<table>
<thead>
<tr>
<th>Age Criteria</th>
<th>Screening Recommendations</th>
<th>Guidelines</th>
<th>Frequency</th>
<th>Order Needed</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 20 and older</td>
<td>Breast Self-Awareness Batch of women of how her breasts normally look and feel can be told if there are any changes and can report them to her healthcare provider. Clinicians should periodically have such discussions with their patients. Every 1-3 years. The frequency of a clinical breast exam for an individual patient in this age group should be determined after a discussion with her healthcare provider of her individual risk factors as well as the risks and benefits of the exam.</td>
<td>Periodic</td>
<td>No</td>
<td>ACS/ACOG</td>
<td></td>
</tr>
<tr>
<td>Age 20-39</td>
<td>Clinical Breast Exam</td>
<td>At physician's discretion for women with higher than average risk and age less than 40.</td>
<td>Discuss</td>
<td>Yes</td>
<td>USPSTF</td>
</tr>
<tr>
<td>Age 40-49</td>
<td>Discus Breast Cancer Chemoprevention</td>
<td>Eligible women should discuss with their healthcare provider.</td>
<td>Discuss</td>
<td>Yes</td>
<td>USPSTF</td>
</tr>
<tr>
<td>Age 50-74</td>
<td>Clinical Breast Exam</td>
<td>Annually.</td>
<td>Annually</td>
<td>No</td>
<td>ACOG</td>
</tr>
<tr>
<td>Age 75 and older</td>
<td>Clinical Breast Exam</td>
<td>Annually.</td>
<td>Discuss</td>
<td>Yes</td>
<td>USPSTF</td>
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African-Americans or Age 50
Colonoscopy Every 10 years, asymptomatic individuals. 10 yrs. Yes ACS/ACG
Age 50
CT Lung Screen (Low Dose Computed Tomography LDCT) Smoked at least one pack a year for 20 years and one additional risk: radon exposure, occupational exposure, cancer history, family history of lung cancer. Annually Yes CMS
Clinical Breast Exam | At least biennially (every two years) for women at average risk. | Annualy | No | USPSTF |
Discuss Breast Cancer Chemoprevention | Eligible women should discuss with their healthcare provider. | Discuss | Yes | USPSTF |
Screening Mammogram | At least biennially (every two years) for women at average risk. | Annualy | No | USPSTF |
Discuss Breast Cancer Chemoprevention | Eligible women should discuss with their healthcare provider. | Discuss | Yes | USPSTF |
Screening Mammogram | Please discuss risks & benefits with your healthcare provider. | Discuss | No | USPSTF |

Cervical Health

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<tbody>
<tr>
<td>Age 21-29</td>
<td>Pap Smear</td>
<td>Every 3 years, screening with cytology (Papanicolaou smear - Pap smear).</td>
<td>3 yrs.</td>
<td>Yes</td>
<td>ACS/ACOG/USPSTF</td>
</tr>
<tr>
<td>Age 30-65</td>
<td>Pap Smear</td>
<td>Every 3 years, screening with cytology (Papanicolaou smear, Pap smear) alone.</td>
<td>3 or 5 yrs.</td>
<td>Yes</td>
<td>ASCCP/ACOG</td>
</tr>
<tr>
<td>Age 65 and older</td>
<td>Pap Smear</td>
<td>Women over 65 who have had adequate negative testing within the past 10 years AND no history of high grade dysplasia within the past 20 years can stop cervical screening. Please discuss with your healthcare provider.</td>
<td>Annualy</td>
<td>No</td>
<td>ACOG</td>
</tr>
</tbody>
</table>

Lung Health

Asymptomatic = no signs or symptoms of lung disease
1 pack = 20 cigarettes
CMS Requires: For initial LDCT, patient must receive written LDCT order during lung cancer screening counseling and shared decision-making visit, appropriately documented in patient's medical records and furnished by a physician or qualified non-physician practitioner (PA, NP, CNS). Medicare coverage includes, and requires, the test, a physician order and patient must meet CMS's V-LDCT screening criteria. For subsequent screenings, the patient must receive a written order, furnished during any appropriate visit (e.g., Medicare annual wellness visit) with a physician, PA, NP, or CNS.

Age 50-54 | CT Lung Screen (Low Dose Computed Tomography LDCT) Smoked at least one pack a year for 20 years and one additional risk: radon exposure, occupational exposure, cancer history, family history of lung cancer, COPD or pulmonary fibrosis. | Annually | Yes | CMS |
Age 55-77 | CT Lung Screen (Low Dose Computed Tomography LDCT) Quitsmoking within the past 15 years but has a history of smoking at least 1 pack of cigarettes per day for 30 years or more OR 2 packs a day for 15 years. Asymptomatic individuals. Counsel on importance of maintaining smoking abstinence and the benefits and risks of LDCT, during a visit for counseling and shared decision making. Diagnostic follow-up of abnormal findings within 5 years. (CMS screening criteria) | Annually | Yes | CMS |
Age 55-77 | Current Smoker | History of smoking at least 1 pack of cigarettes per day for 30 years or more OR 2 packs a day for 15 years. Asymptomatic individuals. Counsel on importance of smoking cessation and the benefits and risks of LDCT, during a visit for counseling and shared decision making. Diagnostic follow-up of abnormal findings within 1 year. (CMS screening criteria) | Annualy | Yes | CMS |

Prostate Health

Age 45 and older
Not recommended
Discuss Prostate Specific Antigen (PSA) Blood Test based screening.
Discuss | Yes | USPST/USPEP |

Colorectal Health

Asymptomatic = individuals without other medical risk factors and never had a previous screening study
Symptoms = rectal bleeding, abdominal pain, unexplained changes in bowel habits (diarrhea or constipation) or unexplained weight loss

Beginning at Age 40
Colonscopy | Every 5 years, if colon cancer or adenomatous polyps in any first-degree relative before age 60. | 5 yrs. | Yes | ACS |

Beginning at Age 45
Colonscopy | Every 10 years, asymptomatic African-Americans. | 10 yrs. | Yes | ACS/ACOG |

Beginning at Age 50
Colonscopy | Every 10 years, asymptomatic individuals. | 10 yrs. | Yes | ACS/ACOG |

Beginning at Age 50 or Age 45 for African-Americans
Flexible Sigmoidoscopy* | Every 5 years | 5 yrs. | Yes | ACS/ACSRS |
Double-contrast Barium Enema* | Every 5 years | 5 yrs. | Yes | ACS/ACSRS |
Fecal Occult Blood Test (FOBT)* | Annually. FOB or FIT is not recommended for 5 years after a high-quality colonoscopy. | Annually | Yes | ACS/ACOG |
Fecal Immunochemical Test (FIT)* | Annually. FIT is not recommended for 5 years after a high-quality colonoscopy. | Annually | Yes | ACS/ACOG |

* Requires follow-up colonoscopy if the selected study is abnormal.

Effective 01.01.2017