

What is cancer screening?

Checking for cancer (or for conditions that may become cancer) in people who have no symptoms is called cancer screening. Screening can help doctors find and treat several types of cancer early. Examples of cancer screening tests are the mammogram for breast cancer, colonoscopy and FIT (Fecal Immunochemical Test) for colon cancer, the Pap Smear and HPV (Human Papillomavirus) tests for cervical cancer and the DRE (Digital Rectal Exam) and PSA (Prostate-Specific Antigen) tests for prostate cancer. Screening can also include checking for a person's risk of developing an inherited disease by doing a genetic test.

Why should I be screened for cancer?

Screening can detect cancer early which is important because when abnormal tissue or cancer is found early, it may be easier to treat. By the time cancer symptoms appear, cancer may have begun to spread to other organs in the body making it harder to treat.

How do I know what screening tests I need?

Screening guidelines suggested on the reverse side should be discussed with your healthcare provider to determine your specific needs. The discussion should also include potential harms and benefits of cancer screening tests.

The following table is provided for you to record your specific screening needs based on discussions with your healthcare provider.

<u>Cancer</u>	<u>Screening(s)/ Intervals</u>	<u>Next Date to Screen</u>
<input type="checkbox"/> Breast	_____	_____
<input type="checkbox"/> Cervical	_____	_____
<input type="checkbox"/> Colon	_____	_____
<input type="checkbox"/> Lung	_____	_____
<input type="checkbox"/> Ovarian	_____	_____
<input type="checkbox"/> Prostate	_____	_____
<input type="checkbox"/> Skin	_____	_____

Where can I find more information about cancer?

American Cancer Society

Helpline: 24/7-365 days a year 1-800-227-2345

Website: www.cancer.org

National Cancer Institute

Contact Center: Mon-Fri 9 AM to 9 PM ET
1-800-422-6237

Website: www.cancer.gov

Hope Light Foundation

Website: www.hopelightproject.com

Prepared by the



to help detect
cancer early &
save lives!



GET SCREENED NOW!

CANCER SCREENING

What's right for me?



Cancer screening guidelines and information to discuss with your healthcare provider





SUGGESTED CANCER SCREENING GUIDELINES

Note: The following cancer screening information is based on nationally recognized sources*. Individuals should discuss these tests with a healthcare provider to determine their particular needs.

www.hopelightproject.com



CANCERS/TEST OR PROCEDURE						
WOMEN	LUNG	BREAST	COLORECTAL	SKIN	CERVICAL	OVARIAN
20-40		40-44 yrs: ANNUAL CBE & MAMMOGRAMS; DISCUSS WITH PROVIDER. 45-54 yrs: ANNUAL CBE & MAMMOGRAMS		ALL AGE GROUPS: SELF EXAMS TO BECOME FAMILIAR WITH SKIN NORMS AND CHANGES.	21-29 yrs: PAP SMEAR TEST EVERY 3 yrs. 30-65 yrs: PAP SMEAR ALONE EVERY 3 yrs OR PAP WITH HPV TEST EVERY 5 yrs.	21+ yrs: PELVIC EXAM. DISCUSS NEED AND FREQUENCY WITH PROVIDER. HIGH RISK: DISCUSS TVU/CA-125 SCREENING OPTIONS WITH GYNECOLOGIC ONCOLOGIST.
41-60	50-80 yrs: SMOKER OR FORMER SMOKER QUIT IN PAST 15 yrs; 20 PACK YR SMOKING HISTORY; IN GOOD HEALTH.	55+ yrs: CBE & MAMMOGRAMS EVERY 1-2 yrs; DISCUSS WITH PROVIDER.	45-75 yrs: FOBT/FIT STOOL TEST EVERY YEAR; COLONOSCOPY EVERY 10 yrs; SIGMOIDOSCOPY EVERY 5 yrs; DISCUSS WITH PROVIDER.	DISCUSS SCREENING WITH PROVIDER. HIGH RISK ALL AGE GROUPS: DISCUSS WITH PROVIDER.	30-65 yrs: PAP SMEAR ALONE EVERY 3 yrs OR PAP WITH HPV TEST EVERY 5 yrs.	
61-80	DISCUSS LDCT SCAN WITH PROVIDER.	DISCUSS SCREENING WITH PROVIDER. HIGH RISK ALL AGE GROUPS: DISCUSS WITH PROVIDER.	76-85 yrs: DISCUSS WITH PROVIDER. HIGH RISK ALL AGE GROUPS: DISCUSS WITH PROVIDER.	FREQUENCY OF PROFESSIONAL SKIN EXAMS WITH PROVIDER.	30-65 yrs: PAP SMEAR ALONE EVERY 3 yrs OR PAP WITH HPV TEST EVERY 5 yrs.	
81+					65+ yrs: DISCUSS WITH PROVIDER.	
					65+ yrs: DISCUSS WITH PROVIDER.	

CANCERS/TEST OR PROCEDURE

MEN	LUNG	PROSTATE	COLORECTAL	SKIN
20-40		HIGH RISK 40-45 yrs: BEGIN PSA/DRE SCREENING DISCUSSIONS WITH PROVIDER.		ALL AGE GROUPS: SELF EXAMS TO BECOME FAMILIAR WITH SKIN NORMS AND CHANGES.
41-60	50-80 yrs: SMOKER OR FORMER SMOKER QUIT IN PAST 15 yrs; 20 PACK YR SMOKING HISTORY; IN GOOD HEALTH.	AVG RISK 50 yrs: BEGIN PSA/DRE SCREENING DISCUSSIONS WITH PROVIDER.	45-75 yrs: FOBT/FIT STOOL TEST EVERY YEAR; COLONOSCOPY EVERY 10 yrs; SIGMOIDOSCOPY EVERY 5 yrs; DISCUSS WITH PROVIDER.	DISCUSS SCREENING WITH PROVIDER. HIGH RISK ALL AGE GROUPS: DISCUSS WITH PROVIDER.
61-80	DISCUSS LDCT SCAN WITH PROVIDER.	CONTINUE SCREENING DISCUSSIONS WITH PROVIDER.	76-85 yrs: DISCUSS WITH PROVIDER. HIGH RISK ALL AGE GROUPS: DISCUSS WITH PROVIDER.	FREQUENCY OF PROFESSIONAL SKIN EXAMS WITH PROVIDER.
81+				

CANCER SCREENING ABBREVIATIONS & DEFINITIONS

Breast:

Clinical Breast Exam (CBE)

Colorectal:

Fecal Immunochemical Test (FIT)

Fecal Occult Blood Test (FOBT)

Cervical:

Human Papillomavirus (HPV)

Lung:

Low-Dose Computed Tomography (LDCT)

Ovarian:

Transvaginal Ultrasound (TVU)

Prostate:

Digital Rectal Exam (DRE)

Prostate-Specific Antigen (PSA)

High Risk Definition: Individuals having higher than normal risk for developing cancer due to genetics, lifestyle, health history, environment, race, etc.

Note: * Data Sources – American Cancer Society, Centers for Disease Control and Prevention, National Cancer Institute, United States Preventive Services Task Force

Cancer Screening & Early Detection Can Save Lives!