

Cancer Screening Guidelines

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Recently, a great deal of debate has taken place regarding cancer screening, especially breast cancer. The norm in the medical field these days is to order cancer-screening tests based on age or on risk factors. But for seniors that may not be the best approach. A study conducted by the San Francisco Veterans Affairs Medical Center suggests that physicians should order cancer screening tests with a more individualized approach. The report suggests a framework that helps doctors to make individualized cancer screening decisions that would be more useful than age guidelines.

Unfortunately, many health care agencies that provide accreditation, or insurers who pay for the screenings rely on age-based guidelines for assessing quality or reimbursing for care. These factors may influence physician ordering of screening tests more than the actual usefulness of the information the screening tests provide. Because health status among the elderly varies much more from person to person, screening decisions require a more rational approach in this population, not just a blanket statement regarding screening based upon age.

As I have told many patients, one of the most important factors to consider when deciding whether or not to order cancer screening is the patient's life expectancy. If a patient has other illnesses and only has a five-year life expectancy, then it doesn't make sense to screen them for breast cancer, prostate cancer, or another cancer when we know from research that patients do not benefit from screening when they have a short life expectancy.

For example, a very healthy and active 80 year-old who could be expected to live possibly 13 years longer, is more likely to be helped by cancer screening than a 70-year-old who has severe congestive heart failure along with other major health problems who is unlikely to reach age 75. The risks and burdens of every screening test should be considered carefully before being ordered. Screening test results can occasionally be inaccurate or inconclusive necessitating further, often invasive testing such as biopsy and additional stress for the patient. Patients with advanced illnesses and limited life expectancies can suffer unnecessary harm and complications from finding an early cancer and having surgery or other invasive treatments.

In patients with a limited life expectancy, many cancers found early through screening tests would not have progressed quickly enough to affect them during their limited lifetime. However, in patients who are in good health, and have more than 5 years of life expectancy, screening test clearly lead to an improvement in life span, early detection, and successful treatment.

Ultimately the decision, that any physician should respect to have a screening test or not, should be the patients. It is very important that physicians discuss both the risks and the benefits of screening tests and respect the decision the patient makes. Many patients will get relief and a great deal of peace of mind from having a screening test, while others may not want to have a test if they can avoid it at all no matter the risk. These decisions must be made on a one to one basis between the patient and their physician.