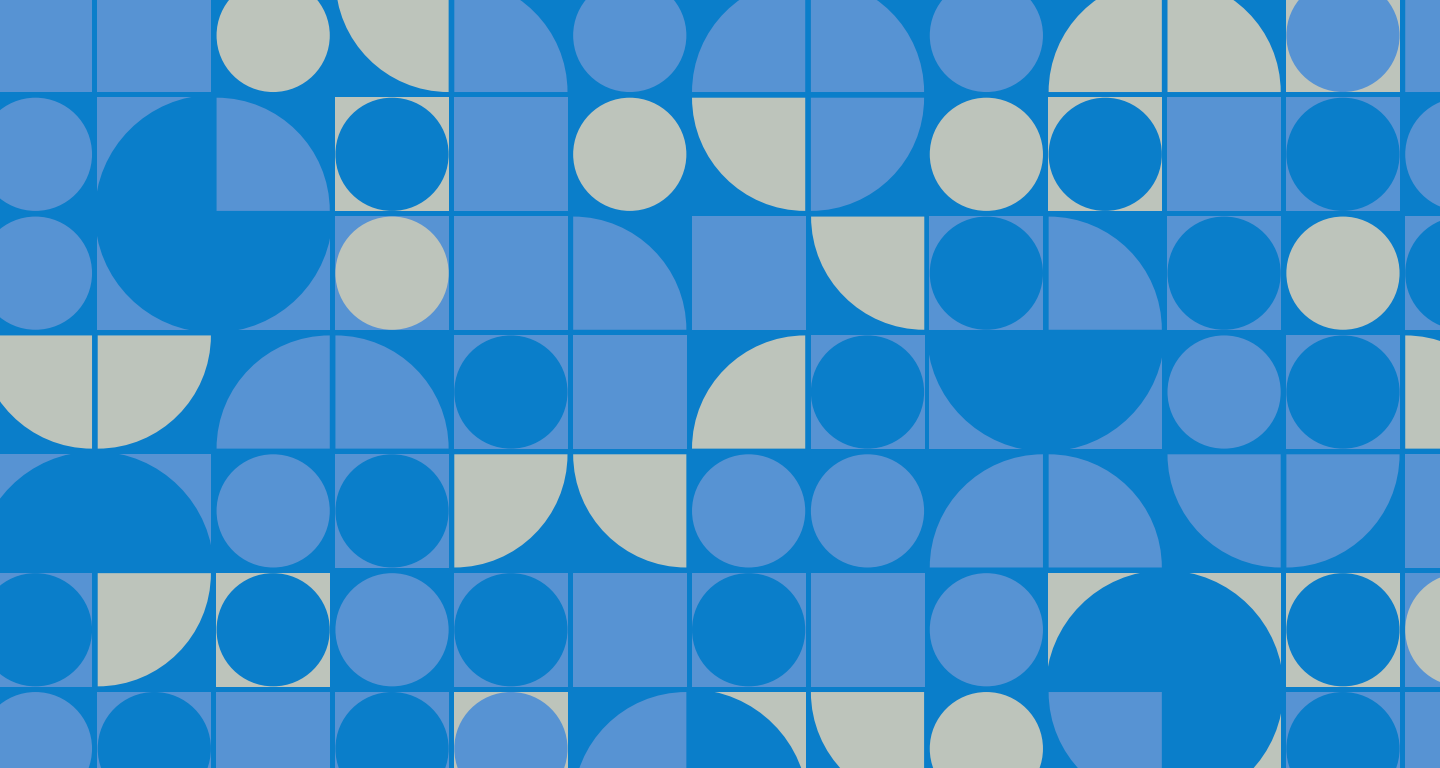


Cancer Prevention Screening Guidelines

THE UNIVERSITY OF TEXAS

MD Anderson
~~Cancer~~ Center

Making Cancer History®



Cancer Prevention Screening Guidelines

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Breast Screening

Average risk women who are between the ages of 25 and 39 should get a clinical breast exam every 1 to 3 years.

Average risk women who are 40 years of age or older should get a mammogram and clinical breast exam every year to check for breast cancer.

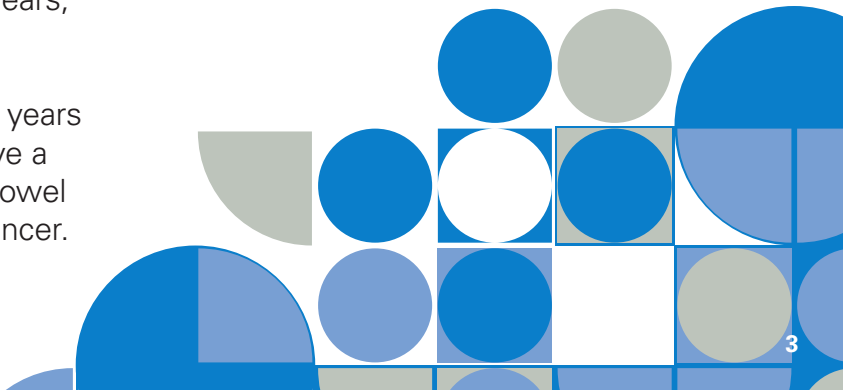
Women at increased risk may need different tests or to be tested more often.

Colon Screening

Men and women at average risk for colorectal cancer should get a screening colonoscopy every 10 years, beginning at age 45. Or a virtual colonoscopy can be done every 5 years. An at-home stool test can be done every year or every 3 years, depending on the test.

You are at average risk if you are 45 years of age or older and if you do not have a history of adenoma, inflammatory bowel disease or family history of colon cancer.

If you are between the ages of 76 and 85, your doctor can help you decide if you should continue screening. MD Anderson does not recommend screening after age 85.





Gynecologic Screening

Women between the ages of 21 and 29 should get a Pap test every 3 years to check for cervical cancer.

Women between the ages of 30 and 64 should get an HPV test with or without a Pap test every 5 years (preferred) or a Pap test every 3 years to check for cervical cancer.

Talk with your doctor about whether you need screening after age 65.



Prostate Screening

Men ages 45 to 49 should speak with their health care provider about the benefits and risks of prostate screening. If you choose prostate cancer screening, begin at age 45 with a baseline PSA test. Strongly consider a baseline digital rectal exam. Keep testing based on your previous test results.

Men between the ages of 50 and 74 who choose prostate cancer screening should continue testing based on previous test results.

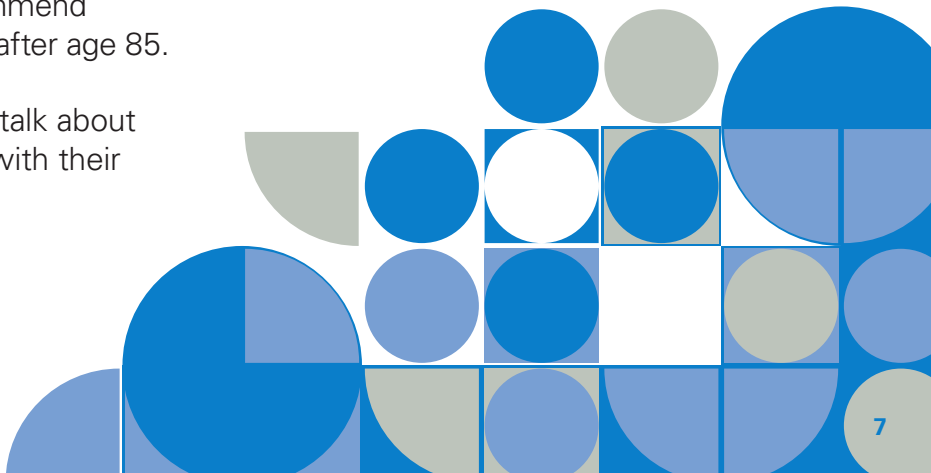
Men age 75 or older should discuss screening with their doctor. Your doctor can help you decide if you should continue screening for prostate cancer.

MD Anderson does not recommend screening for prostate cancer after age 85.

Men at increased risk should talk about screening risks and benefits with their health care team at age 40.

You are at increased risk for prostate cancer if you:

- Have a family history of prostate cancer
- Are Black or African American





Lung Screening

At this time, lung cancer screening is recommended only for adults at high risk. That is because they have a higher chance of getting the disease. You should get screened for lung cancer if you answer yes to all 3 bullets:

- Are between the ages of 50 and 80, and
- Are a current smoker or former smoker who quit in the past 15 years, and
- Have a 20 pack-year smoking history. For example, 1 pack a day for 20 years or 2 packs a day for 10 years.

If you fall into this group, get a low-dose computerized tomography (CT or CAT) scan every year.

Skin Screening

Everyone should be aware of how their skin looks and feels. This means you should be able to notice changes such as a mole getting bigger or changing shape. Report those changes to your doctor as soon as possible.

Yearly skin cancer screening is only recommended for adults at increased risk. That is because they have a higher chance of getting the disease.

People at increased risk include those with:

- Red or blond hair
- Fair skin, freckles
- Blue or light-colored eyes
- More than 50 moles
- A history of frequent or intense sun exposure
- One or more blistering sunburns
- Family history of melanoma
- Personal history of melanoma, basal cell or squamous cell skin cancers



Nutrition Guidelines

A healthy diet can help you maintain a healthy weight and lower your risk for cancer and other diseases. Follow these suggestions for a plant-based diet.

- Fill at least two-thirds (2/3) of your plate with whole grains, vegetables, fruits, beans, nuts and seeds. Fill the remaining one-third (1/3) of your plate with lean animal proteins such as fish and chicken, or plant-based proteins like tofu.
- Eat no more than 18 ounces of red meat per week. Red meat includes beef, pork and lamb. One serving of red meat is 3 ounces, which is about the size of a deck of cards.
- Limit how much processed and fast foods you eat. These are often high in fat, starches and sugars.
- Limit processed meats such as bacon, hot dogs and deli meats. Eat as little of these as possible.
- Limit how much sugar-sweetened beverages you drink. Drink mostly water and unsweetened drinks.



Physical Activity Guidelines

Staying active can help you lower your risk of many types of cancer including breast, colorectal and uterine cancer. Follow these recommendations:

Sit less. Extended periods of time sitting increases your cancer risk. This is true even if you exercise often. Sitting too much also increases your risk for obesity, which leads to cancer and other chronic diseases. Try to get up and move for at least 1 to 2 minutes every hour you are awake.

Get active. Aim for at least 150 minutes of moderate exercise or 75 minutes of vigorous exercise each week. It's best to do a combination of both. You do not have to do it all at one time. You can split up your activity into short intervals of as little as 10 minutes at a time.

Build strength. Perform muscle strengthening exercises at least 2 times a week. Strength training helps you maintain a healthy weight by building muscle, which boosts your metabolism. Strength training, also called resistance training, should be done in addition to moderate and vigorous exercise.



Tobacco Use

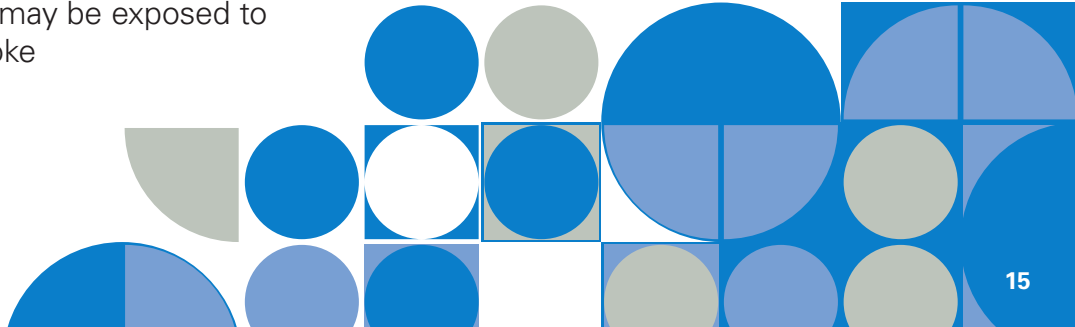
Tobacco use causes at least 30% (3 out of 10) of all cancer deaths. Smoking causes 90% (9 out of 10) of all lung cancers. The single best thing you can do for your health is stop using all tobacco products.

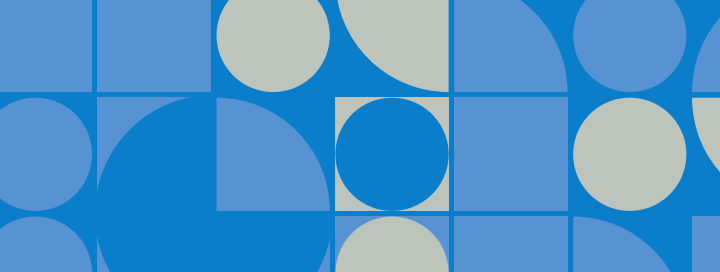
Tobacco use has been shown to reduce how well cancer treatments work. Benefits of quitting tobacco products include:

- Improved cancer treatments, including recovery, recurrence rates and quality of life

- Reduced risk of developing certain cancers such as cancer of the mouth, throat and esophagus, as well as lung, bladder and pancreatic cancer
- Reduced risk of stroke after 5 to 15 years of quitting
- Reduced risk of heart disease by one half after 1 year of quitting
- Reduced health risk to those around you who may be exposed to secondhand smoke

MD Anderson's Tobacco Treatment Program offers tobacco-cessation services, which include behavioral counseling and tobacco-cessation medicines. This program is at no cost to MD Anderson patients who are currently using tobacco or who have quit using in the past 12 months.





Alcohol Use

To help prevent cancer, it is best not to drink alcohol. Drinking alcohol is the 3rd leading modifiable factor that increases your cancer risk. Modifiable means you can change your drinking behavior. Drinking alcohol comes in 3rd behind cigarette smoking and being overweight (obesity).

HPV Vaccine

Human Papillomavirus (HPV) is spread through intimate skin-to-skin contact. Most cases are through sexual contact. However, people who have not had sexual contact can become infected. About 80% (8 out of 10) people will get HPV at some point in their life. Many will not have any symptoms.

- HPV raises your risk for:
 - Cervical cancer
 - Oral cancer
 - Vulvar cancer
 - Vaginal cancer
 - Anal cancer
 - Penile cancer

HPV vaccine facts

- The HPV vaccine is a safe and effective vaccination against cancer.
- It prevents cervical cancer, anal cancer, vaginal cancer, vulvar cancer and anal and genital warts associated with certain HPV types. The HPV vaccine

may also reduce your risk of other HPV-related lesions of the throat and penis.

- Everyone between the ages of 9 and 26 are encouraged to get the HPV vaccine. It is most effective when given at ages 11 to 12.
- Condom use lowers but does not eliminate the risk of HPV.
- In women, there is an increased risk of developing cervical cancer when a constant HPV infection is combined with tobacco use, poor nutrition and weakened immune systems.



Hepatitis B and C

Hepatitis is an inflammation of the liver. There is no cure for hepatitis B or C. If treatment is not effective, it can cause long-term illness. This can lead to liver damage and liver cancer.

Hepatitis B causes swelling and inflammation and can remain in your liver long after an active infection has passed. Many people are not aware that they have been affected by hepatitis B.

Hepatitis B facts and risks

- Hepatitis B is spread through blood, semen and vaginal fluid, blood transfusions, sexual contact with an infected person, unclean tattoo or acupuncture instruments, from mother to child during childbirth or sharing needles, toothbrushes, razors or nail clippers of an infected person.
- You could be at an increased risk of hepatitis B infection if you live with an infected person, are involved in activities that increase your exposure

to human blood or body fluids or live in a country where hepatitis B infections are more common.

- Symptoms can include fatigue and yellowing of your eyes or skin.

Hepatitis C attacks your liver. It is the most common bloodborne infection in the United States and can cause chronic liver disease, liver cancer and lymphoma.

Hepatitis C facts and risks

- Risk factors include people: born between 1945 and 1965; with a history of injected illegal drug use;

who received blood transfusions or organ transplants before 1992; who receive dialysis; who have an HIV infection; and those exposed to bodily fluids of an infected person through unprotected sex, birth or working in professions with increased exposure.

- There are no vaccines to prevent hepatitis C and most adults should be screened for it.
- Treatment for hepatitis C is about 90% (9 out of 10) effective. This is with newer medicines which have fewer side effects.



Sun Safety

One of the key things you can do to reduce your risk for cancer is to protect your skin from ultraviolet radiation from the sun.

Ultraviolet (UV) A and B rays are present in sunlight and can cause skin cancer and aging. Tanning beds can also cause the same skin damage as the sun.

To reduce UV exposure, consider the following guidelines:

- If possible, try not to be in the sun

between 10 a.m. and 4 p.m. when the UV rays are strongest.

- Remember that UV rays are still present on cloudy and cool days.
- Do not use tanning beds, panels or lamps.
- Always use skin protection such as sunscreen and protective clothing.

Tips for using sun protections:

- Use lip balms with SPF of 30 or higher.
- Talk with your doctor or pharmacist about which prescription medicines can make your skin more sensitive to sunlight.

- Stop using sunscreen if you notice a rash and talk with your doctor about other options. It is best to test new products for a 24-hour period before you apply them all over your skin.
- Put on sunscreen 30 minutes before you go into the sun and reapply every 2 hours while you are in the sun.
- Check product labels for how to use spray or water-resistant sunscreen.
- Wear sunglasses with both UVA and UVB protection.

Family History

Your family medical history can help you know more about your cancer risk and determine cancer screening for you and your family. It provides information about:

- Genetic cancers - To help you understand your risk of developing a cancer passed down in your family.
- Family cancer screenings - To help doctors understand which of your family members may be at higher risk for cancer and therefore may need more cancer screening exams.

Tips for gathering family history information:

- Talk with older relatives during family gatherings.
- Collect hospital records and death certificates.
- Consider the best ways to collect health history from individuals. It is personal and may be considered private. Use your knowledge of a family member's cultural perception and individual personality when discussing family medical history. Remember

that any information is better than no information.

Create your own medical history family tree. This would include the following information:

- Health information from first-degree relatives (parents, siblings, children), second-degree relatives (nieces, nephews, aunts, uncles, grandparents) and third-degree relatives (cousins, great aunts or uncles), including birth date and age at death, if appropriate. Be sure to include:
 - Living and deceased people on

both sides of your family, as well as birth date and age at death.

- Relatives who had and have not had cancers.
- Types of cancers, the organs affected by the cancer, age of onset and if there were multiple cancers involved.
- Your general ancestry, for example, the countries your ancestors came from.

Remember to keep the information you collect so that it is available to your children.



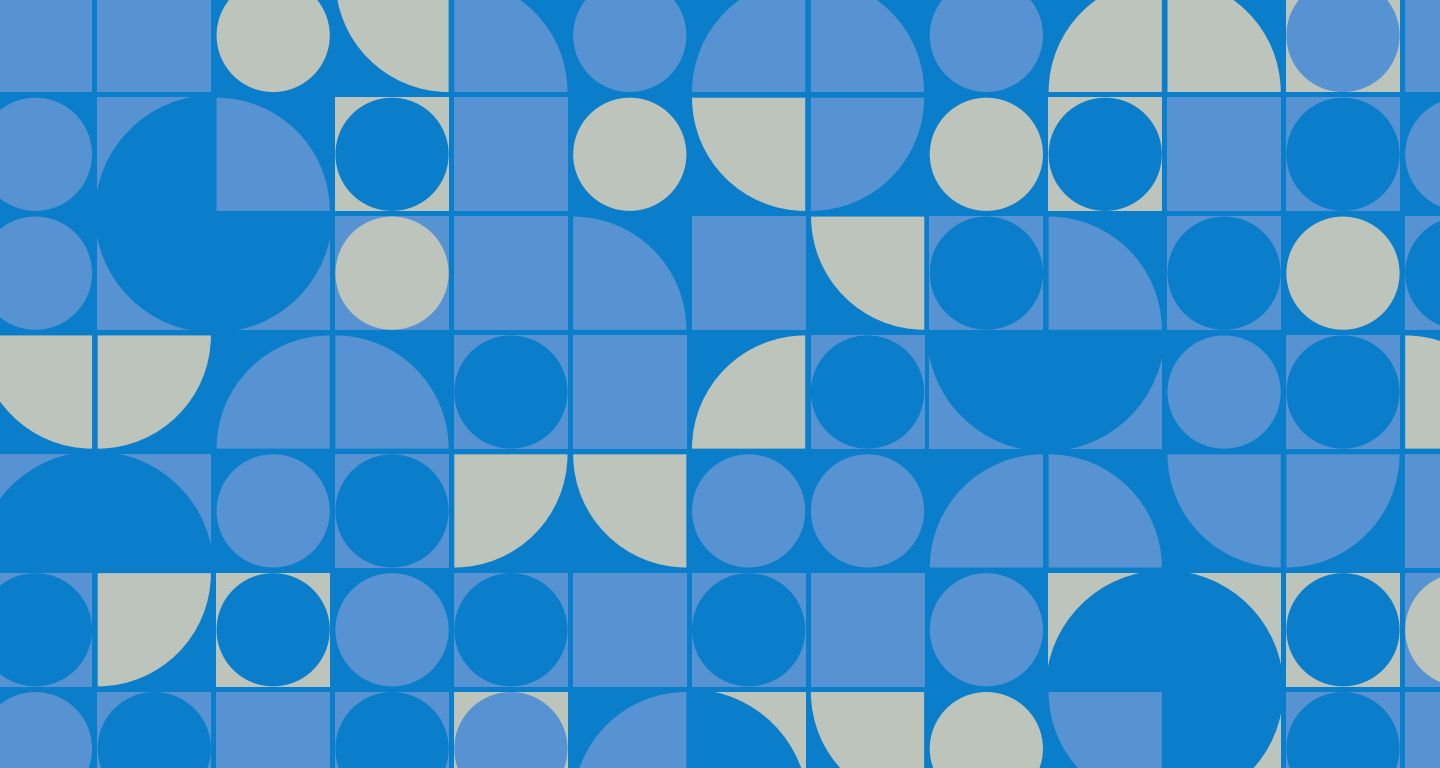
Additional Resources

For more information, ask for a copy of any of the following patient education handouts or view them on MyChart. You can also ask for a copy of recommended resources on any of the topics.

- Cancer Prevention Center
- Lung Cancer Screening
- Skin Cancer
- Cancer Risk Reduction Through Nutrition
- Cancer Risk Reduction With Nutrition: Benefits
- Physical Activity and Exercise

- Smoking: Preparing to Quit
- Smoking: Benefits of Quitting
- Human Papilloma Virus (HPV)
- Hepatitis B
- Hepatitis C
- Sun and Skin Safety
- Family History: Gathering Information About Cancer

For more information on alcohol and cancer read the Cancerwise article titled 7 things to know about alcohol and cancer. https://bit.ly/MDA_CancerandAlcohol



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