

Screening Recommendations

10s	20s	30s	40s	50s	60s	70s	80s	90s
	Cervical Cancer Screening / Pap Smear (21 - 29: every 3 years; 30 - 65: every 5 years)							
		Diabetes Screening (35 - 70, BMI \geq 25.0)						
			Breast Cancer Screening (40 - 74)					
			Heart Disease Screening for Statin Use (40 - 75)					
			Colon Cancer Screening (45 - 75)					
				Lung Cancer Screening (50 - 80, 20 pack-year smoking history)				
					AAA* (65 - 75)			
					Osteoporosis Screening / DEXA Scan (65 and older)			
10s	20s	30s	40s	50s	60s	70s	80s	90s

*AAA = Abdominal Aortic Aneurysm

Note: Does not include HIV or HCV screening

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Specific to those Assigned Male at Birth:

Abdominal Aortic Aneurysm (AAA) Screening: Those assigned male at birth who are age 65 to 75 who have ever smoked

Recommendation (Grade B):

1-time screening with abdominal aorta ultrasound

Specific to those Assigned Female at Birth:

Osteoporosis Screening to Prevent Fractures: Those assigned female at birth who are age 65 or older OR are younger than 65 and have an elevated risk of fracture (use FRAX tool for risk assessment)

Recommendation (Grade B):

DEXA scan to assess bone mineral density (BMD) performed every 4 to 8 years

Breast Cancer Screening: Those assigned female at birth who are age 40 to 74

Recommendation (Grade B):

Biennial (once every 2 years) mammography

Cervical Cancer Screening: Those assigned female at birth who are age 21 to 65

Recommendation (Grade A):

21 - 29 years old ⇒ cervical cytology ("pap smear") every 3 years

30 - 65 years old ⇒ high-risk human papillomavirus + cervical cytology (aka "co-testing") every 5 years

Cancer Screenings:

Colorectal Cancer Screening: individuals age 45 to 75

Recommendation (Grade A for ages 50 -75; Grade B for ages 45-50):

Fecal immunochemical test (FIT) or High-sensitivity guaiac fecal occult blood test (HSgFOBT) every year

OR

Colonoscopy every 10 years

Lung Cancer Screening: Individuals age 50 to 80 who have a 20 pack year smoking history AND currently smoke or have quit within the past 15 years

Recommendation (Grade B):

Annual low-dose computed tomography (CT) of the lungs

Infectious Screenings (not included in above table):

Human Immunodeficiency Virus (HIV) Infection Screening: individuals age 15 to 65, or pregnant

Recommendation (Grade A):

antigen/antibody immunoassay

OR

Rapid HIV test with positive results getting confirmatory antigen/antibody immunoassay

Hepatitis C Virus Screening: individuals aged 18 to 79

Recommendation (Grade B):

1-time screening Anti-HCV antibody testing (if positive then HCV-RNA PCR)

Metabolic Screenings:

Prediabetes and Type 2 Diabetes Screening: Individuals age 35 to 70 who have BMI's classified as overweight or obese (BMI >25)

Recommendation (Grade B):

Fasting plasma glucose, HbA1c, or oral glucose tolerance test (OGTT) testing every 3 years

Statin Use for the Primary Prevention of Cardiovascular Disease in Adults:

Individuals aged 40 to 75 who have 1 or more CVD risk factor (i.e. dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater

Recommendation (Grade B):

1. *Knowledge of patients age, race, sex assigned at birth, smoking status*
2. Screen for diabetes (need to order fasting plasma glucose, HbA1c, or OGTT)
3. Screen for dyslipidemia (need to order total cholesterol, HDL cholesterol, LDL cholesterol, triglycerides)
4. Screen for hypertension (blood pressure measurement)
5. Calculate ASCVD risk with ASCVD risk calculator

NOTE: The USPSTF “recognizes limited evidence to inform the preventative care of the population based on gender identity.” They also view recommendations based on race and ethnicity as a “reflection of a combination of factors, including social determinants of health (eg, disparities of income, low educational achievement, and unstable housing), differential health insurance coverage or access to quality health care, and differences in network characteristics.” For further updates to their screening recommendations, the USPSTF is working on using more inclusive language while identifying evidence gaps as they relate to race, ethnicity, sex and gender.