

Breast Cancer:

Current screening guidelines apply to women at average risk for breast cancer. Women should begin having yearly mammograms at the age of 45. At the age of 55, women can begin having mammograms every other year. Women should have the choice to start having yearly mammograms at the age of 40 if desired.

Women at high risk for breast cancer should get a breast MRI and mammogram annually starting at 30 years old. This includes women who have greater than 20% risk of developing breast cancer due to family history, a known BRCA1 or BRCA2 gene mutation or a known first degree relative that has one of these mutations, if they have had radiation therapy to the chest when they were between 10 and 30 years old.

Colon Cancer:

For people at average risk of colorectal cancer should start regular screening at age 45. This can be done by a stool test or a visual exam of the patient's colon and rectum. People who are in good health and are expected to live 10 or more years should get regular colorectal screenings through the age of 75. People age 76-85 should decide whether they want to continue to get screened based on preferences, life expectancy, overall health and well-being, and previous screening history. People over the age of 85 should no longer get screened.

Stool based tests include fecal immunochemical tests (FIT, annual), guaiac-based fecal occult blood test (gFOBT, annual), or multi-targeted stool DNA test (mt-sDNA, every 3 years). Visual examinations include a colonoscopy (every 10 years), CT colonography (every 5 years), flexible sigmoidoscopy (FSIG) every 5 years.

People at high risk should get screened more often. These people include those with a strong family history of colorectal cancer or polyps, a personal history of colorectal cancer or certain polyps, a personal history of inflammatory bowel disease, a known family history of hereditary colorectal cancer syndrome, or have received radiation to the abdomen or pelvic area to treat prior cancer. Currently, there are no regular screening guidelines for people at high risk for colorectal cancer, but they should get screened more often than people at average risk.

Cervical Cancer:

Cervical cancer testing should begin at age 25 by a Pap smear every three years or an HPV test with a Pap smear every 5 years and continue until age 65. People who have had a full hysterectomy should discontinue screening unless if the procedure was done as a treatment for cervical cancer or pre-cancer. People that still have a cervix post-hysterectomy should continue cervical cancer screenings. People who have been vaccinated against HPV still need to continue following guidelines for their perspective age group.

If a patient has a suppressed immune system or DES in utero, they may need to get screened more often and should discuss their options with their healthcare team.

Prostate Cancer:

Men who are 50 years old and are average risk with a life expectancy of more than 10 years should get screened. Men who are 45 at high risk of developing prostate cancer should undergo screenings. High risk individuals are men who have had a first degree relative that have been diagnosed with prostate cancer younger than 65 years old. Men at the age of 40 who have more than one first degree relative diagnosed with prostate cancer at an early age should get screened. Men can get a prostate-specific antigen blood test (PSA) and a digital rectal exam (DRE) for their screenings. Men who have a PSA of less than 2.5 ng/mL need to be retested every 2 years. Men with a PSA of 2.5 ng/mL or higher should get screened every year.

Lung Cancer:

It is recommended that people ages 55-74 years old, in fairly good health, and who are current smokers or quit in the last 15 years, that have a 30 pack-year smoking history, and receive counseling to quit smoking if they are current smokers, have been told about the benefit, limit, and harms of screening with LDCT scans, and have a facility that they can go to that is experienced in lung cancer screening and treatment should receive lung cancer screenings. Screening is done by a medical history and physical exam, imaging, which includes chest x-rays, CT scans, MRIs, CT-guided needle biopsies, PET scans, and a bone scan, sputum cytology, thoracentesis, needle biopsies, and bronchoscopies. Lung function tests and arterial blood gases may also be tested. Molecular gene tests can also be performed for gene changes and for proteins on tumor cells. Blood tests, like CBC and blood chemistry tests might be performed as well. There is no recommendation on how often screening should occur, but if you think that you are at high risk, or may have signs and symptoms of lung cancer, it's advised that you should contact your doctor.

One thing that I think that I do well to prevent myself from getting cancers is reducing the amounts of sugars I eat in my diet. I also eat a primarily plant-based diet, which helps reduce inflammation in my body. I do hang out with people who smoke cigarettes and am exposed to secondhand smoke on a regular basis. I can encourage them to smoke outside to reduce my secondhand smoke exposure when I am around them while they are smoking. I quit smoking a few months ago and although it has not been easy, I know that it is a good decision for my personal health and well-being. Another thing that I can do to reduce my risk of developing cancer is reducing my alcohol intake. I do causally drink each week, and it would be beneficial if I reduced my alcohol intake for my mind and body.

Information regarding screening was found from the American Cancer Society at [cancer.org](https://www.cancer.org)