# Preventive Screening Guidelines for Adults

These preventive guidelines are based on national recommendations and may not be covered by your group plan. Please review your benefit plan for coverage information.

| Test or Screening | Values | FREQUENCY (Frequency of screening may differ based on physician recommendations.) | | | | |
|---|---|---|---|---|---|---|
| | | 18 - 39 YEARS | 40 - 49 YEARS | 50 - 59 YEARS | 60 - 69 YEARS | 70 AND UP |
| **BLOOD PRESSURE** | | | | | | |
| Blood Pressure screening is recommended for all adults | • **Optimal:** less than 120/80<br>• **Pre-hypertension:** 120-149/80-89<br>• **High blood pressure:** greater than 140/90 | Every 2 years if blood pressure is less than 120/80 **OR** annually if blood pressure is greater than 120/80 | Every 2 years if blood pressure is less than 120/80 **OR** annually if blood pressure is greater than 120/80 | Every 2 years if blood pressure is less than 120/80 **OR** annually if blood pressure is greater than 120/80 | Every 2 years if blood pressure is less than 120/80 **OR** annually if blood pressure is greater than 120/80 | Every 2 years if blood pressure is less than 120/80 **OR** annually if blood pressure is greater than 120/80 |
| **CHOLESTEROL** | | | | | | |
| Cholesterol screening is recommended for men ages 35 and older, and women and younger men who are at risk for cardiovascular disease. | • **Desirable:** less than 200 mg/dL<br>• **Borderline high:** 200-239 mg/dL<br>• **High cholesterol:** greater than 240 mg/dL | **Women:** As directed by physician<br>**Men:** As directed by physician until age 35, then every 5 years | **Women:** As directed by physician<br>**Men:** Every 5 years | **Women:** As directed by physician<br>**Men:** Every 5 years | **Women:** As directed by physician<br>**Men:** Every 5 years | **Women:** As directed by physician<br>**Men:** Every 5 years |
| **DIABETES**[1] | | | | | | |
| Fasting Plasma Glucose Test is recommended for adults with blood pressure greater than 135/80 | • **Desirable:** less than 100 mg/dL<br>• **Impaired/Pre-diabetes:** 100-126 mg/dL<br>• **Diabetes:** greater than 126 mg/dL | Every 3 years **OR** as directed by physician | Every 3 years **OR** as directed by physician | Every 3 years **OR** as directed by physician | Every 3 years **OR** as directed by physician | Every 3 years **OR** as directed by physician |
| **OSTEOPOROSIS** | | | | | | |
| Dual-energy X-ray Absorptiometry (DXA) screening is recommended for women 65 or older, or younger if at high risk, or recommended by physician | | If at high risk **OR** as directed by physician | If at high risk **OR** as directed by physician | If at high risk **OR** as directed by physician | Every 2 years or longer | Every 2 years or longer |
| **COLORECTAL CANCER**[2] | | | | | | |
| Fecal Occult Blood Test | | Screen earlier if at risk | Screen earlier if at risk | Annually | Annually | Annually |
| Flexible Sigmoidoscopy (FSIG)[3,4] | | Screen earlier if at risk | Screen earlier if at risk | Every 5 years, with fecal occult blood testing every 3 years | Every 5 years, with fecal occult blood testing every 3 years | Every 5 years, with fecal occult blood testing every 3 years |
| Colonoscopy | | Screen earlier if at risk | Screen earlier if at risk | Every 10 years | Every 10 years | Every 10 years |
| **BREAST CANCER**[2] | | | | | | |
| Mammogram | | Every 1-2 years **OR** as directed by physician | | Every 1-2 years | Every 1-2 years | Every 1-2 years |
| Clinical Breast Examination (CBE)[5] | | As directed by physician | | As directed by physician | As directed by physician | As directed by physician |
| **CERVICAL CANCER** | | | | | | |
| Pap Smear | | Every 1-3 years beginning at age 21 | Every 1-3 years | Every 1-3 years | Every 1-3 years until age 65 | |
| Pap Smear with HPV Test | | Every 5 years beginning at age 30 | Every 5 years | Every 5 years | Every 5 years until age 65 | |

**TESTICULAR CANCER** *The low incidence of testicular cancer and favorable outcomes in the absence of screening make it unlikely that clinical testicular examinations would provide important health benefits. Clinical examination by a physician and self-examination are the potential screening options for testicular cancer. However, little evidence is available to assess the accuracy, yield or benefits of screening for testicular cancer.*

1 *Screening is recommended for symptomatic adults or for asymptomatic adults with blood pressure greater than 135/80 mmHg.*
2 *Screen earlier if at risk.*
3 *The benefits of detection and early intervention for colorectal cancer decline after age 75 years.*
4 *Combined with fecal occult blood testing every 3 years.*
5 *The evidence is insufficient to assess additional benefits and harms of CBE beyond screening mammography in women age 40 years or older.*