



A free guide

Cancer screening by age

Which tests, when, and what a blood test can't replace



Taylor Cushman, MD

Physician | MSc in Exercise and Wellness

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Please read the Important Medical Disclaimer at the end of this guide.

Start here

This guide is for adults at average risk. It is general education, not advice for you. Talk with your doctor about your own risk.

What average risk means

You have no symptoms, and none of the things that raise your risk for that cancer: having had that cancer or a precancer before, a strong family history, a known inherited gene change, or past radiation to that part of the body. Each cancer has its own list; examples are below. If you're not sure, ask your doctor.

Two expert groups write most US screening advice: the U.S. Preventive Services Task Force (USPSTF) and the American Cancer Society (ACS). Their schedules sometimes differ. Both are reasonable. Where they differ, this guide shows both, so you can discuss them with your own doctor.

How to use it. Find each test, check the age range that fits you, and write your last date in the log at the end.

Good to know: age limits in this guide are not stop signs. Where the experts leave it to you and your doctor, the guide says so.

Start here *(continued)*

Higher risk can mean starting earlier

These are examples, not a full list. If any apply, or you're unsure, ask your doctor.

Breast

Examples of higher risk are a BRCA gene change, or radiation to the chest before 30. Your doctor can estimate your lifetime risk. A family history of breast, ovarian, tubal or peritoneal cancer is a reason to ask about a BRCA risk check.

Prostate

ACS says Black men, and men whose father or brother had prostate cancer before 65, start the talk at 45. Start at 40 if more than 1 close relative had it young.

Colon and rectum

A strong family history, Crohn's disease or ulcerative colitis, or an inherited syndrome like Lynch can mean starting before 45 and using colonoscopy. Ask your doctor when.

Sources: ACS breast, prostate and colorectal screening pages (revised 2023 to 2026); USPSTF BRCA-Related Cancer Risk Assessment, 2019.



Breast

Mammogram

Women 40 to 74 at average risk, a mammogram every 2 years (USPSTF).

ACS says: you can start yearly at 40, get one every year from 45 to 54, and every 1 or 2 years from 55. Keep going while you're in good health. Your doctor can help you decide.

At 75 and older, there isn't enough proof to say yes or no. Decide with your doctor.

Dense breasts

Every mammogram report now says whether your breasts are dense. If you received a letter stating that you are in the heterogeneously dense or extremely dense breast categories, the groups differ on extra imaging. Ask your doctor whether it makes sense for you.

Sources: USPSTF Breast Cancer Screening, 2024; ACS breast cancer screening guideline (page revised 2026); ACR Appropriateness Criteria, 2025; FDA Mammography Quality Standards Act final rule, 2024.



Cervical

Ages 21 to 29

A Pap test every 3 years (USPSTF). ACS starts at 25.

Ages 30 to 65: choose 1

USPSTF schedule.

Test	How often
HPV test alone	Every 5 years
HPV test plus Pap (co-test)	Every 5 years
Pap test alone	Every 3 years

ACS says: start at 25, and an HPV test every 5 years is the first choice.

Self-swab HPV test

Some HPV tests can be a swab you collect yourself. Ask your doctor or clinic about it. ACS says a self-collected HPV test is every 3 years. The USPSTF has proposed adding self-collection but hasn't made it final yet.

After 65, or after a hysterectomy

After 65, ask your doctor if you can stop. It depends on your past results. If your cervix was removed for a reason other than cancer or precancer, ask if you still need tests.

Sources: USPSTF Cervical Cancer Screening, 2018, and proposed update, 2024; ACS cervical cancer screening guideline, updated 2025 (Perkins et al., CA Cancer J Clin 2026).

Colon and rectum

When

Start at 45 (USPSTF and ACS); some doctors' groups say 50, so ask your doctor. Keep going through 75. From 76 to 85, decide with your doctor; people never screened before may benefit most. ACS advises most people over 85 to stop routine screening.

Several test options

Test	How often
Colonoscopy	Every 10 years
FIT stool test	Every year
Stool DNA test	Every 1 to 3 years (ACS: every 3)
Stool RNA test (ACS)	Every 3 years
CT colonography	Every 5 years
Flexible sigmoidoscopy	Every 5 years
Colon blood test	ACS: a backup only, for people who won't do the tests above. It finds fewer early cancers and precancers. Not the same as a multi-cancer blood test.

Positive stool or blood test? You need a colonoscopy to finish screening, ideally within 6 months.

Sources: USPSTF Colorectal Cancer Screening, 2021; ACS colorectal cancer screening guideline update, 2026 (Wolf et al., CA Cancer J Clin 2026); American College of Physicians guidance statement, 2023.



Lung

Who qualifies

If you're 50 to 80, have smoked 20 pack-years, and still smoke or quit within the last 15 years (USPSTF), ask about a yearly low-dose CT scan.

A pack-year means 1 pack a day for 1 year. So 1 pack a day for 20 years is 20 pack-years. So is 2 packs a day for 10 years.

If you quit a while ago

The groups differ. ACS doesn't count how long ago you quit. If you quit more than 15 years ago, ask your doctor whether you still qualify.

Sources: USPSTF Lung Cancer Screening, 2021; ACS lung cancer screening guideline update, 2023 (Wolf et al., CA Cancer J Clin 2024).

Prostate

Ages 55 to 69

PSA testing is a decision to make with your doctor. It can find cancer early, and it can lead to false alarms and treatment side effects.

When the talk starts

Groups start the talk at different ages: USPSTF at 55, ACS at 50. The urologists' group offers a first PSA test at 45 to 50.

70 and older

USPSTF advises against routine PSA screening at 70 and older in men without symptoms. ACS ties it to your overall health.

Sources: USPSTF Prostate Cancer Screening, 2018 (update in progress); ACS prostate cancer early detection recommendations (page revised 2023); AUA/SUO Early Detection of Prostate Cancer guideline, 2023.

Other checks, blood tests and symptoms

For adults with no symptoms. General education, not advice for you.

Routine checks the experts don't advise

Cancer	What USPSTF says
Skin	Not enough proof to say yes or no to routine checks. See a doctor about any change.
Mouth	Not enough proof to say yes or no to routine checks. See a doctor about any change.
Ovary	Not advised for women with no symptoms and no known inherited high-risk gene.
Pancreas	Not advised for adults with no symptoms.
Thyroid	Not advised for adults with no symptoms.
Testicles	Routine screening exams aren't advised. See a doctor for any lump or change.

None of this covers symptoms. The last section lists changes to see a doctor about.

Other checks, blood tests and symptoms *(continued)*

Blood tests that look for many cancers

These tests, like Galleri, look for signs of many cancers in one blood draw.

Even with a negative multi-cancer blood test, keep your regular screenings.

- No major US guideline group recommends them for screening yet.
- No study has shown yet that they lower cancer deaths.
- FDA status: not FDA-approved as of October 22, 2026. Before a decision, FDA advisers voted 10 to 0 on safety, 6 to 4 on whether it works, and 7 to 2 (1 abstention) that the benefits outweigh the risks.

Other checks, blood tests and symptoms *(continued)*

See a doctor for these

See a doctor about any of these, especially if it lasts or gets worse. Don't wait for your next screening.

- A new mole, a mole that changes, or a sore that won't heal
- A lump or swelling anywhere, including the breast or the lymph nodes in your neck
- Losing or gaining 10 pounds or more without trying
- Blood in your stool, or bathroom habits that change and don't go back to normal
- Blood in your urine, or pain when you pee
- A cough or hoarse voice that won't go away
- Bleeding or bruising you can't explain
- Trouble swallowing, or mouth sores that don't heal

Sources: USPSTF Skin (2023), Oral (2013), Ovarian (2018), Pancreatic (2019), Thyroid (2017) and Testicular (2011) Cancer Screening.

Sources: ACS Multi-cancer Detection Tests (page revised 2025); NCI Q&A about MCD tests; FDA advisory panel summary, 2026-09-23.

Sources: ACS Signs and Symptoms of Cancer (page revised 2026).



My screening log

Date	Test	Result or next due



Important Medical Disclaimer

This guide is for general educational purposes only and does not constitute individualized medical advice, diagnosis, or treatment. Medical decisions should be made with your own licensed healthcare professional based on your individual circumstances.

Do not start, stop, or change any medication or treatment based on this guide. Medications discussed may be appropriate for certain individuals, and stopping some medications abruptly can be dangerous.

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