

# Cancer

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There are more than one hundred types of cancer, all characterized by the uncontrolled growth and spread of abnormal cells that have the potential to invade and destroy normal body tissue. At first, most solid cancers are localized, with cancer cells confined to their original site. However, over time, these cancer cells may spread, or metastasize, to other parts of the body. Some less common cancers of the bloodstream, such as leukemia, involve the body more generally at the time of presentation. The most common cancer types that lead to death include lung, breast, colorectal, and prostate. Skin cancers are by far the most common type of cancer, especially among older adults, but less frequently lead to death. Treatments for cancer can be most effective when the cancer is localized; once cancer has spread, treatment is more difficult and less effective.

## **The Risks of Ignoring Information on Cancer**

The fear of being diagnosed with cancer is common. This fear often prevents people from obtaining accurate information about cancer and the appropriate ways to prevent it. Many individuals are so fearful of cancer that they do not want to know much about it or participate in screenings that might detect it. Often, this fear is combined with a fatalistic view of cancer—a belief that there is little that can be done to prevent cancer and that there are virtually no effective treatments. The main risk of ignoring the risk of cancer and avoiding cancer screenings is that a potentially treatable and manageable cancer disease is not discovered until it progresses to an advanced stage, where treatment may be far less effective. People need to know that there are steps

they can take to reduce the risk of developing cancer, especially advanced cancer, and that these steps can result in cures.

## **What Can Be Done to Prevent Cancer?**

It is important that cancer be detected and treated as early as possible. Currently, there are several cancers that have available screenings. The American Cancer Society recommends the following screening tests:

- ***Breast cancer screening***

This is accomplished by mammograms. Currently, it is recommended that women of average risk between the ages of 40 and 44 discuss the risks and benefits of screening with their primary care physician. Women with a parent, sibling, or child with breast cancer are at higher risk for breast cancer and thus may benefit more than average-risk women from beginning screening in their 40s. All women between the ages of 45 and 54 are recommended to undergo screening with mammograms every year. At age 55, women may consider mammogram screenings every other year or continue with their annual screening. These screenings should continue as long as a woman is in good health and can expect to live 10 or more years.

- ***Colon and rectal cancer screening***

Starting at the age of 50, both men and women should undergo a colorectal screening test. The gold standard is a colonoscopy, as it evaluates the entire colon and rectum, and may offer the ability to remove precancerous lesions; however, colonoscopies carry risks with them that are associated with anesthesia

and the procedure itself. Less invasive tests include a flexible sigmoidoscopy; however, this test does not evaluate the entire colon and may miss cancer lesions at other parts of the colon. Finally, radiographic tests for colorectal cancers (double-contrast barium enema tests or CT colonographies) could be used for screening. The issue here is that if a polyp is seen, a colonoscopy will be recommended for further evaluation. Colonoscopy screenings, if negative, can be done every 10 years, while the other studies should be performed every 5 years. There also are tests that can look just at one's stools (a fecal occult blood test or stool DNA testing). Individuals should discuss the various tests with their health care provider to see if they are an appropriate candidate for them.

- ***Cervical cancer screening***

Women, beginning at the age of 21, should have cervical exams, called Pap tests, every 3 years. Beginning at the age of 30, women can have Pap tests every 5 years with concurrent screening for human papillomavirus (HPV). After the age of 65, women who have had regular cervical cancer testing in the past 10 years with normal results may consider stopping the test. Note that even if one has received a vaccine against HPV, the common virus known to cause cervical cancer, women still should undergo these cervical cancer screening tests.

- ***Lung cancer screening***

This screening test, essentially a CT scan of the chest, is only recommended for high-risk patients. A high-risk patient is someone aged 55 to 74 who has a long smoking history (the equivalent of one pack per day for 30 years) and is either still smoking or has quit within 15 years.

- ***Prostate cancer screening***

Starting at age 50, men should talk with their health care provider about the benefits and risks of prostate cancer screening. While there are tests (a PSA blood test and a rectal exam) for prostate cancer screening, current research is undecided if the benefits of these tests outweigh the risks associated with testing and treatment. Therefore, it is recommended that men discuss their family history and any current symptoms with their health care provider before deciding whether or not to be tested.

- ***Testicular cancer screening***

Testicular cancer is more common in young men, and it is recommended that screening be done from age 16 or around the onset of puberty to age 40. Men should discuss with their health care provider the appropriate way to perform self-examinations and report to their provider any worrisome findings. Physical examination by a health care provider is the gold standard in screening, and if there are abnormal findings, further imaging tests can be performed.

- ***Skin cancer screening***

While this is not recommended for everyone, persons with a strong family history of skin cancer, especially melanoma, and/or significant sun exposure should discuss with their health care provider if they should have a skin exam.

For each of these screening recommendations, high-risk patients (e.g., strong family history) should discuss with their health care provider if they should begin screening earlier than the recommended age.