# Comprehensive Primary Care for Adults With HIV

February 2021

## Table 4: Routine Screening for Adults With HIV

<table>
<thead>
<tr>
<th>Type of Screening [a]</th>
<th>Recommended Guideline(s) [b]</th>
<th>Age of Screening Initiation, Frequency, and Comments</th>
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USPSTF: BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing (2019) | Discuss screening with patients who are 50 to 75 years old every 2 years.  
Evidence of benefit is insufficient for patients who are >75 years old.  
Begin screening as early as age 40 for patients with family history of breast cancer (parent, sibling, or child).  
CDC Breast Cancer Screening Guidelines for Women provide a comparison of recommendations from various guidelines. |
| Colon cancer [c]      | USPSTF: Colorectal Cancer: Screening (2016) [d] | Screen patients who are 45 to 75 years old: frequency depends on screening method. Confirm annually that appropriate testing has been completed.  
In patients who are >75 years old, the decision to perform screening should be individualized. |
| Cervical cancer [a, c] | NYSDOH AI: Cervical Screening for Dysplasia and Cancer (2018) | Begin screening at 21 years old or within 1 year of onset of sexual activity.  
No upper age limit for screening.  
Recommendations for cervical cancer screening in patients with HIV are not the same as those for people who do not have HIV. |
Recommendations for anal cancer screening in patients with HIV are not the same as those for people who do not have HIV. |
| Lung cancer [c]       | USPSTF: Lung Cancer: Screening (2013) [d] | Screen patients who are 55 to 80 years old who have a 30 pack-year history.  
Screen patients who are current smokers or former smokers who quit <15 years ago. |
| Prostate cancer [a, c]| USPSTF: Prostate Cancer: Screening (2018) | In patients who are 55 to 69 years old, the decision to perform screening should be individualized.  
Engage in shared decision-making for patients who are ≥70 years old. |
See NYSDOH AI: Selecting an Initial ART Regimen > Special Considerations for Comorbid Conditions. |
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| Abdominal aortic aneurysm                     | USPSTF: Abdominal Aortic Aneurysm: Screening (2019)                                         | • Perform screening in cisgender men and transgender women who are 65 to 75 years old who have ever smoked.  
• There is insufficient evidence for or against screening in cisgender women and transgender men who have ever smoked.                                                                           |
| Routine vision [c]                             | USPSTF: Impaired Visual Acuity and Glaucoma in Adults: Screening (2020)                      | • Perform screening for patients of all ages every 2 years.  
• Recommend annual screening if CD4 count <200 cells/mm³.                                                                                                                      |

**Abbreviations:** CDC, Centers for Disease Control and Prevention; NYSDOH AI, New York State Department of Health AIDS Institute; USPSTF, U.S. Preventive Services Task Force.

a. An anatomical inventory is necessary to identify appropriate sex-based screening.
b. If no NYSDOH AI guideline is available, the relevant USPSTF guideline is included; the USPSTF guidelines are comprehensive and evidence-based.
c. Screening recommendations are the same for individuals with HIV and without HIV.
d. This guideline will be updated when the USPSTF guideline is updated.

### References
