

# Patient Education Regarding Cancer Screening Guidelines

Suzanne M. Mahon, RN, DNSc, AOCN®, APNG

Increased consumerism and health awareness have resulted in greater numbers of asymptomatic individuals inquiring about cancer screening. Furthermore, patients newly diagnosed with cancer often inquire about screening recommendations for healthy relatives. Providing such information is an important component of patient education, and oncology nurses can convey it in a variety of formats. This article provides background information that led to the development of the pull-out reference sheet on cancer screening guidelines, “Risk Factors and Screening Guidelines for the 12 Most Commonly Diagnosed Cancers” (see insert at end of article).

## Cancer Screening Guidelines

Screening for cancer is a form of secondary prevention. Other secondary prevention measures include defining and identifying groups at risk for cancer and detecting and diagnosing cancer early. Primary prevention involves reducing cancer risk by avoiding or limiting exposure to cancer-causing agents and promoting protective behaviors (e.g., avoiding sun exposure, wearing sunscreen).

Cancer screening should consist of a series of steps, beginning with detailed cancer risk assessment. Assessment findings should be interpreted for individuals at risk. Once risk is understood, the process of selecting appropriate cancer screening tests can begin. The cancer screening reference sheet at the end of this article, “Risk Factors and Screening Guidelines for the 12 Most Commonly Diagnosed Cancers,” was designed to help

A diverse group of agencies and organizations issues various cancer screening recommendations, which can confuse patients and healthcare providers. After risk for a particular cancer is understood, screening recommendations can be made. Healthcare providers should scrutinize carefully why particular recommendations are made and disclose the rationale to patients. Patients need to understand the strengths, limitations, risks, costs, and expected outcomes associated with recommendations for screening. Well-informed healthcare providers can encourage and facilitate dialogue with patients about cancer screening and help them make informed health promotion decisions. At the end of this article, an evidence-based pull-out reference sheet reviews the American Cancer Society’s cancer screening recommendations.

**Key Words:** screening, preventive health services, patient education

patients understand risks for cancer and general cancer screening guidelines and is to be used by individuals at average risk for developing cancer.

Many guidelines are available for cancer screening. Healthcare providers are responsible for explaining the rationale for guidelines to individuals at risk for developing cancer. The reference sheet at the end of this article is based largely on American Cancer Society (ACS) guidelines, which are updated annually (Smith, Cokkinides, & Eyre, 2003).

Controversy exists about the choice of screening tests, recommended intervals for testing, and the populations to be screened for cancer. The confusion stems from differences in populations, different thresholds for acceptance of effectiveness of tests, and the underlying missions of recommending agencies (Foltz, 2000).

A variety of agencies issues cancer screening guidelines, including governmental agencies such as the U.S. Preventive Services Task Force and the Canadian Task Force on Periodic Health Examination. Such governmental agencies issue guidelines for many diseases or conditions, including cancer (New U.S. Preventive Services Task Force, 2003). Disease-related organizations such as ACS or the American Lung Association also issue recommendations for screening. Recently, health maintenance organizations (HMOs), utilization management groups, and private insurers have become active in this area. Healthcare providers also may be members of organizations that issue screening guidelines, such as the American College of Obstetricians and Gynecologists or the American Dermatologic Association.

The source and mission of a group issuing a guideline often affect the choice of test, population, and interval for screening. Governmental agencies usually focus on large public health issues. Their guidelines seek to help the largest number of people and carefully consider cost analysis. Disease-related organizations may analyze data differently and focus on eradication of a disease, even at a higher financial cost. HMOs carefully consider the populations they cover and the pooled financial risks associated with guidelines. Thus, when recommendations are made, clear communication and understanding about the choice of guidelines must exist.

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