



BECAUSE I LOVE MY SON

Preventative screening for cancer is one of the most important steps you can do for your health. A healthy diet, regular exercise, avoiding smoking, and minimal alcohol consumption also help to reduce risk. Early detection leads to better outcomes.

Review our screening guidelines and work with your healthcare provider to personalize the optimal screening schedule for you.

OHC

SPECIALISTS IN CANCER
AND BLOOD DISORDERS

**For more information,
call 1-888-649-4800 or go to ohcare.com.**

Women in their 30's

In Your **Thirties** - Women

■ **Breast Cancer***

- Be familiar with the look and feel of your breasts by performing monthly self-exams. Report any changes to your healthcare provider.

What does it mean to be at High Risk?

Women who are high risk for breast cancer should get a breast MRI and a mammogram annually, typically starting 10 years prior to earliest breast cancer diagnosis in the family. This includes:

- Have a lifetime risk of breast cancer of about 20% or greater, according to risk assessment tools that are based mainly on family history (i.e. Tyrer-Cuzick).
- Have a known gene mutation (based on having had genetic testing) or other genetic predisposition for breast cancer.
- Have a first-degree relative (parent, brother, sister, or child) with BRCA1 or BRCA2 gene mutation, and have not had genetic testing themselves.
- Had radiation therapy to the chest when you were between the ages of 10 and 30 years.

■ **Cervical Cancer***

Age 30 – 65: Women have three options for testing:

- Pap test and an HPV (human papillomavirus) test (co-testing) screening every five years, or
- A Pap test alone every three years, or
- HPV test done every five years.

■ **Colon Cancer**

- Testing may be recommended if you have a higher-than-average risk of colon cancer.

High Risk: People who are at an increased or high risk for colorectal cancer might need to start screening before the age of 45, be screened more often, and/or get specific tests. This includes:

- A personal history or a strong family history of colorectal cancer or certain types of polyps.
- A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease).
- A known 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 re-treat a prior cancer.

■ **Skin Cancer**

Perform monthly visual self-exams of your skin and report changes to your healthcare provider. Your healthcare provider should examine your skin as part of your annual checkup. Avoid tanning beds, wear a broad-spectrum, water-resistant sunscreen with an SPF of at least 30, and seek shade from 10:00 a.m. – 2:00 p.m.

■ **Vaccine Recommendations**

If you haven't had the HPV vaccine, it has been approved to receive up to the age of 45.

■ **Oral Health**

Regular dental check-ups are recommended which include an oral exam by your dentist to look for any signs of oral cancer.

■ **Yearly Physical Exam**

It is important for a woman to become established with a healthcare provider for yearly physical exams. Any unusual symptoms should be reported.

**Preventative screening guidelines are advised for individuals based on their sex assigned at birth. If a person has had surgical reassignment, they should discuss screening guidelines with their healthcare provider.*