

Cancer Screening 2026

All Decades

- ✓ Blood pressure — every clinical visit
- ✓ A1C / glucose — from age 35 (earlier with risk factors)
- ✓ Fasting lipid panel — from age 25–35
- ✓ Dental exam — every 6–12 months

Your 30s

- ✓ Cervical cancer (Pap / HPV co-test) — from age 21
- ✓ Skin exam if significant UV exposure
- ✓ STI and HIV screening if applicable
- ✓ Blood pressure baseline — establish now

Your 40s

- ✓ 🧑 Breast cancer — mammogram from age 40 (USPSTF biennial)
- ✓ Discuss colorectal screening timeline
- ✓ Thyroid if symptoms or family history
- ✓ Sleep apnea evaluation if snoring or fatigue

Your 50s

- ✓ 🩸 Colorectal cancer — colonoscopy from age 45 (USPSTF) — **leading cancer death under 50**
- ✓ 🦷 Lung CT — if 20+ pack-year history, ages 50–80
- ✓ Prostate (PSA discussion) — men from age 50
- ✓ Bone density (DEXA) — women at menopause

Your 60s

- ✓ Continue colorectal (through age 75)
- ✓ AAA ultrasound — men 65–75 who smoked
- ✓ Cognitive baseline discussion
- ✓ Fall risk and balance assessment

70s+

- ✓ Individualize all screening decisions
- ✓ Continue BP, A1C, lipids annually
- ✓ Medication review annually
- ✓ Advance care planning

⚠️ **Colon cancer is the #1 cancer killer in adults under 50.** Yet most people delay colonoscopy. Stage I colorectal cancer has a 91% survival rate. Stage IV: 15%. The only thing that changes which stage you're diagnosed at is whether you got screened.

[Cancer Screening-NCI website](#)