

# Cancer Screening Care Guide

June 2022



CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES

*Information contained in the Care Guide is not a substitute for a health care professional's clinical judgment. Evaluation and treatment should be tailored to the individual patient and the clinical circumstances. Furthermore, using this information will not guarantee a specific outcome for each patient. Refer to "Disclaimer Regarding Care Guides" for further clarification.*

<https://cchcs.ca.gov/clinical-resources/>

## SUMMARY OF SCREENING RECOMMENDATIONS

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### United States Preventive Services Task Force (USPSTF) Screening Recommendations Grading with Corresponding Suggested Quest Code to Order

#### Colorectal Cancer

50 - 75 years CCHCS uses annual FIT testing

**(USPSTF Grade A)**

FIT 11290

45 - 49 years CCHCS uses annual FIT testing

**(USPSTF Grade B)**

FIT 11290

#### Cervical Cancer

21 - 29 years every 3 years with cytology alone\*

**(USPSTF Grade A)**

\*Not preferred in

CCHCS, use 91386

30 - 65 years

**(USPSTF Grade A)**

Use Quest Smart code:

≤44 years: 91386

>45 years: 91384

Every 3 years with cytology alone or,

Every 5 years with hrHPV testing alone or,

Every 5 years with co-testing both above

#### Breast Cancer

50 - 74 years with biennial screening mammography

**(USPSTF Grade B)** Mammogram

#### Lung Cancer

50 - 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years

**(USPSTF Grade B)**

Low Dose CT

## AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASE (AASLD)/UP TO DATE

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#### Liver Cancer/ Hepatocellular Carcinoma (HCC)

ALL patients with cirrhosis, including patients with cirrhosis who have been successfully treated for hepatitis C virus (HCV).

High Risk Patients with:

- Active hepatitis (e.g., ↑ALT), and/or ↑HBV DNA/VL (i.e., >100,000 copies/mL)
- Family history (i.e., first degree relative) of HCC
- Asian men > 40 years of age/ Asian women > 50 years

- Africans and African Americans  
(tend to develop HCC at a younger age)

Patients successfully treated for hepatitis B virus (HBV),  
continue to perform HCC surveillance

Patients on liver transplant list should be screened for HCC

HCC screening should be accomplished with an abdominal ultrasound focused on the liver  
(with or without Alpha-fetoprotein at 6 mos. intervals)