

## Chapter 1 : Screening and Prevention - Foundation for Women's Cancer

*Prevention and Screening As a woman, you have unique health needs that change throughout your life. That's why preventive care and routine screenings are critical.*

Following these guidelines can also find pre-cancers, which can be treated to keep cervical cancer from forming. All women should begin cervical cancer testing screening at age 21. Women aged 21 to 29, should have a Pap test every 3 years. HPV testing should not be used for screening in this age group it may be used as a part of follow-up for an abnormal Pap test. Beginning at age 30, the preferred way to screen is with a Pap test combined with an HPV test every 5 years. This is called co-testing and should continue until age 65. Another reasonable option for women 30 to 65 is to get tested every 3 years with just the Pap test. Women who are at high risk of cervical cancer because of a suppressed immune system for example from HIV infection, organ transplant, or long-term steroid use or because they were exposed to DES in utero may need to be screened more often. They should follow the recommendations of their health care team. Women with a history of CIN2 or CIN3 should continue to have testing for at least 20 years after the abnormality was found. Women who have had a total hysterectomy removal of the uterus and cervix should stop screening such as Pap tests and HPV tests , unless the hysterectomy was done as a treatment for cervical pre-cancer or cancer. Women who have had a hysterectomy without removal of the cervix called a supra-cervical hysterectomy should continue cervical cancer screening according to the guidelines above. Women of any age should NOT be screened every year by any screening method. Women who have been vaccinated against HPV should still follow these guidelines. Some women believe that they can stop cervical cancer screening once they have stopped having children. This is not true. They should continue to follow American Cancer Society guidelines. Although annual every year screening should not be done, women who have abnormal screening results may need to have a follow-up Pap test sometimes with a HPV test done in 6 months or a year. The American Cancer Society guidelines for early detection of cervical cancer do not apply to women who have been diagnosed with cervical cancer, cervical pre-cancer, or HIV infection. These women should have follow-up testing and cervical cancer screening as recommended by their health care team. Importance of being screened for cervical cancer Screening tests offer the best chance to have cervical cancer found early when successful treatment is likely. Screening can also actually prevent most cervical cancers by finding abnormal cervical cell changes pre-cancers so that they can be treated before they have a chance to turn into a cervical cancer. This is thought to be mainly due to the effectiveness of screening with the Pap test. Despite the recognized benefits of cervical cancer screening, not all American women get screened. Most cervical cancers are found in women who have never had a Pap test or who have not had one recently. Women without health insurance and women who have recently immigrated are less likely to have cervical cancer screening.

**Chapter 2 : The American Cancer Society Guidelines for the Prevention and Early Detection of Cervical Ca**

*CDC Prevention Checklist Men aged and women aged Ask the doctor about screening for lung cancer if you have a history of heavy smoking and you.*

However, experts do not agree about the benefits of breast self-exams in finding breast cancer or saving lives. Talk to your provider about what is best for you. You should contact your provider immediately if you notice a change in your breasts, whether or not you do self-exams. Your provider may do a clinical breast exam as part of your preventive exam. However, not all experts agree about the benefits of having a mammogram when women are in their 40s. Women ages 50 to 75 should have a mammogram every 1 to 2 years depending on their risk factors, to check for breast cancer. Women with a mother or sister who had breast cancer at a younger age should consider yearly mammograms. They should begin earlier than the age at which their youngest family member was diagnosed. If you are under age 65 and have risk factors for osteoporosis , you should be screened. If you have both a Pap smear and human papilloma virus HPV test , you may be tested every 5 years. HPV is the virus that causes genital warts and several cancers, including cervical cancer. Your provider may do pelvic exams more often if you develop problems. If you have had your uterus and cervix removed total hysterectomy , and you have not been diagnosed with cervical cancer, you do not need to have Pap smears. Women who are sexually active and at high risk should be screened for chlamydia and gonorrhea. Your provider may talk with you about testing for other infections. Your provider will ask you about alcohol and tobacco, and may ask you about depression. People at high risk include those who have had skin cancer before, have close relatives with skin cancer, or have a weakened immune system. Accessed June 1, American Cancer Society website. Breast cancer early detection and diagnosis. Updated October 9, Mammography and other screening tests for breast problems. American College of Obstetricians and Gynecologists. American Dental Association website. Your top 9 questions about going to the dentist -- answered. Standards of medical care in diabetes -- Atkins D, Barton M. The periodic health examination. Goldman L, Schafer AI, eds. Recommended immunization schedule for adults aged 19 years or older, United States, Guidelines for the primary prevention of stroke: Effectiveness-based guidelines for the prevention of cardiovascular disease in women update: Screening for lung cancer: Risk markers and the primary prevention of cardiovascular disease. A Textbook of Cardiovascular Medicine. Screening for breast cancer: Screening for high blood pressure in adults: Cancer screening in the United States, A review of current American Cancer Society guidelines and current issues in cancer screening. CA Cancer J Clin. Draft evidence review for cervical cancer: Screening for colorectal cancer: Screening for skin cancer:

**Chapter 3 : CDC - Cancer Screening Tests**

*Prevention education and risk assessment for HIV should continue annually, with additional screening based on risk. All pregnant women should be screened for HIV at the start of pregnancy, with retesting during pregnancy based on risk factors.*

A thorough history, physical examination, and routine blood work [including complete blood count, comprehensive metabolic panel, thyroid stimulating hormone, calcium and serum 25 OH D] can identify most secondary causes. All bisphosphonates can reduce the incidence of vertebral and nonvertebral fractures, but only some reduce hip fractures. Recently, concerns have been raised about the long-term safety of bisphosphonate therapy. Multiple case series have illustrated a link between prolonged bisphosphonate use and atypical fractures, as characterized by clinical and radiographic features. A systematic review<sup>58</sup> evaluated 32 case series reporting atypical femur fractures and showed that ethnicity and undiagnosed skeletal disorders may have a role in these atypical fractures. Alendronate was the most commonly used bisphosphonate, and risk factors included concurrent glucocorticoid or proton-pump inhibitor use and prodromal thigh or hip pain. Retrospective studies of subtrochanteric femur fractures identified additional risk factors, including prolonged glucocorticoid therapy, active rheumatoid arthritis, and low serum 25 OH D levels. Cumulatively, the current body of evidence is thought to support this association. An additional, less common adverse effect of bisphosphonates is osteonecrosis of the jaw. Calcitonin is a naturally occurring peptide that strongly inhibits osteoclast function through a receptor-mediated process. Synthetic or salmon-derived preparations are available as a parenteral injection, but they are most commonly administered intranasally. Calcitonin was previously approved by the FDA for treatment of osteoporosis in women who are postmenopausal for at least 5 years. The cancer link was not clear but was believed to be plausible after considering the available evidence. Important adverse effects include increased risk of thromboembolic events<sup>40</sup> and cardiovascular disease in older postmenopausal women. It is administered by daily subcutaneous injection and is recommended for up to 2 years because of the short duration of safety and efficacy testing. Studies in rats have demonstrated an increased incidence of osteosarcoma, so it is contraindicated for patients with increased risk for osteosarcoma or a history of radiotherapy. By binding this ligand, denosumab ultimately inhibits osteoclast-mediated bone resorption. The international, randomized, placebo-controlled Fracture Reduction Evaluation of Denosumab in Osteoporosis FREEDOM trial showed that 36 months of denosumab significantly reduced the risk of vertebral and nonvertebral fractures in women aged 60 to 90 years with a diagnosis of osteoporosis. It is generally not used as initial treatment for osteoporosis, given the efficacy, cost, and long-term safety data of bisphosphonates, but it may be used in high-risk women. Biochemical markers of bone turnover Biochemical markers e. A recent study demonstrated that significantly fewer African American women are referred for DXA and osteoporosis treatment compared with white women, highlighting the persistence of ethnic disparities in medical care. Recommended measures include sufficient calcium and vitamin D levels, regular weight-bearing exercise, fall prevention, and avoidance of tobacco and excessive alcohol. Recently, the USPSTF recommended against specific dosages of calcium and vitamin D supplementation in noninstitutionalized postmenopausal women and premenopausal women. Guidelines recommend screening women 65 years and older and men 70 years and older. However, all high-risk postmenopausal women and male patients older than 50 years should be screened. A recent model suggests that initiating screening at age 55 in postmenopausal women may be more cost-effective than current USPSTF guidelines. The most important factors for determining optimal screening intervals appear to be T-score and age. For older postmenopausal women with normal BMD or mild osteopenia at baseline, clinicians may wait up to 15 years before repeat screening. Older postmenopausal women with moderate osteopenia at baseline can be screened every 5 years, and those with advanced osteopenia likely should be screened yearly. Bisphosphonates are generally well tolerated and are considered first-line treatment. Primary care physicians have an important role in the prevention and treatment of osteoporosis, especially as the population ages. This review attempts to help primary care physicians inform patients about their risks, provide helpful information

to aid shared decision-making, and assist in deciding on early interventions to prevent the mortality and morbidity associated with osteoporosis-related fractures. Disclosure Statement No competing financial interests exist. The state of osteoporosis and low bone mass in our nation. The Foundation, ;1â€™55 2. Incidence and economic burden of osteoporosis-related fractures in the United States, â€™ J Bone Miner Res ; National Osteoporosis Foundation, ;1â€™56 4. Johnell O, Kanis J. Epidemiology of osteoporotic fractures. S3â€™S7 [ PubMed ] 5. WHO Scientific Group on the assessment of osteoporosis at primary health care level: Summary meeting report; May5â€™7, , Brussels, Belgium. World Health Organization, ;1â€™17 6. Vertebral fracture assessment VFA with a densitometer predicts future fractures in elderly women unselected for osteoporosis. Assessment of fracture risk and its application to screening for postmenopausal osteoporosis. World Health Organization, ;1â€™ [ PubMed ] 8. Official positions of the International Society for Clinical Densitometry. Osteoporosis prevention, diagnosis, and therapy. Exercise for preventing and treating osteoporosis in postmenopausal women. Cochrane Database Syst Rev ;7: Management of osteoporosis in postmenopausal women: Screening for osteoporosis in the adult U. ACPM position statement on preventive practice. Am J Prev Med ; Preventive Services Task Force. Ann Intern Med ; Diagnosis and treatment of osteoporosis. Institute for Clinical Systems Improvement, Study of Osteoporotic Fractures Research Group. Bone-density testing interval and transition to osteoporosis in older women. N Engl J Med ; Vitamin D and calcium supplementation to prevent fractures. Institute of Medicine IOM. Dietary reference intakes for calcium and vitamin D. National Academy of Sciences, Dietary reference intakes for calcium, phosphorus, magnesium, vitamin D, and fluoride. National Academy of Sciences, [ PubMed ] Summary of evidence-based review on vitamin D efficacy and safety in relation to bone health. Am J Clin Nutr ; Foley KF, Boccuzzi L. Calcium plus vitamin D supplementation and the risk of fractures. N Engl J Med. Vitamin D deficiency and supplementation and relation to cardiovascular health. Am J Cardiol ; Vitamin D deficiency and risk of cardiovascular disease.

**Chapter 4 : Prevention Guidelines for Women | Johns Hopkins Medicine Health Library**

*Women's Preventive Services Guidelines Supported by the Health Resources and Services Administration Under the Affordable Care Act, women's preventive health care - such as mammograms, screenings for cervical cancer, prenatal care, and other services - generally must be covered with no cost sharing.*

This led to the FDA approval in of a test to detect the cancer-causing types of this common infection and the development of the first vaccine that was approved in . Even the Pap test itself has been improved. This test involves looking at a sample of cells from the cervix under a microscope to see if there are any that are abnormal. It is a good test for finding not only cancer, but also finding cells that might become cancerous in the future. New techniques allow for the use of the same sample to be used for testing for the cancer-causing types of HPV. Usually healthcare providers perform the Pap test as part of a routine pelvic exam at recommended intervals. The guidelines generally advise a reduction in the number of tests women get over their lifetime to better ensure that they receive the benefits of testing while minimizing the harms, and include a preference for co-testing using the Pap test and a highly sensitive HPV test for women age ages 30 to . The updated guidelines recommend: Women should not be screened before age 21 Women 21 to 29 should be screened with the Pap test alone conventional or liquid-based every three years. Continued screening with the Pap test alone without HPV testing every three years is an acceptable alternative. While screening with HPV testing alone is promising, at this time it is not recommended for most clinical settings. Screening is not recommended for women over age 65 who have had at least three consecutive negative Pap tests or at least two negative HPV tests the last 10 years, with the most recent test in the last 5 years. Women in this age group who have a history of cervical pre-cancer CIN2 or a more severe diagnosis should continue routine screening for at least 20 years, even if this extends beyond age . Women who have undergone a hysterectomy with removal of the cervix for reasons not related to cervical cancer or pre-cancer should not be screened anymore. Women who have been vaccinated against HPV should follow the age-specific recommendations in these guidelines for unvaccinated women. Currently, there are no alternative screening recommendations for women vaccinated against HPV. The new guidelines are not intended for women with a history of cervical cancer, exposure to DES during a pregnancy, or women who are immunosuppressed e. It is important for women to know if a Pap test was performed because it is possible to have a pelvic exam without a Pap test. It is also important that women know and understand their Pap test results and follow through with any recommendations made by their healthcare provider. Some abnormal Pap tests will be followed by colposcopy examination of the cervix using a magnifying device to see the cervix more clearly and biopsy of any abnormal appearing areas on the cervix. In , the FDA approved the HPV DNA test for women 25 and older for use alone to help a healthcare professional assess the need for a woman to undergo additional diagnostic testing for cervical cancer. Screening for cervical cancer, whether with the Pap test or HPV test, remains a critical prevention step. However, the FDA approval in of the first vaccine to prevent cervical cancer represents the opportunity to eradicate this cancer. Now there are three vaccines, all given in a series of three injections into the muscle tissue over a 6 month period. Cervarix targets two HPV types, 16 and 18, and is approved for females ages . These two high-risk HPV types cause about 70 percent of cervical cancers an even higher percentage of some other HPV-associated cancers. The FDA approved Gardasil and Gardasil 9 for the prevention of HPV-caused cervical, vulvar, vaginal and anal cancers; precancerous vulvar, vaginal and anal lesions; and genital warts. They also are approved for males for the prevention of HPV-caused anal cancer, pre-cancerous anal lesions, and genital warts. They are approved for females ages . Gardasil is approved for males ages and Gardasil 9 is approved for males ages

**Chapter 5 : Screening and Preventive Services for Older Adults**

*Among women in the United States, breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer death. In , million women in the U.S. were living with a.*

Abstract Federal, professional and academic efforts are converging to address the preventive care needs of older Americans. Medicare is placing an increased emphasis on preventive care services for older adults. With the passage of the Affordable Care Act, access to preventive services has been enhanced by reducing out of pocket costs for older adults, and increasing reimbursement to health care providers. These population-specific guidelines with new emphasis on functional status and multiple risk factor reduction are of increasing importance to an aging population where more conventional disease-focused guidelines are less suitable for maintaining physical function and quality of life. Evidence-based measures of physical performance appropriate for primary care office use are being developed and piloted. As a result of these policies, guidelines and tools, we have the ability to offer older adults more comprehensive, cost-effective screening and preventive measures than in any other previous time. These distinguished beneficiaries were first among the 19 million Americans eligible at that time for Medicare benefits. At the time of this writing there are 43 million eligible older adults and total enrollment is predicted to exceed 70 million lives by the year Historically, Medicare was not designed to deal with coverage for prescription drugs, long term care, and for the purposes of this review, screening and preventive services. It has not been until recently that screening and prevention have been incorporated in to the mission of Medicare. Rising federal and personal health care expenditures have refocused prevention efforts in the hopes that early detection and treatment of health conditions will minimize more costly attempts at advanced disease treatment 1. Complications of chronic disease have emerged as some of the significant drivers of increased health care spending 2 , and efforts to prevent or attenuate such complications may prove to be cost-effective, although conclusive evidence is still lacking. In addition to the dramatic increase in enrollees, increased longevity has led to an imperative to provide preventive services for health issues that specifically emerge in later life. Overall prognosis, medication and procedure morbidity and patient-specific goals of care inform screening and prevention decisions in unique ways for older adults. Various degrees of frailty complicate routine clinical decision making 3. This remainder of this review will summarize the current state of preventive services for older adults including recent changes in Medicare coverage aimed at dramatically improving preventive service selection and utilization for older adults. Next we offer a brief survey of the role of behavioral and lifestyle modification and close with a description of new approaches to screening and prevention for frailty and geriatrics syndromes so prevalent in late life. Current State of Screening and Prevention in Older Adults Screening and prevention service provision for older Americans is marked by the following realities as summarized in a recent report from the RAND Corporation 5. There is wide geographic variability in preventive service utilization among Medicare recipients, with both under and overutilization of screening for many specific disease states. Vulnerable older adults, i. Adherence to national guidelines for screening and prevention for older adults is particularly poor for geriatric syndromes such as urinary incontinence screening and falls risk assessment , as compared to traditional disease-specific screening e. Emergence of contemporary screening and preventive programs Despite the historical inadequacy of current practices, we are now better positioned to improve the preventive care for older adults than at any previous time in history. Three phenomena are converging to create this opportunity for health care providers. On January 1, , the first Baby Boomer turned It is estimated that by , about 10, Boomers will turn 65 each day. Compared to previous cohorts, this cohort will be better informed about health, more pro-active about their own prerogatives, and highly likely to embrace prevention as a keystone of their future medical care. These individuals will be among the first generations to recognize that longevity per se is a Pyrrhic victory if those additional years gained are characterized by frailty, disability and declining quality of life. With the implementation in January of some specific preventive and screening services through the Patient Protection and Affordable Care Act ACA , US health care providers are now able to offer older adults a robust range of preventive services not

previously provided because of inadequate preventive service reimbursement 8. The years mark the publication of newer age-specific guidelines for the utilization of screening and preventive services for older adults. The United States Preventive Services Task Force has taken on the formidable task of redesigning many of its existing guidelines to recognize important age-related variables 9. In addition to disease-specific guidelines to promote longevity, a Geriatrics Task Force of the USPSTF is developing specific new guidelines to emphasize evidence-based evaluation of geriatric conditions that affect quality of life, the first of which is an approach to falls prevention 10 , Screening and Prevention at age 65 years and Beyond Recommended Clinical Preventive Services Older adults and providers are faced with a lengthening list of recommended preventive services. There is now an excellent convergence of these recommendations with Medicare coverage as described below. These recommendations are generally disease-specific, substantiated by evidence of a favorable balance of benefits and harms, and most applicable to relatively younger Medicare beneficiaries with a good functional status and life expectancy. Most of these recommendations do not explicitly consider age parameters, functional status or overall prognosis for adults with serious comorbidity or shorter life expectancy, but do give health care providers and patients a reasonable list of preventive services to consider and offer to older adults. All these recommendations are limited by the paucity of effectiveness studies in geriatric populations.

### Chapter 6 : Prevention | Office of the Associate Director for Policy | CDC

*Preeclampsia prevention and screening for pregnant women with high blood pressure Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk Syphilis screening.*

### Chapter 7 : Women's Screening Exams | MD Anderson Cancer Center

*Prevention & Screenings At Swor Women's Care, we emphasize health maintenance, disease prevention and early detection. We recommend an annual woman's health visit for all of our patients.*

### Chapter 8 : Coverage of Breast Cancer Screening and Prevention Services | The Henry J. Kaiser Family F

*Some women may need annual screening or as frequently as every 3 to 6 months. Community clinics or a woman's healthcare professional are two potential sources for testing. HIV is the virus that causes acquired immunodeficiency syndrome (AIDS).*

### Chapter 9 : Osteoporosis Prevention, Screening, and Treatment: A Review

*Iron Anemia Screening Supplementation Pregnancy Metabolic, nutritional, and Endocrine Conditions Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication.*