LIVING WELL

The Cancer Checks Men Keep Putting Off

A clear guide to the screening conversations that begin at 21, 25, 40, 45 and around 50-and why more testing is not always better.

Screening is a decision, not a verdict

The reminder arrives, you feel fine, and the easiest response is to leave it unopened. Cancer screening asks you to make room for a disease you may not have, using a test that may not give a clean yes or no. Postponing that conversation can feel remarkably reasonable.

But screening is designed for the period before symptoms appear. It may find cancer earlier, when it can be easier to treat. Some tests can also find changes that may become cancer: cervical screening can detect abnormal cells, while a colonoscopy can find and remove polyps.

That does not mean every available test is automatically worthwhile. Screening can produce false-positive results, prompting worry and further procedures when no cancer is present. It can miss cancer, creating false reassurance. It may also find a cancer that would never have caused problems, leading to treatment you did not need.

That tension matters. The useful question is not simply, "Can I be tested?" It is whether a particular check applies to your age, anatomy, health history and preferences-and what you would be prepared to do if the result were abnormal. A screening result is the beginning of an investigation, not a diagnosis.

Forty-five is the colorectal marker

For most people without additional health problems or risk factors, colorectal cancer screening begins at 45. Colonoscopy is one option, but it is not the only one: stool tests, flexible sigmoidoscopy and virtual colonoscopy may also be considered. Your clinician can help you choose an approach rather than treating colonoscopy as the inevitable first move.

Your personal timetable may begin earlier or involve more frequent screening. Factors that can raise colorectal cancer risk include being Black; having a personal or family history of colorectal cancer; or having a history of polyps, inflammatory bowel disease, ovarian cancer or certain inherited disorders. Obesity, cigarette smoking and alcohol use are also listed as risk factors.

Colonoscopy has a distinctive advantage: during the procedure, a doctor can remove polyps,

and most colorectal cancers begin as a polyp. It also has burdens and risks. Preparation involves a special diet, bowel-clearing medicine and staying close to a bathroom. Sedatives or anaesthesia mean you must arrange a ride home.

Serious problems are uncommon but real. Evidence cited in clinical guidance estimates perforation in about three of every 10,000 screening colonoscopies and bleeding in about 15 of every 10,000. If you have anal bleeding, changed bowel movements, abdominal pain or unexplained weight loss, do not wait for a routine screening date. Colonoscopy is also used to investigate those problems, which makes this a medical assessment rather than ordinary screening.

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The prostate conversation has no automatic answer

Around 50, prostate screening starts to become a conversation rather than a universal appointment. Prostate cancer is most common after 50, but it often grows slowly and may never cause health problems. Other cases spread and become serious. Screening tries to find the cancers more likely to matter, but it cannot reliably make that distinction by itself.

The prostate-specific antigen (PSA) test measures a protein made by the prostate. A high result may be associated with cancer, but it is not proof. An enlarged prostate, other prostate problems and some medicines can also raise PSA. A low result does not guarantee that cancer is absent.

An abnormal result may lead to a biopsy, the procedure required to diagnose prostate cancer. Biopsy can cause fever, pain, blood in semen or a urinary tract infection. Screening may also uncover a cancer that would never have harmed you. Treatment can then leave permanent problems including urinary incontinence, erectile dysfunction or difficulty controlling bowel movements.

This is why "start at 50" is too blunt. After 50, risk rises, but the decision should also account for family history, general health and what you want. African American men have a higher risk of developing prostate cancer at a younger age and of having more serious disease. The central question is whether you would want further testing and treatment if screening found something uncertain.

Your anatomy may change the checklist

A men's screening list cannot be built from the word "men" alone. If you have a cervix, cervical

cancer screening remains part of routine health care. The first Pap test is recommended at 21, and screening with a human papillomavirus (HPV) test begins at 25. A Pap test checks for abnormal cervical cells; an HPV test looks for high-risk infections that can cause cancer.

The appropriate test and interval depend on age and health history. You may need more frequent checks after an abnormal HPV test, Pap test or cervical biopsy, or if you have had cervical cancer, have a weakened immune system or were exposed before birth to diethylstilbestrol (DES).

After 65, people with a history of regular, normal Pap tests may be told they no longer need screening. Human immunodeficiency virus (HIV) may mean continuing after 65. Screening is generally unnecessary after a total hysterectomy that removed the uterus and cervix for a condition unrelated to cancer, but previous cervical cancer or precancer changes that decision.

Breast screening guidance in the supplied evidence applies to women at average risk: mammograms are recommended every two years from 40 through 74. It does not establish a general mammography timetable for men. If your anatomy, surgery or medical history makes that guidance hard to apply, do not guess from a generic chart. Ask which organs you have that need screening and which recommendation your clinician is using.

Make Monday's list with paper and pen

Be wary of replacing these targeted checks with a commercial blood test that claims to search for many cancers at once. A 2025 systematic review found no completed randomised controlled trials of blood-based multi-cancer early detection tests. Accuracy varied substantially, and the tests were generally less sensitive for early-stage cancers than for later-stage disease.

The review found no meaningful results showing effects on death, potential harms, quality of life or acceptability. Most studies had a high risk of bias, partly because people with negative results were not followed well enough to establish whether cancer had been missed. A broad blood test is not an evidence-backed substitute for the screening that already applies to you.

Access can be part of the problem, not a personal failure. A 2023 review of 144 United States screening-intervention studies found that programmes addressing social conditions increased screening by a median of 8.4 percentage points. Interventions involving health policy, access to care and lower costs produced the greatest proportions of favourable results. If cost or access is the obstacle, say that explicitly when you call; free or low-cost breast and cervical screening may be available to people who qualify.

On Monday, take a sheet of paper and a pen. Write four lines: your age; the organs you have;

relevant personal and family cancer history; and the last screening tests you remember having. Put one question underneath: "Which screening applies to me now, and what happens after an abnormal result?" Bring that page to your next appointment-or use it to make the call you have been postponing.

Where this comes from

- Cervical Cancer Screening

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/cervicalcancerscreening.html
- Prostate Cancer Screening

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/prostatecancerscreening.html
- Screening for Breast Cancer

  Centers for Disease Control and Prevention · https://www.cdc.gov/breast-cancer/screening/index.html
- National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

  Centers for Disease Control and Prevention · https://www.cdc.gov/breast-cervical-cancer-screening/index.html
- Colonoscopy

  National Institute of Diabetes and Digestive and Kidney Diseases · https://www.niddk.nih.gov/health-information/diagnostic-tests/colonoscopy
- Multi-cancer early detection tests for general population screening: a systematic literature review.

  Health technology assessment (Winchester, England), 2025 · https://pubmed.ncbi.nlm.nih.gov/39898371/
- Social determinants of health and US cancer screening interventions: A systematic review.

  CA: a cancer journal for clinicians, 2023 · https://pubmed.ncbi.nlm.nih.gov/37329257/