



# Self- Examination & Screening

and PSHE Education

Professionals' Pack

# 2023

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Ellie Chesterton & Natalie McGrath

# TABLE OF CONTENTS

3	Introduction	14	Terminology
4	Safe Learning Environment	15	Testicular Cancer
5	Best Practice Principles	23	Breast Cancer
8	Links to Curriculum - Secondary	33	Skin Cancer
9	Links to Curriculum - SEND	39	Screening
10	Links to Curriculum - Youth Work	44	National Statistics
11	Useful Resources	47	Useful Contacts
12	Developing Subject Knowledge	49	Further Reading
13	Why do young people need to be taught about cancer?		

# INTRODUCTION

This pack aims to support education providers to deliver quality PSHE education around self-examination. This will be achieved through:

- Identifying the curriculum links within the PSHE Association's Spiral Curriculum and the Department for Education's statutory guidance
- Developing staff's confidence and competence on the subject matter to support them to facilitate PSHE education on this topic within their own setting.

The Department for Education's statutory guidance states that:

- "Emphasis should continue to be given to steps pupils can take to protect their own health and well-being."
- Pupils should be given factual information about the prevalence and characteristics of more serious physical health conditions.
- Pupils can put knowledge into practice as they develop the capacity to make sound decisions when facing risks, challenges and complex contexts.
- Schools should show flexibility to respond to local public health and community issues to meet the needs of pupils
- Should be addressed sensitively and clearly

Education providers can help raise awareness of self-examination, by increasing the knowledge of young people to check their own body through self-examination for any abnormality that could be a sign of cancer .e.g. testicular, breast or skin cancer and also increasing confidence for people to access support earlier as this greatly increased the chances of successful treatment if the abnormality is cancerous.



# SAFE LEARNING ENVIRONMENT

A safe learning environment enables children and young people to feel comfortable to share their ideas without attracting negative feedback. It avoids possible distress and prevents disclosures in a public setting and enables professionals to manage conversations on sensitive issues confidently. We have created a guidance document to support professionals to create this safe in their own setting.



## **No. 01 — Ground Rules**

Create in collaboration with the group . As the facilitator role model the agreed ground rules.



## **No. 02 — Collaborate with DSL**

Check with your DSL whether any group members (including members of school as well as children and young people) have been affected by any of the issues that might be raised in the session.



## **No. 03 — Staff Confidence**

Check Staff confidence levels. If anyone is in panic zone it is not safe or appropriate for them or the participants to teach on the topic. This pack should help professionals to move from panic zone to learning or comfort zone.



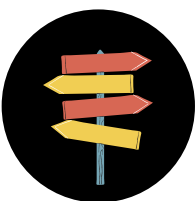
## **No. 04 — Learning Techniques**

Use scenarios and stories to help participants engage with the topic. Refer to the third person rather than you e.g. what could this character do?, or people of about your age....



## **No. 05 — Difficult Questions**

Questions are an important part of learning. Sometimes a child or young person will ask a difficult question. As with all questions the first thing is to value the question whilst either allowing time to consider an appropriate answer or to deflect an inappropriate question.



## **No. 06 — Signposting**

It is absolutely essential, that included in the lesson, is information about different organisations and people that can provide support both within the organisation and outside of it.

**A more detailed version of this page is available by emailing either Natalie or Ellie**

# BEST PRACTICE PRINCIPLES

5

## Knowledge, Skills and Values

Topics explored in PSHE education, relate directly to a child's or young person's life, when they might find themselves in a tricky situation or "crunch" moment – and need to make a quick decision; for example, finding a lump in their testes or breast. They will need to recall learning from PSHE education at that moment to help them make a decision to access support as early as possible and that not all lumps and bumps are cancerous. It also is about increasing their ability to be able make healthy decisions.

They will, of course, require knowledge but they also need to be equipped with the skills e.g., being aware that you should check your body does not equip you with the skills on how this should be carried out.

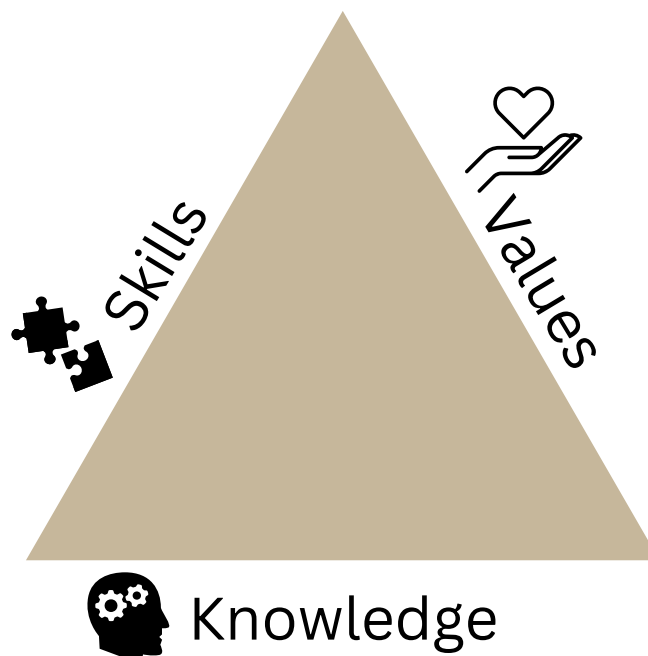
To ensure that sessions are balanced it is important to know the purpose of the activity and create a balanced session that increases or enables reflection on knowledge, skills and values.

The definition of each of these is:

**Knowledge:** gaining new information on a topic

**Skills:** gaining new skills on a topic

**Values:** reflecting on, and potentially altering, your own values in relation to a topic



## Inclusivity

### Language

It is important to remember that not everyone's biological sex will be the same as their gender. Some people identify with a gender that is different to their biological sex, which is known as transgender.

### Sex

In this context the term "sex" relates to biological sexual characteristics, - meaning the external genitals, internal reproductive organs, chromosomes and hormones.

This is usually determined at birth, when based on what external genitals someone appears to have.

Penis and Testicles - Male

Vulva and Vagina - Female

Some babies are born with external genitalia that cannot be clearly defined. This may mean that they baby has one of a group of conditions called "differences or variations in sex development (VSD) or variations in sex characteristics (VSC). This is sometimes referred to as intersex (around 1.7% of the global population, Office of the United Nations High Commissioner for Human Rights).

### Gender

Gender is the range of characteristics of women, men, girls and boys that are socially constructed (WHO). As it is a social construct, gender varies from society to society and changes over time.

Sex and gender are related to but different from gender identity. Gender identity refers to how a person sees or feels about themselves. A person's gender identity is not necessarily connected to what their body looks like.

To enable your curriculum to be more inclusive you could use a mixture of language including the term "people with a penis" as well as "boys" and "people with a vagina" alongside "girls" . This will help ensure you deliver an inclusive lesson.

## Teaching

Best practice is to teach self-examination in mixed sex classes, as advised by the Department for Education. Segregation by sex should be avoided unless there is a clear rationale for doing so in order to meet the needs of the young people, e.g. giving females or males the opportunity to ask questions about self-examination in a female or male only environment.

It is recognised that some education settings may prefer to offer single sex groups in order to make the children and young people feel more comfortable and engage better with the learning. This may be in response to sensitivities in the local community or from parental religious or cultural concerns.

It is essential that the setting's policy e.g. Relationship Education, RSE or PSHE reflect this provision.

## Be balanced

When teaching about cancer it is important that the conversation is balanced. If discussing something negative e.g. someone dying from cancer, try to balance this out with a positive statistic to keep the group engaged whilst reaffirming the importance of the learning.

There are lots of survivor stories and positive stories from people living with cancer that can help to reinforce positive health messages.



# LINKS TO PSHE CURRICULUM<sup>8</sup>

The table below shows the learning opportunities from the relevant PSHE Association core themes which can be linked to Self-Examination.

## Secondary

### PSHE Association: Key Stage Three

H19.	The importance of taking increased responsibility for their own physical health including dental check-ups, sun safety and self-examination (especially testicular self-examination in late KS3); the purpose of vaccinations offered during adolescence for individuals and society.
H21.	How to access health services when appropriate

### Key Stage Four

H13.	To identify, evaluate and independently access reliable sources of information, advice and support for all aspects of physical and mental health
H14.	About the health services available to people; strategies to become a confident user of the NHS and other health services; to overcome potential concerns or barriers to seeking help
H16.	How to take increased personal responsibility for maintaining and monitoring health including cancer prevention, screening and self-examination
H17.	to assess and manage risks associated with cosmetic and aesthetic procedures, including tattooing, piercings and the use of sunbeds



H8.	To take responsibility for monitoring personal health and wellbeing, including sun safety, breast awareness and self-examination, testicular self-examination and cervical screening
H9.	To consistently access reliable sources of information and evaluate media messages about health
H10.	How to register with and access health services in new locations

## SEND

### PSHE Association:

#### SSS1- Feeling Unwell

Development	Identify some things we can do to take care of our physical wellbeing and our mental wellbeing
Enrichment	Identify some ways we can take increased responsibility for looking after our physical and mental health
Enhancement	Identify some of the people and organisations that can provide reliable support and advice if we are physically or mentally unwell
Enhancement	Explain how we know we can trust these people and organisations to give us advice that will help us (e.g. GP, school nurse, NHS, Childline, Young Minds).
Enhancement	Explain why 'self-diagnosis' from websites can be inaccurate or potentially harmful
Enhancement	Explain how and why to carry out self-examination as a way of checking for specific conditions (cancer), including breast and testicular self examination

## DfE Statutory Guidance:

### By the end of Secondary pupils will know:

HP3	(Late secondary) the benefits of regular self-examination and screening.
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### NYA Youth Work Curriculum:

HR1.	Offering relationship support and guidance to young people, including sex and relationship education, in settings and in a way chosen by young people
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# USEFUL RESOURCES

Please check all resources are suitable for your settings and participants.

## Videos

Macmillan Cancer Support - [About Testicular Cancer Symptoms and Treatment](#)

Dr Alex George - [Checking your Testicles](#)

It's In the Bag - [Check your Balls](#)

Coppafeel - [How to Check](#)

NHS - [Booked in for your smear test and not sure what to expect?](#)

## Leaflets

MacMillan Cancer Support - [How to Check your Balls](#) (Easy Read)

MacMillan Cancer Support - [Breast Care for Women](#) (Easy Read)

## Lesson Plans

11-14 years old - Highgate School & NHS Barts - [Testicular Health](#)

13-18 years old - Coppafeel! - [Boob School](#)

14-16 years old - Oak National Academy - [What is self-examination?](#)

14-16 years old - Orchid - [What is testicular cancer?](#)

## Training

DfE - [Teaching about health and Prevention](#) (slides 83- 98)

Coppafeel! - [Teaching about Breast Cancer: An Educator's Guide](#)

## Resources

[Health Edco](#) - have a range of breast models to promote, discuss and practice self-examination.

[Health Edco](#) - have a range of testicle models to promote, discuss and practice self-examination

# DEVELOPING SUBJECT KNOWLEDGE



**SELF-EXAMINATION  
&  
SCREENING**

# WHY DO YOUNG PEOPLE NEED TO BE TAUGHT ABOUT CANCER?

13



Cancer happens when cells divide and grow in an abnormal way.

40% of all cancers are preventable through lifestyle choices. Teaching young people about their health and health risks means that they can establish healthy behaviours to take forward into the rest of their life e.g. regular self-examination checks.

For some cancers, if caught early enough they can be treated, and survival rates are higher.

Self-examination is where people check their own body for any abnormality which could be a sign of cancer e.g. testicular, breast or skin cancer.

If someone finds something unusual for them during a self-examination they should always visit their doctor. For some people this could be embarrassing and may delay vital treatment. Doctors will carry out their own examination and may refer someone for further testing. There are many conditions that can show the same symptoms, most are harmless but it is important that any abnormality is checked out and young people recognise the importance of seeking support from the doctor.

# TERMINOLOGY



Some cancers e.g. breast cancer affects all genders so it is important that the message is aimed at everyone.

Using terms like "people with a penis" can help to ensure the session is inclusive of all genders rather than solely referring to male/ females, men/women.



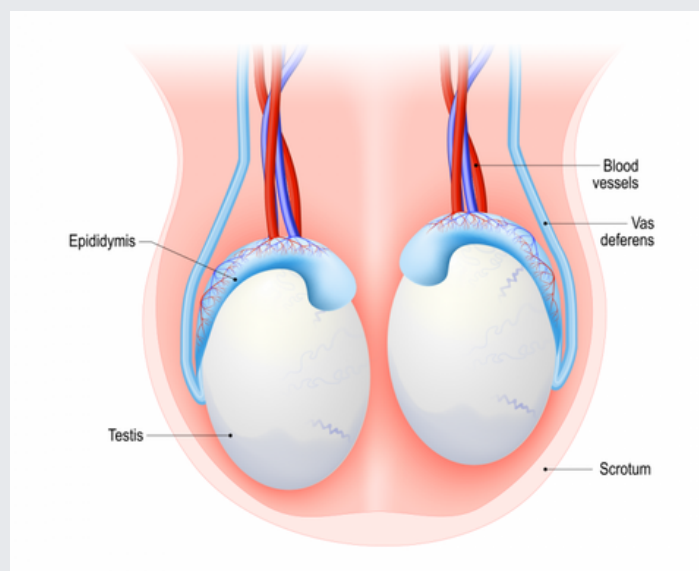
Start the session with a discussion on terminology to find out what language will be most inclusive and accepted within the group.

# TESTICULAR CANCER

- One of the less common cancers (1% of all cancers that occur in people with a penis)
- Around 2,300 men are diagnosed in the UK each year
- The most common age for testicular cancer is between the ages of 15-49.
- White males have a higher risk of developing testicular cancer than men from other ethnic groups, the reason for this are unknown.
- Survival rates are very high if caught early

Most men's testicles are the same size, but it is common for one to be slightly bigger than the other. It is also common for one to hang slightly lower than the other.

Testicles should feel smooth, with no lumps or bumps and firm but not hard. Some people can feel a soft tube at the back of each testicle - the epididymis.



# CAUSES

The exact cause or causes of testicular cancer are unknown, but factors that increase a person with a penis's risk of developing it have been identified:

## Undescended Testicles

**This is the most significant risk factor for testicular cancer.**

- Around 3-5% of boys are born with their testicles inside their abdomen. They usually descend into the scrotum during the first year of life, but in some boys the testicles do not descend. If they don't descend at this point they will descend at a later time.
- Where the testicles do not descend naturally, an operation (orchidopexy) can be carried out to move the testicles to the correct position within the scrotum.
- It's important that undescended testicles move down into the scrotum during early childhood because boys with undescended testicles have a higher risk of developing testicular cancer than boys whose testicles descend normally.
- People with undescended testicles are about 3 times more likely to develop testicular cancer than men whose testicles descend at birth or shortly after.



## Family History

- Having a close relative with a history of testicular cancer or an undescended testicle increases your risk of also developing it.
  - If someone's Father had testicular cancer they are around **4 times** more likely to develop it than someone with no family history
  - If someone's brother had testicular cancer, they are about **8 times** more likely to develop it.

According to current research there may be a number of genes involved in the development of testicular cancer in families where more than 1 person has had the condition. Research is still ongoing in this area.

## Previous Testicular Cancer

People with a penis who have previously been diagnosed with testicular cancer are between 12-18 times more likely to develop it in the other testicle.

For this reason those who have been diagnosed with testicular cancer it is important to keep a close eye on the other one. This includes attending follow-up appointments for between 5-10 years to observe for signs of recurrence.

# SIGNS AND SYMPTOMS

The early signs of testicular cancer are easy to spot and could include:

- A hard lump on the front or side of a testicle
- Swelling or enlargement of a testicle
- An increase in firmness of a testicle
- Pain or discomfort in a testicle or in the scrotum
- An unusual discomfort between one testicle and the other

A health professional will examine any lumps and may consider a possible cause if they believe the lump is in the testicle.

Only a very small number of scrotal lumps or swellings are cancerous. For example, swollen blood vessels and cysts in the tubes around the testicle are common causes of testicular lumps.

# HOW TO CHECK



It is important to check your testicles regularly.



The best place to check testicles is when they are warm, so after a bath or shower



Rest the testicles in the palm of the hand, and gently roll each one between the finger and thumb



Each testicle has a soft tube at the top (epididymis) which carries sperm to the penis. Don't panic if you feel this -it's part of the body.

# DIAGNOSIS

It is important to seek medical support as soon as possible following identification of any of the signs or symptoms.

A health professional will ask about the symptoms and look at the individual's medical history. They will usually examine the testicles for themselves.

They may shine a small light or torch against the scrotum to see if the light passes through - testicular lumps tend to be solid and so light is unable to pass through them, whereas fluid in the scrotum will allow light to pass through.

If the health professional thinks that a non-painful swelling or lump or change in the shape or texture of the testicle is cancerous they will refer the individual to have some further testing within the next two weeks.

## Scrotal Ultrasound

A painless procedure that uses high-frequency sound waves to produce an image of the inside of the testicle.

## Blood Test

This will help to detect certain hormones in the blood – these are called markers.

Markers in the blood that'll be tested for include:

- alpha feto-protein (AFP)
- human chorionic gonadotrophin (HCG)

A third blood test is also often carried out as it may indicate how active a cancer is. This is called lactate dehydrogenase (LDH), but it's not a specific marker for testicular cancer.

Not all people with testicular cancer produce markers. There may still be a chance you have testicular cancer even if your blood test results come back normal.

## Histology

The only definitive way to confirm testicular cancer is to examine part of the lump under a microscope.

Unlike many cancers where a small piece of the cancer can be removed (a biopsy), in most cases the only way to examine a testicular lump is by removing the affected testicle completely.

A biopsy may injure the testicle and spread cancer into the scrotum, which is not usually affected.

**The combination of the ultrasound and blood marker tests is usually sufficient to make a firm diagnosis.**

In almost all cases, there will be further tests to check whether testicular cancer has spread.

# OUTLOOK

Testicular cancer is one of the most treatable types of cancer and the outlook is one of the best for all cancers.

In England and Wales, almost all men (99%) survive for a year or more after diagnosis, and 98% survive for 5 years or more after receiving a diagnosis.

If someone is treated for testicular germ cell tumours it is rare for the condition to return more than 5 years later (almost all people who are treated for this are cured).

Treatment almost always includes the surgical removal of the affected testicle, which does not usually affect fertility or the ability to have sex.

In some cases, chemotherapy or, less commonly, radiotherapy may be used for seminomas (but not non-seminomas).

# BREAST CANCER

- More likely to affect adults – but good to get into good habits early
- Most common cancer in women
- 1 in 7 women will be affected by breast cancer
- 400 men are diagnosed with breast cancer in the UK each year
- If detected at an early stage there is a good chance of recovery

Everyone has breast tissue and people of all genders can get breast cancer. When referring to breasts we are referring to the tissue from the rib cage up to the collarbone and armpits including the nipple. Your setting will advise you on the terminology you are to use e.g. informal or medical terminology.

When facilitating sessions it is vital to reinforce the most important thing is to get to know what is normal for their body.



# CAUSES

The exact cause or causes of breast cancer are unknown, but certain factors are known to increase the risk of breast cancer.

## Age

- The risk of developing breast cancer increases with age. Breast cancer is most common in women over the age of 50 who have been through the menopause – about 8 out of 10 cases of breast cancer happen in women over 50. There is the NHS Breast Screening Programme for 50–70 years old that screens for breast cancer every three years.

## Family History

- If someone has close relatives who have had either breast cancer or ovarian cancer, they could have a higher risk of developing breast cancer.
- However, because breast cancer is the most common cancer in women, it is possible for more than one family member to develop it by chance.
- Most cancer of breast cancer do not run in the family, but some genes have been identified that can increase the risks of someone developing breast cancer – BRCA1, BRCA2 (it is possible for these genes to be passed from parent to child), TP53 and CHEK2.



## Previous Breast Cancer or Lump

- If someone has previously had breast cancer or early non-invasive cancer cells chances in their breast ducts they have a higher risk of developing breast cancer again , either in the same or other breast.
- A benign breast lump does not mean someone has breast cancer, but certain types of breast lumps may slightly increase the risk of developing cancer.
  - Some benign changes in the breast tissue, such as cells growing abnormally in ducts (atypical ductal hyperplasia), or abnormal cells inside the breast lobes (lobular carcinoma in situ), can make getting breast cancer more likely.

## Dense Breast Tissue

- People with a vulva's breasts are made up of thousand of glands (lobules) that produce milk. This glandular tissue contains a higher concentration of breast cells than other breast tissue, making it denser.
  - Women with dense breast tissue may have a higher risk of developing breast cancer as there are more cells that can become cancerous.
  - Younger women tend to have denser breasts, as people become older the tissue is replaced by fat so the breast become less dense.
  - Breast density can only be measured on a mammogram.

## Having excess weight

- If someone has experienced the menopause and has excess weight they may be more at risk of developing breast cancer.
  - It is thought this is linked to the amount of oestrogen in the body, as people who are overweight post menopause produce more oestrogen.

## Alcohol

- Drinking alcohol increases the risk of getting breast cancer.
  - People who drink even small amounts of alcohol on a regular basis have a greater risk of getting breast cancer than people who do not drink alcohol at all. The more alcohol someone drinks, the more their risk of getting breast cancer increases.

## Smoking

- There is growing evidence that smoking slightly increases the risk of breast cancer.
  - The risk is higher in those with a significant family history of breast cancer
  - The younger someone begins smoking the higher the risk and the increased risk remains for at least 20 years after the person has stopped smoking.
  - Research is still underway about the impact of vaping.

## Radiation

- Certain medical procedures that use radiation e.g. x-rays, CT scans may slightly increase the risk of developing breast cancer.

## Exposure to Oestrogen

- The female hormone oestrogen can sometimes stimulate breast cancer cells and cause them to grow.
- The ovaries, begin to produce oestrogen when someone starts puberty, this helps to regulate periods.
- The risk of developing breast cancer may rise slightly due to the amount of oestrogen the body is exposed to.
  - For example is someone started their period at a young age and experienced menopause later than average, they will have been exposed to oestrogen over a longer period of time.
  - Similarly, if someone does not have children or has children later in life this can also slightly increase the risk of developing breast cancer because their exposure to oestrogen has not been interrupted by pregnancy.

## Contraceptive Pill

- Research shows that women who take the contraceptive pill have a slightly increased risk of developing breast cancer.
- However, the risk starts to decrease once someone stops taking the pill, and the risk of breast cancer is back to normal 10 years after stopping.

## Hormone Replacement Therapy (HRT)

- HRT is associated with an increased risk of developing breast cancer, where the person uses it for longer than one year.
- This risk falls a falls after someone stops taking HRT, but some increased risk remains for more than 10 years compared to women who have never used HRT.

# SIGNS AND SYMPTOMS

Breast cancer can have several symptoms, the first noticeable symptom is usually a lump or an area of thickened breast tissue.

It is important to remember that most breast lumps are not cancerous and that people should seek support from their GP.

Other symptoms could be:

- A change in the size or shape of one or both breasts
- Discharge from either nipple, which may be streaked with blood
- A lump or swelling in either of the armpits
- Dimpling on the skin of the breasts
- A rash on or around the nipple
- A change in appearance of the nipple, such as becoming sunken into the breast

# HOW TO CHECK



It is important to check your breasts regularly, usually at the same time any month (females should avoid any periods)



Look for any changes in the breast or nipple



Using the fingertips walk in a spiral around the whole breast and under the armpit



If there is anything unusual or any changes make an appointment at the GP surgery as soon as possible. 9 out of 10 lumps are completely harmless so don't panic.

# DIAGNOSIS

It is important to seek medical support as soon as possible following identification of any of the signs or symptoms.

A health professional will ask about the symptoms and look at the individual's medical history. They will usually examine the breasts for themselves.

Following an examination, they may refer the individual to have some further testing within the next two weeks.

## Mammography

Four breast x-rays are taken, two for each breast. The whole appointment should take about 30 minutes.

The breast will be placed onto the x-ray machine and squeezed between two pieces of plastic (this is to keep it still).

## Ultrasound

For people under 35 years, it is likely they will not have a mammogram (this is due to the likelihood their breasts will be denser and the mammogram is not as effective).

Ultrasound uses high frequency waves to produce an image of the inside of the breast to show any lumps or abnormalities.

# Biopsy

A sample of cells is taken from the breast and tested to see if it is cancerous. Some people also have a scan and a needle test on the lymph nodes in the armpit to see if these are affected.

Biopsies can be taken in different ways and the health professional will make that decision based on the information provided.

## Needle Aspiration

This may be used to test a sample of the breast cells for cancer or to drain a small fluid-filled lump (benign cyst)

A health professional will use a small needle to extract a sample of cells without removing any tissue.

## Needle Biopsy

This is the most common type of biopsy. Using a large needle a sample of tissue is taken from the lump in the breast. Some people may have a local anaesthetic to numb the area.

## Vacuum-assisted Biopsy

During this procedure the needle is attached to a gentle suction tube, this helps to obtain the sample and clear any bleeding from the area.

# OUTLOOK

The outlook for breast cancer depends on the stage of the cancer when it was diagnosed. Survival for breast cancer is generally good, particularly if someone is diagnosed early – which is why self-examination is so important.

Cancer Research UK provide the following statistics:

- Around 95 out of every 100 women (around 95%) survive their cancer for 1 year or more after diagnosis
- Around 85 out of every 100 women (around 85%) will survive their cancer for 5 years or more after diagnosis
- Around 75 out of every 100 women (around 75%) will survive their cancer for 10 years or more after diagnosis

There are no similar statistics for the outlook for male's with breast cancer, this is due the the cancer being relatively uncommon.

These statistics are for net survival. Net survival estimates the number of people who survive their cancer rather than calculating the number of people diagnosed with cancer who are still alive. In other words, it is the survival of cancer patients after taking into account that some people would have died from other causes if they had not had cancer.



# SKIN CANCER

- One of the most common cancers in the world
- Is largely preventable

There are two types of skin cancer

- Melanoma Skin Cancer
  - The main cause is ultra-violet light (from the sun and sunbeds)
  - Can spread to other parts of the body
- Non-Melanoma Skin Cancer
  - Develops slowly in the upper layers of the skin
  - Is more common in men than women and is more common in the elderly



# CAUSES

## Ultra-Violet (UV) Light

- This is the most common cause of melanoma skin cancer and comes from the sun and sunbeds.
- People are most likely to get melanoma if they have:
  - Pale skin that burns easily in the sun
  - Red or blonde hair
  - Blue or green eyes
  - A large number of freckles or moles
  - Had a lot of sun exposure and been sunburnt a lot in the past
  - Used sunbeds a lot
- People with black or brown skin have a lower chance of getting melanoma, but can still get it. This is often on the soles of the feet, palms of the hands or under a nail.

## Family History

- If someone has had skin cancer before they could have a higher risk of developing it.
- In most cases skin cancer does not run in families, however research shows that some families have an higher than average number of members who develop non-melanoma skin cancer.

# SIGNS AND SYMPTOMS

## Melanoma Skin Cancer

The main symptom is a new mole or change in an existing mole. A melanoma can appear anywhere on the body, it's more common that they'll appear in areas exposed to the sun. It is important to look for moles that could be:

- An uneven shape or edges
- With a mix of colours
- Large
- Changes over time
- Swollen and sore
- Bleeding
- Itchy
- Crusty

## Non-Melanoma Skin Cancer

- The first sign of non-melanoma skin cancer is usually the appearance of a lump or discoloured patch of skin that persists after a few weeks and slowly progress over months and sometimes years.
- Non-melanoma skin cancer most often develops on areas of skin regularly exposed to the sun, such as the face, ears, hands, shoulders, upper chest and back.

# HOW TO CHECK



Get to know what the skin normally looks like. This way you'll notice any changes more easily.



For areas that can't be seen easily use a hand held mirror and reflect the skin onto another mirror. Or ask a partner or friend to look



Take a photo of anything that doesn't look right. It is a good idea to put a ruler or tape measure next to the abnormal area to give an accurate idea about size and any changes that you can share with a health professional.



If there is anything unusual or any changes make an appointment at the GP surgery as soon as possible.

# DIAGNOSIS

It is important to seek medical support as soon as possible following identification of any of the signs or symptoms.

A health professional will ask about the symptoms and look at the individual's medical history. They will usually examine the skin for themselves.

Following an examination, they may refer the individual to have some further testing within the next two weeks.

## **Excision Biopsy**

A specialist will check the skin and ask about any noticeable changes. They may use a magnifying device to look at the skin more closely.

They may cut the mole and a small area of the surrounding skin to send to the lab for testing.

Survival for skin cancer is generally good, particularly if someone is diagnosed early – which is why self-examination is so important.

Cancer Research UK provide the following statistics for people in England with Melanoma (2019):

- Almost all people (almost 100%) will survive their melanoma for 1 year or more after they are diagnosed
- Around 90 out of every 100 people (around 90%) will survive their melanoma for 5 years or more after diagnosis
- More than 85 out of every 100 people (more than 85%) will survive their melanoma for 10 years or more after they are diagnosed

Most people with non-melanoma skin cancer are cured.

These statistics are for net survival. Net survival estimates the number of people who survive their cancer rather than calculating the number of people diagnosed with cancer who are still alive. In other words, it is the survival of cancer patients after taking into account that some people would have died from other causes if they had not had cancer.

# SCREENING

Screening is an early way of detecting early disease or risk factor for disease in people/

The main benefit of screening is the early detection of a problem, usually before any symptoms develop.

If a problem is diagnosed before symptoms develop, treatment is often more effective, and there can be more choices of what treatment to have.



# CERVICAL SCREENING

All people with a cervix are offered a smear test for cervical screening from the age of 16-64.

It is important to remember this is not a test for cancer, but a test to help prevent cancer.

During the test, a small sample of cells is taken from the cervix and sent off for testing .

Results are usually back within two weeks via letter.

What happens at a smear test:

- The person being screened removes their lower clothing and lie down on the examination bed with their legs bent and apart. They are given a paper bib to cover their bottom half.
- The health professional inserts a smooth tube-shaped tool (speculum) into the vagina. This opens the walls of the vagina so that the cervix can be seen.
- A soft brush is then inserted through the speculum into the cervix. The brush is rotated a few times, by the health professional, to collect the sample.
- The sample is put into a specimen pot which is sent to the lab for testing.
- The health professional will give information on how long the current wait time is for results.



# OTHER NHS SCREENING PROGRAMMES

The NHS offers a range of different screening tests to different parts of the population. These include:

- Cervical screening
- Breast cancer screening
- Screening in pregnancy for infectious diseases, including HIV, hepatitis B and syphilis
- Screening in new born babies
- Bowel cancer screening
- Eye screening for people with diabetes
- Abdominal aortic aneurysm screening (for men aged over 65)

An expert group called the UK National Screening Committee (UK NSC) advises the NHS on which screening programmes to offer.

When considering who to screen and which conditions to screen for, the benefits of offering a screening programme are weighed up against the harms. The UK NSC only recommends screening when it believes the benefits to the group offered screening outweigh the harms.

The UK NSC regularly reviews its recommendations on screening for different conditions as new research becomes available. This is usually done every 3 years

Click the link to watch videos from the NHS on the screening pathways.

[Females](#)

[Males](#)

If people are invited to screening they should be aware of the benefits, risks and limitations in order to make an informed choice. This can include having discussions with a health professional.

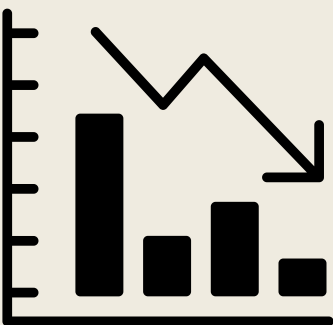
The benefits of having a screening test include:



Detecting problems early, before someone has symptoms. This can mean the treatment is more effective.



Being able to make better informed decisions about their health by being aware that they have a health problem or an increased risk of a health problem.



Reduces the chance of developing a condition or its complications.



In some instances it can prevent death.

- Screening tests are not 100% accurate. Someone could be told they have a problem when they do not – this is called a "false positive" and may lead to some people having unnecessary further tests or treatment as a result of screening. A screening test could also miss a problem – this is called a "false negative" and could lead to people ignoring symptoms in the future.
- Some screening tests can lead to difficult decisions. For example, if a pregnancy screening test tells someone their baby has a higher chance of having a particular condition, they may then be faced with a decision about having further diagnostic tests that involve a risk to the pregnancy. If the diagnostic test is positive, they may then need to decide whether to continue with the pregnancy.
- For some people finding out they may have a health problem can cause considerable anxiety.
- Even if the screening test result is normal or negative (meaning you are not at high risk), someone could still go on to develop the condition.

# NATIONAL STATISTICS



people will be diagnosed with cancer in their lifetime in the UK



On average, in the UK someone is diagnosed with cancer every 90 seconds

Cancer incidence in the UK has risen by 39% since 2002, and by 19% only in the last decade

This is likely due to the growing and aging population who are at higher risk of developing cancer, as well as improvements in diagnosis initiatives and public awareness.

# NATIONAL TESTICULAR CANCER STATISTICS

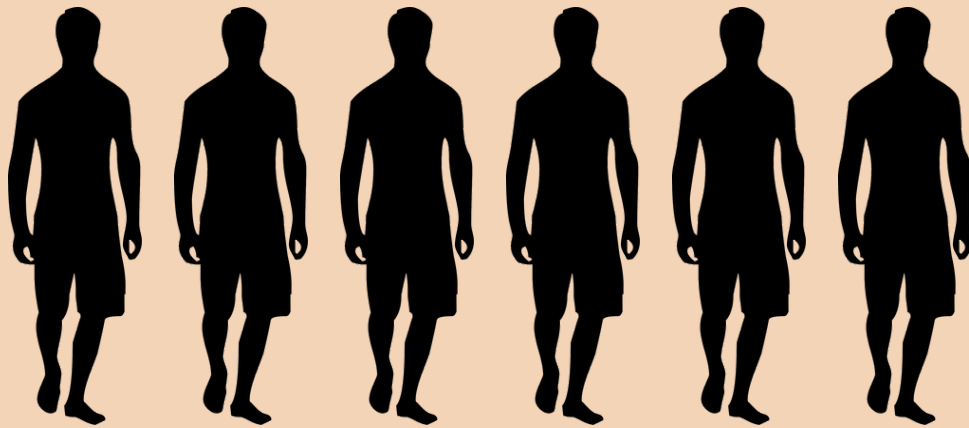
45

17th most common  
cancer in males in  
the UK

Over

98

% of people  
with  
testicular  
cancer are  
cured



Between 2016–2018 there were more than 6 new  
cases per day (2,400 cases per year)



One of the most  
common cancer's in  
young people

# NATIONAL BREAST CANCER STATISTICS

1 in 7 women  
will be affected  
by breast  
cancer



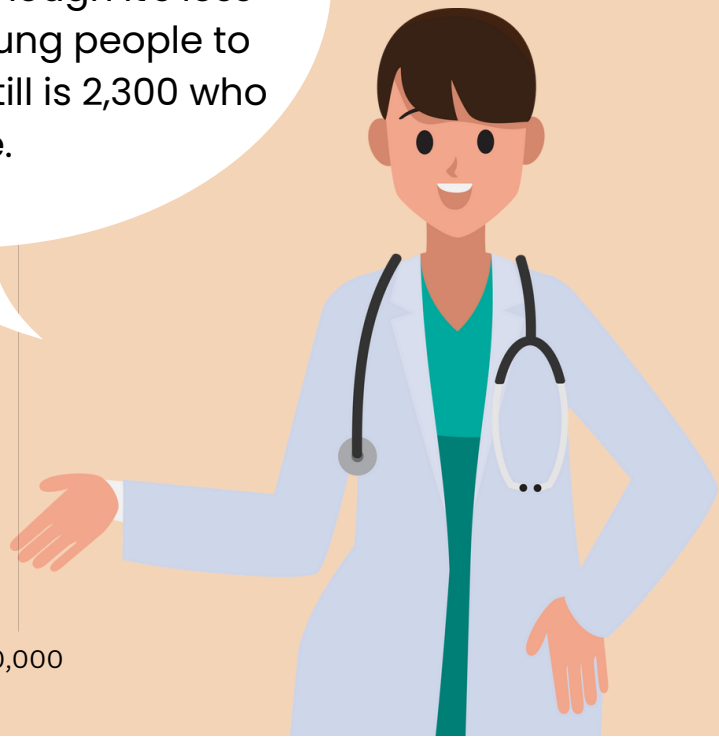
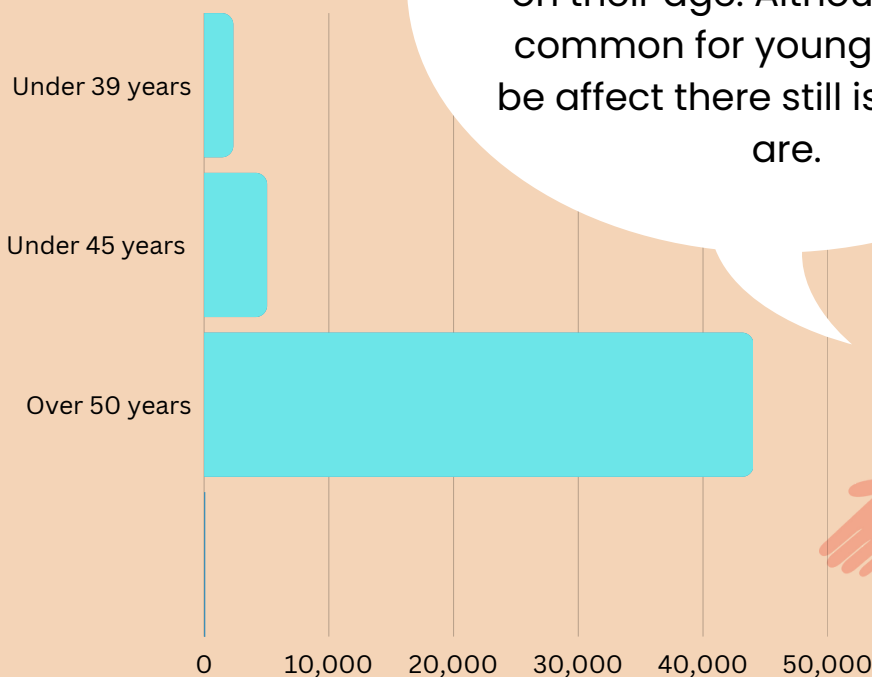
400

47%

men a year are diagnosed  
with breast cancer in the  
UK.

of women state they do not check their  
breasts regularly and 1/10 never do.

This chart shows the number of women diagnosed each year with breast cancer based on their age. Although it's less common for young people to be affected there still is 2,300 who are.



# Useful Contacts:



**If you would like more information or support about self-examination please contact:**

Families Health and Wellbeing Service (0-19).

Staffordshire – 0808 178 0611

Stoke – 0300 404 2993

**If a referral to Children's Social Care is required, please contact:**

**Staffordshire:**

Staffordshire Children's Advice Service – 0300 111 8007

Monday – Thursday 8.30am – 5pm and Friday 8.30–4.30pm

Out of Hours – 0345 604 2886 / 07815 492613

**Stoke:**

CHAD – 01782 235 100

Monday – Thursday 8.30am – 5pm and Friday 8.30–4.30pm

Out of Hours – 01782 234 234

Below are a list of national organisations who provide information and support for cancer, bereavement support and medical information:

[Breast Cancer Genetics](#)

[Breast Cancer Now](#)

[Brook](#)

[Cancer Research UK](#)

[Childline](#)

[Cruse Bereavement Support](#)

[Health Talk](#)

[Jo's Cervical Cancer Trust](#)

[MacMillan Cancer Support](#)

[Marie Curie](#)

[NHS](#)

[Orchid Fighting Male Cancer](#)

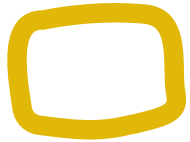
[Samaritans](#)

[Teenage Cancer Trust](#)

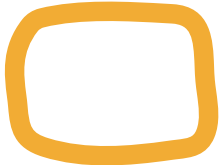
[Trekstock - young adult cancer support](#)



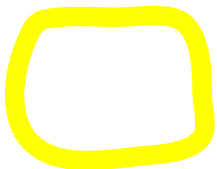
# Further Reading:



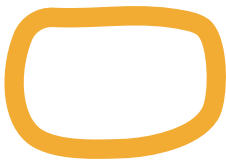
[NHS - Testicular Cancer](#)



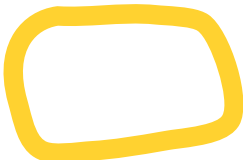
[NHS - Breast Cancer in Women](#)



[NHS Breast Cancer in Men](#)



[NHS - Melanoma Skin Cancer](#)



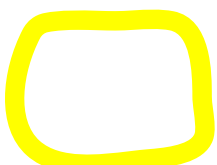
[NHS - Non-Melanoma Skin Cancer](#)



[Brook - Getting Your Cervical Screen](#)



[It's in the Bag](#)



[British Skin Foundation](#)



Ellie Chesterton  
PSHE Coordinator  
Stoke on Trent  
[echesterton@horizonoat.co.uk](mailto:echesterton@horizonoat.co.uk)



Natalie McGrath  
PSHE Coordinator  
Staffordshire  
[natalie@staffscvys.org.uk](mailto:natalie@staffscvys.org.uk)

With thanks to our Partners

