Summary of Recommendations for Clinical Preventive Services

June 2017

These policy recommendations describe AAFP policy for a number of clinical preventive services for general and specific populations.

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations.

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Introduction to
AAFP Summary of Recommendations
For Clinical Preventive Services

The AAFP Summary of Recommendations for Clinical Preventive Services (RCPS) is a document that is periodically updated through the work of the AAFP's Commission on Health of the Public and Science (CHPS) and is approved by the AAFP Board of Directors. The starting point for the recommendations is the rigorous analysis of scientific knowledge available as presented by the United States Preventive Services Task Force (USPSTF).
http://www.uspreventiveservicestaskforce.org/
The USPSTF conducts impartial assessments of the scientific evidence for the effectiveness of a broad range of clinical preventive services, including screening, counseling, and preventive medications.

The CHPS reviews recommendations released by the USPSTF and makes recommendations to the AAFP Board of Directors. In most cases the AAFP agrees with the USPSTF, however, there are circumstances where there are differences.

In 2007, the USPSTF changed the grading of evidence for new recommendations issued (http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm). Therefore, the AAFP has also changed its grading of the evidence to be more consistent with the USPSTF. The USPSTF and AAFP are in a transition period and are implementing the use of two different grading systems for the recommendations. The first grading system applies to the recommendations that occurred before May 2007, and the second grading system applies to recommendations that occurred during or after May 2007. These grading systems are outlined below**.**

The AAFP grading systems for the recommendations that occur **during or after May 2007** includes:

A Recommendation: The AAFP recommends the service. There is high certainty that the net benefit is substantial.
B Recommendation: The AAFP 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 Recommendation: The AAFP recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small.
D Recommendation: The AAFP 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 Recommendation: The AAFP 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.
I-HB Healthy Behavior is identified as desirable but the effectiveness of physician's advice and counseling is uncertain.

The AAFP grading system for those recommendations **before May 2007** includes:

SR Strongly Recommend: Good quality evidence exists which demonstrates substantial net benefit over harm; the intervention is perceived to be cost effective and acceptable to nearly all patients.
R Recommend: Although evidence exists which demonstrates net benefit, either the benefit is only moderate in magnitude or the evidence supporting a substantial benefit is only fair. The intervention is perceived to be cost effective and acceptable to most patients.
NR No Recommendation Either For or Against: Either good or fair evidence exist of at least a small net benefit. Cost-effectiveness may not be known or patients may be divided about acceptability of the intervention.
RA Recommend Against: Good or fair evidence which demonstrates no net benefit over harm.
I Insufficient Evidence to Recommend Either for or Against: No evidence of even fair quality exists or the existing evidence is conflicting.
I-HB Healthy Behavior is identified as desirable but the effectiveness of physician's advice and counseling is uncertain.

Where appropriate, specific website URL's are provided which link directly to the clinical consideration section of the U.S. Preventive

Services Task Force. The clinical consideration section provides additional information needed to interpret and implement the recommendations.

Physicians are encouraged to review not only the needs of individual patients they see, but also of the populations in the communities they serve to determine which specific population recommendations need to be implemented systematically in their practices. The recommendations contained in this document are for screening, chemoprophylaxis and counseling only. They do not necessarily apply to patients who have signs and/or symptoms relating to a particular condition.

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented.

AAFP Recommendations for Genetic and Genomic Tests

The AAFP Recommendations for Genetic and Genomic Tests is provided to aid members their delivery of evidence-based practices to their patients. These recommendations are updated periodically through the work of the AAFP's Commission on Health of the Public and Science (CHPS) and are approved by the AAFP Board of Directors. The starting point for the recommendations is the rigorous analysis of the scientific outcomes available as presented by the Evaluation of Genomics in Practice and Prevention Working Group (EGAPP WG).
http://www.egappreviews.org/workingrp.htm
The CHPS reviews recommendations released by the EGAPP WG and makes recommendations to the AAFP Board of Directors. The AAFP agrees with the EGAPP WG in their recommendations whenever possible; however, there may be circumstances that could warrant different recommendations.
The AAFP uses language consistent with the language in the recommendations from the EGAPP WG. The language is as follows:
Recommend for: The AAFP recommends the test. There is evidence to support that the magnitude of the effect of the test is substantial, moderate or small (as opposed to zero benefit).
Recommend against: The AAFP recommends against the test. There is evidence to support that the magnitude of the effect of the test is zero or that there are net harms.
Insufficient: The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of the test.
Where appropriate, specific website URL's are provided which link directly to the clinical consideration section of the EGAPP WG. This section provides additional information for interpreting and implementing the recommendation.
These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented.

Abdominal Aortic Aneurysm, Men	The AAFP *recommends* one-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men ages 65 to 75 years who have ever smoked. (2014) *(Grade: B recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm)* *(Clinical Considerations)*
	The AAFP *recommends* that clinicians selectively offer screening for AAA in men ages 65 to 75 years who have never smoked rather than routinely screening all men in this group. (2014) *(Grade: C recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm)* *(Clinical Considerations)*
Abdominal Aortic Aneurysm, Women	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for AAA in women ages 65 to 75 years who have ever smoked. (2014) (*Grade: I recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf14/abdoman/abdomanfinalrs.htm#consider)*
	The AAFP *recommends* against routine screening for AAA in women who have never smoked. (2014) *(Grade: D recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf14/abdoman/abdomanfinalrs.htm#consider)*
Abuse, Intimate Partner Violence of Elderly and Vulnerable Adults	The AAFP *recommends* that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse. (2013) *(Grade: B recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/draftrec2.htm)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf12/ipvelderfinalrs.htm)*
	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening all elderly and vulnerable adults (physically or mentally dysfunctional) for abuse and neglect. (2013) *(Grade: I statement)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/draftrec2.htm)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf12/ipvelderfinalrs.htm)*
Alcohol Misuse, Adults	The AAFP *recommends* that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. (2013) *(Grade: B recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf12/alcmisuse/alcmisusefinalrs.htm#consider)*
Alcohol Misuse, Adolescents	The AAFP *recognizes the avoidance* of alcohol products by adolescents aged 12 to 17 years is desirable. The effectiveness of the physician's advice and counseling in this area is uncertain. (2013) (*Grade: I recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf12/alcmisuse/alcmisusefinalrs.htm#consider)*

Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer	**Aspirin Prevention, Adults Younger than Age 50 Years** The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of initiating aspirin use for the primary prevention of CVD and CRC in adults younger than 50 years. (2016) *(Grade:* I recommendation) *(Grade Definition)* *(Clinical Consideration)* **Aspirin Prevention, Adults 50 to 59 Years** The AAFP *recommends* initiating low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year CVD 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. (2016) *(Grade:* B recommendation) *(Grade Definition)* *(Clinical Consideration)* **Aspirin Prevention, Adults 60 to 69 Years** The decision to initiate low-dose aspirin use for the primary prevention of CVD and CRC in adults aged 60 to 69 years who have a 10% or greater 10-year CVD risk should be an individual one. Persons who 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 are more likely to benefit. Persons who place a higher value on the potential benefits than the potential harms may choose to initiate low-dose aspirin. (2016) *(Grade:* C recommendation) *(Grade Definition)* *(Clinical Consideration)* **Aspirin Prevention, Adults 70 Years and Older** The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of initiating aspirin use for the primary prevention of CVD and CRC in adults aged 70 years or older. (2016) *(Grade:* I recommendation) *(Grade Definition)* *(Clinical Consideration)*
Autism Spectrum, Children (Aged 18-30 Months)	The AAFP *concludes that the current evidence is insufficient to* assess the balance of benefits and harms of screening for autism spectrum disorder (ASD) in young children for whom no concerns of ASD have been raised by their parents or a clinician. (2016) (*Grade: I recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Considerations)*
Bacteriuria, Asymptomatic, Pregnant Women	The AAFP *recommends* screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later. (2008) *(Grade: A recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Consideration: www.ahrq.gov/clinic/uspstf08/asymptbact/asbactrs.htm#clinical)*
Bacteriuria, Asymptomatic, Men, Non-Pregnant	The AAFP *recommends against* screening for asymptomatic bacteriuria in men and nonpregnant women. (2008) *(Grade: D recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Consideration: http://www.ahrq.gov/clinic/uspstf08/bv/bvrs.htm#clinical)*
Bacterial Vaginosis, Pregnant Women	The AAFP *recommends against* screening for bacterial vaginosis in asymptomatic pregnant women at low risk for preterm delivery. (2008) *(Grade: D recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/bv/bvrs.htm#clinical)* The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for bacterial vaginosis in asymptomatic pregnant women at high risk for preterm delivery. (2008) (*Grade: I recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/bv/bvrs.htm#clinical)*
Behavior Counseling, Healthful Diet and Physical Activity for Cardiovascular Disease (CVD)	The AAFP *recommends* offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD. (2014) *(Grade: B recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf13/cvdhighrisk/cvdhighriskfinalrs.htm#consider)*

Behavioral Counseling to Prevent Sexually Transmitted Infections	The AAFP *recommends* high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs. (2008) *(Grade: B recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Consideration: http://www.ahrq.gov/clinic/uspstf08/sti/stirs.htm#clinical)*
Behavioral Counseling to Prevent Sexually Transmitted Infections	The AAFP *concludes that the current evidence is insufficient to assess the balance of benefits and harms* of behavioral counseling to prevent STIs in non-sexually active adolescents and in adults not at increased risk for STIs. (2008) (*Grade: I recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/sti/stirs.htm#clinical)*
Bladder Cancer, Adults	The AAFP *concludes that the evidence is insufficient to assess the balance of benefits and harms* of screening for bladder cancer in asymptomatic adults. (August 2011) (*Grade: I recommendation*) (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post*) *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/bladdercancer/bladcanrs.htm#clinical)*
Breast Cancer, Mammography	**Breast Cancer, Mammography, Before age 50** The decision to start screening mammography in women prior to age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin biennial screening between the ages of 40 and 49 years. (2016) • For women who are at average risk for breast cancer, most of the benefit of mammography results from biennial screening during ages 50 to 74 years. Of all of the age groups, women aged 60 to 69 years are most likely to avoid breast cancer death through mammography screening. While screening mammography in women aged 40 to 49 years may reduce the risk for breast cancer death, the number of deaths averted is smaller than that in older women and the number of false-positive results and unnecessary biopsies is larger. The balance of benefits and harms is likely to improve as women move from their early to late 40s. • In addition to false-positive results and unnecessary biopsies, all women undergoing regular screening mammography are at risk for the diagnosis and treatment of noninvasive and invasive breast cancer that would otherwise not have become a threat to their health, or even apparent, during their lifetime (known as "over diagnosis"). Beginning mammography screening at a younger age and screening more frequently may increase the risk for over diagnosis and subsequent overtreatment. • Women with a parent, sibling, or child with breast cancer are at higher risk for breast cancer and thus may benefit more than average-risk women from beginning screening in their 40s. *(Grade: C recommendation)* *Grade Definition: http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions* *Clinical Considerations:* *http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/breast-cancer-screening1#Pod6* **Breast Cancer, Mammography, Women 50 and 74** The AAFP *recommends* biennial screening mammography for women aged 50 to 74 years. (2016) *(Grade: B recommendation)* *Grade Definition: http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions* *Clinical Considerations* **Breast Cancer, Mammography, Women 75 years and older** The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening mammography in women aged 75 years or older. (2016) (Grade: I statement) Grade Definition: http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions Clinical Considerations
Breast Cancer, Self BSE	*Family physicians should discuss with each woman the potential benefits and harms of breast cancer screening tests and develop a plan for early detection of breast cancer that minimizes potential harms. These discussions should include the evidence regarding each screening test, the risk of breast cancer, and individual patient preferences. The recommendations below are based on current best evidence as summarized by the United States Preventive Services Task Force (USPSTF) and can help to guide physicians and patients. These recommendations are intended to apply to women who are not at increased risk of developing breast cancer and only apply to routine screening procedures.* The *AAFP recommends against* clinicians teaching women Breast Self-Examination (BSE). (2016) *(Grade: D recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Consideration)*

Breast Cancer, Clinical Examination (CBE)	*Family physicians should discuss with each woman the potential benefits and harms of breast cancer screening tests and develop a plan for early detection of breast cancer that minimizes potential harms. These discussions should include the evidence regarding each screening test, the risk of breast cancer, and individual patient preferences. The recommendations below are based on current best evidence as summarized by the United States Preventive Services Task Force (USPSTF) and can help to guide physicians and patients. These recommendations are intended to apply to women who are not at increased risk of developing breast cancer and only apply to routine screening procedures.* The AAFP *concludes that the current evidence is insufficient* to assess the benefits and harms of clinical breast examination (CBE) for women aged 40 years and older. (2016) *(Grade: I recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Considerations)*
Breast Cancer, Digital Breast Tomosynthesis (DBT), All Women	The AAFP *concludes that the current evidence is insufficient* to assess the benefits and harms of digital breast tomosynthesis (DBT) as a primary screening method for breast cancer. (2016) (*Grade: I statement)* *Grade Definition: http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions* *Clinical Considerations:* *http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/breast-cancer-screening1#Pod6*
Breast Cancer, Screening Women with Dense Breasts	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of adjunctive screening for breast cancer using breast ultrasonography, magnetic resonance imaging (MRI), DBT, or other methods in women identified to have dense breasts on an otherwise negative screening mammogram. (2016) (*Grade: I statement)* *Grade Definition: http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions* *Clinical Considerations:* *http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/breast-cancer-screening1#Pod6*
Breast Cancer, Prevention Medication	The AAFP *recommends* that clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications such as tamoxifen or raloxifene. (2013) *(Grade: B recommendation)* (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm)* *(Clinical Considerations:* *http://www.uspreventiveservicestaskforce.org/uspstf13/breastcanmeds/breastcanmedsrs.htm#consider*)
	The AAFP *recommends against* the routine use of medications, such as tamoxifen or raloxifene, for risk reduction of primary breast cancer in women who are not at increased risk for breast cancer. (2013) *(Grade: D recommendation)* (*Grade Definition:* http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm) *(Clinical Considerations:* http://www.uspreventiveservicestaskforce.org/uspstf13/breastcanmeds/breastcanmedsrs.htm#consider)
Breast Cancer/BRCA Mutation Testing	The AAFP *recommends* that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (*BRCA1* or *BRCA2*). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing. (2013) *(Grade: B recommendation)* *(Grade Definition:http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#brec)* *(Clinical Consideration:* *http://www.uspreventiveservicestaskforce.org/uspstf12/brcatest/brcatestfinalrs.htm#consider)*
	The AAFP *recommends against* routine genetic counseling or BRCA testing for women whose family history is not associated with an increased risk for potentially harmful mutations in the *BRCA1* or *BRCA2* genes. (2013) *(Grade: D Recommendation)* *(Grade Definition:http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#brec)* *Clinical Consideration:* *http://www.uspreventiveservicestaskforce.org/uspstf12/brcatest/brcatestfinalrs.htm#consider)*
Breastfeeding, Primary Care Interventions	The AAFP *recommends providing* interventions during pregnancy and after birth to support breastfeeding. (2016) *(Grade: B recommendation)* *(Clinical Consideration for Breastfeeding)*
Cardiovascular Disease, Genomic Testing	The AAFP *recommends against g*enomics profiling to assess risk for cardiovascular disease. The net health benefit from the use of any genomic tests for the assessment of cardiovascular disease risk is negligible and there is no evidence that they lead to improved patient management or increased risk reduction. (2012) *(Clinical Consideration: http://www.nature.com/gim/journal/v12/n12/pdf/gim2010136a.pdf)*

Carotid Artery Stenosis, Adults	The AAFP *recommends against* screening for asymptomatic carotid artery stenosis (CAS) in general adult populations. (2014) *(Grade: D recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#drec)* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf13/cas/casfinalrs.htm#consider)*
Celiac Disease	The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for celiac disease in asymptomatic persons. (2016) *(Grade: I recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#drec)* *(Clinical Consideration: https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/celiac-disease-screening#Pod5)*
Cervical Cancer	The AAFP *recommends* screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years. (2012) *(Grade: A recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#arec)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerrs.htm#clinical)*
	The AAFP *recommends against* screening for cervical cancer in women younger than age 21 years. (2012) *(Grade: D recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#arec)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerrs.htm#clinical)*
	The AAFP *recommends against* screening for cervical cancer in women older than age 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer. See the *(Clinical Considerations:* for discussion of adequacy of prior screening and risk factors. (2012) *(Grade: D recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#arec)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerrs.htm#clinical)*
	The AAFP *recommends against* screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion (cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer. (2012) *(Grade: D recommendation)* *(Grade Definition:http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#arec)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerrs.htm#clinical)*
Cervical Cancer	The AAFP *recommends against* screening for cervical cancer with HPV testing, alone or in combination with cytology, in women younger than age 30 years. (2012) *(Grade: D recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#arec)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerrs.htm#clinical)*
Chlamydia, Women	The AAFP *recommends* screening for chlamydia and gonorrhea in sexually active women age 24 years and younger and in older women who are at increased risk for infection. (2014) *(Grade: B recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm)* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf13/gonchlam/gonochlamfinalrs.htm#consider)*
Chlamydia, Men	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for chlamydia and gonorrhea in men. (2014) *(Grade: I recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf13/gonchlam/gonochlamfinalrs.htm#consider)*
Chronic Obstructive Pulmonary Disease, Adults	The AAFP recommends against screening for chronic obstructive pulmonary disease (COPD) in asymptomatic adults. (2016) *(Grade: D recommendation)* *(Grade Definition)* *(Clinical Considerations)*

Colorectal Cancer, Adults	The AAFP *recommends* screening for colorectal cancer with fecal immunochemical tests, flexible sigmoidoscopy, or colonoscopy starting at age 50 years and continuing until age 75 years. The risks, benefits, and strength of supporting evidence of different screening methods vary. (2016) *(Grade Definition: B recommendation)* The AAFP *recommends* that the decision to screen for colorectal cancer in adults aged 76 to 85 years be an individual one, taking into account the patient's overall health and prior screening history. (2016) *(Grade Definition: C recommendation)* The AAFP *recommends against* screening for colorectal cancer in adults older than 85 years. (2016) *(Grade Definition: D recommendation)* **AAFP Clinical Considerations:** Flexible sigmoidoscopy and guaiac-based fecal occult blood testing (gFOBT) are the only screening methods which have reduced colorectal cancer mortality in randomized controlled trials. Fecal immunochemical tests (FIT) have improved accuracy compared with gFOBT, and can be performed with a single fecal specimen. Optical colonoscopy as a screening strategy can be performed less frequently than flexible sigmoidoscopy or stool-based tests, and may detect precancerous lesions that would be missed by these tests. However, the incremental mortality benefit is uncertain, and it is associated with greater harms. Although advanced adenoma detection rates for CT colonography and FIT-DNA appear to be comparable to those of colonoscopy based on cross-sectional studies, both of these screening methods have insufficient evidence of harms. CT colonography exposes patients to radiation, and there is insufficient evidence about the harms of associated extracolonic findings, which are common (occurring in 40% to 70% of screening examinations). FIT-DNA has a higher false positive rate than FIT, a higher rate of unsatisfactory samples than FIT, and information is lacking on appropriate screening intervals and follow-up intervals for patients with positive FIT-DNA but a negative colonoscopy. See also USPSTF Clinical Considerations:
Colorectal Cancer, Chemo Prevention, DNA Testing	The AAFP *concludes that the evidence is insufficient to assess the benefits and harms* of computed tomographic colongraphy and fecal DNA testing as screening modalities for colorectal cancer. (2008) (*Grade: I recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/colocancer/colors.htm)*
Colorectal cancer, genomic testing	The AAFP *recommends* offering genetic testing for Lynch syndrome to patients newly diagnosed with colorectal cancer to reduce morbidity and mortality in relatives. Genetic testing should be offered to first degree relatives of those found to have Lynch syndrome, and those positive for Lynch syndrome should be offered earlier and more frequent screening for colorectal cancer. (2012) *(Clinical Considerations: http://www.egappreviews.org/docs/EGAPPWG-LynchRec.pdf (7-page PDF. About PDFs)*
Congenital Hypothyroidism	The AAFP *recommends* screening for congenital hypothyroidism (CH) in newborns. (2008) *(Grade: A recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/conhypo/conhyprs.htm#clinical)*
Coronary Heart Disease, Adults	The AAFP *recommends against* screening with resting or exercise electrocardiography (ECG) for the prediction of coronary heart disease (CHD) events in asymptomatic adults at low risk for CHD events. (2012) *(Grade: D recommendation)* *(Grade Definition:* http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#drec *(Clinical Considerations)*
	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening with resting or exercise ECG for the prediction of CHD events in asymptomatic adults at intermediate or high risk for CHD events. (2012) (*Grade: I recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#irec)* *(Clinical Considerations:* *http://www.uspreventiveservicestaskforce.org/uspstf11/coronarydis/chdfinalrs.htm#clinical)*
Coronary Heart Disease Risk Assessment, Using Nontraditional Risk Factors	The AAFP *concludes that the current evidence is insufficient to assess the balance of benefits and harms* of using the nontraditional risk factors discussed in this statement to screen asymptomatic men and women with no history of CHD to prevent CHD events. (Select "*(Clinical Considerations:*" for suggestions for practice when evidence is insufficient). The nontraditional risk factors included in this recommendation are high-sensitivity C-reactive protein (hs-CRP), ankle-brachial index (ABI), leukocyte count, fasting blood glucose level, periodontal disease, carotid intima-media thickness (carotid IMT), coronary artery calcification (CAC) score on electron-beam computed tomography (EBCT), homocysteine level, and lipoprotein(a) level. (2010) (*Grade: I recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Considerations)*
Dementia, Adults	The AAFP concludes that the current evidence *is insufficient* to assess the balance of benefits and harms of screening for cognitive impairment. (2014) (*Grade: I recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#irec)* *(Clinical Consideration)*

Dental Caries, in Children from Birth through Age 5 Year	The AAFP *recommends* that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride. (2014) *(Grade: B recommendation)* *(Grade Definition http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#brec)* *(Clinical Considerations)*
	The AAFP *recommends* that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption. (2014) *(Grade: B recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#brec)* *(Clinical Considerations)*
	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of routine screening examinations for dental caries performed by primary care clinicians in children from birth to age 5 years. (2014) *(Grade: I recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#irec)* *(Clinical Considerations)*
Depression, Adults	The AAFP *recommends* screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. (2016) *(Grade: B recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#irec)* *(Clinical Considerations)*
Depression, Adolescents	The AAFP *recommends* screening for major depressive disorder (MDD) in adolescents 12-18 years of age when adequate systems are in place for diagnosis, treatment, and monitoring. (2016). (Grade: B recommendation) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#irec)* *(Clinical Considerations)*
Depression, Children	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for MDD in children age 11 years and younger. (2016) *(Grade: I statement)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#irec)* *(Clinical Considerations)*
Diabetes, Gestational	The AAFP *recommends* screening for gestational diabetes mellitus (GDM) in asymptomatic pregnant women after 24 weeks of gestation. (2014) *(Grade: B recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#irec)* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf13/gdm/gdmfinalrs.htm#consider)*
	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for GDM in asymptomatic pregnant women before 24 weeks of gestation. (2014) (*Grade: I recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#irec* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf13/gdm/gdmfinalrs.htm#consider)*
Diabetes, Abnormal Blood Glucose and Type 2 Diabetes Mellitus, Adults	The AAFP *recommends* screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity. (2015) *(Grade: B Recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#irec* *(Clinical Consideration:* *http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes)* ***Clinical Consideration Summary*** The AAFP agrees with the USPSTF's rationale for screening for abnormal glucose in overweight or obese adults. Elevated body mass index and abnormal blood glucose are modifiable risk factors for cardiovascular disease. Although the AAFP concludes there is currently inadequate evidence whether early detection of abnormal blood glucose or diabetes leads to improvements in mortality or cardiovascular morbidity, screening blood glucose measurement is consistent with AAFP's recommendations for behavioral interventions in adults who are obese or are overweight with additional cardiovascular risk factors. http://www.aafp.org/patient-care/clinical-recommendations/all/obesity.html Glucose abnormalities can be detected by measuring HgbA1c, fasting plasma glucose, or oral glucose tolerance test. Abnormal results should be confirmed. Adults with confirmed impaired glucose tolerance should receive counseling on healthful diet and physical activity by trained providers who work directly with program participants for at least 3 months in order to delay development of diabetes. http://www.thecommunityguide.org/diabetes/combineddietandpa.html. There is limited evidence on the best rescreening interval for adults with normal results, but screening every 3 years is a reasonable option.
Dysplasia (Developmental) of the Hip in Infants	The AAFP *concludes that the evidence is insufficient to recommend* routine screening for developmental dysplasia of the hip in infants as a means to prevent adverse outcomes. (2006) (*Grade: I recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre)* *(Clinical Considerations: www.ahrq.gov/clinic/uspstf06/hipdysp/hipdysrs.htm#clinical)*

Falls Prevention in Older Adults	The AAFP *recommends* exercise or physical therapy and vitamin D supplementation in community-dwelling adults aged 65 years or older who are at increased risk for falls." See *(Clinical Considerations:* for information on risk assessment. (2012) *(Grade: B recommendation.)* *(Grade Definition:http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm)* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf/uspsfalls.htm)*
	The AAFP *does not recommend* automatically performing an in-depth multifactorial risk assessment in conjunction with comprehensive management of identified risks to prevent falls in community-dwelling adults aged 65 years or older because the likelihood of benefit is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the balance of benefits and harms on the basis of the circumstances of prior falls, co-morbid medical conditions, and patient values. (2012) *(Grade: C recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm)* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf/uspsfalls.htm)*
Genital Herpes Simplex Virus Infection	The AAFP *recommends against* routine serological screening for genital herpes simplex virus (HSV) in asymptomatic adolescents and adults, including those who are pregnant. (2016) *(Grade: D recommendation)* (*Grade Definition: https://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions#drec2*) *(Clinical Considerations: https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/genital-herpes-screening1#Pod5)*
Gestational Diabetes	The AAFP *concludes that the current evidence is insufficient to assess the balance of benefits and harms* of screening for gestational diabetes mellitus (GDM), either before or after 24 weeks gestation. (2008) (*Grade: I recommendation)* *(Grade Definition http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/gestdiab/gdrs.htm#clinical)*
Glaucoma, Adults	The *AAFP concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for primary open-angle glaucoma (POAG) in adults. (2013) *(Grade: I recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf13/glaucoma/glaucomafinalrs.htm#consider)*
Gonococcal Infection in Neonates, Ocular Topical Medication	The AAFP *strongly recommends* prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum. (2005) *(Grade: A recommendation)* (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre*) *(Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)*
Gonorrhea, Women	The AAFP *recommends* screening for chlamydia and gonorrhea in sexually active women age 24 years and younger and in older women who are at increased risk for infection. (2014) *(Grade: B recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf13/gonchlam/gonochlamfinalrs.htm#consider)*
Gonorrhea, Men	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for chlamydia and gonorrhea in men. (2014) (*Grade: I recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm)* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf13/gonchlam/gonochlamfinalrs.htm#consider)*
Healthful Diet and Physical Activity for Cardiovascular Disease (CVD)	Although the correlation among healthful diet, physical activity, and the incidence of cardiovascular disease is strong, existing evidence indicates that the health benefit of initiating behavioral counseling in the primary care setting to promote a healthful diet and physical activity is small. Clinicians may choose to selectively counsel patients rather than incorporate counseling into the care of all adults in the general population. **Considerations:** General adult population without a known diagnosis of hypertension, diabetes, hyperlipidemia, or cardiovascular disease. Issues to consider include other risk factors for cardiovascular disease, a patient's readiness for change, social support and community resources that support behavioral change, and other health care and preventive service priorities. (2012) *(Grade: C recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf11/physactivity/physrs.htm#tab1)* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf11/physactivity/physrs.htm#clinical)*
Hearing, Screening Loss in Older Adults	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for hearing loss in asymptomatic adults 50 years and older. (2012). *(Clinical Considerations:* This recommendation applies to adults age 50 years and older who show no signs or symptoms of hearing loss.(*Grade: I recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#irec)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/adulthearing/adulthearrs.htm#clinical)*

Hearing Loss Sensorineural (SNHL)	The AAFP *recommends* screening for hearing loss in all newborn infants. (2008) *(Grade: B recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Considerations: www.ahrq.gov/clinic/uspstf08/newbornhear/newbhearrs.htm#clinical)*
Hemochromatosis	The AAFP *recommends against* routine genetic screening for hereditary hemochromatosis in the asymptomatic general population. (2006) *(Grade: D recommendation)* (*Grade Definition:http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre*) *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspshemoch.htm)*
Hemoglobinopathies, Newborns	The AAFP *strongly recommends* ordering screening tests for PKU, hemoglobinopathies, and thyroid function abnormalities in neonates. (2007) *(Grade: A recommendation)* (*Grade Definition:http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre*) *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspshemo.htm)*
Hepatitis B Virus Infection, Pregnant Women	The AAFP *recommends* screening for hepatitis B virus (HBV) in pregnant women at their first prenatal visit. (2009) *(Grade: A recommendation)* (*Grade Definition:http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post*) *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf/uspshepbpg.htm)*
Hepatitis B Virus Infection, in Nonpregnant Adolescents and Adults	The AAFP *recommends* screening for hepatitis B virus (HBV) infection in persons at high risk for infection. (2014) *(Grade: B recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#brec)* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf12/hepb/hepbfinalrs.htm#consider)*
Hepatitis B Virus Chronic Infection	The AAFP *recommends against* routinely screening the general asymptomatic population for chronic hepatitis B virus infection. (2014) *(Grade: D recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#brec* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf12/hepb/hepbfinalrs.htm#consider)*
Hepatitis C Virus Infection, Adults	The AAFP *recommends* screening for hepatitis C virus (HCV) infection in persons at high risks for infection. The AAFP also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965. (2013) *(Grade: B recommendation)* (*Grade Definition*: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#poststaskforce.org) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf12hepc hepcfinalrs.htm#consider)
Hip Dysplasia (Infants)	The AAFP *concludes that the evidence is insufficient to recommend* routine screening for developmental dysplasia of the hip in infants as a means to prevent adverse outcomes. (2006) (*Grade: I recommendation*) (*Grade Definition:http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre*) *(Clinical Considerations: www.ahrq.gov/clinic/uspstf06/hipdysp/hipdysrs.htm#clinical)*
HIV Infection, Adolescents and Adults	The AAFP *recommends* that clinicians screen adolescents and adults ages 18 to 65 years for HIV infection. Younger adolescents and older adults who are at increased risk should also be screened. See the *(Clinical Considerations:* for more information about screening intervals. (2013) *(Grade: A recommendation)* (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post*) *(Clinical Considerations:* **Note:** The AAFP's recommendation differs from the U.S. Preventive Services Task Force (USPSTF) only on the age to initiate routine screening for HIV. The USPSTF recommends routine screening beginning at age 15 years (insert USPSTF link) and the Centers for Disease Control and Prevention (CDC) recommends routine screening beginning at age 13 years (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm). • The evidence base for the new recommendations for HIV screening for adults is solid. The one difference between the AAFP recommendations and those of the CDC and USPSTF pertains to what age to initiate routine screening. The CDC states age 13 years and the USPSTF recommendation states age 15 years. The AAFP recommends routine screening starting at age 18 years. • The prevalence of HIV infection and rate of new infection among 13- 14 year olds and 15-17 year olds are very low. CDC data show for the year 2010 there were 529 AIDS cases and 2,200 HIV cases in the age group 15-19 years. Based on the most recent US census there are close to 4 million adolescents in each cohort year or a total of 20 million in the ages 15-19. A rough calculation of (2729/ 20 million) provides a rate of 1.3/10,000. These data are not seroprevalence data and the actual rates are likely higher. However, these case numbers also include children known to be infected at birth and thus not all are infections contracted in the adolescent years. In addition the rate calculated is for the 5 year group and is likely skewed toward the older ages (18 and 19) and the rates in the 15-17 year olds are probably lower than that calculated. • The benefits of detecting HIV in a low-risk 15-17 year old versus detecting the infection in the same adolescent at age 18 are unknown.

HIV Infection, Pregnant Women	The AAFP *recommends* that clinicians screen all pregnant women for HIV, including those who present in labor whose HIV status is unknown. See the *(Clinical Considerations:* for more information about screening intervals. (2013) *(Grade: A recommendation)* (*Grade Definition:http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post*) *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf13/hiv/hivfinalrs.htm#consider)*
Hormone Replacement Therapy	The AAFP *recommends against* the use of combined estrogen and progestin for the prevention of chronic conditions in postmenopausal women. (2012) *(Grade: D recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm)* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf12/menohrt/menohrtfinalrs.htm#consider)*
	The AAFP *recommends against* the use of estrogen for the prevention of chronic conditions in postmenopausal women who have had a hysterectomy. (2012) This recommendation applies to postmenopausal women who are considering hormone therapy for the primary prevention of chronic medical conditions. This recommendation does not apply to women younger than age 50 years who have undergone surgical menopause. This recommendation does not consider the use of hormone therapy for the management of menopausal symptoms, such as hot flashes or vaginal dryness. *(Grade: D recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm)* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf12/menohrt/menohrtfinalrs.htm#consider)*
Hyperbilirubinemia, Infants	The AAFP *concludes that the evidence is insufficient* to recommend screening infants for hyperbilirubinemia to prevent chronic bilirubin encephalopathy. (2009) *(Grade: I recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#irec)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf09/hyperbilirubinemia/hyperbrs.htm#clinical)*
Hypertension, Adults	The AAFP *recommends* screening for high blood pressure in adults aged 18 years or older. The AAFP *recommends* obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment. (2015) *(Grade: A recommendation)* Grade Definition: http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions Clinical Consideration: http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/high-blood-pressure-in-adults-screening#clinical-considerations
Hypertension, Children and Adolescents	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for primary hypertension in asymptomatic children and adolescents to prevent subsequent cardiovascular disease in childhood or adulthood. (2013) (*Grade: I recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm)* *(Clinical Consideration: http://annals.org/article.aspx?articleid=1747317#ClinicalConsiderations)*
Idiopathic Scoliosis in Adolescents	The AAFP *recommends against* the routine screening of asymptomatic adolescents for idiopathic scoliosis.(2004) *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspsaisc.htm)*
Illicit Drug Use	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening adolescents, adults, and pregnant women for illicit drug use. (2008) (*Grade: I recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Considerations: www.ahrq.gov/clinic/uspstf08/druguse/drugrs.htm#clinical)*
Illicit or Nonmedical Drug Use, in Children and Adolescents	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of primary care–based behavioral interventions to prevent or reduce illicit drug or nonmedical pharmaceutical use in children and adolescents. This recommendation applies to children and adolescents who have not already been diagnosed with a substance use disorder. (2014) (*Grade: I recommendation*) *(Grade Definition:* http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#irec) *(Clinical Considerations:* http://www.uspreventiveservicestaskforce.org/uspstf13/drugmisuse/drugmisusefinalrs.htm#consider)
Insulin Dependent Diabetes Mellitus	The AAFP *recommends against* the use of immune marker screening for insulin dependent diabetes mellitus in asymptomatic persons.

Iron deficiency Anemia, Pregnant Women (Screening)	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for iron deficiency anemia in pregnant women to prevent adverse maternal health and birth outcomes. (2015) *(Grade: I statement)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions#irec2)* *(Clinical Considerations)*
Iron deficiency Anemia, Pregnant Women (Supplementation)	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of routine iron supplementation for pregnant women to prevent adverse maternal health and birth outcomes. (2015) *(Grade: I statement)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions#irec2)* *(Clinical Considerations :)*
Iron deficiency Anemia, Young Children	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for iron deficiency anemia in children ages 6 to 24 months. (2015) *(Grade: I statement)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions#irec2)* *(Clinical Considerations:)*
Kidney Disease, Chronic Screening	The AAFP *concludes that the evidence is insufficient* to assess the balance of benefits and harms for routine screening for chronic kidney disease (CKD) in asymptomatic adults. Common tests considered for CKD screening include creatinine-derived estimates of glomerular filtration rate (GFR) and urine testing for albumin. (2012) (*Grade: I recommendation*) *(Grade Definition:http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#irec)* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf12/kidney/ckdfinalrs.htm#consider)*
Lead Poisoning, Children	The AAFP *concludes that evidence is insufficient to recommend for or against* routine screening for elevated blood lead levels in asymptomatic children aged 1 to 5 years who are at increased risk. (2006) (*Grade: I recommendation*) *(Grade Definition)* *(Clinical Considerations:)*
	The AAFP *recommends against* routine screening for elevated blood levels in asymptomatic children aged 1 to 5 years who are at average risk. (2006) *(Grade: D recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre)* *(Clinical Considerations: www.ahrq.gov/clinic/uspstf06/lead/leadrs.htm#Clinical)*
Lead Poisoning, Pregnant Women	The AAFP *recommends against* routine screening for elevated blood levels in asymptomatic pregnant women. (2006) *(Grade: D recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre)* *(Clinical Considerations: www.ahrq.gov/clinic/uspstf06/lead/leadrs.htm#Clinical)*
Lipid Disorders, Adults	**Adults 40-75 Years with no symptoms or history of CVD and a calculated 10-year CVD event risk of 10% or greater** The AAFP *recommends* that adults without a history of cardiovascular disease (CVD) (ie, symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years. (2016) *(Grade: B recommendation)* See the "Clinical Considerations" section for more information on lipids screening and the assessment of cardiovascular risk. (2016)
	Adults 40-75 Years with no symptoms or history of CVD and a 10-year CVD event risk of 7.5%-10% Although statin use may be beneficial for the primary prevention of CVD events in some adults with a 10-year CVD event risk of less than 10%, the likelihood of benefit is smaller, because of a lower probability of disease and uncertainty in individual risk prediction. Clinicians may choose to offer a low- to moderate-dose statin to certain adults without a history of CVD when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 7.5% to 10%. (2016) *(Grade: C recommendation)* *(Clinical Consideration)*
	Adults 76 years and older with no history of CVD The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of initiating statin use for the primary prevention of CVD events and mortality in adults 76 years and older without a history of heart attack or stroke.(2016) *(Grade: I recommendation)* *(Clinical Consideration)*

Lipid Disorders, Children and Adolescents 20 years and younger	The AAFP *concludes that the current evidence is insufficient to assess* the balance of benefits and harms of screening for lipid disorders in children and adolescents 20 years or younger. (2016) (*Grade: I recommendation*) Grade Definition (www.uspreventiveservicestaskforce.org) Clinical Considerations(www.uspreventiveservicestaskforce.org)
Low Back Pain, Adults	The AAFP *concludes that the evidence is insufficient to recommend for or against* routine use of interventions to prevent low back pain in adults in primary care settings. (2004) *(Grade: I recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre)* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/3rduspstf/lowback/lowbackrs.htm#clinical)*
Lung Cancer	The AAFP *concludes that the evidence is insufficient to recommend for or against* screening for lung cancer with low-dose computed tomography (LDCT) in persons at high risk for lung cancer based on age and smoking history. (2013) (*Grade: I recommendation*) *(Grade Definition:* http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm AAFP *(Clinical Considerations:* The AAFP has reviewed the USPSTF's recommendation on lung cancer screening and had significant concern with basing such a far reaching and costly recommendation on a single study. The National Lung Screening Trial (NLST), whose favorable results were conducted in major medical centers with strict follow-up protocols for nodules, have not been replicated in a community setting. A shared-decision-making discussion between the clinician and patient should occur regarding the benefits and potential harms of screening for lung cancer. The long term harms of radiation exposure from necessary follow-up full dose CT scans are unknown. The USPSTF recommends annual CT screening even though the NLST trial was only 3 annual scans; further benefit expectations are based on modeling. The number needed to screen to prevent one lung cancer death over 5 years and 3 screenings is 312. The number needed to screen to prevent one death by any cause is 208 over 5 years in the NLST trial. Forty percent of patients screened will have a positive result requiring follow-up, mostly CT scans, although some will require bronchoscopy or thoracotomy. The harms of these follow-up interventions in a setting with a less strict follow-up protocol in the community are not known. In the words of the NLST authors: "The NLST was conducted at a variety of medical institutions, many of which are recognized for their expertise in radiology and the diagnosis and treatment of cancer." Much of the success of this trial is based on the low mortality associated with surgical resection of tumors, which may not be reproducible in all settings. In the words of the NLST authors: "The cost-effectiveness of low-dose CT screening must also be considered in the context of competing interventions, particularly smoking cessation." USPSTF *(Clinical Considerations:* http://www.uspreventiveservicestaskforce.org/uspstf13/lungcan/lungcanfinalrs.htm#consider
Maltreatment, Children	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of primary care interventions to prevent child maltreatment. This recommendation applies to children who do not have signs or symptoms of maltreatment. (2013) (Grade I recommendation) (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Considerations: :* *http://www.uspreventiveservicestaskforce.org/uspstf13/childabuse/childmaltreatfinalrs.htm#consider)*

Motor Vehicle Occupant Restraints	The AAFP *recognizes* the use of motor vehicle occupant restraints is desirable to prevent motor vehicle occupant injuries. The effectiveness of physician's advice and counseling in this is area is uncertain. (2007) (*Grade: I recommendation*) (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre*) *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf07/mvoi/mvoirs.htm#clinical)*
	The AAFP *recognizes* that avoiding driving while alcohol impaired is desirable. The effectiveness of routine counseling of patients to reduce driving while under the influence of alcohol or riding with drivers who are alcohol-impaired is uncertain. (2007) *(Grade: I recommendation)* (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre*) (*Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf07/mvoi/mvoirs.htm#clinical*)
Neural tube defects, Prevention, Folic Acid Supplementation, Women	The AAFP *recommends* that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid. (2016) (*Grade: A recommendation)* (*Grade Definition: https://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions#arec2*) *ClinicalConsiderations:https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/folic-acid-for-the-prevention-of-neural-tube-defects-preventive-medication#Pod5)*
Obesity, Adults (Screening for and Management)	The AAFP *recommends* screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m2 or higher to intensive, multicomponent behavioral interventions. (2012) Intensive, multicomponent behavioral interventions include behavioral management activities (12 to 26 sessions in the first year) such as setting weight loss goals, improving diet/nutrition and increasing physical activity, addressing barriers to change, self-monitoring, and strategizing how to maintain lifestyle changes. See *(Clinical Considerations:* section for more information: http://www.uspreventiveservicestaskforce.org/uspstf11/obeseadult/obesesum.htm *(Grade: B recommendation)* (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre*) *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf11/obeseadult/obesers.htm#clinical)*
Obesity, Children and adolescents	The AAFP *recommends* that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status. (February 2010) *(Grade: B recommendation)* (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post*) *(Clinical Consideration: (The definitions for specific interventions (targeted to diet and physical activity) and intensity(>25 hours with child and/or family over 6 months) are noted in the clinical Considers: www.ahrq.gov/clinic/uspstf10/childobes/chobesrs.htm#clinical)*
Obstructive Sleep Apnea in Adults: Screening	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for obstructive sleep apnea (OSA) in asymptomatic adults. (2017) *(Grade: I recommendation)* (*Grade Definition: https://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions#irec2))* *Clinical Consideration*
Oral Cancer, Adults	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for oral cancer in asymptomatic adults. (2013) (*Grade: I recommendation*) (*Grade Definition*) *(Clinical Consideration)*
Osteoporosis, Women	The AAFP *recommends* screening for osteoporosis in women aged 65 years or older and in younger women whose fracture risk is equal to or greater than that of a 65-year old white woman who has no additional risk factors. A 65-year-old white woman with no other risk factors has a 9.3% 10-year risk for any osteoporotic fracture. (2011) *(Grade: B recommendation)* (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post*) (*Clinical Considerations:* http://www.uspreventiveservicestaskforce.org/uspstf10/osteoporosis/osteors.htm#clinical) The FRAX (Fracture Risk Assessment) tool), available at www.shef.ac.uk/FRAX/, can be used to estimate 10-year risks for fractures for all racial and ethnic groups in the United States. (2011)
Osteoporosis, Men	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for osteoporosis in men. (2011) (*Grade: I recommendation*) (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post*) (*Clinical Considerations:* http://www.uspreventiveservicestaskforce.org/uspstf10/osteoporosis/osteors.htm#clinical)
Ovarian Cancer, Women	The AAFP *recommends against* screening for ovarian cancer in women. (2012) *(Grade: D recommendation)* (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post*) *(Clinical Considerations: (Clinical Considerations:* http://www.uspreventiveservicestaskforce.org/draftrec.htm*)*
Ovarian Cancer/BRCA Mutation Testing	The AAFP *recommends* that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing. (2005) *(Grade: B recommendation)* (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre*) *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf05/brcagen/brcagenrs.htm#clinical)*

Ovarian Cancer/BRCA Mutation Testing	The AAFP *recommends against* routine referral for genetic counseling or routine breast cancer susceptibility gene (BRCA) testing for women whose family history is not associated with increased risk for deleterious mutations in breast cancer susceptibility gene 1 (BRCA1) or breast cancer susceptibility gene 2 (BRCA2). (2005) *(Grade: D recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre)* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf05/brcagen/brcagenrs.htm#clinical)*
Pancreatic Cancer, Adult	The AAFP *recommends against* routine screening for pancreatic cancer in asymptomatic adults using abdominal palpation, ultrasonography, or serologic markers. (2004) *(Grade: D recommendation)* (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre*) *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/3rduspstf/pancreatic/pancrers.htm#clinical)*
Pelvic Exam, Screening	The AAFP *recommends against* screening pelvic exams in asymptomatic women. (2017) (Grade Recommendation) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm)* *Clinical Consideration*
Peripheral Arterial Disease	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for peripheral artery disease (PAD) and cardiovascular disease (CVD) risk assessment with the ankle–brachial index (ABI) in adults (*Grade: I recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm)* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf12/pad/padfinalrs.htm#consider)*
Phenylketonuria, Newborn	The AAFP *recommends* ordering screening test for Phenylketonuria in neonates. (2008) *(Grade: A recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/pku/pkurs.htm#clinical*
Preeclampsia	The AAFP *recommends* screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy . (2017) (*Grade: B recommendation*) (Grade Definition: http://aem-prod-auth.lw.aafp.org:4502/cf#/content/aafp/patient-care/clinical-recommendations/all/preeclampsia.html) Clinical Consideration
	The AAFP *recommends* the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia. (2014) *(Grade: B recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#brec)* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf14/asprpreg/asprpregfinalrs.htm#consider)*
Prostate Cancer	The AAFP *recommends against* prostate-specific antigen (PSA)-based screening for prostate cancer. (2012) *(Grade: D recommendation)* (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#drec)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/prostatecancerscreening/prostatefinalrs.htm#consider)*
Pulmonary Chronic Obstructive Disease	The AAFP *recommends against* screening asymptomatic adults for chronic obstructive pulmonary disease (COPD) using spiromtery. (2008) *(Grade: D recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Consideration: http://ahrq.gov/clinic/uspstf08/copd/copdrs.htm#clinical)*
Rh (D) Incompatibility, Pregnant Women	The AAFP *strongly recommends* Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care. (2004) *(Grade: A recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre)* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/3rduspstf/rh/rhrs.htm#clinical)*
	The AAFP *recommends* repeated Rh (D) antibody testing for all un-sensitized Rh (D)-negative women at 24-28 weeks' gestation. (2004) *(Grade: B recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre)* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/3rduspstf/rh/rhrs.htm#clinical)*
Scoliosis, Idiopathic in Adolescents	The AAFP *recommends against* the routine screening of asymptomatic adolescents for idiopathic scoliosis. (2004) *(Grade: D recommendation)* (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre*) *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspsaisc.htm*)
Second Hand Smoke	The AAFP *strongly recommends* to counsel smoking parents with children in the house regarding the harmful effects of smoking and children's health.
Sexually Transmitted Infections (STIs)	The AAFP *recommends* intensive behavioral counseling for all sexually active adolescents and for adults at increased risk for sexually transmitted infections (STIs). (2014) *(Grade: B recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf13/sti12/stifinalrs.htm#consider)*

	The AAFP *concludes that the current evidence is insufficient to assess the balance of benefits and harms* of behavioral counseling to prevent STIs in non-sexually active adolescents and in adults not at increased risk for STIs. (2008) (*Grade: I recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/sti/stirs.htm#clinical)*
Sickle Cell Disease, Newborns	The AAFP *recommends* screening for sickle cell disease in all newborns. (2007) *(Grade: A recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Considerations: www.ahrq.gov/clinic/uspstf07/sicklecell/sicklers.htm#clinical)*
Skin Cancer, Behavioral Counseling	The AAFP *recommends* counseling children, adolescents, and young adults' ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk of skin cancer. (2012) *(Grade: B recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#brec)* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf11/skincancouns/skincancounsrs.htm#clinical)*
	The AAFP *concludes that the current evidence is insufficient to assess the balance of benefits and harms* of counseling adults older than age 24 years about minimizing risks to prevent skin cancer. (2012) *(Grade: I recommendations)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#brec)* *(Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf11/skincancouns/skincancounsrs.htm#clinical)*
Skin Cancer, Screening	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of visual skin cancer screening in adults (2016) *(Grade: I recommendation)* *(Grade Definition)* *(Clinical Considerations)*
Speech and Language Delay and Disorders in Children Age 5 and Younger	The *AAFP concludes that the current evidence is insufficient to* assess the balance of benefits and harms of screening for speech and language delay and disorders in children aged 5 years or younger. (2015) (*Grade: I recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/speech-and-language-delay-and-disorders-in-children-age-5-and-younger-screening#Pod5)*
Suicide, Screening	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for suicide risk in adolescents, adults, and older adults in primary care. (2014) (*Grade: I recommendation*) (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#irec)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf13/suicide/suicidefinalrs.htm#consider)*
Syphilis, Non-pregnant Adults and Adolescents	The AAFP *recommends* screening for syphilis infection in persons who are at increased risk for infections. (2016) *(Grade: A recommendation)* *(Grade Definition: uspreventiveservicestaskforce.org)* *(Clinical Considerations: uspreventiveservicestaskforce.org)*
Syphilis, Pregnant Women	The AAFP *recommends* that clinicians screen all pregnant women for syphilis infection. (2009) *(Grade: A recommendation)* (*Grade Definition:http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post*) *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspssyph.htm)*
Testicular Cancer	The AAFP *recommends against* screening for testicular cancer in asymptomatic adolescent or adult males (2011). *(Grade: D recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf10/testicular/testicuprs.htm#clinical)*
Thyroid Cancer	The AAFP *recommends against* screening for thyroid cancer in asymptomatic adults. (2016) *(Grade: D recommendation)* (*Grade Definition:http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre*) *(Clinical Considerations: https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/thyroid-cancer-screening1#Pod5)*
Thyroid Dysfunction Screening, Adults	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for thyroid dysfunction in nonpregnant, asymptomatic adults. (2015) (*Grade: I recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions#irec2)* *(Clinical Consideration:*

	http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/thyroid-dysfunction-screening#consider)
Thyroid Function abnormalities, Newborns	The AAFP *recommends* screening for congenital hypothyroidism (CH) in newborns. (2008) *(Grade: A recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/conhypo/conhyprs.htm#clinical*
Tobacco Use, Adults who smoke	The AAFP *concludes that the current evidence is insufficient* to recommend electronic nicotine delivery systems (ENDS) for tobacco cessation in adults, including pregnant women. The AAFP *recommends* that clinicians direct patients who smoke tobacco to other cessation interventions with established effectiveness and safety (previously stated). (2015) *(Grade: I statement)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/Page/Document/final-recommendation-statement143/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1#Pod5)*
Tobacco Use, Screening Adults	The AAFP *recommends* that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)-approved pharmacotherapy for cessation to adults who use tobacco. (2015) *(Grade: A recommendation)* *(Grade Definition)* *(Clinical Considerations)*
Tobacco Pharmacotherapy, Pregnant Women	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of pharmacotherapy interventions for tobacco cessation in pregnant women. (2015) *(Grade: I statement)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/Page/Document/final-recommendation-statement143/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1#Pod5)*
Tobacco Use, Pregnant Women	The AAFP *recommends* that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. (2015) *(Grade: A recommendation)* *(Grade Definition)* *(Clinical Considerations)*
Tobacco Use, Counseling, Children and Adolescents	The AAFP *recommends* that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents. (2013) (*Grade: B Recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm* *(Clinical Considerations:* *http://www.uspreventiveservicestaskforce.org/uspstf12/tobacco/tbacfinalrs.htm#clinical*
Tuberculosis, Asymptomatic Adults	The AAFP *recommends* screening for latent tuberculosis infection (LTBI) in populations at increased risk. (2016) (*Grade: B Recommendation*) (Grade Definition) (Clinical Considerations)
Venous Thromboembolism, Genomic Testing	The AAFP *recommends against r*outine testing for Factor V Leiden and/or prothrombin 2012G> (PT) in asymptomatic adult family members of patients with venous thromboembolism, for the purpose of considering primary prophylactic anticoagulation. This recommendation does not extend to patients with other risk factors for thrombosis such as contraception use. (2012)
Violence, Intimate Partner Abuse of Elderly and Vulnerable Adults	The AAFP *recommends* that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse. (2013) *(Grade: B recommendation)* (*Grade Definition:http://www.uspreventiveservicestaskforce.org/draftrec2.htm)* *(Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf12/ipvelderfinalrs.htm)*
	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening all elderly and vulnerable adults (physically or mentally dysfunctional) for abuse and neglect. (2013) *(Grade: I statement)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/draftrec2.htm)* *(Clinical Considerations:http://www.uspreventiveservicestaskforce.org/uspstf12/ipvelderfinalrs.htm)*
Visual Difficulties, Adults (65 years and older)	The AAFP *concludes that the current evidence is insufficient to assess the balance of benefit and harms* of screening for impaired visual acuity in older adults. (2016) *(Grade I recommendation)* *(Grade Definition)* *(Clinical Considerations)*

Visual Impairment, Children	The AAFP *recommends* vision screening for all children at least once between the ages of 3 and 5 years to detect the presence of amblyopia or its risk factors. (2011) *(Grade: B recommendation)* *(Grade Definition:http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)* *(Clinical Considerations:* *http://www.uspreventiveservicestaskforce.org/uspstf11/vischildren/vischildrs.htm#clinical)*
	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of vision screening for children <3 years of age. (2011) (*Grade: I recommendation*) (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post*) *(Clinical Considerations*: *http://www.uspreventiveservicestaskforce.org/uspstf11/vischildren/vischildrs.htm#clinical)*
Vitamin, Mineral, and Multivitamin Supplements for the Primary Prevention of Cardiovascular Disease and Cancer	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of vision screening for children <3 years of age. (2011) (*Grade: I recommendation*) (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post*) *(Clinical Considerations*: *http://www.uspreventiveservicestaskforce.org/uspstf11/vischildren/vischildrs.htm#clinical)*
	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of the use of single- or paired-nutrient supplements (with the exception of beta-carotene and vitamin E) for the prevention of cardiovascular disease or cancer. (2014) (*Grade: I recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#drec* *(Clinical Considerations:* *http://www.uspreventiveservicestaskforce.org/uspstf14/vitasupp/vitasuppfinalrs.htm#consider*
	The AAFP *recommends against* the use of beta-carotene or vitamin E supplements for the prevention of cardiovascular disease or cancer. (2014) *(Grade: D recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#drec* *(Clinical Considerations:* *http://www.uspreventiveservicestaskforce.org/uspstf14/vitasupp/vitasuppfinalrs.htm#consider*
Vitamin D and Calcium Supplementation, Prevention of Fractures in Premenopausal Women or Men	The AAFP *concludes that the current evidence is insufficient* to assess the balance of the benefits and harms of combined vitamin D and calcium supplementation for the primary prevention of fractures in premenopausal women or in men. (2013) (*Grade: I recommendation*) (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#arec* *(Clinical Considerations:* *http://www.uspreventiveservicestaskforce.org/uspstf12/vitamind/finalrecvitd.htm#consider*
Vitamin D and Calcium Supplementation, Prevention of Fractures in Noninstitutionalized Postmenopausal Women	The AAFP *concludes that the current evidence is insufficient* to assess the balance of the benefits and harms of daily supplementation with >400 IU of vitamin D3 and 1,000 mg of calcium for the primary prevention of fractures in noninstitutionalized postmenopausal women. (2013) (*Grade: I recommendation*) *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#arec)* *(Clinical Considerations:* (*http://www.uspreventiveservicestaskforce.org/uspstf12/vitamind/finalrecvitd.htm#consider*)
	The AAFP *recommends against* daily supplementation with ≤400 IU of vitamin D3 and 1,000 mg of calcium carbonate for the primary prevention of fractures in noninstitutionalized postmenopausal women. (2013) *(Grade: D recommendation)* (*Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#arec)* *(Clinical Considerations:* *http://www.uspreventiveservicestaskforce.org/uspstf12/vitamind/finalrecvitd.htm#consider)*
Vitamin D Deficiency	The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for Vitamin D Deficiency. (2014) *(Grade : I recommendation)* *(Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#drec* *(Clinical Considerations:* *http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/vitamin-d-deficiency-screening#consider*