THE HEALTH CONNECTION
TOGETHER. BETTER HEALTH.
Spring 2019 Volume 20 No.2

The Type and Frequency of Breast Cancer Screening That is Best for You Changes as You Age



Early detection is an important factor in the success of breast cancer treatment. The earlier breast cancer is found, the more easily and successfully it can be treated. Tests used for screening include:

- **Mammogram -** A mammogram is an X-ray of the breast that can often find tumors that are too small for you or your doctor to feel. Standard mammograms use film to record images of the breast, but most mammograms done now are digital mammograms. Digital mammograms record images of the breast in an electronic file.
- **Digital breast tomosynthesis (3-D mammogram) -** This test uses X-rays to create a three-dimensional image of the breast. This is a newer test that may be used alone or with a digital mammogram.
- **Clinical breast exam (CBE) -** During a clinical breast exam, your doctor will carefully feel your breasts and under your arms to check for lumps or other unusual changes. Talk to your doctor about whether to have a clinical breast exam.

Make sure you know what your breasts normally look and feel like. When you know what is normal for you, you are better able to notice changes. Tell your doctor right away if you notice any changes in your breasts.

Magnetic resonance imaging (MRI) of the breast may be used as a screening test for women who have a high risk of breast cancer. This includes women who test positive for the BRCA1 or BRCA2 gene, or have two or more close family members who have had breast cancer before age 50. MRI may also be useful for women who have breast implants or for women whose breast tissue is very dense. Your breast density can affect how clearly your breast tissue can be seen on a mammogram. Still, if you have dense breasts and if nothing else increases your risk for breast cancer, a mammogram is the recommended test for you.

- Some experts recommend that women have a clinical breast exam every three years, starting at age 20. Talk with your doctor about how often you should have a breast exam. If you have a high risk for developing breast cancer, talk to your doctor about when to begin having routine mammograms and other screening tests, such as magnetic resonance imaging (MRI).
- The American Cancer Society recommends that women start screening at age 45 with a mammogram every year until age 54. At age 55, women should switch to having a mammogram every two years. This can continue as long as their health is good and they are expected to live 10 or more years. The Society also states that women should have another option based on their values and preferences. This option is annual screening for women ages 40 to 44 and women ages 55 and older.
- The risk of breast cancer increases with age, and the age at which testing no longer helps reduce death from breast cancer is not known. If you are 75 or older, talk to your doctor about mammography as a regular part of your health care plan.

You can find out your personal risk level at www.cancer.gov/bcrisktool.



Questions About Routine

What is colorectal cancer?

Colorectal cancer means that cells that aren't normal are growing in your colon or rectum. These cells grow together and form polyps. Over time, some polyps can turn into cancer. This cancer is also called colon cancer or rectal cancer, depending on where the cancer is. It is the third most common cancer in the United States, and it occurs most often in people older than 50.

What causes colorectal cancer?

Colorectal cancer happens when cells in your colon or rectum grow abnormally and out of control. It may start as a polyp, or small growth, in your colon or rectum. The cancer cells can spread to other parts of your body. This cancer is also called colon cancer or rectal cancer, depending on where the cancer is. It is most common in people older than 50.

What are the symptoms?

Colorectal cancer usually doesn't cause symptoms until after it has started to spread. See your doctor if you have any of these symptoms:

- Pain in your belly
- Blood in your stool or very dark stools
- A change in your bowel habits, such as more frequent stools or a feeling that your bowels are not emptying completely
- Constant tiredness (fatigue)
- In rare cases, unexplained weight loss

How is colorectal cancer diagnosed?

If your doctor thinks that you may have this cancer, you will need a test, called a colonoscopy (say "koh-luh-NAW-skuh-pee"), that lets the doctor see the inside of your entire colon and rectum. During this test, your doctor will remove polyps or take tissue samples from any areas that don't look normal.

The tissue will be looked at under a microscope to see if it contains cancer. Sometimes another test, such as a sigmoidoscopy (say "sig-moy-DAW-skuh-pee"), is used to diagnose colorectal cancer.

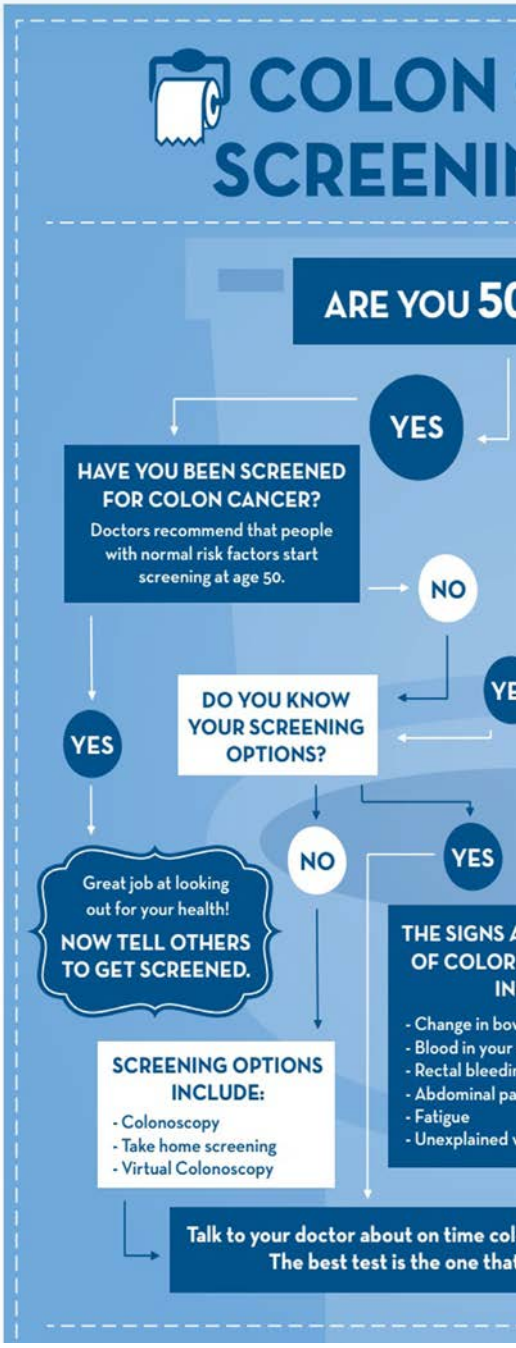
How is it treated?

Colorectal cancer is usually treated with surgery, chemotherapy, or radiation. Treatment works best when the cancer is found early. Screening tests can help find polyps and can find cancer that is still in its early stages and hasn't spread yet.

How can you screen for colorectal cancer?

Screening tests can find or prevent many cases of colon and rectal cancer. They look for a certain disease or condition before any symptoms appear. But doctors can't tell ahead of time which polyps will turn into cancer.

This is why experts recommend routine colorectal cancer testing for everyone age 50 and older who has a normal risk for colorectal cancer to find out if they have any polyps and have them removed. Your doctor may recommend getting tested more often or at a younger age if you have a higher risk. Talk to your doctor about when you should be tested. Your doctor may recommend earlier and more frequent testing if you have a higher risk for colorectal cancer.



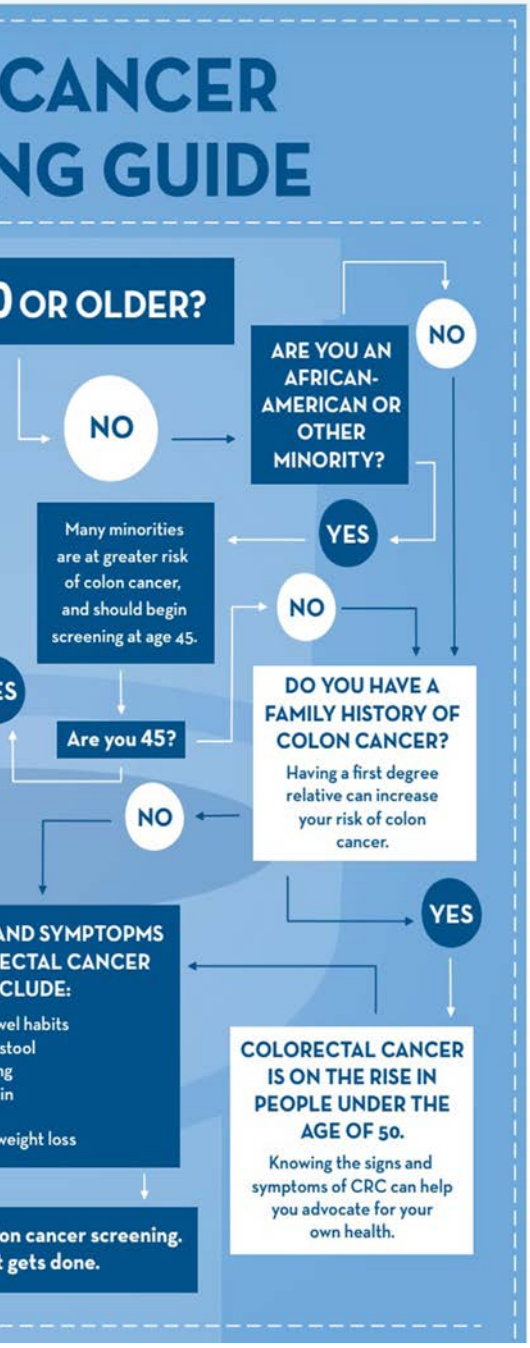
Which screening test should I have?

Screening tests include stool tests that c
such as colonoscopy, that are done at yo
a very strong family history of colorectal
doctor or a genetic counselor about havi
genes. Genetic testing can tell you if you
can cause colorectal cancer. Having cert
of colorectal cancer.

What are the risk factors for colorectal

A risk factor for colorectal cancer is som
of getting this cancer. Having one or mo

Colorectal Cancer Testing



more likely that you will get colorectal cancer, but it doesn't mean that you will definitely get it. However, some risk factors include:

- **Your age** - Getting older is a risk factor for colorectal cancer. Experts recommend that people at average risk for colorectal cancer begin screening at age 50, since most cases of colorectal cancer are diagnosed in people older than 50.
- **Your race and ethnicity** - African Americans are at greater risk of getting colorectal cancer (and dying from it) than non-Hispanic whites. And non-Hispanic white people have a higher risk than other major racial or ethnic groups, such as Hispanics, Asians, and Pacific Islanders. Ashkenazi Jews (Jewish people whose ancestors came from Eastern Europe) who have inherited certain genes are also at a higher risk for getting colorectal cancer.
- **Your family's medical history** - You are more likely to get colorectal cancer if one of your parents, brothers, sisters, or children has had the disease. Your risk is higher if this family member had colorectal cancer younger than 45 years old, or if more than one family member had the disease. Some common gene changes increase the chance of colorectal cancer. These changes are familial adenomatous polyposis (FAP) and Lynch syndrome, also called hereditary nonpolyposis colorectal cancer (HNPCC). Many people with these changed genes will get colorectal cancer if they aren't carefully watched. Genetic testing can tell you if you carry a changed, or mutated, gene that can cause FAP or HNPCC.
- **Your medical history** - Your chances of getting colorectal cancer are higher if you have had:
  - Colorectal cancer in the past.
  - Another type of cancer, such as cancer of the ovary or cancer of the endometrium
  - Adenomatous polyps removed from your colon
  - Ulcerative colitis or Crohn's disease for more than 10 years
  - Radiation therapy in your abdomen or pelvis

There are lifestyle actions you can take to lower some of the risk factors for colorectal cancer. These actions include:

- Maintain a healthy weight
- Be physically active
- Eat healthy foods, including vegetables, fruits, and whole grains. Avoid eating a lot of red meat or processed meats
- If you smoke, get help to quit
- If you drink alcohol, limit how much you drink



can be done at home and procedures, our doctor's office or clinic. If you have cancer, you may want to talk to your ng a blood test to look for changed carry a changed, or mutated, gene that ain genes may greatly increases your risk

cancer?

ething that increases your chance re of these risk factors can make it

If It's Not an Emergency

Knowing when to go to an urgent care center instead of the emergency room (ER) can save you time and money. If you need medical attention but it's not too serious or life threatening, you may not have to go to an ER. An urgent care center provides quality care like an ER, but can save you hundreds of dollars. Wait times may be shorter, and you'll be seen by an experienced doctor or nurse. For your convenience, urgent care centers generally offer extended hours.

Considering where to go? Consider these savings:

$176

Average urgent care center cost*

Your in-network urgent care cost – $40

$2,259

Average hospital ER cost*

Your in-network hospital ER cost – Deductible then 10%



What's wrong?
Use this information to help you decide where to go.

Urgent Care Center (non-life-threatening)

- Earaches and infections
- Minor cuts, sprains and burns
- Fever and flu symptoms
- Cough, cold and sore throat
- Animal bites
- Mild asthma
- Urinary tract infections
- Headaches
- Back and joint pain

Urgent care is not intended to be a substitute for a primary care provider (PCP). You should always consult your PCP for care and treatment recommendations. If you do not have a primary care provider, please access apwuhp.com to find a primary care provider near you.

Emergency Room (life-threatening)

- Sudden numbness or weakness
- Disorientation or difficulty speaking
- Sudden dizziness or loss of coordination
- Seizure or loss of consciousness
- Shortness of breath or severe asthma attack
- Head injury/major trauma
- Blurry or loss of vision
- Severe cuts or burns
- Heart attack, chest pain or chest pressure
- Overdose
- Uncontrolled bleeding
- Coughing or vomiting blood
- Severe allergic reactions

Need help deciding where to go? Call your doctor or for more information you can call the toll-free number on your APWU ID card. If it's a medical emergency, go to the nearest hospital or call 911. Visit apwuhp.com to find an urgent care center or primary care physician near you.

Member Rights and Responsibilities Statement

Members of the American Postal Workers Union (APWU) Health Plan have both rights and responsibilities in the management of their healthcare. Management of their healthcare includes encounters with American Postal Workers Union Health Plan associates, and the provider community.

The following outlines our members' rights with the APWU Health Plan:

- Be treated with fairness, respect, and dignity at all times.
- Receive understandable information about APWU programs, services, and contractual relationships in terms and language members understand.
- Receive timely access to covered services and drugs, as applicable.
- Have the privacy of personal health information protected.
- Receive information about the organization, their plan, its network providers and covered services.
- Receive a prompt reply to questions or requests for information.
- Receive a copy of the Member Rights and Responsibilities Statement.
- Receive clear information on how to file a complaint or appeal and to ask us to reconsider decisions we have made.
- Make recommendations, as well as get more information, about APWU Health Plan's member rights and responsibilities policy.
- Know how APWU Health Plan pays in-network and out-of-network healthcare professionals for providing services.
- Participate with healthcare professionals in making decisions about healthcare.
- Have candid discussions of appropriate or medically necessary treatment options for health conditions, regardless of cost or benefit coverage.
- Receive complete information about diagnosis, evaluation, treatment, and prognosis, or designate another person to receive this information on behalf of the member.
- Know the names and qualifications of healthcare professionals involved in medical treatment.
- Be informed if a health care professional plans to use an experimental treatment or procedure regarding care and to refuse to participate in research projects.

The following outlines our members' responsibilities with APWU Health Plan:

- Become familiar with covered services and the rules to follow to get covered services.
- Provide full disclosure of any other health insurance or prescription drug coverage that the member may have.
- Tell the doctor and other healthcare professionals about current enrollment. Help doctors and other providers by providing them with information, asking questions and following through on care.
- Understand health problems and participate in developing mutually agreed-upon treatment goals.
- Agree to follow the treatment plan prescribed by their provider and to participate in their care.
- Treat healthcare professionals, staff and others respectfully.
- Pay what is owed.
- Inform APWU Health Plan if the member moves.
- Contact Customer Service for help with questions or concerns.
- Provide complete and accurate information to the best of their ability regarding their health, medications (including over-the-counter and dietary supplement products), and any allergies or sensitivities.
- Inform the provider about any living will, medical power of attorney, or other directive that could affect their care.

How to File an Appeal, a Complaint or a Grievance

You have the right to send us your suggestions, file an appeal, a complaint or a grievance about the Health Plan, a health care service or a health care provider.

Appeal: A dispute of a decision made by the Health Plan pertaining to a pre- or post-service claim. Appeals must be made in writing and submitted within 180 days of the original claim determination.

Complaint: Dissatisfaction with service, policies, administration, health care providers and/or Health Plan staff. You may express your complaint in writing or by contacting Member Services at (800) 222-2798 (High Option) or (800) 718-1299 (Consumer Driven Option).

Grievance: A request for reconsideration of a decision solely based on medical necessity and/or appropriateness of medical treatment. A grievance must be submitted in writing.

Urgent Appeal or Grievance
If your concern is regarding medical care or treatment that is urgent and requires expedited handling, contact the Health Plan at (800) 222-2798 (High Option) or (800) 718-1299 (Consumer Driven Option).

This pre-service expedited review will be completed within 72 hours. Additional information on the appeal process can be found on our website at www.apwuhp.com or in the official Health Plan Brochure, Section 8.

Your comments and suggestions are important to us as we strive to improve the quality of service and care that we provide to you.
Mail appeals or grievances to:
High Option | APWU Health Plan | P.O. Box 1358 Glen Burnie, MD 21060-1358

THE HEALTH CONNECTION

APWU Health Plan
799 Cromwell Park Drive, Suites K-Z
Glen Burnie, MD 21061
www.apwuhp.com
(800) 222-2798

Presorted
Standard
U.S. Postage
PAID
Southern, MD
Permit No. 139

In This Issue:

- The Type and Frequency of Breast Cancer Screening That is Best for You Changes as You Age
- Questions About Routine Colorectal Cancer Testing
- If It's Not an Emergency
- Member Rights and Responsibilities Statement
- How to File an Appeal, a Complaint or a Grievance
- Health Screenings Every Woman Needs

Health Screenings Every Woman Needs

Mammogram? Check. Pap test? Check. Blood pressure? Check. Hearing and vision? Check.

Screenings are an important part of maintaining women's health. They can detect disease when it's most treatable and prevent serious problems, according to Dr. Lili Lustig. She is a family medicine specialist at University Hospitals Cleveland Medical Center in Ohio.

To get the right screenings, talk to your doctor, who will take into consideration your age, overall health, family history, and current health concerns. "Each test has its own time and place," Lustig said in a medical center news release. "Generally, the sooner your doctor can identify and treat a medical condition, the better the outcome."

In their 20s, women should have Pap and HPV screenings to check for pre- or early cervical cancer and the human papillomavirus, which can cause cervical cancer. (The American Cancer Society recommends women get a Pap test every three years starting at age 21.). "Women ages 30 to 65 who have a normal Pap test and a negative HPV only need to be re-screened every five years," Lustig added.

It's also important to get screened for sexually transmitted diseases (STDs). They may not cause symptoms, meaning you can pass them to your partner or, if pregnant, to an unborn child. If you suspect you might be pregnant, getting tested early sets you up for good prenatal care, which includes eating well and avoiding drugs and alcohol.

"All women who are sexually active from age 13 to 65 should be regularly screened for STDs," Lustig said. "This is especially important for women under age 25, and for other women who have had new or multiple sex partners."

When it comes to mammograms, the current recommendation is to get your first at age 40, and follow-ups annually after that.

At age 18, start checking your skin monthly for suspicious moles or color changes, especially if you're fair-skinned or have high levels of sun exposure. Full body yearly skin exams with your dermatologist should begin at age 40.

A colonoscopy can detect and remove symptomless polyps that can develop into colon cancer. You should have your first one between ages 45 to 50. The results will determine when you should have your next one.

The general guideline for bone density tests is to start by age 65. But if you have a thin build or other risk factors, start at age 50, Lustig said.

Have a hearing test every 10 years until age 50, then annually after age 60. Have a baseline eye exam at age 18, then every two years until age 60, unless you have a health problem such as diabetes. Beginning at age 61, get your eyes checked every year.

Regular blood pressure screening is another important health check. As for cholesterol, the American Heart Association recommends a baseline test at age 10, then testing every four to six years for people at average risk of high cholesterol.

More information: The U.S. Office of Disease Prevention and Health Promotion has more on health screenings. (Robert Preidt) - Source: University Hospitals Cleveland Medical Center, news release, Jan. 28, 2019 - SUNDAY, Feb. 3, 2019 (HealthDay News) *Copyright © 2019 HealthDay. All rights reserved.*