

American Cancer Society Screening Recommendations for the Early Detection of Cancer

These guidelines are designed for average risk individuals.

Screening may begin earlier or be more frequent if significant risk factors such as a personal or strong family history of cancer are present.

CANCER SITE	POPULATION	TEST OR PROCEDURE	FREQUENCY
Breast	F; age 20+ F; age 20 – 40 F; age 40+	Breast self-examination Clinical breast examination Clinical breast examination & mammography	Optional monthly. Report any changes promptly. Every 3 years. Annually, both procedures should be performed close to the same time.
	F; those at increased risk (family history, genetic tendency, past breast cancer)	Mammography, MRI, breast ultrasound	Discuss frequency, starting age and procedure with patient based on individual risk
Cervix	F; begin 3 years after starting vaginal intercourse, but no later than age 21. F; age 30+	Pap test and pelvic exam	Regular Pap annually or liquid-based test every 2 years. After 3 or more consecutive normal exams, the Pap test may be performed every 2 – 3 years at the discretion of the physician or HPV DNA test and liquid-based test every 3 years. Women with HIV infection or immune system deficiency may need to be screened more often.
	F; age 70+		After 3 or more consecutive normal Pap tests in last 10 years, patient may choose to stop screening.
	F; Post hysterectomy with benign disease	Screening not recommended	

CANCER SITE	POPULATION	TEST OR PROCEDURE	FREQUENCY
Colon and Rectum	M & F; age 50+	Select one of five listed: * Colonoscopy * Fecal Occult Blood Test (FOBT) take home multiple sample or Fecal Immunochemical Test (FIT) * Flexible Sigmoidoscopy (FSIG) * FOBT or FIT and FSIG (combined test preferred) * A double-contrast barium enema (All positive tests should be followed up with a colonoscopy.)	Every 10 years Annually Every 5 years Annually Every 5 years
	M & F; those at increased risk	* Colonoscopy	Every 5 years or more frequently based on risk Discuss frequency and starting age based on individual risk
Endometrium	F; average risk	None	Screening not recommended. Inform of risk at onset of menopause. Encourage reporting of unexpected systems.
	F; age 35+ with increased risk or at risk for hereditary non-polyposis colorectal cancer	Endometrial biopsy	Offered annually
Prostate ♦	M; age 50+ (with at least a 10 year life expectancy.) Men at high risk (African-Americans, and men who have a first-degree relative diagnosed with prostate cancer at a young age) should begin testing at age 45	Prostate Specific Antigen (PSA) and Digital Rectal Exam (DRE) Information should be provided regarding risks and benefits of tests and treatment.	Offered annually (Screening should begin earlier or be more frequent if significant risk factors such as a personal or strong family history of cancer are present.)

♦ Information should be provided about what is known and what is uncertain about the benefits and limitations of early detection and treatment of prostate cancer so that men can make an informed decision about testing.

For more information: Physician Oncology Education Program (800) 880-1300, ext. 1672 www.poep.org
 American Cancer Society (800) ACS-2345 www.cancer.org
 Cancer Information Service (800) 4-CANCER www.nci.nih.gov
 Texas Cancer Data Center (713) 792-2277 www.txcancer.org



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