

Cancer Screening Recommendations

Cancer	Screening Test (s)	Recommended for whom, what age, how often?
Breast	<p>Mammograms: low dose x-rays of the breast</p> <ul style="list-style-type: none"> - Can identify breast chances that could be cancer years before physical Sx's develop - 3D Mammograms: lower the chance of being called back after screening for f/u testing <p>MRI Imaging: used as an alternative</p> <p>Clinical Breast Exams and Self Breast Exams: aid in detecting breast lumps</p> <p>Genetic Testing: families with a history or high risk of breast cancer can opt into BRCA1 or BRCA2 genetic testing</p>	<p><u>Gender:</u> Women</p> <p><u>Race:</u> All races and ethnicities</p> <p><u>Family History/ Risk Level:</u></p> <ul style="list-style-type: none"> - Family history of breast cancer is indicative of early, frequent screenings - Genetic mutations known to increase risk - Chest radiation therapy prior to the age of 30 <p><u>Age:</u></p> <ul style="list-style-type: none"> - <u>Age 40-44:</u> option to start screening with a mammogram every year - <u>Age 45-54:</u> should get mammograms every year - <u>Age 55+ :</u> can switch to mammogram every other year, or choose to continue yearly mammograms
Colon	<p>Stool-Based Tests: stool collection</p> <ul style="list-style-type: none"> - Highly sensitive (FIT), (gFOBT), and (MT-sDNA) testing - GIT and gFOBT testing should be performed every year <p>Visual (Structural) Exams of the Colon and Rectum:</p> <ul style="list-style-type: none"> - Colonoscopy: every 10 years - CT colonography: every 5 years - Sigmoidoscopy: every 5 years <p>Polyp Cytology</p>	<p><u>Gender:</u> both male and female</p> <p><u>Race:</u> all races and ethnicities</p> <p><u>Family Hx/ Risk Level:</u></p> <ul style="list-style-type: none"> - Individuals at high risk or have a family Hx of colorectal cancer may need to be screened more often - Individuals with IBS (Chron's disease of ulcerative colitis) - Genetic Syndromes: may need to begin testing as early as 18 <p><u>Age:</u></p> <ul style="list-style-type: none"> - <u>45 years old:</u> should begin regular screening through age 75 - <u>76-85 years old:</u> decision to screen based on preference, life expectancy, overall health and prior screening Hx - <u>>85 years old:</u> terminate colorectal screening
Prostate	<p>Prostate-specific antigen (PSA) blood testing:</p> <ul style="list-style-type: none"> - Men with a PSA less than 2.5 ng/ mL may only need to be 	<p><u>Gender:</u> primarily men</p> <p><u>Race:</u> all races and ethnicities</p> <ul style="list-style-type: none"> - African American men may be at higher risk <p><u>Family History/ Risk Level:</u></p> <ul style="list-style-type: none"> - Men who have a first-degree relative (father

	<p>retested every 2 years</p> <ul style="list-style-type: none"> - Men whose PSA is 2.5 ng/mL or higher should be screened yearly <p>Digital Rectal Exam (DRE)</p> <p>MRI: imaging of prostate and nearby areas</p> <ul style="list-style-type: none"> - Can help determine if biopsies are needed 	<p>or brother) dx with prostate cancer at an early age should consider screening</p> <ul style="list-style-type: none"> - Benefits and risks of prostate screening should be discussed periodically <p><u>Age (when discussions should begin):</u></p> <ul style="list-style-type: none"> - Age 50 for men who are at average risk - Age 45 for men at high risk (first-degree relative) - Age 40 for men at even higher risk (more than 1 first-degree relative) - Men without sx's of prostate cancer who have less than a 10-year life expectancy should not be screened
Cervical	<p>HPV Test: human papillomavirus test</p> <ul style="list-style-type: none"> - Looks for pieces of HPV DNA in cervical cells - High-risk of carcinogenic types <p>The Pap (Papanicolaou) Test:</p> <ul style="list-style-type: none"> - Collecting cells from the cervix to be micro-analyzed - Able to detect cancer and pre-cancer <p>Performed during pelvic exams, and can be performed at the same time</p>	<p><u>Gender:</u> Females</p> <p><u>Race:</u> all races and ethnicities</p> <p><u>Family/ Health History and Risk Level:</u></p> <ul style="list-style-type: none"> - Women at high risk due to a suppressed immune system should be screened more often - Women exposed to DES in utero - Women who use oral contraceptives or have given birth to multiple children may be at higher risk - Young women who are participating in high-risk sexual behavior <p><u>Age:</u></p> <ul style="list-style-type: none"> - <u>Age 25:</u> Cervical cancer testing should begin - <u>Aged 25-65:</u> should have primary HPV test or Papanicolaou (Pap) testing every 3-5 years - <u>>65:</u> if previous testing has been performed in the past 10 years and no history, terminate screening. <p><u>Special Considerations:</u></p> <ul style="list-style-type: none"> - Women vaccinated against HPV should follow regular guidelines - Women who have had total hysterectomy should terminate screening - Women who have had supra-cervical hysterectomy should follow regular guidelines
Lung	<p>Low dose Computed Tomography (LDCT): uses small amounts of radiation to create detailed images of the lungs</p> <p>Risks of Screening:</p>	<p><u>Gender:</u> both males and females can develop lung cancer</p> <p><u>Race:</u> males and females of all races and ethnicities can develop lung cancer</p> <p><u>Family History/ Risk Level:</u></p> <ul style="list-style-type: none"> - Men and women with a prolonged smoking

	<ul style="list-style-type: none">- LDCT can produce false-positive results- Can detect cases of cancer that have never caused a problem (overdiagnosis)- Repeat radiation exposure	<p>history should be screened</p> <ul style="list-style-type: none">- Males and females who have a 20 pack-year smoking history and smoke now or have quit within the past 15 years should be screened annually <p><u>Age:</u></p> <ul style="list-style-type: none">- Individuals between 50 and 80 years old may be screened- Individuals >80 years old and who have not smoked in >15 years should terminate screening
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