HEALSENS SCREENINGS LIST

It is each provider's responsibility to decide on an individual patient basis the frequency of tests and examinations performed. This guideline accumulates recommendations from medical literature including, but not limited to publications by:American Society of Clinical Oncology (ASCO), the U.S. Preventive Services Task Force; the American Academy of Family Physicians (Summary of Policy Recommendations); the Centers for Disease Control and Prevention; the American College of Physicians; the American Cancer Society; the Institute for Clinical Systems Information; the National Heart, Lung, Blood Institute; the American Diabetes Association; and the American College of Obstetrics and Gynecology. These guidelines apply to those who do not have symptoms of disease or illness.

CANCER SCREENIGS

Screening	**Lab Test**	American Society of Clinical Oncology (ASCO)		The U.S. Preventive Services Task Force (USPSTF)		The American Cancer Society (ACS) cancer.gov	
		Age, Screening Intervals	Guideline source	Age, Screening Intervals	Guideline Source	Age, Screening Intervals	
Colorectal Screening	Fecal Occult or gFOBT, FIT, and FIT-DNA	45+, annually	Colorectal Cancer: Screening *If you have a family history of colorectal cancer or if you have other risk factors of developing colorectal cancer, your doctor may recommend that you start regular screening earlier.	45* - 86 y.o. , annually *moderate net benefit	Screening for Colorectal Cancer: Recommendation Statement 2021		
	Colonoscopy or flexible sigmoidoscopy, alone or combined with FIT, and CT colonography	50+, every 10 years		45 - 86 y.o. , every 10 years or every 5 years for flexible sigmoidoscopy& CT colonography	Screening for Colorectal Cancer: Recommendation Statement 2021 *Flexible sigmoidoscopy every 10 years plus FIT every year		
Breast Cancer Screening	Mammography	45 - 54, annually 50+ every 2 years or continue yearly	Breast Cancer: Screening*	50* - 74 y.o. , annually *Women who value the benefit of screening mammography more than its harms can begin screening from the age of 40.	Breast Cancer: Screening 2016* *Updates for the recommendations are in progress, 2021	40 - 44 (if there's no history of BC), annually 45+, annually 30+ (high risk woman), annually	Breast Cancer Early Detection And Diagnosis
	BRCA1 and BRCA2 genetic tests**	Not specified, but not recommend under age 18, once	American Cancer Society Recommendations for the Early Detection of Breast Cancer * Only for women at high risk	Not specified, but not recommend under age 18, once	BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing, 2019 *The USPSTF recommends to assess: - women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer - woman with ancestry associated breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations Women with a positive result on the risk assessment tool should receive genetic testing	Not specified, but not recommend under age 18, once	BRCA Gene Mutations: Cancer Risk and Genetic Testing * Only for women at high risk
Cervical Cancer Screening	Pap smear (Pap test)			21 - 65, every 3 years	Cervical Cancer: Screening, 2018 *Updates for the recommendations are in progress, 2021	21 - 65, every 3 years	HPV and Pap Testing
	HPV test			30 - 65, every 5 years	Cervical Cancer: Screening, 2018 *The USPSTF recommends screening with high-risk human papillomavirus (hrHPV) testing alone or in combination with cytology.	30 - 65, every 5 years *Women with certain risk factors may need to have more frequent screening or to continue screening beyond age 65.	HPV and Pap Testing

Lung Cancer Screening	Low-dose computed tomography (CT) scan, or LDCT)**	55 - 74 y.o., annually	Lung Cancer - Non-Small Cell: Screening *who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years	55 - 69 y.o. , annually	Lung Cancer Screening, 2021 *who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years		
Prostate Cancer Screening	PSA blood test		Prostate Cancer: Screening	50* - 74 y.o. , annually	Prostate Cancer: Screening, 2018 *The use of digital rectal examination as a screening modality is not recommended because there is a lack of evidence on the benefits	50 y.o. at average risk 45 y.o. at high risk 40 y.o. at even higher risk, if PSA < 2.5 ng/mL - every 2 years if PSA >= 2.5 ng/mL annually	American Cancer Society Recommendations for Prostate Cancer Early Detection
Oral Cancer Screening	Systematic Clinical Examination of the Oral Cavity			21 - 65, every 3 years	Oral Cancer: Screening, 2013	21 - 65, every 3 years	HPV and Pap Testing

Cancer screenings which are not recommended by USPSTF and wasn't included to the Healsens Checkup Plan: Skin Cancer Screening; Thyroid Cancer Screening;

OTHER SCREENINGS

Screening	Lab Test	Recommendation		Guideline source	Other relevant recommendations
General Woman Health	Pelvic Examination	21 y.o .	A pelvic examination should be a shared decision between the patient and her obstetrician–gynecologist or other gynecologic care provider.	The American College of Obstetricians and Gynecologists: The Utility of and Indications for Routine Pelvic Examination	The USPSTF concluded that there is insufficient evidence to make a recommendation regarding screening pelvic examinations for asymptomatic, nonpregnant women
Lipid Disorders Screening	Total Cholesterol LDL cholesterol HDL cholesterol Triglycerides Atherogenic coefficient (AC)	20 y.o.	Cholesterol testing should be done every 5 years for people age 20 or older who are at low risk for cardiovascular disease. More frequently than every 5 years for people with cardiovascular disease risk factors. If a person has a history of early heart attacks or heart disease, or if a child has obesity or diabetes, doctors may recommend screening for high cholesterol more often	The 2018 ACC/AHA Guidelines: How and When to Have Your Cholesterol Checked	The USPSTF recommendation statement about Lipid Disorders Screening is no longer relevant and has been replaced by a preventive medication framework. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years. Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication, 2016
Thyroid DysfunctionScreening	Thyroid Stimulating Hormone (TSH)	35 y.o.	The American Thyroid Association20 recommends measuring thyroid function in all adults beginning at age 35 years and every five years thereafter, noting that more frequent screening may be appropriate in high-risk or symptomatic individuals.	American Thyroid Association Guidelines for Detection of Thyroid Dysfunction	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for thyroid dysfunction in nonpregnant, asymptomatic adults. Thyroid Dysfunction: Screening, 2015
Prediabetes and Type 2 Diabetes: Screening	HbA1c level, or Oral glucose tolerance test Fasting plasma glucose (FPG)	35 y.o.	The American Diabetes Association® (ADA) recommends screening for prediabetes and diabetes beginning at age 35 for all people.	Latest ADA Annual Standards of Care Includes Changes to Diabetes Screening, First-Line Therapy, Pregnancy, and Technology, 2021	The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Prediabetes and Type 2 Diabetes: Screening, 2021
Vitamin D Deficiency Screening**	25-OH Vitamin D	Not specified	The Endocrine Society and the American Association of Clinical Endocrinologists50 recommend screening for vitamin D deficiency in individuals at risk.	Evaluation, Treatment, and Prevention of Vitamin D Deficiency: an Endocrine Society Clinical Practice Guideline, 2011	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for vitamin D deficiency in asymptomatic adults. Vitamin D Deficiency in Adults: Screening, 2021

Screening	Lab Test	Recommendation		Guideline source	Other relevant recommendations
Vitamin B12 Deficiency Screening **	Vitamin B12 (Cobalamin) Blood Test + CBC test	65 y.o.	The American Academy of Family Physicians provided an algorithm for the diagnosis of vitamin B12 deficiency base on the risks factors	Vitamin B12 Deficiency, 2003	The USPSTF concludes that screening persons at average risk of vitamin B12 deficiency is not recommended. Screening should be considered in patients with risk factors. Vitamin B12 Deficiency: Recognition and Management, 2017
Cardiovascular Disease	ECG screening	45 y.o. male 55 y.o. female	The AHA compiled data, including information from the Framingham Heart Study, to determine appropriate use of cardiac screening tests by looking at prognostic considerations. Those risk factors include gender and age (males over the age of 45 years) with one or more risk factors. The greater the number of risk factors a patient has, the more likely it is that the patient will benefit from screening. If a patient's risk is less than 10 percent, screening is not recommended.	The AHA Annual EKGs for Low-risk Patients Guideline	
Cardiovascular Disease: Risk Assessment With Nontraditional Risk Factors	Coronary Artery Calcium (CAC) score	45 y.o. male 55 y.o. female	A number of guidelines, including those from the American College of Cardiology and the American Heart Association, recommend considering hsCRP level, the ABI, or CAC score to clarify treatment decisions for patients whose risk assessment is borderline or unclear using a traditional risk assessment model. The Reynolds Risk Score risk assessment currently used in the United States incorporates hsCRP level into its risk calculation.	ACCF/AHA Guideline for Assessment of Cardiovascular Risk in Asymptomatic Adults: Executive Summary, 2010	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of adding the ankle-brachial index (ABI), high-sensitivity C-reactive protein (hsCRP) level, or coronary artery calcium (CAC) score to traditional risk assessment for cardiovascular disease (CVD) in asymptomatic adults to prevent CVD events. Cardiovascular Disease: Risk Assessment With Nontraditional Risk Factors, 2018 The UK National Institute for Health and Care Excellence uses the QRISK3 risk tool, which does not include the ABI, hsCRP level, or CAC score, to estimate 10-year risk of a CVD event. The Scottish Intercollegiate Guidelines Network (SIGN) uses the ASSIGN risk score to determine the 10-year risk of a CVD event, which does not include the ABI, hsCRP level, or CAC score.
	Ankle-brachial index (ABI)**				
	Carotid Intima-Media Thickness Test		The 2010 American Heart Association/American College of Cardiology (AHA/ACC) guidelines recommended measurements of carotid IMT for CVD risk assessment in intermediate risk asymptomatic adults	Carotid Intima-Media Thickness and Prediction of Cardiovascular Disease, 2017	
	High-sensitivity C-reactive protein (hsCRP)	40 y.o.	The American Association of Clinical Endocrinologists' 2017 guidelines include hsCRP level, as part of the Reynolds Risk Score, as a possible CVD risk assessment tool and to stratify borderline cases, and also states that CAC score can be useful in refining risk stratification	American Association of Clinical Endocrinologists and American College of Endocrinology guidelines for management of dyslipidemia and prevention of cardiovascular disease, 2017	
Abdominal Aortic Aneurysm Screening **	Abdominal Duplex Ultrasonography	50 y.o male, who have ever smoked[1] ,1- time screening	The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65 to 75 years who have ever smoked.	Screening for Abdominal Aortic Aneurysm, 2019	The Society for Vascular Surgery recommends 1- time ultrasonography screening for AAA in all men and women aged 65 to 75 years with a history of tobacco use, men 55 years or older with a family history of AAA, and women 65 years or older who have smoked or have a family history of AAA. Management of Abdominal Aortic Aneurysms Clinical Practice Guidelines of the European Society for Vascular Surgery, 2011
Chronic Kidney Disease: Screening	Creatinine with Estimated GFR Albumin	30 y.o. 18 y.o., with such risks factors as: diabetes, high blood pressure, heart disease, family history of CKD	NIH: National Institute of Diabetes and Digestive and Kidney Diseases recommends two key markers for chronic kidney disease screening: urine albumin and eGFR. The benefit of CKD screening in the general population is unclear. But the tests often suggested for screening that are feasible in primary care include testing the urine for protein (microalbuminuria or macroalbuminuria) and testing the blood for serum creatinine to estimate glomerular filtration rate.	Identify & Evaluate Patients with Chronic Kidney Disease	The U.S. Preventive Services Task Force (USPSTF) has decided not to review the evidence and update its recommendations for chronic kidney disease screening. The previous evidence review and recommendation may contain information that is outdated. Kidney Disease: Screening, 2012 The Centers for Disease Control and Prevention: Get Tested for Chronic Kidney Disease

Screening	Lab Test	Recommendation		Guideline source	Other relevant recommendations
Hypertension Screening	Blood Pressure (BP)	18 y.o.	The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	Hypertension in Adults: Screening, 2021	The Seventh Joint National Committee recommended screening for high blood pressure at least once every 2 years in adults with blood pressure less than 120/80 mm Hg and every year in adults with blood pressure of 120 to 139/80 to 89 mm Hg. Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, 2003
Iron Status Screening (Iron Deficiency & Iron Overload)	Ferritin Serum Blood Test	16 y.o.	The AASLD, American Academy of Family Physicians, Centers for Disease Control and Prevention recommends screening for hereditary hemochromatosis for all patients with evidence of liver disease or abnormal iron study results.	Hereditary Hemochromatosis, 2013	The USPSTF encourages primary care clinicians to consult other sources for current evidence regarding this topic. If new evidence becomes available, the USPSTF may elect to update this topic.
	+ Hemoglobin		The British Society of Gastroenterology (BSG) guidelines, 2018 recommend screening for anaemia using haemoglobin (Hb) concentration.	British Society of Gastroenterology guidelines for the management of iron deficiency anaemia in adults,	
	Iron (Fe) serum				
Reproductive Aging Screening					

** Screenings for Moderate and High risks groups

[1] Epidemiologic literature commonly defines an “ever smoker” as someone who has smoked 100 sigarettes