

Preventative Screening for WOMEN

| Screening tests | Ages 18–39 | Ages 40–49 | Ages 50–64 | Ages 65 and older |
|--|---|---|---|--|
| Blood pressure test (hypertension) | Get tested at all appropriate primary care visits***. | Get tested at all appropriate primary care visits***. | Get tested at all appropriate primary care visits***. | Get tested at all appropriate primary care visits***. |
| Bone mineral density test (osteoporosis) | | Discuss with your doctor or nurse if at risk of osteoporosis (have low bone mass or bone loss). | Discuss with your doctor or nurse if you are at risk of osteoporosis (risk factors for fracture). | Get this test at least once at age 65 or older. Talk to your doctor or nurse about repeat testing. |
| Breast cancer screening (mammogram) | Start talking to your doctor about risks and benefits of mammography, and family or personal history. | Discuss with your doctor about your risk of breast cancer, along with benefits and risks of mammography. | Starting at age 50, get screened every 2 years. | If you are ≥ 70 talk to your doctor about how often you should have a mammogram. |
| Cervical cancer screening (Pap test) | Get a Pap test every 3 years if you are 21 or older. If you are not sexually active by 21, delay screening until sexually active. If you are 30 or older, get a Pap test every 3 years. | Get a Pap test every 3 years. | Get a Pap test every 3 years. | Can stop at age 70 if have been regularly screened and have had 3 successive negative Pap tests in the last 10 years. If ≥ 70 and have NOT been adequately screened, continue until you have 3 negative test results. |
| Colorectal cancer screening | | | Starting at age 50, get a stool test at least every 2 years. | Starting at age 50, get a stool test at least every 2 years. |
| Diabetes screening | Every 3 years when ≥ 40 years. Screen earlier and more frequently if at high risk according to CANRISK calculator**. | Every 3 years when ≥ 40 years. Screen earlier and more frequently if at high risk according to CANRISK calculator**. | Every 3 years when ≥ 40 years. Screen earlier and more frequently if at high risk according to CANRISK calculator**. | Every 3 years when ≥ 40 years. Screen earlier and more frequently if at high risk according to CANRISK calculator**. |
| Lipids test (dyslipidemia) (Anderson et al., 2013) | | | Starting at ≥ 50 or postmenopausal get screened for LDL, HDL, TG, non-HDL, glucose, eGFR*. | Get screened for LDL, HDL, TG, non-HDL, glucose, eGFR*. |

*CVD, cardiovascular disease; eGFR estimated glomerular filtration rate; HDL, high density lipoprotein, LDL, low density lipoprotein; TG, triglyceride.

**CANRISK calculator: <http://guidelines.diabetes.ca/screeninganddiagnosis/screening>

***"Appropriate": new patient visits, periodic health exams, urgent office visits, medication renewal visits, where the primary care practitioner deems it appropriate to monitor blood pressure.

Sources: <http://www.cancer.ca/>, <http://canadiantaskforce.ca/>, <http://guidelines.diabetes.ca/>

Anderson et al. (2013). 2012 Update for the Canadian cardiovascular society guidelines for the diagnosis and treatment of dyslipidemia for the prevention of cardiovascular disease in the adult. *Canadian Journal of Cardiology*, 29, 151-167.