Screening Guidelines 2023

ROCKY MOUNTAIN CANCER CENTERS

Colon Cancer

Age 21 Testing may be recommended if patient has a higher-than-average risk of colon cancer.

Age 45 to 75 People at average risk (in good health and with a life expectancy of more than 10 years) should continue regular colorectal cancer screenings.

Age 76 to 85 The decision to be screened should be based on patient preference, life expectancy, overall health and prior screening history.

Age 86 and Over Should no longer get colorectal cancer screening.

HIGH RISK

People who are at an increased or high risk for colorectal cancer might need to start screening before age 45, be screened more often, and/or get specific tests. Risk factors include:

- A personal history or a strong family history of colorectal cancer or certain types of polyps
- A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- A known family history of a hereditary colorectal cancer syndrome such as familial adenomatous polyposis (FAP) or Lynch syndrome (also known as hereditary non-polyposis colon cancer or HNPCC)
- A personal history of radiation to the abdomen (belly) or pelvic area to re-treat a prior cancer

STOOL-BASED TESTS

- Highly sensitive fecal immunochemical test (FIT) every year
- Highly sensitive guaiac-based fecal occult blood test (gFOBT) every year
- Multitarget stool DNA test (mt-sDNA) every three years

VISUAL (STRUCTURAL) EXAMS OF THE COLON AND RECTUM

- Colonoscopy every 10 years for average risk; more frequent based on personal and family history or if pathology identified
- CT colonography (virtual colonoscopy) every five years; more frequently if pathology identified
- Flexible sigmoidoscopy (FSIG) every five years; more frequently if pathology identified

What's New? The age recommendation for screening has changed from 50 to 45 years old (April 2021).

Pancreatic Cancer

HIGH RISK

Patients who are considered high risk should have an MRI/MRCP and/or endoscopic ultrasound annually, starting at age 50 (or 10 years prior to the earliest diagnosis in the family).

Risk factors include:

- Certain gene mutations such as ATM, BRCA1, BRCA2, PALB2 mutation, and others
- Family history of pancreatic cancer in two or more first-degree relatives
- Family history of pancreatic cancer in three or more first and/or second-degree relatives

Lung Cancer

Age 50 to 80 Annual lung cancer screening with a low-dose CT scan (LDCT) if patients are:

- In fairly good health
- A current or former smoker (within the past 15 years)
- Have at least a 20 pack-year smoking history

What's New? As of March 2021, the U.S. Preventive Services Task Force revised the recommended ages and pack-years for lung cancer screening. It expanded the age range from 50 to 80 years (previously 55 to 80 years) and reduced the pack-year history to 20 pack-years of smoking (previously 30 pack-years).

Female Breast Cancer

Age 40 to 74 Start screening with mammogram annually.

Age 75 and Over Should continue with mammograms if their overall health is good, and they have a life expectancy of 10 or more years.

HIGH RISK

Women who are high risk for breast cancer should get a breast MRI and a mammogram annually, typically starting 10 years prior to earliest breast cancer diagnosis in the family. Risk factors include:

- A lifetime risk of breast cancer of about 20% or greater, according to risk assessment tools that are based mainly on family history (e.g., Tyrer Cuzick)
- A known BRCA1 or BRCA2 gene mutation (based on having had genetic testing) or other genetic predisposition for breast cancer
- A first-degree relative (parent, brother, sister, or child) with BRCA1 or BRCA2 gene mutation, but patient has not had genetic testing themselves
- Previous radiation therapy to the chest when they were between the ages of 10 and 30 years

The American Cancer Society recommends against MRI screening for women whose lifetime risk of breast cancer is less than 15%.

What's New? The American College of Radiology (ACR) and Society of Breast Imaging (SBI) now recommend that ALL women should be evaluated for breast cancer risk no later than age 30 (review personal and family history and complete risk assessment).

Cervical Cancer – New Updates

Younger than 21 No screening needed.

Age 21 to 29 Cytology (PAP) once every three years.

Age 30 to 65 Women should have an HPV test every five years or a PAP every three years or HPV/PAP co-test every five years.

Age 65 and Older No screening needed if a series of prior tests were normal.

What's New? The starting screening age has moved to 21.

Prostate Cancer

Start discussions with men about their screening options:

Age 40 to 49 No screening needed.

Age 50 to 69 Consider screening with prostate-specific antigen (PSA) test for average-risk patients. The decision to screen with a PSA should be based on patient preference, family history and current health.

Age 70 and Over OR **Any Man with Less than 10 to 15 Years Life Expectancy** Should not routinely be screened for prostate cancer.

HIGH RISK

Consider screening with a PSA in high-risk populations and African Americans with a positive family history starting at age 40. Risk factors include:

- Men with a first-degree relative (father or brother) who had prostate cancer at an early age (younger than age 65)
- Men with a genetic predisposition for prostate cancer (BRCA1/2 positive or other genes)