

TABLE 100-3 SCREENING RECOMMENDATIONS FOR ASYMPTOMATIC SUBJECTS NOT KNOWN TO BE AT INCREASED RISK FOR THE TARGET CONDITION^a

Cancer Type	Test or Procedure	USPSTF	ACS
Breast	Self-examination	"D"	Women ≥20 years: Breast self-exam is an option
	Clinical examination	Women ≥40 years: "I" (as a stand-alone without mammography)	Women 20–39 years: Perform every 3 years Women ≥40 years: Perform annually
	Mammography	Women 40–49 years: The decision should be an individual one, and take patient context/values into account ("C") Women 50–74 years: Every 2 years ("B") Women ≥75 years: "I"	Women ≥40 years: Screen annually for as long as the woman is in good health
	Magnetic resonance imaging (MRI)	"I"	Women with >20% lifetime risk of breast cancer: Screen with MRI plus mammography annually Women with 15–20% lifetime risk of breast cancer: Discuss option of MRI plus mammography annually Women with <15% lifetime risk of breast cancer: Do not screen annually with MRI
Cervical	Pap test (cytology)	Women 21–65 years: Screen every 3 years ("A") Women <21 years: "D" Women >65 years, with adequate, normal prior Pap screenings: "D"	Women 21–29 years: Screen every 3 years Women 30–65 years: Acceptable approach to screen with cytology every 3 years (see HPV test below) Women <21 years: No screening Women >65 years: No screening following adequate negative prior screening
		Women after total hysterectomy for noncancerous causes: "D"	Women after total hysterectomy for noncancerous causes: Do not screen
	HPV test	Women 30–65 years: Screen in combination with cytology every 5 years if woman desires to lengthen the screening interval (see Pap test, above) ("A") Women <30 years: "D" Women >65 years, with adequate, normal prior Pap screenings: "D" Women after total hysterectomy for noncancerous causes: "D"	Women 30–65 years: Preferred approach to screen with HPV and cytology co-testing every 5 years (see Pap test above) Women <30 years: Do not use HPV testing Women >65 years: No screening following adequate negative prior screening Women after total hysterectomy for noncancerous causes: Do not screen
Colorectal	Sigmoidoscopy	Adults 50–75 years: every 5 years in combination with high-sensitivity FOBT every 3 years ("A") ^b Adults 76–85 years: "C" Adults ≥85 years: "D"	Adults ≥50 years: Screen every 5 years
	Fecal occult blood testing (FOBT)	Adults 50–75 years: Annually, for high-sensitivity FOBT ("A") Adults 76–85 years: "C" Adults ≥85 years: "D"	Adults ≥50 years: Screen every year
	Colonoscopy	Adults 50–75 years: every 10 years ("A") Adults 76–85 years: "C" Adults ≥85 years: "D"	Adults ≥50 years: Screen every 10 years
	Fecal DNA testing	"I"	Adults ≥50 years: Screen, but interval uncertain
	Fecal immunochemical testing (FIT)	"I"	Adults ≥50 years: Screen every year
	CT colonography	"I"	Adults ≥50 years: Screen every 5 years
Lung	Low-dose computed tomography (CT) scan	Adults 55–80 years, with a ≥30 pack-year smoking history, still smoking or have quit within past 15 years. Discontinue once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability to have curative lung surgery: "B"	Men and women, 55–74 years, with ≥30 pack-year smoking history, still smoking or have quit within past 15 years: Discuss benefits, limitations, and potential harms of screening; only perform screening in facilities with the right type of CT scanner and with high expertise/specialists
Ovarian	CA-125	"D"	There is no sufficiently accurate test proven effective in the early detection of ovarian cancer. For women at high risk of ovarian cancer and/or who have unexplained, persistent symptoms, the combination of CA-125 and transvaginal ultrasound with pelvic exam may be offered.
	Transvaginal ultrasound	"D"	

(Continued)