

Recommended clinical practice guidelines: cancer screening

Routine cancer screening helps detect cancer early, when treatment may be most effective. Providers play a key role in identifying eligible patients, recommending appropriate screenings and addressing barriers to care.

Key screening recommendations for average-risk, asymptomatic adults

- **Breast cancer:** Screening mammography every two years for women ages 40-74.
- **Cervical cancer:**
 - Ages 21-29: Pap test every three years.
 - Ages 30-65: Pap test every three years, high-risk HPV testing every five years or co-testing every five years.
 - Routine screening is not recommended for women younger than 21, women older than 65 who have had adequate prior screening and are not otherwise at high risk, or women who have had a total hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion or cervical cancer.
- **Colorectal cancer:** Screening for adults ages 45-75 using one of the following options:
 - Annual high-sensitivity guaiac fecal occult blood testing.
 - Annual fecal immunochemical testing.
 - Stool DNA-fecal immunochemical testing every one to three years.
 - Computed tomography colonography every five years.
 - Flexible sigmoidoscopy every five years.
 - Flexible sigmoidoscopy every 10 years with annual fecal immunochemical testing.
 - Colonoscopy every 10 years.
 - The appropriate test should be selected through shared decision-making based on the patient's preferences, medical history and ability to complete the test. A positive result from a stool-based test, flexible sigmoidoscopy or CT colonography must be followed by a timely colonoscopy. For adults ages 76 through 85, screening decisions should be individualized based on overall health, prior screening history, life expectancy and patient preferences.
- **Lung cancer:** Annual low-dose CT screening for adults ages 50-80 with a 20 pack-year smoking history who currently smoke or quit within the past 15 years.
 - Screening should be discontinued once the patient has not smoked for 15 years or develops a health condition that substantially limits life expectancy or the ability or willingness to undergo curative lung surgery.
- **Prostate cancer:** For men ages 55 through 69, the decision to undergo prostate-specific antigen-based screening should be individualized. Providers should discuss the potential benefits and harms of screening and consider the patient's values, family history, race

and other risk factors. Routine PSA-based screening is not recommended for men age 70 and older.

Make every visit count and support timely cancer screening by:

- Reviewing screening status during patient visits.
- Using EHR alerts, reminders and standing orders.
- Discussing screening options in plain language through shared decision-making.
- Documenting completed screenings and obtaining results from outside facilities.
- Following up on abnormal results promptly.
- Addressing barriers such as transportation, scheduling, cost concerns and fear.
- Identifying patients who may need earlier or more frequent screening based on personal or family history.

Additional clinical resources

Security Health Plan encourages providers to consult nationally recognized, evidence-based resources.

Breast cancer

- [U.S. Preventive Services Task Force: Breast Cancer Screening](#)
- [American Cancer Society Breast Cancer Screening Guideline](#)
- [Global Guidelines for Breast Cancer Screening: A Systematic Review](#)
- [Breast Cancer Research Foundation: What to Know About Mammogram Screening Guidelines](#)

Cervical cancer

- [American College of Obstetricians and Gynecologists: Screening for Cervical Cancer](#)
- [U.S. Preventive Services Task Force: Cervical Cancer Screening](#)
- [American Cancer Society Cervical Cancer Screening Guidelines](#)

Colorectal cancer

- [U.S. Preventive Services Task Force: Colorectal Cancer Screening](#)
- [Screening for Colorectal Cancer: USPSTF Recommendation Statement](#)

Lung cancer

- [U.S. Preventive Services Task Force: Lung Cancer Screening](#)
- [Centers for Disease Control and Prevention: Lung Cancer Screening](#)

Prostate cancer

- [U.S. Preventive Services Task Force: Prostate Cancer Screening](#)

These recommendations are intended for average-risk, asymptomatic patients. Patients with symptoms, previous abnormal results, a personal history of cancer, certain hereditary cancer syndromes or a significant family history may require a different screening approach. Providers should use clinical judgment and consult the complete guideline applicable to each patient.

Clinical practice guidelines do not constitute benefit coverage. Providers and members should refer to the applicable plan documents for information about covered benefits.