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American Cancer Society Guidelines for the Early Detection of Cancer

Screening tests are used to find cancer *before* a person has any symptoms. Screening can often help find and treat pre-cancers and cancers early, before they have a chance to spread.

- [Breast cancer](#)
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- [Cervical cancer](#)
- [Endometrial cancer](#)
- [Lung cancer](#)
- [Prostate cancer](#)
- [Take control of your health, and help reduce your cancer risk.](#)

Here are the American Cancer Society's recommendations to help guide you when you talk to your doctor about screening for certain cancers.

Breast cancer

- **Women ages 40 to 44** should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) if they wish to do so.
- **Women age 45 to 54** should get mammograms every year.
- **Women 55 and older** should switch to mammograms every 2 years, or can continue yearly screening.
- Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.
- **All women** should be familiar with the known benefits, limitations, and potential

harms linked to breast cancer screening.

Women should also know how their breasts normally look and feel and report any breast changes to a health care provider right away.

Some women – because of their family history, a genetic tendency, or certain other factors – should be screened with MRIs along with mammograms. (The number of women who fall into this category is very small.) [Talk with a health care provider about your risk for breast cancer and the best screening plan for you.](#)¹

Colon and rectal cancer and polyps

[For people at average risk for colorectal cancer](#)², the American Cancer Society recommends starting regular screening at **age 45**. This can be done either with a sensitive test that looks for signs of cancer in a person's stool (a stool-based test), or with an exam that looks at the colon and rectum (a visual exam). Talk to your health care provider about which tests might be good options for you, and to your insurance provider about your coverage. No matter which test you choose, the most important thing is to get screened.

If you're in good health, you should continue regular screening through **age 75**.

For people **ages 76 through 85**, talk with your health care provider about whether continuing to get screened is right for you. When deciding, take into account your own preferences, overall health, and past screening history.

People **over 85** should no longer get colorectal cancer screening.

If you choose to be screened with a test other than colonoscopy, any abnormal test result needs to be followed up with a colonoscopy.

Cervical cancer

- [Cervical cancer screening](#)³ should start at **age 25**. People under age 25 should not be tested because cervical cancer is rare in this age group.
- **People between the ages of 25 and 65** should get a primary HPV (human papillomavirus) test* done every 5 years. If a primary HPV test is not available, a co-test (an HPV test with a Pap test) every 5 years or a Pap test every 3 years are still good options.

(*A primary HPV test is an HPV test that is done by itself for screening. The US Food and Drug Administration has approved certain tests to be primary HPV tests.)

A pack-year is equal to smoking 1 pack (or about 20 cigarettes) per day for a year. For example, a person could have a 20 pack-year history by smoking 1 pack a day for 20 years, or by smoking 2 packs a day for 10 years.

Before deciding to be screened, people should have a discussion with a healthcare professional about the purpose of screening and how it is done, as well as the benefits, limits, and possible harms of screening.

People who still smoke should be counseled about quitting and offered interventions and resources to help them.

People should not be screened if they have serious health problems that will likely limit how long they will live, or if they won't be able to or won't want to get treatment if lung cancer is found.

Prostate cancer

The American Cancer Society recommends that men make an informed decision with a health care provider about whether to be tested for [prostate cancer](#)⁶.

Starting at age 50, men should talk to a health care provider about the pros and cons of testing so they can decide if testing is the right choice for them.

If you are African American or have a father or brother who had prostate cancer before age 65, you should have this talk with a health care provider starting at age 45.

If you decide to be tested, you should get a PSA blood test with or without a rectal exam. How often you're tested will depend on your PSA level.

Take control of your health, and help reduce your cancer risk.

- Stay away from all forms of tobacco.

- Get regular check-ups and cancer screening tests.

Hyperlinks

1. www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html
2. www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html
3. www.cancer.org/cancer/types/cervical-cancer/detection-diagnosis-staging/cervical-cancer-screening-guidelines.html
4. www.cancer.org/cancer/types/endometrial-cancer/detection-diagnosis-staging/detection.html
5. www.cancer.org/cancer/types/lung-cancer/detection-diagnosis-staging/detection.html
6. www.cancer.org/cancer/types/prostate-cancer/detection-diagnosis-staging/acs-recommendations.html

References

Fontham ETH, Wolf AMD, Church TR, et al. Cervical cancer screening for individuals at average risk: 2020 guideline update from the American Cancer Society. *CA Cancer J Clin*. 2020. <https://doi.org/10.3322/caac.21628>.

Smith RA, Andrews KS, Brooks D, et al. Cancer screening in the United States, 2018: A review of current American Cancer Society guidelines and current issues in cancer screening. *CA Cancer J Clin*. 2019 May;69(3):184-210. doi: 10.3322/caac.21557.

Wolf AMD, Oeffinger KC, Shih YCT, et al. Screening for lung cancer: 2023 guideline update from the American Cancer Society. *CA Cancer J Clin*. 2023. doi:10.3322/caac.21811.

Last Revised: November 1, 2023

Written by

The American Cancer Society medical and editorial content team
(<https://www.cancer.org/cancer/acs-medical-content-and-news-staff.html>)

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