

## EXAMPLES OF RISK FACTORS

	LOW RISK	HIGH RISK
GENETIC FACTORS BRCA 1/2	NEGATIVE	POSITIVE
MOTHER OR SISTER WITH BREAST CANCER	NO	YES
AGE	30-34	70-74
AGE AT MENARCHE	>14	>12
AGE AT MENOPAUSE	<45	>55
USE OF CONTRACEPTIVE PILLS	NEVER	PAST/CURRENT USE
USE OF HORMONE REPLACEMENT	NEVER	CURRENT
ALCOHOL	NONE	2-5 DRINKS/DAY
HISTORY OF BENIGN BREAST BIOPSY	NO	YES
HISTORY OF ABNORMAL BIOPSY	NO	YES

## EXAMPLES OF PROTECTIVE FACTORS

BREAST FEEDING (MONTHS)	>16	0
NUMBER OF TIMES PREGNANT	>5	0
RECREATIONAL EXERCISE	YES	NO
POST MENOPAUSE BODY MAX INDEX	<22.9	>30.7
OOPHORECTOMY BEFORE AGE 35	YES	NO

# GENERAL GUIDELINES OF CANCER SCREENING TESTS

THESE NEED TO BE REVIEWED + DISCUSSED WITH HEALTH CARE PROVIDER

IF

THEN

BREAST CANCER

CONCERNING FAMILY HISTORY

HAVE GENETIC COUNSELING  
/TESTING

OLDER THAN 40

DISCUSS SCREENING, INDIVIDUAL  
DECISION; IF SCREENING DESIRED,  
SCREEN WITH MAMMOGRAM  
2 YEARS

CERVICAL CANCER

21-29 YEARS

PAP SMEAR EVERY 3 YEARS

OLDER THAN 30

PAP SMEAR EVERY 3 YEARS  
OR PAP SMEAR + HPV TESTING  
EVERY 5 YEARS

COLORECTAL CANCER

FAMILY HISTORY OF COLON CANCER

SCREEN PER RECOMMENDATION

OLDER THAN 50 WITHOUT  
RISK FACTORS

SCREEN TESTING: DECIDE AMONG  
COLONOSCOPY, FLEXIBLE SIGMOIDOSCOPY,  
FECAL OCCULT BLOOD TEST

LUNG CANCER

AGE 55-72, + 30 PACK-YEAR  
SMOKING HISTORY AND CURRENTLY  
SMOKING OR QUIT IN THE PAST YEARS

CONSIDER SCREENING  
SPECIAL CT(CAT) SCAN

OVARIAN CANCER

AVERAGE RISK

DISCUSS SCREENING WITH CLINICIAN

LOW OR HIGH RISK FAMILY HISTORY

GENETIC TESTING

MELANOMA

HIGH RISK SUCH AS FAMILY HISTORY

PERIODIC SKIN EXAM

AVERAGE RISK

REMAIN VIGILANT FOR SUSPICIOUS  
LESIONS + DISCUSS WITH SKIN SPECIALIST