Staying Healthy

A senior's guide for preventative healthcare services

Ynolde F. Smith D.O.

What can we do to prevent disease?

- Exercise
- Eating Well
- Keep a healthy weight
- Injury prevention
- Mental Health
- Social issues (care giver, advanced directive)
- Counselling smoking/alcohol
- Preventative screening exams
- Vaccines

Screening Overview

- United States Preventative Services Task Force (USPSTF)
- Canadian Task Force
- American Cancer Society
- Individual Medical Societies (American Urological Association, American College of Physicians)

Screening Overview

1) Risk of dying of a cancer (not the risk of being diagnosed with the cancer)
2) Benefit of cancer screening
3) Harms of cancer screening
   - Complications
   - Identification of clinically unimportant cancers
   - Psychological distress
4) Values and Preferences

Screening Overview

- Breast
- Prostate
- Colon
- Cervical

Breast Cancer Screening

Breast cancer in the US in 2017

- 252,710 new cases invasive
- 63,410 new cases of in-situ
- 2,470 new cases of invasive in men
- 40,610 deaths

Breast Cancer Screening

- Self breast exam
- Clinical breast exam
- Mammogram

Breast Cancer Screening

US Preventative Services Task Force

- Mammogram every 2 years and annual clinical breast exam for women ages 50-74
- Insufficient evidence to recommend for or against teaching self breast exams
- Insufficient evidence to recommend for or against screening for ages 40-49 and over 75

Breast Cancer Screening

American Cancer Society, American College of Radiology, American Medical Association, American College of Obstetricians and Gynecologists

- Mammogram every **1-2** years and annual clinical breast exams age 50

  Offer Mammogram 1-2 years and clinical breast exam 40-49 years old.

  Shared decision making 75 and older

Breast Cancer Screening

- American College of Physicians
  - Mammograms every 2 years ages 50-74
  - No mammograms if younger than 50 and over 74
- Canadian Task Force
  - Annual clinical breast exams and mammograms for ages 50-69
  - No mammograms for women less than 50 years old

Breast Cancer Screening

- Screening test performance
- Volume of mammograms read by radiologist
- Density of breasts
- Age of patient
- False positive results in additional testing (ultrasounds, biopsy, anxiety)

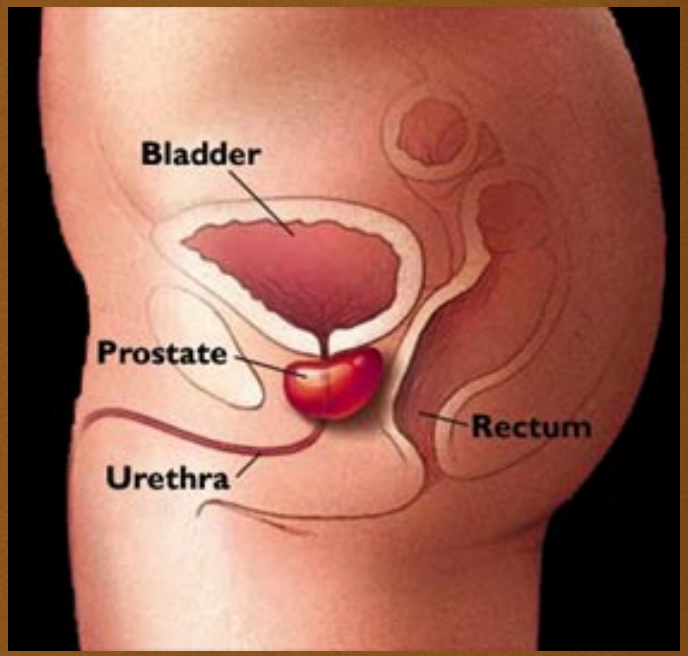
Breast Cancer Screening

- Mammograms age 50 - 69
  - 23% reduction in breast cancer mortality from screening
  - Screening every 2 years had the same effectiveness as every year
- Mammograms over 70 years old
  - Reduced breast cancer mortality from screening ages 70-74 in studies with small numbers
  - No studies with women over 74 at enrollment

Prostate Cancer Screening

Prostate cancer in the US in 2017

- 161,360 new cases
- 26,730 deaths
- Autopsy studies have shown 30% men over 50 years old have prostate cancer
- 16% men will develop prostate cancer, but only 3% will die from it



Prostate Cancer Screening

- Clinical Digital Rectal Exam
- Prostate Specific Angtigen (Blood test)
  - PSA levels >4

Prostate Cancer Screening

USPSTF

- Routine screening for prostate cancer with digital rectal exams or PSA is not recommended

Prostate Cancer Screening

American Cancer Society and American Urological Society

- PSA testing and DRE should be offered annually to men 50 years of age and older who have a life expectancy of 10 years
- Beginning at age 45 in patients at high-risk of developing prostate cancer (eg, African Americans, Hispanic Americans and men with two or more first-degree relatives with prostate cancer)
- PSA testing is also recommended for men who ask their clinicians to make the decision about screening on their behalf

Prostate Cancer Screening

Canadian Task Force

- Recommended against PSA
- Evidence not strong enough to recommend against digital rectal exams for men 50-70

Prostate Cancer Screening

American College of Physicians (ACP)

- "Rather than screening all men for prostate cancer as a matter of routine, physicians should describe the potential benefits and known harms of screening, diagnosis, and treatment; listen to the patient's concerns; and then individualize the decision to screen"
- Men are most likely to benefit between the ages of 50-69

Prostate Cancer Screening

- There is currently no evidence that screening for prostate cancer results in reduced morbidity and mortality
- Multiple recent studies have actually shown that annual screening after age 50 may cause harm (decrease in 0.7 years per patient screened)

Prostate Cancer Screening

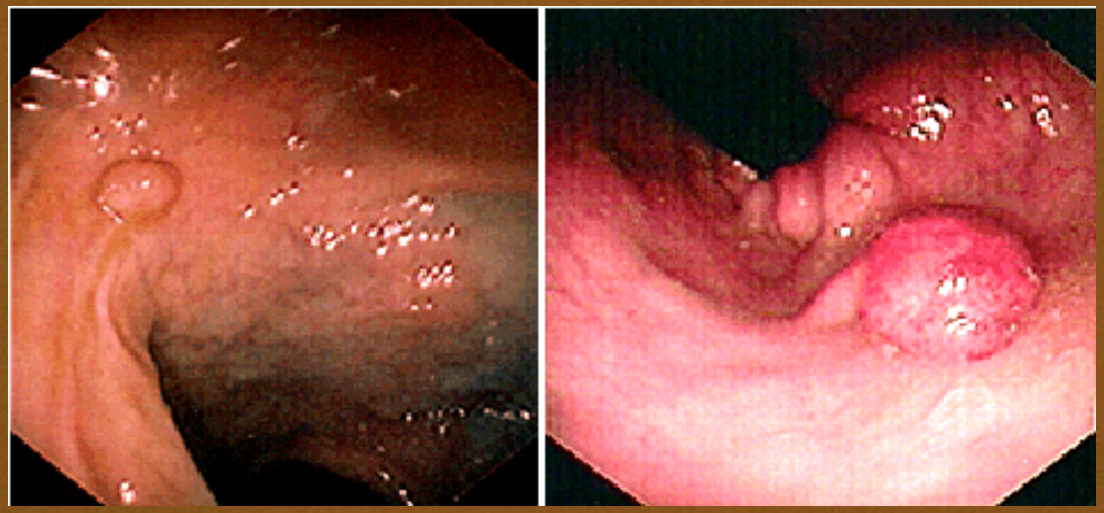
- A large proportion of cancers detected by PSA screening may be latent cancers, indolent tumors that are unlikely to produce clinical symptoms or affect survival
- It is unclear if PSA identifies aggressive cancers at a potentially curable stage

Prostate Cancer Screening

- Weakness of Clinical Digital Rectal Exam
  - 25-35% of tumors occur in parts of the prostate not palpated on exam
- Weakness of Prostate Specific Angtigen (Blood test)
  - Can be elevated with BPH (Benign Prostatic Hypertrophy) and prostatitis as well as prostate cancer

Colon Cancer Screening

- Third most common form of cancer in the US
- Second highest mortality rate
- 95,520 new cases per year
- 39,910 new cases of rectal cancer
- 50,260 deaths per year



Colon Cancer Screening

- Fecal Occult Blood Test (FOBT)
- Sigmoidoscopy
- Colonoscopy

Colon Cancer Screening

USPSTF

- All persons over 50 years old with annual fecal occult blood testing, sigmoidoscopy, or colonoscopy and continuing until they are 75 years

Colon Cancer Screening

American Cancer Society

- Annual FOBT after age 50
- Sigmoidoscopy every 3-5 years after age 50

American College of Gastroenterology

- Screening colonoscopy every 10 years
- Alternatively: annual fecal occult blood testing and flexible sigmoidoscopy every 3-5 years

Colon Cancer Screening

American College of Physicians

- Recommend screening to patients age 50-70 with flexible sigmoidoscopy, or colonoscopy

Colon Cancer Screening

- Although screening with fecal occult blood testing and flexible sigmoidoscopy has been shown to reduce mortality from colorectal cancer, screening rates are low.
- Colonoscopy seems to be effective when all evidence is considered, but it is not supported by direct evidence (from randomized trials, nonrandomized trials, or case-control studies) that it reduces mortality from colorectal cancer

Colon Cancer Screening

- Most studies examining flexible sigmoidoscopy began at age 45, however there is no data on when to stop
- There is conflicting data on the frequency for flexible sigmoidoscopy

Colon Cancer Screening

- Weakness of Fecal Occult Blood Test
  - Many causes of false positives (foods containing peroxidases, hemorrhoids, diverticulosis)
  - False negatives (vitamin C)
- Weakness of Flexible Sigmoidoscopy
  - False negatives: only detects 40-65% cancers
  - False positives: most polyps will not become cancer
  - Risk of perforation 1 in 1,000

Colon Cancer Screening

- Weakness of colonoscopy
  - 95% cancers are in reach of colonoscopy
  - Higher risk from anesthesia
  - Risk of perforation: 1 in 2,000-3,000

Cervical Cancer Screening

- 21-29 years pap every 3 years, no routine HPV testing only use for follow up for an abnormal pap
- 30 years pap with HPV every 5 years, continue to age 65.
- Another option 30-65 pap every 3 years
- Women over 65 who have regular screening for ten years should stop screening, as long as they have not had previous serious cervical cancers CIN2 or CIN 3 found in the last 20 years

Vaccines

- Age 65 Pneumococcal, can be two times five years apart
- Prevnar 13 (first) and once
- Age 60 Shingles
- One lifetime dose of Tdap, TD booster every ten years
- Annually Flu- High dose age 65

Summary

- All cancers discussed have various recommendations from the different medical societies
- Discuss with your physician the risks and benefits of cancer screening
- Decisions about screening should be individualized according to your other medical problems and your personal values