

## **“An Ounce of Prevention is Greater than a Pound of Cure” – Cancer Screening and Your Health**

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The ability to prevent cancer by simple, safe screening tests is one of the great successes and promising fronts in modern medicine. In many cases, broad initiation of cancer screening has decreased the rate of death from disease. I'm sure you know someone who has had, for instance, a colonoscopy. In fact, you may know someone who's been cured or had their life prolonged due to early cancer detection.

Unfortunately, effective screening tests do not exist for all cancers. For example, at one point it was thought that smokers would benefit from a yearly chest x-ray. However, it was shown that while this practice extended the length of time that someone knew they had cancer, it did not increase their life span or quality of life. In fact, many would say that their quality of life decreased since the patient had to deal with a cancer diagnosis for a longer period of time.

So, you may ask, what am I to do? Is cancer screening worthwhile? Thankfully, we live at a time where much research has been completed to determine the usefulness of particular tests. There are research based guidelines that show the lifesaving character of many tests. Controversy over the details of these guidelines may remain, but for most there is broad agreement over the principles of screening.

The guidelines that follow are taken from various government or physician group committees that review the research. Ranges are used to reflect the differing opinions of different groups. All the recommendations are for patients at an average risk for cancer. Consult your physician if you have any of the risk factors listed (other than gender) as you may need more aggressive screening. Also, note that many risk factors are lifestyle related and can be changed. Commit to positive changes for your health and seek the support from others in doing so. Lifestyle modification is often the best thing you can do to prevent cancer!!

There are many other types of cancer, including testicular, endometrial, ovarian, lung, liver, oral, pancreatic, and stomach cancer. However, for average risk individuals, regular screening has not been proven beneficial. If you think you may be at higher risk for any cancer consult your doctor for any lifestyle changes or screening tests he/she feels are appropriate.

A worksheet at the end of the article is for you and your primary doctor to talk through to formulate your personal cancer prevention strategy. Coming up with your own personal “Game Plan” in the battle against cancer is a great way to take ownership of your health. Physicians are often hard pressed and, without your reminders, screening exams may be missed. Working as a team, you and your doctor can do your best to prevent or catch cancer before it is too late.

### **Colorectal Cancer**

Risk Factors – Ulcerative Colitis, Previous Colon cancer, Previously found “high risk adenomatous polyps”, Familial Cancer Syndromes (“HNPCC”, “FAP”)

#### **RECOMMENDATIONS:**

Once over 50 years old:

Colonoscopy every 10 years  
OR  
Annual Fecal Occult Blood Test  
(a test that detects blood in your stool)  
+  
Sigmoidoscopy every 3-5 years

### **Melanoma**

Risk Factors – Melanoma in a first degree relative, Familial Melanoma syndrome, Heavy sun or very heavy artificial tanning exposure (especially use under 30 years old), fair complexion w/freckling and blue eyes and blond hair, High number of moles, Congenital mole >5cm in diameter, history of other skin cancers

#### **RECOMMENDATIONS:**

Annual exam for those with high risk.  
Sun screen and protective clothing for all.

### **Breast Cancer**

Risk Factors – First degree relative w/breast cancer, Early onset of menses, Late menopause, Never having delivered a child, Not having a full pregnancy until over 30 years old, Previous history of breast cancer, Estrogen therapy especially when combined with progesterone use.

### **RECOMMENDATIONS:**

Once over 50 years old (although some recommend mammography every 1-2 years after 40 years old):

Mammography every 1-2 years  
+  
Physician Breast Exam every year

### **Prostate Cancer**

Risk Factors – Male over 60 years of age, African American, Family History of Prostate Cancer in 1<sup>st</sup> degree relative, exposure to chemical carcinogens, history of sexually transmitted diseases.

### **RECOMMENDATIONS:**

There is much debate over the usefulness of prostate cancer screening. Consult your primary doctor. Some recommend the following approach once over 50 years old:

Digital Rectal Exam  
+/-  
Blood “Prostate Specific Antigen” level

### **Cervical Cancer**

Risk Factors – 18 or younger at first sexual intercourse, Numerous sexual partners, Smoking, low socioeconomic status.

### **RECOMMENDATIONS:**

Pap Smear every 1-3 years  
+  
Pelvic exam every 1-3 years

### **References –**

1. Mark Dambro, MD. Griffith's Five Minute Clinical Consult 2003, version 6.0.163/2003.7.16
2. Zoorob, Roger et al. Cancer Screening Guidelines . American Family Physician, Volume 63, Number 6. March 15, 2001. pgs 1101-1112

**See “My Cancer Screening Game Plan” on following page.**

**My Cancer Screening Game Plan**

Screening Test    How often?    Dates completed and result:			
Colorectal CA			
<i>Women:</i>			
Breast CA			
Cervical CA			
<i>Men:</i>			
Prostate CA			
OTHER:			