# Recommendations on Cancer Screening by the Cancer Expert Working Group on Cancer Prevention and Screening (2023 version)

| | Cancer Type | For Asymptomatic Population at Average risk | For Asymptomatic Persons at Increased Risk | |
|---|---|---|---|---|
| | | | Factors increasing the risk | Recommendations |
| Men and Women | Lung Cancer | Primary prevention is the most important strategy for reducing the risk of developing lung cancer. Current smokers should quit smoking and non-smokers should never start smoking | | |
| | | Routine screening for lung cancer (including chest X-ray, sputum cytology, or low-dose computed tomography (LDCT)) is not recommended for asymptomatic persons at average risk | Heavy smoking history | ● There is currently insufficient data to assess the benefit vs harm and cost-effectiveness of LDCT screening and its associated criteria such as target groups and optimal screening protocol in the local setting. Based on overseas literature, asymptomatic persons with heavy smoking history (i.e., more than 20-30 pack-year* and who either currently smoke or have quit for not more than 10-15 years) that put them at increased risk of lung cancer may benefit from LDCT screening. In the majority of overseas recommendations, the usual starting and finishing age for screening is 50-55 years and 74-80 years respectively, and screening is most commonly performed annually or biennially. Since the local applicability of these criteria has not been sufficiently characterised, persons with heavy smoking history are advised to discuss with their doctors the benefits and harms (including false-positive findings and potential follow up investigations) of LDCT screening before making an informed and individualised decision<br>● Screening for lung cancer with chest X-ray or sputum cytology is not recommended<br><br>* pack-year = multiply number of packs of cigarettes per day by number of years smoked |
| | Liver Cancer | Routine screening with alpha-fetoprotein (AFP) or ultrasonography (USG) is not recommended | ● Chronic hepatitis B virus (HBV) or hepatitis C virus (HCV) infection, or<br>● Liver cirrhosis regardless of the cause | ● Depending on certain criteria (e.g. age, family history, presence of cirrhosis and other clinical parameters), some subgroups are at higher risk and should consider receiving periodic surveillance (e.g. every 6-12 months) with AFP and USG<br>● Should seek advice from doctors to determine the need for and approach of cancer surveillance |
| | Naso-pharyngeal Cancer | Insufficient evidence to recommend screening by Epstein-Barr Virus (EBV) serology test and DNA test | Family history of nasopharyngeal cancer | Family members of nasopharyngeal cancer patients may consider seeking advice from doctors before making an informed decision about screening |

| | Cancer Type | For Asymptomatic Population at Average risk | For Asymptomatic Persons at Increased Risk | |
|---|---|---|---|---|
| | | | Factors increasing the risk | Recommendations |
| | Thyroid Cancer | Screening is not recommended | ● History of head or neck irradiation in infancy or childhood, or<br>● Familial thyroid cancer, or<br>● Family history of multiple endocrine neoplasia type 2 | Should consider seeking advice from doctors regarding the need for and approach of screening |
| | Pancreatic Cancer | Screening (including screening by serum biomarker CA19-9) is not recommended | ● Strong family history of pancreatic cancer, or<br>● Carrying specific inherited genes | ● Insufficient evidence to recommend screening by any standardised protocol<br>● May consider seeking advice from doctors for individual assessment |
| Men | Prostate Cancer | ● Insufficient evidence to recommend for or against screening by Prostate-Specific Antigen (PSA) and/or Digital Rectal Examination (DRE)<br>● Asymptomatic men considering screening are encouraged to discuss with their doctor and make informed decision | ● African American men, or<br>● With one or more first-degree relatives diagnosed with prostate cancer before age 65 | ● Consider seeking advice from doctors regarding the need for and approach of screening<br>● While the screening blood test to be considered is PSA, the DRE may also be done as part of screening. The PSA screening should start at an age not earlier than 45 until age 70, and the interval should not be more frequent than once every 2 years |
| Women | Ovarian Cancer | Screening is not recommended | ● Strong family history of ovarian/ breast cancer, or<br>● Inherited deleterious gene mutations (e.g. *BRCA1/2*, Lynch syndrome) | Should consider seeking advice from doctors for assessment of risk, and the need for and approach of screening |

Important note: The relevant benefits and risks should always be discussed with your healthcare provider before undergoing cancer screening.

For the complete recommendations, please visit www.chp.gov.hk/en/static/100854.html.

衞生防護中心 Centre for Health Protection

衞生署 Department of Health