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History of ACS Recommendations for the Early Detection of Cancer in People Without Symptoms

The following tables give the history of cancer detection tests that have been recommended by the American Cancer Society for people who are at *average* risk for cancer (unless otherwise specified) and do not have any specific symptoms. These recommendations have changed over time as new tests have become available and as more evidence for or against the value of some of these tests has emerged.

People who are at *increased* risk for certain cancers may need to follow a different testing schedule, such as starting at an earlier age or being tested more often. Those with symptoms that could be related to cancer should see their doctor right away.

- [Breast cancer](#)
- [Cervical cancer](#)
- [Colon and rectum \(colorectal\) cancer](#)

		high school years	
	Clinical breast exam (CBE)	20 and over	"Periodically"
	Mammogram (starting in 1976)	35 - 39	Only if personal history of breast cancer
		40 - 49	May have mammogram if they or their mother or sisters had breast cancer
50 and over		May have mammograms yearly	
1980 - 1982	Breast self-exam (BSE)	Start during high school years	Monthly
	Clinical breast exam (CBE)	20 - 39	Every 3 years
		40 and over	Yearly
	Mammogram	35 - 39	Baseline mammogram
		40 - 49	Consult personal physician
		50 and over	Yearly
1983 - 1991	Breast self-exam (BSE)	20 and over	Monthly
	Clinical breast exam (CBE)	20 - 39	Every 3 years
		40 and over	Yearly
	Mammogram	35 - 39	Baseline mammogram

		40 - 49	Every 1-2 years
		50 and over	Yearly
1992 - March 1997	Breast self-exam (BSE)	20 and over	Monthly
	Clinical breast exam (CBE)	20 - 39	Every 3 years
		40 and over	Yearly
	Mammogram	40 - 49	Every 1-2 years
50 and over		Yearly	
March 1997 - May 2003	Breast self-exam (BSE)	20 and over	Monthly
	Clinical breast exam (CBE)	20 - 39	Every 3 years
		40 and over	Yearly
	Mammogram	40 and over	Yearly
May 2003 - October 2015 ^{*,**}	Breast self-exam (BSE)	20 and over	Optional. Women should be told about benefits and limitations of BSE. They should report any new symptoms to their health care professional.
	Clinical breast exam (CBE)	20 - 39	Part of a periodic health exam, preferably every 3 years
		40 and over	Part of a periodic health exam, preferably every year
	Mammogram	40 and over	Yearly, continuing for as long as a woman is in good health

October 2015 - present** ,***	Mammogram	40 - 44	Women in this age group should have the choice to start annual screening with mammograms if they wish to do so. The risks of screening as well as the potential benefits should be considered.
		45 - 54	Yearly
		55 and over	Every 2 years; women should also have the chance to continue yearly screening if they choose to. Screening mammograms

	exam		
		40 and over	Yearly
1987 - 2002	Pap test	18 & over or sexually an27ioa7 633.08 S 0.75 w 0 08 Tm 0 0 0 rg /G 633.08 S 27ioa7 4 218	

			every 5 years* OR A Pap test alone every 3 years*
		Over 65	Screening should stop if regular screening tests have been normal the past 10 years and there is no history of serious cervical pre-cancer or cancer in the last 25 years.

**Doctors may suggest a woman be screened more often if she has certain risk factors, such as a history of DES exposure, HIV infection, or a weak immune system*

***Women with a history of cervical cancer, DES (diethylstilbestrol) exposure, or who have a weak immune system should continue screening as long as they are in reasonably good health*

¹*These guidelines are not meant to apply to women who have been diagnosed with cervical cancer. These women should have follow-up testing as recommended by their healthcare team.*

²*These guidelines are not meant to apply to women who have been diagnosed with cervical cancer or pre-cancer. These women should have follow-up testing as recommended by their healthcare team.*

Colon and rectum (colorectal) cancer

Dates	Test	Age	Frequency
Pre 1980	Proctosigmoidoscopy	40 and over	As part of a regular check-up
1980 - 1989	Digital rectal exam (DRE)	40 and over	Yearly
	Fecal occult blood test (FOBT)	50 and over	Yearly
	Proctosigmoidoscopy	50 and over	After 2 normal exams 1 year apart, every 3 to 5 years
1989 - 1997	Digital rectal exam (DRE)	40 and over	Yearly

	Fecal occult blood test (FOBT)	50 and over	Yearly
	Sigmoidoscopy (preferably flexible)	50 and over	Every 3 to 5 years, based

² The first 4 tests (flexible sigmoidoscopy, colonoscopy, DCBE, and CT colonography) are designed to find both early cancer and polyps. The last 3 tests (FOBT, FIT, and Stool DNA test) will primarily find cancer and not polyps. The first 4 tests are preferred if they are available to you and you are willing to have one of these more invasive tests.

³ If test results are positive (abnormal), colonoscopy should be done.

⁴ The 3-year interval was specified in 2014. When the guidelines were published in 2008, the interval was not specified.

Endometrial cancer -- see also cervical cancer

abnormal uterine bleeding, or use of estrogen therapy or tamoxifen.

***Increased risk was defined as a history of estrogen therapy or tamoxifen, late menopause, having no children, infertility or failure to ovulate, obesity, diabetes, or high blood pressure.*

****High risk was defined as women with or at risk for hereditary non-polyposis colorectal cancer (HNPCC) due to a known or suspected gene mutation.*

Lung cancer

Dates	Test	Age	Frequency
Pre 1980	Chest x-ray	Not specified	Supported use of chest x-ray for those in whom lung cancer is most often found (heavy smokers, asbestos workers, etc.)
1980 - 2013	None	Not specified	No recommendation
2013 - May 2018	Low-dose CT of the chest	55 to 74 years (in certain individuals)	Doctors should discuss the benefits, limitations, and potential harms of lung cancer screening with patients who are in fairly good health*, in the correct age range, have at least a 30 pack-year history of smoking**, and are still smoking or have quit within the last 15 years. If patients decide to go forward with screening, they should have low-dose CT of the chest yearly through age 74 as long as they remain in good health.
June 2018 - October 2023	Low-dose CT of the chest	55 to 74 years (in certain individuals)	The ACS recommends annual screening in adults ages 55 to 74 years in fairly good health* who: currently smoke or have quit within the past 15 years; have at least a 30-pack-year smoking history**; get counseling about quitting smoking (for current smokers); have discussed with their doctor the potential benefits, limits, and harms of screening; and have access to a center experienced in lung cancer screening and treatment.

November 2023	Low-dose CT of the chest	50 to 80 years (in certain individuals)	The ACS recommends yearly lung cancer screening with a low-dose CT (LDCT) scan for people who are aged 50 to 80 years and who smoke or used to smoke AND have at least a 20 pack-year history of smoking (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 discuss with their healthcare provider the purpose of screening, how it is done, and the benefits, limits, and possible harms of screening. People who still smoke should be counseled about quitting and offered resources to help them quit.
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**Fairly good health was defined as not requiring home oxygen therapy, having other serious medical problems that would shorten their lives or keep them from having surgery, and having metal implants in the chest (such as pacemakers or spinal rods) that would interfere with the CT images.*

***Pack-years is the number of packs of cigarettes smoked per day multiplied by the number of years smoked. Someone who smoked a pack of cigarettes per day for 30 years has a 30 pack-year smoking history, as does someone who smoked 2 packs a day for 15 years. +NOTE: This represents a language clarification, not a change in the guidelines, as the previous language was often misinterpreted.*

Prostate cancer

Dates	Test	Age/Risk	Frequency
1980 - 1992	No specific recommendation	(see "Cancer-related check-up (men & women)" table)	Part(smokin 0 eeck-)T,1 0 0 110301.25 24

1997 - 2000	Digital rectal exam (DRE) and prostate-specific antigen (PSA) blood test	50 and over (Earlier, i.e. 45, for men at high risk*)	Should be offered yearly (along with information on potential risks & benefits) to men with at least a 10-year life expectancy
2001 - 2008	Digital rectal exam (DRE) and prostate-specific antigen (PSA) blood test	50 and over (average risk)	Should be offered yearly (along with information on potential risks & benefits) to men with at least a 10-year life expectancy

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