



**Current Screening Guidelines
(updated Jan 2021)**

**COLONOSCOPY (every 10 years) or
Stool DNA Test "Cologuard" (every 3 years)
*50-75 years old***

- Cologuard is an at-home stool test that is now an accepted form of screening for colon cancer. This test is able to identify cancer and polyp DNA mutations; and microscopic blood in the stool. This very easy test should be done every three years. If you have had polyps in the past or a strong family history of colon cancer, Cologuard is not appropriate for you.
- Colonoscopy every 10years (unless previous colonoscopies have recommended more frequent screening.) If you have a family history of colon cancer, screenings may need to start before the age of 50
- Insurance should cover the cost of Cologuard. If you don't have insurance, the cost is \$549.00. If you have cost-share health coverage, you will want to check your coverage.

**MAMMOGRAM - every 2 years
*starting at 40 years old***

- There are different guidelines regarding the frequency of mammograms. The generally accepted frequency is every two years.
- There is a lot of controversy around the use of mammograms as a screening tool. It is extremely useful as a diagnostic tool if you discover a lump.
- Depending on your history and/or family history, you may require breast ultrasound and/or breast MRI. The radiologist office will usually require a mammogram first though.



- You may want to consider a thermogram. This non-radiation, no-touch test is similar to mammograms in detecting breast abnormalities.
- There are two downsides to the thermogram; It is not covered by insurance and is about \$300.
- If an abnormality is detected, a mammogram is then recommended. If you are interested in this test, you may contact Thermography Center at 505-271-6608.

**PAP SMEAR (every 3-5 years)
21 - 65 years old**

- To detect cervical cancer
- The Pap Smear has become more accurate with the introduction of HPV testing. This test is now only recommended every 3-5years and generally not needed after the age of 65yo (assuming you have had proper screening)
- Screening for sexually transmitted infections may still be completed for person's with an increased risk at any age. This does not require a pelvic exam!

**PSA - every 2 years
55-70 years old**

- This test screens for prostate cancer. Digital rectal exam is no longer recommended
- Optional blood draw after discussing risks and benefits of screening.
- 75% of men with elevated PSA have zero cancer found with biopsy
- 10% will have a false positive.
- The treatments for prostate cancer cause impotence and incontinence. These can severely decrease quality of life
- There is insufficient evidence to support a decrease in mortality by screening
- Screening detects some cancers that would never cause harm



DEXA (Bone Density) for men and women with increased risk

- The screening guidelines for DEXA start at the age of 65yo. This is far too late to treat osteoporosis, in my opinion. I have seen insurance cover this test as young as 55yo. If you have a family history of bone density problems or a low Vitamin D level, you should consider this test at a younger age.
- It is generally accepted that bone loss is irreversible. Early detection can give us more time to stop bone loss...and sometimes even reverse it.
- Repeat scans can vary from annually to every 15 years depending on score. Medicare will generally cover this every 2 years though.

HCV (Hepatitis C) (one time only)

- This blood test is recommended one-time for anyone born between the years of 1945-1965. This group has been selected because HCV was poorly understood and wasn't even screened in blood transfusions until 1992.
- Hepatitis C is a virus that causes liver disease, cirrhosis and possibly death. It frequently has no symptoms until liver damage has occurred.

Cholesterol Screening

- Should be completed annually for patients with diabetes and/or patients whose previous cholesterol levels were elevated.
- If cholesterol levels have remained at normal levels, can screen every 3-5 years



ADULT VACCINES

See below for vaccine recommendations. If you are a candidate for a vaccine, you should take your vaccine records to a pharmacy and request recommended vaccinations. Well Life ABQ is not contracted with insurance.

It is therefore much economical for you to go to a pharmacy where coverage is usually near 100%. Self-pay patients can also get much better prices for vaccines at pharmacies than we have been able to negotiate at the clinic.

Gardasil (11-45 yo)

- Think of HPV as a cancer vaccine. This vaccine is given to prevent infection of the main HPV types known to cause cervical, rectal, and some throat cancers. The vaccine is recommended @ 11-12 years of age. The reason it's recommended so young is for an improved immune response...and because it is well before sexual activity is anticipated.
- In 2019, the vaccine age group has been approved thru age 45. There is less benefit after probable viral exposure.
- If you are an adult you will have to discuss insurance coverage with the pharmacy or insurance company because the age extension is new.

Tdap / Td (Tetanus + Pertussis - Whooping Cough) every 10 years

- A one-time booster of Tdap is recommended for all adults when they are due for a tetanus booster. The Tdap is the tetanus vaccine with the pertussis vaccine added.
- Pertussis is quite prevalent in the community. In adults it causes a bad cough. In infants, it causes death.



- Getting your pertussis vaccine saves those around you. It is called "herd immunity". Families with new infants are highly recommended to make sure their Tdap is up to date

Pneumovax (PPSV23) and Prevnar (PCV13)- 65 +)

- 1 dose of PPSV23 is recommended 65yo +
- Adults aged ≥ 65 years who received ≥ 1 dose of PPSV23 before age 65 years should receive 1 additional dose of PPSV23 at age ≥ 65 years, at least 5 years after the previous PPSV23 dose.
- If PCV 13 was received, PPSV23 should be given one year later (Medicare will not cover if given too soon)
- PCV13 is recommended for adults aged ≥ 19 years (including those aged ≥ 65 years) with immunocompromising conditions, CSF leaks, or cochlear implants.

Shingles (50 +)

- Shingrix (recombinant zoster vaccine) should be administered to adults aged 50 years and older as a two-dose series (0.5 ml each), 2 to 6 months apart.
- If more than 6 months have elapsed since the first dose of Shingrix, the second dose should be administered as soon as possible. However, you do not need to restart the vaccine series.
- Previous infection with chickenpox is not required
- Shingrix is recommended even if you have had a previous episode of shingles. Shingles does recur and there is no evidence that you are more immune.
- Two doses of Shingrix is recommended even if you have had Zostavax previously.