

# Cancer-Free at Any Age: Checklist for Your Next Checkup

Screening exams can diagnose cancer at the earliest stages, when treatment is most effective. Texas Oncology recommends regular screening and/or self-exams for breast, prostate, colorectal, skin, testicular, lung, and cervical cancers based on guidelines below.

## Adults at Every Age

- Individuals should be aware of their cancer risk, which may be higher for those with a personal or family history of cancer, or certain genetic profiles that have been associated with specific cancer types. For those with these risk factors, screening may need to occur more often or begin at an earlier age.
- Research does not indicate one most appropriate age to begin cancer screening. Patients should consult a physician, who will consider their history and circumstances, and make an informed decision about their screening schedule.
- Keep an eye on your skin and check for changes in freckles, moles, and other skin markings once a month.
- Breast cancer screening recommendations are for women with average risk. It is important to discuss with a physician your individual risk factors, including age, menopausal status, and family history to determine your individual screening needs.
- Women should check their breasts monthly for lumps or masses, nipple discharge, skin changes such as redness, scaling or dimpling, or other changes.
- Women with a first degree relative diagnosed with breast cancer before the age of 50 should begin receiving mammograms 10 years before reaching that relative's age at diagnosis.
- Women with a family history of breast, ovarian, and/or other cancers should consider evaluation by a genetic counselor.
- Women with a previous pelvic malignancy should consult with a physician regarding type and frequency of follow-up exams.
- Men should check both testicles for hardened lumps and variations in size, shape, or consistency every month.

## 20s

- Women in their 20s should have a clinical breast exam every three years.
- Women should have a Pap test to screen for cervical cancer every three years, regardless of whether they have received the HPV vaccine. The U.S. Preventive Services Task Force (USPSTF) recommends another option to screen with the high-risk human papillomavirus (hrHPV) test only every five years.

## 30s

- Women in their 30s should have a clinical breast exam every three years.
- Women should discuss their individual breast cancer risk level with a physician to determine the most appropriate breast cancer screening options, including mammograms and MRI screenings.
- Women ages 25-65 should have a Pap test and DNA HPV test every five years or only a Pap test every three years to screen for cervical cancer. The DNA HPV test, given in conjunction with a Pap test, may identify existing HPV infections that could lead to cervical cancer. Another option is to screen with the high-risk human papillomavirus (hrHPV) test only every five years.

## 40s

- Women age 40 and older should have a mammogram once a year. Women should discuss individual risk factors for breast cancer with a physician to determine recommended additional screenings including annual ultrasounds and MRI screenings to drive early detection.

- Women in their 40s should continue to have a Pap test and DNA HPV test every five years or only a Pap test every three years to screen for cervical cancer. Another option is to screen with the high-risk human papillomavirus (hrHPV) test only every five years.
- Men with a high risk of prostate cancer (African Americans and men with a family history of prostate cancer before age 65) should discuss with a physician whether screenings are appropriate beginning at age 45.
- Men with more than one first-degree relative diagnosed with prostate cancer at an early age should discuss screenings with a physician beginning at age 40. Men with BRCA gene mutations also have an increased risk.
- Beginning at 45, both men and women should begin screening for colorectal cancer with one of the following: guaiac-fecal occult blood test (gFOBT) or fecal immunochemical test (FIT) annually; stool DNA (sDNA) test every three years; a flexible sigmoidoscopy, a double-contrast barium enema, or virtual colonoscopy every five years; or a colonoscopy every 10 years.
- People with increased colorectal cancer risk factors should consult a physician regarding whether to begin screenings earlier than age 45.

### 50s through 70s

- Women in their 50s should continue to have a Pap test and DNA HPV test every five years or only a Pap test every three years to screen for cervical cancer. Another option is to screen with the high-risk human papillomavirus (hrHPV) test only every five years. Women over age 65 should discuss previous test results and the risks and benefits of screening with their physician.
- Beginning at age 50, men should discuss with a physician the benefits and risks of prostate cancer screening to make an informed decision about testing. Prostate cancer screening may involve a prostate-specific antigen (PSA) blood test and a digital rectal examination (DRE).
- People ages 50 to 80 who have smoked, on average, a pack of cigarettes daily for 20 years, whether they still smoke or have quit, are at a higher risk for lung cancer and should consider an annual low-dose CT to screen for lung cancer.

### 80s and Beyond

- Men and women age 80 and older should consult a physician about the benefits and risks of cancer screenings.

### About Texas Oncology

With more than 530 physicians and 280 locations, Texas Oncology is an independent private practice, a member of The US Oncology Network, that sees more than 71,000 new cancer patients each year. Founded in 1986, Texas Oncology provides comprehensive, multidisciplinary care, and includes Texas Center for Proton Therapy, Texas Breast Specialists, Texas Colon & Rectal Specialists, Texas Oncology Surgical Specialists, Texas Urology Specialists and Texas Infusion and Imaging Center. Texas Oncology's robust community-based clinical trials and research program has contributed to the development of more than 100 FDA-approved cancer therapies. Learn more at [TexasOncology.com](https://www.texasoncology.com).

*Sources: American Cancer Society, American Society of Clinical Oncology, Centers for Disease Control and Prevention, National Cancer Institute, Texas Oncology Physicians, and U.S. Preventive Services Task Force, and World Health Organization*



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