

Screening and Preventive Guidelines

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Objectives

- ▶ Review recommendations regarding screening
- ▶ Discuss previous and future changes to these recommendations
- ▶ Discuss shared decision making for an individual patient
- ▶ Be like Pablo Picasso – "Learn the rules like a pro, so you can break them like an artist"

Conflicts/disclosures

None

Osteopathic principles

- ▶ The body is a unit, and the person represents a combination of body, mind, and spirit.
- ▶ The body is capable of self-regulation, self-healing, and health maintenance.
- ▶ Structure and function are reciprocally interrelated.
- ▶ Rational treatment is based on an understanding of these principles: body unity, self-regulation, and the interrelationship of structure and function.

Recommendation groups

- ▶ United States Preventive Services Task Force
 - ▶ Created 1984
 - ▶ Independent, volunteer panel of national experts in prevention and evidence based medicine
 - ▶ Make evidence based recommendations about clinical preventive services
 - ▶ Screenings
 - ▶ Counseling services
 - ▶ Preventive medications
- ▶ American Cancer Society
- ▶ American College of Obstetricians and Gynecologists
- ▶ American College of Radiology
- ▶ National Heart, Lung, and Blood Institute
- ▶ Advisory Committee on Immunization Practices

Grade	Definition	Suggestion for Practice
A	The USPSTF recommends the service There is high certainty that the net benefit is substantial	Offer this service
B	The USPSTF recommends the service There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial	Offer this service
C	The USPSTF recommends selectively offering this service to individual patients based on professional judgment and patient preferences There is at least moderate certainty that the net benefit is small	Offer this service for selected patients depending on individual circumstances
D	The USPSTF recommends against the service There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits	Discourage the use of this service
I	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	If the service is offered, patients should understand the uncertainty about the balance of benefits and harms

Various screenings

Hypertension

- Checked on basically every office patient in primary care setting at each visit

Obesity

- As for HTN, routinely check BMI

Depression

- Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

Lipids

- 17-21: once
- Normal before 21: every 5 years starting at 35 for men and 45 for women
- Normal before 21, but with risk factors (DM, HTN, smoking, family history: every five years starting at 25 for men and 35 for women

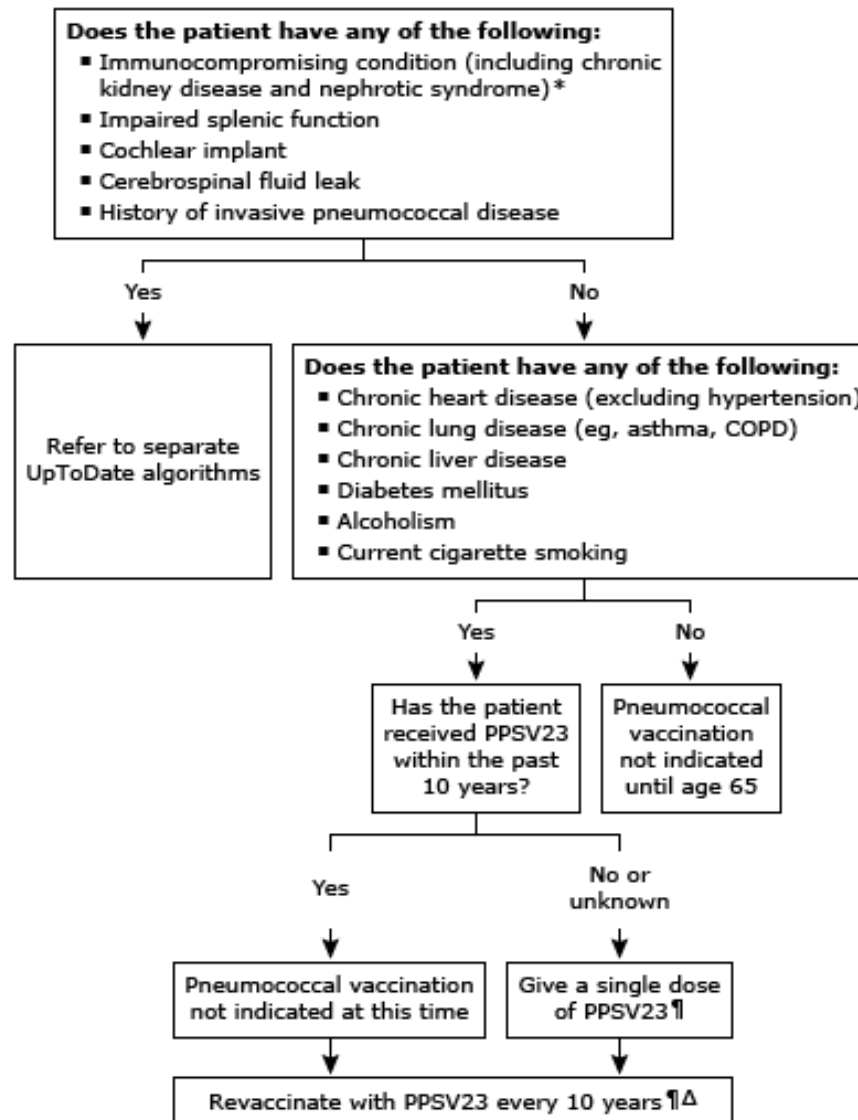
Vitamin D

- Broad based screening not recommended
- Consider if: limited or no sunlight exposure, individuals with obesity, osteoporosis, malabsorption

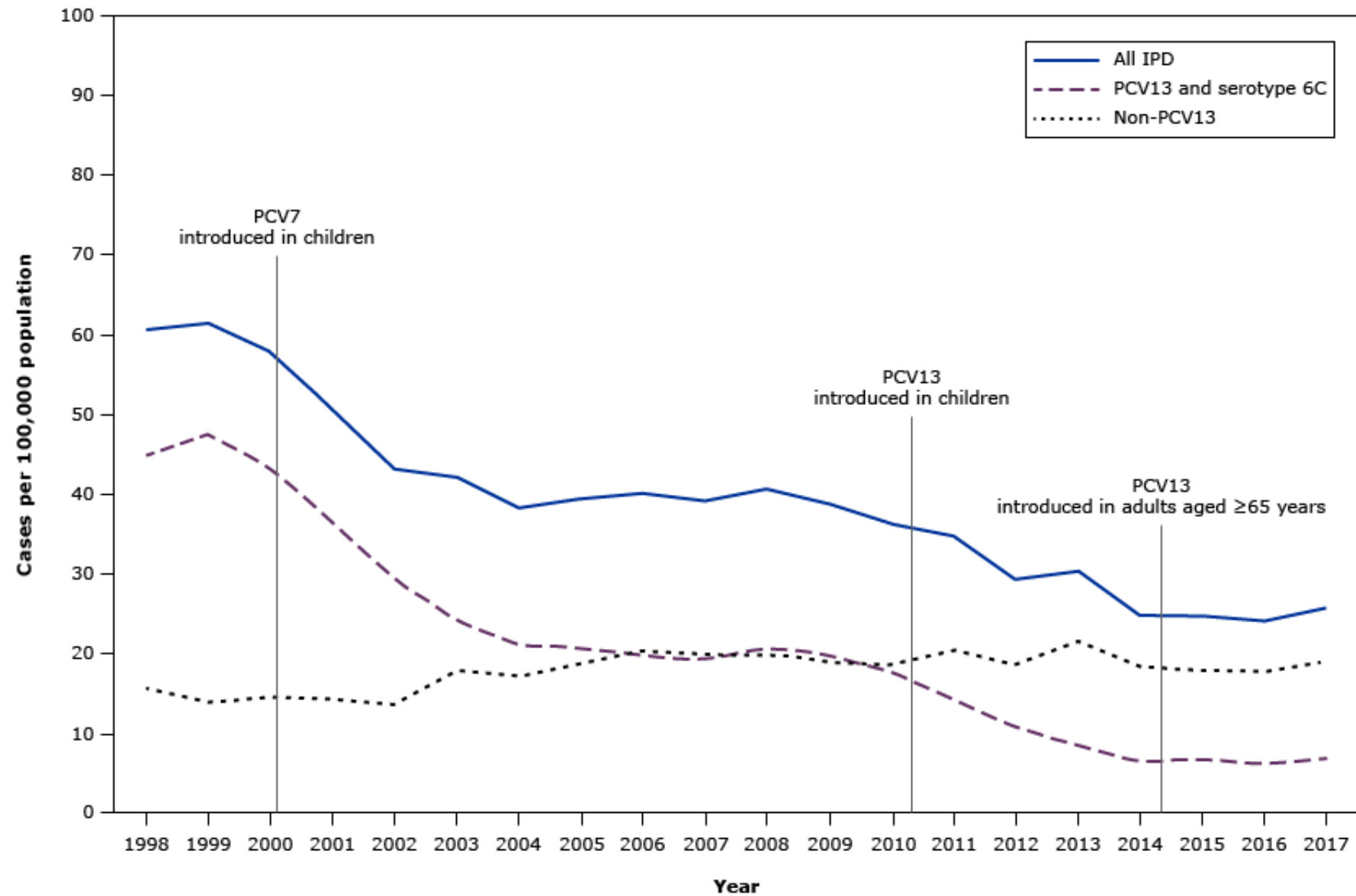
Vaccinations

- ▶ Zoster – 50 years and older, consider sending to pharmacy
- ▶ HPV – 11 years to 26 years, consider in 27-45 if unlikely to have had exposure, but may not be covered by insurance
- ▶ Pneumonia – routine childhood, 19-64 per next slide, 65+ get PCV23 but not necessarily PCV13

UpToDate recommendations for pneumococcal vaccination in immunocompetent adults ≥ 19 and < 65 years of age in the United States^[1]



Invasive pneumococcal disease incidence among adults aged ≥ 65 years, by pneumococcal serotype* — United States, 1998-2017



Abdominal Aortic Aneurysm:
Screening: men aged 65 to 75 years
who have ever smoked

The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65 to 75 years who have ever smoked.

Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening: adults aged 40 to 70 years who are overweight or obese

The USPSTF 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.

Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer: Preventive Medication: adults aged 50 to 59 years with a $\geq 10\%$ 10-year cvd risk

The USPSTF 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.

Adults aged 60 to 69 years with a 10% or greater 10-year CVD risk

GRADE C Recommendation

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.

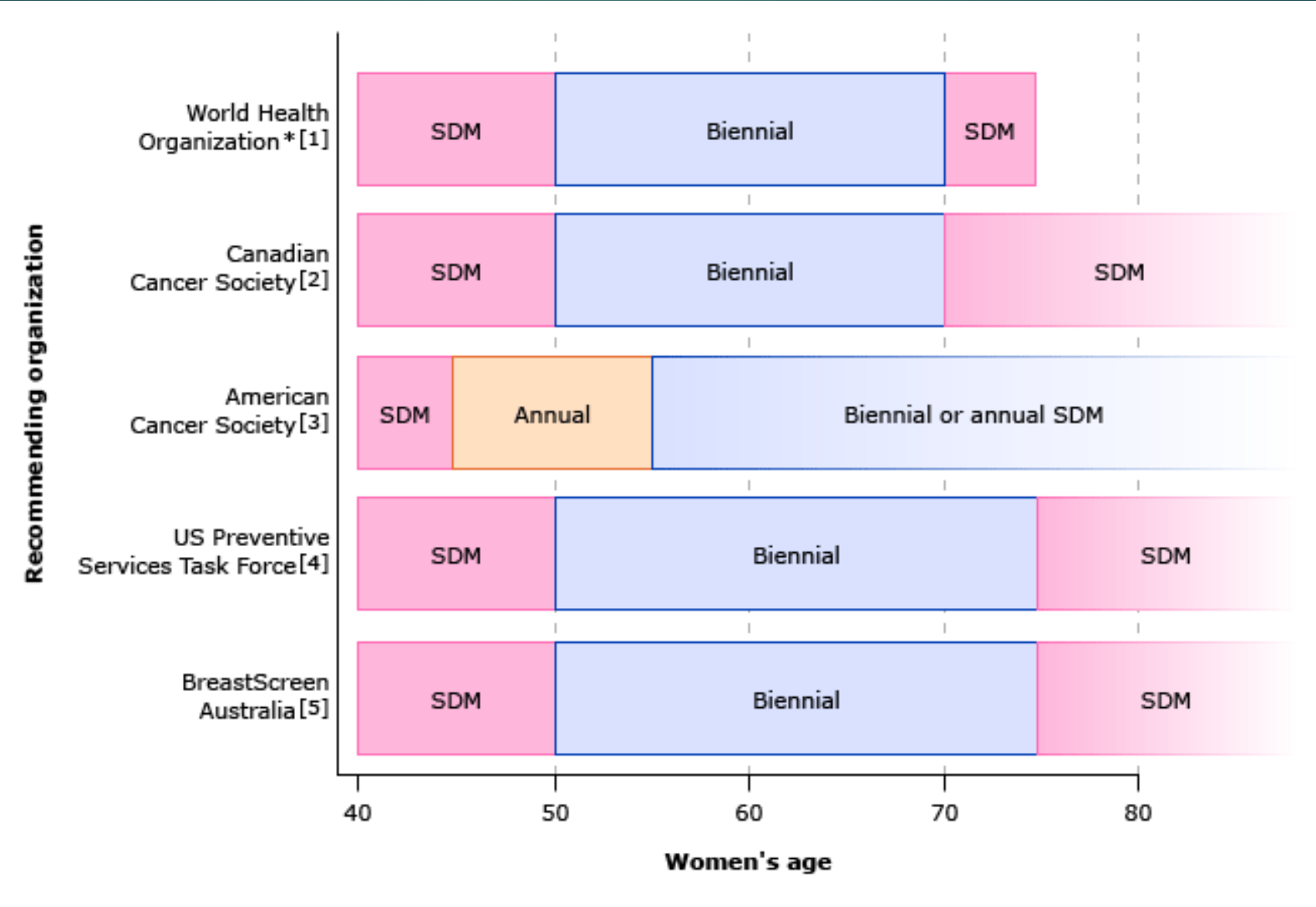


BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing: women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or an ancestry associated with brca1/2 gene mutation

The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.

Breast Cancer: Screening: women aged 50 to 74 years

The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.



- The USPSTF 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**
 - I Recommendation

January 2016

Cervical Cancer: Screening: women aged 21 to 65 years

The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).

- Task Force recommends **against** screening **women** who have had a hysterectomy with removal of the cervix, women younger than age 21, or women **65 and older** who previously have been adequately screened
 - D recommendation

Colorectal Cancer: Screening: adults aged 50 to 75 years

The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. The risks and benefits of different screening methods vary.

- Adults age **76 to 85** should be screened based on an individual risks
 - Take into account the patient's overall health and prior screening history
 - Adults in this age group who have never been screened are more likely to benefit
 - Consider screening in adults who:
 - Are healthy enough to undergo treatment if cancer is detected
 - Do not have comorbid conditions that would significantly limit their life expectancy
 - C recommendation



<p><u>Hepatitis C Virus Infection in Adolescents and Adults:</u> <u>Screening: adults aged 18 to 79 years</u></p>	<p>The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.</p>
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Human Immunodeficiency Virus (HIV) Infection:
Screening: adolescents and adults aged 15 to 65
years

The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened.



Lung Cancer: Screening: adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years

The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.



<p><u>Osteoporosis to Prevent Fractures: Screening: women 65 years and older</u></p>	<p>The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.</p>
<p><u>Osteoporosis to Prevent Fractures: Screening: postmenopausal women younger than 65 years at increased risk of osteoporosis</u></p>	<p>The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool. See the Clinical Considerations section for information on risk assessment.</p>

Skin Cancer Prevention: Behavioral
Counseling: young adults,
adolescents, children, and parents of
young children

The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.

Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication: adults aged 40 to 75 years with no history of cvd, 1 or more cvd risk factors, and a calculated 10-year cvd event risk of 10% or greater

The USPSTF 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.



Unhealthy Alcohol Use in Adolescents and Adults:
Screening and Behavioral Counseling Interventions:
adults 18 years or older, including pregnant women

The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.



Unhealthy Drug Use: Screening: adults age 18 years or older

The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)



Vision in Children Ages 6 Months to 5 Years:
Screening: children aged 3 to 5 years

The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.

- The USPSTF **recommends against PSA screening in men 70 and older**
 - D recommendation

May 2018

- **Men aged 55 to 69** should not be screened for prostate cancer without a **discussion** first
 - The decision to undergo **periodic** prostate-specific antigen (**PSA**) **screening** should be an individual one
 - Screening offers a small potential benefit of reducing the chance of death from prostate cancer
 - Many men will experience potential harms of screening
 - Clinicians should not screen men who do not express a preference for screening
 - C recommendation

May 2018

Prostate screening

References

- ▶ "A And B Recommendations: United States Preventive Services Taskforce." *A And B Recommendations | United States Preventive Services Taskforce*, www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations.
- ▶ "Overview of Preventive Care in Adults." *UpToDate*, 1 Mar. 2021, www.uptodate.com/contents/overview-of-preventive-care-in-adults.