



## 2022 Adult Preventive Health Guidelines: Ages 19 through 64 Years

The Patient Protection and Affordable Care Act (PPACA, P.L. 111-148, March 23, 2010, as amended) requires, among other things, coverage of all A and B Recommendations as promulgated by the United States Preventive Services Task Force (USPSTF). Recommendations can be found at <http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>

History and Physical	Description	References
<b>History and Physical Exam</b>	A physical should be performed every one to two years for adults ages 19-49, and every year for adults ages 50 and older. Female PE: -Discuss preconception guidelines as appropriate -Annual pelvic/breast exam	1. USPSTF (1996) Updated 2004 2. The expert consensus opinion of the 2004 PH Committee. 3. ACOG (2006) 4. Bright Futures (2008)
<b>Pelvic/Breast Exam</b>	Annually for females	1. ACOG (2006)
<b>Regular Weight, Height and BMI percentile and BMI Monitoring</b>	Annually Adults with a BMI 25 to 39.9, (overweight and obese) would be allowed 4 preventive health office visits and unlimited nutritional counseling visits specifically for obesity per year and one (1) set of recommended laboratory studies (lipid profile, hemoglobin A1c, AST, ALT and fasting glucose.	1. AAFP (1996) Updated 2003 2. CDC (2004) 3. USPSTF 2014
<b>Blood Pressure Screening</b>	The USPSTF recommends screening for high blood pressure in adults aged 18 years or older with ambulatory blood pressure monitoring, or ABPM measurements outside of the clinical setting for diagnostic confirmation before starting treatment. A Recommendation	1. USPSTF (1996) Updated 2007, 2015
<b>Depression Screening</b>	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women (age 18 and older). Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. USPSTF - B Recommendation  Depression screening every year from ages 11 through 21 (Bright Futures). Different tests can be used for screenings such as PHQ-19 or PHQ-A. (This list is not all-inclusive).	1. USPSTF (1996) Updated 2002, 2009, 2016  Bright Futures (2014)

History and Physical	Description	References
<b>Illicit Drug Use</b>	The USPSTF recommends screening for illicit drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. B Recommendation	1. USPSTF 2020
<b>Hearing Screening</b>	Bright Futures recommends screening once between the ages of 18-21 years.	Bright Futures 2018

Testing	Description	References
<b>Lipid Panel</b>	<p>Perform once between ages 17-21 for general population per Bright Futures</p> <p>Routine screening every five years beginning at age 20 and more frequent testing of those 20 years of age and older at risk for cardiovascular disease.</p> <p>The U.S. Preventive Services Task Force (USPSTF) recommends screening;</p> <p>Men aged 35 and older for lipid disorders. A Recommendation;</p> <p>Men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease. B Recommendation;</p> <p>Women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease. A Recommendation; and</p> <p>Women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease. B Recommendation.</p>	<ol style="list-style-type: none"> <li>1. USPSTF (1996) Updated 2004</li> <li>2. NCEP (2004)</li> <li>3. The expert consensus opinion of the 2004 PH Committee.</li> <li>4. Bright Futures 2018</li> </ol>
<b>Mammography</b>	<p>The USPSTF recommends biennial screening mammography for women aged 50 to 74 years. USPSTF – B Recommendation</p> <p>The PPACA has a provision that defers to the USPSTF 2002 guidelines on breast cancer screening which states that women ages 40-49 should routinely be screened for breast cancer. The 2002 Recommendation reads as follows: The U.S. Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women aged 40 and older. USPSTF - B Recommendation.</p>	<ol style="list-style-type: none"> <li>1. USPSTF (1996) Updated 2002, 2009, 2016</li> <li>2. ACS (1997) Updated 2006</li> <li>3. ACOG (2009)</li> <li>4. PA State Law 2015 3D Mammograms</li> </ol>

Testing	Description	References
	<p>Pennsylvania state law mandates payment associated with a mammogram every year for women 40 years of age or older and with any mammogram based on physician’s recommendations for women under 40 years of age. Even though most Highmark products pay for mammograms, some employer groups (such as employer groups outside of Pennsylvania) and/or plans administered by Highmark will not pay for part or all of the recommended Pennsylvania state mandated mammograms.</p> <p>Includes 3-D Mammograms (Digital Breast Tomosynthesis)</p> <p>ACS Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health.</p>	
<p><b>Genetic Risk Assessment and BRCA Mutation Testing for Breast and Ovarian Cancer Susceptibility</b></p>	<ul style="list-style-type: none"> <li>• The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing. B recommendation updated August 2019.</li> </ul> <p>Different tests can be used for screenings (This list is not all-inclusive).</p> <ul style="list-style-type: none"> <li>• B-REST</li> <li>• FHS-7</li> </ul> <p>Any one of the following indicates a risk of having a BRCA mutation:</p> <ul style="list-style-type: none"> <li>• Personal and/or family history of breast cancer diagnosed under the age of 50.</li> <li>• Personal and/or family history of ovarian cancer at any age.</li> <li>• Women of Ashkenazi Jewish ancestry diagnosed with breast cancer or ovarian cancer at any age, regardless of family history.</li> <li>• Personal and/or family history of male breast cancer.</li> <li>• Affected relatives with a known BRCA1 or BRCA2 mutation.</li> <li>• Bilateral breast cancer, especially if diagnosed at an early age.</li> <li>• Breast cancer and ovarian cancer in the same person.</li> </ul>	<ol style="list-style-type: none"> <li>1. USPSTF (2005) (2014) 2019</li> <li>2. AMA (2006)</li> <li>3. ACS (2007)</li> </ol>

Testing	Description	References
<b>Chemoprevention of Breast Cancer</b>	<p>Note: Recommend annual breast MRI screening as an adjunct to mammography</p> <ul style="list-style-type: none"> <li>• BRCA mutation</li> <li>• First-degree relative of BRCA carrier , but untested</li> </ul> <p>The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects. B recommendation updated September 2019.</p>	USPSTF (2002) (2014) 2019
<b>Fasting Plasma Glucose</b>	<p>Screening of high-risk patients should be considered by their physician beginning at age 45 at 3-year intervals or at a frequency that is clinically indicated. Testing for diabetes should be considered at a younger age or carried out more frequently in individuals who have additional risk factor (s).</p> <p>The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity. B Recommendation</p>	<ol style="list-style-type: none"> <li>1. ADA (2004)</li> <li>2. USPSTF (2008) 2015</li> </ol>
<b>Papanicolaou Test (Pap smear)</b>	<p>The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).USPSTF A Recommendation</p> <p>The USPSTF recommends against screening for cervical cancer in women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer. D Recommendation</p> <p>The USPSTF recommends against screening for cervical cancer in women younger than 21 years. D Recommendation</p> <p>The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (ie, cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer. D Recommendation</p>	<ol style="list-style-type: none"> <li>1. USPSTF (1996) Updated 2003, 2018</li> <li>2. AAFP (1996) Updated 2002</li> <li>3. ACOG (2003) Updated 2010, 2012</li> <li>4. USPSTF Updated 2012</li> <li>5. HHS –Health and Human Services Women’s Health Care Mandate 2012</li> <li>6. ACS -- American Cancer Society (2012)</li> <li>7. ASCCP -- American Society for Colposcopy (2012)</li> <li>8. ASCPS -- American Society for Clinical Pathology (2012)</li> <li>9. Bright Futures (2014)</li> </ol>

Testing	Description	References
	ACOG/ACS/ASCCP/ASCPS all mirror USPSTF recommendations. Screen for cervical dysplasia beginning at 21 years (Bright Futures).	

Testing	Description	References
<b>Chlamydia / Gonorrhea and other STD Screening</b>	<p>Risk assessments for <u>STIs</u> should continue at each visit between ages 11 and 21 (Bright Futures)</p> <p><u>Chlamydia</u>: The USPSTF recommends screening for chlamydia in sexually active women age 24 years or younger and in older women who are at increased risk for infection. USPSTF – B Recommendation</p> <p><u>Gonorrhea</u>: The USPSTF recommends screening for gonorrhea in sexually active women age 24 years or younger and in older women who are at increased risk for infection. USPSTF – B Recommendation</p> <p><u>Human immunodeficiency virus (HIV)</u> The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened. A recommendation updated June 2019.</p> <p>The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown. A recommendation updated June 2019.</p> <p><u>Syphilis</u></p>	<ol style="list-style-type: none"> <li>1. USPSTF (1996) Updated 2007, 2012, 2014, 2016, 2019, 2020</li> <li>2. CDC (2006)</li> <li>3. Bright Futures (2014)</li> </ol>

Testing	Description	References
<b>STI Counseling</b>	<p>Screen all patients at increased risk for syphilis. USPSTF – A Recommendation.</p> <p>The CDC recommends routine voluntary HIV screening for all persons 13-64 years old in health care settings not based on risk; however the USPSTF concluded there is insufficient evidence to recommend either for or against routinely screening for HIV adolescents and adults who are not at an increased risk for infection.</p> <p><u>Hepatitis C:</u> The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years. B Recommendation. March 2020</p> <p><u>Hepatitis B:</u> The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection. B recommendation for non-pregnant adolescents and adults</p> <p>The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections. B Recommendation</p>	
<b>PrEP HIV Prevention</b>	The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition. A recommendation Released June 2019.	USPSTF 2019
<b>Colorectal Cancer Screening</b>	<p>The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. A Recommendation. Reaffirmation of previous recommendation.</p> <p>The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. B Recommendation</p> <p>Regular screening for colorectal cancer with:</p> <ul style="list-style-type: none"> <li>• Colonoscopy every 10 years or,</li> <li>• Fecal occult blood test home 3-pack FOBT test or FIT fecal immunochemical test every year or,</li> </ul>	<ol style="list-style-type: none"> <li>1. AAFP (1996) Updated 2002</li> <li>2. USPSTF (1996) Updated 2002, 2008, 2016, 2021</li> <li>3. American Cancer Society (2004)</li> <li>4. ACOG (2007)</li> </ol>

Testing	Description	References
	<ul style="list-style-type: none"> <li>• Flexible sigmoidoscopy every 5 years or,</li> <li>• Flexible sigmoidoscopy every 10 years with with FIT every year or</li> <li>• CT Colonography every 5 years (Delaware state mandate also) or</li> <li>• Cologuard (DNA stool screening) every three years</li> </ul>	
<b>Bone Mineral Density Screening</b>	<p>Postmenopausal women under 65 yr of age who have had a fracture or have one or more risk factors for osteoporosis. Recommended only once every two years. Bone mineral density studies for asymptomatic patients are considered screening.</p> <p>The USPSTF recommends screening for osteoporosis in women ages 65 and older and in younger women whose fracture risk is equal to or greater than that of a 65 year-old woman who has no additional risk factors. USPSTF – B Recommendation (2011)</p>	<ol style="list-style-type: none"> <li>1. USPSTF (1996) Updated 2003 (2011)</li> <li>2. National Osteoporosis Foundation (1998) Updated 2009</li> </ol>
<b>Prostate Cancer Screening</b>	<p>For men aged 55 to 69 years, the decision to undergo periodic prostate-specific antigen (PSA)–based screening for prostate cancer should be an individual one. Before deciding whether to be screened, men should have an opportunity to discuss the potential benefits and harms of screening with their clinician and to incorporate their values and preferences in the decision. C Recommendation. Only A and B recommendations are preventive benefits.</p>	<ol style="list-style-type: none"> <li>1. AAFP (2002)</li> <li>2. USPSTF (1996) Updated 2004, 2012, 2018</li> <li>3. NEJM (2009)</li> </ol>
<b>Lung Cancer Screening</b>	<p>The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year (PPY) smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. B Recommendation</p>	<ol style="list-style-type: none"> <li>1. USPSTF (2014), 2021</li> </ol>
<b>Behavioral Counseling for Prevention of CVD</b>	<p>The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention. B Recommendation</p> <p>The USPSTF recommends offering or referring adults with cardiovascular disease</p>	<p>(USPSTF 2014),2020</p>

Testing	Description	References
	risk factors to behavioral counseling interventions to promote a healthy diet and physical activity. B Recommendation	
<b>Statin Use</b>	The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (ie, symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater.	USPSTF 2016

Anticipatory Guidance/Safety Issues	References
<p><b>Anticipatory Guidance/Psychosocial Screening</b>  Anticipatory Guidance/Psychosocial Screening – to include:</p> <ul style="list-style-type: none"> <li>• Second hand smoke</li> <li>• Adults who are not pregnant: The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)– approved pharmacotherapy for cessation to adults who use tobacco. A Recommendation</li> <li>• Pregnant women: The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. A Recommendation</li> <li>• Substance abuse</li> <li>• The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults ages 40 to 70 years who are overweight or obese. Clinicians should offer or refer [these overweight or obese (BMI 25 to 39.9)] patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity. B Recommendation</li> <li>• Obesity – The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. USPSTF – B Recommendation</li> <li>• Exercise</li> <li>• At least 800-1,000 units of vitamin D daily and consideration of screening in persons with low sun exposure or other risk factors</li> <li>• 1,200 mg. of calcium daily in adults 50 years and older.</li> <li>• The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid. – A Recommendation</li> <li>• Aspirin use – The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years. B Recommendation 2016</li> <li>• Discussion of risks and benefits of hormone replacement prophylaxis and alternative therapies in women</li> <li>• Polypharmacy</li> <li>• Safe sex/STD High-intensity behavioral counseling to prevent sexually transmitted infections for all adults at increased risk for STIs. “High- intensity” behavior counseling is defined by USPSTF as multiple sessions of behavioral counseling providing some provision of education, skill training or support from changes in sexual behavior that promotes risk reduction and avoidance. USPSTF – B Recommendation</li> </ul>	<ol style="list-style-type: none"> <li>1. AAFP (2001) Updated 2003</li> <li>2. USPSTF (1996) Updated 2008, 2009, 2012, 2015, 2017</li> <li>3. ACOG (2000) Updated 2003</li> <li>4. NOF (2009)</li> <li>5. USPSTF (2008) Behavioral Counseling for STIs</li> <li>6. USPSTF (1996) Updated 2003 2015 Behavioral Counseling for Diet</li> <li>7. USPSTF 2009, 2016, 2018</li> </ol>

Anticipatory Guidance/Safety Issues	References
<ul style="list-style-type: none"> <li>• HIV</li> </ul> <p>Sun exposure: The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer. B Recommendation.</p> <ul style="list-style-type: none"> <li>• Oral health</li> </ul>	
<p><b>Safety Issues</b>  <i>Safety Issues – to include:</i></p> <ul style="list-style-type: none"> <li>• Domestic Violence: The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse. B recommendation. Examples of IPV screening tools (not a comprehensive list): <ul style="list-style-type: none"> <li>• <i>Woman Abuse Screening Tool (WAST):</i></li> <li>• <i>HITS</i></li> <li>• <i>Humiliation, Afraid, Rape, Kick (HARK) from: BMC Fam Pract. 2007; 8: 49 – Permission required</i></li> <li>• <i>RADAR</i></li> <li>• <i>Personalized Safety Plan</i></li> </ul> </li> <li>• Smoke and carbon monoxide detectors</li> <li>• Firearms use and safe storage of</li> <li>• Appropriate protective/safety equipment for such activities as biking, skating and skiing</li> <li>• Seat belt use</li> </ul>	<ol style="list-style-type: none"> <li>1. <i>AAFP (2001)</i></li> <li>2. <i>USPSTF (1996)(2012)</i></li> <li>3. <i>ACOG (2000)</i></li> </ol>
<p>Screening for Alcohol Use in Adults  The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse . USPSTF –B Recommendation  The AAFP recommends counseling adults who are problem drinkers regarding the dangers of driving while intoxicated and the risk of automobile accidents.  Assessment of substance abuse using the Alcohol Use Disorders Identification Test [AUDIT] or equivalent tool.</p>	<ol style="list-style-type: none"> <li>1. USPSTF (1996) Updated 2004, 2013</li> <li>2. AAFP (1996) Updated 2003</li> </ol>

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