# Comprehensive Primary Care for Adults With HIV

*February 2021*

## Table 4: Routine Screening for Adults With HIV

<table>
<thead>
<tr>
<th>Type of Screening</th>
<th>Recommended Guideline(s) [b]</th>
<th>Age of Screening Initiation, Frequency, and Comments</th>
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</thead>
</table>
| Breast Cancer [c] | • USPSTF: *Breast Cancer Screening* (2016)  
• 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: *Screening for Cervical Dysplasia and Cancer in Adults With HIV* (2022) | • 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. |
| Anal dysplasia and cancer | NYSDOH AI: *Screening for Anal Dysplasia and Cancer in Adults With HIV* (2022) | • Engage in shared decision-making regarding screening. Consider screening patients who are ≥35 years old.  
☑ 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. |
| Bone density | USPSTF: *Osteoporosis to Prevent Fractures: Screening* (2018) | • Some experts recommend baseline bone densitometry screening for osteoporosis in postmenopausal cisgender women and in cisgender men and transgender women ≥50 years old who have HIV [Aberg, et al. 2014; Thompson, et al. 2020].  
☑ See NYSDOH AI: *Selecting an Initial ART Regimen > Special Considerations for Comorbid Conditions.* |
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| Abdominal aortic aneurism | 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
