

Annual Screening Guidelines



Screening for	Female Age	How Often	Procedure
Breast Cancer	50-74 yo	Annually	Mammogram
Osteoporosis	>65 yo	One time	DEXA scan
Cervical cancer	35-65 yo	3 years	Cervical cytology
		5 years	High risk HPV
	21-29 yo	3 years	Cervical cytology

Screening for	Male Age	How Often	Procedure
AAA	65-75 yo w/ hx of smoking	One time	Ultrasound

Screening for	Female or Male Age	How Often	Procedure
Colorectal Cancer	45-75 yo	Every 10 years	Colonoscopy
Lung cancer	50-80 yo w/ 20 pack yr hx OR quit in last 15 yr	Annually	Low dose CT
Type 2 Diabetes	35-70 yo overweight or obese	Annually	Fasting plasma glucose or HgA1c
Hypertension	>18 yo	Annually	Blood pressure read
Falls	>67 yo	Annually	Questionnaire
Depression	>18 yo	Annually	Questionnaire

Prevention	Vaccine	How Often or Age
Vaccinations	Influenza	Annually >18 yo
	Pneumococcal	>65 yo
	Shingles	>50 yo
	Tdap	Every 10 years >18 yo

U.S. Preventive Services Task Force. (n.d.). Recommendation Topics. Retrieved from <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics>.