

Cancer treatments may increase your chance of developing other health problems years after you have completed treatment. The purpose of this self care plan is to inform you about what steps you can take to maintain good health after cancer treatment. Keep in mind that every person treated for cancer is different and that these recommendations are not intended to be a substitute for the advice of a doctor or other health care professional. Please use these recommendations to talk with your health care provider about an appropriate follow up care plan for you.

## Surveillance for Your Cancer

Cancer surveillance visit with medical provider that is focused on detecting signs of recurrence of your cancer. For additional information, visit [www.livestrong.org](http://www.livestrong.org) or [www.cancer.net/patient/Survivorship](http://www.cancer.net/patient/Survivorship)

Frequency depends on type and stage of cancer you had. (If you had a higher risk cancer, you may be seen more often). Your doctor has provided you with a personalized cancer treatment summary and survivorship care plan. If you need another copy, ask your doctor.

## General Cancer Screening for Women

Cancer screening tests are designed to find cancer or pre-cancerous areas before there are any symptoms and, generally, when treatments are most successful. Various organizations have developed guidelines for cancer screening for women. While these guidelines vary slightly between different organizations, they cover the same basic screening tests for breast, cervical and colorectal cancers.

In addition, during routine health examinations (at any age) your health care provider may also evaluate for cancers of the skin, mouth and thyroid. Not all screening tests are right for everyone. Your personal and family cancer history, and/or the presence of a known genetic predisposition, can affect which tests are right for you, and at what age you begin them. Therefore, you should discuss these with your health care provider. Your care plan will also include a section on follow up care for your type of cancer, and these recommendations override the general screening recommendations for that particular type of cancer in the general population.

The American Cancer Society (ACS) recommends these screening guidelines for women:

## Breast Cancer Screening

For more information, see the ACS document *Breast Cancer: Early Detection*. [www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection.html](http://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection.html)

- Yearly mammograms starting at age 40-49, and continuing yearly as long as a woman is in good health.
- Clinical breast exam (CBE), performed by a health care professional, every 1-3 years for women aged 25-39, and every year for women 40 and older.
- A monthly breast self-exam (BSE) is a good way to monitor breast health. Women should know how their breasts normally look and feel, and report any change

The ACS recommends that some women – because of their family history, a genetic tendency, or certain other factors – be screened with Magnetic Resonance Imaging (MRI) in addition to mammograms. The number of women who fall into this category is small (less than 2 percent of all U.S. women). Talk with your doctor about your personal and family history and whether you should have additional

## Colon and Rectal Cancer Screening

For more information see the ACS document *Colorectal Cancer: Early Detection*. <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging.html>

Options for colon cancer screening can be divided into those that screen for both cancer and polyps, and those that just screen for cancer. Screening should begin at age 50 (unless you are considered “high risk” (see comments), using one of the following testing schedules:

### Tests that find polyps and cancer

*(Preferred over those that find cancer alone. If any of these tests are positive, a colonoscopy should be done.)*

- Colonoscopy every 10 years, or
- Flexible sigmoidoscopy every 5 years, or
- Double-contrast barium enema every 5 years, or
- CT colonography (virtual colonoscopy) every 5 years

### Tests that primarily test for cancer

- Yearly fecal occult blood test (FOBT)\*, or
- Yearly fecal immunochemical test (FIT) \*, or
- Stool DNA test (sDNA), interval uncertain\*

\* *The multiple stool take-home test should be used. One test done by the doctor in the office is not adequate. A colonoscopy should be done if the test is positive. Individuals at higher risk of colon cancer should have screening earlier and potentially more frequently.*

### Those at higher risk of colon and rectal cancer:

- Individuals with a family history of colon or rectal cancer in a relative who was diagnosed before the age of 60
- Individuals with a history of polyps
- Individuals with inflammatory bowel disease (Crohn's disease or ulcerative colitis)
- Individuals with a genetic predisposition to colon or rectal cancer, such as hereditary non-polyposis colon cancer (HNPCC) syndrome or familial adenomatous polyposis (FAP) syndrome

### Cervical Cancer Screening

For more information see the ACS document Cervical Cancer: Early Detection.

<https://www.cancer.org/cancer/cervical-cancer/detection-diagnosis-staging.html>

- Cervical cancer screening should not begin before age 21. Screening Pap tests should be performed every three years between age 21 and 29
- Women age 30 or older should be screened every 3 years with a Pap test or every five years with a combined Pap/Human Papillomavirus (HPV) test.
- Women 65 years of age or older who have had negative consecutive screening in the preceding 10 years should discontinue screening.
- Women who have had a total hysterectomy (removal of the uterus and cervix) should also stop having Pap tests, unless the surgery was done as a treatment for cervical cancer or pre-cancer. Women who have had a hysterectomy without removal of the cervix should continue to have Pap tests.
- Women who have had a history of a serious cervical precancer should continue screening for at least 20 years, even if that extends screening past age 65.
- Women who have been vaccinated against HPV should still follow screening guidelines.

Treatment for most gynecological cancers involves hysterectomy and alters recommendations for Pap tests. Refer to your personalized cancer treatment summary and survivorship care plan to see what the Pap test recommendations are for you.

### Sun Exposure and Skin Cancer Risk

Skin cancer is the most commonly diagnosed type of cancer, and rates are on the rise. However, this is one cancer that in most cases can be prevented or detected early. While you may hear that you need the sun to make vitamin D, in reality you only need a few minutes a day to do this. Exposure to ultraviolet (UV) rays, either by natural sunlight or tanning beds, can lead to skin cancer. In addition, UV rays lead to other forms of skin damage, including wrinkles, loss of skin elasticity, dark patches (sometimes called age spots or liver spots), and pre-cancerous skin changes (such as dry, scaly, rough patches). Although dark-skinned people are less likely to develop skin cancer, they can and do develop skin cancers, most often in areas that are not exposed to sun (on the soles of the feet, under nails, and genitals).

You can do a lot to protect yourself from damaging UV rays and to detect skin cancer early. Start by practicing sun safety, including using a broad spectrum sunscreen (which protects against UVA and UVB rays) every day, avoiding peak sun times (10 a.m. to 4 p.m., when the rays are strongest) and wearing protective clothing such as hats, sunglasses and long-sleeved shirts.

Examine your skin regularly so you become familiar with any moles or birthmarks. If a mole has changed in any way, you should have a health care provider examine the area. This includes a change in size, shape or color; the development of scaliness, bleeding, oozing, itchiness or pain; or the development of a sore that will not heal. If you have a lot of moles, it may be helpful to make note of moles using photographs or a "mole map".

## Healthy Lifestyle

For some cancer survivors, the experience is the impetus to making healthy lifestyle changes. It may seem insignificant, but these changes have been shown to reduce the risk of the cancer coming back or a new cancer developing. Below are some tips on adopting a healthier lifestyle.

Maintaining a healthy weight is important in cancer prevention, as is physical activity and eating a healthy diet. Strive to incorporate all three pieces of the puzzle: healthy weight, balanced diet and regular exercise.

### **Maintain a healthy weight.**

For more information, visit [www.nhlbi.nih.gov/health/public/heart/obesity/lose\\_wt/index.htm](http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/index.htm)

[www.win.niddk.nih.gov](http://www.win.niddk.nih.gov)

Call the American Heart Association  
1-888-694-3278

Talk to your health care team about what a healthy weight is for you and take steps to reach and maintain that weight. For many people reaching their ideal weight can be a challenge; however, losing even 5 to 10 pounds can lower blood pressure, blood sugar and cholesterol levels. Being overweight can increase your chance of your cancer coming back. Maintaining a healthy weight, physical activity and eating a healthy diet are all important in cancer prevention. Being overweight can increase your chance of having high blood pressure, high blood sugar and/or high cholesterol, which can lead to heart disease, diabetes and stroke. Heart disease is the No. 1 cause of death in women in the U.S., taking the life of 1 in 3 women each year.

If you would like more information about your blood sugar, cholesterol or blood pressure, talk with your primary care provider.

### **Eat a healthy diet, mostly from plant sources.**

For more information, visit [www.choosemyplate.gov/food-groups/](http://www.choosemyplate.gov/food-groups/)

- Eat healthy, including plenty of fruits and vegetables daily.
- Drink more water, less soda and juice.
- Limit how much alcohol you drink (if you drink at all).

Strive to have two-thirds of your plate be vegetables, fruits, whole grains and beans, while one-third or less should be an animal product. Choose fish and chicken and limit red meat and processed meats.

### **Exercise.**

To learn more about recommendations for diet, activity and weight, visit

**AICR's Guidelines for Survivors**

[preventcancer.aicr.org](http://preventcancer.aicr.org)

**ACS Eat Healthy and Get Active**

[www.cancer.org/healthy/eat-healthy-get-active.html](http://www.cancer.org/healthy/eat-healthy-get-active.html)

Experts recommend at least 30 minutes of moderate-to-vigorous activity per day, five days a week. Research shows that exercise can help you control your weight, improve your energy level, and help you sleep at night. The key is to find a physical activity you enjoy such as walking, dancing or gardening and do it regularly. If you have been inactive for a while, start out slowly. You can start out by exercising 10 minutes a day several days a week. If you feel dizzy, short of breath, or have chest pain during exercise, stop exercising and talk with your primary care doctor.

### **Do not use tobacco in any form.**

For more information, visit [www.cdc.gov/tobacco/campaign/tips/](http://www.cdc.gov/tobacco/campaign/tips/)

If you use tobacco, quit as soon as possible. Smoking is the most preventable cause of death in the U.S. If you would like more information, ask your doctor or you can call a national hotline at 1(800)-QUIT-NOW.

## Keep your bones healthy.

For more information, visit  
[www.niams.nih.gov/health-topics/kids/healthy-bones](http://www.niams.nih.gov/health-topics/kids/healthy-bones)

For the FRAX (Fracture Risk Assessment) tool, visit:  
[www.shef.ac.uk/FRAX/](http://www.shef.ac.uk/FRAX/)  
to estimate 10- year risks for fractures

- Ask your primary care provider about screening for osteoporosis beginning at age 65 or at a younger age if your bone fracture risk is increased.
- The 10-year risk for osteoporotic fractures can be calculated for individuals by using the FRAX tool and could help to guide screening decisions for women younger than 65 years.
- Maximize your bone health by eating healthy, getting enough calcium and vitamin D, and exercising regularly.
- Certain cancer treatments, such as chemotherapy or hormonal therapy, can cause bone loss. In addition, after menopause, women can lose up to 20 percent of their bone density. The good news is that women can maximize their bone density by eating healthy, getting enough calcium and vitamin D, and exercising regularly.

Age (years)	Calcium per day	Vitamin D per day
19 to 49	1000 milligrams	600 units
50 or over	1200 milligrams	800 units

## Have regular check-ups by a healthcare professional.

For more information about health screening tests for women visit the U.S. Department of Health and Human Services.  
[www.womenshealth.gov/nwhw/by-age](http://www.womenshealth.gov/nwhw/by-age)

For more information about adult vaccinations visit the CDC: [www.cdc.gov/vaccines/adults/rec-vac/index.html](http://www.cdc.gov/vaccines/adults/rec-vac/index.html)

- Keep up-to-date on general health screening tests, including cholesterol, blood pressure and glucose (blood sugar) levels.
- Get an annual influenza vaccine (flu shot).
- Get vaccinated with the pneumococcal vaccine, which prevents a type of pneumonia, and re-vaccinated as determined by your health care team.
- Don't forget dental and eye health!
- The American Optometric Association recommends adults have their eyes examined every two years until age 60, then annually. People who wear glasses or corrective lenses or are at high risk for eye problems (i.e., diabetics, family history of eye disease) should be seen more frequently.
- The American Dental Association recommends adults see their dentist at least once a year.

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SGO developed these resources as an outgrowth of the paper "An update on post-treatment surveillance and diagnosis of recurrence in women with gynecologic malignancies: Society of Gynecologic Oncology (SGO) recommendations." The paper was published in the July 2017 issue of *Gynecologic Oncology*.



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