

# Promoting Cancer Screening in the Workplace



MARYLAND  
Department of Health

### **Photo and Image Credits**

Front Cover: Left to right; Centers for Disease Control/Amanda Mills; Pexels/Marily Torres; Pexels/Anamul Rezwana

Page 3: Centers for Disease Control/Dawn Arlotta/Cade Martin

Page 4: National Cancer Institute/Don Bliss

Page 6: National Cancer Institute/Don Bliss

Page 8: National Cancer Institute/Alan Hoofring

Page 10: National Cancer Institute

Page 12: National Cancer Institute

Page 14: National Cancer Institute/Don Bliss

Page 16: National Cancer Institute/Rhonda Baer

Page 17: Centers for Disease Control/Amanda Mills

Dear Maryland Business,

The goal of the Center for Cancer Prevention and Control within the Maryland Department of Health (MDH) is to reduce the burden of cancer in Maryland. Employers across Maryland can help us reach that goal by collaborating with MDH as a partner. Workplace health and wellness has gained much support and attention over the past years. Your workplace may already have a wellness program in place that may focus on healthy eating, physical activity, and more. We encourage you to take the next step in workplace wellness and incorporate not just cancer prevention activities but also cancer screening activities into your workplace culture, wellness plans and policies.

Incorporating cancer screening activities into the workplace can be a challenging opportunity. At the Center for Cancer Prevention and Control, we would like to assist you in meeting the challenge and offer our expertise to employers of all sizes. We can help businesses assess the current cancer prevention activities and opportunities to improve or begin activities to promote cancer screening. As an employer you play a vital role in helping both your employees and their families reduce their risk of cancer. You have the power to create a healthier and more productive workforce and community. There are economic benefits for employers in promoting and increasing cancer screening and early detection including averting direct medical costs, and reduction in lost productivity, disability, and employee turnover.<sup>1</sup>

The following toolkit provides employers an overview of available tools to start making a difference in cancer screening rates using the following four step process:

1. Examining health insurance coverage for recommended screenings.
2. Creating and implementing supportive policies to encourage cancer screening.
3. Educating and communicating to your employees the importance of cancer screening.
4. Finding local community resources and assistance.

If you are just getting started with your workplace wellness program, we encourage you to get in touch with Healthiest Maryland Businesses at [www.healthiestmdbusinesses.org](http://www.healthiestmdbusinesses.org). Healthiest Maryland Businesses is a statewide initiative which aims to raise awareness about the importance of a healthy workforce, recruit business leaders who will incorporate healthy policies into the workplace, publicly recognize their commitment and success, and improve their bottom-line.

We hope that this toolkit will encourage you to explore and implement policies, programs and activities that can truly make a difference in the lives of your employees, their families and your community. Please fill out an interest form included in this toolkit so we can start working together. We look forward to your exciting activities and to collaborating with you to improve the health of all Marylanders.

Sincerely,

Ken Lin Tai, MD, MPH  
Director, Center for Cancer Prevention and Control

## **I Want to Promote Cancer Screening in the Workplace!**

Staff with the Center for Cancer Prevention and Control at the Maryland Department of Health are available to provide technical assistance to Maryland workplaces to incorporate cancer screening into workplace wellness programs.

We can help workplaces:

- Examine health insurance coverage for recommended screening.
- Create and implement supportive policies to encourage cancer screening.
- Educate and communicate with your employees the importance of cancer screening.
- Find community resources and assistance.



Please complete the form below and return to Rebecca McCoy, Partnerships, Outreach and Grants Manager, with the Maryland Breast and Cervical Cancer Program at [rebecca.mccoy@maryland.gov](mailto:rebecca.mccoy@maryland.gov) or call 410-767-6777 to start a discussion. We look forward to collaborating with you to improve the health of all Marylanders!

---

☐ **YES! I want to promote cancer screening in my workplace!**

**Name:**

**Email:**

**Phone:**

**Business name:**

**Business address:**

**Maryland county/jurisdiction:**

**Approximate size of workplace/number of employees:**

**Unique challenges to promoting cancer screening in your workplace:**

# Contents

<b>Cancer in Maryland: The Employer's Role</b>	<b>1</b>
Fighting Cancer with the Maryland Cancer Collaborative	2
<b>Cancer 101</b>	<b>3</b>
Screening Tests and Recommendations	3
Breast Cancer	4
Cervical Cancer	6
Colorectal Cancer	8
Lung Cancer	10
Prostate Cancer	12
Skin Cancer	14
A Cancer Diagnosis in Your Workplace	16
<b>Proven Strategies to Increase Cancer Screening in the Workplace</b>	<b>17</b>
Health Plan Coverage	18
Supportive Cancer Screening Policies	19
Sample Policies and Certification Forms	20
Educate and Communicate with Your Employees	25
Community Resources and Assistance	28
<b>Communication and Messaging</b>	<b>30</b>
Newsletter Content	31
Sample Messages	32
Short Messages	33
Social Media Resources	37
Factsheets and Handouts	38

## References

This publication was supported by the cooperative agreement number 1 NU 58DP006333-01-00 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

*This page deliberately left blank.*

## Cancer in Maryland: The Employer's Role

Cancer is a disease that touches almost everyone. It is the second leading cause of death across the country and in the state of Maryland.<sup>2</sup> In 2018, it is expected that over 33,000 new cases of cancer will be diagnosed across the state and 10,780 Marylanders will die of the disease.<sup>3</sup> If current trends continue, cancer could soon outpace heart disease and become the leading cause of death for both men and women in Maryland.<sup>4</sup> The good news is that there are many things people can do to lower their risk of cancer and many screening tests that can find cancer before symptoms appear. Some screening tests can even prevent cancer.

---

*Over 33,000 new cases of cancer will be diagnosed in Maryland this year.*

---

Most people spend a majority of their waking hours at work. Employers have a tremendous opportunity to promote health behaviors, including cancer prevention and cancer screening, in the workplace. Not only is it the right thing to do for employees, their families, and the community, but cancer prevention and screening could save employers money.

Cancer is an expensive disease. It is one of the top five costliest diseases in the United States and leads to substantial work loss.<sup>5</sup> The American Cancer Society asserts, “Preventing cancer in the first place or detecting it early is the best way to reduce many costs associated with cancer treatment including patient

---

*Cancer is one of the top five costliest diseases in the United States.*

---

out-of-pocket costs, health care payer costs, and indirect costs.”<sup>6</sup> For example, treating stage 4 colon cancer is three times more expensive than treating colon cancer when found at stage 1. Specific cancer screening tests, including colorectal, cervical, and breast, have been found to be very-cost effective and can reduce lost productivity, disability, and employee turnover according to both the Centers for Disease Control and Prevention (CDC) and

the American Cancer Society. Studies have also shown that providing sick leave for employees to use for preventive care increases clinical breast examination and mammography rates among female workers. It's clear that healthier employees lead to a healthy bottom line.

Despite the clear effectiveness and potential cost savings of cancer screenings, many Marylanders are not getting regular screening for breast, cervical, or colorectal cancer. According to the Maryland Behavioral Risk Factor Surveillance System, less than 75 percent of Maryland adults ages 50-76 are getting the recommended colorectal cancer screening tests. That rate falls below 50 percent if people do not have a usual source of medical care or do not have health insurance. More than 20 percent of

Maryland women are not getting their recommended mammograms. If women don't have a usual source of medical care, or if they don't have health insurance, more than 40 percent are not getting the breast cancer screening they need. Employers can help to increase these cancer screening rates by helping their employees get their recommended screenings. The bottom line is; it costs more to treat cancer than to screen for cancer.

This toolkit provides employers an overview of available tools to start making a difference in cancer screening rates using the following four step process:

1. Examining health insurance coverage for recommended screenings.
2. Creating and implementing supportive policies to encourage cancer screening.
3. Educating and communicating to your employees the importance of cancer screening.
4. Finding local community resources and assistance.

### **Fight Cancer with the Maryland Cancer Collaborative**

The Maryland Cancer Collaborative (MCC) is a statewide coalition of volunteers, housed within and supported by the Comprehensive Cancer Control Program within the Center for Cancer Prevention and Control at the Maryland Department of Health. They work to implement Maryland's Comprehensive Cancer Control Plan (Cancer Plan). The goals of the MCC are:

- To work with individuals and organizations to implement the Cancer Plan
- To bring together existing groups and new partners to collaborate on a common goal: Reduce the burden of cancer in Maryland

Members of the MCC choose priority objectives and strategies from the Cancer Plan, and form workgroups that meet regularly to implement projects in support of those priorities. Examples of current and past MCC workgroups include a Survivorship Workgroup, Palliative Care Workgroup, and Worksite Wellness Workgroup. Membership is open to individuals and organizations who are interested in taking action to reduce the burden of cancer in Maryland. To learn more about the MCC or to join, visit the MDH website at <http://goo.gl/OvZMBF>.

### **For More Information:**

[American Cancer Society Cancer Facts and Figures 2018](#)

[Making the Business Case: How Encouraging Employees in Preventive Care Can Reduce Healthcare Costs](#)

[Maryland Comprehensive Cancer Control Plan 2016-2020](#)

[Maryland Department of Health Cancer Data in Maryland](#)



# Cancer 101

## What is Cancer?

Cancer is a collection of diseases that involve the uncontrolled growth of cells in the human body. Normally, cells in the human body grow and divide to make new cells and then die as they become damaged or get older. When cancer develops, cells grow and divide and do not die. The mass of extra cells is called a tumor. These cells can also spread to other parts of the body. Cancer is usually named for the part of the body where the cancer started. This toolkit provides basic cancer information on the following cancers:

- |          |            |              |
|----------|------------|--------------|
| - Breast | - Cervical | - Colorectal |
| - Lung   | - Prostate | - Skin       |

## Screening Tests and Recommendations

A screening test checks your body for cancer before you have symptoms. Unfortunately, we do not have screening tests to find every kind of cancer. However, there are some screening tests that have been proven to find cancer early or even before it starts. The recommendations in this toolkit reflect the recommendations made by the United States Preventive Services Task Force (USPSTF) at the time of publication. The USPSTF reviews and updates their recommendations on a regular basis, so please ensure you are using the more recent recommendations available. There are also varying screening recommendations from different organizations. It is important for each person to speak with his/her health care provider about available screenings, when to be screened, and what's best for them. The Affordable Care Act (ACA) requires that private insurance plans cover recommended preventive services without any patient cost-sharing. Your health insurance plan may cover more than what is recommended, but it must cover at least what is recommended by the USPSTF.

## What is the United States Preventive Services Task Force (USPSTF)?

The USPSTF is an independent group of national experts in prevention and evidence based medicine. The USPSTF works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.



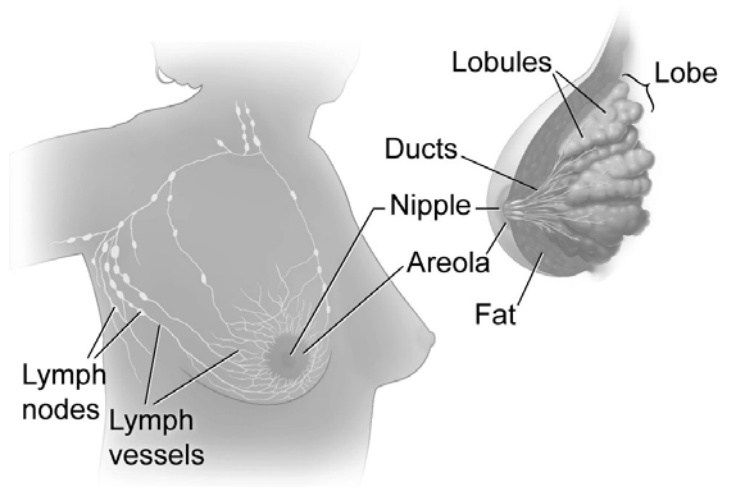
## Breast Cancer

---

### What is it?

Breast cancer is a group of diseases that affects breast tissue and can begin in different parts of the breast. Men have breast tissue too, so both men and women can get breast cancer.

The most common types of breast cancer are ductal carcinoma in situ and invasive ductal carcinoma, which begin in the milk ducts of the breast, and invasive lobular carcinoma, which begins in the glands that produce milk. There are several other less common kinds of breast cancer, such as Paget's disease and inflammatory breast cancer.



### Breast Cancer in Maryland

In 2018, 5,940 breast cancer cases are expected to be diagnosed in Maryland and 810 women are expected to die from the disease. Other than skin cancer, breast cancer is the most common cancer among women in the United States.<sup>7</sup>

### Disparities

While African-American women are not diagnosed with breast cancer as often as white women, they have a higher risk of death from breast cancer than white women.<sup>8</sup>

### Risk Factors

The top two risk factors for breast cancer are being a woman and getting older. The risk of getting breast cancer increases with age. The average age of a breast cancer diagnosis for women in the United States is 61. Additional risk factors include:

- Family history of breast cancer
- Genetic mutations in certain genes, such as BRCA1 and BRCA2
- Early menstrual period
- Late or no pregnancy
- Starting menopause after age 55
- Not being physically active
- Being overweight or obese after menopause
- Drinking alcohol

## Symptoms

Different people have different symptoms and some people may not show any signs of breast cancer at all. Some symptoms include:

- New lump in the breast or underarm (armpit)
- Thickening or swelling of part of the breast
- Irritation or dimpling of breast skin
- Redness or flaky skin in the nipple area or the breast
- Pulling in of the nipple or pain in the nipple area
- Nipple discharge other than breast milk, including blood
- Any change in the size or the shape of the breast
- Pain in any area of the breast

## Screening Guidelines

Regular mammography is currently the tool used to screen women for breast cancer. A mammogram is an x-ray of the breast tissue. Each woman is different and has different risk factors for breast cancer. It is important for women to talk to their health care provider about their options for breast cancer screening. As of July 2018, the USPSTF recommends that women:

- Who are 50 to 74 years old, and are at average risk for breast cancer, get a mammogram every two years
- Who are 40 to 49 years old should talk to their health care provider about when to start, and how often, to get a mammogram

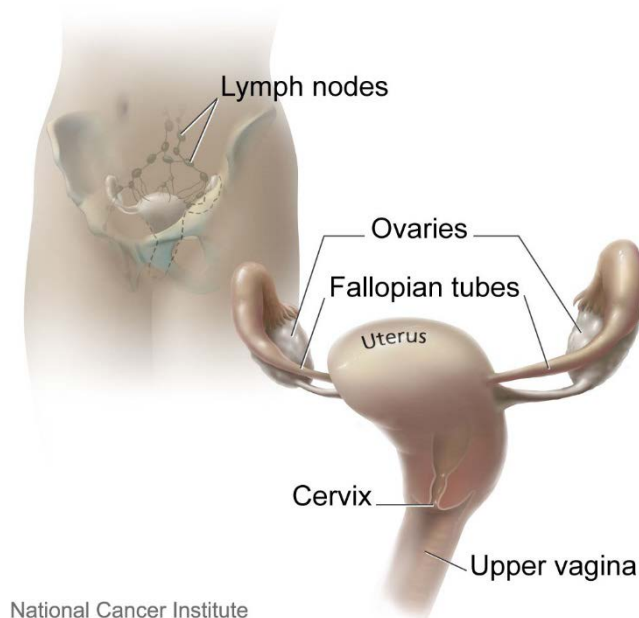
Private health insurance must cover the above recommended preventive services without any patient cost-sharing. Your health insurance may cover additional services such as a mammogram every year for women 50-74. The most current USPSTF screening recommendations for breast cancer can be found at [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org).

## **Cervical Cancer**

---

### **What is it?**

Cervical cancer starts in the cervix, the lower, narrow end of the uterus. The cervix connects the vagina (birth canal) to the upper part of the uterus, where a baby grows when a woman is pregnant. Human papillomavirus (HPV) is the main cause of cervical cancer. HPV is a common virus that is passed from one person to another during sex. At least half of sexually active people will have HPV at some point in their lives. In most cases, an HPV infection goes away on its own, and does not cause health problems. However, when it does not go away, it can cause problems such as cancer and genital warts.



### **Cervical Cancer in Maryland**

In 2018, 220 cervical cancer cases are expected to be diagnosed in Maryland and 70 women are expected to die from the disease.<sup>9</sup> Cervical cancer is highly preventable with the HPV vaccine and regular cancer screening (Pap test).

### **Disparities**

Hispanic/Latino women have the highest incidence of cervical cancer diagnosis. African-American women have the highest death rate from cervical cancer.<sup>10</sup> These high rates are primarily thought to be due to a lack of screening.

### **Risk Factors**

Almost all cervical cancers are caused by HPV. For most women, HPV will go away on its own. However, if it does not, there is a chance that over time it may cause cervical cancer. Additional risk factors include:

- Smoking
- Having HIV or another condition that makes it hard for your body to fight off health problems
- Using birth control pills for a long time (five or more years)
- Having given birth to three or more children

## Symptoms

Early on, cervical cancer may not cause signs and symptoms. That's why it is vital that women get regular Pap tests to detect any cervical changes early to prevent cervical cancer. Advanced cervical cancer may cause bleeding or discharge from the vagina that is not normal for you, such as bleeding after sex.

## Screening Guidelines

Cervical cancer is one of the easiest cancers to prevent with regular screening tests and follow-up.

Women should talk to their health care provider about testing available to them.

As of September 2018, the USPSTF recommends the Pap test for all women between ages 21 and 65.

- Women should have their first Pap test at 21. If tests results are normal, women can wait three years before the next test
- Women 30-65 years old can get high-risk HPV testing every five years, a Pap test every three years, or a Pap/HPV co-test every five years
- Women older than 65, who still have a cervix, should talk to their health care provider about their screening options

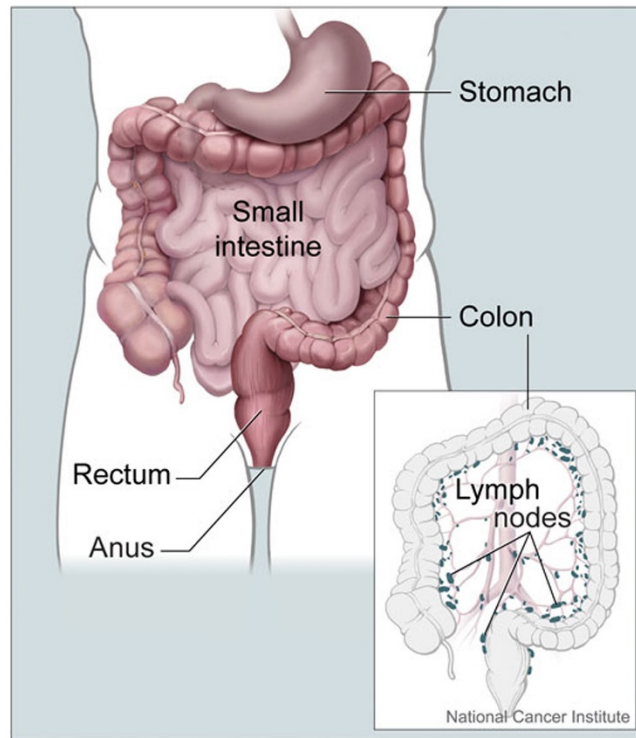
Private health insurance must cover the above recommended preventive services without any patient cost-sharing. The most current USPSTF screening recommendations for cervical cancer can be found at [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org).

## **Colorectal Cancer**

---

### **What is it?**

Colorectal cancer starts in the colon or rectum. Sometimes it is called colon cancer, for short.



### **Colorectal Cancer in Maryland**

In 2018, 2,950 colorectal cancer cases are expected to be diagnosed in Maryland and 870 men and women are expected to die from the disease. It is the third most common cancer in men and in women. Of cancers affecting both men and women, colorectal cancer is the second leading cancer killer in the United States.<sup>11</sup>

### **Disparities**

African-American men and women have the highest rate of getting colorectal cancer and are more likely to die of colorectal cancer than any other group.<sup>12</sup>

### **Risk Factors**

The top risk factor for colorectal cancer is getting older. More than 90 percent of cases occur in people who are 50 years old or older.<sup>13</sup> Additional factors include:

- Having inflammatory bowel disease such as Crohn's disease or ulcerative colitis

- A personal or family history of colorectal cancer or colorectal polyps
- A genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (Lynch syndrome)

Behaviors that may contribute to an increased risk of colorectal cancer include:

- Not exercising regularly
- Eating a diet low in fruit and vegetables
- Eating a low-fiber and high-fat diet
- Being overweight and obese
- Drinking alcohol
- Using tobacco products

## Symptoms

Almost all colorectal cancers begin as precancerous polyps (abnormal growths) in the colon or rectum. Polyps can be present in the colon for years before invasive cancer develops and may not cause any symptoms. This is why getting screened regularly for colorectal cancer is so important. Polyps can be removed before they become cancerous. Symptoms, if applicable, could include:

- Blood in or on your stool (bowel movement)
- Stomach pain, aches, or cramps that don't go away
- Losing weight and you don't know why

## Screening Guidelines

Regular screening, beginning at age 50, is the key to preventing colorectal cancer. There are many different screening tests for colorectal cancer including stool tests, flexible sigmoidoscopy, colonoscopy, and the CT Colonography (Virtual Colonoscopy). Each test has advantages and disadvantages. People should talk to their health care provider about the pros and cons of each test, and how often to be tested. The important part is to get screened. As of July 2018, the USPSTF recommends that:

- Adults age 50 to 75 be screened for colorectal cancer
- Adults age 76 to 85 ask their health care provider if they should be screened

Private health insurance must cover the above recommended preventive services without any patient cost-sharing. The most current USPSTF screening recommendations for colorectal cancer can be found at [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org).

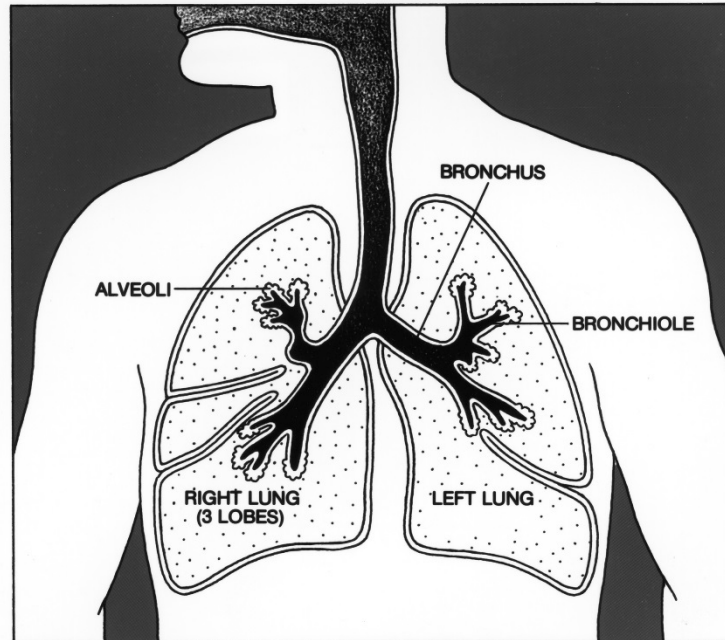


## **Lung Cancer**

---

### **What is it?**

Lung cancer is a cancer that starts in the lungs.



### **Lung Cancer in Maryland**

In 2018, 4,270 lung cancer cases are expected to be diagnosed in Maryland and 2,560 men and women are expected to die from the disease. More people in the United States die from lung cancer than any other type of cancer. This is true for both men and women.<sup>14</sup> After increasing for decades, lung cancer rates are decreasing nationally, as fewer people smoke cigarettes.<sup>15</sup>

### **Disparities**

Among men, African-American men have the highest rate of getting lung cancer and dying of lung cancer than any other group. Among women, white women have the highest rate of getting lung cancer and dying of lung cancer than any other group.<sup>16</sup>

### **Risk Factors**

- Cigarette smoking is the number one risk factor for lung cancer. In the United States, cigarette smoking is linked to about 80 to 90 percent of lung cancers<sup>17</sup>
- Secondhand smoke
- Radon exposure



- Other substances that increase risk include asbestos, arsenic, diesel exhaust, and some forms of silica and chromium
- Personal or family history of lung cancer
- Radiation therapy to the chest

## Symptoms

Different people have different symptoms for lung cancer. Most people with lung cancer don't have symptoms until the cancer is advanced. Lung cancer symptoms may include:

- Coughing that gets worse or doesn't go away
- Chest pain
- Shortness of breath
- New onset of wheezing
- Coughing up blood
- Feeling very tired all the time
- Unintended weight loss

## Screening Guidelines

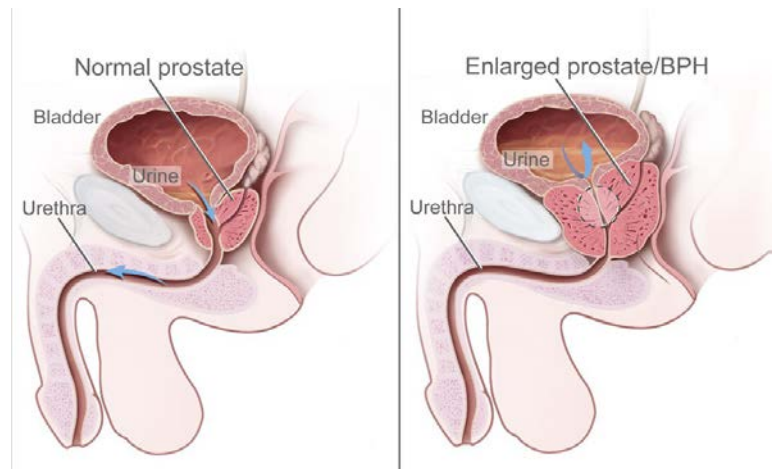
As of July 2018, the only recommended screening test for lung cancer is low-dose computed tomography (also called a low-dose CT scan, or LDCT). This screening test does carry risks. Lung cancer screening is recommended only for adults who have no symptoms but who are at high risk for developing the disease because of their smoking history and age. People should discuss screening with their health care provider, who can then make a referral to a high-quality treatment facility. The most current USPSTF screening recommendations for lung cancer can be found at [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org).

## Prostate Cancer

---

### What is it?

Prostate cancer begins in the prostate, which is part of the male reproductive system. The prostate is located just below the bladder and in front of the rectum. It is about the size of a walnut, and it produces fluid that makes up a part of semen. Prostate cancer is a very slow growing cancer. Most men with prostate cancer are older than 65 years and do not die from the disease.



### Prostate Cancer in Maryland

In 2018, 3,470 prostate cancer cases are expected to be diagnosed in Maryland and 530 men are expected to die from the disease. Prostate cancer is the most common non-skin cancer among American men.<sup>18</sup>

### Disparities

African-American men have the highest rate of getting prostate cancer and are more likely to die of prostate cancer than any other group.<sup>19</sup>

### Risk Factors

Risk factors for prostate cancer include:

- Age
- Family history
- Race: Prostate cancer is more common in African-American men

### Symptoms

Different people show different symptoms of prostate cancer. Some signs include:

- Difficulty starting urination
- Weak or interrupted flow of urine
- Frequent urination, especially at night
- Trouble getting an erection
- Blood in the urine or semen

- Pain in the back, hips, or pelvis that doesn't go away
- Painful ejaculation

### Screening Guidelines

Most prostate cancers grow slowly and don't cause any health problems in men who have them. But the decision to be screened for any cancer is a personal one. Men should talk to their health care provider to understand their own risks and the pros and cons of available screening. As of July 2018, the USPSTF does not recommend the prostate specific antigen (PSA) based screening test for men who do not have symptoms. The primary reason the USPSTF recommends against the PSA, is the risk of false positives which means men *without* cancer may get abnormal results and get invasive follow-up tests that are not necessary. The most current USPSTF screening recommendations for prostate cancer can be found at <https://screeningforprostatecancer.org>.

## Skin Cancer

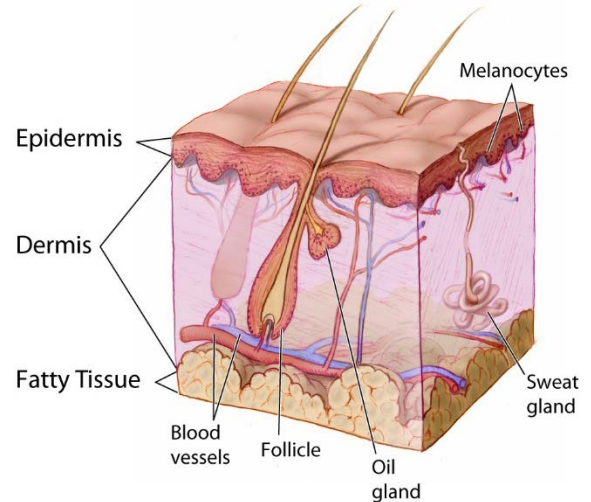
---

### What is it?

There are three common types of skin cancer:

- Basal cell cancer
- Squamous cell cancer
- Melanoma

Melanoma is more dangerous and causes the most deaths. The majority of these three types of skin cancer are caused by overexposure to ultraviolet (UV) light.



### Skin Cancer in Maryland

In 2018, 1,690 melanoma cancer cases are expected to be diagnosed in Maryland and 140 men and women are expected to die from the disease. The rates of melanoma have been rising for the last 30 years. It is one of the most common cancers in young adults, especially young women.<sup>20</sup>

### Disparities

Melanoma is more than 20 times more common in whites than in African Americans.<sup>21</sup>

### Risk Factors

Risk factors are different for different types of skin cancer, but some general risk factors include:

- A lighter natural skin color
- Family history of skin cancer
- A personal history of skin cancer
- Exposure to the sun through work/play
- Blue or green eyes
- Blonde or red hair
- Certain types/large number of moles
- History of sunburns, especially early in life
- History of indoor tanning
- Skin that burns, freckles, reddens easily, or becomes painful in the sun

## Symptoms

Not all skin cancers look the same. A change in your skin is the most common sign of skin cancer. The A-B-C-D-E's of melanoma can help people remember the changes to look for:

- “A” stands for asymmetrical. Does the mole or spot have an irregular shape?
- “B” stands for border. Is the border irregular or jagged?
- “C” is for color. Is the color uneven?
- “D” is for diameter. Is the mole or spot larger than the size of a pea?
- “E” is for evolving. Has the mole or spot changed during the past few weeks or months?

## Screening Guidelines

People should talk to their health care provider to determine if they are at increased risk of skin cancer and report any unusual moles or changes in their skin. As of July 2018, the USPSTF has concluded there is not enough evidence to recommend for or against routine screening (total body examination by a health care provider) to find skin cancers early. The most current USPSTF screening recommendations for skin cancer can be found at <https://www.uspreventiveservicestaskforce.org>.

### **For More Information:**

[National Cancer Institute](#)

[Gut Check: Why Should I Care About Colon Cancer Screening](#)

[Screen for Life: National Colorectal Cancer Action Campaign](#)

[CDC: Breast Cancer](#)

[CDC: Cervical Cancer](#)

[CDC: Lung Cancer](#)

[Maryland's 800-Quit Now](#)

[CDC: Prostate Cancer](#)

[CDC: Skin Cancer](#)

[EPA: Sun Safety](#)

[American Cancer Society Ready-to-Use Cancer Presentations](#)

## **A Cancer Diagnosis in Your Workplace**

---

At some point, one or more of your employees, or their family members, will be diagnosed with cancer. While this toolkit provides information to encourage and increase employee cancer screenings, there are many organizations and resources that can provide guidance for employers as well as assistance to the person diagnosed with cancer. We urge every workplace to be prepared for the event of an employee receiving a cancer diagnosis. Identify company policies, procedures, and benefits that would apply to an employee diagnosed with cancer. Many employees may decide to continue working during cancer treatment. Focus on the employee and their needs.



To help provide assistance to an employee diagnosed with cancer, we recommend the following organizations:

[American Cancer Society: Cancer in the Workplace](#)

[Cancer and Careers](#)

[CancerCare](#)

[National Business Group on Health](#)

### **Maryland Cancer Fund: Cancer Treatment Grants**

In 2014, Maryland established the Maryland Cancer Fund with the passage of House Bill 1000. The Maryland Cancer Fund awards grants for people who are low-income Maryland residents for cancer diagnosis and treatment. The grants are administered through the local health departments and other authorized vendors. Cancer treatment grants are awarded continuously throughout the year. Each grant provides services for a one-year period. If you are interested in applying for a cancer treatment grant and to receive information regarding eligibility, contact your local health department or call 410-767-6213.

## Proven Strategies to Increase Cancer Screening in the Workplace

Your workplace can play a vital role in promoting health and preventing disease, including cancer. Employers have both responsibilities and opportunities to help improve the health and well-being of their employees and can do so through:

1. Examining health insurance coverage for recommended screenings.
2. Creating and implementing supportive policies to encourage cancer screenings.
3. Educating and communicating to your employees the importance of cancer screenings.
4. Finding local community resources and assistance.

One-time projects will likely not have a lasting effect on cancer screening rates in your workplace. A comprehensive, on-going program supported by health plan coverage and policies that is part of a broader wellness program will have a bigger impact. We recommend building your program with a strong foundation by understanding health plan coverage and determining what your workplace cancer screening policy will look like. Once you have that information, you can communicate to employees. Start small and build on your successes.

In this section, you will find many suggested ideas and activities that have been proven to increase breast, cervical, and colorectal cancer screenings and have been recommended by the Community Preventive Services Task Force. There are many ways to apply these strategies. It is important to find the right fit for your workplace culture and population. You may want to have a small group of employees or a wellness committee determine what strategies to start with and what messaging and material to use.



### What is the Community Preventive Services Task Force?

The Community Preventive Services Task Force (CPSTF) is an independent, nonfederal panel of public health and prevention experts that provides evidence-based findings and recommendations about community preventive interventions to improve health and prevent disease in your state, community, community organization, business, health care organization, or school. Its members represent a broad range of research, practice, and policy expertise in community preventive services, public health, health promotion, and disease prevention.



## 1. Health Plan Coverage

One of your first steps should be to review the health plan coverage offered to your employees:

- ☐ **Does your health plan cover the recommended breast, cervical, and colorectal cancer screening exams?** Screening recommendations are included in the Cancer 101 section.
- ☐ **Do employees have to cover co-payments or pay deductibles for cancer screenings?**  
Removing financial barriers has been shown to increase both breast and colorectal cancer screenings. If employees are worried about paying for screenings, it may be an excuse not to get it done. Consider eliminating or minimizing out-of-pocket expenses for cancer screenings in order to encourage employees to use those services.
- ☐ **Are employee spouses and dependents also covered for the recommended breast, cervical, and colorectal cancer screening exams?** As discussed in other sections, cancer is expensive and it affects the whole family. Offering coverage of screening tests to spouses and dependents provides the same benefits to the employer as screening the employee themselves.
- ☐ **How many of your employees who should be getting recommended screenings are actually getting them?** Ask your health plan for information about current screening rates.
- ☐ **Does your health plan send personal reminders to employees who are eligible and due for recommended cancer screenings?**
- ☐ **Does your health plan provide feedback to the health care providers under the plan about their cancer screening rates?** Health care providers may also need reminders and systems put into place in their practice to ensure that all of their eligible patients are receiving screening services. Evidence has shown that provider-oriented strategies such as providing assessment and feedback to providers as well as reminder and recall systems can increase breast, cervical, and colorectal cancer screening.

Once you know what is covered, make sure to include that information in communication to employees.

If employees know what coverage and screening tests are available to them, their spouses, and dependents, they are more likely to get screened. Look for in depth information about working with your health coverage plan administrator as well as what language to look for in coverage in the *For More Information* section.

---

*If employees know what coverage and screening tests are available to them, they are more likely to get screened.*

---



## 2. Supportive Cancer Screening Policies

Workplace policies that support cancer screening are a strategy to reduce structural barriers to employees getting their needed screenings. For example, by providing paid time off for employees to get their cancer screening or take their family members to cancer screenings, employers are eliminating both out-of-pocket costs (loss of work time and pay) as well as barriers such as transportation.

Allowing paid time off can be especially helpful in increasing colorectal cancer screening by colonoscopy. The colonoscopy procedure can take up to an hour with another hour for recovery. People undergoing the procedure will not be allowed to drive afterwards, and usually need a full day for the sedative to wear off. Understandably, taking a vacation day or unpaid day off can be a major barrier for employees to complete this procedure. The good news is, many people will most likely only need the colonoscopy every 10 years.

Policies supportive of cancer screenings could include paid time off, allow flexible leave during the day to schedule appointments, or other incentives to complete screenings. Publications and organizations that offer more comprehensive information about how to develop cancer screening policies in the *For More Information* section. A few points to consider in evaluating a current policy or developing a new policy include:

- ☐ Determine whether the employer can build on the current leave program or must design a new policy. If leave is not available for cancer screenings, add specific leave for breast, cervical, and colorectal cancer that will not be charged against accrued sick time or other paid time off. The policy may require advanced notice to supervisor.
- ☐ Prohibit retaliation by supervisors and others against employees using the benefit.
- ☐ Do not require an employee to find someone to cover his or her shift during the leave period.
- ☐ Track leave use in order to assess the program's effect on screening rates.
- ☐ Determine documentation requirements. For example, a form with the type of screening and signature of health care provider.
- ☐ Check with your law department, attorney, or other relevant leadership to ensure compliance with necessary employment laws.
- ☐ Include union leadership in the process, if applicable.

## Paid Leave Requests

When providing paid leave for employees to complete cancer screenings, employers may want to request a written recommendation from the employee's health care provider that includes the type of cancer screening and test. The timeframe to complete cancer screenings vary by test; however, the following can be used as a guideline for paid leave requests:

Screening Test	Length of Time
<b>Colonoscopy</b>	1 day
<b>Sigmoidoscopy</b>	1 day
<b>Computed Tomography (CT) Colonography</b>	2 hours
<b>FOBT</b> (guaiac-based fecal occult blood test), <b>FIT</b> (fecal immunochemical test), <b>FIT-DNA</b>	No time off
<b>Mammogram</b>	1-2 hours
<b>Pap Test</b>	1-2 hours

## Sample Policies

### *City of Baltimore*

#### ***Permission Time for Cancer Screening***

##### **SCOPE**

Cancer is the second leading cause of death in Maryland, after heart disease. In Baltimore City, the most common cancers are breast, cervical, oral, and colon. Early detection is the best form of prevention for all cancers. Baltimore City employees are encouraged to keep updated on all recommended cancer screenings. To promote a healthier workforce and reduce cancer deaths, permanent full-time and permanent part-time employees will be granted permission time, up to four hours, once a year for cancer screenings.

##### **PERMISSION TIME**

All Baltimore City employees will be allowed up to four hours, once per calendar year, as Permission (P) time to use for cancer screenings without using their accumulated leave time.

To ensure appropriate coverage at the worksite, prior approval from the employee's supervisor is required. The employees must submit to the supervisor a Request for Time Off form (28-1408-5040) as soon as the appointment is made for the screening. Employees are asked to make a reasonable effort to schedule the screening when their absence is less disruptive to the operations of the workplace. The supervisor will keep the employee's Request for Time Off form until the employee returns verification of the screening. The

### ***Permission Time for Cancer Screening***

employee will be required to submit, as verification, to their supervisor a completed City of Baltimore Cancer Screening Program Certification form after the screening. The supervisor can then authorize Permission (P) time for correct payroll marking.

Additional time needed for cancer screenings beyond the four-hour permission time must be charged to the employee's accrued leave. This does not count as an occurrence.

#### **CERTIFICATION FORM**

To ensure appropriate coverage at the worksite, prior leave approval from the supervisor is required.

In order for the employee's time to be marked as Permission (P) time, employees who use the leave for cancer screening must provide their supervisor with a completed Cancer Screening Program Certification form (AM-203-4-1) following the screening. This form is to be completed by the physician or health care professional/medical facility conducting the cancer screening.

The employee must submit the completed City of Baltimore Cancer Screening Program Certification form to his/her supervisor in order for the screening benefit to be applied. For appropriate payroll marking of Permission (P) time and documentation, the supervisor will verify use of Permission (P) time and note that verification was received in the area above the supervisor's signature on the Request for Time Off form.

The completed Request for Time Off form must be attached to the employee's timesheet for appropriate payroll marking and documentation. The supervisor must send the completed verification form to the agency's human resources/personnel office for filing with other medical-related documents. The verification form must not be attached to payroll attendance sheets or submitted to the payroll clerk.

#### **PROVIDERS**

Employees enrolled in the PPN are encouraged to consult with their health care provider on cancer screenings. Employees enrolled in HMOs must contact their service center sites for either onsite cancer screenings or referrals. Mercy Medical Center and the University of Maryland Medical Systems are partnering with Baltimore City to provide screenings for all other Baltimore City employees who choose to go to their sites.

#### **RELATED FORM AND POLICIES**

City of Baltimore Cancer Screening Program Certification form

**City of Baltimore  
Cancer Screening Program**

**Certification Form**

- City of Baltimore permanent full-time and permanent part-time employees will be granted use of permission time up to four hours per calendar year for cancer screenings
  - Such leave **will not** be charged to any accrued leave, unless the screening exceeds the four-hour maximum permission time
  - To ensure appropriate coverage at the worksite, prior approval from the employee's supervisor for the four-hour leave is required
  - The employee must submit the **completed** form to his/her supervisor for the screening benefit to be applied. The supervisor must send this form to the agency's human resources/personnel office for filing
  - Early detection through regular screenings is the best form of prevention for all cancers. Employees are encouraged to undergo cancer screenings. Take care of your health — get screened
- 

Health Care Provider/Medical Facility

This form is to be completed by the Health Care Provider/Medical Facility conducting the cancer screening.

\_\_\_\_\_ has undergone a cancer screening at our facility.  
Employee/Patient Name

The cancer screening was administered on: \_\_\_\_\_  
Date

**Health Care Provider:**

\_\_\_\_\_  
Printed Name Signature

Medical Facility Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Please place Health Care Provider/Medical Facility  
verification/validation stamp here:

## PERSONNEL SERVICES BULLETIN

### **Subject: Leave to Undertake Cancer Screenings**

#### **I. INTRODUCTION**

City of New York employees are entitled to excused leave to undertake a screening for cancer.

Effective March 18, 2018, Civil Service Law §159-b was amended to allow excused leave for all types of cancer screenings. It had previously allowed only breast cancer screenings. Civil Service Law §159-c, which allowed public employees to take excused leave for prostate cancer screenings, was repealed. Prostate screenings are covered by § 159-b, as amended.

These provisions permit employees to take a paid leave of absence for a sufficient period of time, not to exceed four (4) hours on an annual basis, to undertake a screening for any type of cancer. The entire period of the leave is excused leave, not to be charged against any other leave that the employee is entitled to receive.

Cancer screenings are not mandatory or essential for everyone. Employees are strongly encouraged to consult with their medical provider for information regarding these screenings and review the benefits and risks associated with cancer screenings. Medical providers consider other possible risk factors to help guide if, when, and how often to screen.

#### **II. DEFINITIONS**

"Eligible employee" means an employee who is employed by the City of New York and works a regular schedule including Managers and employees serving in Uniform titles. "Excused leave" means a paid leave of absence to include travel time to and from an applicable screening facility.

#### **III. GENERAL PROVISIONS**

1. Eligible employees may only use excused leave to undertake screening for cancer up to four hours per calendar year. The date of an employee's use of this leave is at her/his option. In no event may this leave be used for a screening that took place on a day or time outside of the employee's regularly scheduled work hours.
2. For part-time eligible employees, the absence is excused if it takes place within the employee's regularly scheduled work day.
3. Employees are eligible for four hours of leave for cancer screenings in each calendar year.
4. An employee may utilize excused leave for cancer screening without using accrued leave balances. If the employee is absent for more than four hours for screening, the additional time exceeding four hours will either be unpaid or may be charged to an

appropriate category of accrued leave, if the employee has any such accrued leave, in accordance with current policies and procedures.

5. Employees are eligible for excused leave for cancer screening immediately after hire, provided that the screening occurs on or after the date they start working, in accordance with the applicable effective dates of this excused leave.

#### IV. PROCEDURES

##### Certification of Eligibility

1. When the cancer screening is foreseeable, an employee must give his/her Employer at least 10 calendar days advance notice before taking leave, when practicable. This requirement may be waived at the discretion of the agency head.
2. Eligible employees must provide timely documentation of a screening, such as a doctor's note or the "Verification of Cancer Screening" Form verifying the eligible employee as having undertaken a screening for the purposes of cancer detection on the date the employee used the excused leave for this purpose. Such documentation must be provided within 15 calendar days from the Employer's request, where practicable. The leave may be applied retroactively following receipt and verification of the documentation.

Attachment: Verification of Cancer Screening

#### Verification of Cancer Screening

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Employee's Title

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Work Location

##### **To be completed by Employee:**

I am requesting excused leave to undertake a screening for cancer.

Date of screening: \_\_\_\_\_

Time off requested: \_\_\_\_\_

Regularly scheduled hours on date of screening: \_\_\_\_\_

Note: Excused leave for screening for cancer is limited to four hours annually, between Jan. 1 and Dec. 31. If time taken off for screening exceeds four hours, the additional time will either be unpaid or charged to an appropriate leave bank (if employee has any such leave accrued) in accordance with current policies and procedures.

All requests for leave to undertake cancer screenings require appropriate documentation.

I authorize the Medical Facility below to verify that I have received a cancer screening.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**To be completed by the Medical Facility:**

This is to verify that the above identified employee appeared:

**At:** \_\_\_\_\_

**On:** \_\_\_\_\_

**For the purposes of cancer screening:**

**Printed name of person at facility:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

### 3. Educate and Communicate with Your Employees

Many strategies and activities have been studied and proven to increase the use of breast, cervical, and colorectal cancer screenings, specifically. These strategies and activities can be tailored to increase cancer screenings among your employees. We include strategies that have been recommend by the CPSTF including:

- Employee reminders
- Employee incentives
- Small media material
- Group or one-on-one education
- Reducing structural barriers

<b>Employee Reminders</b>	Reminders have been proven effective in increasing screenings. There are many ways that employers could incorporate screening reminders into
---------------------------	--

	<p>overall cancer screening promotion activities. By working with your health coverage plan administrator to get information about cancer screening rates, reminders could be personalized in birthday cards, New Year's reminders, on pay stubs, and more.</p>
<b>Employee Incentives</b>	<p>The evidence on the effectiveness of providing incentives to employees for cancer screenings is not conclusive. This does not mean it doesn't work. Effectiveness may vary in your workplace. If you have seen that incentives have worked with other health promotion activities, it may also work for cancer screenings. Incentives could include gift cards for completion of screening tests, a reduction in health care fees, or paid time off/sick leave for screening appointments, or other incentives and prizes that fit your workplace culture.</p>
<b>Small Media Material</b>	<p>Small media means using materials like factsheets, brochures, newsletters, emails, flyers, posters, and other methods to communicate with employees about cancer prevention and cancer screenings. Employers can get creative in using small media to educate employees not just about cancer, but recommended screenings, health insurance coverage, and your workplace policy on cancer screenings. Small media can include quizzes and contests, restroom back-of-door-flyers, and more. In the next section on Communication and Messaging, we include many sample messages that can be tailored to your workplace. In the <i>Factsheet and Handouts section</i>, we also include existing resources that you can copy and use in your workplace.</p>
<b>Group or One-on-One Education</b>	<p>Group education has been proven to be effective with breast cancer screening, but the evidence is not conclusive when it comes to cervical or colorectal cancer screening. This does not mean it doesn't work. Group education could include hosting a speaker, video presentations, lunch presentations, etc. One-on-one education has been proven to increase screening for each cancer. One-on-one education can follow group activities or could take place with wellness or nursing staff as applicable.</p>



<p><b>Reducing Structural Barriers</b></p>	<p>Structural barriers are things, besides money, that prevent people from accessing and completing their cancer screenings. Barriers could include inconvenient hours or screening locations that make it difficult to schedule a screening, complex administrative procedures required prior to a screening, requirements for multiple clinical visits, or lack of translation services. There may also be unique barriers for your employees in your community. While your workplace cannot address all of those barriers, there may be other ways to reduce them. For example:</p> <ul style="list-style-type: none"> <li>• Could you offer on-site screening services such as a mammography van?</li> <li>• Could you provide or pay for transportation for employees who don't have someone to drive them home after a colonoscopy?</li> <li>• Could you organize time during work or a special evening for women to get their mammograms at a local facility?</li> </ul> <p>It is important to determine what barriers your employees are facing before you come up with ideas to address them to ensure you have participation.</p>
--	---

The above strategies are specific to increasing breast, cervical, and colorectal cancer screenings. They can also be applied to other cancers, but not all cancers have screening recommendations for the general public. The CPSTF does have specific recommendations for skin cancer prevention that could be applied in the workplace including:

- Educational approaches (providing informational messages about sun protection to workers through instruction, small media such as posters or brochures, or both)
- Activities that influence knowledge, attitudes, or behavior (e.g., demonstrating behaviors)
- Environmental approaches to encourage sun protection (e.g., providing sunscreen or shade)
- Policies to support sun protection practices (e.g., requiring sun protective clothing)

## 4. Community Resources and Assistance

The first community resource we urge you to connect with is your local health department. Your local health department has two programs that may be able to help you with cancer education, linking to cancer screening, and more. [The Maryland Breast and Cervical Cancer Program](#) and the Cigarette Restitution Fund, [Cancer Prevention, Education, Screening, and Treatment Program \(CPEST\)](#). Both provide and administer grants to local health departments and health facilities to reduce cancer mortality and cancer disparities in Maryland. These local programs provide screening and support services to assist uninsured and underinsured Maryland residents with accessing cancer screenings. In addition to your local health department, each community will most likely also have hospitals, cancer support groups, and chapters of the American Cancer Society in which you can partner.

### Uninsured and Underinsured Employees and Family Members

If employees or their family members do not have insurance, or they cannot afford out-of-pocket expenses related to cancer screening, two statewide programs may be able to help provide no-cost screening and follow-up tests for:

- Breast cancer
- Cervical cancer
- Colorectal cancer
- Lung cancer (available in some areas)
- Skin cancer (available in some areas)
- Oral cancer (available in some areas)

Uninsured or underinsured people who meet eligibility criteria may receive assistance paying for their cancer screening services as well as assistance navigating the health care including:

- Appointment scheduling
- Translation
- Reminder calls
- And more
- Transportation

To find out more about the programs, call your local health department or 800-477-9774 to be connected to your local program. Additionally, employees and their family members may be eligible for assistance to make health insurance more affordable. The [Maryland Health Connection](#) is Maryland's official health insurance marketplace. It offers Marylanders a range of health coverage options from health insurance carriers and public health care programs. You can get the coverage you need [online](#), over the phone at 855-642-8572, or in person.

**For More Information:**

[Cancer Screenings: Workplace Policies to Improve Screening Rates](#)  
[Public Health and Tobacco Policy Center](#)

[Investing in Health: Proven Health Promotion Practices for Workplaces](#)  
[Partnership for Prevention](#)

[Workplace Health Strategies: Breast Cancer](#)  
[Centers for Disease Control and Prevention](#)

[Workplace Health Strategies: Cervical Cancer](#)  
[Centers for Disease Control and Prevention](#)

[Developing a Paid Leave Policy for Cancer Screenings](#)  
[New York State Department of Health](#)

[Practice What You Promote: Increasing Cancer Screening Rates Among Employees](#)  
[Community Preventive Services Task Force](#)

[What Works: Cancer screening Evidence –Based Interventions for Your Community](#)  
[Community Preventive Services Task Force](#)

[Breast and Cervical Cancer Program](#)  
[Maryland Department of Health](#)

[Cancer Prevention, Education, Screening and Treatment Program](#)  
[Maryland Department of Health](#)

[Cancer Screen Week: Resources for Employers](#)

## Communication and Messaging

Communication is key to getting the message about cancer prevention and screening out to your employees. After you have reviewed health plan coverage and policies, we encourage each workplace to develop a communication plan to identify which cancers to focus on, how to direct messages to employees, and when to do so throughout the year. There are many scheduled national awareness months and days your workplace could use to draw attention to a specific cancer (see our calendar to the right).

The information contained in *the Cancer 101 section* can also be used to create educational messaging for your employees. In addition, many of links at the end of the *Cancer 101 section* have information about campaigns, such as the Screen For Life Campaign, which has materials available for download to promote colorectal cancer awareness and screening.

### Cancer Awareness Months

<b>January:</b>	National Cervical Health Awareness Month
<b>February:</b>	National Cancer Prevention Month Valentine's Day to promote screening
<b>March:</b>	National Colorectal Cancer Awareness Month HPV Awareness Day
<b>April:</b>	National Cancer Control Month
<b>May:</b>	Don't Fry Day Melanoma Monday Skin Cancer Detection and Prevention Month Mother's Day (promote screenings)
<b>June:</b>	National Cancer Survivors Day National Men's Health Week Father's Day (promote screenings)
<b>August:</b>	Summer Sun Safety Month World Lung Day
<b>September:</b>	National Prostate Cancer Awareness Month
<b>October:</b>	National Breast Cancer Awareness Month National Mammography Day
<b>November:</b>	Lung Cancer Awareness Month Great American Smokeout (3 <sup>rd</sup> Thursday)
<b>December:</b>	<a href="#">Cancer Screen Week</a>

## Newsletter Content

---

Depending on your organization, hard copy or electronic newsletters might be one way to educate your employees and raise awareness about cancer screenings. You may use the content in the *Cancer 101* section to create newsletter content. To make the content more approachable and personal consider:

- Adding personal stories from your employees. Do any employees have positive stories about:
  - Getting screened for cancer?
  - Helping a family member get screened?
  - Tips for getting ready for screening test?
  - Sense of relief and accomplishment for getting screening done?
  - Screening that found early abnormalities (for example, polyps removed, cancer prevented)?
- Featuring cancer survivor stories from your employees
- Presenting myths and facts on cancer topics. The myths could come from your employees. See below for examples
- Presenting information in a question and answer format. Questions could come from employees

Always include information in the newsletter content that is relevant to your employees, such as:

- Insurance coverage specific to your company, include information about coverage or cost-sharing
- Availability of on-site screenings. Include contact information for employees to make appointments
- Your workplace policy on time off/incentives for cancer screenings. Make sure to remind employees what applies to them
- Staff resources such as nurses, wellness coaches, etc. that employees can contact for more information. Make sure to include their contact information
- Dates and times of any follow-up event/table/display

## Sample Messages

### Breast Cancer Myths and Facts

**Myth: Breast cancer doesn't run in my family, so I don't need to be screened.**

**Fact:** Most women diagnosed with breast cancer have no family history of the disease. The top two risk factors for breast cancer are being a woman and getting older. That means you, or someone you know, is or will be at risk of developing breast cancer. Early detection is critical, and the best tool currently available for early detection is having a mammogram.

**Myth: Breast cancer always forms a lump.**

**Fact:** A lump can be a sign of breast cancer; but not all lumps in the breast are cancer. There are many other signs of breast cancer, including: A change in the look or feel of a woman's breast or nipple, nipple discharge, and itchy, scaly rashes. A regular exam by your health care provider and a mammogram can detect changes in the breast that women may not be able to feel.

**Myth: Wearing a bra causes breast cancer.**

**Fact:** If it were that simple, we could end breast cancer. Scientific evidence does not support a link between wearing an underwire bra (or any type of bra) and breast cancer risk. There is no biological reason why the two would be linked.

### Cervical Cancer Myths and Facts

**Myth: I don't need to get screened because cervical cancer doesn't run in my family.**

**Fact:** Family history does not contribute to cervical cancer risk. Almost all cervical cancers are caused by certain types of the HPV. HPV is a very common virus spread by skin contact during sex with someone who has the virus. Although most people clear their HPV infections naturally, in some people, the infection does not go away and may cause cancer over time.

**Myth: I don't need to get screened because I don't have any symptoms.**

**Fact:** Until very late stages of the disease, women often have no symptoms of cervical cancer. A screening test is done to find any abnormalities in people who are not having any symptoms. The Pap test can find abnormal cells which can be removed or treated to prevent cervical cancer from developing.

**Myth: I don't want to get screened because if I have cervical cancer it can't be treated anyway.**

**Fact:** Screening helps prevent cervical cancer. Screening finds abnormal cells on the cervix so they can be treated before they turn into cancer. The Pap test can also find cervical cancer early, when treatment works best. Women who don't get regular Pap tests miss the opportunity to find cervical cancer early or even prevent it.

### Colorectal Cancer Myths and Facts

**Myth: Only men get colorectal cancer.**

**Fact:** Colorectal cancer is as common in women as it is in men. There are screening tests that men and women can talk to their health care provider about to decide which is best for them.

**Myth: Colorectal cancer can't be prevented.**

**Fact:** In many cases, colorectal cancer can be prevented. Colorectal cancer almost always starts with a small growth called a polyp. Polyps can be found early by screening tests and can be removed — stopping colorectal cancer before it starts.

**Myth: I'm older than 50, but my health care provider didn't say I should get a colonoscopy, so I must not need one.**

**Fact:** You still need to discuss the best colorectal cancer screening test for you. Take charge of your health and ask your health care provider about screening for colorectal cancer. It could save your life.

### Lung Cancer Myths and Facts

**Myth: You can't get lung cancer if you don't smoke.**

**Fact:** Cigarette smoking is the number one cause of lung cancer and is linked to about 80-90 percent of lung cancer cases. However, there are other causes of lung cancer including, secondhand smoke, radon exposure, and exposure to other carcinogenic substances.

**Myth: More people die of breast cancer and prostate cancer than lung cancer.**

**Fact:** Nationally, and in Maryland, more people die from lung cancer than breast, prostate, AND colorectal cancer combined. Lung cancer is the leading cause of cancer death in both men and women.

### Skin Cancer Myths and Facts

**Myth: Skin cancer isn't deadly.**

**Fact:** Melanoma is a deadly skin cancer. This year alone, 140 Marylanders are expected to die of skin cancer. Take steps to protect your skin and look for signs of skin cancer.

**Myth: Using an indoor tanning bed doesn't expose me to the same kinds of harmful rays as the sun.**

**Fact:** UV rays have been shown to increase your risk for skin cancer, and they aren't just in sunlight. Tanning beds use lights containing UV rays too, and those rays are harmful to your skin. There is no "safe" way to get a tan using UV light.

**Myth: A base tan can help protect my skin from sunburns and skin cancer.**

**Fact:** Any change in skin color after UV exposure, whether a tan or a burn, is a sign of injury, not health. UV rays from the sun and indoor tanning devices can damage the skin. Every time you tan, you increase your risk of getting skin cancer.

## Short Messages

Short messages can be tailored and customized for your workplace and used in many ways including:

- As reminders
- In social media posts
- On phone/hold messages
- On paycheck inserts
- On lobby TVs/closed circuit TVs
- Bulletin board displays
- Login portal screens/internal website/intranet
- Digital signs inside or outside your workplace

<b>Breast Cancer Screening Messages</b>	October is Breast Cancer Awareness Month. This month, take action against breast cancer. Talk to your health care provider about the right screening tests for you and then schedule them. Your insurance probably pays for it.
	Do you need to be screened for breast cancer? If you're a woman over age 40, the answer is YES. Talk to your health care provider about when and how to get screened.
	The two biggest risk factors for breast cancer are being a woman and getting older. Take action against breast cancer and make your mammogram appointment today.
	Today is National Mammography Day. Do you or someone you know need a mammogram? Talk to your health care provider about your personal screening recommendations.
	Your insurance covers a regular mammogram. Get your money's worth. If you are over 50 years old, the sooner you have a mammogram, the greater your chances of finding cancer in its early stages and making a full recovery. Talk to your health care provider about breast cancer screening that is right for you.
<b>Cervical Cancer Prevention and Screening Messages</b>	Each year, more than 200 women in Maryland are told they have cervical cancer. Most cases of cervical cancer can be prevented by getting a regular Pap test. Talk to your health care provider about when and how to get your Pap test.
	Cervical cancer used to be the deadliest cancer among women. Now, thanks to Pap tests and the human papillomavirus (HPV) vaccine, it is the most preventable cancer among women. Talk to your health care provider to make sure you're up-to-date on your Pap test. And ask your children's pediatrician about the HPV vaccine.
	Did you know that cervical cancer is preventable? That's right, we can prevent cancer. Almost all cases of cervical cancer are caused by the human papillomavirus (HPV). But with regular Pap tests, we can find abnormal cells before they cause cancer. Talk to your health care provider about the power to prevent cancer.



<b>Colorectal Cancer Screening Messages</b>	Colon cancer is the third leading cause of cancer death among men and women in the US. And it doesn't always cause symptoms. Fortunately, it can often be prevented or found early when it's more treatable. If you're 50 or older, talk to your health care provider about getting screened today.
	Do you have a list of reasons you're not getting screened for colorectal cancer? You think it can't happen to you or maybe you've heard negative things about the test? Colorectal cancer can be prevented or found at an early stage. If you're 50 or older, learn more about the screening options available to you, including simple take home tests.
	Colon cancer is the third leading cause of cancer death among men and women in the United States, but it can often be prevented or found at an early stage. This year, use the health insurance benefits you are paying for and get screened for colon cancer. Talk to your health care provider to discuss which test is best for you.
	Colonoscopy isn't the only way to get screened for colorectal cancer. Your health care provider can even give you a kit for you to take and use at home. Ask about the right test for you.
	Why should you get screened for colorectal cancer when you don't have symptoms? The fact is, colorectal cancer doesn't always cause symptoms, especially early on. Find it early by getting screened. Talk to your health care provider for more information.
	If you're 50 or over, it's time for you to talk to your health care provider about colorectal cancer screening. Screening tests can find it early, when treatment is most effective. Even better, this is one cancer you can prevent. Screening finds pre-cancerous polyps that can be removed before they turn into colorectal cancer. Talk to your health care provider about the right test for you.
<b>Lung Cancer Screening Messages</b>	November is Lung Cancer Awareness Month. Did you know that there are steps you can take to reduce your risk of lung cancer? Don't smoke or quit smoking, avoid secondhand smoke, and get your home tested for radon. For help quitting, call 800-QUIT-NOW.

<b>Prostate Cancer Screening Messages</b>	September is Prostate Cancer Awareness Month. Talk to your health care provider to decide together if prostate cancer screening is right for you.
	Symptoms of prostate cancer include difficulty starting urination and pain in the back, hips, or pelvis that doesn't go away. Talk to your health care provider if you experience any of those symptoms.
	Research has found that being older and having a family history can increase your chances of getting prostate cancer. There are ways to get screened. Talk to your health care provider to decide together if prostate cancer screening is right for you.
<b>Skin Cancer Prevention and Screening Messages</b>	There's no such thing as a "safe" base tan. A tan is the body's response to injury from UV rays, showing that damage has been done. Protect your skin and reduce your risk of skin cancer, including melanoma, by avoiding indoor tanning, using sunscreen, and staying in the shade during midday hours.
	The weekend is a great time to get outdoors and enjoy time with your family and friends, but don't forget your sunscreen and hat. Find more tips on preventing skin cancers like melanoma, visit: <a href="http://bit.ly/2uHWX8a">http://bit.ly/2uHWX8a</a> .
	<p>Regularly checking your skin for signs of melanoma is as easy as A-B-C-D-E:</p> <ul style="list-style-type: none"> <li>• “A” stands for asymmetrical. Does the mole or spot have an irregular shape with two parts that look very different?</li> <li>• “B” stands for border. Is the border irregular or jagged?</li> <li>• “C” is for color. Is the color uneven?</li> <li>• “D” is for diameter. Is the mole or spot larger than the size of a pea?</li> <li>• “E” is for evolving. Has the mole or spot changed during the past few weeks or months?</li> </ul> <p>Talk to your health care provider if you notice changes in your skin such as a new growth, a sore that doesn't heal, a change in an old growth, or any of the A-B-C-D-Es of melanoma.</p>

## **Social Media Resources**

---

There are a number of reasons to use social media as part of your cancer screening promotion program or your company's overall wellness program. Using social media is free and many of your employees are probably already using social media services such as Facebook, Twitter, Instagram, or others. Meet them where they are. Consider creating a Facebook group page just for your employees and your wellness program. A Facebook group page can be used for:

- Friendly competitions
- Screening reminders
- Links to educational resources
- Personal success stories

Social media can allow your employees to engage with each other and participate in wellness initiatives in ways that traditional wellness programs cannot. The sample messages can be tailored to use on social media. One of the easiest ways to generate social media content is to repost and retweet from other pages with credible health or cancer information. Keep in mind, posts with photos and videos receive far more likes and comments than those without. See the list at the bottom of the page for some potential pages to follow and repost.

### **Social Media Pages**

[CDC Breast Cancer Facebook Page](#)

[GW Cancer Center Social Media Toolkits](#)

[Healthiest Maryland Businesses Facebook Page](#)

[Maryland Breast and Cervical Cancer Program Facebook Page](#)

[Maryland Cancer Collaborative Facebook Page](#)

[National Cancer Institute Facebook Page](#)

## **Factsheets and Handouts**

---

In this section we have provided links as well as hard copies of factsheets and handouts listed below. These materials are from credible sources that you can reproduce and use in your workplace for free. We suggest that you have a small group of employees or a wellness committee review and determine which handouts might be the right fit to use in your workplace. There are many more materials available from a variety of organizations and can be ordered from commercial agencies. Please ensure that whatever material you use has accurate, up-to-date information and screening recommendations. Additionally, there are posters, postcards, videos, and other campaign materials for many cancers available through campaigns such as Screen for Life and other CDC campaigns linked in the *Cancer 101* section.

---

*Have a small group of employees or a wellness committee review and determine which handouts might be the right fit to use in your workplace.*

---

### **Breast Cancer**

#### [Breast Cancer Facts](#)

National Breast and Cervical Cancer Early Detection Program

#### [Breast Cancer: What You Need to Know](#)

Centers for Disease Control and Prevention

#### [Early Detection and Breast Cancer](#)

CancerCare

#### [Facts for Life: Mammography](#)

Susan G. Komen

#### [Facts for Life: Screening and Early Detection](#)

Susan G. Komen

#### [Let's Talk About Mammograms](#)

American Cancer Society

#### [Mammograms](#)

Food and Drug Administration

### **Cervical Cancer**

#### [Cervical Cancer](#)

Centers for Disease Control and Prevention

#### [Cervical Cancer Facts](#)

National Breast and Cervical Cancer Early Detection Program

[Cervical Cancer](#)

Office of Women's Health

**Colorectal Cancer**

[Colorectal Cancer Screening](#)

National Colorectal Cancer Action Campaign

[Risk Factors and Symptoms: Colorectal Cancer Screening Saves Lives](#)

National Colorectal Cancer Action Campaign

[Screening Tests At-A-Glance: Colorectal Cancer Screening Saves Lives](#)

National Colorectal Cancer Action Campaign

**Prostate Cancer**

[Health tips for men about prostate cancer: What you can do](#)

Centers for Disease Control and Prevention

**Skin Cancer**

[Protect Your Employee from Skin Cancer](#)

Centers for Disease Control and Prevention

[Protect Your Family from Skin Cancer](#)

Centers for Disease Control and Prevention

*This page deliberately left blank.*

# Breast Cancer Facts



## Breast Cancer

Breast cancer claims the lives of thousands of women in the United States each year. Learn basic information about breast cancer and how to prevent and recognize it.

## What is breast cancer?

Cancer is a disease in which cells in the body grow out of control. When cancer starts in the breast, it is called breast cancer. The breast is made up of three main parts: glands, ducts, and connective tissue. Sometimes, breast cells become abnormal and grow faster than normal cells. These extra cells form a mass called a tumor. Some tumors are “benign,” or not cancerous. Other tumors are “malignant,” meaning they are cancerous and have the ability to spread to other parts of the breast and body and disrupt normal functions in those areas.

**All women are at risk for breast cancer.** Men can also get breast cancer, but this is rare. Breast cancer is the second most common cancer in women. Among Hispanic women, it is the most common cause of cancer deaths, and it is the second most common cause of cancer deaths among white, black, Asian or Pacific Islander, and American Indian or Alaska Native women. Although more white women get breast cancer, more black women die from it. Each year, approximately 190,000 women are diagnosed with breast cancer and 40,000 women die from the disease.<sup>1</sup>

## What puts me at greater risk?

Several factors may affect your risk of developing breast cancer, including:

- Getting older
- Not having children, or having your first child later in life
- Starting your first menstrual period at an early age
- Beginning menopause at a late age
- Having a personal history of breast cancer or certain benign breast diseases, such as atypical ductal hyperplasia
- Having close family relatives (such as a mother, sister, father, or daughter) who have had breast cancer
- Having a genetic condition, such as certain mutations in your BRCA1 or BRCA2 genes
- Having been treated with radiation therapy to the breast or chest
- Being overweight, particularly after menopause
- Using hormone replacement therapy for a long time
- Using oral contraceptives
- Drinking alcohol
- Being physically inactive

# Breast Cancer Facts

## What are the symptoms?

When breast cancer starts out, it is too small to feel and does not cause signs and symptoms. As it grows, however, breast cancer can cause changes in how the breast looks or feels. Symptoms may include:

- A new lump in the breast
- A lump that has changed
- A change in the size or shape of the breast
- Pain in the breast or nipple that does not go away
- Flaky, red, or swollen skin anywhere on the breast
- A nipple that is very tender or that turns inward
- Blood or any other type of fluid coming from the nipple that is not milk when nursing a baby

These symptoms may be caused by something other than cancer, but the only way to know is to get checked.

## How can I find out if I have breast cancer?

Women should begin to have routine screenings for breast cancer at the age of 50. Women under the age of 50 should talk to their health care provider about when and how often they should be screened.

If you have any risk factors or symptoms of breast cancer, talk to a doctor, nurse, or health care professional.

A mammogram is the best test for finding breast cancer early. It is a series of X-ray pictures of the breast that allow doctors to look for early signs of breast cancer, sometimes up to three years before it can be felt.

If your mammogram is abnormal or more tests are required, do not panic. An abnormal mammogram does not always mean you have cancer. It does mean

that you will need to have some additional X-rays or other tests before your doctor can be sure. Other tests may include an ultrasound (picture taken of the breast using sound waves) or a biopsy (removing tissue samples to be looked at closely under a microscope). You may be referred to a breast specialist or a surgeon, because these doctors are experts in diagnosing breast problems.

Treatment is most effective when breast cancer is found early, and many women go on to live long and healthy lives.

## How can I prevent breast cancer?

Scientists are studying how best to prevent breast cancer. There are things you can do to help lower your risk of getting breast cancer, including:

- Staying physically active with regular exercise
- Maintaining a healthy weight
- Avoiding hormone replacement therapy (HRT), or finding out the risks and benefits of HRT and if it is right for you
- Limiting the amount of alcohol that you drink

## About the National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

NBCCEDP provides public education, free and low-cost breast and cervical cancer screenings, and diagnostic services to low-income, uninsured, and underserved women. If you have a low income or do not have insurance, and are between the ages of 40 and 64, you may be able to get a free or low-cost mammogram through the NBCCEDP in your community.

## References

- 1 U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2006 Incidence and Mortality Web-based Report*. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2010. Available at: <http://www.cdc.gov/uscs>.



Centers for Disease Control and Prevention  
National Breast and Cervical Cancer  
Early Detection Program  
1 (800) CDC-INFO • [CDCINFO@cdc.gov](mailto:CDCINFO@cdc.gov)  
[www.cdc.gov/cancer/nbccedp/](http://www.cdc.gov/cancer/nbccedp/)



# Breast Cancer:

## *What You Need to Know*

*Cancer* is a disease in which cells in the body grow out of control. When cancer starts in the breast, it is called *breast cancer*. Except for skin cancer, breast cancer is the most common cancer in American women.

Breast cancer *screening* means checking a woman's breasts for cancer before she has any symptoms. A *mammogram* is an X-ray picture of the breast. Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms.

**Most women who are 50 to 74 years old should have a screening mammogram every two years.** If you are 40 to 49 years old, or think you may have a higher risk of breast cancer, ask your doctor when to have a screening mammogram.



### Some things may increase your risk

The main factors that influence your breast cancer risk are being a woman and getting older. Other risk factors include —

- Changes in breast cancer-related genes (BRCA1 or BRCA2).
- Having your first menstrual period before age 12.
- Never giving birth, or being older when your first child is born.
- Starting menopause after age 55.
- Taking hormones to replace missing estrogen and progesterone in menopause for more than five years.
- Taking oral contraceptives (birth control pills).
- A personal history of breast cancer, dense breasts, or some other breast problems.
- A family history of breast cancer (parent, sibling, or child).
- Getting radiation therapy to the breast or chest.
- Being overweight, especially after menopause.

### Symptoms

Some warning signs of breast cancer are —

- New lump in the breast or underarm (armpit).
- Thickening or swelling of part of the breast.
- Irritation or dimpling of breast skin.
- Redness or flaky skin in the nipple area or the breast.
- Pulling in of the nipple or pain in the nipple area.
- Nipple discharge other than breast milk, including blood.
- Any change in the size or the shape of the breast.
- Pain in the breast.

Other conditions can cause these symptoms. *If you have any signs that worry you, call your doctor right away.*

### More Information

[www.cdc.gov/cancer/breast/](http://www.cdc.gov/cancer/breast/) • (800) CDC-INFO (800-232-4636) • TTY: (888) 232-6348

#### Can't afford a mammogram?

If you have a low income or do not have insurance and are between the ages of 40 and 64, you may qualify for a free or low-cost mammogram through CDC's National Breast and Cervical Cancer Early Detection Program. To learn more, call (800) CDC-INFO.

*This page deliberately left blank.*

# EARLY DETECTION AND BREAST CANCER

**Breast cancer is the most common type of cancer among women in the United States. Early detection is key in the treatment of breast cancer. There are steps you can take to detect breast cancer early when it is most treatable.**

## RECOMMENDED SCREENING GUIDELINES:

**Mammography.** The most important screening test for breast cancer is the mammogram. A mammogram is an X-ray of the breast. It can detect breast cancer up to two years before the tumor can be felt by you or your doctor.

**Women age 40 - 45 or older** who are at average risk of breast cancer should have a mammogram once a year.

**Women at high risk** should have yearly mammograms along with an MRI starting at age 30.

## SOME RISK FACTORS FOR BREAST CANCER:

The following are some of the known risk factors for breast cancer. However, most cases of breast cancer cannot be linked to a specific cause. Talk to your doctor about your specific risk.

**Age.** The chance of getting breast cancer increases as women age. Nearly 80 percent of breast cancers are found in women over the age of 50.

**Personal history of breast cancer.** A woman who has had breast cancer in one breast is at an increased risk of developing cancer in her other breast.



### Family history of breast cancer.

A woman has a higher risk of breast cancer if her mother, sister or daughter had breast cancer, especially at a young age (before 40). Having other relatives with breast cancer may also raise the risk.

**Genetic factors.** Women with certain genetic mutations, including changes to the BRCA1 and BRCA2 genes, are at higher risk of developing breast cancer during their lifetime. Other gene changes may raise breast cancer risk as well.

**Childbearing and menstrual history.** The older a woman is when she has her first child, the greater her risk of breast cancer. Also at higher risk are:

- Women who menstruate for the first time at an early age (before 12)
- Women who go through menopause late (after age 55)
- Women who've never had children

## TIPS FOR A BETTER MAMMOGRAM

**Look for an FDA certificate.** The U.S. Food and Drug Administration (FDA) issues a certificate to all mammography centers that meet high professional standards of safety and quality.

**Get regular mammograms.** Work with your doctor to set up a schedule that is right for your age and situation.

**Follow up on your test results.** Call your doctor's office to confirm.

**Try to have your mammogram at the same mammography center each year.** This way, your results can be compared from year to year.



## CancerCare® Can Help

Founded in 1944, CancerCare is the leading national organization providing free support services and information to help people manage the emotional, practical and financial challenges of cancer. Our comprehensive services include counseling and support groups over the phone, online and in-person, educational workshops, publications and financial and co-payment assistance. All CancerCare services are provided by professional oncology social workers and world-leading cancer experts.

To learn more, visit [www.cancercares.org](http://www.cancercares.org) or call **800-813-HOPE (4673)**.

**Facebook:** [facebook.com/cancercares](https://facebook.com/cancercares)

**Twitter:** @cancercares



CANCERcare®

National Office • 275 Seventh Avenue • New York, NY 10001

© 2016 CancerCare®

## What is a mammogram?

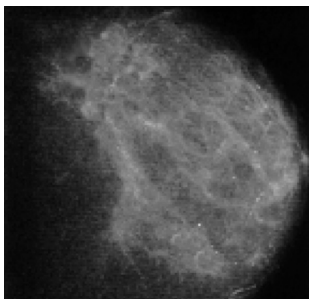
A mammogram is an X-ray image of the breast. A screening mammogram is used to find early signs of breast cancer. It is the best screening tool used today to find breast cancer. It can find breast cancer early when it is small and the chance of survival is highest. A diagnostic mammogram is used to help check areas of concern found on a screening test, such as a mammogram or clinical exam.

Women with a family history of breast cancer or other concerns should talk with their doctor about when to start getting mammograms.

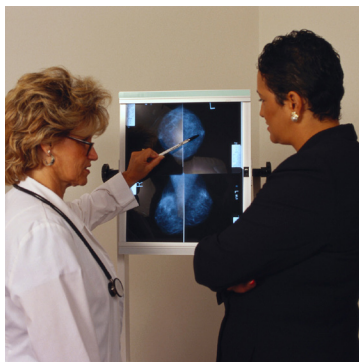
## How can a mammogram find breast cancer?

Mammogram images are stored on a computer (digital mammography). A radiologist looks at the images for signs of breast cancer. The images can be lightened or darkened or enlarged to see more closely. These images can be compared from year to year to see if changes have occurred.

A mammogram is good at finding breast cancer, especially in women ages 50 and older. However, it is not perfect. It is possible for a woman to have breast cancer that doesn't show on a mammogram. That is why it is important to know how your breasts normally look and feel. If you notice any change, see your doctor and tell the technologist about any changes at the time of your mammogram.



*A mammogram without signs of cancer.*



## Common questions about mammograms

### Why would I want to find out if I have cancer?

Finding breast cancer early offers the greatest chance for survival.

### What if my doctor hasn't brought up the idea of getting a mammogram?

Bring up the subject yourself to see if you should get a mammogram.

### Am I too old to get a mammogram?

Your chance of getting breast cancer increases as you get older. In general, women who are in good health and could benefit from treatment (if breast cancer were found) should get screened. If there is any question about whether you should have a mammogram, talk to your doctor.

### Is it painful to get a mammogram?

Getting a mammogram shouldn't hurt. Each breast is pressed between two plates to get a good X-ray image. Sometimes, the pressure is uncomfortable, but it only lasts a few seconds. Tell the technologist if you feel discomfort. Taking acetaminophen or ibuprofen about an hour before the exam may help. If you have concerns, talk to your provider about other ways to ease discomfort (or anxiety) during a mammogram. And, before the exam, let your technologist know your concerns.

### What if I cannot afford a mammogram?

Under the Affordable Care Act, all new health insurance plans are required to cover mammography (with no co-payment) for women ages 40 and older. This includes Medicare and Medicaid. There are also many free or low-cost programs. Call our breast care helpline at 1-877 GO KOMEN (1-877-465-6636) or your state health department for information about low-cost programs in your area.



## How to get a mammogram in six easy steps

### 1. Choose a certified mammography center.

Your doctor may refer you to a center or you may choose one that is near you (such as a mobile mammography van). Wherever you go, be sure to check the Food and Drug Administration (FDA) website at [www.fda.gov](http://www.fda.gov) to be sure it is a certified center.

### 2. Pick a good time.

A mammogram may be uncomfortable if you have sensitive breasts. If you still have periods, plan to have your mammogram the week after your period, when your breasts are less tender.

### 3. Gather your information.

When you make your appointment, you will be asked about:

- Personal history of breast cancer,
- Family history of breast cancer,
- Current breast problems,
- Past breast surgery,
- The date(s) of your past mammogram(s), and
- The name and address of your doctor and any center where you've had a mammogram before.

### 4. Come prepared.

Before the test, you will undress from the waist up. It is a good idea to wear a shirt you can remove easily. Don't use deodorants, antiperspirants, perfumes, powders or lotions on your breasts or underarm areas on the day of the exam. Ingredients in these products can show up on a mammogram and make it harder to read.

If you had a mammogram before at a different center, bring your past mammograms with you. Or, bring the name and address of the previous mammography center.

During your visit, be sure you ask:

- How and when you will get the results, and
- When you need to come back.

### 5. Get your results.

If you do not have your results within two weeks, call your doctor or the center. Don't assume your results are normal if you have not received a report.

### 6. Talk with your doctor about your results.

If your mammogram shows anything unusual or that you have dense breasts, talk with your doctor about what to do next.

## Resources

Susan G. Komen®

1-877 GO KOMEN (1-877-465-6636)

[www.komen.org](http://www.komen.org)

American College of Radiology (ACR)

1-800-227-5463

[www.acr.org](http://www.acr.org)

Food and Drug Administration (FDA)

1-888-INFO-FDA (1-888-463-6332)

[www.fda.gov](http://www.fda.gov)

National Cancer Institute (NCI)

1-800-4-CANCER

[www.cancer.gov](http://www.cancer.gov)

### Related fact sheets in this series:

- Breast Density
- Imaging Methods Used to Find Breast Cancer
- Screening and Early Detection
- When You Discover a Lump or Change

The above list of resources is only a suggested resource and is not a complete listing of breast cancer materials or information. The information contained herein is not meant to be used for self-diagnosis or to replace the services of a medical professional. Komen does not endorse, recommend or make any warranties or representations regarding the accuracy, completeness, timeliness, quality or non-infringement of any of the materials, products or information provided by the organizations referenced herein.

## What is screening?

Screening is a test used to find a disease (such as breast cancer) in a person without symptoms.

## Breast cancer screening tests

**Mammogram** — A mammogram is the best screening tool used today to find breast cancer.

- It uses X-rays to create an image of the breast.
- It can be stored on a computer (digital mammography). These images can be lightened or darkened, and certain sections can be enlarged and looked at more closely.
- It can find breast cancer early when it is small, before it can be felt and the chances of survival are highest.

**Clinical breast exam (CBE)** — A CBE is done by a doctor or nurse who checks your breasts and underarm areas for any lumps or changes. It is often part of your regular medical check-up. If not, ask about it.

As new screening tools are developed and we learn more about risk, we may learn who will benefit most from any given screening test. Today, there are screening guidelines for those at average risk and different guidelines for those at higher risk. Women should discuss their risk of breast cancer and their screening options with a doctor.

## Know what is normal for you

The signs of breast cancer are not the same for all women.

### Early detection

Even if you feel healthy now, just being a woman and getting older puts you at risk of breast cancer. Finding breast cancer early may save your life.

It is important to know how your breasts normally look and feel. Many women find their breasts feel lumpy. Breast tissue often has a bumpy texture that varies from one woman to another. For some, the lumpiness is more obvious than for others. In most cases, this is no cause to worry. If the lumpiness can be felt throughout the breast and feels like your other breast, it is likely just normal breast tissue.

Lumps that feel harder or different from the rest of the breast tissue (or the tissue of the other breast) or that feel like a change are a concern. If you feel or see any change in your breasts or underarms, see a doctor.



## Questions to ask

Talk with a doctor about your risk of breast cancer.

Discuss which screening tests are right for you.

### Here are some questions you might want to ask:

1. What are the risks and benefits of screening mammography?
2. Would I benefit from getting a mammogram?
3. When do you suggest I start getting mammograms?
4. How often would you advise me to get a mammogram?
5. Where can I get a mammogram?
6. What if I cannot afford a mammogram?
7. Would you advise me to get a clinical breast exam?
8. Am I at higher risk for breast cancer? Do I need other screening tests?
9. If my mammogram shows that I have dense breasts, are there other tests I should get?

## Resources

You can get information about mammograms and clinical breast exams by contacting the organizations listed below.

Susan G. Komen®

1-877 GO KOMEN (1-877-465-6636)

[www.komen.org](http://www.komen.org)

American Cancer Society

1-800-ACS-2345

[www.cancer.org](http://www.cancer.org)

National Cancer Institute's Cancer  
Information Service

1-800-4-CANCER

[www.cancer.gov](http://www.cancer.gov)



Got a smartphone?  
Scan here to view the  
warning signs of breast  
cancer at [komen.org](http://komen.org)

## Signs you should not ignore

Be aware of any change in your breast or underarm area. If you notice any of these signs, see a doctor.

- Lump, hard knot or thickening inside the breast or underarm area
- Swelling, warmth, redness or darkening of the breast
- Change in the size or shape of the breast
- Dimpling or puckering of the skin
- Itchy, scaly sore or rash on the nipple
- Pulling in of your nipple or other parts of the breast
- Nipple discharge that starts suddenly
- New pain in one spot that does not go away

### Related fact sheets in this series:

- Benign Breast Conditions
- Breast Cancer Density
- Breast Cancer Risk Factors
- Mammography
- When You Discover a Lump or Change

The above list of resources is only a suggested resource and is not a complete listing of breast cancer materials or information. The information contained herein is not meant to be used for self-diagnosis or to replace the services of a medical professional. Komen does not endorse, recommend or make any warranties or representations regarding the accuracy, completeness, timeliness, quality or non-infringement of any of the materials, products or information provided by the organizations referenced herein.





# Let's Talk About Mammograms





**Mary:** *Wow – you know I just turned 45; it’s time for my mammogram.*

**Yolanda:** *I’ve put it off ... I’m afraid of what they might find!*

**Mary:** *I know what you mean. But if I have breast cancer, I’d rather find it when it’s small. I want to take care of my health. My family needs me.*

**Yolanda:** *That makes sense to me. I would rather know and live!*

## **Why should I have one?**

- As you get older, your chances of having breast cancer go up. Women can get breast cancer even after menopause.
- Even if you have no changes or lumps in your breast, you should get regular mammograms.
- Even if you have no breast cancer in your family, you still need mammograms.
- If you do have breast cancer, finding it early could help you live to do the things that are important to you.

## **I have heard it hurts.**

When the plates press your breast, this “squeeze” might hurt for a minute. Some women say that it’s painful; others say that it doesn’t hurt at all.

## **What happens if they find something?**

If something is seen on the mammogram, it doesn’t mean that you have breast cancer. You might need more tests. Then your doctor can make the best plan for you.

## **How much does a mammogram cost?**

Most health plans and Medicare cover the cost of mammograms. If you have Medicaid or have no insurance, you may be able to get a free mammogram in your state. Check with your health department.

## **To get my mammogram I should call:**

- My doctor or nurse
- My local health center or women’s clinic
- The American Cancer Society at **1-800-227-2345** and ask for help getting a mammogram where I live.

### **What is a mammogram?**

A mammogram is an x-ray of your breast. It can find breast changes that are too small for you or your doctor or nurse to feel.

### **How is a mammogram done?**

You stand in front of the x-ray machine and place your breast between two plastic plates. Those plates press each breast to make it flat to get a good picture.

## Remember:

- Anyone can get breast cancer. But your chances go up as you get older.
- Even small breast cancers can be found with a mammogram.
- If breast cancer is found when it's small and before it has spread, it's easier to treat.

## Steps I'm willing to take for my health:

- ☐ I will call **1-800-227-2345** to find out more about mammograms and breast cancer.
- ☐ I will ask my doctor or nurse how to get a mammogram.
- ☐ I will schedule my mammogram.
- ☐ I will call if I don't get the results of my mammogram.

For cancer information, day-to-day help, and emotional support, call the American Cancer Society at **1-800-227-2345**. We're here when you need us – 24 hours a day, 7 days a week.



cancer.org | 1.800.227.2345  
1.866.228.4327 TTY

WRITTEN MAY 2017

©2008, American Cancer Society, Inc. No. 202811 Rev. 5/17  
Models used for illustrative purposes only.



When we walk together, we're one  
step closer to beating breast cancer.

MakingStridesWalk.org



**U.S. FOOD & DRUG  
ADMINISTRATION**

# Mammograms

A mammogram is a low-dose x-ray picture of the breast.

## Why should I have one?

**Mammograms can help save lives.** They are still the best way to screen for breast cancer. They can find breast lumps when they are too small for a woman or her doctor to feel.

Mammograms can not find all problems. So, every woman should work with her doctor to check her breasts. Call your doctor or clinic if you notice any change in your breasts like:

- a lump
- thickening
- liquid leaking from the nipple or changes in how the nipple looks

## How is a mammogram done?

- You will need to take off your shirt and bra.
- You will stand in front of the x-ray machine.
- Your breast is placed on a small platform.
- A clear plastic plate presses down on the breast for a few seconds. Some women say the pressure feels uncomfortable, but most don't find it painful.

- The technologist will take several pictures of the breast.
- A specialist then looks at the x-ray pictures to see if there are any changes in the breast.

## How do I get my results?

You and your health care provider should get written results within 30 days after your mammogram.

- Call if you don't get your results. Don't assume that everything is normal.
- Ask for your mammogram. It can be saved on a CD. Keep it to compare with mammograms you get later.

## What does the FDA do?

The FDA certifies the places that give mammograms in the U.S. It's a law called the Mammography Quality Standards Act (MQSA).

The FDA inspects the facilities and the people who work there.

# Mammograms

Continued

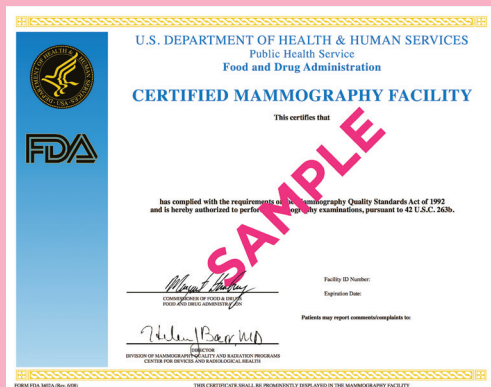
## How do I know if my place is certified?

The FDA keeps a list of all certified places where you can get a mammogram like a:

- Doctor's Office
- Clinic
- Hospital
- X-ray Center
- Mobile Van

To find a certified site near you, go to the FDA website and put in your zip code:  
**[www.fda.gov/findmammography](http://www.fda.gov/findmammography)**

## You should also look for the FDA MQSA Certificate at your facility.



## What is a digital mammogram?

Digital mammograms are called 2D or 3D. Digital mammograms use a computer along with x-rays to make and show breast pictures. These pictures are taken in the same way as a regular mammogram. Ask your facility to learn more.

## What else should I know before I get a mammogram?

- Do not wear deodorant, perfume, lotion or powder under your arm or on your breasts on the day of your exam. It might show up on the x-ray.
- Tell the clinic if you have breast implants when you make your appointment. They may need to take more pictures than a regular mammogram.
- Tell the clinic if you have physical disabilities that may make it hard for you to sit up, lift your arms or dress yourself. Also, let them know if you use a wheelchair or scooter.
- Talk with the staff about how they will handle issues of modesty that you may have due to your religion.



This fact sheet was developed by the FDA Office of Women's Health.

To get other women's health resources, go to

**[www.fda.gov/womens](http://www.fda.gov/womens)**



# CERVICAL CANCER

There are five main types of cancer that affect a woman's reproductive organs: cervical, ovarian, uterine, vaginal, and vulvar. As a group, they are referred to as gynecologic (GY-neh-kuh-LAH-jik) cancer. (A sixth type of gynecologic cancer is the very rare fallopian tube cancer.)

This fact sheet about cervical cancer is part of the Centers for Disease Control and Prevention's (CDC) *Inside Knowledge: Get the Facts About Gynecologic Cancer* campaign. The campaign helps women get the facts about gynecologic cancer, providing important "inside knowledge" about their bodies and health.

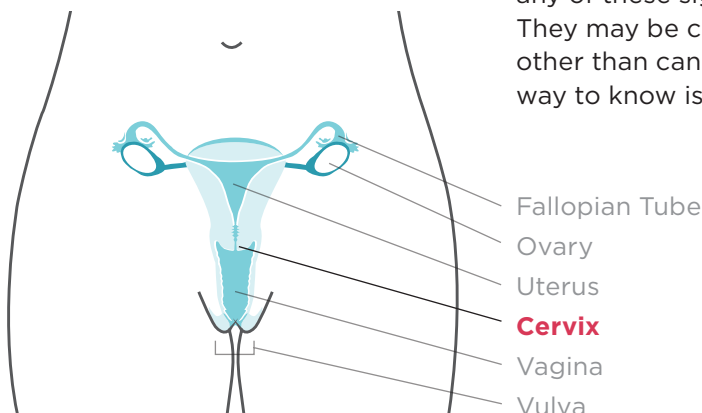


## What is cervical cancer?

Cancer is a disease in which cells in the body grow out of control. Cancer is always named for the part of the body where it starts, even if it spreads to other body parts later.

When cancer starts in the cervix, it is called cervical cancer. The cervix is the lower, narrow end of the uterus. The cervix connects the vagina (the birth canal) to the upper part of the uterus. The uterus (or womb) is where a baby grows when a woman is pregnant.

Cervical cancer is the easiest gynecologic cancer to prevent with regular screening tests and follow-up. It also is highly curable when found and treated early.



## Who gets cervical cancer?

All women are at risk for cervical cancer. It occurs most often in women over age 30. Each year, approximately 12,000 women in the United States get cervical cancer.

The human papillomavirus (HPV) is the main cause of cervical cancer. HPV is a common virus that is passed from one person to another during sex. Most sexually active people will have HPV at some point in their lives, but few women will get cervical cancer.

## What are the symptoms?

Early on, cervical cancer may not cause signs and symptoms. Advanced cervical cancer may cause bleeding or discharge from the vagina that is not normal for you, such as bleeding after sex. If you have any of these signs, see your doctor. They may be caused by something other than cancer, but the only way to know is to see your doctor.

## Are there tests that can prevent cervical cancer or find it early?

There are two tests that can either help prevent cervical cancer or find it early:

- **The Pap test (or Pap smear) looks for precancers, cell changes, on the cervix that can be treated, so that cervical cancer is prevented. The Pap test also can find cervical cancer early, when treatment is most effective. The Pap test is recommended for women aged 21-65 years old.**
- **The HPV test looks for HPV—the virus that can cause precancerous cell changes and cervical cancer.**

*Inside Knowledge* is an initiative that supports the Gynecologic Cancer Education and Awareness Act of 2005, or Johanna's Law, which was unanimously passed by the U.S. House and Senate in December of 2006, and signed into law in January 2007.

## When should I get tested for cervical cancer?

The Pap test is one of the most reliable and effective cancer screening tests available. You should start getting regular Pap tests at age 21. If your Pap test results are normal, your doctor may say that you will not need another Pap test for three years.

The HPV test can be used to screen for cervical cancer along with the Pap test in women aged 30 years and older. It also is used to provide more information when women aged 21 years and older have unclear Pap test results.

If you are age 30 or older, you may choose to have an HPV test along with the Pap test. If the results are normal, your chance of getting cervical cancer in the next few years is very low. Your doctor may then say that you can wait up to five years for your next screening.

For women aged 21-65, it is important to continue getting a Pap test as directed by your doctor—even if you think you are too old to have a child or are not having sex anymore. However, your doctor may tell you that you do not need to have a Pap test if either of these is true for you:

- You are older than 65 and have had normal Pap test results for several years.
- You have had your cervix removed as part of a total hysterectomy for non-cancerous conditions, like fibroids.

## What raises a woman's chance of getting cervical cancer?

Almost all cervical cancers are caused by HPV. You are more likely to get HPV if you started having sex at an early age, or if you or your partner have had sex with several others. However, any woman who has ever had sex is at risk for HPV.

There are many types of HPV. Usually HPV will go away on its own, but if it does not, it may cause cervical cancer over time.

In addition to having HPV, these things also can increase your risk of cervical cancer:

- Smoking.
- Having HIV (the virus that causes AIDS) or another condition that makes it hard for your body to fight off health problems.
- Using birth control pills for a long time (five or more years).
- Having given birth to three or more children.

## How can I prevent cervical cancer?

- See your doctor regularly for a Pap test that can find cervical precancers.
- Follow up with your doctor, if your Pap test results are not normal.
- Get the HPV vaccine. It protects against the types of HPV that most often cause cervical, vaginal, and vulvar cancers. It is recommended for preteens (both boys and girls) aged 11 to 12 years, but can be given as early as age 9 and until age 26. The vaccine is given in a series of either two or three shots, depending on age. It is important to note that even

women who are vaccinated against HPV need to have regular Pap tests to screen for cervical cancer. To learn more about the HPV vaccine visit [www.cdc.gov/hpv](http://www.cdc.gov/hpv).

- Don't smoke.
- Use condoms during sex.\*
- Limit your number of sexual partners.

\* HPV infection can occur in both male and female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. While the effect of condoms in preventing HPV infection is unknown, condom use has been associated with a lower rate of cervical cancer.

## What should I do if my doctor says I have cervical cancer?

If your doctor says that you have cervical cancer, ask to be referred to a gynecologic oncologist—a doctor who has been trained to treat cancers like this. This doctor will work with you to create a treatment plan.

## Where can I find free or low-cost Pap tests?

If you have a low income or do not have insurance, you may be able to get a free or low-cost Pap test through the National Breast and Cervical Cancer Early Detection Program. To learn more, call **800-CDC-INFO** or visit [www.cdc.gov/cancer/nbccedp](http://www.cdc.gov/cancer/nbccedp).

## Where can I find more information about cervical and other gynecologic cancers?

**Centers for Disease Control and Prevention:** 800-CDC-INFO or [www.cdc.gov/cancer/gynecologic](http://www.cdc.gov/cancer/gynecologic)

**National Cancer Institute:** 800-4-CANCER or [www.cancer.gov](http://www.cancer.gov)



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

[www.cdc.gov/cancer/knowledge](http://www.cdc.gov/cancer/knowledge)  
**800-CDC-INFO**





# Cervical Cancer Facts



Cervical cancer is the easiest gynecological cancer to prevent with regular screening tests and follow-up. Learn basic information about cervical cancer and how to prevent and recognize it.

## What is cervical cancer?

Cancer is a disease in which cells in the body grow out of control. Cancer is always named for the part of the body where it starts, even if it spreads to other body parts later. When cancer starts in the cervix, it is called cervical cancer. The cervix is the lower, narrow end of the uterus. The cervix connects the vagina (the birth canal) to the upper part of the uterus. The uterus (or the womb) is where a baby grows when a woman is pregnant.

Cervical cancer is preventable with regular screening tests and follow-up. It also is highly curable when found and treated early. Although cervical cancer occurs most often in women over age 30, all women are at risk for cervical cancer. Each year approximately 12,000 women are diagnosed with cervical cancer and 4,000 women die from the disease.<sup>1</sup>

## What puts me at greater risk?

The main cause of cervical cancer is the human papillomavirus (HPV), a common virus that can be passed from one person to another during sex. Many people will have an HPV infection at some time in their lives, but because HPV usually goes away on its own, few will get cervical cancer.

Several other factors may affect your risk of developing cervical cancer, including:

- Smoking
- Having HIV, the virus that causes AIDS, or another condition that makes it hard for your body to fight off health problems
- Using birth control pills for a long time
- Having given birth to three or more children

## What are the symptoms?

Early on, cervical cancer may not cause signs and symptoms. Advanced cervical cancer may cause bleeding or discharge from the vagina that is not normal for you, such as bleeding after sex. If you have any of these signs, see your doctor, nurse, or health care professional. The symptoms may be caused by something else, but the only way to know is to get checked.

# Cervical Cancer Facts

## How can I find out if I have cervical cancer?

There are two tests that can help prevent cervical cancer or find it early:

- The **Pap test** (or Pap smear) is one of the most reliable and effective cancer screening tests available. The Pap test only screens for cervical cancer; it does not screen for any other gynecological cancer. It looks for precancers, or cell changes, on the cervix that can be treated, so that cervical cancer is prevented. A Pap test can also identify cervical cancer early, when treatment is most effective. The Pap test is recommended for all women starting at age 21.
- The **HPV test** looks for HPV—the virus that can cause precancerous cell changes and cervical cancer. The HPV test may be used with women aged 30 years and older, or at any age for those who have abnormal Pap test results. Talk with your doctor about whether the HPV test is right for you.

Cervical cancer is preventable with regular screenings, and it is highly treatable if cancer is detected early.

If you are 30 or older, and your screening tests are normal, your chance of getting cervical cancer in the next few years is very low. For that reason, your doctor may tell you that you will not need another screening test for up to three years. If your doctor says that you have cervical cancer, ask to be referred to a gynecologic oncologist—a doctor trained to treat cancers like this. This doctor will work with you to create a treatment plan.

## How can I prevent cervical cancer?

There are many ways to prevent or reduce your risk for cervical cancer:

- Get the HPV vaccine. It protects against the types of HPV that most often cause cervical, vaginal, and vulvar cancers, and is recommended for girls and women aged 11 through 26
- See your doctor regularly for a Pap test to find cervical precancerous cells
- Follow up with your doctor if your Pap test results are not normal
- Don't smoke
- Use condoms during sex\*\*
- Limit your number of sexual partners

## About the National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

NBCCEDP provides public education, free and low-cost breast and cervical cancer screenings, and diagnostic services to low-income, uninsured, and underserved women. If you have a low income or do not have insurance, you may be able to get a free or low-cost Pap test through the NBCCEDP in your community.

\*\* HPV infection can occur in both male and female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. While the effect of condoms in preventing HPV infection is unknown, condom use has been associated with a lower rate of cervical cancer.

## References

- 1 U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2006 Incidence and Mortality Web-based Report*. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2010. Available at: <http://www.cdc.gov/uscs>.



Centers for Disease Control and Prevention  
National Breast and Cervical Cancer  
Early Detection Program  
1 (800) CDC-INFO • [CDCINFO@cdc.gov](mailto:CDCINFO@cdc.gov)  
[www.cdc.gov/cancer/nbccedp/](http://www.cdc.gov/cancer/nbccedp/)

CDC's *Inside Knowledge: Get the Facts About*  
*Gynecological Cancer Campaign*  
[www.cdc.gov/cancer/knowledge/](http://www.cdc.gov/cancer/knowledge/)

# Cervical Cancer

Cervical cancer is cancer that starts in the cervix, the lower, narrow part of the uterus (womb). Most cervical cancers are caused by the human papillomavirus (HPV). Cervical cancer is the easiest gynecological cancer to prevent with regular screening tests and vaccination. It is also very curable when found and treated early.

## Q: Who gets cervical cancer?

**A:** Each year, about 12,000 women in the United States get cervical cancer. Cervical cancer happens most often in women 30 years or older, but all women are at risk.

## Q: What causes cervical cancer?

**A:** Most cases of cervical cancer are caused by a high-risk type of HPV. HPV is a virus that is passed from person to person through genital contact, such as vaginal, anal, or oral sex. If the HPV infection does not go away on its own, it may cause cervical cancer over time.

Other things may increase the risk of developing cancer following a high-risk HPV infection. These other things include:

- Smoking
- Having HIV or reduced immunity
- Taking birth control pills for a long time (more than five years)
- Having given birth to three or more children

## Q: What are the symptoms of cervical cancer?

**A:** You may not notice any signs or symptoms of cervical cancer. Signs of advanced cervical cancer may include bleeding or discharge from the vagina. These symptoms may not be caused by cervical cancer, but the only way to be sure is to see your doctor.

## Q: How do I find out if I have cervical cancer?

**A:** Women should start getting screened at age 21. You can get a Pap test to look for changes in cervical cells that could become cancerous if not treated. If the Pap test finds major changes in the cells of the cervix, your doctor may suggest more tests to look for cancer. If you are between 30 and 65 years old, you can also get an HPV test with your Pap test to see if you have HPV.

## Q: How often do I need to be screened for cervical cancer?

**A:** How often you need to be screened depends on your age and health history. Talk with your doctor about what is best for you. Most women can follow these guidelines:

- If you are between 21 and 29, you should get a Pap test every three years.
- If you are between 30 and 64, you should get a Pap test and HPV test together every five years or a Pap test alone every three years.
- If you are 65 or older, ask your doctor if you can stop having Pap tests.

**Q: What can I do to prevent cervical cancer?**

**A:** You can lower your risk of getting cervical cancer with the following steps. The steps work best when used together. No single step can protect you from cervical cancer. The best ways to prevent cervical cancer include:

- Get an HPV vaccine (if you are 26 or younger). Two vaccines — Cervarix and Gardasil — protect girls and young women against the types of HPV that cause most cervical cancers. The Gardasil vaccine is also recommended for boys who are 11 or 12 years old. Both vaccines are licensed, safe, and effective.
- Get regular Pap tests. Regular Pap tests help your doctor find and treat any changing cells before they turn into cancer. Women who have had the HPV vaccine still need to have regular Pap tests.
- Be monogamous. Having sex with just one partner can lower your risk. That means that you only have sex with each other and no one else.
- Use condoms. The best way to prevent any sexually transmitted infection (STI), including HPV, is to not have vaginal, oral, or anal sex. If you do have vaginal, anal, or oral sex, protect yourself with a condom every time. Research shows that condom use can lower your risk of getting cervical cancer when used correctly and every time you have vaginal, anal, or oral sex.

## For more information...

on cervical cancer, call the Office on Women's Health Helpline at 800-994-9662 or contact the following organizations:

**National Cancer Institute, NIH, HHS**

800-422-6237 • [www.cancer.gov](http://www.cancer.gov)

**National Breast and Cervical Cancer Early Detection Program, CDC**

800-CDC-INFO (800-232-4636) • [www.cdc.gov/cancer/nbccedp](http://www.cdc.gov/cancer/nbccedp)

**American College of Obstetricians and Gynecologists (ACOG) Resource Center**

800-762-2264 • [www.acog.org](http://www.acog.org)

**American Cancer Society**

800-ACS-2345 (800-227-2345) • [www.cancer.org](http://www.cancer.org)

This fact sheet was reviewed by: Jacqueline W. Miller, M.D., FACS, Captain, U.S. Public Health Service, Medical Director, National Breast and Cervical Cancer Early Detection Program, Division of Cancer Prevention and Control, Centers for Disease Control and Prevention.

All material contained in this fact sheet is free of copyright restrictions, and may be copied, reproduced, or duplicated without permission of the Office on Women's Health in the Department of Health and Human Services. Citation of the source is appreciated.

Content last updated: April 21, 2014



[www.facebook.com/HHSOWH](https://www.facebook.com/HHSOWH)



[www.twitter.com/WomensHealth](https://www.twitter.com/WomensHealth)

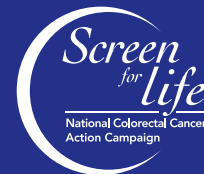


[www.youtube.com/WomensHealthgov](https://www.youtube.com/WomensHealthgov)

[www.womenshealth.gov](http://www.womenshealth.gov) | 800-994-9662



# COLORECTAL CANCER SCREENING



## What Is Colorectal Cancer?

Colorectal cancer is cancer that occurs in the colon or rectum. Sometimes it is called colon cancer. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.

## Screening Saves Lives

Colorectal cancer is the second leading cancer killer in the United States, but it doesn't have to be. If you are 50 or older, getting a colorectal cancer screening test could save your life. Here's how:

- Colorectal cancer usually starts from precancerous polyps in the colon or rectum. A polyp is a growth that shouldn't be there.
- Over time, some polyps can turn into cancer.
- Screening tests can find precancerous polyps, so they can be removed before they turn into cancer.
- Screening tests also can find colorectal cancer early, when treatment works best.

## Who Gets Colorectal Cancer?

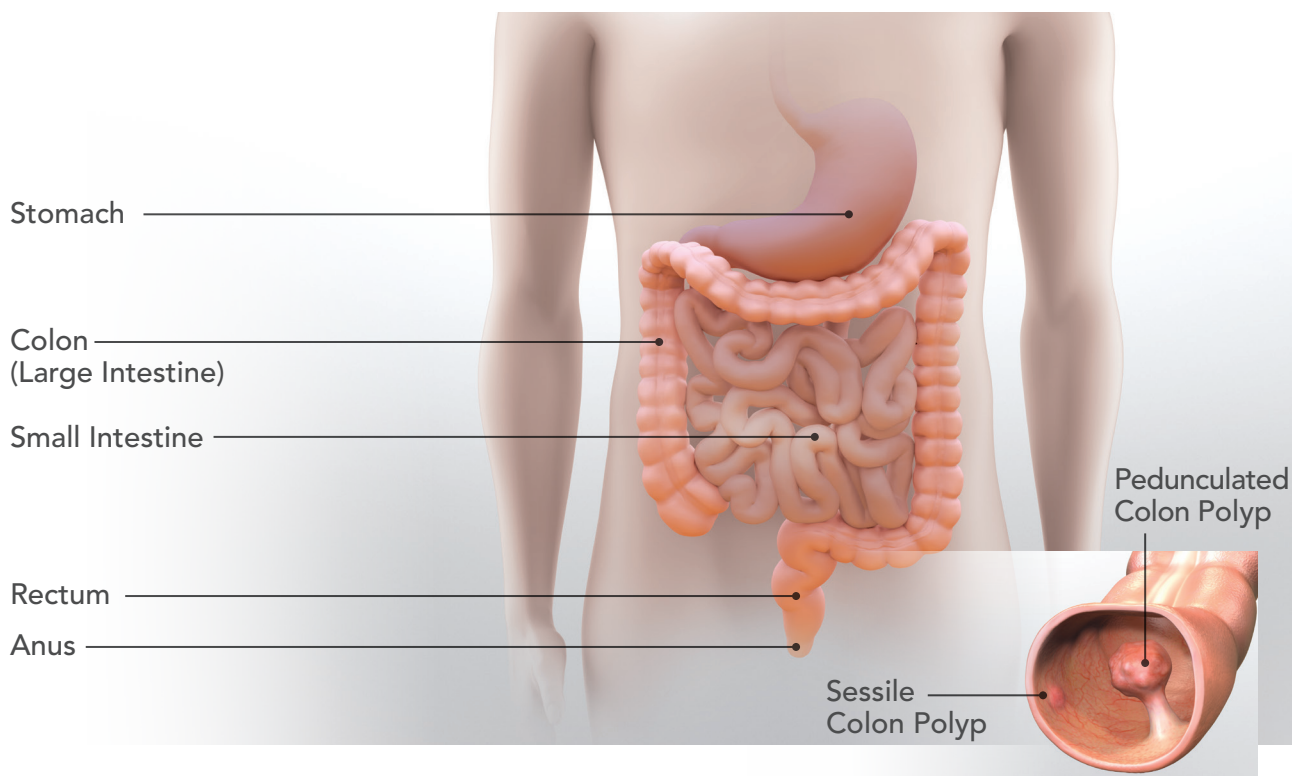
- Both men and women can get it.
- It is most often found in people 50 or older.
- The risk increases with age.

## Are You at Increased Risk?

Your risk for colorectal cancer may be higher than average if:

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

People at increased risk for colorectal cancer may need earlier or more frequent tests than other people. Talk to your doctor about when to begin screening, which test is right for you, and how often you should be tested.





## Colorectal Cancer Can Start With No Symptoms

Precancerous polyps and early-stage colorectal cancer don't always cause symptoms, especially at first. This means that someone could have polyps or colorectal cancer and not know it. That is why having a screening test is so important.

### What Are the Symptoms?

Some people with colorectal polyps or colorectal cancer do have symptoms. They may include:

- Blood in or on your stool (bowel movement).
- Stomach pain, aches, or cramps that don't go away.
- Losing weight and you don't know why.

If you have any of these symptoms, talk to your doctor. They may be caused by something other than cancer. However, the only way to know is to see your doctor.

### Types of Screening Tests

The U.S. Preventive Services Task Force recommends that adults aged 50–75 be screened for colorectal cancer. The decision to be screened after age 75 should be made on an individual basis. If you are aged 76–85, ask your doctor if you should be screened.

Several different screening tests can be used to find polyps or colorectal cancer. They include:

#### Stool Tests

**Guaiac-based Fecal Occult Blood Test (gFOBT):** uses the chemical guaiac to detect blood in stool. At home you use a stick or brush to obtain a small amount of stool. You return the test to the doctor or a lab, where stool samples are checked for blood.

**Fecal Immunochemical Test (FIT):** uses antibodies to detect blood in the stool. You receive a test kit from your health care provider. This test is done the same way as gFOBT.

**FIT-DNA Test (or Stool DNA test):** combines the FIT with a test to detect altered DNA in stool. You collect an entire bowel movement and send it to a lab to be checked for cancer cells.

**How Often: gFOBT Once a year. FIT Once a year. FIT-DNA once every one or three years.**

### Flexible Sigmoidoscopy

For this test, the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer inside the rectum and lower third of the colon.

**How Often: Every five years, or every 10 years with a FIT every year.**

### Colonoscopy

Similar to flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers. Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening tests.

**How Often: Every 10 years.**

### CT Colonography (Virtual Colonoscopy)

Computed tomography (CT) colonography, also called a virtual colonoscopy, uses X-rays and computers to produce images of the entire colon. The images are displayed on a computer screen for the doctor to analyze.

**How Often: Every five years.**

### Which Test is Right for You?

There is no single "best test" for any person. Each test has advantages and disadvantages. Talk to your doctor about which test or tests are right for you and how often you should be screened.

### Free or Low-Cost Screening

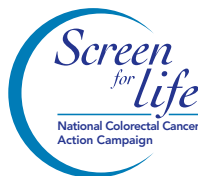
Colorectal cancer screening tests may be covered by your health insurance policy without a deductible or co-pay. Where feasible, CDC's Colorectal Cancer Control Program grantees provides free or low-cost screenings to eligible men and women. To find out more visit [www.cdc.gov/cancer/crccp/contact.htm](http://www.cdc.gov/cancer/crccp/contact.htm).

### The Bottom Line

If you're 50 or older, talk with your doctor about getting screened. For more information, visit [www.cdc.gov/screenforlife](http://www.cdc.gov/screenforlife) or call 1-800-CDC-INFO (1-800-232-4636). For TTY, call 1-888-232-6348.

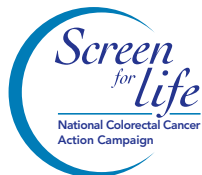


U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention



[www.cdc.gov/screenforlife](http://www.cdc.gov/screenforlife)  
1-800-CDC-INFO





# RISK FACTORS & SYMPTOMS

## Colorectal Cancer Screening Saves Lives

### Risk Factors

People at increased risk for colorectal cancer may need to start screening at an earlier age and get tested more frequently than other people.

#### **You may be at increased risk if:**

- You or a close relative have had colorectal polyps or colorectal cancer.
- You have inflammatory bowel disease, Crohn's disease, or ulcerative colitis.
- You have certain genetic syndromes, like familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (also known as Lynch syndrome).

Getting screened for colorectal cancer as recommended can reduce your risk for developing this disease. Screening finds precancerous polyps so they can be removed before they turn into cancer. If you are 50 or older, talk to your doctor about getting screened.

### Symptoms

Don't wait for symptoms to be tested for colorectal cancer. Precancerous polyps and early-stage colorectal cancer don't always cause symptoms.

#### **But if there are symptoms, they may include:**

- Blood in or on your stool (bowel movement).
- Pains, aches, or cramps in your stomach that do not go away.
- Losing weight and you don't know why.

They may be caused by something other than cancer, but the only way to know is to see your doctor. If you have any of these symptoms, talk to your doctor.

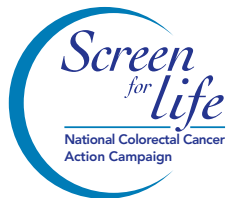


U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

[www.cdc.gov/screenforlife](http://www.cdc.gov/screenforlife)  
1-800-CDC-INFO

*This page deliberately left blank.*





# SCREENING TESTS AT-A-GLANCE

Colorectal Cancer Screening Saves Lives

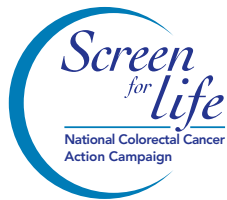
The U.S. Preventive Services Task Force recommends that adults aged 50-75 be screened for colorectal cancer. The decision to be screened after age 75 should be made on an individual basis. If you are aged 76-85, ask your doctor if you should be screened. There is no single best test for any person. Each has advantages and disadvantages. Talk to your doctor about which test or tests are right for you, and how often you should be screened. Getting screened could save your life!

NAME	PREPARATION	WHAT HAPPENS?	FREQUENCY
<b>Stool Tests</b>  One type of stool test uses the chemical guaiac to detect blood in the stool and is called the guaiac-based fecal occult blood test (gFOBT).  A second type of stool test, fecal immunochemical test (FIT), uses antibodies to detect blood in the stool.  A third test, called the FIT-DNA test (or stool DNA test), combines the FIT with a test to detect altered DNA in the stool.	Your doctor may recommend that you follow a special diet before taking the gFOBT.	<p>For the gFOBT and FIT tests you receive a test kit from your health care provider. At home, you use a stick or brush to obtain a small amount of stool. You return the test to the doctor or a lab, where stool samples are checked for blood.</p> <p>For the FIT-DNA test you collect an entire bowel movement and send it to a lab to be checked for changes in the DNA that might suggest the presence of cancer or a precancerous lesion.</p>	<p>gFOBT: Once a year.</p> <p>FIT: Once a year.</p> <p>FIT-DNA: Once every one or three years.</p> <p>(If anything unusual is found, your doctor will recommend a follow-up colonoscopy.)</p>
<b>Flexible Sigmoidoscopy (Flex Sig)</b>  This is sometimes done in combination with FIT.	Your doctor will tell you what foods you can and cannot eat before the test. The evening before the test, you use a strong laxative and/or enema to clean out the colon.	During the test, the doctor puts a short, thin, flexible, lighted tube into the rectum. This tube allows the doctor to check for polyps or cancer inside the rectum and lower third of the colon.	This test should be done every five years, or every 10 years with a FIT every year.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

[www.cdc.gov/screenforlife](http://www.cdc.gov/screenforlife) 1-800-CDC-INFO



# SCREENING TESTS AT-A-GLANCE

Colorectal Cancer Screening Saves Lives

The U.S. Preventive Services Task Force recommends that adults aged 50-75 be screened for colorectal cancer. The decision to be screened after age 75 should be made on an individual basis. If you are aged 76-85, ask your doctor if you should be screened. There is no single best test for any person. Each has advantages and disadvantages. Talk to your doctor about which test or tests are right for you, and how often you should be screened. Getting screened could save your life!

NAME	PREPARATION	WHAT HAPPENS?	FREQUENCY
<b>Colonoscopy</b>  Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening tests.	Before this test, your doctor will tell you what foods you can and cannot eat. You use a strong laxative to clean out the colon. Some doctors recommend that you also use an enema. Make sure you arrange for a ride home, as you will not be allowed to drive.	You will receive medication during this test, to make you more comfortable. This test is similar to flex sig, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers.	This test should be done every 10 years. If polyps or cancers are found during the test, you will need more frequent colonoscopies in the future.
<b>CT Colonography (Virtual Colonoscopy)</b>	You prepare for this test as you would for a colonoscopy. Before the test, you follow a special diet and use a strong laxative to clean out the colon.	Virtual colonoscopy uses x-rays and computers to produce images of the entire colon. The images are displayed on a computer screen for the doctor to analyze.	This test should be done every five years.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

[www.cdc.gov/screenforlife](http://www.cdc.gov/screenforlife) 1-800-CDC-INFO

# HEALTH TIPS for men about prostate cancer:

## *What you can do*

**Most prostate cancers grow slowly and don't cause any health problems in men who have them.**

If you decide not to get screened, you can always change your mind later. If you decide to get screened, it does not mean you have to go to the next step. You should discuss each step with your doctor.

Most prostate cancers found by screening are small and slow growing and may not be fatal. Some men may have a faster growing prostate cancer and will benefit from early treatment.

Older men, African-American men, and men who have a family history of prostate cancer have a greater risk for developing prostate cancer. If you are concerned that you may have a greater risk for prostate cancer, talk to your doctor about screening.

### //////////////////// Screening for Prostate Cancer //////////////////////

One screening test for prostate cancer is a blood test, which can be abnormal (not normal) for several reasons besides prostate cancer.

The only way to know if an abnormal test is due to cancer is to do a biopsy.

A biopsy is a minor surgery to get small pieces of the prostate to look at under a microscope.

If the biopsy shows there are cancer cells, then your doctor will discuss treatment options.

Treatment of prostate cancer may include:

- ▶ Close monitoring and follow-up visits
- ▶ Radiation
- ▶ Surgery to remove the prostate

Side effects from radiation or surgery may include:

- ▶ Impotence
- ▶ Loss of bladder control
- ▶ Problems with your rectum

Medical groups do not agree on screening recommendations.

**Talk with your doctor or nurse to decide together if prostate cancer screening is right for you.**



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention

## Here are some questions you can ask your doctor about prostate cancer screening:

► *Am I at a greater risk for prostate cancer?*

---

► *At what age should I start to think about screening for prostate cancer?*

---

► *If I get my blood test, and it is not normal, what other things could I have besides prostate cancer?*

---

► *What is a biopsy, and how is it done?*

---

► *What are the side effects or risks of a biopsy?*

---

► *If my biopsy shows some cancer cells, what does that mean?*

---

Ask about all treatment options: close monitoring and follow-up visits, radiation, or surgery to remove the prostate.

► *What are the side effects or risks of each treatment?*

---

# OUTDOOR WORK SITES

Nearly 5 million people are treated for skin cancer each year in the United States, at an estimated annual cost of \$8.1 billion. Skin cancer can be serious, expensive, and sometimes even deadly. Skin cancer cases continue to increase in the United States. Fortunately, most skin cancers can be prevented.



## PROTECT YOUR EMPLOYEES FROM SKIN CANCER



Ultraviolet (UV) rays—from the sun or from artificial sources like tanning beds—are known to cause skin cancer.



The Federal Occupational Safety and Health Act requires employers to minimize risk of harm to employees. In some states, employers may be required to provide workers' compensation to employees who get skin cancer because of sun exposure on the job.



Every year, Americans lose more than \$100 million in productivity because of restricted activity or absence from work due to skin cancer.

## AS AN EMPLOYER, YOU CAN HELP PROTECT YOUR WORKERS FROM SKIN CANCER

### BE AWARE OF RISKS



Outdoor workers often spend a lot of time in the sun.



Reflection from bright surfaces like concrete or metal can increase total sun exposure.



It's easy to overlook sun protection at a busy work site.

Skin cancer can greatly reduce workers' productivity. Providing and encouraging sun protection for outdoor workers helps create a healthy and safe workplace. It can also increase productivity, which ultimately saves money.



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention



## USE THESE SUN-SAFE STRATEGIES

### Increase Sun Protection for Employees

- Encourage [sun safety](#) among your employees and provide sun protection when possible. This includes wearing protective clothing; sunglasses; and hats that shade the face, ears, and back of the neck and using broad spectrum sunscreen with an SPF of 15 or higher.
- Schedule breaks in the shade and allow workers to reapply sunscreen throughout their shifts.
- Modify the work site by



**Increasing** the amount of shade available—for example, with tents, shelters, and cooling stations.



**Decreasing** UV reflection by covering bright or shiny surfaces.

- Create work schedules that minimize sun exposure. For example, schedule outdoor tasks like mowing for early morning instead of noon, and rotate workers to reduce their UV exposure.

### UV rays are strongest

- During midday.
- Near the equator.
- During summer months.
- At high altitudes.



Employers can train workers to use the [UV Index](#) and adjust scheduled work when UV levels are “very high” or “extreme.”

### Add Sun Safety to Workplace Policies and Training

- Include sun-safety information in workplace wellness programs. For example, programs designed to help employees [avoid heat illness](#) can be adapted to include information about sun safety.
- Teach outdoor workers about [risks of exposure to UV radiation](#) and the [signs and symptoms of overexposure](#).
- Encourage outdoor workers to be role models and discuss the importance of sun protection with patrons, clients, and coworkers. Visit the National Cancer Institute’s [RTIPs website](#) to find more information about sun safety programs for outdoor worksites.



### SKIN CANCER PREVENTION IN ACTION: FIREFIGHTERS PRACTICE SUN SAFETY

Captain Mike Kirkpatrick of the West Metro Fire Protection District in Lakewood, Colorado, takes sun protection for his firefighters seriously.

“Our firefighters put their lives on the line to protect our citizens, and they deserve to be protected from skin cancer,” Kirkpatrick said. “Anyone from Colorado knows the sun here is intense, so we started making small, inexpensive changes to decrease our sun exposure. We provided education to our team about skin cancer prevention and provided sunscreen at all of our fire stations.”

These efforts have paid off, according to Kirkpatrick. “Everyone started protecting themselves using a combination of hats, sunglasses, long-sleeved shirts, and sunscreen. It was an easy way to do something valuable for our health.”

### Choose Sun-Safety Strategies that Work

Broad spectrum sunscreen with an SPF of 15 or higher is important, but it shouldn’t be the only defense against the sun. For the **best protection**, encourage your outdoor workers to use shade, clothing, a hat with a wide brim, and sunglasses, as well as sunscreen.



FOR MORE INFORMATION, VISIT CDC’S [SUN SAFETY WEBSITE](#).

# FAMILY

Nearly 5 million people are treated for skin cancer each year in the United States. Skin cancer can be serious, expensive, and sometimes even deadly. Fortunately, most skin cancers can be prevented.



## PROTECT YOUR FAMILY FROM SKIN CANCER



Ultraviolet (UV) rays—from the sun or from artificial sources like tanning beds—are known to cause skin cancer.



Damage from exposure to UV rays builds up over time, so sun protection should start at an early age.

## PROTECT YOUR FAMILY AND YOURSELF FROM SKIN CANCER

### STAY SUN SAFE OUTDOORS



Seek shade, especially during midday hours. This includes 10 am to 4 pm, March through October, and 9 am to 3 pm, November through February. Umbrellas, trees, or other shelters can provide relief from the sun.



Be extra careful around surfaces that reflect the sun's rays, like snow, sand, water, and concrete.



Wear sun protection gear like a hat with a wide brim and sunglasses to protect your face and eyes.



Sunglasses protect your eyes from UV rays and reduce the risk of cataracts and other eye problems. Wrap-around sunglasses that block both UVA and UVB rays offer the best protection by blocking UV rays from the side.



Wear a long-sleeved shirt and pants or a long skirt for additional protection when possible. If that's not practical, try wearing a T-shirt or a beach cover-up.



Apply a thick layer of broad spectrum sunscreen with an SPF of 15 or higher at least 15 minutes before going outside, even on cloudy or overcast days. Reapply sunscreen at least every 2 hours and after swimming, sweating, or toweling off.



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention



## LIMIT UV EXPOSURE

### Discourage Indoor Tanning and Sunbathing

Indoor tanning and sunbathing often begin in the teen years and continue into adulthood. Don't wait to teach your children about the dangers of tanning. Children may be more receptive than teens, so start the conversation early, before they start sunbathing or indoor tanning.

For example, you can

- Help preteens and teens understand the dangers of tanning so they can make healthy choices.
- Talk about avoiding tanning, especially before special events like homecoming, prom, or spring break.
- Discourage tanning, even if it's just before one event like prom. UV exposure adds up over time. Every time you tan, you increase your risk of getting skin cancer.



### UV rays are strongest

- During midday.
- Near the equator.
- During summer months.
- At high altitudes.



Remember that sunburns and skin damage can occur even on cloudy or overcast days. If you're unsure about the sun's intensity in your area, check the daily [UV Index](#) for your zip code on the US Environmental Protection Agency's website.

## INDOOR TANNING

- Exposes users to intense levels of UV rays, a known cause of cancer.
- Does not offer protection against future sunburns. A "base tan" is actually a sign of skin damage.
- Can spread germs that can cause serious skin infections.
- Can lead to serious injury. Indoor tanning accidents and burns send more than 3,000 people to the emergency room each year.

The US Food and Drug Administration states that indoor tanning should not be used by anyone younger than age 18. Many states [restrict the use of indoor tanning by minors](#).

*There's no such thing as a safe tan.*

### Choose Sun-Safety Strategies that Work

Broad spectrum sunscreen with an SPF of 15 or higher is important, but it shouldn't be your only defense against the sun. For the **best protection**, use shade, clothing, a hat with a wide brim, and sunglasses, as well as sunscreen.



FOR MORE INFORMATION, VISIT CDC'S [SUN SAFETY WEBSITE](#).



## References

1. C-Change. Making the Business Case: How Engaging Employees in Preventive Care Can Reduce Healthcare Costs; 2008.  
[http://www.ceoroundtableoncancer.org/sites/default/files/2008\\_making\\_the\\_business\\_case\\_how\\_to\\_engage\\_employees\\_in\\_preventive\\_care.pdf](http://www.ceoroundtableoncancer.org/sites/default/files/2008_making_the_business_case_how_to_engage_employees_in_preventive_care.pdf)
2. Maryland Department of Health. Maryland Comprehensive Cancer Control Plan 2016-2020. Baltimore, MD.  
[https://phpa.health.maryland.gov/cancer/cancerplan/Documents/MD%20Cancer%20Program\\_508C%20with%20cover.pdf](https://phpa.health.maryland.gov/cancer/cancerplan/Documents/MD%20Cancer%20Program_508C%20with%20cover.pdf)
3. American Cancer Society. Cancer Facts and Figures 2018. Atlanta: American Cancer Society; 2018.  
<https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2018/cancer-facts-and-figures-2018.pdf>
4. Maryland Department of Health. Maryland Comprehensive Cancer Control Plan 2016-2020. Ibid.
5. Tangka FK, Trogon JG, Ekwueme DU, Guy GP Jr, Orenstein D. State-level estimates of cancer-related absenteeism costs. *Journal of Occupational Health and Environmental Medicine* 2013;55(9): 10151020.
6. Singletary, Jennifer, American Cancer Society Cancer Action Network. The Costs of Cancer: Addressing Patient Costs; 2017.  
<https://www.acscan.org/sites/default/files/Costs%20of%20Cancer%20-%20Final%20Web.pdf>
7. American Cancer Society. Cancer Facts and Figures 2018. Ibid.
8. Breast Cancer Rates by Race and Ethnicity. Centers for Disease Control and Prevention.  
<https://www.cdc.gov/cancer/breast/statistics/race.htm>. Accessed April 24, 2018.
9. American Cancer Society. Cancer Facts and Figures 2018. Ibid.
10. Cervical Cancer Rates by Race and Ethnicity. Centers for Disease Control and Prevention.  
<https://www.cdc.gov/cancer/cervical/statistics/race.htm>. Accessed April 24, 2018.
11. American Cancer Society. Cancer Facts and Figures 2018. Ibid.
12. Colorectal Cancer Rates by Race and Ethnicity. Centers for Disease Control and Prevention.  
<https://www.cdc.gov/cancer/colorectal/statistics/race.htm>. Accessed April 24, 2018.
13. What Are the Risk Factors for Colorectal Cancer?. Centers for Disease Control and Prevention.  
[https://www.cdc.gov/cancer/colorectal/basic\\_info/risk\\_factors.htm](https://www.cdc.gov/cancer/colorectal/basic_info/risk_factors.htm). Accessed April 24, 2018.
14. American Cancer Society. Cancer Facts and Figures 2018. Ibid.
15. Basic Information About Lung Cancer. Centers for Disease Control and Prevention.  
[https://www.cdc.gov/cancer/lung/basic\\_info/index.htm](https://www.cdc.gov/cancer/lung/basic_info/index.htm). Accessed April 24, 2018.

16. Lung Cancer Rates by Race and Ethnicity. Centers for Disease Control and Prevention.  
<https://www.cdc.gov/cancer/lung/statistics/race.htm>. Accessed April 24, 2018.
17. What Are the Risk Factors for Lung Cancer?. Centers for Disease Control and Prevention.  
[https://www.cdc.gov/cancer/lung/basic\\_info/risk\\_factors.htm](https://www.cdc.gov/cancer/lung/basic_info/risk_factors.htm). Accessed April 24, 2018.
18. American Cancer Society. Cancer Facts and Figures 2018. Ibid.
19. Prostate Cancer Rates by Race and Ethnicity. Centers for Disease Control and Prevention.  
<https://www.cdc.gov/cancer/prostate/statistics/race.htm>. Accessed April 24, 2018.
20. American Cancer Society. Cancer Facts and Figures 2018. Ibid.
21. Skin Cancer Rates by Race and Ethnicity. Centers for Disease Control and Prevention.  
<https://www.cdc.gov/cancer/skin/statistics/race.htm>. Accessed April 24, 2018.

## **I Want to Promote Cancer Screening in the Workplace!**

Staff with the Center for Cancer Prevention and Control at the Maryland Department of Health are available to provide technical assistance to Maryland workplaces to incorporate cancer screening into workplace wellness programs.

We can help workplaces:

- Examine health insurance coverage for recommended screening.
- Create and implement supportive policies to encourage cancer screening.
- Educate and communicate with your employees the importance of cancer screening.
- Find community resources and assistance.



Please complete the form below and return to Rebecca McCoy, Partnerships, Outreach and Grants Manager, with the Maryland Breast and Cervical Cancer Program at [rebecca.mccoy@maryland.gov](mailto:rebecca.mccoy@maryland.gov) or call 410-767-6777 to start a discussion. We look forward to collaborating with you to improve the health of all Marylanders!

---

☐ **YES! I want to promote cancer screening in my workplace!**

**Name:**

**Email:**

**Phone:**

**Business name:**

**Business address:**

**Maryland county/jurisdiction:**

**Approximate size of workplace/number of employees:**

**Unique challenges to promoting cancer screening in your workplace:**



Promoting Cancer Screening in the Workplace  
Maryland Department of Health

October 2018