

Adult Preventive Health Care Schedule: Recommendations from the USPSTF (as of June 1, 2018)

To be used in conjunction with USPSTF recommendation statements for additional details (see accompanying tables and references)

Only grade A/B recommendations are shown

Age	18	21	24	25	35	40	45	50	55	59	65	70	74	75	80
USPSTF screening recommendations															
Alcohol misuse ¹	(B)														
Depression ²	(B)														
Hypertension ³	(A)														
Obesity ⁴	(B)														
Tobacco use and cessation ⁵	(A)														
HIV infection ⁶	(A) (A) if at increased risk														
Hepatitis B virus infection ⁷	(B) if at increased risk														
Syphilis ⁸	(A) if at increased risk														
Tuberculosis ⁹	(B) if at increased risk														
BRCA gene screening ¹⁰	(B) if appropriate family history														
Chlamydia and gonorrhea ¹¹	(B) if sexually active (B) if at increased risk														
Intimate partner violence ¹²	(B) childbearing-aged women														
Cervical cancer ¹³	(A) Pap smear every 3 years, or every 5 years with human papillomavirus cotesting starting at age 30														
Abnormal glucose/diabetes ¹⁴	(B) if overweight or obese														
Hepatitis C virus infection ¹⁵	(B) if at high risk (B) birth years 1945-1965 (B) if at high risk														
Colorectal cancer ¹⁶	(A)														
Breast cancer ¹⁷	(B) biennial screening														
Lung cancer ¹⁸	(B) if 30 pack-years and current or former smoker (quit in past 15 years)														
Osteoporosis ¹⁹	(B) if ≥ 9.3% 10-year fracture risk (B)														
Abdominal aortic aneurysm ²⁰	(B) if an "ever smoker"														

USPSTF preventive therapies recommendations

Primary prevention of breast cancer ²¹	(B) if at increased risk and only after shared decision making														
Folic acid supplementation ²²	(A) if capable of conceiving														
Statins for primary prevention of CVD ²³	(B) see criteria on p. 6														
Aspirin for primary prevention of CVD and colorectal cancer ²⁴	(B) if ≥ 10% 10-year CVD risk														
Fall prevention in community-dwelling older adults ²⁵	(B) exercise interventions if at increased fall risk														

USPSTF counseling recommendations

Sexually transmitted infection prevention ²⁶	(B) if at increased risk														
Diet/activity for CVD prevention ²⁷	(B) if overweight or obese and with additional CVD risk														
Skin cancer prevention ²⁸	(B) if fair skinned														

Legend

	Normal risk	With specific risk factor	Recommendation grades
Recommendation for men and women			A Recommended (likely significant benefit)
Recommendation for men only			B Recommended (likely moderate benefit)
Recommendation for women only			C Do not use routinely (benefit is likely small)
			D Recommended against (likely harm or no benefit)
			I Insufficient evidence to recommend for or against

CHD = coronary heart disease; CVD = cardiovascular disease; HIV = human immunodeficiency virus; USPSTF = U.S. Preventive Services Task Force.

Visual adaptation from recommendation statements by Swenson PF, Lindberg C, Carrilo C, and Clutter J.

BONUS DIGITAL CONTENT

HIV RISK FACTORS

IV drug use	Sex with individuals who are IV drug users, bisexual, or HIV positive
Men who have sex with men	
Other STI	Unprotected sex, including anal intercourse
Requesting STI testing	
Sex exchanged for drugs or money	

HIV = human immunodeficiency virus; IV = intravenous; STI = sexually transmitted infection.

CHLAMYDIA AND GONORRHEA RISK FACTORS

New or multiple sex partners	Sex exchanged for drugs or money
Other STI, including history of STI	Sexually active adolescents
Partner with STI	Unprotected sex or inconsistent condom use
Partners who have multiple sex partners	

STI = sexually transmitted infection.

HEPATITIS B INFECTION RISK FACTORS

Human immunodeficiency virus infection	Men who have sex with men
Infected sex partner	Origin from regions* with prevalence \geq 2%
Intravenous drug use	U.S.-born children of immigrants from regions* with prevalence \geq 8%, if unvaccinated
Living with an infected individual	

*—Risk of regions can be found at <http://www.cdc.gov/mmwr/preview/mmwrhtml/lrr5708a1.htm>.

CARDIOVASCULAR DISEASE RISK FACTORS

Diabetes mellitus	Metabolic syndrome
Dyslipidemia	Obesity
Family history	Tobacco use
Hypertension	

HEPATITIS C INFECTION RISK FACTORS

Blood transfusion before 1992	Intravenous or intranasal drug use
Chronic hemodialysis	Maternal infection (concern for vertical transmission)
High-risk sexual behaviors	Unregulated tattoo
Incarceration	

SYPHILIS RISK FACTORS

High-risk sexual behaviors	Men who have sex with men
Incarceration	Sex exchanged for money for drugs
Local prevalence	

BREAST CANCER RISK FACTORS

Consider use of a risk-assessment model for patients with a history of biopsy or positive family history

TUBERCULOSIS RISK FACTORS

Health professionals*	Prisoners, including former
Homelessness, including former	Residents of high-risk regions, including former
Immunosuppression*	

*—Evidence for screening not reviewed by the USPSTF because this is standard practice in public health and standard of care for patients with immunosuppression, respectively.

SEXUALLY TRANSMITTED INFECTION RISK FACTORS

Similar to those risk factors listed previously for sexually transmitted infections; consider local and population-based prevalence in individual risk assessment

BRCA MUTATION RISK FACTORS

Family history of breast cancer:

- Bilateral
- Diagnosed before 50 years of age
- Diagnosed in multiple family members
- In one or more male family members
- With a family history of ovarian cancer
- Family member with two BRCA-related cancers

NOTE: Consider use of validated risk assessment tools to identify patients with pertinent family history.

Adult Preventive Health Care Schedule: Recommendations from the USPSTF

Grade A/B Recommendations (with Associated Grade C/D/I Recommendations):

Alcohol misuse screening¹ (UIP)

- (B) Screen adults and provide brief behavioral interventions for risky alcohol use

Depression screening²

- (B) Screen adults with systems for evaluation and management

Hypertension screening³

- (A) Screen adults; exclude white coat hypertension before starting therapy

Obesity screening⁴ (UIP)

- (B) Screen adults and offer or refer patients with body mass index ≥ 30 kg per m² to intensive behavioral interventions

Tobacco use screening⁵ (UIP)

- (A) Screen adults and provide behavioral and U.S. Food and Drug Administration–approved intervention therapy for cessation
(I) IETRFOA electronic nicotine delivery systems for tobacco cessation

Human immunodeficiency virus screening⁶ (UIP)

- (A) Screen individuals 15 to 65 years of age
(A) Screen older and younger persons who are at increased risk

Hepatitis B virus infection screening⁷

- (B) Screen adolescents and adults at high risk

Syphilis screening⁸

- (A) Screen individuals at increased risk

Tuberculosis screening⁹

- (B) Screen individuals at increased risk

BRCA screening¹⁰ (UIP)

- (B) Screen women with appropriate family history
(D) Recommend against screening patients without appropriate family history

Chlamydia and gonorrhea screening¹¹

- (B) Screen sexually active women 24 years and younger, and women at increased risk who are 25 years and older
(I) IETRFOA screening sexually active males

Intimate partner violence screening¹² (UIP)

- (B) Screen women of childbearing age and refer to appropriate services
(I) IETRFOA screening all vulnerable and elderly patients for abuse or neglect

Cervical cancer screening¹³ (UIP)

- (A) Screen women 21 to 65 years of age
- Papanicolaou smear every three years
 - Women 30 to 65 years of age may increase screening interval to five years with cytology and human papillomavirus cotesting
- (D) Recommend against screening in women
- Age 20 years and younger
 - Older than 65 years if adequately screened previously and no increased risk of cervical cancer
 - With hysterectomy (including cervix) without history of cervical intraepithelial neoplasia grade 2 or 3 or cervical cancer
 - Younger than 30 years with human papillomavirus testing alone or in combination with cytology

Abnormal glucose and diabetes mellitus type 2 screening¹⁴

- (B) Screen overweight or obese adults 40 to 70 years of age and refer patients with abnormal glucose levels for intensive counseling for healthy diet and exercise

Hepatitis C virus infection screening¹⁵ (UIP)

- (B) Offer one-time screening of patients born between 1945 and 1965
(B) Screen high-risk patients

Colorectal cancer screening¹⁶

- (A) Screen patients 50 to 75 years of age with fecal occult blood (or immunochemical) test, sigmoidoscopy, colonoscopy, computed tomography colonography, or multitargeted stool DNA test
(C) Recommend against routine screening of patients 76 to 85 years of age

Breast cancer screening¹⁷

- (B) Biennial screening mammography in women 50 to 74 years of age
(C) Screening is an individualized decision for women 40 to 49 years of age
(I) IETRFOA
- Mammography after 75 years of age
 - Screening with digital breast tomosynthesis
 - Adjunctive screening in women with dense breast tissue and negative screening mammogram

Lung cancer screening¹⁸ (UIP)

- (B) Screen annually with low-dose computed tomography for individuals 55 to 80 years of age with a 30 pack-year history who currently smoke or quit within the past 15 years; consider overall health in decision to screen

Osteoporosis screening¹⁹ (UIP)

- (B) Screen women 65 years and older
(B) Screen women if fracture risk equal to that of a 65-year-old white woman without other risk factors (9.3% in 10 years by U.S. FRAX [Fracture Risk Assessment] tool)
(I) IETRFOA screening men

Abdominal aortic aneurysm screening²⁰ (UIP)

- (B) Screen men 65 to 75 years of age who ever smoked (100 or greater lifetime cigarettes) with one-time abdominal aortic aneurysm ultrasonography
(C) Recommend selective screening of never-smoking men 65 to 75 years of age
(I) IETRFOA women 65 to 75 years of age who ever smoked
(D) Recommend against routine screening in never-smoking women 65 to 75 years of age

Primary prevention of breast cancer²¹ (UIP)

- (B) Recommend shared decision making for medications (such as tamoxifen and raloxifene) that reduce risk of breast cancer in women at increased risk
(D) Recommend against routine use if no increased risk

Folic acid supplementation²²

- (A) 0.4 to 0.8 mg daily for women capable of conception

continues

CHD = coronary heart disease; CVD = cardiovascular disease; IETRFOA = insufficient evidence to recommend for or against; UIP = update in progress; USPSTF = U.S. Preventive Services Task Force.

Adult Preventive Health Care Schedule: Recommendations from the USPSTF (continued)**Grade A/B Recommendations (with Associated Grade C/D/I Recommendations):** (continued)**Statins for primary prevention of CVD²³**

- (B) Recommend low- to moderate-dose statin therapy in patients meeting all three criteria:
- (1) 40 to 75 years of age
 - (2) Dyslipidemia, diabetes, hypertension, or smoker
 - (3) 10-year CVD risk of 10% or greater
- (C) Consider low- to moderate-dose statin therapy in appropriate candidates meeting the first two criteria but with a 10-year CVD risk of 7.5% to 10%
- (I) IETFOA initiating statin therapy after 75 years of age for primary prevention

Aspirin for primary prevention of CVD and colorectal cancer²⁴

- (B) Recommend low-dose aspirin for patients 50 to 59 years of age with a 10-year CVD risk of 10% or greater, appropriate bleeding risk, and life expectancy of at least 10 years
- (C) Recommend individualized decision making for patients 60 to 69 years of age who meet the same criteria
- (I) IETFOA low-dose aspirin for patients younger than 50 years or 70 years or older

Fall prevention in community-dwelling older adults²⁵

- (B) Recommend exercise interventions for individuals 65 years and older at increased risk of falls
- (C) Recommend multifactorial interventions for appropriate individuals 65 years and older; see Clinical Considerations in original recommendation statement for patient selection
- (D) Recommend against vitamin D supplementation for fall prevention

Counseling to prevent sexually transmitted infection²⁶ (UIP)

- (B) Recommend counseling to prevent sexually transmitted infection for adolescents and adults at increased risk

Counseling to promote healthy diet and physical activity²⁷

- (B) Recommend that overweight or obese patients with other CVD risk factor(s) be offered or referred for intensive behavioral counseling

Counseling for skin cancer prevention²⁸

- (B) Recommend counseling fair-skinned patients six months to 24 years of age about minimizing ultraviolet light exposure
- (C) Recommend selectively counseling fair-skinned patients older than 24 years about minimizing exposure to UV radiation
- (I) IETFOA counseling adults about skin self-examination

Grade C Recommendations:

Physical activity and healthy diet counseling to reduce cardiovascular risk in adults without obesity or known CVD risk factors²⁹

Prostate cancer screening with prostate-specific antigen in men 55 to 69 years of age after shared decision making³⁰

Grade D Recommendations:

Bacteriuria (asymptomatic) screening in men and nonpregnant women³¹ (UIP)

Beta carotene or vitamin E supplementation for CVD or cancer risk reduction³²

Carotid artery stenosis screening³³

CHD screening with resting or exercise electrocardiography in low-risk patients³⁴ (UIP)

Chronic obstructive pulmonary disease screening with spirometry³⁵

Combined estrogen-progesterone for prevention of chronic conditions or estrogen for the same in patients with hysterectomy³⁶

Genital herpes screening³⁷

Ovarian cancer screening³⁸

Pancreatic cancer screening³⁹ (UIP)

Prostate cancer screening with prostate-specific antigen for men 70 years and older³⁰

Testicular cancer screening⁴⁰

Thyroid cancer screening⁴¹

Vitamin D (≤ 400 IU) and calcium ($\leq 1,000$ mg) supplementation daily for primary prevention of fracture in postmenopausal women⁴²

Grade I Statements:

Bladder cancer screening⁴³

Celiac disease screening⁴⁴

CHD screening with nontraditional risk factors⁴⁵ (UIP)

CHD screening with resting or exercise electrocardiography in intermediate- to high-risk patients³⁴ (UIP)

Chronic kidney disease screening⁴⁶

Cognitive impairment screening in older adults⁴⁷ (UIP)

Gynecologic condition screening with pelvic examination⁴⁸

Hearing loss screening in older adults⁴⁹

Illicit drug use screening⁵⁰ (UIP)

Impaired visual acuity screening in older adults⁵¹

Multivitamin, single nutrient, or paired nutrients for CVD or cancer risk reduction (beta carotene and vitamin E, as above)³²

Obstructive sleep apnea screening⁵²

Oral cancer screening⁵³

Peripheral artery disease and CVD risk screening with ankle-brachial index⁵⁴ (UIP)

Primary open-angle glaucoma screening⁵⁵

Primary prevention of fractures with vitamin D and calcium supplementation (alone or combined; dose unspecified) in men or premenopausal women, and in postmenopausal women with daily dosages > 400 IU of vitamin D and $> 1,000$ mg of calcium⁴²

Skin cancer screening⁵⁶

Suicide risk screening⁵⁷

Thyroid dysfunction screening⁵⁸

Vitamin D deficiency screening in community-dwelling nonpregnant adults⁵⁹

CHD = coronary heart disease; CVD = cardiovascular disease; IETFOA = insufficient evidence to recommend for or against; UIP = update in progress; USPSTF = U.S. Preventive Services Task Force.

Adult Preventive Health Care Schedule: Recommendations from the USPSTF (continued)

REFERENCES

- Moyer VA. Screening and behavior counseling interventions in primary care to reduce alcohol misuse: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2013;159(3): 210-218.
- Siu AL. Screening for depression in adults: U.S. Preventive Services Task Force recommendation statement. *JAMA.* 2016;315(4):380-387.
- Siu AL. Screening for high blood pressure in adults: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2015;163(10):778-786.
- Moyer VA. Screening for and management of obesity in adults: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2012;157(5):373-378.
- Siu AL. Behavioral and pharmacotherapy interventions for tobacco smoking cessation in adults, including pregnant women: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2015;16(8):622-634.
- Moyer VA. Screening for HIV: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2013;159(1):51-60.
- LeFevre ML. Screening for hepatitis B virus infection in nonpregnant adolescents and adults: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2014;161(1):58-66.
- Bibbins-Domingo K. Screening for syphilis infection in nonpregnant adults and adolescents: U.S. Preventive Services Task Force recommendation statement. *JAMA.* 2016;315(21):2321-2327.
- Bibbins-Domingo K. Screening for latent tuberculosis infection in adults: U.S. Preventive Services Task Force recommendation statement. *JAMA.* 2016;316(9):962-969.
- Moyer VA. Risk assessment, genetic counseling, and genetic testing for BRCA-related cancer in women: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2014;160(4): 271-281.
- LeFevre ML. Screening for chlamydia and gonorrhea: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2014;161(12):902-910.
- Moyer VA. Screening for intimate partner violence and abuse of elderly and vulnerable adults: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2013;158(6):478-486.
- Moyer VA. Screening for cervical cancer: U.S. Preventive Services Task Force recommendation statement [published correction appears in *Ann Intern Med.* 2013;158(11):852]. *Ann Intern Med.* 2012;156(12):880-891.
- Sui AL. Screening for abnormal blood glucose and type 2 diabetes mellitus: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2015;163(11):861-868.
- Moyer VA. Screening for hepatitis C virus infection in adults: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2013;159(5):349-357.
- Bibbins-Domingo K. Screening for colorectal cancer: U.S. Preventive Services Task Force recommendation statement [published correction appears in *JAMA.* 2016;316(5):545]. *JAMA.* 2016;315(23):2564-2575.
- Siu AL. Screening for breast cancer: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2016;164(4): 279-296.
- Moyer VA. Screening for lung cancer: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2014;160(5): 330-338.
- Screening for osteoporosis: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2011;154(5):356-364.
- LeFevre ML. Screening for abdominal aortic aneurysm: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2014;161(4):281-290.
- Moyer VA. Medication for risk reduction of primary breast cancer in women: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2013;159(10):698-708.
- Bibbins-Domingo K. Folic acid supplementation for the prevention of neural tube defects: U.S. Preventive Services Task Force recommendation statement. *JAMA.* 2017;317(2):183-189.
- Bibbins-Domingo K. Statin use for the primary prevention of cardiovascular disease in adults: U.S. Preventive Services recommendation statement. *JAMA.* 2016;316(19):1997-2007.
- Bibbins-Domingo K. Aspirin use for the primary prevention of cardiovascular disease and colorectal cancer: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2016;164(12):836-845.
- Grossman DC. Interventions to prevent falls in community-dwelling older adults: U.S. Preventive Services Task Force recommendation statement. *JAMA.* 2018;319(16):1696-1704.
- LeFevre ML. Behavioral counseling interventions to prevent sexually transmitted infections: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2014;161(12):894-901.
- LeFevre ML. Behavioral counseling to promote a healthful diet and physical activity for cardiovascular disease prevention in adults with cardiovascular risk factors: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2014;161(8):587-593.
- Grossman DC. Behavioral counseling to prevent skin cancer: U.S. Preventive Services Task Force recommendation statement. *JAMA.* 2018;319(11):1134-1142.
- Grossman DC. Behavioral counseling to promote a healthful diet and physical activity for cardiovascular disease prevention in adults without cardiovascular risk factors: U.S. Preventive Services Task Force recommendation statement. *JAMA.* 2017;318(2):167-174.
- Grossman DC. Screening for prostate cancer: U.S. Preventive Services Task Force recommendation statement. *JAMA.* 2018;319(18):1901-1913.
- Screening for asymptomatic bacteriuria in adults: U.S. Preventive Services Task Force reaffirmation recommendation statement. *Ann Intern Med.* 2008;149(1):43-47.
- Moyer VA. Vitamins, mineral, and multivitamin supplements for the primary prevention of cardiovascular disease and cancer: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2014;160(8):558-564.
- LeFevre ML. Screening for asymptomatic carotid artery stenosis: U.S. Preventive Services Task Force recommendation statement [published correction appears in *Ann Intern Med.* 2015;162(4):323]. *Ann Intern Med.* 2014;161(5):256-262.
- Moyer VA. Screening for coronary heart disease with electrocardiography: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2012;157(7):512-518.
- Siu AL. Screening for chronic obstructive pulmonary disease: U.S. Preventive Services Task Force recommendation statement. *JAMA.* 2016;315(13):1372-1377.
- Grossman DC. Hormone therapy for the primary prevention of chronic conditions in postmenopausal women: U.S. Preventive Services Task Force recommendation statement. *JAMA.* 2017;318(22):2224-2233.
- Bibbins-Domingo K. Serologic screening for genital herpes infection: U.S. Preventive Services Task Force recommendation statement. *JAMA.* 2016;316(23):2525-2530.
- Grossman DC. Screening for ovarian cancer: U.S. Preventive Services Task Force recommendation statement. *JAMA.* 2018;319(6):588-594.
- Screening for pancreatic cancer [summary]. U.S. Preventive Services Task Force recommendation statement. 2004. <http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/pancreatic-cancer-screening>. Accessed July 1, 2015.
- Screening for testicular cancer: U.S. Preventive Services Task Force reaffirmation recommendation statement. *Ann Intern Med.* 2011;154(7):483-486.
- Bibbins-Domingo K. Screening for thyroid cancer: U.S. Preventive Services Task Force recommendation statement. *JAMA.* 2017;317(18):1882-1887.
- Grossman DC. Vitamin D, calcium, or combined supplementation for the primary prevention of fractures in community-dwelling adults: U.S. Preventive Services Task Force recommendation statement. *JAMA.* 2018;319(15):1592-1599.
- Moyer VA. Screening for bladder cancer: U.S. Preventive Services Task Force recommendation statement [published correction appears in *Ann Intern Med.* 2011;155(6):408]. *Ann Intern Med.* 2011;155(4):246-251.

Adult Preventive Health Care Schedule: Recommendations from the USPSTF (continued)

44. Bibbins-Domingo K. Screening for celiac disease: U.S. Preventive Services Task Force recommendation statement. *JAMA*. 2017;317(12):1252-1257.
45. Using nontraditional risk factors in coronary heart disease risk assessment: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med*. 2009;151(17):474-482.
46. Moyer VA. Screening for chronic kidney disease: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med*. 2012;157(8):567-570.
47. Moyer VA. Screening for cognitive impairment in older adults: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med*. 2014;160(11):791-797.
48. Bibbins-Domingo K. Screening for gynecologic conditions with pelvic examination: U.S. Preventive Services Task Force recommendation statement. *JAMA*. 2017;317(9):947-953.
49. Moyer VA. Screening for hearing loss in older adults: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med*. 2012;157(9):655-661.
50. Screening for illicit drug use [summary]. U.S. Preventive Services Task Force. 2008. <http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/drug-use-illicit-screening>. Accessed July 1, 2015.
51. Siu AL. Screening for impaired visual acuity in older adults: U.S. Preventive Services Task Force recommendation statement. *JAMA*. 2016;315(9):908-914.
52. Bibbins-Domingo K. Screening for obstructive sleep apnea in adults: U.S. Preventive Services Task Force recommendation statement. *JAMA*. 2017;317(4):407-414.
53. Moyer VA. Screening for oral cancer: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med*. 2013; 160(1):55-60.
54. Moyer VA. Screening for peripheral artery disease and cardiovascular disease risk assessment with the ankle-brachial index in adults: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med*. 2013;159(5):342-348.
55. Moyer VA. Screening for glaucoma: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med*. 2013;159(7): 484-489.
56. Bibbins-Domingo K. Screening for skin cancer: U.S. Preventive Services Task Force recommendation statement. *JAMA*. 2016;316(4):429-435.
57. LeFevre ML. Screening for suicide risk in adolescents, adults, and older adults in primary care: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med*. 2014;160(10):719-726.
58. LeFevre ML. Screening for thyroid dysfunction: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med*. 2015;162(9):641-650.
59. LeFevre ML. Screening for vitamin D deficiency in adults: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med*. 2015;162(2):133-140.