

# Clinical Pearls: Cancer Screening

- For average risk patients, breast cancer screening should start at age 40 and continue through age 74.
  - For patient who are considered high risk (>20% lifetime risk) start earlier and order breast MRI in addition to yearly mammogram in order to increase sensitivity.
  - Whole breast ultrasound is not recommended for breast cancer screening.
- Lung cancer screening with annual low-dose CT should be offered to patients ages 50-80 with a  $\geq 20$ -pack-year smoking history who are current smokers or quit within the last 15 years.
  - This increases early detection of lung cancer and is associated with decreased lung cancer mortality.
  - Chest x-ray should not be used for lung cancer screening.
- Prostate cancer screening should be offered to men ages 55 through 69 through shared decision making.
  - If agreeable, a PSA is recommended, and patients should be referred to urology if PSA is 4 or greater.
- All cancers have much better survival and are more treatable at an early stage.
  - Although there are many different and often disparate guidelines out there, be familiar with the ACP and US Preventative Task Force recommendations for all major common cancers (breast, lung, cervical, colon, prostate).
- Patients at increased risk for any reason (Family history/heredity, exposures, prior personal history) need earlier and more frequent screens.
  - Know the factors associated with increased risk.