



# Cancer Screening & Detection

## **GOALS**

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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**

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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

**IDENTIFY** local resources relevant to cancer screening

## Cancer Screening & Detection

### Acknowledgements



Photo courtesy of Lee Bartnik

**Developed with and for rural residents  
October 2013**

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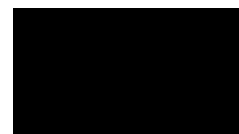
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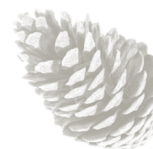
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Thank you to the many people who read, edited and revised this material to develop a meaningful cancer education resource for rural residents.



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## 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.

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**

### **C**hange 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.

### **U**nusual 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).

### **T**hickening, lump, or swelling in the breast or any other part of the body.

Persistence of swollen lumps or lymph nodes after several weeks.

### **I**ndigestion or difficulty swallowing.

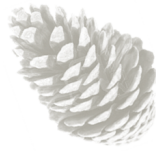
Any pain or difficulty in swallowing, a feeling of fullness or persistent nausea and vomiting.

### **O**bvious 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.

### **N**agging cough or hoarseness.

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



# 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 ABCD 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.

### 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 growing?

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

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.

**Cancer Screening & Detection**

*Skin Cancer Screening*

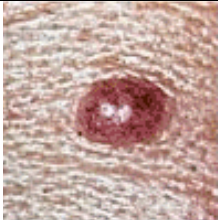
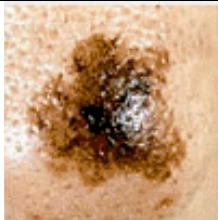






**What does a suspicious mole look like?**

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 or abnormal 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*

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

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

**ABCD Method**

A=Asymmetry

B=Border

C=Color

D=Diameter



## Cancer Screening & Detection

### *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.

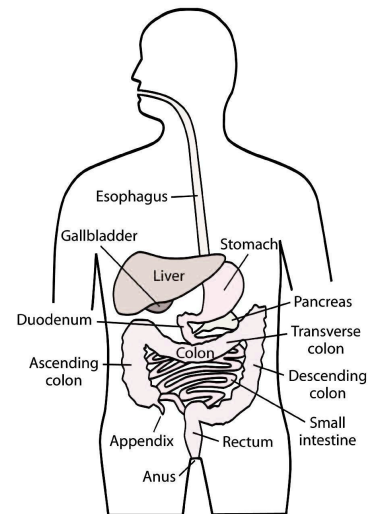
**When:** Men and women should start colorectal screening at age 50. If you have a mother, father, sister, brother or child who had colorectal cancer and/or you have inflammatory bowel disease you may need to begin screening at age 40 or younger. Talk with your health care provider.

**How:** Screening exams for colorectal cancer include:

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

## What do all these tests mean?

- A **Fecal Occult Blood Testing** or FOBT is a test that looks 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 the descending 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



Section 3

**Cancer  
Screening &  
Detection**

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.

*What do all these  
tests mean?*

## 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

### *Colorectal Screening and Insurance*

Resources are available to help you understand your insurance coverage.

## Colorectal Screening and Insurance

### What colorectal cancer screening tests does private insurance cover?

Most insurance plans help pay for colorectal cancer screening tests for people aged 50 or older. Many plans also help pay for screening tests for people younger than 50 who are at increased risk for colorectal cancer.

Check with your health insurance provider to find out about your colorectal cancer screening benefits. The benefits number can be found on the back of your insurance card.

### What colorectal cancer screening tests does Medicare cover?

#### Fecal Occult Blood Testing or FOBT

- Every year for all Medicare beneficiaries 50 years and older

#### Sigmoidoscopy

- Every 4 years for those at high risk
- Every 4 years for those 50 years and older who are at average risk, but not within 10 years of a previous colonoscopy

#### Colonoscopy

- Every 2 years for those at high risk (regardless of age)
- Every 10 years for those age 50 and older who are at average risk

### Medicare coverage varies by plan

If you have questions about Medicare's coverage related to colorectal cancer screening, [please contact your local Aging and Disability Resource Center](#).

**OR**

You can verify your Medicare colorectal cancer screening coverage by calling the Centers for Medicare and Medicaid Services at 1-800-MEDICARE (1-800-633-4227).

You will be asked to give your Medicare information. Please have your card with you to help answer questions.

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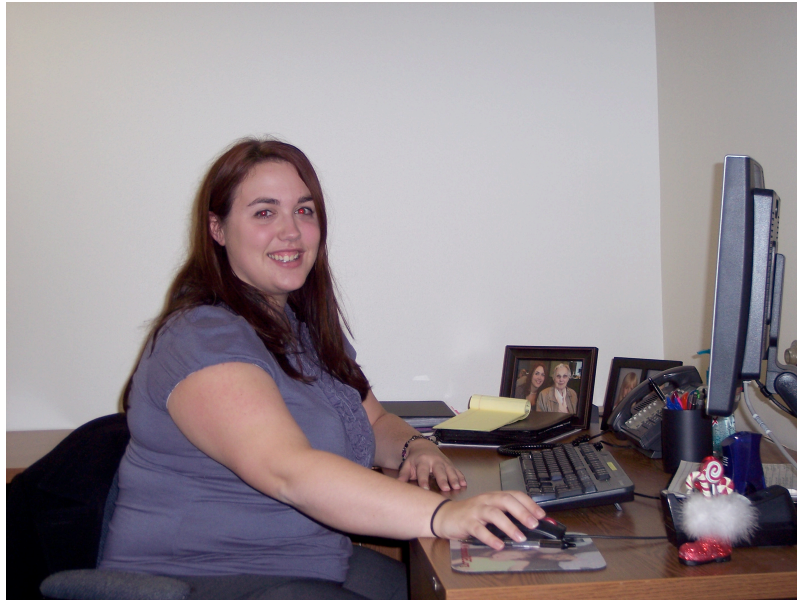
*Colorectal  
Screening and  
Insurance*

**What if I don't have insurance?**

Uninsured patients are encouraged to apply for BadgerCare coverage through the Wisconsin Department of Health Services. BadgerCare is an income-eligible program. For help with your BadgerCare application, please visit <https://access.wisconsin.gov/> or visit your local human services department.

It is also important to note that the Fecal Occult Blood Testing (FOBT) or the Fecal Immunochemical Testing (FIT) are less costly alternatives to a colonoscopy. FOBT and FIT are at-home tests which check for blood in the stool and could require further evaluation. If you are interested in having an FOBT or FIT, please contact your health care provider to order a test.

Resources are available if you don't currently have insurance coverage.



# Men's Health

## Prostate Health

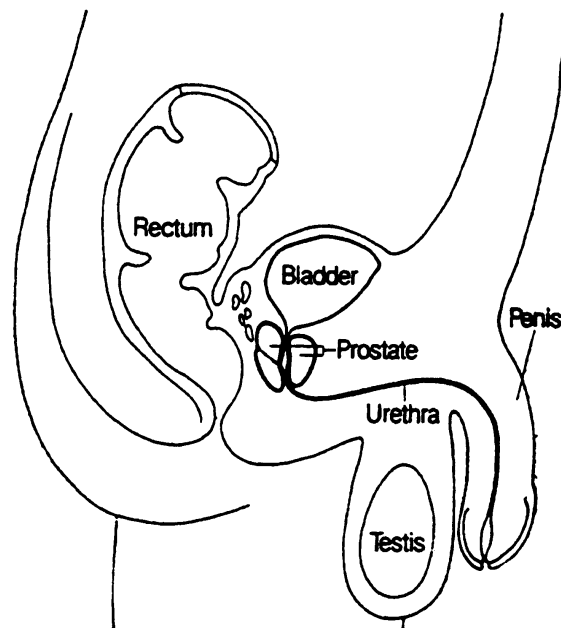


### Prostate Health

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.

## 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.



### Section 3

## 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.

**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.

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

## 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.

*Photo courtesy of Elizabeth Kreutz, LIVESTRONG Foundation*



## 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.

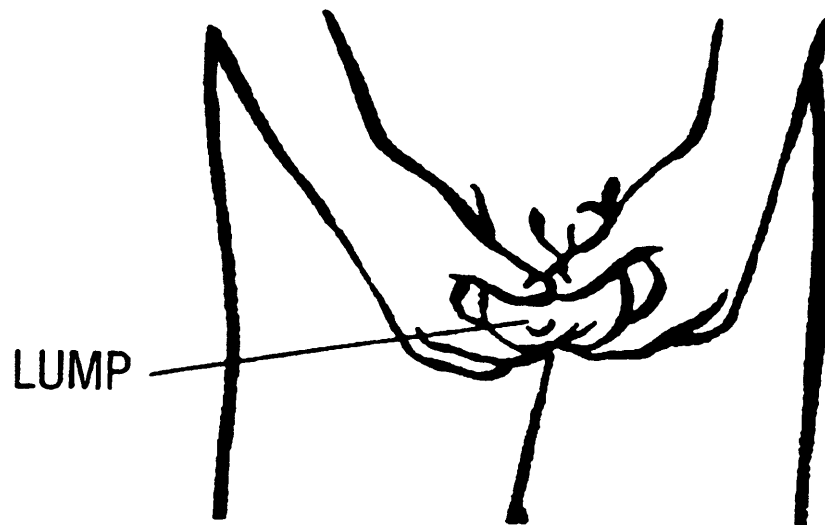
A monthly testicular exam can increase the chances of finding abnormal changes in the testicles early.

### 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 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.

Breast self-awareness, clinical breast exams (performed by a health care provider) and mammograms are three ways for women to find breast changes early that may be breast cancer.

Breast cancer affects 1 in 8 women during their lives.

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 self awareness, clinical breast exams, and mammograms all help to find breast cancer early when it can be best treated.

### **Breast Self Awareness**

Self-breast exams help people become comfortable and knowledgeable in the way their breasts normally look and feel.

If a woman does regular breast exams she will become more comfortable and confident with her skills to see or feel changes in her breast tissue early.

Women over age 20 should talk with their health care provider about the benefits and limitations of self-breast exams.

## Cancer Screening & Detection

### Breast Self-Awareness

Self-breast exams help people become comfortable and knowledgeable in the way their breasts normally look and feel.

If you check your breasts regularly, you will learn what is normal for you and be able to tell when something is different.

### Self-Breast Exams (BSE)

#### How: Start with a visual exam of your breasts

- Sit or stand topless in front of a mirror with your arms at your side.
- Look for any breast changes, like swelling, dimpling of the skin or changes in the nipples.

#### Next: Use your hands to examine your breasts

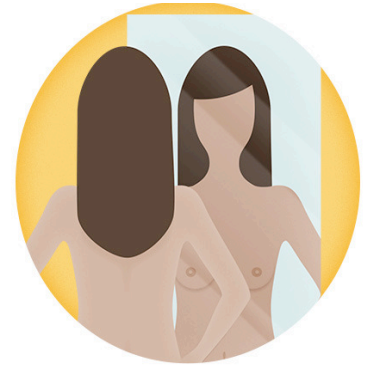
- You can do this lying down or in the shower.
- Put your left hand behind your head and examine your left breast with your right hand.
- With the three middle fingers of your right hand flat, start at your collarbone and move toward your nipple.
- Then move in a circular motion around your breast, like it's the face of a clock.
- Be sure to use all three pressure levels – light, medium and deep – to feel all of your breast tissue.
- Also exam the area between the outer breast and your armpit, as well as the armpit itself.
- Place your right hand behind your head and repeat the examination on your right breast.

#### When: At the same time each month

- For a woman who is still menstruating, it is best to do a breast exam 3-5 days after her menstrual period is over. Breast tissue is less sensitive and less lumpy at this time.
- Women who are no longer having menstrual periods can pick a day that is easy to remember, such as the first day of the month, her day of birth or when she pays the bills.

If you check your breasts 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.

Figures by the National Breast Cancer Foundation



## Cancer Screening & Detection

### *Clinical Breast Exams*

A clinical breast exam is done by a trained health care provider. The health care provider looks at and feels the breast tissue for any changes or abnormalities.

## Clinical Breast Exams (CBE)

A clinical breast exam is done by a trained health care provider. The health care provider looks at and feels the breast tissue for any changes or abnormalities.

**When:** Women over 40 should have a CBE every year or two. Women in their 20s and 30s should have a CBE as part of their periodic health exam every three years.



## 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.

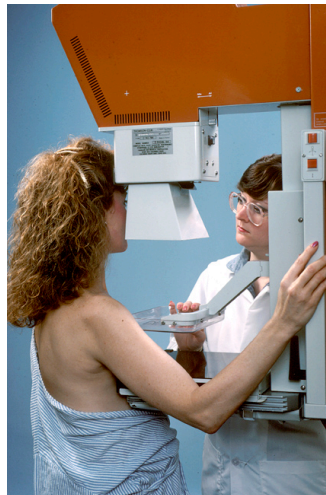
## Mammograms

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 women have a mammogram every year beginning at age 40.

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. These exams should begin 10 years before the age the relative was diagnosed.

For example:

- If the woman's mother was diagnosed with breast cancer at age 40, the woman may need to begin screening at age 30.
- If the family member was diagnosed at age 60, the woman still needs to begin having a screening mammogram at age 40.



## 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, get regular mammograms (you may be advised to start before age 40), have yearly clinical breast exams and do monthly self-breast exams.

### **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 to have clinical breast exams and a mammogram every year once you turn 40. 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

### *Mammograms and Insurance*

Resources are available to help you understand your insurance coverage.

## Mammograms and Insurance

### What does private insurance cover?

There may be differences between screening guidelines and what insurance covers. Most private insurance plans help pay for mammograms. Wisconsin State Law requires most, but not all, insurance plans to cover a mammogram every two years for women between the ages of 45 and 49 and more often if a woman is experiencing symptoms. Women 50 and older are eligible for a yearly mammogram.

Many plans also help pay for mammograms for people younger than 45 who are at increased risk for breast cancer and/or experiencing symptoms.

Check with your health insurance provider to find out about your health insurance plan's breast cancer screening benefits. The benefits number can be found on the back of your insurance card.

### What breast cancer screening tests does Medicare cover?

#### Clinical Breast Exam (CBE)

- Every 2 years for those at average risk.
- Every year for those at high risk.

#### Mammography

- One baseline mammogram for women with Medicare between ages 35 and 39.
- Every year for those age 40 and older.

If you have questions about Medicare's coverage related to colorectal cancer screening, [please contact your local Aging and Disability Resource Center.](#)

**OR**

You can verify your Medicare breast cancer screening coverage by calling the Centers for Medicare and Medicaid Services at 1-800-MEDICARE (1-800-633-4227).

You will be asked to give your Medicare information. Please have your card with you to help answer questions.

## Cancer Screening & Detection

*Mammograms and Insurance*

Resources are available if you don't currently have insurance coverage.

### What if I don't have insurance?

The Wisconsin Well Woman Program (WWWP) provides select preventive health screening services, like clinical breast exams, mammograms, Pap smears and pelvic exams, to women with little or no health insurance coverage. The program is administered by the Wisconsin Department of Health Services Division of Public Health and is available in all 72 Counties and 11 tribes.

### Who is eligible:

- You must be a woman age 45 through 64; and
- Your income is within the program's guideline limits; and
- You do not have health insurance, or the insurance you have doesn't cover routine check-ups and screening or you are unable to pay the deductible or co-payment

For more information about the WWWP program, contact your local Well Woman Coordinator.

The WWWP also offers Wisconsin Well Woman Medicaid. This program helps women, who have been diagnosed and are in need of treatment for breast or cervical cancer, pay health care costs. For more information about Wisconsin Well Woman Medicaid, please contact your local Well Woman Coordinator.

Uninsured patients are encouraged to apply for BadgerCare coverage through the Wisconsin Department of Health Services. BadgerCare is an income-eligible program. For help with your BadgerCare application, please visit <https://access.wisconsin.gov/> or visit your local human services department.

## 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.

A Pap smear test can find cervix cell changes before they have time to become cancer.

## 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.

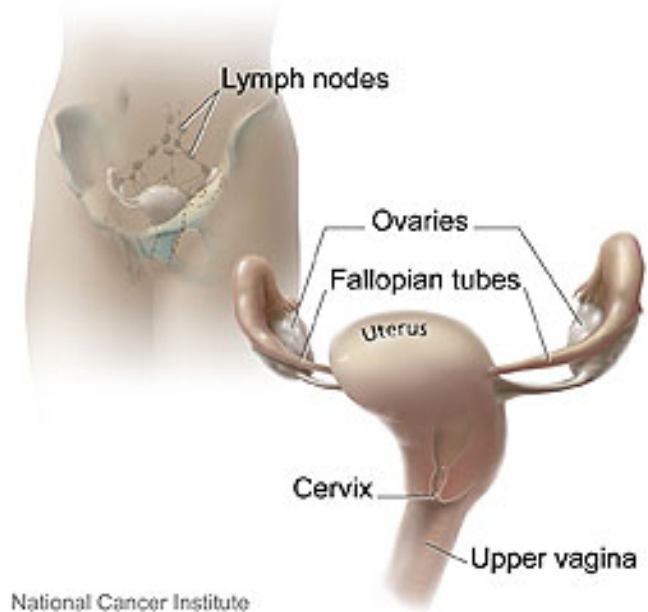
For the **Pap smear exam**, the health care provider places a **speculum** in the vagina to see the cervix. A speculum helps your

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

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.

**A woman has a Pap smear test every year or as recommended by her health care provider**

- approximately 3 years after becoming sexually active or
- beginning when the woman is age 21

Beginning at age 30, women who have had normal Pap smear results for the previous 3 years can choose to have Pap smear exams every 2 to 3 years.

According to the American Cancer Society, women can choose to stop having Pap smear exams at age 65 if they have had normal Pap smear results for the previous 10 years.

### **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.

**Cancer  
Screening &  
Detection**

*HPV & 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 practice safe sex after receiving the vaccine.

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.

It is important to talk with your health care provider and learn more about 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 year 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. Yearly 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 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 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

### *Cervical Cancer Screening and Insurance*

Resources are available to help you understand your insurance coverage.

## Cervical Cancer Screening and Insurance

### What cervical cancer screening tests does private insurance cover?

Most insurance companies will pay for one Pap smear and a pelvic exam per year. Your insurance company may pay for more than one Pap smear and pelvic exam per year if you have a history of gynecologic problems or have had an abnormal Pap smear in the past.

Check with your health insurance provider to find out about your cervical cancer screening benefits. The benefits number can be found on the back of your insurance card.

### What cervical cancer screening tests does Medicare cover?

#### Pelvic Exam

- Every 2 years for those at low risk
- Every year for those at high risk
- Every year for women of child-bearing age who have had abnormal Pap smear in the past 3 years

#### Pap smear

- Every 2 years for those at low risk
- Every year for those at high risk
- Every year for women of child-bearing age who have had an abnormal Pap smear in the past 3 years

If you have questions about Medicare's coverage related to colorectal cancer screening, please contact your local Aging and Disability Resource Center.

**OR**

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## Cancer Screening & Detection

### *Cervical Cancer Screening and Insurance*

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### **Who is eligible:**

- You must be a woman age 45 through 64; and
- Your income is within the program's guideline limits; and
- You do not have health insurance, or the insurance you have doesn't cover routine check-ups and screening or you are unable to pay the deductible or co-payment

For more information about the WWWP program, contact your local Well Woman Coordinator.

The WWWP also offers Wisconsin Well Woman Medicaid. This program helps women, who have been diagnosed and are in need of treatment for breast or cervical cancer, pay health care costs. For more information about Wisconsin Well Woman Medicaid, please contact your local Well Woman Coordinator.

Uninsured patients are encouraged to apply for BadgerCare coverage through the Wisconsin Department of Health Services. BadgerCare is an income-eligible program. For help with your BadgerCare application, please visit <https://access.wisconsin.gov/> or visit your local human services department.

Planned Parenthood may also offer low cost Pap smears. Please call your local Planned Parenthood office for more information.

## 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

<b>General</b>	<p>Self-monitor moles using the ABCD method:</p> <p><b>A=Asymmetry</b> Does the mole look different on either side?</p> <p><b>B=Border</b> Is the border jagged or uneven?</p> <p><b>C=Color</b> Are there varied colors in the same mole?</p> <p><b>D=Diameter</b> Is the mole growing?</p> <p>If you answer yes to any of the above questions, have the mole checked by a health care provider.</p>
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## Colorectal Cancer Screening Guidelines

<b>General</b>	<p><b>Average risk:</b> Begin screening at age 50.</p> <p><b>Higher risk</b> (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.</p>
<b>Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT)</b>	Every year
<b>Sigmoidoscopy</b>	Every five years
<b>Colonoscopy</b>	Every ten years

**Cancer Screening & Detection**

*Cancer Screening Summary Grid*

**Men's Health:  
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.

<b>Prostate Cancer Screening</b>	
<b>Prostate Specific Antigen (PSA) testing and Digital Rectal Exam (DRE)</b>	<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><b>Average risk:</b> A PSA and DRE may be recommended yearly for men starting at age 50.</p> <p><b>Higher risk:</b> 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>
<b>Testicular Cancer Screening</b>	
<b>Testicular Self-Exam</b>	<p>Men ages 15 to 35 are encouraged to perform a monthly testicular self-exam. Report any changes to a health care provider right away.</p>

## 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	
<b>Breast Self-Exam (BSE)</b>	<p>Women over 20 years of age are encouraged to perform monthly BSEs. Exams should be done at the same time each month.</p> <p>Women should also talk with their health care provider about the benefits and limitations of self-breast exams.</p>
<b>Clinical Breast Exam (CBE)</b>	Every year or two for women over 40. Should be part of periodic health exam (about every three years) for women in their 20s and 30s.
<b>Mammography</b>	<p><b>Average risk:</b> Every year beginning at age 40.</p> <p><b>Higher risk:</b> 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	
<b>Women younger than 65 years old</b>	<p>All women should begin annual cervical cancer screening about 3 years after becoming sexually active or beginning when a woman is age 21.</p> <p>Beginning at age 30, women who have had normal Pap smear results for the previous three years can choose to have Pap smear exams every two to three years.</p>
<b>Women older than 65 years old</b>	Women 65 years of age or older who have had no abnormal Pap test results in the last 10 years may choose to stop having cervical cancer screening. Women are encouraged to discuss appropriate screening with your health care provider.



# 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.
- Resources are available to help you understand your insurance coverage.
- Resources are also available if you don't currently have insurance.

# 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](http://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](http://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](http://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.cancer.org](http://www.cancer.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.

**Breast self awareness:** People should become comfortable and knowledgeable in the way their breasts normally look and feel. Self-breast exams help people accomplish this.

**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.

**Clinical breast exams (CBE):** Breast exam to discover changes in the breast tissue done by a health care provider.

**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.



# Glossary of Terms

**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.

**Human Papillomavirus Virus:** 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.

**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 on 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.

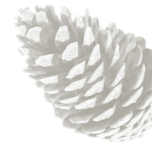
**Prostate:** A gland in the male reproductive system. The prostate surrounds the part of the urethra (the tube that empties the bladder) just below the bladder, and produces a fluid that forms part of the semen.

**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.

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