



## General Cancer Screening for Women

**This article focuses on screening for individuals with female organs including breasts, a cervix, and a uterus.**

Cancer screening tests help find cancer or pre-cancerous areas early. Sometimes these tests find things before you may even have symptoms. Research has shown that cancer treatments work best when cancer is found early.

You should see your primary care provider (PCP) every year for a “wellness” check-up. During this visit, your provider may screen you for some cancers, will talk with you about your family cancer history, and if you have any [genetic mutations](#) that put you at a higher risk for some cancers. This will help your provider plan for when and how often you need to have cancer screenings.

During your routine dental exams, your dentist should look at your mouth and tongue for any changes. This is an oral cancer screening.

You should be screened for [breast](#), [cervical](#), [colorectal](#), and [skin cancers](#). Your provider may also screen you for [thyroid](#) and [uterine \(endometrial\) cancer](#) based on personal/family history or if you have a known genetic syndrome. If you are a smoker or have a history of smoking, your provider may want you to have lung cancer screening.

### Breast Cancer Screening

When to start screening and what kind of screening test to have depends on if you are average or higher risk. Clinical breast exams (CBE) and monthly self-breast exams are no longer recommended. You should still [know your normal breast tissue](#) and tell your provider about any changes in appearance, size, or feel of the tissue or nipples, or any nipple discharge.

You may be at average risk if:

- You don't have a history of breast cancer.
- You don't have a strong family history of breast cancer.
- You or your family does not have a known genetic mutation (like BRCA).
- You didn't have radiation therapy to your chest before you turned 30 years old.

Average risk screening recommendations:

- If you are between the ages of 40-44, you have the choice to start getting [mammograms](#) after talking about the risks and benefits with your provider.
- If you are 45 to 54 years old you should have a mammogram every year.
- If you are over 55, you should have a mammogram every 2 years. You may also choose to have them every year.
- You should continue regular screening as long as you are in good health and expected to live 10 years or more.
- A clinical breast exam (CBE), done by a healthcare professional, is no longer recommended.

- Monthly self-breast exams are no longer recommended. You should still be familiar with your normal breast tissue and tell your provider about any changes in the look, size, or feel of the tissue or nipples, or any nipple discharge.

### You may be at a higher risk if:

- You had genetic testing and have a [BRCA1 or BRCA2 genetic mutation](#).
- You have a parent, sibling, or child with a BRCA1 or BRCA2 genetic mutation and haven't had genetic testing.
- You had radiation to your chest between the ages of 10 and 30.
- You have Li-Fraumeni, Cowden, or Bannayan-Riley-Ruvalcaba syndrome or a parent, sibling, or child with one of these genetic syndromes.

### Higher risk screening recommendations:

- Have a breast MRI and mammogram every year, usually starting at age 30.

## Cervical Cancer Screening

There are many organizations that make recommendations regarding cervical cancer screening and they may vary. It is important to talk to your provider about what type of screening is right for you and when you should have the tests done. To help understand what screening may look like for you, these are the recommendations from The American College of Obstetricians and Gynecologists (ACOG):

- All women should have a Pap test starting at age 21 and have this test done every 3 years.
- From ages 30 to 65, all women should have:
  - Primary HPV testing every 5 years. This test is not yet available at many centers/practices.
  - If this test is not available, you should be screened with co-testing, which is a combination of an HPV and Pap test. This should be done every 5 years.
  - If HPV testing is not available, then a Pap test alone should be done every 3 years.
- Women who have been diagnosed with cervical pre-cancer should continue to be screened until they meet one of the following criteria over the previous 10 years:
  - Two negative, consecutive HPV tests.
  - Or two negative, consecutive co-tests.
  - Or three negative, consecutive pap tests in the last 3 to 5 years.
- Women who have had their uterus and cervix removed in a [hysterectomy](#) and have no history of cervical cancer or pre-cancer should not be screened.
- Women who have had the HPV vaccine should still follow the screening recommendations for their age group.
- While ACOG does not recommend a cervical cancer screening every year, women should still see their provider for a yearly checkup.

Women who are at high risk for cervical cancer may need to be screened more often. Women at high risk could be those with HIV infection, organ transplant, or in-utero exposure to the drug [DES](#).

You should talk to your healthcare provider for specific recommendations for you.

## Uterine (Endometrial) Cancer Screening

Endometrial cancer is most common in women who have gone through menopause. The American Cancer

Society recommends that at menopause, you should talk about the risks and symptoms of endometrial cancer with your provider. Talk with your provider about your medical/gynecologic history to decide if screening is needed.

- Tell your provider about any new bleeding or spotting after menopause.
- If you have a history of HNPCC (hereditary nonpolyposis colon cancer), you may want to have an endometrial biopsy every year starting at age 35.

## Colon and Rectal Cancer Screening

There are many different [types of screening tests](#) used. Talk to your provider about what screening options you have.

- Individuals at average risk for colorectal cancer should start screening at the age of 45.
- Average risk means:
  - You have no personal history of colorectal cancer or polyps.
  - You don't have a family history of colon cancer.
  - You don't have a history of ulcerative colitis or Crohn's disease.
  - You don't have or suspect any family hereditary colorectal syndromes like [FAP](#) or [HNPCC](#).
  - You haven't had radiation to the belly or pelvis for another cancer.
- These screenings should continue until the age of 75. After 75, you can talk with your provider about if you should continue to be screened.
- Those over the age of 85 at average risk don't need to have further screenings.
- If you are at a higher risk of colorectal cancer, you may need to start your screenings earlier and have screenings more often. Talk to your provider about your risk and planning your screenings. Higher risk means:
  - You have a personal history of colorectal cancer or polyps.
  - You have a personal history of ulcerative colitis or Crohn's disease.
  - You have a family history of colorectal cancer or adenomatous polyps.
  - You have an inherited syndrome like FAP or HNPCC.
  - You have radiation to your belly or pelvis for another cancer.

## Lung Cancer Screening

Most people do not need [lung cancer screening](#). Some people are screened for lung cancer who are at a higher risk because of their smoking history. Screening is done with a yearly low-dose CT scan (LDCT) of the chest if you are at high risk.

You may be eligible for lung cancer screening if:

- You are 50 to 80 years of age and in fairly good health.
- You smoke now or have quit within the past 15 years.
- You have at least a 20-pack-year smoking history.
  - A pack-year is the number of cigarette packs smoked each day multiplied by the number of years a person has smoked.
  - Someone who smoked 1 pack of cigarettes each day for 20 years has a 20-pack-year smoking history. So does someone who smoked 2 packs a day for 10 years.

- You have had [smoking cessation \(quitting\)](#) counseling if you are smoking.

Talk to your healthcare provider to make a screening plan if you are at a higher risk of lung cancer.

## Skin Cancer Risk

Skin cancer is very common, and rates of skin cancer are on the rise. You can find skin cancer early by:

- [Knowing your skin and your body](#). Look at birthmarks, moles, and freckles. If a mole has changed in size, shape, or color, is bleeding or itches, or is scaly, contact your healthcare provider to look at the area.
- The American Academy of Dermatology has a [helpful guide to performing a skin self-exam](#).

## Oral Cancer Screening

Oral (mouth) cancers can be caused by smoking, using smokeless tobacco or betel leaves, and drinking alcohol. They can also be caused by HPV.

While there is no routine screening for oral cancer, screening can be done during a dental visit to find cancers early.

- Your hygienist will look in your mouth as they are cleaning.
- The dentist will look and feel your face, neck, lips, mouth, tongue, thyroid gland, salivary gland, and lymph nodes.
- Your dentist may also suggest that you check your mouth once a month for any changes.
- If you are at higher risk for oral cancer, your provider may use dyes or lights to look for any abnormal areas and take a biopsy of those areas.

There are many ways you can lower your risk of cancer and screenings that will help find cancer earlier. Talk with your provider and make a plan for your cancer screenings.

To learn about factors that could affect your cancer risk, use the [Reduce My Risk](#) tool.

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