

# USPSTF Recommendation Schedule: A novel teaching tool for preventative medicine teaching

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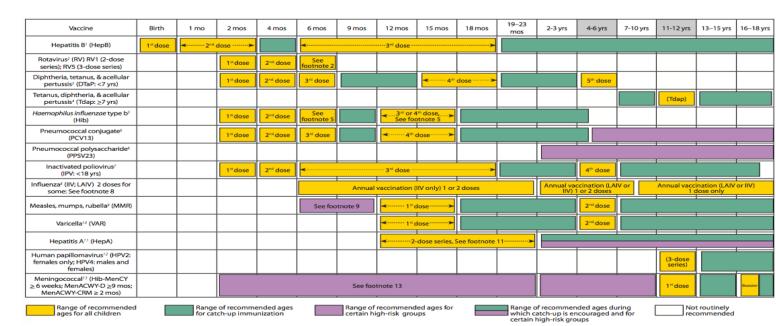
# INTRODUCTION:

- Preventative medicine is a daunting subject.
- •USPSTF has 94 published recommendations that are intermittently updated. 1
- Conflicting Recommendations from other organizations often exist
- •As an example, resident knowledge of colorectal screening was as low as 35% (22% for 1st year resident).<sup>2</sup>
- •Around 65% of individuals are visual learners.3

Grade A/B recommendations shown

•Medicine already has a popular and efficient method for distributing preventive medicine topics though CDC vaccine schedules

Could a similar educational tool for USPSTF recommendations be created.



# **METHODS:**

# LITERATURE SEARCH:

A list of topics was collected from the official USPSTF website

Official publications describing these recommendations were acquired for review against our preset criteria.

•Inclusion (Active recommendations addressing patients 18 years or older on 1/05/2015)

Exclusion (Inactive, Pregnancy related topics)

# **DATA COLLECTION:**

Adapted by PF Swenson MD, C Lindberg, J Clutter MD, and C Carrillo MD

Insufficient evidence to recommend for/against

Data was collected on appropriate recommendations for grade of recommendation, gender, ages, presence of factors changing the recommendation, and other pertinent information.

## **DESIGN:**

- •Grade A and B topics were graphically represented and organized by ages of recommendation.
- •Narrative descriptions of recommendations were written and reviewed.

# **CONCLUSIONS:**

## **Benefits:**

- Familiar format
- Easy to read
- Foundation for learning alternative recommendations

## **Limitations:**

Limited detail 2/2 available space

## **Areas of Future Research:**

- Affect on learning and retention
- Application to clinical setting

# References:

1.Published Recommendations. U.S. Preventative Services Task Force. <a href="http://uspreventative">http://uspreventative</a> servicestaskforce.org/browserrec/index 2.Akerman S, et al. Resident knowledge of colorectal cancer screening assessed by web-based survey. J Clin Med Res 2014; 6(2):120-6 3. Successfully using visual aids in your presentations. University of Alabama school of medicine. 2005. http://www.uab.edu/uasomume/fd2/visuals/page1.htm. Accessed May 3, 2015

# **Acknowledgments:**

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# **RESULTS:**

# USPSTF Screening Recommendations (Published Guidelines as of 1/5/2015)

To be used in conjunction with USPSTF recommendation statements for further details and nuances.

Individual Risk Factor

Age	18	20	21	24	25	35	45	49	50	55	65	70	74	75	79	80	
Alcohol Misuse [1]	(B)																
Depression [2]	(B) if sy	stems fo	r diagnos	sis, treat	ment and	d follow (	up are in	place.									
Hypertension [3]	(A)																
Obesity [4]	(B)																
Tobacco Use and Counseling [5]	(A)																
HIV [6]	(A)											(A) if at	increase	ed risk			
Diabetes Mellitus [7]	(B) if su	ustained I	BP > 135	/80 or tr	eated hy	pertensi	on										
Hepatitis B virus [8]	(B) if at	increase	ed risk									·					
Syphilis [9]		increase															
BRCA Gene Screening [10]	(B) if ap	ppropriate	e family l	nistory													
Chlamydia / Gonorrhea [11]	(B) if se	exually ac	ctive		(B) if at	increase	ed risk										
Intimate Partner Violence [12]	` '	d-bearing									İ						
Cervical Cancer [13]			(A)														
Lipid Disorder [14]		(B) if in	creased (	CAD risk		(A)											
		(B) if in	creased (	CAD risk			(A)										
Hepatitis C [15]	(B) if at high risk							(B) Birt	Birth years 1945-1965 (B) if a					at high risk			
Colorectal Cancer [16]		T			İ	İ			(A)								
Breast Cancer [17]	(B) Bienniel Screening Mammogram												1				
Lung Cancer [18]										(B)if 30 pack years and current of former (quit in last 15 yr)							
Osteoporosis [19]	(B) if fracture risk equal or greater than 65 yo white women										(B)						
AAA [20]			1		1	Ī			1	İ	(B) If a	n "ever s	moker"				
<b>USPSTF</b> Prev	ent	ativ	e N	ledi	icat	ion	s R	<b>ecc</b>	mn	ien	` '			·			
Primary Preventation Breast Cancer[21]										1011	<u>aati</u>						
i illiary i reventation Breast Gancer[21]	(0) 11 111	T		Thy arcei	I	I	(A)										
Aspirin for CV Risk [22} Fall Prevention (Vitamin D) [23]		+	<u> </u>		<u> </u>	<del> </del>	(A)			(A)						<u> </u>	
		+			1	1			+	(A)	(B) if co	mmunity	, dwolling	g and inci	roacod fa	all rick	
		line	Da				<u> </u>			1	(B) II CC	Jiiiiiuiiity	/ aweiling	j and me	reaseu ra	III IISK	
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<del></del>	` /	ncreased i															
	(B) if overweight or obese AND with additional CVD risk										1						
Skin Cancer Prevention [26]	(B) if fair	skinned								<u> </u>		<u> </u>		<u></u>	<u></u>		<u></u>
LEGEND						]			Reco	mmen	dation	Grade	s				
Recommendation for Men and Women								A Recommended (Likely significant benefit)									
Recommendation for Men only								В	Recommended (Likely moderate benefit)								
Recommendation for Women on	У	C Do not use routinely (benefit is likely s															
	Normal Risk For Specific								D	D Recommended Against (likely harm or no benefit)							
4	<u>-</u>								■ T	I Tarana CC			_ L		1 /		

## **GRADE A/B RECOMMENDATIONS**

(with associated grade C/D/I recommendations):

#### **Alcohol Misuse Screening** [1] (B) Screen adults and provide brief behavioral interventions for

risky alcohol use.

## **Depression Screening** [2] (UIP)

(B) Screen adults if systems are in place for appropriate diagnosis, treatment and follow up.

(C) Routine screening not recommended if these systems are

#### **Hypertension Screening** [3] (UIP) (A) Screen adults.

## **Obesity Screening** [4]

• (B) Screen adults and refer patients with BMI > 30 kg.m<sup>2</sup> to intensive behavioral interventions.

## **Tobacco Use Screening** [5] (UIP)

 (A) Screen adults and provide interventions for cessation. HIV Screening [6]

## (A) Screen individuals 15-65 years old.

(A) Screen Individuals older and younger at increased risk.

## **Diabetes Mellitus Type 2 Screening** [7] (UIP) (B) Screen adults with sustained BP >135/80 or treated

(I) IETRFOA screening if sustained BP <135/80.

## **Hepatitis B Virus Screening** [8]

(B) Screen adolescents and adults at high risk.

## **Syphilis Screening** [9] (UIP)

(A) Screen individuals at increased risk (D) Recommend against routine screening if normal risk.

## **BRCA Screening** [10]

(B) Screen women with appropriate family history. (D) Recommend against screening patients without appropriate

Chlamydia and Gonorrhea Screening [11] (B) Screen sexually active women ages 24 years and younger and

women at increased risk who are 25 years and older. (I) IETRFOA screening sexually active males.

## **Intimate Partner Violence Screening** [12]

(B) Screen women of child bearing ages and refer to appropriated

(I) IETRFOA screening vulnerable and elderly patients for abuse or neglect. **Cervical Cancer Screening** [13]

## • (A) Screen women age 21 – 65

# Papanicolaou every 3 years

Women age 30-65 may increase screening interval to 5 years with cytology with HPV co-testing.

#### (D) Recommend against screening women Age 20 and younger.

Older than 65 if adequately screened previously and no

increased risk for cervical cancer. With hysterectomy (including removal of cervix) without

## history of CIN2-3 or cervical cancer. Younger than 30 with HPV testing alone or in combination with cytology.

**Lipid Disorder Screening** [14] (UIP) (A) Screen men age 35 and older and women age 45 and older. (B) Screen men age 20-35 and women 20-45 at increased risk of

coronary artery disease. (C) No recommendations for or against screening men age 20-35 and women 20-45 WITHOUT increased CAD risk.

## **Hepatitis C Infection Screening** [15]

• (B) One time screening of patients at risk for Hepatitis C and patients born between 1945-1965

## **Colorectal Cancer Screening** [16] (UIP)

(A) Screen patients age 50 – 75 with fecal occult blood testing,

sigmoidoscopy or colonoscopy.

## (C) Recommend against routine screening of patients 76-85. (D) Recommend against screening patients age 86 and older.

(I) IETRFOA CT colonography or fecal DNA for screening.

## **Breast Cancer Screening** [17] (UIP)

(B) Biennial screening mammogram women ages 50-74.

## (C) Screening prior to 50 is an individual decision. (D) Recommend against teaching self breast exam.

(I) IETRFOA.

## Mammography beyond age 75.

mammography

Additional benefit of clinical breast exam beyond mammography in women ages 40+. Digital mammography or MRI mammography over film

## **Lung Cancer Screening** [18]

• (B) Screen annually with low-dose CT for individuals age 55-80 with a 30 pack-year history that currently smoke OR quit within the last 15 years.

## Osteoporosis Screening [19]

(B) Screen women.

Age 65 and older. With fracture risk equivalent of a 65 year old white

woman without additional risk factors

## (I) IETRFOA screening men.

**Abdominal Aortic Aneurysm Screening** [20]

#### • (B) Screen men age 65 – 75 that ever smoked (100 or greater lifetime cigarettes) with one time AAA ultrasound.

 (C) Recommend selective screening of never smoking men (<100)</li> lifetime cigarettes) age 65-75

(I) IETRFOA women age 65-75 that ever smoked. (D) Recommend against routine screening in never smoking women ages 65-75

#### **Primary Prevention Breast Cancer** [21] (B) Shared decision making for medications (such as tamoxifen

and raloxifene) that reduce risk of breast cancer in women at (D) Recommend against routine use if no increased risk.

## **Aspirin for Cardiovascular Risk Reduction** [22] (UIP)

• (A) Recommend daily aspirin for men age 45-79 for reduction in myocardial infarction • (A) Recommend aspirin use in women age 55-79 for reduction in

ischemic stroke. (I) IETRFOA aspirin for primary prevention of cardiovascular risk reduction in individuals 80 years and older.

 (D) Recommend against use of aspirin for myocardial infarction risk reduction in men younger than 45 and stroke risk reduction in women younger than 55 years old.

## **Fall Prevention in Older Adults** [23]

(B) Recommend exercise or physical therapy AND vitamin D supplementation for fall prevention in community dwelling individuals 65 and older at increased risk.

 (C) Recommend against automatic comprehensive screening for fall risk in community dwelling older adults. Counseling to Prevent Sexually Transmitted Infection [24]

## (B) Recommend counseling to prevent STI for adolescents and adults at increased risk.

 (B) Recommend offering or referring to intensive behavioral counseling to overweight or obese individuals with additional CVD

## **Counseling for Skin Cancer Prevention** [26] (B) Recommend counseling fair skinned patients age 10 – 24 about minimizing UV light exposure.

 (I) IETRFOA counseling individuals older then 24 about reducing risks for skin cancer.

## **GRADE C RECOMMENDATIONS:**

 Physical activity and healthy diet counseling to reduce cardiovascular risk [27]

## **GRADE D RECOMMENDATIONS:**

Bacteriuria (Asymptomatic) Screening in Men and Nonpregnant Women [28] Carotid Artery Stenosis Screening [29]

CAD Screening with Resting or Exercise EKG in Normal Risk

# COPD Screening with Spirometry [31] (UIP)

Genital Herpes Screening [32] \*\*

Ovarian Cancer Screening [33]

Pancreatic Cancer Screening [34] Prostate Cancer Screening with PSA [35]

Aspirin for Prevention of Colorectal Cancer [36] (UIP) B-carotene or Vitamin E Supplementation for CV or Cancer Risk Reduction [37]

Combined Estrogen-Progesterone for Prevention of Chronic Conditions OR Estrogen for the Same in Patients with

Hysterectomy [38] Vitamin D Supplementation (<400 IU) and Calcium (<1000 mg) Daily for Prevention of Fracture in Non-Institutionalized Post-

Menopausal Women [39] Vitamin D Screening in Community-Dwelling Nonpregnant Adults [40] Testicular Cancer Screening [41]

## **GRADE I RECOMMENDATIONS:**

Bladder Cancer Screening [42] CAD Screening with Resting or Exercise EKG in Intermediate to

High Risk Patients [30] CAD Screening with Nontraditional Risk Factors [43]

Chronic Kidney Disease Screening [44]

 Cognitive Impairment Screening in Older Adults [45] Hearing Loss Screening in Older Adults [46]

 Illicit Drug Use Screening [47] \*\*\* Impaired Visual Acuity Screening in Older Adults [48] (UIP)

Oral Cancer Screening [49] Peripheral Artery Disease and CAD Risk Screening with Ankle-Brachial Index. [50]

Primary Open Angle Glaucoma Screening [51] Skin Cancer Screening in Primary Care [52] (UIP)

 Suicide Risk Screening [53] Thyroid Disease screening [54] (UIP) Multivitamin, Single Nutrient or Paired Nutrients for CV or Cancer

Risk Reduction [37] Vitamin D Supplementation (>400 IU) and Calcium (>1000 mg) Daily for Prevention of Fracture in Non-institutionalized Postmenopausal Women AND Combined Vitamin D and Calcium

Supplementation in Men or Premenopausal Women. [39]

**UIP** (Update in Progress) **IETRFOA** (Insufficient evidence to recommend for or against)

**CV** (cardiovascular) **CVD** (cardiovascular disease) Counseling to Promote Healthy Diet & Physical Activity[25]