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CANCER CENTER

CANCER SCREENING THROUGH THE AGES

BY

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## CANCER STATISTICS U.S. 2022

**Children:** 10,470 children diagnosed <15yrs; 1050 deaths; 2nd leading cause of deaths; 85% 5 yr survival

Childhood cancer rates have been rising slightly for the past few decades.

**Teenagers:** 5,000 to 6,000 adolescents (aged 15 to 19) are diagnosed with cancer each year; 500 to 600 deaths; 4th leading cause of death; 90% survival in girls and 83% survival in boys at 5 yrs

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## Cancers in Adults

Figure 3. Leading Sites of New Cancer Cases and Deaths – 2022 Estimates

	Male			Female		
Estimated New Cases	Prostate	268,490	27%	Breast	287,850	31%
	Lung & bronchus	117,910	12%	Lung & bronchus	118,830	13%
	Colon & rectum	80,690	8%	Colon & rectum	70,340	8%
	Urinary bladder	61,700	6%	Uterine corpus	65,950	7%
	Melanoma of the skin	57,180	6%	Melanoma of the skin	42,600	5%
	Kidney & renal pelvis	50,290	5%	Non-Hodgkin lymphoma	36,350	4%
	Non-Hodgkin lymphoma	44,120	4%	Thyroid	31,940	3%
	Oral cavity & pharynx	38,700	4%	Pancreas	29,240	3%
	Leukemia	35,810	4%	Kidney & renal pelvis	28,710	3%
	Pancreas	32,970	3%	Leukemia	24,840	3%
<b>All sites</b>	<b>983,160</b>		<b>All sites</b>	<b>934,870</b>		
Estimated Deaths	Lung & bronchus	68,820	21%	Lung & bronchus	61,360	21%
	Prostate	34,500	11%	Breast	43,250	15%
	Colon & rectum	28,400	9%	Colon & rectum	24,180	8%
	Pancreas	25,970	8%	Pancreas	23,860	8%
	Liver & intrahepatic bile duct	20,420	6%	Ovary	12,810	4%
	Leukemia	14,020	4%	Uterine corpus	12,550	4%
	Esophagus	13,250	4%	Liver & intrahepatic bile duct	10,100	4%
	Urinary bladder	12,120	4%	Leukemia	9,980	3%
	Non-Hodgkin lymphoma	11,700	4%	Non-Hodgkin lymphoma	8,550	3%
	Brain & other nervous system	10,710	3%	Brain & other nervous system	7,570	3%
<b>All sites</b>	<b>322,090</b>		<b>All sites</b>	<b>287,270</b>		

Estimates are rounded to the nearest 10, and cases exclude basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder. Estimates do not include Puerto Rico or other US territories. Ranking is based on modeled projections and may differ from the most recent observed data.

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## SCREENINGS

- CHILDREN
- TEENAGERS
- WOMEN: BREAST, CERVICAL, UTERINE, OVARIAN
- MEN AND WOMEN: LUNG, PANCREAS, SKIN, HEAD AND NECK, COLORECTAL
- MEN: PROSTATE, TESTICULAR
- HIGH RISK: BLADDER, LIVER, ESOPHAGUS, STOMACH, ANAL
- NOT ALL CANCERS CAN BE SCREENED BUT BEING AWARE OF SYMPTOMS CAN HELP WITH EARLY DISCOVERY

## Common Genetic Syndromes

- BRCA1/2: risk of breast, ovary, prostate, pancreas
- Lynch Syndrome: uterine, colorectal, ovary, stomach, breast, brain, kidney, bile duct, small intestine
- Familial adenomatous polyposis: colon and rectal cancer
- Li fraumeni syndrome: brain, breast, sarcoma, leukemia
- Neurofibromatosis; tuberous sclerosis: brain tumors
- SCREENINGS ARE EARLIER WITH GENETIC SYNDROMES
- KNOW YOUR FAMILY HISTORY: INHERITED FAMILY SYNDROMES

## Cancers in Children

- Leukemia
- Brain and spinal cord tumors
- Neuroblastoma
- Wilms tumor
- Lymphoma (including both Hodgkin and non-Hodgkin)
- Rhabdomyosarcoma
- Retinoblastoma
- Bone cancer (including osteosarcoma and Ewing sarcoma)
- 

## Cancer in teenagers

- Lymphoma: hodgkins disease/ nonhodgkins lymphoma
- Leukemia
- Brain or spinal cord
- Thyroid
- Testicular
- Sarcoma
- Melanoma
- Ovarian (germ cell tumors)

## Cancer Screening in Teenagers

Cancers are often found later (at a more advanced stage) in teens than they are in other age groups.

**No Real Screening in children or teens unless genetics:** colorectal, thyroid, melanoma

FAP (Familial adenomatous polyposis) : many polyps starting 10 to 12 years and colorectal cancers by age 20 so colonoscopies start 10-15 years; (risk of other GI cancers); remove colon

MEN family history or FAP then thyroid increased risk so blood tests and ultrasounds

Family history of Melanoma then do skin exams and be safe in sun

## Signs of Cancers in Children /Teenagers

- An unusual lump or swelling in the neck, belly, testicle, or elsewhere
- Unexplained tiredness and loss of energy
- Easy bruising
- Abnormal bleeding
- Ongoing pain in one part of the body
- Unexplained fever or illness that doesn't go away
- Frequent headaches, often with vomiting
- Sudden eye or vision changes
- Loss of appetite or unplanned weight loss
- A new mole or other spot on the skin, or one that changes in size, shape, or color
- 

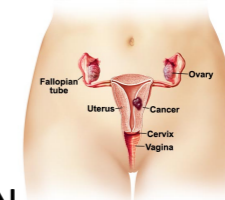
## Decrease Risk factors in teenagers

- Dont start smoking
- Healthy lifestyle: Proper diet and exercise
- Minimize amount of sexual partners
- Vaccines:HPV (Girls and boys should get 2 doses of the HPV vaccine between the ages of 9 to 12. And up to age 26 latest)
- Decrease exposure to the sun or tanning beds
- Minimize Exposure to radiation

## SCREENING IN WOMEN



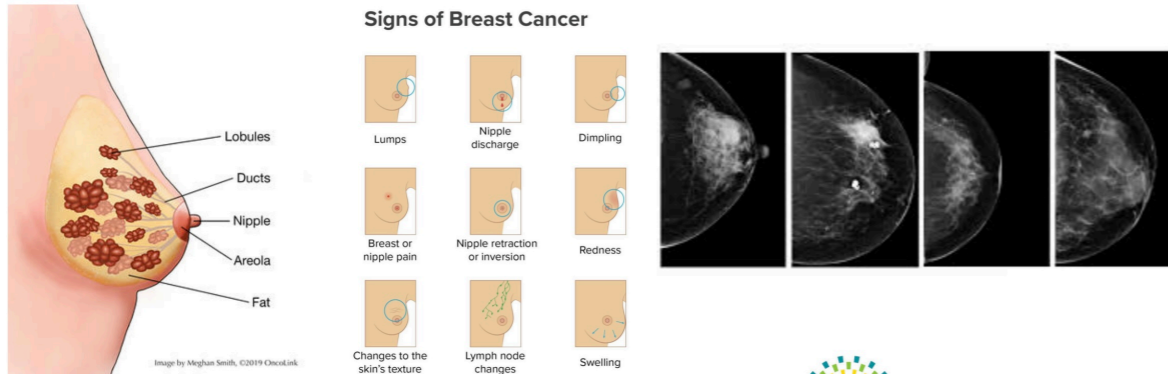
- BREAST.
- CERVICAL, UTERINE, OVARIAN



## Breast Cancer

MEDICAL NEWS TODAY

### Signs of Breast Cancer



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## BREAST CANCER SCREENING

- MAMMOGRAM AGE 40-44 ANNUALLY (OPTIONAL)
- MAMMOGRAM AGE 45-54 ANNUALLY
- MAMMOGRAM 55 AND OLDER EVERY YEAR OR EVERY OTHER YEAR UNTIL AT LEAST 10 YRS TO LIVE
- 3D (TOMOSYNTHESIS) OR 2D MAMMOGRAM
- CLINICAL BREAST EXAMS IF INDICATED.
- REPORT A CHANGE IN BREAST

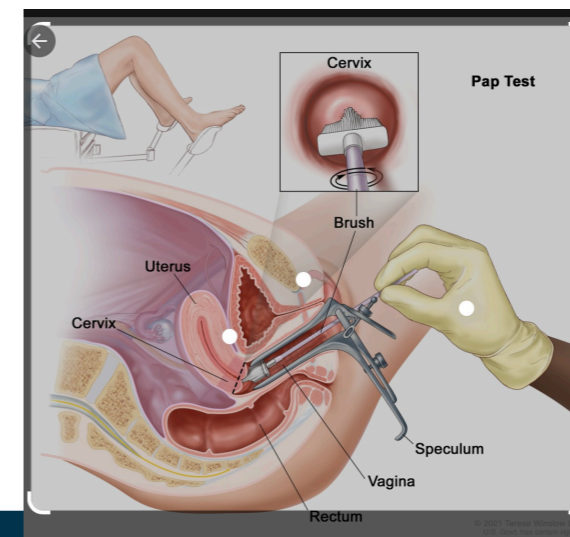
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## BREAST: HIGH RISK SCREENING

- MRI AND MAMMOGRAM EVERY YEAR STARTING AT AGE 30
- INDICATED: FOR >20% RISK OF DEVELOPING BREAST
  - BRCA1/2, FAMILY W BRCA1/2, XRT TO CW 10-30 YRS, GENETIC SYNDROMES: LI FRAUMENI, COWDEN, BANNAYAN-RILEY-RUVALCABA SYNDROME
  - DENSE BREASTS ON MAMMOGRAM MAY QUALIFY FOR MRI, PREVIOUS BREAST CANCER

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## Cervical Cancer



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## Signs of Cervical Cancer

- No signs or Symptoms with Early Stage
- Abnormal vaginal bleeding, such as bleeding after vaginal sex, bleeding after menopause, bleeding and spotting between periods, or having (menstrual) periods that are longer or heavier than usual. Bleeding after douching may also occur.
- An unusual discharge from the vagina – the discharge may contain some blood and may occur between your periods or after menopause.
- Pain during sex
- Pain in the pelvic region

Signs and symptoms seen with more advanced disease can include:

- Swelling of the legs
- Problems urinating or having a bowel movement
- Blood in the urine

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## Cervical Cancer Screening

- Cervical cancer testing (screening) should begin at age 25.
- Those aged 25 to 65 should have a primary HPV test\* every 5 years. If primary HPV testing is not available, screening may be done with a Papanicolaou (Pap) test every 5 years
- Pap test alone every 3 years.
- Those over age 65 who have had regular screening in the past 10 years with normal results and no history of CIN2 or more serious diagnosis within the past 25 years should stop cervical cancer screening.
- People who have had a total hysterectomy (removal of the uterus and cervix) should stop screening (such as Pap tests and HPV tests), unless the hysterectomy was done as a treatment for cervical cancer or serious pre-cancer. People who have had a hysterectomy without removal of the cervix (called a supra-cervical hysterectomy) should continue cervical cancer screening according to the guidelines above.
- People who have been vaccinated against HPV should still follow these guidelines for their age groups.

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## Cervical Screening cont'd

Cervical cancer screening should not stop once you have stopped having children.

If you have a history of a serious pre-cancer, you should continue to have testing for at least 25 years after that condition was found, even if the testing goes past age 65.

Those who are at high risk of cervical cancer because of a suppressed immune system (for example from HIV infection, organ transplant, or long-term steroid use) or because they were exposed to DES in utero may need to be screened more often. They should follow the recommendations of their health care team.

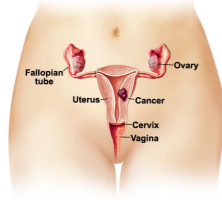
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## Risk Factors for Cervical Cancer

- HPV: human papilloma virus (anus, cervix, penis, mouth and throat)
- Sexual activity at early age and multiple partners, multiple pregnancies, young age at first pregnancy
- Cigarette smoking
- Weakened immune system
- Chlamydia infection
- Diet low in fruits and vegetables
- Economics, Family History
- Long term use of oral contraceptives, DES exposure, IUD is protective

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## ENDOMETRIAL/UTERINE CANCER



- Endometrial (uterine) cancer
- Women should get regular Pelvic Exams but Pap Tests do not work
- At the time of menopause:
- Women should report any unexpected bleeding or spotting to their doctors
- Women with HNPCC or lynch syndrome: endometrial biopsy annually starting age 35 or hysterectomy after giving birth

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## Risk Factors for Endometrial cancer

- Obesity
- Hypertension
- Diabetes
- Unopposed estrogens: late menopause, infertility, no births or estrogen use
- Genetics: HNPCC or Lynch syndrome
- Tamoxifen

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## OVARIAN CANCER

- No Screening for Low risk but for High Risk (Lynch syndrome, BRCA1,2)
- TVUS (transvaginal ultrasound) is a test that uses sound waves to look at the uterus, fallopian tubes, and ovaries by putting an ultrasound wand into the vagina. It can help find a mass (tumor) in the ovary, but it can't actually tell if a mass is cancer or benign. When it is used for screening, most of the masses found are not cancer.
- The CA-125 blood test measures the amount of a protein called CA-125 in the blood. Many women with ovarian cancer have high levels of CA-125. This test can be useful as a tumor marker to help guide treatment in women known to have ovarian cancer, because a high level often goes down if treatment is working

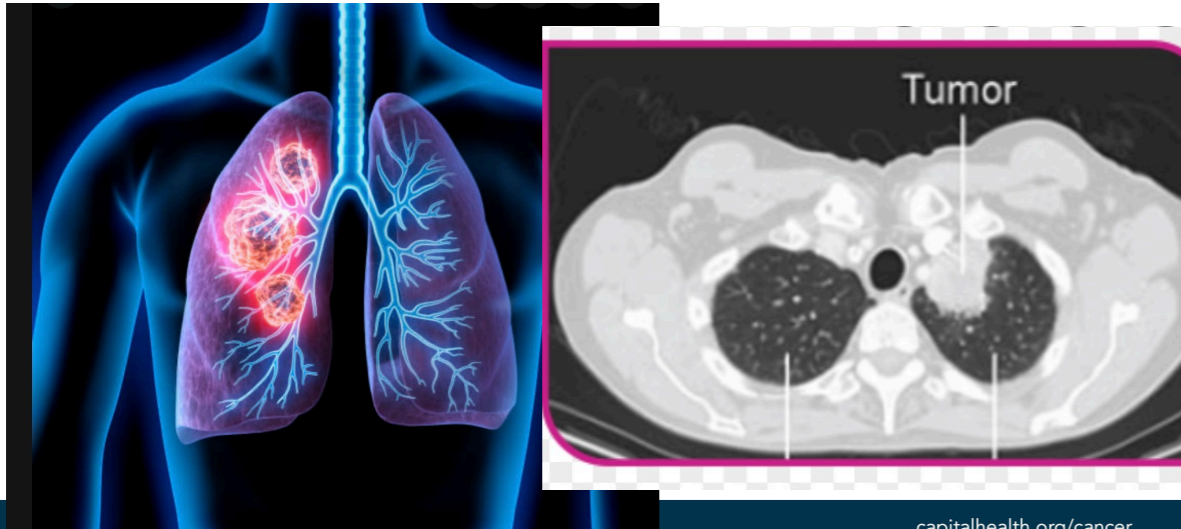
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## Cancers in women and Men

- Lung,
- Colorectal,
- Head and Neck,
- Pancreas,
- Skin,
- Bladder, Liver, Esophagus, Stomach, Anal

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## Lung Cancer



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## Lung Cancer symptoms

- A cough that does not go away or gets worse
- Coughing up blood or rust-colored sputum (spit or phlegm)
- Chest pain that is often worse with deep breathing, coughing, or laughing
- Hoarseness
- Loss of appetite
- Unexplained weight loss
- Shortness of breath
- Feeling tired or weak
- Infections such as bronchitis and pneumonia that don't go away or keep coming back
- New onset of wheezing
- 

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## LUNG CANCER SCREENING

- LOW DOSE CTSCANS:
  - AGE 50- 80
  - CURRENTLY SMOKE OR QUIT IN LAST 15 YEARS
  - 20 PACK YEAR
  - RECEIVE COUNSELING TO QUIT SMOKING
  - TOLD OF BENEFITS, LIMITATIONS, HARM TO SCREENING

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## Risk Factors for lung cancer

- Cigarette Smoking
- Radon
- Asbestos
- Second hand smoke
- Exposure to certain chemicals: arsenic
- Family history
- Talc and talcum powder

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# Lung cancer screening/ prevention CH

**IF YOU ARE A CURRENT OR FORMER SMOKER,**  
detecting lung cancer early is important.

**10**  
**SECONDS**  
**CAN SAVE**  
**YOUR LIFE**

In just 10 seconds, a low-dose CT scan can safely capture detailed pictures of your lungs. It's easy and painless. Talk to your doctor to see if this lung screening is right for you.

### LUNG CANCER CT SCREENINGS ARE RECOMMENDED FOR:

-  Adults ages 50 – 80 years old
-  Current or former smokers (who have quit within the last 15 years)
-  History of smoking 20 "pack years" (Example: 2 packs/day for 10 years or 1 pack/day for 20 years)



### Ready to KICK THE HABIT?

Contact us about our free QUIT SMOKING program  
**609.947.7147**

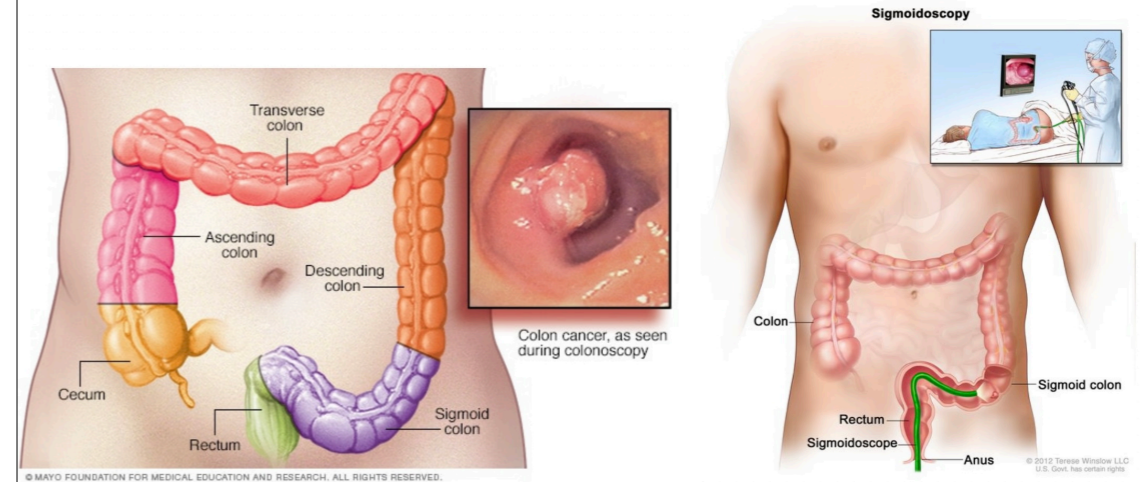
609.537.6363  
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To schedule a lung screening or for more information, call  
**1.844.303.LUNG (5864).**

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# Colon Cancer



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## Colon Cancer Symptoms

- A change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts for more than a few days
- A feeling that you need to have a bowel movement that's not relieved by having one
- Rectal bleeding with bright red blood
- Blood in the stool, which might make the stool look dark brown or black
- Cramping or abdominal (belly) pain
- Weakness and fatigue
- Unintended weight loss

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## Colorectal Cancer Screening

- Colonoscopy Screening CH
- Call 609-303-4444

**PREVENTABLE.**  
**TREATABLE.**  
**BEATABLE.**

### SCREENING GUIDELINES

Colorectal cancer screenings are recommended as follows:

- ... Individuals age 45 or older for those of average risk.
- ... Individuals with a high or increased risk:
  - Any first-degree relative who was diagnosed with colorectal cancer or a high-risk polyp should have a colonoscopy beginning at age 40 or at 10 years younger than the age at diagnosis of the youngest affected relative:
    - If a relative was diagnosed before age 60, or two first-degree relatives were diagnosed, then screening should occur every 5 years.
    - If a relative was diagnosed after age 60, then screening can follow for the average risk screening intervals.
  - Having an increased risk factor such as Crohn's disease or ulcerative colitis, seek the advice of your gastroenterologist.

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## Colorectal Screening

Beginning at age 45, both men and women should follow one of these testing schedules:

### Tests that find polyps and cancer

Flexible sigmoidoscopy every 5 years\*, or  
Colonoscopy every 10 years, or  
Double-contrast barium enema every 5 years\*, or  
CT colonography (virtual colonoscopy) every 5 years\*

### Tests that primarily find cancer

Yearly fecal occult blood test (gFOBT)\*\*, or  
Yearly fecal immunochemical test (FIT)\*\*, or  
Stool DNA test (sDNA), interval uncertain\*\*

\* If the test is positive, a colonoscopy should be done.

\*\* The multiple stool take-home test should be used. One test done by the doctor in the office is not adequate for testing. A colonoscopy should be done if the test is positive.

Some people should be screened using a different schedule because of their personal history or family history. Talk with your doctor about your history and what colorectal cancer screening schedule is best for you

## COLORECTAL SCREENING

- STOOL BASED TESTS: FIT, GUAIAAC FOBT, STOOL DNA
- VISUAL TESTS: COLONOSCOPY, SIGMOIDOSCOPY, VIRTUAL COLONOSCOPY
- INDICATIONS (AVERAGE RISK): AGE 45 TO 75 ROUTINE, 76-85 IN GOOD HEALTH
- 1 IN 5 COLORECTAL CANCERS ARE 20 TO 54

## COLORECTAL: HIGH RISK SCREENING

- GENETICS/FAMILY HISTORY: LYNCH SYNDROME, FAMILIAL ADENOMATOUS POLYPOSIS
- Age 20 or 2 to 5 years before 1st relative diagnosed, colonoscopy every 1 to 2 yrs
- INFLAMMATORY BOWEL DISEASE: CROHNS, ULCERATIVE COLITIS
- RADIATION TO THE BELLY
- PREVIOUS COLORECTAL CA AND POLYPS

## Risk Factors for Colon Cancer

- Overweight
- Inactivity
- Family history (HNPCC, Lynch syndrome)
- Cigarette smoking
- Alcohol Use
- Diets high in Red meat and processed meats, low in fiber

## HEAD AND NECK



- Mouth(oral cavity),Throat(Oropharynx/larynx), Nose (Nasopharynx)
- Dental exam every 6 months to look for leukoplakia, sores, lumps

## Signs of Head and Neck Cancers

- A sore on the lip or in the mouth that doesn't heal
- Pain in the mouth that doesn't go away
- A lump or thickening in the lips, mouth, or cheek
- A white or red patch on the gums, tongue, tonsil, or lining of the mouth
- A sore throat or a feeling that something is caught in your throat that doesn't go away
- Trouble chewing or swallowing
- Trouble moving the jaw or tongue
- Numbness of the tongue, lip, or other area of the mouth
- Swelling or pain in the jaw
- Dentures that start to fit poorly or become uncomfortable
- Loosening of the teeth or pain around the teeth
- Voice changes
- A lump or mass in the neck or back of the throat
- Weight loss
- Pain in the ear
- Trouble breathing, nasal stuffiness, nosebleeds, headaches, blurred vision

## CANCER OF PANCREAS

- INDICATIONS: GENETIC OR STRONG FAMILY HISTORY: LYNCH SYNDROME, BRCA2,P16
- ENDOSCOPIC ULTRASOUND
- ERCP
- KRAS GENETIC TEST
- MRI
- CA-19-9 BLOOD TEST



## Symptoms of Pancreatic cancer








- Jaundice of skin and eyes
- Dark urine: Sometimes, the first sign of jaundice is darker urine.
- Light-colored or greasy stools
- Itchy skin
- Weight loss and poor appetite
- belly or back pain
- nausea/vomiting
- diabetes
- Blood clots

## Skin Cancer

### Be Skin Aware

How to reduce your risk of skin cancer

A number of changes to your lifestyle can significantly reduce your risk of skin cancer including:

-  Avoid over exposure to the sun
-  Avoid the use of sunbeds
-  Wear a hat or protective clothing to protect your head, face, neck and shoulders
-  Apply a high-factor 4 star+ rated, waterproof sunscreen every two hours
-  Wear sunglasses with UV protection
-  Move into the shade from 11:00hrs - 15:00hrs when UV is strongest
-  Consider regular skin screening

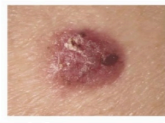
0800 085 6663 [www.check4cancer.com](http://www.check4cancer.com)

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CANCER**  
It could save your life

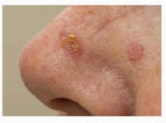
### DIFFERENT TYPES OF SKIN CANCER

There are three main types of skin cancer: Basal Cell Carcinoma, Squamous Cell Carcinoma, and Melanoma. Basal Cell Carcinoma is the most common and least aggressive. Melanoma can be life-threatening if not caught early, which is why annual full body skin exams are so important.

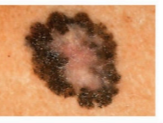
**1** Basal Cell Carcinoma



**2** Squamous Cell Carcinoma



**3** Melanoma



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## Skin Cancer Risk Factors

- Ultraviolet light exposure
- Psoriasis treatment, HPV, skin inflammation or injury
- Light colored skin and Moles
- Being Older and being Men
- Smoking
- Radiation Exposure & exposure to chemicals (arsenic)
- Xeroderma pigmentosa & basal cell Nevus syndrome
- Weakened immune system
- Family history/ genetics with melanoma

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## SKIN CANCER SCREENING

- Skin Self Exam
- Exam by a Professional (DERMATOLOGIST)



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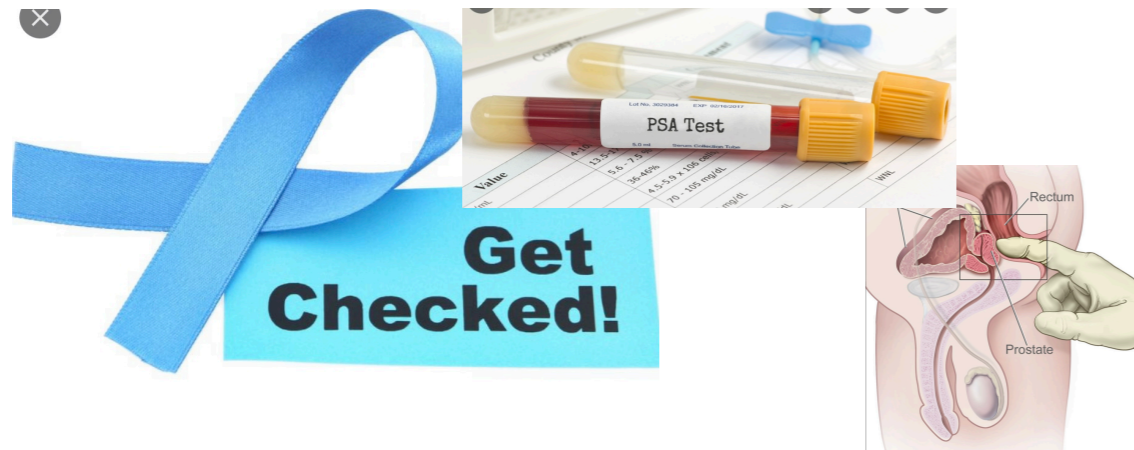
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## HIGH RISK CANCERS

- **Bladder cancer:** People who had bladder cancer before
- People who had certain birth defects of the bladder or exposed to certain chemicals at work: urinalysis and see a urologist
- **Liver cancer:** cirrhosis, hemochromatosis, chronic hepatitis B infection so alphafetoprotein labs and liver ultrasound
- **Stomach:** endoscopy for people with FAP and Lynch syndrome
- **Esophagus:** barretts esophagus FH then endoscopies at age 40, bloom syndrome at age 20
- **Anal:** Anal warts; HPV; Men who have sex with men; women hx gyn cancers at pelvic exams >45 when HPV 16; HIV, Immunocompromised ( transplants): (DRE) Rectal exam, anal pap test, anoscopy)

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## Prostate Cancer



**Get Checked!**

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## PROSTATE

- PSA BLOOD TEST
- RECTAL EXAM
- AGE 50 FOR AVERAGE RISK EXPECTED TO LIVE >10YRS
- AGE 45 FOR HIGH RISK: AFRICAN AMERICAN MEN, YOUNG FAMILY MEMBER <65 YRS, FIRST DEGREE RELATIVE
- AGE 40 FOR HIGHER RISK: >2 FIRST DEGREE RELATIVE

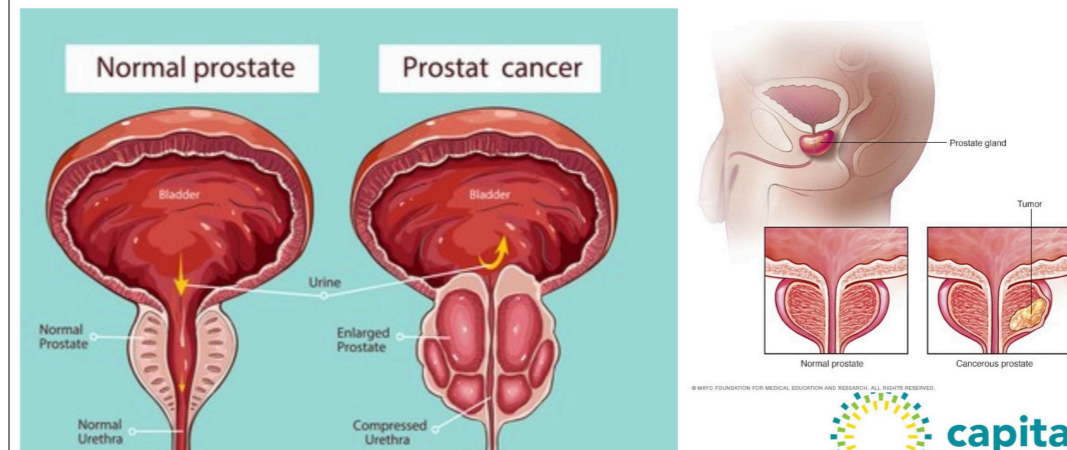
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## Prostate Cancer Symptoms

- Problems urinating, including a slow or weak urinary stream or the need to urinate more often, especially at night
- Blood in the urine or semen
- Trouble getting an erection (erectile dysfunction or ED)
- Pain in the hips, back (spine), chest (ribs), or other areas from cancer that has spread to bones
- Weakness or numbness in the legs or feet, or even loss of bladder or bowel control from cancer pressing on the spinal cord

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## Prostate Cancer



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## TESTICULAR CANCER

Signs: a lump on the testicle is the first symptom, or the testicle might be swollen or larger than normal. But some testicular cancers might not cause symptoms until they've reached an advanced stage.

examining a man's testicles should be part of a general physical exam during a routine check-up.

Some doctors recommend that all men examine their testicles monthly after puberty since most common cancer 15 to 34 yrs old.

Risk Factors: undescended testicle, previous germ cell tumor in one testicle, or a family history), you should seriously consider monthly self-exams and talk about it with your doctor.

## TESTICULAR EXAM



### LOOK

Check your testicles just after you've had a bath or shower, when the muscles in the scrotum are relaxed, making it easier for you to feel any lumps, growths or tenderness. Stand in front of the mirror. Look for any swelling on the skin of your scrotum.

### HOLD

Hold your scrotum in your hands and feel the size and weight of each testicle. It is common for one testicle to be slightly larger or hang lower than the other.

### FEEL

Feel each testicle and roll it between your thumb and finger. It should feel smooth. It's normal to feel a soft, tender tube towards the back of each testicle. You shouldn't feel any pain when checking your testicles.

### REPEAT

Once familiar with how your testicles feel, keep an eye out for any changes. If you detect a change, don't freak out, just see a doctor as soon as possible.

## Cancer Prevention



## Prevention Strategies

- HPV VACCINE: in childhood for boys and girls
- AVOID TOBACCO
- GET MOVING
- HEALTHY MEAL CHOICES: fruits, vegetables, whole grain.
- GET TO AND STAY AT A HEALTHY WEIGHT
- AVOID ALCOHOL

## SUMMARY OF COMMON CANCER SCREENINGS

- NO SCREENING IN CHILDREN OR TEENAGERS SO LOOK FOR UNUSUAL SYMPTOMS
- WOMEN: AGE 25 PAPSMEAR AND PELVIC EXAM, AGE 40 MAMMOGRAMS or 30 with MRIS OF BREAST IF GENETICS,
- WOMEN AND MEN: AGE 45 FOR COLORECTAL or EARLIER IF GENETICS, AGE 50 FOR LUNG
- MEN:TEEN FOR TESTICULAR, AGE 45 FOR PROSTATE

## Capital Health Screening Contacts

<b>SCREENING PROGRAMS</b>	<b>CANCER CENTER</b> .....	609.537.6363
Bladder .....	609.303.4460	
Breast .....	609.394.6695	
Colorectal .....	609.303.4444	
Esophageal .....	609.537.5000	
Lung .....	844.303.5864	
Pancreas .....	609.537.5000	
Prostate .....	609.303.4460	
<b>RESOURCES/SERVICES</b>	<b>SPECIALIZED CENTERS</b>	
Central Scheduling .....	Capital Institute for Neurosciences .....	609.537.7300
Cancer Genetics Program .....	609.537.7043	
	Center for Comprehensive Breast Care .....	609.537.6767
	Center for Digestive Health .....	609.537.5000
	Liver Center of Excellence .....	888.454.8370
	Lung Center .....	844.303.5864
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