Cancer Screening



PR©MED
Patient Education Center
www.patientedu.org

ancer is the second leading cause of death in the United States. **During this year alone, about 1,437,000 Americans will learn that they have cancer.** Each year, some 565,000 will die after suffering from cancer.

Learning you have cancer can be scary. But you shouldn't feel hopeless. At long last, the cancer death rate has begun to fall. Prevention is part of the reason. You can cut your risk of cancer by avoiding tobacco, eating right, staying lean, exercising regularly, and protecting yourself from radiation, including too much sunlight and x-rays. Another reason for progress is improved treatment. **Part of the progress** stems from early diagnosis.

At long last, the cancer death rate has begun to fall.

Early Diagnosis

Report possible cancer symptoms to your doctor promptly. The earlier you detect cancer, the better your chances of a cure. This booklet will discuss several types of tests:

- Highly recommended exams for cervical cancer, breast cancer, and colon cancer
- Widely used but still controversial screening for prostate cancer
- Simple self-exams for skin and testicular cancer

Remember, these recommendations apply to generally healthy people at average risk. People at high risk may need additional tests. People with serious disease or advanced age that limits life expectancy may not benefit from screening.

Cervical Cancer

Cervical cancer was once a major killer of American women. This year, however, fewer than 4,000 will die from the disease, thanks, in part to the simple, safe Pap test, along with a test for a virus called HPV that causes the cancer. To do the test, doctors perform a pelvic examination and take a painless scraping from the cervix. The specimen is then sent to a lab for analysis.

Every woman should start testing within 3 years of becoming sexually active or by age 21. Until age 30, the test should be repeated every year if standard lab methods are used, or every 2 years if new technology is available. After age 30, women who have had 3 normal tests in a row

may reduce testing to every 3 years. Women who have had normal tests may choose to stop testing at age 65-70. Women who have had total hysterectomies that include cervix removal do not need Pap tests.

Recently, a vaccine against the HPV virus was approved, because it was found to protect against getting cervical cancer. Talk to your doctor to learn more about this vaccine.

2

Breast Cancer

In all, 1 of every 8 American women will be diagnosed with breast cancer in the course of her lifetime.

Early diagnosis is very important. Several things can help:

Breast exams. Doctors and nurse practitioners should perform careful breast exams during each



complete check-up. Although experts no longer call for monthly self-exams, women who want to examine themselves should learn how to do it right. And all women should practice breast awareness and report any lumps or other abnormalities to their doctors.



Mammograms. Talk to your doctor about when to first get a mammogram and how often to get tested. Mammograms are a women's most important protection against breast cancer. Only very low doses of



radiation are used, and mammograms are extremely safe. Radiologists study the pictures to find calcium deposits or other abnormalities. If problems are detected, a woman will be called back for additional pictures or a

biopsy. It is important to have these tests—but not to panic, since the results often don't show cancer.

For more information about breast cancer, pick up a copy of our Breast Cancer brochure or visit www.patientedu.org/breastcancer.



Colorectal cancer is very common (about 148,000 new cases and 50,000 deaths a year). But it begins with polyps that take years to grow into cancers. Every man and woman should start regular screening at age 50 or sooner if family history suggests increased risk. Many doctors favor a choice between 3 options:

- 1. Testing for chemical traces of blood in the stool every year. For this test, you will need to collect 2 specimens from 3 consecutive bowel movements at home. If the initial test is positive, you'll also need a colonoscopy test.
- 2. Testing for blood in the stool every year plus a sigmoidoscopy every 5 years.
- 3. Having a colonoscopy every 10 years.

The American Cancer Society also offers the choice of 1 older test (a double contrast barium enema every 5 years) and 2 newer ones: CT colonography—so-called "virtual colonoscopy"—every 5 years and periodic fecal DNA testing.



Prostate Cancer

Bladder

Pelvic

Bone

Urethra

Penis

A simple blood test that measures a protein called PSA (prostate specific antigen) is widely used to screen for early prostate cancer. This test can miss many prostate cancers (false-negative results), however. It also raises many false alarms that lead to biopsies and other tests (false-positive results).

Prostate cancer is an unusual disease. In many cases, it's slow-growing and even harmless. In others, it's very aggressive and deadly. It can be hard for doctors to tell how an individual case will behave. That means some men who are diagnosed by PSA testing will have treatment that

they really didn't need. And treatment often leads to

Rectum

Anus

Prostate

erectile dysfunction and other side effects.

For now, every man should discuss the pros and cons of yearly

prostate cancer screening with his doctor starting at age

50 (or age 45 for African-Americans and men with strong family histories). Men above age 70 and those with illnesses that limit life expectancy to 10 years or less should not have PSA tests.



Self-Screening

Doctors don't know if self-screening saves lives. Still, you should be alert for two common cancers often first found by patients themselves.

1. Everyone should be alert for skin lesions that may reflect malignant melanomas and other skin cancers. What are you looking for? The four key marks of melanoma:

Asymmetry. Most have an irregular shape.

Border. Most melanomas have scalloped, notched, or blurry and indistinct borders.

Color. Melanomas tend to be multi-colored, ranging from black to brown to red or even white or blue.

Diameter. Melanomas are usually larger than 6 mm across (about the diameter of a pencil eraser) at the time of diagnosis.

There are other warning signs to remember too. Moles that become elevated; increase in size, change shape, texture or color; or bleed with little or no trauma call for medical evaluation. Even itching can be a sign of trouble.

2. Men between the ages of 15 and 35 may benefit from checking their testicles for lumps that could indicate cancer. You are checking for a firm, pea-sized lump. Learn to recognize the normal rope-like formation at the rear of each testicle so you won't confuse it with an abnormal mass. Report to your doctor if you notice an abnormal mass, unusually firmness, or unexpected tenderness. In most cases, a simple ultrasound test will find out if you have any cause for concern.



To learn more about cancer screening, visit the Pri-Med Patient Education Center at www.patientedu.org/cancerscreening

Brought to you by:

PRMED Patient Education Center





Pri-Med Patient Education Center 2127 2nd Ave North Fort Dodge, IA 50501 service@patientedu.org

About This Brochure: This brochure was written by practicing physicians from Harvard Medical School. It is part of a series developed by the Pri-Med Patient Education Center and distributed in conjunction with the Medical Group Management Association.

All the information in this brochure and on the associated Web site (www.patientedu.org) is intended for educational use only; it is not intended to provide, or be a substitute for, professional medical advice, diagnosis, or treatment. Only a physician or other qualified health care professional can provide medical advice, diagnosis, or treatment. Always consult your physician on all matters of your personal health.

Harvard Medical School, the Pri-Med Patient Education Center, and its affiliates do not endorse any products.

Consulting Physician: Anthony L. Komaroff, MD
Editorial Director: Joe Rusko
Managing Editor: Keith D'Oria
Art Director: Jon Nichol

© Copyright Harvard Medical School.

