



THE KINGDOM OF ESWATINI
MINISTRY OF HEALTH

JOB AIDS FOR CANCER SCREENING



Publication Notice

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Prostate cancer

- ⚙️ SUSPECTED PROSTATE CANCER??
- ⚙️ A POSITIVE, MODERATE (8-19) AND SEVERE (20-35) IPSS
- ⚙️ IS THERE A FAMILY HISTORY OF LOWER URINARY TRACT SYMPTOMS AND/OR PROSTATE CANCER?
- ⚙️ HAVE YOU DOCUMENTED PATIENTS LOWER URINARY TRACT SYMPTOMS
- ⚙️ HAVE YOU DONE A PSA TEST FOR THE CLIENT?
- ⚙️ HAVE YOU PERFORMED A DRE AND HAVE FOUND ABNORMALITY?



Urgent referral:

Urgently refer men (appointment within two weeks) if either:

- Their prostate feels malignant on digital rectal examination (DRE)
- OR
- Their prostate specific antigen (PSA) levels are above the age-specific reference range.



Non-urgent investigation:

Consider a PSA test **AND** DRE in men with any of the following:

- Any lower urinary tract symptoms, such as nocturia, urinary frequency, hesitancy, urgency or retention
- erectile dysfunction
- Visible haematuria.



Accompanying notes:

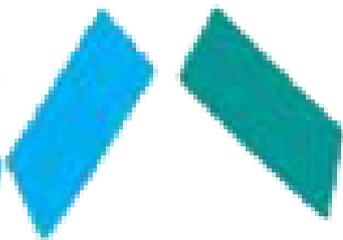
Prostate-specific antigen ranges:

- 40–49 years 0–2.5ng/L
- 50–59 years 0–3.5ng/L
- 60–69 years 0–4.5nh/L
- 70–79 years 0–6.5ng/L Consider alternative contributing factors that may influence an individual's PSA ranges.



Non-urgent referral:

Consider referral in patients aged 60 and over with recurrent or persistent urinary tract infection that is unexplained.

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International Prostate Symptom Score (I-PSS)

Patient Name: _____ Date of birth: _____ Date completed _____

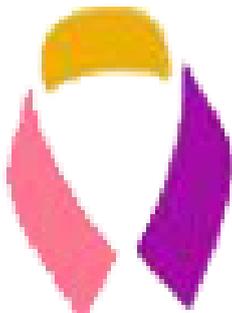
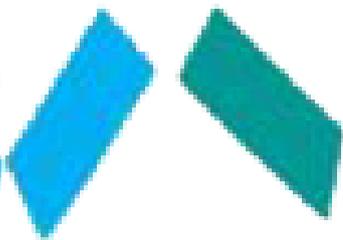
In the past month:	Not at All	Less than 1 in 5 Times	Less than Half the Time	About Half the Time	More than Half the Time	Almost Always	Your score
1. Incomplete Emptying How often have you had the sensation of not emptying your bladder?	0	1	2	3	4	5	
2. Frequency How often have you had to urinate less than every two hours?	0	1	2	3	4	5	
3. Intermittency How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
4. Urgency How often have you found it difficult to postpone urination?	0	1	2	3	4	5	
5. Weak Stream How often have you had a weak urinary stream?	0	1	2	3	4	5	
6. Straining How often have you had to strain to start urination?	0	1	2	3	4	5	
	None	1 Time	2 Times	3 Times	4 Times	5 Times	
7. Nocturia How many times did you typically get up at night to urinate?	0	1	2	3	4	5	
Total I-PSS Score							

Score: 1-7: *Mild* 8-19: *Moderate* 20-35: *Severe*

Quality of Life Due to Urinary Symptoms	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

About the I-PSS

The International Prostate Symptom Score (I-PSS) is based on the answers to seven questions concerning urinary symptoms and one question concerning quality of life. Each question concerning urinary symptoms allows the patient to choose one out of six answers indicating increasing severity of the particular symptom. The answers are assigned points from 0 to 5. The total score can therefore range from 0 to 35 (asymptomatic to very symptomatic).

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The questions refer to the following urinary symptoms:

Questions	Symptom
1	Incomplete emptying
2	Frequency
3	Intermittency
4	Urgency
5	Weak Stream
6	Straining
7	Nocturia

Question eight refers to the patient's perceived quality of life.

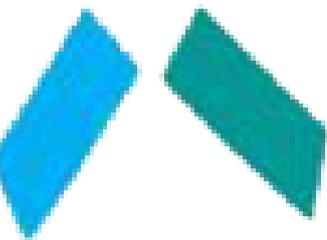
The first seven questions of the I-PSS are identical to the questions appearing on the American Urological Association (AUA) Symptom Index which currently categorizes symptoms as follows:

- Mild (symptom score less than or equal to 7)
- Moderate (symptom score range 8-19)
- Severe (symptom score range 20-35)

The International Scientific Committee (SCI), under the patronage of the World Health Organization (WHO) and the International Union Against Cancer (UICC), recommends the use of only a single question to assess the quality of life. The answers to this question range from "delighted" to "terrible" or 0 to 6. Although this single question may or may not capture the global impact of benign prostatic hyperplasia (BPH) Symptoms or quality of life, it may serve as a valuable starting point for a doctor-patient conversation.

The SCI has agreed to use the symptom index for BPH, which has been developed by the AUA Measurement Committee, as the official worldwide symptoms assessment tool for patients suffering from prostatism.

The SCI recommends that physicians consider the following components for a basic diagnostic workup: history; physical exam; appropriate labs, such as U/A, creatine, etc.; and DRE or other evaluation to rule out prostate cancer.

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Breast cancer

⚙️ SUSPECTED BREAST CANCER?

- ⚙️ IS THERE A FAMILY HISTORY OF BREAST CANCER INCLUDING MALE BREAST CANCER?
- ⚙️ IS THERE A HISTORY OF CHEST RADIATION IN CHILDHOOD??
- ⚙️ HAVE YOU PERFORMED A CLINICAL BREAST EXAM?
- ⚙️ ARE THERE ANY ABNORMAL FINDINGS ON BREAST EXAM? LUMP, NIPPLE DISCHARGE ETC.



Urgent referral:

Urgently refer patients (appointment within two weeks) if they are male or female:

- aged 30 and over with an unexplained breast lump (with or without pain)

OR

- Aged 50 and over with any unilateral nipple changes of concern including discharge or retraction.

OR

Age less than 30 with an unexplained breast lump and positive family history of Breast cancer.

Consider urgent referral (appointment within two weeks) if:

- There are skin changes suggestive of breast cancer

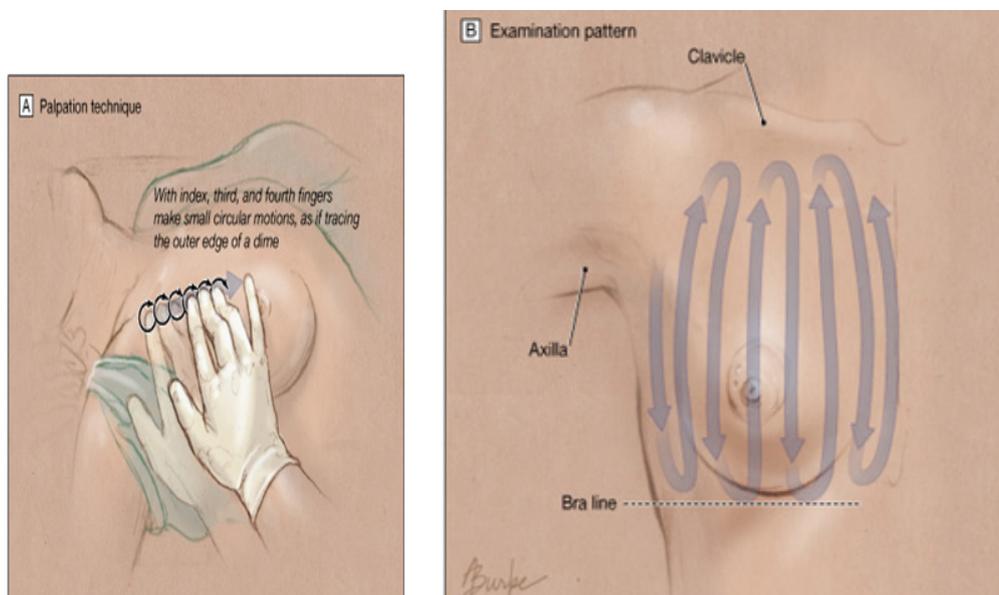
OR

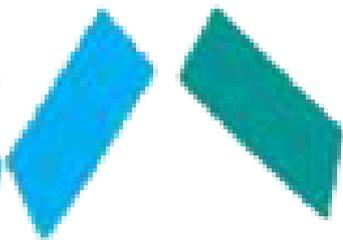
- They are aged 30 and over with an unexplained lump in the axilla.



Non-urgent referral:

Consider non-urgent referral in patients under the age of 30 with an unexplained breast lump (with or without pain).



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Normal



Abnormal



Sudden asymmetric;

- Recent loop siding of breast



Mass

- Irregular mass on one or both breasts
- Can be mobile or rigid



Retraction

- Predominantly occurs on one breast



Paget's Disease of Breast

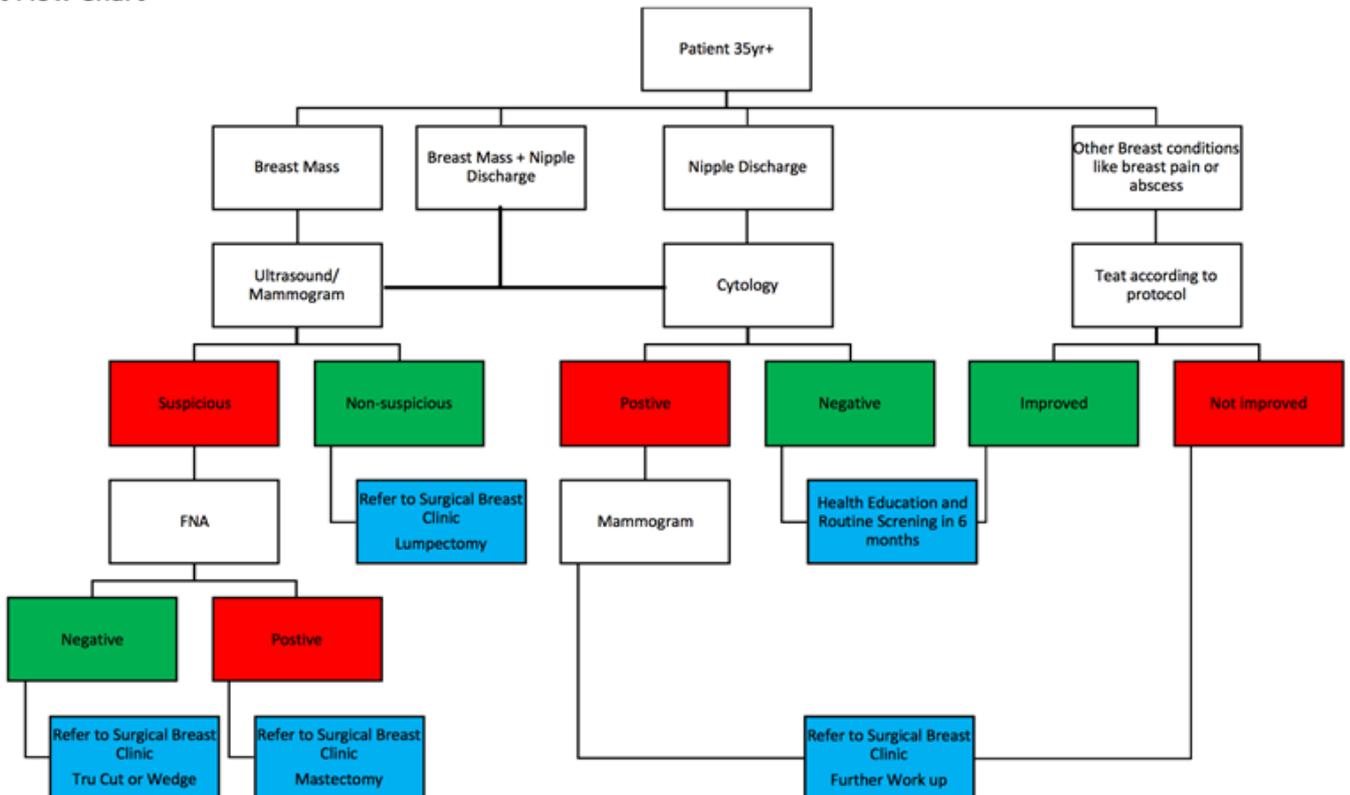
- Scaling, ulceration of nipple
- May have no mass, but still cancer

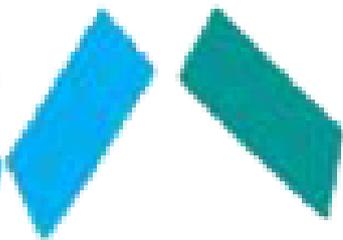


Inflammatory Breast Cancer

- Swollen, tender, dark, firm breast
- Similar to Mastitis
- Rapidly Worsening
- Peau d'orange (orange skin)

Breast Flow Chart



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Colorectal cancer

- ⚙️ SUSPECTED COLORECTAL CANCER??
- ⚙️ IS THERE A FAMILY HISTORY OF COLORECTAL CANCER
- ⚙️ IS THERE A FAMILY HISTORY OF COLORECTAL PATHOLOGY EG ULCERATIVE COLITIS. IRRITABLE BOWEL SYNDROME?
- ⚙️ IS THERE A PERSONAL HISTORY OF ULCERATIVE COLITIS OR IRRITABLE BOWEL SYNDROME?
- ⚙️ IS THERE A HISTORY OF RECTAL BLEEDING?
- ⚙️ ANY ALTERED BOWEL MOVEMENTS?
- ⚙️ HAVE YOU PERFORMED A DIGITAL RECTAL EXAM?
- ⚙️ ARE THERE ANY ABORMAL FINDINGS ON DRE?



Urgent referral:

Urgently refer (appointment within two weeks) for colorectal cancer in patients:

- Aged 40 and over with:
 - ✓ Unexplained weight loss **AND** abdominal pain
- Aged 50 and over with: – Unexplained rectal bleeding
- Aged 60 and over with either:
 - ✓ Iron deficiency anaemia

OR

- ✓ Alteration in bowel habit
- With tests that show occult blood in the patient's faeces.

Consider urgent referral (appointment within 2 weeks) for colorectal cancer in patients:

- ✓ Any age with:
 - ✓ A rectal or abdominal mass
- aged under 50 with rectal bleeding **AND** any of the following unexplained signs or symptoms:
 - ✓ Abdominal pain
 - ✓ Altered bowel habit – Weight loss
 - ✓ Iron deficiency anaemia.

Testing for occult blood in faeces: In the absence of rectal bleeding, offer testing for occult blood in faeces to patients:

- Aged 50 or over with unexplained:
 - ✓ Abdominal pain

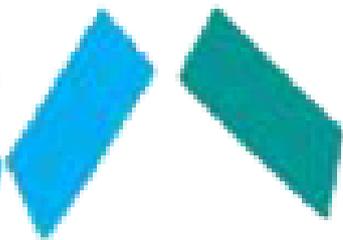
OR

- ✓ Weight loss
- Aged under 60 with either:
 - ✓ Changes in bowel habit

OR

- ✓ Iron-deficiency anaemia
- Aged 60 and over with:

Anaemia in the absence of iron deficiency

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Leukaemia



Very urgent investigation:

Refer children and young people for immediate specialist assessment for leukaemia if they have:

- Unexplained petechiae

OR

- Hepatosplenomegaly.

Offer a very urgent full blood count (within 48 hours) in children and young people with any of the following unexplained signs or symptoms:

- Pallor
- Persistent fatigue
- Fever
- Persistent infection
- Generalised lymphadenopathy
- Persistent or unexplained bone pain
- Bruising
- Bleeding

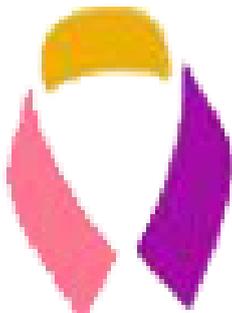
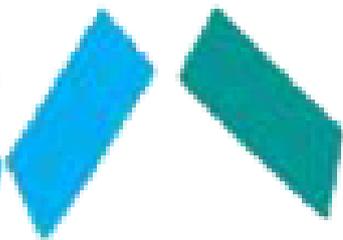
Consider a very urgent full blood count (within 48 hours) in adults with any of the following unexplained signs or symptoms:

- Pallor
- Persistent fatigue
- Fever
- Persistent or recurrent infection
- Generalised lymphadenopathy
- Bruising
- Bleeding
- Petechiae
- Hepatosplenomegaly.



Accompanying notes:

Refer adults, children and young people with a blood count or blood film reported as acute leukaemia immediately.

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Lymphoma



Immediate Specialist Assessment:

Consider very urgent referral (appointment within 48 hours) in children and young people with:

- Unexplained lymphadenopathy

OR

- Splenomegaly.

Take in to account associated symptoms, particularly:

- Fever
- Night sweats
- Shortness of breath
- Pruritus
- Weight loss.



Urgent referral:

Consider urgent referral (appointment within two weeks) in adults presenting with:

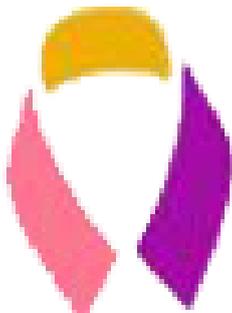
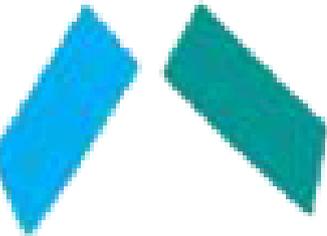
- Unexplained lymphadenopathy

OR

- Splenomegaly.

Take in to account associated symptoms, particularly:

- Fever
- Night sweats
- Shortness of breath
- Pruritus
- Weight loss

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Cervical cancer

- ⚙ SUSPECTED CERVICAL CANCER?
- ⚙ ANY HISTORY OF CERVICAL CANCER IN THE FAMILY?
- ⚙ IS PATIENT SEXUALLY EXPOSED?
- ⚙ ANY ABNORMAL VAGINAL BLEEDING REPORTED?
- ⚙ HAVE YOU PERFORMED A SPECULUM EXAM?
- ⚙ HAVE YOU PERFORMED A VIA?
- ⚙ HAVE YOU PERFORMED A PAP SMEAR?
- ⚙ HAVE YOU PERFORMED LEEP AND HAVE CYTOLOGY RESULTS?



Urgent referral:

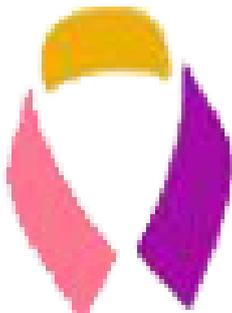
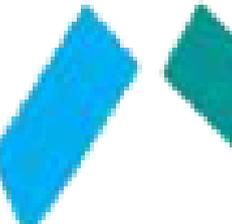
Consider urgent referral (appointment within two weeks) if:

- The appearance of the woman's cervix is consistent with cervical cancer.
 1. Fungating mass
 2. The following test results;
 - VIA positive
 - PAP SMEAR RESULTS (ASCUS H, HIGH GRADE SQUAMOUS INTRAEPITHELIAL LESION)
 - LEEP CYTOLOGY RESULTS (HIGH GRADE SQUAMOUS INTRAEPITHELIAL LESION)



Accompanying Notes

A smear test is not required before referral, and a previous negative result should not delay referral.

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A t l a s o f

VISUAL INSPECTION OF THE CERVIX WITH ACETIC ACID (VIA)

NEGATIVE



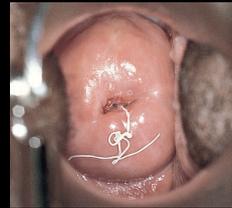
Nulliparous



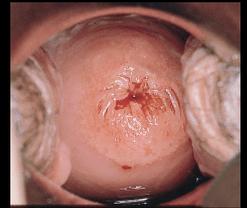
Cervical mucus



Parous



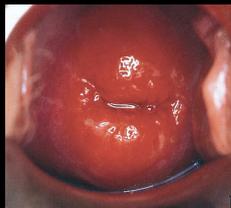
IUD strings



Squamous metaplasia



Ectropion/Ectopy



Inflammation



Multiple Nabothian cysts

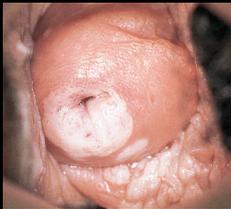


Polyp



Discharge

POSITIVE



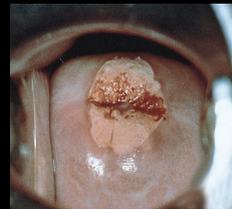
Warts
(Bright, white, lumpy, irregular)



Small, flat, dull acetowhite lesion



Large, thick, dull acetowhite lesion



Large, thick, dull acetowhite lesion regular margins



Diffuse, dense, raised dull acetowhite lesion, irregular margins

CANCER



Extensive fungating growth



Hemorrhagic tumor mass in vagina

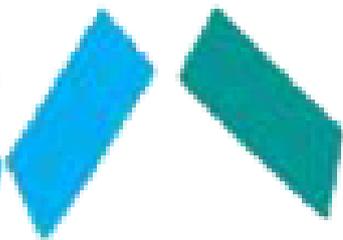
POST CRYOTHERAPY



Immediately after



1 hour after

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NEGATIVE



NULLIPAROUS

The os is smooth and round. The passage of a fetus through the cervix during birth (or late abortion) results in a less symmetrical, "worn" cervix. The squamo-columnar junction (SCJ) is very small but can be seen just surrounding the os.



CERVICAL MUCUS

Cervical mucus is often present in and around the cervical os. The quantity and consistency of this mucus changes with the phase of the menstrual cycle. Mucus may appear dense, thick and white; it may adhere to the cervix and mimic disease.



PAROUS

The cervical os is uneven, with a "worn" appearance. Such a cervix is often described as having a "fish mouth" appearance. The contours and surfaces may require that the cervix be manipulated using a swab in order to get a thorough view of the SCJ.



IUD STRINGS

IUD strings usually are clearly visible in women using an IUD. Different types of IUDs have different types of strings. The two white strings seen here are those of a Copper T 380A IUD. The SCJ can be clearly seen surrounding the os.



SQUAMOUS METAPLASIA

Squamous metaplasia is a normal physiologic process which can often result in tissue appearing "acetowhite." The tissue is usually "ghostly" white as if a semi-transparent veil were laid on top of the cervix with tissue visible beneath the veil.



ECTROPION/ECTOPY

Defined as the presence of glandular tissue on the outer surface of the cervix, ectopy is not a pathological condition, but variant of cervical appearance. There are no acetowhite areas, nor is this cervix likely to bleed when touched (friable).



INFLAMMATION

An inflamed cervix will appear red, swollen and look as if it has a "beefy" consistency. The areas of ectropion noted also look reddened and swollen. Sometimes inflamed areas may bleed when touched.



MULTIPLE NABOTHIAN CYSTS

Nabothian cysts are formed when glandular tissue is folded over and covered by squamous epithelium. These cysts may have a distinctly white appearance, and usually occur elsewhere from the SCJ.



POLYP

Polyps are glandular tissue which has grown out of the cervix or uterine lining and become a finger-like projection into the cervical canal. Polyps may present as prolonged or heavy bleeding or, quite commonly, post-coital bleeding.



DISCHARGE

Discharge may indicate cervical or vaginal inflammation, such as gonorrhea, Trichomonas or bacterial vaginosis. Such discharge is usually a purulent-appearing mix of green, yellow and gray. If yeast or fungi are the cause, discharge will be white.

POSITIVE



WARTS (BRIGHT WHITE, LUMPY, IRREGULAR)

Cervical condyloma (warts) are caused by the human papillomavirus (HPV). This virus causes dysplasia and cancer. On the cervix, warts can cause clearly visible lesions.



SMALL, LARGE AND DIFFUSE ACETOWHITE LESIONS

When dysplasia (precancer) is present, the abnormal tissue will appear acetowhite. The areas that turn white will appear thicker and more dense than the normal pink tissue. The acetowhite areas may appear grey-white and look a bit raised off the cervix.



CANCER



Invasive cancer can have a variety of appearances. The cervix may appear densely white, or a thick, "cauliflower" mass may extrude from the cervix. A bimanual exam will show an enlarged, hard cervix which may or may not be mobile.



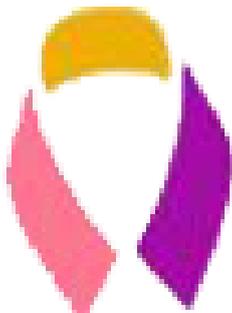
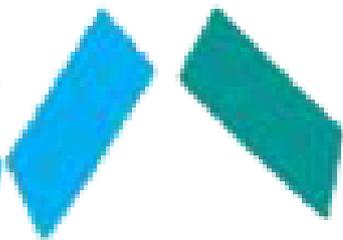
POST CRYOTHERAPY

Cryotherapy creates an "iceball" on the cervix. Immediately after cryotherapy almost the entire cervix will appear frozen and white. It will gradually thaw producing a watery discharge that may last for several weeks.

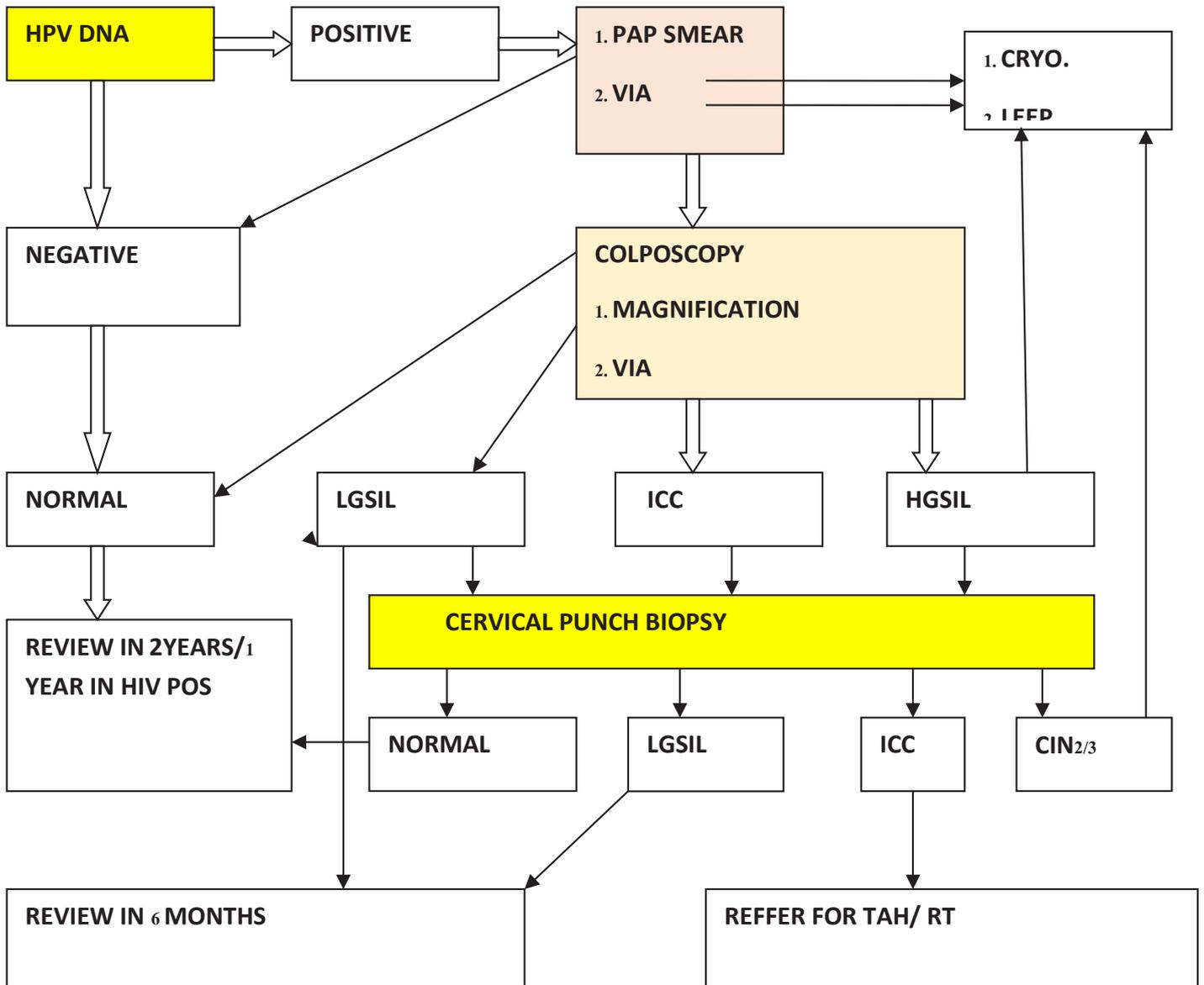
Slides for this Atlas were contributed by Paul Blumenthal, MD; EngenderHealth/Thomas Wright, MD; and Francisco Garcia, MD.

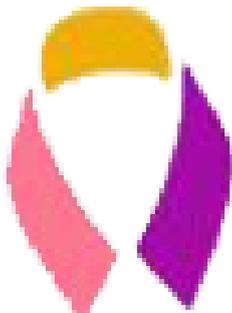
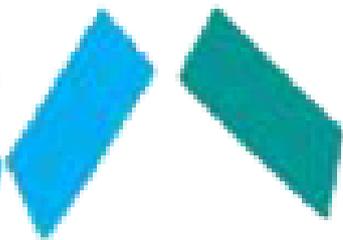
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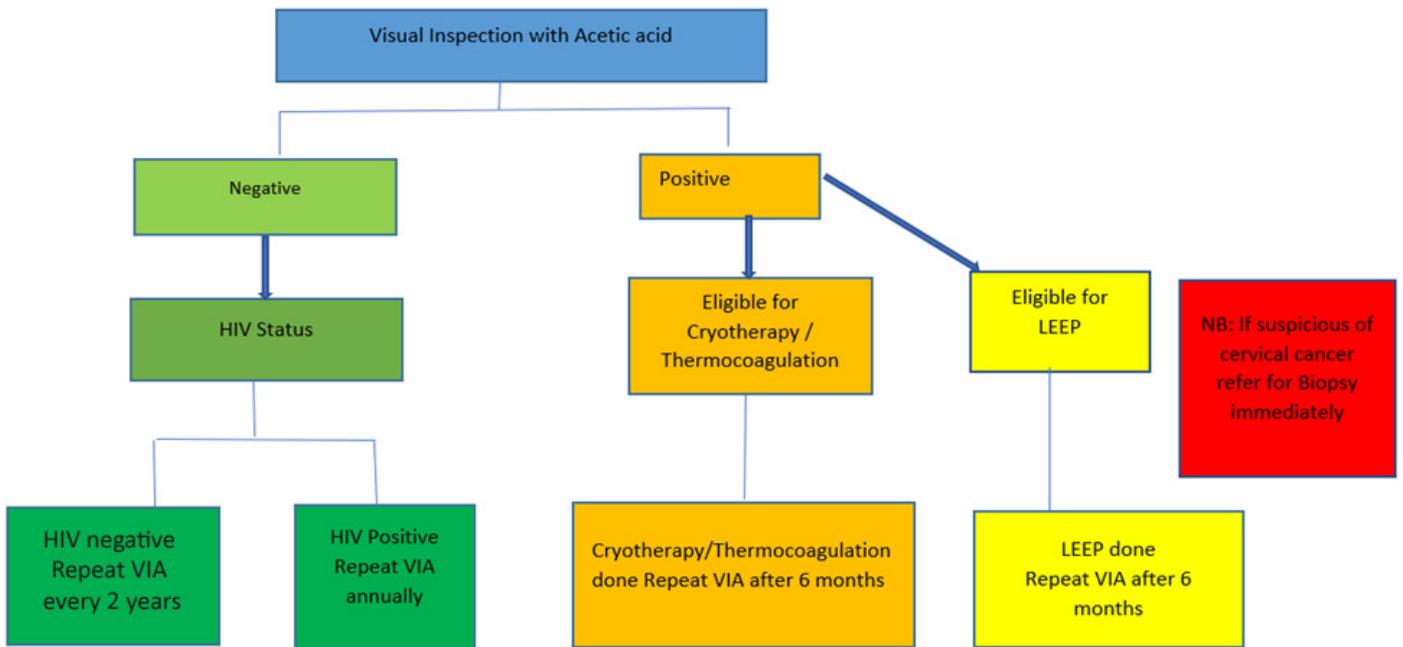
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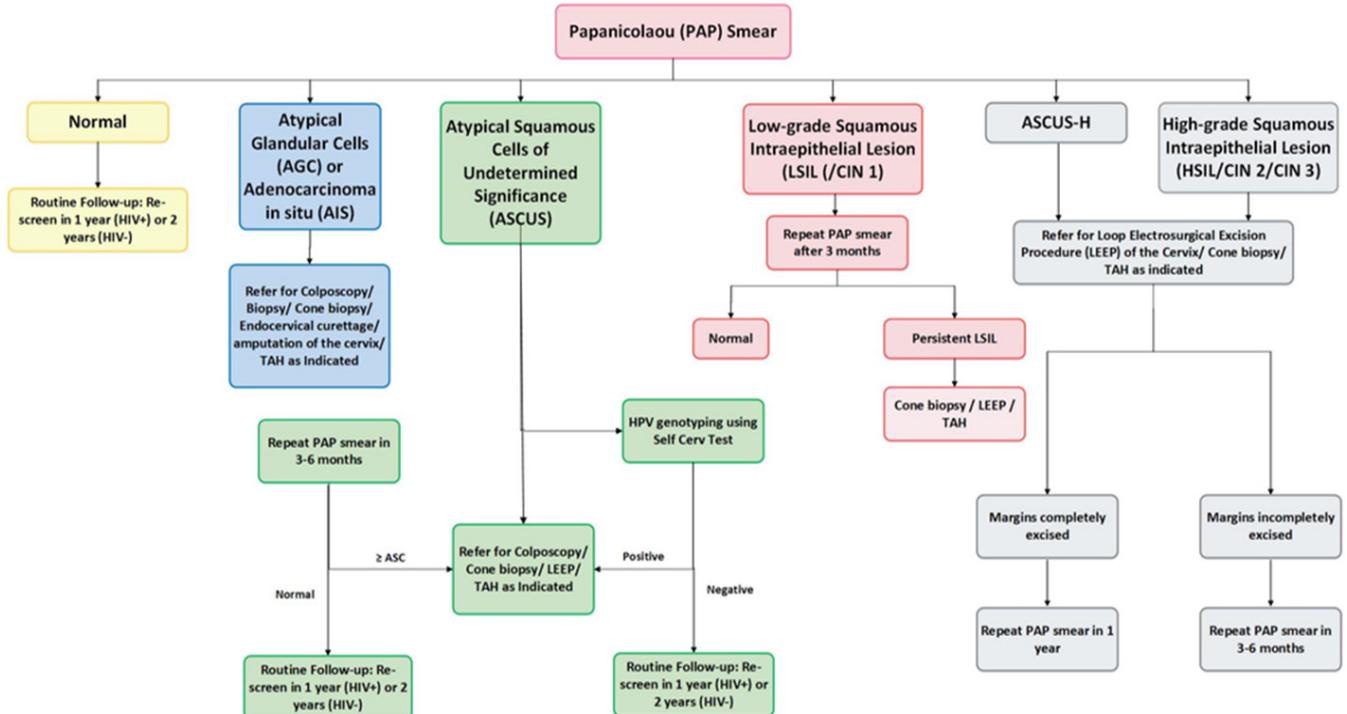
CACX SCREENING AND DIAGNOSTIC METHODS CLIENT FLOW

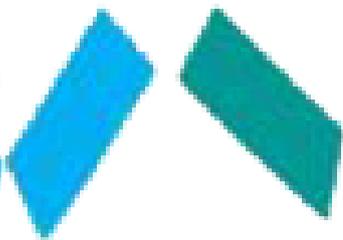


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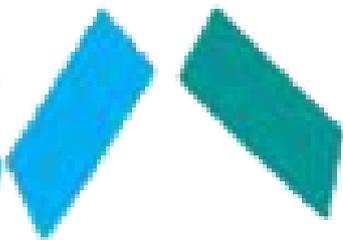
PAP Smear algorithm



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Kaposi Sarcoma

- ⚙ SUSPECTED KAPOSI SARCOMA?
- ⚙ HAVE YOU PERFORMED HTC? WHAT IS THE SERO STATUS OF PATIENT?
- ⚙ IS PATIENT ON ART?
- ⚙ IS PATIENT VIRALLY SUPPRESSED?
- ⚙ HAVE YOU PERFORMED A TOTAL SKIN AND ORAL MUCOSAL EXAMINATION
- ⚙ HAVE YOU COMPLETED THE SKIN MAP?
- ⚙ CAN YOU PERFORM A TISSUE BIOPSY AT YOUR FACILITY? IF NOT REFER TO FACILITY WHERE BIOPSY IS AVAILABLE

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Lung and pleural cancers



Urgent referral:

Urgently refer for low dose computed tomography LDCT all suspected lung cancer or mesothelioma (appointment within two weeks) in patients with:

- Chest X-ray **findings** that suggest lung cancer or mesothelioma

OR

- Patients aged 40 and over with unexplained haemoptysis.



Urgent investigations:

Consider an urgent chest X-ray (to be performed within two weeks) for lung cancer or mesothelioma in patients aged 40 and over with any of the following:

- Persistent or recurrent chest infection
- Finger clubbing
- Supraclavicular lymphadenopathy OR persistent cervical lymphadenopathy
- Chest signs consistent with lung cancer or pleural disease
- Thrombocytosis.

Urgent investigation: Offer an urgent chest X-ray (to be performed within two weeks) to assess for lung cancer or mesothelioma in people:

- Age 55 to 74 years
- Passive smokers
- Current smoker or former smoker (cessation in the preceding 15 years)
- Minimum of 30 pack year history
- Healthy and fit for surgery
- No lung cancer history
- Miners (history of mine work)
- History of presumed occupational lung disease
- History of past/present residence in a mining area

****Presumptive TB case, NOT resolving on full course of ATT, with documented sputum negative on GenXpert and DST negative****

- aged 40 and over if they have never smoked with 2 or more of the following unexplained

Signs or symptoms listed below

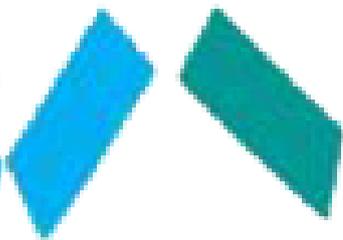
OR

- Aged 40 and over and have previously smoked with 1 or more of the following unexplained signs or symptoms listed below

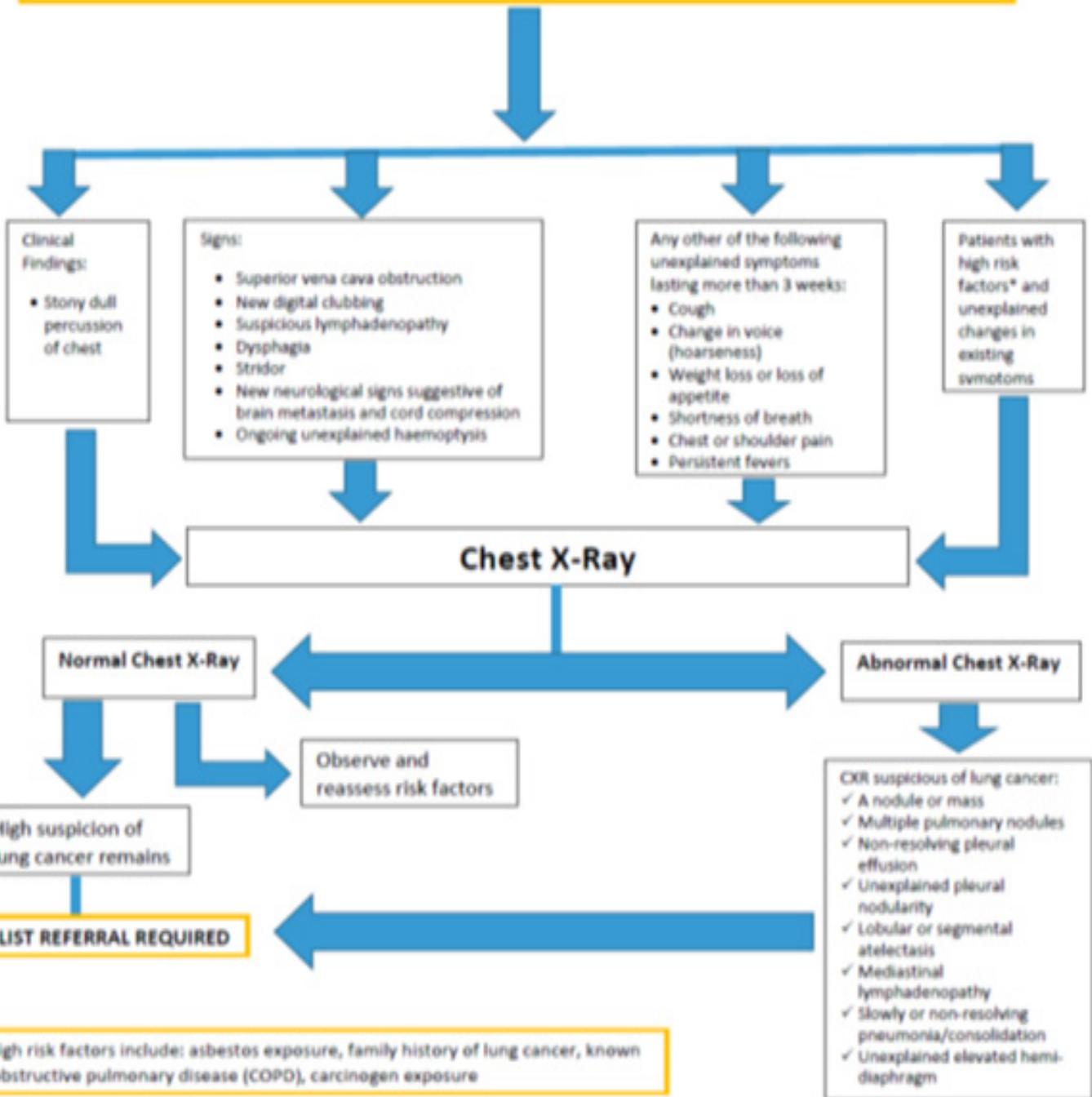
OR

- Any age if they have ever been exposed to asbestos, have previous or current history of residence in mining area, and have 1 or more of the following:

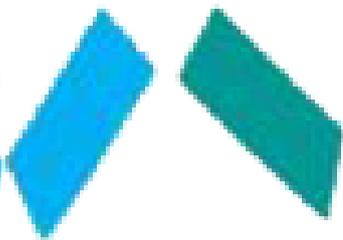
- ✓ Cough
- ✓ Fatigue
- ✓ Shortness of breath
- ✓ Chest pain
- ✓ Weight loss
- ✓ Appetite loss.

BE  WARE
OF  NCER
SCREEN
TREAT 

Patients has at least a 10 pack year smoking history (or other high risk factors*) and is aged 30-75 years.



*Other high risk factors include: asbestos exposure, family history of lung cancer, known chronic obstructive pulmonary disease (COPD), carcinogen exposure

BE WARE
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SCREEN
TREAT 

