

RECOMMENDED CANCER SCREENING GUIDELINES

Cancer Type	Risk Factors	Early Detection	Signs and Symptoms
Breast	Sex and age are the two greatest risk factors for developing breast cancer. Females have a much greater risk of developing breast cancer, and that risk increases with age. Factors associated with increased breast cancer risk include weight gain after the age of 18, being overweight or obese, use of menopausal hormone therapy, physical inactivity, and alcohol consumption. Research also indicates that long-term, heavy smoking increases breast cancer risk, particularly among females who start smoking before their first pregnancy. Additional risk factors may include: having one or more first degree relatives who have been diagnosed with breast cancer; having a family member who carries the breast cancer susceptibility genes (BRCA) 1 or 2; being African-American; having a long menstrual history (menstrual periods that start early and/or end later in life); have recently used oral contraceptives or Depo-Provera; have never had children, or had the first child after the age of 30; and certain medical findings such as high breast tissue density, high bone mineral density, Type 2 diabetes, certain benign breast conditions, and lobular carcinoma in situ. In addition, high dose radiation to the chest for cancer treatment increases risk. Factors associated with a decreased risk of breast cancer include breastfeeding, regular moderate or vigorous physical activity, and maintaining a healthy body weight.	Women should have frequent conversations with their health care provider about risks for breast cancer and how often they should be screened. In general, women should follow these recommendations: breast self-awareness (women in their 20s should be aware of the look and feel of their breasts); clinical breast exams (women in their 20s and 30s should have regular exams by a physician); screening mammograms.	The most common symptom of breast cancer is a new lump or mass. It's important to have anything new or unusual checked by a doctor. Other symptoms of breast cancer may include: hard knots, or thickening; swelling, warmth, redness, or darkening; change in size or shape; dimpling or puckering of the skin; itchy, scaly sore, or rash on the nipple; pulling in of the nipple or other parts of the breast; nipple discharge that starts suddenly; or new pain in one spot that doesn't go away. Although these symptoms can be caused by things other than breast cancer, it is important to have them checked out by your doctor.
Cervical	Infection with HPV is the single greatest risk factor for cervical cancer.	Average-risk women, ages 21 to 65 years, should receive a routine Pap test every three years. For women ages 30 and over, who want to extend the time periods between tests, a Pap smear combined with HPV co-testing can be done every five years.	Early stage cervical cancer often has no symptoms. The most common symptom is irregular vaginal bleeding (bleeding that starts and stops between periods, or after intercourse). Bleeding after menopause or increased vaginal discharge may also be symptoms
Colon and Rectum (Colorectal)	Indiana residents may have an increased risk if they are age 50 or over; male; African-American; have a personal history of cigarette smoking; have a personal or family history of colorectal cancer, inflammatory bowel disease, or certain inherited genetic conditions; have diabetes; are obese; are physically inactive; eat a diet high in red or processed meat and/or low in whole-grain fiber, fruits and vegetables; and have heavy alcohol consumption.	Beginning at age 50, both men and women with average risk for colorectal cancer should follow one of these schedules: 1) Tests that find polyps and cancer, such as a colonoscopy every ten years or a flexible sigmoidoscopy, double-contrast barium enema, or computed tomography colonography every five years. Or, 2) Tests that primarily find cancer such as yearly fecal occult blood test (FOBT) or fecal immunochemical test (FIT).	Early stage colorectal cancer typically has no symptoms. Later stage colorectal cancer symptoms include rectal bleeding, blood in stool, change in bowel habits, cramping pain in lower abdomen, decreased appetite or weight loss, weakness, and extreme fatigue.

Prevention	United States Preventive Services Task Force (USPSTF) Screening Guidelines	American Cancer Society Screening Guidelines
<p>Individuals can take charge of their health by knowing their risk and talking to their doctor about personal and family history; getting screened regularly; avoiding tobacco use; maintaining a healthy weight; getting the recommended levels of moderate or vigorous physical activity; limiting alcohol consumption; limiting postmenopausal hormone use; and breastfeeding.</p>	<p>The USPSTF recommends biennial mammography for women ages 50-74. In addition, women should talk to their doctors about whether or not earlier screenings are needed.</p>	<p>The ACS recommends breast self-examination for women beginning in their 20s (women should be informed of the benefits and limitations of self-exams); clinical breast exams for women in their 20s and 30s, preferably every three years; and begin screening mammograms yearly at age 40.</p>
<p>Individuals can help prevent cervical cancer by getting the HPV vaccination, practicing safe sex, avoiding tobacco, getting routine screenings, getting HPV and Pap co-testing (women over the age of 30); and watch for abnormal vaginal discharge or bleeding.</p>	<p>The USPSTF recommends screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and HPV testing every five years.</p>	<p>The ACS recommends Pap test screening for women ages 21-29. For women ages 30-65, screening should be done every five years with both the HPV test and the Pap test, or every three years with the Pap test alone.</p>
<p>Individuals can take charge of their health by getting regular, routine screenings, maintaining a healthy weight, adopting a physically active lifestyle, avoiding tobacco products, limiting alcohol consumption, and consuming a healthy diet that emphasizes plant sources, supports a healthy weight, includes at least two and a half cups of a variety of vegetables and fruits each day, includes whole grains and limits processed and red meats.</p>	<p>The USPSTF recommends colorectal cancer screening for adults aged 50-75 using high-sensitivity FOBT once a year, flexible sigmoidoscopy every five years (when done in combination with a high-sensitivity FOBT, the FOBT should be done every three years), or colonoscopy every 10 years. Colonoscopy is also used as a follow-up test if anything unusual is found during one of the other screening tests.</p>	<p>The ACS recommends screening for men and women beginning at age 50 using a FOBT or FIT every year, a stool DNA test every three years, a double-contrast barium enema every five years, a colonoscopy every ten years, or a CT colonography every five years.</p>

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Lung	Smoking is the greatest risk factor for lung cancer. In addition, individuals at increased risk include those exposed to second-hand smoke; those exposed to other cancer-causing agents (such as asbestos, radon, arsenic, talc, vinyl chloride, coal products, and radioactive ores); males; and African-Americans.	Findings from the National Cancer Institute's National Lung Screening Trial established screening with the use of low-dose computed tomography in specific high-risk groups has been shown to be effective in reducing mortality.	Lung cancer symptoms do not usually occur until the cancer is advanced. Common signs and symptoms of lung cancer include a persistent cough, sputum streaked with blood, chest pain, voice changes, and recurrent pneumonia or bronchitis.
Melanoma/Skin Cancer	People of all ages, races and ethnicities are subject to developing skin cancer. Indiana residents may have increased risk if they are ages 50 or older; male; white; have fair to light skinned complexions; have natural blond or red hair; have blue or green eyes; have a large number of moles (more than 50); have a family history of melanoma; have excessive exposure to UV radiation from the sun or tanning beds; have a history of sunburn at an early age; have a weakened immune system or are being treated with immune-suppressing medicines; have a past history of basal or squamous cell skin cancers; and have an occupational exposure to coal tar, pitch, creosote, arsenic compounds, radium or some pesticides.	Indiana residents should be aware of any changes in skin growths or the appearance of new growths. Adult should thoroughly examine their skin regularly, preferably once a month. New or unusual lesions or a progressive change in a lesion's appearance (size, shape, or color for example) should be evaluated promptly by a health care provider.	A simple ABCDE rule outlines some warning signs of melanoma: A for Asymmetry (one half of the mole or lesion does not match the other half); B for Border (border irregularity, edges that are ragged, notched or blurred); C for Color (the pigmentation is not uniform, with variable degrees of tan, brown or black); D for Diameter (if the diameter is greater than 6 millimeters - or the size of a pencil eraser); and E for Evolution (moles that change in shape, size or color).
Prostate	Indiana residents may have an increased risk for prostate cancer if they are; over the age of 50; African American; or if they have a first-degree relative (a father, brother or son) with a history of prostate cancer.	Not all experts agree that screening for prostate cancer will save lives. The controversy focuses on the cost of screening, the age groups to be screened, and the potential for serious side effects associated with treatment after diagnosis. Not all forms of prostate cancer need treatment.	In the early stage, prostate cancer may not cause symptoms. It is important to know that some men have no symptoms at all. Other symptoms can include difficulty starting urination; weak or interrupted flow of urine; frequent urination (especially at night); inability to empty the bladder completely; pain or burning during urination; blood in the urine or semen; painful ejaculation; trouble having an erection; pain in the back, hips, or pelvis that doesn't go away.

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Individuals can help prevent lung cancer by being tobacco free and avoiding exposure to second-hand smoke.	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	The ACS recommends LDCT for current smokers, or former smokers (who have quit within the past 15 years), ages 55-74 with at least a 30 pack-per-year history.
Individuals can take charge of their health by limiting or avoiding exposure to the sun during peak hours (10 a.m. to 4 p.m.); wearing sunscreen with a SPF of 30 or higher that protects from both UVA and UVB rays; wearing clothing that has built-in SPF in the fabric, or wearing protective clothing such as long sleeves and long pants; wearing a hat that protects your scalp and shades your face, neck and ears; avoiding use of tanning beds and sun lamps; wearing sunglasses to protect your eyes; and always protecting skin. In addition, any new or unusual lesions or a progressive change in a lesion's appearance should be evaluated by a physician.	The USPSTF recommends counseling children, adolescents, and young adults aged 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.	
Individuals can help prevent prostate cancer by eating a healthy diet with at least five servings of fruits and vegetables each day; limiting their intake of red and processed meats; avoiding excessive consumption of dairy products; include lycopene and vitamin E in the diet; and meet recommended levels of physical activity.	The USPSTF recommends against prostate-specific antigen (PSA)-based screening for prostate cancer.	Beginning at age 50, men who have at least a 10-year life expectancy should have an opportunity to make an informed decision with their health care provider about whether to be screened for prostate cancer, after receiving information about the potential benefits, limitations, and uncertainties associated with prostate cancer screening. Men at high risk should have this discussion with their health care provider beginning at age 45.