



# Women's Health Screening Recommendations\*

	11-20	21-29	30-39	40-49	50-64	>65
<b>STD Testing</b>	Counseling and testing if sexually active (B); Screen for chlamydia (A) and gonorrhea (B) at onset of sexual activity	<b>USPSTF:</b> Screen all women <25 years for chlamydia (A) and GC (B). Screen for HIV and syphilis in those at risk (A)	<b>USPSTF:</b> Screen for chlamydia, GC, HIV and syphilis for those at risk (A)			
<b>Pap Screening</b>		<b>USPSTF/ACS/ASCCP/ACOG:</b> Start pap smear at age 21 <b>USPSTF/ACS/ASCCP:</b> continue every 3 years (A) <b>ACOG:</b> continue every 2 years <sup>1</sup>	<b>USPSTF /ACS/ASCCP (2012):</b> Pap and HPV co-testing every 5 years (A) — or — Pap alone every 3 years (A) <b>ACOG:</b> Pap smears every 1-3 years <sup>2</sup>			<b>USPSTF/ACS/ASCCP:</b> do not recommend after age 65 <sup>3</sup> (D) <b>ACOG:</b> No defined age to stop screening <sup>5</sup>
<b>HPV Testing</b>		<b>USPSTF:</b> Do not use HPV test for screening (D) <b>ACS/ASCCP/ACOG:</b> May use HPV test for secondary evaluation	<b>USPSTF/ACS/ASCCP/ACOG:</b> Start HPV co-testing with Pap starting at age 30 <sup>4</sup> (A)			
<b>Clinical Breast Exam</b>				<b>USPSTF:</b> Insufficient evidence for clinical breast exam (I)		
<b>Self Breast Exam</b>				<b>USPSTF:</b> Against teaching self-breast exam (D)		
<b>Mammogram</b>				<b>USPTF:</b> Individualized discussion of risks and benefits (C)	<b>USPTF:</b> Recommends screening every 2 years (B)	<b>USPTF:</b> Recommends to stop screening at age 75 (I)
				<b>ACS/ACOG:</b> Recommends annual screening at age 40		
<b>Osteoporosis Screening</b>					Postmenopausal women at high risk for osteoporotic fractures (B)	<b>AAFP/USPSTF:</b> Screen Women > than 65 years (B)

\* Please see last page for footnotes, key to abbreviations, and helpful links



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<b>Colorectal Cancer Screening</b>					<b>USPSTF:</b> Start at age 50 <b>(A)</b> Colonoscopy every 10 years — or — Sigmoidoscopy every 5 years — or — Yearly fecal occult blood <sup>6</sup>	<b>USPSTF:</b> Recommends against routine screening at age 75 <b>(C)</b> .  Do not screen after age 85. <b>(D)</b>
<b>Vaccinations</b>	Influenza vaccine once a year. Tetanus, diphtheria, and pertussis vaccine (tDaP preferred) every 10 years					
	Start HPV series at age 11-12 (earliest 9 years); Start MCV at age 11-12 with booster at 16 years	HPV series for age < 26 (if not already completed)			Zoster at 60 years (one dose)	Pneumococcal vaccine at age 65 Zoster (if not already given)
<b>Diabetes</b>		<b>USPSTF/AAFP:</b> Screen in asymptomatic adults with sustained BP > 135/80 (with or without treatment) <sup>8</sup>				
<b>Hyperlipidemia</b>		Start screening if patient is at increased risk for CAD <b>(B)</b> <sup>9</sup>	<b>USPSTF:</b> recommends screening women > 45 years <b>(A)</b>			
<b>Hypertension</b>	<b>USPSTF/AAFP:</b> Screen patients > 18 years for hypertension <b>(A)</b>					
<b>Aspirin Use</b>					<b>USPSTF</b> recommends aspirin for women age 55-79 years when the benefit of a reduction in ischemic stroke outweighs the potential harm of an increase in GI hemorrhage. <b>(A)</b>	

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<b>Supplements</b>	AAFP/USPTF: Folic acid 400-800 mcg (A)						
	IOM: Age 9-18: calcium 1300 mg	IOM: Age 19-49: Calcium 1,000 mg			IOM: Age 50 and up: Calcium 1200 mg		
		IOM: Age 19-49: Vitamin D 600 IU			If 50-70 years, Vitamin D 600 IU	If > 70 years, Vitamin D 800 IU	
<b>Depression</b>	USPSTF: Screen > age 12 when systems are in place to assure accurate diagnosis therapy and follow up (B)						
<b>Obesity</b>	USPSTF: Screen all children age > 6 years and refer to comprehensive intensive behavioral intervention for improvement (B)	USPSTF: Screen all adults and offer intensive counseling and behavioral intervention (B)					
<b>Smoking</b>	AAFP/USPSTF: Screen all adults for tobacco use and provide interventions for smoking cessation (A)						
<b>Alcohol</b>	USPSTF: Insufficient evidence to recommend for or against counseling and screening for adolescents (I)	USPSTF: Recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults (B)					

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## Footnotes:

1. Women who have risk factors such as immunosuppression, who received DES, previously treated CIN2, CIN3, or cancer, and those who have multiple partners need annual cytology at all ages. (ACOG).
2. Women age 30 or more who have multiple recent consecutive negative cervical cytology test results, low risk of CIN3 or cancer, can get the pap no sooner than Q 3 years, yet GYN exam should still be performed even without the cervical cytology. (ACOG). [Click here for the full ACS/ASCCP/ASCP guidelines for cervical cancer.](#)
3. Women with a history of  $\geq$  CIN II should continue screening for 20 years after diagnosis (ACS, ASCCP).
4. If a patient was positive for high risk HPV, she should get her pap every year even if it was normal at the time of the screen. (ACOG).
5. USPSTF is against routine pap smears in women who had total abdominal hysterectomy for benign disease.
6. Colonoscopy schedule may be variable depending on individual risk.
7. FRAX risk assessment: <http://www.shef.ac.uk/FRAX/>
8. Screen for diabetes for those with sustained BP with or without medication at 135/80. Screen earlier for DM in patients at high risk, which includes: obesity, positive FH, history of gestational diabetes and African American or Hispanic race.
9. The framework used by the USPSTF in making these recommendations relies on a 10-year risk of cardiovascular events (see Circulation 1998;97:1837-1847). The risk factors for CAD include diabetes, previous personal history of CHD or non-coronary atherosclerosis (e.g., abdominal aortic aneurysm, peripheral artery disease, carotid artery stenosis), a family history of cardiovascular disease before age 50 in male relatives or age 60 in female relatives, tobacco use, hypertension, or obesity (BMI  $\geq$  30).

## USPSTF Level of Evidence Key:

- (A) The USPSTF recommends the service. There is high certainty that the net benefit is substantial.
- (B) The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.
- (C) Clinicians may provide this service to selected patients depending on individual circumstances. However, for most individuals without signs or symptoms there is likely to be only a small benefit from this service.
- (D) The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.
- (I) The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

## Abbreviation Key and links:

- AAFP: [American Academy of Family Physicians](#)
- ACOG: [American Congress of Obstetricians and Gynecologists](#)
- ASCCP: [American Society for Colposcopy and Cervical Pathology](#)
- ACS: [American Cancer Society](#)
- GC: Gonorrhea
- HIV: Human Immunodeficiency Virus
- HPV: Human Papilloma Virus
- IOM: [Institute of Medicine](#)
- MCV: Meningococcal Vaccine
- USPSTF: [US Preventative Services Task Force](#)

## Other Links:

1. [Agency for Healthcare Research and Quality](#)
2. [ACS/ASCCP/ASCP 2012 Screening Guidelines for the Prevention and Early Detection of Cancer Cancer \(PDF file\)](#)
3. [American Congress of Obstetricians and Gynecologists \(ACOG\) Practice Bulletin N 109, Dec 2009.](#)
4. [National Cancer Institute Breast Cancer Risk Assessment Tool](#)
5. [National Osteoporosis Foundation \(NOF\)](#)
6. [Report on Dietary References Intake for Calcium and Vitamin D from the IOM: \*What Clinicians need to know.\*](#)
7. [USPSTF recommendation by age](#)
8. [Western States Stroke Consortium Stroke Calculator \(Downloadable Excel File\)](#)
9. [WHO Fracture Assessment tool](#)