

**CANCER SCREENING GUIDELINES**

# Staying On Schedule Is Essential To Early Detection

Many people are aware of basic cancer screening tests such as mammograms, Pap tests, PSA exams and colonoscopies. But some people do not know which tests should be performed and at what age, according to a National Cancer Institute survey. Most of us rely on our physicians for these important prompts. In fact, according to the survey, the strongest predictor of whether a person will adhere to screening guidelines is a recommendation by a health care provider.

Screening tests are, in essence, a way of detecting cancer early before any symptoms arise. "Individuals should be screened regularly because it is important to diagnose cancer early," says Julio Pow-Sang, M.D., leader of Moffitt Cancer Center's Genitourinary Oncology Program. "Early diagnosis allows more options for treatment and increases the chances of better outcomes."



**For the most part, cancer found early can be treated more effectively, thereby increasing potential survival rates.**

The American Cancer Society (ACS) has developed cancer screening guidelines for people at average risk who are not experiencing any specific symptoms. These guidelines are for breast, colon, rectal, cervical, uterine and prostate cancer screenings. Other medical organizations, including the National Comprehensive Cancer Network (NCCN), have developed screening guidelines as well, which may differ in certain respects from those recommended by the ACS.

The cancer screening guidelines recommended by Moffitt Cancer Center (please see *Recommendations For People At Average Risk*) were developed based on guidelines recommended by the NCCN and the ACS. Regardless of which guidelines you and your physician follow, Dr. Pow-Sang says that what is most important is discussing the benefits and risks of screening with your physician as well as when it would be of most value to you to have a baseline screening first performed – and then continue with screening on a regular basis.



4117 East Fowler Avenue  
 Tampa, FL 33617  
 813-745-6769 • MOFFITT.org

- What are false positive results?
- Are PET scans for you?
- Keeping screenings on track.

Stories by Mary Beth Erskine

## What Makes An Effective Screening Test?

According to the National Cancer Institute, some screening tests have been proven to decrease the chance of dying from a particular cancer by finding the disease early when it is more easily treated. Other tests have been shown to find cancer, but clinical trials have yet to prove that these tests decrease the risk of dying from the cancer. Scientists continue to study screening tests to find those with the fewest risks and most benefits.

For a screening test to be useful, it must meet three essential criteria. According to Moffitt's Philippe Spiess, M.D., those criteria are:

- #1** The test should detect the disease at an early stage of its progression, when patients do not have symptoms and the disease would not otherwise be detected.
- #2** It must be minimally invasive (not involving an open surgical procedure) and easy to conduct as a simple clinical test, and ideally the screening test should be cost effective.
- #3** Early detection of the disease using the screening tool should improve treatment related outcomes for the specific disease being detected and overall patient survival.

## FALSE NEGATIVE, FALSE POSITIVE RESULTS

# What Do They Mean?

Patients should be aware that all screening tests are not 100 percent accurate. According to Moffitt epidemiologist Erin M. Siegel, Ph.D., M.P.H., "Guidelines balance both the benefits and harms of each test. While false positive and false negative test results do not occur very often, they are potential harms that could result but are considered with the overall benefits of screening."

### FALSE NEGATIVE

**Incorrectly indicates that a patient does not have disease (either cancer or precancerous tissue) when in fact disease is present.** It provides false reassurance, potentially leading a patient to ignore subsequent clinical signs and symptoms and may delay actual diagnosis and treatment.

**If you receive a negative screening test result: Remain aware of symptoms and report any to your doctor.** Continue to follow recommended guidelines for screening at specific intervals of time.

### FALSE POSITIVE

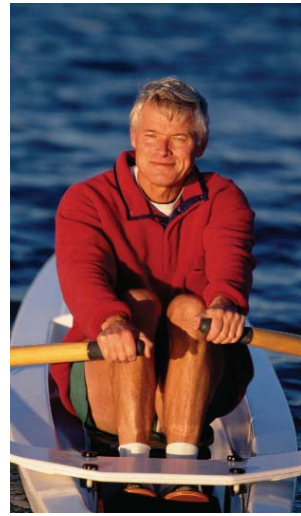
**A false positive screening result incorrectly indicates that a patient has disease (either cancer or precancerous tissue) when the patient does not have any abnormalities.** It can cause increased patient anxiety and can burden the patient and the health care system with unnecessary additional testing that generally is more invasive and carries higher risks of complication.

**If you receive a positive screening test result: Understand that you have not been diagnosed with cancer until more definitive testing is completed.** Follow your doctor's recommendations for additional testing in a timely manner to find out if you truly have cancer.

## Merits Of PSA Rise Above Debate

While some debate continues regarding the merits of a serum prostate-specific antigen (PSA) assessment, the test remains the most common screening tool for prostate cancer.

According to Philippe Spiess, M.D., the controversy exists because no single study has shown a benefit in terms of cancer survival in a population of patients with PSA screening in place. With that caveat, the American Urological Association continues to recommend the screening.



*PSA screening should be combined with a baseline digital rectal examination (DRE) beginning at age 40 and annually thereafter.*

"Over the past 25 years, we have observed in North America that PSA screening allows us to detect prostate cancer at an earlier stage of development," says Dr. Spiess. "Furthermore, recent studies have clearly shown that the surgical management of prostate cancer has survival benefits. Therefore, it makes inherent sense that prostate cancer screening would allow earlier surgical intervention with a survival benefit to patients."

**PSA screening should be combined with a baseline digital rectal examination (DRE) beginning at age 40 and annually thereafter.** "Twenty-five percent of patients have a malignancy detectable on DRE but only in the context of a normal serum PSA. The most effective means of screening is with an annual DRE and PSA measurement."

## Breast MRI Now Available At Lifetime

Sometimes a mammogram isn't enough. Breast MRI can be used to assess abnormalities found on a mammogram or ultrasound, as well as to evaluate breast implants, and can help provide your physician with more information before developing a surgical or treatment plan. Breast MRI is also used to screen for cancer in individuals with the highest risk of developing breast cancer.

**Together, breast MRI and a yearly mammogram provide a better chance of finding breast cancer in high-risk individuals at an early stage,** when it is easiest to treat and the chance of survival is greatest. MRI is not a substitute for mammography or ultrasound; rather, it provides additional information that supplements the results of these tests. Breast MRI screening is not recommended for women at low or average risk of developing breast cancer. Talk to your physician about whether a breast MRI is right for you.

Lifetime now provides breast MRI using the latest technology with the Sentinelle Medical Vanguard table and GE Signa MR system. Call 813-745-6769 to schedule your appointment. Please note that a prescription is required.

*MRI is not a substitute for mammography or ultrasound; rather, it provides additional information that supplements the results of these tests.*



# RECOMMENDATIONS FOR PEOPLE AT AVERAGE RISK

For both men and women it is important to keep your cancer screenings on schedule, based on your age.

The cancer screening guidelines used at Moffitt Cancer Center (right) were adopted from those developed by the National Comprehensive Cancer Network and the American Cancer Society. These exams are recommended for men and women who are at average risk for cancer. People who are at increased risk for certain cancers may need to work with their physician to develop a more aggressive, individual screening schedule.

## How Are PET Scans Used?

Positron emission tomography (PET) scanning is an important tool used in cancer imaging. It is a radiology procedure in which a radioactive glucose (sugar) is injected into a vein, and a scanner is used to make detailed computerized pictures of areas inside the body where the glucose is used. **Because cancer cells often metabolize glucose more quickly than normal cells, the pictures can be used to help find cancer cells in the body.** PET scans can play a significant role in determining if a mass is cancerous.

*Because PET scans have too many false positive and false negative results, they are not indicated for patients who do not have a history of cancer.*

A PET scan is not used as a cancer screening technique, notes Moffitt radiologist Claudia G. Berman, M.D. While they are helpful in evaluating and staging recurrent disease and in detecting large, more aggressive tumors, PET scans have a limited ability to detect small tumors.

## WOMEN'S Screening Guidelines

### 18 - 29

- Pap test annually
- Breast self-exam periodically
- Cancer-related checkup including thyroid, oral cavity, skin, lymph nodes, breasts and ovaries every 1 to 3 years

### 30 - 39

- Pap test every 2 to 3 years
- Breast self-exam periodically
- Cancer-related checkup including thyroid, oral cavity, skin, lymph nodes, breasts and ovaries every 1 to 3 years

### 40 - 49

- Screening mammogram and clinical breast exam annually
- Pap test every 2 to 3 years
- Breast self-exam periodically
- Cancer-related checkup including thyroid, oral cavity, skin, lymph nodes and ovaries every 1 to 3 years

### 50 - 69

- Colonoscopy every 10 years
- Screening mammogram and clinical breast exam each year
- Pap test every 2 to 3 years
- Breast self-exam periodically
- Cancer-related checkup including thyroid, oral cavity, skin, lymph nodes and ovaries every 1 to 2 years

*Women at high risk for cancer due to family history, certain signs or symptoms, or age over 70 years should have a specialized surveillance program designed with the help of a doctor. For example, women who have had an abnormal Pap test or have not had routine Pap tests in the past may need more frequent screening, and women with a family history of breast or ovarian cancer may need more frequent breast screening.*



## MEN'S Screening Guidelines

### 18 - 39

- Cancer-related checkup including thyroid, oral cavity, skin, lymph nodes and testes every 3 years

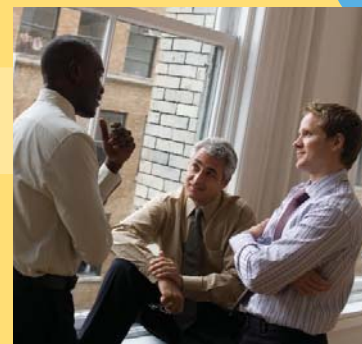
### 40 - 49

- Discussion with a health care provider regarding the risks/benefits of the prostate-specific antigen (PSA) test, digital rectal exam (DRE) and baseline PSA and DRE at age 40; annual follow-up or at age 45 and 50, depending on results
- Cancer-related checkup including thyroid, oral cavity, skin, lymph nodes and testes every 1 to 3 years

### 50 - 69

- Prostate screening (PSA blood test and DRE) annually
- Colonoscopy every 10 years
- Cancer-related checkup including thyroid, oral cavity, skin, lymph nodes and testes every 1 to 2 years

*Men at high risk for cancer due to family history, certain signs or symptoms, or age over 70 years should have a specialized surveillance program designed with the help of a doctor. For example, African-American men and men with a family history of prostate cancer should consider beginning screening at age 45.*





While we strive not to send duplicates of *Lifetime Choices*, we hope you will share yours with a friend if you receive more than one copy.

If you would like to be removed from the mailing list, please call 813-745-1355.



## AN OVERVIEW

# Common Screening Tests

Some of the more common cancer screening tests are listed below.

### BREAST CANCER

- **Clinical Breast Exam (CBE)** A health care provider performs an examination of the woman's breast to check for lumps and changes.
- **Breast Self-Exam** A woman checks her own breast for any irregularities.
- **Mammogram** An x-ray of the breast.
- **Breast MRI** Use of a magnetic field and radio waves, along with a computer, to produce a series of detailed pictures for women at high risk of breast cancer.

### COLON AND RECTAL CANCER

- **Fecal Occult Blood Test (FOBT) and Fecal Immunochemical Test (FIT)** A check for blood in the stool.
- **Flexible Sigmoidoscopy** Examination of the lower colon using a sigmoidoscope inserted into the rectum.
- **Colonoscopy** Examination of the entire colon using a colonoscope inserted into the rectum.

### CERVICAL CANCER

- **Pap Test** A procedure in which cells are scraped from the cervix for examination under a microscope.

### PROSTATE CANCER

- **Prostate-Specific Antigen (PSA) Exam** A blood test that checks the PSA level, a substance produced by the prostate that may be found in an increased amount in men who may have prostate cancer.
- **Digital Rectal Examination (DRE)** An examination in which a health care provider inserts a lubricated, gloved finger into the rectum to feel for abnormalities.