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|  | **TYPE II DIABETES BLOODTEST** | **PSA/PROSTATE EXAM** | **BONE MINERAL DENSITY** | **BLOOD PRESSURE** | **STOOL (FIT) TEST** | **MAMMOGRAM** | **CHOLESTEROL  BLOODTEST** | **HEPATITIS C BLOODTEST** | **PAP SMEAR** |
| **WHO** | • Women and men ages 40–74. | • Men age 50+ years with a life expectancy of at least another 10 years.  • Men aged 40+ if they are at a higher risk of developing prostate cancer. | • Women and men ages 65+.  • Men and postmenopausal women ages 50-64 with risk factors for fracture.  • Women or men aged 50 and under with a disease/condition associated with low bone mass or bone loss. | • Women and men ages 18+. | • Women and men ages  50–74. | • Women ages 50-74 with the following exceptions:  • <40 years old: recommended only if high risk factors.  • 40-74 years old: recommended if family history of breast cancer.  • 40-49 years of age: patient-physician discussion.  • >75 years old: patient-physician discussion. | • Men age 40+  Women age 50+ or who are post-menopausal.  • Individuals with a family history and/or strong risk factors for heart disease. | • Baby boomers.  • Populations with high or who have a history of HCV risk exposure or behaviour. | • Women from 25 to 69 who have had sexual contact. |
| **WHEN** | • Every 3 years if age 40 or older.  • Test at a younger age and more frequently if very high risk. | • Screening benefit when conducted every 2-4 years.  • Some advise combination of PSA, PR exam, family history, past history prostate cancer, and symptoms. | • Every three years if not have any disease conditions such as long term prednisone use that requires more regular screening. | • Age 18-39: Not hypertensive: Check blood pressure every 3 to 5 years. If high risk, check annually.  • Ages 40+: Check annually. | • Every 2 years if no past history of colon polyps or significant family history of colon cancer. • If there are histories, might be colonoscopy screen instead. | • Women ages 50-74 every two years.  • Mammograms are available to women over the age of 75 every 2-3 years. | • If coronary artery disease or diabetes: checked annually.  • If not, check every 2 years. | • At least once in the lifetime of a baby boomers.  • For high risk population: as needed. | • If immunocompromised or prior cervical cancer: every year. • Otherwise, every 3 years. |
| **WHY** | • Diabetes can be often debilitating and sometimes fatal if not properly managed and treated.  • Prevention helps blood vessels in eyes, kidney, brain, heart, feet. | • Prostate cancer is the most common cancer to affect Canadian men. | • Thinning of bones increases fracture risk, eg broken hip.  • The hip repair when older can be riskier due to risk of anesthetic. | • Hypertension is common and sometimes symptomless, but still damage the blood vessels, leading to heart attack, stroke, and erectile dysfunction. | • Blood in stool can be an indicator of pre-bowel cancer.  • Early detection and treatment provides a 90% chance of survival. | • Regular screening has produced a 25% reduction in breast cancer deaths. | • High blood cholesterol is a risk factor for heart disease and stroke. | • Approximately 250,000 Canadians have Hepatitis C, often symptomless. • Untreated, it can lead to liver damage/liver cancer.  • Hepatitis C is now curable. | • It reduces cervical cancer by 70%, by detecting abnormal cells on the cervix before they become cancerous. |

**\*\*\* SAMPLE ONLY \*\*\*: Your human body make and model are unique! Talk to your health care provider about what screening is best for you.**