

Screening Tests

Many cancer screening tests are in use. Some tests have been shown both to find cancer early and to lower the chance of dying from the disease. Others have been shown to find cancer early but have not been shown to reduce the risk of dying from cancer; however, they may still be offered to people, especially those who are known to be at increased risk of cancer.

Screening Tests That Have Been Shown to Reduce Cancer Deaths

- [Can an App Improve Colorectal Cancer Screening Rates?](#)

Learn what happened when an app allowed people to order their own screening test.

Colonoscopy, sigmoidoscopy, and high-sensitivity fecal occult blood tests (FOBTs)

These tests have all been shown to reduce deaths from colorectal cancer. Colonoscopy and sigmoidoscopy also help prevent colorectal cancer because they can detect abnormal colon growths (polyps) that can be removed before they develop into cancer. Expert groups generally recommend that people who are at average risk for colorectal cancer have screening at ages 50 through 75. For more information, see the [Tests to Detect Colorectal Cancer and Polyps](#) fact sheet and the [PDQ® Colorectal Cancer Screening summary](#).

- **Low-dose helical computed tomography**

This test to screen for lung cancer has been shown to reduce lung cancer deaths among heavy smokers ages 55 to 74. For more information, see the [National Lung Screening Trial](#) page and the [PDQ® Lung Cancer Screening summary](#).

- **Mammography**

This method to screen for breast cancer has been shown to reduce mortality from the disease among women ages 40 to 74, especially those age 50 or older. For more information, see the [Mammograms](#) fact sheet and the [PDQ® Breast Cancer Screening summary](#).

- **Pap test and human papillomavirus (HPV) testing**

These tests reduce the incidence of cervical cancer because they allow abnormal cells to be identified and treated before they become cancer. They also reduce deaths from cervical cancer. Testing is generally recommended to begin at age 21 and to end at age 65, as long as recent results have been normal. For more information, see the [Pap and HPV Testing](#) fact sheet and the [PDQ® Cervical Cancer Screening summary](#).

Other Screening Tests

- **Alpha-fetoprotein blood test**

This test is sometimes used, along with ultrasound of the liver, to try to detect liver cancer early in people at high risk of the disease. For more information, see the [PDQ® Liver \(Hepatocellular\) Cancer Screening summary](#).

- **Breast MRI**

This imaging test is often used for women who carry a harmful mutation in the *BRCA1* gene or the *BRCA2* gene; such women have a high risk of breast cancer, as well as increased risk for other cancers. For more information, see the [BRCA Mutations: Cancer Risk and Genetic Testing](#) fact sheet and the [PDQ® Breast Cancer Screening summary](#).

- **CA-125 test**

This blood test, which is often done together with a transvaginal ultrasound, may be used to try to detect ovarian cancer early, especially in women with an increased risk of the disease. Although this test can help in diagnosing ovarian cancer in women who have symptoms and can be used to evaluate the recurrence of cancer in women previously diagnosed with the disease, it has not been shown to be an effective ovarian cancer screening test. For more information, see the [PDQ® Ovarian Cancer Screening summary](#).

- **Clinical breast exams and regular breast self-exams**

Routine examination of the breasts by health care providers or by women themselves has not been shown to reduce deaths from breast cancer. However, if a woman or her health care provider notices a lump or other unusual change in the breast, it is important to get it checked out. For more information, see the [PDQ® Breast Cancer Screening summary](#).

- **PSA test**

This blood test, which is often done along with a digital rectal exam, is able to detect prostate cancer at an early stage. However, expert groups no longer recommend routine PSA testing for most men because studies have shown that it has little or no effect on prostate cancer deaths and leads to overdiagnosis and overtreatment. For more information, see the [Prostate-Specific Antigen \(PSA\) Test](#) fact sheet and the [PDQ® Prostate Cancer Screening summary](#).

- **Skin exams**

Doctors often recommend that people who are at risk for skin cancer examine their skin regularly or have a health care provider do so. Such exams have not been shown to decrease the risk of dying from skin cancer, and they may lead to overtreatment. However, people should be aware of changes in their skin, such as a new mole or a change to an existing mole, and report these to their doctor promptly. For more information, see the [Common Moles, Dysplastic Nevi, and Risk of Melanoma](#) fact sheet and the [PDQ® Skin Cancer Screening summary](#).

- **Transvaginal ultrasound**

This imaging test, which can create pictures of a woman's ovaries and uterus, is sometimes used in women who are at increased risk of ovarian cancer (because they carry a harmful *BRCA1* or *BRCA2* mutation) or of endometrial cancer (because they have a condition called Lynch syndrome). But it has not been shown to reduce deaths from either cancer. For more information, see the [PDQ® Ovarian Cancer Screening summary](#) and the [PDQ® Endometrial Cancer Screening summary](#).

- **Virtual colonoscopy**

This test allows the colon and rectum to be examined from outside the body. However, it has not been shown to reduce deaths from colorectal cancer. For more information, see the [Tests to Detect Colorectal Cancer and Polyps](#) fact sheet and the [PDQ® Colorectal Cancer Screening](#) summary.

More Information

For complete information about screening tests by cancer type, including tests that are being developed and tests that were used in the past, see the [PDQ® Cancer Information Summaries: Screening/Detection \(Testing for Cancer\)](#).

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