

# Recommendations on Cancer Screening by the Cancer Expert Working Group on Cancer Prevention and Screening (2022 version)

	Cancer Type	For Asymptomatic Population at Average risk	For Persons at Increased Risk	
			Factors increasing the risk	Recommendations
Men and Women	Lung Cancer	<ul style="list-style-type: none"> <li>Routine screening with chest X-ray or sputum cytology is not recommended</li> <li>Insufficient evidence to recommend for or against screening by low dose computed tomography in asymptomatic persons or for mass screening</li> </ul>		
	Liver Cancer	Routine screening with alpha-fetoprotein (AFP) or ultrasonography (USG) is not recommended	<ul style="list-style-type: none"> <li>Chronic hepatitis B virus (HBV) or hepatitis C virus (HCV) infection, or</li> <li>Liver cirrhosis regardless of the cause</li> </ul>	<ul style="list-style-type: none"> <li>Depending on certain criteria (e.g. age, family history, presence of cirrhosis and other clinical parameters), some subgroups are at higher risk and should consider receiving periodic surveillance (e.g. every 6-12 months) with AFP and USG</li> <li>Should seek advice from doctors to determine the need for and approach of cancer surveillance</li> </ul>
	Naso-pharyngeal Cancer	Insufficient evidence to recommend screening by Epstein-Barr Virus (EBV) serology test and DNA test	Family history of nasopharyngeal cancer	Family members of nasopharyngeal cancer patients may consider seeking advice from doctors before making an informed decision about screening.
	Thyroid Cancer	Screening is not recommended	<ul style="list-style-type: none"> <li>History of head or neck irradiation in infancy or childhood, or</li> <li>Familial thyroid cancer, or</li> <li>Family history of multiple endocrine neoplasia type 2</li> </ul>	Should consider seeking advice from doctors regarding the need for and approach of screening
	Pancreatic Cancer	Screening (including screening by serum biomarker CA19-9) is not recommended	<ul style="list-style-type: none"> <li>Strong family history of pancreatic cancer, or</li> <li>Carrying specific inherited genes</li> </ul>	<ul style="list-style-type: none"> <li>Insufficient evidence to recommend screening by any standardised protocol</li> <li>May consider seeking advice from doctors for individual assessment</li> </ul>
Men	Prostate Cancer	<ul style="list-style-type: none"> <li>Insufficient evidence to recommend for or against screening by Prostate-Specific Antigen (PSA) and/or Digital Rectal Examination (DRE)</li> <li>Asymptomatic men considering screening are encouraged to discuss with their doctor and make informed decision</li> </ul>	<ul style="list-style-type: none"> <li>African American men, or</li> <li>With one or more first-degree relatives diagnosed with prostate cancer before age 65</li> </ul>	<ul style="list-style-type: none"> <li>Consider seeking advice from doctors regarding the need for and approach of screening</li> <li>While the screening blood test to be considered is PSA, the DRE may also be done as part of screening. The PSA screening should start at an age not earlier than 45 until age 70, and the interval should not be more frequent than once every 2 years</li> </ul>
Women	Ovarian Cancer	Screening is not recommended	<ul style="list-style-type: none"> <li>Strong family history of ovarian/breast cancer, or</li> <li>Inherited deleterious gene mutations (e.g. <i>BRCA1/2</i>, Lynch syndrome)</li> </ul>	Should consider seeking advice from doctors for assessment of risk, and the need for and approach of screening

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](http://www.chp.gov.hk/en/static/100854.html).