Preventive Care & Screening

USPSTF adult screening · the ages that changed recently, and the ones people still quote wrong

Ages moved *check yours*

CANCER SCREENING *three of these ages have changed, so check what you were taught*

Cancer	Who and how often	Notes
Colorectal	**Start at 45, continue to 75.** Colonoscopy every 10 years, or annual FIT, or other approved strategies	CHANGED **Starting age moved from 50 to 45.** Ages 45 to 49 is a Grade B recommendation and 50 to 75 is Grade A. **76 to 85 is selective**, based on health, prior screening and preference. **The best test is the one that gets done**: a completed FIT beats a declined colonoscopy, but any positive non-colonoscopy test needs a colonoscopy
Breast	**Biennial mammography from 40 to 74**	CHANGED 2024 **The starting age moved from 50 to 40**, and it is now a straightforward Grade B rather than an individualized decision in the 40s. **Evidence is insufficient at 75 and older**, and also insufficient on supplemental ultrasound or MRI for dense breasts on an otherwise negative mammogram
Cervical	**21 to 29: cytology every 3 years.** **30 to 65: HPV primary screening every 5 years**, clinician- or patient-collected	NEW **Self-collection is now included** for HPV primary screening in the 30 to 65 group. Alternatives in that group remain cytology every 3 years or co-testing every 5 years. **Do not start before 21** regardless of sexual history
Lung	**Annual low-dose CT, ages 50 to 80**, with a **20 pack-year** history, who currently smoke **or quit within the past 15 years**	CHANGED **Age dropped from 55 to 50 and the threshold from 30 to 20 pack-years. Stop screening once 15 years have passed since quitting**, or if health would not permit curative treatment. Pair it with cessation support, which is where most of the benefit sits
Prostate	**Shared decision making, ages 55 to 69.** Do not screen routinely at 70 and over	An individual decision rather than a default. Discuss overdiagnosis and the consequences of biopsy and treatment before ordering the PSA

CARDIOVASCULAR, METABOLIC & BONE *the ones most often skipped in a busy clinic*

What	Who
Blood pressure	All adults 18 and over, with **out-of-office confirmation before diagnosing hypertension**
Lipids and cardiovascular risk	Risk-based, using a validated calculator. **Statins for primary prevention** in adults with risk factors and calculated risk above the treatment threshold
Diabetes and prediabetes	**Screen adults 35 to 70 who are overweight or obese**, and repeat at least every 3 years if normal
Abdominal aortic aneurysm	**One-time ultrasound in men 65 to 75 who have ever smoked.** Easy to forget because it is once only and needs the smoking history
Osteoporosis	**Women 65 and over**, and younger postmenopausal women at increased risk by a formal tool. **Men are not routinely screened**, though those on long-term steroids or with prior fragility fracture warrant assessment
Obesity and unhealthy alcohol and drug use	Screen all adults. Offer behavioral intervention for obesity, and brief intervention for unhealthy alcohol use

INFECTION SCREENING *the three universal ones people still treat as risk-based*

HIV: 15 TO 65, EVERYONE

Screen every adult at least once, not only those with risk factors, plus younger and older patients at increased risk, and **all pregnant patients**. Risk-based screening alone misses a large share of infections, which is exactly why the recommendation is universal.

HEPATITIS C: ALL ADULTS 18 TO 79

At least once in every adult, with periodic testing for ongoing risk. Curative therapy is short and highly effective, so **finding it is the hard part**, not treating it.

HEPATITIS B AND STIs

Screen all adults at least once for hepatitis B, and all pregnant patients. **Screen for syphilis, gonorrhea and chlamydia** per risk and age, and **latent tuberculosis** in higher-risk populations. Offer **PrEP** to anyone at increased HIV risk.

ADULT IMMUNIZATION *the preventive care most often left off the problem list*

Vaccine	Who
Influenza	**Annually, everyone 6 months and older.** Higher-dose or adjuvanted formulations are preferred at 65 and over
COVID-19	Per the current season's schedule, with additional doses for older and immunocompromised adults
Pneumococcal	**All adults 50 and over**, and younger adults with risk conditions including chronic heart, lung, liver or kidney disease, diabetes, smoking, immunocompromise, cochlear implant or CSF leak. **Asplenia needs a specific schedule**, so check it rather than assuming
Recombinant zoster	**Two doses for all adults 50 and over**, and for **immunocompromised adults from 19**. Non-live, so it is safe in immunosuppression
RSV	Adults **75 and over**, and **50 to 74 with risk factors**, per the current schedule
Tdap and HPV	**Td or Tdap booster every 10 years**, with Tdap in every pregnancy. **HPV routinely through 26**, and shared decision making from 27 to 45

Before any immunosuppressant or biologic, bring vaccines up to date and give live vaccines first, since they are contraindicated afterward. **Asplenia, transplant and complement inhibitor therapy each carry their own schedules**, and these are the patients in whom a missed vaccine does the most harm.

PEARLS & PITFALLS

- **Recommendations change, and the retired numbers are the ones still being quoted.** Colorectal at 50, breast at 50, and lung at 55 with 30 pack-years are all out of date. **Check the current USPSTF statement rather than trusting memory or an old note template**, since the ages move more often than the diseases do.
- **Screening is not automatically good.** Grades matter: **A and B are recommended, C is selective and individualized, D means recommend against, and I means insufficient evidence.** A Grade D such as PSA in men 70 and over is an instruction not to screen, not an invitation to shared decision making.
- **Stop screening when it can no longer help.** Consider **life expectancy and whether the patient would accept treatment** before ordering a test, because screening only benefits someone who will live long enough to reach the outcome it prevents. Continuing mammography or colonoscopy in advanced frailty causes harm without benefit.
- **Do not forget the non-test items:** immunizations per schedule, **tobacco cessation**, which outperforms almost everything else on this sheet, intimate partner violence screening, depression and anxiety screening, and falls prevention in older adults. **Also check that a positive screen was actually acted upon**, since the commonest failure is a result nobody followed up.

References: US Preventive Services Task Force recommendation statements, including breast cancer screening (2024), cervical cancer screening, colorectal cancer screening, and lung cancer screening. **Recommendations are updated regularly: confirm against the current USPSTF statement.**

Educational aid; verify against current guidance and patient factors.