



# MAKE CANCER SCREENING PART OF YOUR ROUTINE

One Way To Advocate For Your Health, Is To Make Preventative Cancer Screenings Part Of Your Regular Health Routine



Talk To Your Healthcare Provider About The Best Screening Options For You



American Indian and Alaska Native (Native American) people have much higher rates of getting several cancers, including lung, colorectal, liver, stomach, and kidney cancers, compared to Non-Hispanic White people in the United States. (CDC)

TOGETHER WE CAN RECLAIM INDIGENOUS HEALTH

### Zoongide'iwin

(Courage)

"It's okay to be scared, but we have to fight it with everything we have. The creator made us strong" - Jean Howard

Screening Saves Lives, So Make Cancer Screens Part Of Your Routine

### **Risk Definitions**

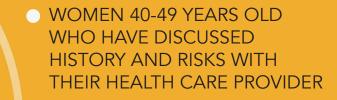
#### Average Risk:

The overall risk for developing cancer climbs steadily as age increases.

### High Risk:

You may be considered high risk if you have a family history or certain lifestyle risks (Smoking, obesity). You should always discuss these concerns with your health care provider.

#Cancerscreeningsaveslives



○ WOMEN 50-74 YEARS OLD



- 40-49- PER HEALTH CARE PROVIDER RECOMMENDATION
- 50-74- EVERY TWO YEARS



#### TYPES OF SCREENS:

- MAMMOGRAM
  AN XRAY OF THE BREAST
- USED ALONG WITH
  MAMMOGRAMS FOR
  WOMEN WHO ARE HIGH RISK
- EXAMINATION DONE BY A
  HEALTH CARE PROVIDER



- WOMEN 21-29- (PAP TEST)
- WOMEN 30-65- (PAP TEST & HPV)
- WOMEN OVER 65 YEARSDISCUSS WITH YOUR HEALTH
  CARE PROVIDER YOUR
  REPRODUCTIVE AND SEXUAL
  HEALTH HISTORY

O AGES 21-29- WITH A NORMAL PAP TEST, POTENTIALLY EVERY THREE YEARS

AGES 30-65-

HPV: IF NORMAL, EVERY 5 YEARS PAP: IF NORMAL, EVERY 3 YEARS PAP & HPV: IF NORMAL, EVERY 5 YEARS

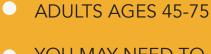
OVER 65- SPEAK WITH YOUR HEALTH CARE PROVIDER

#### **TYPES OF SCREENS:**

- PAPILLOMAVIRUS, WHICH CAN CAUSE CELL CHANGES ON THE CERVIX
- PAP TEST: LOOKS FOR PRECANCERS OR CELL CHANGES ON THE CERVIX

BOTH HPV AND PAP TESTS ARE DONE IN THE CLINIC. A HEALTH CARE PROVIDER WILL VIEW AND COLLECT CELLS THAT ARE SENT TO A LABORATORY FOR TESTING.





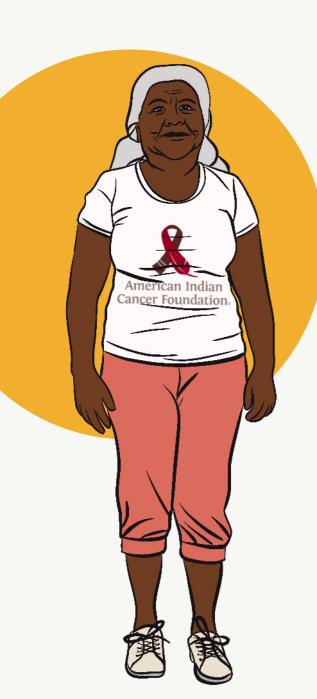
- YOU MAY NEED TO BE SCREENED EARLIER
  IF YOU HAVE A FAMILY HISTORY OF
  COLORECTAL CANCER OR COLORECTAL
  POLYPS, CROHN'S OR ULCERATIVE COLITIS
- ADULTS AGES 76-85, SPEAK TO YOUR
   HEALTH CARE PROVIDER ABOUT SCREENING



- YOU SHOULD BE SCREENED AT REGULAR INTERVALS. DISCUSS WITH YOUR HEALTH CARE PROVIDER TO DETERMINE THE BEST FIT FOR YOU.
- YOU SHOULD BE SCREENED IF YOU ARE HAVING SYMPTOMS SUCH AS CHANGE IN BOWEL HABITS, BLOOD IN YOUR STOOL, ABDOMINAL PAIN, UNEXPLAINED WEIGHT LOSS.
- IF YOU HAVE ANY QUESTIONS, YOU SHOULD REACH OUT TO YOUR HEALTH CARE PROVIDER RIGHT AWAY.



- TYPES OF SCREENS:
- STOOL TESTS (MANY TYPES ARE NOW AVAILABLE)
- FLEXIBLE SIGMOIDOSCOPY
- COLONOSCOPY
- CT COLONOGRAPHY (VIRTUAL COLONOSCOPY)



OR MORE SMOKING HISTORY AND SMOKE NOW OR HAVE QUIT WITHIN THE PAST 15 YEARS AND ARE BETWEEN 50-80 YEARS OLD

ANNUALLY IF YOU MEET THE CRITERIA



### TYPES OF SCREENS:

THE ONLY RECOMMENDED SCREENING TEST FOR LUNG CANCER IS A LOW-DOSE COMPUTED TOMOGRAPHY (ALSO CALLED A LOW DOSE CT SCAN). SCREENING IS ONLY RECOMMENDED FOR THOSE WHO ARE HIGH RISK.

### AAKWA'ODE'EWIN

(BRAVERY)

"PREVENTATIVE MEASURES
ARE THE WAY TO GO"
- JOHNNY NELSON

#CANCERSCREENINGSAVESLIVES





**CLINIC INFORMATION:** 

AICAF MISSION STATEMENT: ELIMINATE THE CANCER BURDENS OF INDIGENOUS PEOPLE THROUGH IMPROVED ACCESS TO PREVENTION, EARLY DETECTION, TREATMENT, AND SURVIVOR SUPPORT.

REFERENCES: AMERICANINDIANCANCER.ORG

CDC.GOV

