

Wellness Screening Guideline

Washington State Clinical Laboratory Advisory Council

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FOR EDUCATIONAL PURPOSES ONLY

The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.

Screening laboratory testing augments a physical examination in two ways: 1) test results may provide an impetus for life-style changes that can reduce the risk of developing a life-threatening condition, and 2) testing prior to the development of symptoms may help to detect disease in an early treatable stage. The following are recommended testing for men and women in different age groups.

Conditions	Testing for Adolescents (13-19)	Testing for Adults (20-29)	Testing for Adults (30-49)	Testing for Adults 50 and Up
Cervical Cancer*	<p>AAFP: Pap testing every three years who are or have been sexually active.¹</p> <p>ACS: Annual Pap testing at the onset of sexual activity or age 18, whichever is earlier.²</p>	<p>AAFP: Pap testing every three years who are or have been sexually active.¹</p> <p>ACS: Annual Pap testing at the onset of sexual activity.²</p>	<p>AAFP: Pap testing every three years who are or have been sexually active.¹</p> <p>ACS: Annual Pap testing until at least after three negative tests. ²</p>	<p>AAFP: Pap testing every three years who are or have been sexually active.¹</p> <p>ACPM: Screening may be discontinued at age 65 if the following criteria are met: the woman has been regularly screened, has had two satisfactory smears, and has had no abnormal smears within the previous nine years. For all women over age 65 who have not been previously screened, three normal annual smears should be documented prior to discontinuation of screening.³</p> <p>ACS: Annual Pap testing until at least three negative tests. ²</p> <p>USPSTF: The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.⁴</p>
Chlamydia Infections*	<p>CDC: Annual testing for sexually-active females under 20 years of age or women ages 20 and older with one or more chlamydia risk factors.⁵</p> <p>USPSTF: Screening testing for all sexually-active women younger than 25, all asymptomatic pregnant women age 25 or younger, and all women, pregnant or not, who may be at risk.⁶</p>	<p>CDC: Annual testing for sexually-active females under 20 years of age or women ages 20 and older with one or more chlamydia risk factors.⁵</p> <p>USPSTF: Screening testing for all sexually-active women younger than 25, all asymptomatic pregnant women age 25 or younger, and all women, pregnant or not, who may be at risk. ⁶</p>	<p>CDC: Annual screening for women age 20 and older with one or more risk factors, all women with infection of the cervix, and all pregnant women.⁵</p>	<p>CDC: Annual screening for women age 20 and older with one or more risk factors, all women with infection of the cervix, and all pregnant women.⁵</p>
Hyper-cholesterolemia*	NA	<p>NCEP: Everyone 20 years old and older should have their blood cholesterol measured at least once every 5 years. More frequent testing is recommended if known risk factors are present. ⁷</p>	<p>NCEP: Lipid profile testing including total cholesterol, HDL-cholesterol, LDL-cholesterol, and triglycerides is recommended every five years, or more frequently based on "borderline" results or the presence of risk factors.⁷</p>	<p>NCEP: Lipid profile testing including total cholesterol, HDL-cholesterol, LDL-cholesterol, and triglycerides is recommended every five years, or more frequently based on "borderline" results or the presence of risk factors.⁷</p>
Iron Overload	NA	<p>CAP: Begin screening at age 20. Perform transferrin saturation testing (TS; iron/TIBC) and follow-up with ferritin if elevated. Persons with elevated TS and normal ferritin initially may be followed with ferritin testing at 1 to 2 year intervals.⁸</p>	<p>CAP: Perform transferrin saturation testing (TS; iron/TIBC) and follow-up with ferritin if elevated. Persons with elevated TS and normal ferritin initially may be followed with ferritin testing at 1 to 2 year intervals. Many hemochromatosis homozygotes have symptoms and signs of illness by age 40.⁸</p>	NA

*For additional information, please see specific CLAC practice guideline at www.doh.wa.gov/hsqa/fsl/lqa_practice_guidelines.htm

<u>Testing</u>	<u>Testing for Adolescents (13-19)</u>	<u>Testing for Adults (20-29)</u>	<u>Testing for Adults (30-49)</u>	<u>Testing for Adults 50 and Up</u>
Thyroid Dysfunction*	NA	NA	ATA: Adults 35 years and older should be screened for thyroid problems every five years using TSH. ⁹	ATA: Adults 35 years and older should be screened for thyroid problems every five years using TSH. ⁹
Diabetes*	NA	NA	ADA: Adults age 45 and older should be screened at three-year intervals. ¹⁰ CDC: Testing is recommended for those 45 years and older who have known risk factors. ¹¹	ADA: Adults age 45 and older should be screened at three-year intervals. ¹⁰ CDC: Testing is recommended for those 45 years and older who have known risk factors. ¹¹
Prostate Cancer*	NA	NA	ACS: African-American men and men with a family history of cancer should begin testing at age 45. ¹²	ACS, NCCN, AUA: Annual PSA tests and digital rectal exams for men age 50 years and older who have at least a 10-year life expectancy. ¹²
Colorectal Cancer	NA	NA	NA	ACS: Beginning at age 50, one of five screening options: 1) a fecal occult blood test (FOBT) or fecal immunochemical test (FIT) every year, or 2) a flexible sigmoidoscopy every 5 years, or 3) an FOBT or FIT every year plus flexible sigmoidoscopy every 5 years (of the first 3 options, the combination of FOBT or FIT every year plus flexible sigmoidoscopy every 5 years is preferable), or 4) double-contrast barium enema every 5 years, or 5) a colonoscopy every 10 years. ¹³
Chronic Kidney Disease	NKF: Physicians should estimate the glomerular filtration rate (GFR) from prediction equations that use variables in addition to serum creatinine levels such as age, sex, and race. ¹⁴ The National Kidney Disease Education Program (NKDEP) recommends using the MDRD equation to calculate the GFR in patients age 18 years and older. ¹⁵			

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Abbreviations of Recommending Organizations: **AAFP**, American Academy of Family Physicians; **ACPM**, American College of Preventive Medicine; **ACS**, American Cancer Society; **ADA**, American Diabetes Association; **ATA**, American Thyroid Association; **AUA**, American Urological Association; **CAP**, College of American Pathologists; **CDC**, Centers for Disease Control and Prevention; **NCCN**, National Comprehensive Cancer Network; **NCEP**, National Cholesterol Education Program; **NKF**, National Kidney Foundation; **NKDEP**, National Kidney Disease Education Program; **USPSTF**, US Preventive Services Task Force;

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