Adult Preventive Health Care Checklist for Pediatricians Link: www.aap.org/sections/med-peds

0 1 75	Treatif Care Checklist for		
Screening/Treatment	How Often?	For whom?	Society
☐ Breast cancer (mammogram)	Every 1 ¹ – 2 ²⁻³ years Do not teach breast self-exam ³ Risk assessment at 30 to decide whether to screen at < 40 y.o. ⁴	Average risk women 45-54, annual screening, age 55-75, biennial screening (risk based on fam hx of Br CA in parent or sibling) ¹ Average risk women between ages of 50-74 ²⁻³ All women > 40; Previously diagnosed breast cancer, screen using MRI ⁴ Risk of mammogram may be greater than benefit in younger women I ⁵	CDC ² USPSTF ³ ACS ¹ ACOG ¹ ACR ⁴ SBI ⁴ ACP ⁵
☐ Cervical cancer (PAP smear)	Every 3 ¹⁻³ yrs (21-29 y/o) Every 5 ¹⁻³ yrs (30-65y/o) - PAP +HPV test (depends on media & HPV testing & prev. results)	Age 21-65 Pap every 3 yrs (cytology only) Age 30-65, Pap with cytology every 3 yrs OR Pap cytology + HPV test every 5 years OR hrHPV q 5(no pap) May stop at age 65 if at average risk	ACS ² ACOG ³ USPSTF ¹
□ Colon cancer	Depends on test: 1. Yearly –iFOBT(FIT) ^{1-3 or} fecal DNA every 3 years ³ 2. Every 5 years = sigmoidoscopy ¹⁻³ , CT colonography ²⁻³ (replaces double contrast enema, only if colonoscopy declined 3. Every 10 years = colonoscopy ¹⁻³	For average risk men and women: Age 50-75 USPSTF recommends screening Age 76-85 recommends against screening routinely, depends on risk factors, more benefit presumed in patients never screened Age > 85, USPSTF recommends to not screen *Choice of screening method is a discussion based on risk factors, risk stratification tool under "References" *USPSTF has insufficient evidence to recommend CT Colonography and double contrast barium enema	USPSTF ¹ ACS ² AGA ³
☐ Lung Cancer	Annual (Low dose helical CT)	Age 55-80 with 30 py tobacco history and currently smoke or former tobacco use in past 15 years. Stop screening if quit for 15 years or health problem limits longevity or ability/willingness to undergo curative surgery Some discussion ongoing about the over sensitivity of screening but as of 2019 USPSTF still recommends the above.	USPSTF
□ Prostate cancer	Offer periodic screening based on individual decision. ¹⁻² Against PSA screening unless chosen. ³	Men 55-69 should be offered periodic screening after knowing risks associated with procedure (too many false +ve). Recommend against screening above 70. ¹⁻² Against screening for men < 40, average risk men 40-54, and men > 70. High risk men, men 55-69, discuss pros and cons before screening. ³ *Talk to doctor about pros and cons if African American, family history, other medical conditions. ⁴	USPSTF ¹ ACS ² AUA ³ CDC ⁴
□ Aspirin	Daily - low dose	The USPSTF recommends low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer in adults ages 50 to 59 years who have a 10% or greater 10-year ASCVD 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. Similar risk aged 60-69: Individual decision.	USPSTF
☐ Statins for primary prevention	Daily statin for conditions as noted *a Identification of dyslipidemia and calculation of a 10 year CVD event risk requires universal lipids screening for adults aged 40-75	Adults without h/o cardiovascular disease and who meet the following criteria, take daily low-moderate intensity¹ or moderate intensity²-³ statin: 1) Aged 40-75 years 2) Have 1 or more CVD risk factors (Dyslipidemia, HTN, smoking, DM) 3) Have a calculated 10-year risk of a cardiovascular event of ≥7.5%²-³ or ≥10%¹	USPSTF ¹ ACC ² AHA ³
	Yearly	Assess 10 yr ASCVD risk every 4-5 years starting at age 2. Age 20-59, screen once for 30 yr ASCVD risk All (>= 6 months) with no contraindications. 6 mo thru 8	CDC
☐ Flu vaccine	1 Carry	yrs – 2 doses at least 4 weeks apart	
☐ Shingles vaccine	Once in lifetime – two doses	All adults ≥ 50 y.o. recommend 2 doses of recombinant zoster vaccine (RZV). 2 nd dose administered 2-6 months after first. Recommend regardless of prior h/o shingles or receipt of zoster vaccine ¹	CDC ¹
☐ Tdap vaccine	Once, then Td booster every	All adults 19 - 64 y.o.; Adults ≥ 65 contact with infants	CDC ¹

	10 years	<12 months not previously vaccinated with Tdap (can do	AAFP ²
		all \geq 65 once); each pregnancy ¹⁻³	ACIP ³
☐ Pneumococcal	Once	All immunocompetent adults \geq 65 y.o.	CDC ¹
vaccine: 23 valent		No prior PCV – give 1 dose PCV 13, then PDSV22 1 years later.	AAFP ²
(PPSV23) and 13		PPSV23 1 year later Prior PPSV23 - give 1 dose PCV13 1 year	
valent (PCV 13)		later (no repeat PPSV23 dose 5 years later	
		necessary)	
		• Prior PCV 13 – give 1 dose PPSV23 1 year	
		later	
		All adults 19-64 with medical conditions include:	
		Smokers, asthma, COPD, chronic cardiovascular	
		conditions, diabetes	
		Administer PPSV23 C: PCV13	
		 Give PCV 13 at age >65, at least 1 year after PPSV23, and another PPSV23 five years after 	
		first dose of PPSV23 ¹⁻²	
☐ Human Papilloma	2 doses if starting before 15 th	Ages 11 or 12 years: CDC recommends two shots 6-12	CDC ¹
Virus Vaccine	birthday	months apart	ACIP ²
		- If immunocompromised and 9-26 years: three doses	ACOG ³
(HPV)	3 doses if starting after 15 th	- If initiating series > 15 y/o-26 y/o, 3 doses	ACS ⁴
	birthday, less than 5 months	recommended ¹⁻³	
	apart	A CID: mouting via aging tion at 11 12 vina, can be given	
		ACIP: routine vaccination at 11-12 yrs; can be given starting 9 yrs; females thru 26 yrs; males thru 21 if not	
		adequately vaccinated before; may give to males 22-26	
		depending on medical conditions. 2 doses for ages 13-	
		26 ² . If first vaccine after 15 yrs, needs2 doses	
		FDA recently approved use of vaccine up to age 45 ²	
		ACC V : 4 :1 11 11 12 (4 4 4 0)	
		ACS: Vaccinate girls and boys 11-12 (can start at 9), females 13-26 and males 13-21/22-26, males through 26	
		who have sex with men, immune-compromised ⁴	
		who have sen with men, immune comprehensed	
☐ Abdominal sortic	Once - ultrasound	Men 65 – 75 who have ever smoked ¹⁻²	CDC^1
☐ Abdominal aortic	Once - ultrasound	Men 65 – 75 who have ever smoked ¹⁻²	CDC ¹ USPSTF ²
aneurysm			USPSTF ²
	AA screen annually starting	Normal: <120/ <80	USPSTF ² JNC 8 ¹
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USPSTF= U.S. Preventive Services Task Force; CDC= Centers for Disease Control and Prevention; ACS= American Cancer Society; ACOG= American College of Obstetricians and Gynecologists; AGA = American Gastroenterological Association; AUA= American Urological Association; JNC 8= Joint National Committee; ACP= American College of Physicians; ACC/AHA = American College of Cardiology, American Heart Association; AACE = American Association of Clinical Endocrinologists; NOF= National Osteoporosis Foundation

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