

Common Screening Exams: men and women						
Screening for	How	Age to start	Frequency	Age to stop	Special considerations	Source:
Colorectal Cancer	colonoscopy	50	10 years	74	Grade A.	Cancer. Screening. U.S. Preventive Services Task Force. June 2017.
	stool based (gFOBT, FIT)	50	yearly	74	gFOBT: guaiac based fecal occult blood test. FIT: fecal immunochemical tests	https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/colorectal-cancer-screening2
Hypertension	blood pressure screen	18	3-5 years	39	Grade A. normal weight. If risk factors >40 yo, obese, overweight then yearly	Final Recommendation Statement: High Blood Pressure in Adults: Screening. U.S. Preventive Services Task Force. September 2017. https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/high-blood-pressure-in-adults-screening
		40	yearly	continuous		

Yearly physical exam for general health and beneficial screening labs based on your symptoms, lifestyle, and weight.

Common Screening Exams: Women Only

Screening for	How	Age to start	frequency	Age to stop	Special considerations	Source:
Breast Cancer	mammogram	50	2 years	74	Grade B. check out table 4: False positives and overdiagnosed breast tumors are common. Sooner if diagnostic or family history.	Final Update Summary: Breast Cancer: Screening. U.S. Preventive Services Task Force. February 2018. https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening1
Cervical cancer	PAP	21	3 years	65	Grade A. Increase frequency with previous positive PAP.	Final Recommendation Statement: Cervical Cancer: Screening. U.S. Preventive Services Task Force. December 2016. https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/cervical-cancer-screening
Osteoporosis	bone mineral density scan (DXA)	65	none suggested	none suggested	Grade B. risk factors: female, smoking, daily alcohol use, low BMI, parental history fracture, menopausal status. DXA: dual-energy X-ray Absorptiometry	Draft Recommendation Statement: Osteoporosis to Prevent Fractures: Screening. U.S. Preventive Services Task Force. November 2017. https://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement/osteoporosis-screening1

Common Screening Exams: men only

Screening for	How	Age to start	frequency	Age to stop	Special considerations	Source
Prostate Cancer	Prostate specific antigen (PSA)	55	individual basis	69	Grade D: High rates of false positives, over diagnosis, overtreatment. (Draft version is changing to grade C.)	Final Recommendation Statement: Prostate Cancer: Screening. U.S. Preventive Services Task Force. May 2012. https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/prostate-cancer-screening

Grades

- A High certainty that net benefit is substantial.
- B High certainty that net benefit is moderate. Or moderate certainty that net benefit is moderate to substantial.
- C Moderated certainty that net benefit is small. Should be based on individual need, patient preference, and clinical judgement.
- D Moderate to high certainty that the net benefit is low or harms outweigh the benefit.

****Information compiled by Mountain Sage Medicine Mar 2018. Please check for updates.**