## Adult Well Woman Screening Best Practices at CrossOver*

_Last updated 7-21-2015_

<table>
<thead>
<tr>
<th>Health Parameter</th>
<th>Screening Test and Frequency</th>
<th>Reference</th>
</tr>
</thead>
</table>
| | - Ages 21-29: Every 3 years with cytology alone  
  - Ages 30-65: Every 5 years with cytology & HPV cotesting [PREFERRED]; or Every 3 years with cytology alone  
  - Discontinue at age 65 with history of adequate negative testing  
| | - Perform a baseline mammogram once between the ages of 40-49**  
  - Annual mammogram beginning at age 50  
  *The National Cancer Institute Breast Cancer Risk Assessment Tool may be used to help gauge an individual woman’s risk for developing breast cancer. http://www.cancer.gov/bcrisktool/  
  **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. | |

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<thead>
<tr>
<th>Condition</th>
<th>Recommended Practice</th>
<th>Sources</th>
</tr>
</thead>
</table>
  - May be deferred as a screening tool in low-risk, asymptomatic women  
  - Decision to defer is based on risk factors as well as provider discretion and patient preferences.  
| **Osteopenia/Osteoporosis**   | DEXA screening  
  - Baseline at age 65  
  - Osteopenic patients repeat every 2 years  
  - Osteoporotic patients repeat every 5 years  
  - Screening before age 65 based on patient risk factors and provider discretion*  
  - FRAX osteoporotic fracture risk assessment tool http://www.shef.ac.uk/FRAX/ |
| **Dyslipidemia**              | Cholesterol panel  
  - Every 5 years starting at age 30                                                  | U.S. Preventive Services Task Force. Screening for lipid disorders in adults. |
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<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Description/Recommendations</th>
<th>Reference(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Screening</td>
<td>Screening should be performed at least once for all women ages 15-65</td>
<td>Chou, R., Selph, S., Dana, T., Bougatsos, C., Zakher, B., Blazina, I.,</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Screening should be considered for women considered high risk for HIV infection:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Women having unprotected vaginal or anal intercourse with more than one partner</td>
</tr>
<tr>
<td>- Women who exchange sex for drugs or money</td>
</tr>
<tr>
<td>- Those with a history of or current IV drug use</td>
</tr>
<tr>
<td>- Those seeking treatment for other STI</td>
</tr>
<tr>
<td>- Those with a history of blood transfusion between 1978-1985</td>
</tr>
<tr>
<td>- Those whose past or present sexual partners are HIV +, injection drug users, or bisexual</td>
</tr>
<tr>
<td>- Those who request HIV testing</td>
</tr>
<tr>
<td>- Any woman who is pregnant or attempting conception</td>
</tr>
</tbody>
</table>

*By clinician discretion and patient preferences*

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### Hepatitis B Screening

#### Hepatitis B screening should be considered for men considered high risk for Hepatitis B Virus infection:

- Men born in regions of high endemicity (see link in reference in next column)
- US born persons not vaccinated as infants whose parents were born in regions with high HBV endemicity
- Men who use IV drugs
- Men who have sex with men
- Men needing immunosuppressive therapy
- Men who have elevated ALT/AST of unknown etiology
- Men who are organ donors
- Men who are receiving hemodialysis
- Men who are household contacts or needle-sharing contacts of those known to be HBsAg +

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| Hepatitis C Screening | Screening should be considered for women considered to be at high risk of contracting Hepatitis C  
- All adults born between 1945-1965  
- Those who have past or present use of IV drugs  
- Those who request testing  
- Women who are pregnant or attempting conception *who are high* 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.  
- Those who have exchanged sex for drugs or money  
- Those with any history of drug or alcohol abuse  
- Those with history of body piercing/tattoo with unsterile tattooing/piercing implements.  
- Adults who were born in Egypt  
- By clinician discretion and patient preferences.  
| --- | --- |

*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.*