# **PROSTATE CANCER**

The American Cancer Society recommends that men have a chance to make an informed decision with their health care provider about whether to be screened for prostate cancer. The decision should be made after getting information about the uncertainties, risks, and potential benefits of prostate cancer screening. Men should not be screened unless they have received this information. The discussion about screening should take place at:

Age 50 for men who are at average risk of prostate cancer and are expected to live at least 10 more years.

Age 45 for men at high risk of developing prostate cancer. This includes African Americans and men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than age 65).

Age 40 for men at even higher risk (those with more than one first-degree relative who had prostate cancer at an early age).

When prostate screening is chosen, two of the best options are the Digital Rectal Examination (DRE) and prostate-specific antigen (PSA) test. Again, the decision should be based on a discussion with your health care provider.

## LUNG CANCER

Lung cancer is one of the most preventable cancers. The best prevention is to quit smoking. Screening for lung cancer can also reduce your risk. The U.S. Preventive Services Task Force, the government body that evaluates cancer screening tools, recommends lung cancer screening for people aged 50-80 who have smoked an average of a pack a day for 20 years.

The screening process includes a "low dose CT scan." CT scanning, also called computed or computerized tomography, is an x-ray test with the views taken from a series of different angles and arranged by a computer to show a cross-sectional view of organs in the body. Following the screening test your health care provider will review the results with you. It is important to understand that screening for lung cancer is a process, not a single test, so achieving the greatest reduction in risk of dying from lung cancer requires adherence to recommendations for ongoing scans, typically at yearly intervals, and follow up on any abnormalities.

## WHAT IS A CANCER SCREENING?

Cancer screening is looking for cancer before a person has any symptoms. 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.

### RESOURCES

American Academy of Dermatology American Cancer Society American College of Obstetricians and Gynecologists American Dental Association National Cancer Institute National Comprehensive Cancer Network U.S. Preventative Services Task Force





For more information University of Michigan Rogel Cancer Center 800-865-1125

www.rogelcancercenter.org

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# **CANCER SCREENING**





The following are cancer screening guidelines for people at average risk of the disease and without any specific symptoms.

## **BREAST CANCER**

Early detection is an important factor in the success of breast cancer treatment. The earlier breast cancer can be found, the more easily and successfully it can be treated.

### Mammogram

For women at average risk: The American Cancer Society recommends that women between age 40 and 44 years have the option to start screening with a mammogram every year. Women age 45 to 54 years should get mammograms every year. Women 55 and older can switch to a mammogram every other year, or they can choose to continue yearly mammograms. Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.

# Clinical Breast Exam and Breast Awareness and Self-Exam

Research has not shown a clear benefit of physical breast exams done by either a health professional or by yourself for breast cancer screening. There is very little evidence that these tests help find breast cancer early when women also get screening mammograms. Because of this, a regular clinical breast exam and breast self-exam are not recommended. Still, all women should be familiar with how their breasts normally look and feel and report any changes to a health care provider right away.



#### MRI (Magnetic resonance imaging)

A breast MRI is mainly used for women who have been diagnosed with breast cancer, to help measure the size of the cancer, look for other tumors in the breast, and to check for tumors in the opposite breast. For certain women at high risk for breast cancer, a screening MRI is recommended along with a yearly mammogram. MRI is not recommended as a screening tool by itself because it can miss some cancers that a mammogram would find.

# **CERVICAL CANCER**

Cervical cancer is one of the most preventable cancers today and a well-proven way to prevent this is to have screening tests including Pap tests and HPV tests. All women should begin cervical cancer screening with a Pap test at age 21. This test looks for abnormal cell changes that occur years before cervical cancer develops. Women aged 21 to 29 should have a Pap test every 3 years. Women between the ages of 30 and 65 can choose any one of the following three options: Pap test alone every 3 years, HPV testing alone every 5 years, or cotesting (HPV and Pap test) every 5 years. If you are 65 years or older you do not need screening if you have no history of cervical changes and, either three negative Pap test results in a row, or two negative co-test results in a row within the past ten years, with the most recent test performed within the past five years.

Women who have had a total hysterectomy (removal of the uterus and cervix) should stop screening (such as Pap tests and HPV tests), unless the hysterectomy was done as a treatment for cervical pre-cancer (or cancer). Women who have had a hysterectomy without removal of the cervix (called a supra-cervical hysterectomy) should continue cervical cancer screening according to the guidelines above.

Vaccines are available that can help protect children and young adults against certain HPV infections that are the types most linked to cancer. These vaccines help prevent pre-cancers and cancers of the cervix. The vaccines require a series of shots and are recommended for children between the ages of 9 and 12. Children and young adults aged 13 through 26 who have not been vaccinated, or who haven't gotten all their doses, should get the vaccine as soon as possible. HPV vaccination for persons older than 26 years is not recommended.



## COLON AND RECTAL CANCER

The American Cancer Society recommends that people at average risk of colorectal cancer start regular screening at age 45. People who are in good health and with a life expectancy of more than 10 years should continue regular colorectal cancer screening through the age of 75. For people ages 76 through 85, the decision to be screened should be based on a person's preferences, life expectancy, overall health, and prior screening history. People over 85 should no longer get colorectal cancer screening.

Screening can be done either with a sensitive test that looks for signs of cancer in a person's stool (a stoolbased test), or with an exam that looks at the colon and rectum (a visual exam, like colonoscopy). These options are listed below. A colonoscopy is the most reliable way to prevent and detect colon cancer. Polyps are found in at least 25 percent of men and women over the age of 50 through colonoscopies. As most colon cancer begins as precancerous polyps, detecting and removing these polyps are key to preventing cancer.

### Stool-based tests

These tests below look at the stool (feces) for possible signs of colorectal cancer (or polyps). Many people find these tests easier to have than tests like colonoscopy, and they are typically done at home. But these tests need to be done more often. **And if the result from one of these stool tests is positive (abnormal), you'll still need a colonoscopy to see if you have cancer.** 

• Fecal immunochemical test (FIT, or iFOBT) – every year

- High Sensitivity Guiac based Fecal Occult Blood Test (HSgFOBT) – every year
- Multi-target Stool DNA (MT-sDNA) every 3 years

### Visual (structural) exams

These tests look at the structure of the inside of the colon and rectum for any abnormal areas that might be cancer or polyps. These tests can be done less often than stool-based tests, but they require more preparation ahead of time, and can have some risks not seen with stool-based tests.

- Colonoscopy every 10 years
- CT colonography (virtual colonoscopy) every 5 years
- Flexible sigmoidoscopy every 5 years

### **ORAL CANCER**

Many pre-cancers and cancers of the oral cavity and oropharynx can be found early, during routine screening exams by a dentist, doctor, dental hygienist, or by self-exam. The American Cancer Society also recommends that doctors examine the mouth and throat as part of a routine cancer-related checkup. Some dentists and doctors recommend that you look at your mouth in a mirror every month to check for any changes, like white patches, sores, or lumps. This is very important if you use or have used tobacco, and/ or if you routinely drink alcohol, as these put you at much higher risk for these cancers.

As noted above, the HPV vaccine was developed to prevent cervical and other cancers but is also important in prevention of oral cancer. Oral HPV can be transmitted to the mouth by oral sex, or possibly in other ways. Many people are exposed to oral HPV in their life, but most people clear HPV within one to two years. If the infection persists, it can infect the mouth and throat, causing cancers of the throat, tongue and tonsils.

Vaccination is not recommended for everyone older than age 26 years. However, some adults age 27 through 45 years who are not already vaccinated may decide to get the HPV vaccine after speaking with their doctor about risks and benefits. HPV vaccination in this age range provides less benefit, as more people have already been exposed to HPV.