Summary Grid



Breast Cancer Screening	
Mammography	<p>Women ages 40 to 44 can have annual mammograms (x-rays of the breast) if they wish to do so.</p> <p>Women age 45 to 54 should get mammograms every year.</p> <p>Women 55 and older should switch to mammograms every 2 years, or can continue yearly screening.</p> <p>Higher risk: If a woman's mother, father, brother, sister or grandmother was diagnosed with breast cancer, the woman may need to begin having screening exams earlier. Discuss appropriate screening with your health care provider.</p>
Cervical Cancer Screening	
Women younger than 65 years old	<p>Women between the ages of 21 and 29 should have a Pap test done every 3 years. HPV testing should not be used in this age group unless it's needed after an abnormal Pap test result.</p> <p>Women between the ages of 30 and 65 should have a Pap test plus an HPV test (called "co-testing") done every 5 years. This is the preferred approach, but it's OK to have a Pap test alone every 3 years.</p>
Women older than 65 years old	<p>Women over age 65 who have had regular cervical cancer testing in the past 10 years with normal results should not be tested for cervical cancer. Once testing is stopped, it should not be started again. Women with a history of a serious cervical pre-cancer should continue to be tested for at least 20 years after that diagnosis, even if testing goes past age 65.</p>



Summary of Key Points

After completing this section, you should understand the importance of early detection and recommended cancer screenings. Let's review the important points from this section.

- ☒ The goal of early detection is to find and remove or destroy cancer before it grows and spreads.
- ☒ Cancer screening is looking for cancer before a person has any symptoms.
- ☒ Early cancers may have NO signs or symptoms.
- ☒ Basics of early detection:
 - Do monthly self-exams
 - Have recommended screening exams
 - Recognize warning signs and see your health care provider
- ☒ Screening tests are used to detect different types of cancer.
- ☒ Recommendations for screening exams are based upon a person's age, risk factors and family history.
- ☒ Standard screening recommendations are available.
 - Your health care provider can recommend the best screening plan for you based on current guidelines, your age, family history and personal history of cancer.

Where to Find More Information



Listed below are a few of the many helpful national cancer resources to find reliable cancer-related information and support.

National Cancer Institute (NCI)

www.cancer.gov

1-800-4CANCER (1-800-422-6237)

Provides accurate and up-to-date information about cancer types, prevention, detection, diagnosis, treatment, survivorship and end of life care.

American Cancer Society (ACS)

www.cancer.org

1-800-227-2345

Provides literature, information and resources on cancer detection, treatment, survivorship and end of life. Local programs may be available in your area. ACS also conducts and funds cancer research.

American Institute for Cancer Research (AICR)

<http://www.aicr.org>

1-800-843-8114

Researches the role of diet and nutrition in the prevention and treatment of cancer. AICR offers a variety of information to help you eat and live healthier, including a recipe corner.

Cancer Hope Network

www.cancerhopenetwork.org

1-877-HOPENET (1-877-467-3638)

Matches patients with trained volunteers who have experienced cancer. Provides support and hope for cancer survivors.

CancerCare

www.cancercare.org

1-800-813-HOPE (1-800-813-4673)

Helps people face the many challenges of a cancer diagnosis. Provides free telephone and education workshops.

Glossary of Terms



Abnormal pap smear results: Pap smear test results that could be due to an infection or irritation of the cervix or precancerous condition. If a woman receives abnormal results, she needs to return for a repeat exam.

Cancer: A term for a disease that develops when cells divide and form more cells without control or order. There are more than 200 different types of cancer.

Cervix: The lower, narrow end of the uterus that forms a canal between the uterus and vagina.

Colon: The largest part of the digestive system. Also known as the large intestine. Removes water and nutrients from partially digested food.

Colonoscopy: A procedure in which a health care provider looks inside the entire colon and rectum using a thin, flexible, lighted tube, called a colonoscope, to find and remove polyps before they become cancer.

Colposcopy: A visual exam of the cervix using a colposcope to magnify cells.

Digital Rectal Exam (DRE): An exam done by gently inserting a gloved finger into the rectum to check for abnormalities of the rectum. The exam, in men, also checks for changes of the prostate gland.

Epididymis: The epididymis is the part of the human male reproductive system. It is the tube that holds the testicles in place.

Family History: The health history of related individuals.

Fecal Immunochemical Testing (FIT): A test to check for blood in the stool. Small samples of stool are placed on special cards and sent to a doctor or laboratory for testing. Blood in the stool may be a sign of colorectal cancer.

Fecal Occult Blood Testing (FOBT): A test to check for blood in the stool. A small amount of a bowel movement is placed on special cards and sent to a doctor or laboratory for testing. Blood in the stool may be a sign of colorectal cancer.



Glossary of Terms

Human Papillomavirus (HPV): A type of virus that can cause abnormal tissue growth (for example, warts) and other changes to cells. Infection with certain types of HPV can lead to cervical cancer.

Informed decision making: The process of gathering information about your health and a specific health issue (like cancer).

Mammogram: A special X-ray of the breast.

Pap Smear or Pap Test: An exam, done by a health care provider, which takes a sample of cervical cells to look for changes that may be abnormal or cancer.

Pathologist: A medical doctor who diagnoses disease by studying cells and tissues under a microscope.

Pelvic exam: An exam done by placing the gloved index and middle fingers of one hand into the vagina while the other hand is placed gently and firmly of the abdomen to feel the pelvic organs. The health care provider feels for any change in size or shape of the uterus, vagina, ovaries, fallopian tubes and bladder.

Polyps: A growth that protrudes from a mucous membrane. Polyps are commonly found in the colon, stomach, nose, sinus(es), urinary bladder and uterus.

Prevention: Eliminate, or decrease the risk of disease. Health promotion and education to support wellness.

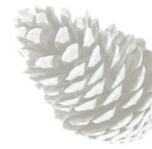
Prostate: A gland in the male reproductive system. The prostate surrounds the part of the urethra (the tube that empties the bladder) just below the bladder, and produces a fluid that forms part of the semen.

Prostate-Specific Antigen (PSA): A protein made by the prostate gland and found in the blood. PSA blood levels may be higher than normal in men who have prostate cancer, benign prostatic hyperplasia (BPH) or infection or inflammation of the prostate gland.

Rectum: Part of the digestive system. The lowest end of the colon.

Screening: Checking for disease when there are no symptoms.

Glossary of Terms



Scrotum: Located behind the penis, it is the pouch of skin in the male reproductive system that contains the testicles.

Self-breast exams (BSE): An exam to help people become comfortable and knowledgeable in the way their breasts normally look and feel by visually and physically examining the breasts.

Sigmoidoscopy: A procedure in which a health care provider looks inside the rectum and lower one third of the colon, called the descending or sigmoid colon, using a thin, flexible, lighted tube called a sigmoidoscope.

Speculum: An instrument used to widen an opening of the body to make it easier to look inside.

Testicles: The testicles (also called testes) are the male sex glands. They are located behind the penis in a pouch of skin called the scrotum.

Testicular Exam: An exam done to feel for lumps in the testes to help find testicular cancer early.

Tumor: An abnormal growth of cells or tissues; tumors may be benign (not cancer) or malignant (cancer).

Unsatisfactory pap smear results: Pap smear test results that mean the laboratory did not have enough cells for the test to be completed or the specimen was handled incorrectly. If a woman receives unsatisfactory results, she needs to return for a repeat exam.

References



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