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American Cancer Society Guidelines for the Early Detection of Cancer

The American Cancer Society recommends these screening guidelines for most adults.

Breast cancer

- Yearly mammograms are recommended 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 change promptly to their health care provider. 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 MRI in addition to mammograms. (The number of women who fall into this category is small: less than 2% of all the women in the US.) Talk with your doctor about your history and whether you should have additional tests at an earlier age.

For more information, call the American Cancer Society and ask for our document called Breast Cancer: Early Detection.

Colorectal 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 fecal occult blood test (gFOBT)****, or
- Yearly fecal immunochemical test (FIT) every year***, or
- Stool DNA test (sDNA)***

^{*} 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 adequate for testing. A colonoscopy should be done if the test is positive.

The tests that are designed to find both early cancer and polyps are preferred if these tests are available to you and you are willing to have one of these more invasive tests. Talk to your doctor about which test is best for you.

Some people should be screened using a different schedule because of their personal history or family history. Talk with your doctor about your history and what colorectal cancer screening schedule is best for you.

For more information on colorectal cancer screening, please call the American Cancer Society and ask for our document called *Colorectal Cancer: Early Detection*.

Cervical cancer

- Cervical cancer screening (testing) should begin at age 21. Women under age 21 should not be tested.
- Women between ages 21 and 29 should have a Pap test every 3 years. Now there is also a test called the HPV test. HPV testing should *not* be used in this age group unless it is 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") every 5 years. This is the preferred approach, but it is also 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 history - may need to have a different screening schedule for cervical cancer.

Please see our document called Cervical Cancer: Prevention and Early Detection for more information.

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 your doctor about your history.

Prostate cancer

The American Cancer Society recommends that men make an informed decision with their 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. The American Cancer Society believes 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 they are African American or have a father or brother who had prostate cancer before age 65, men should have this talk with a doctor starting at age 45. If men decide to be tested, they should have the PSA blood test with or without a rectal exam. How often they are tested will depend on their PSA level.

For more information, please see our document called Prostate Cancer: Early Detection.

Cancer-related check-ups

For people aged 20 or older having 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 non-malignant (non-cancerous) diseases.

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

- Stay away from tobacco.
- 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.
- Have regular check-ups and cancer screening tests.
- · For information on how to reduce your cancer risk and other questions about cancer, please call us anytime, day or night, at 1-800-227-2345 or visit us online at www.cancer.org.

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Last Medical Review: 03/05/2012 Last Revised: 06/15/2012