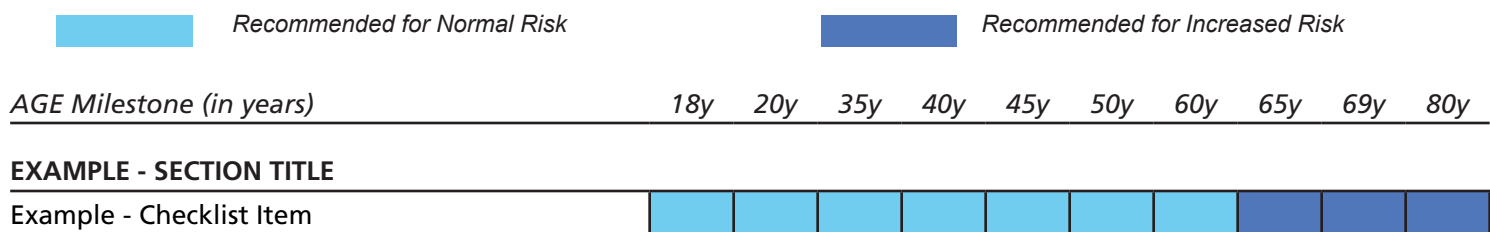




ASMH/SMSNA Men's Health Checklist

How to Use:

Please read all instructions before interpreting the color graph.



For each AGE Milestone as listed, if the patient is at least this AGE, consider the applicable checklist items.

The checklist items are applicable to an individual based on their AGE and RISK.

The criteria for INCREASED RISK FACTORS are defined in the COMMENTS section located below the color graph.

The COMMENTS and REFERENCES sections will have information on the frequency of any particular screening test when applicable.

Items that are not shaded (white) are simply those without specific recommendations. There are no recommendations against any particular item.

Shared decision between the clinician and the patient is always recommended for testing decisions.



ASMh/SMSNA Men's Health Checklist

The checklist items are applicable to an individual patient based on their age and risk (either Normal Risk or Increased Risk). For each AGE Milestone as listed, if the patient is at least this AGE, consider the following checklist items. Note, the AGE Milestones are NOT the frequency of any particular screening test. SEE COMMENTS for each specific item recommendation.



Recommended for Normal Risk



Recommended for Increased Risk

AGE Milestone (in years)	18y	20y	35y	40y	45y	50y	60y	65y	69y	80y
SCREENING RECOMMENDATIONS										
Hypertension										
Tobacco Use and Cessation										
Obesity										
Unhealthy Drug Use										
Alcohol misuse										
Depression										
Anxiety										
Suicide										
HIV infection										
Hepatitis C virus infection										
Sleep apnea										
Polypharmacy										
Voiding health										
Sexual health										
Erectile dysfunction										
Testicular cancer										
Penile cancer										
Skin cancer screening										
Body dysmorphic disorder										
Muscle dysmorphia/"Bigorexia"										
Social determinants of health										
Hepatitis B virus infection										
Syphilis										
Chlamydia and gonorrhea										
Tuberculosis (TB)										
Testosterone deficiency										
AGE Milestone (in years)	18y	20y	35y	40y	45y	50y	60y	65y	69y	80y



Recommended for Normal Risk



Recommended for Increased Risk

Recommended for Normal Risk

Recommended for Increased Risk

AGE Milestone (in years) 18y 20y 35y 40y 45y 50y 60y 65y 69y 80y

SCREENING RECOMMENDATIONS (con't.)

Lipid disorder										
Abnormal glucose/diabetes										
BRCA gene screening										
Prostate cancer										
Colorectal cancer										
Lung cancer										
Osteoporosis										
Bladder cancer										
Kidney cancer										
Abdominal aortic aneurysm										
Fertility screening										

PREVENTATIVE MEDICATIONS RECOMMENDATIONS

Preexposure prophylaxis (PreP) for HIV										
Statin for CVD prevention										
Aspirin for cardiovascular risks										
Fall prevention (vitamin D)										

VACCINE RECOMMENDATIONS

Influenza										
Tetanus										
COVID										
Hepatitis A (if not done in childhood)										
Hepatitis B (start at 19)										
Pneumococcal										
Shingles										
Monkeypox										
HPV										

COUNSELING RECOMMENDATIONS

Sexually transmitted infection prevention										
Diet for CVD prevention										
Activity for CVD prevention										
Skin cancer prevention										
Sleep health										
Sexual health										
Contraceptive counselling										
Accidental injury										
Fall prevention										

AGE Milestone (in years) 18y 20y 35y 40y 45y 50y 60y 65y 69y 80y

Recommended for Normal Risk

Recommended for Increased Risk



Recommended for Normal Risk



Recommended for Increased Risk

AGE Milestone (in years)

18y 20y 35y 40y 45y 50y 60y 65y 69y 80y

ADDITIONAL COMMENTS

Potential dangers of OTC/supplements/stimulants										
Male Hygiene										
Penile Disorders (phimosis, Peyronie’s Disease, etc.)										
Thyroid Function										
Transgender men										
Annual STI/cancer screening if cervix present										
Transgender women (prostate cancer screening)										
AGE Milestone (in years)	18y	20y	35y	40y	45y	50y	60y	65y	69y	80y

Comments

Screening Recommendations:

Hypertension: BP annually and at every visit, and then confirm outside of clinical setting before starting treatment. Grade A, USPSTF.¹

Tobacco use and cessation: USPSTF, Grade A.²

Obesity: Weight, BMI, waist circumference annually and at every visit, all ages. If BMI over 30, refer for interventions, Grade B, USPSTF³

Unhealthy Drug Use: Ask patients questions about unhealthy drug use (use of substances, not including alcohol and tobacco) that are illegally obtained or the nonmedical use of prescription psychoactive medications. Does not mean testing biologic specimens. Grade B, USPSTF.⁴

Alcohol misuse: USPSTF determined that 1- to 3-item screening instruments have the best accuracy for assessing unhealthy alcohol use in adults 18 years or older. These instruments include the abbreviated Alcohol Use Disorders Identification Test–Consumption (AUDIT-C) and the NIAAA-recommended Single Alcohol Screening Question (SASQ). Grade B, USPSTF.⁵

Depression: Patient Health Questionnaire– Depression (PHQ-9), 2-item version is also available. Topic currently being updated, but 2016 Grade B, USPSTF.⁶

Anxiety: Generalized Anxiety Disorder scale (GAD), 2- and 7-item versions. Currently being updated, evidence level pending, USPSTF.

Suicide: PHQ-9 suicide item. Currently being reviewed, evidence level pending, USPSTF.

HIV infection: Recommended for initial screening, ages 18-65. Grade A, USPSTF. Subsequent testing based on further risk exposure.⁷

Hepatitis C virus infection: Recommended for initial screening, ages 18-79. Grade B, USPSTF. Subsequent testing based on further risk exposure.⁸

Sleep apnea: use Validated Questionnaire (STOP-BANG or Berlin), per American Academy of Sleep Medicine. Grade I, USPSTF. A sleep study should be considered if increased risk (daytime fatigue, testosterone deficiency).⁹

Polypharmacy: 5+ medications qualifies as potential polypharmacy. Recommend using STOPP/START criteria to identify. Expert Opinion.¹⁰

Voiding health: Three important questions to ask each patient: 1) are you bothered with voiding, 2) how many times do you wake up at night to void, and 3) do you have leakage/accidents? If bothered or 2 or more night voids occur or leakage, can use further screening tools

for BPH (AUA Symptom Score), and Overactive Bladder Symptom Score (OABSS). Expert Opinion

Sexual health: Taking a sexual health history for all patients is important for their medical care and well-being, influencing physical health and mental health. Ask about the Five “P”s: Partners, Practices, Protection from STI, Past History of STI, Pregnancy Intention. Expert Opinion.¹¹

Erectile dysfunction: Ask if any issues getting or maintaining an erection. If so, then can proceed with IIEF-5 questionnaire. Can be early marker for cardiovascular disease. Expert Opinion.¹²

Testicular cancer: Given the more updated studies referenced, performing and teaching boys and men a testicular self exam is recommended. Expert Opinion. Note, this is in contrast to the Grade D recommendation by USPSTF.¹³

Penile cancer: Men should pay close attention and report any changes, and an exam is recommended to be conducted by providers. Expert Opinion.

Skin cancer screening: Regular self skin exam recommended by American Academy of Dermatology.¹⁴

Body dysmorphic disorder: Preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others. Expert Opinion.¹⁵

Muscle dysmorphia/“Bigorexia”: Also known as BOD subtype “muscle dysmorphia”, perceiving the body as too small. Expert Opinion.¹⁶

Social Determinants of Health: Includes income, educational attainment, employment status, access to food and housing. Multiple screening tools, see reference. Expert Opinion.¹⁷

Hepatitis B virus infection: if increased risk (born in countries with high prevalence such as Asia, Africa, Pacific Islands, parts of South America; if US born but not vaccinated and parents from high risk countries; HIV +, IV drug use, men who have sex with men, exposure to Hep B+), Grade B, USPSTF¹⁸

Syphilis: If increased prevalence in the community, MSM, HIV+, Young Adults, history of incarceration, sex work, military service, illicit drug use. Grade A, USPSTF. Subsequent testing based on further risk exposure. ¹⁹

Chlamydia and gonorrhea: increased risk if they have a new sex partner, more than 1 sex partner, a sex partner with concurrent partners, or a sex partner who has an STI; practice inconsistent condom use when not in a mutually monogamous relationship; or have a previous or coexisting STI. Expert Opinion. Note, Grade I, USPSTF.

Comments

Screening Recommendations (con't):

Tuberculosis (TB): increased prevalence of active disease and increased risk of exposure include persons who were born in, or are former residents of, countries with high tuberculosis prevalence and persons who live in, or have lived in, high-risk congregate settings (e.g., homeless shelters or correctional facilities) Grade B, USPSTF.²⁰

Testosterone deficiency: history of unexplained anemia, bone density loss, diabetes, exposure to chemotherapy, exposure to testicular radiation, HIV/AIDS, chronic narcotic use, male infertility, pituitary dysfunction, and chronic corticosteroid use. Grade B, AUA Guideline.²¹

Lipid disorder: per American Heart Association, age 20 and every 4-6 years (note, USPSTF does not recommend)

Abnormal glucose/diabetes: per USPSTF, age 35-70 if overweight or obesity (Grade B), American Diabetes Association recommends screening at age 45 for all. Subsequent testing as clinically indicated.²²

BRCA gene screening: Consider for men with personal or family history of male breast cancer; personal or family history of at least two men with aggressive prostate cancer (Gleason score of 7 or greater); family history of ovarian cancer, female relative with breast cancer before age 50 or multiple primary breast cancers, or 3+ female relatives with breast cancer at any age; men of Ashkenazi Jewish descent and personal or family history of breast, ovarian, pancreatic, aggressive prostate cancers, or melanoma; those with known family history of BRCA1 or BRCA2 mutation. 35 is the first age where breast screening would be initiated (breast self exam training and clinical exam starting at age 35), consider annual mammogram starting at age 50 or 10 years before earliest known male breast cancer in the family, whichever is first; age 40 to initiate prostate cancer screening. NCCN Guideline. Consider referral to genetic counselor for other specific recommendations.²³

Prostate cancer: Shared Medical Decision Making about PSA screening for prostate cancer is recommended for all patients. Age 40 if increased risk (Black ancestry, germline mutations, strong family history) Grade B AUA; age 45-69 for all (Grade B AUA). See AUA Guideline reference for further details on interval recommendations. Note, USPSTF is Grade C. In select healthy patients with an estimated life expectancy of at least 10 years, ongoing screening can be considered for men over age 69. DRE can be offered as part of screening in asymptomatic men at any age, but men with voiding symptoms should have annual DRE to assess for significant changes that may reflect clinically significant prostate cancer even in men over the age of 69 (Expert Opinion).²⁴

Colorectal cancer: USPSTF: age 45 (Grade B), age 50-75 (Grade A), age 76-85, Grade C. This assessment of net benefit applies to stool-based tests with high sensitivity, colonoscopy, computed tomography (CT) colonography, and flexible sigmoidoscopy. See reference for further details.²⁵

Lung cancer: annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year 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. Grade B, USPSTF.²⁶

Osteoporosis: age 50 with increased risk, bone density testing for increased risk (androgen deprivation, BMI < 20-25 kg per meters squared, cigarette smoking, history of fragility fractures, low dietary calcium intake, oral corticosteroid use, physical inactivity, spinal cord injury, weight loss > 10%), per American College of Physicians (ACP) Guidelines, Strong Recommendation, Moderate Quality Evidence, ACP.²⁷

Bladder cancer: 50 if increased risk, consider UA for high risk, smokers (current and previous), family history. Expert Opinion.

Kidney cancer: 50 if increased risk, consider UA for high risk, smokers, family history

Abdominal aortic aneurysm: USPSTF: age 65, Grade B if smoking history, Grade C for non-smokers. Subsequent testing as clinically indicated.²⁸

Fertility screening: age 18 -25 consider in post-pubertal boys with varicocele; per SMSNA workgroup, consider one-time screening semen analysis for men ages 18-25 to screen for male factor infertility. Expert Opinion.

Preventative Medication Recommendations:

Preexposure Prophylaxis (PreP) for HIV: if increased risk includes MSM non-monogamous, inconsistent condom use, history of STI's, IV drug use, Grade A, USPSTF²⁹

Statis for CVD Prevention: ages 40-75 with increased risk, 1 or more CVD risk factors and estimated 10-year CVD risk of 10% or greater, Grade B, USPSTF; if between 7.5%-10% CVD risk, may consider statin, Grade C, USPSTF.

Aspirin for cardiovascular risks: age 40-59 if increased risk (10% or greater 10-year CVD risk), Grade C, USPSTF, but recommend against those age 60+ (Grade D, USPSTF)³⁰

Fall prevention (vitamin D): American Geriatric Society

Comments

recommends 800 IU per day of Vit D for persons at increased risk of falls: history of falls, a history of mobility problems, and poor performance on the timed Get-Up-and-Go test. Expert Opinion. Note: USPSTF give grade D.³¹

Vaccine Recommendations:

Influenza: one dose annually³²

Tetanus: 1 dose Tdap, then TD or Tdap booster every 10 years

COVID: 2- or 3- dose primary series and booster

Hepatitis A: 2, 3, or 4 doses depending on vaccine

Hepatitis B: 2, 3, or 4 doses depending on vaccine or condition

Pneumococcal: age 19-64, 1 or 2 doses depending on vaccine and only if risk factors or another indication. Age 65+ if unsure if previously vaccinated or previous infection

Shingles: 2 doses. age 19-49 if immunocompromised, age 50+ for all

HPV: Catch-up HPV vaccination is now recommended for all persons through age 26 years. For adults aged 27 through 45 years, public health benefit of HPV vaccination in this age range is minimal; shared clinical decision-making is recommended³³

Counseling Recommendations:

Sexually transmitted infection prevention: All sexually active adults have increased risk of STI and behavioral counselling is recommended. Grade B, USPSTF.³⁴

Diet for CVD prevention: take nutritional history on annual basis, per Centers for Disease Control "Dietary Guidelines for Americans, 2020-2025". Note, USPSTF says is grade C unless increased CVD risk factors, then is Grade B.³⁵

Activity for CVD prevention: 150 minutes/week of moderate intensity and muscle strengthening 2x/week per Dept of HHS. Note, USPSTF says is grade C unless increased risk with CVD risk factors, then is Grade B.³⁶

Skin cancer prevention: American Academy of Dermatology recommends all persons to limit UV exposure, use protective clothing and sunscreen with SPF 30 or higher. Note, USPSTF gives grade C for behavior counselling to persons with fair skin.³⁷

Sleep health: 7+ hours per night per American Academy of Sleep Medicine³⁸

Sexual health: Sexual Health is integral to a persons Physical Health and Mental Health, including older persons. Expert Opinion.³⁹

Contraceptive counseling: periodic abstinence, withdrawal method, vasectomy. Expert Opinion

Accidental injury: There is a wide range of potential injury focus areas in the reference including preventing violence and preventing injuries related to transportation, falls, traumatic brain injury and concussion.⁴⁰

Fall prevention: While USPSTF give a grade B for exercise interventions to prevent falls in those with increased risk, the is Expert Opinion that this education is valuable for all adults 65 and older.⁴¹

Additional Comments:

Potential dangers of OTC/supplements/stimulants: Many OTC products can be adulterated and are not regulated and can pose risk to patients. Expert Opinion

Male Hygiene: Foreskin care is important to prevent infection and scarring which can lead to phimosis. Foreskin should be retracted to void, and then replaced to down position to avoid paraphimosis, a medical emergency. Expert Opinion.

Penile Disorders: Examination of the penis for foreskin issues is important, as well as questions about penile changes/curvature with erections (Peyronie's Disease). Expert opinion.

Thyroid Function: 35 if increased risk, consider with increased risk factors/symptoms (ED, fatigue, obesity, cold intolerance, hair loss)

Transgender men: if cervix present, needs annual screening

Transgender women (prostate cancer screening): if prostate present, needs screening as per AUA guideline

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