

# AgePage

## Cancer Facts for People Over 50

Cancer strikes people of all ages, but you are more likely to get cancer as you get older, even if no one in your family has had it. The good news is that the chances of surviving cancer are better today than ever before.

When cancer is found early, it is more likely to be treated successfully. You can help safeguard your health by learning the warning signs of cancer and by having regular checkups.

### What Symptoms Should I Watch For?

You should see your doctor for regular checkups; don't wait for problems to occur. But you also should know that the following symptoms may be signs of cancer:

- ◆ changes in bowel or bladder habits
- ◆ a sore that does not heal
- ◆ unusual bleeding or discharge

- ◆ thickening or lump in the breast or any other part of the body
- ◆ indigestion or difficulty swallowing
- ◆ obvious change in a wart or mole
- ◆ nagging cough or hoarseness
- ◆ unexplained changes in weight

### What If I Have One of These Symptoms?

These symptoms are not always a sign of cancer. They also can be caused by less serious conditions. It's important to see a doctor if you have symptoms because only a doctor can make a diagnosis.

**Don't** wait to feel pain! Early cancer usually doesn't cause pain.

Some people believe that as they age their symptoms are due to "growing older." Because of this myth, many illnesses go undiagnosed and untreated. Don't ignore your symptoms because you think they are not important or because you believe they are normal for your age. Talk to your doctor.

### What Regular Tests Should I Have?

Most cancers in their earliest, most treatable stages don't cause any symptoms or pain. That is why it's important to have regular tests to

check for cancer long before you might notice anything wrong.

Checking for cancer in a person who does not have any symptoms is called screening. Screening may involve a physical exam, lab tests, or procedures to look at internal organs.

Medicare now covers a number of screening tests for cancer.

For details, check with the Medicare toll-free help line at 1-800-633-4227.

Before recommending a screening test, your doctor will consider your age, medical history, general health, family history, and lifestyle. You may want to discuss your concerns or questions with your doctor, so that together you can weigh the pros and cons and make an informed decision about whether to have a screening test. If you are 50 or older, the following are some of the cancer screening tests that you and your doctor should consider:

♦ **Mammogram.** A woman's risk of breast cancer increases with age; about 80% of breast cancers occur in women over age 50. A mammogram is a special x-ray of the breast that often can find cancers that are too small for a woman or her doctor to feel. The National Cancer Institute (NCI)

recommends that women in their 40s or older have a screening mammogram on a regular basis, every 1 to 2 years.

♦ **Clinical Breast Exam.** During a clinical breast exam, the doctor or other health care professional checks the breasts and underarms for lumps or other changes that could be a sign of breast cancer.

♦ **Fecal Occult Blood Test.** Colorectal cancer is the third leading cause of death from cancer in the U.S. The risk of developing colorectal cancer rises after age 50. It is common in both men and women. Studies show that a fecal occult blood test every 1 or 2 years in people between the ages of 50 and 80 decreases the number of deaths due to colorectal cancer. For this test, stool samples are applied to special cards, which are examined in a lab for occult (hidden) blood.

♦ **Sigmoidoscopy.** A doctor uses a thin, flexible tube with a light (sigmoidoscope) to look inside the colon and rectum for growths or abnormal areas. Fewer people may die of colorectal cancer if they have regular screening by sigmoidoscopy after age 50.

♦ **Pap Test.** The risk of cancer of the cervix (the lower, narrow part of the uterus or womb) increases with age.

Most invasive cancers of the cervix can be prevented if women have Pap tests and pelvic exams regularly. Older women should continue to have regular Pap tests and pelvic exams. The doctor uses a wooden scraper or a small brush to collect a sample of cells from the cervix and upper vagina. The cells are sent to a lab to check for abnormalities.

◆ **Pelvic Exam.** In a pelvic exam, the doctor checks the uterus, vagina, ovaries, fallopian tubes, bladder, and rectum for any changes in their shape or size. During a pelvic exam, an instrument called a speculum is used to widen the vagina so that the upper part of the vagina and the cervix can be seen.

◆ **Digital Rectal Exam.** Prostate cancer is the most common cancer in American men — especially older men. More than 80% of prostate cancers occur in men 65 and older. Research is being done to find the most reliable screening test for prostate cancer. Scientists at the NCI are studying the value of digital rectal exam and prostate-specific antigen (PSA) in reducing the number of deaths caused by prostate cancer. For a digital rectal exam, the doctor inserts a gloved

finger into the rectum and feels the prostate gland for bumps or abnormal areas.

♦ **Prostate Specific Antigen (PSA).**

This test measures the amount of PSA in the bloodstream. Higher-than-average amounts of PSA may indicate the presence of prostate cancer cells. However, PSA levels also may be high in men who have noncancerous prostate conditions. Scientists are studying ways to improve the validity of the PSA test.

♦ **Skin Exam.** Skin cancer is the most common form of cancer in the United States. Routine examination of the skin increases the chance of finding skin cancer early.

A positive result on any of these tests doesn't mean that you have cancer. You may need more tests. A biopsy is the only sure way to know whether the problem is cancer. In this test, a sample of tissue is removed from the abnormal area and examined under a microscope to check for cancer cells.

## What If I'm Told I Have Cancer?

If tests show that you have cancer, you should talk with your doctor and make treatment decisions as soon as possible. Cancer is a disease in which

cells become abnormal and keep dividing and forming more cells without order or control. If left untreated, cancer cells can damage nearby tissues and organs. Cancer cells also can break away and spread to other parts of the body. Thus, early treatment means better outcomes.

## How Is Cancer Treated?

There are a number of cancer treatments, including surgery, radiation therapy, chemotherapy (anticancer drugs), and biological therapy (treatment that uses the body's natural ability to fight infection and disease). Patients with cancer often are treated by a team of specialists, which may include a medical oncologist (specialist in cancer treatment), a surgeon, a radiation oncologist (specialist in radiation therapy), and others. The doctors may decide to use one type of treatment alone or a combination of treatments. The choice of treatment depends on the type and location of the cancer, the stage of the disease, the patient's general health, and other factors.

Before starting treatment, you may want another doctor to review the diagnosis and treatment plan. Some insurance companies require a second opinion; others may pay for a second opinion if you request it.

Some cancer patients take part in studies of new treatments. These studies — called clinical trials — are designed to find out whether a new treatment is both safe and effective. Often, clinical trials compare a new treatment with a standard one so that doctors can learn which is more effective. Clinical trials offer important choices for many patients. Cancer patients who are interested in taking part in a clinical trial should talk with their doctor.

## Can Cancer Be Prevented?

Although your chances of getting cancer increase after age 50, there are things that you can do to prevent it. About 80% of all cancers are related to the use of tobacco products, to what we eat and drink, or to a lesser extent to exposure to radiation or cancer-causing agents in the environment and the workplace. Many risk factors can be avoided:

- ◆ Do not use tobacco products. Tobacco causes cancer. In fact,

smoking tobacco, using smokeless tobacco, and being exposed regularly to involuntary tobacco smoke are responsible for one-third of all cancer deaths in the U.S. each year.

- ◆ Avoid the harmful rays of the sun. Ultraviolet radiation from the sun and from other sources — such as sun-lamps and tanning booths — damages your skin and can cause skin cancer.

- ◆ Choose foods with less fat and more fiber. Your choice of foods may affect your chance of developing cancer. Evidence points to a link between a high-fat diet and cancers of the breast, colon, uterus, and prostate. Being seriously overweight appears to be linked to cancers of the prostate, pancreas, uterus, colon, and ovary and to breast cancer in older women. On the other hand, you may be able to reduce your cancer risk by making some simple food choices. Try to eat a varied, well-balanced diet that includes generous amounts of foods that are high in fiber, vitamins, and minerals. Aim for at least 5 servings of fruits and vegetables each day. At the same time, try to cut down on fatty foods.

- ◆ If you drink alcohol, do so in moderation — not more than one or two

drinks a day. Drinking large amounts of alcohol increases the risk of cancers of the mouth, throat, esophagus, and larynx. People who smoke cigarettes and drink alcohol have an especially high risk of getting these cancers.

## Where Can I Get More Information?

The Cancer Information Service (CIS), a program of the National Cancer Institute, can provide accurate, up-to-date information about cancer.

Information specialists can answer your questions in English, Spanish, and on TTY equipment. The number is easy to remember:

1-800-4-CANCER  
(1-800-422-6237)  
or 1-800-332-8615 (TTY).

For more information about health and aging, contact the National Institute on Aging Information Center at 1-800-222-2225 or 1-800-222-4225 (TTY). The website address is *<http://www.nih.gov/nia>*.



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