

Cancer Screening Recommendations

Select Cancer Screening for Average-Risk Patients

The Vermont Department of Health recommends that health care providers have informed discussions with patients about preventive cancer screenings. The current U.S. Preventive Services Task Force (USPSTF) recommendations are highlighted because they are consensus guidelines. USPSTF is an independent group of national experts in prevention and evidence-based medicine: www.uspreventiveservicestaskforce.org.

BREAST CANCER

Organization	Screening Recommendations
USPSTF (2009)	Mammography every 2 years for women age 50–74. Recommends against teaching breast self-examination (BSE). The decision to start regular, biennial screening mammography before the age of 50 should take patient context into account, including the patient's values regarding specific benefits and harms. Current evidence is insufficient for clinical breast examination (CBE) beyond mammography in women age 40+.
ACS (2015)	Mammography annually for women age 45-54. Mammography every two years for women 55+, with the choice to continue annual screening. Women should have the option to begin annual screening between ages 40-44. Screening should continue as long as a woman's health is good and she has a life expectancy of 10 years or longer. ACS does not recommend clinical breast examination (CBE) among average-risk women at any age.
ACOG (2011)	Mammography annually for women age 40+. CBE every 1 to 3 years for women age 20–39; yearly age 40+. Educate women age 20+ regarding breast self-awareness.
USPSTF (2015) -DRAFT-	Mammography every 2 years for women age 50–74. Women between the ages of 40 and 49 years who place a higher value on the potential benefit than the potential harms may choose to begin biennial screening.

CERVICAL CANCER

Organization	Screening Recommendations
USPSTF (2012)	Pap test every 3 years for women age 21–65 (no screening < age 21). Or, for women age 30–65, Pap with HPV test every 5 years. Discontinue testing > age 65 if normal Pap result and otherwise low risk; or for women with no cervix.
ACS (2014), ASCCP, ASCP, ACOG (2012)	Same as USPSTF recommendations. For women age 30-65, Pap test plus HPV every 5 years is the preferred schedule (Pap alone every three years is acceptable).

COLORECTAL CANCER

Organization	Screening Recommendations
USPSTF (2008)	High sensitivity fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually, <u>or</u> sigmoidoscopy every 5 years with FOBT/FIT every 3 years, <u>or</u> colonoscopy every 10 years for adults age 50–75.
ACS (2014)	Beginning at age 50, follow one of these schedules: (1) flexible sigmoidoscopy every 5 years, or colonoscopy every 10 years, or double-contrast barium enema every 5 years, or CT colonography every 5 years; or (2) FOBT/FIT annually, or stool DNA test every 3 years.
ACG (2009)	Colonoscopy every 10 years, beginning at age 50 is preferred. Alternative tests: flexible sigmoidoscopy every 5–10 years, or CT colonography every 5 years, or FIT test annually.

The Vermont Department of Health guides the work of cancer prevention and control with the Vermont State Cancer Plan, a 5-year strategic plan to reduce the impact of cancer on Vermonters.

For more information, contact the Vermont Department of Health Comprehensive Cancer Control Program:

Phone (toll-free in VT): **866-331-5622**

Website: HealthVermont.gov/cancer



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PROSTATE CANCER	
Organization	Screening Recommendations
USPSTF (2012)	Recommends against PSA-based screening for prostate cancer.
ACS (2014)	Recommends informed decision-making with doctor (starting at age 50) about whether to be tested for prostate cancer. African American men, or those with a father or brother with prostate cancer < age 65 should start discussion at age 45.
NCCN (2014)	Specifically focused on men opting to participate in an early detection program after receiving the appropriate counseling on the pros and cons. Scheduling of follow-up and testing depend on age, level of risk, and life expectancy.
AUA (2013)	Recommends against routine PSA screening in men under age 55 and those over 70 that have less than a 10 to 15 year life expectancy. Recommends shared decision-making for men age 55 to 69 years that are considering PSA screening, and proceeding based on a man's values and preferences.
LUNG CANCER	
Organization	Screening Recommendations
USPSTF (2013)	Annual low-dose computed tomography (LDCT) of adults age 55–80 who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.
ASCO, ACCP (2012) ALA (2013) ACS (2014)	Similar to USPSTF recommendations, for age range 55-74. ACS and ALA emphasize that doctors should discuss the screening with patients to allow for informed decision-making of the risks and benefits of screening. A focus on the continuing risk of lung cancer and the importance of smoking cessation should be a high priority in screening discussions with current smokers.
SKIN CANCER	
Organization	Screening Recommendations
USPSTF (Screening 2009) (Counseling 2012)	Insufficient evidence to recommend for or against routine screening (whole body skin examination by a primary care clinician or skin self-examination) for average risk adults. Recommends sun safety counseling for individuals age 10–24 with fair skin.
ACS (2013)	Recommends skin check by doctor as part of a routine periodic health exam (no frequency specified).

This table is not inclusive of all cancer screening recommendations (by cancer type or organization). Other organizations that promote cancer screening guidelines include (but are not limited to) the National Cancer Institute, the American Academy of Family Physicians, and the American Medical Association.

* These guidelines are for individuals at average-risk for select cancers. An individual's risk for cancer is based on two major categories: familial or genetic risk and environmental factors that may be causally related to cancer such as smoking, obesity, diet and physical activity. Two tools for counseling patients on individual risk and helping plan the type and frequency of screening procedures are listed below.

- The National Cancer Institute (NCI) breast cancer, colorectal cancer and melanoma risk assessment tools are designed for use by health providers with their patients. The tools and other information related to overall cancer risk assessment can be found at <http://www.cancer.gov/>.
- The Agency for Healthcare Research and Quality (AHRQ) Electronic Preventive Services Selector (ePSS) is a hands-on downloadable tool based on current USPSTF recommendations that is designed to help providers offer appropriate screening, counseling, and preventive medication services for their patients. The tool can be found at <http://epss.ahrq.gov/>.

Acronyms:

ACCP:	American College of Chest Physicians	ASCO:	American Society of Clinical Oncology
ACG:	American College of Gastroenterology	ASCP:	American Society for Clinical Pathology
ACOG:	American College of Obstetricians & Gynecologists	AUA:	American Urological Association
ACS:	American Cancer Society	NCCN:	National Comprehensive Cancer Network
ALA:	American Lung Association	USPSTF	United States Preventive Services Task Force
ASCCP:	American Society for Colposcopy & Cervical Pathology	:	