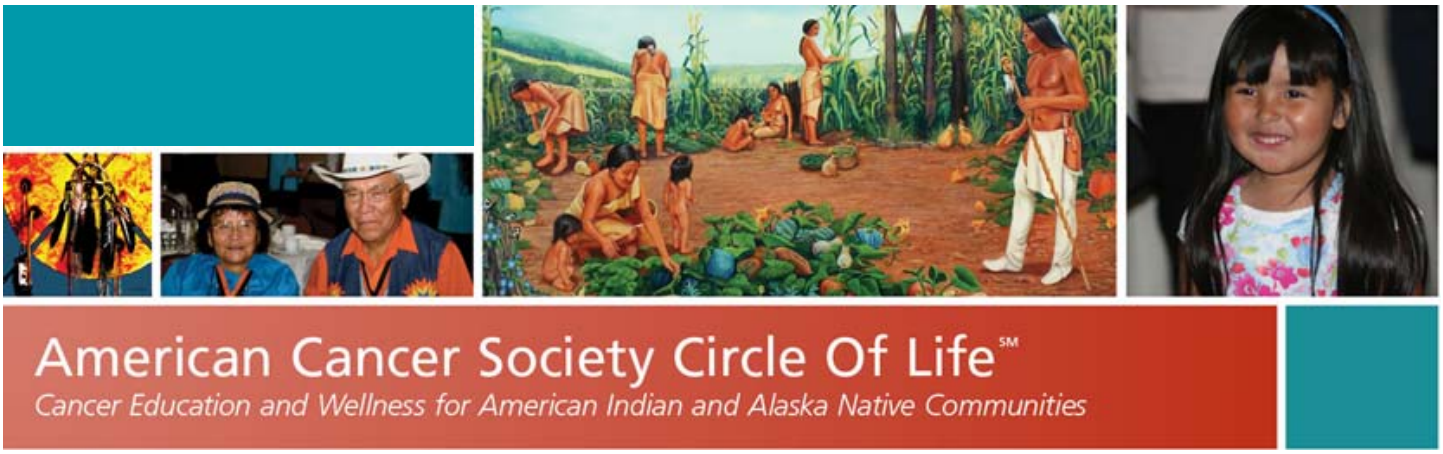

Wellness Along the Cancer Journey:
Healthy Habits and Cancer Screening

Revised October 2015

Chapter 9: Appendices

Appendices

Appendix A: American Cancer Society Guidelines on the Screening & Early Detection of Cancer Summary Chart*

Breast	Women ages 40-54 y Mammography Women should undergo regular screening mammography starting at age 45 y; women ages 45-54 y should be screened annually; women should have the opportunity to begin annual screening between ages 40 and 44 y Women ages ≥55 y Mammography Women aged ≥55 y should transition to biennial screening or have the opportunity to continue screening annually; women should continue screening mammography as long as their overall health is good and they have a life expectancy ≥10 y
Cervix	Women ages 21-29 y Pap test Cervical cancer screening should begin at age 21 y; for women ages 21-29 y, screening should be done every 3 y with conventional or liquid-based Pap tests Women, ages 30-64 y Pap test & HPV DNA test For women ages 30-64 y, screening should be done every 5 y with both the HPV test and the Pap test (preferred) or every 3 y with the Pap test alone (acceptable)Women ages ≥65 y Pap test & HPV DNA test Women aged ≥65 y who have had ≥3 consecutive negative Pap tests or ≥2 consecutive negative HPV and Pap tests within the last 10 y, with the most recent test occurring in the last 5 y, should stop cervical cancer screening Women who have had a total hysterectomy—Women who have had a total hysterectomy should stop cervical cancer screening
Colorectal	Men and women ages ≥50 y, for all tests listed Guaiac-based fecal occult blood test (gFOBT)[b] with at least 50% test sensitivity for cancer, or fecal immunochemical test (FIT)[b] with at least 50% test sensitivity for cancer, or Annual; testing stool sampled from regular bowel movements with adherence to manufacturer's recommendation for collection techniques and number of samples is recommended; FOBT with the single stool sample collected during a digital rectal examination is not recommended; “Throw in the toilet bowl” FOBTs also are not recommended; compared with guaiac-based tests for the detection of occult blood, immunochemical tests are more patient-friendly and are likely to be equal or better in sensitivity and specificity; there is no justification for repeating FOBT in response to an initial positive finding; patients should be referred to colonoscopy Multitarget stool DNA test,[b](mtsDNA) or Every 3 y, per manufacturer's recommendation Flexible sigmoidoscopy,[b](FSIG) or Every 5 y, FSIG can be performed alone, or consideration can be given to combining FSIG performed every 5 y with a highly sensitive gFOBT or FIT performed annually Double contrast barium enema,[b]or Every 5 y Colonoscopy Every 10 y CT colonography[b] Every 5 y Endometrial Women at menopause—At the time of menopause, women should be informed about risks and symptoms of endometrial cancer and strongly encouraged to report any unexpected bleeding or spotting to their physicians

Lung	Current or former smokers ages 55-74 y in good health with at least a 30 pack-year smoking history Low-dose helical CT (LDCT)Clinicians with access to high-volume, high-quality lung cancer screening and treatment centers should initiate a discussion about annual lung cancer screening with apparently healthy patients ages 55-74 y who have at least a 30 pack-year smoking history and who currently smoke or have quit within the past 15 y; a process of informed and shared decision making with a clinician related to the potential benefits, limitations, and harms associated with screening for lung cancer with LDCT should occur before any decision is made to initiate lung cancer screening; smoking-cessation counseling remains a high priority for clinical attention in discussions with current smokers, who should be informed of their continuing risk of lung cancer; screening should not be viewed as an alternative to smoking cessation
Prostate	Men ages ≥50 y Prostate-specific antigen test with or without digital rectal examination Men who have at least a 10-y 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, risks, and uncertainties associated with prostate cancer screening; prostate cancer screening should not occur without an informed decision-making process

CT, computed tomography; FSIG, flexible sigmoidoscopy; HPV, human papillomavirus; Pap, Papanicolaou.

A All individuals should become familiar with the potential benefits, limitations, and harms associated with cancer screening.

B All positive tests must be followed up with colonoscopy

taken from Robert A. Smith PhD1,, Kimberly Andrews2, Durado Brooks MD, MPH3, Carol E. DeSantis MPH4, Stacey A. Fedewa MPH5, Joannie Lortet-Tieulent MSc6, Deana Manassaram-Baptiste PhD, MPH7, Otis W. Brawley MD8 and Richard C. Wender MD9.
(2016). Cancer screening in the United States, 2016: A review of current American Cancer Society guidelines and current issues in cancer screening. Retrieved February 8, 2016 at http://onlinelibrary.wiley.com/doi/10.3322/caac.21336/full.