

Circle Of LifeSM: Cancer Education and Wellness for American Indian and Alaska Native Communities



American Cancer Society Circle Of LifeSM
Cancer Education and Wellness for American Indian and Alaska Native Communities

**Wellness Along the Cancer Journey:
Healthy Habits and Cancer Screening**

Revised October 2015

**Chapter 7: Cancer Screening and Early Detection of
Cancer**



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Cancer Screening and Early Detection of Cancer

| Group Discussion | | True | False | Not Sure |
|-------------------------|---|-------------|--------------|-----------------|
| 1. | Women with average risk of breast cancer should begin getting regular mammograms at age 45. | | | |
| 2. | Women should report any changes in their breasts to a health care provider right away. | | | |
| 3. | People only need to be screened for colon cancer if someone in their family has had colon cancer. | | | |
| 4. | Colonoscopy is a test that can be used to screen for and find colon cancer and polyps. | | | |

There are tests, called screening tests, which adults should have in order to find cancers at an early stage when they are most treatable. Each type of screening starts at different ages. Some types of screening can prevent cancers of the cervix, colon, and rectum. Health care providers can find and take out pre-cancerous tissue before it becomes cancer. Screening can also detect cancers of the breast, colon, rectum, cervix, mouth, and skin at early stages. For most of these cancers, finding it early has been shown to reduce the number of deaths caused by cancer.

Cancers that can be prevented or detected earlier by screening account for at least half of all new cancer cases. For more complete information on cancer screening and early detection please see the guidelines that follow.

American Cancer Society Guidelines for the Screening and Early Detection of Cancer

Cancer screening is recommended for those people at average risk for cancer, even if they have no symptoms. People who are at higher risk for certain cancers may need to follow a different screening schedule, such as starting at an earlier age, getting special tests, or being screened more often. Those with symptoms that could be due to cancer should see their health care provider right away.

Cancer Related Check-Up

For people aged 20 or older having regular health exams, a cancer-related checkup should include health counseling, and depending on a person's age and

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gender, might include exams for cancers of the thyroid, mouth, skin, lymph nodes, testes, and ovaries, as well as for some non-cancerous diseases.

Special tests for certain cancer sites are recommended as outlined:

Breast Cancer:

- Women between ages 40 to 44 should have the choice to start breast cancer screening with yearly mammograms 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 they can continue yearly screening.
- Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.
- All women should be familiar with the known benefits, limitations, and potential harms linked to breast cancer screening.
- Women at high risk for breast cancer – because of their family history, a genetic tendency, or certain other factors – should be screened with MRIs along with mammograms. (The number of women who fall into this category is very small.) Talk with a health professional about your risk for breast cancer and the best screening plan for you. Yearly MRI screening is not recommended for women whose lifetime risk of breast cancer is less than 15%.

Colon and Rectal Cancer:

Beginning at age 50, both men and women at *average risk* for developing colorectal cancer should use one of the screening tests below. Some tests can find both early cancer and polyps. These are preferred if the tests are available and a person is willing to have one of these more invasive tests. A person should talk to their health care provider about which test is best for them.

Tests that find polyps and cancer:

- Flexible sigmoidoscopy every five years*
- Colonoscopy every 10 years
- Double contrast barium enema every five years*

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- CT colonography (virtual colonoscopy) every five years*

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Tests that mainly find cancer:

- Fecal occult blood test (FOBT) every year*,**
- Fecal immunochemical test (FIT) every year*,**
- Stool DNA test (sDNA), every 3 years*

*Colonoscopy must be done if test results are positive (abnormal).

**For FOBT or FIT used as a screening test, the take-home multiple sample method should be used. A FOBT or FIT done during a rectal exam in the health care provider's office is not enough for screening.

People should talk to their health care provider about starting colorectal cancer screening earlier and/or being screened more often if they have any of the following colorectal cancer risk factors:

- They have ever had colorectal cancer or adenomatous polyps.
- They have ever had chronic inflammatory bowel disease (Crohns disease or ulcerative colitis).
- Colorectal cancer or polyps in a parent, sibling, or child younger than 60, or in two or more parents, siblings, or children of any age.
- Anyone in the family has hereditary colorectal cancer syndromes such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (HNPCC).

Cervical Cancer:

- Cervical cancer screening (testing) should begin at age 21. Women under age 21 should *not* be tested.
- Women between ages 21 and 29 should have a Pap test every 3 years. Now there is also a test called the HPV test. HPV testing should *not* be used in this age group unless it is 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”) every 5 years. This is the preferred approach, but it is also OK to have a Pap test alone every 3 years.

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- Women over age 65 who have had regular cervical cancer testing 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 continues past age 65.
- A woman who has had her uterus removed (and also her cervix) for reasons not related to cervical cancer and who has no history of cervical cancer or serious pre-cancer should *not* be tested.
- A woman who has been vaccinated against HPV should still follow the screening recommendations for her age group.

Some women – because of their health or history – may need to have a different screening schedule for cervical cancer. Talk with your health care provider.

Endometrial (uterine) Cancer:

For women with or at high risk for hereditary non-polyposis colon cancer (HNPCC), annual screening for endometrial cancer should be offered, with endometrial biopsy, starting at age 35.

The American Cancer Society recommends that, at the time of menopause, all women should be told about the risks and symptoms of endometrial cancer. They should be strongly encouraged to report any unexpected bleeding or spotting to their health care providers.

Lung Cancer:

Cigarette smoking is the single most preventable cause of cancer in the U.S. Commercial tobacco use is higher in many American Indian and Alaska Native communities. If a person stops smoking before lung cancer starts, the lung tissue slowly starts to repair itself. Stopping smoking at any age lowers the risk of lung cancer. But many people who smoked for years are at a higher risk for lung cancer than those who never smoked, and some may benefit from screening tests.

The American Cancer Society has reviewed the subject of lung cancer screening and issued guidelines that are aimed at doctors and other health care providers.

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Patients should be asked about their smoking history. People who had smoked a pack of cigarettes per day for at least 30 years, or the equivalent (2 packs a day for at least 15 years; or 1½ pack per day for 45 years, for example). Patients who meet ALL of the following criteria might be candidates for lung cancer screening. They must be:

- 55 to 74 years old
- In good enough health to have part of a lung removed if cancer is found
- Have smoked 30 pack years or more (as discussed earlier)
- Are either still smoking or have quit smoking within the last 15 years

These criteria were based on what was used in a large clinical trial called the NLST. This clinical trial found that people who were or had been heavy smokers lived longer, on average, if they had low-dose computed tomography (CT) scans done each year to detect lung cancer.

Of course, people who are still smoking can reduce their risk of lung cancer if they stop smoking, no matter their age. If they meet the criteria above, they can still have annual screening with low dose CT scans of the lung even if they decide to quit smoking.

Prostate Cancer:

The American Cancer Society (ACS) does not support routine testing for prostate cancer at this time. ACS does believe that health care providers should discuss the potential benefits and limits of prostate cancer screening tests with men before any testing begins. This discussion should include an *offer* for testing with the prostate-specific antigen (PSA) blood test and digital rectal exam (DRE) yearly. After this discussion, if a man elects to have such testing, it would start at age 50 for men who are at average risk of prostate cancer and have at least a 10-year life expectancy. Men should take an active part in this decision by learning about prostate cancer. They should pay special attention to the pros and cons of early detection and treatment of prostate cancer.

This discussion should take place at age 45 for men at high risk of getting prostate cancer. This includes African American men and men who have a first degree relative (a father, brother, or son) found to have prostate cancer before age 65.

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This discussion should take place at age 40 for men at even higher risk (those with more than one first-degree relatives who had prostate cancer before age 65).

If, after this discussion, a man asks his health care professional to make the decision for him, he should be tested unless there is a special reason not to test.

American Cancer Society Guidelines for HPV Vaccine to Prevent Cervical Cancer

The HPV Vaccine can protect against the 2 types of HPV (types 16 and 18) that have been linked to nearly 70% of cervical cancers:

- Routine HPV vaccination is recommended for females ages 11 to 12 years.
- Girls as young as nine years may receive HPV vaccine series (3 shots over 6-months' time).
- HPV vaccination is also recommended for females 13 to 18 years of age to catch up on missed vaccine or complete the vaccination series.
- Ideally, the vaccine should be given before a person is exposed to genital HPV through sex. In studies, the vaccine only helped women who weren't infected with those 2 HPV types before vaccination.
- At this time, the HPV vaccination is not recommended for women over age 26.
- Gardasil HPV vaccination was also approved by the FDA for use in boys and young men ages 9 to 26 to help protect them from anal cancers and other HPV-related cancers, as well as to prevent anal and genital warts.
- Screening for cervical intraepithelial neoplasia (CIN) and cancer with Pap tests will still be needed in both vaccinated and unvaccinated women. The vaccine does not protect against all cervical cancers.

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Activity

Draw a line to match each type of cancer in the left column with the correct screening test in the right column.

| <u>Types of Cancer</u> | <u>Cancer Screening Test s For People at Average Risk</u> |
|------------------------|--|
| Colon Cancer | Low dose computed tomography, but only for people 55-74 who are or who used to be heavy smokers. |
| Breast Cancer | Pap Smear |
| Prostate Cancer | Colonoscopy, Sigmoidoscopy, Fecal Occult Blood Test |
| Lung Cancer | Mammogram |
| Cervical Cancer | Full body check, looking for changes, new growths and anything ABCD— Asymmetry, Border, Color, Diameter |
| Endometrial Cancer | PSA blood test and Digital Rectal Exam, but only if favored by the person and their health care provider |
| Skin Cancer | None |

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Key Messages

- Healthy lifestyles begin at birth and continue through elder years. Get regular health check-ups and begin cancer screenings at recommended.
- Maintain a healthy weight and avoid other chronic disease by maintaining a healthy blood pressure, cholesterol, and blood glucose levels.
- Encourage others to get regular cancer screenings and to maintain a healthy weight, blood pressure, cholesterol, and blood glucose levels.
- Encourage public and private policies that increase access to high quality cancer screenings people can afford.