WHY IS SCREENING SO IMPORTANT?

EARLY DETECTION MEANS:
- more treatment options
- better chance of cancer removal before it spreads

It could save your life!

GENERAL LIFESTYLE CHOICES

Cancer is not caused by one thing alone; Your chance of getting cancer is affected by mix of genetics and the environment. While you may not be able to entirely prevent cancer, there are some things you can control:

- Avoid chewing or smoking tobacco; also avoid being around others that smoke
- Eat a healthy diet with a mix of fruits, vegetables, whole grains and other non-processed foods
- Have no more than 2 drinks a day for men, no more than 1 drink a day for women
- Maintain a healthy weight with a healthy diet and with exercise. For adults, do weekly activity of 150 minutes of moderate-intensity exercise or 75 minutes of vigorous-intensity exercise.

REFERENCES


RESTORING BALANCE

Funded by: The National Cancer Institute (NU4CA13924)
In partnership with: The Partnership for Native American Cancer Prevention, Northern Arizona University, University of Arizona Cancer Center
Screening for ovarian, prostate, and skin cancers has not been shown to reduce deaths.

**SCREENING FOR MEN**

**AGE 20-39**
- **Colon Cancer**: Age 20, screening only for high risk individuals (due to family history, genetic disorder, or presence of irritable bowel disease). Colonoscopy, flexible sigmoidoscopy, or fecal occult blood test.

**AGE 40-49**
- **Colon Cancer**: Same as age 20-39
- **Prostate Cancer**: Age 40, screening only for high risk individuals (≥2 family members who had prostate cancer before age 65). Age 45, screening only for high risk individuals (1 family member with prostate cancer before age 65, & African American men). Prostate-specific antigen (PSA) test, digital rectal exam.

**AGE >50**
- **Colon Cancer**: Age 50, screening for all men. Colonoscopy, flexible sigmoidoscopy, or fecal occult blood test.
- **Prostate Cancer**: Age 50, screening for all men. Age 65, screening only with doctor recommendation. PSA test, digital rectal exam.
- **Lung Cancer**: Age 55, screening for men with an active or former history of smoking (past 15 years). Low-dose CT scan.

**SCREENING FOR WOMEN**

**AGE <29**
- **Breast Cancer**: Regular self/clinical breast exam recommended for high risk individuals (genetic mutation, those having received radiation to the chest).
- **Cervical Cancer**: At age 21, women should have a Pap smear every 3 years. HPV testing only if Pap is abnormal.
- **Colon Cancer**: At age 20, screening only for high risk individuals (due to family history, genetic disorder, or presence of irritable bowel disease). Colonoscopy, flexible sigmoidoscopy, or fecal occult blood test.

**AGE 30-39**
- **Breast Cancer**: Same as <29 years old.
- **Cervical Cancer**: Pap smear every 5 years (unless abnormal Pap or non-cervical cancer related hysterectomy). Those not yet with cancer, but who have cells with potential to develop into cancer should monitor for 20 years and get a colposcopy.
- **Colon Cancer**: Same as <29 years old.

**AGE 40-49**
- **Breast Cancer**: Ages 40-44, annual mammograms upon request. At age 45, women should get mammograms every year or every other year depending on doctor recommendation.
- **Colon Cancer**: Same as <29 years old.
- **Cervical Cancer**: Same as age 30-39.

**AGE >65**
- **Breast Cancer**: Women should get mammograms every year or every other year depending on doctor recommendation.
- **Cervical Cancer**: No testing is needed if you've had regular testing with normal Pap smear during the previous 10 years.
- **Colon Cancer**: Same as age 50-64.
- **Lung Cancer**: Screening for women with an active or former history of smoking (past 15 years). Low-dose CT scan.

Check with your insurance: most screenings are covered on a yearly basis under the Affordable Care Act or Medicare.