

## ***Talk to your doctor about Cancer Screening***

Screening tests can help find cancer at an early stage, before symptoms appear. When abnormal tissue or cancer is found early, it may be easier to treat or cure. By the time symptoms appear, the cancer may have grown and spread. This can make the cancer harder to treat or cure.

It is important to remember that when your doctor suggests a screening test, it does not always mean he or she thinks you have cancer. Screening tests are done when you have no cancer symptoms. Cancer screening recommendations apply to people at average risk for a particular cancer. Some people are at higher risk in which case the recommendations may differ.

**False-positive test results are possible.** Screening test results may appear to be abnormal even though there is no cancer. A false-positive test result (one that shows there is cancer when there really isn't) can cause anxiety and is usually followed by more tests and procedures, which also have risks.

**False-negative test results are possible.** Screening test results may appear to be normal even though there is cancer. A person who receives a false-negative test result (one that shows there is no cancer when there really is) may delay seeking medical care even if there are symptoms.

### **Informed Decision Making**

- Patients and their doctors need to work together to make decisions about cancer screening
  - Understands the nature and risk of the cancer
- Understands the risks of, benefits of, and alternatives to screening.
- Participate in the decision to be screened or not at a level the patient desires.
- Makes decisions consistent with his or her preferences and values.

***The following are screening tests we recommend:***

### **For All Patients age 50 to 75**

**Colorectal Cancer** is cancer of the colon (large intestine) or rectum (passageway from the colon to the anus). It is the second leading cause of cancer death in the United States. It is estimated that 60% of these deaths from colon cancer could be avoided if everyone over 50 years old have regular colon cancer screening. Early colon cancer often has no symptoms.

- **Colonoscopy** is a test used to screen for colorectal cancer or precancerous lesions or polyps of the colon. Removal of precancerous polyps can prevent colon cancer. Removal of early colon cancer lesions provides a good chance of cancer cure. Colonoscopy screening is recommended every 10 years after the age of 50. For some who are at increased of colon cancer, colonoscopy is recommend to start earlier and at more frequent intervals.

- **Stool blood testing** is a test to detect bleeding from the colon which can be a symptom of colon cancer. For this test you are asked to place a small amount of your stool on cards after you have a bowel movement at home. This test is not as good at detecting colon cancer and must be repeated yearly. If the stool test is positive it must be followed by a colonoscopy.

<http://www.cancer.org/cancer/colonandrectumcancer>

## **For Patients age 50 to 80 who have smoked at least the equivalent of 1 pack per day for 30 years and who currently smoke or who did smoke within the past 15 years**

**Lung Cancer.** Cigarette smoking is responsible for almost 90 percent of cases of lung cancer. The best way to avoid getting lung cancer is not to smoke. Some smokers believe that once they have smoked for a long while, it does little good to quit. However, studies have shown that smokers who quit decrease their risk of lung cancer when compared to those who continue to smoke. Smokers who quit for more than 15 years have an 80 to 90 percent reduction in their risk of lung cancer compared to people who continue to smoke.

- **Low-dose computed tomography (CT scan)** — A large randomized trial (the National Lung Screening Trial or NLST) in the United States compared the benefits of screening by low-dose CT scan or chest x-ray in smokers (at least a 30 pack-year history, including current smokers or people who had quit in the previous 15 years). Compared to chest x-ray, low-dose CT scan reduced the risk of death from lung cancer by 20 percent, and the overall risk of death by about 7 percent. However, nearly a quarter of the patients who had annual CT screening for three years had an abnormal test, and more than 95 percent of the abnormal tests were “false positive” meaning that they did not represent cancer.

<http://www.uspreventiveservicestaskforce.org/uspstf13/lungcan/lungcanfact.pdf>

## **For All Women age 21-65**

**Cervical Cancer** is cancer of the cervix of the uterus. Cervical cancer is the easiest female cancer to prevent with regular screening tests and follow-up.

- **The Pap test** (or Pap smear) looks for precancerous cell changes on the cervix that might become cervical cancer if they are not treated appropriately. The PAP test is recommended every 3 years for all women aged 21 to 65 who still have a cervix. More frequent testing may be recommended if abnormalities are found on testing. For women 30-65 Pap testing can be decreased to every 5 years if combined with a HPV test.

<http://www.cancer.org/cancer/cervicalcancer/moreinformation/cervicalcancerpreventionandearlydetection/cervical-cancer-prevention-and-early-detection-cervical-cancer-screening-guidelines>

## For All Women aged 40 to 75

### Breast Cancer

- **Mammograms** are a special X-ray of the breasts. Regular mammograms are the best tests doctors have to find breast cancer early, sometimes up to three years before it can be felt. When their breast cancer is found early, many women go on to live long and healthy lives. We are currently recommending annual Mammograms. The recommendations for mammography vary between various healthcare organizations and task forces and research is currently underway to better determine the best frequency of mammography screening.

<http://www.cancer.org/research/cancerfactsfigures/cancerfactsfigures/breast-cancer-facts-text-alternatives>

## For All Men 50 to 70

**Prostate Cancer** The American Cancer Society (ACS) recommends that men speak to their health care provider to make an informed decision about whether to be screened for prostate cancer. Men should talk to their doctor about the uncertainties, risks, and potential benefits of prostate cancer screening before being screened. Recommendations on frequency of testing is based on an individuals' risk factors.

- **Digital rectal exam (DRE):** A doctor or nurse inserts a gloved, lubricated finger into the rectum to estimate the size of the prostate and feel for lumps or other abnormalities.
- **Prostate specific antigen (PSA) test:** Measures the level of PSA in the blood. PSA is a substance made by the prostate. The levels of PSA in the blood can be higher in men who have prostate cancer. The PSA level may also be elevated in other conditions that affect the prostate.