

## EXAMPLES OF CANCER SCREENING FOR INCREASED-RISK INDIVIDUALS

The U.S. Preventive Services Task Force (USPSTF) and many professional societies have evidence-based recommendations about the use of cancer screening tests among individuals who are at **increased risk** for developing the cancers being screened for. Here, we highlight some examples of recommendations for cancer screening increased-risk individuals, as of July 31, 2018, from the USPSTF, the United States Multi-Society Task Force (MSTF) on colorectal cancer, the National Comprehensive Cancer Network (NCCN), and the American Cancer Society (ACS).

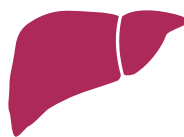


### Colorectal Cancer

Several groups of individuals are at **increased risk** for colorectal cancer. Colorectal cancer screening recommendations

vary for these different groups but all involve increased use of the screening tests used to screen average-risk individuals. For example:

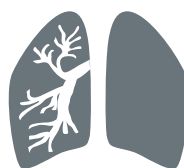
- the NCCN and MSTF on colorectal cancer recommend that individuals at **high risk** because they inherited a genetic mutation that causes Lynch syndrome (see **Table 3**, p. **XX**) should start screening with colonoscopy every 1–2 years at ages 20–25 or 2–5 years prior to the youngest case in the immediate family if it was diagnosed before age 25;
- the NCCN and MSTF on colorectal cancer recommend that individuals at **increased risk** because they have a first-degree relative who has been diagnosed with colorectal cancer or with an advanced adenoma(s) (an advanced precancerous lesion) should start screening with colonoscopy at age 40 or 10 years before the youngest case was diagnosed, whichever is earlier; and,
- the MSTF on colorectal cancer recommends that because African Americans are at **increased risk** for colorectal cancer they should begin screening at age 45.



### Liver Cancer

The NCCN recommends that individuals at **increased risk** for liver cancer because they

have been diagnosed with either cirrhosis of the liver or as a carrier of the hepatitis B virus be screened every 6 months by ultrasound with or without a blood test for  $\alpha$ -fetoprotein.



### Lung Cancer

There is consensus among the ACS, NCCN, and USPSTF that screening with low-dose computed tomography should

be limited to adults ages 55–74 who are at **high risk** for lung cancer because they have smoked at least one pack of cigarettes per day for 30 years, or the equivalent (two packs per day for 15 years, etc.), and who currently smoke or have quit within the past 15 years.

The USPSTF recommends annual screening for these individuals, whereas the ACS and NCCN recommend these individuals talk to a physician about the benefits and potential harms of screening before deciding if it is right for them.