

Recommendations on Colorectal, Cervical and Breast Cancer Screening by the Cancer Expert Working Group on Cancer Prevention and Screening (2022 version)

| | Cancer | Age | | | | | | | | | | | | | | | | | | | |
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| | | 12 | 25 | 26 | 27 | 28 | 29 | 30 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 64 | 65 | 66 | 67 | 68 | 69 |
| Men and Women | Colorectal | <p style="text-align: center;">Aged 50-75</p> <p>(a) annual or biennial faecal occult blood test (FOBT); or (b) sigmoidoscopy every 5 years; or (c) colonoscopy every 10 years</p> <p>Individuals at increased risk:</p> <ul style="list-style-type: none"> • Carriers of mutated gene of Lynch Syndrome: colonoscopy every 1-2 years from age 25 • Carriers of mutated gene of familial adenomatous polyposis: sigmoidoscopy every 2 years from age 12 • Individuals with one first-degree relative diagnosed with CRC at or below 60, or more than one first-degree relative with CRC irrespective of age at diagnosis, and without hereditary bowel syndromes: <ul style="list-style-type: none"> (a) colonoscopy every 5 years beginning at the age of 40 or 10 years prior to the age at diagnosis of the youngest affected relative, but not earlier than age 12; or (b) faecal immunochemical test every 1 or 2 years after understanding its pros and cons as compared with colonoscopy | | | | | | | | | | | | | | | | | | | |
| | Cervical Cancer (for women who ever had sex) | <p style="text-align: center;">Aged 25-29</p> <p>Cytology every 3 years after 2 consecutive normal annual screenings</p> <p style="text-align: center;">Aged 30-64</p> <p>(a) cytology every 3 years after 2 consecutive normal annual screenings; or (b) human papillomavirus (HPV) testing every 5 years; or (c) co-testing (cytology and HPV testing) every 5 years</p> <p style="text-align: center;">Aged 65 or above</p> <p>(a) may discontinue screening if routine screenings within 10 years are normal (b) should be screened if they have never had cervical screening</p> <p>Individuals at increased risk:</p> <ul style="list-style-type: none"> • Women aged 21 to 24 with risk factors for HPV infection or cervical cancer should receive screening based on the doctor's recommendations • Other women at high risk of developing cervical cancer may require more frequent screenings based on the doctor's assessment | | | | | | | | | | | | | | | | | | | |
| Women | Breast Cancer | <p style="text-align: center;">Aged 44-69</p> <p>Be Breast Aware at all times (i.e. being familiar with the normal look and feel of the breasts)</p> <p>Women with certain combinations of personalised risk factors* should use the online breast cancer risk assessment tool (www.cancer.gov.hk/bctool) to estimate their risk. Those assessed to be at increased risk should consider mammography screening every 2 years</p> <p>* e.g. history of breast cancer among first-degree relative, history of benign breast disease, nulliparity and late age of first live birth, early age of menarche, high body mass index and physical inactivity</p> <p>• Women at moderate risk: mammography screening every 2 years • Women at high risk: seek doctor's advice and have mammography screening every year</p> <p>Women at high risk: begin screening at age 35 or 10 years prior to the age at diagnosis of the youngest affected relative, whichever earlier, but not earlier than age 30</p> | | | | | | | | | | | | | | | | | | | |

Key: Recommendations for persons with increased risk

Important note: The relevant benefits and risks should always be discussed with your healthcare provider before undergoing cancer screening.

For the complete recommendations, please visit www.chp.gov.hk/en/static/100854.html.