

Cancer-Free at Any Age: Checklist for Your Next Checkup

Screening exams can diagnose cancer at the earliest stages, when treatment will be the most effective. Texas Oncology recommends routine screening and/or self-exams for breast, prostate, colorectal, skin, testicular, and cervical cancers. The screening guidelines below offer recommended timing for specific ages, genders, and cancer types.

Adults at Every Age

- Keep an eye on your skin and check for changes in freckles, moles, and other skin markings once a month.
- Women should check their breasts for lumps every month and have a clinical breast exam every one to three years.
- Men should check both testicles for hard lumps or changes in size or shape every month.
- Individuals should be aware of their cancer risk, which may be higher for those with a personal or family history of cancer, or people who have certain genetic profiles that have been associated with specific cancer types. Screening may need to begin at an earlier age for those with these risk factors.
- Research does not indicate the most appropriate age to begin cancer screening. Patients should consult their physicians to make an informed decision about screening, considering the patient's history and circumstances.

20s

- All women should have a Pap test to screen for cervical cancer at least once every year beginning at age 21, or approximately three years after a woman begins having sexual intercourse, whichever comes first, regardless of whether they have received the human papillomavirus (HPV) vaccine.

30s

- Women in their 30s should have annual Pap tests, but women with three consecutive normal Pap tests may limit screenings to every two or three years. Women should also consider a DNA HPV test, which, given in conjunction with a routine Pap test, may identify existing HPV infections that could lead to cervical cancer.
- Women with a high risk for breast cancer (greater than 20 percent) associated with defined genetic profiles or family history should discuss with their physician the use of MRI for screening, in combination with a yearly mammogram. MRI screenings can help detect breast cancer in younger women with dense breast tissue.

40s

- Women age 40 and older should begin having an annual mammogram, clinical breast exam, and if recommended by their physician, an MRI screening.
- Women in their 40s should continue to have annual Pap tests, but women with three consecutive normal Pap tests may limit screenings to every two or three years. Women may also consider a DNA HPV test.
- Men with a high risk of prostate cancer (African Americans and men with a family history of prostate cancer before age 65) should discuss with their physicians whether screenings are appropriate beginning at age 45.
- Men with a higher risk of prostate cancer (those with several immediate family members with prostate cancer) should discuss screenings with their physicians beginning at age 40.
- Men and women with increased risk factors for colorectal cancer should discuss with their physicians whether to begin screenings earlier than the normal age 50.

50s

- Women age 50 and older should continue having an annual mammogram, clinical breast exam, and if recommended by their physician, an MRI screening.
- Women in their 50s should continue to have annual Pap tests, but women with three consecutive normal Pap tests may limit screenings to every two or three years. Women may also consider a DNA HPV test.
- Beginning at 50, both men and women should begin screening for colorectal cancer with one of the following options:
 - Annual fecal occult blood tests (FOBT) or fecal immunochemical tests (FIT)
 - Every five years, a flexible sigmoidoscopy
 - Every five years, a double-contrast barium enema
 - Every 10 years, a colonoscopy
- Beginning at age 50, men should discuss with their physicians the benefits and risks associated with prostate cancer screening to determine if it is right for them. Prostate cancer screening may involve a prostate-specific antigen (PSA) blood test and a digital rectal examination (DRE).

Sources: American Cancer Society, National Cancer Institute, and Sean Kimerling Testicular Cancer Foundation



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