

# Adult Well Woman Screening Best Practices at CrossOver\*

Last updated 7-21-2015

Health Parameter	Screening Test and Frequency	Reference
Cervical Cancer	<p>Pap Smear</p> <ul style="list-style-type: none"> <li>- Ages 21-29: Every 3 years with cytology alone</li> <li>- Ages 30-65: Every 5 years with cytology &amp; HPV cotesting [PREFERRED]; or Every 3 years with cytology alone</li> <li>- Discontinue at age 65 with history of adequate negative testing</li> <li>- Discontinue after hysterectomy for benign indication <i>and</i> no history of CIN II or CIN III or cervical cancer.</li> </ul>	<p>U.S. Preventive Services Task Force. Screening for cervical cancer. March 2012. <a href="http://www.uspreventiveservicestaskforce.org/uspstf/uspsscerv.htm">http://www.uspreventiveservicestaskforce.org/uspstf/uspsscerv.htm</a>. Accessed May 22, 2012.</p> <p>American Academy of Family Physicians. Clinical preventive services. Cervical cancer. 2012. <a href="http://www.aafp.org/patient-care/clinical-recommendations/all/cervical-cancer.html">http://www.aafp.org/patient-care/clinical-recommendations/all/cervical-cancer.html</a>. Accessed May 22, 2012.</p> <p>Screening for cervical cancer. <i>Obstet Gynecol.</i> 2012;120(5):1222–1238.</p> <p>Saslow D, et al. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. <i>CA Cancer J Clin.</i> 2012;62(3):147–172.</p>
Breast Cancer	<p>Mammogram*</p> <ul style="list-style-type: none"> <li>- Perform a baseline mammogram once between the ages of 40-49**</li> <li>- Annual mammogram beginning at age 50</li> </ul> <p>*The National Cancer Institute Breast Cancer Risk Assessment Tool may be used to help gauge an individual woman’s risk for developing breast cancer. <a href="http://www.cancer.gov/bcrisktool/">http://www.cancer.gov/bcrisktool/</a></p> <p>**Frequency of mammograms from age 40-49 is to be discussed between patient and provider; decisions based on risk factors, provider discretion and patient preference.</p>	<p>American Academy of Family Physicians. Clinical preventive services. Breast cancer. 2009. <a href="http://www.aafp.org/patient-care/clinical-recommendations/all/breast-cancer.html">http://www.aafp.org/patient-care/clinical-recommendations/all/breast-cancer.html</a>. Accessed February 7, 2012.</p> <p>U.S. Preventive Services Task Force. Screening for breast cancer. November 2009. <a href="http://www.uspreventiveservicestaskforce.org/uspstf/uspsbrca.htm">http://www.uspreventiveservicestaskforce.org/uspstf/uspsbrca.htm</a>. Accessed January 12, 2012.</p> <p>American College of Obstetricians-Gynecologists. Practice bulletin no. 122: Breast cancer screening. <i>Obstet Gynecol.</i> 2011;118(2 pt 1):372–382.</p> <p>American Cancer Society. Breast cancer: early detection.</p>

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		<p>2011.<a href="http://www.cancer.org/Cancer/BreastCancer/MoreInformation/BreastCancerEarlyDetection/breast-cancer-early-detection-toc">http://www.cancer.org/Cancer/BreastCancer/MoreInformation/BreastCancerEarlyDetection/breast-cancer-early-detection-toc</a>. Accessed January 11, 2012.</p> <p><a href="http://www.cancer.gov/bcrisktool/">http://www.cancer.gov/bcrisktool/</a></p>
Routine Pelvic Exams	<ul style="list-style-type: none"> <li>- Not necessary to be done automatically with every well woman exam</li> <li>- May be deferred as a screening tool in low-risk, asymptomatic women</li> <li>- Decision to defer is based on risk factors as well as provider discretion and patient preferences.</li> </ul>	<p>Hamblin, J. (2003). Rethinking the Gynecologic Examination. <i>American Family Physician</i>, 68(9), 1869-1872.</p>
Osteopenia/Osteoporosis	<p>DEXA screening</p> <ul style="list-style-type: none"> <li>- Baseline at age 65</li> <li>- Osteopenic patients repeat every 2 years</li> <li>- Osteoporotic patients repeat every 5 years</li> <li>- Screening before age 65 based on patient risk factors and provider discretion*</li> </ul> <p>*The FRAX tool can calculate an individual patients risk for osteoporotic fractures and can help guide these decisions. <a href="http://www.shef.ac.uk/FRAX/">http://www.shef.ac.uk/FRAX/</a></p>	<p>U.S. Preventive Services Task Force. Screening for osteoporosis. January 2011.  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/uspssoste.htm">http://www.uspreventiveservicestaskforce.org/uspstf/uspssoste.htm</a>. Accessed February 7, 2012.</p> <p>American Academy of Family Physicians. Clinical preventive services. Osteoporosis. 2011.  <a href="http://www.aafp.org/patient-care/clinical-recommendations/all/osteoporosis.html">http://www.aafp.org/patient-care/clinical-recommendations/all/osteoporosis.html</a>. Accessed February 7, 2012.</p> <p>American College of Obstetricians and Gynecologists, Women's Health Care Physicians. ACOG practice bulletin. Clinical management guidelines for obstetrician-gynecologists. Number 50, January 2003. <i>Obstet Gynecol.</i> 2004;103(1):203–216.</p> <p>FRAX osteoporotic fracture risk assessment tool  <a href="http://www.shef.ac.uk/FRAX/">http://www.shef.ac.uk/FRAX/</a></p>
Dyslipidemia	<p>Cholesterol panel</p> <ul style="list-style-type: none"> <li>- Every 5 years starting at age 30</li> </ul>	<p>U.S. Preventive Services Task Force. Screening for lipid disorders in adults.</p>

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	<ul style="list-style-type: none"> <li>- Earlier screening starting at age 20, based on provider discretion and patient's risk for coronary artery disease</li> </ul>	<p><a href="http://www.uspreventiveservicestaskforce.org/uspstf/uspschol.htm">http://www.uspreventiveservicestaskforce.org/uspstf/uspschol.htm</a></p> <p>2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults.  <a href="https://circ.ahajournals.org/content/early/2013/11/11/01.cir.000437738.63853.7a">https://circ.ahajournals.org/content/early/2013/11/11/01.cir.000437738.63853.7a</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</li> </ul>	<p>U.S. Preventive Services Task Force. Screening for colorectal cancer. October 2008.  <a href="http://www.uspreventiveservicestaskforce.org/uspstf/uspscol.o.htm">http://www.uspreventiveservicestaskforce.org/uspstf/uspscol.o.htm</a>. Accessed January 19, 2012.</p> <p>American Academy of Family Physicians. Clinical preventive services. Colorectal cancer.  <a href="http://www.aafp.org/patient-care/clinical-recommendations/all/colorectal-cancer.html">http://www.aafp.org/patient-care/clinical-recommendations/all/colorectal-cancer.html</a>. Accessed January 19, 2012.</p> <p>American Cancer Society. Colorectal cancer early detection. 2012.  <a href="http://www.cancer.org/Cancer/ColonandRectumCancer/MoreInformation/ColonandRectumCancerEarlyDetection/colorectal-cancer-early-detection-acs-recommendations">http://www.cancer.org/Cancer/ColonandRectumCancer/MoreInformation/ColonandRectumCancerEarlyDetection/colorectal-cancer-early-detection-acs-recommendations</a>. Accessed October 22, 2012.</p> <p>Rex DK, et al. American College of Gastroenterology guidelines for colorectal cancer screening 2009 [corrected] [published correction appears in <i>Am J Gastroenterol</i>. 2009;104(6):1613]. <i>Am J Gastroenterol</i>. 2009;104(3):739–750.</p>
HIV Screening	Screening should be performed at least once for all woman ages 15-65	Chou, R., Selph, S., Dana, T., Bougatsos, C., Zakher, B., Blazina, I.,

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	<p>Screening should be considered for women considered high risk for HIV infection:</p> <ul style="list-style-type: none"> <li>- Women having unprotected vaginal or anal intercourse with more than one partner</li> <li>- Women 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 bisexual</li> <li>- Those who request HIV testing</li> <li>- Any woman who is pregnant or attempting conception</li> </ul> <p>By clinician discretion and patient preferences</p>	<p>and Todd Korthuis P. (2012). Screening for HIV: Systematic Review to Update the U.S. Preventative Task Force Recommendation. <i>AHRQ Publication, 95</i>, 1-176.</p> <p>Chou, R., Cantor, A.G., Zakher, B., and Bougatsos, C. (2012). Screening for HIV in Pregnant Women: Systematic Review to Update the 2005 U.S. Preventive Services Task Force Recommendation. <i>Annals of Internal Medicine, 157</i>(10), 719-728.</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 or needle-sharing contacts of those known to be HBsAg +</li> </ul>	<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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	<ul style="list-style-type: none"> <li>- Those who are HIV positive</li> </ul> <p>By clinician discretion and patient preferences.</p>	
Hepatitis C Screening	<p>Screening should be considered for women 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>

\*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.