

APPENDIX TABLE

Current screening recommendations of the U.S. Preventive Services Task Force and the American Cancer Society

SCREENING STRATEGY	U.S. PREVENTIVE SERVICES TASK FORCE*		AMERICAN CANCER SOCIETY†	
	AGE (yr)	FREQUENCY	AGE (yr)	FREQUENCY
Colorectal cancer				
Fecal occult blood testing	50+	Yearly and/or	50+	Yearly and
Sigmoidoscopy	50+	Periodically (unspecified)	50+ 50+ 50+	Every 3–5 years or Every 10 years? or Every 5–10 years
Colonoscopy	Insufficient evidence to recommend for or against			
Double-contrast barium enema	Insufficient evidence to recommend for or against			
Digital rectal examination	Insufficient evidence to recommend for or against		50+	At the same time as above tests
Prostate cancer				
Digital rectal examination	Not recommended		50+	Offer yearly
Prostate-specific antigen				
General population	Not recommended		50+ (if expected to live ≥ 10 years)	Offer yearly
High-risk men‡			45+ high risk	Offer yearly
Cervical cancer				
Papanicolaou test	18–65 (sexually active)	Every 1–3 years	18+	Yearly for 3 years then MD choice
Breast cancer				
Mammography	40–49	Insufficient evidence	40–49	Yearly
	50–75	Every 1–2 years	50+	Yearly and
Clinical breast examination	May be added to mammography		20–40	Every 3 years
			40+	Yearly and
Self breast examination	Insufficient evidence to recommend for or against		20+	Monthly
Skin cancer				
Complete skin examination	Insufficient evidence to recommend for or against		20–39	Every 3 years
			40+	Every year

*U.S. Preventive Services Task Force. *Guide to Clinical Preventive Services, 2d ed.* Baltimore: Williams & Wilkins; 1996.

†Summary of American Cancer Society Recommendations for the Early Detection of Cancer in Asymptomatic People. 1998 American Cancer Society World Wide Web Page (www.cancer.org).

‡Family history for prostate cancer (≥2 first-degree relatives); African-American.