1. Doctor, I have blood in my stools and pain when I use the restroom.
   1. What is the color? How long has this been occurring for?
2. Hi Doctor, I have had pain and blood in my stool:
   1. What is the consistency of your stool? Do you have a smoking history? Do you have any history of alcohol use?
3. I am coming in because of blood in my poop:
   1. Do you have pain with your stools? Have you traveled to another country recently?
4. My stool has been really dark recently:
   1. What does your diet consist of? Do you use any NSAIDs?
5. My chest hurts when I lay down and my stools have been red:
   1. Do you have any use of antacids? Do you have any heartburn? Has your diet changed recently?
6. My iron levels are low and my poop has been bright red:
   1. When was your last colonoscopy? Have you had a colonoscopy in the past?
7. Doctor, my stools have been black recently:
   1. Do you have a history of aortic stenosis? Have you had a replacement of your aortic valve?
8. Doctor, I have had blood in my stools for the past month.
   1. Are your stools tarry and black? Are your stools bright red?
9. Doctor I have pain when I poop and blood in my stools
   1. Do you feel a bulging mass from your rectum? Where is your abdominal pain?
10. Doctor I have had weight loss recently and feel tired.
    1. Have you had any recent fevers? Have you had any recent cough or shortness of breath?
11. My aunt was diagnosed with colon cancer at 65. Should I be worried?
    1. You should continue to have your routine cancer screening.
12. At what age should I have my colposcopy? I have no history of family cancers.
    1. Your first colonoscopy begins at 45. There are other tests available too.
13. What are alternative options to colonoscopy?
    1. We can test your stool for blood intermittently.
14. They found a hyperplastic polyp on my last colonoscopy. Do I have cancer?
    1. No, hyperplasia is not equal to cancer. We can continue with routine screening.
15. I have been diagnosed with low grade colon cancer. What are my treatment options?
    1. Treatment options for you include surgical resection. We can also pursue chemotherapy and radiation therapy.
16. I have been diagnosed with low grade colon cancer. What are the next steps?
    1. We would want to obtain additional imaging to see if the cancer has spread anywhere.
17. I have Familial adenomatous polyposis. When do I need my first colonoscopy?
    1. You should have your first annual endoscopy starting at 10 to 12 years of age.
18. I was diagnosed with ulcerative colitis. When do I need cancer screening?
    1. We will conduct a colonoscopy eight years after your initial diagnosis followed by annual colonoscopies.
19. I was diagnosed with ulcerative colitis. Am I at an increased risk for cancer?
    1. Yes, you have almost a six time increased risk of cancer.
20. Doctor, I think my stools have been tarry over the past month.
    1. Have you felt tired more often or lost weight recently?
21. Doctor, I have red streaks in my poop:
    1. Do you have any family history of cancer? Have you lost weight recently?
22. Doctor, I have been losing weight and coughing.
    1. Do you have a smoking history?
23. I have been smoking 2 packs of cigarettes for 30 years.
    1. We can use a Chest CT to look for any nodules.
24. I have been losing weight for the past 3 months.
    1. Have you had any fever or chills recently?
25. I have been spitting up a lot of mucus.
    1. Do you have any bloody sputum or secretions?
26. How will I know if these lung nodules are worrisome?
    1. We will monitor these nodules with chest x-rays.
27. What are some treatment options for my lung cancer?
    1. We can treat your cancer with surgery, chemotherapy, or radiation therapy. However, the treatment options depend on your symptoms and the nature of your condition.
28. My cough has worsened over the past couple of months.
    1. Have you also lost weight in this time period?
29. I feel short of breath and chest pain when I am walking. I haven’t seen a physician in 20 years.
    1. Do you have a smoking history?
30. Will my lung cancer spread to other parts of my body?
    1. It depends on the type of cancer but lung cancer generally spreads to the brain, bones, and adrenal glands.
31. What are other risk factors for developing lung cancer?
    1. Asbestos, radon, and family history of lung cancer are some risk factors.
32. What is the greatest risk factor for developing lung cancer?
    1. Smoking history is actually the highest risk factor.
33. What are symptoms that can develop outside my lungs?
    1. Your nails can get swollen due to decreased oxygenation in your fingertips. This is called clubbing.
34. What are screening options for lung cancer?
    1. Patients between the ages of 50 and 80 with a 20 pack smoking history and who are currently smoking or have quit within the last 15 years are screened.
35. What is the screening modality for lung cancer?
    1. We use a low-dose computerized tomography (CT) scan of the chest to screen for lung cancer.
36. What are the different kinds of lung cancer?
    1. The different kinds of lung cancer include: small cell, adenocarcinoma, squamous cell, large cell, and bronchial carcinoid tumor. These are diagnosed with a biopsy.
37. How would you treat small cell lung cancer?
    1. Most of the time, small cell lung cancer is non-resectable and requires chemotherapy.
38. I have a pulmonary nodule found on an x-ray. Does this mean I have cancer?
    1. Nodules can be benign or malignant.
39. How do you know if the nodule is benign or malignant?
    1. We think a nodule is malignant if it shows a ground-glass or eccentric appearance.
40. What would you do if the nodule had malignant features?
    1. We would follow up with a CT scan of your chest.
41. What are some risk factors for prostate cancer?
    1. Risk factors for prostate cancer include age, family history, and African American race. Age is the most significant risk factor.
42. What is the most common cause of cancer in men?
    1. Prostate cancer is the most common.
43. What are some symptoms of prostate cancer?
    1. Common symptoms include urinary retention. However, it is commonly asymptomatic.
44. How can you screen for prostate cancer?
    1. You can conduct a digital rectal exam and look for nodules and irregular enlargement. You can also obtain a prostate specific antigen (PSA) but this is typically not specific and can be elevated in other causes such as benign prostatic hyperplasia.
45. How do you confirm a diagnosis?
    1. You would have to conduct a biopsy of the prostate.
46. How can you treat prostate cancer?
    1. The treatment of prostate cancer depends on a variety of factors such as the patient’s life expectancy, comorbidities, and metastasis. Treatment options include medical management and radiation therapy.
47. What are common complications of prostate cancer?
    1. Common complications include metastasis to the bones which can cause compression of the spinal cord.
48. Where does prostate cancer commonly occur?
    1. Prostate cancer most commonly occurs in the posterior portion of the prostate.
49. What are some common risk factors for breast cancer?
    1. Risk factors for breast cancer include age, obesity, history of radiation, increased estrogen exposure, and a first degree relative with breast cancer.
50. What are common symptoms of breast cancer?
    1. You can be asymptomatic, have a breast lump, and abnormal breast discharge which could be bloody or unilateral.
51. What are worrisome features about breast cancer?
    1. Some worrying features include a firm immobile, painless lump; skin changes such as redness, ulcerations, and edema; enlarged lymph nodes in the axilla; and breast skin edema with skin dimpling.
52. What are some genetic mutations associated with breast cancer?
    1. BRCA1 and BRCA2 mutations are common mutations in breast cancer.
53. What are some things I can do to decrease my risk of breast cancer?
    1. Exercise, breastfeeding, and alcohol and smoking cessation can decrease your risk.
54. What are screening tools for breast cancer?
    1. A mammogram is most commonly used to screen for breast cancer.
55. When is a mammogram used and how often do I need to get one?
    1. Women between the ages of 50 and 74 should have a mammogram every 1-2 years.
56. What are some treatment options for breast cancer?
    1. Treatment depends on the type of cancer and how much it has metastasized. Common treatments include chemotherapy, endocrine therapy, radiation therapy and surgical management.
57. Which breast cancers have a worse prognosis?
    1. Triple negative cancers, which are estrogen receptor (ER), progesterone receptor (PR), and HER2 negative have worse prognosis because of limited treatment options.
58. What are surgical options for breast cancer?
    1. Surgical options depend on the extent and severity of the cancer. Smaller tumors can have a lumpectomy followed by radiation whereas larger tumors may require a mastectomy.
59. What are some risks of a mastectomy?
    1. Common risks include nerve injury, specifically to the long thoracic and thoracodorsal nerve.
60. What is the next step if a mammogram is concerning for cancer?
    1. We would proceed with a core needle biopsy.
61. Who would normally get an MRI for evaluation of breast cancer?
    1. High risk women, such as those with a genetic mutation and radiation history, would typically get an MRI.
62. When would you get an ultrasound of the breast?
    1. We would typically get an ultrasound for patients under the age of 30 with a mass on examination.
63. What are the most common types of esophageal carcinoma?
    1. The most common types include squamous cell carcinoma and adenocarcinoma.
64. What are common risk factors associated with squamous cell carcinoma?
    1. Smoking and alcohol use can increase your risk of squamous cell carcinoma of the esophagus.
65. Where does squamous cell carcinoma commonly occur in the esophagus?
    1. Squamous cell carcinoma is commonly found in the middle of the esophagus.
66. What are risk factors for esophageal adenocarcinoma?
    1. Risk factors for adenocarcinoma of the esophagus include gastroesophageal reflux disease and Barrett's esophagus.
67. Where do patients normally get adenocarcinoma of the esophagus?
    1. Adenocarcinoma typically impacts the distal esophagus.
68. What are common symptoms of esophageal cancer?
    1. Patients with cancer of the esophagus can have difficulty swallowing food and weight loss from decreased eating and the cancer.
69. What is used to evaluate for and diagnose suspected esophageal cancer?
    1. An upper gastrointestinal endoscopy with biopsy is typically used for diagnosis.
70. What are treatment options for esophageal cancer?
    1. You can treat esophageal cancer with chemotherapy, radiation, and surgical resection. The treatment depends on the type and severity of the cancer.
71. What are common complications of esophageal cancer?
    1. Patients with esophageal cancer can typically develop esophageal obstruction and a connection or fistula between the esophagus and the trachea.
72. What are risk factors for cancer of the liver?
    1. Risk factors for liver cancer include alcohol use, hepatitis B and C infection, obesity, type 2 diabetes, and genetic causes such as Wilson’s disease, hereditary hemochromatosis, and α1 antitrypsin deficiency.
73. What are common symptoms of liver cancer?
    1. A patient with liver cancer can develop pain in the right upper portion of their abdomen, weight loss, fluid in their abdomen known as ascites, and yellowing of their skin.
74. What is commonly used to screen for liver cancer?
    1. For patients at elevated risk such as heavy alcohol use or hepatitis B/C infection, we conduct abdominal ultrasounds every 3 to 6 months for two years.
75. How can you treat liver cancer?
    1. Liver cancer is commonly treated with resection, liver transplant, or liver specific therapies such as radioablation.
76. What are common imaging studies for liver cancer?
    1. MRI and CT scan can be used as confirmatory studies for liver cancer.
77. What are the different types of pancreatic cancer?
    1. Most pancreatic cancers are adenocarcinomas, however a small portion can also be neuroendocrine tumors.
78. What are common risk factors for pancreatic cancer?
    1. Smoking, heavy alcohol use, chronic pancreatitis, and obesity are all risk factors for pancreatic cancer.
79. What are some common symptoms of cancer of the pancreas?
    1. Symptoms of pancreatic cancer include abdominal pain, depression, yellow skin, and diabetes. Patients also commonly have unexplained weight loss.
80. What imaging techniques can be used to assess for pancreatic cancer?
    1. Common imaging modalities include abdominal ultrasound, abdominal CT, and endoscopic retrograde cholangiopancreatography (ERCP).
81. What lab markers can be used to evaluate for pancreatic cancer?
    1. Lipase, CA 19-9, and liver studies can be used for further evaluation but are not diagnostic.
82. What treatment options are available for pancreatic cancer?
    1. Unfortunately, there are not many medical treatment options available. Surgical options such as the Whipple procedure are indicated for patients with resectable cancer.
83. What is the prognosis for pancreatic cancer?
    1. Unfortunately, pancreatic cancer has a very poor prognosis with an average survival time between 3 and 3.5 years.
84. What are common risk factors for ovarian cancer?
    1. Risk factors for ovarian cancer include breast cancer, early menarche, family history, infertility, and polycystic ovarian syndrome.
85. What are common genetic conditions associated with ovarian cancer?
    1. From a genetic perspective, Lynch syndrome and a BRCA1 and BRCA 2 can increase a patient’s risk for ovarian cancer.
86. What are common symptoms of ovarian cancer?
    1. Patients can be asymptomatic early in the disease. However, as the disease progresses, pelvic or abdominal pain can occur along with bloating and urinary symptoms.
87. What can be seen on a physical exam for a patient with ovarian cancer?
    1. On examination, a provider can note an adnexal mass or bloating.
88. What are common imaging modalities used to look for ovarian cancer?
    1. A provider can use a pelvic ultrasound, either a transvaginal or transabdominal ultrasound, to assess for an irregularly appearing, large mass.
89. How are ovarian cancers diagnosed?
    1. Ovarian cancers are diagnosed using biopsy, which can determine the type of cancer.
90. What treatment options are available for a patient with ovarian cancer?
    1. Treatment options differ depending on the type of cancer and severity but surgical options include removal of both ovaries and the fallopian tubes.
91. What are risk factors for cancer of the head and neck?
    1. Common risk factors for head and neck cancer include tobacco use, HPV infection, alcohol, and radiation exposure.
92. What are symptoms of head and neck cancer?
    1. Common symptoms of head and neck cancer include difficulty swallowing, painful swallowing, ear pain, and bleeding.
93. What can be seen on a physical exam for head and neck cancer?
    1. Patients can present with a neck mass or enlarged lymph nodes.
94. What imaging options are available for head and neck cancer?
    1. A provider can use a Computed tomography (CT), Magnetic resonance imaging (MRI), and even Positron emission tomography (PET), which specifically helps in detecting metastasis.
95. What procedures can be conducted to diagnose and evaluate head and neck cancer?
    1. A laryngoscopy is used to evaluate the primary lesion and a biopsy with an operative endoscopy can be conducted for diagnosis.
96. What treatment options are available for head and neck cancer?
    1. Treatments can be nonoperative such as chemotherapy and radiation therapy or operative.
97. What are common complications of head and neck tumors?
    1. Cancer in the head and neck can compress the airway or the esophagus, leading to difficulty breathing and swallowing.
98. What are treatment options for brain cancer?
    1. Brain tumors can be treated with surgery, radiation therapy and chemotherapy.
99. What are symptoms associated with a brain tumor?
    1. A tumor in the brain can cause a seizure, headache, changes in vision or hearing, changes in motor or sensory function, and changes in personality.
100. What imaging is best to assess brain cancer?
     1. MRI is preferred over a CT scan because it provides more detailed images.