



INTERACTIVE CANCER SCREENING GUIDE FOR THE BLACK COMMUNITY

Created to Encourage, Inform, and Support the
Community.

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Cancer Doesn't Wait, Neither Should You.

Let's face it. Talking about our health doesn't always come easy or often, especially with those we care about the most. Not wanting family or friends to worry about us is sometimes the reason we avoid the conversation, but the truth is, we can't be there fully for them without our health. This guide is to support you as you start conversations and choose [cancer](#) screening tests that could help you, family, or friends live longer lives, possibly catching things early or giving you peace of mind that everything is fine.

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Screening Recommendations

The American Cancer Society Screening Guidelines recommendations below are for people at average risk for certain cancers. It's important to talk to your doctor about the cancer screening tests you might need, when to start getting them, and the regular screening schedule that's right for you.

For some cancers, there are multiple [screening](#) options that have different schedules for follow up testing, so depending on which one you choose, your frequency for follow up tests might be different from other people in your age group.¹

AGE 25-39

- **Cervical cancer screening** recommended for people with a cervix beginning at age 25.

AGE 40-49

- **Breast cancer screening** recommended beginning at age 45, with the option to begin at age 40.
- **Cervical cancer screening** recommended for people with a cervix.
- **Colorectal cancer screening** recommended for everyone beginning at age 45.
- At age 45, African American individuals should discuss **prostate cancer screening** with a doctor.

AGE 50-64

- **Breast cancer screening** recommended.
- **Cervical cancer screening** recommended.
- **Colorectal cancer screening** recommended.
- People who currently smoke or used to smoke should discuss **lung cancer screening** with a doctor.
- Discussing **prostate cancer screening** with a doctor is recommended.

AGE 65+

After age 65, screening tests for certain cancers are covered by Medicare:

- **Breast cancer screening** is recommended every two years but can be done yearly or if you're at higher risk.
- **Cervical cancer screening** is not needed if you've had normal test results during the prior 10 years.
- **Colorectal cancer screening** recommended up through age 75. If you're between the ages of 75-85 you should talk to your medical provider about whether or not you should get tested.
- Depending on your overall health status, **prostate cancer screening** is recommended for those who expect to live at least 10 more years..
- **Lung cancer screening** recommended for people who currently smoke or to used smoke.

When talking to your doctor, **make sure you share risk factors** too, such as lifestyle behaviors (i.e. tobacco or alcohol use) and known family history that may put you or your loved ones at a higher risk.



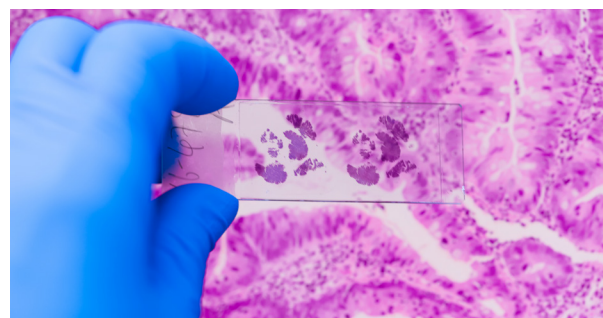
Did You Know?

Black women are 41% more likely to die from breast cancer than White women, despite lower incidence of the disease.²

Triple-negative breast cancer (TNBC) accounts for about 10–15% of all breast cancers.⁴

[Get Screened](#)

Black women are twice as likely to be diagnosed with triple-negative breast cancer than White women.²



Breast Cancer Tissue

The wide disparity in breast cancer death rates between Black and White women likely reflects fewer cancers being diagnosed at a localized (early) stage (57% in Black women compared with 67% in White women), as well as less access to high-quality treatment.

Cancers diagnosed at a later, more advanced stage are typically more complicated to treat. Black women have a **lower 5-year survival rate overall and for every stage of diagnosis.²**

Anyone who's already in a high-risk group (based on inherited gene mutations, a strong family history of breast cancer, or other factors) should start screening sooner, and have an MRI along with their yearly mammogram.⁵

The American Cancer Society Guidelines for the Prevention and Early Detection of Cervical Cancer

The goal of cervical cancer screening is to **find pre-cancer or cancer early** when it is more treatable and curable. Regular screening can prevent cervical cancers and save lives. The tests for cervical cancer screening are the HPV test and the Pap test.

Pre-cancerous changes can be detected by the Pap test and treated to prevent cancer from developing. The **HPV test looks for infection by high-risk types of HPV** that are more likely to cause pre-cancers and cancers of the cervix. HPV infection has no treatment, but a vaccine can help prevent it.

Cervical cancer mortality rates have dropped by more than half since the mid-1970s because of prevention and early detection through screening; however, despite similar self-reported screening prevalence, the rate is 65% higher in Black women than in White women.

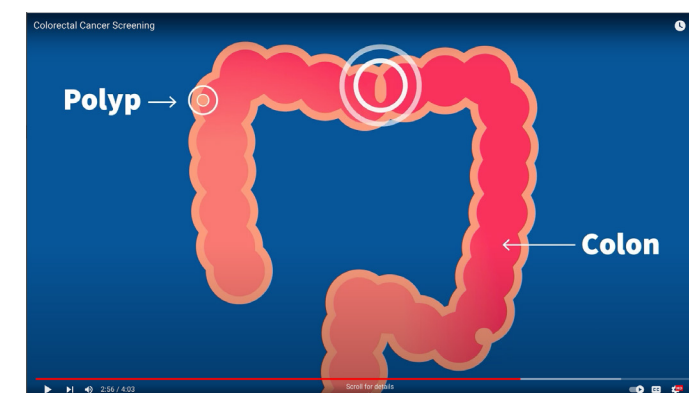
Non-Hispanic Black women are 80% more likely to die and have 30% higher incidence rate than non-Hispanic White women.²¹

Did You Know?

Colorectal cancer is the third most common cancer and the third-leading cause of death from cancer in Black men and women, similar to the general population.²

[Get Screened](#)

Incidence rates are about 20% higher in Black men and women compared to White men and women. Colorectal cancer death rates are 44% higher in Black men and 31% higher in Black women compared to Whites.²



Screening can often prevent colorectal cancer by finding and removing growths called polyps in the colon and rectum, before they have a chance to become cancer.

Screening can also find colorectal cancer early, when it is still small, hasn't spread, and is likely to be easier to treat.

People at higher risk for colorectal cancer should talk with their doctor about whether starting screening earlier might be right for them. This includes people with:

- A family history of colorectal cancer or certain types of polyps
- A personal history of colorectal cancer or certain types of polyps
- A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- A known or suspected family history of a hereditary colorectal cancer syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (also known as hereditary non-polyposis colon cancer, or HNPCC)
- A personal history of radiation to the abdomen (belly) or pelvic area to treat a prior cancer

Did You Know?

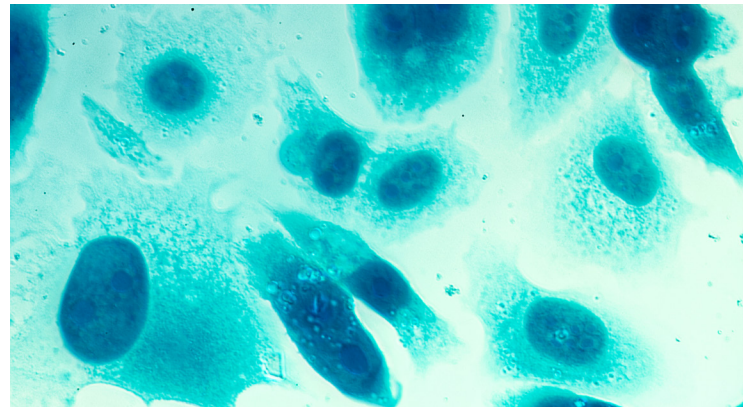
Prostate cancer death rates are more than twice as high in Black men than in White men.²

Get Screened



Prostate cancer is the most commonly diagnosed cancer in Black men, accounting for 37% of all new cancers. Although prostate cancer is also the most commonly diagnosed cancer in White men, incidence rates are 73% higher in Black men.²

The prostate cancer **death rate in Black men has dropped** by more than 50% since its peak of 82 deaths per 100,000 in 1993. However, **the decline in death rates for prostate cancer in Black men is slowing.**



Prostate Cancer Cells

In fact, **Black men have the highest prostate cancer death rate** of any racial or ethnic group in the United States. ACS researchers note this disparity likely reflects **less access to high-quality treatment**, in addition to higher incidence rates.

Studies show Black men diagnosed with advanced-stage prostate cancer are **significantly less likely** to receive any treatment compared with White men, even when they have similar health insurance.²

Increased Cancer Risk in the LGBTQ+ Community

LGBTQ+ people face a disproportionate burden of cancer, with both a higher incidence of cancer and later-stage diagnoses.

Get Screened



In a 2021 survey of LGBTQ+ people with cancer, 40% reported that prior to their diagnosis they didn't know about recommended cancer screening tests, and 35% reported their health care provider never discussed cancer screening with them.⁹



Finding a **doctor who is knowledgeable and understanding**, can make all the difference when it comes to discussing screening and cancer prevention.

- **Gay and bisexual men** have a higher risk for anal cancer, especially those who are HIV+. This risk is even greater for Black gay and bisexual men.
- **Lesbian and bisexual women** have an increased risk for breast, cervical, and ovarian cancers compared to heterosexual women.
- **Transgender and gender-nonconforming people** are less likely to be offered screening tests that are appropriate for their organs; are less likely to get screened for breast, cervical, and colorectal cancers; and are more likely to be diagnosed with **lung cancer** at a later stage compared to cisgender people.



Why You Should Start the Conversation:

Your age, health, and family history can affect your risk for cancer.²

Ask a doctor about getting screened for cancer. Some people who may be at a higher risk due to family history or lifestyle choices (using tobacco, eating unhealthy foods, lack of physical activity, not maintaining a healthy weight, and alcohol use), may need to start screening sooner than what is recommended.



Screening tests are used to find cancer **before** a person has any symptoms. That's why it's so important to have regular screening tests. And, **many cancers don't have signs or symptoms until they are more advanced and have spread to other parts of the body.**¹⁰

[Get Screened](#)

If you or someone you know have any unusual signs or symptoms, don't wait. Tell a doctor right away.

For instance, **sudden weight loss or weight gain** without a reason, or having eating problems such as **not feeling hungry, trouble swallowing, belly pain, or nausea and vomiting** could be signs that something needs to be checked out.

Another example is having **swollen lymph nodes**. Lymph nodes are part of the body's immune system and help capture harmful substances in the body. **Normal lymph nodes are tiny** and can be hard to find. But when there's **infection, inflammation, or cancer**, the nodes can get larger.



Here are some questions to help you start the conversation with those you care about:

Cancer Screening Conversation Starters¹¹

- I care about you and your health. Are you getting regular cancer screening tests?
- Did you know there are tests that can catch changes in your body before they become cancer?
- My breast/cervical/colorectal cancer screening is coming up. Have you scheduled yours yet?
- Regular cancer screening is important. Is there anything I can do to help you get screened, like finding information, scheduling an appointment, or helping with childcare or transportation?

Our bodies work in so many ways, there's no sure way to know everything that's going on inside us. That's why **it's important to get screened for cancer.**

Taking care of our bodies, knowing the signs and symptoms of cancer, and getting regular cancer screening tests might be the difference between **knowing early when it's easier to treat, or finding out later when things can be harder to address.**



Here are some of the more common signs and symptoms that may be caused by cancer. Let your doctor know if you are experiencing any of these symptoms.

- | | |
|---|---|
| <input type="checkbox"/> Fatigue or extreme tiredness that doesn't get better with rest | <input type="checkbox"/> Unusual bleeding or bruising for no known reason |
| <input type="checkbox"/> Weight loss or gain of 10 pounds or more for no known reason | <input type="checkbox"/> Change in bowel habits, such as constipation or diarrhea, that doesn't go away or a change in how your stools look |
| <input type="checkbox"/> Eating problems such as not feeling hungry, trouble swallowing, belly pain, or nausea and vomiting | <input type="checkbox"/> Bladder changes such as pain when passing urine, blood in the urine or needing to pass urine more or less often |
| <input type="checkbox"/> Swelling or lumps anywhere in the body | <input type="checkbox"/> A new spot on the skin or a change in size or color of an existing spot |
| <input type="checkbox"/> Thickening or lump in the breast or other part of the body | <input type="checkbox"/> Mouth changes such as sores, bleeding, pain, or numbness |
| <input type="checkbox"/> Pain, especially new or with no known reason, that doesn't go away or gets worse | <input type="checkbox"/> Vaginal bleeding after menopause or between periods |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Cough or hoarseness that does not go away |
| <input type="checkbox"/> Fever or night sweats | <input type="checkbox"/> Vision or hearing problems |

The signs and symptoms listed here are the more common ones seen with cancer, but there are many others that are not listed.

If you notice any major changes in the way your body works or the way you feel – especially if it lasts for a long time or gets worse – let a doctor know.



If it has nothing to do with cancer, the doctor can find out more about what's going on and, if needed, treat it.

If it is cancer, you'll give yourself the chance to have it treated early, when treatment can be more successful.

Be Proactive, Not Reactive

Knowledge is Power

Knowing about your health gives you the chance to take charge and take action if needed. Or, it can give you the peace of mind of knowing that everything is ok.



If you have questions about the [American Cancer Society Cancer Screening Guidelines](#) and recommendations, or you need more information about the cancer screening tests themselves, **these videos are for you.**

Get Screened

Questions to Ask a Doctor¹¹

What cancer screening tests are recommended for someone my age? _____

What happens during the different screening tests? _____

How often should I get the screening tests? _____

Where can I go to get screened? Are there places that you know that conduct low-cost or no cost screening tests? _____

How do I schedule my screening test? _____

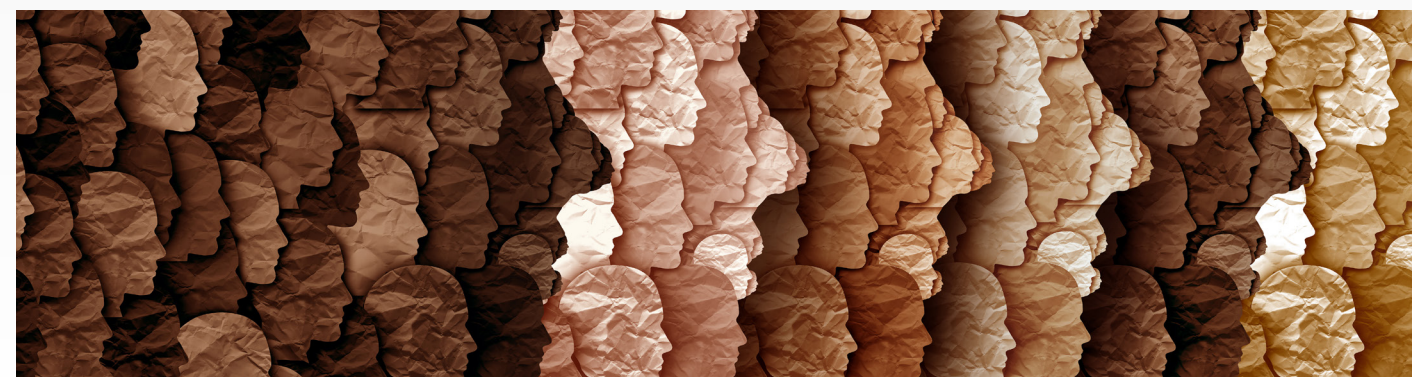
What are symptoms I should be aware of related to cancer? _____

I have a family history of cancer, so when should I start screening? _____

What will tests cost if they are not covered? _____

Know the Facts

The reason for the higher impact of cancer on Black people is largely because of decades of systems of racist practices that economically and socially impact a variety of areas of one's life including **jobs, housing, living environment, healthcare, and education.**



Because of such issues and barriers, Black people are:

More likely to:

- be diagnosed with advanced-stage disease, which is usually more costly and difficult to treat.
- experience delays in treatment.

Less likely to:

- receive recommended treatment.



Reasons for the continuing inequality are complex but are rooted in **structural racism**, which is the combination of institutions, culture, history, ideology, and standard practices that generate and perpetuate inequity among racial and ethnic groups- contributes to disparate health outcomes.²⁰

This contributes to **inequalities** in things that impact one's health, including **financial stability, access to quality education, neighborhood, social and community environments, and access to quality healthcare.**

Socioeconomic differences are linked with having more risk factors for cancer and other diseases and **less access to high-quality and timely cancer prevention, early detection, and treatment.**

For decades, lung cancer has been the leading cause of death from cancer for both Black and White men and women. But as of 2019, breast cancer became the leading cause of cancer death for Black women. This shift is because the **number of lung cancer deaths** in recent years has **greatly declined** due to **reductions in smoking, earlier diagnosis, and advances in treatment.**³

Although the breast cancer death rate is also falling steadily (by a little more than 1% per year since 1995), **the number of breast cancer deaths continues to rise because of the aging and growth of the population.**³

You're Worth the Screen

Life can be so busy. Work, social events, finances, and family duties all contribute to the hustle and bustle of our daily lives. You know you can handle it.

But, if you don't take the time to put yourself first sometimes, who will?

Putting yourself and your health first is one of the best ways to truly be there for the ones you love.

Get Screened



When you're ready to get screened for cancer, it's important to understand what your medical insurance will pay for and if you will be responsible for any out-of-pocket costs. And, if you have limited or no insurance, **it's important to understand how to find financial assistance** if you need it.

Coverage for cancer screening is determined by certain federal and state laws, as well as the policies set by your insurance provider.⁹

Before you get a screening test, ask your insurance company how much (if anything) you should expect to pay. Find out if this amount could change based on what's found during the test. **This can help you avoid surprise costs.**

If you don't have health insurance and you need to get a screening test, Find a health center with low-cost or free cancer screening tests with no insurance required.

Early Detection Testing¹²

All states make cervical and breast cancer screening more accessible through the CDC's **National Breast and Cervical Cancer Early Detection Program (NBCCEDP)**.

This program provides breast and cervical cancer screening to people without health insurance or with limited insurance for free or at very little cost. **If cancer is detected during screening in this program, most states can now extend Medicaid benefits to cover the costs of treatment.**

Each state's Department of Health has information on how to contact the nearest program participant. **For more information on this program, you can also contact the CDC at 1-800-CDC-INFO (1-800-232-4636) or on the web at www.cdc.gov/cancer/nbccedp.**

Still Not Sure?

Frequently Asked Questions¹¹

I don't have any symptoms. Do I still need to get screened?

Yes! Screening tests are used to find cancer before a person has any symptoms. So, it's important to get regular screening tests even if you are feeling fine. Cancer screening tests can catch some changes that may or may not be cancer.

I don't have a primary care doctor. Who should I talk to about screening?

The first step is to contact your insurance company to see which doctors or providers are covered in your plan. If you don't have health insurance, you can check with your local hospital or health department for help.

I don't know if I can pay for the tests I need. How much does a cancer screening cost?

If you have health insurance, ask about coverage for cancer screenings. Most screenings are covered by insurance or available at no cost. There might be costs for follow-up appointments and additional tests if they are needed, but most of the time test results are normal and no additional testing is needed. If you don't have health insurance, you can call your local health department for information, or find resources in Screening For People Who Are Uninsured or Underinsured. Read more in Costs and Insurance Coverage for Cancer Screening, link provided on page 14 of this guide.

I'm worried or nervous about screening tests.

There might be costs for follow-up appointments and additional tests if they are needed, but more times than not the test results are normal and no additional testing is needed. If it is cancer, it's better to find out early when it can be more easily treated and have a higher chance of a cure.

Where can I find LGBTQ+ friendly screening resources?

If you or someone you know are looking for LGBTQ+ welcoming doctors or screening locations, you can find more information from the National LGBT Cancer Network, including resources about LGBTQ+ welcoming cancer screening providers and LGBTQ+ welcoming treatment providers. You may also find a guide for LGBTQ-friendly healthcare facilities from the Human Rights Campaign helpful.

Glossary

Definitions of frequently used terms found throughout the guide

Breast Cancer¹³

Breast cancer is a type of cancer that starts in the breast. It can start in one or both breasts. Breast cancer occurs almost entirely in women, but men can get breast cancer, too.

Cancer¹⁴

A group of diseases in which cells in the body change and grow out of control. Most types of cancer cells form a lump, or mass called a tumor. Not all tumors are cancer. A tumor that is not cancer is called benign. A cancerous tumor is called malignant. A cancerous tumor can invade and destroy healthy tissue.

Cervical Cancer¹⁵

Cervical cancer starts in the cells lining the cervix -- the lower part of the uterus (womb). The cervix connects the body of the uterus (the upper part where a fetus grows) to the vagina (birth canal). Cancer starts when cells in the body begin to grow out of control.

Colorectal Cancer¹⁶

Colorectal cancer starts in the colon or the rectum. These cancers can also be called colon cancer or rectal cancer, depending on where they start. Colon cancer and rectal cancer are often grouped together because they have many features in common.

Lung Cancer¹⁷

Lung cancer is a type of cancer that starts in the lungs. Cancer starts when cells in the body begin to grow out of control.

Prostate Cancer¹⁸

Prostate cancer begins when cells in the prostate gland start to grow out of control. The prostate is a gland found only in males. It makes some of the fluid that is part of semen.

Screening¹⁹

Tests, examinations, or procedures used to find cancer in people who have no symptoms. Screening increases the chances of finding certain cancers early, when they are small, have not spread, and might be easier to treat. This is different from diagnostic testing which focuses on trying to find out the cause of a person's symptoms.

Structural Racism²⁰

The combination of institutions, culture, history, ideology, and standard practices that generate and perpetuate inequity among racial and ethnic groups- contributes to disparate health outcomes.

Triple-Negative Breast Cancer⁴

The term triple-negative breast cancer refers to the fact that the cancer cells don't have estrogen or progesterone receptors (ER or PR) and also don't make any or too much of the protein called HER2. (The cells test "negative" on all 3 tests.) These cancers tend to be more common in women younger than age 40, who are Black, or who have a BRCA1 mutation.

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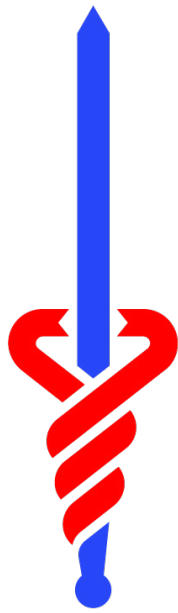
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