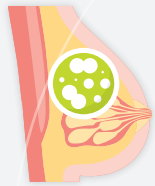


CONSENSUS CANCER SCREENING RECOMMENDATIONS

The U.S. government-affiliated agencies 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, 2021, among these recommendations from U.S. Preventive Services Task Force (USPSTF), American Cancer Society (ACS), National Comprehensive

Cancer Network (NCCN), American College of Physicians (ACP), American College of Obstetrics and Gynecology (ACOG), American Urologists Association (AUA), and United States Multi-Society Task Force on Colorectal Cancer (MSTF). Not all professional societies and organizations have recommendations for every cancer screening test.

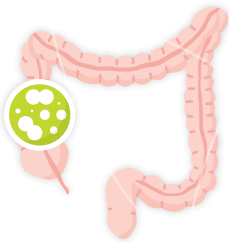
Breast Cancer Screening



There is consensus among the ACOG, ACP, 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, such as ACS, recommend women at **average risk** for developing breast cancer begin regular screening mammograms at age 45; some recommend starting at the even younger age of 40. 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.

Colorectal Cancer Screening



There is consensus among ACS, NCCN, and USPSTF that adults ages 45 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.

USPSTF recently revised its guidelines for colorectal cancer screening and now recommends all average-risk individuals should begin screening at the age of 45; the previous recommendation was to start screening at the age of 50. The new guidelines are, in part, issued because of the accumulating evidence that the incidence of colorectal cancer is on the rise among younger adults.

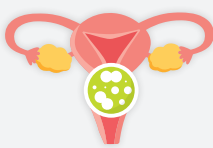
Some professional societies and organizations recommend certain screening approaches over others. The overall message, however, is that using any of the approved tests is better than not being screened and that **average-risk** adults should consult with their health care providers to decide when to 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;
- 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

Cervical Cancer Screening

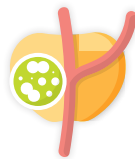


There is consensus among the ACOG, ACP, and USPSTF that:

- **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.

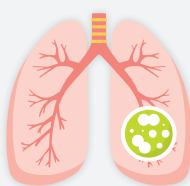
The ACS recommends that women at **average risk** for cervical cancer begin screening at age 25.

Prostate Cancer Screening



There is consensus among 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.

Lung Cancer Screening



There is consensus among ACS, NCCN, and USPSTF that annual screening with low-dose spiral computed tomography should be offered to adults ages 55 to 80 who are at **high risk** for lung cancer because of smoking. However, there are differences between USPSTF and the other organizations regarding the age of initiation (50 versus 55) of screening and the criteria for smoking history (at least one pack of cigarettes per day for 20 years or the equivalent vs. at least one pack of cigarettes per day for 30 years, or the equivalent, i.e., two packs per day for 15 years, etc.).

USPSTF has recently revised its lung cancer screening guidelines to lower the age at which individuals at high risk of developing lung cancer should begin screening from 55 to 50 years. The new guidelines also reduce the pack per year history to at least one pack of cigarettes per day for 20 years from at least one pack of cigarettes per day for 30 years. These guidelines expand the population eligible for regular lung cancer screening, including African Americans who are at high risk of developing lung cancer at younger ages even when they have smoked fewer cigarettes for fewer years.