

February is Screening and Early Detection for Cancer Month

Cancer is the result of the uncontrolled growth and spread of abnormal cells within the body. There are many different types of cancers. Abnormal cells can be discovered through a cancer screening. Types of cancer screenings include an exam by your healthcare provider or a test that detects abnormal cells. A physical exam may help detect certain types of cancers at an early stage. Below are some examples of screening exams or tests.

Screening Exam or Test	Cancer Detected
Physical exam	Examples of cancers include skin, oral, lymphomas, breast, liver, colon, rectal, prostate, endometrial and ovarian
Mammography	Breast
PAP smear	Cervical
PSA (Prostate Specific Antigen)	Prostate
Colonoscopy	Rectal and colon cancer
Stool for Occult Blood	Rectal and colon cancer
Low-Dose CT Scan	Lung

There are guidelines and recommendations by the American Cancer Society for each of the tests, which you may discuss with your healthcare provider.

Please see the American Cancer Society's Web site at www.cancer.org for any cancer screening updates.

Most tests are covered by medical insurance. If you do not have insurance then contact your local public health office for places you can go to for these services.

The following guidelines describe cancer screening tests based on your age. Please note: your family medical history or your personal health issues can modify these screening guidelines.

Cancer-related checkup

Beginning at age 20, men and women may consider periodic health exams and a cancer-related checkup. The cancer checkup might include health counseling, and exams for cancers of the thyroid, oral cavity, skin, lymph nodes, testes, and ovaries (depending on a person's age and gender).

Special tests for certain cancer sites are recommended by the American Cancer Society (ACS) as outlined below:

Breast cancer

- Women ages 40 to 44 should have the opportunity to begin annual breast cancer screening with mammograms.
- Women ages 45 to 54 should get mammograms every year.
- Women 55 and older should switch to mammograms every two years, or 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.

- Women are encouraged to know how their breasts normally feel and report any breast changes promptly to their healthcare providers.
- Some women at increased risk (for example, family history, genetic tendency, past breast cancer) should be screened with MRIs along with mammograms. (The number of women who fall into this category is very small.) Talk with your healthcare provider about your risk for breast cancer and the best screening plan for you.

Colon and rectal cancer

For people with an average risk for colorectal cancer, screening should start at age 45 and continue regular screening through age 75. After age 75, speak to your healthcare provider. This can be done by a stool-based test or with a visual exam that looks at the colon and rectum. Your healthcare provider may recommend one of the following tests:

- Yearly guaiac-based fecal occult blood test (gFOBT)
- Yearly fecal immunochemical test (FIT)
- Multi-target stool DNA test every three years
- Flexible sigmoidoscopy every five years
- Colonoscopy every 10 years
- CT colonography (virtual colonoscopy) every five years

If you are at high risk of colon cancer based on family history or other factors, you may need to be screened using a different schedule. Talk with your healthcare provider about your history and the testing plan that's best for you.

Cervical cancer

- All women should begin cervical cancer screening at age 25. Women under age 25 should not be tested.
- Women between the ages of 25 and 65 should have a primary HPV (human papillomavirus) test every 5 years. If primary HPV testing is not available, screening may be done with either a co-test that combines an HPV test with a Papanicolaou (Pap) test every 5 years or 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 and no history of pre-cancerous cells or cancer within the past 25 years can stop being tested. Women with a history of pre-cancerous cells or cancer should continue to be tested for at least 25 years after that diagnosis, even if testing continues past age 65.
- Women who have had a total hysterectomy (removal of the uterus and cervix) can stop having cervical cancer screening, unless the surgery was done as a treatment for cervical cancer or pre-cancerous cells. Women who have had a hysterectomy without removal of the cervix should continue to follow the guidelines above.
- Women who have been vaccinated against HPV should still follow the above screening recommendations.

Some women, because of their health history (HIV infection, organ transplant, DES exposure, etc.), may need a different screening schedule for cervical cancer. Talk to your healthcare provider about your history.

Endometrial (Uterine) cancer

The ACS recommends that at the time of menopause, all women should be informed about the risks and symptoms of endometrial cancer, and to report any unexpected bleeding or spotting to their healthcare providers.

Some women, because of their history, may need to consider having a yearly endometrial biopsy. Please talk with your healthcare provider about your history.

Lung cancer

The National Lung Screening Trial showed a 20% reduction in lung cancer deaths among smokers or people with a history of smoking who received annual lung screenings. The US Preventive Services Task Force recommends screening for lung cancer with low-dose CT scan (LDCT) for high-risk groups. If you meet all of the following criteria, you might be a candidate for screening:

- 50 to 80 years of age
- In fairly good health
- Currently smoke or have quit smoking in the past 15 years
- Have at least a 20 pack-year smoking history

Prostate cancer

The ACS recommends that men make an informed decision with their healthcare provider about whether to be tested for prostate cancer. Research has not yet proven that the potential benefits of testing outweigh the harms of testing and treatment. The ACS believes that men should not be tested without learning about the risks and possible benefits of testing and treatment.

Starting at age 50, discuss the pros and cons with your healthcare provider to decide if testing is the right choice for you. If you are African American or have a father or brother who had prostate cancer before age 65, you should have this talk starting at age 45. If you decide to be tested, you should have the PSA blood test with or without a digital rectal exam. How often you are tested will depend on your PSA level.

Cancer Prevention Trials at Rutgers Cancer Institute of New Jersey

If you would like information about clinical trials for preventing cancer, please call Rutgers Cancer Institute of New Jersey's Office of Human Research Services at 732-235-7356. For additional information about nationwide cancer prevention trials, you can call the National Cancer Institute at 1-800-4 CANCER or visit their website at www.cancer.gov.

Where Can I Find Further Information?

The Resource and Learning Center

732-235-9639

www.cinj.org/rhc

Provides reliable, relevant and current information about all aspects of cancer

National Cancer Institute

1-800-4-CANCER

www.cancer.gov

The American Cancer Society

1-800-ACS-2345

www.cancer.org

American Institute for Cancer Research

1-800-843-8114

www.aicr.org

National Institute of Health
301-496-4000
www.nih.gov

U.S. Preventive Services Task Force
<https://www.uspreventiveservicestaskforce.org/uspstf/>

National Center for Chronic Disease Prevention and Health Promotion
800-232-4636
www.cdc.gov/chronicdisease/



RLC website QR code. Scan with your smartphone or device.

If you are in need of immediate assistance, please call 732-235-2465 and select the option that best meets your needs.