



## COLON NEW UPDATES

**Age 21:** Testing may be recommended if you have a higher than average risk of colon cancer.

**Age 45-75:** People at average risk (are in good health and with a life expectancy of more than 10 years) should continue regular colorectal cancer screenings.

**Age 76-85:** The decision to be screened should be based on patient preference, life expectancy, overall health, and prior screening history.

**Age 86 and over:** Should no longer get colorectal cancer screening.

**High Risk:** People who are at an increased or high risk for colorectal cancer might need to start screening before the age of 45, be screened more often, and/or get specific tests. This includes:

- A personal history or a strong family history of colorectal cancer or certain types of polyps.
- A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease).
- A known family history of a hereditary colorectal cancer syndrome such as familial adenomatous polyposis (FAP) or Lynch syndrome (also known as hereditary non-polyposis colon cancer or HNPCC).
- A personal history of radiation to the abdomen (belly) or pelvic area to retreat a prior cancer.

### **Stool based Tests**

- Highly sensitive fecal immunochemical test (FIT) every year.
- Highly sensitive guaiac-based fecal occult blood test (gFOBT) every year.
- Multi-targeted stool DNA test (mt-sDNA) every 3 years.

### **Visual (structural) Exams of the Colon & Rectum**

- Colonoscopy every 10 years for average risk; more frequent based on personal and family history or if pathology identified.
- CT colonography (virtual colonoscopy) every 5 years; more frequently if pathology identified.
- Flexible sigmoidoscopy (FSIG) every 5 years; more frequently if pathology identified.

**What's New?** The age recommendation for screening has changed from 50 to 45, April 2021.



## PANCREATIC CANCER

**High Risk:** Patients, starting at age 50 (or 10 years prior to the earliest diagnosis in the family), who are considered high risk should have an MRI/MRCP and/or endoscopic ultrasound annually. This includes:

- Certain gene mutations such as ATM, BRCA1, BRCA2, Lynch Syndrome, and others.
- Family history of pancreatic cancer in two or more first-degree relatives.
- Family history of pancreatic cancer in three or more first and/or second-degree relatives.



## LUNG CANCER NEW UPDATES

**Age 50-80:** Annual lung cancer screening with a low-dose CT scan (LDCT) if your patients meet the following conditions:

- Fairly good health.
- A current or former smoker (within the past 15 years).
- Have at least a 20 pack-year smoking history.

**What's New?** The USPSTF (U.S. Preventive Services Task Force) has revised the recommended ages and pack-years for lung cancer screening. It expanded the age range to 50-80 years (previously 55 to 80 years) and reduced the pack-year history to 20 pack-years of smoking (previously 30 pack-year).



## BREAST CANCER (women only) NEW UPDATES

**Age 40-74:** Start screening with mammogram annually.

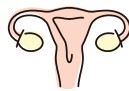
**Age 75 and over:** Should continue with mammograms as long as their overall health is good, and they have a life expectancy of 10 or more years.

**High Risk:** Women who are high risk for breast cancer should get a breast MRI and a mammogram annually, typically starting 10 years prior to earliest breast cancer diagnosis in the family. This includes:

- Have a lifetime risk of breast cancer of about 20% or greater, according to risk assessment tools that are based mainly on family history (i.e. Tyrer Cuzick).
- Have a known BRCA1 or BRCA2 gene mutation (based on having had genetic testing) or other genetic predisposition for breast cancer.
- Have a first-degree relative (parent, brother, sister, or child) with BRCA1 or BRCA2 gene mutation, and have not had genetic testing themselves.
- Had radiation therapy to the chest when they were between the ages of 10 and 30 years.

*The American Cancer Society recommends against MRI screening for women whose lifetime risk of breast cancer is less than 15%.*

**What's New?** American College of Radiology (ACR) and Society of Breast Imaging (SBI) now recommend that **ALL** women should be evaluated for breast cancer risk no later than age 30 (review personal and family history and complete risk-assessment).



## CERVICAL CANCER NEW UPDATES

**Age 21-24:** No screening needed.

**Age 25-65:** Women should have an HPV test every 5 years. If HPV testing is not available, women can get screened with an HPV/PAP cotest every 5 years, or a PAP test every three years.

**Age 65 and older:** No screening needed if a series of prior tests were normal.

**What's New?** There are two major differences from previous guidelines, the starting age has moved to slightly older ( moved from starting at age 21 to age 25) and HPV testing recommendations have changed.



## PROSTATE CANCER

Start discussions with men about their screening options:

### **Average Risk**

**Age 40-49:** No screening.

**Age 50-69:** Consider screening with a PSA for average risk patients. The decision to screen with PSA should be based on patient preference, family history and current health.

**Age 70:** Men aged 70+ or any man with less than 10 to 15 years life expectancy should not be screened for prostate cancer routinely.

**High Risk:** Consider screening with PSA in high-risk populations and African Americans with a positive family history.

**Age 40:** This includes men who have a first-degree relative (father or brother) who had prostate cancer at an early age (younger than age 65) or men with a genetic predisposition for prostate cancer (ex BRCA1/2 positive, or other genes).



## GENETIC RISK ASSESSMENT

RMCC Genetic Counselors can see high risk patients via telehealth or in-person to assess their age to start screening and frequency based on personal history, family history, and genetic testing.