



More Than A Picnic:TM **It's A Family Affair for Lifestyle Change.**

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.

The American Cancer Society recommends that some women -- because of their family history, a genetic tendency, or certain other factors -- 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, [*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), interval uncertain**

** 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.

The American Cancer Society recommends that some people 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, [*Colorectal Cancer: Early Detection*](#).

Cervical cancer

- All women should begin cervical cancer screening about 3 years after they begin having vaginal intercourse, but no later than 21 years old. Screening should be done every year with the regular Pap test or every 2 years using the newer liquid-based Pap test.
- Beginning at age 30, women who have had 3 normal Pap test results in a row may get screened every 2 to 3 years. Women older than 30 may also get screened every 3 years with either the conventional or liquid-based Pap test, plus the human papilloma virus (HPV) test.
- Women 70 years of age or older who have had 3 or more normal Pap tests in a row and no abnormal Pap test results in the last 10 years may choose to stop having Pap tests.
- Women who have had a total hysterectomy (removal of the uterus and cervix) may also choose to stop having Pap tests, unless the surgery was done as a treatment for cervical cancer or pre-cancer. Women who have had a hysterectomy without removal of the cervix should continue to have Pap tests.

Some women -- because of their history -- may need to have a different screening schedule for cervical cancer. Please see our document, [*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 informed 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, talk to your doctor about the pros and cons of testing so you can decide if testing is the right choice for you. If you are African American or have a father or brother who had prostate cancer before age 65, you should have this talk with your 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. For more information, please see our document, [*Prostate Cancer: Early Detection*](#).

Cancer-related check-up

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.

References

American Cancer Society. *Cancer Facts & Figures 2011*. Atlanta, Ga: American Cancer Society; 2011.

Levin B, Lieberman DA, McFarland, et al. Screening and Surveillance for the Early Detection of Colorectal Cancer and Adenomatous Polyps, 2008: A Joint Guideline from the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology. *CA Cancer J Clin*. 2008;58.

Saslow D, Boetes C, Burke W, et al for the American Cancer Society Breast Cancer Advisory Group. American Cancer Society guidelines for breast screening with MRI as an adjunct to mammography. *CA Cancer J Clin*. 2007;57:75-89.

Smith RA, Cokkinides V, Eyre HJ. American Cancer Society guidelines for the early detection of cancer, 2006. *CA Cancer J Clin*. 2006;56:11-25.

Smith, RA, Cokkinides V, Brawley OW. Cancer screening in the United States, 2008: A review of current American Cancer Society guidelines and cancer screening issues. 2008. *CA Cancer J Clin*. 2008;58:161-179.

Last Medical Review: 02/25/2010

Last Revised: 06/23/2011