Screening/Treatment	*How Often?*	*For whom?*	*Society*
☐ **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] ACS recommends genetic testing for women at high risk; USPSTF recommends that women who have 1 or more family members with know BRCA1or BRCA2 genes should be offered genetic counseling and testing.[1.3]	The decision to start screening with mammography in women prior to age 50 years should be an individual one.[3] Women aged 40 to 44 years should have the choice to start breast cancer screening once a year with mammography if they wish to do so.[1] Average risk women 45-49, annual screening , age 50 to 54 years annually and aged 55 years and older biennial screening (risk based on fam hx of Br CA in parent or sibling)[1] Average risk women between ages of 50-74 Screening with mammography once every two years is recommended.[2-3] Age 75 years and older, Women should continue screening with mammography as long as their overall health is good and they have a life expectancy of 10 years or more[1] versus decision to stop screening should be based on a shared decision-making process since current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women aged 75 years or older[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]
☐ **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)	No screening for age 21-24 year then HPV test every 5 years or HPV/Pap cotest every 5 years or Pap test every 3 years age 25-65 years.[2] Age 21-65 Pap every 3 yrs (cytology only); HPV/Pap cotest every 5 years at age 30-65 years[1] 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]
☐ **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: • 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]
☐ **Lung Cancer**	Annual (Low dose helical CT)	Adults aged 50 to 80 years who have smoked 20 pack year smoking history and currently smoke or have quit within the 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
☐ **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] Annual screening if PSA >2.5ng/ml. 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]
☐ **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. Consider low-dose aspirin in patients 40-70 years of age	USPSTF ACC/AHA[2]

		who have a high ASCVD risk and not at increased risk for bleeding. Avoid aspirin in patients with increased risk for bleeding and for patients >70 years of age.[2]	
☐ **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: 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 ≥7.5%[2-3] or ≥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]
☐ **Flu vaccine**	Yearly	All (>= 6 months) with no contraindications. 6 mo thru 8 yrs – 2 doses at least 4 weeks apart	CDC
☐ **Shingles vaccine**	Once in lifetime – two doses	All adults ≥ 50 y.o. recommend 2 doses of recombinant zoster vaccine (RZV). 2nd dose administered 2-6 months after first. Recommend regardless of prior h/o shingles or receipt of zoster vaccine [1]	CDC[1]
☐ **Tdap vaccine**	Once, then Td booster every 10 years	All adults 19 - 64 y.o.; Adults ≥ 65 contact with infants <12 months not previously vaccinated with Tdap (can do all ≥ 65 once); each pregnancy[1-3]	CDC[1] AAFP[2] ACIP[3]
☐ **Pneumococcal vaccine: 23 valent (PPSV23) and 13 valent (PCV 13)**	Once	All immunocompetent adults ≥ 65 y.o: • 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 • Administer PPSV23 • Give PCV 13 at age >65, at least 1 year after PPSV23, and another PPSV23 five years after first dose of PPSV23[1-2]	CDC[1] AAFP[2]
☐ **Human Papilloma Virus Vaccine (HPV)**	2 doses if starting before 15th birthday 3 doses if starting after 15th 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, needs2 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]
☐ **Abdominal aortic aneurysm**	Once - ultrasound	Men 65 – 75 who have ever smoked[1-2]	CDC[1] USPSTF[2]
☐ **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]

☐ **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]
☐ **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] AACE[2] ACC/AHA[3]
☐ **HIV testing**	Once	Ages 13-64 y.o. at least once; once yearly if high risk	CDC
☐ **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]
☐ **STI testing**	Screening for chlamydia and gonorrhea starting at age 24 years	Sexually active women, including pregnant persons, 24 years or younger and in women 25 years or older who are at increased risk for infection. Current evidence is insufficient to assess the balance of benefits and harms of screening for chlamydia and gonorrhea in men.	USPSTF[2]
☐ **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]
☐ **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

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