Prevention Through Education: Advancing Women's Health Through Screening Awareness

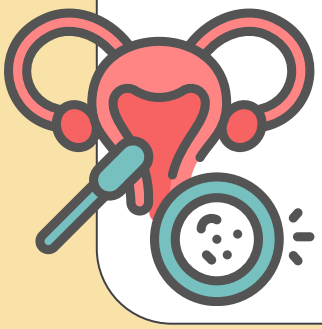
WOMEN'S HEALTH SCREENING
WHAT TO EXPECT AND WHY

*All recommendations are intended for people at average risk only

PAP SMEARS

WHY

Paps can **detect cancer/precancerous** changes in the cervix. Cervical cancer is frequently caused by **HPV,** a virus that is typically asymptomatic. **Early** detection **greatly** improves survival rates.



WHO

Age 21-29: pap smear every 3 years

Age 30-65: pap + HPV co-testing every 5 years
- or HPV only every 5 years
- or pap only every 3 years

Age 65+: Discontinue if 2 consecutive normal HPV tests (3 if pap only) AND no new sexual partners

MAMMOGRAMS

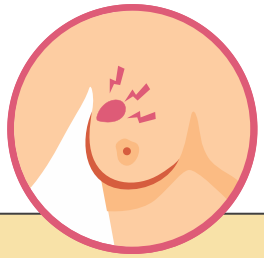
WHY

A mammogram is a **low dose** X-ray of the breast used to **detect breast cancer early**, often before symptoms appear. 5-year survival rate for early localized breast cancer is **99%.**

WHO

Age 40-74: every 1-2 years
**People at higher risk may need to start screening earlier*

Age 75+: individualized decision based on overall health, risk, & life expectancy



STI TESTING

WHY

STIs can remain **silent** for years while causing **complications** such as PID, chronic pain, infertility, ectopic pregnancy, cancer, etc.

WHO

Gonorrhea & Chlamydia: annually if age <25
**or older if high risk sexual practices*

HIV & Hep-C: at least once in adulthood

BONE DENSITY

WHY

DEXA detects **osteoporosis**. When caught early, **simple** interventions can **prevent** debilitating - sometimes even fatal - **fractures.**

Age 65: initial scan
**or post-menopausal if higher risk (eg. smoking, low BMI, steroid use, RA, diabetes, celiac)*

Age 66+: every 1, 5, or 15 years
**depends on intial & risks*

WHO

GENERAL SCREENING

COLONOSCOPY

WHY

A colonoscopy can **detect,** and often **treat**, precancerous polyps before they become cancer. It allows for direct visualization of the **entire** colon, unlike stool tests which only monitor content of stool. Colorectal cancer is one of the **most common** cancers, but it is highly preventable and **treatable** when caught **early**.

WHO

Age 45-75: every 10 yrs if results are normal, every 3-5 yrs if polyps are removed

Age 76-85: individualized decision based on overall health and past results

Age 86+: screening not recommended

**Other options include stool testing such as FIT (annual) and Cologuard (every 3yrs). These are not recommended for people with family history of colon cancer. A positive test typically requires colonoscopy.*

CHOLESTEROL

WHY

High cholesterol often has **no symptoms** but leads to **heart disease**, **stroke**, or other vascular issues.

Risk factors include age, smoking, obesity, family history, lack of exercise, diabetes, kidney and liver disease, and hypothyroidism.

WHO

Age 9-11: adolescent screen
Age 17-20: baseline lipid panel
Age 20-39: every 4-6 yrs
Age 40-75: every 1-2 yrs
Age 76+: individualized decision

LUNG CANCER

WHY

A low-dose CT, which uses **90% less radiation** than a standard chest CT, can detect lung cancer before symptoms when it's more **treatable.** Studies show screening reduces lung cancer deaths by **20–24%** in high-risk individuals.

WHO

Age 50-80: annually for people with 20-pack year smoking history who are current smokers or quit within the last 15yrs

DIABETES

WHY

Many people do not realize they have diabetes until **irreversible complications** like heart/kidney disease, nerve damage, or vision loss occur. **Prediabetes** affects over **1 in 3** adults. **Simple** lifestyle changes can **reverse** it if caught early.

WHO

Age 35-70: every 3 years

**annually for those with obesity, family history, cardiovascular disease, high blood pressure, PCOS, high cholesterol, smoking, chronic inflammation, sleep apnea, or other risk factors*

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