

# Screenings can aid in early detection

• by CAROLYN KIMMEL

**E**arly detection saves lives. We've all heard that mantra often enough — and the statistics show it's true.

For example, U.S. death rates from breast cancer in women have been declining since 1990, due in part to early detection by mammography screening and improvements in treatment, according to the American Cancer Society. Currently, 60 percent of breast cancers are diagnosed before they spread, for which the five-year survival rate is 98 percent.

So what are some screening tests for cancer that can aid in early detection and who should get them?

## Breast cancer

Between the ages of 35 and 40, a woman should get her first screening mammogram, which is a low-dose digital X-ray of the breast, according to Dr. Joanne Trapeni, division chief of Women's Imaging

and Interventional Radiology at WellSpan Health in York.

However, women whose mother or father had breast cancer should start screening 10 years prior to the age their parent had cancer, she said. Women with a known BRCA genetic mutation should start screening as soon as they find out about the gene and may augment surveillance with breast MRIs, Trapeni said.

"It's a huge misnomer that breast cancer is inherited. Almost 80 percent are sporadic cases, so saying 'we don't have breast cancer in our family' doesn't mean anything," Trapeni said.

Screening is important because it looks for precursors to cancer — things like calcifications and distortions in the breast tissue, she said. "This allows us find things early, when the prognosis is good and it's the key to ease of treatment," she said.

After age 40, women should get an an-

nual mammogram, important for comparison purposes that can make finding subtle changes easier, she said.

Women should start doing breast self-exams at age 18 at the same time each month, Trapeni said. Clinical breast exams are recommended every year starting between age 20 and 25, she said.

## Colon cancer

Because colon cancer is one of the most common, potentially fatal cancers, screening is very important. The good news is that it's also highly preventable through screenings, which look for polyps — lesions in the colon from which cancer usually develops, said Dr. James W. Srou, gastroenterologist with Gastroenterology Associates of York.

"When we remove the polyps, you've almost removed the risk of colon cancer," he said.

Screening is done by a colonoscopy, an internal examination of the colon and rectum using a thin, flexible tube equipped with a small camera that transmits high definition video to a screen that doctors watch while doing the procedure, Srour said. The patient is under sedation.

"The preparation ahead of time is the worst part of the procedure," Srour said. "You must take laxatives that wash the system out so we can see."

Generally, screening should begin at age 50. If there is no family history of first-degree relatives with colon cancer and no polyps are found, patients need only have colonoscopies every 10 years, Srour said. If there is family history or polyps are found, the patient should come back in five years, or sooner if multiple polyps are found, Srour said.

People with inherited disorders that greatly increase risk for colon cancer, such as Lynch syndrome or familial polyposis, require more frequent surveillance and/or removal of the colon.

### Prostate cancer

A digital rectal exam and prostate specific antigen (PSA) blood test are the two screenings available for prostate cancer, the second-leading cause of cancer death in American men.

### Reduce your cancer risk

These healthy lifestyle tips can help reduce your risk of developing cancer:

- Stay away from tobacco.
- Maintain a healthy weight.
- Exercise regularly.
- Eat plenty of fruits and vegetables.
- Limit your alcohol intake.
- Protect your skin.
- Know yourself, your family history and your risks.
- Have regular check-ups and cancer screening tests.

For more information on recommended tests, see [www.cancer.org/Healthy/FindCancerEarly](http://www.cancer.org/Healthy/FindCancerEarly)

SOURCE: American Cancer Society

The PSA test is controversial because of insufficient evidence that the benefit of screening outweighs potential risk, said Dr. Marc Hirsh, an oncologist in Hanover.

"If you get screened for PSA, there's a high likelihood that you will be diagnosed with prostate cancer, but many aren't clinically significant enough to warrant the radical surgery, radiation or hormone

therapy, not to mention the anxiety it causes," he said.

Prostate cancer is different from other cancers in that it can lie dormant in the body without causing harm, he said. Still, most men, upon hearing cancer is present, will go ahead with therapy rather than live with the anxiety, he said.

"A large percentage of men, particularly older men, would go many years without it affecting their health," Hirsh said. "So while screening may have saved some lives, in a large percentage of men, it leads to a lot of unnecessary treatment with side effects such as incontinence, impotence, bowel problems and urological problems."

The American Cancer Society and the U.S. Centers for Disease Control say there is insufficient evidence to recommend for or against prostate cancer screening.

"Many doctors are still ordering the PSA test, and I don't think patients are really informed. All men, at age 50, or sooner if they are at high risk, should become informed about the limitations and risks of taking the test and then make a decision," Hirsh said.

Risk factors for prostate cancer, other than age, include a family history, a known gene mutation and being African-American, according to the American Cancer Society. <sup>hsm</sup>

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