

CONSENSUS CANCER SCREENING RECOMMENDATIONS

The U.S. government and many professional societies and organizations have evidence-based recommendations about the use of the screening tests for the five cancers for which screening is most commonly conducted. Here, we highlight consensus, as of July 31, 2020, among these recommendations from the U.S. government's U.S. Preventive Services Task Force (USPSTF), the American Cancer Society (ACS), the National Comprehensive Cancer Network (NCCN), the American College of Physicians (ACP), the American College of Obstetrics and Gynecology (ACOG), the American Urologists Association (AUA), and the United States Multi-Society Task Force (MSTF) on colorectal cancer. Not all the professional societies and organizations have recommendations for every cancer screening test.

Breast Cancer Screening

There is consensus among the ACOG, ACP, ACS, and USPSTF that women ages 50 to 74 who are at average risk of developing breast cancer should have regular screening mammograms. However, there is variability about whether this screening should be done every year or every other year.

Some professional societies and organizations recommend women at average risk for developing breast cancer begin regular screening mammograms at either age 40 or age 45. It is important to note, however, that all the groups support women ages 40 to 49 having the opportunity to have regular screening mammograms if they decide it is right for them.

Cervical Cancer Screening

There is consensus among

the ACOG, ACP, and USPSTF that:

- average-risk women younger than 21 should not be screened;
- average-risk women ages 21 to 29 should have a Pap test every 3 years;
- average-risk women ages 30 to 65 should have either a Pap test every 3 years, a Pap test and HPV testing every 5 years, or HPV testing alone every 5 years; and

- women older than 65 should not be screened if they are at average risk of the disease because they have previously had regular screenings with normal results and are not otherwise at high risk of developing cervical cancer.

The ACS recently recommended raising the age at which women at average risk for cervical cancer begin screening from 21 to 25.

Prostate Cancer

There is consensus among the ACS, ACP, AUA, and USPSTF that men ages 55 to 69 who are at average risk of developing

prostate cancer talk to a physician about the benefits and potential harms of PSA testing before deciding if screening is right for them.

Colorectal Cancer Screening*

There is consensus among the ACS, ACP, NCCN, and USPSTF that adults ages 50 to 75 who are at average risk of developing colorectal cancer should be screened. How often a person should be screened depends on the screening test used.

Some professional societies and organizations, including the ACS, recommend starting regular screening at age 45 and some recommend certain screening approaches over others. The overall message, however, is that using any of the approved tests is better than not being screened and that average-risk adults should consult with their health care providers to decide when to start screening and to choose the test that is right for them.

Several groups of individuals are at increased risk for colorectal cancer. Colorectal cancer screening recommendations vary for these different groups, but all involve earlier and/or more frequent use of available tests. For example:

- NCCN and MSTF on colorectal cancer recommend that individuals at increased risk

because they inherited a genetic mutation that causes Lynch syndrome 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;

- ACS, 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 should start screening with colonoscopy at age 40 or 10 years before the youngest case was diagnosed, whichever is earlier; and,

- MSTF on colorectal cancer recommends that because African Americans are at increased risk for colorectal cancer, they should begin screening at age 45.

*USPSTF colorectal cancer screening guidelines are currently under review. Some of the issues being reviewed are whether screening should begin at an earlier age for all average-risk individuals and whether recommendations should vary by race and/or ethnicity.

Lung Cancer*

There is consensus among the ACS, NCCN, and USPSTF that annual screening with low-dose computed tomography should be limited to adults ages 55 to 80 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.

*USPSTF lung cancer screening guidelines are currently under review. Some of the issues being reviewed are whether screening should begin at an earlier age and include individuals who have smoked cigarettes for less than 30 pack years.