



WOMEN'S HEALTH



HEALTH AND SOCIAL SERVICE COMMITTEE NEWSLETTER

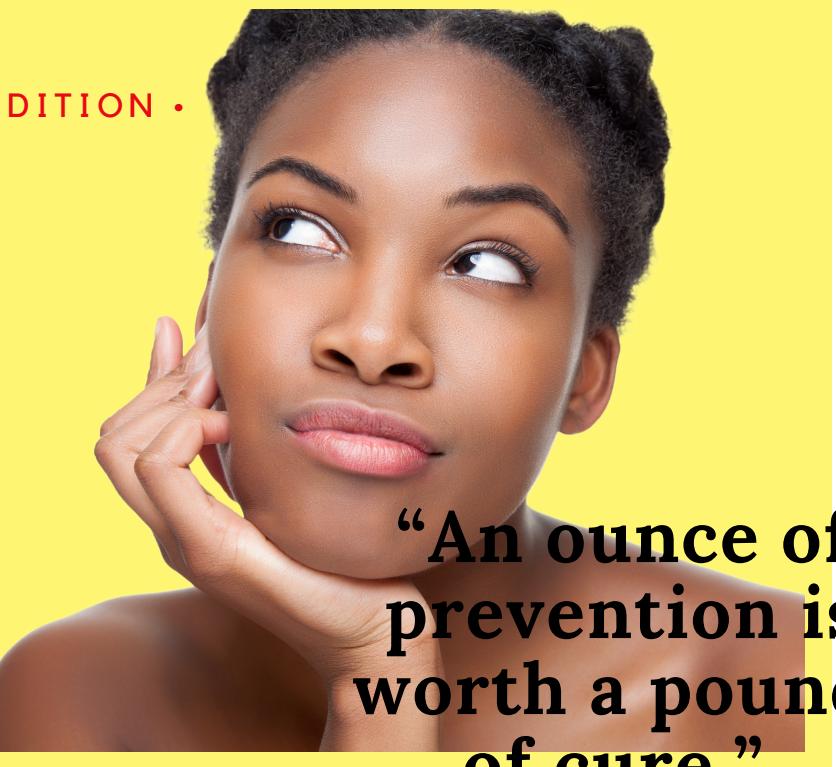
The Central Jersey Club of NANBPWC, Inc.
Alyce Franklin-Owens, President

• INSIDE THIS EDITION •

Important Health Screenings!

In this article we will discuss the recommendations of the Task Force on screening for **breast, cervical, colorectal (colon) and lung cancer.**

We will discuss why we screen, how often to screen, what ages to start and stop screening and how screening tests are performed.



“An ounce of prevention is worth a pound of cure.”

Benjamin Franklin

Women's Health Cancer Screenings

By Dr. Tanya Randall

Screening means checking your body for illness before you have symptoms. There are a host of screening tests for various diseases including cancer. When it comes to screening for cancer in women the recommendation by the U.S.

Preventive Services Task Force is to screen women for breast, cervical and colorectal cancers.

Screening tests for cancer helps improve the survival rate. Lung cancer screening is recommended for some women who are at high risk.

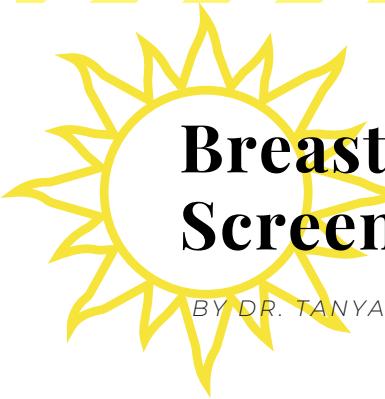
The U.S. Preventive Services Task Force works to improve the health of people by using research to make evidence-based recommendations about clinical preventive services. The Task Force was created in 1984 and consist of independent, volunteer panel of national experts from the fields of internal medicine, family medicine, pediatrics, behavioral health, obstetrics and gynecology, and nursing. Their recommendations help physicians determine what test are best for patients.

NEWS, IDEAS & INSIGHTS

Dr. Gayle Flannelly, PharmD
Chairperson

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Breast Cancer Screening

BY DR. TANYA RANDALL



Breast cancer is the second most common cancer among women in the United States.

Approximately one in eight women will develop breast cancer at some point in their lives. Breast cancer is the second leading cause of cancer death. It is frequently diagnosed among women aged 55 to 64 years. The median age of death from breast cancer is 68 years.

The USPSTF found adequate evidence that mammography screening reduces breast cancer mortality in women aged 40 to 74 years. The number of breast cancer deaths averted increases with age. Women aged 40 to 49 years who have a first-degree relative with breast cancer have a risk for breast cancer similar to women aged 50 to 59 years without a family history and thus should start screening before age 50.

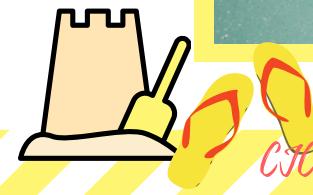
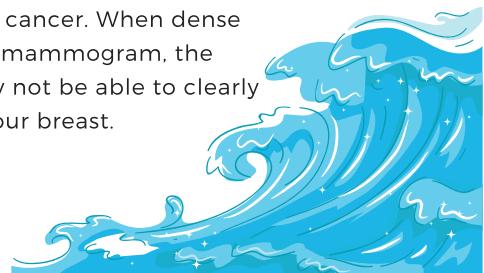
Digital mammogram is the gold standard for screening for breast cancer. During a digital mammogram, a technician positions your breast between two plates that flattens and compresses your breast. The machine then takes images of your breast from top to bottom and side to side. It can be uncomfortable, but the entire process takes about 20 minutes. There is no evidence that a breast ultrasound or a digital breast tomosynthesis are better screening tools than

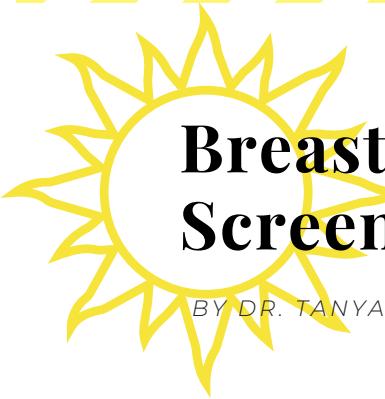


The Task Force recommends screening mammography every 2 years for women aged 50-74 years for women at average risk.

Almost half of all women in the United States have dense breasts. What does it mean to have "dense breasts"? Breasts are made up of two types of tissue: **fibroglandular** tissue and **fatty tissue**. Fibroglandular tissue consists of the milk glands and ducts in your breast; this tissue appears white on a mammogram. Fatty tissue appears gray on a mammogram. If the amount of fibroglandular tissue (white) is greater than the amount of fatty tissue (gray), then you have dense breasts.

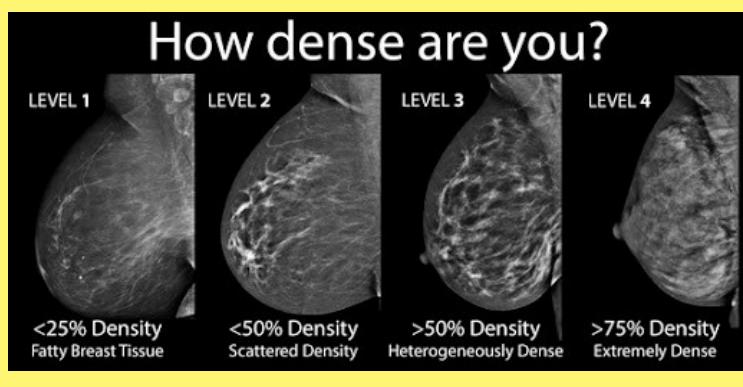
Unfortunately, many abnormalities - including cancer - also appear white on a mammogram. Since breast cancer and fibroglandular tissue are both white on a mammogram, it can be difficult to tell the difference between normal breast tissue and breast cancer. When dense breasts are viewed on a mammogram, the healthcare provider may not be able to clearly see an abnormality in your breast.





Breast Cancer Screening

BY DR. TANYA RANDALL



Digital Breast Tomosynthesis (DBT), also known as 3D mammography, uses a computer algorithm to reconstruct multiple low-dose digital images of the breast into thin "slices" spanning the entire breast. It is especially useful in women who have dense breast. It is not done in everyone because there is an increased exposure to radiation, about 3 times the amount of radiation than a digital mammogram. Data on DBT in women with dense breasts are limited, but in the short term, DBT also detects additional breast cancer.

At the present time, 30 states require patient notification of breast density status when mammography is performed; in some states, legislation also includes language to be sent to women informing them that they should consider adjunctive screening. New Jersey is one of the 30 states. No clinical practice guidelines explicitly recommend adjunctive screening in women identified to have dense breasts on an otherwise negative screening mammogram.¹⁷

The Breast Cancer Gene (BRCA 1 and BRCA 2)

Women with a personal or family history of breast, ovarian, tubal or peritoneal cancer or a history of someone in their family with BRCA1/2 gene mutation should be screened for this abnormality. If the screening test is positive, then the patient should receive genetic counselling.

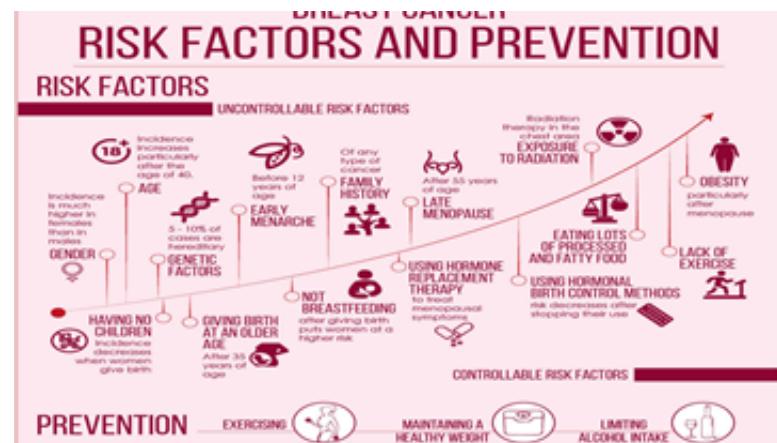


What should you do if you have dense breast?

Current evidence suggests that for women identified to have dense breasts on an otherwise negative mammogram, ultrasonography or MRI will detect additional breast cancer. This will also result in a higher number of false-positive results.

A false positive means there is a lesion but it is not cancerous.

What is the breast cancer gene?

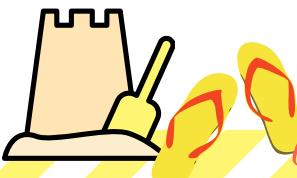


The types of breast cancers differ between BRCA1 and BRCA2. BRCA1 associated breast cancers are generally what we call triple negative, estrogen receptor negative, progesterone receptor negative, and HER2 new negative. Whereas BRCA2 associated breast cancers are generally estrogen receptor positive.

A woman's risk for breast cancer increases if she has clinically significant mutations in the BRCA1 or BRCA2 genes. Mutations in the BRCA1/2 genes alters a woman's risk of developing breast cancer from 1 in 8 to greater than 1 in 2 by age 70 years. If a woman has the BRCA gene mutation, then early digital mammogram screening is recommended starting at age 40 years.

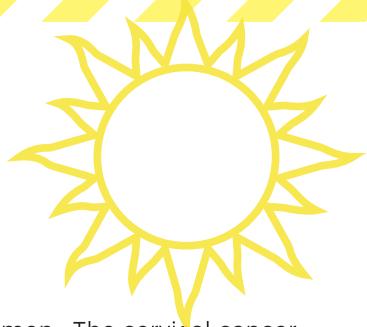
This test is performed by drawing a sample of your blood. The blood is then sent to the lab for DNA analysis. The test can also be performed by DNA analysis of a saliva sample.

In summary, screening for breast cancer involves many different tests (digital mammography, DBT, breast ultrasound, BRCA gene testing) depending on your situation. You should always discuss your concerns with your health care provider to determine the correct test for you.



Cervical Cancer Screening Recommendations

BY DR. TANYA RANDALL



Cervical cancer was once one of the most common causes of cancer death for American women. The cervical cancer death rate dropped significantly with the increased use of the Pap test for screening. But the death rate has not changed much over the last 10 years.

Screening early may prevent most cervical cancers by finding abnormal cervical cell changes (pre-cancers) so that they can be treated before they have a chance to turn into a cervical cancer. More than 20% of cases of cervical cancer are found in women over 65. However, these cancers rarely occur in women who have been getting regular tests to screen for cervical cancer before they were 65.

(CERVICAL CANCER) RISK FACTORS

HPV Infection Multiple sex partners Tobacco use Having given birth to 3+ children

Weakened immune system Prolonged use of birth control pills Diet low in fruits and vegetables Family history

#CervicalCancerAwareness

Health Education and Research Organization (HERO)

A Pap test is the most common test used to look for early changes in cells that can lead to cervical cancer. This test, also called a Pap smear, involves gathering a sample of cells from the cervix.

Some of the cells collected from the cervix during a Pap test may also be tested for HPV. Abnormal cells can be cancerous, but they are most often treatable, precancerous cellular changes, rather than cervical cancer.

The HPV vaccination is preventing cancer-causing infections and precancers.

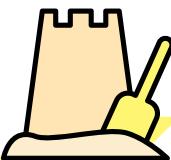
Since vaccinations against HPV were introduced in the United States, the number of HPV infections and cervical precancers have dropped significantly among all age groups.

Human Papilloma Virus (HPV) is passed from person to person during sexual activity. Some HPV strains are more strongly linked with certain types of cancer. Many types of HPV have no symptoms. In recent years, the HPV test has been approved as another screening test for cervical cancer because infection with HPV is a risk factor for cervical cancer. The HPV test looks for infection by high-risk types of HPV (hrHPV) that are more likely to cause pre-cancers and cancers of the cervix. The HPV test can be used alone (primary HPV test) or at the same time as the Pap test (called a co-test).

The Task Force recommends screening-

- Women aged 21 to 29 years for cervical cancer every 3 years with cervical cytology (scraping of cervical cells) alone.
- Women aged 30 to 65 years-
 - every 3 years with cervical cytology alone,
 - and every 5 years with high-risk human papillomavirus (hrHPV) testing alone,
 - or every 5 years with hrHPV testing in combination with cytology (co-testing).

Who should not be screened? Task force does not recommend screening under the age of 21, or over the age of 65 if you have had adequate prior screening and are not high risk for cervical cancer.



BREAKING NEWS



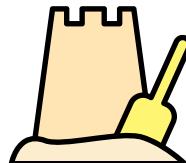
Cervical Cancer Screening Recommendations

BY DR. TANYA RANDALL

The HPV vaccination is preventing cancer-causing infections and precancers.

Since vaccinations against HPV were introduced in the United States, the number of HPV infections and cervical precancers have dropped significantly among all age groups.

- Among teen girls, infections with HPV types that cause most HPV cancers and genital warts have dropped 86 percent.
- Among young adult women, infections with HPV types that cause most HPV cancers and genital warts have dropped 71 percent.
- Among vaccinated women, the percentage of cervical precancers caused by the HPV types most often linked to cervical cancer has dropped by 40 percent.



Colorectal Cancer Screening

Colorectal cancer is the third leading cause of cancer death for both men and women, with an estimated 52,980 persons in the US projected to die of colorectal cancer in 2021. Colorectal cancer is most frequently diagnosed among persons aged 65 to 74 years. Although only 10.5% of new colorectal cancer cases occur in persons younger than 50 years, incidence of colorectal cancer (specifically adenocarcinoma) in adults aged 40 to 49 years has increased. The number of adults that have never been screened has also increased over recent years.

Age is one of the most important risk factors for colorectal cancer, with incidence rates increasing with age and nearly 94% of new cases of colorectal cancer occurring in adults 45 years or older. Rates of colorectal cancer are higher in Black adults, persons with a family history of colorectal, men, and persons with other risk factors (such as obesity, diabetes, long-term smoking, and unhealthy alcohol use). However, all adults 45 years or older should be offered screening, even if these risk factors are absent.

The causes for these health disparities among Black adults are complex. Black adults across all age groups, including those younger than 50 years, continue to have a higher incidence of and mortality from colorectal cancer than White adults.

Recommendation:

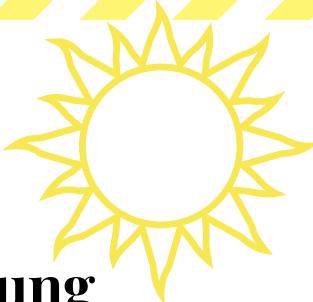
All adults aged 50-75 years should have screening for colorectal cancer. Adults older than age 76 years may have selective screening based on their overall health and prior screening history. Screening may begin at age 45 years. This is a new recommendation as of May 18, 2021.



TYPES OF SCREENING CHART



METHOD	WHAT & HOW	FREQUENCY	PROS	CONS
Colonoscopy  Colonoscopy Colorectal Cancer Alliance ccalliance.org	Simple and safe procedure. Your doctor uses a long tube with a light and camera to detect polyps	Every 5-10 years depending on whether polyps are found and family history.	Views the entire colon. Polyps can be removed during the procedure if found	Dietary restrictions 1-3 days prior to procedure and prep to clean out the colon is needed
Fecal Immunochemical Test (FIT or iFBOT)  Fecal Immunochemical Test Colorectal Cancer Alliance ccalliance.org	Tests for blood. Swab bowel movement and place on card	Annually	No prep. Done at home. Fairly inexpensive	Accuracy. Need a colonoscopy if blood is detected. Requires 1-2 separate samples
Guaiac Fecal Occult Blood Test (FOBT)  Guaiac Fecal Occult Blood Test Colorectal Cancer Alliance ccalliance.org	Tests for blood. Swab bowel movement and place on card	Annually	No prep. Done at home. Inexpensive	Accuracy, Dietary restrictions, Needs a colonoscopy if blood is detected. Requires 3 separate samples
Flexible Sigmoidoscopy  Colonoscopy Colorectal Cancer Alliance ccalliance.org	Detects polyps. Done at a doctors' office	Every 5 years, may be combined with annual stool test	No sedation required. Can biopsy if small polyp detected	Only views part of the colon. Need a colonoscopy if larger polyps or other issues are detected
Virtual Colonoscopy  Virtual Colonoscopy Colorectal Cancer Alliance ccalliance.org	Uses x-rays and computers to take 2- or 3-D images of your colon and rectum	Every 5 years.	Quicker and less invasive than colonoscopy. No sedation is needed	Expensive and not covered by all insurance carriers. Dietary restrictions 1-3 days before the procedure, full bowel prep is required. If a polyp is found, will need a colonoscopy
Stool DNA  Stool DNA Colorectal Cancer Alliance ccalliance.org	Tests for abnormal DNA and blood in stool. Collect bowel movement and send back to the lab for analysis using collection apparatus provided with kit.	Every 3 years.	No prep, dietary restrictions, or changes to medications necessary. Greater accuracy than FIT.	More expensive than FIT if test not covered by insurance. Follow-up colonoscopy necessary if test indicates precancer or cancer.
Double Contrast Barium Enema  Double-Contrast Barium Enema Colorectal Cancer Alliance ccalliance.org	Air and barium are pumped into your rectum. The solution will show polyps or tumors on X-rays.	Every 5-10 years	Done without sedation. Less expensive than colonoscopy	Laxative preparation is required. Polyps cannot be removed during the procedure. If polyps are found, a colonoscopy will be needed



One final note...

Lung Cancer Screenings

By Dr. Tanya Randall

Lung cancer is the second most common cancer and the leading cause of cancer death in the US. In 2020, an estimated 228,820 persons were diagnosed with lung cancer, and 135,720 persons died of the disease.

The most important risk factor for lung cancer is smoking. Smoking is estimated to account for about 90% of all lung cancer cases, with a relative risk of lung cancer approximately 20-fold higher in smokers than in nonsmokers. Increasing age is also a risk factor for lung cancer. The median age of diagnosis of lung cancer is 70 years.

Lung cancer has a generally poor prognosis, with an overall 5-year survival rate of 20.5%. However, early-stage lung cancer has a better prognosis and is more amenable to treatment.

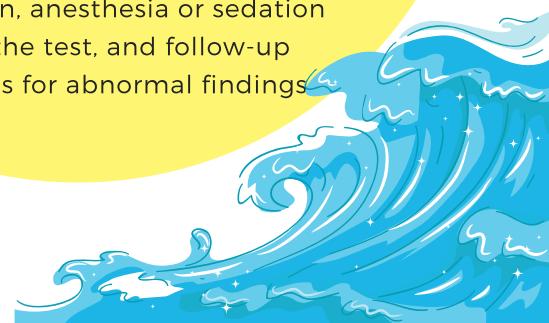
The risk of lung cancer in persons who smoke increases with the number of years and the number of cigarettes you smoke. You can decrease your risk of developing lung cancer by quitting today. After quitting for 5 years your risk of developing lung cancer decreases by 39%. The USPSTF considers adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years to be at high risk. A pack-year is a way of calculating how much a person has smoked in their lifetime. One pack-year is the equivalent of smoking an average of 20 cigarettes—1 pack—per day for a year.

African American/Black (Black) men have a higher incidence of lung cancer than White men, but Black women have a lower incidence than White women. The reason for the differences is unknown. Other risk factors for lung cancer include environmental exposures, prior radiation therapy, other (noncancer) lung diseases, and family history. Lower level of education is also associated with a higher risk of lung cancer. The USPSTF recommends using age and smoking history to determine screening eligibility.

Important Health Screenings!



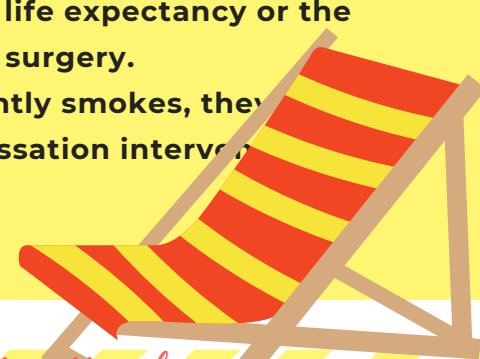
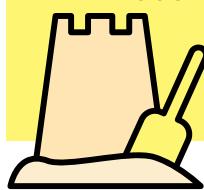
Several recommended screening tests are available. Clinicians and patients may consider a variety of factors in deciding which test may be best for each person. For example, the tests require different frequencies of screening, location of screening (home or office), methods of screening (stool-based or direct visualization), pre-procedure bowel preparation, anesthesia or sedation during the test, and follow-up procedures for abnormal findings.



RECOMMENDATION OF USPSTF

Adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years:

- **Screen for lung cancer with low dose computed tomography (CT) every year.**
- **Stop screening once a person has not smoked for 15 years or has a health problem that limits life expectancy or the ability to have lung surgery.**
- **If the patient currently smokes, they receive smoking cessation interventions.**





Lung Cancer Screenings

By Dr. Tanya Randall

Available data indicate that implementation of lung cancer screening is low. The reason for this is not known. If you smoke or have a friend or loved one who smokes, then you should encourage them to get screened. They should discuss their risk factors with their doctor and advocate for themselves.

Regular screening for Breast, Cervical, Colorectal and Lung Cancer will increase your chances of survival by detecting the cancer in its early stages before it has time to spread to other parts of the body, invade cells locally or grow into large tumors that compromise the nearby organs and blood vessels.

Recommendations for screenings are constantly updated based on new evidence so please make sure your doctor keeps current and writes you a prescription so you can get screened.



RESOURCES



https://www.uspreventiveservicestaskforce.org/usps_tf/recommendation/breast-cancer-screening#fullrecommendationstart

https://www.uspreventiveservicestaskforce.org/usps_tf/recommendation/brca-related-cancer-risk-assessment-genetic-counseling-and-genetic-testing

https://www.uspreventiveservicestaskforce.org/usps_tf/recommendation/cervical-cancer-screening

https://www.uspreventiveservicestaskforce.org/usps_tf/recommendation/colorectal-cancer-screening

https://www.uspreventiveservicestaskforce.org/usps_tf/recommendation/lung-cancer-screening

"An ounce of prevention is worth a pound of cure."

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