



Canadian Task Force on Preventive Health Care Cancer Prevention and Early Detection Recommendations

Summary Table of “A” Recommendations

Good Evidence to Include in PHE (“Do”)

Condition (Date of Review)	Maneuver	Population
Breast cancer (1998)	Mammography and clinical exam every 1 – 2 years	Women Aged 50-69 years
Colorectal cancer (2001)	Hemoccult FOB test every 1 – 2 years	Average risk adults > age 50
Oral cancer (1999)	Smoking cessation counselling	Smokers
Tobacco-caused disease (1994)	Smoking cessation counselling; nicotine replacement	Smokers

Summary Table of “B” Recommendations

Fair Evidence to Include in PHE (“Do”)

Condition (Date of Review)	Maneuver	Population
Breast cancer (2001)	Counselling on benefits and risks of tamoxifen to reduce likelihood of breast cancer	High-risk women
Cervical cancer (1994)	Pap smear every 3 years after 2 annual normals (CCMB recommends Paps every 2 years after 3 annual normals)	Women who have been sexually active or ≥ age 18
Colorectal cancer (2001)	Sigmoidoscopy every 5 years	Average risk adults > age 50
Colorectal cancer – FAP (2001)	Flexible sigmoidoscopy beginning at puberty, genetic testing	People with mutation for Familial Adenomatous Polyposis
Colorectal cancer – HNPCC (2001)	Colonoscopy	Adults in a Hereditary Non-Polyposis Colon Cancer kindred
Lung cancer (1994)	Seven portions or more of green leafy vegetables or fruit per week	Prevention in smokers
Skin cancer (1994)	Counselling to avoid sun exposure; use protective clothing	General population
Skin cancer (1994)	Total skin examination	First degree relative with melanoma
Tobacco-caused disease (1994)	Referral to validated cessation program	Smokers
Tobacco-caused disease (1994)	Counselling to prevent smoking initiation	Children and adolescents

Summary Table of “C” and “I” Recommendations

When Evidence is Conflicting or Insufficient (Discuss evidence with patients and individualize approach)

Condition (Date of Review)	Maneuver	Population
Breast cancer (2001)	Screening mammography	Women aged 40-49 at average risk of breast cancer
Bladder cancer (1994)	Urine dipstick or cytology for hematuria	High-risk males >60 years who have smoked
Colorectal cancer (2001)	FOB/sigmoidoscopy in combination	Average risk adults >age 50
Colorectal cancer (2001)	Colonoscopy every 5 – 10 years	Average risk adults; high risk adults with family history of polyps/colorectal cancer
Oral cancer (1994)	Screening by clinical examination	Asymptomatic patients (focus on those at high risk)
Ovarian cancer (1994)	Pelvic exam, transvaginal ultrasound, CA125	Women with a strong family history
Prostate cancer (1994)	Digital rectal exam	Males > 50 years
Skin cancer (1994)	Total skin examination; self examination; use of sun screen	General population
Testicular cancer (1994)	Physical exam or self-examination	Adolescent or adult males
Thyroid cancer (1994)	Neck palpation	Asymptomatic adults
Cancers (2003) esophageal, stomach, colorectal, urological, prostate	Vitamin E Supplementation for prevention	General population
Lung cancer (2003)	Spiral CT scanning for screening	General population

Summary Table of “D” Recommendations

Fair Evidence to Exclude from PHE (“Don’t”)

Condition (Date of Review)	Maneuver	Population
Bladder cancer (1994)	Urine dipstick or cytology for hematuria	General population
Breast cancer (2001)	Tamoxifen to reduce the risk of breast cancer	Low-risk women
Breast cancer (2001)	Teach breast self-examination routinely	Women aged 40-69
Cervical cancer (1994)	Human papillomavirus screening	Women
Lung cancer (2003)	Chest radiography annually	General population
Lung cancer (2003)	Vitamin E Supplementation	General population
Ovarian cancer (1994)	Pelvic exam, transvaginal ultrasound, CA125 or combination	Women at low-risk
Pancreatic cancer (1994)	Abdominal palpation, ultrasound or serologic tumor markers	General population
Prostate cancer (1994)	Prostate specific antigen (PSA); Transrectal ultrasound	Males > 50 years
Testicular cancer (1994)	Tumor markers (AFP, HCG)	Adolescent and adult males

Summary Table of “E” Recommendations

Good Evidence to Exclude from PHE (“Don’t”)

Condition (Date of Review)	Maneuver	Population
Lung cancer (1993)	Sputum cytology	General population