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Disclosures

References to Off-label or investigational usage(s) of pharmaceuticals or instruments:

None

# Objectives

- Review U.S. and world rates of breast, cervical, and colon cancer
- Outline the United States Preventative Task Force (USPTF) and American Cancer Society recommendations for breast, cervical, and colon cancer screening
- Explain epidemiology, etiology, prevention, and patient education regarding breast, cervical, and colon cancer
- Hypothesize possible interventions to improve patient education and cancer screening rates in the U.S.

# Cancer Screenings



BREAST



COLON



CERVICAL

## Review

Etiology

Epidemiology

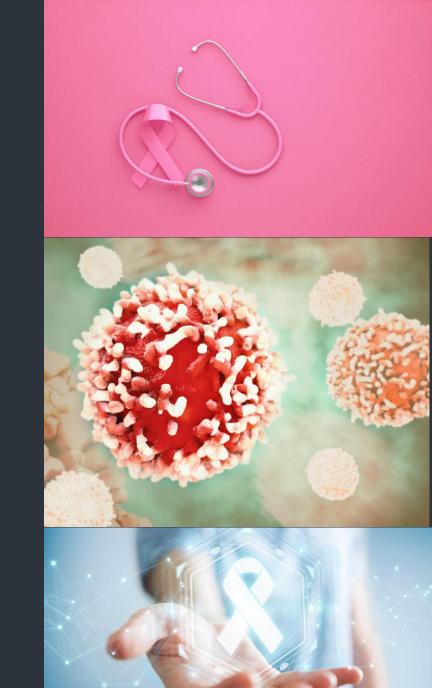
Risk Factors

Signs & Symptoms

Diagnosis

Treatment

Prevention



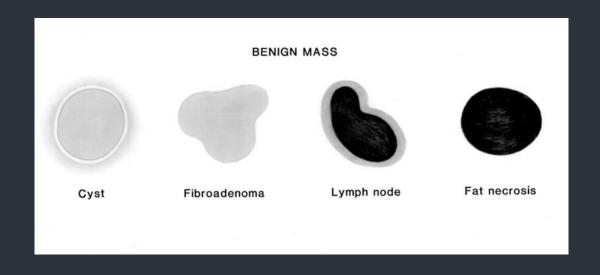
# Breast Masses - Etiology

### Benign

- Fibroadenoma
- Cyst
- Fibrocystic changes
- Galactocele
- Fat Necrosis
- Breast Abscess

## Malignant

- Invasive
- Non-invasive





# Breast Cancer -Epidemiology

- Most Common
- Highest:
  - North America
  - Australia/New Zealand
  - Western/Northern Europe
- Lowest:
  - Asia
  - Sub-Saharan Africa

#### Breast Cancer – Risk Factors

- Increasing age
- Female Sex
- Race/Ethnicity
- Obesity
- Tall Stature
- Benign Breast Disease
- Dense Breast Tissue
- Bone Mineral Density
- Hormonal Factors

- Reproductive Factors
  - Early Menarche
  - Later Menopause
  - Nulliparity
  - First Full-term pregnancy
- Personal history of breast cancer
- Family history of breast cancer
- Alcohol Consumption
- Smoking
- Exposure to Ionizing Radiation

# Breast Cancer – Early Screening

Family history of breast cancer

Personal history of breast cancer

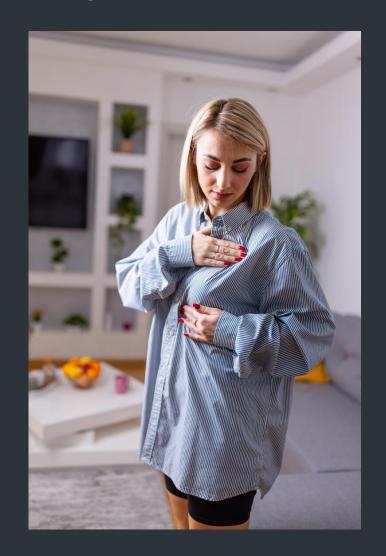
Personal history of breast biopsy

Chest radiation



# Breast Cancer - Screening

- Asymptomatic
  - Annual Mammography
    - 40-49 years
    - **->**50 years
- Discontinuation
  - Age > 75
  - Expected life span is <10 years</p>

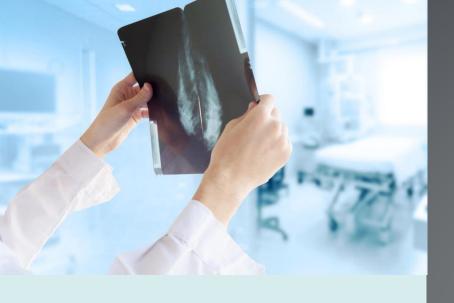


# Breast Cancer Screening: Risk versus Benefit

- Benefits:
  - Reduction in breast cancer deaths



- Harm
  - Overdiagnosis
  - False-negative results
  - False-positive results



Breast
Cancer –
Breast
Density

- BI-RADS
  - - Fatty
  - B
    - Scattered Fibroglandular
  - - Heterogeneously Dense
  - - Extremely Dense



Breast Cancer – Options

- Mammography
  - Digital BreastTomosynthesis
- MRI
  - BRCA Variant Carrier
  - Other Variants
  - 1st degree relative of a BRCA variant carrier
  - Lifetime risk of >20%
  - Radiation to Chest

- Supplemental Screening
  - Digital breast tomosynthesis
  - MRI
  - Contrast-enhanced digital mammography(CEDM)
  - Molecular breast imaging (MBI)

- Low Income
- Uninsured
- Underinsured
  - National Breast andCervical Cancer EarlyDetection Program(NBCCEDP)

Breast Cancer - Resources

# Breast Cancer – Signs & Symptoms

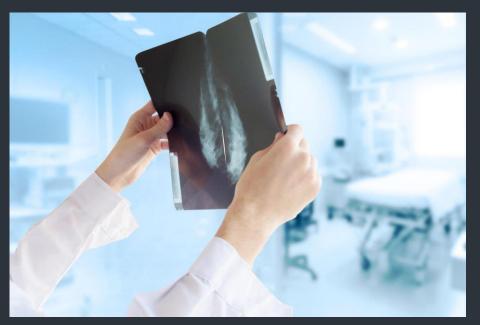
- Abnormal Mammogram
  - None
- Breast Mass
- Axillary Mass
- Skin Changes

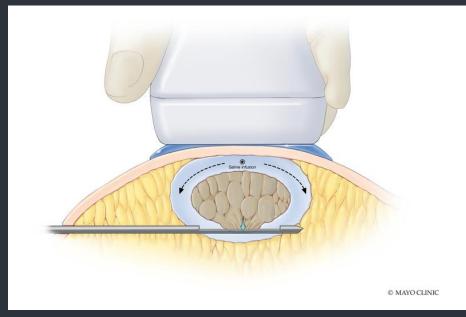
- Back Pain
- Leg Pain
- Abdominal Pain
- Nausea
- Jaundice
- Shortness of Breath
- Cough

# Breast Cancer - Diagnosis

Mammography







Breast Cancer -Diagnosis Infiltrating Ductal Carcinoma

Infiltrating Lobular Carcinoma

Mixed ductal/lobular carcinoma

Luminal subtypes

HER2-enriched

Basal subtypes

#### Breast Cancer - Treatment

- Hormone Receptor Status
- TNM staging system
- Surgical Resection
- Neoadjuvanttherapy
- Radiation Therapy





# Breast Cancer – Genetic Counseling

Family

#### Breast Cancer - Prevention

- Breastfeeding
- Physical activity
- Weight loss in postmenopause
- Low-fat diet
- Chemoprevention
- Surgical prevention



## Colon Cancer - Etiology



- Anatomic
- Vascular
- Inflammatory
- Neoplastic

# Colon Cancer - Epidemiology

- Male > Female
- 3<sup>rd</sup> most common men
- 2<sup>nd</sup> most common women
- Geographic:
  - Australia/New Zealand
  - Europe
  - North America



- Age
- Hereditary CRC syndromes
- Personal history
  - CRC
  - Adenomatous polyps
- Family history
  - CRC
  - Adenomatous polyps
- Inflammatory bowel disease
- Radiation
- Cystic Fibrosis

- Race
- Sex
- Acromegaly
- Renal Transplantation
- Possible Contributors:
  - Obesity
  - Diabetes
  - Red Meat
  - Tabacco
  - Alcohol
  - Androgen Deprivation
    Therapy
  - Cholecystectomy



Colon
Cancer –
Risk Factors

# Colon Cancer - Screening

- Asymptomatic
  - Age > 45
- Discontinuation
  - Age > 75
  - Expected life span is <10 years</p>
  - Prior testing results



# Colon Cancer Screening: Risk versus Benefit

- Benefits:
  - Decreased mortality rates
  - Improve prognosis
  - Remove premalignant polyps

- Harm
  - Perforation
  - Overdiagnosis
  - False-negative results
  - False-positive results

# Colon Cancer – Options



- Colonoscopy
  - Évery 10 years
  - Surveillance
- Multitarget stool DNA testing
  - Every 3 years

- Fecal immunochemical testing
  - Annually
- Computed tomography colonography
  - Every 5 years

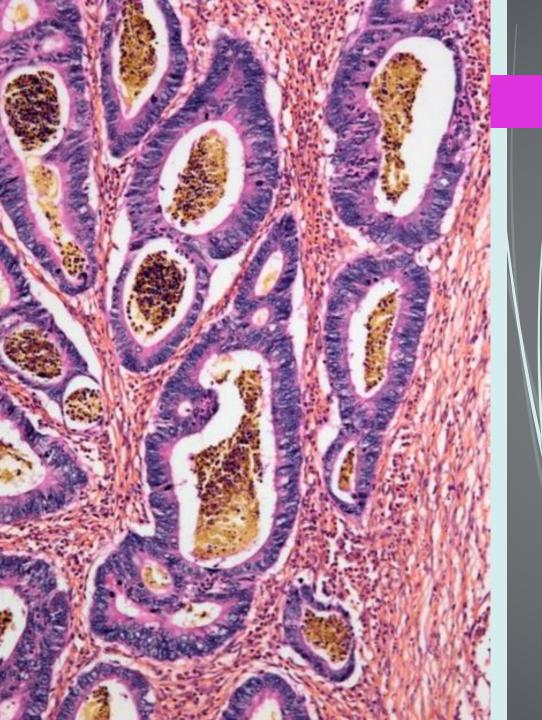
# How to Get a Good Prep

- Factors:
  - Age > 65 years
  - Obesity
  - Diabetes
  - History of prior colon surgery
  - Chronic narcotic use
  - Chronic constipation
  - Prior poor prep

# Prep Options



- GoLytely
- MoviPrep
- PLENVU
- Suprep
- MiraLAX/Gatorade



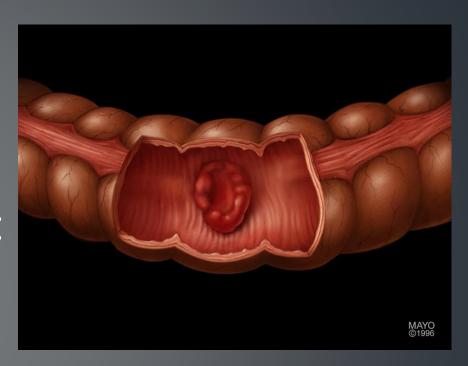
# Colon Cancer – Signs & Symptoms

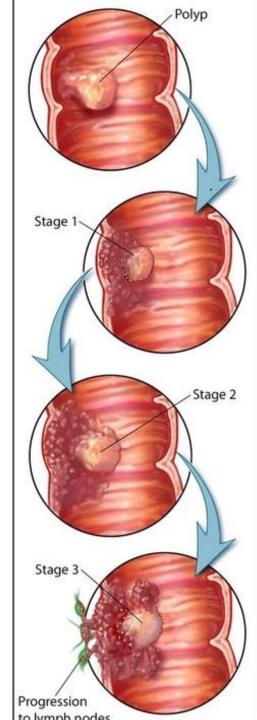
- Asymptomatic
- Change in bowel habits
- Melena
- Rectal bleeding
- Rectal mass
- Iron deficiency anemia
- Abdominal pain
- Abdominal distention
- Nausea/vomiting

# Colon Cancer - Diagnosis

- Colonoscopy
- Computed tomographycolonography
- Biopsy

- Tumor Markers
- Blood based tests:
  - Metyhlatedcirculating DNAmarkers
  - Blood-based microRNAs
  - Cell-free DNA





# Colon Polyp - Diagnosis

- Inflammatory
- Hamartomatous
- Sessile Serrated Lesions
- Adenomatous Polyps
- Submucosal

#### Colon Cancer - Treatment

- TNM Staging
- Tumor Markers
- Colonoscopy
- Radiographic imaging
- Family History

- Surgical
  Resection
- Neoadjuvanttherapy
- RadiationTherapy



# Colon Cancer – Genetic Counseling

Family





Colon Cancer -Prevention

- Physical Activity
- Diet
- Fiber
- Resistant Starch
- Folic Acid andFolate
- Vitamin B6
- Calcium
- Vitamin D

- Magnesium
  - Garlic
- Fish
  Consumption
- Coffee Intake
- Aspirin/NSAIDs
- Chemopreven tion
- -Hormone Therapy
- Statins

# Cervical Cancer – Etiology

HPV

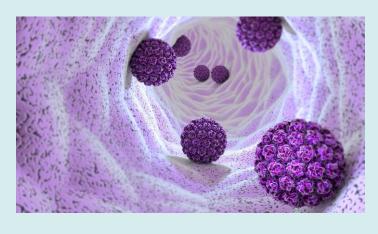




# Cervical Cancer – Epidemiology

- 4<sup>th</sup> most common cancer
- Resource-limited regions
- Geographical:
  - Africa
  - Central America
- Black > White
- 50 years
- Low vaccination rates

### Cervical Cancer – Risk Factors

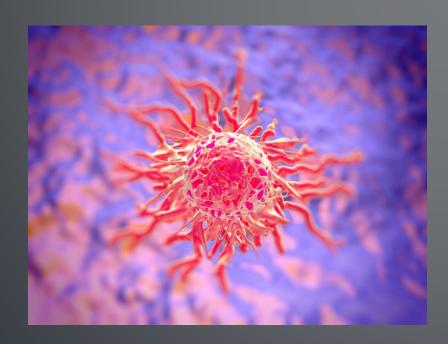


- HPV
  - Early onset sexual activity
  - Multiple sexual partners
  - History of sexually transmitted infections
  - Early age at first birth
  - History of vulvar or vaginal neoplasia
  - Immunosuppression

- Low socioeconomic status
- Oral contraceptive use
- Cigarette smoking
- Genetics
- Partners not circumcised

### Cervical Cancer – Screening

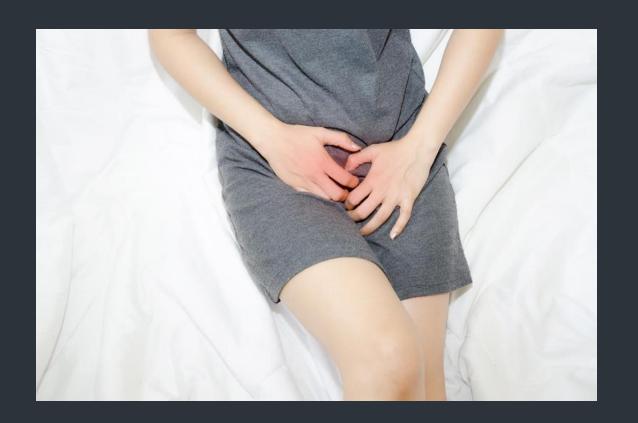
- Screen Age 21-65
- Immunocompromised



- Primary high-risk HPV screening with reflex cervical cytology
- Cervical cytology with HPV co-test
- Cervical cytology with reflex HPV
- HPV swab

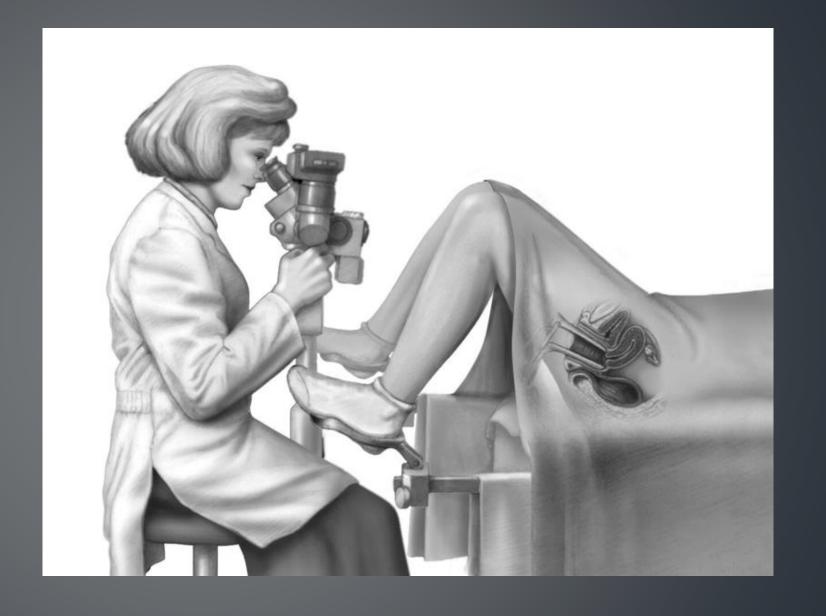
# Cervical Cancer – Signs & Symptoms

- Irregular Bleeding
- Postcoital Bleeding



### Cervical Cancer

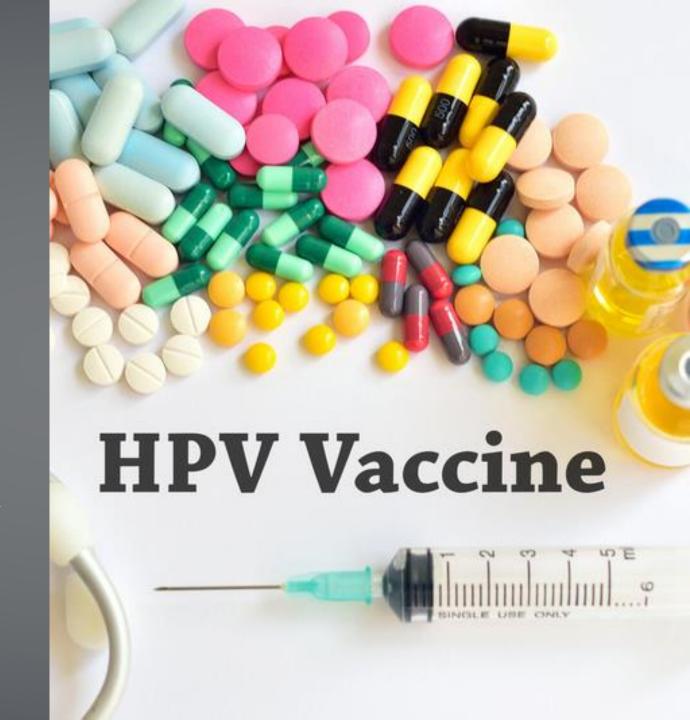
- Diagnosis
- CervicalCytology
- Pelvic Exam
- Biopsy
- Colposcopy



Cervical Cancer – Treatment

FIGO Staging

- Surgery
- Radiation
- Adjuvant Therapy



#### Cervical Cancer – Prevention

- Vaccination
  - Protects against strains of HPV
    - Types 6, 11, 16, 18, 31, 33, 45, 52, 58
  - Routine Schedule:
    - ≜ Ages 11-14: 2 dose
    - Ages 11 to 14: 3 doses
  - Catch up Schedule
    - ■Up to age 26
  - Risk based schedule:
    - **27** to 45 years

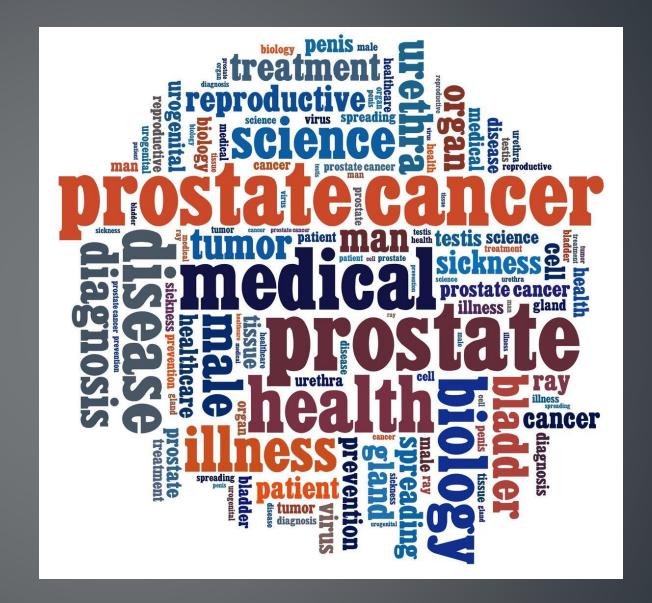


- Low Income
- Uninsured
- Underinsured
  - National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

Cervical
Cancer Resources

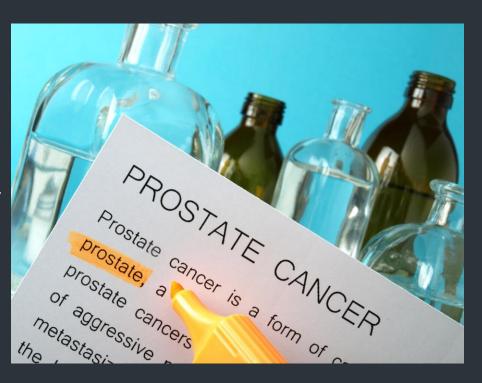
## Prostate Cancer

-2<sup>nd</sup> most common cancer in males



### Prostate Cancer – Risk Factors

- Increasing age
- African American males
- Family history of prostate cancer
- Family history of breast cancer
- Known BRCA1 or BRCA2 mut ation
- Polygenic risk score (PRS)
- Prior prostate biopsy



### Prostate Cancer

- Screening



- Age 40-45
  - Race
  - Family history
- Age > 50
  - Annual
- Discontinue
  - Age > 69



- Prostate-specific antigen (PSA)
- Digital rectal exam (DRE)

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