



Screening Guideline Summary for Men

Below is a summary of the most common screening tests for men age 18 and up. It was developed by Canadian health care professionals using the most current clinical guidelines. More information on each of these disease categories and corresponding screening tests can be found in the Canadian Health Screening Guide, located on the Novus Health website.

Disease/Risk factor	Frequency or when to start testing	Consider early screening if the following applies to you
Blood Pressure	Have your blood pressure tested at your doctor’s office once every year.	<ul style="list-style-type: none"> • Pre-existing health conditions (diabetes, overweight, obesity, etc.) • Family history of high blood pressure or heart disease • Being of South Asian, First Nations/Aboriginal, Inuit, or African descent
Cholesterol	Initial blood test at 40 years old.	<ul style="list-style-type: none"> • Diabetes • High blood pressure • Cigarette smoking • Obesity • Family history of heart disease • Inflammatory disease(s) • Clinical signs of high cholesterol • HIV treated with antiretroviral therapy • Chronic kidney disease • Erectile dysfunction
Colorectal Cancer	<p>For those at average risk (no family history of cancer or related disease), have one of the following tests at ages 50 to 74:</p> <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) or fecal immunochemical test (FIT), every two years • Flexible sigmoidoscopy every ten years 	<ul style="list-style-type: none"> • Family history of colorectal cancer (a first degree relative (parent, sibling, etc.) diagnosed with this type of cancer before age 50); and/or • Inherited genetic abnormalities such as hereditary nonpolyposis colorectal cancer (HNPCC) or familial adenomatous polyposis (FAP); and/or • Inflammatory bowel disease (Crohn’s and Colitis, including pancolitis). <p>For high-risk individuals: Colonoscopy every five years beginning at age 40, or ten years earlier than when a first-degree relative was diagnosed.</p>
Dental Health	<p>Cleaning and gum/teeth inspection every 6–12 months.</p> <p>A general health assessment, x-rays and or other assessments may also be performed.</p>	<ul style="list-style-type: none"> • Poor oral hygiene • Certain pre-existing health conditions (diabetes) • Pre-existing oral health problems

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Disease/Risk factor	Frequency or when to start testing	Consider early screening if the following applies to you
Diabetes	Blood glucose testing at age 40 and every three years thereafter.	<ul style="list-style-type: none"> • Family history of diabetes • Family history of heart disease or stroke • Obesity and/or poor diet • Heart disease, high blood pressure and/or high cholesterol • Eye, nerve or kidney problems • Psychiatric disorder • Acanthosis nigricans (darkened patches of skin) • Being of South Asian, First Nations/Aboriginal, Inuit, Hispanic or African descent
Eye Health	For those of average risk, have your eyes checked: <ul style="list-style-type: none"> • once a year if you are under 20 • every 2 to 3 years if you are 20-39 years of age • every 2 years if you are 40-64 years of age • once a year if you are 65 or older 	<ul style="list-style-type: none"> • Pre-existing health conditions such as high blood pressure or diabetes • Family history of eye disease • Sudden changes to vision • Physical eye changes (visible redness, infection, etc.)
Weight	BMI and waist circumference measurement at every appropriate medical visit.	No indication for early screening. Consider testing at annual physical examination as a preventive measure.
Prostate Cancer	Currently, there is no consensus on PSA testing or digital rectal exams. You should talk to your doctor to determine your risk and screening recommendations as it is an individualized decision. You should also discuss the benefits and harms of screening with your doctor.	<ul style="list-style-type: none"> • Family history of prostate cancer • Being of African descent
Osteoporosis	Bone mineral density (BMD) test and fracture risk assessment beginning at age 65.	<ul style="list-style-type: none"> • Previous fracture(s) • Chronic inflammatory conditions, e.g. Crohn's disease, rheumatoid arthritis, etc. • Certain diseases or disorders that disrupt nutrient absorption, e.g., Celiac disease, anorexia, etc. • Medical conditions that interfere with bone density, e.g., hyperparathyroidism, hypogonadism • Long term use of certain drugs: anticonvulsants, heparin, glucocorticoid therapy • Low dietary calcium intake and/or vitamin D deficiency
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