

Recommended Cancer Screenings

Cancer Screenings	Women	Men
BREAST CANCER (CLINICAL BREAST EXAM • MAMMOGRAM)		
Clinical Breast Exam (with a provider)		
Age 20-40	Once every 1-3 years	See note #4 about screening for breast cancer
Age 40+	Once every year	See note #4 about screening for breast cancer
Mammogram		
Age 40+	Once a year for as long as you are in good health	
Women at high risk	Talk with your doctor about more-intensive screening recommendations.	
<p><i>Important Notes About Screening for Breast Cancer:</i></p> <ol style="list-style-type: none"> 1. Women should be familiar with their breasts and see their primary-care provider if they notice any changes. 2. Women should know their personal and family history related to breast cancer. If you think you may be at high risk, call the Swedish Cancer Institute's High-Risk Surveillance Clinic about a risk assessment and plan. 3. This screening schedule is consistent with guidelines from the American Cancer Society, the National Cancer Institute, the National Comprehensive Cancer Network, and the American College of Radiology. Some physicians follow the U.S. Preventive Services Task Force guideline, which recommends mammograms every two years for women who are in good health. Talk with your primary-care provider if you have questions about how frequently you should have a mammogram. 4. Men who notice breast lumps should have a prompt evaluation by their primary-care provider. 		
CERVICAL CANCER (PAP SMEAR • HUMAN PAPILLOMAVIRUS [HPV] TESTING)		
Pap Smear		
Age 21-30	Once every 3 years	
Age 30-65	Once every 3-5 years	
HPV Testing		
Women age 30-65 at high risk	Once every 3-5 years	
<p><i>Important Notes About HPV Prevention:</i></p> <ol style="list-style-type: none"> 1. The Centers for Disease Control and Prevention recommends women and men ages 9-26 be vaccinated for HPV. The vaccination (a series of three shots) is given only once. For more information, go to www.cdc.gov. 		
COLON CANCER (COLONOSCOPY)		
Adults at high risk (family history of colon cancer): Age 40 or 10 years before the age at which the youngest family member was diagnosed with colon cancer	Once every 5 years	Once every 5 years
Age 50-80 (regardless of risk)	Once every 10 years	Once every 10 years
Age 81+ (regardless of risk)	Talk with your doctor about repeat screenings	Talk with your doctor about repeat screenings
<p><i>Important Notes About Screening for Colon Cancer:</i></p> <ol style="list-style-type: none"> 1. Stool test for blood, DNA test and flexible sigmoidoscopy are also used to screen for colon cancer, but are not as thorough or effective as colonoscopy. Depending on your personal situation, you and your doctor may consider these other options. 2. This screening schedule is consistent with guidelines from the American Cancer Society, the American College of Gastroenterology, the American Society of Colon and Rectal Surgeons, the American College of Radiology and the American College of Physicians. 		

LIVER CANCER (ULTRASOUND • SERUM ALPHA-FETOPROTEIN)		
Adults at high risk, such as individuals with cirrhosis or chronic hepatitis B (HBV) infections	Once every 6 months	Once every 6 months
<p>Important Notes About Screening for Liver Cancer:</p> <ol style="list-style-type: none"> 1. Patients with cirrhosis who are at high risk include: chronic hepatitis C virus cirrhosis, alcoholic cirrhosis, genetic hemochromatosis with cirrhosis, stage 4 primary biliary cirrhosis, alpha-1 antitrypsin deficiency with cirrhosis, all other cirrhosis. 2. Patients with hepatitis B who are at high risk include: Asian males older than 40 years, Asian females older than 50 years, HBV carrier with family history of hepatocellular carcinoma, Africans/North American Blacks with HBV, all cirrhotic hepatitis B patients. 3. Screening may not be beneficial for some patients with cirrhosis who are at high risk, such as individuals with non-cirrhotic fatty liver disease or stage 3 hepatitis C, and male hepatitis B carriers younger than 40 and female hepatitis B carriers younger than 50. 		
LUNG CANCER (LOW-DOSE CT SCREENING)		
Age 55-79 at high risk for lung cancer (individuals with a 30+ pack-per-year cigarette-smoking history who are actively smoking or who quit smoking within the last 15 years)	Once a year for 3 years, and then as recommended by your doctor	Once a year for 3 years, and then as recommended by your doctor
<p>Important Notes About Screening for Lung Cancer:</p> <ol style="list-style-type: none"> 1. The U.S. Preventive Services Task Force recently approved low-dose CT screening for individuals at high risk for lung cancer. The screening must be performed at designated facilities that have this type of expertise, such as the Swedish Cancer Institute. 2. The Swedish Cancer Institute's Lung Cancer Screening Program offers a comprehensive approach to screening for tobacco-related diseases and lung cancer, and also offers tobacco-cessation counseling and treatment for participants. The program complies with best practices as identified by the International Early Lung Cancer Action Program and the Lung Cancer Alliance. 		
ORAL AND PHARYNGEAL CANCER (VISUAL, TACTILE, X-RAY SCREENING)		
All ages	Each year during dental exam	Each year during dental exam
<p>Important Notes About Screening for Oral Cancer:</p> <ol style="list-style-type: none"> 1. Dentists routinely conduct visual, tactile and X-ray screenings of the oral cavity, face, neck and throat during dental exams. 2. This screening information is consistent with guidance from the American Dental Association, the Oral Cancer Foundation and the American Cancer Society. 3. If you use tobacco or alcohol — especially if you use both — you are at increased risk for cancer of the oral cavity and pharynx. 		
PROSTATE CANCER (PSA SCREENING)		
Age 55 and younger who are at high risk for prostate cancer (positive family history or African American race)		Talk with your primary-care provider
Age 56-69		Talk with your primary-care provider
Age 70 and older		Not recommended
<p>Important Notes About Screening for Prostate Cancer:</p> <ol style="list-style-type: none"> 1. For men age 55 and younger who are at high risk for prostate cancer, when and how frequently to screen is personalized based on your particular situation. 2. For men age 56-69, there may be a benefit to having a PSA screening every 2 or more years, or as necessary based on the results of a baseline PSA. 3. Men age 70 and older who are in excellent health may want to talk with their primary-care provider about the value of PSA screening. 4. This information is consistent with the guidelines of the American Urological Association, which were updated in 2013. 		
THESE CANCER SCREENING GUIDELINES ARE RECOMMENDED BY THE SWEDISH CANCER INSTITUTE.		



Arnold Medical Pavilion
1221 Madison St.
Seattle, WA 98104
www.swedish.org/cancer