

## SCREENING FOR THE BIG THREE CANCERS: BREAST, CERVICAL and COLORECTAL



See your doctor for screening advice

## **SCREENING FOR THE BIG THREE CANCERS: BREAST, CERVICAL and COLORECTAL**

**Cancer is a serious, dreaded and all too common disease and sometimes we feel powerless to stop the onset of cancer cells. Yet, living a healthy lifestyle, being aware, knowing the risks, knowing what to watch for and regular screening are all effective methods to reduce the incidence and severity of cancer. Three common types of cancer that effect women are reviewed in this program. A quiz follows.**

### **Cancer screening saves lives!**

Breast, cervical and colon cancers can be prevented or will have a better treatment recovery rate if found early through regular cancer screening tests.

### **Why get screened?**

The real question is why not? Especially when health screening offers so many benefits. You'll get the "inside" story. It allows early detection of illness or disease and gives you peace of mind. As an early warning system, screening can help you avoid problems. If health issues are found, it allows for appropriate treatment sooner and better outcomes. Screening is easy, typically comfortable, and usually covered by your insurance. Best of all, it can help you live a long and healthy life.

### **What are cancer cells?**

**Cancer are abnormal invasive cells what happens when a group of cells grow "out of control". 8 Ways to reduce your risk of cancer are:**

- Be a non-smoker and avoid second-hand smoke.
- Eat a variety of healthy foods.
- Stay active and maintain a healthy weight.
- Protect yourself from sun and exposure to artificial tanning methods.
- Avoid or limit alcohol.
- Get immunized.
- Practice safe sex.
- Get screened regularly.

## **Breast Cancer**

Among Canadian women, breast cancer continues to be the most frequently diagnosed cancer with approximately 23,000 new cases annually, nearly twice as many as lung cancer. Breast cancer is the second leading cause of cancer mortality among women, and takes the lives of over 5,000 Canadian women every year.

### **Screening**

Breast Cancer is the most common cancer in women and the second leading cause of cancer death in women. Screening for breast cancer means checking a woman's breast for cancer before there are signs or symptoms of the disease. Experts agree that early detection is the key to cancer survival. Use the following screening schedule:

- Mammography (once every two years recommended for women ages 50 to 69)
- Clinical examination (once every two years recommended for women over 40)
- Self-examination monthly (BSE)

*Family history can play a role in whether an individual will develop breast cancer. If an immediate family member was diagnosed with breast cancer before menopause, a woman is at increased risk of developing breast cancer so adjust screening schedule.*

### **Signs and Symptoms**

If these signs or symptoms are detected, a doctor should be seen as soon as possible:

- A lump in the breast or under the arm area
- An inverted nipple
- Crusting or reddening of the nipple, or patchy areas on the nipple
- Discharge or bleeding from the nipple
- Changes to the shape and size of the breast
- Changes to the skin of the breast
- Changes in skin temperature of the breast

### **Risk Factors**

No one thing causes breast cancer, but there are a few common factors that seem to increase the risk of developing it:

- Family history of breast or ovarian cancer
- Early menstruation
- Late menopause
- Having taken hormone replacement therapy for more than five years
- Never having given birth

- Giving birth for the first time over the age of 30
- Dense breast tissue
- An increased number of non-cancerous cells in the breast
- Radiation treatment to the chest area before age 30
- Being over the age of 50
- Obesity and excessive alcohol consumption increase the risk and birth control pills slightly increase the risk as well.

### **Treatment**

Breast cancer treatment and care today is so customized that a specialized treatment plan is tailored to the needs of the individual patient. The health care team for cancer treatment will include a family physician, surgeon, oncologist and the cancer treatment team -nurses, nutritionists, and technicians, and depending on the circumstances, may include psychologists, physiotherapists, occupational therapists, counsellors, peer supports and professional supports. Family centered care is vital, especially with younger women.

Breast cancer treatment may include:

- A lumpectomy removes the tumour while conserving most of the breast.
- A mastectomy removes the entire breast and sometimes the lymph nodes.
- Radiation is used to treat many stages of breast cancer and frequently used after a lumpectomy.
- Biological therapy helps the body's immune system fight cancer.
- Herceptin to treat human epidermal growth factor positive (HER2) tumours.
- Life style changes - diet, exercise, clothing, hair adaptations, support system, etc.

### **Latest Research**

Treatment may include complementary therapies, MRI will detect if cancer has spread, and new research shows PARP inhibitor drugs may radically interfere with replication of cancer cells. The success rate for breast cancer treatment increases each year.

## **CERVICAL CANCER**

1,300 new cases of cervical cancer are expected to be diagnosed in Canadian women each year, with an estimated 380 deaths attributed to the disease.

**Screening:** Sexually active women should have a Pap test every one to three years. DNA tests for HPV have been shown to be more accurate than Pap tests in women over 30; however, this test is not available in all provinces, is not part of regular screening and is used in addition to, not as a replacement for, regular Pap testing.

### **Signs and Symptoms**

If any of these signs or symptoms are detected; a doctor should be seen ASAP.

- Pain during intercourse
- Longer and heavier menstrual periods, bleeding after menopause, more discharge from vagina than normal
- Lower back or pelvic pain
- Abnormal vaginal bleeding such as bleeding between menstrual periods or bleeding after sexual intercourse

### **Risk Factors**

No one thing causes cervical cancer, but a few common factors seem to increase the risk.

- Infection of the cervix with human papillomavirus (HPV)
- Early sexual activity
- Having many sexual partners or a sexual partner who has had many partners
- Smoking cigarettes
- Having a weak immune system
- Prolonged use of birth control pills
- Giving birth to many children
- Previous use of DES (Diethylstilbestrol) or having a mother who used it

**Cervical cancer treatment** may include:

- Surgery
- Radiation therapy
- Chemotherapy
- Immunotherapy
- Vaccine therapy

### **Latest Research**

Two vaccines, Gardasil and Cervarix, prevent infection by HPV, are approved in Canada, and are currently offered to girls at puberty. The DNA HPV test may become the norm.

## Colorectal Cancer

**Colorectal Cancer (CRC)** is the second most deadly form of cancer among men and women, second to lung cancer. If detected early, it is highly treatable and need not become deadly. In the vast majority of cases it is preventable, not inevitable. Each year in Canada, thousands of people are diagnosed with advanced colon cancer. The reason is: shyness. Embarrassment can cause patients and doctors to resist talking about it. Patients can be hesitant to talk about changes in bowel movements, blood in their stools, and unexplained fatigue. There is reluctance to be screened. Having someone peer up your bottom is not something people even want to think about, much less request! Being screened as part of a regular physical exam could save your life and it's not as painful or embarrassing as you might suspect. People at higher risk or who exhibit common signs of CRC should not delay. **DON'T DIE OF EMBARRASSMENT.**

### **Risk factors for polyps and colon cancer include:**

- over 50 years of age
- smoking
- drinking - people who smoke and drink are at 4 times the average risk
- lack of exercise
- diet heavy in meat, fat, and protein
- history of ulcerative colitis or Crohn's disease
- family history of polyps, colon cancer, or cancers of female reproductive organs (ovarian cancer, endometrial cancer, breast cancer)
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- Like most cancers, colon cancer appears to be partly genetic, partly environmental, and partly random. Some families have genes that cause them to develop thousands of polyps and give them a higher probability of colon cancer. Other families lack this gene, but still have a higher incidence of colon cancer. People whose families have never known the disease can still get colon cancer.
- The most important risk factor for colorectal cancer is age. 92% occur in people 50 years of age and older. So, when you turn 50, get screened for colon cancer. If you have a history in your family or a history of certain diseases of the bowel, begin screening earlier.

### **Warning Signs of Colorectal cancer**

- Blood in or on the stool (either bright red or very dark in colour).
- A persistent change in normal bowel habits such as diarrhea, constipation or both, for no apparent reason
- Frequent or constant cramps if they last for more than a few days
- Stools that are narrower than usual
- General stomach discomfort (bloating, fullness and/or cramps)
- Frequent gas pains
- A strong and continuing need to move your bowels, but with little stool
- Weight loss for no known reason
- Constant tiredness
- A feeling that the bowel does not empty completely

### **Screening**

- Fecal Occult Blood Test (every two years over 50)

The recommended and easiest way to find colorectal cancer early is a fecal occult blood test (FOBT). FOBT is a simple test that you do at home. To do an FOBT, collect stool samples at home from 2 or 3 separate bowel movements. Place the samples on a special stool collection card or in the container. Then take the stool collection cards to a medical laboratory or mail in the cards or containers. To avoid false positive tests, avoid these foods for 3 days prior to testing - red meat, grapefruit, broccoli, cabbage or turnips.

- With symptoms, family history or a positive FOBT, the best screening is a colonoscopy.
- Follow-up for a positive test could include a colonoscopy, double contrast barium enema (an x-ray of the large intestine) and sigmoidoscopy.

### **Treatment for CRC includes:**

- **Surgery**
- **Radiation**
- **Chemotherapy**

### **Latest Research**

New and promising biological therapies are being used to treat some stages of colorectal cancer. Biological therapy is a treatment that uses the immune system to fight cancer or to help control side effects of other cancer treatments. Natural body substances or drugs are used to boost the body's own defences against illness. Some biological drugs can target specific cells without damaging healthy cells.

## **Screening programs on PEI**

### **Colon Cancer**

#### Colorectal Cancer Screening

If you're over 50, have a fecal occult blood test (FOBT) At least every 2 years. For local information please call PEI Colorectal Cancer Screening Program: 1-888-561-2233

### **Cervical Cancer**

#### Pap Screening Program

More than 90 per cent of cervical cancer can be prevented by regular screening with the Pap test. Make an appointment with your doctor; or make an appointment at the Pap Screening Clinic in Cornwall by calling 368-2010 or toll-free 1-866-818-7277. The Pap Screening Clinic is available to women between the ages of 18 and 69 who have not had a Pap test within the past two years.

### **Breast Cancer**

#### Breast Screening Program

The PEI Breast Screening Program makes early detection of breast cancer available to PEI women. You do not need a doctor's referral to come to a Breast Screening Clinic. Appointments are necessary. To book your mammograms please contact P.E.I. Breast Screening program: Toll free @ 1-888-592-9888

### **Coping with cancer**

Whether a person is newly diagnosed, in active treatment, in remission or in final stages of the disease, they need to deal with many day-to-day issues, make tough decisions, and cope with a range of emotions. A Support System is important. Offering drives to the doctor or therapy, diversion, notes, practical gifts, spiritual messages of hope are all ways to help. Most importantly, stay in touch and ask how you can assist. Caring for someone with cancer is very stressful so don't forget the caregiver!

**{Send copies of Get Screened pamphlet -available at PEIWI office}**

Sources:

Websites:     [www.getscreened.com](http://www.getscreened.com)  
                  [www.getscreenedpei.ca](http://www.getscreenedpei.ca)  
                  [www.cancer.ca](http://www.cancer.ca)

## **QUIZ**

## **True or False**

- 1. The best way to ensure early detection of cancer cells is screening. T - F**
- 2. A physician who specializes in cancer treatment is an optometrist. T - F**
- 3. There is very little people can do to prevent cancer. T - F**
- 4. A positive fecal occult blood sample always means cancer. T - F**
- 5. The HPV vaccine will dramatically reduce cervical cancer in the future. T - F**
- 6. Only medical doctors can screen for cancer cells. T - F**
- 7. Regular Mammography screening eliminates the danger of breast cancer. T - F**
- 8. The main reason people avoid regular screening is embarrassment. T - F**
- 9. PEI has a network of cancer screening programs province wide. T - F**
- 10. Recovery rates for breast cancer have remained the same for many years. T - F**

## ANSWERS

1. True. Screening gets to see the “inside” view.
2. False. An oncologist is a cancer specialist.
3. False. Lifestyle is very important.
4. False. Some foods and medications will produce a false positive reading.
5. True. That’s why the money is put into this vaccine program.
6. False. There’s an extensive range of options for screening on PEI and elsewhere.
7. False. A mammogram is only one approach. A woman’s awareness of the appearance and feel of her own breasts is equally important.
8. True; according to recent research.
9. True. See map on website of Canadian Cancer Society, PEI Division.
10. False. Early detection and improved treatment have greatly reduced mortality rates.

