| Site | Age/Eligibility | Risk score | Screening modality | Screen positive | Screen negative |
|---|---|---|---|---|---|
| **Breast** | Age 30-74 Asymptomatic<br><br>CBE for 50 years and above - every 2 years and for age between 40- 50 every 3 years | Risk Assessment | • Awareness with periodic breast self-examination<br>• Screening clinical breast examination<br>• Self-breast check-up - Monthly | • Bilateral Mammogram and / or USG<br>• If mammogram positive: refer for histological confirmation<br>• High risk with family history<br>• If BRACA 1 go for MRI imaging otherwise at least low risk 1 -3 years CBE and yearly for high risk CBE<br>• For BRACA 1 & 2 - MRI + Ultrasound pelvic<br>• High risk - no family history then annually. | Repeat screening<br>• Every 2 year (>50 years)<br>• Every 3 year (<50 years) |
| | High risk of breast cancer: age not criteria | Risk Assessment | • Awareness with periodic breast self-examination<br>• Screening clinical breast examination<br>• Bilateral Mammogram and / or USG | • Refer for histological confirmation<br>• MRI | Repeat screening<br>• Every year MRI |
| **Cervix** | Age 30-65 for everyone except in case of HIV - 25 - 65 Years | Risk Assessment and Screening Criteria | • HPV test (VIA / PAP if resource constrained) | Triage with Colposcopy and further management according to protocol. | • at least once at age of 35 or 40<br>• HPV preferably at 5 years<br>• Pap smear preferably at 3 years<br>• If pap done first time and patients wants to get HPV done next time during visit after 3 years, they can avail the same, above timelines will remain same based on testing done. |
| **Oral** | Age 30-74 with risk factors /symptoms | Risk factors | COE(Clinical Oral Examination) | In case of life expectancy to be less 10 years no screening needs to be done.<br><br>• If clinical suspicious lesion: Refer for histological for confirmation | • Repeat screening once in 3 years<br>• Patient education |

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| | | | | • For homogeneous follow up - 6months<br>• For non-homogeneous no clinical suspicion is 3 months<br>• Leukoplakia immediate.<br>• Low risk lesion: patinet education and follow up in 6 months | |
| **Colon** | Age : 45-74 | Risk Assessment | Fecal immunochemical test( FIT) | • Repeat FIT every year for high risk individuals.<br>• Colonoscopy negative: repeat FIT after 3 years | • If not using Fit kit then colonoscopy every 10 years<br>• Patient education |
| | Symptomatic patients /High risk | Family history | Fecal immunochemical test( FIT) | Colonoscopy: if positive Refer for histological confirmation<br>Colonoscopy negative: repeat FIT every year | • Repeat screening every year.<br>• Patient education |
| **Prostate** | For age between 50- 74 screening every two years<br>For age between 40- 74 with family history screening every year | Risk Assessment | PSA | • PSA positive histological confirmation<br>• If PSA high more than 4 then biopsy, if 3 then repeat screening every 1 year and if 2 or less than screening every 2 years.<br>• | • Repeat after 3 years |
| **Lung** | Age -30 -74 year | Risk Assessment | Low dose CT | • If PSA high more than 4 then biopsy, if 3 then repeat screening every 1 year and if 2 or less than screening every 2 years | |