### 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

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<td>Cervical cancer</td>
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| USPSTF preventive therapies recommendations |
| Primary prevention of breast cancer | (B) |
| Folic acid supplementation | (A) |
| Statins for primary prevention of CVD | (B) |
| Aspirin for primary prevention of CVD and colorectal cancer | (B) |
| Fall prevention in community-dwelling older adults | (B) exercise interventions if at increased fall risk |

| USPSTF counseling recommendations |
| Sexually transmitted infection prevention | (B) |
| Diet/activity for CVD prevention | (B) |
| Skin cancer prevention | (B) |

### Legend

<table>
<thead>
<tr>
<th>Normal risk</th>
<th>With specific risk factor</th>
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<tr>
<td>Recommendation for men and women</td>
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<td>Recommendation for men only</td>
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<td>Recommendation for women only</td>
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### Recommendation grades

- **A**: Recommended (likely significant benefit)
- **B**: Recommended (likely moderate benefit)
- **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, Carrillo C, and Clutter J.
### BREAST CANCER 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.

### CARDIOVASCULAR DISEASE RISK FACTORS

- Diabetes mellitus
- Dyslipidemia
- Hypertension
- Metabolic syndrome
- Obesity
- Tobacco use
- Metabolic syndrome
- Obesity
- Tobacco use

### CHLAMYDIA AND GONORRHEA RISK FACTORS

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

**STI = sexually transmitted infection.**

### HIV RISK FACTORS

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

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

### HEPATITIS B INFECTION RISK FACTORS

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

*—Risk of regions can be found at [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm).

### HEPATITIS C INFECTION RISK FACTORS

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

### HEPATITIS C INFECTION RISK FACTORS

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

### SYphilIS RISK FACTORS

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

### TUBERCULOSIS RISK FACTORS

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

*—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

### SYPHILIS RISK FACTORS

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

**STI = sexually transmitted infection.**

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**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 screening

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

#### Depression screening

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

#### Hypertension screening

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

#### Obesity screening

- **(B)** Screen adults and offer or refer patients with body mass index \( \geq 30 \) kg per \( m^2 \) to intensive behavioral interventions

#### Tobacco use screening

- **(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 screening

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

#### Hepatitis B virus infection screening

- **(B)** Screen adults and offer or refer patients with appropriate family history

#### Syphilis screening

- **(A)** Screen individuals at increased risk

#### Tuberculosis screening

- **(B)** Screen individuals at increased risk

#### BRCA screening

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

#### Intimate partner violence screening

- **(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

#### Cervical cancer screening

- **(A)** Screen women 21 to 65 years of age
  - Fupancicloau smear every three years
  - Women 30 to 65 years of age may increase screening interval to five years with cytology and human papillomavirus testing
- **(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 screening

- **(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 screening

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

#### Colorectal cancer screening

- **(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 screening

- **(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 mammogram

#### Lung cancer screening

- **(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 screening

- **(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 screening

- **(B)** Screen men 65 to 74 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 screening men 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 cancer

- **(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 supplementation

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

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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. Age 40 to 75 years
  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) IETRFOA 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) IETRFOA 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) IETRFOA 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 older40

Testicular cancer screening40

Thyroid cancer screening41

Vitamin D (≤ 400 IU) and calcium (≤ 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 patients44 (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)52

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 calcium56

Skin cancer screening56

Suicide risk screening57

Thyroid dysfunction screening58

Vitamin D deficiency screening in community-dwelling nonpregnant adults59

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REFERENCES


