

Updates in Screening for Primary Care

SC ACP 10/23/22

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Learning Objectives

Describe 2 USPSTF updates in cancer screening since 2021

Outline changes to pneumonia vaccination for adults 65 and over

Discuss USPSTF updates to screening since 2021 for 3 illnesses in adults



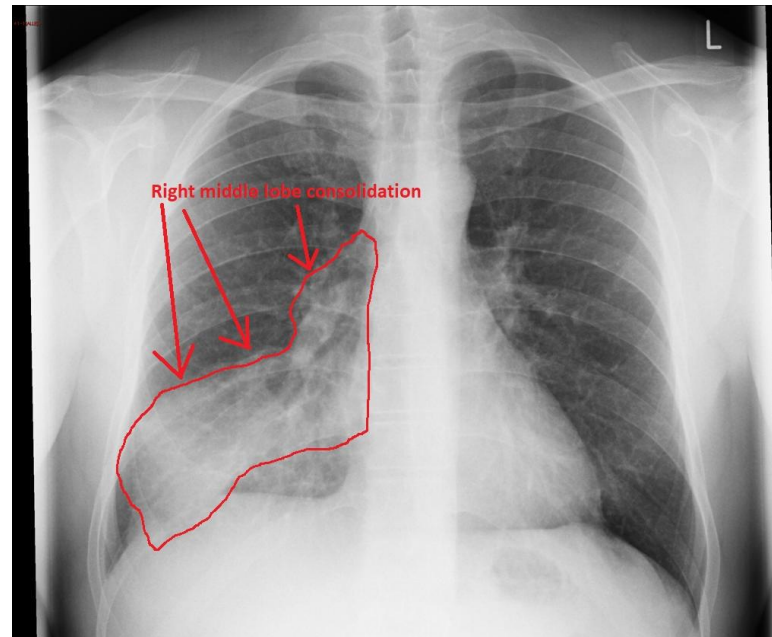
Case 1

1. Mrs. Smith is a 67 year old female with well controlled hypertension and diabetes who is otherwise healthy. On healthcare maintenance review, you do not find evidence that she has ever received vaccination for pneumococcal infection. Which of the following is the best option for vaccination:
 - a. One dose of Pneumovax 23 vaccine
 - b. One dose of Prevnar 15 followed by a dose of Prevnar 20 in 1 year
 - c. One dose of Prevnar 13 followed by a dose of Prevnar 15 in 1 year
 - d. One dose of Prevnar 20




Pneumonia vaccine updates

Answer: D – All patients ages 65 and over who have never received pneumococcal vaccination should receive either 1 dose of Prevnar 15 followed by 1 dose of Pneumovax 23 at least 1 year after the PCV 15 dose, or 1 dose of Prevnar 20.



Use of PCV20 alone or PCV15 in series with PPSV23 :

- reduce pneumococcal disease incidence in adults aged ≥ 65 years and in those aged 19–64 years with certain underlying conditions.
- Findings from studies suggested that the immunogenicity and safety of PCV20 alone or PCV15 in series with PPSV23 were comparable to PCV13 alone or PCV13 in series with PPSV23.
- Cost-effectiveness studies demonstrated that use of PCV20 alone or PCV15 in series with PPSV23 for adults at age 65 years was cost-saving.

 Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

Morbidity and Mortality Weekly Report (MMWR)

CDC

Use of 15-Valent Pneumococcal Conjugate Vaccine and 20-Valent Pneumococcal Conjugate Vaccine Among U.S. Adults: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2022

Weekly / January 28, 2022 / 71(4);109–117

Please note: This report has been corrected.

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[View suggested citation](#)

Summary

What is already known about this topic?

Currently, the 13-valent pneumococcal conjugate vaccine (PCV) (PCV13) and the 23-valent pneumococcal polysaccharide vaccine (PPSV23) are recommended for U.S. adults. Recommendations vary by age and risk groups.

What is added by this report?


On October 20, 2021, the Advisory Committee on Immunization Practices recommended 15-valent PCV (PCV15) or 20-valent PCV (PCV20) for PCV-naïve adults who are either aged ≥ 65 years or aged 19–64 years with certain underlying conditions. When PCV15 is used, it should be followed by a dose of PPSV23, typically ≥ 1 year later.

What are the implications for public health practice?

Pneumococcal vaccination recommendations were simplified across age and risk group. Eligible adults may receive either PCV15 in series with PPSV23 or PCV20 alone.

Article Metrics

Altmetric:



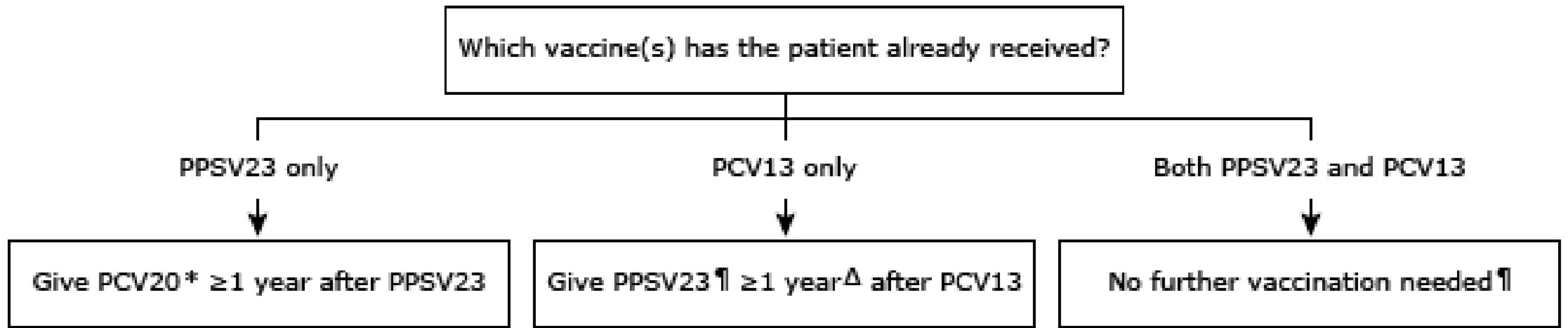
409

- News (39)
- Blogs (2)
- Twitter (158)
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Citations: 22

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Pneumonia vaccine updates – adults 65+

No prior pneumococcal vaccine: PCV 20 or PCV 15 then PPSV23 after 1 year

PPSV 23 alone: after 1 year, PCV15 or PCV 20

PCV 13 alone: after 1 year, PPSV 23 (or PCV 20)

PPSV 23 before age 65: repeat PPSV 23 if 5 years have passed

PCV 20 before age 65: no need to repeat

Case 1 - continued

Mrs. Smith asks if there are any updates to vaccine recommendations for herself and her children aged 45 and 40





Updates to adult vaccines:

Hepatitis B vaccine – adults 19-59 yo (2022)

Zoster vaccine – who are or will be immunodeficient or immunosuppressed (2022)

COVID bivalent vaccine booster after primary series

Case 1 - continued

Mrs. Smith had a normal bone mineral density on DEXA scan 2 years ago. She is interested in taking vitamins, including vitamin D, to improve her health and prevent disease. She asks for your opinion about vitamin supplementation.





Supplement Use:

Beta carotene and Vitamin E – D

Multivitamin – I

Any single or paired supplement – I

Vitamin D deficiency screening - I



Case 1- continued

She notes that her husband began taking aspirin 10 years ago on the advice of his physician, and she wonders if she should start

Aspirin for prevention of 1st MI or CVA

40-59 at high risk,
discuss

60 and older – do not
start



Case 2

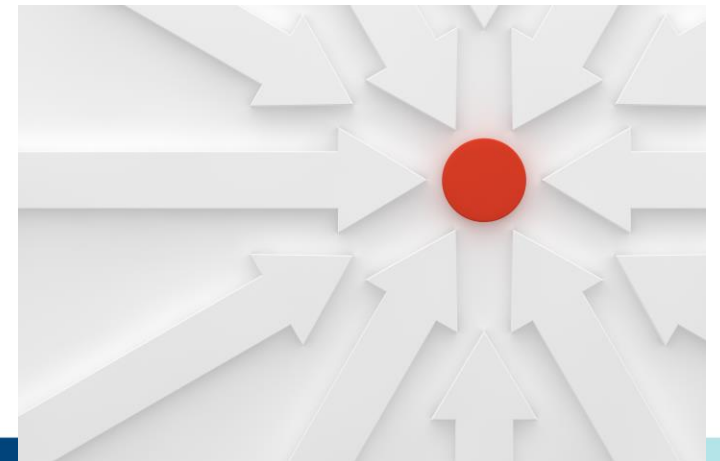
1. Mr. Dillon is a 40 year old man with hypertension who is seen for an annual preventive maintenance visit. He is up to date on vaccines, and denies a family history of breast, colon and prostate cancer. He has never had a colonoscopy, and has no symptoms of colon cancer. Which of the following is recommended for colon cancer screening:
 - a. Colonoscopy beginning at age 50
 - b. Fecal Immunochemistry testing (FIT) beginning at age 45
 - c. Stool DNA testing beginning at age 47
 - d. Choice of colonoscopy, FIT or stool DNA screening beginning at age 50



Colon cancer screening

Answer: B – All adults 45-75 years of age should be screened for colon cancer (USPSTF Grade B).

- › High-sensitivity guaiac fecal occult blood test (HSgFOBT) or fecal immunochemical test (FIT) every year
- › Stool DNA-FIT every 1-3 years
- › Computed tomography colonography every 5 years
- › Flex sig every 5 years
- › Flex sig every 10 years plus annual FIT
- › Colonoscopy screening every 10 years



Case 3

Mr. Jones is a 62 year old man with hypertension and a 42 pack year smoking history. He is a current smoker and denies shortness of breath, cough and chest pain. Is he a candidate for lung cancer screening?



Case 3- continued

Lung cancer screening: yearly CT screening ages 50-80 yo

- › 50-80 years old
- › 20 pack-year smoking history
- › Currently smoke or quit within past 15 years

Changes 2013-2021:

- › Beginning age lowered from 55 to 50
- › Smoking pack years decreased from 30 to 20



Case 3- continued

He is interested in smoking cessation and has contemplated purchasing an E-cigarette advice. He asks if these have been shown to help adults quit smoking.



Case 3-continued

Mr. Jones' brother is also a smoker and was told that he has COPD. The brother also had “full body” ultrasound done to check his arteries and wears a wrist heart monitor to screen for atrial fibrillation.

Mr. Jones asks if he should be screened for these conditions.



This Photo by



Various Screening modalities:

Screening for COPD in asymptomatic people – D

Screening for carotid artery stenosis in asymptomatic people – D

Screening for Afib in asymptomatic people - I



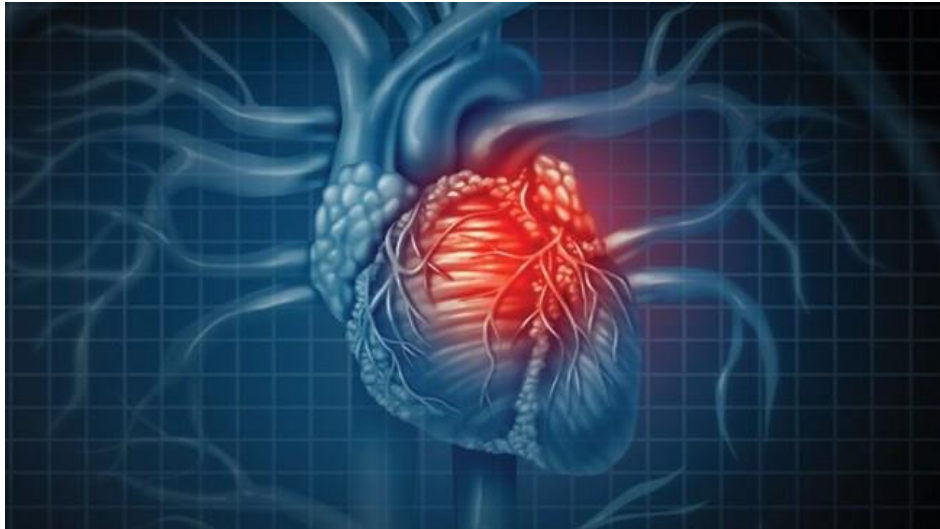
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Case 4

Mrs. Frankel is a 54 year old woman with a history of well controlled diabetes and hypertension.

Her father had an MI at the age of 43, and she wonders if there is anything she can do to prevent heart disease in the future.



Diabetes and Statins

ADA, ACC/AHA, USPSTF:

- › 40-75 yo with diabetes – moderate intensity statin
- › 50-70 yo with diabetes and additional risk factors – high intensity statin
- › SGLT-2 inhibitors, GLP-1R agonists – consider in diabetics with additional risk factors for CVD



References:

CDC

USPSTF

ADA

ACC/AHA

UpToDate



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