

Screening/Treatment	How Often?	For whom?	Society
<input type="checkbox"/> Breast cancer (mammogram)	Every 1 ¹ – 2 ²⁻³ years Do not teach breast self-exam ³ Risk assessment at 30 to decide whether to screen at < 40 y.o. ⁴	Average risk women 45-54, annual screening, age 55-75, biennial screening (risk based on fam hx of Br CA in parent or sibling) ¹ Average risk women between ages of 50-74 ²⁻³ All women > 40; Previously diagnosed breast cancer, screen using MRI ⁴ Risk of mammogram may be greater than benefit in younger women I ⁵	CDC ² USPSTF ³ ACS ¹ ACOG ¹ ACR ⁴ SBI ⁴ ACP ⁵
<input type="checkbox"/> Cervical cancer (PAP smear)	Every 3 ¹⁻³ yrs (21-29 y/o) Every 5 ¹⁻³ yrs (30-65y/o) - PAP +HPV test (depends on media & HPV testing & prev. results)	Age 21-65 Pap every 3 yrs (cytology only) Age 30-65, Pap with cytology every 3 yrs OR Pap cytology + HPV test every 5 years OR hrHPV q 5(no pap) May stop at age 65 if at average risk	ACS ² ACOG ³ USPSTF ¹
<input type="checkbox"/> Colon cancer	Depends on test: 1. Yearly –iFOBT(FIT) ¹⁻³ or fecal DNA every 3 years ³ 2. Every 5 years = sigmoidoscopy ¹⁻³ , CT colonography ²⁻³ (replaces double contrast enema, only if colonoscopy declined 3. Every 10 years = colonoscopy ¹⁻³	For average risk men and women: <ul style="list-style-type: none"> • Age 50-75 USPSTF recommends screening • Age 76-85 recommends against screening routinely, depends on risk factors, more benefit presumed in patients never screened • Age > 85, USPSTF recommends to not screen *Choice of screening method is a discussion based on risk factors, risk stratification tool under “References” *USPSTF has insufficient evidence to recommend CT Colonography and double contrast barium enema	USPSTF ¹ ACS ² AGA ³
<input type="checkbox"/> Lung Cancer	Annual (Low dose helical CT)	Age 55-80 with 30 py tobacco history and currently smoke or former tobacco use in past 15 years. Stop screening if quit for 15 years or health problem limits longevity or ability/willingness to undergo curative surgery Some discussion ongoing about the over sensitivity of screening but as of 2019 USPSTF still recommends the above.	USPSTF
<input type="checkbox"/> Prostate cancer	Offer periodic screening based on individual decision. ¹⁻² Against PSA screening unless chosen. ³	Men 55-69 should be offered periodic screening after knowing risks associated with procedure (too many false +ve). Recommend against screening above 70. ¹⁻² Against screening for men < 40, average risk men 40-54, and men > 70. High risk men, men 55-69, discuss pros and cons before screening. ³ *Talk to doctor about pros and cons if African American, family history, other medical conditions. ⁴	USPSTF ¹ ACS ² AUA ³ CDC ⁴
<input type="checkbox"/> Aspirin	Daily - low dose	The USPSTF recommends low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer in adults ages 50 to 59 years who have a 10% or greater 10-year ASCVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years. Similar risk aged 60-69: Individual decision.	USPSTF
<input type="checkbox"/> Statins for primary prevention	Daily statin for conditions as noted *a Identification of dyslipidemia and calculation of a 10 year CVD event risk requires universal lipids screening for adults aged 40-75	Adults without h/o cardiovascular disease and who meet the following criteria, take daily low-moderate intensity ¹ or moderate intensity ²⁻³ statin: <ol style="list-style-type: none"> 1) Aged 40-75 years 2) Have 1 or more CVD risk factors (Dyslipidemia, HTN, smoking, DM) 3) Have a calculated 10-year risk of a cardiovascular event of $\geq 7.5\%$²⁻³ or $\geq 10\%$¹ Assess 10 yr ASCVD risk every 4-5 years starting at age 2. Age 20-59, screen once for 30 yr ASCVD risk	USPSTF ¹ ACC ² AHA ³
<input type="checkbox"/> Flu vaccine	Yearly	All (≥ 6 months) with no contraindications. 6 mo thru 8 yrs – 2 doses at least 4 weeks apart	CDC
<input type="checkbox"/> Shingles vaccine	Once in lifetime – two doses	All adults ≥ 50 y.o. recommend 2 doses of recombinant zoster vaccine (RZV). 2 nd dose administered 2-6 months after first. Recommend regardless of prior h/o shingles or receipt of zoster vaccine ¹	CDC ¹
<input type="checkbox"/> Tdap vaccine	Once, then Td booster every	All adults 19 - 64 y.o.; Adults ≥ 65 contact with infants	CDC ¹

	10 years	<12 months not previously vaccinated with Tdap (can do all ≥ 65 once); each pregnancy ¹⁻³	AAFP ² ACIP ³
<input type="checkbox"/> Pneumococcal vaccine: 23 valent (PPSV23) and 13 valent (PCV 13)	Once	All immunocompetent adults ≥ 65 y.o.: <ul style="list-style-type: none"> No prior PCV – give 1 dose PCV 13, then PPSV23 1 year later Prior PPSV23 - give 1 dose PCV13 1 year later (no repeat PPSV23 dose 5 years later necessary) Prior PCV 13 – give 1 dose PPSV23 1 year later All adults 19-64 with medical conditions include: Smokers, asthma, COPD, chronic cardiovascular conditions, diabetes <ul style="list-style-type: none"> Administer PPSV23 Give PCV 13 at age >65, at least 1 year after PPSV23, and another PPSV23 five years after first dose of PPSV23¹⁻² 	CDC ¹ AAFP ²
<input type="checkbox"/> Human Papilloma Virus Vaccine (HPV)	2 doses if starting before 15 th birthday 3 doses if starting after 15 th birthday, less than 5 months apart	Ages 11 or 12 years: CDC recommends two shots 6-12 months apart - If immunocompromised and 9-26 years: three doses - If initiating series > 15 y/o-26 y/o, 3 doses recommended ¹⁻³ ACIP: routine vaccination at 11-12 yrs; can be given starting 9 yrs; females thru 26 yrs; males thru 21 if not adequately vaccinated before; may give to males 22-26 depending on medical conditions. 2 doses for ages 13-26 ² . If first vaccine after 15 yrs, needs 2 doses FDA recently approved use of vaccine up to age 45 ² ACS: Vaccinate girls and boys 11-12 (can start at 9), females 13-26 and males 13-21/22-26, males through 26 who have sex with men, immune-compromised ⁴	CDC ¹ ACIP ² ACOG ³ ACS ⁴
<input type="checkbox"/> Abdominal aortic aneurysm	Once - ultrasound	Men 65 – 75 who have ever smoked ¹⁻²	CDC ¹ USPSTF ²
<input type="checkbox"/> Blood pressure	AA screen annually starting age 18 Age >40 y/o, all races screen annually Caucasians 18-40 y/o, screen every 2-3 years based on CV risk factors	Normal: <120/ <80 Prehypertension: 120-139/80-89 ¹⁻² (120-129/80 ³⁻⁴) Stage 1: 140-159/90-99; repeat in 1 month (130-139/80-89 ³⁻⁴) Stage 2: ≥160/≥100; start treatment (>140 systolic or >90 diastolic ³⁻⁴) Goal BP age>60 ≤150/90 ¹ Goal BP age <60 and/or CV risk factors ≤140/90 *newer data demonstrates some benefit to tighter control with h/o CKD ACC/AHA: treatment at 130/80 ³⁻⁴	JNC 8 ¹ USPSTF ² AHA ³ ACC ⁴
<input type="checkbox"/> Diabetes screening	Every 1-3 years based on risk factors	All adults >18 y/o, once then every 3 years if low risk Annually if adults age 40-70 who are overweight or obese, or with BP >135/80, certain ethnicities, or with other CV risk factors ¹⁻² ADA: all >45 screen every 3 yrs ³	USPSTF ¹ ACP ² ADA ³
<input type="checkbox"/> Lipid screening	Every yr if high risk Every 1-2 yrs if mod risk, Every 3-5 yrs if low risk	Men >35 y/o, women > 45 y/o, screen every 1-2 yrs Men 20-35 y/o and women 20-45 y/o at moderate risk of CHD, screen every 1-2 years ¹⁻³	USPSTF ¹ AAACE ² ACC/AHA ³
<input type="checkbox"/> HIV testing	Once	Ages 13-64 y.o. at least once; once yearly if high risk	CDC
<input type="checkbox"/> Hepatitis C	Once	All adults age 18-79 (DRAFT RECOMMENDATION) Also all drug users; recipients of transfusions/transplants; healthcare workers with needle/other injuries; children with HCV +ve moms ²⁻³	CDC ¹ USPSTF ² AAFP ³
<input type="checkbox"/> Osteoporosis	Once	Women ≥ 65 y.o. Women < 60 y.o., men ≥ 65 y.o. with risk factors ¹⁻⁶ Utilize FRAX scoring tool to assess for risk factors Men > 70 y.o. At risk men. ⁶	NOF ¹ , ACP ² USPSTF ³ ACOG ⁴ AAFP ⁵ , CDC ⁶
<input type="checkbox"/> Depression	At least once	General adult population, including pregnant and postpartum women. ¹⁻²	USPSTF ¹ AAFP ²

USPSTF= U.S. Preventive Services Task Force; CDC= Centers for Disease Control and Prevention; ACS= American Cancer Society; ACOG= American College of Obstetricians and Gynecologists; AGA = American Gastroenterological Association; AUA= American Urological Association; JNC 8= Joint National Committee; ACP= American College of Physicians; ACC/AHA = American College of Cardiology, American Heart Association; AACE = American Association of Clinical Endocrinologists; NOF= National Osteoporosis Foundation

References

Cancer Screening

American Cancer Society Guidelines for the Early Detection of Cancer

<http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer>

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Lipid Disorders

2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease

<https://www.acc.org/latest-in-cardiology/ten-points-to-remember/2019/03/07/16/00/2019-acc-aha-guideline-on-primary-prevention-gl-prevention>

