

Cancer Prevention

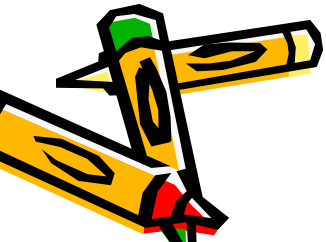
Screening and Early Detection

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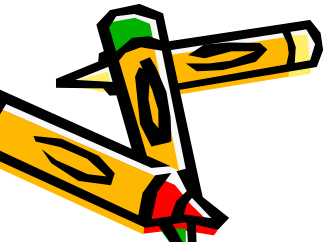
Cancer Prevention..

- 1. Primary Prevention
- 2. Secondary Prevention
- 3. Tertiary Prevention



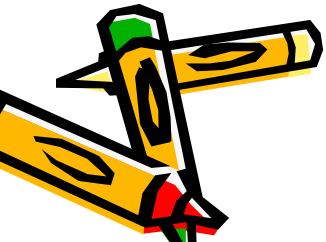
Primary Prevention..

- When there is no abnormality...
- Objective:-
 - Strengthening healthy lifestyle
 - Decreasing weakness
 - Preventing and minimizing risks/factors of carcinogenesis



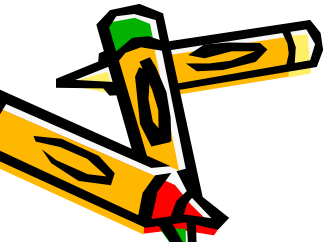
Influencing factors of Carcinogenesis..

- Diet—fatty, alpha toxin, non-antioxidant, smoky, nitrosamine, uncooked/raw foods
- Smoking & Drinking
- Viral infection
- Parasite
- Chemical agents
- Ultraviolet
- X-ray
- Obesity
- Polluted environment
- Lack of exercise
- Limitation to health care services



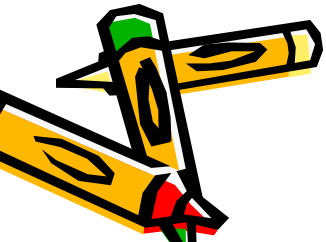
Self-Care for Daily livings...

- Eat fiber diet
- Eat beta-carotene, Vit A and C (Antioxidants)
- Maintain normal weight
- Exercise



Nurses' Roles in Primary Prevention..

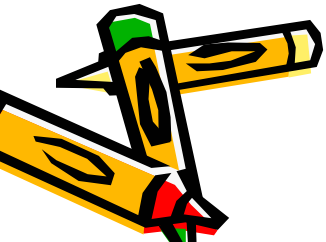
- Health education on causes of cancer, risk factors, appropriate self-care
- Promotion of risky groups of cancer— family history, health behaviors, occupation
- Evaluation of applying knowledge into practice



Secondary Prevention..

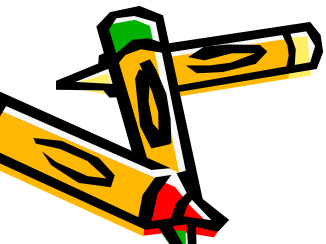
Abnormality was found...

- Objectives:-
 - Early diagnosis/ investigation for abnormality
 - Assessment of risk groups
 - Cancer screening/ early detection



Nurses' Roles in Secondary Prevention

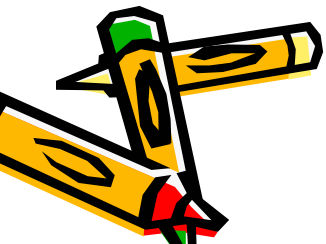
- Knowledge about risk factors, carcinogen, and cancer screening
- Observe 7 signs of cancer
- Health Assessment



7 Signs of Cancer..

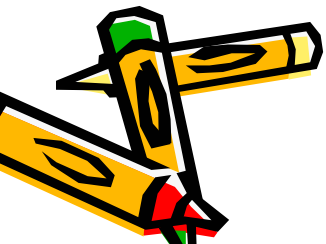
1. Changes in elimination—feces and urine
2. Chronic wound—in oral cavity
3. Bleeding/ discharge
4. Painless mass—breast and lymphnode
5. Change in digestive system, weigh loss, and dysphagia
6. Increasing size of moles
7. Chronic sore throat, hoarseness, cough

American Cancer Society, 2001



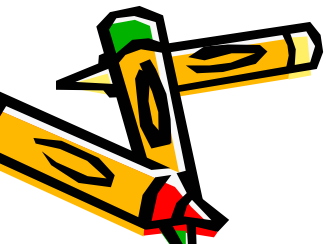
Health Assessment..

- Taking history..
 - Family or personal history of cancer
 - Tobacco use & Alcohol consumption
 - Eating behaviors
 - Sexual practice
 - Occupation
 - Medications--hormones



Health Assessment..

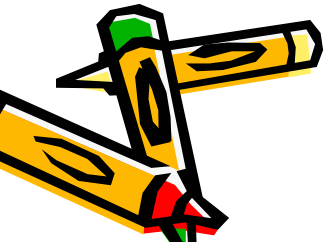
- Physical examination..
 - Lymphadenopathy
 - Suspicious moles
 - Breast mass
 - Thyroid mass
 - Prostatic enlargement
 - Oral leukoplakia



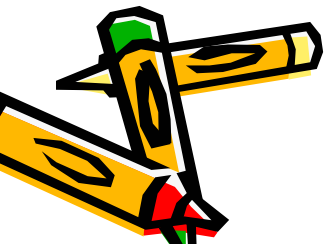
Tertiary Prevention..

Abnormality is cancer/incurable illness

- Objectives:-
 - Prevention of metastasis
 - Rehabilitation
 - Palliative purpose

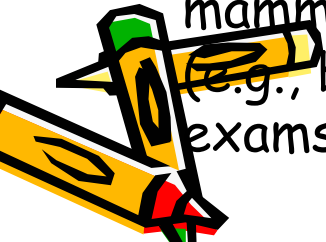


Early Detection...



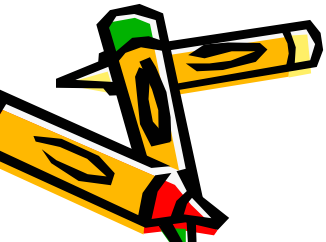
Breast Cancer

- Yearly mammograms starting at age 40 and continuing for as long as a woman is in good health.
- Clinical breast exams (CBE) should be part of a periodic health exam, about every three years for women in their 20s and 30s and every year for women 40 and over.
- Women should report any breast change promptly to their health care providers. Breast self-exam (BSE) is an option for women starting in their 20s.
- Women at increased risk (e.g., family history, genetic tendency, past breast cancer) should talk with their doctors about the benefits and limitations of starting mammography screening earlier, having additional tests (e.g., breast ultrasound or MRI), or having more frequent exams.



Colon and Rectal Cancer

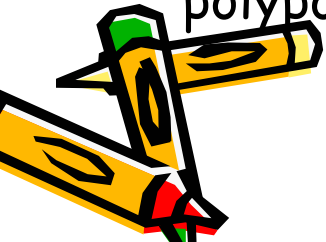
- Beginning at age 50, both men and women at average risk for developing colorectal cancer should follow one of these five testing schedules:
- yearly fecal occult blood test (FOBT)* or fecal immunochemical test (FIT)
- flexible sigmoidoscopy every 5 years
- yearly FOBT* or FIT plus flexible sigmoidoscopy every 5 years**
- double-contrast barium enema every 5 years
- colonoscopy every 10 years



Colorectal Cancer

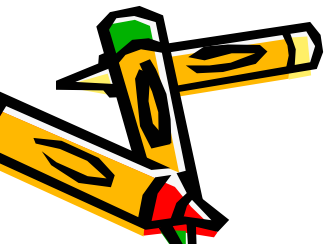
People should begin colorectal cancer screening earlier and/or undergo screening more often if they have any of the following colorectal cancer risk factors.

- a personal history of colorectal cancer or adenomatous polyps
- a strong family history of colorectal cancer or polyps (cancer or polyps in a first-degree relative younger than 60 or in two first-degree relatives of any age) Note: a first degree relative is defined as a parent, sibling, or child.
- a personal history of chronic inflammatory bowel disease
- a family history of an hereditary colorectal cancer syndrome (familial adenomatous polyposis or hereditary non-polyposis colon cancer)



Cervical Cancer

- All women should begin cervical cancer screening about 3 years after they begin having vaginal intercourse, but no later than when they are 21 years old. Screening should be done every year with the regular Pap test or every 2 years using the newer liquid-based Pap test.
- Beginning at age 30, women who have had 3 normal Pap test results in a row may get screened every 2 to 3 years with either the conventional (regular) or liquid-based Pap test. Women who have certain risk factors such as diethylstilbestrol (DES) exposure before birth, HIV infection, or a weakened immune system due to organ transplant, chemotherapy, or chronic steroid use should continue to be screened annually.

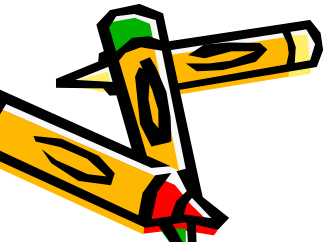


Cervical Cancer

- Another reasonable option for women over 30 is to get screened every 3 years (but not more frequently) with either the conventional or liquid-based Pap test, *plus* the HPV DNA test.
- Women 70 years of age or older who have had 3 or more normal Pap tests in a row and no abnormal Pap test results in the last 10 years may choose to stop having cervical cancer screening. Women with a history of cervical cancer, DES exposure before birth, HIV infection or a weakened immune system should continue to have screening as long as they are in good health.
- Women who have had a total hysterectomy (removal of the uterus and cervix) may also choose to stop having cervical cancer screening, unless the surgery was done as a treatment for cervical cancer or pre-cancer. Women who have had a hysterectomy without removal of the cervix should continue to follow the guidelines above.

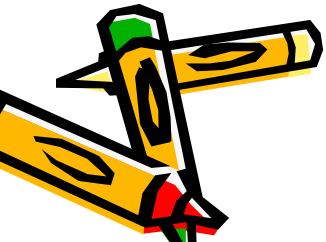
Endometrial (Uterine) Cancer

- All women should be informed about the risks and symptoms of endometrial cancer, and strongly encouraged to report any unexpected bleeding or spotting to their doctors. For women with or at high risk for hereditary non-polyposis colon cancer (HNPCC), annual screening should be offered for endometrial cancer with endometrial biopsy beginning at age 35.



Prostate Cancer

- Both the prostate-specific antigen (PSA) blood test and digital rectal examination (DRE) should be offered annually, beginning at age 50, to men who have at least a 10-year life expectancy. Men at high risk (African-American men and men with a strong family of one or more first-degree relatives (father, brothers) diagnosed at an early age) should begin testing at age 45. Men at even higher risk, due to multiple first-degree relatives affected at an early age, could begin testing at age 40. Depending on the results of this initial test, no further testing might be needed until age 45.



Thank you for your
attention!!

