**American Cancer Society Guidelines for the Early Detection of Cancer**

**Breast cancer**

* Yearly mammograms starting at age 40 and continuing for as long as a woman is in good health
* Clinical breast exam (CBE) about every 3 years for women in their 20s and 30s and every year for women 40 and over
* Women should know how their breasts normally look and feel and report any breast changes to a health care provider right away. Breast self-exam (BSE) is an option for women starting in their 20s.

Some women – because of their family history, a genetic tendency, or certain other factors – should be screened with MRIs along with mammograms. (The number of women who fall into this category is small: less than 2% of all women in the United States.) Talk with a doctor about your history and whether you should have other tests or start testing at an earlier age.

**Colon and rectal cancer and polyps**

Beginning at age 50, both men and women should follow one of these testing schedules:

Tests that find polyps and cancer

* Flexible sigmoidoscopy every 5 years\*, or
* Colonoscopy every 10 years, or
* Double-contrast barium enema every 5 years\*, or
* CT colonography (virtual colonoscopy) every 5 years\*

Tests that primarily find cancer

* Yearly guaiac-based fecal occult blood test (gFOBT)\*\*, or
* Yearly fecal immunochemical test (FIT)\*\*, or
* Stool DNA test (sDNA) every 3 years\*

\* If the test is positive, a colonoscopy should be done.

\*\* The multiple stool take-home test should be used. One test done by the doctor in the office is not enough. A colonoscopy should be done if the test is positive.

**Cervical cancer**

* Cervical cancer testing should start at age 21. Women under age 21 should not be tested.
* Women between ages 21 and 29 should have a Pap test done every 3 years. HPV testing should not be used in this age group unless it’s needed after an abnormal Pap test result.
* Women between the ages of 30 and 65 should have a Pap test plus an HPV test (called “co-testing”) done every 5 years. This is the preferred approach, but it’s OK to have a Pap test alone every 3 years.
* Women over age 65 who have had regular cervical cancer testing with normal results should not be tested for cervical cancer. Once testing is stopped, it should not be started again. Women with a history of a serious cervical pre-cancer should continue to be tested for at least 20 years after that diagnosis, even if testing continues past age 65.
* A woman who has had her uterus removed (and also her cervix) for reasons not related to cervical cancer and who has no history of cervical cancer or serious pre-cancer should not be tested.
* A woman who has been vaccinated against HPV should still follow the screening recommendations for her age group.

Some women – because of their health history (HIV infection, organ transplant, DES exposure, etc.) – may need a different screening schedule for cervical cancer. Talk to a doctor or nurse about your history.

**Endometrial (uterine) cancer**

The American Cancer Society recommends that at the time of menopause, all women should be told about the risks and symptoms of endometrial cancer. Women should report any unexpected bleeding or spotting to their doctors.

Some women – because of their history – may need to consider having a yearly endometrial biopsy. Please talk with a doctor about your history.

**Lung cancer**

The American Cancer Society does not recommend tests to check for lung cancer in people who are at average risk. But, we do have screening guidelines for those who are at high risk of lung cancer due to cigarette smoking. Screening might be right for you if you are all of the following:

* 55 to 74 years of age
* In fairly good health
* Have at least a 30 pack-year smoking history AND are either still smoking or have quit smoking within the last 15 years (A pack-year is the number of cigarette packs smoked each day multiplied by the number of years a person has smoked. Someone who smoked a pack of cigarettes per day for 30 years has a 30 pack-year smoking history, as does someone who smoked 2 packs a day for 15 years.)

Screening is done with a low-dose CT scan (LDCT) of the chest. If you fit the list above, you and a doctor should talk about whether you want to start screening.

**Prostate cancer**

The American Cancer Society recommends that men make an informed decision with a doctor about whether to be tested for prostate cancer. Research has not yet proven that the potential benefits of testing outweigh the harms of testing and treatment. We believe that men should not be tested without learning about what we know and don’t know about the risks and possible benefits of testing and treatment.

* Starting at age 50, men should talk to a doctor about the pros and cons of testing so they can decide if testing is the right choice for them.
* If you are African American or have a father or brother who had prostate cancer before age 65, you should have this talk with a doctor starting at age 45.
* If you decide to be tested, you should have the PSA blood test with or without a rectal exam. How often you are tested will depend on your PSA level.

**Cancer-related check-ups**

For people aged 20 or older who get periodic health exams, a cancer-related check-up should include health counseling and, depending on a person’s age and gender, exams for cancers of the thyroid, oral cavity, skin, lymph nodes, testes, and ovaries, as well as for some other diseases besides cancer.

Take control of your health, and help reduce your cancer risk.

* Stay away from tobacco.
* Get to and stay at a healthy weight.
* Get moving with regular physical activity.
* Eat healthy with plenty of fruits and vegetables.
* Limit how much alcohol you drink (if you drink at all).
* Protect your skin.
* Know yourself, your family history, and your risks.
* Get regular check-ups and cancer screening tests.

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