Cancer awareness
PMGH Comprehensive Cancer Centre

Prevention. Knowing your body. Getting help early.



A practical guide for patients, families and communities. Read the sections that matter to you and share them with someone you trust.

Find what you need

Awareness: reducing risk and recognising changes - page 2

Screening: checks while you feel well - page 7

Treatment and support - page 9

Urgent help during cancer treatment - page 14

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Service information
New services at the PMGH Comprehensive Cancer Centre are being introduced in phases. Confirm current availability and referral arrangements before travelling.

This booklet supports conversations with your health team. Your own treatment and emergency instructions take priority. Illustrations are educational artwork, not photographs of patients.

Small steps can reduce risk

Start with changes that are practical for you and your family.





Avoid tobacco and buai

Buai (areca nut) can cause mouth cancer even without tobacco. Smoking and other tobacco use add further risks. Choose a quit date, remove your supply, plan for triggers and ask a health worker for support. If you restart, try again.

Alcohol, food and movement

• For cancer prevention, not drinking alcohol is the safest choice. If you may be dependent on alcohol, or have had shaking or illness when cutting down, seek medical advice before stopping suddenly.

• Choose vegetables, fruit, beans and nutritious protein such as fish. Balance portions of kaukau, taro and rice with other foods. Choose water more often.

• Aim for at least 150 minutes of moderate activity a week, such as brisk walking, dancing or gardening. Start gradually and adapt to your health.

> **Cancer is not anyone's fault.**
> Healthy choices reduce risk, but cannot prevent every cancer. Support people who develop cancer without blame.

WHO/IARC: areca nut and betel quid; WHO: tobacco cessation guideline (2024)
WHO: Healthy diet; Physical activity; Alcohol and cancer

Vaccination and knowing your body

Prevention and early assessment are different parts of staying well.

HPV vaccination

Human papillomavirus (HPV) is a common virus. Persistent infection with certain types can cause cervical cancer. Vaccination protects against important cancer-causing HPV types.

PNG's programme targets girls aged **9-14 years**, with one dose in the routine programme. Ask your school or health facility about local availability. Children with a weakened immune system need advice about their dose schedule.

Hepatitis B vaccination

Hepatitis B can cause long-term liver infection and liver cancer. Vaccination helps prevent infection. Check that children have received their birth dose and completed the recommended vaccine series.

> **Vaccination does not replace screening.**
> Women should still attend cervical screening when eligible, even if vaccinated.

Look. Feel. Act.

• **Look:** notice changes in your mouth, breasts or skin.

• **Feel:** be aware of a new lump, thickening or swelling.

• **Act:** arrange assessment of a new, persistent or worsening change. You do not need to wait for pain.

A normal self-check cannot rule out cancer. The next pages show what to notice and when to ask for help.

WHO: PNG HPV vaccination launch (8 September 2026); Hepatitis B
NCI: Symptoms of Cancer

Notice changes in your mouth

A home check helps you notice change. It does not diagnose or exclude cancer.



Use clean hands, a mirror and good light

- Lift each lip and look at the lips and gums.
- Look inside both cheeks and at the roof of your mouth.
- Look at your tongue, its sides and underneath it.
- Notice any new neck lump or difficulty opening your mouth.

> **Arrange a check with a health worker or dentist.**
> Report a red or white patch, lump, unexplained bleeding, numbness or reduced mouth opening. An ulcer lasting **more than 3 weeks** needs assessment. Go sooner if it is worsening or you are worried.

Do not scrape a patch or keep irritating a sore. Stop tobacco and buai. If you cannot swallow fluids, seek urgent medical care.

NHS: Symptoms of mouth cancer
NCI: Lip and Oral Cavity Cancer Treatment (PDQ), patient version

Breast awareness

Know what is usual for you. Report a new change, even if it is painless.



The illustration shows positions. Do the actual check on **bare breasts in privacy**, with good light.

Look and feel

Look with your arms relaxed, then raised. Notice new dimpling, swelling, altered shape or nipple changes. Use your finger pads to feel gently across the whole breast and armpit for a new lump or thickening.

> **Book an appointment promptly for a new change.**
> This includes a lump in the breast or armpit, a nipple newly turning inward, or spontaneous nipple discharge - especially blood.

Do not repeatedly squeeze the nipples looking for discharge. Men can develop breast cancer too. A normal home check does not replace assessment of symptoms or recommended mammography.

Breast awareness is not a proven substitute for screening. There is no need to follow a rigid monthly self-examination schedule.

Memorial Sloan Kettering: Breast Self-Awareness and Breast Self-Exam
WHO: Breast cancer

Warning signs: what to do

These symptoms can have non-cancer causes. A health worker can assess them.

Arrange an early appointment

• A new lump in the breast, neck or elsewhere.

• Bleeding after sex, between periods or after menopause; persistent unusual or blood-stained vaginal discharge.

• Blood in urine or stool, or unexplained weight loss.

• A persistent or worsening cough, change in bowel habit, swallowing problem or sore that does not heal.

If a symptom continues or worsens after an initial check, return for review. Previous normal screening does not explain a new symptom.





> **Go to the nearest emergency service now.**
> Severe breathing difficulty or chest pain; heavy or uncontrolled bleeding; collapse, new confusion or a seizure; or inability to swallow fluids. Ask someone to help with transport.

Use the **PMGH online symptom guide** for educational guidance. It cannot diagnose cancer. Do not wait for an online result or email reply in an emergency.

NCI: Symptoms of Cancer; PMGH: Warning Signs and When to Seek Help
NHS: When to call 999 (emergency actions adapted to PNG)

Cervical screening

We now move from noticing symptoms to checks offered while you feel well.

Screening can find high-risk HPV or changes in cervical cells before cancer develops. Finding and treating pre-cancer can prevent cervical cancer.

When should I start?

WHO guidance for routine screening using an **HPV DNA test**, after a negative result:

> **Most women**
> Begin at age **30**; repeat every **5-10 years**.

> **Women living with HIV**
> Begin at age **25**; repeat every **3-5 years**.

These are WHO intervals, not a single schedule for every PNG clinic. The test used, previous results and your health can change the advice. A positive result or previous treatment needs a separate follow-up plan.

Her Health Hub - Stop & Shop Badili

Her Health Hub offers HPV / cervical screening, with same-day results described by its partners. Ask the clinic about current eligibility, appointments, fees and what happens if your result is positive.

> **Symptoms need assessment at any age.**
> Bleeding after sex or after menopause needs a clinical check, even after a normal screening result. Do not wait until your next screening date.

WHO: Guideline for screening and treatment of cervical pre-cancer lesions (2021)
CPL Foundation: Her Health Hub opening and services (2025)

Choosing the right screening

The right test depends on your age, risk and access to follow-up care.

Three different reasons for checking

Self-awareness
You notice a change in your own body and report it.

Screening
You have a recommended test while you feel well.

Diagnosis
A health worker investigates symptoms or an abnormal screening result.

Breast screening

Mammography is an X-ray of the breasts. WHO supports screening every two years at ages 50-69 where a quality programme and follow-up are available. This is not a claim of a nationwide PNG programme.

A strong family history or other high risk may need an individual plan. Ask your clinician. A new lump needs assessment whatever your age.

Other screening tests

Some programmes use stool tests or colonoscopy for bowel cancer, PSA blood tests for prostate cancer, and low-dose CT for selected people at high risk of lung cancer. Benefits, false alarms and harms should be discussed before testing.

> **Before you agree to a test, ask:**
> Is this test suitable for me? What happens if it is abnormal? Where can I get the follow-up examination or treatment?

An abnormal screening result is not automatically cancer. A normal result cannot guarantee that cancer is absent.

NCI: Cancer Screening Tests
WHO: Mammography screening position paper (2014)

Understanding your treatment

After diagnosis, the type and extent of cancer help guide the treatment plan.

Your team considers biopsy results, the stage of the cancer, your general health and your preferences. Treatment may aim to cure cancer, control it or relieve symptoms. Supportive and palliative care can help at any stage.

Three main types of treatment

Surgery
An operation removes cancer when appropriate. Some people need additional treatment before or after surgery.

Radiotherapy (RT)
Carefully planned radiation treats a particular area of the body.

Systemic anti-cancer therapy (SACT)
Medicines that act throughout the body. These include chemotherapy, hormone treatment, targeted medicines and immunotherapy.

What is external-beam radiotherapy like?

A planning scan and positioning aids help the team target treatment. You lie still while a machine delivers radiation. You cannot feel the radiation itself. **External-beam treatment does not make you radioactive.** The number of visits depends on your treatment plan.

> **Ask about your own plan.**
> What is the aim? What benefit is expected? What side effects should I report? How many visits will I need? Who can I contact between visits?

The next pages describe general treatment options. Availability varies. Confirm your referral, treatment location and complete care pathway before travelling.

NCI: Cancer Treatment; External Beam Radiation Therapy
PMGH Cancer Care: treatment services

Breast cancer treatment

Not everyone needs every treatment. Stage and tumour tests guide the plan.

Surgery

Lumpectomy removes the cancer while keeping most of the breast. Mastectomy removes the breast. Nearby lymph nodes may need assessment. Possible effects include wound pain, shoulder stiffness and arm swelling after lymph-node treatment.

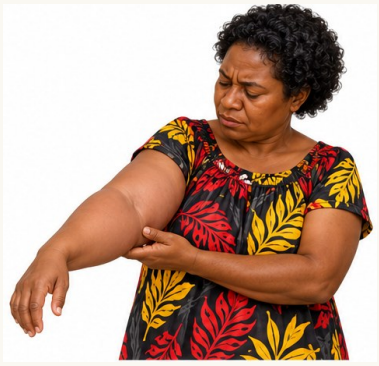
Cancer medicines - SACT

Chemotherapy may be given before or after surgery. Hormone medicines help cancers sensitive to hormones. HER2-targeted medicines and immunotherapy are options for selected cancers, depending on test results and availability.

Chemotherapy can cause tiredness, nausea, hair loss and infection risk. Hormone medicines may cause hot flushes or joint symptoms. Some targeted medicines require heart checks; immunotherapy can cause inflammation in organs.

Radiotherapy

Usually recommended after breast-conserving surgery. Selected patients may safely omit it after specialist discussion. It is also recommended after mastectomy in some circumstances. Common effects include tiredness, breast tenderness and changes to skin in the treated area. Skin may become darker, sore, dry or peel.



Tell your team about arm swelling.
Ask about shoulder exercises, skin care and support for changes in appearance or confidence.

Keep your treatment contact details nearby.
Fever or sudden illness after chemotherapy needs immediate advice. See page 14.

NCI: Breast Cancer Treatment - surgery, medicines and radiotherapy
NCI: Radiation Therapy Side Effects

Oral cancer treatment

Treatment of mouth cancer also needs support for eating, speech and swallowing.

Surgery

Often the main treatment when the cancer can be removed. Surgery may include nearby neck lymph nodes. Reconstruction can help restore appearance and function. Pain, swelling and changes in chewing or speech may follow.

Radiotherapy

May follow surgery when there is a higher risk of the cancer returning. It can also be used when surgery is unsuitable or to relieve symptoms. It may cause mouth soreness, painful swallowing, dry mouth, taste changes and skin reactions.

Cancer medicines - SACT

Chemotherapy may be combined with radiotherapy in selected situations. Cancer that returns or spreads may be treated with chemotherapy, immunotherapy or targeted medicines, depending on suitability and access. Effects vary by medicine and can include nausea, tiredness and infection risk.



Prepare for mouth and eating problems.
Ask about dental assessment before radiotherapy, mouth care, pain relief, nutritious foods and swallowing support.

Some people need a feeding tube. Dry mouth, tooth problems or restricted jaw opening can persist after treatment. Tell a dentist about previous head-and-neck radiotherapy before dental procedures.

If you cannot swallow fluids, get urgent help.
Do not wait for the next routine appointment.

NCI: Lip and Oral Cavity Cancer Treatment (PDQ)
NCI: Oral Complications of Cancer Therapies

Cervical cancer treatment

Ask about fertility, menopause and sexual health before treatment begins.

Surgery

An option for selected early cancers. It may remove part or all of the cervix, or the womb, with lymph-node assessment when needed. Removing the womb prevents pregnancy. Pain, temporary bladder problems and sometimes leg swelling can occur.

Radiotherapy

Many locally advanced cancers are treated with external-beam radiotherapy plus **brachytherapy** (radiation delivered close to the cervix), usually with chemotherapy if suitable. Both radiation components need to be planned as part of the complete course.

Pelvic radiotherapy can cause diarrhoea, bladder irritation and tiredness. Later effects can include vaginal dryness or narrowing, early menopause, infertility and lasting bowel or bladder changes.

Cancer medicines - SACT

Chemotherapy can help radiotherapy work better. Medicines are also used when cancer returns or spreads; selected patients may receive immunotherapy or targeted treatment. Side effects depend on the drugs and can include nausea, infection risk, kidney problems or nerve symptoms.



Talk about changes early.
Your team can advise on bowel symptoms, bladder irritation and intimate care. Advice about vaginal rehabilitation should be individualised.

> **Keep all planned treatment visits.**
> If travel, illness or costs may interrupt treatment, tell your team early so they can help plan care.

NCI: Cervical Cancer Treatment; Treatment by Stage
NCI: Radiation Therapy Side Effects; Fertility Issues in Women

Side effects: practical support

These are selected common effects. Your team will explain the important risks of your particular treatment. Report problems early.



Tiredness

Balance rest with gentle activity. Ask for help with demanding tasks.



Nausea or vomiting

Take prescribed anti-sickness medicines. Try small meals and regular sips.



Sore mouth

Use gentle mouth care and soft foods. Ask for pain relief and mouth-care advice.



Hair changes

Hair loss depends on the treatment. Ask about scalp care and comfortable head coverings.



Bowel changes

Tell your team about diarrhoea or constipation. Ask before taking new medicines.



Skin soreness

Follow the team's skin-care advice. Ask before applying creams or traditional remedies.

Contact the team if you cannot eat or drink enough.
Repeated vomiting, severe diarrhoea, very little urine or feeling faint need prompt advice.
See page 14 for urgent warning signs.

NCI: Side Effects of Cancer Treatment
Cancer Research UK: Chemotherapy side effects

During treatment: act quickly

Do not wait for your next appointment. Keep this page easy to find.

Go directly to the nearest emergency service.
Severe breathing difficulty, chest pain, collapse, uncontrolled bleeding, new confusion or a seizure: **do not wait for the oncology team to reply.**



Fever or sudden illness

38°C or higher, shaking chills, or feeling suddenly very unwell during or after chemotherapy: contact your treatment team **immediately**.

Follow any lower fever threshold given by your team. Infection can occur without fever. If the team cannot be reached promptly, go to the nearest emergency service. No thermometer? Sudden serious illness still needs urgent assessment.

Possible pressure on the spinal cord

In someone with cancer, **new leg weakness, difficulty walking, numbness, difficulty passing urine, or loss of bladder or bowel control** needs emergency assessment. These symptoms may occur **with or without back pain**. Do not wait for several symptoms to develop.

New severe or progressive back pain needs urgent advice from your team, within 24 hours, even before weakness or bladder symptoms occur.

Other symptoms needing urgent assessment

Repeated vomiting, inability to drink, severe diarrhoea, very little urine or feeling faint: seek urgent medical advice. If the team is unavailable, attend the nearest emergency service.

Tell emergency staff you are receiving cancer treatment and when your last dose was given. Ask someone to help with transport. Do not delay care to collect paperwork.

CDC: Watch Out for Fever
NICE NG234: Spinal metastases and metastatic spinal cord compression

Your next appointment

A clear plan helps you and your family prepare for care.

How assessment and referral can work

Start with a local health worker for a suspicious change. They can arrange examination and referral to the relevant specialty. After cancer is confirmed, the oncology team can plan care with other specialists.

Bring what you already have

- Referral letter and appointment details; biopsy reports, scans and blood results if available.
- A list of medicines, supplements and previous treatments.
- A reliable phone number, your questions and someone you trust, if you wish.

Do not delay your first assessment because you do not yet have every document. Confirm travel and appointment arrangements with the service.

Write down your plan

My next appointment / location:

My treatment team contact and telephone hours:

After hours or in an emergency: go to the nearest hospital emergency department. Do not wait for an email or website reply. Ask your team to write down your local emergency destination and contact number.

Useful information to share

pmgh-cancercare.com/patients
pmgh-cancercare.com/patients/symptoms

Cancer does not spread through ordinary contact. Family, friends and spiritual support can help alongside medical care. Discuss herbs and supplements with your team because they may interact with treatment.

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PMGH: Patient information and cancer patient referral pathway
NCI: Common Cancer Myths and Misconceptions