



High-tech images

Scans can pinpoint (clockwise from top) breast tumors, lung cancer and colon cancer cells, but only when you stay on top of your screenings.

The tests you need

There's something everyone can do to beat cancer: Get screened. Find out which exams to schedule and which to skip. **By Leslie Goldman**

WHEN TO LOOK FOR BREAST CANCER

The general rule Between the ages of 20 and 39, have your breasts checked by an M.D. at least every three years. Starting at 40, have the clinical exam along with a mammogram annually. Perform regular self exams so you know what's normal for you.

When you're at increased risk The American Cancer Society (ACS) in Atlanta suggests that women who meet any of the following criteria have an annual breast magnetic resonance imaging (MRI) in addition to a mammogram beginning at age 30 or sooner, if recommended by your doctor:

- You or a first-degree relative (mother, sister, brother or father) has a BRCA genetic mutation.
- Your lifetime odds of breast cancer are 20 percent or higher based on your family history (say, your mom and maternal aunt were both diagnosed at an early age).
- You've had radiation to the chest between ages 10 and 30.

How effective is it? Very. Mammograms can detect about 85 percent of breast cancers in women without symptoms, and when a malignancy is discovered early, more than 98 percent of women survive at least five years. In high-risk women, MRIs can find twice as many cancers as mammograms alone. That said, MRIs do have a higher rate of false positives and can lead to unnecessary biopsies, which is why they're not yet recommended

for women of average risk. "We may not be able to predict if a woman's going to develop breast cancer," says Robert A. Smith, Ph.D., director of cancer screening for the ACS. "But with regular screening, she has the best chance of finding it early."

HOW TO SEARCH FOR CERVICAL CANCER

The general rule Have annual Pap smears three years after becoming sexually active or at age 21, whichever comes first. Once you hit 30, you can have the test every two to three years if you've had normal results three years in a row and have the same partner. Women 30 and older should also consider screening for the human papillomavirus (HPV), the sexually transmitted disease that causes cervical cancer. (Doctors use the same sample of cells they collected for your Pap.) "Unlike the Pap, which only tells you what the cervix looks like now, the HPV screen is predictive," says Debbie Saslow, Ph.D., director of breast and gynecologic cancer for the ACS. "If it's negative, it tells you very accurately there will be no problems in the cervix for at least three years." One more thing: If you've had the new HPV vaccine you still need regular Paps; the shot covers only 4 out of the 100 strains of the virus.

When you're at increased risk Women who currently have multiple sex partners or who have had STDs or abnormal Paps

CLOCKWISE FROM TOP: SIMON FRASER/ROYAL VICTORIA INFIRMARY/PHOTO RESEARCHERS. GONDELON/PHOTO RESEARCHERS. NANCY KEDERSHA/PHOTO RESEARCHERS.

should have checkups more frequently. So should those with a weakened immune system. How often? Your gynecologist will make the call.

How effective is it? Pap screening is highly effective. Both the incidence of cervical cancer and the death rate of the disease have dropped about 75 percent in the United States since 1955. That's because the test discovers several hundred thousand precancers every year, Saslow says. And when it finds cancer, about half the cases are at an early stage, when the survival rate is 92 percent.

WHEN TO CHECK FOR COLON CANCER

The general rule For women with no family history, the ACS does not recommend routine screening until age 50.

When you're at increased risk If a parent or sibling was diagnosed before age 60—or if you have two first-degree relatives diagnosed at any age—earlier monitoring is recommended. Women with a strong family history should schedule a colonoscopy, a test in which a doctor inserts a thin scope into the rectum to examine the entire length of the colon, at age 40 or 10 years before the age your youngest relative was diagnosed, whichever comes first. And even if you don't have a family history, women with inflammatory bowel diseases such as ulcerative colitis or Crohn's disease may need screening as often as every one to two years beginning about eight years after diagnosis.

How effective is it? Having one colonoscopy every 10 years reduces the risk for colon cancer by as much as 60 percent. That's because the test finds both early cancers and benign polyps, small growths that have the potential to become malignant. Remove the polyps and you've instantly cut your risk.

WHETHER TO LOOK FOR LUNG CANCER

The general rule Routine screening is not recommended.

When you're at increased risk Talk to your doctor, especially if you've smoked at least a pack a day for 10 years. A study of more than 31,000 at-risk people discovered that CT scans can

detect 85 percent of lung cancers at an early, curable stage, according to research published last year in *The New England Journal of Medicine*. In fact, 92 percent of the early-stage patients who were treated survived at least 10 years. For that reason, the study's lead author, Claudia Henschke, M.D., head of chest imaging at Weill Cornell Medical College in New York City, suggests annual scans starting at age 40.

How effective is it? Although there's little doubt that CTs can find early lung cancers, doctors don't know if this particular test is cost-effective or if it can truly save lives, says Christine D. Berg, M.D., chief of the National Cancer Institute's Early Detection Research Group, Division of Cancer Prevention in Bethesda, Maryland. About five months after Dr. Henschke's study was published, another report released in *The Journal of the American Medical Association* determined that screening had no impact on overall death rates, suggesting it does not catch tumors that would ultimately prove fatal. The bottom line? If you're worried, discuss screening options with your doctor.

HOW TO HUNT FOR MELANOMA

The general rule Guidelines vary widely, which is why SELF suggests you visit your dermatologist for a clinical skin cancer screening annually and conduct self exams regularly. Given that an estimated 1.5 million skin cancers are diagnosed each year—including 60,000 melanomas—this is one check you can't afford to skip. What to look for:

- Changes in a mole's size, shape or color
- The development of a new mole
- Any other unusual signs, such as itchy or bleeding moles

When you're at increased risk A history of sunburns (especially in childhood) and trips to the tanning salon both increase your odds of getting melanoma, but your family history and mole characteristics have an even stronger impact. If a parent, child or sibling has been diagnosed with melanoma, or if you have many moles on your skin, frequent clinical skin exams are a must.

How effective is it? "No randomized controlled trials have evaluated the effectiveness of whole-body screening," says Rebecca Siegel, manager of surveillance information services for the ACS. Yet thanks to early detection, 80 percent of melanomas are now found at a localized stage, and nearly 99 percent of those patients survive, Siegel says. And there's little doubt that your own vigilance can pay off, too, says David J. Goldberg, M.D., clinical professor of dermatology at the Mount Sinai School of Medicine in New York City. Don't skimp on the sunblock—use one with an SPF of 30, and reapply every two hours when you're outside—and scan your body regularly. "Melanoma is a visible disease, and your skin is begging you to look at it," Dr. Goldberg says. "Nine times out of 10, what you find will be nothing, and the worst that will happen is that you waste a trip to the dermatologist. The rest of the time, you may just save your life." ■

Don't skip this at-home neck check

Who knew? Women in their 20s are more likely to develop cancer in the thyroid, which is located at the base of the neck, than any other malignancy, the American Cancer Society in Atlanta reports. But there's good news: Thyroid cancer is highly curable—97 percent of people who are diagnosed survive at least five years. Regardless of your age, give your thyroid this once-over annually, suggests Gregory Brent, M.D., professor of medicine and physiology at the David Geffen School of Medicine at UCLA.

- 1 Stand in front of a mirror, tilt your chin up and take a few sips of water.
- 2 As you swallow, look for any knots or protrusions in the lower part of your neck, near the collarbone or on the sides right below the Adam's apple.
- 3 If you see any unusual bulges or asymmetry, contact your physician.

