

Cancer Detection Guide for Men

The cure rate for cancer is greatly increased by early detection. Periodic health appraisals, screening tests, and self-examinations may detect cancer early and save your life! Below, you will find general guidelines for cancer detection. Please keep in mind your doctor may have good reason to do things differently based on various factors including age, family medical history, lifestyle, and occupation.

AGE	FREQUENCY	MALES
18-20	One Time	Complete health exam ¹
	Monthly	Skin self-exam, testes self-exam
21-39	Every 3 Years	Complete health exam ¹
	Monthly	Skin self-exam, testes self-exam
40-49	Every 5-10 Years	Colonoscopy, CT Colonography or flexible sigmoidoscopy
	Every 3 Years	Complete health exam ¹ , prostate-specific antigen (PSA) blood test ⁴ , Multi-targeted stool DNA test (MT-sDNA) ⁵
	Yearly	Digital rectal exam, guaiac-based fecal occult blood test (gFOBT) or fecal immunochemical test (FIT) ⁵
	Monthly	Skin self-exam, testes self-exam
50-65	Every 5-10 Years	Colonoscopy, CT Colonography or flexible sigmoidoscopy, double contrast barium enema (DCBE) ⁵
	Every 3 Years	Multi-targeted stool DNA test (MT-sDNA) ⁵
	Yearly	Complete health exam ¹ , prostate-specific antigen (PSA) blood test ⁴ , digital rectal exam, guaiac-based fecal occult blood test (gFOBT) or fecal immunochemical test (FIT) ⁵ , low dose helical CT (LDCT) ⁶
66+	Monthly	Skin self-exam, testes self-exam
	Every 5-10 Years	Colonoscopy, CT Colonography or flexible sigmoidoscopy
	Every 3 Years	Multi-targeted stool DNA test (MT-sDNA) ⁵
Yearly	Complete health exam ¹ , prostate-specific antigen (PSA) blood test ⁴ , digital rectal exam, guaiac-based fecal occult blood test (gFOBT) or fecal immunochemical test (FIT) ⁵ , low dose helical CT (LDCT) ⁶	
	Monthly	Skin self-exam, testes self-exam



- At minimum, includes medical/lifestyle history and physical exam. Blood/urine tests and chest x-ray may also be included, at physician's discretion.
- Research has not yet proven whether the benefits of prostate cancer screening outweigh the harms of testing and treatment. All men should talk with their doctor to decide if testing is right for them, beginning at age 50 for men at average risk, age 45 for African American men and high risk men, and age 40 for those with family history at a young age.
- Beginning at age 45, men and women should take one of the following examinations: Colonoscopy (every 10 years), CT Colonography (every 5 years), MT-sDNA (every 3 years), or gFOBT or FIT, with at least 50% test sensitivity for cancer (yearly). Screening with the MT-sDNA, FOBT and FIT is done at home. Screening should continue to age 75. Your doctor may suggest screening up to age 85.
- Lung cancer screening should only be considered for persons who meet all of the following criteria: Aged 55-74, in fairly good health, have a 30 pack-year smoking history, and either still smoke or quit within the past 15 years. Screening should only be done at facilities that have experience in LDCT for lung cancer screening. Discuss risks and benefits with your physician to decide if screening is right for you. Screening should not be viewed as an alternative to smoking cessation.

Note: Your doctor may suggest a different testing schedule depending on your risk of developing a specific type of cancer. Discuss with your doctor to develop a screening schedule that is tailored to your own situation: your age, family medical history, lifestyle, and occupation are important factors that you and your doctor should consider.



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Cancer Detection Guide for Women

AGE	FREQUENCY	FEMALES
18-20	One Time	Complete health exam ¹
	Monthly	Skin self-exam
21-39	Every 3 Years	Complete health exam ¹ , clinical breast exam, Pap test ²
	Yearly	Endometrial biopsy ³
	Monthly	Skin self-exam, breast self-exam
40-49	Every 5-10 Years	Colonoscopy, CT Colonography or flexible sigmoidoscopy
	Every 3 Years	Complete health exam ¹ , Pap test ² , Multi-targeted stool DNA test (MT-sDNA) ⁵
	Yearly	Clinical breast exam, mammogram, digital rectal exam, endometrial biopsy ³ , guaiac-based fecal occult blood test (gFOBT) or fecal immunochemical test (FIT) ⁵
	Monthly	Skin self-exam, breast self-exam
50-65	Every 5-10 Years	Colonoscopy, CT Colonography or flexible sigmoidoscopy, HPV and Pap co test ²
	Every 3 Years	Pap test ² , Multi-targeted stool DNA test (MT-sDNA) ⁵
	Yearly	Complete health exam ¹ , clinical breast exam, mammogram, endometrial biopsy ³ , digital rectal exam, guaiac-based fecal occult blood test (gFOBT) or fecal immunochemical test (FIT) ⁵ , low dose helical CT (LDCT) ⁶
	Monthly	Skin self-exam, breast self-exam
66+	Every 5-10 Years	Colonoscopy, CT Colonography or flexible sigmoidoscopy
	Every 3 years	Multi-targeted stool DNA test (MT-sDNA) ⁵
	Yearly	Complete health exam ¹ , clinical breast exam, mammogram, endometrial biopsy ³ , digital rectal exam, guaiac-based fecal occult blood test (gFOBT) or fecal immunochemical test (FIT) ⁵ , low dose helical CT (LDCT) ⁶
	Monthly	Skin self-exam, breast self-exam



- At minimum, includes medical/lifestyle history and physical exam. Blood/urine tests and chest x-ray may also be included, at physician's discretion.
- Women 21-29 should have a Pap test every 3 years, even if vaccinated for HPV. Women 30-65 should have HPV and Pap co-testing every 5 years or Pap test alone every 3 years. Women ages 66+ should stop cervical cancer screening if they have had ≥3 consecutive negative Pap tests or ≥2 consecutive negative HPV and Pap tests within the past 10 years, with the most recent test occurring in the past 5 years; or have had a total hysterectomy.
- Beginning at age 35, for women at high risk for endometrial cancer only. This especially includes women with genetic mutations associated with hereditary nonpolyposis colon cancer (HNPCC). Women with HNPCC who have finished having children may choose to have a hysterectomy.

- Beginning at age 45, men and women should take one of the following examinations: Colonoscopy (every 10 years), CT Colonography (every 5 years), MT-sDNA (every 3 years), or gFOBT or FIT, with at least 50% test sensitivity for cancer (yearly). Screening with the MT-sDNA, FOBT and FIT is done at home. Screening should continue to age 75. Your doctor may suggest screening up to age 85.
- Lung cancer screening should only be considered for persons who meet all of the following criteria: Aged 55-74, in fairly good health, have a 30 pack-year smoking history, and either still smoke or quit within the past 15 years. Screening should only be done at facilities that have experience in LDCT for lung cancer screening. Discuss risks and benefits with your physician to decide if screening is right for you. Screening should not be viewed as an alternative to smoking cessation.

Note: Your doctor may suggest a different testing schedule depending on your risk of developing a specific type of cancer. Discuss with your doctor to develop a screening schedule that is tailored to your own situation: your age, family medical history, lifestyle, and occupation are important factors that you and your doctor should consider.

FOCUS ON EARLY DETECTION

Cancer Detection Guidelines

You can increase your chances of early diagnosis by scheduling regular exams with your doctor.

- At minimum, includes medical/lifestyle history and physical exam. Blood/urine tests and chest x-ray may also be included, at physician's discretion.
- Women 21-29 should have a Pap test every 3 years, even if vaccinated for HPV. Women 30-65 should have HPV and Pap co-testing every 5 years or Pap test alone every 3 years. Women ages 66+ should stop cervical cancer screening if they have had ≥ 3 consecutive negative Pap tests or ≥ 2 consecutive negative HPV and Pap tests within the past 10 years, with the most recent test occurring in the past 5 years; or have had a total hysterectomy.
- Beginning at age 35, for women at high risk for endometrial cancer only. This especially includes women with genetic mutations associated with hereditary nonpolyposis colon cancer (HNPCC). Women with HNPCC who have finished having children may choose to have a hysterectomy.
- Research has not yet proven whether the benefits of prostate cancer screening outweigh the harms of testing and treatment. All men should talk with their doctor to decide if testing is right for them, beginning at age 50 for men at average risk and at age 40 for men at high risk. For men who decide to be tested, the frequency will depend on their PSA level.
- Beginning at age 50, men and women should take one of the following examinations: Colonoscopy (every 10 years), Double-contrast barium enema (every 5 years), CT Colonography (every 5 years), Stool DNA test (every 3 years), or FOBT or FIT, with at least 50% test sensitivity for cancer (yearly). Screening with the FOBT/FIT should be done at home, using multiple-sample method.
- Lung cancer screening should only be considered for persons who meet all of the following criteria: Aged 55-74, in fairly good health, have a 30 pack-year smoking history, and either still smoke or quit within the past 15 years. Screening should only be done at facilities that have experience in LDCT for lung cancer screening. Discuss risks and benefits with your physician to decide if screening is right for you.

Note: Your doctor may suggest a different testing schedule depending on your risk of developing a specific type of cancer. Discuss with your doctor to develop a screening schedule that is tailored to your own situation.

AGE	FREQUENCY	FEMALES	MALES
18-20	One Time	Complete health exam ¹	Complete health exam ¹
	Monthly	Skin self-exam	Skin self-exam, testes self-exam
21-39	Every 3 Years	Complete health exam ¹ , clinical breast exam, Pap test ²	Complete health exam ¹
	Yearly	Endometrial biopsy ³	
40-49	Monthly	Skin self-exam, breast self-exam	Skin self-exam, testes self-exam
	Every 3 Years	Complete health exam ¹ , Pap test ²	Complete health exam ¹ , prostate-specific antigen (PSA) blood test ⁴
50-65	Yearly	Clinical breast exam, mammogram, pelvic exam, digital rectal exam, endometrial biopsy ³	Digital rectal exam
	Monthly	Skin self-exam, breast self-exam	Skin self-exam, testes self-exam
66+	Every 5-10 Years	Colonoscopy, CT Colonography, flexible sigmoidoscopy, double contrast barium enema (DCBE) ⁵ , HPV and Pap co test ²	Colonoscopy, CT Colonography, flexible sigmoidoscopy, double contrast barium enema (DCBE) ⁵
	Every 3 Years	Stool DNA test ⁵ , Pap test ²	Stool DNA test ⁵
66+	Yearly	Complete health exam ¹ , clinical breast exam, mammogram, endometrial biopsy ³ , pelvic exam, digital rectal exam, fecal occult blood test (FOBT) or fecal immunochemical test (FIT) ⁵ , low dose helical CT (LDCT) ⁶	Complete health exam ¹ , prostate-specific antigen (PSA) blood test ⁴ , digital rectal exam, fecal occult blood test (FOBT) or fecal immunochemical test (FIT) ⁵ , low dose helical CT (LDCT) ⁶
	Monthly	Skin self-exam, breast self-exam	Skin self-exam, testes self-exam
66+	Every 5-10 Years	Colonoscopy, CT Colonography, flexible sigmoidoscopy, double contrast barium enema (DCBE) ⁵	Colonoscopy, CT Colonography, flexible sigmoidoscopy, double contrast barium enema (DCBE) ⁵
	Every 3 Years	Stool DNA test ⁵	Stool DNA test ⁵
66+	Yearly	Complete health exam ¹ , clinical breast exam, mammogram, endometrial biopsy ³ , pelvic exam, digital rectal exam, fecal occult blood test (FOBT) or fecal immunochemical test (FIT) ⁵ , low dose helical CT (LDCT) ⁶	Complete health exam ¹ , prostate-specific antigen (PSA) blood test ⁴ , digital rectal exam, fecal occult blood test (FOBT) or fecal immunochemical test (FIT) ⁵ , low dose helical CT (LDCT) ⁶
	Monthly	Skin self-exam, breast self-exam	Skin self-exam, testes self-exam