TO YOUR HEALTH

Carleton-Willard Out-Patient Clinic 100 Old Billerica Road, Bedford MA 01730

Volume 20 Number 5 May 2015

TO TEST OR NOT TO TEST?

By Susan Cusson, NP

Over the last 75 years there have been tremendous advances in cancer screening. First was the Pap smear in the 1950s. Over the next 40 years the mortality of cervical cancer decreased by 60%. In the 1960's mammography and colonoscopy began detecting early breast and colon cancer, saving countless more lives. Cancer screening became an important part of routine medical care, and remains so today.

Screening is used to look for a hidden disease in an outwardly healthy person. It means testing individuals at low risk, not for those with symptoms or risk factors. Screening makes sense when finding and treating a condition will prevent premature death or considerable symptoms. But it doesn't make sense when it can't do either. That's why many experts recommend stopping screening in older adults.

An article published in JAMA Internal Medicine in 2014 shows many doctors still recommend cancer screening tests for their older patients. Many don't benefit, and some may even be harmed by the outcomes of the testing. A team from the University of North Carolina, Chapel Hill, looked at cancer screening tests among 27,000 men and women over age 65 with different life expectancies. Screening remained common in all age groups, including participants with a life expectancy of less than 5 years.

Dr. Ronald Chen, senior author of the study, offered some insight into the findings. "No one knows precisely why people with very high mortality risk get screened. Patients think screening is a good thing, and the idea that there is a point in a person's life where their limited life expectancy may make screening unnecessary is a new concept for many patients – and it may be a difficult idea for patients to accept."

Chen says this can be a challenging topic to raise. Often primary care providers may not have enough time allotted to have these important discussions. Some people may find it upsetting to hear they should stop screening, it can be an overwhelming decision. The notion that a routine screening test could be harmful may be hard to imagine. The harm comes when a patient or family members learn that a screening test is abnormal. This often leads to more tests, and potentially invasive biopsies. If an early cancer is diagnosed, one that may have taken years to cause any symptoms, treatment with surgery, radiation or chemotherapy can also cause harm.

Dr. Cary Gross, a professor of medicine at the Yale University School of Medicine, wrote about this study in an editorial. "We have reached a critical juncture in the history of cancer screening. . .there is now increased recognition that screening may not be as effective as we had hoped and, for some patients, it may not be beneficial at all".

Medical societies and other expert groups recommend the following:

- Stop routine Pap smears to screen for cervical cancer at age 65 if Pap smears have been normal in the past.

- Stop routine screening mammograms for women at average risk of breast cancer after age 75.
- Stop screening colonoscopies for adults at average risk of colorectal cancer at age 75.
- Stop routine screening with PSA for men at average risk of prostate cancer, independent of age.

Why don't all providers follow these guidelines? Cancer screening recommendations based on age alone are somewhat arbitrary. A frail 75 year old with heart disease and diabetes is different from a 75 year old who exercises every day. Many experts recommend considering a person's life expectancy. If it is less than 10 years, cancer screening is unlikely to improve a person's survival or quality of life, and the risks of screening are greater than the benefits.

Estimating life expectancy is not easy. Many primary care providers might be reluctant to make that estimate. That's why a decision about cancer screening should be made together after thoughtful consideration. It's important to be well informed about the risks and benefits of the test.

The practice of Geriatrics focuses on improving quality of life rather than prolonging it. It's helpful to think ahead, "what will we do with the results of testing and how will those results affect my quality of life". Cancer screening must be individualized. Ask yourself, "what are MY goals of care?", then talk with your health care provider and decide together which screening tests, if any, are appropriate.

HEALTH EDUCATION LECTURE

On Wednesday, May 6,
Pam Taylor,
LICSW and Community Educator from Care Dimensions,
will present a health education talk "Who will speak for you when you can't speak for yourself".
This is a discussion about Advanced Care Planning, including information on Health Care Proxy and MOLST forms. Please join us for this interesting presentation in the Auditorium Center
from 10:00am —11:00am.

BEDFORD DRUG PICK-UP

The Bedford Police will pick-up expired and unused medications on:

Friday, May 8, 2015

You can drop off any prescription or over-the-counter unused/expired medication at the Clinic between 8:30 am and 12 noon.
Unfortunately, we can only accept medicines during these times and on the date of pick-up.