Screening Guides for the Average Risk Individual

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

CANCER SITE	POPULATION	TEST OR PROCEDURE	FREQUENCY
Breast	F; those at increased risk (family history, + genetic test, past breast cancer)	Mammography, MRI, breast ultrasound	Discuss frequency, starting age, and procedure with patient based on individual risk.
	F; age 40-49	ACS: Clinical breast examination and mammography USPTF and ACP: In women 40 to 49 years of age, clinicians should periodically perform individualized assessment of risk for breast cancer to help guide decisions about screening mammography.	Annually; both procedures should be performed close to the same time
	F; age 50+	ACS: Clinical breast examination and mammography USPTF: Mammography	Annually Biennial
Cervix	F; begin 3 years after starting vaginal intercourse, but no later than age 21.	Pap test and pelvic exam	Regular Pap annually or liquid-based test every 2 years.
	F; age 30+		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; posthysterectomy with benign disease	Screening not recommended	

CANCER SITE	POPULATION	TEST OR PROCEDURE	FREQUENCY
Colon and Rectum	M&F 50-75	Tests that identify polyps and cancer: Colonoscopy Flexible sigmoidoscopy Double contrast barium enema* CT colonography* (virtual colonoscopy)	Every 10 years Every 5 years Every 5 years Every 5 years
	Take-home multiple sample method should be used for gFOBT or FIT. Single test done during digital rectal exam is not adequate. Evidence for value of interval FOBT or FIT testing after normal colonoscopy is limited and such testing is not recommended by any current guidelines.	Tests that primarily identify cancer: Fecal occult blood test (Guaiac-based) (gFOBT) or Fecal immunochemical test (FIT) Stool DNA test* (All positive tests should be followed up with colonoscopy.) * Not included in USPSTF recommendations due to insufficient evidence	Annually Interval uncertain
	M & F; those at increased risk	Colonoscopy	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 symptoms.
	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 10 year life expectancy Those at increased risk include African Americans and men with a strong family history	Prostate specific antigen (PSA), with or without digital rectal exam (DRE)	Discuss frequency and starting age based on individual risk and PSA level. (age 45 recommended for African Americans.)
	M, age 75+	Testing not recommended by USPSTF	

♦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 Information	(713) 792-2277	www.texascancer.info
Agency for Healthcare Research and Quality	(301) 427-1364	www.ahrq.gov

Texas Medical Association
Physician Oncology Education Program
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