



Primary Care for Adults With HIV

July 2024

Checklist 3: Recommended Age-, Sex-, and Risk-Based Screening (alphabetical order)

- **Abdominal aortic aneurysm:** See [USPSTF recommendations \(2019\)](#)
 - Screen cisgender men and transgender women aged 65 to 75 years who have a history of smoking.
 - Evidence is insufficient to recommend screening for cisgender women and transgender men.
- **Anal dysplasia and cancer:** See [NYSDOH AI recommendations \(2022\)](#)
 - Recommendations are specific to adults with HIV.
 - Screen MSM, cisgender and transgender women, and transgender men who are aged ≥35 years.
- **Bone density/osteoporosis:** See [USPSTF recommendations \(2018\)](#)
 - Some experts [Thompson, et al. 2021; Aberg, et al. 2014] recommend baseline bone densitometry screening for osteoporosis in postmenopausal cisgender women and in cisgender men and transgender women aged ≥50 years who have HIV.
 - Also see NYSDOH AI guideline [Selecting an Initial ART Regimen > Special Considerations for Comorbid Conditions](#).
- **Breast cancer:** See [USPSTF recommendations \(2024\)](#)
 - An anatomical inventory is necessary to identify appropriate sex-based screening; this committee advises clinicians to screen for breast cancer in transgender and transfeminine men and cisgender females.
 - Screen all women and transgender men aged 40 to 74 years.
 - Evidence of benefit is insufficient for patients who are aged >74 years.
 - Also see [USPSTF: BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing \(2019\)](#).
- **Cardiovascular disease:** See [American College of Cardiology: ASCVD Risk Estimator Plus](#) and [American Heart Association: Characteristics, Prevention, and Management of Cardiovascular Disease in People Living With HIV \(2019\)](#)
 - Estimate the 10-year ASCVD risk at the initial visit and reassess during follow-up visits to incorporate risk factor changes over time. Note that the ASCVD Risk Estimator Plus may underestimate cardiovascular risk for women and people of color [Grinspoon, et al. 2024].
 - For recommendations on age-based statin initiation, risk assessment, statin-associated risks, and shared decision-making, see DHHS: [Guidelines for the Use of Antiviral Agents in Adults and Adolescents With HIV > Recommendations for the Use of Statin Therapy as Primary Prevention of Atherosclerotic Cardiovascular Disease in People with HIV](#).
- **Cervical dysplasia and cancer:** See [NYSDOH AI recommendations \(2022\)](#)
 - Recommendations are specific to adults with HIV; an anatomical inventory is necessary to identify appropriate sex-based screening.
 - Begin screening within 2 years of onset of sexual activity or by age 21.
 - Continue screening for patients aged ≥65 years; however, consider life expectancy and risk in shared decision-making with patients regarding continued screening.
- **Colorectal cancer:** See [USPSTF recommendations \(2021\)](#)
 - Screen patients aged 45 to 75 years; frequency depends on the screening method.
 - Confirm annually that appropriate testing has been completed.
 - In patients who are aged >75 years, the decision to perform screening should be individualized.
- **Depression:** See [USPSTF recommendations \(2023\)](#)
 - Screen for depression, with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
 - Also see [PHQ-2](#); [PHQ-9](#); [Columbia-Suicide Severity Rating Scale](#).

Checklist 3: Recommended Age-, Sex-, and Risk-Based Screening (alphabetical order)

- **Intimate partner violence, elder abuse, and abuse of vulnerable adults:** See [USPSTF recommendations \(2018\)](#)
 - Screen for domestic violence, including intimate partner violence, child abuse, and elder abuse.
- **Lung cancer:** See [USPSTF recommendations \(2021\)](#)
 - Screen patients aged 55 to 80 years who have a 20-pack-year history and currently smoke or have quit within the past 15 years.
- **Prostate cancer:** See [USPSTF recommendations \(2018\)](#)
 - An anatomical inventory is necessary to identify appropriate sex-based screening.
 - In patients who are aged 55 to 69 years, the decision to perform screening should be individualized.
 - Engage in shared decision-making for patients who are aged ≥70 years.
- **Substance use:** See [NYSDOH AI recommendations \(2024\)](#)
 - Screen all adults for alcohol, tobacco, and drug use; assess the level of risk and treat as indicated.
 - Laboratory screening is not recommended.

Abbreviations: ASCVD, atherosclerotic cardiovascular disease; BRCA, breast cancer; DHHS, U.S. Department of Health and Human Services; MSM, men who have sex with men; PHQ, Patient Health Questionnaire; USPSTF, U.S. Preventive Services Task Force.

References

- Aberg JA, Gallant JE, Ghanem KG, et al. Primary care guidelines for the management of persons infected with HIV: 2013 update by the HIV Medicine Association of the Infectious Diseases Society of America. *Clin Infect Dis* 2014;58(1):1-10. [PMID: 24343580] <https://pubmed.ncbi.nlm.nih.gov/24343580>
- Grinspoon SK, Ribaldo HJ, Triant V, et al. Performance of the ACC/AHA pooled cohort equations for risk prediction in the global REPRIEVE trial. Abstract 782. CROI; 2024 Mar 3-6; Denver, CO. <https://www.croiconference.org/abstract/performance-of-the-acc-aha-pooled-cohort-equations-for-risk-prediction-in-the-global-reprieve-trial/>
- Thompson MA, Horberg MA, Agwu AL, et al. Primary care guidance for persons with human immunodeficiency virus: 2020 update by the HIV Medicine Association of the Infectious Diseases Society of America. *Clin Infect Dis* 2021;73(11):e3572-3605. [PMID: 33225349] <https://pubmed.ncbi.nlm.nih.gov/33225349>