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Table 2. Screening guidelines for metabolic syndrome and cardiovascular risk factors for adult and pediatric patients amongst the general population and HCT survivors

	General adult population **(http://www.uspreventiveservicestaskforce.org/)**	**Adult long-term HCT survivors** **(Majhail. BBMT. 2012)**	**General pediatric population** **(http://www.nhlbi.nih.gov)**	**Pediatric long-term HCT survivors** **(Pulsipher. BBMT. 2012)**	***Our recommendations*** **(CIBMTR/EBMT MetS collaboration)**
Weight, Height, BMI	Weight, height, and BMI assessment in all adults (no specific recommendation for screening interval)	No specific recommendations	Weight, height, and BMI assessment after 2 years of age (no specified screening interval)	Weight, height, and BMI assessment yearly	Weight, height, and BMI assessment at every clinic visit (at least yearly) Waist circumference measurement yearly Consider DXA to assess sarcopenia
Dyslipidemia	Lipid profile assessment every 5 years in males aged ≥35 years and females aged ≥45 years. For persons with increased risk for coronary heart disease, assessments should begin at age 20. The interval for screening should be shorter for people who have lipid levels close to those warranting therapy, and longer intervals for those not at increased risk who have had repeatedly normal lipid levels.	Lipid profile assessment every 5 years in males aged ≥35 years and females aged ≥45 years. Screening should start at age 20 for anyone at increased risk (smokers, DM, HTN, BMI ≥30 kg/m^2, family history of heart disease before age 50 for male relatives or before age 60 for female relatives).	Lipid panel between 9-11 years of age or earlier if family history	Lipid profile at least every 5 years; if abnormal, screen annually	For all allo-HCT recipientes, initial lipid profile 3 months after HCT. For high-risk patients with ongoing risk factors (including those on sirolimus, calcineurin inhibitors, corticosteroids), repeat evaluation every 3-6 months. For standard-risk patients, lipid profile assessment every 5 years in males aged ≥35 years and females aged ≥45 years. The interval for screening should be shorter for people who have lipid levels close to those warranting therapy.
Blood Pressure	Blood pressure assessment every 3 to 5 years in adults aged 18 to 39 years with normal blood pressure (<130/85 mm Hg) who do not have other risk factors Blood pressure assessment annually in adults aged ≥40 years and for those who are at increased risk for high blood pressure (blood pressure 130 to 139/85 to 89 mm Hg, those who are overweight or obese, and African Americans)	Blood pressure assessment at least every 2 years	Blood pressure assessment yearly after the age of 3 years, interpreted for age/sex/height	Blood pressure assessment at each visit and at least annually	Blood pressure assessment at every clinic visit (at least yearly)
Hyperglycemia	Screening for abnormal blood glucose (HbA1C, fasting plasma glucose or oral glucose tolerance test) every 3 years in adults aged 40-70 years who are overweight or obese.	Screening for type 2 DM every 3 years in adults aged ≥45 years or in those with sustained higher blood pressure (>135/80 mm Hg)	Fasting glucose every 2 years after the age of 10 years in overweight children with other risk factors	Fasting glucose at least every 5 years; if abnormal, screen annually	For high-risk patients with ongoing risk factors (including those on systemic corticosteroids), screen for abnormal blood glucose (HbA1C or fasting plasma glucose) 3 months after HCT with repeat evaluation every 3-6 months. Consider oral glucose tolerance test to evaluate abnormal screening results. For standard-risk adult patients, screening for abnormal blood glucose every 3 years in adults aged ≥45 years or in those with sustained higher blood pressure (>135/80 mm Hg) For standard-risk pediatric patients, fasting glucose at least every 5 years; if abnormal, screen annually

Abbreviations:
BMI: body mass index; CIBMTR: Center for International Blood and Marrow Transplant Research; DM: diabetes mellitus; DXA: dual X-ray absorptiometry; EBMT: European Group for Blood and Marrow Transplantation; HbA1C: hemoglobin A1C; HCT: hematopoietic cell transplantation; HTN: hypertension;