



Cancer Screening Recommendations 2014

Adapted from U.S. Preventive Services Task Force (USPSTF) Recommendations,
Guidelines from the NCCN Breast Cancer Screening and Diagnosis Guidelines 1.2014 and American Urological Association (AUA)

Breast Cancer (from NCCN and USPSTF)	Average risk: <ul style="list-style-type: none"> • 25-40 years old: Clinical breast exam every 1-3 years and breast awareness. • 40-50 years old: Annual clinical breast exam. Breast awareness. Consider Screening Mammogram every 1-2 years once benefits and potential harms discussed with internist. • 50 years old and over: Annual clinical breast exam. Breast awareness. Screening Mammogram every 1-2 years.
Intermediate or High risk: Risk factors include: <ul style="list-style-type: none"> • Personal history of breast cancer • Family history of breast cancer • 5-year risk of invasive breast cancer $\geq 1.7\%$ in women ≥ 35 years old (as calculated by the Gail Model) • Lobular carcinoma in situ • Atypical hyperplasia • BRCA gene mutations • Radiation therapy to the chest between the ages of 10 and 30 years old. 	Recommendations: Clinical breast exam every 6-12 months. Breast awareness. Annual screening mammogram staggered with an annual breast MRI starting at age 30, or 10 years before the age of first-degree relative with breast cancer, or 8 years after radiation but not before age 25.
<p>*Screening recommendations for women with higher than average risk is evolving. Individual risk should be discussed with your internist. If your risk is unclear, an internist may refer you to a breast cancer specialist (surgeon or oncologist) for further evaluation*</p>	
Prostate Cancer (From American Urological Association)	<p>Routine screening with PSA is controversial and not recommended for all men. Individual screening recommendations should be made with your internist or urologist after the benefits and potential harms have been discussed.</p>
Cervical Cancer (From USPSTF)	<p>Pap smear every 3 years for women 21-65 years old. Or, for women ages 30-65 years old who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p>
Lung Cancer (From USPSTF)	<p>Screening with low-dose computed tomography in adults who:</p> <ul style="list-style-type: none"> • currently smoke or have quit within the past 15 years • <u>and</u> in the age group of 55-80 years old • <u>and</u> with 30 packs/year smoking history and currently smoke or have quit within the past 15 years. <p>Screening should be <i>discontinued</i> once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.</p>
Colon Cancer (From USPSTF)	<p>Screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 and continuing until age 75</p>
Health Maintenance (From USPSTF)	<p>Annual physical</p>