



# Cancer Screening Guidelines

The following cancer screening guidelines are recommended for people at average risk for cancer (unless otherwise specified) and without any specific symptoms. Those who are at increased risk for certain cancers may need to follow a different screening schedule, such as starting at an earlier age or being screened more often. Those with symptoms that could be related to cancer should see their doctor right away.

These guidelines follow American Cancer Society (ACS) screening recommendations. Breast Cancer screening recommendations follow the American College of Radiology (ACR) and Society of Breast Imaging (SBI) recommendations. Lung Cancer screening recommendations follow the USPSTF 2021 recommendations.

## Breast Cancer

### AGE 40

- Annual mammographic screening beginning at age 40 for people of average risk
- Higher-risk: start mammographic screening earlier
- For those with genetics-based increased risk with a calculated risk of 20% or more or a history of radiation therapy at a young age, supplemental screening with contrast-enhanced breast MRI is recommended.
- Breast MRI is also recommended for those with personal histories of breast cancer and dense tissue, or those diagnosed by age 50.
- Others with histories of breast cancer and those with atypia at biopsy should consider additional surveillance with MRI, especially if other risk factors are present.
- Ultrasound can be considered for those who qualify for but cannot undergo MRI.
- All people of African and those of Ashkenazi Jewish descent, should be evaluated for breast cancer risk no later than 30, so that those at higher risk can be identified and can benefit from supplemental screening.
- Discuss your personal schedule for screening guidelines with your primary care doctor.

## Cervical Cancer

### AGE 25

- Cervical cancer screening is recommended for people with a cervix beginning at age 25.
- Primary HPV (human papillomavirus) test every 5 years from ages 25-65. If a primary HPV test is not available, a co-test (an HPV test with a Pap test) every 5 years or a Pap test every 3 years.
- People over age 65 who have had regular cervical cancer testing in the past 10 years with normal results should not be tested for cervical cancer.
- People with a history of a serious cervical pre-cancer should continue to be tested for at least 25 years after that diagnosis, regardless of age.
- Discuss your personal schedule for screening guidelines with your primary care doctor.

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## Colon and Rectal Cancer

### AGE 45

- Regular screenings beginning at age 45, with 1 of 6 different types of tests:
  - Yearly guaiac-based fecal occult blood test (gFOBT)
  - Yearly fecal immunochemical test (FIT)
  - Multi-targeted stool DNA test (MT-sDNA) every 3 years
  - Flexible sigmoidoscopy (FSIG) every 5 years
  - CT colonography (virtual colonoscopy) every 5 years
  - Colonoscopy every 10 years
- All positive tests should be followed up with a colonoscopy
- Consult your doctor about starting colorectal screening earlier and/or undergoing screening more often if you have risk factors:
  - Personal history of colorectal cancer or adenomatous polyps
  - Strong family history of colorectal cancer or polyps
  - Personal history of chronic inflammatory bowel disease
  - Family history of hereditary colorectal cancer syndrome

## Endometrial (Uterine) Cancer

### MENOPAUSE

- At the time of menopause, all people with a uterus should be informed about the risks and symptoms of endometrial cancer, and strongly encouraged to report any unexpected bleeding or spotting to their doctors.
- Some people may need to consider having a yearly endometrial biopsy.
- Discuss your personal schedule for screening guidelines with your primary care doctor.

## Lung Cancer

### AGE 50, HIGH RISK

- Average risk: test not recommended
- Screening might be right for you if you are all of the following:
  - Aged 50 to 80 years and in fairly good health
  - Have at least a 20 pack-year smoking history. (This is the number of packs of cigarettes per day multiplied by the number of years smoked. For example, someone who smoked 2 packs a day for 10 years [ $2 \times 10 = 20$ ] has 20 pack-years of smoking, as does a person who smoked 1 pack a day for 20 years [ $1 \times 20 = 20$ ])
  - Currently smoke or have quit in the past 15 years
- Screening is done with an annual low-dose CT scan (LDCT) of the chest.
- If you fit the list above, talk to a health care provider to start screening.

## Prostate Cancer

### AGE 50

- Both the prostate-specific antigen (PSA) blood test and digital rectal examination (DRE) should be offered annually, beginning at age 50, to people who have at least a 10-year life expectancy.
- People at high risk (African-Americans and people with a strong family history of one or more first-degree relatives (father, brothers) diagnosed before the age of 65) should begin testing at age 45.
- People at even higher risk, due to multiple first-degree relatives affected at an early age, could begin testing at age 40. Depending on the results of this initial test, no further testing might be needed until age 45.

Statistics show that if your father had prostate cancer, your risk doubles. If there's more than two first-degree relatives diagnosed in your bloodline, it quadruples. There's also increased risk if your mother had breast, ovarian, or uterine cancer.

- Discuss your personal schedule for screening guidelines with your primary care doctor.