

### Woman to Woman Lunch & Learn Kits



## Lunch and Learn Sessions Lunch and Learns sessions are small, 20-30 minute education sessions on breast and cervical health. Conducted by Peer Health Advisers or experienced facilitators, these sessions are scheduled at various times and shifts to accommodate employees' schedules.

Lunch and Learn sessions provide opportunities for employees to obtain information about breast and cervical health, and to practice skills needed to access health screening services. These sessions not only provide employees with an opportunity to discuss various topics relating to breast and cervical health, but also to review their own health behaviors. At the end of each discussion, employees are encouraged to assess their own health practices and set health-related goals.

Lunch and Learn sessions also provide opportunities for employees to develop informal social groups within the worksite, in which they can share common concerns about breast and cervical health and even find sources of support.

Six Lunch and Learn kits have been prepared for the Woman to Woman Program. These contain a Planning Checklist, Session Guide, and Commonly Asked Questions. The materials and supplies needed for each session are listed in the "Materials" section of each kit. Each session has a slightly different emphasis, although all focus on raising awareness of the importance of breast and cervical cancer screening. Lunch and Learn sessions address the following topics:

Lunch and Learn Session #1: The Basics of Screening for Breast and

Cervical Health

Lunch and Learn Session #2: The Pap Test: It Could Save Your Life

Lunch and Learn Session #3: Ready, Set, GOAL! Setting Goals for

Success

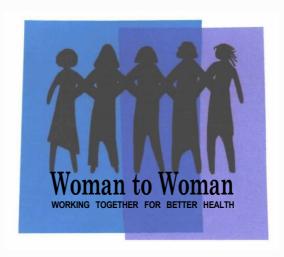
Lunch and Learn Session #4: Building a Partnership With Your

Health Care Provider

Lunch and Learn Session #5: A Guide to Good Breast Health

Lunch and Learn Session #6: The Importance of Pap Tests





### Woman to Woman Lunch & Learn Kit



LUNCH & LEARN #1
The Basics of Screening for
Breast and Cervical Health



#### **LUNCH AND LEARN #1**

## The Basics of Screening for Breast and Cervical Health



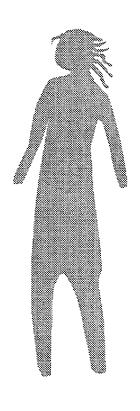
#### **LUNCH AND LEARN #1**

## The Basics of Screening for Breast and Cervical Health

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#### **INTRODUCTION**

This guide was prepared by Dana-Farber Cancer Institute as part of the Woman to Woman Program. It was designed to help "Peer Health Advisors" plan and run small group education sessions about breast and cervical cancer at the worksite ("Lunch and Learn"). Although this guide is directed toward Peer Health Advisors, Lunch and Learns can be delivered by any qualitied facilitator and this model can be adapted for other women's health topics.

Throughout this guide, you will see references to the "Worksite Coordinator," "Peer Health Advisors," and the "Volunteer Advisory Board members." These terms were used during the implementation of the Woman to Woman Program. Feel free to use terms that are applicable to your worksite. It is important to involve employees, management and union representatives ("Planning Team") in the planning and implementation of the session, and to distribute responsibilities, as appropriate.

#### Contents of This Kit

There are three sections in this Kit. The first section is a Program Planning Checklist. This checklist will help you to plan and organize each session. The second section contains a Session Guide for teaching about breast and cervical cancer and early detection methods. The outline provides points to cover in the education session, scripted information about breast and cervical cancer and early detection methods, and suggested teaching strategies that can be used in the session. The third section contains Commonly Asked Questions. In this section you will find responses to questions that are frequently asked.



#### PLANNING CHECKLIST

It is important that Peer Health Advisors/facilitators work closely as a team with their fellow employees, including the Worksite Coordinator, Volunteer Advisory Board members or Planning Team, when planning a Lunch and Learn session. The following checklist has been developed to assist you in preparing for this session.

#### WHY: Clarify your educational objectives

An educational objective specifies what you want to achieve with this session (e.g., to raise awareness about early detection of breast or cervical cancer). Make sure you define your objectives clearly. Once you have clarified the purpose of holding this session and know what you want to achieve, then you can decide which Lunch and Learn session to present.

#### WHAT: Plan the program

Six Kits were developed for the Woman to Woman Program. Each Kit has a slightly different emphasis, although all focus on raising awareness of the importance of breast and cervical cancer screening. The materials and supplies needed in each session are related to the content in the Session Guide and are listed in the "Materials" section of the kit.

#### WHO: Define who will be involved in this session

#### Identify the audience you hope to reach with this session

Define the audience you want to reach with this session. You may want to reach all employees or a specific group within the organization.

#### Identify resources that can assist in planning and implementing the session

Identify individuals in the worksite that can be given a role or specific tasks in planning and conducting the Lunch and Learn sessions



#### WHEN: Choose a date and time

When choosing a date, be sure to allow plenty of time to make the arrangements, publicize the program, and tend to all the details. We suggest that planning begin three to four weeks prior to the date of the session.

Choose a time that will be convenient for most of the people you want to attend. Despite its name, Lunch and Learn isn't just for lunch. You may prefer to offer a session during a morning break or after work. Or you may decide to have a session after staff meetings or some evening at dinner time. Each session is designed to take approximately 20-30 minutes.

#### WHERE: Select a location and reserve a room

Select an appropriate place for your program. This will require that you estimate the size of the group that will attend the session. It is best to choose a room where everyone can be comfortably seated and see the Peer Health Advisor/facilitator. If you plan to show a video, make sure that everyone can see the television screen from where they are seated.

Since breast and cervical cancer are sensitive topics for many women, you may want to select a room where there is privacy. Choose a room where there is a door that can be closed, or an area in which people do not circulate.

#### **HOW Prepare the session in advance**

We recommend that you follow the steps below when planning the session:

#### Practice giving the presentation

The Peer Health Advisor/facilitator needs to plan the topics to be presented and make sure that s/he knows the material. The Session Guide provides Peer Health Advisors/facilitators with a script they can use. Presenters may want to practice in front of a co-worker or another Peer Health Advisor the day before the session.

The Peer Health Advisor/facilitator needs to anticipate questions that people may ask during the presentation. For example, when discussing mammograms, women may ask her or him why mammograms are not routinely recommended to women less than 40 years of age. To help prepare for these questions, refer to the



"Commonly Asked Questions" section of this Kit. Suggest that the Peer Health Advisor/facilitator read these in advance or refer to them during the presentation if questions arise. It is perfectly acceptable — and even preferable — for the Peer Health Advisor/facilitator to tell participants that s/he does not know the answer to a question, and offer to get back with an answer later. The goal of this program is to help women learn where they can find their own answers.

Remind the Peer Health Advisor/facilitator that any medical question must be referred to a health care provider.

#### Set up the room

Set up the room as early as possible on the day of the session. This will give you time to check on supplies and equipment, and will allow the Peer Health Advisor/facilitator to practice a few times before the presentation. Make certain that there are enough chairs for everyone. You can put handouts on each chair, or you can set handouts on a table near the door so participants can take their own. If you plan to have participants sign-in, make sure to put the sign-in sheet in an accessible place so that participants can sign-in as they come into the room (optional).

#### Arrange for refreshments (optional)

Work with the Volunteer Advisory Board, other Peer Health Advisors or Planning Team to make arrangements for food and refreshments. Refreshments should be delivered 10-20 minutes prior to the session so that they can be properly arranged.

#### Plan for evaluation of the session (optional)

Discuss plans for evaluating Lunch and Learn sessions with the Worksite Coordinator, Volunteer Advisory Board members or Planning Team. In Woman to Woman, after each presentation, Peer Health Advisors asked participants to fill out a Participants' Satisfaction Form. Participants' Satisfaction Forms provide an opportunity for the participants to give Peer Health Advisors or facilitators feedback about the session. This information is very important; it helps determine ways to improve the educational sessions, learn more about topics of interest at the worksite, and ways to direct your promotional efforts at the worksite.

#### PROMOTION: Publicize your program

It is very important that you let women in your worksite know



about the session in advance. We suggest that you start to publicize the program at least three weeks before it is held. Speak with the Worksite Coordinator, Volunteer Advisory Board members or Planning Team to determine the best way to publicize the program. Options include informing co-workers by word of mouth, placing notices in worksite or union newsletters or bulletins, or making announcements at staff meetings.

#### **INCENTIVES:** Distribute incentives (optional)

Offering incentives for program participation may increase the chances of having a good turnout at the session. There are different types of incentives: food, fun, educational materials or small gifts. Discuss the feasibility of distributing incentives to program participants with de Worksite Coordinator, Volunteer Advisory Board members or Planning Team.

Note: "Steps for Planning" are also contained in the Program Manual.

Source: This planning checklist was adapted from the National Cancer Institute's "Speaker's Kit."



#### **SESSION OBJECTIVES**

Session Guides are available for each of the Lunch and Learn sessions. You should present all of the major points in the guide at each session. You can decide how much time to spend on each topic. You may choose to emphasize one of the topics (e.g., mammography) after reviewing the major points covered in the guide. This will depend on the amount of time that you have to run the small group education session, and on the interests of the session participants.

#### Session Objectives

After you review the major points covered in this Session Guide, the participants will have discussed:

The importance of early detection of breast and cervical cancer

The main methods for early detection of breast and cervical cancer

The strategies for maintaining breast and cervical health and for overcoming barriers to screening

It is important to inform participants that it will not be possible to cover all aspects of women's health or answer all their questions at this session. However, you may be able to help them find answers to their questions.



#### **MATERIALS**

**Promotional Flyers and Posters.** These are used to promote Lunch and Learn sessions. Samples are located in the Program Manual.

Lunch and Learn Kits. These contain Planning Checklists, Session Guides, and Commonly Asked Questions. Kits (like this one) are located in the Lunch and Learn Kits binder.

Flip Charts. These are used in conjunction with the Lunch and Learn Kits. They are located in the Lunch and Learn portfolio provided.

Goal-Setting Cards. These are cards that women who participate in the session fill out during the session as part of the "Setting Goals for Our Health" activity. They are taken home by participants. A sample is located in the Lunch and Learn Kits binder.

**Sign-in Sheets (optional).** These are forms to collect information about the women who participate in the session. Participants signin as they come into the room. A sample is located in the Lunch and Learn Kits binder.

**Participants' Satisfaction Forms (optional).** These are used to get participants' feedback about the session. Samples are located in the Lunch and Learn Kits binder.

**Educational Brochures.** These are additional resource materials that can be distributed after each session. Discuss which brochures are appropriate for each session and where they may be obtained with the Planning Team.

**Incentives (optional).** These are used to increase participation and may include food, gifts, and materials. Discuss which incentives are appropriate for each session and where they may be obtained with the Planning Team.

**Refreshments.** These are used to increase participation and may include food or drinks. Discuss which refreshments are appropriate for each session and where they may be obtained with the Planning Team.

**Equipment (not applicable to all sessions).** Equipment may include TV/VCR, overhead projector, slide projector and extension cord. Discuss which equipment is necessary for each session and where it may be obtained with the Planning Team.



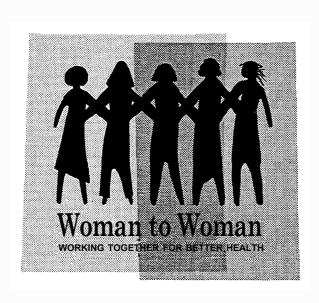
#### **AGENDA**

- I. Introductions
- II. Ground Rules
- III. Purpose of this Session
- IV. Activity #1: Taking Care of Yourself
- V. Activity #2: Screening Tests
- VI. Activity #3: Getting Screened
- VII. Activity #4: Setting Goals
- VIII. Activity #5: What Questions Do You Have? Where Can We Get More Information?
- IX. Activity #6: Summary
- X. Activity #7: Participants' Satisfaction Forms



Lunch & Learn #1

Flip Chart #1



## The Basics of Screening for Breast and Cervical Health



#### **SESSION GUIDE**

#### Introductions

#### Start with an introduction:

Welcome everyone to the group and thank them for coming.

#### Tell participants:

The title of today's session is "The Basics of Screening for Breast and Cervical Health."

Introduce yourself and ask the participants to introduce themselves by saying their name and department. (If everyone already knows one another, you may skip this step).

#### If applicable, say:

There is a sign-in sheet for you to write your name and department, and a Participants' Satisfaction Form at each place to complete before you leave the room.

Present Flip Chart #1 which displays the Woman to Woman Program name.

If your worksite is using another name, modify accordingly.

#### **Tell Participants:**

This session is being offered as part of a larger initiative to educate employees about breast and cervical health.

There are many important women's health issues. The goal of *this* program is to raise awareness about breast and cervical cancer and the importance of finding these cancers early through screening.

#### Describe your role

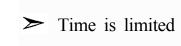
(i.e., Peer Health Advisor, Guest Speaker, Facilitator):

PHA's role: The role of the PHA is to lead small group education sessions, to distribute resource materials, to provide basic breast and cervical information, to support co-workers on a one-to-one basis, and to work with community organizations to organize educational activities for employees at the worksite.



#### **Our Ground Rules**

- > You choose how much to share with the group
- > We respect confidentiality
- > We don't discuss medical advice see your doctor
- ➤ We don't have all the answers we're all here to learn



➤ Other?

#### **Ground Rules**

#### Present Flip Chart #2.

#### Inform participants of the ground rules for this session:

You choose how much to share with the group Participation in this session is *voluntary*. You decide how much and what personal information you want to share with the group.

#### We respect confidentiality

What is discussed in this room should be considered *confidential*. We ask that you do not repeat the personal stories or experiences that you hear here today unless you have explicit permission to do so. This is very important.

#### We don't discuss medical advice - see your doctor

This session is NOT designed to provide *medical advice* or to answer all your questions about breast and cervical cancer. It is designed to raise awareness and stimulate discussion. We will help each other to find the answers to our questions.

We don't have all the answers - we're all here to learn
Out of *respect*, each person who chooses to speak may do so without interruption.

#### Time is limited

Time is a constraint. We want to cover a lot of material so let's try to stay focused. There will be other sessions to cover more material, and I can help you find more information through community organizations. We encourage you to stay for the entire session, but if you need to leave we understand.

#### Other?

Does anyone want to add another ground rule?



#### Purpose of this Session

At the end of this session, we will have discussed these questions:

- ➤ Why is early detection important for breast and cervical cancer?
- > What methods are used for early detection of breast and cervical cancer?
- ➤ How can women maintain their breast and cervical health?
- > What would make it easier for women to get screening?



#### Purpose of this Session

Present Flip Chart #3.

#### **Tell participants:**

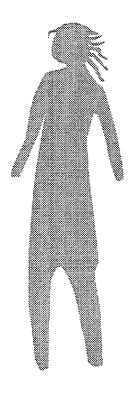
At the end of the session we will have discussed:

Why is early detection of breast and cervical cancer so important?

What methods are used for early detection of breast and cervical cancer?

How can women maintain their breast and cervical health?

What would make it easier for women to get screening?



What have you done in the last month to take care of yourself?

#### Activity #1: Taking Care of Yourself

#### Ask participants:

What have you done in the last month to take care of yourself?

#### List responses on Flip Chart #4. Refer to these examples, if necessary:

Exercised
Ate a balanced diet with a variety of nutrients (fruits, vegetables)
Got a Mammogram, a Pap test
Stopped smoking
Got a Cholesterol or dental check-up
Practiced relaxation exercises
Took some time for myself

#### **Tell Participants:**

These are actions women can take to care for their health in general, but the focus of this program is on steps women can take to maintain **breast and cervical health.** 

#### Ask participants:

Could you add to the same list other actions that you can take to maintain your breast and cervical health?

If not mentioned, write Mammography, Clinical Breast Exam, Breast Self-Exam, Pelvic exam with Pap test on Flip Chart #4.



## Why is breast and cervical health important for women?

#### **Breast Cancer**

- ➤ 179,700 new breast cancer cases in 1998
- ➤ 43,900 women will die from breast cancer in 1998

#### **Cervical Cancer**

- ➤ 13,700 new cases of cervical cancer each year
- ➤ 4,900 deaths each year

#### Ask participants:

Why is breast and cervical health important for women?

Present Flip Chart #5.

Discuss background statistics on breast and cervical cancer in the U.S.

#### **Breast Cancer**

Breast cancer is the most common cancer among women, and is the second leading cause of cancer deaths among women.

In 1998, an estimated 179,000 new cases of breast cancer will be diagnosed; 44,000 women will die from this disease.

#### **Cervical Cancer**

Cervical cancer is one of the most common forms of cancer among women.

Despite a decrease on cervical cancer over the last 50 years, there are still 14,000 new cases of cervical cancer in the United States every year and nearly 5,000 deaths from this disease.

Explain that although the death rates for cervical cancer are lower than the death rates for breast cancer, cervical cancer may be prevented.

Discuss the fact that these cancers are easier to treat and may be cured when found early. Therefore, finding them early through screening methods is very important.

Please Note: you need to update this information on an annual basis.

Source: Adapted from the American Cancer Society's "Cancer Facts and Figures, 1998."



#### What is a screening test?

A test that looks for signs of a disease (such as cancer) in a person who has no symptoms of the disease.

What are the screening tests for breast & cervical cancer?

- > Mammogram
- ➤ Clinical Breast Exam (CBE)
- ➤ Breast Self-exam (BSE)
- ➤ Pelvic exam with Pap test

#### **Activity #2: Screening Tests**

#### Ask participants:

What is a screening test?

#### Tell participants:

Screening tests look for signs of disease or illness (such as cancer) in a person who has no symptoms of the disease.

#### Present Flip Chart #6.

#### Ask participants:

What are the screening tests for breast and cervical health?

#### Define the screening tests for breast and cervical cancer:

Mammogram: a low dose x-ray of the breasts.

<u>Clinical Breast Exam:</u> when a health care provider examines your breast for changes.

Breast Self-Exam: when you examine your breasts for changes.

<u>Pap test:</u> examines cells on the cervix and can detect changes in the cells before they become cancerous.

<u>Pelvic exam:</u> checks for growths in a woman's tubes, ovaries and uterus.

Pelvic exams should be performed in conjunction with Pap tests.

#### Tell participants:

Now we are going to discuss how often should women have these screening tests.

Sources: Adapted from the National Cancer Institute's "What You Need To Know About Breast Cancer" and "What You Need To Know About Cancer of the Cervix."



## How often should we have mammography screening?

- Ask your doctor about the screening schedule that's right for you
- > Begin mammography screening at age 40
- > ACS says: Have a mammogram every year after 40
- > NCI says: Have a mammogram every 1 2 years

If you have symptoms or risk factors for breast cancer, consult your doctor.

#### **Present Flip Chart #7:**

#### Discuss mammography recommendations:

Women should consult with their physicians to determine the age at which they should begin mammography screening and the frequency with which they should receive this screening test.

All women in their forties or older who are at average risk for breast cancer should have screening mammograms every 1 or 2 years.

All women who are at *higher* risk for breast cancer should ask their doctors about when and how often to schedule screening mammograms.

There are benefits and limitations to mammography. To learn more please read this fact sheet. Distribute NCI Cancer Fact Sheet on "Screening Mammograms."

Please Note: You should check with the American Cancer Society or the National Cancer Institute for updated guidelines.

Source: Adapted from the National Cancer Institute's Cancer Fact Sheet "Screening Mammograms."



## What are the known risk factors for breast cancer?

#### Having:

- > Breast cancer in the past
- Family members who have had breast cancer
- > Alterations in breast cancer genes
- > Benign breast disease
- ➤ Dense breast tissue on mammogram
- > Your first baby after age 30, or having no babies if you are over 30

If you have these risk factors, consult your doctor about the screening you need

#### Present Flip Chart #8.

#### Discuss who is at average risk:

Simply being a woman and getting older puts you at average risk for developing breast cancer. The older you are, the greater your chance of getting breast cancer. No woman should consider herself too old to need regular screening.

#### Point at Flip Chart #8.

#### Discuss who is at higher risk:

Breast cancer is a common disease. Every woman has some chance of developing breast cancer during her lifetime. However, the risk of developing breast cancer is not the same for all women.

Having one or more of the following factors does not necessarily mean that a woman will develop breast cancer. However, women should be sure to discuss their risk with their physicians.

#### Point at Flip Chart #8.

#### Present the known higher risks for breast cancer:

Women who are at higher risk for breast cancer are those who have one or more of the following conditions:

#### A personal history of breast cancer

Women who have had one breast cancer may develop a second breast cancer.

#### Genetic mutations

Women carrying certain genetic alterations may be more susceptible to breast cancer. Genetic alterations are found by specific blood tests.

#### A family history of breast cancer

Women with a mother, sister, daughter, or two or more close relatives, such as cousins, with a history of breast cancer (especially if diagnosed at a young age).



#### Breast changes

Women who have had a biopsy (removal of a small piece of tissue to be examined under a microscope) showing certain abnormalities called "atypical hyperplasia" or "lobular carcinoma in situ" have a higher risk of future breast cancer.

#### Dense breasts

Having dense breast tissue makes it more difficult to read the results from a mammogram. Women who have had a previous mammogram that was difficult for a radiologist to read because of dense breast tissue are at greater risk, and are encouraged to have regular clinical breast examinations.

#### Late child birth

Women who had their first baby at age 30 or older or who never had a baby have a slight increased risk.

#### Tell participants:

These factors that increase risk, *risk factors*, do not by themselves cause cancer. Having one or more does not mean that you are certain or even likely to develop breast cancer. Even among women with no risk factors except a strong family history, for example, both a mother and a sister or two sisters with early onset breast cancer, three fourths will not develop the disease.

On the other hand, not having any of the known risk factors does not mean that you are "safe': Most women who develop breast cancer do not have a strong family history of breast cancer or fall into any special higher risk category.

Source: Adapted from the National Cancer Institute's Cancer Fact Sheet "Screening Mammograms."



## How often should we have Clinical Breast Exams?

➤ Women 20 - 40:

ACS recommends CBE every 3 years

➤ Women over 40:

ACS recommends CBE every year



#### Present Flip Charts #9.

#### Discuss recommendations for Clinical Breast Exams:

How often should we have Clinical Breast Exams?

For women 20 - 40:

ACS recommends having CBE every 3 years

For women 40 + :

ACS recommends having CBE every year

CBE can be performed by a doctor or a nurse.

Sources: Adapted from de American Cancer Society's "Special Touch" and "Cancer Facts for Women."



## How often should we have Breast Self-Exams (BSE)?

Women 20 +:

#### ACS:

➤ BSE once a month, every month7 - 10 days after start of period or,

same day of each month



#### Present Flip Charts #10.

#### Present recommendations for Breast Self-Exams:

How often should we practice Breast Self-Exam?

For women 20 + :

ACS recommends performing BSE once a month, every month.

BSE should be performed 7 to 10 days after start of period.

Women who are post-menopausal should perform BSE the same day of each month.

Emphasize that not all experts agree that BSE is effective. That is why we recommend practicing BSE as a supplement to CBE and mammography.

Doing more than one BSE per month is not necessarily better than once a month. What is important is to learn how to do BSE correctly. If you notice any changes in your breasts, you should notify your health care provider.

Sources: Adapted from de American Cancer Society's "Special Touch" and "Cancer Facts for Women."



## How often should we have pelvic exams with Pap tests?

For all women age 18 and over, or sexually active:

#### ACS and NCI recommend:

- ➤ Pelvic exam with Pap test every year
- ➤ After 3 or more normal annual examinations, talk with your doctor about frequency



Once is not enough!!!

#### Present Flip Charts #11.

#### Present recommendations for pelvic exam with Pap test:

How often should we have Pelvic exams with Pap tests?

For all women age 18 and over or sexually active: ACS and NCI recommend having Pelvic exam with Pap test every year.

After 3 or more normal annual examinations, you need to talk with your doctor about frequency of screening.

Women who have higher risks for cervical cancer may be screened more frequently than every 3 years, even if they have had normal Pap tests in the past.

There is no upper age limit for Pap tests; older women should continue to get screening tests, including a pelvic exam with Pap test.

Women who have had a hysterectomy (an operation to remove the uterus and sometimes the cervix) should discuss having a Pap test with their health care provider.

It is especially important for women who haven't been screened in the past 5-10 years to have Pap tests.

Emphasize that women should talk with their health care providers about which tests are appropriate for them, given their age, health and family history. In addition, they should discuss their health concerns or symptoms with their health care providers.

Sources: Adapted from National Cancer Institute's "What You Need To Know About Cancer of de Cervix," "The Pap Test: It Can Save Your Life," and "Questions and Answers about the Pap Test."



What would make it easier for us to get these screening tests?



## Activity #3: Getting Screened

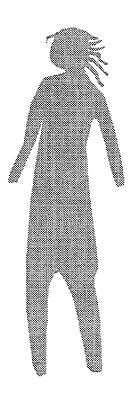
## Ask participants:

What would make it easier for us to get these screening tests?

Write suggestions on Flip Chart #12.

## Refer to these examples, if necessary:

When I forget, I write it on my calendar When I am afraid, I bring a friend to the health clinic When I have concerns, I talk to my doctor



## **Setting Goals for Our Health**

➤ Be realistic

➤ Be specific

➤ Think: "One step at a time."



## **Activity #4: Setting Goals**

## Tell participants:

Think of one step you can take in the next month to take care of your breast and cervical health. Write this on the goal card provided. You can take the goal card with you.

## Present Flip Chart #13.

## **Tell participants:**

Setting goals is a helpful strategy to make permanent changes in screening practices. Effective goals have to:

### Be realistic

Saying, "I will get a mammogram this week," may not be as realistic as saying, "I will discuss the importance of early detection with my health care provider and then schedule an appointment."

## Be specific

Saying, "I will find some way to get to the health center," may not be as specific as saying, "I will call my cousin and have her pick me up at 3 p.m. to drive me to the clinic."

Think: "One step at a time."

Gradual changes are easier to handle, and small steps do add up.

Source: Adapted from "Eatwell Nutrition Series."



Activity #5: What Questions Do You Have?
Where Can We Get More Information?

Ask participants for their questions. Respond to each question as you are able.

Please Note: [Do not read to participants]

When questions arise that you are not comfortable answering or that were not included in this guide, write them on a separate piece of paper so that you can follow-up. Tell women that you do not know the answers to their questions, but will help them find out where they can go to get answers (e.g. their health care provider, the ACS or NCI toll-free telephone number).

Be sure to follow-up on unanswered questions. You can use the sign-in list to help you locate the individual(s) who require follow-up information. You may want to follow-up with each person individually, or hold another session so that you can follow-up with the group.

Distribute additional materials for this session.

NCI Cancer Fact Sheet on "Screening Mammograms."



## Remember:

- Breast & cervical cancer are important health issues for women
- ➤ When found early, these cancers are easier to treat and may be cured
- Mammograms and CBE are the main methods for finding breast cancer early
- ➤ Pap test with pelvic exam is the main method for finding cervical cancer early
- Talk with your health care provider about which screening tests are right for you
- ➤ If you have concerns, or symptoms, talk with your health care provider



## **Activity #6: Summary**

Present Flip Chart #14 with a summary of the main points covered at this session and mention that these main points are on the back of the goal cards.

## Tell participants:

Breast and cervical cancer are important health issues for women.

When found early, these cancers are easier to treat and may be cured.

Mammograms and breast examinations by a health care provider are the main methods for finding breast cancer early.

The Pap test with pelvic exam is the main method for finding cervical cancer early.

Talk with your health care provider about which screening tests are right for you, given your age, health and family history.

If you have health concerns or symptoms, talk with your health care provider.

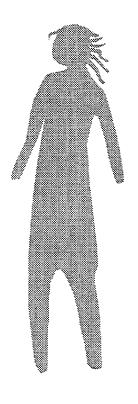


## Activity #7: Participants' Satisfaction Forms (optional)

## Tell participants:

Please complete the anonymous Participants' Satisfaction Forms. Your feedback will help us to improve future educational sessions.

Conduct prize drawing or distribution of incentives.



# COMMONLY ASKED QUESTIONS ABOUT BREAST HEALTH

"I'm nervous about having a mammogram. What should I do?"

Sometimes, it is very hard to understand why something is (upsetting, bothering, concerning, worrying, etc.)

For some women, thinking about having a mammogram reminds them about the possibility that they could get breast cancer sometime. And, that is very upsetting — so upsetting that it makes it difficult for them to do what they need to do to stop worrying — have the mammogram.

Some women feel calmer and more in control after having a mammogram. They feel that if they can't control getting breast cancer, they could try to beat it if it occurred. And, the best way to "catch breast cancer early" is by having regular mammograms.

Some women find it makes them feel less anxious if they take a friend to their appointment or talk with their doctor about mammography. What do you think might help you feel less anxious about having a mammogram?

## "My doctor has not recommended having a mammogram. What should I do?"

It might have slipped your doctor's mind to advise you to have a mammogram, or perhaps s/he was seeing you for a specific problem and not for your routine check-up.

It is important to speak with your doctor about the advisability of breast cancer screening.

## "I don't like going to the doctor. What should I do?"

You're not alone in feeling that way. I have talked with other women who also don't like going to the doctor.

Since you don't like to go to doctors, taking good care of yourself and finding little problems before they become big problems is particularly important. If you don't find problems when they are small, they may need more time and attention.



### "I'm too embarrassed. What should I do?"

I understand that you would feel a little uncomfortable. The technicians are generally sensitive to women's concerns about having a mammogram. You could speak with your doctor about going to a facility where there are female technologists that perform the mammogram. This may help you to feel more comfortable.

Another thing that may help you to feel more comfortable is to know that it is necessary to remove only the clothing above your waist during the mammogram. Therefore, you might find it more comfortable or convenient to wear pants or a skirt rather than a dress. You will be given a cover-up to wear except during the mammogram, so you have your privacy.

### "I've heard that it hurts. Is that true?"

It is true that you feel some pressure on your breast during the x-ray. This is needed for an accurate reading or picture of the breast. It may be uncomfortable, but it lasts only for a few seconds

If you have had a painful mammogram in the past you might mention this to the technician so she is aware of your experience and can be more sensitive to your concerns.

If you are still menstruating, you should plan to go 7 to 10 days after the start of your period when your breast may be less tender or sensitive.

You might want to limit the amount of caffeine you drink for a couple of weeks before the mammogram to help reduce any breast tenderness or sensitivity.

## "I don't have the time. What can I do?"

You can call now for an appointment for you mammogram, but have them schedule it when it is convenient for you. Sometimes these things take some planning and juggling your schedule but the importance of having your mammogram outweighs the scheduling hassles. The entire appointment usually takes less than half an hour.



## "I don't want to look for trouble." Or "If I have it, I don't want to know. Is that so terrible?"

Thinking about the possibility of developing breast cancer is very upsetting. Sometimes, it may seem easier not to do anything all than think about it.

With breast cancer, unless you have a mammogram, you don't know if you have a problem until you start having symptoms such as a lump, discharge, or dimpling of the breast. At this point, the cancer is much more difficult to control and cure. It is better to find out before there are any symptoms. In fact, when breast cancer is present and found by a mammogram, you sometimes have as much as 1 1/2 to 2 year headstart on treating it.

## "I hear radiation from a mammogram can give you breast cancer. Is that true?"

Equipment and techniques have improved so much in the past few years that the risk of radiation has been greatly reduced. The machines are preset so that the smallest amount of radiation is used. And they are checked regularly. Getting a mammogram this way is very safe.

The benefits of finding breast cancer early far outweigh the risks of this small amount of radiation exposure. A mammogram can detect breast cancer 1 1/2 - 2 years before it can be felt. This is when it would be in the early stages when women have more choices about treatment and have an excellent chance of being cured.

## "I can't afford a mammogram. What should I do?"

There are many locations in Massachusetts that, through funding by the Massachusetts Department of Public Health (617-624-6000), provide free mammograms to women age 40 years or older who are uninsured or underinsured (including the alternate year when Medicare does not pay). They will also provide free mammograms to women under forty who have a personal or family history (mother, daughter, sister) of breast cancer.

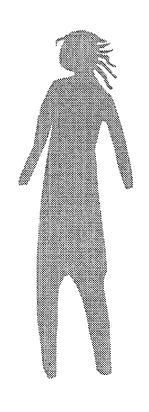


# "If anything is wrong, I don't have a doctor to go to. What should I do?"

Many of the Massachusetts Department of Public Health services sites can refer you to an appropriate doctor. Or you could call the Mayor's Health Line for a referral. The telephone number is 617-534-5050 or 1-800-847-0710.

Sources: The above has been adapted from The National Cancer Institute's "Picture of Health" and the American Cancer Society's "Tell A Friend Program Kit."





# COMMONLY ASKED QUESTIONS ABOUT CERVICAL HEALTH

## "What is a pelvic exam?"

A pelvic exam is when a doctor or nurse examines the vagina, uterus, fallopian tubes, bladder, ovaries and rectum to feel for abnormality in shape or size. During the pelvic exam, a speculum (instrument to open the vagina) is used to widen the opening of the vagina an observe irregularities.

## "What is a Pap test?"

A Pap test (or Pap smear) is one of the most effective ways to detect changes in the cells of the cervix (the opening of the uterus). The Pap test can show the presence of infection, inflammation, abnormal cells or cancer in the cervix. Pap tests can detect cancer at the cellular level, and the earlier the cells are found, the better are the chances for a successful cure. Cervical cancer is almost completely curable when detected early.

# "I'm too embarrassed to have my doctor-give me a pelvic exam with Pap test. What should I do?"

Doctors and nurses are aware that some women may feel embarrassed, especially if this is their first Pap test or pelvic exam. Women can request that a female doctor or nurse perform both exams. It only takes a few minutes to have a pelvic exam with Pap test.

### "How frequently should I get a pelvic exam with Pap test?"

The American Cancer Society and the National Cancer Institute recommend having pelvic exams with Pap tests every year, starting at age 18 or younger, if sexually active. Pelvic exams with Pap tests can be performed during routine gynecological exams.

After three or more annual examinations with normal findings, you need to talk with your doctor about frequency of screening. Women who have a higher risk of developing cervical cancer or who have been treated for cervical cancer in the past should be examined more often. Discuss screening intervals with your doctor.

## "Does it hurt to have a Pap test?"



# The Pap test may cause discomfort, but it is usually painless. If you have had a painful Pap test in the past you might mention this to the doctor or nurse so she is aware of your experience. During the pap test, the doctor or nurse uses a speculum to examine the cervix and vagina. Then with a small brush or cotton swab the doctor takes a few cells from the surface of the cervix. The cells are then "smeared" on a glass slide and then sent to a lab for examination under a microscope. Results of the Pap test are generally provided between 5 to 7 days after the test.

## "What if the results of the Pap test are abnormal?"

Once an abnormality is detected in the cervix, follow-up care is extremely important. Most abnormal conditions detected by the Pap test are easily treatable and curable.

When the results are abnormal, it may be due to inflammation caused by vaginal infection. The doctor may recommend taking medicines or having treatment for the infection. In a few months, another Pap test will be necessary to make sure the infection has disappeared.

Abnormal results can also mean that the cells need to be further investigated with a biopsy. A biopsy is when the doctor removes a sample of tissue to determine the extent of the abnormal change. Many of these changes are caused by Human Papilloma virus or by abnormal cell growth. Although these are not cancerous, over time they may progress to cancer.

If changes in the cervix are cancerous, prompt treatment is required to avoid the cancer from spreading to other parts of the body. Remember, the earlier the diagnosis and treatment of any symptom, the better the chances for cure.

# "I'm not planning in having more children, so do I need a Pap test?"

There is no upper age limit for Pap tests. Older women should continue to have regular pelvic exams with Pap tests—even if they are beginning or gone through menopause. Older women need to discuss frequency of screening with their doctor or nurse.

## "I had a hysterectomy. Do I still need a Pap test?"



A woman who has had an operation to remove the uterus and cervix (hysterectomy) should discuss having a Pap test with their doctor.

## "Where can I get a pelvic exam with Pap test?"

Women can get pelvic exams with Pap tests in a doctor's office. In addition, a Planned Parenthood or Family Planning Clinic, Health Clinics (at hospitals, health centers, city health programs) and local Health Departments offer these tests at low cost.

Sources: The above has been adapted from The National Cancer Institute's "What You Need to Know About Cancer of the Cervix" and "The Pap Test: It Can Save Your Life."



Sample materials for Lunch and Learn #1 What
You
Need
To
Know
About

# Cancer of the Cervix



This booklet is about cancer of the cervix. You may have questions about this disease.

Call the Cancer Information Service to talk with someone about cancer of the cervix. The staff can talk with you in English or Spanish.

The number is 1-800-422-6237 (1-800-4-CANCER). The call is free.

Este folleto es acerca de cáncer del cuello del útero. Usted podría tener preguntas acerca de esta enfermedad.

Llame al Servicio de Informatión sobre el Cáncer para hablar con alguien acerca del cáncer del cuello del útero. Este servicio tiene personal que habla español.

El número a llamar es el 1-800-422-6237 (1-800-4-CANCER). La llamada es gratis.

## Contents

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health

## What You Need To Know About Cancer of the Cervix

ach year, about 15,000 women in the United States learn that they have cancer of the cervix'. This National Cancer Institute (NCI) booklet will give you some important information about cancer of the cervix and about some conditions that may lead to this disease. You can read about prevention, symptoms, diagnosis, and treatment. This booklet also has information to help you deal with cancer of the cervix if it affects you or someone you know.

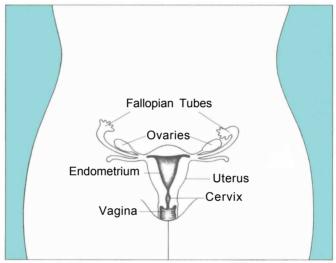
Other NCI booklets are listed on page 37. Our materials cannot answer every question you may have about cancer of the cervix. They cannot take the place of talks with doctors, nurses, and other members of the health care team. We hope our information will help with those talks.

Our knowledge about cancer of the cervix keeps increasing. For up-to-date information, call the NCI-supported Cancer Information Service (CIS) toll free at 1-800-4-CANCER (1-800-422-6237). The CIS is described on page 36.

<sup>\*</sup> Words that may be new to readers are printed in *italics*. Definitions of these and other terms related to cancer of the cervix begin on page 27. For some words, a "sounds-like" spelling is also given.

#### The Cervix

he cervix is the lower, narrow part of the uterus (womb). The uterus, a hollow, pear-shaped organ, is located in a woman's lower *abdomen*, between the *bladder* and the *rectum*. The cervix forms a canal that opens into the *vagina*, which leads to the outside of the body.



This picture shows the uterus, cervix, and other parts of a woman's *reproductive system*.

## What Is Cancer?

ancer is a group of more than 100 different diseases. They all affect the body's basic unit, the cell. Cancer occurs when cells become abnormal and divide without control or order.

Like all other organs of the body, the cervix is made up of many types of cells. Normally, cells divide

to produce more cells only when the body needs them. This orderly process helps keep us healthy.

If cells keep dividing when new cells are not needed, a mass of *tissue* forms. This mass of extra tissue, called a growth or *tumor*, can be *benign* or *malignant*.

- **Benign tumors** are not cancer. They can usually be removed and, in most cases, they do not come back. Most important, cells from benign tumors do not spread to other parts of the body. Benign tumors are not a threat to life. *Polyps, cysts,* and genital *warts* are types of benign growths of the cervix.
- Malignant tumors are cancer. Cancer cells can invade and damage tissues and organs near the tumor. Cancer cells also can break away from a malignant tumor and enter the *lymphatic system* or the bloodstream. This is how cancer of the cervix can spread to other parts of the body, such as nearby *lymph nodes*, the rectum, the bladder, the bones of the spine, and the lungs. The spread of cancer is called *metastasis*.

Cancer of the cervix also may be called cervical cancer. Like most cancers, it is named for the part of the body in which it begins.\* Cancers of the cervix also are named for the type of cell in which they begin. Most cervical cancers are *squamous cell carcinomas*. Squamous cells are thin, flat cells that form the surface of the cervix.

When cancer spreads to another part of the body, the new tumor has the same kind of abnormal cells

<sup>\*</sup>Cancer of the cervix is different from cancer that begins in other parts of the uterus and requires different treatment. The most common type of cancer of the uterus begins in the *endometrium*, the lining of this organ. Endometrial cancer is discussed in the booklet *What You Need To Know About Cancer of the Uterus*.

and the same name as the original (primary) cancer. For example, if cervical cancer spreads to the bones, the cancer cells in the bones are cervical cancer cells. The disease is called metastatic cervical cancer (it is not bone cancer).

## Precancerous Conditions and Cancer of the Cervix

ells on the surface of the cervix sometimes appear abnormal but not cancerous. Scientists believe that some abnormal changes in cells on the cervix are the first step in a series of slow changes that can lead to cancer years later. That is, some abnormal changes are *precancerous*; they may become cancerous with time.

Over the years, doctors have used different terms to refer to abnormal changes in the cells on the surface of the cervix. One term now used is *squamous intraepithelial* lesion (SIL). (The word lesion refers to an area of abnormal tissue; *intraepithelial* means that the abnormal cells are present only in the surface layer of cells.) Changes in these cells can be divided into two categories:

• Low-grade SIL refers to early changes in the size, shape, and number of cells that form the surface of the cervix. Some low-grade lesions go away on their own. However, with time, others may grow larger or become more abnormal, forming a high-grade lesion (see the next page). Precancerous low-grade lesions also may be called mild *dysplasia* or *cervical intraepithelial neoplasia* 1 (CIN 1). Such early changes in the cervix most often occur in women between the ages of 25 and 35 but can appear in other age groups as well.

• **High-grade SIL** means there are a large number of precancerous cells; they look very different from normal cells. Like low-grade SIL, these precancerous changes involve only cells on the surface of the cervix. The cells will not become cancerous and invade deeper layers of the cervix for many months, perhaps years. High-grade lesions also may be called moderate or severe dysplasia, GIN 2 or 3, or *carcinoma in situ*. They develop most often in women between the ages of 30 and 40 but can occur at other ages as well.

If abnormal cells spread deeper into the cervix or to other tissues or organs, the disease is then called cervical cancer, or *invasive cervical cancer*. It occurs most often in women over the age of 40.

## **Early Detection**

f all women had pelvic exams and *Pap tests* regularly, most precancerous conditions would be detected and treated before cancer develops. That way, most invasive cancers could be prevented. Any invasive cancer that does occur would likely be found at an early, curable stage.

In a pelvic exam, the doctor checks the uterus, vagina, *ovaries, fallopian tubes,* bladder, and rectum. The doctor feels these organs for any abnormality in their shape or size. A *speculum* is used to widen the vagina so that the doctor can see the upper part of the vagina and the cervix.

The Pap test is a simple, painless test to detect abnormal cells in and around the cervix. A woman should have this test when she is not menstruating; the best time is between 10 and 20 days after the first day of her menstrual period. For about 2 days before a

Pap test, she should avoid douching or using spermicidal foams, creams, or jellies or vaginal medicines (except as directed by a physician), which may wash away or hide any abnormal cells.

A Pap test can be done in a doctor's office or a health clinic. A wooden scraper (spatula) and/or a small brush is used to collect a sample of cells from the cervix and upper vagina. The cells are placed on a glass slide and sent to a medical laboratory to be checked for abnormal changes.

The way of describing Pap test results is changing. The newest method is the Bethesda System. Changes are described as low-grade or high-grade SIL (see pages 4 and 5). Many doctors believe that the Bethesda System provides more useful information than an older system, which uses numbers ranging from class 1 to class 5. (In class 1, the cells in the sample are normal, while class 5 refers to invasive cancer.) Women should ask their doctor to explain the system used for their Pap test.

Women should have regular checkups, including a pelvic exam and a Pap test, if they are or have been sexually active or if they are age 18 or older. Those who are at increased risk of developing cancer of the cervix should be especially careful to follow their doctor's advice about checkups. (A discussion of *risk factors* for cervical cancer begins on page 25.) Women who have had a *hysterectomy* (surgery to remove the uterus, including the cervix) should ask their doctor's advice about having pelvic exams and Pap tests.

## **Symptoms**

recancerous changes of the cervix usually do **not** cause pain. In fact, they generally do not cause any symptoms and are not detected unless a woman has a pelvic exam and a Pap test.

Symptoms usually do not appear until abnormal cervical cells become cancerous and invade nearby tissue. When this happens, the most common symptom is abnormal bleeding. Bleeding may start and stop between regular menstrual periods, or it may occur after sexual intercourse, douching, or a pelvic exam. Menstrual bleeding may last longer and be heavier than usual. Bleeding after *menopause* also may be a symptom of cervical cancer. Increased vaginal discharge is another symptom of cervical cancer.

These symptoms may be caused by cancer or by other health problems. Only a doctor can tell for sure. It is important for a woman to see her doctor if she is having any of these symptoms.

## Diagnosis

he pelvic exam and Pap test allow the doctor to detect abnormal changes in the cervix. If these exams show that an infection is present, the doctor treats the infection and then repeats the Pap test at a later time. If the exam or Pap test suggests something other than an infection, the doctor may repeat the Pap test and do other tests to find out what the problem is.

Colposcopy is a widely used method to check the cervix for abnormal areas. The doctor applies a vinegar-like solution to the cervix and then uses an instrument much like a microscope (called a



colposcope) to look closely at the cervix. The doctor may then coat the cervix with an iodine solution (a procedure called the *Schiller test*). Healthy cells turn brown; abnormal cells turn white or yellow. These procedures may be done in the doctor's office.

The doctor may remove a small amount of cervical tissue for examination by a *pathologist*. This procedure is called a *biopsy*. In one type of biopsy, the doctor uses an instrument to pinch off small pieces of cervical tissue. Another method used to do a biopsy is called loop electrosurgical excision procedure (LEEP). In this procedure, the doctor uses an electric wire loop to slice off a thin, round piece of tissue. These types of biopsies may be done in the doctor's office using local *anesthesia*.

The doctor also may want to check inside the opening of the cervix, an area that cannot be seen during colposcopy. In a procedure called *endocervical curettage* (ECC), the doctor uses a curette (a small, spoon-shaped instrument) to scrape tissue from inside the cervical opening.

These procedures for removing tissue may cause some bleeding or other discharge. However, healing usually occurs quickly. Women also often experience some pain similar to menstrual cramping, which can be relieved with medicine.

These tests may not show for sure whether the abnormal cells are present only on the surface of the cervix. In that case, the doctor will then remove a larger, cone-shaped sample of tissue. This procedure, called *conization* or cone biopsy, allows the pathologist to see whether the abnormal cells have invaded tissue beneath the surface of the cervix. Conization also may be used as treatment for a precancerous lesion if the entire abnormal area can be removed. This procedure requires either local or general anesthesia and may be done in the doctor's office or in the hospital.

In a few cases, it may not be clear whether an abnormal Pap test or a woman's symptoms are caused by problems in the cervix or in the endometrium (the lining of the uterus). In this situation, the doctor may do *dilatation and curettage* (D and C). The doctor stretches the cervical opening and uses a curette to scrape tissue from the lining of the uterus as well as from the cervical canal. Like conization, this procedure requires local or general anesthesia and may be done in the doctor's office or in the hospital.

## Treating Precancerous Conditions

reatment for a precancerous lesion of the cervix depends on a number of factors. These factors include whether the lesion is low or high grade. whether the woman wants to have children in the future, the woman's age and general health, and the preference of the woman and her doctor. A woman with a low-grade lesion may not need further treatment, especially if the abnormal area was completely removed during biopsy, but she should have a Pap test and pelvic exam regularly. When a precancerous lesion requires treatment, the doctor may use cryosurgery (freezing), cauterization (burning, also called *diathermy*), or *laser* surgery to destroy the abnormal area without harming nearby healthy tissue. The doctor also can remove the abnormal tissue by LEEP (see page 8) or conization (see page 9). Treatment for precancerous lesions may cause cramping or other pain, bleeding, or a watery discharge.

In some cases, a woman may have a hysterectomy, particularly if abnormal cells are found inside the opening of the cervix. This surgery is more likely to be done when the woman does not want to have children in the future.

## Treating Cancer of the Cervix

## Staging

The choice of treatment for cervical cancer depends on the location and size of the tumor, the stage (extent) of the disease, the woman's age and general health, and other factors.

Staging is a careful attempt to find out whether the cancer has spread and, if so, what parts of the body are affected. Blood and urine tests usually are done. The doctor also may do a thorough pelvic exam in the operating room with the patient under anesthesia. During this exam, the doctor may do procedures called cystoscopy and proctosigmoidoscopy. In cystoscopy, the doctor looks inside the bladder with a thin, lighted instrument. Proctosigmoidoscopy is a procedure in which a lighted instrument is used to check the rectum and the lower part of the large intestine. Because cervical cancer may spread to the bladder, rectum, lymph nodes, or lungs, the doctor also may order *x-rays* or tests to check these areas. For example, the woman may have a series of x-rays of the kidneys and bladder, called an intravenous pyelogram. The doctor also may check the intestines and rectum using a barium enema. To look for lymph nodes that may be enlarged because they contain cancer cells, the doctor may order a CT or CAT scan, a series of x-rays put together by a computer to make detailed pictures of areas inside the body. Other procedures that may be used to check organs inside the body are ultrasonogruphy and MRI.

## Getting a Second Opinion

Before starting treatment, the patient may want a second pathologist to review the diagnosis and another specialist to review the treatment plan. Some insurance companies require a second opinion; others may cover a second opinion if the patient requests it. It may take a week or two to arrange for a second opinion. This short delay will not reduce the chance that treatment will be successful. There are a number of ways to find a doctor who can give a second opinion:

- The woman's doctor may be able to suggest pathologists and specialists to consult.
- The Cancer Information Service, at 1-800-4-CANCER, can tell callers about treatment facilities, including cancer centers and other programs supported by the National Cancer Institute.
- Women can get the names of specialists from their local medical society, a nearby hospital, or a medical school.

## **Preparing for Treatment**

Most women with cervical cancer want to learn all they can about their disease and treatment choices so they can take an active part in decisions about their

Here are some questions a woman with cervical cancer may want to ask the doctor before her treatment begins:

- What is the stage (extent) of my disease?
- What are my treatment choices? Which do you recommend for me? Why?
- What are the chances that the treatment will be successful?
- Would a clinical trial appropriate for me?
- What are the risks and possible *side effects* of each treatment?
- How long will treatment last?
- Will it affect my normal activities?
- What is the treatment likely to cost?
- What is likely to happen without treatment?
- How often will I need to have checkups?

medical care. Doctors and others on the medical team can help women learn what they need to know.

When a person is diagnosed with cancer, shock and stress are natural reactions. These feelings may make it difficult for patients to think of everything they want to ask the doctor. Often it helps to make a list of questions. Also, to help remember what the doctor says, patients may take notes or ask whether they may use a tape recorder. Some people also want to have a family member or friend with them when they talk to the doctor—to take part in the discussion, to take notes, or just to listen.

Patients should not feel they need to ask all their questions or remember all the answers at one time. They will have other chances to ask the doctor to explain things and to get more information.



#### Methods of Treatment

Most often, treatment for cervical cancer involves surgery and radiation therapy. Sometimes, chemotherapy or biological therapy is used. Patients are often treated by a team of specialists. The team may include gynecologic oncologists and radiation oncologists. The doctors may decide to use one treatment method or a combination of methods. Some patients take part in a clinical trial (research study) using new treatment methods. Such studies are designed to improve cancer treatment. More information about clinical trials begins on page 17.

**Surgery** is *local therapy* to remove abnormal tissue in or near the cervix. If the cancer is only on the surface of the cervix, the doctor may destroy the cancerous cells in ways similar to the methods used to treat precancerous lesions (see page 10). If the disease has invaded deeper layers of the cervix but has not spread beyond the cervix, the doctor may perform an operation to remove the tumor but leave the uterus and the ovaries. In other cases, however, a woman may need to have a hysterectomy or may choose to have this surgery, especially if she is not planning to have children in the future. In this procedure, the doctor removes the entire uterus, including the cervix; sometimes the ovaries and fallopian tubes also are removed. In addition, the doctor may remove lymph nodes near the uterus to learn whether the cancer has spread to these organs.

Here are some questions a woman may want to ask the doctor before surgery:

- What kind of operation will it be?
- How will I feel after the operation?
- If I have pain, how will you help me?
- When can I return to my normal activities?
- · How will this treatment affect my sex life?

Radiation therapy (also called radiotherapy) uses high-energy rays to damage cancer cells and stop them from growing. Like surgery, radiation therapy is local therapy; the radiation can affect cancer cells only in the treated area. The radiation may come from a large machine (external radiation) or from radioactive materials placed directly into the cervix (implant radiation). Some patients receive both types of radiation therapy.

A woman receiving external radiation therapy goes to the hospital or clinic each day for treatment. Usually treatments are given 5 days a week for 5 to 6 weeks. At the end of that time, the tumor site very often gets an extra "boost" of radiation.

For internal or implant radiation, a capsule containing radioactive material is placed directly in the cervix. The implant puts cancer-killing rays close to the tumor while sparing most of the healthy tissue around it. It is usually left in place for 1 to 3 days, and the treatment may be repeated several times over the course of 1 to 2 weeks. The patient stays in the hospital while the implants are in place.

The National Cancer Institute booklet *Radiation Therapy and* You contains more information about this form of treatment.

Here are some questions a woman may want to ask the doctor before radiation therapy:

- What is the goal of this treatment?
- How will the radiation be given?
- How long will treatment last?
- How will I fee1 during therapy?
- What can I do to take care of myself during therapy?
- Can I continue my normal activities?
- · How will this treatment affect my sex life?

**Chemotherapy** is the use of drugs to kill cancer cells. It is most often used when cervical cancer has spread to other parts of the body. The doctor may use just one drug or a combination of drugs.

Anticancer drugs used to treat cervical cancer may be given by injection into a vein or by mouth. Either way, chemotherapy is *systemic treatment*, meaning that the drugs flow through the body in the bloodstream.

Chemotherapy is given in cycles: a treatment period followed by a recovery period, then another treatment period, and so on. Most patients have chemotherapy as an outpatient (at the hospital, at the doctor's office, or at home). Depending on which drugs are given and the woman's general health, however, she may need to stay in the hospital during her treatment.

Here are some questions a woman may want to ask the doctor before chemotherapy begins:

- What is the goal of this treatment?
- What drugs will I be taking?
- Do the drugs have side effects? What can I do about them?
- How long will I need to take this treatment?

**Biological therapy** is treatment using substances to improve the way the body's immune system fights disease. It may be used to treat cancer that has spread from the cervix to other parts of the body. *Interferon* is the most common form of biological therapy for this disease; it may be used in combination with chemotherapy. Most patients who receive interferon are treated as outpatients.

### Clinical Trials

ome women with cervical cancer are treated in clinical trials. Doctors conduct clinical trials to find out whether a new treatment is both safe and effective and to answer scientific questions. Patients who take part in these studies may be the first to receive treatments that have shown promise in laboratory research. Some patients may receive the new treatment while others receive the standard approach. In this way, doctors can compare different therapies. Patients who take part in a trial make an important contribution to medical science and may have the first chance to benefit from improved treatment methods.

Clinical trials of new treatments for cervical cancer are under way. Doctors are studying new types and schedules of radiation therapy. They also are looking for new drugs, drug combinations, and ways to combine various types of treatment.

Women with cervical cancer may want to read the National Cancer Institute booklet called *What Are Clinical Trials All About?*, which explains the possible benefits and risks of treatment studies. Those who are interested in taking part in a trial should talk with their doctor.

One way to learn about clinical trials is through PDQ, a computerized resource developed by the National Cancer Institute. This resource contains information about cancer treatment and about clinical trials in progress all over the country. The Cancer Information Service can provide PDQ information to doctors, patients, and the public (see page 36).

## Side Effects of Treatment

t is hard to limit the effects of therapy so that only cancer cells are removed or destroyed. Because treatment also damages healthy cells and tissues, it often causes unpleasant side effects.

The side effects of cancer treatment depend mainly on the type and extent of the treatment. Also, each patient reacts differently. Doctors and nurses can explain the possible side effects of treatment, and they can help relieve symptoms that may occur during and after treatment. It is important to let the doctor know if any side effects occur. The booklets *Radiation Therapy and* You and *Chemotherapy and You* also have helpful information about cancer treatment and coping with side effects.

#### Surgery

Methods for removing or destroying small cancers on the surface of the cervix are similar to those used to treat precancerous lesions (see page 10). Treatment may cause cramping or other pain, bleeding, or a watery discharge.

Hysterectomy is major surgery. For a few days after the operation, the woman may have pain in her lower abdomen. The doctor can order medicine to control the pain. A woman may have difficulty emptying her bladder and may need to have a *catheter* inserted into the bladder to drain the urine for a few days after surgery. She also may have trouble having normal bowel movements. For a period of time after the surgery, the woman's activities should be limited to allow healing to take place. Normal activities, including sexual intercourse, usually can be resumed in 4 to 8 weeks.

Women who have had their uterus removed no longer have menstrual periods. However, sexual desire and the ability to have intercourse usually are not affected by hysterectomy. On the other hand, many women have an emotionally difficult time after this surgery. A woman's view of her own sexuality may change, and she may feel an emotional loss because she is no longer able to have children. An understanding partner is important at this time. Women may want to discuss these issues with their doctor, nurse, medical social worker, or member of the clergy. They also may find it helpful to read the National Cancer Institute booklet called *Taking Time*.

## **Radiation Therapy**

Patients are likely to become very tired during radiation therapy, especially in the later weeks of treatment. Resting is important, but doctors usually advise patients to try to stay as active as they can. With external radiation, it is common to lose hair in the treated area and for the skin to become red, dry, tender, and itchy. There may be permanent darkening or "bronzing" of the skin in the treated area. This area should be exposed to the air when possible but protected from the sun, and patients should avoid wearing clothes that rub the treated area. Patients will be shown how to keep the area clean. They should **not** use any lotion or cream on their skin without the doctor's advice.

Usually, women are told not to have intercourse during radiation therapy or while an implant is in place. However, most women can have sexual relations within a few weeks after treatment ends. Sometimes, after radiation treatment, the vagina becomes narrower and less flexible, and intercourse may be painful. Patients may be taught how to use a *dilator* as well as a water-based *lubricant* to help minimize these problems.

Patients who receive external or internal radiation therapy also may have diarrhea and frequent, uncomfortable urination. The doctor can make suggestions or order medicines to control these problems.

## Chemotherapy

The side effects of chemotherapy depend mainly on the drugs and the doses the patient receives. In addition, as with other types of treatment, side effects vary from person to person. Generally, anticancer drugs affect cells that divide rapidly. These include blood cells, which fight infection, help the blood to clot, or carry oxygen to all parts of the body. When blood cells are affected by anticancer drugs, patients are more likely to get infections, may bruise or bleed easily, and may have less energy. Cells in hair roots and cells that line the digestive tract also divide

rapidly. When chemotherapy affects these cells, patients may lose their hair and may have other side effects, such as poor appetite, nausea, vomiting, or mouth sores. The doctor may be able to give medicine to help with side effects. Side effects gradually go away during the recovery periods between treatments or after treatment is over.

## **Biological Therapy**

The side effects caused by biological therapies vary with the type of treatment the patient receives. These treatments may cause flu-like symptoms such as chills, fever, muscle aches, weakness, loss of appetite, nausea, vomiting, and diarrhea. Sometimes patients get a rash, and they may bleed or bruise easily. These problems can be severe, but they gradually go away after the treatment stops.

### **Nutrition for Cancer Patients**

ome patients find it hard to eat well during cancer treatment. They may lose their appetite. In addition to loss of appetite, the common side effects of treatment, such as nausea, vomiting, or mouth sores, can make eating difficult. For some patients, foods taste different. Also, people may not feel like eating when they are uncomfortable or tired.

Eating well during cancer treatment means getting enough calories and protein to help prevent weight loss and regain strength. Patients who eat well often feel better and have more energy. In addition, they may be better able to handle the side effects of treatment

Doctors, nurses, and dietitians can offer advice for healthy eating during cancer treatment. Patients and their families also may want to read the National Cancer Institute booklet *Eating Hints for Cancer Patients*, which contains many useful suggestions.



# Followup Care

egular followup exams-including a pelvic exam, a Pap test, and other laboratory tests-are very important for any woman who has been treated for precancerous changes or for cancer of the cervix. The doctor will do these tests and exams frequently for several years to check for any sign that the condition has returned.

Cancer treatment may cause side effects many years later. For this reason, patients should continue to have regular checkups and should report any health problems that appear.

# Support for Cancer Patients

iving with a serious disease is not easy. Cancer patients and those who care about them face many problems and challenges. Coping with these problems is often easier when people have helpful information and support services. Several useful booklets, including the National Cancer Institute booklet *Taking Time*, are available from the Cancer Information Service.

Cancer patients may worry about holding their job, caring for their family, keeping up with daily activities, or starting a new relationship. Worries about tests, treatments, hospital stays, and medical bills are common. Doctors, nurses, and other members of the health care team can answer questions about treatment, working, or other activities. Also, meeting with a social worker, counselor, or member of the clergy can be helpful to patients who want to talk about their feelings or discuss their concerns.

Friends and relatives can be very supportive. Also, it helps many patients to discuss their concerns with others who have cancer. Cancer patients often get together in support groups, where they can share what they have learned about coping with cancer and the effects of treatment. It is important to keep in mind, however, that each patient is different. Treatments and ways of dealing with cancer that work for one person may not be right for another-even if they both have

the same kind of cancer. It is always a good idea to discuss the advice of friends and family members with the doctor

Often, a social worker at the hospital or clinic can suggest groups that can help with rehabilitation, emotional support, financial aid, transportation, or home care. For example, the American Cancer Society has many services for patients and their families. They also offer many free booklets, including one on sexuality and cancer. Local offices of the American Cancer Society are listed in the white pages of the telephone directory. More information about this organization begins on page 36.

In addition, the public library has many books and articles on living with cancer. The Cancer Information Service also has information on local resources.

## What the Future Holds

he outlook for women with precancerous changes of the cervix or very early cancer of the cervix is excellent; nearly all patients with these conditions can be cured. Researchers continue to look for new and better ways to treat invasive cervical cancer

Patients and their families are naturally concerned about what the future holds. Sometimes patients use statistics to try to figure out their chances of being cured. It is important to remember, however, that statistics are averages based on large numbers of patients. They cannot be used to predict what will happen to a particular woman because no two patients are alike; treatments and responses vary greatly. The doctor who takes care of the patient and knows her medical history is in the best position to talk with her about her chance of recovery (prognosis).

Doctors often talk about surviving cancer, or they may use the term *remission* rather than cure. Although many women with cervical cancer recover completely, doctors use these terms because the disease can recur. (The return of cancer is called a recurrence.)

#### Cause and Prevention

y studying large numbers of women all over the world, researchers have identified certain risk factors that increase the chance that cells in the cervix will become abnormal or cancerous. They believe that, in many cases, cervical cancer develops when two or more risk factors act together.

Research has shown that women who began having sexual intercourse before age 18 and women who have had many sexual partners have an increased risk of developing cervical cancer. Women also are at increased risk if their partners began having sexual intercourse at a young age, have had many sexual partners, or were previously married to women who had cervical cancer.

Scientists do not know exactly why the sexual practices of women and their partners affect the risk of developing cervical cancer. However, research suggests that some sexually transmitted *viruses* can cause cells in the cervix to begin the series of changes that can lead to cancer. Women who have had many sexual partners or whose partners have had many sexual partners may have an increased risk for cervical cancer at least in part because they are more likely to get a sexually transmitted virus.

Scientists are studying the effects of sexually transmitted *human papillomaviruses* (HPVs). Some sexually transmitted HPVs cause genital warts *(condylomata acuminata)*. In addition, scientists

believe that some of these viruses may cause the growth of abnormal cells in the cervix and may play a role in cancer development. They have found that women who have HPV or whose partners have HPV have a higher-than-average risk of developing cervical cancer. However, most women who are infected with HPV do not develop cervical cancer, and the virus is not present in all women who have this disease. For these reasons, scientists believe that other factors act together with HPVs. For example, the genital herpesvirus also may play a role. Further research is needed to learn the exact role of these viruses and how they act together with other factors in the development of cervical cancer.

Smoking also increases the risk of cancer of the cervix, although it is not clear exactly how or why. The risk appears to increase with the number of cigarettes a woman smokes each day and with the number of years she has smoked.

Women whose mothers were given the drug diethylstilbestrol (DES) during pregnancy to prevent miscarriage also are at increased risk. (This drug was used for this purpose from about 1940 to 1970.) A rare type of vaginal and cervical cancer has been found in a small number of women whose mothers used DES.

Several reports suggest that women whose immune system is weakened are more likely than others to develop cervical cancer. For example, women who have the human immunodeficiency virus (HIV), which causes AIDS, are at increased risk. Also, organ transplant patients, who receive drugs that suppress the immune system to prevent rejection of the new organ, are more likely than others to develop precancerous lesions.

Some researchers believe that there is an increased risk of cervical cancer in women who use oral

contraceptives (the pill). However, scientists have not found that the pill directly causes cancer of the cervix. This relationship is hard to prove because the two main risk factors for cervical cancer-intercourse at an early age and multiple sex partners-may be more common among women who use the pill than among those who do not. Still, oral contraceptive labels warn of this possible risk and advise women who use them to have yearly Pap tests.

Some research has shown that vitamin A may play a role in stopping or preventing cancerous changes in cells like those on the surface of the cervix. Further research with forms of vitamin A may help scientists learn more about preventing cancer of the cervix.

At present, early detection and treatment of precancerous tissue remain the most effective ways of preventing cervical cancer. Information about early detection appears in the section that begins on page 5. Women should talk with their doctor about an appropriate schedule of checkups. The doctor's advice will be based on such factors as the women's age, medical history, and risk factors.

#### Medical Terms

**Abdomen** (AB-do-men): The part of the body that contains the stomach, intestines, liver, reproductive organs, and other organs.

*Anesthesia* (an-es-THEE-zha): Loss of feeling or awareness. A local anesthetic causes loss of feeling in a part of the body. A general anesthetic puts the person to sleep.

**Barium enema:** A series of x-rays of the lower intestine. The x-rays are taken after the patient is given an enema with a white, chalky solution that contains barium. The barium outlines the intestines on the x-rays.

**Benign** (be-NINE): Not cancerous; does not invade nearby tissue or spread to other parts of the body.

**Biological therapy** (by-o-LOJ-i-kul): Treatment to stimulate or restore the ability of the immune system to fight infection and disease. Also called immunotherapy.

**Biopsy** (BY-op-see): The removal of a sample of tissue that is then examined under a microscope to check for cancer cells.

Bladder: The hollow organ that stores urine.

**Cancer:** A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissues and can spread through the bloodstream and lymphatic system to other parts of the body.

*Carcinoma* (kar-si-NO-ma): Cancer that begins in the lining or covering of an organ.

*Carcinoma in situ* (kar-si-NO-ma in SY-too): Cancer that involves only the cells in which it began and that has not spread to other tissues.

*Catheter* (KATH-e-ter): A flexible tube that is placed in a body cavity to insert or withdraw fluids.

**Cauterization** (kaw-ter-i-ZAY-shun): The use of heat to destroy abnormal cells. Also called diathermy or electrodiathermy.

Cervical intraepithelial neoplasia (SER-vi-kul in-trae-pi-THEEL-ee-ul NEE-o-play-zha): A general term for the growth of abnormal cells on the surface of the cervix. Numbers from 1 to 3 may be used to describe how much of the cervix contains abnormal cells. Also called CIN

*Cervix* (SER-viks): The lower, narrow end of the uterus that forms a canal between the uterus and the vagina.

**Chemotherapy** (kee-mo-THER-a-pee): Treatment with anticancer drugs.

Clinical trials: Medical research studies conducted with volunteers. Each study is designed to answer scientific questions and to find better ways to prevent or treat cancer.

**Colposcopy** (kul-POSS-ko-pee): A procedure in which a lighted magnifying instrument (called a colposcope) is used to examine the vagina and cervix.

**Condylomata acuminata** (kon-di-LOW-ma-ta a-kyoo-mi-NA-ta): Genital warts caused by certain human papillomaviruses.

**Conization** (ko-ni-ZAY-shun): Surgery to remove a cone-shaped piece of tissue from the cervix and cervical canal. Conization may be used to diagnose or treat a cervical condition. Also called cone biopsy.

*Cryosurgery* (KRY-o-SER-jer-ee): Treatment performed with an instrument that freezes and destroys abnormal tissue

**CT** or **CAT scan:** A series of detailed pictures of areas inside the body created by a computer linked to an x-ray machine. Also called computed tomography scan or computed axial tomography scan.

Cyst (sist): A sac or capsule filled with fluid.

*Cystoscopy* (sist-OSS-ko-pee): A procedure in which the doctor inserts a lighted instrument into the urethra (the tube leading from the bladder to the outside of the body) to look at the bladder.

**Diathermy** (DIE-a-ther-mee): The use of heat to destroy abnormal cells. Also called cauterization or electrodiathermy.

**Diethylstilbestrol** (die-ETH-ul-stil-BES-trol): A drug that was once widely prescribed to prevent miscarriage. Also called DES.

**Dilatation and curettage** (dil-a-TAY-shun and kyoo-re-TAZH): A minor operation in which the cervix is dilated (expanded) so that the cervical canal and tissue from the uterine lining can be scraped with a spoon-shaped instrument called a curette. Also called D and C.

**Dilator** (DIE-lay-tor): A device used to stretch or enlarge an opening.

**Douching** (DOO-shing): Using water or a medicated solution to clean the vagina and cervix.

*Dysplasia* (dis-PLAY-zha): Abnormal cells that are not cancer.

**Endocervical curettage** (en-do-SER-vi-kul kyoo-re-TAZH): The removal of tissue from the inside of the cervix using a spoon-shaped instrument called a curette.

**Endometrium** (en-do-MEE-tree-um): The layer of tissue that lines the uterus.

*Fallopian tubes* (fa-LO-pee-in): Tubes on each side of the uterus through which an egg moves from the ovaries to the uterus.

*Gynecologic oncologists* (guy-ne-ko-LA-jik on-KOL-o-jists): Doctors who specialize in treating cancers of the female reproductive organs.

*Herpesvirus* (HER-peez-VY-rus): A member of the herpes family of viruses. One type of herpesvirus is sexually transmitted and causes sores on the genitals.

**Hormones:** Chemicals produced by glands in the body. Hormones control the actions of certain cells or organs.

Human papillomaviruses (pap-i-LOW-ma-VY-rus-ez): Viruses that generally cause warts. Some papillomaviruses are sexually transmitted. Some of these sexually transmitted viruses cause wartlike growths on the genitals, and some are thought to cause abnormal changes in cells of the cervix.

*Hysterectomy* (hiss-ter-EK-to-mee): An operation in which the uterus and cervix are removed.

*Interferon* (in-ter-FEER-on): A type of biological therapy, treatment that can improve the body's natural response to disease. It slows the rate of growth and division of cancer cells, causing them to become sluggish and die.

*Intraepithelial* (in-tra-e-pi-THEEL-ee-ul): Within the layer of cells that forms the surface or lining of an organ.

**Intravenous pyelogram** (in-tra-VEE-nus PIE-el-ogram): A series of x-rays of the kidneys and bladder. The x-rays are taken after a dye that shows 'up on x-ray film is injected into a vein. Also called IVP.

*Invasive cervical cancer:* Cancer that has spread from the surface of the cervix to tissue deeper in the cervix or to other parts of the body.

*Laser* (LAY-zer): A powerful beam of light used in some types of surgery to cut or destroy tissue.

*Lesion* (LEE-zhun): An area of abnormal tissue change.

**Local therapy:** Treatment that affects cells in a tumor and the area close to it.

*Lubricant* (LOO-bri-kant): An oily or slippery substance. A vaginal lubricant may be helpful for women who feel pain during intercourse because of vaginal dryness.

**Lymph** (limf): The almost colorless fluid that travels through the lymphatic system and carries cells that help fight infections and other diseases.

**Lymph nodes:** Small, bean-shaped organs located along the channels of the lymphatic system. Bacteria or cancer cells that enter the lymphatic system may be found in the nodes. Also called lymph glands.

*Lymphatic system* (lim-FAT-ik): The tissues and organs, including the bone marrow, spleen, thymus, and lymph nodes, that produce and store cells that fight infections and other diseases. The channels that carry lymph also are part of this system.

*Malignant* (ma-LIG-nant): Cancerous; can spread to other parts of the body.

*Menopause* (MEN-o-pawz): The time in a woman's life when menstrual periods permanently stop. Also called "change of life."

*Metastasis* (meh-TAS-ta-sis): The spread of cancer from one part of the body to another. Cells that have metastasized are like those in the original (primary) tumor

**MRI:** A procedure that uses a magnet linked to a computer to create pictures of areas inside the body. Also called magnetic resonance imaging.

*Neoplusia* (nee-o-PLAY-zha): Abnormal new growth of cells.

*Oncologist* (on-KOL-o-jist): A doctor who specializes in treating cancer.

**Ovaries** (O-va-reez): The pair of female reproductive glands in which the ova, or eggs, are formed. The ovaries are located in the lower abdomen, one on each side of the uterus.

**Pup test:** Examination of a sample of cells collected from the cervix and the vagina. Also called Pap smear.

**Pathologist** (pa-THOL-o-jist): A doctor who identifies diseases by studying cells and tissues under a microscope.

**Pelvis:** The lower part of the abdomen between the hip bones. Organs in a female's pelvis include the uterus, vagina, ovaries, fallopian tubes, bladder, and rectum.

**Polyp:** A mass of tissue that develops on the inside wall of a hollow organ.

**Precancerous:** Not cancerous, but may become cancerous with time.

**Proctosigmoidoscopy** (PROK-to-sig-moid-OSS-ko-pee): An examination of the rectum and the lower part of the colon using a thin, lighted instrument called a sigmoidoscope.

**Prognosis** (prog-NO-sis): The probable outcome or course of a disease; the chance of recovery.

**Radiation oncologist** (ray-dee-AY-shun on-KOL-o-jist): A doctor who specializes in using radiation to treat cancer.

**Radiation therapy** (ray-dee-AY-shun THER-a-pee): Treatment with high-energy rays to kill cancer cells. External radiation is the use of a machine to aim high-energy rays at the cancer. Internal radiation therapy is the placement of radioactive material inside the body as close as possible to the cancer.

**Rectum:** The last 6 to 8 inches of the large intestine. The rectum stores solid waste until it leaves the body through the anus.

**Remission:** Disappearance of the signs and symptoms of cancer. When this happens, the disease is said to be "in remission." A remission can be temporary or permanent.

**Reproductive system:** In women, the organs that are directly involved in producing eggs and in conceiving and carrying babies.

**Risk factor:** Something that increases the chance of developing a disease.

**Schiller test** (SHIL-er): A test in which iodine is applied to the cervix. The iodine colors healthy cells brown; abnormal cells remain unstained, usually appearing white or yellow.

*Side effects:* Problems that occur when treatment affects healthy cells. Common side effects of cancer treatment are fatigue, nausea, vomiting, decreased blood cell counts, hair loss, and mouth sores.

**Speculum** (SPEK-yoo-lum): An instrument used to spread the vagina open so that the cervix can be seen.

Squamous cell carcinoma (SKWAY-mus): Cancer that begins in squamous cells, which are thin, flat cells resembling fish scales. Squamous cells are found in the tissue that forms the surface of the skin, the lining of the hollow organs of the body, and the passages of the respiratory and digestive tracts.

**Squamous intraepithelial lesion** (SKWAY-mus intra-e-pi-THEEL-ee-ul LEE-zhun): A general term for the abnormal growth of squamous cells on the surface of the cervix. The changes in the cells are described as low grade or high grade, depending on how much of the cervix is affected and how abnormal the cells are. Also called SIL.

**Staging:** Doing exams and tests to learn the extent of the cancer, especially whether it has spread from its original site to other parts of the body.

Surgery: An operation.

**Systemic treatment:** Treatment that reaches and affects cells all over the body.

**Tissue:** A group or layer of cells that together perform a specific function.

Tumor: An abnormal mass of tissue.

*Ultrasonography:* A test in which sound waves (called ultrasound) are bounced off tissues and the echoes are converted into a picture (sonogram).

*Ureters* (yoo-REE-terz): The tubes that carry urine from each kidney to the bladder.

*Uterus* (YOO-ter-us): The small, hollow, pear-shaped organ in a woman's pelvis. This is the organ in which an unborn child develops. Also called the womb.

*Vagina* (va-JINE-a): The muscular canal between the uterus and the outside of the body.

*Viruses* (VY-rus-ez): Small living particles that can infect cells and change how the cells function. Infection with a virus can cause a person to develop symptoms. The disease and symptoms that are caused depend on the type of virus and the type of cells that are infected.

*Wart:* A raised growth on the surface of the skin or other organ.

*X-rays:* High-energy radiation used in low doses to diagnose disease and in high doses to treat cancer.

#### Resources

nformation about cancer is available from many sources, including the ones listed below. You may wish to check for additional information at your local library or bookstore and from support groups in your community.

#### **Cancer Information Service**

The Cancer Information Service, a program of the National Cancer Institute, provides a nationwide telephone service for cancer patients and their families and friends, the public, and health care professionals. The staff can answer questions in English or Spanish and can send free National Cancer Institute booklets about cancer. They also know about local resources and services. One toll-free number, 1-800-4-CANCER (1-800-422-6237), connects callers all over the country with the office that serves their area.

## **American Cancer Society**

The American Cancer Society is a voluntary organization with local units all over the country. It supports research, conducts educational programs, and offers many services to patients and their families. It provides free booklets on cervical cancer and sexuality. To obtain information about services and activities in local areas, call the Society's toll-free number, 1-800-ACS-2345 (1-800-227-2345), or the number listed under American Cancer Society in the white pages of the telephone book.

#### Other Booklets

ational Cancer Institute printed materials, including the booklets listed below, are available free of charge by calling 1-800-4-CANCER.

#### **Booklets About the Pap Test**

- The Pap Test: It Can Save Your Life
- · Having a Pelvic Exam and Pap Test
- Questions and Answers About the Pap Smear
- La Prueba Pap (The Pap Test-written in Spanish)

#### **Booklets About Cancer Treatment**

- Radiation Therapy and You: A Guide to Self-Help During Treatment
- Chemotherapy and You: A Guide to Self-Help During Treatment
- Eating Hints for Cancer Patients
- Questions and Answers About Pain Control (also available from the American Cancer Society)
- What Are Clinical Trials All About?

# **Booklets About Living With Cancer**

- Taking Time: Support for People With Cancer and the People Who Care About Them
- Facing Forward: A Guide for Cancer Survivors
- When Cancer Recurs: Meeting the Challenge Again
- Advanced Cancer: Living Each Day

This booklet was written and published by the National Cancer Institute (NCI), 9000 Rockville Pike, Bethesda, MD 20892.

The NCI is the U.S. Government's main agency for cancer research and information about cancer. The NCI's publications are free. They may be copied or reproduced without written permission.



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You
Need
To
Know
About
Breast
Cancer



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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health

# What You Need To Know About Breast Cancer

reast *cancer\** is the most common type of cancer among women in the United States (other than skin cancer). Each year, more than 180,000 women in this country learn they have breast cancer. The National Cancer Institute (NCI) has written this booklet to help patients with breast cancer and their families and friends better understand this disease. We hope others will read it as well to learn more about breast cancer

This booklet discusses screening and early detection, symptoms, diagnosis, treatment, and rehabilitation. It also has information to help patients cope with breast cancer.

#### Male Breast Cancer

Breast cancer also affects more than 1,000 men in this country each year. Although this booklet was written mainly for women, much of the information on symptoms, diagnosis, treatment, and living with the disease applies to men as well. (The discussion of breast cancer screening does not apply to men. Experts do not recommend routine screening for men.)

<sup>\*</sup> Words that may be new to readers are printed in italics.

Definitions of these and other terms related to breast cancer begin on page 36. For some words, a "sounds-like" spelling is also given.

Our knowledge about breast cancer keeps increasing. For up-to-date information, call the National Cancer Institute's Cancer Information Service (CIS), described on page 42. The toll-free number is 1-800-4-CANCER (1-800-422-6237).

The CIS staff uses a National Cancer Institute cancer information database called PDQ and other NCI resources to answer callers' questions. The staff can send callers information from PDQ and other NCI materials about cancer, its treatment, and living with the disease (see page 44).

#### What Is Cancer?

ancer is a group of diseases that occur when cells become abnormal and divide without control or order.

Every organ in the body is made up of various kinds of cells. Cells normally divide in an orderly way to produce more cells only when they are needed. This process helps keep the body healthy.

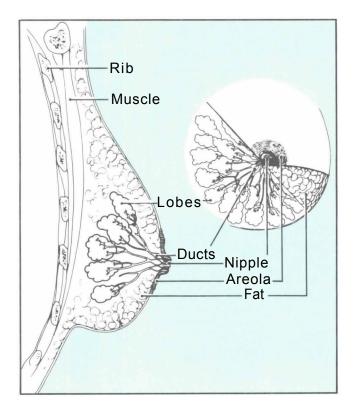
If cells divide when new cells are not needed, they form too much tissue. The mass or lump of extra tissue, called a *tumor*, can be benign or *malignant*.

- Benign tumors are not cancer. They can usually be removed, and in most cases, they don't come back.
   Most important, the cells in benign tumors do not invade other tissues and do not spread to other parts of the body. Benign breast tumors are not a threat to life.
- Malignant tumors are cancer. The cancer cells grow and divide out of control. They can invade and damage nearby tissues and organs. Also, cancer cells can break away from a malignant tumor and enter the bloodstream or *lymphatic system*. That is

how breast cancer spreads and forms secondary tumors in other parts of the body. The spread of cancer is called *metastasis*.

## The Breasts

ach breast has 6 to 9 overlapping sections called *lobes*. Within each lobe are many smaller *lobules*, which end in dozens of tiny bulbs that can produce milk. The lobes, lobules, and bulbs are all linked by thin tubes called *ducts*. These ducts lead to the nipple in the center of a dark area of skin called the *areola*. Fat fills the spaces around the lobules and ducts. There are no muscles in the breast, but muscles lie under each breast and cover the ribs.



Each breast also contains blood vessels and vessels that carry colorless fluid called *lymph*. The lymph vessels lead to small bean-shaped structures called *lymph nodes*. Clusters of lymph nodes are found in the *axilla* (under the arm), above the collarbone, and in the chest. Lymph nodes are also found in many other parts of the body.

# Types of Breast Cancer

here are several types of breast cancer. The most common one begins in the lining of the ducts and is called ductal *carcinoma*. Another type, called lobular carcinoma, arises in the lobules. Other cancers that begin in the breast are rare and are not discussed in this booklet. The Cancer Information Service can supply information about them.

When breast cancer spreads outside the breast, cancer cells are often found in the lymph nodes under the arm (axillary lymph nodes). If the cancer has reached these nodes, it may mean that cancer cells have spread to other parts of the body-other lymph nodes and other organs, such as the bones, liver, or lungs.

Cancer that spreads is the same disease and has the same name as the original (primary) cancer. When breast cancer spreads, it is called metastatic breast cancer, even though the secondary tumor is in another organ. Doctors sometimes call this "distant" disease.

# Screening and Early Detection

omen can take an active part in the early detection of breast cancer. They should talk with their doctor about the symptoms to watch for and an

appropriate schedule of checkups. The doctor's advice will be based on the woman's age, medical history, and other factors.

Women should ask the doctor about

- *Mammograms* (x-rays of the breast);
- Clinical breast exams (breast exams by a doctor or nurse); and
- Breast self-examination

A mammogram is a special kind of x-ray. It is different from a chest x-ray or x-rays of other parts of the body.

Mammography performed in women with no symptoms of breast cancer is usually called screening. Although mammography cannot find every breast cancer, it is currently the best early detection tool available. Studies show that having mammograms regularly (not just once) saves lives in women aged 50 and older. Experts disagree about whether women under 50 should have regular mammograms. It is important for each woman to discuss mammography with her doctor so they can decide together what is right for her.

Mammography uses very low levels of radiation. It usually involves two x-rays of each breast, one taken from the side and one from the top. The breast must be squeezed between two plates for the pictures to be clear. While this squeezing may be a bit uncomfortable, it lasts only a few seconds. In many cases (but not all), mammograms can show breast tumors before they cause symptoms or can be felt. A mammogram can also show small deposits of calcium in the breast. Although most calcium deposits are benign, a cluster of very tiny specks of calcium (called microcalcifications) may be an early sign of cancer.

Mammography should be done only by specially trained medical staff using approved machines

designed just for taking x-rays of the breast. A qualified doctor, called a *radiologist*, should read the mammogram. The results should be communicated promptly to the woman by the mammography facility or by her own doctor. The Mammography Quality Standards Act is a Federal law requiring that all mammography facilities be certified. Women should talk with their doctor or call the Cancer Information Service at 1-800-4-CANCER for help in finding a certified mammography facility.

For women of all ages, a breast exam by a doctor or nurse (called a clinical breast exam) is usually part of the regular medical checkup. Remember, however, that for women over 50, a clinical breast exam is no substitute for regular mammography.

Also, many women choose to examine their own breasts once a month. It's important to remember that every woman's breasts are different. And each woman's breasts change because of aging, the *menstrual cycle*, pregnancy, *menopause*, or taking birth control pills or other *hormones*. It is normal for the breasts to feel a little lumpy and uneven. Also, it is common for a woman's breasts to be swollen and tender right before or during her menstrual period. A woman should contact her doctor about any unusual changes in her breasts, whether she notices them during breast self-exam or at another time. And, again, remember that for women over 50, a breast self-exam is not a substitute for regular screening mammography.

# **Symptoms**

arly breast cancer usually does **not** cause pain. In fact, when breast cancer first develops, there may be no symptoms at all. But as the cancer grows, it can cause changes that women should watch for:

- A lump or thickening in or near the breast or in the underarm area:
- A change in the size or shape of the breast;
- · A discharge from the nipple; or
- A change in the color or feel of the skin of the breast, areola, or nipple (dimpled, puckered, or scaly).

A woman should see her doctor if she notices any of these changes. Most often, they are not cancer, but only a doctor can tell for sure.

# Diagnosis

n abnormal area on a mammogram, a lump, or other changes in the breast can be caused by cancer or by other, less serious problems. To find out the cause of any of these signs or symptoms, a woman's doctor does a careful physical exam and asks about her personal and family medical history. In addition to checking general signs of health, the doctor may do one or more of the breast exams described below.

 Palpation. The doctor can tell a lot about a lumpits size, its texture, and whether it moves easilyby palpation, carefully feeling the lump and the tissue around it. Benign lumps often feel different from cancerous ones

- *Mammography*. X-rays of the breast can give the doctor important information about a breast lump. If an area on the mammogram looks suspicious or is not clear, additional x-rays may be needed.
- *Ultrasonography*. Using high-frequency sound waves, ultrasonography can often show whether a lump is solid or filled with fluid. This exam may be used along with mammography.

Based on these exams, the doctor may decide that no further tests are needed and no treatment is necessary. In such cases, the doctor may need to check the woman regularly to watch for any changes. Often, however, the doctor must remove fluid or tissue from the breast to make a diagnosis.

- Aspiration or needle biopsy. The doctor uses a needle to remove fluid or a small amount of tissue from a breast lump. This procedure may show whether a lump is a fluid-filled cyst (not cancer) or a solid mass (which may or may not be cancer). Using special techniques, tissue can be removed with a needle from an area that is suspicious on a mammogram but cannot be felt.
  - If tissue is removed in a needle biopsy, it goes to a lab to be checked for cancer cells. Clear fluid removed from a cyst may not need to be checked by a lab.
- **Surgical biopsy.** The surgeon cuts out part or all of a lump or suspicious area. A *pathologist* examines the tissue under a microscope to check for cancer cells

When a woman needs a biopsy, these are some questions she may want to ask her doctor:

- What type of biopsy will I have? Why?
- How long will the biopsy or aspiration take?
   Will I be awake? Will it hurt?
- How soon will I know the results?
- If I do have cancer, who will talk with me about treatment? When?

#### When Cancer Is Found

When cancer is present, the pathologist can tell what kind of cancer it is (whether it began in a duct or a lobule) and whether it is invasive (has invaded nearby tissues in the breast).

Special laboratory tests of the tissue help the doctor learn more about the cancer. For example, *hormone receptor tests* (*estrogen* and *progesterone* receptor tests) can help predict whether the cancer is sensitive to hormones. Positive test results mean hormones help the cancer grow and the cancer is likely to respond to hormonal therapy (see page 17). Other lab tests are sometimes done to help the doctor predict whether the cancer is likely to grow slowly or quickly.

If the diagnosis is cancer, the patient may want to ask these questions:

- What kind of breast cancer do I have? Is it invasive?
- What did the hormone receptor test show?
   What other lab tests were done on the tumor tissue, and what did they show?
- How will this information help the doctor decide what type of treatment or further tests to recommend?

The patient's doctor may refer her to doctors who specialize in treating cancer, or she may ask for a referral. Treatment generally begins within a few weeks after the diagnosis. There will be time for the woman to talk with the doctor about her treatment choices, to get a second opinion, and to prepare herself and her loved ones.

#### Treatment

any treatment methods are used for breast cancer. Treatment depends on the size and location of the tumor in the breast, the results of lab tests (including hormone receptor tests), and the *stage* (or extent) of the disease. The doctor may order x-rays and blood tests. The doctor may also do special exams of the liver, lungs, or bones because breast cancer may spread to these areas. To develop a treatment plan to fit each patient's needs, the doctor also considers the woman's age and general health as well as her feelings about the treatment options.

Women with breast cancer are likely to have many questions and concerns about their treatment options. They want to learn all they can about their disease and their treatment choices so that they can take an active part in decisions about their medical care.

The doctor is the best person to answer questions about treatment for a particular patient: what her treatment choices are, how successful the treatment is expected to be, and how much it is likely to cost. Most patients also want to know how they will look after treatment and whether they will have to change their normal activities. Also, the patient may want to talk with her doctor about taking part in a study of new treatment methods. Information about such studies, called *clinical trials*, is on pages 34 and 35.

Calling the National Cancer Institute's Cancer Information Service at 1-800-4-CANCER is another way to gather up-to-date treatment information, including information about clinical trials. The staff can answer questions and can send free material about breast cancer treatment. They can suggest other sources of information and support. They can also talk with callers about questions to ask the doctor.

Many patients find it helpful to make a list of questions before seeing the doctor. To make it easier to remember what the doctor says, patients may take notes or ask whether they may use a tape recorder. Some patients also find that it helps to have a family member or friend with them when they see the doctor-to take part in the discussion, to take notes, or just to listen.

Here are some questions a woman may want to ask the doctor before treatment begins:

- What are the treatment choices?
- What are the expected benefits of each kind of treatment?
- What are the risks and possible side effects of each treatment?
- Are new treatments under study in clinical trials? Would a clinical trial be appropriate for me?

There is a lot to learn about breast cancer and its treatment. Patients should not feel that they need to ask all their questions or understand all the answers at once. They will have many other chances to ask the doctor to explain things that are not clear and to, ask for more information.

## **Planning Treatment**

Before starting treatment, the patient might want a second opinion about the diagnosis and the treatment plan. Some insurance companies require a second opinion; others may cover a second opinion if the patient requests it. It may take a week or two to arrange to see another doctor. Studies show that a brief delay (up to several weeks) between biopsy and treatment does not make breast cancer treatment less effective. There are a number of ways to find a doctor for a second opinion:

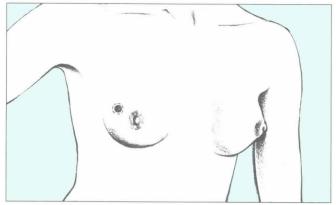
 The patient's doctor may refer her to one or more specialists. Specialists who treat breast cancer include surgeons, medical *oncologists*, and radiation oncologists. Sometimes these doctors work together at cancer centers or special centers for breast diseases.

- The Cancer Information Service, at 1-800-4-CANCER, can tell callers about treatment facilities, including cancer centers and other NCIsupported programs in their area.
- Patients can get the names of specialists from their local medical society, a nearby hospital, or a medical school.

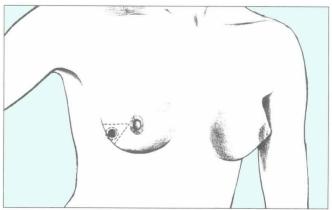
#### **Methods of Treatment**

Methods of treatment for breast cancer are *local* or *systemic*. Local treatments are used to remove, destroy, or control the cancer cells in a specific area. *Surgery* and *radiation therapy* are local treatments. Systemic treatments are used to destroy or control cancer cells anywhere in the body. *Chemotherapy* and *hormonal therapy* are systemic treatments. A patient may have just one form of treatment or a combination. Different forms of treatment may be given at the same time or one after another.

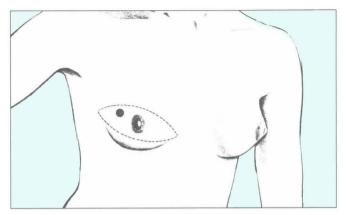
Surgery is the most common treatment for breast cancer. Several types of surgery may be used. The doctor can explain each of them in detail, can discuss the benefits and risks of each type, and can describe how each will affect the patient's appearance. An operation to remove the breast (or as much of the breast as possible) is a *mastectomy*. An operation to remove the cancer but not the breast is called breast-sparing surgery. *Lumpectomy* and segmental mastectomy are types of breast-sparing surgery. They usually are followed by radiation therapy to destroy any cancer cells that may remain in the area. In most cases, the surgeon also removes lymph nodes under the arm to help determine whether cancer cells have entered the lymph system.



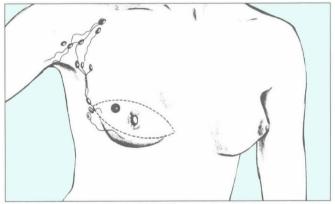
In lumpectomy, the surgeon removes just the breast tumor and some normal tissue around it.



In partial (segmental) mastectomy, the surgeon removes the tumor, some of the normal breast tissue around it, and the lining over the chest muscles below the tumor.



In total (simple) mastectomy, the surgeon removes the whole breast.



In modified radical mastectomy, the surgeon removes the breast, some of the lymph nodes under the arm, and the lining over the chest muscles. Sometimes the smaller of the two chest muscles is removed.

In radical mastectomy (also called Halsted radical mastectomy), the surgeon removes the breast, the chest muscles, all of the lymph nodes under the arm, and some additional fat and skin. For many years, this operation was considered the standard one for women

with breast cancer, but it is very rarely necessary and is seldom used now.

Here are some questions a woman may want to ask her doctor before having surgery:

- What kinds of surgery can I consider? Which operation do you recommend for me?
- How will I feel after the operation? If I have pain, how will you help me?
- Where will the scars be? What will they look like?
- If I decide to have plastic surgery to rebuild my breast, when can that be done?
- · Will I have to do special exercises?
- When can I get back to my normal activities?

Radiation therapy (also called radiotherapy) is the use of high-energy x-rays to damage cancer cells and stop them from growing. The rays may come from radioactive material outside the body and directed at the breast by a machine (external radiation). The radiation can also come from radioactive material placed directly in the breast in thin plastic tubes (implant radiation). Sometimes the patient receives both kinds of radiation therapy.

For external radiation therapy, patients go to the hospital or clinic each day. When this therapy follows breast-sparing surgery, the treatments are given 5 days a week for 5 to 6 weeks. At the end of that time, an extra "boost" of radiation is often given to the place where the tumor was removed. The boost may be either external or internal (using an implant). Patients stay in the hospital for a short time for implant radiation

Before having radiation therapy, a patient may want to ask her doctor these questions:

- Why do I need this treatment?
- What are the risks and side effects of this treatment?
- When will the treatments begin? When will they end?
- How will I feel during therapy?
- What can I do to take care of myself during therapy?
- Can I continue my normal activities?
- · How will my breast look afterward?

**Chemotherapy** is the use of drugs to kill cancer cells. Chemotherapy for breast cancer is usually a combination of drugs. The drugs may be given by mouth or by injection. Either way, chemotherapy is a systemic therapy because the drugs enter the bloodstream and travel through the body.

Chemotherapy is given in cycles: a treatment period followed by a recovery period, then another treatment, and so on. Most patients have chemotherapy in an outpatient part of the hospital, at the doctor's office, or at home. Depending on which drugs are given and the woman's general health, however, she may need to stay in the hospital during her treatment

Hormonal therapy is used to keep cancer cells from getting the hormones they need to grow. This treatment may include the use of drugs that change the way hormones work or surgery to remove the *ovaries*, which make female hormones. Like chemotherapy, hormonal therapy is a systemic treatment; it can affect cancer cells throughout the body.

Patients may want to ask these questions about chemotherapy or hormonal therapy:

- Why do I need this treatment?
- If I need hormonal treatment, which would be better for me, drugs or an operation?
- What drugs will I be taking? What will they do?
- Will I have side effects? What can I do about them?
- How long will I be on this treatment?

#### **Treatment Choices**

Treatment decisions are complex. These decisions are often affected by the judgment of the doctor and by the desires of the patient.

A patient's treatment options depend on a number of factors. These factors include her age and menopausal status, her general health, the location of the tumor, and the size of her breasts. Certain features of the tumor cells (such as whether they depend on hormones to grow) are also considered. The most important factor is the stage of the disease. The stage is based on the size of the tumor and whether it has spread. On the following pages are brief descriptions of the stages of breast cancer and the treatments most often used for each stage. (Other treatments may sometimes be appropriate.)

• Lobular carcinoma in situ, or LCIS, refers to abnormal cells in the lining of a lobule. Although these abnormal cells seldom become invasive cancer, their presence is a sign that a woman has a higher-than-average risk of developing breast cancer in either breast. Some patients with LCIS may have no treatment, but return to the doctor

regularly for checkups. Others may have surgery to remove both breasts to prevent cancer from developing. Underarm lymph nodes are not usually removed.

- Ductal carcinoma in situ, also called intraductal carcinoma or DCIS, refers to abnormal cells in the lining of a duct. The cells have not broken through the duct or invaded nearby tissue. Occasionally, however, DCIS becomes invasive cancer, and the cells can spread. Patients with DCIS may have a mastectomy or may have breast-sparing surgery followed by radiation therapy. Underarm lymph nodes are not usually removed.
- Stage I and stage II are early stages of breast cancer, but the cancer has invaded nearby tissue. Stage I means that cancer cells have not spread beyond the breast and the tumor is no more than about an inch across. Stage II means that cancer has spread to underarm lymph nodes and/or the tumor in the breast is 1 to 2 inches across.

Women with early stage breast cancer may have breast-sparing surgery followed by radiation therapy as their primary local treatment, or they may have a mastectomy. These approaches are equally effective in treating early stage breast cancer. (The main difference is how the woman looks afterward.) The choice of breast-sparing surgery or mastectomy depends mostly on the size and location of the tumor, the size of the woman's breast, certain features of the mammogram, and how the woman feels about preserving her breast. With either approach, lymph nodes under the arm generally are removed.

Some women with stage I and most with stage II breast cancer have chemotherapy and/or hormonal therapy. This added treatment is called *adjuvant* 

*therapy*. It is given to try to prevent the cancer from recurring.

• **Stage III** is also called locally advanced cancer. The tumor in the breast is large (more than 2 inches across), the cancer is extensive in the underarm lymph nodes, or it has spread to other lymph node areas or to other tissues near the breast. *Inflammatory breast cancer* is a type of locally advanced breast cancer.

Patients with stage III breast cancer usually have both local treatment to remove or destroy the cancer in the breast and systemic treatment to stop the disease from spreading. The local treatment may be surgery and/or radiation therapy to the breast and underarm. The systemic treatment may be chemotherapy, hormonal therapy, or both; it may be given before or after the local treatment.

- Stage IV is metastatic cancer. The cancer has spread from the breast to other organs of the body. Women who have stage IV breast cancer receive chemotherapy and/or hormonal therapy to shrink the tumor or destroy cancer cells. They may have surgery or radiation therapy to control the cancer in the breast. Radiation may also be useful to control tumors in other parts of the body.
- Recurrent cancer means the disease has come back in spite of the initial treatment. Even when a tumor in the breast seems to have been completely removed or destroyed, the disease sometimes returns because undetected cancer cells remained in the area after treatment or because the disease had already spread before treatment. Most recurrences appear within the first 2 or 3 years after treatment, but breast cancer can recur many years later.

Cancer that returns only in the area of the surgery is called a local recurrence. If the disease returns in another part of the body, it is called metastatic breast cancer (or distant disease). The patient may have one type of treatment or a combination of treatments.

### Side Effects of Treatment

t is hard to limit the effects of cancer treatment so that only cancer cells are removed or destroyed. Because healthy cells and tissues may also be damaged, treatment often causes unpleasant side effects.

The side effects of cancer treatment are different for each person, and they may even be different from one treatment to the next. Doctors try to plan treatment to keep problems to a minimum. They also watch patients carefully so that they can help with any problems that occur. The National Cancer Institute booklets *Radiation Therapy and You* and *Chemotherapy and* You have helpful information about these cancer treatments and coping with their side effects.

## **Surgery**

Removal of a breast can cause a woman's weight to shift and be out of balance-especially if she has large breasts. This imbalance can also cause discomfort in a woman's neck and back. Also, the skin in the breast area may be tight, and the muscles of the arm and shoulder may feel stiff. After a mastectomy, a few women have some permanent loss of strength in these muscles, but for most women, reduced strength and limited movement are temporary. The doctor, nurse, or physical therapist can recommend exercises to help

a woman regain movement and strength in her arm and shoulder.

Because nerves may be injured or cut during surgery, a woman may have numbness and tingling in the chest, underarm, shoulder, and arm. These feelings usually go away within a few weeks or months, but in some patients some numbness may be permanent.

Removing the lymph nodes under the arm slows the flow of lymph. In some women, lymph builds up in the arm and hand and causes swelling (lymphedema). Women need to protect the arm and hand on the treated side from injury. They should ask the doctor how to handle any cuts, scratches, insect bites, or other injuries that may occur. Also, they should contact the doctor if an infection develops in the arm or hand.

## **Radiation Therapy**

The radiation oncologist will explain the possible side effects of radiation therapy for breast cancerincluding uncommon side effects that may involve the heart, lungs, and ribs. One of the common side effects is fatigue, especially in the later weeks of treatment. Resting is important, but doctors usually advise their patients to try to stay reasonably active. Women should match their activities to their energy level. Another common side effect is for the skin in the treated area to become red, dry, tender, and itchy. Toward the end of treatment, the skin may become moist and "weepy." This area should be exposed to the air as much as possible. Patients should avoid wearing a bra or clothes that may rub; loose-fitting cotton clothes are usually best. Good skin care is important at this time, but patients should not use any lotions or creams without the doctor's advice, and they should not use any deodorant on the treated side. The effects of radiation therapy on the skin are

temporary. The area will heal when the treatment is over.

For most women, the breast will look and feel about the same after radiation therapy. Occasionally, the treated breast may be firmer. Also, it may be larger (due to fluid buildup) or smaller (because of tissue changes) than it was before. For some women, the breast skin is more sensitive after radiation treatment; for others, it is less sensitive.

## Chemotherapy

The side effects of chemotherapy depend mainly on the drugs the patient receives. As with other types of treatment, side effects vary from person to person. In general, anticancer drugs affect rapidly dividing cells. These include blood cells, which fight infection, cause the blood to clot, and carry oxygen to all parts of the body. When blood cells are affected by anticancer drugs, patients are more likely to get infections, bruise or bleed easily, and have less energy. Cells in hair follicles and cells that line the digestive tract also divide rapidly. As a result of chemotherapy, patients may lose their hair and may have other side effects. such as loss of appetite, nausea, vomiting, diarrhea, or mouth sores. Many of these side effects can be controlled with medicine, and they generally are short-term problems. They gradually go away during the recovery part of the chemotherapy cycle or after the treatment is over.

With modem chemotherapy, long-term side effects are fortunately quite rare, but there have been cases in which the heart is weakened, and second cancers such as leukemia have occurred. Also, some anticancer drugs can damage the ovaries. If the ovaries fail to produce hormones, the woman may have symptoms of menopause, such as hot flashes and vaginal dryness. Her periods may become irregular or may stop, and

she may not be able to become pregnant. In women over the age of 35 or 40, some of these effects, such as infertility, are likely to be permanent.

## **Hormonal Therapy**

Hormonal therapy can cause a number of side effects. They depend largely on the specific drug or type of treatment, and they vary from patient to patient. Tamoxifen is the most common hormonal treatment. This drug blocks the body's use of estrogen but does not stop estrogen production. Tamoxifen may cause hot flashes, vaginal discharge or irritation, and irregular periods, and it sometimes brings on menopause. Any unusual bleeding should be reported to the doctor.

Serious side effects of tamoxifen are rare, but this drug can cause blood clots in the veins, especially in the legs. In a very small number of women, tamoxifen has caused cancer of the lining of the uterus. The doctor may do biopsies or other tests of the lining of the uterus to monitor for this condition. (This does not apply to women who have had a hysterectomy, surgery to remove the uterus.)

Young women whose ovaries are removed to deprive the cancer cells of estrogen experience menopause immediately. The side effects they have are likely to be more severe than the effects of natural menopause.

## **Nutrition for Cancer Patients**

oss of appetite can be a problem for cancer patients. They may not feel hungry when they are uncomfortable or tired. Also, some of the common side effects of cancer treatment, such as nausea and

vomiting, can make it hard to eat. The doctor may suggest medicine to help with these problems because good nutrition is important. Patients who eat well often feel better and have more energy. Eating well means getting enough calories and protein to help prevent weight loss, regain strength, and rebuild normal tissues.

Doctors, nurses, and dietitians can explain the side effects of treatment and can suggest ways to deal with them. Patients and their families also may want to read the National Cancer Institute booklet Eating *Hints for Cancer Patients*, which contains many useful suggestions.

#### After Treatment

ehabilitation is a very important part of breast cancer treatment. The health care team makes every effort to help women return to their normal activities as soon as possible. Recovery will be different for each woman, depending on the extent of the disease, the treatment she had, and other factors.

Exercising after surgery can help a woman regain motion and strength in her arm and shoulder. It can also reduce pain and stiffness in her neck and back. Carefully planned exercises should be started as soon as the doctor says the woman is ready, often within a day or so after surgery. Exercising begins slowly and gently and can even be done in bed. Gradually, exercising can be more active, and regular exercise should become part of a woman's normal routine. (Women who have a mastectomy and immediate breast reconstruction-plastic surgery to rebuild the breast-need special exercises, which the doctor or nurse will explain.)

Often, lymphedema after surgery can be prevented or reduced with certain exercises and by resting with the arm propped up on a pillow. If lymphedema occurs later on, the doctor may suggest exercises and other ways to deal with this problem. For example, some women with lymphedema wear an elastic sleeve or use an elastic cuff to improve lymph circulation. The doctor also may suggest other approaches, such as medication, manual lymph drainage (massage), or use of a machine that compresses the arm. If lymphedema continues, the woman may be referred to a specialist.

After a mastectomy, some women decide to wear a breast form *(prosthesis)*. Others prefer to have breast reconstruction, either at the same time as the mastectomy or later on. Each option has its pros and cons, and what is right for one woman may not be right for another. What is important is that nearly every woman treated for breast cancer has choices. It may be helpful to talk with a plastic surgeon before the mastectomy, but reconstruction is still possible later on.

Various procedures are used to reconstruct the breast. Some use implants; others use tissue moved from another part of the woman's body. The woman should ask the plastic surgeon to explain the risks and benefits of each type of reconstruction. The Cancer Information Service can suggest sources of printed information about breast reconstruction and can tell callers how to contact breast cancer support groups. Members of such groups are often willing to share their personal experiences with breast reconstruction.

## Followup Care

Regular followup exams are important after breast cancer treatment. The doctor will continue to check the woman closely to be sure that the cancer has not returned. Regular checkups usually include exams of the chest, underarm, and neck. From time to time, the woman has a complete physical exam and a mammogram. The doctor sometimes orders blood tests, a chest x-ray, scans (special x-rays), and other exams. Women who have been treated with chemotherapy or hormonal therapy may need to have further tests and a yearly pelvic exam.

A woman who has had cancer in one breast has a slightly higher-than-average risk of developing cancer in her other breast. She should report any changes in the treated area or in the other breast to her doctor right away.

Also, a woman who has had breast cancer should tell her doctor about other physical problems if they come up, such as pain, loss of appetite or weight, changes in menstrual periods, unusual vaginal bleeding, or blurred vision. She should also report dizziness, coughing or hoarseness, headaches, backaches or digestive problems that seem unusual or that don't go away. These symptoms may be a sign that the cancer has returned, but they can also be signs of many other problems. Only the doctor can tell for sure.

## Living With Cancer

he diagnosis of breast cancer can change a woman's life and the lives of those close to her. These changes can be hard to handle. It is common for the woman and her family and friends to have many different and sometimes confusing emotions.

At times, patients and their loved ones may be frightened, angry, or depressed. These are normal reactions when people face a serious health problem. Many people find it helps to share their thoughts and feelings with loved ones. Sharing can help everyone

feel more at ease. It can open the way for others to show their concern and offer their support.

Sometimes women who have had breast cancer are afraid that changes to their body will affect not only how they look but how other people feel about them. They may be concerned that breast cancer and its treatment will affect their sexual relationships. Many couples find that talking about these concerns helps them find ways to express their love during and after treatment. Some seek counseling or a couples' support group.

Cancer patients may worry about holding a job, caring for their families, or starting new relationships. Worries about tests, treatments, hospital stays, and medical bills are also common. Doctors, nurses, or other members of the health care team can help calm fears and ease confusion about treatment, working, or daily activities. Also, meeting with a nurse, social worker, counselor, volunteer, or member of the clergy can be helpful to patients who want to talk about their feelings or discuss their concerns about the future or about personal relationships.

Members of the health care team can provide information and suggest other resources. In addition, the public library is a good source of books and articles on living with cancer. Cancer patients and their families can also find helpful suggestions in the National Cancer Institute booklets listed on page 44.

## Support for Breast Cancer Patients

inding the strength to deal with the changes brought about by breast cancer can be easier for patients and those who love them when they have appropriate support services.

Many patients find it helpful to talk with others who are facing problems like theirs. Cancer patients often get together in self-help and support groups, where they can share what they have learned about cancer and its treatment and about coping with the disease. Often a social worker or nurse meets with the group.

Several organizations offer special programs for breast cancer patients. Trained volunteers, who have had breast cancer themselves, may talk with or visit patients, provide information, and lend emotional support before and after treatment. They often share their experiences with breast cancer treatment and rehabilitation and with breast reconstruction. (See "Resources," pages 42 and 43.)

Friends and relatives, especially those who have had cancer themselves, can also be very supportive. It is important to keep in mind, however, that each patient is different. Treatments and ways of dealing with cancer that work for one person may not be right for another, even if they both have the same kind of cancer. It is always a good idea to discuss the advice of friends and family members with the doctor.

Often, the doctor's staff or a social worker at the hospital or clinic can suggest local and national groups that can help with emotional support, rehabilitation, financial aid, transportation, or home care. Information about programs and services for breast cancer patients and their families is also available through the Cancer Information Service.

#### What the Future Holds

esearchers are always looking for better ways to detect and treat breast cancer, and the chances of recovery keep improving. Still, it is natural for patients to be concerned about their future.

Sometimes patients use statistics they have heard to try to figure out their own chances of being cured. It is important to remember, however, that statistics are averages based on large numbers of patients. They can't be used to predict what will happen to a particular woman because no two cancer patients are alike. The doctor who takes care of the patient and knows her medical history is in the best position to talk with her about the chance of recovery (prognosis). Women should feel free to ask the doctor about their prognosis, but they should keep in mind that not even the doctor knows exactly what will happen. Doctors often talk about surviving cancer, or they may use the term remission. Doctors use these terms because, although many breast cancer patients will be cured, the disease can recur, even many years later

## The Promise of Cancer Research

octors and researchers at hospitals and medical centers all across the country are studying breast cancer. They are trying to learn more about what causes this disease and how to prevent it. They are also looking for better ways to diagnose and treat it.

#### **Causes and Prevention**

Doctors can seldom explain why one person gets breast cancer and another doesn't. It is clear, however,

that breast cancer is not caused by bumping, bruising, or touching the breast. And this disease is **not** contagious; no one can "catch" breast cancer from another person.

By studying large numbers of women all over the world, researchers have found certain *risk factors* that increase a woman's chance of developing breast cancer. There may be other risk factors we don't know about. Some known risk factors can be avoided, but many cannot. Having risk factors means having a higher-than-average chance of getting this disease. However, studies show that most women with known risk factors do not get breast cancer. And many women who get breast cancer have none of the risk factors we know about, other than the risk that comes with growing older.

The following are some of the known risk factors for breast cancer:

- Age. The risk of breast cancer increases as a woman gets older. Most breast cancers occur in women over the age of 50; the risk is especially high for women over 60. This disease is uncommon in women under the age of 35.
- Family history. The risk of getting breast cancer increases for a woman whose mother, sister, or daughter has had the disease. The woman's risk increases more if her relative's cancer developed before menopause or if it affected both breasts. About 5 percent of women with breast cancer have a hereditary form of this disease. These women usually develop breast cancer at a younger age (before menopause) and they have multiple family members with the disease.
- Personal history. The risk of breast cancer is greater than average in women who have had lobular carcinoma in situ. About 25 percent of

women diagnosed with this condition develop invasive breast cancer. Also, women who have had breast cancer face an increased risk of getting breast cancer again. As many as 10 to 15 percent of women treated for breast cancer (or ductal carcinoma in situ) get a second primary (new) breast cancer later on.

Other risk factors for breast cancer include starting to menstruate at an early age (before 12) or having a late menopause (after 55). The risk is also greater in women who had their first child after the age of 30 and those who never had children. These factors are all related to a woman's natural hormones. At this time, no one knows whether the risk of breast cancer is affected by taking medicines that contain hormones (either for birth control, to treat infertility, or as estrogen replacement therapy to control symptoms of menopause). Scientists hope to find the answer to this important question by studying a large number of women taking part in hormone-related research.

Many women are concerned about benign breast conditions. For most women, the ordinary "lumpiness" they feel in their breasts does not increase their risk of breast cancer. However, women who have had breast biopsies that show certain benign changes in breast tissues, such as *atypical hyperplasia*, do have an increased risk of breast cancer.

Scientists are exploring other possible risk factors for breast cancer. For example, research is in progress to determine whether the risk of breast cancer is affected by environmental factors. Pesticides, electromagnetic fields, engine exhausts, and contaminants in water and food are some of the environmental factors under study.

Some aspects of a woman's lifestyle may affect her chances of developing breast cancer. For example, some studies point to a slightly higher risk of breast cancer among women who drink alcohol. The risk appears to go up with the amount of alcohol consumed, so women who drink should do so only in moderation.

Scientists are trying to learn whether having an abortion or a miscarriage increases the risk of breast cancer. Thus far, studies have produced conflicting evidence, and this question is still unresolved.

Older women who are overweight seem to have a greater risk of breast cancer. Although the possible link between diet and breast cancer is still under study, some scientists believe that choosing a low-fat diet, eating well-balanced meals with plenty of fruits and vegetables, and maintaining ideal weight may lower a woman's risk. Also, recent studies suggest that regular exercise may decrease the risk of breast cancer in younger women.

Women who are at high risk for breast cancer can take part in a study of the drug tamoxifen, which is often used to treat breast cancer patients. This nationwide study is designed to help doctors learn whether tamoxifen can prevent breast cancer in these women. The Cancer Information Service can provide information about this study.

#### Detection

At present, regular mammography is the most effective tool we have to detect breast cancer. However, mammography is not always accurate. (A woman who feels something is wrong with her breasts should not assume a normal mammogram rules out a problem. She should discuss her concerns with her doctor.) Mammography cannot reveal every breast cancer at an early stage, and it sometimes arouses suspicion when no cancer is present. Researchers are looking for ways to make mammography more

accurate. They are also exploring other techniques to produce detailed pictures of the tissues in the breast.

In addition, researchers are studying tumor markers, substances that may be present in abnormal amounts in the blood or urine of a woman who has breast cancer. Some of these markers are used to follow women who have already been diagnosed with breast cancer. At this time, however, no blood or urine test is reliable enough to be used routinely to detect breast cancer.

#### Treatment

Researchers are looking for more effective ways to treat breast cancer. They are also exploring ways to reduce the side effects of treatment and improve the quality of patients' lives. When laboratory research shows that a new treatment method has promise, cancer patients receive the treatment in clinical trials. These trials are designed to answer important questions and to find out whether the new approach is both safe and effective. Often, clinical trials compare a new treatment with a standard approach. Patients who take part in clinical trials may have the first chance to benefit from improved treatment methods, and they make an important contribution to medical science.

Trials to study new treatments for patients with all stages of breast cancer are under way. Researchers are testing new treatment methods, new chemotherapy doses and treatment schedules, and new ways of combining treatments. They are working with various anticancer drugs and drug combinations as well as with several types of hormonal therapy. They are also exploring new ways to combine chemotherapy with hormonal therapy and radiation therapy. Some trials include *biological therapy*, treatment with substances

that boost the immune system's response to cancer or help the body recover from the side effects of treatment

In a number of trials, doctors are trying to learn whether very high doses of anticancer drugs are more effective than the usual doses in destroying breast cancer cells. Because these higher doses seriously damage the patient's *bone marrow*, where blood cells are formed, researchers are testing ways to replace the bone marrow or to help it recover. These new approaches (bone marrow transplantation, peripheral stem cell support, and the use of colony-stimulating factors) are described in the section on medical terms that begins on page 36.

Cancer patients may want to read a National Cancer Institute booklet called *What Are Clinical Trials All About?*, which explains some of the possible benefits and risks of treatment studies. Those who are interested in taking part in a trial should discuss this option with their doctor.

One way to learn about clinical trials is through PDQ, a computerized resource developed by the National Cancer Institute. This resource contains information about cancer treatment and about clinical trials in progress all over the country. The Cancer Information Service can provide PDQ information to patients and the public (see page 42).

#### Medical Terms

*Adjuvant therapy* (AD-ju-vant): Treatment given in addition to the primary treatment.

*Areolu* (a-REE-oe-la): The area of dark-colored skin that surrounds the nipple.

Aspiration (as-per-AY-shun): Removal of fluid from a lump, often a cyst, with a needle.

Atypical hyperplasia (hy-per-PLAY-zha): A benign (noncancerous) condition in which breast tissue has certain abnormal features. Women with this condition have an increased risk of breast cancer.

Axilla (ak-SIL-a): The underarm.

**Axillary dissection** (AK-sil-air-ee): Surgery to remove lymph nodes under the arm.

**Benign** (bee-NINE): Not cancerous; does not invade nearby tissue or spread to other parts of the body.

**Biological therapy** (by-o-LOJ-i-kal): Treatment to stimulate or restore the ability of the immune system to fight infection and disease. Also called immunotherapy.

**Biopsy** (BY-op-see): The removal of a sample of tissue, which is then examined under a microscope to check for cancer cells. Excisional biopsy is surgery to remove an entire lump and an area of normal tissue around it. In incisional biopsy, the surgeon removes just part of the lump. Removal of tissue with a needle is called a needle biopsy.

**Bone marrow:** The soft, sponge-like material inside some bones. Blood cells are produced in the bone marrow

**Bone marrow transplantation** (tranz-plan-TAY-shun): A procedure in which doctors replace marrow destroyed by high doses of anticancer drugs or radiation. The replacement marrow is taken from the breast cancer patient before treatment, and the procedure is called autologous (aw-TAHL-o-gus) bone marrow transplantation.

**Cancer:** A term for more than 100 diseases in which abnormal cells divide without control. Cancer cells can spread through the bloodstream and lymphatic system to other parts of the body.

*Carcinoma* (kar-sin-OE-ma): Cancer that begins in the lining or covering of an organ.

**Chemotherapy** (kee-moe-THER-a-pee): Treatment with anticancer drugs.

*Clinical trials:* Research studies that involve patients. Each study is designed to answer scientific questions and to find better ways to prevent or treat cancer.

Colony-stimulating factors: Laboratory-made substances similar to substances in the body that stimulate the production of blood cells. Treatment with colony-stimulating factors can help cells in the bone marrow recover from the effects of chemotherapy and radiation therapy.

Cyst (sist): A closed sac or capsule filled with fluid.

**Diaphanography** (DY-a-fan-OG-ra-fee): An exam that involves shining a bright light through the breast to reveal features of the tissues inside. This technique is under study; its value in detecting breast cancer has not been proven. Also called transillumination.

**Duct:** A small channel in the breast through which milk passes from the lobules to the nipple. Cancer that begins in a duct is called ductal carcinoma.

**Ductal carcinoma in situ** (DUK-tal kar-sin-O-ma in SY-too): Abnormal cells that involve only the lining of a duct. The cells have not spread outside the duct to other tissues in the breast. Also called DCIS or intraductal carcinoma.

Estrogen (ES-troe-jin): A female hormone.

*Gynecologist* (guy-ni-KOL-o-jist): A doctor who specializes in treating diseases of the female reproductive organs.

*Hair follicle* (FOL-i-kul): A sac from which a hair grows.

*Hormonal therapy:* Treatment of cancer by removing, blocking, or adding hormones.

**Hormones:** Chemicals produced by glands in the body. Hormones control the actions of certain cells or organs.

Hormone receptor test: A test to measure the amount of certain proteins, called hormone receptors, in breast cancer tissue. Hormones can attach to these proteins. A high level of hormone receptors means hormones probably help the cancer grow.

Infertility: The inability to have children.

*Infiltrating cancer:* See invasive cancer.

*Inflammatory breast cancer:* A rare type of breast cancer in which cancer cells block the lymph vessels in the skin of the breast. The breast becomes red, swollen, and warm, and the skin of the breast may appear pitted or have ridges. Also called stage III breast cancer

*Invasive cancer:* Cancer that has spread beyond the layer of tissue in which it developed. Invasive breast cancer is also called infiltrating cancer or infiltrating carcinoma.

**Lobe:** A part of the breast; each breast contains 6 to 9 lobes.

**Lobular carcinoma** in situ (LOB-yoo-lar kar-sin-O-ma in SY-too): Abnormal cells in the lobules of the breast. This condition seldom becomes invasive cancer. However, having lobular carcinoma in situ is a sign that the woman has an increased risk of developing breast cancer. Also called LCIS.

**Lobule** (LOB-yool): A subdivision of the lobes of the breast. Cancer that begins in a lobule is called lobular carcinoma

**Local therapy:** Treatment that affects cells in the tumor and the area close to it.

**Lumpectomy** (lump-EK-toe-mee): Surgery to remove only the cancerous breast lump; usually followed by radiation therapy.

**Lymph** (limf): The almost colorless fluid that travels through the lymphatic system and carries cells that help fight infection and disease.

**Lymph** nodes: Small, bean-shaped structures located along the channels of the lymphatic system. Bacteria or cancer cells that enter the lymphatic system may be found in the nodes. Also called lymph glands.

*Lymphatic system* (lim-FAT-ik): The tissues and organs (including the bone marrow, spleen, thymus, and lymph nodes) that produce and store cells that fight infection and disease. The channels that carry lymph also are part of this system.

Lymphedema (lim-fa-DEE-ma): Swelling of the hand and arm caused by extra fluid that may collect in tissues when underarm lymph nodes are removed or blocked; sometimes called "milk arm."

*Malignant* (ma-LIG-nant): Cancerous; can spread to other parts of the body.

Mammogram (MAM-o-gram): An x-ray of the breast.

*Mammography* (mam-OG-ra-fee): The use of x-rays to create a picture of the breast.

*Mastectomy* (mas-TEK-to-mee): Surgery to remove the breast (or as much of the breast as possible).

*Menopause:* The time of a woman's life when menstrual periods stop; also called "change of life."

*Menstrual* cycle (MEN-stroo-al): The hormone changes that lead up to a woman's having a period. For most women, one cycle takes 28 days.

*Metastasis* (meh-TAS-ta-sis): The spread of cancer from one part of the body to another. Cells in the metastatic (secondary) tumor are like those in the original (primary) tumor.

*Microcalcifcations* (MY-krow-kal-si-fi-KA-shunz): Tiny deposits of calcium in the breast that cannot be felt but can be detected on a mammogram. A cluster of these very small specks of calcium may indicate that cancer is present.

*Oncologist* (on-KOL-o-jist): A doctor who specializes in treating cancer.

*Ovaries* (OH-va-reez): The pair of female reproductive organs that produce eggs and hormones.

**Palpation** (pal-PAY-shun): A simple technique in which a doctor presses on the surface of the body with his or her fingers to feel the organs or tissues underneath.

**Pathologist** (pa-THOL-o-jist): A doctor who identifies diseases by studying cells and tissues under a microscope.

**Peripheral stem cell support** (per-IF-er-al): A method for replacing bone marrow destroyed by cancer treatment. Certain cells (stem cells) in the blood that are similar to those in bone marrow are removed from the patient's blood before treatment. The cells are given back to the patient after treatment to help the bone marrow recover and continue producing healthy blood cells

**Progesterone** (proe-JES-ter-own): A female hormone.

**Prognosis** (prog-NOE-sis): The probable outcome or course of a disease; the chance of recovery.

**Prosthesis** (pros-THEE-sis): An artificial replacement of a part of the body. A breast prosthesis is a breast form worn under clothing.

**Radiation therapy** (ray-dee-AY-shun): Treatment with high-energy rays to kill cancer cells. Radiation therapy that uses a machine located outside the body to aim high-energy rays at the cancer is called external radiation. When radioactive material is placed in the breast in thin plastic tubes, the treatment is called implant radiation.

**Radiologist:** A doctor who specializes in creating and interpreting pictures of areas inside the body. The pictures are produced with x-rays, sound waves, or other types of energy.

**Remission:** Disappearance of the signs and symptoms of cancer. When this happens, the disease is said to be "in remission." A remission can be temporary or permanent.

**Risk factor:** Something that increases a person's chance of developing a disease.

**Screening:** Checking for disease when there are no symptoms.

**Stage:** The extent of the cancer. The stage of breast cancer depends on the size of the cancer and whether it has spread.

**Stem** cells: The cells from which all blood cells develop.

**Surgery:** An operation.

*Systemic therapy* (sis-TEM-ik): Treatment that reaches and affects cells all over the body.

**Thermography** (ther-MOG-ra-fee): A test to measure and display heat patterns of tissues near the surface of the breast. Abnormal tissue generally is warmer than healthy tissue. This technique is under study; its value in detecting breast cancer has not been proven.

*Tissue* (TISH-oo): A group or layer of cells that performs a specific function.

**Tumor:** An abnormal mass of tissue.

*Ultrasonography* (UL-tra-son-OG-ra-fee): A test in which high-frequency sound waves that cannot be heard by humans are bounced off tissues and the echoes are converted into a picture (sonogram). These pictures are shown on a monitor like a TV screen. Tissues of different densities look different in the picture because they reflect sound waves differently. A sonogram can often show whether a breast lump is a fluid-filled cyst or a solid mass.

**Xeroradiogruphy** (ZEE-roe-ray-dee-OG-ra-fee): A type of mammography in which a picture of the breast is recorded on paper rather than on film.

*X-ray:* High-energy radiation. It is used in low doses to diagnose diseases and in high doses to treat cancer.

## Resources

nformation about cancer is available from several sources, including the ones listed below. You may wish to check for additional information at your local library or bookstore or from support groups in your community.

## **Cancer Information Service (CIS)**

The Cancer Information Service, a program of the National Cancer Institute, provides a nationwide telephone service for cancer patients and their families and friends, the public, and health professionals. The staff can answer questions and can send booklets about cancer. They can provide information from the National Cancer Institute's PDQ database. The CIS staff also know about local resources and services. One toll-free number, 1-800-4-CANCER (1-800-422-6237) connects callers all over the country to the office that serves their area. Spanish-speaking staff members are available.

## **American Cancer Society (ACS)**

The American Cancer Society is a voluntary organization with units all over the country. It supports research, conducts educational programs, and offers many services to patients and their families. It provides free booklets on breast self-examination, breast cancer, and sexuality. To obtain booklets or to learn about Reach to Recovery or other services and activities in local areas, call the Society's toll-free number, 1-800-ACS-2345 (1-800-227-2345), or the number listed under American Cancer Society in the white pages of the local telephone book.

# National Alliance of Breast Cancer Organizations (NABCO)

Tenth Floor 9 East 37th Street New York, NY 10016 1-800-719-9154

The National Alliance of Breast Cancer Organizations is a network of organizations that offer detection, treatment, and support to breast cancer patients. NABCO can refer people to such organizations. NABCO also provides information about breast cancer and works for legislation that benefits women treated for this disease.

#### Other Booklets

he National Cancer Institute booklets listed below and others are free from the Cancer Information Service at 1-800-4-CANCER.

#### **Booklets About Cancer Treatment**

- Radiation Therapy and You: A Guide to Self-Help During Treatment
- Chemotherapy and You: A Guide to Self-Help During Treatment
- Helping Yourself During Chemotherapy
- Eating Hints for Cancer Patients
- Get Relief From Cancer Pain
- Questions and Answers About Pain Control (also available from the American Cancer Society)
- What Are Clinical Trials All About?

## **Booklets About Living With Cancer**

- Taking Time: Support for People With Cancer and the People Who Care About Them
- Facing Forward: A Guide for Cancer Survivors
- When Cancer Recurs: Meeting the Challenge Again
- Advanced Cancer: Living Each Day

# **Notes**

# **Notes**

This booklet is about breast cancer. If you have questions, call the Cancer Information Service to talk with someone about this disease. The staff can talk with you in English or Spanish.

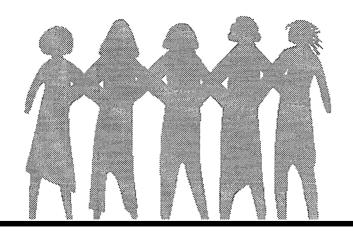
The number is 1-800-422-6237 (1-800-4-CANCER). The call is free.

Este folleto es acerca del cáncer del seno. Si tiene preguntas, llame al Servicio de Información sobre el Cáncer para hablar con alguien acerca de esta enfermedad. Este servicio tiene personal que habla español.

El número a llamar es el 1-800-422-6237 (1-800-4-CANCER). La llamada es gratis.



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### LUNCH & LEARN #1

The Basics of Screening for Breast and Cervical Cancer

### Remember:

Breast and cervical cancer are important health issues for women.

When found early, these cancers are easier to treat and many may be cured.

Mammograms and breast examinations by a health care provider are the main methods for finding breast cancer early.

A pelvic examination with a Pap test is the main method for finding cervical cancer early.

Talk with your health care provider about which screening tests are right for you, given your age, health and family history.

If you have health concerns or symptoms, talk with your health care provider.

**Woman to Woman:** is a project of the Dana-Farber Cancer Institute's Center for Community-Based Research, the Service Employees International Union, and your employer. It is funded by the National Cancer Institute, and receives support from the Boston Edison Foundation and New England Electric System.



In the next month,		
one step that I will take for my	health i	s:

### Other steps I can take:



- Talk with a Peer Health Adviser from the Woman to Woman project
- Visit the Woman to Woman Resource Center at my worksite
- Attend another Woman to Woman "Lunch and Learn" session
- Call the Cancer Information Service (1-800-4-CANCER) or American Cancer Society (1-800-ACS-2345) for more information

Sample materials for Lunch and Learn #1

# **CANCER FACTS**

National Cancer Institute • National Institutes of Health

### **Screening Mammograms**

### 1. What is a screening mammogram?

A screening mammogram is an x-ray of the breast used to detect breast changes in women who have no signs of breast cancer. It usually involves two x-rays of each breast. Using a mammogram, it is possible to detect a tumor that cannot be felt.

### 2. What is a diagnostic mammogram?

A diagnostic mammogram is an x-ray of the breast used to diagnose unusual breast changes, such as a lump, pain, nipple thickening. or discharge, or a change in breast size or shape. A diagnostic mammogram is also used to evaluate abnormalities detected-on a screening mammogram. It is a basic medical tool and is appropriate in the workup of breast changes, regardless of a woman's age.

# 3. What is the position of the National Cancer Institute (NCI) on screening mammograms?

The National Cancer Institute recommends that women in their forties or older get screening mammograms on a regular basis, every 1 to 2 years.

Women who are at increased risk for breast cancer should seek medical advice about when to begin having mammograms and how often to be screened. (For example, a doctor may recommend that-a woman at increased risk begin screening before age 40 or change her screening intervals to every year.)

### 4. What are the factors that place a woman at increased risk for breast cancer?

Every woman has some risk for developing breast cancer during her lifetime, and that risk increases as she ages. However, the risk of developing breast cancer is not the same for all women. These are the factors known to increase a woman's chance of developing this disease:

• **Personal History:** Women who have had breast cancer are more likely to develop a second breast cancer.

- Family History: The risk of getting breast cancer increases for a woman whose mother, sister, or daughter has had the disease; or who has two or more close relatives, such as cousins or aunts, with a history of breast cancer (especially if diagnosed before age 40). About 5 percent of women with breast cancer have a hereditary form of this disease.
- **Genetic Alterations:** Specific alterations in certain genes, such as those in the breast cancer genes BRCA1 or BRCA2, make women more susceptible to breast cancer.
- Abnormal Biopsy: Women with certain abnormal breast conditions, such as atypical hyperplasia or LCIS (lobular carcinoma in situ), are at increased risk.
- Other conditions associated with an increased risk of breast cancer: Women age 45 or older who have at least 75 percent dense tissue on a mammogram are at elevated risk. (This is not only because tumors in dense breasts are more difficult to "see," but because, in older women, dense breast tissue itself is related to an increased chance of developing breast cancer.)

Women who received chest irradiation for conditions such as Hodgkin's disease at age 30 or younger are at higher risk for breast cancer throughout their lives and require regular monitoring for breast cancer.

A woman who has her first child at age 30 or older has an increased risk of breast cancer.

Recent evidence suggests that menopausal women who have long-term exposure (greater than 10 years) to hormone replacement therapy (HRT) may have a slightly increased risk of breast cancer.

### 5. What are the chances that a woman in the United States might get breast cancer?

Age is the most important factor in the risk for breast cancer. The older a woman is, the greater her chance of getting breast cancer. No woman should consider herself too old to need regular screening mammograms. A woman's chance. . .

by age 30. . . 1 out of 2,525 by age 40. . . 1 out of 217 by age 50. . . 1 out of 50 by age 60. . . 1 out of 24 by age 70. . . 1 out of 14 by age 80. . . 1 out of 10

(Source: NCI's Surveillance, Epidemiology, and End Results Program & American Cancer Society, 1993)

About 80 percent of breast cancers occur in women over the age of 50; the number of cases is especially high for women over age 60. Breast cancer is uncommon in women under age 40.

### 6. What is the best method of detecting breast cancer as early as possible?

A high-quality mammogram, with a clinical breast exam (an exam done by a professional health care provider), is the most effective way to detect breast cancer early when it is most treatable. Using a mammogram, it is possible to detect breast cancer that cannot be felt. However, like any test, mammograms have both benefits and limitations.

When a woman examines her own breasts, it is called breast self-exam (BSE). Studies so far have not shown that BSE alone reduces the numbers of deaths from breast cancer. Therefore, it should not be used in place of clinical breast exam and mammography.

### 7. What are the benefits of screening mammograms?

• Saved lives: Several studies have shown that regular screening mammograms can help to decrease the chance of dying from breast cancer. The benefits of regular screening are greater for women over age 50. For women in their forties, there is recent evidence that having mammograms on a regular basis reduces their chances of dying from breast cancer by about 17 percent. For women between the ages of 50 and 69, there is strong evidence that screening with mammography on a regular basis reduces breast cancer deaths by about 30 percent.

Estimates show that if 10,000 women age 40 were screened every year for 10 years, about four lives would be saved. In comparison, regular screening of 10,000 women age 50 would save about 37 lives.

• **More treatment options:** In some cases, finding a breast tumor early may mean that a woman can choose surgery that saves her breast. Also, a woman whose breast tumor is detected in its early stages may not have to undergo chemotherapy.

### 8. What are some of the limitations of screening mammograms?

- **Detection does not always mean saving lives:** Even though mammography can detect most tumors that are 5 millimeters in size, (5 millimeters is about 1/4 inch) and some as small as 1 millimeter, finding a small tumor does not always mean that a woman's life will be saved. Mammography may not help a woman with a fast-growing or aggressive cancer that has already spread to other parts of her body before being detected.
- False Negatives: False negatives occur when mammograms appear normal even though breast cancer is actually present. False negatives are more common in younger women than in older women. The dense breasts of younger women

contain many glands and ligaments, which make breast cancers more difficult to spot in mammograms. As women age, breast tissues become more fatty and breast cancers are more easily "seen" by screening mammograms.

Screening mammograms miss up to 25 percent of breast cancers in women in their forties compared with about 10 percent of cancers for older women.

• False Positives: False positives occur when mammograms are read as abnormal, but no cancer is actually present. For women at all ages, between 5 percent and 10 percent of mammograms are abnormal and are followed up with additional testing (a diagnostic mammogram, fine needle aspirate, ultrasound, or biopsy). Most abnormalities will turn out not to be cancer.

False positives are more common in younger women than older women. About 97 percent of women ages 40 to 49 who have abnormal mammograms turn out *not* to have cancer, as compared with about 86 percent for women age 50 and older. But all women have to undergo followup procedures when they have an abnormal mammogram.

• **DCIS:** Over the past 30 years, improvements in mammography have resulted in an ability to detect a higher number of small tissue abnormalities called ductal carcinomas *in situ* (DCIS), abnormal cells confined to the milk ducts of the breast. Some of these can eventually go on to become actual cancers, but many do not.

Because it is not possible to predict which ones will progress to invasive cancer, DCIS is commonly removed surgically; some are treated with mastectomy, some with breast-sparing surgery. There is disagreement among experts about the extent of surgery necessary for DCIS.

Younger women have a higher proportion of DCIS than older women. Approximately 45 percent of breast cancers detected by screening mammograms in women ages 40 to 49 are DCIS compared with about 20 to 30 percent of those detected in women age 50 and older.

### 9. How much does a mammogram cost?

Most screening mammograms cost between \$50 and \$150. Most states now have laws requiring health insurance companies to reimburse all or part of the cost of screening mammograms. Details can be provided by insurance companies and health care providers. Currently, Medicare pays for part of the cost of one screening mammogram every 2 years for women who are eligible for Medicare benefits. On January 1, 1998, this coverage will increase to one screening mammogram every year. Information on coverage is available through the Medicare Hotline at 1-800-638-6833.

Some state and local health programs and employers provide mammograms free or at low cost. Information on low-cost or free mammography screening programs is available through the NCI's Cancer Information Service at 1-800-4-CANCER.

### 10. Where can a woman get a high quality mammogram?

Women can get high quality mammograms in breast clinics, radiology departments of 'hospitals, mobile vans, private radiology offices, and doctors' offices.

Through the Mammography Quality Standards Act, all mammography facilities are required to display certification by the Food and Drug Administration (FDA). To be certified, facilities must meet standards for the equipment they use, the people who work there, and the records they keep. Women should go to an FDA-certified facility and look for the certificate and expiration date. Women can ask their doctors or staff at the mammography facility about FDA-certification before making an appointment. Information about local FDA-certified mammography facilities is available through NCI Cancer Information Service at 1-800-4-CANCER.

### 11. What technologies are under development for breast cancer screening?

The NCI is supporting the development of several new technologies to detect breast tumors. This research ranges from technologies under development in research labs to those that have reached the stage of testing in humans, known as clinical trials.

Efforts to improve conventional mammography include digital mammography, where computers assist in the interpretation of the x-rays. Other studies are aimed at developing teleradiology, sending x-rays electronically, for long-distance clinical consultations. A non-X-ray based technology under development is magnetic resonance imaging (MRI).

In addition to imaging technologies, NCI-supported scientists are exploring methods to detect markers of breast cancer in blood, urine, or nipple aspirates that may serve as early warning signals for breast cancer.

# 12. What studies is NCI supporting to find better ways to prevent and treat breast cancer?

NCI is supporting many studies that are looking for improved prevention and treatment for breast cancer.

• **Basic Research:** Many studies are taking place to identify the causes of breast cancer, including an analysis of the role that alterations in the BRCAI and BRCA2 genes play in the development of cancer. Scientists also are looking

at how these genes interact with other genes and with hormonal, dietary, and environmental factors to determine what influences the development of breast cancer.

- **Prevention:** Researchers are looking for ways to prevent breast cancer in women who are at increased risk. In addition, studies currently under way involving diet, nutrition, and environmental factors could also lead to new prevention strategies.
- **Treatment:** Several studies are aimed at finding treatments for breast cancer that are more effective and less toxic than current methods.

Women who would like more information on cancer prevention, treatment, or screening studies can call NCI's Cancer Information Service at 1-800-4-CANCER.

###

### Sources of National Cancer Institute Information

### **Cancer Information Service**

Toll-free: 1-800-4-CANCER (1-800-422-6237)

TTY: 1-800-332-8615

### NCI Online CancerNet<sup>™</sup>

### Internet

http://rex.nci.nih.gov and http://cancernet.nci.nih.gov gopher://gopher.nih.gov

### CancerMail Service

To obtain a contents list, send E-mail to cancernet@icicc.nci.nih.gov with the word "help" in the body of the message.

### CancerFax® fax on demand service

Dial 301-402-5874 and listen to recorded instructions



# Woman to Woman Lunch & Learn Kit

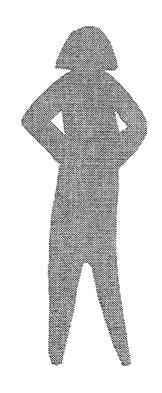


LUNCH & LEARN #2
The Pap Test:
It Could Save Your Life



# **LUNCH AND LEARN #2**

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### **INTRODUCTION**

This guide was prepared by Dana-Farber Cancer Institute as part of the Woman to Woman Program. It was designed to help "Peer Health Advisors" plan and run small group education sessions about breast and cervical cancer at the worksite ("Lunch and Learn"). Although this guide is directed toward Peer Health Advisors, Lunch and Learns can be delivered by any qualified facilitator and this model can be adapted for other women's health topics.

Throughout this guide, you will see references to the "Worksite Coordinator," "Peer Health Advisors," and the "Volunteer Advisory Board members." These terms were used during the implementation of the Woman to Woman Program. Feel free to use terms that are applicable to your worksite. It is important to involve employees, management and union representatives ("Planning Team") in the planning and implementation of the session, and to distribute responsibilities, as appropriate.

### **Contents of This Kit**

There are three sections in this Kit. The first section is a Program Planning Checklist. This checklist will help you to plan and organize each session. The second section contains a Session Guide for teaching about breast and cervical cancer and early detection methods. The outline provides points to cover in the education session, scripted information about breast and cervical cancer and early detection methods, and suggested teaching strategies that can be used in the session. The third section contains Commonly Asked Questions. In this section you will find responses to questions that are frequently asked.



### PLANNING CHECKLIST

It is important that Peer Health Advisors/facilitators work closely as a team with the their fellow employees, including the Worksite Coordinator, Volunteer Advisory Board members or Planning Team, when planning a Lunch and Learn session. The following checklist has been developed to assist you in preparing for this session.

### WHY: Clarify your educational objectives

An educational objective specifies what you want to achieve with this session (e.g., to raise awareness about early detection of breast or cervical cancer). Make sure you define your objectives clearly. Once you have clarified the purpose of holding this session and know what you want to achieve, then you can decide which Lunch and Learn session to present.

### WHAT: Plan the program

Six Kits were developed for the Woman to Woman Program. Each Kit has a slightly different emphasis, although all focus on raising awareness of the importance of breast and cervical cancer screening. The materials and supplies needed in each session are related to the content in the Session Guide and are listed in the "Materials" section of the kit.

### WHO: Define who will be involved in this session

### Identify the audience you hope to reach with this session

Define the audience you want to reach with this session. You may want to reach all employees or a specific group within the organization.

# Identify resources that can assist in planning and implementing the session

Identify individuals in the worksite that can be given a role or specific tasks in planning and conducting the Lunch and Learn sessions.



### WHEN: Choose a date and time

When choosing a date, be sure to allow plenty of time to make the arrangements, publicize the program, and tend to all the details. We suggest that planning begin three to four weeks prior to the date of the session.

Choose a time that will be convenient for most of the people you want to attend. Despite its name, Lunch and Learn isn't just for lunch. You may prefer to offer a session during a morning break or after work. Or you may decide to have a session after staff meetings or some evening at dinner time. Each session is designed to take approximately 20-30 minutes.

### WHERE: Select a location and reserve a room

Select an appropriate place for your program. This will require that you estimate the size of the group that will attend the session. It is best to choose a room where everyone can be comfortably seated and see the Peer Health Advisor/facilitator. If you plan to show a video, make sure that everyone can see the television screen from where they are seated.

Since breast and cervical cancer are sensitive topics for many women, you may want to select a room where there is privacy. Choose a room where there is a door that can be closed, or an area in which people do not circulate.

### HOW: Prepare the session in advance

We recommend that you follow the steps below when planning the session:

### Practice giving the presentation

The Peer Health Advisor/facilitator needs to plan the topics to be presented and make sure that s/he knows the material. The Session Guide provides Peer Health Advisors/facilitators with a script they can use. Presenters may want to practice in front of a co-worker or another Peer Health Advisor the day before the session.

The Peer Health Advisor/facilitator needs to anticipate questions that people may ask during the presentation. For example, when discussing mammograms, women may ask her or him why mammograms are not routinely recommended to women less than 40 years of age. To help prepare for these questions, refer to the



"Commonly Asked Questions" section of this Kit. Suggest that the Peer Health Advisor/facilitator read these in advance or refer to them during the presentation if questions arise. It is perfectly acceptable – and even preferable – for the Peer Health Advisor/facilitator to tell participants that s/he does not know the answer to a question, and offer to get back with an answer later. The goal of this program is to help women learn where they can find their own answers.

Remind the Peer Health Advisor/facilitator that any medical question must be referred to a health care provider.

### Set up the room

Set up the room as early as possible on the day of the session. This will give you time to check on supplies and equipment, and will allow the Peer Health Advisor/facilitator to practice a few times before the presentation. Make certain that there are enough chairs for everyone. You can put handouts on each chair, or you can set handouts on a table near the door so participants can take their own. If you plan to have participants sign-in, make sure to put the sign-in sheet in an accessible place so that participants can sign-in as they come into the room (optional).

### **Arrange for refreshments (optional)**

Work with the Volunteer Advisory Board, other Peer Health Advisors or Planning Team to make arrangements for food and refreshments. Refreshments should be delivered 10-20 minutes prior to the session so that they can be properly arranged.

### Plan for evaluation of the session (optional)

Discuss plans for evaluating Lunch and Learn sessions with the Worksite Coordinator, Volunteer Advisory Board members or Planning Team. In Woman to Woman, after each presentation, Peer Health Advisors asked participants to fill out a Participants' Satisfaction Form. Participants' Satisfaction Forms provide an opportunity for the participants to give Peer Health Advisors or facilitators feedback about the session. This information is very important; it helps determine ways to improve the educational sessions, learn more about topics of interest at the worksite, and ways to direct your promotional efforts at the worksite.

### PROMOTION: Publicize your program

It is very important that you let women in your worksite know



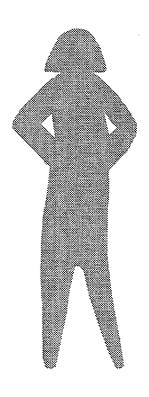
about the session in advance. We suggest that you start to publicize the program at least three weeks before it is held. Speak with the Worksite Coordinator, Volunteer Advisory Board members or Planning Team to determine the best way to publicize the program. Options include informing co-workers by word of mouth, placing notices in worksite or union newsletters or bulletins, or making announcements at staff meetings.

### **INCENTIVES:** Distribute incentives (optional)

Offering incentives for program participation may increase the chances of having a good turnout at the session. There are different types of incentives: food, fun, educational materials or small gifts. Discus the feasibility of distributing incentives to program participants with the Worksite Coordinator, Volunteer Advisory Board members or Planning Team.

Note: "Steps for Planning" are also contained in the Program Manual.

Source: This planning checklist was adapted from the National Cancer Institute's "Speaker's Kit."



### **SESSION OBJECTIVES**

Session Guides are available for each of the Lunch and Learn sessions. You should present all of the major points in the guide at each session. You can decide how much time to spend on each topic. You may choose to emphasize one of the topics (e.g., Pap test) after reviewing the major points covered in the guide. This will depend on the amount of time that you have to run the small group education session, and on the interests of the session participants.

### **Session Objectives**

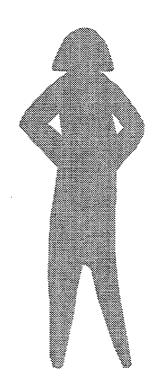
After you review the major points covered in this session guide, the participants in the small group sessions should be able to do the following:

Discuss the importance of early detection of cervical cancer

Name and describe the main methods for early detection of cervical cancer

Identify strategies for maintaining cervical health and for overcoming barriers to screening.

It is important to inform participants that it will not be possible to cover all aspects of women's health or answer all their questions at this session. However, we will work together to find answers to their questions.



### **MATERIALS**

**Promotional Flyers and Posters.** These are used to promote Lunch and Learn sessions. Samples are located in the Program Manual.

Lunch and Learn Kits. These contain Planning Checklists, Session Guides, and Commonly Asked Questions. Kits (like this one) are located in the Lunch and Learn Kits binder.

Flip Charts. These are used in conjunction with the Lunch and Learn Kits. They are located in the Lunch and Learn portfolio provided.

Goal-Setting Cards. These are cards that women who participate in the session fill out during the session as part of the "Setting Goals for Our Health" activity. They are taken home by participants. A sample is located in the Lunch and Learn Kits binder.

**Sign-in Sheets (optional).** These are forms to collect information about the women who participate in the session. Participants signin as they come into the room. A sample is located in the Lunch and Learn Kits binder.

Participants' Satisfaction Forms (optional). These are used to get participants' feedback about the session. Samples are located in the Lunch and Learn Kits binder.

**Educational Brochures.** These are additional resource materials that can be distributed after each session. Discuss which brochures are appropriate for each session and where they may be obtained with the Planning Team.

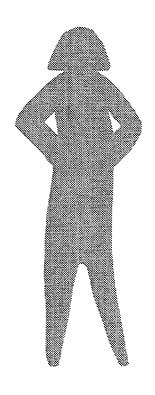
**Incentives (optional).** These are used to increase participation and may include food, gifts, and materials. Discuss which incentives are appropriate for each session and where they may be obtained with the Planning Team.

**Refreshments.** These are used to increase participation and may include food or drinks. Discuss which refreshments are appropriate for each session and where they may be obtained with the Planning Team.

**Equipment (not applicable to** all **sessions).** Equipment may include TV/VCR, overhead projector, slide projector and extension cord. Discuss which equipment is necessary for each session and where it may be obtained with the Planning Team.

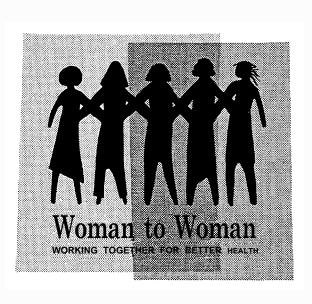


- I. Introductions
- II. Ground Rules
- III. Purpose of this session
- IV. Activity #1: The Importance of Cervical Health
- V. Activity #2: Taking Care of Your Cervical Health
- VI. Activity #3: Getting Screened
- VII. Activity #4: Setting Goals
- VIII. Activity #5: What Questions Do You Have? Where Can We Get More Information?
- IX. Activity #6: Summary
- X. Activity #7: Participants' Satisfaction Forms

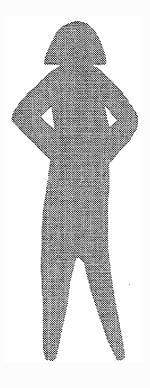


Lunch & Learn #2

Flip Chart #1



# The Pap Test: It Could Save Your Life.



### **SESSION GUIDE**

### **Introductions**

### Start with an introduction:

Welcome everyone to the group and thank them for coming.

### **Tell participants:**

The title of todays session is "The Pap Test: It Could Save Your Life"

Introduce yourself and ask the participants to introduce themselves by saying their name and department. (If everyone already knows one another, you may skip this step).

### If applicable, say:

There is a sign-in sheet for you to write your name and department, and a Participants Satisfaction Form, at each place to complete before you leave the room.

Present Flip Chart #1 which displays the Woman to Woman Program name.

If your worksite is using another name modify accordingly.

### **Tell Participants:**

This session is being offered as part of a larger initiative to educate employees about breast and cervical health.

There are many important women's health issues. The goal of this program is to raise awareness about breast and cervical cancer and the importance of finding these cancers early through screening.

### Describe your role

(i.e., Peer Health Advisor, Guest Speaker, Facilitator):

PHAs role: The role of the PHA is to lead small group education sessions, to distribute resource materials, to provide basic breast and cervical information, to support co-workers on a one-to-one basis, and to work with community organizations to organize educational activities for employees at the worksite.



### Our Ground Rules

- You choose how much to share with the group
- ➤ We respect confidentiality
- ➤ We don't discuss medical advice see your doctor
- We don't have all the answers we're all here to learn
- Time is limited





### **Ground Rules**

### Present Flip Chart #2.

### Inform participants of the ground rules for this session:

You choose how much to share with the group

Participation in this session is voluntary. You decide how much
and what personal information you want to share with the group.

### We respect confidentiality

What is discussed in this room is considered confidential. We ask that you do not repeat the personal stories or experiences that you hear here today unless you have explicit permission to do so. This is very important.

We don't discuss medical advice - see your doctor
This session is NOT designed to provide medical advice or to answer all your questions about breast and cervical cancer. It is designed to raise awareness and stimulate discussion. We will help each other to find the answers to our questions.

We don't have all the answers - we're all here to learn We are not experts; we can learn from one another so, out of respect, each person who chooses to speak may do so without interruption.

### Time is limited

Time is a constraint. We want to cover a lot of material so let's try to stay focused. There will be other sessions to cover more material, and I can help you find more information through community organizations. We encourage you to stay for the entire session, but if you need to leave we understand.

### Other?

Does anyone want to add another ground rule?



# Purpose of this Session

At the end of this session, we will have discussed:

- > Why is early detection of cervical cancer important?
- ➤ What methods are used for early detection of cervical cancer?
- ➤ What would make it easier for women to get screening?



### Purpose of this Session

Present Flip Chart #3.

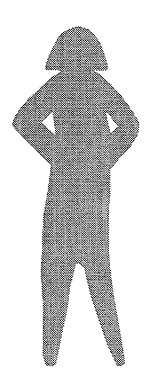
### **Tell Participants:**

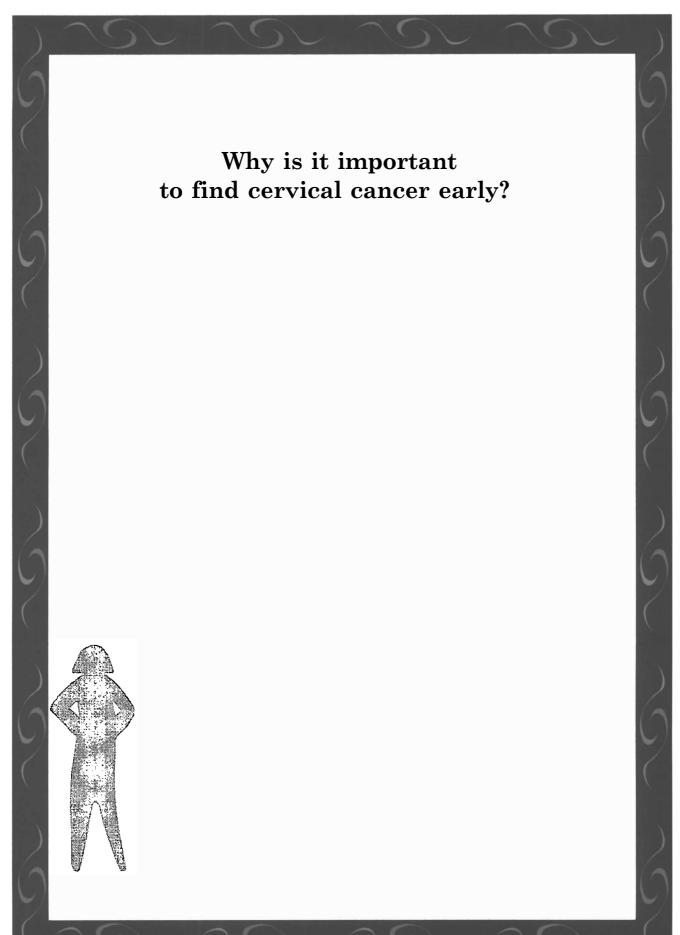
At the end of this session we will have discussed:

Why is early detection of cervical cancer so important?

What methods are used for early detection of cervical cancer?

What would make it easier for women to get screening?





### Activity 1: The Importance of Cervical Health

### Ask participants:

Why is it important to find cervical cancer early?

List responses on Flip Chart #4.

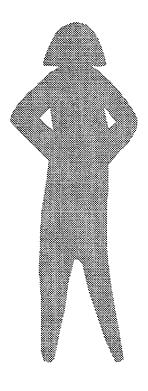
Discuss the implications of finding abnormal changes and/or cervical cancer early versus late.

### **Tell Participants:**

Early detection increases the likelihood that cervical cancer can either be prevented and/or treated successfully.

Women need to continue to get their regular check-ups, including Pap tests. Pap tests can detect cervical cancer in its earliest stages when it can be treated most successfully.

Cervical cancer may be preventable. Women who have regular Pap and pelvic examinations can significantly reduce their risk of getting cervical cancer.



What is the screening test for cervical health?

➤ Pap test with pelvic exam



### Activity #2: Taking Care of Your Cervical Health

### Ask participants:

What is the screening test for cervical health?

Present Flip Chart #5.

### **Tell Participants:**

<u>Pelvic exam:</u> checks for growths in a woman's uterus, vagina, ovaries, fallopian tubes, bladder, and rectum. The doctor feels these organs for any abnormality in their shape or size. A speculum is used to widen the vagina so that the doctor can see the upper part of the vagina and the cervix.

<u>Pap test:</u> examines cells in and around the cervix and can detect changes in the cells before they become cancerous. The Pap test is a simple and usually a painless test.

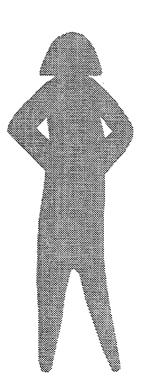
Pelvic exams should always be performed with a Pap test.

Point out to participants that the NCIs brochure: "What You Need To Know About Cancer of the Cervix" depicts a diagram of the cervix on page #2.

### **Tell Participants:**

Now we are going to discuss how often women should get screened.

Source: Adapted from National Cancer Institutes "What You Need To Know About Cancer of the Cervix."



# How often should we have pelvic exams with Pap tests?

For all women age 18 and over, or sexually active:

ACS and NCI recommend:

- ➤ Pelvic exam with Pap test every year
- ➤ After 3 or more normal annual examinations, talk with your doctor about frequency



Present Flip Chart #6.

Present recommendations for pelvic exam with Pap test.

### **Tell Participants:**

How often should we have pelvic exams with Pap tests?

For all women age 18 and over, or sexually active:
The American Cancer Society (ACS) and the National Cancer
Institute (NCI) recommend having pelvic exam with Pap test
every year.

After 3 or more normal annual examinations, you need to talk with your doctor about the recommended frequency of screening.

There is no upper age limit for Pap tests; older women should continue to get screening tests, including a pelvic exam with Pap test.

Women who have had a hysterectomy (an operation to remove the uterus and sometimes the cervix) should discuss having a Pap test with their health care provider.

Women should talk with their health care providers about the most appropriate screening schedule for them.

Sources: Adapted from the American Cancer Society's "Cancer Facts for Women" and "Women Must Take Special Care of Themselves," and from the National Cancer Institute's "What You Need to Know About Cancer of Cervix" and "The Pap Test: It Can Save Your Life."



What are some reasons that women don't get their Pap tests?



### Activity #3: Getting Screened

### Tell participants:

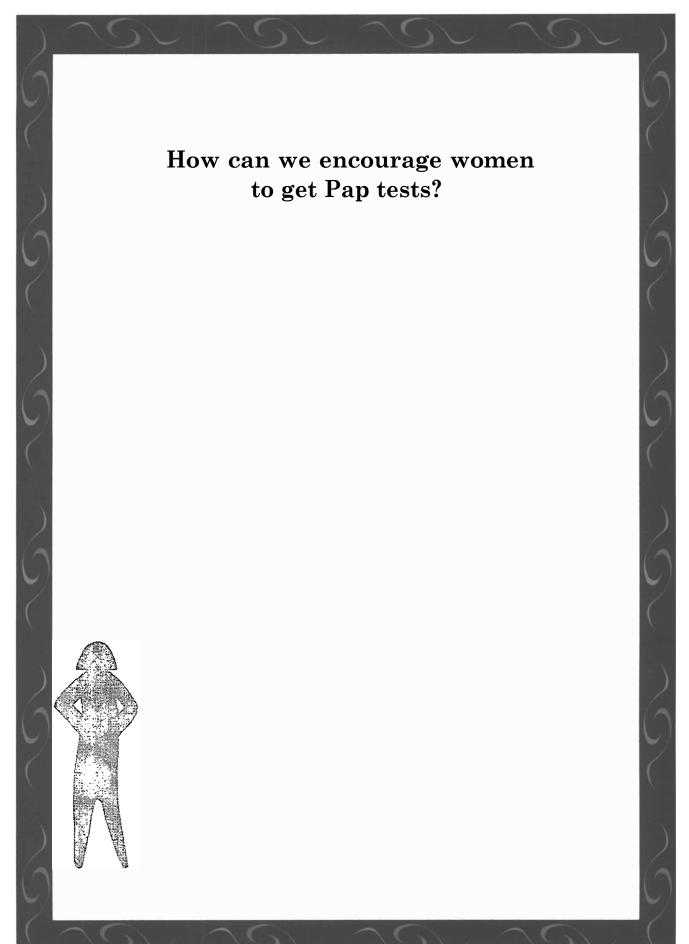
There are things that women can do to take control of their cervical health. We know that cervical cancer may be *preventable*. We know that regular Pap tests can save women's lives. So why are women not getting the recommended screening tests?

### Ask participants:

What are some reasons that women don't get their Pap tests?

Write answers on Flip Chart #7 (Barriers)





#### Ask participants:

"How can we encourage women to get Pap tests? (Strategies to overcome barriers)

#### Write suggestions on Flip Chart #8

#### Refer to these examples, if necessary:

When I forget, I write it on my calendar When I am afraid, I bring a friend to the health clinic When I have concerns, I talk to my doctor

#### **Tell Participants:**

The Pap test is a simple test and is usually painless.

A woman should have this test when she is not menstruating: the best time is between 10 and 20 days after the first day of her menstrual period.

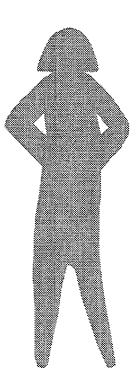
For about 2 days before a Pap test, women should avoid douching or using spermicidal foams, creams, or jellies or vaginal medicines (except as directed by a physician), which may wash away or hide abnormal cells.

A Pap test can be done in a doctor's office or a health clinic.

#### Tell participants:

There are many other steps that women can take to reduce their risk of developing cervical cancer. You can read more about the risk factors for cervical cancer in the NCI brochure: "What You Need To Know About Cancer of the Cervix" on page #25.

Source: Adapted from the National Cancer Institutes "What You Need to Know About Cancer of Cervix."



## **Setting Goals for Our Health**

- ➤ Be realistic
- ➤ Be specific
- ➤ Think: "One step at a time."



#### Activity #4: Setting Goals

#### **Tell Participants:**

We know how hard it is to change our habits. Research shows that when people set goals, they can be more successful in adopting new behaviors or changing old behaviors. Let's talk about how to set goals for our health.

#### Present Flip Chart #9.

#### **Tell Participants:**

Setting goals is a helpful strategy to make permanent changes in screening practices. Effective goals have to:

#### Be realistic

Saying, "I will get a Pap test today," may not be as realistic as saying, "I will discuss the importance of early detection with my doctor and then schedule an appointment to get a Pap."

#### Be specific

Saying, "I will find some way to get to the health center," may not be as specific as saying, "I will call my cousin and have her pick me up at 3pm and drive me to the clinic."

Think: "One step at a time."

Gradual changes are easier to handle, and small steps do add up.

#### **Tell Participants:**

Think of one step you can take in the next month to take care of your cervical health and a reward you can give yourself after achieving your goal (e.g., buy new clothes, go out for dinner or a play, rent a video or get a massage). Write both, the goal and reward, on the goal card provided. You can take the goal card with you; you do not need to share it with others unless you want to.

Source: Adapted from "Eatwell Nutrition Series."



Activity #5: What Questions Do You Have? Where Can We Get More Information?

Ask participants for their questions. Respond to each question as you are able.

#### **Please Note:**

When questions arise that you are not comfortable answering or that were not included in this guide, write them on a separate piece of paper so that you can follow-up. Tell women that you do not know the answers to their questions, but will help them find out where they can go to get answers (e.g. their health care provider, the ACS or NCI toll-free telephone number).

Be sure to follow-up on unanswered questions. You can use the sign-in list to help you locate the individual(s) who require follow-up information. You may want to follow-up with each person individually, or hold another session so that you can follow-up with the group.

Distribute additional materials for this session (if applicable).



## Remember:

- ➤ Cervical cancer is an important health issue for women
- ➤ When found early, cervical cancer may be <u>preventable</u>
- The Pap test with pelvic exam is the main method for finding cervical cancer early
- Talk with your health care provider about how often you should get a Pap test
- ➤ If you have concerns, or symptoms, talk with your health care provider



#### **Activity #6: Summary**

Present Flip Chart #10 with a summary of the main points covered at this session and mention that these main points are on the back of the goal cards.

#### **Tell Participants:**

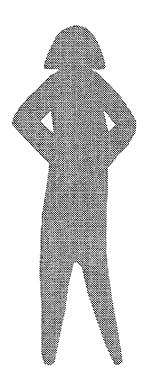
Cervical cancer is an important health issue for women.

When found early, cervical cancer may be preventable.

The pap test with pelvic exam is the main method for finding cervical cancer early.

Talk with your health care provider about how often you should get a Pap test.

If you have health concerns or symptoms, talk with your health care provider.

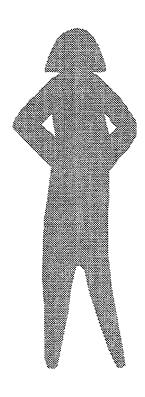


#### Activity #7: Participants' Satisfaction Forms

### **Tell Participants:**

Please complete the anonymous Participants' Satisfaction Forms. Your feedback will help us to improve future educational sessions.

Conduct prize drawing or distribution of incentives.



# COMMONLY ASKED QUESTIONS ABOUT CERVICAL HEALTH

#### "What is a pelvic exam?"

A pelvic exam is when a doctor or nurse examines the vagina, uterus, fallopian tubes, bladder, ovaries and rectum to feel for abnormality in shape or size. During the pelvic exam, a speculum (instrument to open the vagina) is used to widen the opening of the vagina an observe irregularities.

#### "What is a Pap test?"

A Pap test (or Pap smear) is one of the most effective ways to detect changes in the cells of the cervix (the opening of the uterus). The Pap test can show the presence of infection, inflammation, abnormal cells or cancer in the cervix. Pap tests can detect cancer at the cellular level, and the earlier the cells are found, the better are the chances for a successful cure. Cervical cancer is almost completely curable when detected early.

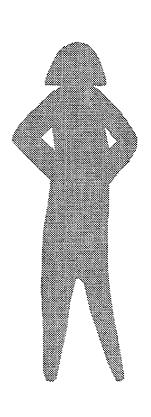
# "I'm too embarrassed to have my doctor give me a pelvic exam and Pap test."

Doctors and nurses are aware that some women may feel embarrassed, especially if this is their first Pap test or pelvic exam. Women can request that a female doctor or nurse perform both exams. It only takes a few minutes to have a pelvic exam with Pap test.

#### "How frequently should I get a pelvic exam with Pap test?"

The American Cancer Society and the National Cancer Institute recommend having pelvic exams with Pap tests every year, starting at age 18 or younger, if sexually active. Pelvic exams with Pap tests can be performed during routine gynecological exams.

After three or more annual examinations with normal findings, you need to talk with your doctor about frequency of screening. Women who have a higher risk of developing cervical cancer or who have been treated for cervical cancer in the past should be examined more often. Discuss screening intervals with your doctor.



#### "Does it hurt to have a Pap test?"

The Pap test may cause discomfort, but it is usually painless. If you have had a painful Pap test in the past you might mention this to the doctor or nurse so she is aware of your experience. During the pap test, the doctor or nurse uses a speculum to examine the cervix and vagina. Then with a small brush or cotton swab the doctor takes a few cells from the surface of the cervix. The cells are then "smeared" on a glass slide and then sent to a lab for examination under a microscope. Results of the Pap test are generally provided between 5 to 7 days after the test.

#### "What if the results of the Pap test are abnormal?"

Once an abnormality is detected in the cervix, follow-up care is extremely important. Most abnormal conditions detected by the Pap test are easily treatable and curable.

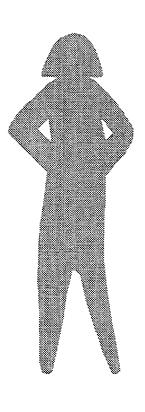
When the results are abnormal, it may be due to inflammation caused by vaginal infection. The doctor may recommend taking medicines or having treatment for the infection. In a few months, another Pap test will be necessary to make sure the infection has disappeared.

Abnormal results can also mean that the cells need to be further investigated with a biopsy. A biopsy is when the doctor removes a sample of tissue to determine the extent of the abnormal change. Many of these changes are caused by Human Papilloma virus or by abnormal cell growth. Although these are not cancerous, over time they may progress to cancer.

If changes in the cervix are cancerous, prompt treatment is required to avoid the cancer from spreading to other parts of the body. Remember, the earlier the diagnosis and treatment of any symptom, the better the chances for cure.

## "I'm not planning in having more children, so do I need a Pap test?"

There is no upper age limit for Pap tests. Older women should continue to have regular pelvic exams with Pap tests-even if they are beginning or gone through menopause. Older women need to discuss frequency of screening with their doctor or nurse.



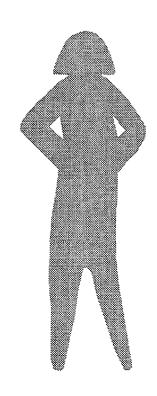
#### "I had a hysterectomy. Do I still need a Pap test?"

A woman who has had an operation to remove the uterus and cervix (hysterectomy) should discuss having a Pap test with their doctor.

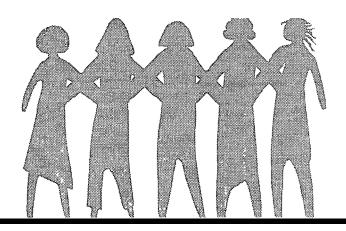
#### "Where can I get a pelvic exam with Pap test?"

Women can get pelvic exams with Pap tests in a doctor's office. In addition, a Planned Parenthood or Family Planning Clinic, Health Clinics (at hospitals, health centers, city health programs) and local Health Departments offer these tests at low cost.

Sources: The above has been adapted from The National Cancer Institute's "What You Need to Know About Cancer of the Cervix" and "The Pap Test: It Can Save Your Life."



Sample materials for Lunch and Learn #2



#### **LUNCH & LEARN #2**

The Pap Test: It Could Save Your Life

#### Remember:

Cervical Cancer is an important health issue for women.

When found early, cervical cancer may be preventable.

Pap tests and pelvic exams are the main ways of finding cervical cancer early.

Talk with your health care provider about how often you should get a Pap test.

If you have health concerns or symptoms, talk with your health care provider.

**Woman to Woman:** is a project of the Dana-Farber Cancer Institute's Center for Community-Based Research, the Service Employees International Union, and your employer. It is funded by the National Cancer Institute, and receives support from the Boston Edison Foundation and New England Electric System.



one	step		iext i take	,	health	is:

## Other steps I can take:



- Talk with a Peer Health Adviser from the Woman to Woman project
- Visit the Woman to Woman Resource Center at my worksite
- Attend another Woman to Woman "Lunch and Learn" session
- Call the Cancer Information Service (1-800-4-CANCER) or American Cancer Society (1-800-ACS-2345) for more information

What
You
Need
To
Know
About

# Cancer of the Cervix



This booklet is about cancer of the cervix. You may have questions about this disease.

Call the Cancer Information Service to talk with someone about cancer of the cervix. The staff can talk with you in English or Spanish.

The number is 1-800-422-6237 (1-800-4-CANCER). The call is free.

Este folleto es acerca de cáncer del cuello del útero. Usted podría tener preguntas acerca de esta enfermedad.

Llame al Servicio de Informatión sobre el Cáncer para hablar con alguien acerca del cáncer del cuello del útero. Este servicio tiene personal que habla español.

El número a llamar es el 1-800-422-6237 (1-800-4-CANCER). La llamada es gratis.

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health

## What You Need To Know About Cancer of the Cervix

ach year, about 15,000 women in the United States learn that they have cancer of the cervix'. This National Cancer Institute (NCI) booklet will give you some important information about cancer of the cervix and about some conditions that may lead to this disease. You can read about prevention, symptoms, diagnosis, and treatment. This booklet also has information to help you deal with cancer of the cervix if it affects you or someone you know.

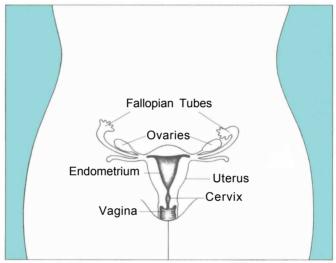
Other NCI booklets are listed on page 37. Our materials cannot answer every question you may have about cancer of the cervix. They cannot take the place of talks with doctors, nurses, and other members of the health care team. We hope our information will help with those talks.

Our knowledge about cancer of the cervix keeps increasing. For up-to-date information, call the NCI-supported Cancer Information Service (CIS) toll free at 1-800-4-CANCER (1-800-422-6237). The CIS is described on page 36.

<sup>\*</sup> Words that may be new to readers are printed in *italics*. Definitions of these and other terms related to cancer of the cervix begin on page 27. For some words, a "sounds-like" spelling is also given.

#### The Cervix

he cervix is the lower, narrow part of the uterus (womb). The uterus, a hollow, pear-shaped organ, is located in a woman's lower *abdomen*, between the *bladder* and the *rectum*. The cervix forms a canal that opens into the *vagina*, which leads to the outside of the body.



This picture shows the uterus, cervix, and other parts of a woman's *reproductive system*.

#### What Is Cancer?

ancer is a group of more than 100 different diseases. They all affect the body's basic unit, the cell. Cancer occurs when cells become abnormal and divide without control or order.

Like all other organs of the body, the cervix is made up of many types of cells. Normally, cells divide

to produce more cells only when the body needs them. This orderly process helps keep us healthy.

If cells keep dividing when new cells are not needed, a mass of *tissue* forms. This mass of extra tissue, called a growth or *tumor*, can be *benign* or *malignant*.

- **Benign tumors** are not cancer. They can usually be removed and, in most cases, they do not come back. Most important, cells from benign tumors do not spread to other parts of the body. Benign tumors are not a threat to life. *Polyps, cysts,* and genital *warts* are types of benign growths of the cervix.
- Malignant tumors are cancer. Cancer cells can invade and damage tissues and organs near the tumor. Cancer cells also can break away from a malignant tumor and enter the *lymphatic system* or the bloodstream. This is how cancer of the cervix can spread to other parts of the body, such as nearby *lymph nodes*, the rectum, the bladder, the bones of the spine, and the lungs. The spread of cancer is called *metastasis*.

Cancer of the cervix also may be called cervical cancer. Like most cancers, it is named for the part of the body in which it begins.\* Cancers of the cervix also are named for the type of cell in which they begin. Most cervical cancers are *squamous cell carcinomas*. Squamous cells are thin, flat cells that form the surface of the cervix.

When cancer spreads to another part of the body, the new tumor has the same kind of abnormal cells

<sup>\*</sup>Cancer of the cervix is different from cancer that begins in other parts of the uterus and requires different treatment. The most common type of cancer of the uterus begins in the *endometrium*, the lining of this organ. Endometrial cancer is discussed in the booklet *What You Need To Know About Cancer of the Uterus*.

and the same name as the original (primary) cancer. For example, if cervical cancer spreads to the bones, the cancer cells in the bones are cervical cancer cells. The disease is called metastatic cervical cancer (it is not bone cancer).

## Precancerous Conditions and Cancer of the Cervix

ells on the surface of the cervix sometimes appear abnormal but not cancerous. Scientists believe that some abnormal changes in cells on the cervix are the first step in a series of slow changes that can lead to cancer years later. That is, some abnormal changes are *precancerous*; they may become cancerous with time.

Over the years, doctors have used different terms to refer to abnormal changes in the cells on the surface of the cervix. One term now used is *squamous intraepithelial* lesion (SIL). (The word lesion refers to an area of abnormal tissue; *intraepithelial* means that the abnormal cells are present only in the surface layer of cells.) Changes in these cells can be divided into two categories:

• Low-grade SIL refers to early changes in the size, shape, and number of cells that form the surface of the cervix. Some low-grade lesions go away on their own. However, with time, others may grow larger or become more abnormal, forming a high-grade lesion (see the next page). Precancerous low-grade lesions also may be called mild *dysplasia* or *cervical intraepithelial neoplasia* 1 (CIN 1). Such early changes in the cervix most often occur in women between the ages of 25 and 35 but can appear in other age groups as well.

• **High-grade SIL** means there are a large number of precancerous cells; they look very different from normal cells. Like low-grade SIL, these precancerous changes involve only cells on the surface of the cervix. The cells will not become cancerous and invade deeper layers of the cervix for many months, perhaps years. High-grade lesions also may be called moderate or severe dysplasia, GIN 2 or 3, or *carcinoma in situ*. They develop most often in women between the ages of 30 and 40 but can occur at other ages as well.

If abnormal cells spread deeper into the cervix or to other tissues or organs, the disease is then called cervical cancer, or *invasive cervical cancer*. It occurs most often in women over the age of 40.

#### **Early Detection**

f all women had pelvic exams and *Pap tests* regularly, most precancerous conditions would be detected and treated before cancer develops. That way, most invasive cancers could be prevented. Any invasive cancer that does occur would likely be found at an early, curable stage.

In a pelvic exam, the doctor checks the uterus, vagina, *ovaries, fallopian tubes,* bladder, and rectum. The doctor feels these organs for any abnormality in their shape or size. A *speculum* is used to widen the vagina so that the doctor can see the upper part of the vagina and the cervix.

The Pap test is a simple, painless test to detect abnormal cells in and around the cervix. A woman should have this test when she is not menstruating; the best time is between 10 and 20 days after the first day of her menstrual period. For about 2 days before a

Pap test, she should avoid douching or using spermicidal foams, creams, or jellies or vaginal medicines (except as directed by a physician), which may wash away or hide any abnormal cells.

A Pap test can be done in a doctor's office or a health clinic. A wooden scraper (spatula) and/or a small brush is used to collect a sample of cells from the cervix and upper vagina. The cells are placed on a glass slide and sent to a medical laboratory to be checked for abnormal changes.

The way of describing Pap test results is changing. The newest method is the Bethesda System. Changes are described as low-grade or high-grade SIL (see pages 4 and 5). Many doctors believe that the Bethesda System provides more useful information than an older system, which uses numbers ranging from class 1 to class 5. (In class 1, the cells in the sample are normal, while class 5 refers to invasive cancer.) Women should ask their doctor to explain the system used for their Pap test.

Women should have regular checkups, including a pelvic exam and a Pap test, if they are or have been sexually active or if they are age 18 or older. Those who are at increased risk of developing cancer of the cervix should be especially careful to follow their doctor's advice about checkups. (A discussion of *risk factors* for cervical cancer begins on page 25.) Women who have had a *hysterectomy* (surgery to remove the uterus, including the cervix) should ask their doctor's advice about having pelvic exams and Pap tests.

#### **Symptoms**

recancerous changes of the cervix usually do **not** cause pain. In fact, they generally do not cause any symptoms and are not detected unless a woman has a pelvic exam and a Pap test.

Symptoms usually do not appear until abnormal cervical cells become cancerous and invade nearby tissue. When this happens, the most common symptom is abnormal bleeding. Bleeding may start and stop between regular menstrual periods, or it may occur after sexual intercourse, douching, or a pelvic exam. Menstrual bleeding may last longer and be heavier than usual. Bleeding after *menopause* also may be a symptom of cervical cancer. Increased vaginal discharge is another symptom of cervical cancer.

These symptoms may be caused by cancer or by other health problems. Only a doctor can tell for sure. It is important for a woman to see her doctor if she is having any of these symptoms.

#### Diagnosis

he pelvic exam and Pap test allow the doctor to detect abnormal changes in the cervix. If these exams show that an infection is present, the doctor treats the infection and then repeats the Pap test at a later time. If the exam or Pap test suggests something other than an infection, the doctor may repeat the Pap test and do other tests to find out what the problem is.

Colposcopy is a widely used method to check the cervix for abnormal areas. The doctor applies a vinegar-like solution to the cervix and then uses an instrument much like a microscope (called a



colposcope) to look closely at the cervix. The doctor may then coat the cervix with an iodine solution (a procedure called the *Schiller test*). Healthy cells turn brown; abnormal cells turn white or yellow. These procedures may be done in the doctor's office.

The doctor may remove a small amount of cervical tissue for examination by a *pathologist*. This procedure is called a *biopsy*. In one type of biopsy, the doctor uses an instrument to pinch off small pieces of cervical tissue. Another method used to do a biopsy is called loop electrosurgical excision procedure (LEEP). In this procedure, the doctor uses an electric wire loop to slice off a thin, round piece of tissue. These types of biopsies may be done in the doctor's office using local *anesthesia*.

The doctor also may want to check inside the opening of the cervix, an area that cannot be seen during colposcopy. In a procedure called *endocervical curettage* (ECC), the doctor uses a curette (a small, spoon-shaped instrument) to scrape tissue from inside the cervical opening.

These procedures for removing tissue may cause some bleeding or other discharge. However, healing usually occurs quickly. Women also often experience some pain similar to menstrual cramping, which can be relieved with medicine.

These tests may not show for sure whether the abnormal cells are present only on the surface of the cervix. In that case, the doctor will then remove a larger, cone-shaped sample of tissue. This procedure, called *conization* or cone biopsy, allows the pathologist to see whether the abnormal cells have invaded tissue beneath the surface of the cervix. Conization also may be used as treatment for a precancerous lesion if the entire abnormal area can be removed. This procedure requires either local or general anesthesia and may be done in the doctor's office or in the hospital.

In a few cases, it may not be clear whether an abnormal Pap test or a woman's symptoms are caused by problems in the cervix or in the endometrium (the lining of the uterus). In this situation, the doctor may do *dilatation and curettage* (D and C). The doctor stretches the cervical opening and uses a curette to scrape tissue from the lining of the uterus as well as from the cervical canal. Like conization, this procedure requires local or general anesthesia and may be done in the doctor's office or in the hospital.

#### Treating Precancerous Conditions

reatment for a precancerous lesion of the cervix depends on a number of factors. These factors include whether the lesion is low or high grade. whether the woman wants to have children in the future, the woman's age and general health, and the preference of the woman and her doctor. A woman with a low-grade lesion may not need further treatment, especially if the abnormal area was completely removed during biopsy, but she should have a Pap test and pelvic exam regularly. When a precancerous lesion requires treatment, the doctor may use cryosurgery (freezing), cauterization (burning, also called *diathermy*), or *laser* surgery to destroy the abnormal area without harming nearby healthy tissue. The doctor also can remove the abnormal tissue by LEEP (see page 8) or conization (see page 9). Treatment for precancerous lesions may cause cramping or other pain, bleeding, or a watery discharge.

In some cases, a woman may have a hysterectomy, particularly if abnormal cells are found inside the opening of the cervix. This surgery is more likely to be done when the woman does not want to have children in the future.

#### Treating Cancer of the Cervix

#### Staging

The choice of treatment for cervical cancer depends on the location and size of the tumor, the stage (extent) of the disease, the woman's age and general health, and other factors.

Staging is a careful attempt to find out whether the cancer has spread and, if so, what parts of the body are affected. Blood and urine tests usually are done. The doctor also may do a thorough pelvic exam in the operating room with the patient under anesthesia. During this exam, the doctor may do procedures called cystoscopy and proctosigmoidoscopy. In cystoscopy, the doctor looks inside the bladder with a thin, lighted instrument. Proctosigmoidoscopy is a procedure in which a lighted instrument is used to check the rectum and the lower part of the large intestine. Because cervical cancer may spread to the bladder, rectum, lymph nodes, or lungs, the doctor also may order *x-rays* or tests to check these areas. For example, the woman may have a series of x-rays of the kidneys and bladder, called an intravenous pyelogram. The doctor also may check the intestines and rectum using a barium enema. To look for lymph nodes that may be enlarged because they contain cancer cells, the doctor may order a CT or CAT scan, a series of x-rays put together by a computer to make detailed pictures of areas inside the body. Other procedures that may be used to check organs inside the body are ultrasonogruphy and MRI.

#### Getting a Second Opinion

Before starting treatment, the patient may want a second pathologist to review the diagnosis and another specialist to review the treatment plan. Some insurance companies require a second opinion; others may cover a second opinion if the patient requests it. It may take a week or two to arrange for a second opinion. This short delay will not reduce the chance that treatment will be successful. There are a number of ways to find a doctor who can give a second opinion:

- The woman's doctor may be able to suggest pathologists and specialists to consult.
- The Cancer Information Service, at 1-800-4-CANCER, can tell callers about treatment facilities, including cancer centers and other programs supported by the National Cancer Institute.
- Women can get the names of specialists from their local medical society, a nearby hospital, or a medical school.

#### **Preparing for Treatment**

Most women with cervical cancer want to learn all they can about their disease and treatment choices so they can take an active part in decisions about their

Here are some questions a woman with cervical cancer may want to ask the doctor before her treatment begins:

- What is the stage (extent) of my disease?
- What are my treatment choices? Which do you recommend for me? Why?
- What are the chances that the treatment will be successful?
- Would a clinical trial appropriate for me?
- What are the risks and possible *side effects* of each treatment?
- How long will treatment last?
- Will it affect my normal activities?
- What is the treatment likely to cost?
- What is likely to happen without treatment?
- How often will I need to have checkups?

medical care. Doctors and others on the medical team can help women learn what they need to know.

When a person is diagnosed with cancer, shock and stress are natural reactions. These feelings may make it difficult for patients to think of everything they want to ask the doctor. Often it helps to make a list of questions. Also, to help remember what the doctor says, patients may take notes or ask whether they may use a tape recorder. Some people also want to have a family member or friend with them when they talk to the doctor—to take part in the discussion, to take notes, or just to listen.

Patients should not feel they need to ask all their questions or remember all the answers at one time. They will have other chances to ask the doctor to explain things and to get more information.



#### Methods of Treatment

Most often, treatment for cervical cancer involves surgery and radiation therapy. Sometimes, chemotherapy or biological therapy is used. Patients are often treated by a team of specialists. The team may include gynecologic oncologists and radiation oncologists. The doctors may decide to use one treatment method or a combination of methods. Some patients take part in a clinical trial (research study) using new treatment methods. Such studies are designed to improve cancer treatment. More information about clinical trials begins on page 17.

**Surgery** is *local therapy* to remove abnormal tissue in or near the cervix. If the cancer is only on the surface of the cervix, the doctor may destroy the cancerous cells in ways similar to the methods used to treat precancerous lesions (see page 10). If the disease has invaded deeper layers of the cervix but has not spread beyond the cervix, the doctor may perform an operation to remove the tumor but leave the uterus and the ovaries. In other cases, however, a woman may need to have a hysterectomy or may choose to have this surgery, especially if she is not planning to have children in the future. In this procedure, the doctor removes the entire uterus, including the cervix; sometimes the ovaries and fallopian tubes also are removed. In addition, the doctor may remove lymph nodes near the uterus to learn whether the cancer has spread to these organs.

Here are some questions a woman may want to ask the doctor before surgery:

- What kind of operation will it be?
- How will I feel after the operation?
- If I have pain, how will you help me?
- When can I return to my normal activities?
- · How will this treatment affect my sex life?

Radiation therapy (also called radiotherapy) uses high-energy rays to damage cancer cells and stop them from growing. Like surgery, radiation therapy is local therapy; the radiation can affect cancer cells only in the treated area. The radiation may come from a large machine (external radiation) or from radioactive materials placed directly into the cervix (implant radiation). Some patients receive both types of radiation therapy.

A woman receiving external radiation therapy goes to the hospital or clinic each day for treatment. Usually treatments are given 5 days a week for 5 to 6 weeks. At the end of that time, the tumor site very often gets an extra "boost" of radiation.

For internal or implant radiation, a capsule containing radioactive material is placed directly in the cervix. The implant puts cancer-killing rays close to the tumor while sparing most of the healthy tissue around it. It is usually left in place for 1 to 3 days, and the treatment may be repeated several times over the course of 1 to 2 weeks. The patient stays in the hospital while the implants are in place.

The National Cancer Institute booklet *Radiation Therapy and* You contains more information about this form of treatment.

Here are some questions a woman may want to ask the doctor before radiation therapy:

- What is the goal of this treatment?
- How will the radiation be given?
- How long will treatment last?
- How will I fee1 during therapy?
- What can I do to take care of myself during therapy?
- Can I continue my normal activities?
- · How will this treatment affect my sex life?

**Chemotherapy** is the use of drugs to kill cancer cells. It is most often used when cervical cancer has spread to other parts of the body. The doctor may use just one drug or a combination of drugs.

Anticancer drugs used to treat cervical cancer may be given by injection into a vein or by mouth. Either way, chemotherapy is *systemic treatment*, meaning that the drugs flow through the body in the bloodstream.

Chemotherapy is given in cycles: a treatment period followed by a recovery period, then another treatment period, and so on. Most patients have chemotherapy as an outpatient (at the hospital, at the doctor's office, or at home). Depending on which drugs are given and the woman's general health, however, she may need to stay in the hospital during her treatment.

Here are some questions a woman may want to ask the doctor before chemotherapy begins:

- What is the goal of this treatment?
- What drugs will I be taking?
- Do the drugs have side effects? What can I do about them?
- How long will I need to take this treatment?

**Biological therapy** is treatment using substances to improve the way the body's immune system fights disease. It may be used to treat cancer that has spread from the cervix to other parts of the body. *Interferon* is the most common form of biological therapy for this disease; it may be used in combination with chemotherapy. Most patients who receive interferon are treated as outpatients.

#### Clinical Trials

ome women with cervical cancer are treated in clinical trials. Doctors conduct clinical trials to find out whether a new treatment is both safe and effective and to answer scientific questions. Patients who take part in these studies may be the first to receive treatments that have shown promise in laboratory research. Some patients may receive the new treatment while others receive the standard approach. In this way, doctors can compare different therapies. Patients who take part in a trial make an important contribution to medical science and may have the first chance to benefit from improved treatment methods.

Clinical trials of new treatments for cervical cancer are under way. Doctors are studying new types and schedules of radiation therapy. They also are looking for new drugs, drug combinations, and ways to combine various types of treatment.

Women with cervical cancer may want to read the National Cancer Institute booklet called *What Are Clinical Trials All About?*, which explains the possible benefits and risks of treatment studies. Those who are interested in taking part in a trial should talk with their doctor.

One way to learn about clinical trials is through PDQ, a computerized resource developed by the National Cancer Institute. This resource contains information about cancer treatment and about clinical trials in progress all over the country. The Cancer Information Service can provide PDQ information to doctors, patients, and the public (see page 36).

#### Side Effects of Treatment

t is hard to limit the effects of therapy so that only cancer cells are removed or destroyed. Because treatment also damages healthy cells and tissues, it often causes unpleasant side effects.

The side effects of cancer treatment depend mainly on the type and extent of the treatment. Also, each patient reacts differently. Doctors and nurses can explain the possible side effects of treatment, and they can help relieve symptoms that may occur during and after treatment. It is important to let the doctor know if any side effects occur. The booklets *Radiation Therapy and* You and *Chemotherapy and You* also have helpful information about cancer treatment and coping with side effects.

#### Surgery

Methods for removing or destroying small cancers on the surface of the cervix are similar to those used to treat precancerous lesions (see page 10). Treatment may cause cramping or other pain, bleeding, or a watery discharge.

Hysterectomy is major surgery. For a few days after the operation, the woman may have pain in her lower abdomen. The doctor can order medicine to control the pain. A woman may have difficulty emptying her bladder and may need to have a *catheter* inserted into the bladder to drain the urine for a few days after surgery. She also may have trouble having normal bowel movements. For a period of time after the surgery, the woman's activities should be limited to allow healing to take place. Normal activities, including sexual intercourse, usually can be resumed in 4 to 8 weeks.

Women who have had their uterus removed no longer have menstrual periods. However, sexual desire and the ability to have intercourse usually are not affected by hysterectomy. On the other hand, many women have an emotionally difficult time after this surgery. A woman's view of her own sexuality may change, and she may feel an emotional loss because she is no longer able to have children. An understanding partner is important at this time. Women may want to discuss these issues with their doctor, nurse, medical social worker, or member of the clergy. They also may find it helpful to read the National Cancer Institute booklet called *Taking Time*.

#### **Radiation Therapy**

Patients are likely to become very tired during radiation therapy, especially in the later weeks of treatment. Resting is important, but doctors usually advise patients to try to stay as active as they can. With external radiation, it is common to lose hair in the treated area and for the skin to become red, dry, tender, and itchy. There may be permanent darkening or "bronzing" of the skin in the treated area. This area should be exposed to the air when possible but protected from the sun, and patients should avoid wearing clothes that rub the treated area. Patients will be shown how to keep the area clean. They should **not** use any lotion or cream on their skin without the doctor's advice.

Usually, women are told not to have intercourse during radiation therapy or while an implant is in place. However, most women can have sexual relations within a few weeks after treatment ends. Sometimes, after radiation treatment, the vagina becomes narrower and less flexible, and intercourse may be painful. Patients may be taught how to use a *dilator* as well as a water-based *lubricant* to help minimize these problems.

Patients who receive external or internal radiation therapy also may have diarrhea and frequent, uncomfortable urination. The doctor can make suggestions or order medicines to control these problems.

#### Chemotherapy

The side effects of chemotherapy depend mainly on the drugs and the doses the patient receives. In addition, as with other types of treatment, side effects vary from person to person. Generally, anticancer drugs affect cells that divide rapidly. These include blood cells, which fight infection, help the blood to clot, or carry oxygen to all parts of the body. When blood cells are affected by anticancer drugs, patients are more likely to get infections, may bruise or bleed easily, and may have less energy. Cells in hair roots and cells that line the digestive tract also divide

rapidly. When chemotherapy affects these cells, patients may lose their hair and may have other side effects, such as poor appetite, nausea, vomiting, or mouth sores. The doctor may be able to give medicine to help with side effects. Side effects gradually go away during the recovery periods between treatments or after treatment is over.

### **Biological Therapy**

The side effects caused by biological therapies vary with the type of treatment the patient receives. These treatments may cause flu-like symptoms such as chills, fever, muscle aches, weakness, loss of appetite, nausea, vomiting, and diarrhea. Sometimes patients get a rash, and they may bleed or bruise easily. These problems can be severe, but they gradually go away after the treatment stops.

### **Nutrition for Cancer Patients**

ome patients find it hard to eat well during cancer treatment. They may lose their appetite. In addition to loss of appetite, the common side effects of treatment, such as nausea, vomiting, or mouth sores, can make eating difficult. For some patients, foods taste different. Also, people may not feel like eating when they are uncomfortable or tired.

Eating well during cancer treatment means getting enough calories and protein to help prevent weight loss and regain strength. Patients who eat well often feel better and have more energy. In addition, they may be better able to handle the side effects of treatment

Doctors, nurses, and dietitians can offer advice for healthy eating during cancer treatment. Patients and their families also may want to read the National Cancer Institute booklet *Eating Hints for Cancer Patients*, which contains many useful suggestions.



### Followup Care

egular followup exams-including a pelvic exam, a Pap test, and other laboratory tests-are very important for any woman who has been treated for precancerous changes or for cancer of the cervix. The doctor will do these tests and exams frequently for several years to check for any sign that the condition has returned.

Cancer treatment may cause side effects many years later. For this reason, patients should continue to have regular checkups and should report any health problems that appear.

### Support for Cancer Patients

iving with a serious disease is not easy. Cancer patients and those who care about them face many problems and challenges. Coping with these problems is often easier when people have helpful information and support services. Several useful booklets, including the National Cancer Institute booklet *Taking Time*, are available from the Cancer Information Service.

Cancer patients may worry about holding their job, caring for their family, keeping up with daily activities, or starting a new relationship. Worries about tests, treatments, hospital stays, and medical bills are common. Doctors, nurses, and other members of the health care team can answer questions about treatment, working, or other activities. Also, meeting with a social worker, counselor, or member of the clergy can be helpful to patients who want to talk about their feelings or discuss their concerns.

Friends and relatives can be very supportive. Also, it helps many patients to discuss their concerns with others who have cancer. Cancer patients often get together in support groups, where they can share what they have learned about coping with cancer and the effects of treatment. It is important to keep in mind, however, that each patient is different. Treatments and ways of dealing with cancer that work for one person may not be right for another-even if they both have

the same kind of cancer. It is always a good idea to discuss the advice of friends and family members with the doctor

Often, a social worker at the hospital or clinic can suggest groups that can help with rehabilitation, emotional support, financial aid, transportation, or home care. For example, the American Cancer Society has many services for patients and their families. They also offer many free booklets, including one on sexuality and cancer. Local offices of the American Cancer Society are listed in the white pages of the telephone directory. More information about this organization begins on page 36.

In addition, the public library has many books and articles on living with cancer. The Cancer Information Service also has information on local resources.

### What the Future Holds

he outlook for women with precancerous changes of the cervix or very early cancer of the cervix is excellent; nearly all patients with these conditions can be cured. Researchers continue to look for new and better ways to treat invasive cervical cancer

Patients and their families are naturally concerned about what the future holds. Sometimes patients use statistics to try to figure out their chances of being cured. It is important to remember, however, that statistics are averages based on large numbers of patients. They cannot be used to predict what will happen to a particular woman because no two patients are alike; treatments and responses vary greatly. The doctor who takes care of the patient and knows her medical history is in the best position to talk with her about her chance of recovery (prognosis).

Doctors often talk about surviving cancer, or they may use the term *remission* rather than cure. Although many women with cervical cancer recover completely, doctors use these terms because the disease can recur. (The return of cancer is called a recurrence.)

### Cause and Prevention

y studying large numbers of women all over the world, researchers have identified certain risk factors that increase the chance that cells in the cervix will become abnormal or cancerous. They believe that, in many cases, cervical cancer develops when two or more risk factors act together.

Research has shown that women who began having sexual intercourse before age 18 and women who have had many sexual partners have an increased risk of developing cervical cancer. Women also are at increased risk if their partners began having sexual intercourse at a young age, have had many sexual partners, or were previously married to women who had cervical cancer.

Scientists do not know exactly why the sexual practices of women and their partners affect the risk of developing cervical cancer. However, research suggests that some sexually transmitted *viruses* can cause cells in the cervix to begin the series of changes that can lead to cancer. Women who have had many sexual partners or whose partners have had many sexual partners may have an increased risk for cervical cancer at least in part because they are more likely to get a sexually transmitted virus.

Scientists are studying the effects of sexually transmitted *human papillomaviruses* (HPVs). Some sexually transmitted HPVs cause genital warts *(condylomata acuminata)*. In addition, scientists

believe that some of these viruses may cause the growth of abnormal cells in the cervix and may play a role in cancer development. They have found that women who have HPV or whose partners have HPV have a higher-than-average risk of developing cervical cancer. However, most women who are infected with HPV do not develop cervical cancer, and the virus is not present in all women who have this disease. For these reasons, scientists believe that other factors act together with HPVs. For example, the genital herpesvirus also may play a role. Further research is needed to learn the exact role of these viruses and how they act together with other factors in the development of cervical cancer.

Smoking also increases the risk of cancer of the cervix, although it is not clear exactly how or why. The risk appears to increase with the number of cigarettes a woman smokes each day and with the number of years she has smoked.

Women whose mothers were given the drug diethylstilbestrol (DES) during pregnancy to prevent miscarriage also are at increased risk. (This drug was used for this purpose from about 1940 to 1970.) A rare type of vaginal and cervical cancer has been found in a small number of women whose mothers used DES.

Several reports suggest that women whose immune system is weakened are more likely than others to develop cervical cancer. For example, women who have the human immunodeficiency virus (HIV), which causes AIDS, are at increased risk. Also, organ transplant patients, who receive drugs that suppress the immune system to prevent rejection of the new organ, are more likely than others to develop precancerous lesions.

Some researchers believe that there is an increased risk of cervical cancer in women who use oral

contraceptives (the pill). However, scientists have not found that the pill directly causes cancer of the cervix. This relationship is hard to prove because the two main risk factors for cervical cancer-intercourse at an early age and multiple sex partners-may be more common among women who use the pill than among those who do not. Still, oral contraceptive labels warn of this possible risk and advise women who use them to have yearly Pap tests.

Some research has shown that vitamin A may play a role in stopping or preventing cancerous changes in cells like those on the surface of the cervix. Further research with forms of vitamin A may help scientists learn more about preventing cancer of the cervix.

At present, early detection and treatment of precancerous tissue remain the most effective ways of preventing cervical cancer. Information about early detection appears in the section that begins on page 5. Women should talk with their doctor about an appropriate schedule of checkups. The doctor's advice will be based on such factors as the women's age, medical history, and risk factors.

### **Medical Terms**

**Abdomen** (AB-do-men): The part of the body that contains the stomach, intestines, liver, reproductive organs, and other organs.

*Anesthesia* (an-es-THEE-zha): Loss of feeling or awareness. A local anesthetic causes loss of feeling in a part of the body. A general anesthetic puts the person to sleep.

**Barium enema:** A series of x-rays of the lower intestine. The x-rays are taken after the patient is given an enema with a white, chalky solution that contains barium. The barium outlines the intestines on the x-rays.

**Benign** (be-NINE): Not cancerous; does not invade nearby tissue or spread to other parts of the body.

**Biological therapy** (by-o-LOJ-i-kul): Treatment to stimulate or restore the ability of the immune system to fight infection and disease. Also called immunotherapy.

**Biopsy** (BY-op-see): The removal of a sample of tissue that is then examined under a microscope to check for cancer cells.

Bladder: The hollow organ that stores urine.

**Cancer:** A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissues and can spread through the bloodstream and lymphatic system to other parts of the body.

*Carcinoma* (kar-si-NO-ma): Cancer that begins in the lining or covering of an organ.

*Carcinoma in situ* (kar-si-NO-ma in SY-too): Cancer that involves only the cells in which it began and that has not spread to other tissues.

*Catheter* (KATH-e-ter): A flexible tube that is placed in a body cavity to insert or withdraw fluids.

**Cauterization** (kaw-ter-i-ZAY-shun): The use of heat to destroy abnormal cells. Also called diathermy or electrodiathermy.

Cervical intraepithelial neoplasia (SER-vi-kul in-trae-pi-THEEL-ee-ul NEE-o-play-zha): A general term for the growth of abnormal cells on the surface of the cervix. Numbers from 1 to 3 may be used to describe how much of the cervix contains abnormal cells. Also called CIN

*Cervix* (SER-viks): The lower, narrow end of the uterus that forms a canal between the uterus and the vagina.

**Chemotherapy** (kee-mo-THER-a-pee): Treatment with anticancer drugs.

Clinical trials: Medical research studies conducted with volunteers. Each study is designed to answer scientific questions and to find better ways to prevent or treat cancer.

**Colposcopy** (kul-POSS-ko-pee): A procedure in which a lighted magnifying instrument (called a colposcope) is used to examine the vagina and cervix.

**Condylomata acuminata** (kon-di-LOW-ma-ta a-kyoo-mi-NA-ta): Genital warts caused by certain human papillomaviruses.

**Conization** (ko-ni-ZAY-shun): Surgery to remove a cone-shaped piece of tissue from the cervix and cervical canal. Conization may be used to diagnose or treat a cervical condition. Also called cone biopsy.

*Cryosurgery* (KRY-o-SER-jer-ee): Treatment performed with an instrument that freezes and destroys abnormal tissue

**CT** or **CAT scan:** A series of detailed pictures of areas inside the body created by a computer linked to an x-ray machine. Also called computed tomography scan or computed axial tomography scan.

Cyst (sist): A sac or capsule filled with fluid.

*Cystoscopy* (sist-OSS-ko-pee): A procedure in which the doctor inserts a lighted instrument into the urethra (the tube leading from the bladder to the outside of the body) to look at the bladder.

**Diathermy** (DIE-a-ther-mee): The use of heat to destroy abnormal cells. Also called cauterization or electrodiathermy.

**Diethylstilbestrol** (die-ETH-ul-stil-BES-trol): A drug that was once widely prescribed to prevent miscarriage. Also called DES.

**Dilatation and curettage** (dil-a-TAY-shun and kyoo-re-TAZH): A minor operation in which the cervix is dilated (expanded) so that the cervical canal and tissue from the uterine lining can be scraped with a spoon-shaped instrument called a curette. Also called D and C.

**Dilator** (DIE-lay-tor): A device used to stretch or enlarge an opening.

**Douching** (DOO-shing): Using water or a medicated solution to clean the vagina and cervix.

*Dysplasia* (dis-PLAY-zha): Abnormal cells that are not cancer.

**Endocervical curettage** (en-do-SER-vi-kul kyoo-re-TAZH): The removal of tissue from the inside of the cervix using a spoon-shaped instrument called a curette.

**Endometrium** (en-do-MEE-tree-um): The layer of tissue that lines the uterus.

*Fallopian tubes* (fa-LO-pee-in): Tubes on each side of the uterus through which an egg moves from the ovaries to the uterus.

*Gynecologic oncologists* (guy-ne-ko-LA-jik on-KOL-o-jists): Doctors who specialize in treating cancers of the female reproductive organs.

*Herpesvirus* (HER-peez-VY-rus): A member of the herpes family of viruses. One type of herpesvirus is sexually transmitted and causes sores on the genitals.

**Hormones:** Chemicals produced by glands in the body. Hormones control the actions of certain cells or organs.

Human papillomaviruses (pap-i-LOW-ma-VY-rus-ez): Viruses that generally cause warts. Some papillomaviruses are sexually transmitted. Some of these sexually transmitted viruses cause wartlike growths on the genitals, and some are thought to cause abnormal changes in cells of the cervix.

*Hysterectomy* (hiss-ter-EK-to-mee): An operation in which the uterus and cervix are removed.

*Interferon* (in-ter-FEER-on): A type of biological therapy, treatment that can improve the body's natural response to disease. It slows the rate of growth and division of cancer cells, causing them to become sluggish and die.

*Intraepithelial* (in-tra-e-pi-THEEL-ee-ul): Within the layer of cells that forms the surface or lining of an organ.

**Intravenous pyelogram** (in-tra-VEE-nus PIE-el-ogram): A series of x-rays of the kidneys and bladder. The x-rays are taken after a dye that shows 'up on x-ray film is injected into a vein. Also called IVP.

*Invasive cervical cancer:* Cancer that has spread from the surface of the cervix to tissue deeper in the cervix or to other parts of the body.

*Laser* (LAY-zer): A powerful beam of light used in some types of surgery to cut or destroy tissue.

*Lesion* (LEE-zhun): An area of abnormal tissue change.

**Local therapy:** Treatment that affects cells in a tumor and the area close to it.

**Lubricant** (LOO-bri-kant): An oily or slippery substance. A vaginal lubricant may be helpful for women who feel pain during intercourse because of vaginal dryness.

**Lymph** (limf): The almost colorless fluid that travels through the lymphatic system and carries cells that help fight infections and other diseases.

**Lymph nodes:** Small, bean-shaped organs located along the channels of the lymphatic system. Bacteria or cancer cells that enter the lymphatic system may be found in the nodes. Also called lymph glands.

**Lymphatic system** (lim-FAT-ik): The tissues and organs, including the bone marrow, spleen, thymus, and lymph nodes, that produce and store cells that fight infections and other diseases. The channels that carry lymph also are part of this system.

*Malignant* (ma-LIG-nant): Cancerous; can spread to other parts of the body.

*Menopause* (MEN-o-pawz): The time in a woman's life when menstrual periods permanently stop. Also called "change of life."

*Metastasis* (meh-TAS-ta-sis): The spread of cancer from one part of the body to another. Cells that have metastasized are like those in the original (primary) tumor

**MRI:** A procedure that uses a magnet linked to a computer to create pictures of areas inside the body. Also called magnetic resonance imaging.

*Neoplusia* (nee-o-PLAY-zha): Abnormal new growth of cells.

*Oncologist* (on-KOL-o-jist): A doctor who specializes in treating cancer.

**Ovaries** (O-va-reez): The pair of female reproductive glands in which the ova, or eggs, are formed. The ovaries are located in the lower abdomen, one on each side of the uterus.

**Pup test:** Examination of a sample of cells collected from the cervix and the vagina. Also called Pap smear.

**Pathologist** (pa-THOL-o-jist): A doctor who identifies diseases by studying cells and tissues under a microscope.

**Pelvis:** The lower part of the abdomen between the hip bones. Organs in a female's pelvis include the uterus, vagina, ovaries, fallopian tubes, bladder, and rectum.

**Polyp:** A mass of tissue that develops on the inside wall of a hollow organ.

**Precancerous:** Not cancerous, but may become cancerous with time.

**Proctosigmoidoscopy** (PROK-to-sig-moid-OSS-ko-pee): An examination of the rectum and the lower part of the colon using a thin, lighted instrument called a sigmoidoscope.

**Prognosis** (prog-NO-sis): The probable outcome or course of a disease; the chance of recovery.

**Radiation oncologist** (ray-dee-AY-shun on-KOL-o-jist): A doctor who specializes in using radiation to treat cancer.

**Radiation therapy** (ray-dee-AY-shun THER-a-pee): Treatment with high-energy rays to kill cancer cells. External radiation is the use of a machine to aim high-energy rays at the cancer. Internal radiation therapy is the placement of radioactive material inside the body as close as possible to the cancer.

**Rectum:** The last 6 to 8 inches of the large intestine. The rectum stores solid waste until it leaves the body through the anus.

**Remission:** Disappearance of the signs and symptoms of cancer. When this happens, the disease is said to be "in remission." A remission can be temporary or permanent.

**Reproductive system:** In women, the organs that are directly involved in producing eggs and in conceiving and carrying babies.

**Risk factor:** Something that increases the chance of developing a disease.

**Schiller test** (SHIL-er): A test in which iodine is applied to the cervix. The iodine colors healthy cells brown; abnormal cells remain unstained, usually appearing white or yellow.

*Side effects:* Problems that occur when treatment affects healthy cells. Common side effects of cancer treatment are fatigue, nausea, vomiting, decreased blood cell counts, hair loss, and mouth sores.

**Speculum** (SPEK-yoo-lum): An instrument used to spread the vagina open so that the cervix can be seen.

Squamous cell carcinoma (SKWAY-mus): Cancer that begins in squamous cells, which are thin, flat cells resembling fish scales. Squamous cells are found in the tissue that forms the surface of the skin, the lining of the hollow organs of the body, and the passages of the respiratory and digestive tracts.

**Squamous intraepithelial lesion** (SKWAY-mus intra-e-pi-THEEL-ee-ul LEE-zhun): A general term for the abnormal growth of squamous cells on the surface of the cervix. The changes in the cells are described as low grade or high grade, depending on how much of the cervix is affected and how abnormal the cells are. Also called SIL.

**Staging:** Doing exams and tests to learn the extent of the cancer, especially whether it has spread from its original site to other parts of the body.

Surgery: An operation.

**Systemic treatment:** Treatment that reaches and affects cells all over the body.

**Tissue:** A group or layer of cells that together perform a specific function.

**Tumor:** An abnormal mass of tissue.

*Ultrasonography:* A test in which sound waves (called ultrasound) are bounced off tissues and the echoes are converted into a picture (sonogram).

*Ureters* (yoo-REE-terz): The tubes that carry urine from each kidney to the bladder.

*Uterus* (YOO-ter-us): The small, hollow, pear-shaped organ in a woman's pelvis. This is the organ in which an unborn child develops. Also called the womb.

*Vagina* (va-JINE-a): The muscular canal between the uterus and the outside of the body.

*Viruses* (VY-rus-ez): Small living particles that can infect cells and change how the cells function. Infection with a virus can cause a person to develop symptoms. The disease and symptoms that are caused depend on the type of virus and the type of cells that are infected.

*Wart:* A raised growth on the surface of the skin or other organ.

*X-rays:* High-energy radiation used in low doses to diagnose disease and in high doses to treat cancer.

### Resources

nformation about cancer is available from many sources, including the ones listed below. You may wish to check for additional information at your local library or bookstore and from support groups in your community.

### **Cancer Information Service**

The Cancer Information Service, a program of the National Cancer Institute, provides a nationwide telephone service for cancer patients and their families and friends, the public, and health care professionals. The staff can answer questions in English or Spanish and can send free National Cancer Institute booklets about cancer. They also know about local resources and services. One toll-free number, 1-800-4-CANCER (1-800-422-6237), connects callers all over the country with the office that serves their area.

### **American Cancer Society**

The American Cancer Society is a voluntary organization with local units all over the country. It supports research, conducts educational programs, and offers many services to patients and their families. It provides free booklets on cervical cancer and sexuality. To obtain information about services and activities in local areas, call the Society's toll-free number, 1-800-ACS-2345 (1-800-227-2345), or the number listed under American Cancer Society in the white pages of the telephone book.

### Other Booklets

ational Cancer Institute printed materials, including the booklets listed below, are available free of charge by calling 1-800-4-CANCER.

### **Booklets About the Pap Test**

- The Pap Test: It Can Save Your Life
- Having a Pelvic Exam and Pap Test
- Questions and Answers About the Pap Smear
- La Prueba Pap (The Pap Test-written in Spanish)

### **Booklets About Cancer Treatment**

- Radiation Therapy and You: A Guide to Self-Help During Treatment
- Chemotherapy and You: A Guide to Self-Help During Treatment
- Eating Hints for Cancer Patients
- Questions and Answers About Pain Control (also available from the American Cancer Society)
- What Are Clinical Trials All About?

### **Booklets About Living With Cancer**

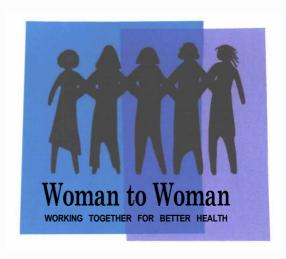
- Taking Time: Support for People With Cancer and the People Who Care About Them
- Facing Forward: A Guide for Cancer Survivors
- When Cancer Recurs: Meeting the Challenge Again
- Advanced Cancer: Living Each Day

This booklet was written and published by the National Cancer Institute (NCI), 9000 Rockville Pike, Bethesda, MD 20892.

The NCI is the U.S. Government's main agency for cancer research and information about cancer. The NCI's publications are free. They may be copied or reproduced without written permission.



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## Woman to Woman Lunch & Learn Kit



LUNCH & LEARN #3

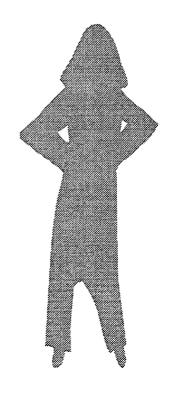
Ready, Set, GOAL!

Setting Goals for Success



### **LUNCH AND LEARN #3**

## Ready, Set, GOAL! Setting Goals for Success



### **LUNCH AND LEARN #3**

## Ready, Set, GOAL! Setting Gods for Success

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Planning Checklist
Session Objectives
Materials
Agenda
Session Guide
Commonly Asked Questions about Setting Goals

# Cody, Set, Goal! Setting Coals for Success



### **INTRODUCTION**

This guide was prepared by Dana-Farber Cancer Institute as part of the Woman to Woman Program. It was designed to help "Peer Health Advisors" plan and run small group education sessions about breast and cervical cancer at the worksite ("Lunch and Learn"). Although this guide is directed toward Peer Health Advisors, Lunch and Learns can be delivered by any qualified facilitator and this model can be adapted for other women's health topics.

Throughout this guide, you will see references to the "Worksite Coordinator," "Peer Health Advisors," and the "Volunteer Advisory Board members." These terms were used during the implementation of the Woman to Woman Program. Feel free to use terms that are applicable to your worksite. It is important to involve employees, management and union representatives ("Planning Team") in the planning and implementation of the session, and to distribute responsibilities, as appropriate.

### **Contents of This Kit**

There are three sections in this Kit. The first section is a Program Planning Checklist. This checklist will help you to plan and organize each session. The second section contains a Session Guide for teaching about breast and cervical cancer and early detection methods. The outline provides points to cover in the education session, scripted information about breast and cervical cancer and early detection methods, and suggested teaching strategies that can be used in the session. The third section contains Commonly Asked Questions. In this section you will find responses to questions that are frequently asked.



### PLANNING CHECKLIST

It is important that Peer Health Advisors/facilitators work closely as a team with the their fellow employees, including the Worksite Coordinator, Volunteer Advisory Board members or Planning Team, when planning a Lunch and Learn session. The following checklist has been developed to assist you in preparing for this session.

### WHY: Clarify your educational objectives

An educational objective specifies what you want to achieve with this session (e.g., to raise awareness about early detection of breast or cervical cancer). Make sure you define your objectives clearly. Once you have clarified the purpose of holding this session and know what you want to achieve, then you can decide which Lunch and Learn session to present.

### WHAT: Plan the program

Six Kits were developed for the Woman to Woman Program. Each Kit has a slightly different emphasis, although all focus on raising awareness of the importance of breast and cervical cancer screening. The materials and supplies needed in each session are related to the content in the Session Guide and are listed in the "Materials" section of the kit.

### WHO: Define who will be involved in this session

### Identify the audience you hope to reach with this session

Define the audience you want to reach with this session. You may want to reach all employees or a specific group within the organization.

## Identify resources that can assist in planning and implementing the session

Identity individuals in the worksite that can be given a role or specific tasks in planning and conducting the Lunch and Learn sessions.



### WHEN: Choose a date and time

When choosing a date, be sure to allow plenty of time to make the arrangements, publicize the program, and tend to all the details. We suggest that planning begin three to four weeks prior to the date of the session.

Choose a time that will be convenient for most of the people you want to attend. Despite its name, Lunch and Learn isn't just for lunch. You may prefer to offer a session during a morning break or after work. Or you may decide to have a session after staff meetings or some evening at dinner time. Each session is designed to take approximately 20-30 minutes.

### WHERE: Select a location and reserve a room

Select an appropriate place for your program. This will require that you estimate the size of the group that will attend the session. It is best to choose a room where everyone can be comfortably seated and see the Peer Health Advisor/facilitator. If you plan to show a video, make sure that everyone can see the television screen from where they are seated.

Since breast and cervical cancer are sensitive topics for many women, you may want to select a room where there is privacy. Choose a room where there is a door that can be closed, or an area in which people do not circulate.

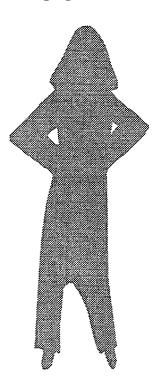
### HOW: Prepare the session in advance

We recommend that you follow the steps below when planning the session:

### Practice giving the presentation

The Peer Health Advisor/facilitator needs to plan the topics to be presented and make sure that s/he knows the material. The Session Guide provides Peer Health Advisors/facilitators with a script they can use. Presenters may want to practice in front of a co-worker or another Peer Health Advisor the day before the session.

The Peer Health Advisor/facilitator needs to anticipate questions that people may ask during the presentation. For example, when discussing mammograms, women may ask her or him why mammograms are not routinely recommended to women less than 40 years of age. To help prepare for these questions, refer to the



## Zannino Checklist

"Commonly Asked Questions" section of this Kit. Suggest that the Peer Health Advisor/facilitator read these in advance or refer to them during the presentation if questions arise. It is perfectly acceptable - and even preferable - for the Peer Health Advisor/facilitator to tell participants that s/he does not know the answer to a question, and offer to get back with an answer later. The goal of this program is to help women learn where they can find their own answers.

Remind the Peer Health Advisor/facilitator that any medical question must be referred to a health care provider.

### Set up the room

Set up the room as early as possible on the day of the session. This will give you time to check on supplies and equipment, and will allow the Peer Health Advisor/facilitator to practice a few times before the presentation. Make certain that there are enough chairs for everyone. You can put handouts on each chair, or you can set handouts on a table near the door so participants can take their own. If you plan to have participants sign-in, make sure to put the sign-in sheet in an accessible place so that participants can sign-in as they come into the room (optional).

### **Arrange for refreshments (optional)**

Work with the Volunteer Advisory Board, other Peer Health Advisors or Planning Team to make arrangements for food and refreshments. Refreshments should be delivered 10-20 minutes prior to the session so that they can be properly arranged.

### Plan for evaluation of the session (optional)

Discuss plans for evaluating Lunch and Learn sessions with the Worksite Coordinator, Volunteer Advisory Board members or Planning Team. In Woman to Woman, after each presentation, Peer Health Advisors asked participants to fill out a Participants' Satisfaction Form. Participants' Satisfaction Forms provide an opportunity for the participants to give Peer Health Advisors or facilitators feedback about the session. This information is very important; it helps determine ways to improve the educational sessions, learn more about topics of interest at the worksite, and ways to direct your promotional efforts at the worksite.

### PROMOTION: Publicize your program

It is very important that you let women in your worksite know



## DANDING CICCKIST

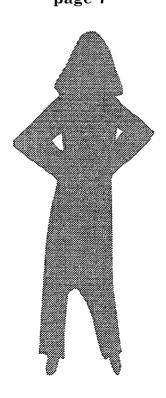
about the session in advance. We suggest that you start to publicize the program at least three weeks before it is held. Speak with the Worksite Coordinator, Volunteer Advisory Board members or Planning Team to determine the best way to publicize the program. Options include informing co-workers by word of mouth, placing notices in worksite or union newsletters or bulletins, or making announcements at staff meetings.

### **INCENTIVES:** Distribute incentives (optional)

Offering incentives for program participation may increase the chances of having a good turnout at the session. There are different types of incentives: food, fun, educational materials or small gifts. Discus the feasibility of distributing incentives to program participants with the Worksite Coordinator, Volunteer Advisory Board members or Planning Team.

## Note: "Steps for Planning" are also contained in the Program Manual.

Source: This planning checklist was adapted from the National Cancer Institute's "Speaker's Kit."



### **SESSION OBJECTIVES**

Session Guides are available for each of the Lunch and Learn sessions. You should present all of the major points in the guide at each session. You can decide how much time to spend on each topic. You may choose to emphasize one of the topics (e.g., how to set goals) after reviewing the major points covered in the guide. This will depend on the amount of time that you have to run the small group education session, and on the interests of the session participants.

### **Session Objectives**

After you review the major points covered in this session guide, the participants in the small group sessions should be able to do the following:

Discuss how setting a goal can help make changes

Discuss how to set goals

Discuss the importance of reviewing goals

Discuss the importance of feedback and rewards

Discuss how to get support form family and friends

It is important to inform participants that it will not be possible to cover all aspects of women's health or answer all their questions at this session. However, we will work together to find answers to their questions.



### **MATERIALS**

**Promotional Flyers and Posters.** These are used to promote Lunch and Learn sessions. Samples are located in the Program Manual.

**Lunch and Learn Kits.** These contain Planning Checklists, Session Guides, and Commonly Asked Questions. Kits (like this one) are located in the Lunch and Learn Kits binder.

**Flip Charts.** These are used in conjunction with the Lunch and Learn Kits. They are located in the Lunch and Learn portfolio provided.

Goal-Setting Cards. These are cards that women who participate in the session fill out during the session as part of the "Setting Goals for Our Health" activity. They are taken home by participants. A sample is located in the Lunch and Learn Kits binder.

**Sign-in Sheets (optional).** These are forms to collect information about the women who participate in the session. Participants signin as they come into the room. A sample is located in the Lunch and Learn Kits binder.

**Participants' Satisfaction Forms (optional). These** are used to get participants' feedback about the session. Samples are located in the Lunch and Learn Kits binder.

**Educational Brochures.** These are additional resource materials that can be distributed after each session. Discuss which brochures are appropriate for each session and where they may be obtained with the Planning Team.

**Incentives (optional).** These are used to increase participation and may include food, gifts, and materials. Discuss which incentives are appropriate for each session and where they may be obtained with the Planning Team.

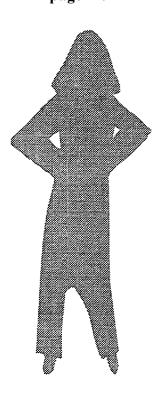
**Refreshments.** These are used to increase participation and may include food or drinks. Discuss which refreshments are appropriate for each session and where they may be obtained with the Planning Team.

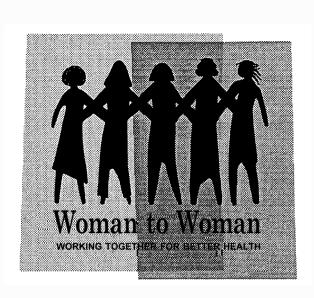
**Equipment (not applicable to all sessions).** Equipment may include TV/VCR, overhead projector, slide projector and extension cord. Discuss which equipment is necessary for each session and where it may be obtained with the Planning Team.



### **AGENDA**

- I. Introductions
- II. Ground Rules
- III. Purpose of this Session
- IV. Activity #1: Have You Reached Your Goals?
- V. Activity #2: Goal Setting
- VI. Activity #3: Setting Health Goals
- VII. Activity #4: What Questions Do You Have? Where Can We Get More Information?
- VIII. Activity #5: Summary
- IX. Activity #6: Participants' Satisfaction Forms





## Ready Set, GOAL! Setting Goals for Success



### **SESSION GUIDE**

### Introductions

### Start with an introduction:

Welcome everyone to the group and thank them for coming.

### **Tell participants:**

The title of today's session is "Ready, Set, GOAL! Setting Goals for Success."

Introduce yourself and ask the participants to introduce themselves by saying their name and department. (If everyone already knows one another, you may skip this step).

### If applicable, say:

There is a sign-in sheet for you to write your name and department, and a Participants' Satisfaction Form at each place to complete before you leave the room.

Present Flip Chart #1 which displays the Woman to Woman Program name. If your worksite is using another name modify accordingly.

### **Tell Participants:**

This session is being offered as part of a larger initiative to educate employees about breast and cervical health.

There are many important women's health issues. The goal of this program is to raise awareness about breast and cervical cancer and the importance of finding these cancers early through screening.

### Describe your role

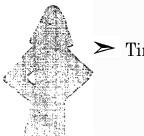
(i.e., Peer Health Advisor, Guest Speaker, Facilitator):

PHA's role: The role of the PHA is to lead small group education sessions, to distribute resource materials, to provide basic breast and cervical information, to support co-workers on a one-to-one basis, and to work with community organizations to organize educational activities for employees at the worksite.



### **Our Ground Rules**

- > You choose how much to share with the group
- > We respect confidentiality
- > We don't discuss medical advice see your doctor
- > We don't have all the answers we're all here to learn



➤ Time is Limited

> Other?

### **Ground Rules**

### Present Flip Chart #2.

### Inform participants of the ground rules for this session:

You choose how much to share with the group Participation in this session is *voluntary*. You decide how much and what personal information you want to share with the group.

### We respect confidentiality

What is discussed in this room should be considered *confidential*. We ask that you do not repeat the personal stories or experiences that you hear here today unless you have explicit permission to do so. This is very important.

We don't discuss medical advice - see your doctor
This session is NOT designed to provide medical advice or to
answer all your questions about breast and cervical cancer. It is
designed to raise awareness and stimulate discussion. We will
help each other to find the answers to our questions.

We don't have all the answers - we're all here to learn
Out of *respect*, each person who chooses to speak may do so without interruption.

### Time is limited

Time is a constraint. We want to cover a lot of material so let's try to stay focused. There will be other sessions to cover more material, and I can help you find more information through community organizations. We encourage you to stay for the entire session, but if you need to leave we understand.

### Other?

Does anyone want to add another ground rule?



## Purpose of this Session

At the end of this session, we will have discussed:

- How setting a goal can help us make changes
- ➤ How to set goals
- The importance of reviewing goals
- The importance of feedback and rewards
- > Getting support from family and friends



### **Purpose of this Session**

Present Flip Chart #3.

### **Tell Participants:**

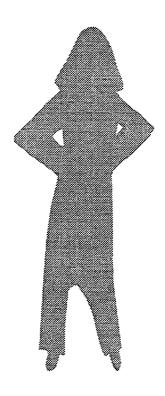
At the end of this session, we will have discussed how setting a goal can help us make changes. We will discuss:

How to set goals

The importance of reviewing our goals

The importance of feedback and rewards

Getting support from family and friends



### Activity #1: Have You Reached Your Health Goals?

### Tell participants:

It seems like everyone has set a health goal at some point in his or her life. Many of us have not reached those goals, and that's understandable - reaching goals is not an easy task.

Achieving goals is an ongoing process. During this process, it is helpful to stop and reflect on how you are doing. The steps you take to reach your goals may determine whether you are successful

In this session, we are going to talk about strategies for setting and reaching our goals. If you want to make a change in your health, research shows that setting goals makes it much more likely that you will achieve it.

### Ask participants:

How many of you have set goals for your health?

### Allow participants to respond by raising hands.

Would anyone like to share the reasons why you were able to meet your goal?

### Allow participants to respond.

Would anyone be willing to share the reasons why you were not able to meet your goal?

### Allow participants to respond.

Please Note: Usually, participants like to share their experiences. However, if no one is willing to share in this activity, the PHA/facilitator should be prepared to talk about an experience of her own or give examples.



- > Start when you are ready
- ➤ Plan realistically
- > Review your progress
- > Reward yourself
- ➤ Don't give up



### **Activity #2: Goal Setting**

### **Tell participants:**

All your comments are important, and they relate to what research has shown. (If participants have not shared their goals, you can move to the next point).

Research has shown that to effectively reach a goal involves being ready, planning realistically, reviewing our progress, being persistent, and rewarding yourself along the way.

### Present Flip Chart #4.

### **Tell Participants:**

Let's review in more detail the strategies involved in reaching goals:

### Start when you are ready

Before setting goals, you need to know that you are ready. It is important to set expectations only when you are ready to take action. If you are not ready to make a big change, start with a small one.

### Plan realistically

Try to set goals that are not too high - which can be discouraging - and not too low - some degree of challenge is good for motivation. Aim for the middle ground, being realistic about what you can accomplish, but still giving yourself a challenge.

Try to set goals that are specific. It's hard to take action on goals that are vague. For example, your general goal might be, "I will take care of my health." To make that more specific, you could decide: "I'm going to stay on schedule with my routine checkups."

Try thinking in smaller steps to get to your goal. Taking it step by step makes the process more manageable, and you're more likely to succeed.



### Review your progress

Once you have taken a few steps, stop and review your progress. If you are not reaching your goal, you may need to plan more realistically. Be flexible; make whatever adjustments you need. If you are close to achieving your goal, congratulate yourself!

### Reward yourself

Small rewards after each step you achieve will help you maintain your commitment to your goal. Setting goals and rewarding your achievements is one way of taking care of yourself.

### Don't give up

To achieve a goal, you have to make a commitment. Sometimes you need to try more than once. But keep on going. Try to learn from your experience and seek support from family and friends.

Source: Based on Strecher, VJ., Seijts, G.H., et al. (1995). *Goal Setting as a Strategy for Health Behavior Change*, Health Education Quarterly, vol 22(2): 190-200 (May 1995).



### Activity #3: Setting Health Goals

### Tell participants:

We have just reviewed the strategies involved with goal setting. In the next activity, we would like to focus on some of these strategies.

### Distribute goal-cards.

### **Tell participants:**

Think of a health-related goal for yourself. Write your goal in the space provided on the Goal Card:

### My goal

Now, think about the steps that will help you achieve your goal. For instance, if your goal is, "I want to be up-to-date on my cervical cancer screening", you might consider these steps in achieving your goal:

I need to find out when my last Pap test was done

I need to discuss with my doctor how often I need to get a Pap test

I need to call the doctor's office to find out this information

If I am due for a Pap test, I need to call to make the appointment

Write your steps in the space provided:

Now that you have a realistic plan of action, let's talk about ways to get support from a friend to achieve this plan.

### Divide into pairs.

Share your goal and plan of action (steps) with your partner.

Ask your partner to think of one way that she could help you achieve your goal.

Include that step on your Goal Card.



For instance, using the example above, your friend could remind you to make the call to the doctor's office.

### Return to the larger group.

### Ask participants:

Think of a reward for yourself once you achieve your goal.

Write the reward in the space provided:

### My reward

### Ask participants:

Would anyone like to share with the larger group your goal, steps for reaching your goal, and how your partner is planning to help you reach your goal?

Allow participants to respond.

If participants do not share goals on breast and cervical health, PHA/facilitators will remind participants that getting regular screening tests is part of taking care of our overall health.

Please Note: Again, if participants do not wish to share this information, PHA/facilitators will respect their decision. As an example, the Peer Health Advisor can share a goal of her own.



Activity #4: What Questions Do You Have? Where Can We Get More Information?

Ask participants for their questions. Respond to each question as you are able.

Please Note: [Do not read to participants]

When questions arise that you are not comfortable answering or that were not included in this guide, write them on a separate piece of paper so that you can follow-up. Tell women that you do not know the answers to their questions, but will help them find out where they can go to get answers (e.g. their health care provider, the ACS or NCI toll-free telephone number).

Be sure to follow-up on unanswered questions. You can use the sign-in list to help you locate the individual(s) who require follow-up information. You may want to follow-up with each person individually, or hold another session so that you can follow-up with the group.

Distribute additional materials for this session, (if applicable).



# If you want to make a change... setting a goal can help you achieve it.

### Remember:

- > Start when you are ready: you know when you are ready
- ➤ Plan realistically: breaking your goal into small steps makes the process manageable
- ➤ Review your progress on an ongoing basis
- > Don't give up on your first try



Your best reward is to know that you have achieved your goal

### **Activity #5: Summary**

Present Flip Chart #5 with a summary of the main points covered at this session and mention that these main points are on the back of the goal cards.

### **Tell Participants:**

If you want to make a change...setting a goal can help you achieve it

When setting goals for your health, remember:

Start when you are ready

Plan realistically: break your goal into smaller steps to make it more manageable

Review your progress and make adjustments; be flexible!

Changing health habits takes time and commitment. Get support from family and friends and reward yourself for making small changes.

### Remember:

Give yourself rewards as you meet your goals, and don't forget the sweet reward of success!

Don't give up! Step back, take a break - but keep on going. You can do it.



### Activity #6: Participants' Satisfaction Forms

### **Tell Participants:**

Please complete the anonymous Participants' Satisfaction Forms. Explain that their feedback will help us to improve future educational sessions.

Conduct prize drawing or distribution of incentives.

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# COMMONLY ASKED QUESTIONS ABOUT SETTING GOALS

Why a Lunch and Learn session on goal setting—if this is a program on breast and cervical health?"

One of the main objectives of this program is to educate women about the importance of early detection. It is our hope that through this session, we can provide women with strategies to take charge of their health. Research has shown that setting goals is a helpful method to make health changes. For instance, setting goals can help women stay on schedule with health check-ups.

### "How do I know when I am ready to make a change?"

Being ready is something personal. It is when you decide to make a change in your life, and plan to take action. For example, you are ready to take care of your cervical health when you understand the importance of early detection and are committed to taking action.

### "What if I am motivated to reach my goal, but I have to attend to other obligations?"

Being motivated is key in achieving goals, but sometimes you may face unexpected circumstances that limit your ability to reach your goal. For instance, if you have an appointment to get a Pap but your child gets sick, you may have to prioritize and take your child to the doctor, rather than getting your Pap test. If something unexpected comes up, it is okay to re-set or change your goal; just schedule another appointment. Being flexible will help you to reach your goal.

### "What do you mean by 'getting feedback'?"

Setting and reaching goals is not an instant activity - it is a process. Feedback is a way to gather information along the way. The information you gather helps to direct your decisions and actions. For example, if your goal is to get a mammogram, but your insurance company does not cover screening, don't stop yourself from having a mammogram. Rather, gather information on where you can get a free or low-cost mammogram. Peer Health Advisor can help.

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### "What are appropriate rewards for achieving goals?"

The person setting the goal should choose his/her own reward. There is, however, no reward like the satisfaction of knowing that you have achieved your own goal.

### "What is the average length of time to reach goal?"

There is no average length of time to reach a goal. Reaching goals is an individual experience which depends on the person, her level of motivation and commitment, the change she is trying to make, and the support she gets for making the change.

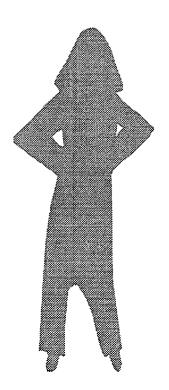
### "What do you mean by 'seeking support from family and friends'? It is my own goal!"

Others may be able to help you achieve your goals. Family members or friends can remind, redirect, encourage, or reinforce your actions. For example, family and friends can remind you to schedule an appointment to get a Pap test, or can accompany you to the clinic if you are nervous about getting a Pap test.

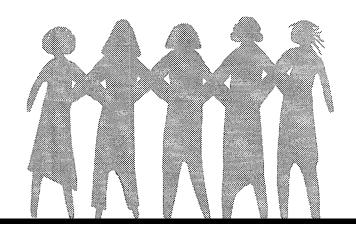
### "What if my health goal differs from what my health care provider recommends?"

It is important to discuss any changes or new goals that you establish for yourself with your health care provider.

Source: Based on Strecher, VJ., Seijts, G.H., et al. (1995). *Goal Setting as a Strategy for Health Behavior change*, Health Education Quarterly, vol 22 (2): 190-200 (May 1995).



Sample materials for Lunch and Learn #3



### LUNCH & LEARN #3

Ready, Set, GOAL! Setting Goals for Success

If you want to make a change, setting a goal will help you achieve it.

### Remember:

Start when you are ready.

Plan realistically.

Review your progress.

Don't give up!

Reward yourself.

Woman to Woman: is a project of the Dana-Farber Cancer Institute's Center for Community-Based Research, the Service Employees International Union, and your employer. It is funded by the National Cancer Institute, and receives support from the Boston Edison Foundation and New England Electric System.

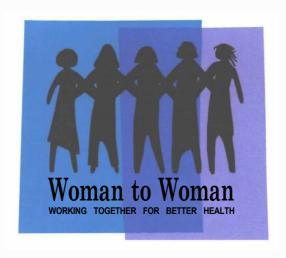


My goal:	
Steps:	
My reward:	

### Other steps I can take:



- Talk with a Peer Health Adviser from the Woman to Woman project
- Visit the Woman to Woman Resource Center at my worksite
- Attend another Woman to Woman "Lunch and Learn" session
- Call the Cancer Information Service (1-800-4-CANCER) or American Cancer Society (1-800-ACS-2345)
   for more information



# Woman to Woman Lunch & Learn Kit



LUNCH & LEARN #4

Building a Partnership

with your Health Care Provider



### **LUNCH AND LEARN #4**

# Building a Partnership with your Health Care Provider



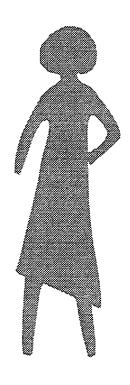
### **LUNCH AND LEARN #4**

# Building a Partnership with your Health Care Provider

### **CONTENTS**

Introduction	3
Planning Checklist	4
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Agenda	10
Session Guide	11
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# VIN YOUR HOUTH CARE PROVIDEN



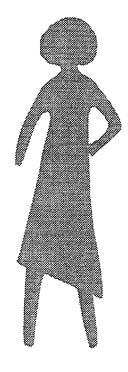
### **INTRODUCTION**

This guide was prepared by Dana-Farber Cancer Institute as part of the Woman to Woman Program. It was designed to help "Peer Health Advisors" plan and run small group education sessions about breast and cervical cancer at the worksite ("Lunch and Learn"). Although this guide is directed toward Peer Health Advisors, Lunch and Learns can be delivered by any qualified facilitator and this model can be adapted for other women's health topics.

Throughout this guide, you will see references to the "Worksite Coordinator," "Peer Health Advisors," and the "Volunteer Advisory Board members." These terms were used during the implementation of the Woman to Woman Program. Feel free to use terms that are applicable to your worksite. It is important to involve employees, management and union representatives ("Planning Team") in the planning and implementation of the session, and to distribute responsibilities, as appropriate.

### **Contents of This Kit**

There are three sections in this Kit. The first section is a Program Planning Checklist. This checklist will help you to plan and organize each session. The second section contains a Session Guide for teaching about breast and cervical cancer and early detection methods. The outline provides points to cover in the education session, scripted information about breast and cervical cancer and early detection methods, and suggested teaching strategies that can be used in the session. The third section contains Commonly Asked Questions. In this section you will find responses to questions that are frequently asked.



### PLANNING CHECKLIST

It is important that Peer Health Advisors/facilitators work closely as a team with their fellow employees, including the Worksite Coordinator, Volunteer Advisory Board members or Planning Team, when planning a Lunch and Learn session. The following checklist has been developed to assist you in preparing for this session.

### WHY: Clarify your educational objectives

An educational objective specifies what you want to achieve with this session (e.g., to raise awareness about early detection of breast or cervical cancer). Make sure you define your objectives clearly. Once you have clarified the purpose of holding this session and know what you want to achieve, then you can decide which Lunch and Learn session to present.

### WHAT: Plan the program

Six Kits were developed for the Woman to Woman Program. Each Kit has a slightly different emphasis, although all focus on raising awareness of the importance of breast and cervical cancer screening. The materials and supplies needed in each session are related to the content in the Session Guide and are listed in the "Materials" section of the kit.

### WHO: Define who will be involved in this session

### Identify the audience you hope to reach with this session

Define the audience you want to reach with this session. You may want to reach all employees or a specific group within the organization.

## Identify resources that can assist in planning and implementing the session

Identify individuals in the worksite that can be given a role or specific tasks in planning and conducting the Lunch and Learn sessions



### WHEN: Choose a date and time

When choosing a date, be sure to allow plenty of time to make the arrangements, publicize the program, and tend to all the details. We suggest that planning begin three to four weeks prior to the date of the session.

Choose a time that will be convenient for most of the people you want to attend. Despite its name, Lunch and Learn isn't just for lunch. You may prefer to offer a session during a morning break or after work. Or you may decide to have a session after staff meetings or some evening at dinner time. Each session is designed to take approximately 20-30 minutes.

### WHERE: Select a location and reserve a room

Select an appropriate place for your program. This will require that you estimate the size of the group that will attend the session. It is best to choose a room where everyone can be comfortably seated and see the Peer Health Advisor/facilitator. If you plan to show a video, make sure that everyone can see the television screen from where they are seated.

Since breast and cervical cancer are sensitive topics for many women, you may want to select a room where there is privacy. Choose a room where there is a door that can be closed, or an area in which people do not circulate.

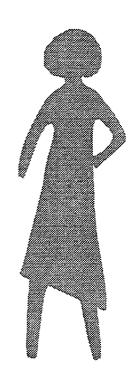
### **HOW:** Prepare the session in advance

We recommend that you follow the steps below when planning the session:

### Practice giving the presentation

The Peer Health Advisor/facilitator needs to plan the topics to be presented and make sure that s/he knows the material. The Session Guide provides Peer Health Advisors/facilitators with a script they can use. Presenters may want to practice in front of a co-worker or another Peer Health Advisor the day before the session.

The Peer Health Advisor/facilitator needs to anticipate questions that people may ask during the presentation. For example, when discussing mammograms, women may ask her or him why mammograms are not routinely recommended to women less than 40 years of age. To help prepare for these questions, refer to the



"Commonly Asked Questions" section of this Kit. Suggest that the Peer Health Advisor/facilitator read these in advance or refer to them during the presentation if questions arise. It is perfectly acceptable — and even preferable — for the Peer Health Advisor/facilitator to tell participants that s/he does not know the answer to a question, and offer to get back with an answer later. The goal of this program is to help women learn where they can find their own answers.

Remind the Peer Health Advisor/facilitator that any medical question must be referred to a health care provider.

### Set up the room

Set up the room as early as possible on the day of the session. This will give you time to check on supplies and equipment, and will allow the Peer Health Advisor/facilitator to practice a few times before the presentation. Make certain that there are enough chairs for everyone. You can put handouts on each chair, or you can set handouts on a table near the door so participants can take their own. If you plan to have participants sign-in, make sure to put the sign-in sheet in an accessible place so that participants can sign-in as they come into the room (optional).

### **Arrange for refreshments (optional)**

Work with the Volunteer Advisory Board, other Peer Health Advisors or Planning Team to make arrangements for food and refreshments. Refreshments should be delivered 10-20 minutes prior to the session so that they can be properly arranged.

### Plan for evaluation of the session (optional)

Discuss plans for evaluating Lunch and Learn sessions with the Worksite Coordinator, Volunteer Advisory Board members or Planning Team. In Woman to Woman, after each presentation, Peer Health Advisors asked participants to fill out a Participants' Satisfaction Form. Participants' Satisfaction Forms provide an opportunity for the participants to give Peer Health Advisors or facilitators feedback about the session. This information is very important; it helps determine ways to improve the educational sessions, learn more about topics of interest at the worksite, and ways to direct your promotional efforts at the worksite.

### PROMOTION: Publicize your program

It is very important that you let women in your worksite know



about the session in advance. We suggest that you start to publicize the program at least three weeks before it is held. Speak with the Worksite Coordinator, Volunteer Advisory Board members or Planning Team to determine the best way to publicize the program. Options include informing co-workers by word of mouth, placing notices in worksite or union newsletters or bulletins, or making announcements at staff meetings.

### **INCENTIVES: Distribute incentives (optional)**

Offering incentives for program participation may increase the chances of having a good turnout at the session. There are different types of incentives: food, fun, educational materials or small gifts. Discuss the feasibility of distributing incentives to program participants with the Worksite Coordinator, Volunteer Advisory Board members or Planning Team.

Note: "Steps for Planning" are also contained in the Program Manual.

Source: This planning checklist was adapted from the National Cancer Institute's "Speaker's Kit."



### **SESSION OBJECTIVES**

Session Guides are available for each of the Lunch and Learn sessions. You should present all of the major points in the guide at each session. You can decide how much time to spend on each topic. You may choose to emphasize one of the topics (e.g., how to communicate effectively with your health care provider) after reviewing the major points covered in the guide. This will depend on the amount of time that you have to run the small group education session, and on the interests of the session participants.

### **Session Objectives**

After you review the major points covered in this session guide, the participants in the small group sessions will have discussed:

The importance of building a partnership with your health care provider

Strategies to improve communication with your health care provider

It is important to inform participants that it will not be possible to cover all aspects of women's health or answer all their questions at this session. However, we will work together to find answers to their questions.



### **MATERIALS**

**Promotional Flyers and Posters.** These are used to promote Lunch and Learn sessions. Samples are located in the Program Manual.

**Lunch and Learn Kits.** These contain Planning Checklists, Session Guides, and Commonly Asked Questions. Kits (like this one) are located in the Lunch and Learn Kits binder.

Flip Charts. These are used in conjunction with the Lunch and Learn Kits. They are located in the Lunch and Learn portfolio provided.

**Goal-Setting Cards.** These are cards that women who participate in the session fill out during the session as part of the "Setting Goals for Our Health" activity. They are taken home by participants. They are located in the Lunch and Learn Kits binder.

**Sign-in Sheets (optional).** These are forms to collect information, about the women who participate in the session. Participants signin as they come into the room. A sample is-located in the Lunch and Learn Kits binder.

Participants' Satisfaction Forms (optional). These are used to get participants' feedback about the session. Samples are located in the Lunch and Learn Kits binder.

**Educational Brochures.** These are additional resource materials that can be distributed after each session. Discuss which brochures are appropriate for each session and where they may be obtained with the Planning Team.

**Incentives (optional).** These are used to increase participation and may include food, gifts, and materials. Discuss which incentives are appropriate for each session and where they may be obtained with the Planning Team.

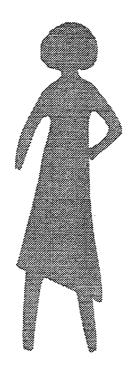
**Refreshments.** These are used to increase participation and may include food or drinks. Discuss which refreshments are appropriate for each session and where they may be obtained with the Planning Team.

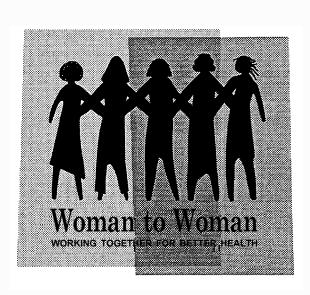
**Equipment (not applicable to all sessions).** Equipment may include TV/VCR, overhead projector, slide projector and extension cord. Discuss which equipment is necessary for each session and where it may be obtained with the Planning Team.



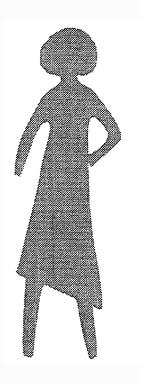
### **AGENDA**

- I. Introductions
- II Ground Rules
- III. Purpose of this Session
- IV. Activity #1: Patient— Health Care Provider Relationships
- V. Activity #2: Martha's Story
- VI. Activity #3: Building a Partnership with Your Health Care Provider
- VII. Activity #4: What Questions Do You Have? Where Can We Get More Information?
- VIII. Activity #5: Summary
- IX. Activity #6: Participants' Satisfaction Forms





# Building a Partnership with your Health Care Provider



### **SESSION GUIDE**

### Introductions

### Start with an introduction:

Welcome everyone to the group and thank them for coming.

### Tell participants:

The title of today's session is "Building a Partnership with Your Health Care Provider."

Introduce yourself and ask the participants to introduce themselves by saying their name and department. (If everyone already knows one another, you may skip this step).

### If applicable, say:

There is a sign-in sheet for you to write your name and department, and a Participants' Satisfaction Form at each place to complete before you leave the room.

Present Flip Chart #1 which displays the Woman to Woman Program name. If your worksite is using another name modify accordingly.

### **Tell Participants:**

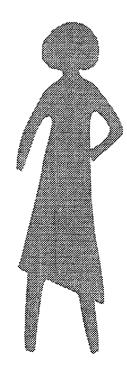
This session is being offered as part of a larger initiative to educate employees about breast and cervical health.

Tell participants that there are many important women's health issues. The goal of this program is to raise awareness about breast and cervical cancer and the importance of finding these cancers early through screening.

### Describe your role

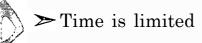
(i.e., Peer Health Advisor, Guest Speaker, Facilitator):

PHA's role: The role of the PHA is to lead small group education sessions, to distribute resource materials, to provide basic breast and cervical information, to support co-workers on a one-to-one basis, and to work with community organizations to organize educational activities for employees at the worksite.



### **Our Ground Rules**

- > You choose how much to share with the group
- > We respect confidentiality
- > We don't discuss medical advice see your doctor
- ➤ We focus on what YOU can do with your health care provider
- > We don't have all the answers we're all here to learn



➤ Other?

### **Ground Rules**

Present Flip Chart #2.

### Inform participants of the ground rules for this session:

You choose how much to share with the group Participation in this session is *voluntary*. You decide how much and what personal information you want to share with the group.

### We respect confidentiality

What is discussed in this room is considered *confidential*. We ask that you do not repeat the personal stories or experiences that are shared here today, unless the person who told the story tells you directly that you have explicit permission to do so. This is very important.

### We don't discuss medical advice - see your doctor

This session is NOT designed to provide *medical advice* or to answer all your questions about breast and cervical cancer. It is designed to raise awareness and to encourage discussion. We will help each other to find the answers to our questions.

We focus on what YOU can do with your health care provider During this session, rather than focusing on your provider, we will discuss strategies YOU can use for improving your relationship with you health care provider.

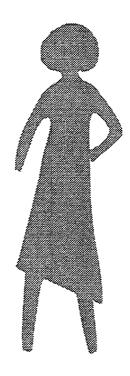
We don't have all the answers - we're all here to learn
We are not experts; but we can learn from one another. We 
respect each person's contribution, and whoever chooses to speak
may do so without interruption.

### Time is limited

*Time* is a constraint. We want to cover a lot of material so let's try to stay focused. There will be other sessions to cover more material, and I can help you find more information through community organizations. We encourage you to stay for the entire session, but if you need to leave we understand.

### Other?

Does anyone want to add another ground rule?



### Purpose of this Session

At the end of this session, we will have discussed:

- The importance of building a partnership with your health care provider
- > Strategies to improve-communication with your health care provider



### Purpose of this Session

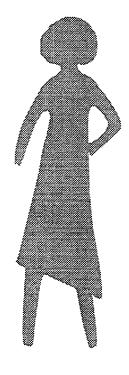
Present Flip Chart #3.

### Tell participants:

At the end of the session we will have discussed:

The importance of building a partnership with your health care provider

Strategies to improve communication with your health care provider



### Activity #1: Patient—Health Care Provider Relationships

### Tell participants:

Maintaining good health often requires that you work in partnership with your health care provider. Good partnerships are based on good communication. Communication is a two-way street, where both people share a common goal and contribute their own views and ideas. In this session, we are going to talk about strategies for building a partnership and improving communication with your health care provider.

When we visit the health care provider, we may be anxious about symptoms, experiencing pain or feeling fearful. These emotions—while very understandable—can make communication difficult. Even when you are not anxious and see the health care provider for a routine visit, good communication is important.

You have the right and responsibility to take an active role in your health, share in medical decisions and be satisfied with the care you receive. If you and your health care provider work together as a team, chances are you will feel more satisfied with your care.

### Ask participants:

How many of you have left the health care provider's office saying: "I should have asked this or said that..."?

Allow participants to respond by raising hands.

### **Tell Participants:**

Most of us have felt this way at one time or another. But there are things we can do to improve communication.



### **Activity #2: Martha's Story**

### **Tell participants:**

In this activity, we would like to share a story about Martha's visit to her health care provider. After reading the story, we will discuss Martha's interaction and communication with her health care provider.

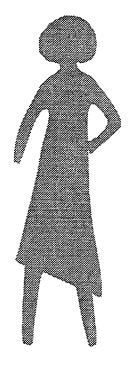
### Distribute story handouts.

Ask for a volunteer to read Martha's story aloud (If there are no volunteers, PHA reads).

Martha just visited her health care provider for a yearly physical. The health care clinic was very busy, and Martha felt rushed during her visit.

The health care provider asked Martha questions about her overall health and he gave a thorough exam. The health care provider also recommended that Martha get a Pap test as part of her yearly exam. Martha declined the Pap test and told her provider that she would schedule another visit to have the test.

When Martha got home, she told her husband that she was surprised to hear that she needed a Pap test, because she thought that women her age didn't need one. Martha told her husband that she hadn't had one in years, and that she was confused as to what to do and where she could go to learn more about Pap tests. Martha was so overwhelmed during the visit, that she forgot to schedule a follow-up appointment.



### Martha's Story

What do you see happening between Martha and the health care provider?

### Ask participants:

What do you see happening between Martha and the health care provider?

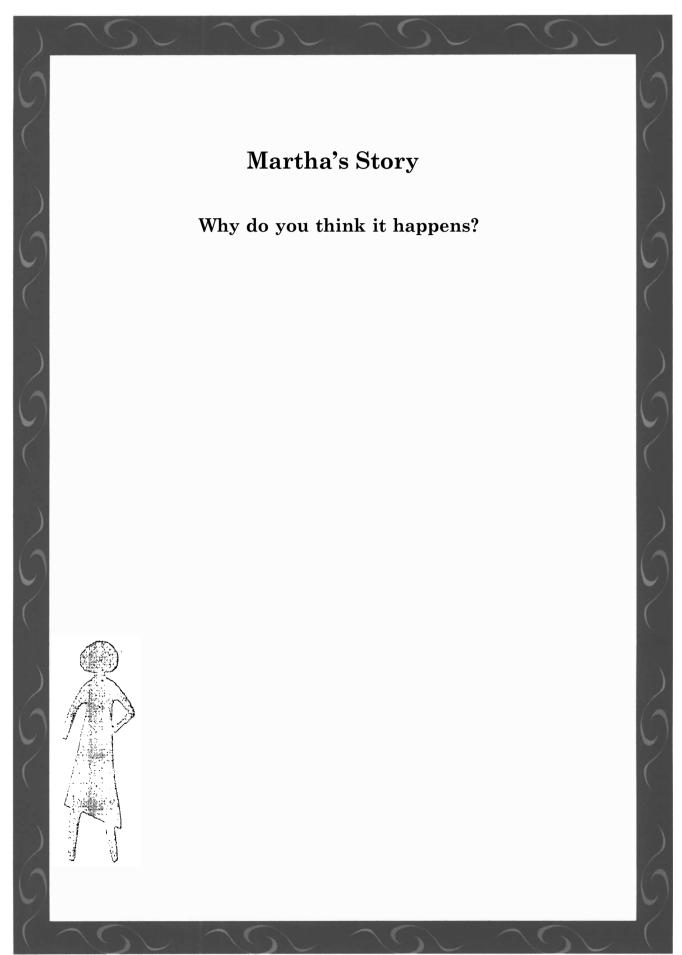
Have participants write their responses on post-it notes (one response per note).

PHA puts notes on Flip Chart #4 and reads responses aloud.

**Please Note:** 

If participants have difficulty writing, PHA/facilitator assists participants in writing their responses on post-it notes.



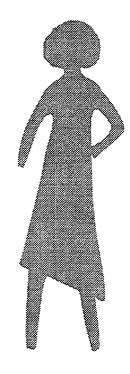


Present Flip Chart #5.

Ask participants:

Why do you think it happens?

Have participants share their responses to the larger group. (No need to write responses).



### Martha's Story

What can Martha do to improve the situation?



Present Flip Chart #6.

Ask participants:

What can Martha do to improve the situation?

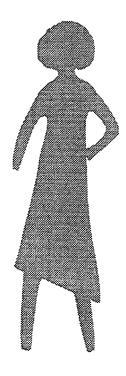
Have participants share their responses with the larger group.

Please Note:

If there is time, you may want then to write down the strategies generated by the group.

### Tell participants:

Thank you for all your comments. As you will see, some of the strategies you shared are similar to what research has shown to be effective.



### Building a Partnership with your Health Care Provider

- ➤ Bring information
- > Ask questions
- ➤ Be direct
- ➤ Ask for clarification
- ➤ Take notes



- > Get support from family and friends
- ➤ Follow-up

### Activity #3: Building a Partnership with Your Health Care Provider

Distribute handouts with "Tips for Building a Partnership with your Health Care Provider."

### **Tell participants:**

Let's take look at what research has shown, in terms of strategies involved in effective communication. These are suggestions. Because each person has his or her own communication style, choose the strategies that feel comfortable for you.

### Present Flip Chart #7.

### Bring information

What you share with your health care provider plays a key role in the assessment and treatment of your health concerns. Before visiting your health care provider, write a list of things you would like to discuss. This list may include your past problems or conditions, symptoms, medications, or allergies. It is also important to share information about your lifestyle and health habits (e.g., exercise, smoking etc). What you share with your health care provider is confidential.

### Ask questions

You can also write a list of questions to bring with you. Request a longer appointment if you plan to ask a lot of questions. However, realize that you may not have all your questions answered immediately. Health care providers work under tight time constraints and cannot always respond to all questions. If there is not enough time during the visit to discuss all of your questions, some of your questions can be referred to other people, like nurses or administrative assistants. Nurse practitioners can also help answer questions about your health concerns and can give medical advice.

### Be direct

A visit to your health care provider may last only 10 to 20 minutes, so it is important to be prepared and focus on what you want answered the most. Prioritize your list of questions and



concerns together with your health care provider. The better organized both of you are, the more you can accomplish at your visit.

If your health care provider is from another culture or speaks a language other than your own, you can request an interpreter. You may be able to work with a Patient Advocate-someone who can help you learn how to access the health care system and advocate for yourself. Ask for this directly.

### Ask for clarification

If you don't understand what your health care provider says, ask your question again in a different way, or ask for examples. Make sure that your interpretation of medical terms is the same as your health care provider's by paraphrasing or repeating what the health care provider says. If you want more information than your health care provider has offered, ask for suggestions about up-to-date reading materials, toll-free information lines, or resources in your community. You have the right to ask for explanations before making decisions or taking action regarding your health.

### Take notes

Because of the limited amount of time during your visit, you may feel overwhelmed with all the information shared by your health care provider. If this is the case, try taking a few notes. You can also ask for written information on your diagnosis, treatment, and follow- up plan. If you are sent to a specialist, ask your health care provider to help you write down specific questions to ask.

### Get support from family and friends

You may want to bring a family member or friend with you. They can remind you of questions or concerns, and can help you remember what the health care provider said. Before your appointment, you may want to discuss with your friend or family member the key points you want to cover during your visit.

### Follow-up

Before you leave the office, ask about the next steps to follow: getting test results, making another appointment, initiating changes



in your health habits (e.g., diet or exercise). Bring a calendar with you so that you can schedule follow-up appointments, if necessary.

If you didn't get a chance to discuss all of your questions or concerns during your visit, you can schedule an additional visit within a short time, or call your health care provider directly.

### Another point...

When you don't feel comfortable working with your health care provider, you can explore your options. You may want to first address your concerns directly with your health care provider. You can also request to see other providers within the same practice with whom you feel comfortable working. You know when you are ready to look for a change in a provider. Your doctor's office may be a resource for new referrals.

Source: Adapted from American Cancer Society's "Talking With Your Doctor" and from Califano, S. (1997). The Wise Medical Consumer. *In Healthwise Handbook:*A Handbook for Healthy Living (pp. 3-15). Idaho: Healthwise.



Activity #4: What Questions Do You Have? Where Can We Get More Information?

Ask participants for their questions. Respond to each question as you are able.

Please Note: [Do not read to participants]

When questions arise that you are not comfortable answering or that were not included in this guide, write them on a separate piece of paper so that you can follow-up. Tell women that you do not know the answers to their questions, but will help them find out where they can go to get answers (e.g. their health care provider, the ACS or NCI toll-free telephone number).

Be sure to follow-up on unanswered questions. You can use the sign-in list to help you locate the individual(s) who require follow-up information. You may want to follow-up with each person individually, or hold another session so that you can follow-up with the group.

Distribute additional materials for this session:

"Important Questions to Ask"

"Tips for Building a Partnership with your Health Care Provider"



### Remember:

- **1. TELL** the provider what they need to know:
  - > bring a list
  - ➤ be direct
- **2. ASK** your questions:
  - ➤ ask for clarification if you dont understand
  - ightharpoonup direct your question to the person who can best help

### 3. TAKE ACTION:

- > get written information or take notes
- ➤ follow through on the action steps you developed with your health care provider
- find out where to go if you want more information
- > ask family and friends for support or to come with you to your appointment

You have the *responsibility* to take an active role in your health and the right to be satisfied with your care. Having a provider that you feel comfortable with is important to your long-term health.



### 

### **Activity #5 Summary**

### Distribute goal cards.

### **Tell Participants:**

Research shows that when people set realistic goals and break them into small steps, they can be more successful in adopting new behaviors.

### **Tell Participants:**

Think of three steps you can take in order to improve communication with your health care provider. Write the three steps on the goal card provided. You will take the goal card with you; you do not need to share it with others unless you want to.

Present Flip Chart #8 with a summary of the main points covered at this session and mention that these main points are also listed on the back of the goal cards.

### **Tell Participants:**

All the suggestions we reviewed can be summarized in 3 key points:

To foster good communication with your health care provider and build a partnership, remember:

1. TELL the provider what they need to know: bring a list be direct

### **2. ASK** your questions:

ask for clarification if you don't understand direct your question to the person who can best help

### 3. TAKE ACTION:

get written information or take notes follow through on the action steps you developed with your health care provider find out where to go if you want more information ask family and friends for support or to come with you to your appointment



### Tell participants:

You have the responsibility to take an active role in your health and the right to be satisfied with your care. The strategies discussed are suggestions which are not always easy to apply. Do what feels comfortable for you. Having a provider that you feel comfortable with is important to your long-term health.

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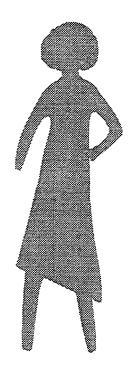


### Activity #6: Participants' Satisfaction Forms (Optional)

### **Tell Participants:**

Please complete the anonymous Participants' Satisfaction Forms. Explain that their feedback will help us to improve future educational sessions.

Conduct prize drawing or distribution of incentives.



### **COMMONLY ASKED QUESTIONS**

"Can I call my health care provider at any time?"

A phone call may save you a visit to the health care provider. Before you call, be prepared with a list of health symptoms and questions (prioritize your questions). Have your calendar handy in case you need to schedule an appointment. Recognize that you may not be able to speak with your health care provider immediately, since s/he has many other responsibilities. If your situation is not urgent, ask about a convenient time to call back.

"What if I keep calling, but my health care provider is busy to return my phone calls?"

Many health plans and heath maintenance organizations (HMOs) offer an "advice nurse" telephone service. Advice nurses are registered nurses who can help answer questions about your health concerns and can give advice regarding the urgency of your health problem. Advice nurses can also help you clarify things that the health care provider told you.

### "What if I have a different communication style than my health care provider"

If you don't feel satisfied with your health care provider's communication style, try to acknowledge that everyone has their own way of communicating. Some people prefer business-like health care providers, while others prefer warm, friendly health care providers. You can tell your health care provider what you expect from the relationship and how you prefer to communicate about health issues. For example, you can specify that you prefer a take-charge health care provider or, you may say that you would rather work in partnership with her or him.

If your doctor is from another culture or speaks a language other than your own, you can request an interpreter.

## Commonly Asked



### "How do I know which questions can be referred to other people other than my health care provider?"

Remember that you can prioritize your list of concerns with your health care provider. Ask your health care provider which questions can be referred to nurses, administrative assistants or to your insurance company.

### "What if I a not satisfied with my health care provider's diagnosis or advice?"

You can do your own research through your hospital's library or by asking your health care provider to recommend up-to-date reading materials. You can also call your health plan and request information through the advice line. If you find new information that your health care provider did not share with you, bring it to your next health care provider's visit. If you are still not satisfied with your health care provider's diagnosis or advice, it may be time for a second opinion.

### What if I am not satisfied with my health care provider in general?"

If you have been dissatisfied with your health care provider, you may want to address the problem. Tell your health care provider about your concerns and what you would like to see changed. For example, you may want to be treated differently or you may want more time to discuss issues. Your health care provider would probably be happy to work with you as a partner.

When you don't feel comfortable working with your health care provider, you can explore your options. You may want to first address your concerns directly with your health care provider. You can also request to see other providers within the same practice with whom you feel comfortable working. You know when you are ready to look for a change in a provider. Your doctor's office may be a resource for new referrals.

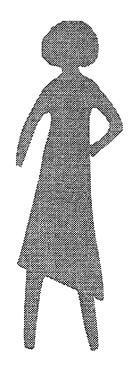


### "I don't have a health care provider. What should I look for in choosing one?"

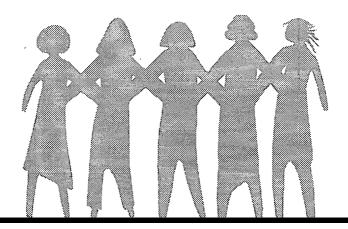
In choosing a health care provider, make sure you are satisfied with the health care provider's training and experience- is the health care provider board-certified? Investigate the health care provider's availability-can the health care provider see you when needed? Also, assess the potential to work in partnership with the health care provider-does the health care provider work with you in making treatment-decisions together?

Adapted From: American Cancer Society's "Talking With Your Doctor" and from Califano, S. (1997). *The* Wise Medical Consumer. *In Healthwise Handbook A Handbook for Healthy Living* (pp. 3-15). Idaho: Healthwise.

## Omestions Asked



Sample materials for Lunch and Learn #4



### **LUNCH & LEARN #4**

Building A Partnership with Your Health Care Provider

To foster good communication with your health care provider and build a partnership, remember:

- 1. TELL the provider what they need to know:
  - bring a list
  - be direct

### 2. ASK your questions:

- · ask for clarification if you don't understand
- direct your question to the person who can best help

### 3. TAKE ACTION:

- get written information or take notes
- follow through on the action steps you developed with your health care provider
- find out where to go if you want more information
- ask family and friends for support or to come with you to your appointment

You have the responsibility to take an active role in your health and the right to be satisfied with your care. Having a provider who you feel comfortable with is important to your long-term health.

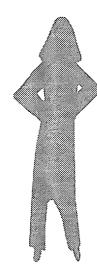
**Woman to Woman:** is a project of the Dana-Farber Cancer Institute's Center for Community-Based Research, the Service Employees International Union, and your employer. It is funded by the National Cancer Institute, and receives support from the Boston Edison Foundation and New England Electric System.



### 3 steps I can take to improve communication with my health care provider:

### Other steps I can take:

- Talk with a Peer Health Adviser from the Woman to Woman project
- Visit the Woman to Woman Resource Center at my worksite
- Attend another Woman to Woman "Lunch and Learn" session
- Call the Cancer Information Service (1-800-4-CANCER) or American Cancer Society (1-800-ACS-2345) for more information



### Martha's Story

Martha just visited her health care provider for a yearly physical. The health care clinic was very busy, and Martha felt rushed during her visit.

The health care provider asked Martha questions about her overall health and he gave a thorough exam. The health care provider also recommended that Martha get a Pap test as part of her yearly exam. Martha declined the Pap test and told her provider that she would schedule another visit to have the test.

When Martha got home, she told her husband that she was surprised to hear that she needed a Pap, because she thought that women her age didn't need one. Martha told her husband that she hadn't had one in years, and that she was confused as to what to do and where she should go to learn more about Pap tests. Martha was so overwhelmed during the visit, that she forgot to schedule a follow-up appointment.

### **Discussion Questions**

What do you see happening between Martha and her health care provider?

Why do you think it happens?

What can Martha do to improve the situation?

### Important Questions to Ask When Choosing a Health Care Provider

Before choosing a health care provider you may want to ask some questions. Some of the following questions can also be asked of your current Health Care Provider.

- How does your practice run? If I have an urgent problem, will you or your partner speak with me or see me?
- Are you my doctor? Will I be able to request to see you if I schedule appointments in advance?
- What happens when you are out of town? Who covers for you?
- What emergency room do you refer people to, and what hospital do you admit to?
- If I have a question, can I expect a call back from your office that day?
- If I need a longer appointment to discuss some issues in more detail, is that possible? Do you have a consultation appointment at the end of the day?

- When are you likely to refer to a specialist? Am I in a health plan that has obstacles to that?
- Are my problems the type that you would typically evaluate?
- If I wish to have you explain a particular medical condition for me, are you willing to do that?
- Who in the office handles medical questions-Is there a nurse that I should ask for?
- Who handles the billing?
- What should I do if I have trouble getting my questions answered?

From "It's Not All in Your Head," By Dr. Henrietta Leonard with Susan Swedo

**Lunch and Learn #4**Building a Partnership with Your Health Care Provider

### Questions to Ask at the Mammography Facility

The following are questions that you may want to discuss with your health care provider, or at the facility where you get your mammogram:

- Am I up-to-date with my mammography screening?
- Will my health insurance pay for mammograms?
- How can I prepare for my mammogram?
- What should I expect when I have a mammogram?
- How will I get the results of my mammogram?
- How long will it take to receive the results?
- Is your mammography facility accredited by the American College of Radiology? How can I be sure that I am getting a high-quality mammogram?

Adapted from: National Breast Cancer Awareness Month Promotion Kit, available from Zeneca HealthCare Foundation, 1800 Concord Pike, Wilmington, DE 19850-5437.

Lunch and Learn #4
Building a Partnership with
Your Health Care Provider

### Questions to Ask about Pap Tests

Here are some questions that you may want to discuss with your health care provider regarding Pap tests:

- Am I up-to-date with my Pap test screening?
- Will my health insurance pay for Pap tests?
- How can I prepare for my Pap test?
- What should I expect when I have my Pap test?
- How will I get the results of my Pap test?
- How long will it take to get the results?
- How can I be sure that I am getting a high-quality Pap test?

Adapted from: National Breast Cancer Awareness Month Promotion Kit, available from Zeneca HealthCare Foundation, 1800 Concord Pike, Wilmington, DE 19850-5437.

### Suggestions for Building a Partnership with your Health Care Provider

Building a partnership with your health care provider is key to maintaining your good health. A good partnership is based on good communication, where both people share a common goal and contribute their own views and ideas. You have the right and the responsibility to take an active role in your health, to share in medical decisions, and to be satisfied with the care you receive.

The following are strategies that you can use to improve your communication with your health care provider. These are suggestions. Each person has their own communication style; choose the strategies that are most comfortable for you.

### • Bring information

Write a list of your past problems or conditions, symptoms, medications, or allergies. It is also helpful to share information about your lifestyle and health habits (e.g., exercise, smoking etc). What you share with your health care provider is confidential.

### Ask questions

You can also write a list of questions to bring with you. Request a longer appointment if you plan to ask a lot of questions. If you don't want to be explicit about your medical conditions while making your appointment, simply say: "I have several concerns." Realize that you may not have all your questions answered immediately. Some of your questions can also be referred to other people, like nurses, administrative assistants, or specialists. Nurse practitioners can also help answer questions about your health concerns and can give medical advice.

### Be direct

Since time is short, decide what information is most important to you. Prioritize your list of questions and concerns together with your health care provider. The better organized both of

you are, the more you can accomplish at your visit.

If your health care provider is from another culture or speaks a language other than your own, you can request an interpreter. You may be able to work with a Patient Advocate (someone who can help you learn how to access the health care system and advocate for yourself). Ask for this directly.

### Ask for clarification

Make sure that your interpretation of medical terms is the same as your health care provider's. Try repeating back the key points of what your health care provider tells you. For example, you can say: "Let me be sure I understand. You're saying that..." You can also ask for suggestions about up-to-date reading materials, toll-free information lines, or resources in your community.

### Take notes

If you feel overwhelmed during your visit, try taking some notes. You can also ask for written information on your diagnosis, treatment, and follow-up plan. If you are sent to a specialist, ask your health care provider to help you write down specific questions to ask.

### Get support from family and friends

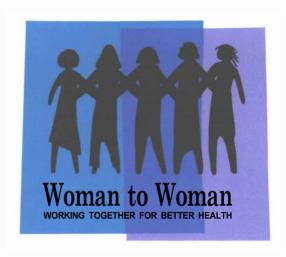
You may chose to bring a family member or friend to your appointment. Family members and friends can remind you of questions or concerns, and can help you remember what the health care provider said. Before your appointment, you may want to discuss with your friend or family member the key points you want to cover before your visit.

### Follow-up

Ask about the next steps to follow: getting test results, making another appointment, starting to make changes in your health habits (e.g., diet or exercise). Bring a calendar with you so that you can schedule follow-up appointments if necessary.

If you didn't get a chance to discuss all of your questions or concerns during your visit, you can schedule an additional visit within a short time, or call your health care provider directly.

Adapted From: American Cancer Society's Talking With Your Doctor and Califano, S. (1997). The Wise Medical Consumer.



### Woman to Woman Lunch & Learn Kit



LUNCH & LEARN #5
A Guide to
Good Breast Health



### **LUNCH AND LEARN #5**

### A Guide to Good Breast Health



### **LUNCH AND LEARN #5**

### A Guide to Good Breast Health

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Planning Checklist
Session Objectives
Materials
Agenda
Session Guide
Commonly Asked Questions about Breast Health

# A Chide to Good Breast Health



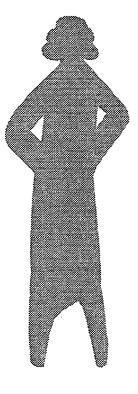
### **INTRODUCTION**

This guide was prepared by Dana-Farber Cancer Institute as part of the Woman to Woman Program. It was designed to help "Peer Health Advisors" plan and run small group education sessions about breast and cervical cancer at the worksite ("Lunch and Learn"). Although this guide is directed toward Peer Health Advisors, Lunch and Learns can be delivered by any qualified facilitator and this model can be adapted for other women's health topics.

Throughout this guide, you will see references to the "Worksite Coordinator," "Peer Health Advisors," and the "Volunteer Advisory Board members." These terms were used during the implementation of the Woman to Woman Program. Feel free to use terms that are applicable to your worksite. It is important to involve employees, management and union representatives ("Planning Team") in the planning and implementation of the session, and to distribute responsibilities, as appropriate.

### **Contents of This Kit**

There are three sections in this Kit. The first section is a Program Planning Checklist. This checklist will help you to plan and organize each session. The second section contains a Session Guide for teaching about breast and cervical cancer and early detection methods. The outline provides points to cover in the education session, scripted information about breast and cervical cancer and early detection methods, and suggested teaching strategies that can be used in the session. The third section contains Commonly Asked Questions. In this section you will find responses to questions that are frequently asked.



### PLANNING CHECKLIST

It is important that Peer Health Advisors/facilitators work closely as a team with their fellow employees, including the Worksite Coordinator, Volunteer Advisory Board members or Planning Team, when planning a Lunch and Learn session. The following checklist has been developed to assist you in preparing for this session.

### WHY: Clarify your educational objectives

An educational objective specifies what you want to achieve with this session (e.g., to raise awareness about early detection of breast or cervical cancer). Make sure you define your objectives clearly. Once you have clarified the purpose of holding this session and know what you want to achieve, then you can decide which Lunch and Learn session to present.

### WHAT: Plan the program

Six Kits were developed for the Woman to Woman Program. Each Kit has a slightly different emphasis, although all focus on raising awareness of the importance of breast and cervical cancer screening. The materials and supplies needed in each session are related to the content in the Session Guide and are listed in the "Materials" section of the kit.

### WHO: Define who will be involved in this session

### Identify the audience you hope to reach with this session

Define the audience you want to reach with this session. You may want to reach all employees or a specific group within the organization.

### Identify resources that can assist in planning and implementing the session

Identify individuals in the worksite that can be given a role or specific tasks in planning and conducting the Lunch and Learn sessions.



### WHEN: Choose a date and time

When choosing a date, be sure to allow plenty of time to make the arrangements, publicize the program, and tend to all the details. We suggest that planning begin three to four weeks prior to the date of the session.

Choose a time that will be convenient for most of the people you want to attend. Despite its name, Lunch and Learn isn't just for lunch. You may prefer to offer a session during a morning break or after work. Or you may decide to have a session after staff meetings or some evening at dinner time. Each session is designed to take approximately 20-30 minutes.

### WHERE: Select a location and reserve a room

Select an appropriate place for your program. This will require that you estimate the size of the group that will attend the session. It is best to choose a room where everyone can be comfortably seated and see the Peer Health Advisor/facilitator. If you plan to show a video, make sure that everyone can see the television screen from where they are seated.

Since breast and cervical cancer are sensitive topics for many women, you may want to select a room where there is privacy. Choose a room where there is a door that can be closed, or an area in which people do not circulate.

### **HOW:** Prepare the session in advance

We recommend that you follow the steps below when planning the session:

### Practice giving the presentation

The Peer Health Advisor/facilitator needs to plan the topics to be presented and make sure that s/he knows the material. The Session Guide provides Peer Health Advisors/facilitators with a script they can use. Presenters may want to practice in front of a co-worker or another Peer Health Advisor the day before the session.

The Peer Health Advisor/facilitator needs to anticipate questions that people may ask during the presentation. For example, when discussing mammograms, women may ask her or him why mammograms are not routinely recommended to women less than 40 years of age. To help prepare for these questions, refer to the



"Commonly Asked Questions" section of this Kit. Suggest that the Peer Health Advisor/facilitator read these in advance or refer to them during the presentation if questions arise. It is perfectly acceptable - and even preferable - for the Peer Health Advisor/facilitator to tell participants that s/he does not know the answer to a question, and offer to get back with an answer later. The goal of this program is to help women learn where they can find their own answers.

Remind the Peer Health Advisor/facilitator that any medical question must be referred to a health care provider.

### Set up the room

Set up the room as early as possible on the day of the session. This will give you time to check on supplies and equipment, and will allow the Peer Health Advisor/facilitator to practice a few times before the presentation. Make certain that there are enough chairs for everyone. You can put handouts on each chair, or you can set handouts on a table near the door so participants can take their own. If you plan to have participants sign-in, make sure to put the sign-in sheet in an accessible place so that participants can sign-in as they come into the room (optional).

### Arrange for refreshments (optional)

Work with the Volunteer Advisory Board, other Peer Health Advisors or Planning Team to make arrangements for food and refreshments. Refreshments should be delivered 10-20 minutes prior to the session so that they can be properly arranged.

### Plan for evaluation of the session (optional)

Discuss plans for evaluating Lunch and Learn sessions with the Worksite Coordinator, Volunteer Advisory Board members or Planning Team. In Woman to Woman, after each presentation, Peer Health Advisors asked participants to fill out a Participants' Satisfaction Form. Participants' Satisfaction Forms provide an opportunity for the participants to give Peer Health Advisors or facilitators feedback about the session. This information is very important; it helps determine ways to improve the educational sessions, learn more about topics of interest at the worksite, and ways to direct your promotional efforts at the worksite.

### PROMOTION: Publicize your program

It is very important that you let women in your worksite know



about the session in advance. We suggest that you start to publicize the program at least three weeks before it is held. Speak with the Worksite Coordinator, Volunteer Advisory Board members *or* Planning Team to determine the best way to publicize the program. Options include informing co-workers by word of mouth, placing notices in worksite or union newsletters or bulletins, or making announcements at staff meetings.

### **INCENTIVES:** Distribute incentives (optional)

Offering incentives for program participation may increase the chances of having a good turnout at the session. There are different types of incentives: food, fun, educational materials or small gifts. Discuss the feasibility of distributing incentives to program participants with the Worksite Coordinator, Volunteer Advisory Board members or Planning Team.

Note: "Steps for Planning" are also contained in the Program Manual.

Source: This planning checklist was adapted from the National Cancer Institute's "Speaker's Kit."



### **SESSION OBJECTIVES**

Session Guides are available for each of the Lunch and Learn sessions. You should present all of the major points in the guide at each session. You can decide how much time to spend on each topic. You may choose to emphasize one of the topics (e.g., mammography) after reviewing the major points covered in the guide. This will depend on the amount of time that you have to run the small group education session, and on the interests of the session participants.

### **Session Objectives**

After you review the major points covered in this session guide, the participants in the small group sessions will have discussed:

The importance of early detection of breast cancer

The main methods for early detection of breast cancer

It is important to inform participants that it will not be possible to cover all aspects of women's health or answer all their questions at this session. However, we will work together to find answers to their questions.



### **MATERIALS**

**Promotional Flyers and Posters.** These are used to promote Lunch and Learn sessions. Samples are located in the Program Manual.

Lunch and Learn Kits. These contain Planning Checklists, Session Guides, and Commonly Asked Questions. Kits (like this one) are located in the Lunch and Learn Kits binder.

Flip Charts. These are used in conjunction with the Lunch and Learn Kits. They are located in the Lunch and Learn portfolio provided

Goal-Setting Cards. These are cards that women who participate in the session fill out during the session as part of the "Setting Goals for Our Health" activity. They are taken home by participants. They are located in the Lunch and Learn Kits binder.

**Sign-in Sheets (optional).** These are forms to collect information about the women who participate in the session. Participants sign-in as they come into the room. A sample is located in the Lunch and Learn Kits binder.

Participants' Satisfaction Forms (optional). These are used to get participants' feedback about the session. Samples are located in the Lunch and Learn Kits binder.

**Educational Brochures.** These are additional resource materials that can be distributed after each session. Discuss which brochures are appropriate for each session and where they may be obtained with the Planning Team.

**Incentives (optional).** These are used to increase participation and may include food, gifts, and materials. Discuss which incentives are appropriate for each session and where they may be obtained with the Planning Team.

**Refreshments.** These are used to increase participation and may include food or drinks. Discuss which refreshments are appropriate for each session and where they may be obtained with the Planning Team.

**Equipment (not applicable to all sessions).** Equipment may include TV/VCR, overhead projector, slide projector and extension cord. Discuss which equipment is necessary for each session and where it may be obtained with the Planning Team. For this session you will need a TV and VCR.



### **AGENDA**

- I. Introductions
- II. Ground Rules
- III. Purpose of this Session
- IX. Activity #1: The Importance of Breast Health Screening
- V. Activity #2: Main Methods of Early Detection for Breast Cancer
- VI. Activity #3: Summary
- VII. Activity #4: What Questions Do You Have? Where Can We Get More Information?
- VIII. Activity #5: Participants' Satisfaction Forms





# A Guide to Good Breast Health



#### **SESSION GUIDE**

#### Introductions

#### Start with an introduction:

Welcome everyone to the group and thank them for coming.

#### Tell participants:

The title of today's session is "A Guide to Good Breast Health."

Introduce yourself and ask the participants to introduce themselves by saying their name and department. (If everyone already knows one another, you may skip this step).

#### If applicable, say:

There is a sign-in sheet for you to write your name and department, and a Participants' Satisfaction Form at each place to complete before you leave the room.

Present Flip Chart #1 which displays the Woman to Woman Program name.

If your worksite is using another name modify accordingly.

#### **Tell Participants:**

This session is being offered as part of a larger initiative to educate employees about breast and cervical health.

There are many important women's health issues. The goal of *this* program is to raise awareness about breast and cervical cancer and the importance of finding these cancers early through screening.

#### Describe your role

(i.e., Peer Health Advisor, Guest Speaker, Facilitator):

PHA's role: The role of the PHA is to lead small group education sessions, to distribute resource materials, to provide basic breast and cervical information, to support co-workers on a one-to-one basis, and to work with community organizations to organize educational activities for employees at the worksite.



### **Our Ground Rules**

- > You choose how much to share with the group
- > We respect confidentiality
- > We don't discuss medical advice see your doctor
- > We don't have all the answers we're all here to learn
- ➤ Time is limited

> Other?

#### **Ground Rules**

#### Present Flip Chart #2.

#### Inform participants of the ground rules for this session:

You choose how much to share with the group
Participation in this session is voluntary. You decide how much
and what personal information you want to share with the group.

#### We respect confidentiality

What is discussed in this room is considered confidential. We ask that you do not repeat the personal stories or experiences that are shared here today, unless the person who told the story tells you directly that you have explicit permission to do so. This is very important.

We don't discuss medical advice - see your doctor
This session is NOT designed to provide medical advice or to
answer all your questions about breast and cervical cancer. It is
designed to raise awareness and to encourage discussion. We will
help each other to find the answers to our questions.

We don't have all the answers - we're all here to learn
We are not experts; but we can learn from one another. We
respect each person's contribution, and whoever chooses to speak
may do so without interruption.

#### Time is limited

Time is a constraint. We want to cover a lot of material so let's try to stay focused. There will be other sessions to cover more material, and I can help you find more information through community organizations. We encourage you to stay for the entire session, but if you need to leave we understand.

#### Other?

Does anyone want to add another ground rule?



### Purpose of this Session

In this session we will discuss:

- ➤ The importance of early detection of breast cancer
- The main methods for early detection of breast cancer



#### **Purpose of this Session**

Present Flip Chart #3.

#### **Tell Participants:**

At the end of the session we will have discussed:

The importance of early detection of breast cancer

The main methods for early detection of breast cancer

page 13



### What are the screening tests for breast health?

#### ➤ Mammography

Women 40 and older who are at average risk should have screening mammograms every 1 or 2 years

Women at higher risk should ask their doctors about when and how often to schedule mammograms

#### > Clinical Breast Exam

For women 20 to 40: Every 3 years

For women 40 + : Every year



#### **Breast Self-Exam**

For women 20 +: Every month

#### Activity #1: The Importance of Breast Health Screening

#### Present Flip Chart #4

#### **Tell Participants:**

There are three main methods for early detection of breast cancer:

Mammogram: is a low dose x-ray of the breasts.

Women forty and older who are at average risk for breast cancer should have screening mammograms every 1 or 2 years.

All women who are at higher risk for breast cancer should ask their doctors about when and how often to schedule screening mammograms.

#### Discuss who is at average risk.

Simply being a woman and getting older puts you at average risk for developing breast cancer. The older you are, the greater your chance of getting breast cancer. No woman should consider herself too old to need regular screening mammograms.

#### Discuss who is at higher risk.

Breast cancer is a common disease. Every woman has some chance of developing breast cancer during her lifetime. However, the risk of developing breast cancer is not the same for all women.

The video we will watch during this session, presents information about risk factors for breast cancer. Additional information about the known risk factors for breast cancer is contained in the NCI Cancer Fact Sheet on Screening *Mammograms*. Remember, having one or more of the risk factors for breast cancer does not necessarily mean that a woman will develop breast cancer. However, women should be sure to discuss their risk with their physicians.

There are both benefits and limitations to mammography. To learn more, please read the NCI brochure *Understanding Breast Changes: A Health Guide for All Women*.

Sources: Adapted from the National Cancer Institute's brochure "What You Need To Know About Breast Cancer" and Cancer Fact Sheet "Screening Mammograms."



#### **Tell Participants:**

<u>Clinical Breast Exam:</u> is when a health care provider examines your breast for changes.

The American Cancer Society recommends that women between 20 and 40 receive a clinical breast exam every three years. For women over age 40, a clinical breast exam should be performed every year.

Breast Self-Exam: is when you examine your breasts for changes.

The American Cancer Society recommends that women over age 20 do a breast self-exam every month, 7 to 10 days after the start of their menstrual period. Post-menopausal women should perform their breast self-exam on the same day each month, for example, the first day of each month.

Not all experts agree that BSE is effective. That is why we recommend having BSE as a supplement to CBE and mammography.

#### Tell participants:

Depending on your age and medical history, you may need to have one or more of these examinations on a regular basis. Once is not enough!

Talk with your health care provider about the screening tests that are right for you.

Next, we are going to see a video that explains these points more fully.

Sources: Adapted from the American Cancer Society's "Special Touch" and "Cancer Facts for Women."



How can you make use of what you learned from this video?



## Activity #2: Main Methods of Early Detection for Breast Cancer

#### Tell participants:

We are going to watch a video about breast cancer screening. If you feel uncomfortable during any parts of this video, it is OK to leave the room.

Show the video to participants.

After turning the video off, ask participants:

How can you make use of what you learned from this video?

Have participants write their responses on post-its notes (one response per post-it note).

Put post-it notes on Flip Chart #5. Read responses to the larger group.

Please Note:

If participants say "nothing," PHA/facilitator could ask, "What do you think are the main points of this video"?



What information would you like to pass along to a co-worker?



#### Ask participants:

From what you learned, select one thing that you would like to pass along to a co-worker?

Have participants write their responses on post-its notes (one response per post-it note).

Put post-it notes on Flip Chart #6. Read responses to the larger group.

#### Please Note:

If participants say "nothing," PHA/facilitator could say, "I would like to describe to my co-worker what the mammography machine looks like...."

#### Tell participants:

The video you saw is available for you to either view or borrow. Please feel free to make use of it for yourself or your co-workers. You may contact me at (state work location or work extension).



### Remember,

- ➤ Breast cancer is an important health issue for women
- The risk increases as we get older
- > When found early, breast cancer is easier to treat and may be cured
- ➤ Mammograms and CBEs are the main methods for early detection of breast cancer
- > BSE is also used to supplement these methods
- Talk with your health care provider about which screening methods are right for you
  - If you notice any changes in your breasts, consult with your health care provider
- Take charge of your own health

#### **Activity #3: Summary**

#### Distribute goal cards.

#### **Tell Participants:**

Research shows that when people set realistic goals and break them into small steps, they can be more successful in adopting new behaviors.

#### **Tell Participants:**

Think of one step you can take in order to take care of your breast health. Write the step on the goal card provided. You can take the goal card with you; you do not need to share the goal with others unless you want to.

Present Flip Chart #7 with a summary of the main points covered at this session and mention that these main points are also listed on the back of the goal cards.

#### **Tell Participants:**

Breast cancer is an important health issue for women. Although breast cancer can occur in younger women, the risk increases as we get older.

When found early, breast cancer is easier to treat and may be cured.

Mammograms and clinical breast exams are the main methods for early detection of breast cancer. Breast self-examination is also used to supplement these methods.

Talk with your health care provider about which early detection methods are appropriate for you, given your age, health and family history.

If you notice any changes in your breasts consult with your health care provider.

Take charge of your own health.



Activity #4: What Questions Do You Have? Where Can We Get More Information?

Ask participants for their questions. Respond to each question as you are able.

Please Note: [Do not read to participants]

When questions arise that you are not comfortable answering or that were not included in this guide, write them on a separate piece of paper so that you can follow-up. Tell women that you do not know the answers to their questions, but will help them find out where they can go to get answers (e.g. their health care provider, the ACS or NCI toll-free telephone number).

Be sure to follow-up on unanswered questions. You can use the sign-in list to help you locate the individual(s) who require follow-up information. You may want to follow-up with each person individually, or hold another session so that you can follow-up with the group.

#### Distribute additional materials for this session:

NCI Cancer Fact Sheet on "Screening Mammograms"

NCI brochure "Understanding Breast Changes: A Health Guide for All Women"



#### Activity #5: Participants' Satisfaction Forms

#### **Tell Participants:**

Please complete the anonymous Participants' Satisfaction Forms. Your feedback will help us to improve future educational sessions.

Conduct prize drawing or distribution of incentives.



# COMMONLY ASKED QUESTIONS ABOUT BREAST HEALTH

"I'm confused about all the new and conflicting information you get from the media about breast cancer screening. What should I do?"

There is frequently new and conflicting information about breast cancer screening. That demonstrates that researchers are working hard in trying to find ways to find breast cancer early. In a way, confusion means progress.

When thinking about your own health care, however, no one except you and your health care provider can decide what's best for you. Every person faces these questions at a different age and with a distinct medical and family history. To sort all the information out, it is important that you discuss which early detection methods are appropriate for you, given your age, health and family history, with your health care provider.

## "My doctor has not recommended having a mammogram. What should I do?"

It might have slipped your doctor's mind to advise you to have a mammogram, or perhaps s/he was seeing you for a specific problem and not for your routine check-up. It is important to speak with your doctor about the advisability of breast cancer screening.

#### "I don't like going to the doctor. What should I do?"

You're not alone in feeling that way. I have talked with other women who also don't like going to the doctor.

Since you don't like to go to doctors, taking good care of yourself and finding little problems before they become big problems is particularly important. If you don't find problems when they are small, they may need more time and attention.

# "I'm nervous about having a mammogram. What should I do?"

Sometimes, it is very hard to understand why something is (upsetting, bothering, concerning, worrying, etc.)



For some women, thinking about having a mammogram reminds them about the possibility that they could get breast cancer sometime. And, that is very upsetting — so upsetting that it makes it difficult for them to do what they need to do to stop worrying — have the mammogram.

Some women feel calmer and more in control after having a mammogram. They feel that if they can't control getting breast cancer, they could try to beat it if it occurred. And, the best way to "catch breast cancer early" is by having regular mammograms. Some women find it makes them feel less anxious if they take a friend to their appointment or talk with their doctor about mammography. What do you think might help you feel less anxious about having a mammogram?

#### "I'm too embarrassed. What should I do?"

I understand that you would feel a little uncomfortable. The technicians are generally sensitive to women's concerns about having a mammogram. You could speak with your doctor about going to a facility where there are female technologists that perform the mammogram. This may help you to feel more comfortable. Another thing that may help you to feel more comfortable is to know that it is necessary to remove only the clothing above your waist during the mammogram. Therefore, you might find it more comfortable or convenient to wear pants or a skirt rather than a dress. You will be given a cover-up to wear except during the mammogram, so you have your privacy.

#### "I've heard that it hurts. Is this true?"

It is true that you feel some pressure on your breast during the x-ray. This is needed for an accurate reading or picture of the breast. It may be uncomfortable, but it lasts only for a few seconds.

If you have had a painful mammogram in the past you might mention this to the technician so she is aware of your experience and can be more sensitive to your concerns.

If you are still menstruating, you should plan to go 7 to 10 days after the start of your period when your breast may be less tender or sensitive.

You might want to limit the amount of caffeine you drink for a couple of weeks before the mammogram to help reduce any breast tenderness or sensitivity.



#### "I don't have the time. What can I do?"

You can call now for an appointment for your mammogram, but have them schedule it when it is convenient for you. Sometimes these things take some planning and juggling your schedule but the importance of having your mammogram outweighs the scheduling hassles. The entire appointment usually takes less than 1/2 hour.

# "I don't want to look for trouble." Or "If I have it, I don't want to know. Is that so terrible?"

Thinking about the possibility of developing breast cancer is very upsetting. Sometimes, it may seem easier not to do anything at all than think about it.

With breast cancer, unless you have a mammogram, you don't know if you have a problem until you start having symptoms such as a lump, discharge, or dimpling of the breast. At this point, the cancer is much more difficult to control and cure. It is better to find out before there are any symptoms. In fact, when breast cancer is present and found by a mammogram, you sometimes have as much as 1 1/2 to 2 year headstart on treating it.

# "I hear radiation from a mammogram can give you breast cancer. Is that true?"

Equipment and techniques have improved so much in the past few years that the risk of radiation has been greatly reduced. The machines are preset so that the smallest amount of radiation is used. And they are checked regularly. Getting a mammogram this way is very safe.

The benefits of finding breast cancer early far outweigh the risks of this small amount of radiation exposure. A mammogram can detect breast cancer 1 1/2 - 2 years before it can be felt. This is when it would be in the early stages when women have more choices about treatment and have an excellent chance of being cured.



#### "I can't afford a mammogram. What should I do?"

There are many locations in Massachusetts that, through funding by the Massachusetts Department of Public Health (617-624-6000), provide free mammograms to women age 40 years or older who are uninsured or underinsured (including the alternate year when Medicare does not pay). They will also provide free mammograms to women under forty who have a personal or family history (mother, daughter, sister) of breast cancer.

# "If anything is wrong, I don't have a doctor to go to. What should I do?"

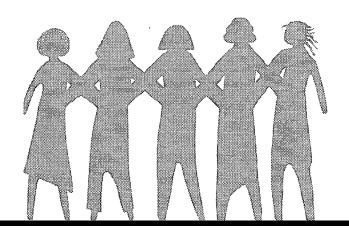
Many of the Massachusetts Department of Public Health services sites can refer you to an appropriate doctor. Or you could call the Mayor's Health Line for a referral. The telephone number is 617-534-5050 or 1-800-847-0710.

Sources: The above has been adapted from The National Cancer Institute's "Picture of Health" and the American Cancer Society's "Tell A Friend Program Kit."





Sample materials for Lunch and Learn #5



#### **LUNCH & LEARN #5**

A Guide to Good Breast Health

#### Remember:

- Breast cancer is an important health issue for women. Although breast cancer can occur in younger women, the risk increases as we get older.
- When found early, breast cancer is easier to treat and may be cured.
- Mammograms and clinical breast exams are the main methods for early detection of breast cancer. Breast self-exams are also used to supplement these methods.
- Talk with your health care provider about which early detection methods are appropriate for you, given your age, health and family history.
- If you notice any changes in your breasts, consult with your health care provider.
- Take charge of your own health.

**Woman to Woman:** is a project of the Dana-Farber Cancer Institute's Center for Community-Based Research, the Service Employees International Union, and your employer. It is funded by the National Cancer Institute, and receives support from the Boston Edison Foundation and New England Electric System.



In the next month, one step I will take for my breast health is:

#### Other steps I can take:

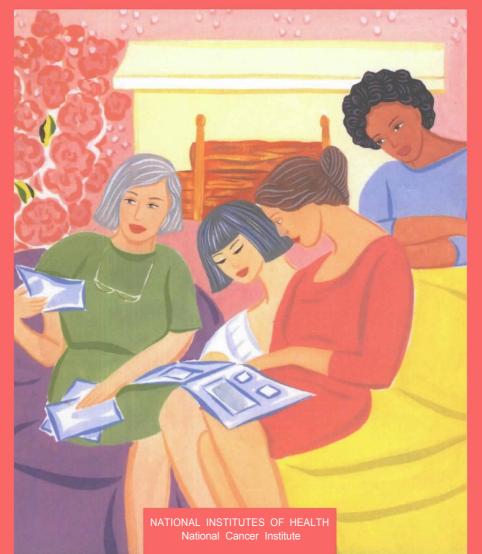


- Talk with a Peer Health Adviser from the Woman to Woman project
- Visit the Woman to Woman Resource Center at my worksite
- Attend another Woman to Woman "Lunch and Learn" session
- Call the Cancer Information Service (1-800-4-CANCER) or American Cancer Society (1-800-ACS-2345) for more information

# Understanding

# Breast Changes

~ A Health Guide for All Woman ~





#### Dear Reader:

We are pleased that you have received a copy of this National Cancer Institute booklet. We hope you find it helpful.

We are always trying to improve our publications. The best way we can do this is by getting your reactions. At the end of this booklet, you will find a response card asking several questions. We would greatly appreciate your taking the time to fill this out and return it to us.

All of your responses will be treated confidentially. We welcome any other comments you may have.

Sincerely,

Office of Cancer Communications

### Understanding

# Breast Changes

#### ~ A Health Guide for All Women ~

Breast cancer is hard to ignore. It is the most common form of cancer among American women, and almost everyone knows at least one person who has been treated for it.

Understandably, women are concerned about getting breast cancer, and this concern prompts them to watch for breast changes.

Breast changes are common. Even though most are not cancer, they can be worrisome.

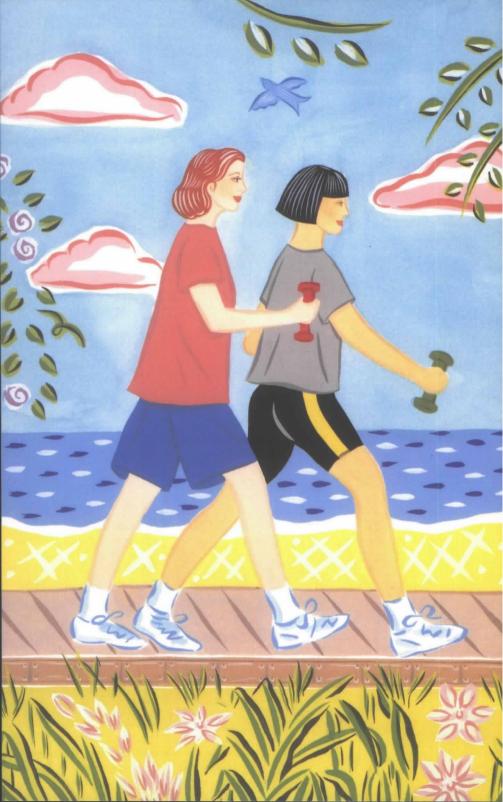
This booklet is designed to help you with these concerns. It describes screening for the early detection of breast cancer, explains the various types of breast changes that women experience, and outlines methods that doctors use to distinguish between benign (noncancerous) changes and cancer. It reviews factors that can increase a woman's cancer risk and reports on current approaches to breast cancer prevention. Words that appear bold on the pages that follow are defined in the Glossary that begins on page 43.

We hope that you will find the information in this booklet helpful.



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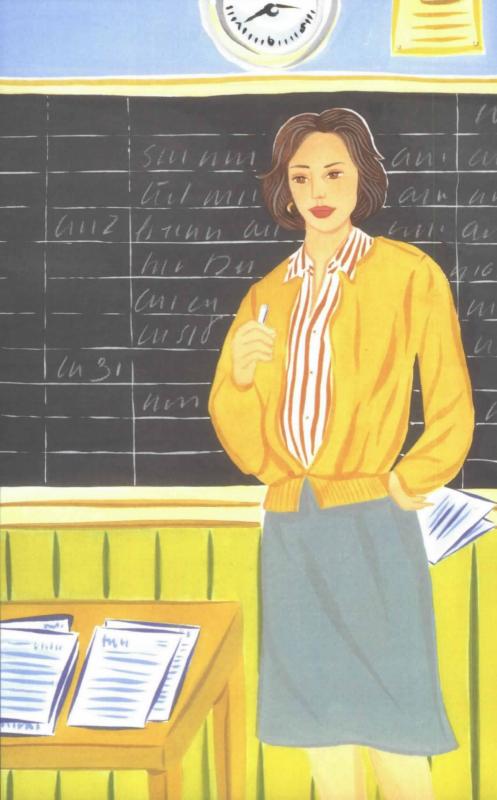
# Breast Cancer: Status Report

This year in the United States an estimated 180,000 women will learn they have breast cancer. Three-fourths of the cases of breast cancer occur in women ages 50 or older, but it affects younger women, too (and about 1,400 men a year).

More women are getting breast cancer, but no one yet knows all the reasons why. Some of the increase can be traced to better ways of recognizing **cancer** and detecting cancers in an early stage. The increase also may be the result of changes in the way we live—postponing childbirth, taking replacement **hormones** and oral contraceptives, eating high-fat foods, or drinking more alcohol.

The encouraging news is that, more and more, breast cancer is being detected early, while the **tumor** is limited to the breast and very small. Currently, two-thirds of newly diagnosed breast cancers show no signs that the cancer has spread beyond the breast.

With prompt and appropriate treatment, the outlook for women with breast cancer is good. Moreover, a majority of women diagnosed with early stage breast cancer are candidates for treatment that saves the breast.



# The Key: Early Detection

The key to finding breast cancer is early detection, and the key to early detection is screening: looking for cancer in women who have no symptoms of disease. The best available tool is a regular **screening mammogram-x-ray** of the breast—coupled with a **clinical breast exam**—by a doctor or nurse.

## Mammography

A **mammogram** is an x-ray of the breast. Cancers that are found on mammograms but that cannot be felt **(nonpalpable cancers)** usually are smaller than cancers that can be felt, and they are less likely to have spread.

**Mammography** is not foolproof. Some breast changes, including lumps that can be felt, do not show up on a mammogram. Changes can be especially difficult to spot in the dense, glandular breasts of younger women. This is why women of all ages should have their breasts examined every year by a physician or trained health professional.

 $\sim$  A lump should never be ignored just because it is not visible on a mammogram.  $\sim$ 

Two Kinds of Mammography: Diagnostic and Screening If a woman visits her doctor because of unusual breast changes such as a lump, pain, nipple thickening or discharge, or changes in

breast size or shape, or has a suspicious screening mammogram, the doctor often asks her to have a **diagnostic mammogram:** an x-ray of the breast to help assess her symptoms. A diagnostic mammogram is a basic medical tool, and it is appropriate for women of any age.

This booklet discusses screening mammograms: x-rays that are used to look for breast changes in women who have no signs of breast cancer. (Even though the woman has no symptoms of breast disease, a diagnosis of breast cancer can begin with a doctor checking a screening mammogram.)

What Are the Benefits of Screening Mammography? High-quality mammography is the most effective tool now available to detect breast cancer early, before symptoms appear-often before a breast lump can even be felt. Regularly scheduled mammograms can decrease a woman's chance of dying from breast cancer. For some women, early detection may prevent the need to remove the entire breast or receive chemotherapy.

#### Who Benefits From Screening Mammography?

Studies done over the past 30 years clearly show that regular screening mammography significantly reduces the death rate from breast cancer in women over the age of 50. Recent results from studies show that regular mammography also reduces death rates from breast cancer in women who begin screening in their forties.

The effectiveness of mammography seems to increase as a woman ages, and the time it takes for benefits to emerge appears to take longer in younger women.

New guidelines have been developed based on the recent research data. The National Cancer Institute (NCI) now recommends that:

- All women in their forties or older who are at average risk for breast cancer should have screening mammograms every 1 to 2 years.
- All women who are at higher risk for breast cancer should ask their doctors about when and how often to schedule screening mammograms.

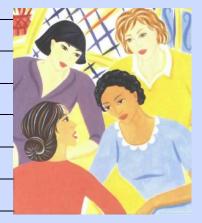
#### Who Is at Average Risk for Breast Cancer?

Simply being a woman and getting older puts you at average **risk** for developing breast cancer. The older you are, the greater your chance of getting breast cancer. No woman should consider herself too old to need regular screening mammograms.

#### What Are a Woman's Chances of Getting Breast Cancer as She Gets Older?

#### Chance...

by age 30	1 out of 2,525
by age 40	1 out of 217
by age 50	1 out of 50
by age 60	1 out of 24
by age 70	1 out of 14
by age 80	1 out of 10



Source: NCI Surveillance, Epidemiology, and End Results Program & American Cancer Society, 1993

Who Is at Higher Than Average Risk for Breast Cancer? One or more of the following conditions place a woman at higher than average risk for breast cancer:

- personal history of a prior breast cancer
- evidence of a specific genetic change that increases susceptibility to breast cancer (See *Gene Testing for Breast Cancer Susceptibility*, page 18.)
- mother, sister, daughter, or two or more close relatives, such as cousins, with a history of breast cancer (especially if diagnosed at a young age)
- a diagnosis of a breast condition that may predispose a woman
  to breast cancer (i.e., atypical hyperplasia), or a history of two or
  more breast biopsies for benign breast disease (See Benign Breast
  Conditions and the Risk for Breast Cancer, page 26.)

Also playing a role in a heightened risk for breast cancer is **breast density.** Women ages 4.5 or older who have at least 7.5 percent dense tissue on a mammogram are at elevated risk. And a slight increase in the risk of breast cancer is associated with having a first birth at age 30 or older

In addition, women who receive chest irradiation for conditions such as Hodgkin's disease at age 30 or younger, remain at higher risk for breast cancer throughout their lives. These women require meticulous surveillance for breast cancer.

These factors that increase cancer—**risk factors**—do not by themselves cause cancer. Having one or more does not mean that you are certain or even likely to develop breast cancer. Even among women with no other risk factors except a strong family history—

for example, both a mother and a sister or two sisters with early onset breast cancer—three-fourths will not develop the disease.

~ On the other hand, not having any of the known risk factors does not mean that you are "safe." Most women who develop breast cancer do not have a strong family history of breast cancer or fall into any special higher risk category. ~

Clearly, there is much yet to be learned about what causes breast cancer.

## What Are the Limitations of Screening Mammography?

Early detection by mammography does not guarantee that a woman's life will be saved. It may not help a woman who has a fast-growing cancer that has spread to other parts of her body before being detected. Also, about half of the women whose breast cancers are detected by mammography would not have died from cancer, even if they had waited until the lump could be felt, because their tumors are slow-growing and treatable.

## False Negative Mammograms

Breasts of younger women contain many glands and ligaments. Because their breasts appear dense on mammograms, it is difficult to see tumors or to distinguish between normal and abnormal breast conditions. As a woman grows older, the glandular and fibrous tissues of her breasts gradually give way to less dense fatty tissues. Mammograms can then see into the breast tissue more easily to detect abnormal changes. About 2.5 percent of breast tumors are missed in women in their forties, compared to about 10 percent of women older than age 50. These are called **false negatives.** A normal mammogram in a woman with symptoms does not rule out breast cancer. Sometimes a clinical breast exam by a doctor or nurse can reveal a breast lump that is missed by a mammogram.

#### False Positive Mammograms

Between 5 and 10 percent of mammogram results are abnormal and require more testing (more mammograms, fine needle **aspiration**, **ultrasound**, or **biopsy**), and most of the followup tests confirm that no cancer was present. It is estimated that a woman who has yearly mammograms between ages 40 and 49 would have about a 30 percent chance of having a **false positive** mammogram at some point in that decade, and about a 7 to 8 percent chance of having a breast biopsy within the 10-year period. The estimate for false positive mammograms is about 25 percent for women ages 50 or older.

#### **Increased Cases of Ductal Carcinoma In Situ (DCIS)**

The increased use of screening mammography has increased the detection of small abnormal tissue growths confined to the milk ducts in the breast, called **ductal carcinoma in situ (DCIS).** Doctors don't know which, if any, cases of DCIS may become life threatening. Usually, the growth is removed surgically, and **radiation** treatment is often given.

#### How Mammograms Are Made

Mammography is a simple procedure. It uses a "dedicated" x-ray machine specifically designed for x-raying the breast and used only

for that purpose (in contrast to machines used to take x-rays of the bones or other parts of the body). The standard screening exam includes two views of each breast, one from above and one angled from the side. A registered technologist places the breast between two flat plastic plates.



The two plates are then pressed together. The idea is to flatten the breast as much as possible; spreading the tissue out makes any abnormal details easier to spot with a minimum of radiation. The technologist takes the x-ray, then repeats the procedure for the next view.

The pressure from the plates may be uncomfortable, or even somewhat painful. It helps to remember that each x-ray takes less than one minute—and it could save your life. It also helps to schedule mammography just after your period, when your breasts are least likely to be tender, or at the same time each year, if you no longer have your period.

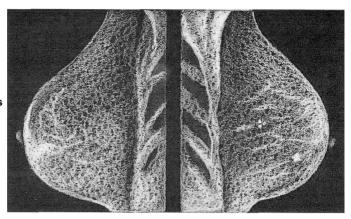
Although some women are concerned about radiation exposure, the risk of any harm is extremely small. The doses of radiation used for mammography are very low and considered safe. The exact amount of radiation needed for a specific mammogram will depend on several factors. For instance, breasts that are large or dense will require higher doses to get a clear image. Federal mammography guidelines limit the radiation used for each exposure of the breast to 0.3 rad. (A "rad" is a unit of measurement that stands for radiation absorbed dose.) In practice, most mammograms deliver just a small fraction of this amount

Specialized mammography facilities have experienced personnel as well as modern equipment that is custom designed for mammograms. The combination of good technology and expertise makes it possible to obtain good-quality x-ray images with very low doses of radiation.

## Reading Mammogram

The mammogram is first checked by the technologist and then read by a diagnostic **radiologist**, a doctor who specializes in interpreting

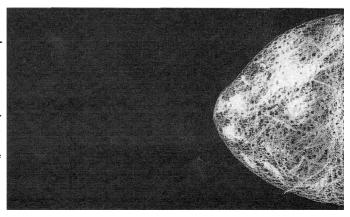
The diagnostic radiologist looks for unusual shadows, masses, distortions, and differences between the two breasts.



x-rays. The radiologist looks for unusual shadows, masses, distortions, special patterns of tissue density, and differences between the two breasts. The shape of a mass can be important, too. A growth that is **benign** (noncancerous) such as a cyst, looks smooth and round and has a clearly defined edge. Breast cancer, in contrast, often has an irregular outline with finger-like extensions.

Many mammograms show nontransparent white specks. These are calcium deposits known as **calcifications.** 

Macrocalcifications are usually associated with benign breast conditions; many clusters of microcalcifications in one area may be an early sign of breast cancer.



**Macrocalcifications** are coarse calcium deposits. They are often seen in both breasts. Macrocalcifications are most likely due to aging, old injuries, or inflammations. They usually are not signs of cancer.

**Microcalcifications** are tiny flecks of calcium found in an area of rapidly dividing cells. Clusters of numerous microcalcifications in one area can be a sign of ductal carcinoma in situ. (See *DCIS*, page 8.) About half of the cancers found by mammography are detected as clusters of microcalcifications.

## Reporting the Results

The radiologist will report the findings from your mammogram directly to you or to your doctor, who will contact you with the results. If you need further tests or exams, your doctor will let you know. If you don't get a report, you should call and ask for the results.

# ~ Don't simply assume that the mammogram is normal if you do not receive the results. ~

Your mammograms are an important part of your health history. Being able to compare earlier mammograms with new ones helps your doctor evaluate areas that look suspicious. If you move, ask your radiologist for your films and hand-carry them to your new physician, so they can be kept with your file. Always make sure that the radiologist who reads your mammogram has the old films to use for comparison.

## Mammogram and Breast Implants

A woman who has had **breast implants** should continue to have mammograms. (A woman who has had an implant following breast cancer surgery should ask her doctor whether a mammogram is still necessary.) However, the woman should inform the technologist and

radiologist beforehand and make sure they are experienced in x-raying patients with breast implants.

Because silicone implants are not transparent on x-ray, they can block a clear view of the tissues behind them. This is especially true if the implant has been placed in front of, rather than beneath, the chest muscles.

Experienced technologists and radiologists know how to carefully compress the breasts to avoid rupturing the implant. They can also use special techniques to detect abnormalities, sliding the implant backward against the chest wall, and pulling the breast tissue over and in front of it. Interpreting the mammogram can also be difficult, especially if scar tissue has formed around the implant or if silicone has leaked into nearby breast tissues.

## Choose a Mammography Facility

Many places—breast clinics, radiology departments of hospitals, mobile vans, private radiology practices, doctors' offices—offer high-quality mammography. Your doctor can arrange for a mammogram for you, or you can schedule the appointment yourself. You can call NCI's Cancer Information Service (1-800-4-CANCER) to find a mammography facility in your community.

All facilities must be certified by the Food and Drug Administration (FDA). (See *Assuring High-Quality Mammography*, page 13.) Staff of the facility are required to post the FDA certificate in a prominent place; if you don't see it, you should ask about certification. Without the FDA "seal of approval," it is now illegal for mammographic facilities to operate.

## Assuring High-Quality Mammography

To make sure that all women have access to high-quality mammography, a federal law—the Mammography Quality Standards Act—now requires all mammography facilities to be certified by the FDA. Each facility must demonstrate that it meets federal standards for equipment, personnel, and practices.

Equipment must be capable of producing high-quality mammograms with the lowest possible amount of radiation exposure. Furthermore, it must be regularly checked by a radiological physicist and adjusted as necessary to be sure that its measurements and doses are correct.

Doctors and other staff members must be specially trained to perform and interpret breast x-rays. The technologists who take mammograms are certified by the American Registry of Radiological Technologists or licensed by the state; the doctors who read mammograms should be board-certified radiologists who have taken special courses in mammography.

The regulations also specify that mammography facilities must perform mammography regularly and frequently, maintain quality assurance programs, and ensure proper and timely reporting of test results. In addition to quality, another important consideration is cost. Most screening mammograms cost between \$50 and \$150. Most states now have laws requiring health insurance companies to reimburse all or part of the cost of screening mammograms; check with your insurance company. Medicare pays some of the cost for screening mammograms; check with your health care provider or call the Medicare Hotline (1-800-638-6833) for details.

Some health service agencies and some employers provide mammograms free or at low cost. Low cost does not mean low quality, however. A large government survey found that some of the facilities charging the lowest fees (often because they serve large numbers of women) were among the best in terms of complying with high-quality standards.

Your doctor, local health department, clinic, or chapter of the American Cancer Society, as well as NCI's Cancer Information Service at 1-800-4-CANCER (1-800-422-6237) may be able to direct you to low-cost programs in your area.

## Schedule a Regular Mammogram

Early detection of breast cancer is crucial for successful treatment, and regular screening mammography is currently the best tool for early detection. A 1993 survey by the National Center for Health Statistics found that 60 percent of all women ages 40 to 49 got a mammogram in the preceding 2 years, and 65 percent of women ages 50 to 64 had done so, but only 54 percent of women ages 65 and over had been screened during that time. It is clear that many women still do not get mammograms at regular intervals. Sadly, the women least likely to have regular exams include those at highest risk, women ages 60 and older.

The reason women most frequently give for having—or not having—a mammogram is whether or not the doctor suggested it. Although surveys show that more doctors routinely advise women about mammography, some fail to do so—because they forget, or because they assume that another doctor has done so. If your doctor doesn't suggest mammography, it will be up to you to raise the issue.

# Other Techniques for Detecting Breast Cancer

#### Clinical Breast Exam

Most professional medical organizations recommend that a woman have periodic breast exams by a doctor or nurse along with getting regular screening mammograms. You may find it convenient to schedule a breast exam during your routine physical.

The examiner will look at your breasts while you are sitting and while you are lying down. You may be asked to raise your arms over your head or let them hang by your sides, or to press your hands against your hips. The examiner checks your breasts carefully for changes in the skin such as dimpling, scaling, or puckering; any discharge from the nipples; or any difference in appearance between the two breasts, including differences in size or shape. The next step is **palpation:** Using the pads of the fingers to feel for lumps, the examiner will systematically inspect the entire breast, the underarm, and the collarbone area, first on one side, then on the other.

A lump is generally the size of a pea before a skilled examiner can detect it. Lumps that are soft, round, and smooth tend not to be cancerous. An irregular, hard lump that feels firmly anchored within

the breast tissue is more likely to be a cancer. However, these are general observations, not hard and fast rules.

~ The only sure way to know if a solid lump is cancer is to have some tissue removed and examined under the microscope. ~

A breast exam by a doctor or nurse can find some cancers missed by mammography, even very small ones. In addition to the skill and carefulness of the examiner, the success of a physical exam can be influenced by your monthly cycle and by the size of your breast, as well as by the size and location of the lump itself. Lumps are harder to find in a large breast.

Currently, mammography and breast exams by the doctor or nurse are the most common and useful techniques for finding breast cancer early. Other methods such as ultrasound may be helpful in clarifying the diagnosis for women who have suspicious breast changes. However, no other procedure has yet proven to be more effective than mammography for screening women with no symptoms; thus, most alternative methods of breast cancer detection are used primarily in medical research programs.

#### Ultrasound

Ultrasound works by sending high-frequency sound waves into the breast. The pattern of echoes from these sound waves is converted into an image (sonogram) of the breast's interior. Ultrasound, which is painless and harmless, can distinguish between tumors that are solid and cysts, which are filled with fluid. Sonograms of the breast can also help radiologists to evaluate some lumps that can be felt but are hard to see on a mammogram, especially in the dense breasts of young women. Unlike mammography, ultrasound cannot detect

the microcalcifications that sometimes indicate cancer, nor does it pick up small tumors.

#### CT Scanning

Computed tomography, or CT scanning, uses a computer to organize and stack the information from multiple x-ray, cross-sectional views of a body's organ or area. The scans are made by having the source of an x-ray beam rotate around the patient. X-rays passing through the body are detected by sensors that pass the information to computers. Once processed, the information is displayed as an image on a video screen. CT can separate overlapping structures precisely and is sometimes helpful in locating breast abnormalities that are difficult to pinpoint with mammography or ultrasound—for instance, a tumor that is so close to the chest wall that it shows up in only one mammographic view.

## Research on New Techniques

Several new techniques for imaging the breast are in the research stage. These include the use of magnetic resonance imaging (MRI) and positron emission tomography (PET scanning) to identify tissues that are abnormally active. MRI uses a large magnet to surround the patient along with radio frequencies and a computer to produce its images. PET scanning uses signals from radioactive traces to construct images. Laser beam scanning shines a powerful laser beam through the breast, while a special camera on the far side of the breast records the image.

Researchers are also striving to improve the detection power and diagnostic accuracy of mammography. **Digital mammography** is a technique for recording x-ray images in computer code, improving the detection of breast abnormalities. **Computer-aided diagnosis**,

or CAD, uses special computer programs to scan mammographic images and alert radiologists to areas that look suspicious.

Finally, medical researchers are exploring the use of biological tests to detect **tumor markers** for breast cancer in blood, urine, or nipple aspirates.

## Gene Testing for Breast Cancer Susceptibility

A breast cell progresses from normal to cancerous through a series of several distinct changes, each one controlled by a different gene or set of genes. Researchers have precisely located the **BRCA1** and **BRCA2 genes**, key regions within a woman's **chromosomes** that control cell growth in breast tissue. A woman can inherit a **mutation**, an alteration in these genes that are essential for normal growth of breast cells, and this inherited change may put her at greater risk for eventually developing breast cancer. The recent identification of **genetic changes** in BRCA1 and BRCA2 makes a gene test possible.

Scientists estimate that alterations in the BRCA1 and BRCA2 genes may be responsible for about 5 to 10 percent of all the cases of breast cancer and for about 25 percent of the cases in women under the age of 30. BRCA1 mutation testing is primarily done in certain families whose members are inclined to develop breast cancer at an early age because of an inherited change. Special counseling programs occur before and after the testing to inform women about the possible consequences of receiving test results. It is hoped that these genetic tests may one day enable scientists to delay or prevent breast cancer in high-risk families. Positive results may enable careful watchfulness when appropriate; negative results may reassure those women in high-risk families who are at no greater than average risk for breast cancer.



Scientists at NCI and elsewhere believe that tests for alterations in genes that control growth in breast tissue and in other genes throughout the body require careful study to establish their appropriate use. In addition to BRCA1 and BRCA2, other genes and the proteins they control may be involved in breast cancer, and much more needs to be learned about the risk associated with particular genetic alterations. NCI supports research on the development of new genetic tests offered within a research setting and accompanied by genetic counseling. Counseling is important because test results must be properly understood, and a counselor can help persons with a positive test to handle possible discrimination in health or life insurance or in the workplace.

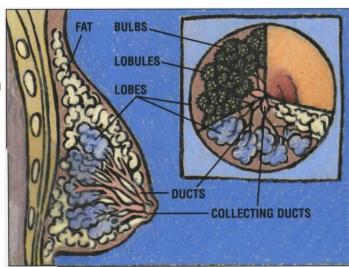


# About Breast Lumps and Other Changes

Over her lifetime, a woman can encounter a broad variety of breast conditions. These include normal changes that occur during the **menstrual cycle** as well as several types of benign lumps. What they have in common is that they are not cancer. Even for breast lumps that require a biopsy, some 80 percent prove to be benign.

Each breast has 15 to 20 sections, called **lobes**, each with many smaller **lobules**. The lobules end in dozens of tiny **bulbs** that can produce milk. Lobes, lobules, and bulbs are all linked by thin tubes called **ducts**. These ducts lead to the nipple, which is centered in a dark area of skin called the **areola**. The spaces between the lobules and ducts are filled with fat. There are no muscles in the breast, but muscles lie under each breast and cover the ribs.

The breast's milk-producing system consists of lobes, lobules, and bulbs, all-linked by thin tubes called ducts.



These normal features can sometimes make the breasts feel lumpy, especially in women who are thin or who have small breasts.

In addition, from the time a girl begins to menstruate, her breasts undergo regular changes each month. Many doctors believe that nearly all breasts develop some lasting changes, beginning when the woman is about 30 years old. Eventually, about half of all women will experience symptoms such as lumps, pain, or **nipple discharge.** Generally these disappear with menopause.

Some studies show that the chances of developing **benign breast changes** are higher for a woman who has never had children, has irregular menstrual cycles, or has a family history of breast cancer. Benign breast conditions are less common among women who take birth control pills or who are overweight. Because they generally involve the glandular tissues of the breast, benign breast conditions are more of a problem for women of child-bearing age, who have more glandular breasts.

## Types of Benign Breast Changes

Common benign breast changes fall into several broad categories. These include generalized breast changes, solitary lumps, nipple discharge, and **infection** and/or **inflammation**.

## Generalized Breast Changes

Generalized breast lumpiness is known by several names. including fibrocystic disease changes and benign breast disease. Such lumpiness, which is sometimes described as "ropy" or "granular," can often be felt in the area around the nipple and areola and in the upperouter part of the breast. Such lumpiness may become more obvious

as a woman approaches middle age and the milk-producing glandular tissue of her breasts increasingly gives way to soft, fatty tissue. Unless she is taking replacement hormones, this type of lumpiness generally disappears for good after **menopause**.

The menstrual cycle also brings **cyclic breast changes.** Many women experience swelling, tenderness, and pain before and sometimes during their periods. At the same time, one or more lumps or a feeling of increased lumpiness may develop because of extra fluid collecting in the breast tissue. These lumps normally go away by the end of the period.

During pregnancy, the milk-producing glands become swollen and the breasts may feel lumpier than usual. Although very uncommon, breast cancer has been diagnosed during pregnancy. If you have any questions about how your breasts feel or look, talk to your doctor.

## Solitary Lumps

(See Aspirating a Cyst, page 28.)

Benign breast conditions also include several types of distinct, solitary lumps. Such lumps, which can appear at any time, may be large or small, soft or rubbery, fluid-filled or solid.

**Cysts** are fluid-filled sacs. They occur most often in women ages 35 to 50, and they often enlarge and become tender and painful just before the menstrual period. They are usually found in both breasts. Some cysts are so small they cannot be felt; rarely, cysts may be several inches across. Cysts are usually treated by observation or by fine needle aspiration. They show up clearly on ultrasound.

**Fibroadenomas** are solid and round benign tumors that are made up of both structural (fibro) and glandular (adenoma) tissues. Usually,

these lumps are painless and found by the woman herself. They feel rubbery and can easily be moved around. Fibroadenomas are the most common type of tumors in women in their late teens and early twenties, and they occur twice as often in African-American women as in other American women.

Fibroadenomas have a typically benign appearance on mammography (smooth, round masses with a clearly defined edge), and they can sometimes be diagnosed with fine needle aspiration. Although fibroadenomas do not become malignant, they can enlarge with pregnancy and breast-feeding. Most surgeons believe that it is a good idea to remove fibroadenomas to make sure they are benign.

**Fat necrosis** is the name given to painless, round, and firm lumps formed by damaged and disintegrating fatty tissues. This condition typically occurs in obese women with very large breasts. It often develops in response to a bruise or blow to the breast, even though the woman may not remember the specific injury. Sometimes the skin around the lumps looks red or bruised. Fat necrosis can easily be mistaken for cancer, so such lumps are removed in a surgical biopsy. (See *Biopsy*, page 29.)

**Sclerosing adenosis** is a benign condition involving the excessive growth of tissues in the breast's lobules. It frequently causes breast pain. Usually the changes are microscopic, but adenosis can produce lumps, and it can show up on a mammogram, often as calcifications. Short of biopsy, adenosis can be difficult to distinguish from cancer. The usual approach is surgical biopsy, which furnishes both diagnosis and treatment.

## Nípple Discharge

**Nipple discharge** accompanies some benign breast conditions. Since the breast is a gland, secretions from the nipple of a mature woman are not unusual, nor even necessarily a sign of disease. For example, small amounts of discharge commonly occur in women taking birth control pills or certain other medications, including sedatives and tranquilizers. If the discharge is being caused by a disease, the disease is more likely to be benign than cancerous.

Nipple discharges come in a variety of colors and textures. A milky discharge can be traced to many causes, including thyroid malfunction and oral contraceptives or other drugs. Women with generalized breast lumpiness may have a sticky discharge that is brown or green.

The doctor will take a sample of the discharge and send it to a laboratory to be analyzed. Benign sticky discharges are treated chiefly by keeping the nipple clean. A discharge caused by infection may require antibiotics.

One of the most common sources of a bloody or sticky discharge is an **intraductal papilloma**, a small, wartlike growth that projects into breast ducts near the nipple. Any slight bump or bruise in the area of the nipple can cause the papilloma to bleed. Single (solitary) intraductal papillomas usually affect women nearing menopause. If the discharge becomes bothersome, the diseased duct can be removed surgically without damaging the appearance of the breast. Multiple intraductal papillomas, in contrast, are more common in younger women. They often occur in both breasts and are more likely to be associated with a lump than with nipple discharge. Multiple intraductal papillomas, or any papillomas associated with a lump, need to be removed

## Infection and/or Inflammation

Infection and/or inflammation, including **mastitis** and **mammary** *duct* **ectasia**, are characteristic of some benign breast conditions.

Mastitis (sometimes called "postpartum mastitis") is an infection most often seen in women who are breast-feeding. A duct may become blocked, allowing milk to pool, causing inflammation, and setting the stage for infection by bacteria. The breast appears red and feels warm, tender, and lumpy.

In its earlier stages, mastitis can be cured by antibiotics. If a puscontaining **abscess** forms, it will need to be drained or surgically removed.

Mammary duct ectasia is a disease of women nearing menopause. Ducts beneath the nipple become inflamed and can become clogged. Mammary duct ectasia can become painful, and it can produce a thick and sticky discharge that is grey to green in color. Treatment consists of warm compresses, antibiotics, and, if necessary, surgery to remove the duct.

~ A word of caution: If you find a lump or other change in your breast, don't use this booklet to try to diagnose it yourself. There is no substitute for a doctor's evaluation. ~

## Benign Breast Conditions and the Risk for Breast Cancer

Most benign breast changes do not increase a woman's risk for getting cancer. Recent studies show that only certain very specific types of microscopic changes put a woman at higher risk. These changes feature excessive cell growth, or **hyperplasia**.

About 70 percent of the women who have a biopsy showing a benign condition have *no* evidence of hyperplasia. **These women are at no increased risk for breast cancer.** 

About 25 percent of benign breast biopsies show signs of hyperplasia, including conditions such as intraductal papilloma and sclerosing adenosis. Hyperplasia *slightly* increases the risk of developing breast cancer.

The remaining 5 percent of benign breast biopsies reveal both excessive cell growth—hyperplasia—and cells that are abnormal—atypia. A diagnosis of atypical hyperplasia, as it is called, moderately increases breast cancer risk.

## If You Find a Lump

If you discover a lump in one breast, check the other breast. If both breasts feel the same, the lumpiness is probably normal. You should, however, mention it to your doctor at your next visit.

But if the lump is something new or unusual and does not go away after your next menstrual period, it is time to call your doctor. The same is true if you discover a discharge from the nipple or skin changes such as dimpling or puckering. If you do not have a doctor, your local medical society may be able to help you find one in your area.

You should not let fear delay you. It is natural to be concerned if you find a lump in your breast. But remember that four-fifths of all breast lumps are not cancer. The sooner any problem is diagnosed, the sooner you can have it treated.

#### Clinical Evaluation

No matter how your breast lump was discovered, the doctor will want to begin with your medical history. What symptoms do you have and how long have you had them? What is your age, menstrual status, general health? Are you pregnant? Are you taking any medications? How many children do you have? Do you have any relatives with benign breast conditions or breast cancer? Have you previously been diagnosed with benign breast changes?

The doctor will then carefully examine your breasts and will probably schedule you for a diagnostic mammogram, to obtain as much information as possible about the changes in your breast. This may be either a lump that can be felt or an abnormality discovered on a screening mammogram. Diagnostic mammography may include additional views or use special techniques to magnify a suspicious area or to eliminate shadows produced by overlapping layers of normal breast tissue. The doctor will want to compare the diagnostic mammograms with any previous mammograms. If the lump appears to be a cyst, your doctor may ask you to have a sonogram (ultrasound study).

## Aspirating a Cyst

When a cyst is suspected, some doctors proceed directly with aspiration. This procedure, which uses a very thin needle and a syringe, takes only a few minutes and can be done in the doctor's office. The procedure is not usually very uncomfortable, since most of the nerves in the breast are in the skin.

Holding the lump steady, the doctor inserts the needle and attempts to draw out any fluid. If the lump is indeed a cyst, removing the fluid will cause the cyst to collapse and the lump to disappear. Unless the

cyst reappears in the next week or two, no other treatment is needed. If the cyst reappears at a later date, it can simply be drained again.

If the lump turns out to be solid, it may be possible to use the needle to withdraw a clump of cells, which can then be sent to a laboratory for further testing. (Cysts are so rarely associated with cancer that the fluid removed from a cyst is not usually tested unless it is bloody or the woman is older than 55 years of age.)

## Biopsy

The only certain way to learn whether a breast lump or mammographic abnormality is cancerous is by having a biopsy, a procedure in which tissue is removed by a surgeon or other specialist and examined under a microscope by a **pathologist**. A pathologist is a doctor who specializes in identifying tissue changes that are characteristic of disease, including cancer.

Tissue samples for biopsy can be obtained by either surgery or needle. The doctor's choice of biopsy technique depends on such things as the nature and location of the lump, as well as the woman's general health.

**Surgical biopsies** can be either excisional or incisional. An **excisional biopsy** removes the entire lump or suspicious area. Excisional biopsy is currently the standard procedure for lumps that are smaller than an inch or so in diameter. In effect, it is similar to a **lumpectomy**, surgery to remove the lump and a margin of surrounding tissue. Lumpectomy is usually used in combination with radiation therapy as the basic treatment for early breast cancer.

An excisional biopsy is typically performed in the outpatient department of a hospital. A local anesthetic is injected into the woman's

breast. Sometimes she is given a tranquilizer before the procedure. The surgeon makes an incision along the contour of the breast and removes the lump along with a small margin of normal tissue. Because no skin is removed, the biopsy scar is usually small. The procedure typically takes less than an hour. After spending an hour or two in the recovery room, the woman goes home the same day.

An **incisional biopsy** removes only a portion of the tumor (by slicing into it) for the pathologist to examine. Incisional biopsies are generally reserved for tumors that are larger. They too are usually performed under local anesthesia, with the woman going home the same day.

Whether or not a surgical biopsy will change the shape of your breast depends partly on the size of the lump and where it is located in the breast, as well as how much of a margin of healthy tissue the surgeon decides to remove. You should talk with your doctor beforehand, so you understand just how extensive the surgery will be and what the cosmetic result will be.

**Needle biopsies** can be performed with either a very fine needle or a cutting needle large enough to remove a small nugget of tissue.

- Fine needle aspiration uses a very thin needle and syringe to remove either fluid from a cyst or clusters of cells from a solid mass. Accurate fine needle aspiration biopsy of a solid mass takes great skill, gained through experience with numerous cases.
- Core needle biopsy uses a somewhat larger needle with a special cutting edge. The needle is inserted, under local anesthesia, through a small incision in the skin, and a small core of tissue is removed. This technique may not work well for lumps that are very hard or very small. Core needle biopsy may cause some bruising,

but rarely leaves an external scar, and the procedure is over in a matter of minutes

At some institutions with extensive experience, aspiration biopsy is considered as reliable as surgical biopsy; it is trusted to confirm the **malignancy** of a clinically suspicious mass or to confirm a diagnosis that a lump is not cancerous. Should the needle biopsy results be uncertain, the diagnosis is pursued with a surgical biopsy. Some doctors prefer to verify all aspiration biopsy results with a surgical biopsy before proceeding with treatment.

**Localization biopsy** (also known as needle localization) is a procedure that uses mammography to locate and a needle to biopsy breast abnormalities that can be seen on a mammogram but cannot be felt (nonpalpable abnormalities). Localization can be used with surgical biopsy, fine needle aspiration, or core needle biopsy.

For a surgical biopsy, the radiologist locates the abnormality on a mammogram (or a sonogram) just prior to surgery. Using the mammogram as a guide, the radiologist inserts a fine needle or wire so the tip rests in the suspicious area—typically, an area of microcalcifications. The needle is anchored with a gauze bandage, and a second mammogram is taken to confirm that the needle is on target.

The woman, along with her mammograms, goes to the operating room, where the surgeon locates and cuts out the needle-targeted area. The more precisely the needle is placed, the less tissue needs to be removed.

Sometimes the surgeon will be able to feel the lump during surgery. In other cases, especially where the mammogram showed only microcalcifications, the abnormality can be neither seen nor felt. To

make sure the surgical specimen in fact contains the abnormality, it is x-rayed on the spot. If this **specimen x-ray** fails to show the mass or the calcifications, the surgeon is able to remove additional tissue.

**Stereotactic localization biopsy** is a newer approach that relies on a three-dimensional x-ray to guide the needle biopsy of a nonpalpable mass. With one type of equipment, the patient lies face down on an examining table with a hole in it that allows the breast to hang through; the x-ray machine and the maneuverable needle "gun" are set up underneath. Alternatively, specialized stereotactic equipment can be attached to a standard mammography machine.

The breast is x-rayed from two different angles, and a computer plots the exact position of the suspicious area. (Because only a small area of the breast is exposed to the radiation, the doses are similar to those from standard mammography.) Once the target is clearly identified, the radiologist positions the gun and advances the biopsy needle into the lesion.

#### Tissue Studies

The cells or tissue removed through needle or surgical biopsy are promptly sent (along with the x-ray of the specimen, if one was made) to the pathology lab. If the excised lump is large enough, the pathologist can take a preliminary look by quick-freezing a small portion of the tissue sample. This makes the sample firm enough to slice into razor-thin sections that can be examined under the microscope. A "frozen section" provides an immediate, if provisional, diagnosis, and the surgeon may be able to give you the results before you go home.

The results of a frozen section are not 100 percent certain, however. A more thorough assessment takes several days, while the pathologist

The pathologist examines the slide, looking for changes in the breast cells that may be indicative of breast cancer.



processes "permanent sections" of tissue that can be examined in greater detail.

When the biopsy specimen is small—as is often the case when the abnormality consists of mammographic calcifications only—many doctors prefer to bypass a frozen section so the tiny specimen can be analyzed in its entirety.

The pathologist looks for abnormal cell shapes and unusual growth patterns. In many cases the diagnosis will be clear-cut. However, the distinctions between benign and cancerous can be subtle, and even experts don't always agree. When in doubt, pathologists readily consult their colleagues. If there is any question about the results of your biopsy, you will want to make sure your biopsy slides have been reviewed by more than one pathologist.

## Deciding To Biopsy

Not every lump or mammographic change merits a biopsy. Nearly all mammographic masses that look smooth and clearly outlined, for instance, are benign. Your doctor needs to thoughtfully weigh the findings from your physical exam and mammogram along with your background and your medical history when making a recommendation about a biopsy.

# ~ In general, doctors feel it is wise to biopsy any distinct and persistent lump. ~

Although benign lumps rarely, if ever, turn into cancer, cancerous lumps can develop near benign lumps and can be hidden on a mammogram. Even if you have had a benign lump removed in the past, you cannot be sure any new lump is also benign.

In some cases, the doctor may suggest watching the suspicious area for a month or two. Because many lumps are caused by normal hormonal changes, this waiting period may provide additional information.

Similarly, if the changes on your mammogram show all the signs of benign disease, your doctor may advise waiting several months and then taking another mammogram. This would be followed by more diagnostic mammograms over the next 3 years. If you choose this option, however, you must be strongly committed to regularly scheduled followups.

If you feel uncomfortable about waiting, express your concerns to your doctor. You may also want to get a second opinion, perhaps from a breast specialist or surgeon. Many cities have breast clinics where you can get a second opinion.

## Biopsy: One Step or Two?

Not too many years ago, all women undergoing surgery for breast symptoms had a **one-step procedure:** If the surgical biopsy showed cancer, the surgeon performed a **mastectomy** immediately. The

woman went into surgery not knowing if she had cancer or if her breast would be removed.

Today a woman facing biopsy has a broader range of options. In most cases, biopsy and diagnosis will be separated from any further treatment by an interval of several days or weeks. Such a **two-step procedure** does not harm the patient, and it has several benefits. It allows time for the tissue sample to be examined in detail and, if cancer is found, it gives the woman time to adjust to the diagnosis. She can review her treatment options, seek a second opinion, receive counseling, and arrange her schedule.

Some women, nonetheless, prefer a one-step procedure. They have decided beforehand that, if the surgical biopsy and frozen section show cancer, they want to go ahead with surgery, either mastectomy or lumpectomy and axillary dissection (removal of the underarm lymph nodes). If, on the other hand, the lump proves to be benign, the incision will be closed. The procedure will have taken less than an hour, and the woman may go home the same day or the next day.

A one-step procedure avoids the physical and psychological stress, as well as the costs in time and money, of two rounds of surgery and anesthesia—a particularly important consideration for women who are ill or frail. Women who have symptoms of breast cancer can find the wait between biopsy and surgery emotionally draining, and they may be relieved to have a one-step procedure to take care of the problem as quickly as possible.

No single solution is right for everyone. Each woman should consult with her doctors and her family, weigh the alternatives, and decide what approach is appropriate. Being involved in the decision-making process can give a woman a sense of control over her body and her life.



## Prevention Research

Many of the factors that influence your chances of developing breast cancer—your age or inheritance of a breast cancer susceptibility gene—are beyond your control. Others present opportunities for change, and several large research studies are looking at possibilities for intervention—changing medication, diet, or behavior to prevent or delay onset of disease.

The Breast Cancer Prevention Trial is a randomized study of **tamoxifen** a drug that has been widely used in the treatment of women with breast cancer. Because tamoxifen, when taken for 5 years, has been found to markedly reduce the occurrence of new cancers, in the opposite breast of a woman who has already had breast cancer, it is now being tried as a prevention treatment in healthy women at increased risk for breast cancer either because they are age 60 or older, or because they are between the ages of 30 and 59 and have combinations of high-risk factors.

Nutrient **chemoprevention** is being tested in research studies in Italy, where women who have already been treated for breast cancer are taking 4-HPR, a synthetic form of vitamin A, in hopes of preventing cancer in the opposite breast. Other researchers are investigating the protective potential of several other vitamins, including C and E. Yet other scientists are checking out naturally occurring chemicals, called **phytochemicals**, found in common fruits, vegetables, and other edible plants, in hopes of finding cancer-fighting substances that can be extracted, purified, and added to our diets.

Diet itself is another target of prevention research. In the Women's Health Initiative, a project of the National Institutes of Health, 70,000 women over age 50 are enrolled. in a series of clinical studies to measure the effectiveness of prevention strategies for coronary heart disease, cancer, and **osteoporosis**. Strategies under study include a low-fat diet (less than 20 percent of calories from fat) and calcium plus vitamin D supplements, along with **hormone replacement therapy**. Another large study evaluating a low-fat diet in high-risk women is under way in Canada.

A much more drastic approach to breast cancer prevention is surgery to remove both breasts. Such a procedure, known as **prophylactic mastectomy**, is sometimes chosen by women with a very high risk for breast cancer—for instance, carrying a genetic mutation in BRCA1 or BRCA2, having a mother and one or more sisters with premenopausal breast cancer, plus a diagnosis of atypical hyperplasia and a history of several breast biopsies.

Unless a woman finds that anxiety is undermining the quality of her life, she is usually counseled not to choose this physically and psychologically draining surgery. The vast majority of breasts removed prophylactically show no signs of cancer. Moreover, since even a total mastectomy can leave a small amount of breast tissue behind, it cannot guarantee the woman will remain cancer-free. The preferred approach for most high-risk women is careful watching with clinical breast exams and mammography once or twice a year.

If you are considering a prophylactic mastectomy, with or without subsequent breast reconstruction, you will want to get a second Prevention Research 39

opinion, preferably from a breast specialist. There is seldom reason to rush your decision. Many doctors advise a woman to give herself several months to weigh the options.

If your risk for breast cancer is high, you might also consider talking with a genetic counselor about gene testing for breast cancer susceptibility. (See *Gene Testing*, page 18.)

## Steps to Take

Whether your risk of breast cancer is average or higher, there are some steps you can take:

- Follow early detection practices. Ask your doctor when you should begin mammograms at regular intervals. Get regular breast, exams by a doctor or nurse.
- Consult your doctor about your personal situation and carefully weigh any potential risks against the benefits in making decisions about hormone-containing drugs. Stay informed as new research findings become available.
- Exercise and eat balanced diet that provides a good variety of nutrients and plenty of fiber. Limit dietary fat and alcohol. These are good health measures that make sense for everyone.

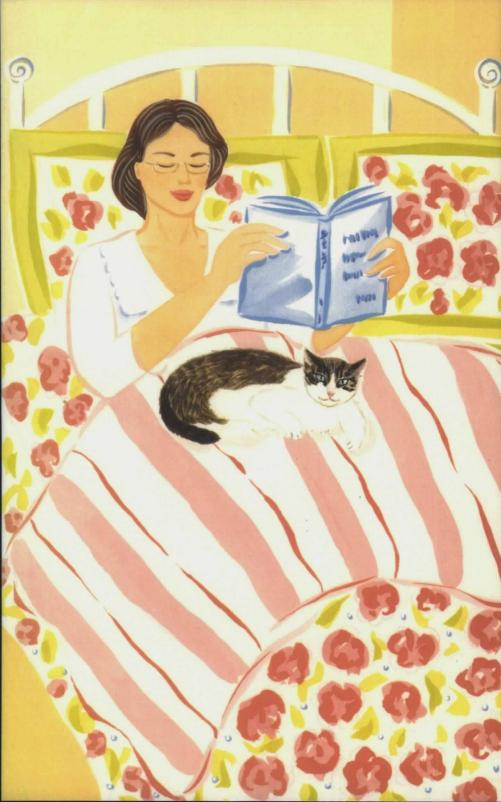


# Questions To Ask Your Doctor

We hope this booklet has answered many of your questions about breast changes and the early detection of breast cancer. However, no booklet can take the place of talking with your doctor. Take any questions you have to your doctor. If you don't understand the answer, ask her or him to explain further.

Many women find it helpful to write down their questions ahead of time. Here is a list of some of the most common questions that women have. You may have others. Jot them down as you think of them, and take the list with you when you see your doctor.

- · How often should I schedule appointments with you?
- How can I tell which lumps are not normal?
- What kind of lumps do I have?
- Do I need to have a mammogram? When? How often? Or if not, why not?
- Is there anything in my background that indicates I should have mammograms more often than your usual recommendations?
- Where should I have my mammogram?
- Did you receive the results of my mammogram? What does the report mean?



# Glossary

**Abscess:** A pocket of pus that forms as the body's defenses attempt to wall off infection-causing germs.

Areola: The colored tissue that encircles the nipple.

**Aspiration:** Removal of fluid from a cyst or cells from a lump, using a needle and syringe.

**Atypical hyperplasia:** Cells that are both abnormal (atypical) and increased in number. Benign microscopic breast changes known as atypical hyperplasia moderately increase a woman's risk of developing breast cancer.

**Average risk** (for breast cancer): A measure of the chances of getting breast cancer without the presence of any specific factors known to be associated with the disease.

**Benign:** Not cancerous; cannot invade neighboring tissues or spread to other parts of the body.

**Benign breast changes:** Noncancerous changes in the breast. Benign breast conditions can cause pain, lumpiness, nipple discharge, and other problems.

**Biopsy:** The removal of a sample of tissue or cells for examination under a microscope for purposes of diagnosis.

**BRCA1** and **BRCA2** genes: The principal genes that, when altered, indicate an inherited susceptibility to breast cancer. These gene alterations are present in 80 to 90 percent of hereditary cases of breast cancer.

**Breast density:** Glandular tissue in the breast common in younger women, making it difficult for mammography to detect breast cancer.

**Breast implants:** Silicone rubber sacs, which are filled with silicone gel or sterile saline, used for breast reconstruction after mastectomy.

**Calcifications:** Small deposits of calcium in tissue, which can be seen on mammograms.

Cancer: A general name for more than 100 diseases in which abnormal cells grow out of control. Cancer cells can invade and destroy healthy tissues, and they can spread through the bloodstream and the **lymphatic system** to other parts of the body.

Carcinoma: Cancer that begins in tissues lining or covering the surfaces (epithelial tissues) of organs, glands, or other body structures. Most cancers are carcinomas.

Carcinoma in situ: Cancer that is confined to the cells where it began, and has not spread into surrounding tissues.

**Chemoprevention:** The use of drugs or vitamins to prevent cancer in people who have precancerous conditions or a high risk of cancer, or to prevent the recurrence of cancer in people who have already been treated for it.

**Chromosomes:** Structures located in the nucleus of a cell, containing genes.

Clinical breast exam: A physical examination by a doctor or nurse of the breast, underarm, and collarbone area, first on one side, then on the other.

Computed tomography (CT) scanning: An imaging technique that uses a computer to organize the information from multiple x-ray views and construct a cross-sectional image of areas inside the body.

Computer-aided diagnosis (CAD): the use of special computer programs to scan mammographic images and flag areas that look suspicious.

**Core needle biopsy:** The use of a small cutting needle to remove a core of tissue for microscopic examination.

**Cyclic breast changes:** Normal tissue changes that occur in response to the changing levels of female hormones during the menstrual cycle. Cyclic breast changes can produce swelling, tenderness, and pain.

Cyst: Fluid-filled sac. Breast cysts are benign.

**Diagnostic mammogram:** The use of a breast x-ray to evaluate the breasts of a woman who has symptoms of disease such as a lump, or whose screening mammogram shows an abnormality.

**Digital mammography:** A technique for recording x-ray images in computer code, which allows the information to enhance subtle, but potentially significant, changes.

**Ducts:** Channels that carry body fluids. Breast ducts transport milk from the breast's lobules out to the nipple.

**Ductal carcinoma in situ (DCIS):** Cancer that is confined to the ducts of the breast tissue.

**Excisional biopsy:** The surgical removal (excision) of an abnormal area of tissue, usually along with a margin of healthy tissue, for microscopic examination. Excisional biopsies remove the entire lump from the breast.

**False negative** (mammograms): Breast x-rays that miss cancer when it is present.

False positive (mammograms): Breast x-rays that indicate breast cancer is present when the disease is truly absent.

**Fat necrosis:** Lumps of fatty material that form in response to a bruise or blow to the breast.

**Fibroadenoma:** Benign breast tumor made up of both structural (fibro) and glandular (adenoma) tissues.

Fibrocystic disease: See Generalized breast lumpiness.

**Fine needle aspiration:** The use of a slender needle to remove fluid from a cyst or clusters of cells from a solid lump.

**Frozen section:** A sliver of frozen biopsy tissue. A frozen section provides a quick preliminary diagnosis but is not 100 percent reliable.

**Generalized breast lumpiness:** Breast irregularities and lumpiness, commonplace and noncancerous. Sometimes called "fibrocystic disease" or "benign breast disease."

**Gene:** Segment of a DNA molecule and the fundamental biological unit of heredity.

**Genetic change:** An alteration in a segment of DNA, which can disturb a gene's behavior and sometimes leads to disease.

**Higher risk** (for breast cancer): A measure of the chances of getting breast cancer when factor(s) known to be associated with the disease are present.

**Hormone replacement therapy:** Hormone-containing medications taken to offset the symptoms and other effects of the hormone loss that accompanies menopause.

**Hormones:** Chemicals produced by various glands in the body, which produce specific effects on specific target organs and tissues.

**Hyperplasia:** Excessive growth of cells. Several types of benign breast conditions involve hyperplasia.

**Incisional biopsy:** The surgical removal of a portion of an abnormal area of tissue, by cutting into (incising) it, for microscopic examination.

**Infection:** Invasion of body tissues by microorganisms such as bacteria and viruses.

**Infiltrating cancer:** Cancer that has spread to nearby tissue, lymph nodes under the arm, or other parts of the body. (Same as Invasive cancer.)

**Inflammation:** The body's protective response to injury (including infection). Inflammation is marked by heat, redness, swelling, pain, and loss of function.

**Intraductal papilloma:** A small wartlike growth that projects into a breast duct.

**Invasive cancer:** Cancer that has spread to nearby tissue, lymph nodes under the arm, or other parts of the body. (Same as **Infiltrating cancer.)** 

**Laser beam scanning:** a technology being studied in research for breast cancer detection that shines a laser beam through the breast and records the image produced, using a special camera.

**Lobes, lobules, bulbs:** Milk-producing tissues of the breast. Each of the breast's 15 to 20 lobes branches into smaller lobules, and each lobule ends in scores of tiny bulbs. Milk originates in the bulbs and is carried by ducts to the nipple.

**Localization biopsy:** The use of mammography to locate tissue containing an abnormality that can be detected only on mammograms, so it can be removed for microscopic examination.

**Lumpectomy:** Surgery to remove only the cancerous breast lump; usually followed by radiation therapy.

**Lymphatic system:** The tissues and organs that produce, store, and transport cells that fight infection and disease.

**Macrocalcifications:** Coarse calcium deposits. They are most likely due to aging, old injuries, or inflammations and usually are associated with benign conditions.

Magnetic resonance imaging (MRI): A technique that uses a powerful magnet linked to a computer to create detailed pictures of areas inside the body.

**Malignancy:** State of being cancerous. Malignant tumors can invade surrounding tissues and spread to other parts of the body.

Mammary duct ectasia: A benign breast condition in which ducts beneath the nipple become dilated and sometimes inflamed, and which can cause pain and nipple discharge.

Mammogram: An x-ray of the breast.

**Mammography:** The examination of breast tissue using x-rays.

**Mastectomy:** Surgery to remove the breast (or as much of the breast as possible).

**Mastitis:** Infection of the breast. Mastitis is most often seen in nursing mothers.

**Menopause:** The time when a woman's monthly menstrual periods cease. Menopause is sometimes called the "change of life."

**Menstrual cycle:** The monthly cycle of discharge, during a woman's reproductive years, of blood and tissues from the uterus.

**Microcalcifications:** Tiny deposits of calcium in the breast, which can. show up on a mammogram. Certain patterns of microcalcifications are sometimes a sign of breast cancer.

**Mutation:** A change in the number, arrangement, or molecular sequence of a gene.

**Needle biopsy:** Use of a needle to extract cells or bits of tissue for microscopic examination.

Nipple discharge: Fluid coming from the nipple.

**Nonpalpable cancer:** Cancer in breast tissue that can be seen on mammograms but that cannot be felt.

**One-step procedure:** Biopsy and surgical treatment combined into a single operation.

**Osteoporosis:** A condition of mineral loss that causes a decrease in bone density and an enlargement of bone spaces, producing bone fragility.

**Palpation:** Use of the fingers to press body surfaces, so as to feel tissues and organs underneath. Palpating the breast for lumps is a crucial part of a physical breast examination.

**Pathologist:** A doctor who diagnoses disease by studying cells and tissues under a microscope.

**Permanent section:** Biopsy tissue specially prepared and mounted on slides so that it can be examined under a microscope by a pathologist.

**Phytochemicals:** Naturally occurring chemicals found in plants that may be important nutrients for reducing a person's cancer risk.

**Positron emission tomography (PET scanning):** A technique that uses signals emitted by radioactive tracers to construct images of the distribution of the tracers in the human body.

**Prophylactic mastectomy:** Surgery to remove a breast that is not known to contain breast cancer, for the purpose of reducing an individual's cancer risk.

**Rad:** A unit of measure for radiation. It stands for radiation absorbed dose.

**Radiation:** Energy carried by waves or by streams of particles. Various forms of radiation can be used in low doses to diagnose disease and in high doses to treat disease. See **X-rays.** 

**Radiologist:** A doctor with special training in the use of x-rays (and related technologies such as ultrasound) to image body tissues and to treat disease

**Risk:** A measure of the likelihood of some uncertain or random event with negative consequences for human life or health.

**Risk factors** (for cancer): Conditions or agents that increase a person's chances of getting cancer. Risk factors do not necessarily cause cancer; rather, they are indicators, statistically associated with an increase in likelihood.

**Sclerosing adenosis:** A benign breast disease that involves the excessive growth of tissues in the breast's lobules.

**Screening mammogram:** Breast x-ray used to look for signs of disease such as cancer in people who are symptom-free.

Sonogram: The image produced by ultrasound.

**Specimen x-ray:** An x-ray of tissue that has been surgically removed (surgical specimen).

**Stereotactic localization biopsy:** A technique that employs three-dimensional x-ray to pinpoint a specific target area. It is used in conjunction with needle biopsy of nonpalpable breast abnormalities.

**Surgical biopsy:** The surgical removal of tissue for microscopic examination and diagnosis. Surgical biopsies can be either excisional or incisional. (See **Excisional biopsy** and **Incisional biopsy**.)

**Tamoxifen:** A hormonally related drug that has been used to treat breast cancer and is being tested as a possible preventive strategy.

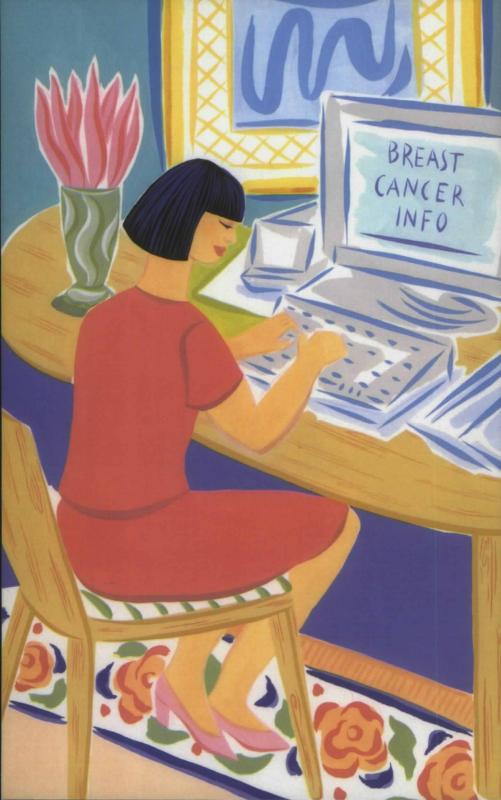
**Tumor:** An abnormal growth of tissue. Tumors may be either benign or cancerous

**Tumor markers:** Proteins (either amounts or unique variants) made by altered genes in cancer cells that are involved in the progression of the disease.

**Two-step procedure:** Biopsy and treatment done in two stages, usually a week or two apart.

**Ultrasound:** The use of sound waves to produce images of body tissues.

**X-ray:** A high-energy form of radiation. X-rays form an image of body structures by traveling through the body and striking a sheet of film. Breast x-rays are called mammograms.



Resources 51

### Resources

Information about cancer is available from the sources listed below. You may wish to check for additional information at your local library or bookstore and from support groups in your community. Another option may be to use your computer to access the Internet and visit the NCI website for patients and the public at <a href="http://rex.nci.nih.gov">http://rex.nci.nih.gov</a>.

#### National Cancer Institute (NCI)

The National Cancer Institute is the principal federal agency working to prevent cancer and help patients live longer and healthier lives. Drawing on the knowledge and expertise of researchers at laboratories, cancer centers, and universities across the country, NCI strives to conduct and sponsor research and translate the results into information that will continue to benefit everyone.

#### **Cancer Information Service (CIS)**

The Cancer Information Service, a national information and education network, is a free public service of NCI. The CIS meets the information needs of patients, the public, and health professionals. Specially trained staff provide the latest scientific information in understandable language, as well as a list of mammography facilities organized by state. CIS staff answers questions in English and Spanish and distributes NCI materials. The toll-free telephone number for the CIS is 1-800-4-CANCER (1-800-422-6237). People with TTY equipment may call 1-800-332-8615.

#### **PDQ**

People who have cancer, their families, and doctors who care for cancer patients need timely and accurate information about cancer treatment. To meet these needs, NCI developed PDQ. This computer database gives both patients and doctors quick and easy access to the latest treatment information

To use PDQ, doctors may use an office computer or the services of a medical library. By calling the CIS at 1-800-4-CANCER, doctors and patients can get PDQ information and learn how to use this system.

#### **American Cancer Society (ACS)**

The American Cancer Society is a voluntary organization with local units all over the country. It supports research, conducts educational programs, and offers support groups and many other services to patients and their families. It also provides free booklets. To obtain information about services and activities in local areas, call the ACS's toll-free number, 1-800-ACS-2345 (1-800-227-2345) or the number listed under American Cancer Society in the white pages of the telephone book.

#### National Women's Health Information Center (NWHIC)

The National Women's Health Information Center, sponsored by the U.S. Public Health Service's Office on Women's Health and the Department of Defense, provides a centralized point of access to women's health information from the federal government and the private sector. To obtain information on breast cancer and other topics, call the NWHIC's toll-free number, 1-800-994-WOMAN.

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Please tell us what you th	nink of this booklet.	
1. The booklet was: □ ea	asy to understand	
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□ calling 1-800-4-CAN	NCER (NCI's Cancer Info	ormation Service)
□ calling 1-800-994-W (National Women's	OMAN Health Information Cent	er)
□ National Cancer Ins	titute	
□ U. S. Public Health S	Service's Office on Wome	en's Health
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5. Did this booklet		
□ cover information th	nat you needed?	
□ help you understand	l breast changes better?	
□ help you make decis	sions about your health?	
□ help you in talking v	with your doctor?	
□ help you in dealing	with your feelings about 1	breast cancer?
6. What is your age?		
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□ 8th grade or less	□ some high school	☐ high school graduate
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Since the National Cancer Program began in 1971, persistent research efforts have led to significant progress in cancer detection, diagnosis, prevention, and treatment.

These efforts have resulted in an overall decrease in cancer. death rates and in more effective treatments for patients.

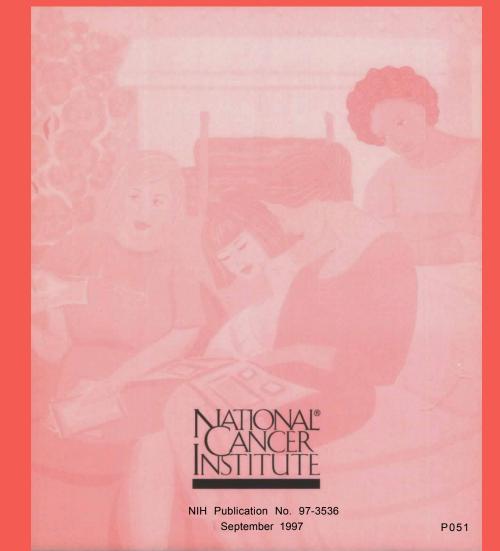
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To learn more, about mammograms, call the
National Cancer Institute's Cancer Information Service
at 1-800-4-CANCER (1-800-422-6237).

People with TTY equipment, dial 1-800-332-8615.

Visit the NCI's Web site

for Patients, the Public, and the Mass Media at http://rex.nci.nih.gov or NCI's main Web site at http://www.nci.nih.gov.



Sample materials for Lunch and Learn #5

## **CANCER FACTS**

National Cancer Institute • National Institutes of Health

#### **Screening Mammograms**

#### 1. What is a screening mammogram?

A screening mammogram is an x-ray of the breast used to detect breast changes in women who have no signs of breast cancer. It usually involves two x-rays of each breast. Using a mammogram, it is possible to detect a tumor that cannot be felt.

#### 2. What is a diagnostic mammogram?

A diagnostic mammogram is an x-ray of the breast used to diagnose unusual breast changes, such as a lump, pain, nipple thickening or discharge, or a change in breast size or shape. A diagnostic mammogram is also used to evaluate abnormalities detected on a screening mammogram. It is a basic medical tool and is appropriate in the workup of breast changes, regardless of a woman's age.

# 3. What is the position of the National Cancer Institute (NCI) on screening mammograms?

The National Cancer Institute recommends that women in their forties or older get screening mammograms on a regular basis, every 1 to 2 years.

Women who are at increased risk for breast cancer should seek medical advice about when to begin having mammograms and how often to be screened. (For example, a doctor may recommend that a woman at increased risk begin screening before age 40 or change her screening intervals to every year.)

#### 4. What are the factors that place a woman at increased risk for breast cancer?

Every woman has some risk for developing breast cancer during her lifetime, and that risk increases as she ages. However, the risk of developing breast cancer is not the same for all women. These are the factors known to increase a woman's chance of developing this disease:

**Personal History:** Women who have had breast cancer are more likely to develop a second breast cancer.

- **Family History:** The risk of getting breast cancer increases for a woman whose mother, sister, or daughter has had the disease; or who has two or more close relatives, such as cousins or aunts, with a history of breast cancer (especially if diagnosed before age 40). About 5 percent of women with breast cancer have a hereditary form of this disease.
- **Genetic Alterations:** Specific alterations in certain genes, such as those in the breast cancer genes BRCA1 or BRCA2, make women more susceptible to breast cancer.
- **Abnormal Biopsy:** Women with certain abnormal breast conditions, such as atypical hyperplasia or LCIS (lobular carcinoma in situ), are at increased risk.
- Other conditions associated with an increased risk of breast cancer: Women age 45 or older who have at least 75 percent dense tissue on a mammogram are at elevated risk. (This is not only because tumors in dense breasts are more difficult to "see," but because, in older women, dense breast tissue itself is related to an increased chance of developing breast cancer.)

Women who received chest irradiation for conditions such as Hodgkin's disease at age 30 or younger are at higher risk for breast cancer throughout their lives and require regular monitoring for breast cancer.

A woman who has her first child at age 30 or older has an increased risk of breast cancer.

Recent evidence suggests that menopausal women who have long-term exposure (greater than 10 years) to hormone replacement therapy (HRT) may have a slightly increased risk of breast cancer.

#### 5. What are the chances that a woman in the United States might get breast cancer?

Age is the most important factor in the risk for breast cancer. The older a woman is, the greater her chance of getting breast cancer. No woman should consider herself too old to need regular screening mammograms. A woman's chance. . .

by age 30 ... 1 out of 2,525 by age 40 ... 1 out of 217 by age 50 ... 1 out of 50 by age 60 ... 1 out of 24 by age 70 ... 1 out of 14 by age 80 ... 1 out of 10

(Source: NCI's Surveillance, Epidemiology, and End Results Program & American Cancer Society, 1993)

About 80 percent of breast cancers occur in women over the age of 50; the number of cases is especially high for women over age 60. Breast cancer is uncommon in women under age 40.

#### 6. What is the best method of detecting breast cancer as early as possible?

A high-quality mammogram, with a clinical breast exam (an exam done by a professional health care provider), is the most effective way to detect breast cancer early when it is most treatable. Using a mammogram, it is possible to detect breast cancer that cannot be felt. However, like any test, mammograms have both benefits and limitations.

When a woman examines her own breasts, it is called breast self-exam (BSE). Studies so far have not shown that BSE alone reduces the numbers of deaths from breast cancer. Therefore, it should not be used in place of clinical breast exam and mammography.

#### 7. What are the benefits of screening mammograms?

• Saved lives: Several studies have shown that regular screening mammograms can help to decrease the chance of dying from breast cancer. The benefits of regular screening are greater for women over age 50. For women in their forties, there is recent evidence that having mammograms on a regular basis reduces their chances of dying from breast cancer by about 17 percent. For women between the ages of 50 and 69, there is strong evidence that screening with mammography on a regular basis reduces breast cancer deaths by about 30 percent.

Estimates show that if 10,000 women age 40 were screened every year for 10 years, about four lives would be saved. In comparison, regular screening of 10,000 women age 50 would save about 3 7 lives.

• **More treatment options:** In some cases, finding a breast tumor early may mean that a woman can choose surgery that saves her breast. Also, a woman whose breast tumor is detected in its early stages may not have to undergo chemotherapy.

#### 8. What are some of the limitations of screening mammograms?

- **Detection does not always mean saving lives:** Even though mammography can detect most tumors that are 5 millimeters in size, (5 millimeters is about 1/4 inch) and some as small as 1 millimeter, finding a small tumor does not always mean that a woman's life will be saved. Mammography may not help a woman with a fast-growing or aggressive cancer that has already spread to other parts of her body before being detected.
- False Negatives: False negatives occur when mammograms appear normal even though breast cancer is actually present. False negatives are more common in younger women than in older women. The dense breasts of younger women

contain many glands and ligaments, which make breast cancers more difficult to spot in mammograms. As women age, breast tissues become more fatty and breast cancers are more easily "seen" by screening mammograms.

Screening mammograms miss up to 25 percent of breast cancers in women in their forties compared with about 10 percent of cancers for older women.

• False Positives: False positives occur when mammograms are read as abnormal, but no cancer is actually present. For women at all ages, between 5 percent and 10 percent of mammograms are abnormal and are followed up with additional testing (a diagnostic mammogram, fine needle aspirate, ultrasound, or biopsy). Most abnormalities will turn out not to be cancer.

False positives are more common in younger women than older women. About 97 percent of women ages 40 to 49 who have abnormal mammograms turn out *not* to have cancer, as compared with about 86 percent for women age 50 and older. But all women have to undergo followup procedures when they have an abnormal mammogram.

• **DCIS:** Over the past 30 years, improvements in mammography have resulted in an ability to detect a higher number of small tissue abnormalities called ductal carcinomas in situ (DCIS), abnormal cells confined to the milk ducts of the breast. Some of these can eventually go on to become actual cancers, but many do not.

Because it is not possible to predict which ones will progress to invasive cancer, DCIS is commonly removed surgically; some are treated with mastectomy, some with breast-sparing surgery. There is disagreement among experts about the extent of surgery necessary for DCIS.

Younger women have a higher proportion of DCIS than older women. Approximately 45 percent of breast cancers detected by screening mammograms in women ages 40 to 49 are DCIS compared with about 20 to 30 percent of those detected in women age 50 and older.

#### 9. How much does a mammogram cost?

Most screening mammograms cost between \$50 and \$150. Most states now have laws requiring health insurance companies to reimburse all or part of the cost of screening mammograms. Details can be provided by insurance companies and health care providers. Currently, Medicare pays for part of the cost of one screening mammogram every 2 years for women who are eligible for Medicare benefits. On January 1, 1998, this coverage will increase to one screening mammogram every year. Information on coverage is available through the Medicare Hotline at 1-800-638-6833.

Some state and local health programs and employers provide mammograms free or at low cost. Information on low-cost or free mammography screening programs is available through the NCI's Cancer Information Service at 1-800-4-CANCER.

#### 10. Where can a woman get a high quality mammogram?

Women can get high quality mammograms in breast clinics, radiology departments of hospitals, mobile vans, private radiology offices, and doctors' offices.

Through the Mammography Quality Standards Act, all mammography facilities are required to display certification by the Food and Drug Administration (FDA). To be certified, facilities must meet standards for the equipment they use, the people who work there, and the records they keep. Women should go to an FDA-certified facility and look for the certificate and expiration date. Women can ask their doctors or staff at the mammography facility about FDA-certification before making an appointment. Information about local FDA-certified mammography facilities is available through NCI's Cancer Information Service at 1-800-CANCER.

#### 11. What technologies are under development for breast cancer screening?

The NCI is supporting the development of several new technologies to detect breast tumors. This research ranges from technologies under development in research labs to those that have reached the stage of testing in humans, known as clinical trials.

Efforts to improve conventional mammography include digital mammography, where computers assist in the interpretation of the x-rays. Other studies are aimed at developing teleradiology, sending x-rays electronically, for long-distance clinical consultations. A non-X-ray based technology under development is magnetic resonance imaging (MRI).

In addition to imaging technologies, NCI-supported scientists are exploring methods to detect markers of breast cancer in blood, urine, or nipple aspirates that may serve as early warning signals for breast cancer.

## 12. What studies is NCI supporting to find better ways to prevent and treat breast cancer?

NCI is supporting many studies that are looking for improved prevention and treatment for breast cancer.

• Basic Research: Many studies are taking place to identify the causes of breast cancer, including an analysis of the role that alterations in the BRCA1 and BRCA2 genes play in the development of cancer. Scientists also are looking

at how these genes interact with other genes and with hormonal, dietary, and environmental factors to determine what influences the development of breast cancer

- **Prevention:** Researchers are looking for ways to prevent breast cancer in women who are at increased risk. In addition, studies currently under way involving diet, nutrition, and environmental factors could also lead to new prevention strategies.
- **Treatment:** Several studies are aimed at finding treatments for breast cancer that are more effective and less toxic than current methods.

Women who would like more information on cancer prevention, treatment, or screening studies can call NCI's Cancer Information Service at 1-800-4-CANCER.

# # #

#### Sources of National Cancer Institute Information

#### **Cancer Information Service**

Toll-free: 1-800-4-CANCER (1-800-422-6237)

TTY: 1-800-332-8615

# NCI Online CancerNet<sup>TM</sup>

#### Internet

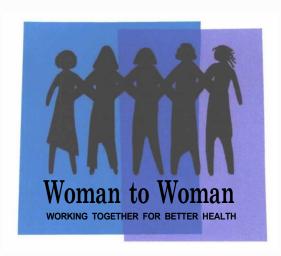
http://rex.nci.nih.gov and http://cancernet.nci.nih.gov gopher://gopher.nih.gov

#### CancerMail Service

To obtain a contents list, send E-mail to cancernet@icicc.nci.nih.gov with the word "help" in the body of the message.

#### CancerFax® fax on demand service

Dial 301-402-5874 and listen to recorded instructions.



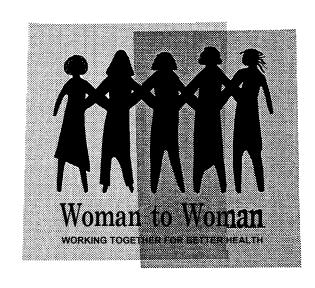
# Woman to Woman Lunch & Learn Kit



LUNCH & LEARN #6

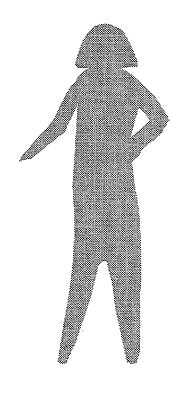
The Importance of

Pap Tests



#### **LUNCH AND LEARN #6**

# The Importance of Pap Tests



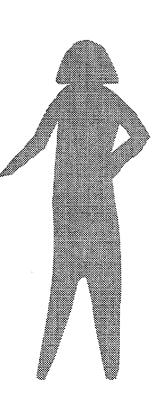
#### **LUNCH AND LEARN #6**

# The Importance of Pap Tests

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Commonly Asked Questions about Cervical Health

# The Importance of Pap Tests



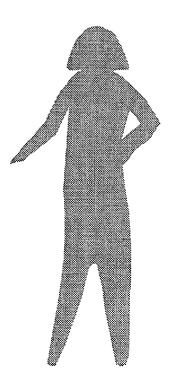
#### INTRODUCTION

This guide was prepared by Dana-Farber Cancer Institute as part of the Woman to Woman Program. It was designed to help "Peer Health Advisors" plan and run small group education sessions about breast and cervical cancer at the worksite ("Lunch and Learn"). Although this guide is directed toward Peer Health Advisors, Lunch and Learns can be delivered by any qualified facilitator and this model can be adapted for other women's health topics.

Throughout this guide, you will see references to the "Worksite Coordinator," "Peer Health Advisors," and the "Volunteer Advisory Board members." These terms were used during the implementation of the Woman to Woman Program. Feel free to use terms that are applicable to your worksite. It is important to involve employees, management and union representatives ("Planning Team") in the planning and implementation of the session, and to distribute responsibilities, as appropriate.

#### **Contents of This Kit**

There are three sections in this Kit. The first section is a Program Planning Checklist. This checklist will help you to plan and organize each session. The second section contains a Session Guide for teaching about breast and cervical cancer and early detection methods. The outline provides points to cover in the education session, scripted information about breast and cervical cancer and early detection methods, and suggested teaching strategies that can be used in the session. The third section contains Commonly Asked Questions. In this section you will find responses to questions that are frequently asked.



#### PLANNING CHECKLIST

It is important that Peer Health Advisors/facilitators work closely as a team with their fellow employees, including the Worksite Coordinator, Volunteer Advisory Board members or Planning Team, when planning a Lunch and Learn session. The following checklist has been developed to assist you in preparing for this session.

#### WHY: Clarify your educational objectives

An educational objective specifies what you want to achieve with this session (e.g., to raise awareness about early detection of breast or cervical cancer). Make sure you define your objectives clearly. Once you have clarified the purpose of holding this session and know what you want to achieve, then you can decide which Lunch and Learn session to present.

#### WHAT: Plan the program

Six Kits were developed for the Woman to Woman Program. Each Kit has a slightly different emphasis, although all focus on raising awareness of the importance of breast and cervical cancer screening. The materials and supplies needed in each session are related to the content in the Session Guide and are listed in the "Materials" section of the kit.

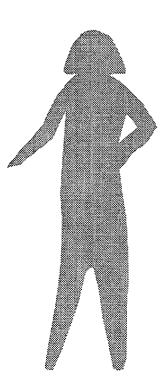
#### WHO: Define who will be involved in this session

#### Identify the audience you hope to reach with this session

Define the audience you want to reach with this session. You may want to reach all employees or a specific group within the organization.

# Identify resources that can assist in planning and implementing the session

Identify individuals in the worksite that can be given a role or specific tasks in planning and conducting the Lunch and Learn sessions.



#### WHEN: Choose a date and time

When choosing a date, be sure to allow plenty of time to make the arrangements, publicize the program, and tend to all the details. We suggest that planning begin three to four weeks prior to the date of the session.

Choose a time that will be convenient for most of the people you want to attend. Despite its name, Lunch and Learn isn't just for lunch. You may prefer to offer a session during a morning break or after work. Or you may decide to have a session after staff meetings or some evening at dinner time. Each session is designed to take approximately 20-30 minutes.

#### WHERE: Select a location and reserve a room

Select an appropriate place for your program. This will require that you estimate the size of the group that will attend the session. It is best to choose a room where everyone can be comfortably seated and see the Peer Health Advisor/facilitator. If you plan to show a video, make sure that everyone can see the television screen- from where they are seated.

Since breast and cervical cancer are sensitive topics for many women, you may want to select a room where there is privacy. Choose a room where there is a door that can be closed, or an area in which people do not circulate.

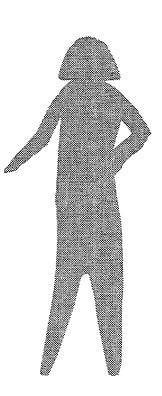
#### HOW: Prepare the session in advance

We recommend that you follow the steps below when planning the session:

#### Practice giving the presentation

The Peer Health Advisor/facilitator needs to plan the topics to be presented and make sure that s/he knows the material. The Session Guide provides Peer Health Advisors/facilitators with a script they can use. Presenters may want to practice in front of a co-worker or another Peer Health Advisor the day before the session.

The Peer Health Advisor/facilitator needs to anticipate questions that people may ask during the presentation. For example, when discussing mammograms, women may ask her or him why mammograms are not routinely recommended to women less than 40 years of age. To help prepare for these questions, refer to the



"Commonly Asked Questions" section of this Kit. Suggest that the Peer Health Advisor/facilitator read these in advance or refer to them during the presentation if questions arise. It is perfectly acceptable — and even preferable — for the Peer Health Advisor/facilitator to tell participants that s/he does not know the answer to a question, and offer to get back with an answer later. The goal of this program is to help women learn where they can find their own answers.

Remind the Peer Health Advisor/facilitator that any medical question must be referred to a health care provider.

#### Set up the room

Set up the room as early as possible on the day of the session. This will give you time to check on supplies and equipment, and will allow the Peer Health Advisor/facilitator to practice a few times before the presentation. Make certain that there are enough chairs for everyone. You can put handouts on each chair, or you can set handouts on a table near the door so participants can take their own. If you plan to have participants sign-in, make sure to put the sign-in sheet in an accessible place so that participants can sign-in as they come into the room (optional).

#### Arrange for refreshments (optional)

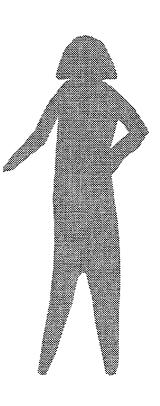
Work with the Volunteer Advisory Board, other Peer Health Advisors or Planning Team to make arrangements for food and refreshments. Refreshments should be delivered 10-20 minutes prior to the session so that they can be properly arranged.

#### Plan for evaluation of the session (optional)

Discuss plans for evaluating Lunch and Learn sessions with the Worksite Coordinator, Volunteer Advisory Board members or Planning Team. In Woman to Woman, after each presentation, Peer Health Advisors asked participants to fill out a Participants' Satisfaction Form. Participants' Satisfaction Forms provide an opportunity for the participants to give Peer Health Advisors or facilitators feedback about the session. This information is very important; it helps determine ways to improve the educational sessions, learn more about topics of interest at the worksite, and ways to direct your promotional efforts at the worksite.

#### PROMOTION: Publicize your program

It is very important that you let women in your worksite know



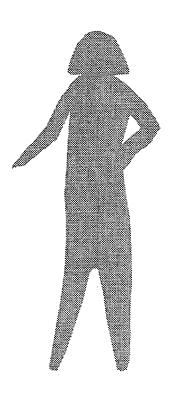
about the session in advance. We suggest that you start to publicize the program at least three weeks before it is held. Speak with the Worksite Coordinator, Volunteer Advisory Board members or Planning Team to determine the best way to publicize the program. Options include informing co-workers by word of mouth, placing notices in worksite or union newsletters or bulletins, or making announcements at staff meetings.

#### **INCENTIVES: Distribute incentives (optional)**

Offering incentives for program participation may increase the chances of having a good turnout at the session. There are different types of incentives: food, fun, educational materials or small gifts. Discuss the feasibility of distributing incentives to program participants with the Worksite Coordinator, Volunteer Advisory Board members or Planning Team.

Note: "Steps for Planning" are also contained in the Program Manual.

Source: This planning checklist was adapted from de National Cancer Institute's "Speaker's Kit."



#### **SESSION OBJECTIVES**

Session Guides are available for each of the Lunch and Learn sessions. You should present all of the major points in the guide at each session. You can decide how much time to spend on each topic. You may choose to emphasize one of the topics (e.g., cervical cancer screening) after reviewing the major points covered in the guide. This will depend on the amount of time that you have to run the small group education session, and on the interests of the session participants.

#### Session Objectives

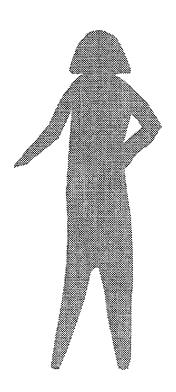
After you review the major points covered in this session guide, the participants in the small group sessions will have discussed:

Methods for early detection of cervical cancer

Cervical cancer screening guidelines

Ways to motivate women to take action toward getting screened

It is important to inform participants that it will not be possible to cover all aspects of women's health or answer all their questions at this session. However, we will work together to find answers to their questions.



#### **MATERIALS**

**Promotional Flyers and Posters.** These are used to promote Lunch and Learn sessions. Samples are located in the Program Manual.

**Lunch and** Learn **Kits.** These contain Planning Checklists, Session Guides, and Commonly Asked Questions. Kits (like this one) are located in the Lunch and Learn Kits binder.

**Flip Charts.** These are used in conjunction with the Lunch and Learn Kits. They are located in the Lunch and Learn portfolio provided.

Goal-Setting Cards. These are cards that women who participate in the session fill out during the session as part of the "Setting Goals for Our Health" activity. They are taken home by participants. They are located in the Lunch and Learn Kits binder.

**Sign-in Sheets (optional).** These are forms to collect information about the women who participate in the session. Participants sign-in as they come into the room. A sample is located in the Lunch and Learn Kits binder.

**Participants' Satisfaction Forms (optional).** These are used to get participants' feedback about the session. Samples are located in the Lunch and Learn Kits binder.

**Educational Brochures.** These are additional resource materials that can be distributed after each session. Discuss which brochures are appropriate for each session and where they may be obtained with the Planning Team.

**Incentives (optional).** These are used to increase participation and may include food, gifts, and materials. Discuss which incentives are appropriate for each session and where they may be obtained with the Planning Team.

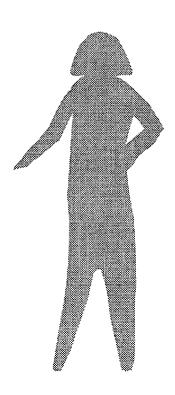
**Refreshments.** These are used to increase participation and may include food or drinks. Discuss which refreshments are appropriate for each session and where they may be obtained with the Planning Team.

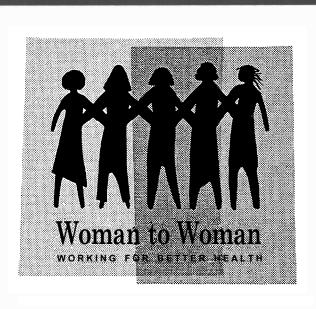
**Equipment (not applicable to all sessions).** Equipment may include TV/VCR, overhead projector, slide projector and extension cord. Discuss which equipment is necessary for each session and where it may be obtained with the Planning Team. In this session you will need a TV and VCR.



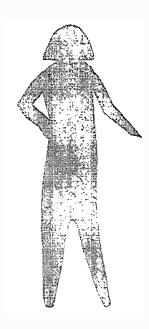
#### **AGENDA**

- I. Introductions
- II. Ground Rules
- III. Purpose of this Session
- IV. Activity #1: Early Detection Methods for Cervical Cancer
- V. Activity #2: Screening Guidelines
- VI. Activity #3: The Importance of Pap Tests: Video and Discussion
- VII. Activity #4: Taking Action and Summary
- VIII. Activity #5: What Questions Do You Have? Where Can We Get More Information?
- IX. Activity #6: Participants' Satisfaction Forms





# The Importance of Pap Tests



#### **SESSIONS GUIDE**

#### Introductions

#### Start with an introduction:

Welcome everyone to the group and thank them for coming.

#### **Tell participants:**

The title of today's session is "The Importance of Pap Tests."

Introduce yourself and ask the participants to introduce themselves by saying their name and department. (If everyone already knows one another, you may skip this step).

#### If applicable, say:

There is a sign-in sheet for you to write your name and department, and a Participants' Satisfaction Form at each place to complete before you leave the room.

Present Flip Chart #1 which displays the Woman to Woman Program name. If your worksite is using another name modify accordingly.

#### **Tell Participants:**

This session is being offered as part of a larger initiative to educate employees about breast and cervical health.

There are many important women's health issues. The goal of *this* program is to raise awareness about breast and cervical cancer and the importance of finding these cancers early through screening.

#### Describe your role

(i.e., Peer Health Advisor, Guest Speaker, Facilitator):

PHA's role: The role of the PHA is to lead small group education sessions, to distribute resource materials, to provide basic breast and cervical information, to support co-workers on a one-to-one basis, and to work with community organizations to organize educational activities for employees at the worksite.



#### **Our Ground Rules**

- > You choose how much to share with the group
- ➤ We respect confidentiality
- > We don't discuss medical advice see your doctor
- We don't have all the answers we're all here to learn
- ➤ Time is limited
- > Other?

# **Ground Rules**

# Present Flip Chart #2.

# Inform participants of the ground rules for this session:

You choose how much to share with the group Participation in this session is *voluntary*. You decide how much and what personal information you want to share with the group.

# We respect confidentiality

What is discussed in this room should be considered *confidential*. We ask that you do not repeat the personal stories or experiences that are shared here today, unless the person who told the story tells you directly that you have explicit permission to do so. This is very important.

We don't discuss medical advice - see your doctor
This session is NOT designed to provide *medical advice* or to answer all your questions about breast and cervical cancer. It is designed to raise awareness and to encourage discussion. We will help each other find the answers to our questions.

We don't have all the answers - we're all here to learn
We are not experts; but we can learn from one another. We respect each persons contribution, and whoever chooses to speak may do so without interruption.

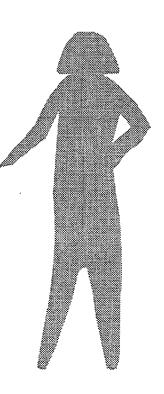
It is OK to leave the room if you are uncomfortable During this session, we will watch a video that shows a woman having a pelvic exam with Pap test. It is okay to leave the room if you are uncomfortable.

# Time is limited

*Time* is a constraint. We want to cover a lot of material so let's try to stay focused. There will be other sessions to cover more material, and I can help you find more information through community organizations. We encourage you to stay for the entire session, but if you need to leave we understand.

# Other?

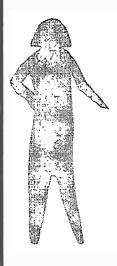
Does anyone want to add another ground rule?



# Purpose of this Session

# In this session we will have discussed:

- > Ways to find cervical cancer early (pelvic exam with Pap tests)
- > Screening guidelines for cervical cancer
- ➤ Ways to encourage women to get Pap tests



# Purpose of this Session

Present Flip Chart #3.

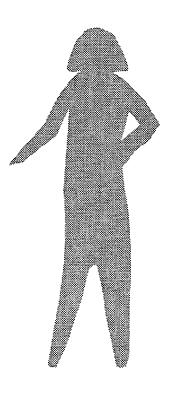
# Tell participants:

At the end of this session we will have discussed:

Ways to find cervical cancer early (pelvic exam with Pap tests)

Screening guidelines for cervical cancer

Ways to encourage women to get Pap tests



# **Early Detection Methods for Cervical Health:**

➤ Pap test with pelvic exam



# Activity #1: Early Detection Methods for Cervical Cancer

# Present Flip Chart #4 and tell participants:

Regular screening is important. When changes in cervical cells are found early, cervical cancer *may be prevented*. To detect cervical cancer we have:

<u>Pelvic Exam:</u> a health care provider checks for abnormalities in a womans reproductive organs.

<u>Pap Test:</u> During the pelvic exam a health care provider takes a sample of the cells in and around the cervix. The sample is sent to a lab. The lab test can detect changes in the cells <u>before</u> they become cancerous.

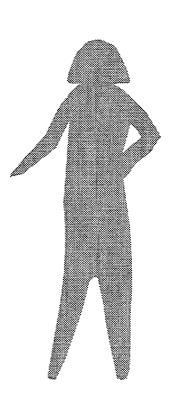
Pelvic exams should be performed in conjunction with Pap tests.

Don't forget—its important to get a Pap test and its also important to know what your results are and what they mean. We won't be able to go into this topic today but here is a helpful handout from NCI: *Questions and Answers. about the Pap Test.* 

# Tell participants:

Now we are going to discuss how often women should get screened.

Sources: Adapted from the National Cancer Institute's "What You Need To Know About Cancer of Cervix" and Cancer Fact Sheet "Questions and Answers About the Pap Test."



# How often should we get pelvic exams with Pap tests?

- ➤ If you are 18 and over or sexually active, you need a pelvic exam and Pap test every year
- ➤ Once you have had 3 normal exams, ask your doctor how frequently you need a Pap
- ➤ Once is not enough! Continue getting pelvic exams and Pap tests as you get older!
- ➤ If you had a hysterectomy, talk with your doctor about whether you need a Pap test
- Talk with your Peer Health Adviser for more information



# Activity #2: Screening Guidelines

Present Flip Chart #5.

# Present recommendations for pelvic exam with Pap test:

How often should we get pelvic exams with Pap tests?

For all women age 18 and over. or sexually active:

The American Cancer Society and the National Cancer Institute recommend having a pelvic exam with Pap test every year.

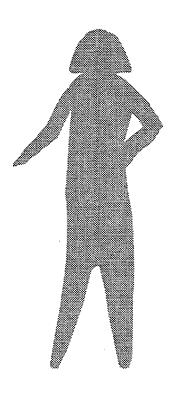
After 3 or more normal annual examinations, you need to talk with your doctor about frequency—(you may not need one every year).

Older women should continue to have regular examinations, including pelvic exams with Pap tests.

Women who have had a hysterectomy (an operation to remove the uterus and sometimes the cervix) should discuss having a Pap test with their health care provider.

Talk with your doctor about the screening thats right for you.

Sources: Adapted from de National Cancer Institute's "What You Need To Know About Cancer of Cervix" and Cancer Fact Sheet "Questions and Answers About the Pap Test."



Why do you think some women do not get pelvic exams with Pap tests?



Activity #3: The Importance of Pap Tests: Video and Discussion

# Ask participants:

Why do you think some women do not get Pap tests?

Have participants write responses on post-it notes (one response per post-it).

Put post-it notes on Flip Chart #6. Read responses to the larger group.

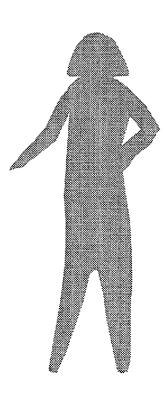
# Tell participants:

We are going to watch a video about cervical cancer screening. While you watch the video, think about why some women do not get pelvic exams with Pap tests, and then, think of what might *motivate* women to get these tests.

# Show the video

# **Please Note:**

Please notice the time when you start the video and stop it after 11 minutes into the video—after Assistant Surgeon General Susan Blumenthal says: ...we will have more on the treatment of cervical cancer when we return and when the music with pictures of women begins to play (before the treatment segment begins).



What did you learn from this video that would motivate women to get pelvic exams with Pap tests?



# Tell participants:

On the video, risk factors were discussed. It is important to know what risk factors are associated with cervical cancer, however, it is also important NOT to focus on our past risks, that is, on actions that we cannot change. Our efforts must be directed towards what we can do today to prevent cervical cancer. One thing that we can do is to have regular screening.

# Ask participants:

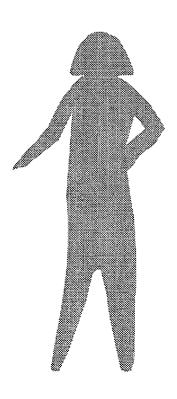
What did you learn from this video that would motivate women to get Pap tests?

Have participants write responses on post-it notes (one response per post-it).

Put post-it notes on Flip Chart #7. Read responses to the larger group.

# Tell participants:

The third section of this videotape is about Cervical Cancer Treatment. If you are interested in seeing this section or to see the first two sections again, the video is available for you to either view or borrow. Please feel free to make use of it for yourself or your co-workers. You may contact me at (state work location or work extension).



# Remember

- ➤ Pap test with pelvic exam is the method for finding cervical cancer early
- ➤ When changes in cervical cells are found early, cervical cancer may be prevented
- ➤ Women who are 18 and over or sexually active, need a pelvic exam and Pap test every year (unless indicated differently by a health care provider)
- ➤ There are things that you can do today to prevent cervical cancer.

  Get the screening that's right for you!



# **Activity #4: Taking Action and Summary**

Distribute goal cards.

# Tell participants:

Research shows that when people set *realistic goals and break* them into small steps, they can be more successful in adopting new behaviors.

# Tell participants:

Think of the steps you can take in order to take care of your cervical health. Check one or all of the steps on the goal card provided. You can take the goal card with you; you do not need to share your goal with others unless you want to.

Present Flip Chart #8 with a summary of the main points covered at this session and mention that these main points are also listed on the back of the goal cards.

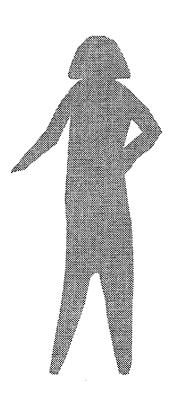
# **Tell Participants:**

Pap test with pelvic exam is the method for finding cervical cancer early.

When changes in cervical cells are found early, cervical cancer may be prevented.

Women who are 18 and over or sexually active, need a pelvic exam with Pap test every year (unless indicated differently by a health care provider).

There are things you can do today to prevent cervical cancer. Get the screening thats right for you!



Activity #5: What Questions Do You Have? Where Can We Get More Information?

Ask participants for their questions. Respond to each question as you are able.

Please Note: (Do not read to participants)

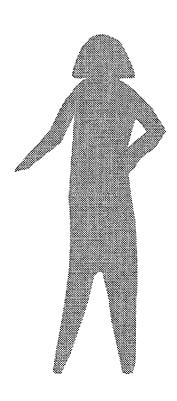
When questions arise that you are not comfortable answering or that were not included in this guide, write them on a separate piece of paper so that you can follow-up. Tell women that you do not know the answers to their questions, but will help them find out where they can go to get answers (e.g. their health care provider, the ACS or NCI toll-free telephone number).

Be sure to follow-up on unanswered questions. You can use the sign-in list to help you locate the individual(s) who require follow-up information. You may want to follow-up with each person individually, or hold another session so that you can follow-up with the group.

# Distribute additional materials for this session:

Public Health Fact Sheet "Cancer of the Cervix"

NCI Cancer Facts Sheet "Questions and Answers about the Pap Test"

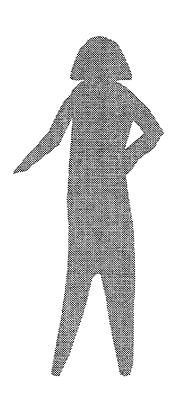


# Activity #6: Participants' Satisfaction Forms (Optional)

# **Tell Participants:**

Please complete the anonymous Participants' Satisfaction Forms. Your feedback will help us to improve future educational sessions.

Conduct prize drawing or distribution of incentives.



# COMMONLY ASKED QUESTIONS ABOUT CERVICAL HEALTH

# "What is a pelvic exam?"

A pelvic exam is when a doctor or nurse examines the vagina, uterus, fallopian tubes, bladder, ovaries and rectum to feel for abnormality in shape or size. During the pelvic exam, a speculum (instrument to open the vagina) is used to widen the opening of the vagina and observe irregularities.

# "What is a Pap test?"

A Pap test (or Pap smear) is one of the most effective ways to detect changes in the cells of the cervix (the opening of the uterus). The Pap test can show the presence of infection, inflammation, abnormal cells or cancer in the cervix. Pap tests can detect cancer at the cellular level, and the earlier the cells are found, the better are the chances for a successful cure. Cervical cancer is almost completely curable when detected early.

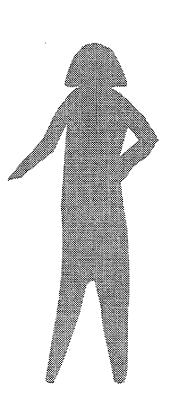
# "I'm too embarrassed to have my doctor give me a pelvic exam with Pap test. What should I do?"

Doctors and nurses are aware that some women may feel embarrassed, especially if this is their first Pap test or pelvic exam. Women can request that a female doctor or nurse perform both exams. It only takes a few minutes to have a pelvic exam with Pap test.

# "Now frequently should I get a pelvic exam with Pap test?"

The American Cancer Society and the National Cancer Institute recommend having pelvic exams with Pap tests every year, starting at age 18 or younger, if sexually active. Pelvic exams with Pap tests can be performed during routine gynecological exams.

After three or more annual examinations with normal findings, you need to talk with your doctor about frequency of screening. Women who have a higher risk of developing cervical cancer or who have been treated for cervical cancer in the past should be examined more often. Discuss screening intervals with your doctor.



# "Does it hurt to have a Pap test?"

The Pap test may cause discomfort, but it is usually painless. If you have had a painful Pap test in the past you might mention this to the doctor or nurse so she is aware of your experience. During the Pap test, the doctor or nurse uses a speculum to examine the cervix and vagina. Then with a small brush or cotton swab the doctor takes a few cells from the surface of the cervix. The cells are then "smeared" on a glass slide and then sent to a lab for examination under a microscope. Results of the Pap test are generally provided between 5 to 7 days after the test.

# "What if the results of the Pap test are abnormal?"

Once an abnormality is detected in the cervix, follow-up care is extremely important. Most abnormal conditions detected by the Pap test are easily treatable and curable.

When the results are abnormal, it may be due to inflammation caused by vaginal infection. The doctor may recommend taking medicines or having treatment for the infection. In a few months, another Pap test will be necessary to make sure the infection has disappeared.

Abnormal results can also mean that the cells need to be further investigated with a biopsy. A biopsy is when the doctor removes a sample of tissue to determine the extent of the abnormal change. Many of these changes are caused by Human Papilloma virus or by abnormal cell growth. Although these are not cancerous, over time they may progress to cancer.

If changes in the cervix are cancerous, prompt treatment is required to avoid the cancer from spreading to other parts of the body. Remember, the earlier the diagnosis and treatment of any symptom, the better the chances for cure.

# "I'm not planning in having more children, so do I need a Pap test?"

There is no upper age limit for Pap tests. Older women should continue to have regular pelvic exams with Pap tests—even if they are beginning or have gone through menopause. Older women need to discuss frequency of screening with their doctor or nurse.



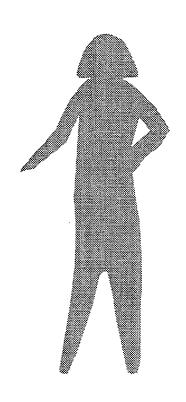
# "I had a hysterectomy. Do I still need a Pap test?"

A woman who has had an operation to remove the uterus and cervix (hysterectomy) should discuss having a Pap test with her doctor.

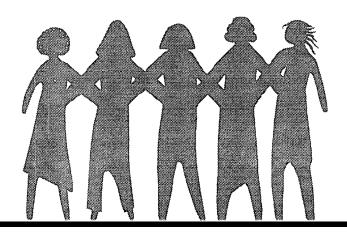
# "Where can I get a pelvic exam with Pap test?

Women can get pelvic exams with Pap tests in a doctor's office. In addition, a Planned Parenthood or Family Planning Clinic, Health Clinics (at hospitals, health centers, city health programs) and local Health Departments offer these tests at low cost.

Source: The above has been adapted from The National Cancer Institute's "What You Need to Know About Cancer of the Cervix" and "The Pap Test: It Can Save Your Life."



Sample materials for Lunch and Learn #6



### LUNCH & LEARN #6

The Importance of Pap Tests

# Remember:

- Pelvic exams and Pap tests are the methods for finding cervical cancer early.
- When changes in cervical cells are found early, cervical cancer may be prevented.
- Women who are 18 and over or sexually active need a pelvic exam and Pap test every year (unless indicated differently by a health care provider).
- There are things that you can do today to prevent cervical cancer. Get the screening that's right for you!

**Woman to Woman:** is a project of the Dana-Farber Cancer Institute's Center for Community-Based Research, the Service Employees International Union, and your employer. It is funded by the National Cancer Institute, and receives support from the Boston Edison Foundation and New England Electric System



# Steps I can take for my cervical health:

- ☐ Ask my health care provider if I need an annual Pap test
- ☐ Check the date of my last pelvic exam and Pap test
- ☐ If necessary, schedule an appointment to have a pelvic exam and Pap test
- ☐ Call my health care provider's office to request my pelvic exam and Pap test results.

# Other steps I can take:

- Talk with a Peer Health Adviser from the Woman to Woman project
- Visit the Woman to Woman Resource Center at my worksite
- Attend another Woman to Woman "Lunch and Learn" session
- Call the Cancer Information Service (1-800-4-CANCER) or American Cancer Society (1-800-ACS-2345)
   for more information



# **CANCER FACTS**

# National Cancer Institute • National Institutes of Health

# Questions and Answers About the Pap Test

# 1. What is a Pap test?

The Pap test (sometimes called a Pap smear) is a way to examine cells collected from the cervix and vagina. This test can show the presence of infection, inflammation, abnormal cells, or cancer.

# 2. What is a pelvic exam?

In a pelvic exam, the uterus, vagina, ovaries, fallopian tubes, bladder, and rectum are felt to find any abnormality in their shape or size. During a pelvic exam, an instrument called a speculum is used to widen the vagina so that the upper portion of the vagina and the cervix can be seen.

# 3. Why are a Pap smear and pelvic exam important?

A Pap test and pelvic exam are important parts of a woman's routine health care because they can detect abnormalities that may lead to invasive cancer. These abnormalities can be treated before cancer develops. Most invasive cancers of the cervix can be prevented if women have Pap tests and pelvic exams regularly. Also, as with many types of cancer, cancer of the cervix is more likely to be treated successfully if it is detected early.

# 4. Who performs a Pap test?

Doctors and other specially trained health care professionals, such as physician assistants, nurse midwives, and nurse practitioners, may perform Pap tests and pelvic exams. These individuals are often called clinicians.

# 5. How is a Pap test done?

A Pap test is simple, quick, and painless; it can be done in a doctor's office, a clinic, or a hospital. While a woman lies on an exam table, the clinician inserts a speculum into her vagina to open it. To do the test, a sample of cells is taken from in

and around the cervix with a wooden scraper or a small cervical brush or broom. The specimen (or smear) is placed on a glass slide or rinsed in liquid fixative and sent to a laboratory for examination.

# 6. Who should have Pap tests?

Women who are or have been sexually active, or have reached age 18, should have Pap tests and physical exams regularly. Women may want to discuss with their doctor how often to have the test.

There is no known upper age at which Pap tests cease to be effective. Older women should continue to have regular physical exams, including pelvic exams and Pap tests. Women who have had consistently normal Pap test results may want to ask the doctor how often they need to have a Pap test.

Women who have had a hysterectomy (surgery to remove the uterus, including the cervix) should talk with their doctor about whether to continue to have regular Pap tests. If the hysterectomy was performed for treatment of a precancerous or cancerous condition, the end of the vaginal canal still needs to be sampled for abnormal changes. If the uterus (including the cervix) was removed because of a noncancerous condition such as fibroids, routine Pap tests may not be necessary. However, it is still important for a woman to have regular gynecologic examinations as part of her health care.

# 7. When should the Pap test be done?

A woman should have this test when she is not menstruating; the best time is between 10 and 20 days after the first day of the menstrual period. For about 2 days before a Pap test, she should avoid douching, or using vaginal medicines or spermicidal foams, creams, or jellies (except as directed by a physician). These may wash away or hide abnormal cells.

# 8. How are the results of a Pap test reported?

The way of reporting Pap test results has sometimes been confusing. A new reporting method, called the Bethesda System, was developed following a 1988 National Cancer Institute-sponsored workshop. The Bethesda System uses descriptive diagnostic terms rather than class numbers, which were used to report Pap test results in the past. This system of reporting includes an evaluation of specimen adequacy.

# 9. What do abnormal test results mean?

A physician may simply describe Pap test results to a patient as "abnormal." Cells on the surface of the cervix sometimes appear abnormal but are not cancerous. It is important to remember that abnormal conditions do not always become cancerous, and some conditions are more of a threat than others. A woman may want to ask her doctor for specific information about her Pap test result and what the result means.

There are several terms that may be used to describe abnormal results.

- **Dysplasia** is a term used to describe abnormal cells. Dysplasia is not cancer, although it may develop into very early cancer of the cervix. In dysplasia, cervical cells undergo a series of changes in their appearance. The cells look abnormal under the microscope, but they do not invade nearby healthy tissue. There are three degrees of dysplasia, classified as mild, moderate, or severe, depending on how abnormal the cells appear under the microscope.
- Squamous intraepithelial lesion (SIL) is another term that is used to describe abnormal changes in the cells on the surface of the cervix. The word squamous describes cells which are thin, flat, and lie on the outer surface of the cervix. The word lesion refers to abnormal tissue. An intraepithelial lesion means that the abnormal cells are present only in the surface layers of the cells. A doctor may describe SIL as being low-grade (early changes in the size, shape, and number of cells) or high-grade (a large number of precancerous cells that look very different from normal cells).
- Cervical intraepithelial neoplasia (GIN) is another term that is sometimes used to describe abnormal cells. Neoplasia means a new abnormal growth of cells. Intraepithelial refers to the surface layers of the cells. The term CIN, along with a number (1 to 3), describes how much of the cervix contains abnormal cells.
- Carcinoma in situ describes a pre-invasive cancer that involves only the surface cells and has not spread into deeper tissues.

Cervical cancer, or invasive cervical cancer, occurs when abnormal cells spread deeper into the cervix or to other tissues or organs.

# 10. How do these terms compare?

- Mild dysplasia may also be classified as low-grade SIL or CIN 1.
- Moderate dysplasia may also be classified as high-grade SIL or CIN 2.
- Severe dysplasia may also be classified as high-grade SIL or CIN 3.
- Carcinoma in situ may also be classified as high-grade SIL or CIN 3.

# 11. What are atypical squamous cells of undetermined significance (ASCUS)?

Abnormalities that do not fulfill the criteria that define SIL, CIN, or dysplasia are termed atypical squamous cells of undetermined significance (ASCUS). Persistent abnormal smears are often further evaluated by a physician.

# 12. Is the human papillomavirus associated with the development of cervical cancer?

Human papillomaviruses (HPV) are viruses that can cause warts. Some HPVs are sexually transmitted and cause wart-like growths on the genitals. Scientists have identified more than 70 types of HPV; 30 types infect the cervix, and about 15 types are associated with cervical cancer.

HPV is a major risk factor for cervical cancer. In fact, nearly all cervical cancers show evidence of HPV. However, not all cases of HPV develop into cervical cancer. A woman with HPV may want to discuss any concerns with her doctor.

### 13. Who is at risk for HPV infection?

HPV infection is more common in younger age groups, particularly in women in their late teens and twenties. Because HPV is spread mainly through sexual contact, risk increases with number of sexual partners. Women who become sexually active at a young age, who have multiple sexual partners, and whose sexual partners have other partners are at increased risk. Nonsexual transmission is also possible. The virus often disappears but may remain detectable for years after infection.

# 14. Does infection with a cancer-associated type of HPV always lead to a precancerous condition or cancer?

No. Most infections appear to go away on their own without causing any kind of abnormality. However, infection with cancer-associated HPV types may increase the risk that mild abnormalities will progress to more severe abnormalities or cervical cancer. With regular follow up care by trained clinicians, women with precancerous cervical abnormalities should not develop invasive cervical cancer.

# 15. What are false positive and false negative results?

Unfortunately, there are occasions when Pap test results are not accurate. Although these errors do not occur very often, they can cause anxiety and can affect a woman's health.

A false positive Pap test occurs when a patient is told she has abnormal cells when the cells are actually normal. A false negative Pap test result occurs when a specimen is

called normal, but the woman has a lesion. A variety of factors may contribute to a false negative result. A false negative Pap test may delay the diagnosis and treatment of a precancerous condition. However, regular screening helps to compensate for the false negatives because if abnormal cells are missed at one time, chances are good that the cells will be detected next time.

The Food and Drug Administration' has recently approved two computerized systems for rescreening of samples to detect abnormal cells from a Pap test. These systems are beginning to be used in laboratories across the country. Rescreening may also be done manually. It is important for a woman to discuss the results of her Pap test with her physician and to inquire about the quality control measures that are taken in the laboratory in which the tissue sample is evaluated.

# 16. What if Pap test results are abnormal?

If the Pap test shows an ambiguous or minor abnormality, the physician may repeat the test to ensure accuracy. If the Pap test shows a significant abnormality, the physician may then perform a colposcopy using an instrument much like a microscope (called a colposcope) to examine the vagina and the cervix. The colposcope does not enter the body. A Schiller test may also be performed. For this test, the doctor coats the cervix with an iodine solution. Healthy cells turn brown and abnormal cells turn white or yellow. Both of these procedures can be done in the doctor's office.

The doctor may also remove a small amount of cervical tissue for examination by a pathologist. This procedure is called a biopsy and is the only sure way to know whether the abnormal cells indicate cancer.

# PUBLIC HEALTH FACT SHEET

# CANCER OF THE CERVIX

Massachusetts Department of Public Health, Division of Sexually Transmitted Disease Prevention, 305 South Street, Jamaica Plain 02130 Tel. (617) 983-6940

### **CANCER OF THE CERVIX**

Cervical cancer is an important health problem for women. There are different stages of the disease before invasive cancer occurs. Risk factors for developing this cancer are closely related to sexual activity. Here are some facts about this disease.

# WHAT ARE THE DIFFERENT STAGES BEFORE CANCER APPEARS?

Cervical ceils can undergo changes called dysplasia (dis-play-sha), or sometimes called precancerous condition. Dysplasia can be graded as mild, moderate or severe. The next step is localized cervical cancer, and then invasive cancer. The period of time it takes for mild dysplasia to progress to cervical cancer varies but can sometimes be short.

### WHAT ARE THE SYMPTOMS OF DYSPLASIA?

There are usually no symptoms associated with dysplasia or early cancer. Large lesions of cervical cancer can sometimes cause unusual vaginal bleeding or bleeding after sexual intercourse.

### WHAT CAUSES CERVICAL CANCER?

We know that certain factors increase the risk that a woman may develop cervical cancer and many are related to sexual activity. Having started sexual intercourse before the age of 19, having many sexual partners or having sexual partners who have had many sexual partners can increase the risk of cervical cancer. Smoking also seems to increase the risk of this cancer.

# ARE STDs AND CERVICAL CANCER RELATED?

Certain types of HPV (human papillomarivus), the virus that causes genital warts, have been associated with a higher risk of developing cervical cancer. Furthermore, women who are infected with HIV (human immunodeficiency virus, the virus that causes AIDS) may be at higher risk of cervical cancer because HPV is more often found and the progression of the dysplasia to cancer may be faster.

# WHAT CAN BE DONE TO PREVENT CERVICAL CANCER?

Postponing sexual intercourse until later in life, limiting the number of sexual partners, and using protection, such as condoms, against sexually transmitted diseases, may reduce the risk of developing cervical cancer.

It is also very Important to get a Pap smear regularly

### WHAT IS THE PAP SMEAR?

The Pap smear is the test used to screen for cervical cancer. The procedure is usually painless. It can be done during a pelvic exam. The doctor or nurse gathers some cells from the cervix and then smears them on a slide. This slide is then sent to a laboratory where it is examined under the microscope to search for abnormal cells. The lab will look for dysplasia, cancer or signs of infection with HPV and some other infections. Pap smears are not necessarily done every time you have a pelvic examination. Therefore, it is important that you ask if it was done. You should have a pap smear every year, especially If you have any of the risk factors mentioned above

# WHAT CAN HAPPEN IF I DON'T GET PAP SMEARS?

The Pap smear can detect dysplasia and cancer. If a woman has dysplasia, she can have more tests and get treated before the condition progresses to cancer. Because dysplasia causes no symptoms, there is no way a woman can know she has it or not unless she gets regular Pap smears. If no Pap smears are done, the cancer will be detected at later stages, will be more difficult to treat and may lead to death.

# WHAT CAN HAPPEN IF I GET AN ABNORMAL PAP SMEAR?

You will need more tests and treatment, or have more frequent follow-up Pap smears, depending on the result of the Pap smear. It is very important that you follow the recommendations of your doctor or clinician.

# WHERE CAN I GET A PAP SMEAR?

Your regular doctor usually does Pap smears and you can ask him or her about this.

STD clinics do <u>not</u> offer this service. However, the nurse at the clinic can refer you to other clinics, health, centers or family planning clinics in your area that provide Pap smears.

# Woman to Woman Participant Satisfaction Form

# We Want to Hear from You!

We would like to know your opinion of this event. Your thoughts, comments and suggestions will help us to make improvements on future events. Thank you for helping us to improve the Woman to Woman Program!

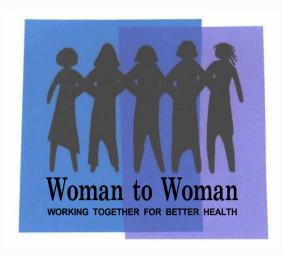
What	Did You Think?
What d	id you like about this event?
How co	ould this event be <b>improved?</b>
[] [] []	how satisfied were you with this event? Very satisfied Satisfied Somewhat satisfied Dissatisfied Very dissatisfied

# Woman to Woman

• working together for better health •

# Sign-in

Worksite:				
Lunch and Le	arn:			
	(Number)		(Topic)	
<b>Date:</b>				
Facilitators: _				
Please Print				
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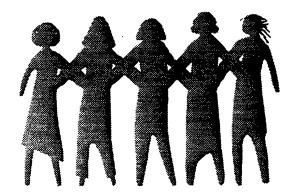
# Acknowledgements

# Acknowledgements

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American Red Cross Boston Public Schools The Cambridge Public Health Commission Edith Nourse Rogers Memorial Veterans Hospital Falmouth Hospital Hale Hospital HealthAlliance Hospitals, Inc Jordan Hospital Jewish Memorial Hospital and Rehabilitation Center Lemuel Shattuck Hospital Massachusetts Department of Environmental Protection, Boston office Massachusetts Department of Revenue: MITC-Chelsea Massachusetts Division of Medical Assistance Massachusetts Division of Transitional Assistance Massachusetts Disability Determination Services Medfield State Hospital Massachusetts Soldiers' Home in Chelsea Tewksbury State Hospital UMass Health System - Clinton Hospital University of Massachusetts, Boston University of Massachusetts, Lowell Wareham Site of Southcoast Hospitals Group Walter E. Fernald Center Westborough State Hospital West Roxbury Veterans Administration Medical Center Wrentham Developmental Center

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# Acknowledgements

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