

BONUS DIGITAL CONTENT

Adult Preventive Health Care Schedule: Recommendations from the USPSTF (as of June 18, 2021)

To be used in conjunction with USPSTF recommendation statements (for additional details see tables and references at <https://www.aafp.org/afp/PHCS>)

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/weight loss ⁴	(B) if BMI 30 kg per m ² or greater														
Tobacco use and cessation ⁵	(A)														
Hepatitis C virus infection ⁶	(B)														
HIV infection ⁷	(A) (A) if at increased risk														
Hepatitis B virus infection ⁸	(B) if at increased risk														
Syphilis ⁹	(A) if at increased risk														
Tuberculosis ¹⁰	(B) if at increased risk														
BRCA gene risk assessment ¹¹	(B) if appropriate personal or family history of BRCA-related cancer or ancestry														
Chlamydia and gonorrhea ¹²	(B) if sexually active (B) if at increased risk														
Intimate partner violence ¹³	(B) women of childbearing age														
Cervical cancer ¹⁴	(A) See p. 3 for test options and screening intervals														
Abnormal glucose/type 2 diabetes mellitus ¹⁵	(B) if overweight or obese														
Colorectal cancer ¹⁶	(B) (A)														
Breast cancer ¹⁷	(B) biennial screening														
Lung cancer ¹⁸	(B) if 20-pack-year history and current or former smoker (quit in past 15 years)														
Osteoporosis ¹⁹	(B) if postmenopausal and elevated risk (B)														
Abdominal aortic aneurysm ²⁰	(B) if an "ever smoker"														
Unhealthy drug use ²¹	(B)														

USPSTF preventive therapies recommendations

HIV preexposure prophylaxis ²²	(A) if at high risk of HIV infection														
Primary prevention of breast cancer ²³	(B) offer if at increased risk for breast cancer and low risk for side effects														
Folic acid supplementation ²⁴	(A) if capable of conceiving														
Statins for primary prevention of CVD ²⁵	(B) see criteria on p. 4														
Aspirin for primary prevention of CVD and colorectal cancer ²⁶	(B) if ≥ 10% 10-year CVD risk														
Fall prevention in community-dwelling older adults ²⁷	(B) exercise interventions if at increased fall risk														

USPSTF counseling recommendations

Sexually transmitted infection prevention ²⁸	(B) if at increased risk														
Diet/activity for CVD prevention ²⁹	(B) adults with CVD risk factors														
Skin cancer prevention ³⁰	(B) if fair skinned														
Healthy weight gain in pregnancy ³¹	(B) all pregnant women														

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

BMI = body mass index; CVD = cardiovascular disease; USPSTF = U.S. Preventive Services Task Force.

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

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 | |

Patients in whom to consider PrEP:

Sexually active men who have sex with men who have any of the following:

- Sexual relationship with serodiscordant partner
- Inconsistent use of condoms during anal sex
- Syphilis, gonorrhea, or chlamydia infection in past six months

Sexually active heterosexual patients with any of the following:

- Sexual relationship with serodiscordant partner
- Inconsistent use of condoms with high-risk partner
- Syphilis or gonorrhea infection in past six months

Injection drug users with any of the following:

- Shared drug-injection equipment
- Risks of infection through sex (see above)

IV = intravenous; PrEP = preexposure prophylaxis; STI = sexually transmitted infection.

HEPATITIS B INFECTION RISK FACTORS

- | | |
|------------------------------------|---|
| HIV 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/rr5708a1.htm>.

SYPHILIS RISK FACTORS

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

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.

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.

CARDIOVASCULAR DISEASE RISK FACTORS

- | | |
|---|---|
| Atherosclerotic cardiovascular disease risk \geq 7.5% | Hypertension or elevated blood pressure |
| Dyslipidemia | Metabolic syndrome |

BREAST CANCER RISK FACTORS

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

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

Adult Preventive Health Care Schedule: Recommendations from the USPSTF

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

Alcohol misuse screening¹

(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/weight loss screening⁴

(B) Refer adults with obesity to intensive behavioral interventions for weight loss

Tobacco use and cessation screening⁵

(A) Screen all nonpregnant adults and provide behavior therapy and U.S. Food and Drug Administration–approved intervention therapy for cessation

(A) Screen all pregnant women and provide behavior therapy.

(I) IETRFOA electronic nicotine delivery systems for tobacco cessation

(I) Pharmacotherapy for tobacco cessation in pregnant persons

Hepatitis C virus infection screening⁶

(B) Screen adults 18 to 79 years of age

HIV infection screening⁷

(A) Screen individuals 15 to 65 years of age

(A) Screen older and younger persons who are at increased risk

Hepatitis B virus infection screening⁸

(B) Screen adolescents and adults at high risk

Syphilis screening⁹

(A) Screen individuals at increased risk

Tuberculosis screening¹⁰

(B) Screen individuals at increased risk

BRCA-related cancer risk assessment/screening¹¹

(B) Use a familial risk assessment tool (evaluated assessment tools listed in full text) in women with either:

- Personal or family history of breast, ovarian, tubal, or peritoneal cancers
- Ashkenazi Jewish ancestry (i.e., ancestry with increased risk of *BRCA* mutation)

For positive risk tools, offer genetic counseling and genetic testing, if indicated.

(D) Recommend against screening for patients without appropriate family history, personal history, or ancestry

Chlamydia and gonorrhea screening¹²

(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 men

Intimate partner violence screening¹³

(B) Screen women of childbearing age and refer to appropriate services

(I) IETRFOA screening all vulnerable and older adults for abuse or neglect

Cervical cancer screening¹⁴

(A) Screen women

- 21 to 29 years of age every three years with cytology alone
- Frequency of screening may increase to every five years for women 30 to 65 years of age with cytology and high-risk human papillomavirus cotesting or high-risk human papillomavirus testing alone

(D) Recommend against screening in women

- 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 type 2 diabetes mellitus screening¹⁵

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

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

(B) Screen patients 45 to 49 years of age with fecal occult blood (or immunochemical) test, sigmoidoscopy, colonoscopy, computed tomography colonography, or multitargeted stool DNA test

(C) Selectively offer screening to 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

(B) Screen annually with low-dose computed tomography for individuals 50 to 80 years of age with a 20-pack-year history who currently smoke or quit within the past 15 years; discontinue screening once a person has not smoked for 15 years or develops a health problem that limits life expectancy

Osteoporosis screening¹⁹

(B) Screen women 65 years and older

(B) Screen postmenopausal women if increased fracture risk shown with an osteoporosis risk tool (e.g., 8.4% in 10 years by U.S. FRAX tool)

(I) IETRFOA screening men

Abdominal aortic aneurysm screening²⁰

(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 men 65 to 75 years who have never smoked

continues

CHD = coronary heart disease; CVD = cardiovascular disease; FRAX = Fracture Risk Assessment; IETRFOA = insufficient evidence to recommend for or against; PrEP = preexposure prophylaxis; 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)*

- (I) IETRFOA women 65 to 75 years of age who ever smoked
- (D) Recommend against routine screening in women 65 to 75 years of age who have never smoked

Unhealthy Drug Use Screening²¹

- (B) Screen all adults older than 18 years for unhealthy drug use (by asking questions, not biological specimens)

HIV prevention with PrEP²²

- (A) Offer PrEP to persons at high risk of infection. See original text for considerations in patient selection

Primary prevention of breast cancer²³

- (B) Consider medications (such as tamoxifen, raloxifene, or aromatase inhibitors) that reduce risk of breast cancer in women at increased risk though with low risk of adverse effects
- (D) Recommend against routine use if no increased risk

Folic acid supplementation²⁴

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

Statins for primary prevention of CVD²⁵

- (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) IETRFOA initiating statin therapy after 75 years of age for primary prevention

Aspirin for primary prevention of CVD and colorectal cancer²⁶

- (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 adults²⁷

- (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 infection²⁸

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

Counseling to promote healthy diet and physical activity²⁹

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

Counseling for skin cancer prevention³⁰

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

Counseling to promote healthy weight gain in pregnancy³¹

- (B) Offer behavioral counseling interventions to promote health weight gain and to prevent excessive weight gain to all pregnant women

Grade C Recommendations:

- Physical activity and healthy diet counseling to reduce cardiovascular risk in adults without obesity or known CVD risk factors³²
- Prostate cancer screening with prostate-specific antigen testing in men 55 to 69 years of age after shared decision-making³³

Grade D Recommendations:

- Bacteriuria (asymptomatic) screening in nonpregnant adults³⁴
- Beta carotene or vitamin E supplementation for CVD or cancer risk reduction³⁵
- Carotid artery stenosis screening³⁶
- CVD screening with resting or exercise electrocardiography in low-risk patients³⁷
- Chronic obstructive pulmonary disease screening with spirometry³⁸
- Combined estrogen-progesterone for prevention of chronic conditions or estrogen for the same in patients with hysterectomy³⁹
- Genital herpes screening⁴⁰
- Ovarian cancer screening⁴¹
- Pancreatic cancer screening⁴²
- Prostate cancer screening with prostate-specific antigen testing in men 70 years and older³³
- Testicular cancer screening⁴³
- Thyroid cancer screening⁴⁴
- Vitamin D (≤ 400 IU) and calcium ($\leq 1,000$ mg) supplementation daily for primary prevention of fracture in postmenopausal women⁴⁵

Grade I Statements:

- Atrial fibrillation screening with electrocardiography⁴⁶
- Bladder cancer screening⁴⁷
- Celiac disease screening⁴⁸
- CVD screening in patients with nontraditional risk factors⁴⁹
- CVD screening with resting or exercise electrocardiography in intermediate- to high-risk patients³⁷
- Chronic kidney disease screening⁵⁰
- Cognitive impairment screening in older adults⁵¹
- Gynecologic condition screening with pelvic examination⁵²
- Hearing loss screening in older adults⁵³
- Illicit drug use screening⁵⁴
- Impaired visual acuity screening in older adults⁵⁵
- Multivitamin, single nutrient, or paired nutrients for CVD or cancer risk reduction (beta carotene and vitamin E, as above)³⁵

continues

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

Obstructive sleep apnea screening⁵⁶
 Oral cancer screening⁵⁷
 Peripheral artery disease and CVD risk screening with ankle-brachial index⁵⁸
 Primary open-angle glaucoma screening⁵⁹
 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 calcium⁴⁵

Skin cancer screening⁶⁰
 Suicide risk screening⁶¹
 Thyroid dysfunction screening⁶²
 Vitamin D deficiency screening in community-dwelling nonpregnant adults⁶³

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

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