OHC SCREENING GUIDELINES

OHC
SPECIALISTS IN CANCER AND BLOOD DISORDERS

COLON CANCER

Last Exam: _____ *Next Exam Due:* _____

Age 21: Testing may be recommended if you have a higher than average risk of colon cancer.
Age 45-75: People at average risk (are in good health and with a life expectancy of more than 10 years) should continue regular colorectal cancer screenings.
Age 76-85: 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 the age of 45, be screened more often, and/or get specific tests. This includes:

- 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.
- Multi-targeted stool DNA test (mt-sDNA) every 3 years.

Visual (structural) Exams of the Colon & 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 5 years; more frequently if pathology identified.
- Flexible sigmoidoscopy (FSIG) every 5 years; more frequently if pathology identified.

What's New? The age recommendation for screening has changed from 50 to 45, April 2021.

PANCREATIC CANCER

Last Exam: _____ *Next Exam Due:* _____

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

- Certain gene mutations such as ATM, BRCA1, BRCA2, Lynch Syndrome, 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

Last Exam: _____ *Next Exam Due:* _____

Age 50-80: Annual lung cancer screening with a low-dose CT scan (LDCT) if your patients meet the following conditions:

- 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? The USPSTF (U.S. Preventive Services Task Force) has revised the recommended ages and pack-years for lung cancer screening. It expanded the age range to 50-80 years (previously 55 to 80 years) and reduced the pack-year history to 20 pack-years of smoking (previously 30 pack-year).

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BREAST CANCER*

Last Exam: _____ *Next Exam Due:* _____

Age 40-74: Start screening with mammogram annually.
Age 75 and over: Should continue with mammograms as long as 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. This includes:

- Have a lifetime risk of breast cancer of about 20% or greater, according to risk assessment tools that are based mainly on family history (i.e. Tyrer-Cuzick).
- Have a known BRCA1 or BRCA2 gene mutation (based on having had genetic testing) or other genetic predisposition for breast cancer.
- Have a first-degree relative (parent, brother, sister, or child) with BRCA1 or BRCA2 gene mutation, and have not had genetic testing themselves.
- Had 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? 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*

Last Exam: _____ *Next Exam Due:* _____

Age 21-29: PAP test every 3 years.
Age 30-65: HPV/PAP cotest every 5 years is preferred. It is acceptable to have a PAP test alone every 3 years.
Age 65 and older: No screening is necessary following adequate negative prior screening.
After total hysterectomy: Annual gynecology exam still recommended.
After HPV vaccination: Follow age-specific recommendations.

PROSTATE CANCER*

Last Exam: _____ *Next Exam Due:* _____

Average Risk:
Age 40-49: No screening.
Age 50-69: Consider screening with a PSA for average risk patients. The decision to screen with PSA should be based on patient preference, family history, and current health.
Age 70: Men aged 70+ or any man with less than 10 to 15 years life expectancy should not be screened for prostate cancer routinely.
High Risk: Consider screening with PSA in high-risk populations and African Americans with a positive family history.
Age 40: This includes men who have a first-degree relative (father or brother) who had prostate cancer at an early age (younger than age 65) or men with a genetic predisposition for prostate cancer (ex. BRCA1/2 positive, or other genes).

SKIN CANCER

Although the American Cancer Society does not have guidelines for the early detection of skin cancer, knowing your own skin is critical to finding skin cancer early. Learn the patterns of moles, blemishes, freckles, and other marks on your skin. Contact your family doctor if you notice changes.

HEAD AND NECK CANCER

Talk to your family doctor about your risk for head and neck cancer and recommended screening.

GENETIC RISK ASSESSMENT

The cancer genetic specialists of OHC's Genetic Risk Evaluation and Testing Program (GREAT) are available to see high risk individuals via telehealth or in-person to assess their age to start screening and frequency based on personal history, family history, and genetic testing. **You don't have to be an OHC patient to be referred to our cancer genetic program.**

*Preventative screening guidelines are advised for individuals based on their sex assigned at birth. If a person has had surgical reassignment, they should discuss screening guidelines with their healthcare provider.