

**Breast cancer is the most
commonly diagnosed cancer
and the second leading
cause of cancer related death
in WV women.**

(2019 WV Cancer Burden Report)

Breast Cancer Screening

Women aged 50 to 74 with average risk

Screening mammography is recommended every one or two years depending on your risk factors. Talk with your provider to determine the right screening schedule for you.

Women at higher than average risk

Women with a parent, sibling, or child with breast cancer are at higher risk for breast cancer and thus may benefit more than average-risk women from beginning screening in their 40s.

High risk factors for breast cancer:

- Family history of breast cancer, especially if diagnosed before age 40. This could be one parent, grandparent, sibling, child, or two aunts, uncles, or cousins on either side of the family.
- You have a personal history of breast cancer or an abnormal biopsy result.
- You are adopted or do not know your family health history.
- You never had children.
- Your first child born after age 30.

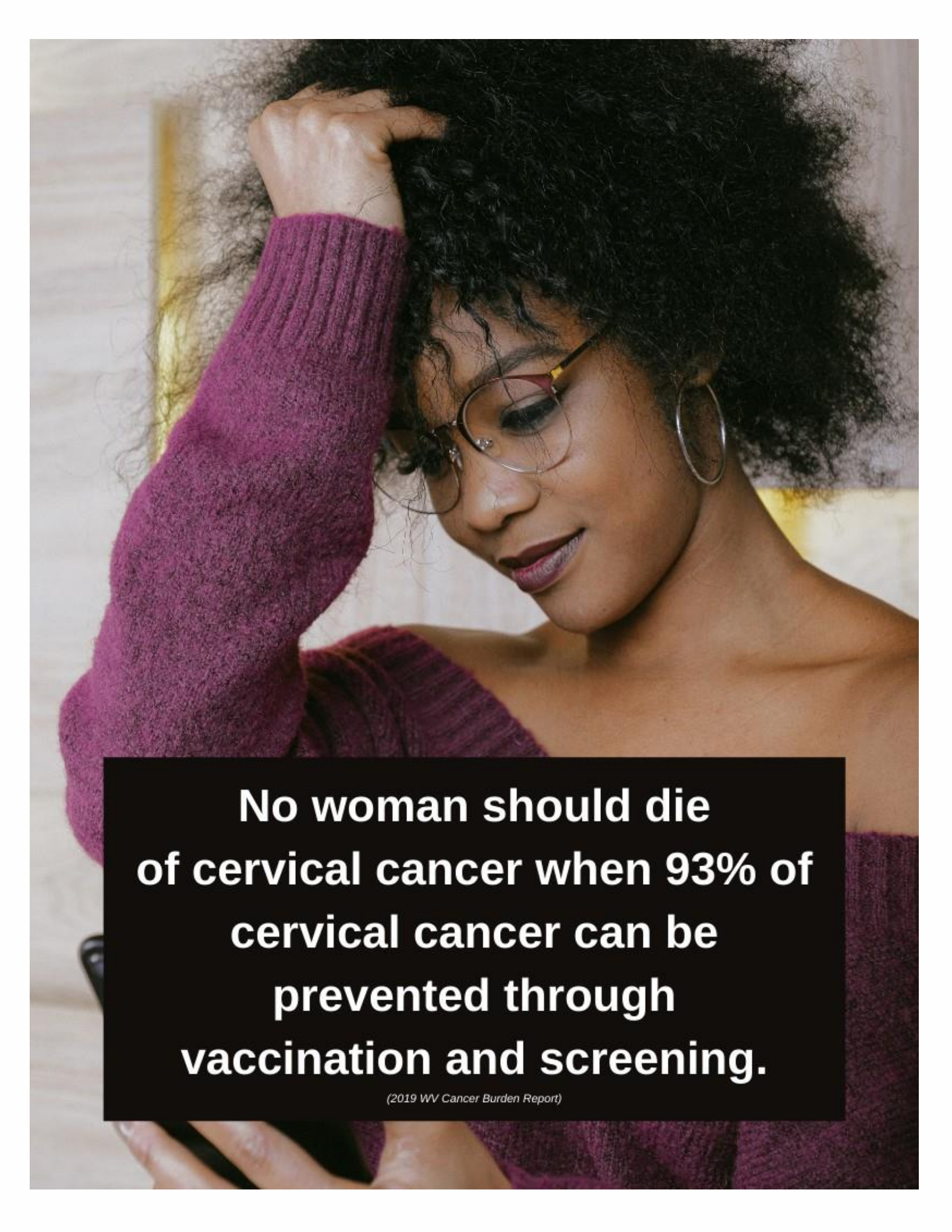
Talk with your provider about your risk factors, when you should begin screening mammograms, and how often.

Women aged 40 to 49 with average risk

The decision to start screening mammography in women prior to age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin screening every other year between the ages of 40 and 49. Talk with your provider to see if screening is right for you.

Breast cancer in men

Screening mammography is not recommended for men. Men with a family history of breast cancer should talk to their doctor about their risks and options.



**No woman should die
of cervical cancer when 93% of
cervical cancer can be
prevented through
vaccination and screening.**

(2019 WV Cancer Burden Report)

Cervical Cancer Screening

Women 21-29 years old

Get a Pap test. If your Pap test result is normal, you should schedule your next Pap test in three years. Talk with your provider to schedule a Pap test.

Women 30 to 65 years old have two test options

Get an HPV test along with the Pap test. This is called co-testing. If test results are normal with co-testing, you should schedule your next Pap test in five years.

Or continue screening with the Pap test every three years. Talk to your provider about which testing option is right for you.

Women with a history of cervical cancer or precancerous findings may need to be screened more often. It is important to talk with your provider about your screening needs.

High risk factors for cervical cancer:

- You have HIV (the virus that causes AIDS) or another condition that makes it hard for your body to fight off health problems.
- You smoke or used to smoke.
- You have been using birth control pills for five or more years.
- You have given birth to three or more children.
- You have had several sexual partners.

Your provider may tell you that you do not need to be screened for cervical cancer if:

- You are a woman under the age of 21 years old. Young women should not be screened for cervical cancer regardless of the age of sexual initiation or other risk factors.
- You had a complete hysterectomy with removal of the entire cervix for non-cancerous conditions, like fibroids.
- You are older than 65 years with adequate negative prior screening* and no history of CIN2 or higher within the last 20 years.

*Adequate negative prior screening results are defined as 3 consecutive negative cytology results or 2 consecutive negative co-test results within the previous 10 years, with the most recent test performed within the past 5 years.

**Colon cancer is West
Virginia's second leading cause
of cancer related deaths...even
though it is one of only a
few cancers that can be prevented.**

(2019 WV Cancer Burden Report)



Colon Cancer Screening

Adults aged 45 to 75 years

Should complete one of the recommended colon cancer screening tests. Colon cancer screening tests include:

- **Colonoscopy**, which requires bowel prep, is done in the hospital under sedation, and requires someone to drive you home. If no polyps or cancer are found, another test is not needed for ten years.
- **Stool-based testing, like FIT or Cologuard**, is done at home. No sedation or dietary restrictions are necessary. A positive stool-based test requires a follow-up with a colonoscopy. Stool-based tests that are negative are done once a year or once every three years, depending on the type of test done.
- **CT colonography**, uses low dose radiation CT scanning to obtain an interior view of the colon. This test requires bowel prep and CT scanning. If no polyps or cancer are found, another test is not needed for five years.

Talk to your provider about the risks and benefits of the different types of colon cancer screening tests to determine which test is right for you.

Adults aged 76 to 85 years

- The decision to screen for colon cancer in adults aged 76 to 85 years should be an individual one, taking into account the patient's overall health and prior screening history.
- Adults in this age group who have never been screened for colon cancer are more likely to benefit.

Screening would be most appropriate among adults who 1) are healthy enough to undergo treatment if colon cancer is detected and 2) do not have comorbid conditions that would significantly limit their life expectancy.

High risk factors for colon cancer:

- You or a close relative have had colorectal polyps or colon cancer.
- You have an inflammatory bowel disease such as Crohn's disease or ulcerative colitis.
- You have a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (Lynch syndrome).

If you have any of the above high risk factors, ask your provider:

- When should I begin screening?
- Which test is right for me?
- How often should I get screened?



**Lung Cancer accounts for 18% of
all new cancer cases in WV.**

**Smoking is linked to 80-90% of all
lung cancer diagnosis.**

(American Cancer Society, 2019; CDC, 2019)

Lung Cancer Screening

Yearly low-dose computed tomography (CT) is recommended for people who:

- Are 50 to 80 years old, and
- Have a 20 pack-year smoking history, and
- Are either current smokers or have quit in the past 15 years

Pack-year = packs a day X number of years smoking

Example:

Member is a 65 year old current smoker; smokes 1.5 packs a day for 25 years.

1.5 packs a day X 25 years = 37.5 pack-year history



The WV Lung Cancer CareLine

The WV Lung Cancer CareLine provides experienced case managers free of charge to assist with a variety of financial and insurance-related inquiries.

Call 866-684-2479 for additional information.



Transgender people are less likely to be screened for cancer than cisgender people.

Cancer Screening Rates Among Transgender Adults (Kiran, et al, 2019)

Cancer Screenings for Transgender People

Breast Cancer

Transgender men (female to male) should be screened for breast cancer beginning at age 50 unless they are high risk. This includes transgender men who had chest reconstruction surgery. Talk to your provider about your risk factors such as family history to determine when to begin screening and if you need screening mammography every year or once every other year.

Transgender women (male to female) aged 50-74 who have taken feminizing hormones for five or more years should be screened for breast cancer. Talk to your provider about other risk factors such as family history to determine if you need screening mammography every year or once every other year.

High risk factors for breast cancer:

- Family history of breast cancer, especially if diagnosed before age 40. This could be one parent, grandparent, sibling, child, or two aunts, uncles, or cousins on either side of the family.
- You have a personal history of breast cancer or an abnormal biopsy result.
- You are adopted or do not know your family health history.
- You never had children.
- Your first child born after age 30.

Talk with your provider about your risk factors, when you should begin screening mammograms, and how often.

Cervical Cancer

Transgender men (female to male) who have a cervix and are 21 to 29 years old should complete a Pap test. If your Pap test result is normal, you should schedule your next Pap test in three years. Talk with your provider to schedule a Pap test.

Transgender men (female to male) 30 to 65 years old have two test options

Get an HPV test along with the Pap test. This is called co-testing. If results are normal with co-testing, you should schedule your next co-testing in five years. Or continue screening with a Pap Test every three years. Talk to your provider about which testing option is right for you.

Transgender men with a history of cervical cancer or precancerous findings may need to be screened more often. It is important to talk with your provider about your screening needs.

If you are taking testosterone (T) it is important to tell your doctor and the lab that is analyzing your Pap test. Testosterone can cause changes to cervical cells that may mimic cervical dysplasia.

High risk factors for cervical cancer:

- You have HIV (the virus that causes AIDS) or another condition that makes it hard for your body to fight off health problems.
- You smoke or used to smoke.
- You have been using birth control pills for five or more years.
- You have given birth to three or more children.
- You have had several sexual partners.

Colon Cancer

There are no adjustments to colon cancer screening linked to sexual orientation or gender identity

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- You have an inflammatory bowel disease such as Crohn's disease or ulcerative colitis.
- You have a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (Lynch syndrome).

If you have any of the above high risk factors, ask your provider:

- When should I begin screening?
- Which test is right for me?
- How often should I get screened?

Lung Cancer Screening

Anyone with lungs can get lung cancer. Yearly low-dose computed tomography (CT) is recommended for people who:

- Are 50 to 80 years old, and
- Have a 20 pack-year smoking history, and
- Are either current smokers or have quit in the past 15 years

There are no adjustments to lung cancer screening linked to sexual orientation or gender identity. However, the LGBTQ+ community may be particularly vulnerable to lung cancer due to high smoking rates. Further consideration needs to be given to the transgender community for those on estrogen hormone therapy around smoking cessation. Smoking while on estrogen therapy increases the risk of blood clots that can lead to stroke or a heart attack.