

# Adult Well Male Screening Best Practices at CrossOver

Last updated 7-21-2015

| Health Parameter          | Screening Test and Frequency   | Reference   |
|---------------------------|--|---|
| Abdominal Aortic Aneurism | <p>Abdominal Ultrasound</p> <ul style="list-style-type: none"> <li>- Ages 65 – 75 who have ever smoked</li> <li>- One time screen</li> </ul>   | <p>U.S. Preventive Services Task Force. Screening for abdominal aortic aneurysm.<br/> <a href="http://www.uspreventiveservicestaskforce.org/uspstf/uspsaneu.htm">http://www.uspreventiveservicestaskforce.org/uspstf/uspsaneu.htm</a>.</p>  |
| Dyslipidemia              | <p>Cholesterol panel</p> <ul style="list-style-type: none"> <li>- Every 5 years starting at age 30</li> <li>- Earlier screening starting at age 20, based upon provider discretion and patient's risk for coronary artery disease</li> </ul>   | <p>U.S. Preventive Services Task Force. Screening for lipid disorders in adults.<br/> <a href="http://www.uspreventiveservicestaskforce.org/uspstf/uspschol.htm">http://www.uspreventiveservicestaskforce.org/uspstf/uspschol.htm</a><br/>           2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults.<br/> <a href="https://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a">https://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a</a></p> |
| Osteoporosis              | <p>DEXA Scan</p> <ul style="list-style-type: none"> <li>- At age 70</li> <li>- Screening before age 70 based on patient risk factors and provider discretion*</li> <li>- Osteopenic patients repeat every 2 years</li> <li>- Osteoporotic patients repeat every 5 years</li> </ul> <p>*The FRAX tool can calculate an individual patients risk for osteoporotic fractures and can help guide these decisions.<br/> <a href="http://www.shef.ac.uk/FRAX/">http://www.shef.ac.uk/FRAX/</a></p> | <p>National Osteoporosis Foundation. Clinician's guide to prevention and treatment of osteoporosis.<br/> <a href="http://www.nof.org/sites/default/files/pdfs/NOF_ClinicianGuide2009_v7.pdf">http://www.nof.org/sites/default/files/pdfs/NOF_ClinicianGuide2009_v7.pdf</a></p> <p>FRAX osteoporotic fracture risk assessment tool<br/> <a href="http://www.shef.ac.uk/FRAX/">http://www.shef.ac.uk/FRAX/</a></p>  |
| Colorectal Cancer         | <p>Colonoscopy</p> <ul style="list-style-type: none"> <li>- Every 10 years beginning at age 50, ending at age 75 (or more frequently depending on results of baseline test)</li> </ul> <p>Annual Fecal occult blood test (FOBT)</p> <ul style="list-style-type: none"> <li>- An acceptable, though less accurate alternative to colonoscopy</li> <li>- Start at age 50, end at age 75</li> </ul>   | <p>U.S. Preventive Services Task Force. Screening for colorectal cancer.<br/> <a href="http://www.uspreventiveservicestaskforce.org/uspstf/uspscolo.htm">http://www.uspreventiveservicestaskforce.org/uspstf/uspscolo.htm</a><br/>           . Accessed May 26, 2011.</p>   |

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| <p>Prostate Cancer</p>       | <p>DRE and PSA</p> <ul style="list-style-type: none"> <li>- Discuss risks/benefits with patient; provider &amp; patient decide whether or not to screen for prostate cancer</li> <li>- Begin discussion with patients ages 50-75</li> <li>- Start discussion at age 45 in African-American men and men with a 1<sup>st</sup> degree relative diagnosed with Prostate Ca. before age 65</li> <li>- If a patient elects to be screened, perform both a DRE and draw a PSA</li> <li>- Do not screen men with less than 15 year life expectancy unless they have symptoms that raise your concern for prostate cancer.</li> </ul>  | <p>American Cancer Society. Guidelines for Early Detection of Cancer. <a href="http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer">http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer</a></p> |
| <p>Hepatitis B Screening</p> | <p>Hepatitis B screening should be considered for men considered high risk for Hepatitis B Virus infection:</p> <ul style="list-style-type: none"> <li>- Men born in regions of high endemicity (see link in reference in next column)</li> <li>- US born persons not vaccinated as infants whose parents were born in regions with high HBV endemicity</li> <li>- Men who use IV drugs</li> <li>- Men who have sex with men</li> <li>- Men needing immunosuppressive therapy</li> <li>- Men who have elevated ALT/AST of unknown etiology</li> <li>- Men who are organ donors</li> <li>- Men who are receiving hemodialysis</li> <li>- Men who are household contacts <i>or</i> needle-sharing contacts of those known to be HBsAg +</li> <li>- Those who are HIV positive</li> </ul> <p>By clinician discretion and patient preferences.</p> | <p>Centers for Disease Control. (2008). Recommendations for Routine Testing and Follow-up for Chronic Hepatitis B Virus (HBV) Infection. <a href="http://www.cdc.gov/hepatitis/hbv/PDFs/ChronicHepBTestingFlwUp.pdf">www.cdc.gov/hepatitis/hbv/PDFs/ChronicHepBTestingFlwUp.pdf</a></p>   |

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| <p>Hepatitis C Screening</p> | <p>Screening should be considered for men considered to be at high risk of contracting Hepatitis C</p> <ul style="list-style-type: none"> <li>- All adults born between 1945-1965</li> <li>- Those who have past or present use of IV drugs</li> <li>- Those who request testing</li> <li>- Women who are pregnant or attempting conception <i>who are high</i> risk due to IV drug use, sexual intercourse with an IV drug user, HBV infection, or those who have traded sex for drugs or money.</li> <li>- Those who have exchanged sex for drugs or money</li> <li>- Those with any history of drug or alcohol abuse</li> <li>- Those with history of body piercing/tattoo with unsterile tattooing/piercing implements.</li> <li>- Adults who were born in Egypt</li> <li>- By clinician discretion and patient preferences.</li> </ul> | <p>Chou, R., Cottrell, E.B., Wasson, N., Rahman, B., Guise, J-M. (2013). A Systematic Review to Update the 2004 U.S. Preventive Services Task Force Recommendation. <i>Annals of Internal Medicine</i>, 158(2), 101-108.</p> <p><a href="http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/hepatitis-c-screening">http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/hepatitis-c-screening</a></p> |
| <p>HIV Screening</p>         | <p>Screening should be performed at least once for all men ages 15-65</p> <p>Screening should be considered for men considered high risk for HIV infection:</p> <ul style="list-style-type: none"> <li>- Men having unprotected intercourse with more than one partner</li> <li>- Men who exchange sex for drugs or money</li> <li>- Those with a history of or current IV drug use</li> <li>- Those seeking treatment for other STI</li> <li>- Those with a history of blood transfusion between 1978-1985</li> <li>- Those whose past or present sexual partners are HIV +, injection drug users, or male</li> </ul>  | <p>Chou, R., Selph, S., Dana, T., Bougatsos, C., Zakher, B., Blazina, I., and Todd Korthuis P. (2012). Screening for HIV: Systematic Review to Update the U.S. Preventative Task Force Recommendation. <i>AHRQ Publication</i>, 95, 1-176.</p>  |

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|  | <ul style="list-style-type: none"><li>- Those who request HIV testing</li><li>- By clinician discretion and patient preferences.</li></ul> |  |
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\*In many cases, these best practices take into account several recommendations from respected bodies. Thus, they may not be an exact representation of the listed references guidelines. Best practices were determined after review of references and discussion by CrossOver's staff clinician team.