

# WOMEN'S 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, and skin.

Keep reading to learn when you should get screened.



CANCER	SCREENING TEST	AGES
Skin	Monthly skin <b>self-exam</b>	Depends on risk
Colorectal	<b>Colonoscopy</b>	45+
Lung	Low-dose <b>CT scan</b>	50-80 (with a history of smoking)
Cervical	<b>Pap test</b> every 3 years You may also need an <b>HPV test</b> every 5 years	21-65
Breast	Start to become familiar with how your breasts <b>look and feel</b>	20+
	<b>Breast exam</b> by your healthcare provider	25+
	<b>Mammogram</b> or tomosynthesis (3D mammogram)	starting at 40

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](http://www.mskcc.org/cancer-care/risk-assessment-screening/screening-guidelines) or scan the QR code.



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.



## 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.

**You are at average risk** if you were assigned female at birth (regardless of your gender now) 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 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.

If you are a transgender man or a nonbinary person, you can still be at risk for breast cancer. This is true even if you had top surgery. But you also may not know it's there unless you have a screening test that shows the tumor.

**Your risk is above average** (intermediate) if you were assigned female at birth (regardless of your gender now) 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.



## UTERINE CANCER Screening Recommendations

The cells in fatty tissue make estrogen, which helps explain why obesity (50 pounds or more overweight) is the biggest risk factor for developing this cancer.

### **The risk for developing uterine cancer rises if you:**

- Are between the ages of 50 and 60
- Are 50 pounds or more overweight
- Began menstruating before age 12
- Entered menopause relatively late, after age 52
- Never gave birth
- Have a history of infertility (an inability to become pregnant)
- Have an ovarian disease, such as polycystic ovarian syndrome, that could cause you to have higher than normal levels of the hormone estrogen and lower than normal levels of the hormone progesterone
- Have elevated blood sugar (diabetes)
- Have high blood pressure (hypertension)

### **Protect Yourself**

Getting annual checkups with your gynecologist and reporting any unexpected or abnormal bleeding or lifestyle changes can help reduce your risk. Using oral contraceptives has also been associated with a reduced risk.

# OVARIAN CANCER Screening Recommendations



Approximately 5 to 10 percent of women diagnosed with ovarian cancer have inherited an increased risk for the disease, which means risk is increased if a blood relative such as a mother, sister, grandmother or aunt has had ovarian cancer.

## You are at increased risk if you have:

- A family history of ovarian or breast cancer
- A personal history of breast cancer prior to age 40
- A personal history of breast cancer diagnosed prior to age 50 as well as one or more close relatives diagnosed with breast or ovarian cancer at any age
- Two or more close relatives diagnosed with breast cancer prior to age 50, or with ovarian cancer diagnosed at any age
- Ashkenazi Jewish heritage and a personal history of breast cancer prior to age 50
- Ashkenazi Jewish heritage and a first- or second-degree relative diagnosed with breast cancer prior to age 50, or with ovarian cancer at any age

## Family History & Inherited Risk for Ovarian Cancer

Genetic testing and counseling at MSK can help you sort through your options and next steps. Scan the QR code above to learn more.

## 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](https://mskcc.org/direct/mskdirectforyou) to learn more.



Memorial Sloan Kettering  
Cancer Center