PHILIPPINE CANCER SOCIETY

SECONDARY PREVENTION OF CANCER

Secondary prevention of cancer is the early detection of cancer in an individual who has the disease but is asymptomatic for it; disease is at the pre-clinical stage.

Screening is the presumptive identification of unrecognized disease or defects by means of tests, examinations, or other procedures that can be applied rapidly among asymptomatic target population on a large scale.

WHO states that:

- In advocating screening programmes as part of early detection of cancer, it is important for national cancer control programmes to avoid imposing the "high technology" of the developed world on countries that lack the infrastructure and resources to use the technology appropriately or to achieve adequate coverage of the population. The success of screening depends on having sufficient numbers of personnel to perform the screening tests and on the availability of facilities that can undertake subsequent diagnosis, treatment, and follow-up.
- Policies on early cancer detection will differ markedly between countries. An industrialized country may conduct screening programmes for cervical and breast cancer. Such programmes are not, however, recommended in the least developed countries in which there is a low prevalence of cancer and a weak health care infrastructure. Further, only organized screening programmes are likely to be fully successful as a means of reaching a high proportion of the at-risk population. Countries that favour cancer detection remaining part of routine medical practice, or that simply encourage people to seek specific tests at regular intervals, are unlikely to realize the full potential of screening.
- In a national cancer control programme, screening programmes should be organized to ensure that a large proportion of the target group is screened and that those individuals in whom abnormalities are observed receive appropriate diagnosis and therapy. Agreement needs to be reached on guidelines to be applied in the national cancer control programme concerning:
    - The frequency of screening and ages at which screening should be performed;
    - Quality control systems for the screening tests;
    - Defined mechanisms for referral and treatment of abnormalities;
    - An information system that can: -send out invitations for initial screening; - recall individuals for repeat screening; - follow those with identified abnormalities; - monitor and evaluate the programme.

In the Philippines, due to low resources, no nationwide organized cancer screening is implemented either by government or other agencies. Medical services for cancer screening are available but not proactive and organized; hence people are screened on-their-own basis. Sometimes small scale screening projects are done. By and large then, early detection of cancer among individuals is being done in the Philippines, and not large scale organized cancer screening.

There are identified secondary preventive methods against specific cancer sites:

SECONDARY PREVENTION	**CANCER SITE**
Acetic acid wash visualization test; Pap test - For sexually active women	Cervix cancer
Mammography - For >=50 years old women; Monthly breast self-examination (BSE) and Annual physician breast examination - For >=25 years old women	Breast cancer
Fecal occult blood test (FOBT); Colonoscopy – For women and men >=40 years old	Colon
Digital rectal examination (DRE); Sigmoidoscopy – For women and men >= 40 years old	Recto-sigmoid colon cancer
Digital rectal examination (DRE) – For men >=50 years old	Prostate cancer
Bi-annual oral cavity/ dental examination	Oral cavity cancer
Gastroscopy (high risk group)	Stomach cancer

It is to re-emphasize that the success of a nationwide cancer screening program depends on a good continuous public information campaign to entice and maintain a compliant target clientele, and the availability of treatment for those found positive on screen.

The Philippine Cancer Society Inc further has specific g**uidelines for screening and early detection** for cancers of the breast, uterine cervix, colorectal and prostate:

Breast Cancer

- For low resource Regions - screening

Encourage early diagnosis of breast cancer, especially for women aged 40-69 years who are attending primary health care centres or hospitals for other reasons, by offering clinical breast examinations to those concerned about their breasts and promoting awareness in the community.

If mammography is available, the top priority is to use it for diagnosis, especially for women who have detected an abnormality by self-examination. It should be borne in mind, however, that cancer may be present even if the mammogram is negative. Mammography should not be introduced for screening unless the resources are available to ensure effective and reliable screening of at least 70% of the target age group, that is, women over the age of 50 years.

- For adequately resourced Regions - screening

Do screening mammography, with clinical breast examination (CBE), every 1-2 years for women aged 40 and older. Monthly breast self-examination (BSE) should also be encouraged.

If facilities are available, screening by mammography alone, with or without physical examination of the breasts, plus follow-up of individuals with positive or suspicious findings, will reduce mortality from breast cancer by up to one-third among women aged 50–69 years.

- For individuals – early cancer detection

Begin monthly breast self-examination (BSE) and memorize how your breasts feel on palpation, starting at age 25 years. For pre-menopausal women, do BSE monthly 5-7 days after menstrual periods. For post-menopausal women, do BSE every first day of the month. For any suspicious findings, go to your doctor for a second opinion.

Go for an annual clinical breast examination (CBE), starting at age 25 years.

Do screening mammography (MMG), every year for 3 years and then if negative do MMG every 3 years thereafter, starting at age 50; start at age 40, if you are at high risk of breast cancer development (e.g., family history; irradiation to breast).

Uterine Cervix Cancer

Screen for early cervical cancer in women who have been sexually active and have a cervix. Begin screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and annually until age 30, wherein upon 3 consecutive normal Pap smear results may be screened every 2 to 3 years . Stop routine screening of women older than age 65 if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer. Counseling is done to promote safe sex. For any unusual or unexplained vaginal bleeding or spotting, the patient should immediately be referred to a gynecologist.

- **For low resourced Regions**

Use Acetic acid to detect cervix lesions, which when positive can be immediately referred to a gynecology unit for Pap smear or a colposcopy facility for biopsy

- **For adequately resourced Regions**

Do Pap smear or a colposcopy facility for biopsy.

Colorectal Cancer

Everyone age 50 to 75 years old person should get an early detection colorectal cancer check-up with one of the following:

- a colonoscopy of the entire colon every 5-10 years
- a sigmoidoscopy of the lower colon every five years, combined with a stool blood test every three years
- a stool blood test every year (fecal occult blood test or FOBT)

Early detection clinic visits can start at age 40 years.

Prostate Cancer

Most appropriate candidates for screening include men age 50-<75 years who have a life expectancy of at least 10 years - offer digital rectal examination annually, followed by PSA measurement and ultrasound with biopsy if with positive result/s.

Not recommend screening for prostate cancer in men age ≥75 years.

Further Information

For further information go to http://www.who.int/cancer/detection/variouscancer/en/index.html and or http://www.ahrq.gov/clinic/uspstf/uspsasco.html and or http://www.cancer.gov/cancertopics/types/ and or http://www.cdc.gov/vaccines/vpd-vac/hepb/default.htm