















# AVERAGE RISK SCREENING CHART



| SCREENING TYPE  | AGE: <40  | AGE: 40 - 49 | AGE: 50 - 59  | AGE: 60+ | ADDITIONAL NOTES AND RESOURCES   |
|---|---|--------------|---|----------|--|
| <b>CANCER SCREENING</b>   |   |              |   |          |  |
|  Mammogram (to screen for breast cancer) | Screening for women, two-spirit, transgender or gender diverse individuals 40 to 74 every two years. Speak to your health care provider.  |              |   |          | You are encouraged to talk to your doctor about the <b>benefits and limitations</b> of mammography.<br>Call <b>1-800-663-9203</b> to book a mammogram (at a hospital, healthcare clinic or mammography van).<br><b>Visit BC Cancer's website to learn more.</b>  |
|  Colon cancer screening                  | Not routinely recommended in this age group. May be considered in some situations. Discuss with a health care provider.   |              | From age 50-74, FIT testing is recommended every two years. Talk to your health care provider about <b>Colonoscopy</b> if you have: <ul style="list-style-type: none"> <li>• One first degree relative (mother, father, sister, brother, daughter or son) with colon cancer diagnosed under the age of 60;</li> <li>• Two or more first degree relatives with colon cancer diagnosed at any age; or</li> <li>• A personal history of adenomas.</li> </ul>   |          | Clients can do the FIT test at home and bring it back to the lab when they are done.<br>Individuals can talk to a health care provider for a FIT form or call <b>1-877-70-COLON</b> if they need assistance connecting with a lab in their community.<br><b>Visit BC Cancer's website to learn more</b>  |
|  Cervical cancer screening             | <b>Traditional PAP testing</b><br>Starting at 25 years, every three years until age 69 if normal.<br><b>HPV self-collection</b><br>Starting at 25 years, every five years until age 69 if negative. |              | You <b>should</b> still screen regularly for cervical cancer if: <ul style="list-style-type: none"> <li>• You've been through menopause;</li> <li>• You've had only one sexual partner or have been with the same partner for a while;</li> <li>• You've had the human papillomavirus (HPV) vaccine;</li> <li>• You're in a same-sex relationship; or</li> <li>• You're a transgender person with a cervix.</li> <li>• You're not sexually active right now but have been in the past.</li> </ul> |          | <b>Cervix self-screening: 1-877-702-6566</b> or visit <a href="http://screeningbc.ca/cervix">screeningbc.ca/cervix</a> to request a mailed kit. Individuals can also connect with a health care provider about picking up a cervix self-screening kit.<br><b>Pap test: 1-800-739-7367</b> or visit <a href="http://screeningbc.ca/cervix">screeningbc.ca/cervix</a> to find a health care clinic that accepts patients for Pap tests.<br><b>Visit BC Cancer's website to learn more.</b> |
|  Prostate                              |   |              | Speak to your health care provider.   |          |  |
|  Lung                                  | Speak to your health care provider.   |              | Lung screening is best for those who are at high-risk for lung cancer and who are not experiencing any symptoms. This usually includes people who are: <ul style="list-style-type: none"> <li>• 55-74 years of age;</li> <li>• Have smoked commercial tobacco for 20 years or more, either currently or in the past.</li> </ul>   |          |  |

While First Nations Health Authority reviews this document to ensure the information is accurate, provincial guidelines and recommendations may change. It is recommended to always discuss your care plans with your health care provider.

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| SCREENING TYPE   | AGE: <40   | AGE: 40 - 49  | AGE: 50 - 59                   | AGE: 60+                   | ADDITIONAL NOTES AND RESOURCES  |
|--|--|---|--------------------------------|----------------------------|---|
| <b>VACCINATIONS (THE FOLLOWING ARE NOT MANDATORY, BUT RECOMMENDED.)</b>  |  |   |                                |                            |   |
|  HPV vaccine (to build immunity against cervical cancer)                  | Recommended for females and males in school-based program. Approved in Canada in females aged 9 to 45 and in males 9 to 26.  |   | Speak to health care provider. |                            | <b>For more information please see</b><br><a href="https://immunizebc.ca">immunizebc.ca</a> <a href="https://www.bccancer.bc.ca/prevent/hpv">www.bccancer.bc.ca/prevent/hpv</a>   |
|  Flu vaccine  | Recommended for everyone six months of age or older, who does not have contraindications to the vaccine.   |   |                                |                            | Flu vaccine is especially recommended for: <ul style="list-style-type: none"> <li>• Pregnant women;</li> <li>• Elders over the age of 65 years;</li> <li>• Children six to 59 months old;</li> <li>• People of any age who are residents of nursing homes and other chronic care facilities; and</li> <li>• Adults with some chronic health conditions.</li> </ul> Please discuss with your doctor if you should receive the flu vaccine. |
|  Other vaccines   | Influenza Covid  | Shingles Pneumococcal   | Meningococcal Meningitis       | Hepatitis Tetanus          | Speak to your health care provider.   |
|  Routine childhood vaccines   | For vaccines your child is recommended to receive (including missed vaccines), speak to your health care provider.   |   |                                |                            | <a href="https://immunizebc.ca/children/immunization-schedules/infants-young-children#Schedule%20for%20infants%20and%20young%20children">immunizebc.ca/children/immunization-schedules/infants-young-children#Schedule%20for%20infants%20and%20young%20children</a>   |
| <b>OTHER COMMON SCREENINGS</b>   |  |   |                                |                            |   |
|  Blood Pressure (to check for hypertension)                             | Speak to your health care provider.  | Annual.   |                                |                            | Any time you are visiting your doctor or pharmacy, it is recommended to take your blood pressure (especially if you are taking any medications, like contraception for example).  |
|  Bone Mineral Density (to check for osteoporosis)                       | Not routinely recommended in this age group. May be considered in some situations. Discuss with a health care provider.  |   |                                | All men and women over 65. | A bone density scan may be done earlier than 65 if you are at increased risk of fractures. Speak to your health care provider to assess your risk.  |
|  Vision check   | Once between six and nine months of age. At least once between two and five years old. Annual between six and nine years old. Speak to your health care provider between ages 10 and 39. | Based on medical requirements. Generally recommended every two years. |                                | Annual after 65.           | Diabetics should have annual screening.   |
|  Fasting cholesterol and glucose (to check for diabetes or heart risks) | Talk to your health care provider about a risk assessment starting at 20 years old.  | Every one to five years depending on risk assessment.                 |                                |                            |   |
|  Renal/Kidney Screening   | No recommended Renal/Kidney screening for average to no-risk individuals.  |   |                                |                            |   |