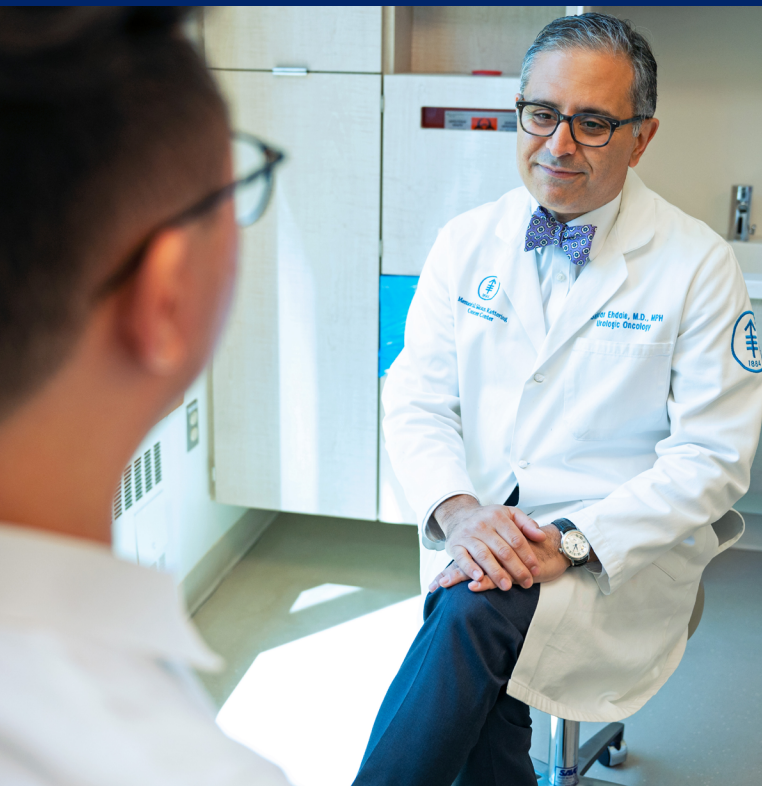


CANCER SCREENING: What You Need to Know



Memorial Sloan Kettering
Cancer Center



Finding Cancer Early Can Save Your Life.

Cancer screening is checking for cancer when you don't have symptoms. Screenings can help find cancer early, when it's easier to treat. Treating cancer early often means there's a better chance of curing it.

Memorial Sloan Kettering (MSK) doctors recommend getting screened for the most common cancers, such as breast, cervical, colorectal, lung, prostate, and skin.

Keep reading to learn when you should get screened.

CANCER	SCREENING TEST	AGES
Skin	Skin self-exam	Depends on risk
Colorectal	Colonoscopy	45+
Lung	Low-dose CT scan	50-80
Cervical	Pap test every 3 years You may also need an HPV test every 5 years	21-65
Breast	Start to become familiar with how your breasts look and feel	20+
	Breast exam by your healthcare provider Mammogram or tomosynthesis (3D mammogram)	25+ starting at 40
Prostate	First (baseline) PSA test Repeat PSA test as required	starting at 45 50-70

These are our recommended cancer screening tests for people with an **average risk of disease**. You may be at higher risk depending on your family history and other factors. Learn more about risk factors for cancer in other sections of this brochure.

For more information on cancer risk, please visit:
www.mskcc.org/cancer-care/risk-assessment-screening/screening-guidelines

Skin cancer is the most common kind of cancer. If skin cancer is found early, it's easier to treat.

Non-melanoma skin cancers, including basal cell carcinoma and squamous cell carcinoma, are the most common forms of skin cancer. They are usually found on the face, neck, hands, or other areas often exposed to the sun.

Melanoma, the most serious form of skin cancer, can develop anywhere on the body and is extremely dangerous because it can spread to other areas.

Anyone can develop skin cancer, regardless of skin tone. Our experts do not recommend skin cancer screenings for most people. We don't recommend them if you have no history of skin cancer or unusual areas on your skin. **However, if you're at higher risk, regular skin cancer screenings may help.**

During your care, your healthcare provider may recommend you get checked by a dermatologist (skin doctor). We recommend you talk about getting a skin cancer risk assessment if you have:

- A family history of melanoma in 2+ relatives related to you by blood.
- Many moles or atypical (dysplastic) moles.
- Many actinic keratoses spots.
- A personal history of many basal cell or squamous cell skin cancers.

MSK recommends you check your own skin regularly, every month. This is called a skin self-exam. You can check for skin spots or moles that are new or changing. This can help you find problems before they become cancer. Visit your healthcare provider if you see something on your skin that does not look right.

COLORECTAL CANCER Screening Recommendations

Colorectal cancer starts when healthy cells in your colon or rectum change and grow. They form a mass called a tumor. Colorectal cancer includes cancers found in the colon or rectum.

You are at average risk if you are 45 or older and have:

- No symptoms.
- Never had colorectal cancer. Your close family members related to you by blood (parents, siblings, or children) have never had the disease.
- Never had polyps (growths that are not cancer but can become cancer) in your colon or rectum.
- Never had inflammatory bowel disease, such as ulcerative colitis or Crohn's colitis.

MSK recommends that people at average risk for colorectal cancer start getting screened at age 45.

MSK recommends that people at higher risk for colorectal cancer talk with their healthcare provider about when to start screening.

If you are 75 or older, talk with your healthcare provider about whether screening is right for you. Routine screening is not generally recommended after age 85.



LUNG CANCER Screening Recommendations



Lung cancer is one of the most common cancers. It develops when abnormal cells grow in either the lungs or the bronchi (the air tubes that lead to the lungs).

Important risk factors for lung cancer include your age, and how many years you have smoked, if any. Here are some other factors that may put you at risk:

- Breathing in the smoke of other people (secondhand smoke).
- Exposure to radon (a radioactive gas found in some homes and buildings).
- Breathing in other substances that cause cancer, such as asbestos, arsenic, and exhaust from vehicles or machines.
- Having a family member related to you by blood with lung cancer.

MSK recommends you get screened every year if you are between the ages of 50 and 80 and:

- Smoke now or quit smoking within the past 15 years
- Have smoked an average of 1 pack a day for 20 years or what comes out as the same number of cigarettes. For example, you could have smoked 2 packs a day for 10 years or a half pack a day for 40 years.

MSK generally recommends that you do not get screened if you have a disease or illness so severe that it would be very hard for you to have more testing and treatment.



PROSTATE CANCER Screening Recommendations



There is clear evidence that screening with a prostate-specific antigen (PSA) test can reduce the number of deaths from prostate cancer. However, prostate cancer often grows so slowly that it may not cause any problems in your life. For that reason, many people do not benefit from treatment for prostate cancer and can suffer from side effects, such as long-term problems with urinary and sexual function.

MSK's screening recommendations for prostate cancer are for people expected to live at least 10 years.

Starting at age 45

- baseline PSA test (blood test)

Ages 50 to 70

- repeat PSA tests as required based on previous results

Ages 71 to 75

- Speak to your doctor about whether to have a PSA test at all. A high PSA level at this age does not necessarily mean that a prostate biopsy is required. Your doctor will repeat the test after a few months to assess risk and will investigate whether there is another reason to explain the increase.

PSA testing based on levels:

- if baseline PSA test level is less than 1 ng / mL, no need to repeat the test for several years
- if PSA test level is between 1 and 3 ng / mL, repeat the test every two to four years
- if PSA test level is greater than 3 ng / mL, repeat the test in six weeks if still greater than 3 ng / mL, men should talk with their doctor about having a biopsy of the prostate.

You are at higher risk for more aggressive forms of prostate cancer if you:

- are of African American heritage
- have a family history of prostate cancer



BREAST CANCER Screening Recommendations



Breast cancer is a disease caused by abnormal (not normal) cells growing in your breast. These cells can cause a tumor to form. You may be able to feel this tumor as a lump under your skin. But you also may not know it's there unless you have a screening test that shows the tumor.

You are at average risk if you were assigned female at birth (your gender now does not matter) and you do not have:

- A hereditary syndrome, such as a mutation (change or variant) in your BRCA or other genes. You may have a hereditary syndrome if your blood relatives had breast, ovarian, or other types of cancers.
- A history of:
 - Invasive breast cancer or ductal carcinoma in situ (DCIS).
 - Atypical hyperplasia or lobular carcinoma in situ (LCIS). This is a type of breast disease that is not cancer.
 - Dense breasts. A mammogram will show if you have dense breasts.

- Breast cancer in your family (blood relatives). This is different for everyone. Your risk will be assessed by your healthcare provider.
- Radiation therapy to your chest when you were young.

Your risk is above average (intermediate) if you were assigned female at birth (your gender now does not matter) and you have or had:

- A history of breast cancer and are over the age of 50.
- A few relatives with breast cancer, but without abnormal genes.
- Dense breasts. A mammogram will show if you have dense breasts.
- A history of atypical hyperplasia (ADH) and lobular neoplasia. This includes lobular carcinoma in situ (LCIS) or atypical lobular hyperplasia (ALH).

If You're at Average Risk:

- Starting at age 20, become familiar with how your breasts look and feel. Knowing your breasts will help you notice changes.
- Get a breast exam from your healthcare provider every year starting at age 25.
- Starting at age 40, have a mammogram or tomosynthesis (3D mammogram screening) every year. First, talk with your healthcare provider about the pros and cons of getting screened. If your mammogram shows you have dense breasts, they may recommend additional screening tests. These can include an ultrasound or a mammogram with contrast. Contrast is a special dye used in imaging scans that makes it easier to see differences in your breasts.

CERVICAL CANCER Screening Recommendations



Finding changes in cells in the cervix as early as possible can prevent cancer or make it easier to treat.

A virus called HPV (human papillomavirus) is the main risk factor for cervical cancer. Having HPV puts you at higher risk for cervical cancer. There are some things you can do to lower your risk of getting HPV:

- Use condoms and dental dams (a thin sheet that stops mouth-to-skin contact) during anal, vaginal, and oral sex. This lowers your risk of getting HPV.
- Get the HPV vaccine. Talk with your healthcare provider about whether the HPV vaccine is right for you.

People without HPV infection or any other risk factor rarely get cervical cancer. Talk with your healthcare provider about your risks.

MSK recommends that people assigned female at birth who are at average risk get screened starting at age 21. This includes people of all genders, including transgender men.

If you're 21 to 29 years old:

- Have a Pap test every 3 years.

If you're 30 to 65 years old, follow one of these guidelines:

- Have a Pap test every 3 years.
- Have a Pap test with an HPV test every 5 years.
- Have an HPV test every 5 years.



MSK Direct

Your employer partners with Memorial Sloan Kettering Cancer Center (MSK) — one of the top cancer hospitals in the nation, with more than 135 years devoted to exceptional patient care and cutting-edge medicine — to offer you MSK Direct.

With MSK Direct, you and your family have access to expert cancer guidance, no matter where you're located. MSK Direct is your pathway to the highest-quality cancer solutions and services for screening and prevention, diagnosis, treatment, and life after cancer for both adults and pediatric patients. Whether you have cancer, are concerned about your risk of cancer, or are a caregiver, MSK Direct is here for you.

The MSK Direct team is available to help you and your family make smart decisions about the best cancer care options, close to home. Call the MSK Direct dedicated phone number: **646-449-1515** or visit mskcc.org/direct/mskdirectforyou to learn more.



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