Breast Cancer
Women at all risk levels should practice the following preventative behaviors:
- Breast self-awareness
- Healthy lifestyle
- Ovarian cancer symptom awareness
- Clinical breast exam
- Mammogram

Clinical breast exams and mammograms should be performed at different intervals depending on risk level, as indicated below.

Average Risk
- Clinical breast exam: every 1-3 years beginning at age 25
- Mammogram: at least every 2 years for ages 50-74; Shared decision making for ages 40-49

Increased (Moderate) Risk
- Clinical breast exam: annual or semi-annual from age 25
- Mammogram: annual from age 40 or 10 years before earliest family diagnosis
- Consider cancer genetic counseling
- Breast MRI
- Consider chemoprevention

High Risk
- Clinical breast exam: annual or semi-annual from age 25
- Mammogram: annual from age 25-30 or 10 years before earliest family diagnosis
- Cancer Genetic Counseling
- Breast MRI: Annual from age 25-30 or 10 years before earliest family diagnosis
- Consider chemoprevention
- Ovarian cancer screening via CA-125 and/or transvaginal ultrasound: Consider every 6 months from age 30 or 5-10 years before earliest family diagnosis if BSO not performed
- Consider prophylactic mastectomy
- Prophylactic bilateral salphino-oophorectomy (BSO): Ideally between 35-40 and upon completion of childbearing

Colorectal Cancer
Screening recommendations for individual patients vary according to their level of risk with higher risk patients requiring more frequent and sometimes more invasive management. Risk is not static and may change over time based on changes in both family and medical history.

Average risk
- Periodic (usually every 5-10 years) colonoscopy according to recognized guidelines
- Other screening as recommended by recognized guidelines
- Advise that specific lifestyle changes may modify the risk for cancer

Increased (moderate) risk
- Colonoscopy at earlier ages/more frequent intervals than average risk individuals (dependent on family/medical history, following recognized guidelines)

Adapted from http://www.nchpeg.org/hboc/cancer-risks-screening-guidelines
- Regular updates of family history are important (diagnosis of colon or a Lynch-related cancer in one or more family members may change risk category)
- Advise that specific lifestyle changes may modify the risk for cancer

**High risk**
- More intensive and frequent colonoscopy and screening for other related cancers (often annually, follow recognized guidelines)
- Prophylactic surgery as an option for risk reduction
- Participation in clinical trials
- Examinations to detect other manifestations of the hereditary syndrome
- Patient may benefit from referral to a genetics specialist


**Prostate Cancer**

Many professional societies and others have developed guidelines about the routine use of PSA and digital rectal exam (DRE) for prostate cancer screening. The information below provides a summary of the recommendations as is relevant to different risk levels. The National Guidelines Clearinghouse has developed a [guideline comparison document](http://www.jaxge.org/documents/mcf/manage_colon_cancerRisk_tool.pdf). The majority of guidelines support facilitating informed decision making about whether to pursue PSA and/or DRE by discussing the benefits and limitations. ([ACS 2008](http://www.jaxge.org/documents/mcf/manage_colon_cancerRisk_tool.pdf); [ACP 2013](http://www.jaxge.org/documents/mcf/manage_colon_cancerRisk_tool.pdf); [NCCN 2012](http://www.jaxge.org/documents/mcf/manage_colon_cancerRisk_tool.pdf); [USPSTF 2012](http://www.jaxge.org/documents/mcf/manage_colon_cancerRisk_tool.pdf))

**Average Risk**
Asymptomatic men with a life expectancy of at least 10 years with average risk should receive information about the benefits and risks of prostate cancer screening starting at age 50 years. ([ACS 2008](http://www.jaxge.org/documents/mcf/manage_colon_cancerRisk_tool.pdf); [ACP 2013](http://www.jaxge.org/documents/mcf/manage_colon_cancerRisk_tool.pdf))

**Increase (Moderate) Risk**
Only ACP separates out individuals at increased risk from those at high risk. They define increased risk as African-American men and men with a first-degree relative diagnosed with prostate cancer, especially before age 65 years. ACP recommends that providers give these individuals information about uncertainties, risks, and benefits of prostate cancer screening starting at age 45 years. ([ACP 2013](http://www.jaxge.org/documents/mcf/manage_colon_cancerRisk_tool.pdf))

**High Risk**
ACP and ACS define men at high-risk as those with multiple family members diagnosed with prostate cancer before age 65. They recommend starting the discussion at age 40 years. Other groups recommend 40 years as the start of the discussion, but also include in this group African-American men, those with a positive family history, and men taking 5-alpha-reductase inhibitors. NCCN specifies specific follow-up guidelines for these individuals based on PSA levels – annual PSA and DRE for PSA >1.0 and repeat PSA/DRE at 45 if PSA ≤ 1.0. ([ACS 2008](http://www.jaxge.org/documents/mcf/manage_colon_cancerRisk_tool.pdf); [ACP 2013](http://www.jaxge.org/documents/mcf/manage_colon_cancerRisk_tool.pdf); [NCCN 2012](http://www.jaxge.org/documents/mcf/manage_colon_cancerRisk_tool.pdf))