

MIKE O'CALLAGHAN FEDERAL HOSPITAL

Cancer Screening Recommendations

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1. The most important aspect of cancer detection is **your history**, the information that you tell your health care provider about a problem or a change that you have noticed. Find out details about cancer that has occurred in your family, that is, **what type of cancer at what age in which relative**. It is helpful to bring notes to your medical appointment. Although these recommended tests do not prevent cancer or detect cancer 100% of the time, they provide the optimum chance for **early detection, treatment, and cure** of some of the most common cancers.
2. A **general physical examination**
 - Every 3 years from age 20 and then every year over the age of 50.
3. **Breast cancer screening**
 - Monthly breast self examination from puberty throughout life, generally one week after menses,
 - Annual breast physical exam beginning in the teen years,
 - Screening baseline mammogram between ages 35 to 40
 - Annual screening mammography after age 40
 - Individuals with positive family history of breast or ovarian cancer should begin screening mammograms 10 years younger than index case.
 - Annual mammograms for patients with atypical hyperplasia and those with breast lumps.
4. **Cervix, ovarian, uterine and other female genital cancers** are detected by history, pelvic examination, Pap smear, and endometrial biopsy. Colposcopy may be required. Report any abnormal bleeding. There is no real approved screening for ovarian cancer except a pelvic exam. Ultrasounds are the ACOG recommendation for high-risk patients.
 - Annual pelvic examination with Pap Smears beginning at age 18 or earlier for sexually active females.
5. **Prostate cancer** is detected by history, rectal examination and PSA blood test. Ultrasound may be required. Report changes in or difficulties with urination.
 - Annual digital rectal examination for all men beginning at age 40.
 - Annual PSA blood testing baseline at age 40, repeat at 45 then yearly at age 50.
 - Annual PSA beginning at age 40 for patients with positive family histories, African American or an elevated PSA.
6. **Colorectal cancer screening** report pain or sustained changes in bowel movements.
 - Annual **digital rectal examination** after age 40
 - Annual stool testing for occult blood (FOBT) after age 50
 - Flexible sigmoidoscopy baseline at age 50 then every 5 years if the exams are negative
 - Total colonoscopy every 3-5 years based on a family history of colon cancer (a combination of barium enema and flexible sigmoidoscopy may substitute), begin screening 10 years younger than index case
 - Total colonoscopy every 3-5 years in persons with a history of adenomatous polyps
7. **Skin cancer survey**
 - Monthly self-exam after puberty,
 - Annually by a health care provider for persons with multiple moles,
 - Annually after the age of 50 for all individuals, and
 - Every 3 years beginning at age 18 when there is a history of childhood sunburn or a family history of melanoma.
8. **Cancer of the eye** screening is achieved by a dilated ocular fundus examination at the age of 40 and every 2-3 years thereafter. Report changes in your vision to your physician.