Decoding the USPSTF

By:
Dr Vikram Arora
Heritage Valley Health System
Objectives

- Gain insight into function of USPSTF
- Review grading system
- Critically appraise key current recommendations of the USPSTF
Background

- AHRQ
  - Agency for healthcare research and quality

- USPSTF
  - U.S. Preventive Services Task Force
USPSTF

- An independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services.

- Its recommendations are considered the "gold standard" for clinical preventive services.
Task Force Grades

- "A" (strongly recommends) Absolutely slam dunk
- "B" (recommends) Better to do it..
- "C" (no recommendation for or against) Can’t tell
- "D" (recommends against) Do not do..
- "II" (insufficient evidence to recommend for or against) Insufficient data...
Question 1

Name at least 2 other resources for Healthcare guidelines

- USPSTF
- AAFP (American Academy of Family Physicians)
- Specialist societies (AAP, ACOG)
- ADA/disease societies
- IOM (Institute of Medicine)
- CDC
- ACIP (Advisory Committee on Immunization Practice)
Population Categories
Jane and Joe Doe

Key Principle

- Screen and Counseling always good about
  - Smoking Cessation
  - Alcohol Abuse
  - Diet and Exercise
  - Sexual Health
  - Depression / Mental health >12
  - Domestic Violence
  - Obesity Screening (>30 bmi)
21 year Old

JANE
- HIV: all 15-65
- HTN all adults -
- Pap Smear - q 3 years (21 to 65) -
- GC/Ch – Sexually active <24 yr

JOE
- HIV: all 15-65
- HTN all adults -
- Lipid if high risk
- Annual Flu annually
35 year Old

JANE
- Lipid (only if high risk)
- Pap + HPV - q 5 yrs (30-65)

JOE
- Lipid

JUST MARRIED
# 40 years old

<table>
<thead>
<tr>
<th>JANE</th>
<th>JOE</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Diabetes screen if risk factors</td>
<td>- Diabetes screen if risk factors</td>
</tr>
<tr>
<td>- Mammography</td>
<td>- Aspirin – at 45 optional</td>
</tr>
<tr>
<td>- Lipid at 45,</td>
<td></td>
</tr>
</tbody>
</table>
**50 years Old**

<table>
<thead>
<tr>
<th></th>
<th>JANE</th>
<th>JOE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon Cancer</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Hepatitis C (1945-1965)</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td>Lung Cancer 55-80 if smoker</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td>Aspirin – at 55 optional</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Mammography</td>
<td>B</td>
<td>B</td>
</tr>
</tbody>
</table>
65 Years Old

JANE
- Exercise and Vitamin D for Falls
- Pneumovax
- Osteoporosis

JOE
- Exercise and Vitamin D for Falls
- Pneumovax
- AAA – one time (65-75)
Practice Question 1
What does a Grade I recommendation mean?

a) Impossible to recommend
b) No recommendation for or against
c) Recommended
d) Insufficient evidence to recommend for or against
e) Inconsistent evidence
USPSTF recommendations

- "A" (strongly recommends),
- "B" (recommends),
- "C" (no recommendation for or against),
- "D" (recommends against)
- "I" (insufficient evidence to recommend for or against).
Practice Question 2

A 45-year-old male with no known medical problems sees you for a general physical examination. Which one of the following screening measures is recommended by the USPSTF for this patient?

A. A fasting lipid profile
B. Colorectal cancer screening
C. Abdominal aortic aneurysm screening
D. Testicular examination
E. Prostate-specific antigen (PSA) testing
The USPSTF recommends that all men 35 years of age and older be screened for dyslipidemia (A). Men who are 20–35 years of age should be screened only if they have cardiovascular risk factors.

Prostate-specific antigen (PSA) testing and testicular exams should not be performed at any age (evidence rating D).

Colorectal cancer screening should begin at age 50 for men of average risk (evidence rating A).

Abdominal aortic aneurysm (AAA) screening once by ultrasonography is recommended for men age 65–75 for those who have smoked at least 100 cigarettes in their lifetime (evidence rating B).
Practice Question 3

A 45-year-old female requests all appropriate screening tests. She never had an abnormal Pap, and had Pap test last year without HPV. Had normal mammogram 1 year ago. She has history of HTN and obesity stable on diet and lifestyle changes.

According to the USPSTF which one of the following screening tests is now recommended for this patient?

A. A bimanual pelvic examination with CA-125 testing to screen for ovarian cancer
B. A Pap test with co-testing for HPV
C. Screening for Chlamydia
D. Screening for Diabetes Mellitus
E. Screening for colorectal cancer
ANSWER: D The U.S. Preventive Services Task Force recommends adults with sustained blood pressure (treated or untreated) be screened for DM

She does not require PAP again for another 2 years. If her PAP had been combined with HPV the rescreening interval could be extended to 5 years.

Screening for ovarian cancer is not recommended.

Chlamydia screening is recommended for high-risk sexually active women over 25 and for all sexually active women age younger than 25.

Colorectal cancer screening should begin at age 50.
Watch out for the “D”

- Teaching Self Breast Exam’s
- Carotid Stenosis Screening
- Screening for COPD
- EKG to screen for CAD in low risk
- Hormone replacement therapy – Post menopause
- Ovarian / Pancreatic / Testicular /Prostate
- Colorectal Screening Over 85 yrs
- Breast Cancer I after 75 yrs age
- Cervical Cancer before 21 or after 65
Practice Question 4

Based on USPSTF guidelines, screening for lung cancer with low-dose CT of the chest is indicated for which one of the following patients with a 30-pack-year smoking history?

A. A 50-year-old current smoker
B. An 85-year-old current smoker
C. A 60-year-old who quit smoking 10 years ago
D. A 75-year-old who quit smoking 20 years ago
O ANSWER: C The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults 55–80 years of age who have a 30-pack-year smoking history.

O Screening should be discontinued once a person has not smoked for 15 years.
Practice Question 5

One week after a complete and adequate baseline screening colonoscopy, a 51-year-old female visits you to review the pathology report showing solitary 8-mm polyp in her sigmoid colon. The report confirms a hyperplastic polyp. Her family history is negative for colon cancer.

Which one of the following is the most appropriate interval for follow-up colonoscopy in this patient?

a) 1 year
b) 2 years
c) 5 years
d) 10 years
ANSWER: D

Small (<10 mm) hyperplastic polyps found in the rectum or sigmoid colon are generally not neoplastic. Individuals with no significant findings other than hyperplastic polyps of this size should be same low-risk as those who have an unremarkable colonoscopy.

For patients at low risk the recommended interval between screening colonoscopies is 10 years.

One or two small tubular adenomas (5–10 years)

Three or more tubular adenomas (3 years)
Summary

- US Preventive Services Task force
- Recommendation Grades
  A B C D I
- Reviewed Key Recommendations