

Breast Cancer: The goal of screening tests for breast cancer is to find it before it causes symptoms (like a lump that can be felt). Screening refers to tests and exams used to find a disease in people who don't have any symptoms. Breast cancers found during screening exams are more likely to be smaller and still confined to the breast. For screening purposes, a woman is considered to be at average risk if she doesn't have a personal history of breast cancer, a strong family history of breast cancer, or a genetic mutation known to increase risk of breast cancer (such as in a BRCA gene), and has not had chest radiation therapy before the age of 30.

Women between 40 and 44 have the option to start screening with a mammogram every year.

Women 45 to 54 should get mammograms every year.

Women 55 and older can switch to a mammogram every other year, or they can choose to continue yearly mammograms. Screening should continue as long as a woman is in good health and is expected to live at least 10 more years.

All women should understand what to expect when getting a mammogram for breast cancer screening – what the test can and cannot do.

Colon Cancer: The ACS recommends that people at average risk* of colorectal cancer start regular screening at age 45. This can be done either with a sensitive test that looks for signs of cancer in a person's stool (a stool-based test), or with an exam that looks at the colon and rectum (a visual exam).

People who are in good health and with a life expectancy of more than 10 years should continue regular colorectal cancer screening through the age of 75.

For people ages 76 through 85, the decision to be screened should be based on a person's preferences, life expectancy, overall health, and prior screening history.

People over 85 should no longer get colorectal cancer screening.

Cervical Cancer: ACS recommends cervical cancer screening with an HPV test alone every 5 years for everyone with a cervix from age 25 until age 65. If HPV testing alone is not available, people can get screened with an HPV/Pap cotest every 5 years or a Pap test every 3 years.

Lung Cancer: The USPSTF 2021 recommendation for annual screening for the early detection of lung cancer for those who meet the following criteria:

Adults aged 50 to 80 years;

who have a 20 pack-year smoking history;

and currently smoke or have quit within the past 15 years

Prostate Cancer: Yearly screening is warranted for men with PSA levels of 2.5 ng/mL or higher. Men without prostate cancer symptoms who are not expected to live for at least 10 years are not likely to benefit from screening and should not be tested. A PSA of 4.0 ng/mL or higher remains a "reasonable threshold" for recommending a biopsy.

I do not currently know of any activities or behaviors that I do that would put me at a higher risk for cancer. I don't smoke and I am not really around people smoking often, I protect my skin from harmful sun exposure, etc.. but I do have a family history of breast cancer.