

Cancer Screening: What to Get, and When

A plain-language walkthrough of cancer screening — what it can and can't do, the tests for breast, cervical, colorectal, and lung cancer, and what a false-positive result actually means.

9 chapters · assembled from our reviewed articles · last assembled 2026-09-13

Educational information, not medical advice. Not a substitute for your own care team.

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Screening finds some cancers before they cause symptoms, but it isn't automatic, isn't the same for everyone, and isn't risk-free — every screening test has both benefits and harms attached to it. This guide starts with what screening actually is and who guidelines recommend it for by age, then walks through the specific tests for breast, cervical, colorectal, and lung cancer, and closes with what to do with a false-positive result, which is far more common than a lot of people expect.

CHAPTER 1

Cancer Screening: An Overview

7 min read · last reviewed 2026-07-02

Cancer screening means looking for cancer before a person has any symptoms, when it may be easier to treat. Some screening tests have been shown to help people live longer, but all tests have possible harms as well as benefits. Talking with your healthcare team helps you decide which tests are right for you.

KEY TAKEAWAYS

- Cancer screening is looking for cancer before a person has any symptoms.
- Screening tests include physical exams, laboratory tests, imaging procedures, and genetic tests.
- All screening tests have risks, including false-positive and false-negative results.
- Some screening tests have been shown to lower the chance of dying from a cancer; others have not.
- Understanding the benefits and harms helps you make an informed choice with your healthcare provider.
- Screening tests are not meant to diagnose cancer; an abnormal result usually leads to more tests.

Read the full article: cancerexplained.org/screening/cancer-screening-overview

CHAPTER 2

The Benefits and Harms of Cancer Screening

7 min read · last reviewed 2026-07-04

Cancer screening has real benefits and real harms. The main benefit is finding some cancers early, when they may be easier to treat. The harms include false positives, procedure risks, and overdiagnosis. Because every screening test involves both, the choice is a balance you make with your doctor, based on the test and your own situation.

KEY TAKEAWAYS

- The main benefit of screening is finding some cancers early, when they may be easier to treat.
- Harms include false positives, false negatives, procedure risks, and overdiagnosis.
- Not all screening tests have been proven to help people live longer.
- The balance of benefits and harms differs for each test and each person.
- Deciding about screening together with your doctor is called shared decision-making.

Read the full article: cancerexplained.org/screening/benefits-and-harms-of-screening

CHAPTER 3

Cancer Screening Guidelines by Age: A Plain Summary

8 min read · last reviewed 2026-08-19

Different cancers have different recommended screening ages. This is a rough guide to common screenings for breast, cervical, colorectal, lung, and prostate cancer. Guidelines vary between expert groups and change over time. Your own age, health, and family history matter, so use this as a starting point for a conversation with your doctor.

KEY TAKEAWAYS

- Recommended screening ages differ by cancer type and by expert group.
- Colorectal cancer screening usually starts around age 45 for average-risk adults.
- Breast and cervical cancer screening ages depend on personal risk and history.
- Lung cancer screening is for certain older adults with a significant smoking history.
- These are general guidelines; your doctor tailors them to you.

Read the full article: cancerexplained.org/screening/cancer-screening-guidelines-by-age

CHAPTER 4

Breast Cancer Screening: Mammograms and Other Tests

6 min read · last reviewed 2026-08-19

Mammography is the standard breast cancer screening test. Breast MRI is added for people at high risk. Whether extra scans help women with dense breasts is still an open question. Screening can find cancer early, but it also carries possible harms like false positives and overdiagnosis.

KEY TAKEAWAYS

- Mammography is the main screening test for breast cancer in the general population.
- Breast MRI is recommended alongside mammography for people at high risk, such as those with certain inherited gene changes or chest radiation in youth. Dense breasts alone are a different and unsettled question: the USPSTF says there is not yet enough evidence to recommend for or against extra ultrasound or MRI after a normal mammogram.
- Clinical breast exams and self-exams alone are not considered adequate screening tests.
- Screening has real benefits, including earlier detection, but also possible harms, including false positives and overdiagnosis.
- Screening guidelines vary between expert groups, so talk with your doctor about what fits your history.

Read the full article: cancerexplained.org/cancer-types/breast-cancer-screening

CHAPTER 5

Cervical Cancer Screening: When and How

7 min read · last reviewed 2026-08-19

Cervical cancer screening uses the Pap test, the HPV test, or both to find early cell changes before they can become cancer. Most guidance recommends screening from about age 21 to 65, with the interval depending on the test used. The HPV vaccine complements screening but does not replace it.

KEY TAKEAWAYS

- Screening uses the Pap test, the HPV test, or both to catch problems early.
- Most guidance recommends screening from about age 21 through 65.
- How often you screen depends on your age and which test is used — often every 3 to 5 years.
- Many people over 65 with a long history of normal results can stop screening.
- The HPV vaccine works alongside screening but doesn't replace it.
- Most abnormal results are not cancer and can be watched or treated early.

Read the full article: cancerexplained.org/screening/cervical-cancer-screening

CHAPTER 6

Colorectal Cancer Screening: Your Options Explained

8 min read · last reviewed 2026-08-19

Colorectal cancer screening looks for cancer and for growths called polyps before symptoms appear. Strategies that find and remove precancerous polyps can prevent the disease as well as catch it early; other tests find blood or DNA and rely on a colonoscopy afterwards. Most experts recommend average-risk adults start at age 45 and continue to 75, using the test that fits them best.

KEY TAKEAWAYS

- Screening can find colorectal cancer early and can even prevent it by finding and removing polyps.
- Most experts, including the USPSTF, recommend starting at age 45 for people at average risk.
- Screening generally continues to age 75; from 76 to 85 it's an individual decision.
- Options include stool tests, colonoscopy, CT colonography, and sigmoidoscopy — each with trade-offs.
- People at higher risk may need to start earlier or screen more often.
- The best test is often the one you will actually complete on schedule.

Read the full article: cancerexplained.org/screening/colorectal-cancer-screening

CHAPTER 7

Lung Cancer Screening with Low-Dose CT

5 min read · last reviewed 2026-08-18

Lung cancer screening uses low-dose CT scans to look for lung cancer in people at higher risk because of their smoking history. The USPSTF recommends yearly screening for adults 50–80 with a 20 pack-year history who currently smoke or quit within the last 15 years. It reduces lung cancer deaths but has real harms.

KEY TAKEAWAYS

- Lung cancer screening uses low-dose CT (LDCT), which involves less radiation than a standard CT scan.
- It is recommended for people at increased risk because of a significant smoking history, not the general public.
- The USPSTF recommends yearly LDCT for adults 50–80 with a 20 pack-year history who currently smoke or quit within 15 years.
- NCI reports that the National Lung Screening Trial found three annual LDCT screens reduced lung cancer deaths by 20%.
- Harms include false positives, follow-up procedures, overdiagnosis, and incidental findings outside the lungs.

Read the full article: cancerexplained.org/screening/lung-cancer-screening

CHAPTER 8

Dense Breast Tissue & Supplemental Screening

8 min read · last reviewed 2026-08-19

Having dense breast tissue is common and normal, but it can make mammograms harder to read and slightly increase breast cancer risk. Supplemental screening options help provide clearer pictures.

KEY TAKEAWAYS

- Dense breast tissue is a normal personal physical characteristic, not an illness or disease.
- On a mammogram, both dense fibrous tissue and tumors appear white, making small cancers harder to see.
- Federal FDA regulations require mammogram reports to inform patients about their breast density category.
- Supplemental tests — 3D mammography (tomosynthesis), automated breast ultrasound (ABUS), or MRI — can show tissue a 2D mammogram struggles with, but the US Preventive Services Task Force says the evidence is not yet enough to judge whether adding ultrasound or MRI after a normal mammogram does more good than harm in dense breasts.
- Mammography itself is still the tested screening test; the Task Force recommends it every other year from age 40 to 74, and other bodies advise yearly, so ask which schedule your clinician is using and why.

Read the full article: cancerexplained.org/screening/dense-breast-tissue-and-supplemental-screening

CHAPTER 9

Managing False-Positive Screening Results & Anxiety

3 min read · last reviewed 2026-08-10

A false-positive screening result means a test flagged something that further testing showed was not cancer. It is common: about half of women screened annually for 10 years will have at least one false-positive mammogram. It happens because screening tests are deliberately tuned to be sensitive, not because anyone made an error.

KEY TAKEAWAYS

- A screening test is a sorting step, not a diagnosis — a false positive means the follow-up testing found no cancer.
- Over 10 years of annual mammograms, about 50% of women have at least one false-positive recall with 3-D mammography and about 56% with 2-D; screening every other year lowers that.
- Fewer than 1 in 10 women called back after a screening mammogram turn out to have breast cancer.
- False positives are more common when you are younger, when your breasts are dense, and on your first test of a given type because there is no prior image for comparison.
- Anxiety after a false positive is well documented and can outlast the all-clear by months; that is a normal reaction, not overreacting.
- Screening interval and test choice are legitimate things to discuss if repeated callbacks are wearing you down.

Read the full article: cancerexplained.org/screening/false-positive-screening-results

SOURCES & WHERE TO READ MORE

Screening guidelines shift as evidence changes, and your own history — family history, prior results, other health conditions — can change what's recommended for you specifically. Bring this guide's questions to your primary care doctor rather than treating any of it as a personal recommendation.

FULL SOURCE LIST

1. Cancer Screening: An Overview — cancerexplained.org/screening/cancer-screening-overview (last reviewed 2026-07-02)
2. The Benefits and Harms of Cancer Screening — cancerexplained.org/screening/benefits-and-harms-of-screening (last reviewed 2026-07-04)
3. Cancer Screening Guidelines by Age: A Plain Summary — cancerexplained.org/screening/cancer-screening-guidelines-by-age (last reviewed 2026-08-19)
4. Breast Cancer Screening: Mammograms and Other Tests — cancerexplained.org/cancer-types/breast-cancer-screening (last reviewed 2026-08-19)
5. Cervical Cancer Screening: When and How — cancerexplained.org/screening/cervical-cancer-screening (last reviewed 2026-08-19)
6. Colorectal Cancer Screening: Your Options Explained — cancerexplained.org/screening/colorectal-cancer-screening (last reviewed 2026-08-19)
7. Lung Cancer Screening with Low-Dose CT — cancerexplained.org/screening/lung-cancer-screening (last reviewed 2026-08-18)
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9. Managing False-Positive Screening Results & Anxiety — cancerexplained.org/screening/false-positive-screening-results (last reviewed 2026-08-10)

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