

Considerations for Screening
Prostate
Breast
Colorectal
Lung

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BID Needham-Risk Management Program
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Know four key guidelines

- **USPSTF: “Recommends **against** PSA-based screening for prostate cancer”**
 - American Urological Association
 - American College of Physicians
 - Canadian Task Force on Preventive Health Care

▶ Recent Guidelines - ACP

- **I:** 50-69: inform of potential benefits and significant harms of PSA testing. No testing for those who do not express a clear preference for screening
- **II:** NO PSA testing for those <50; >69; or LE of <10-15 years
- *Talking points provided*

▶ Recent Guidelines - AUA

- **I:** NO PSA testing under age 40
- **II:** PSA not recommended 40-54
- **III:** 55-69: prevent mortality in 1/1000 men over 10 years; PSA testing undergo shared decision making, based upon values and preferences
- **IV:** for those screened, every two years
- **V:** NO PSA testing for men >70 with less than 10-15 years of life expectancy

CTF PHC (doi/10.1503/CMAJ.141252)

- **Men <55 and ≥70**
- Strong recommendation against screening
- “Clinicians should not routinely discuss screening ... unless the topic is raised by the patient”

CTF PHC (doi/10.1503/CMAJ.141252)

- **Men 55-69**
- Weak recommendation against screening
- Risks and benefits discussed
- “Those who place a high value on a small potential reduction in mortality and are less concerned with undesirable consequences may choose to be screened”

Breast Cancer

Special thanks to Dr Sue Troyan

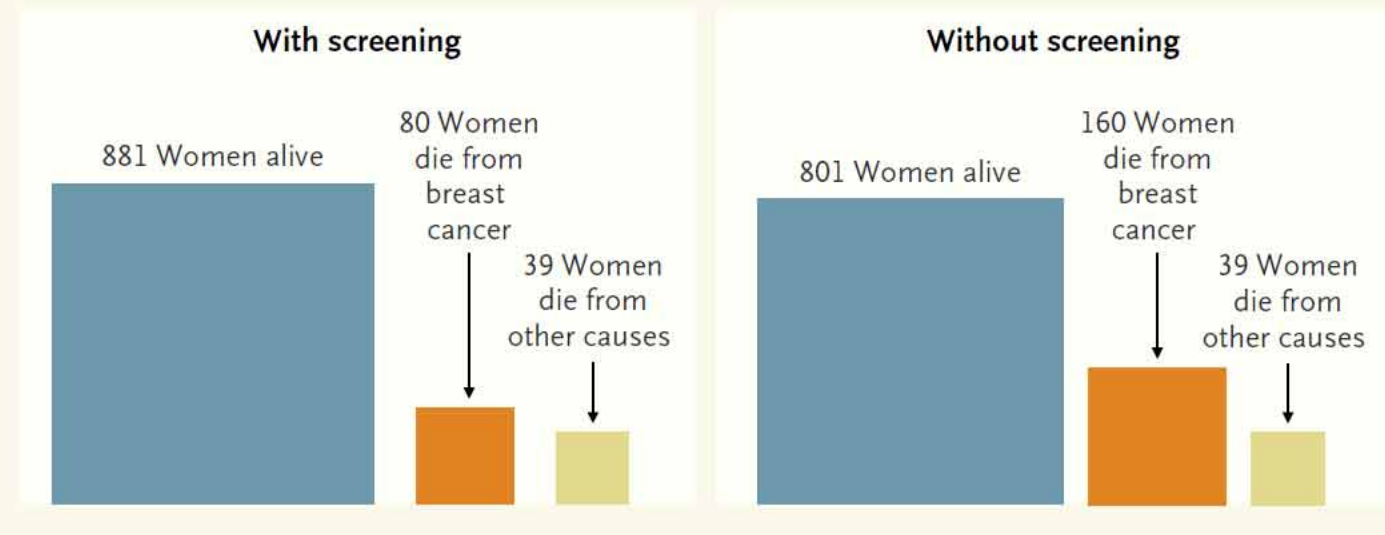
Mammography

Abolishing Mammography Screening Programs? A View from the Swiss Medical Board

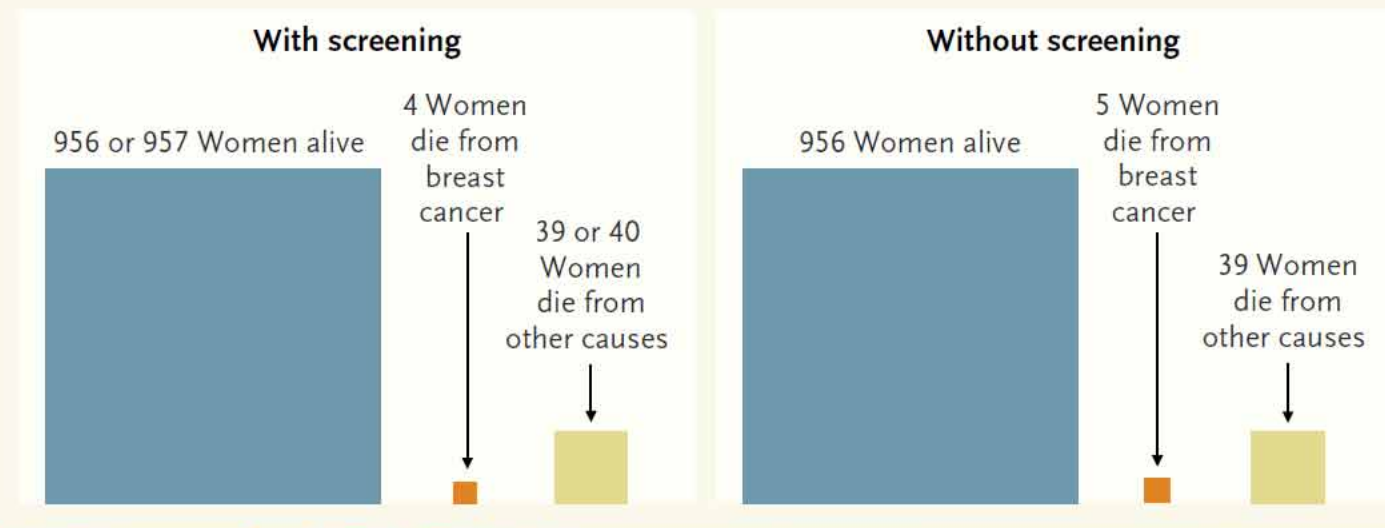
Nikola Biller-Andorno, M.D., Ph.D., and Peter Jüni, M.D.

n engl j med 370;21 may 22, 2014

A Women's Perception of the Effect of Mammography



B Real Effect of Mammography



half, and 723 thought that a would be pre women who screening. The r reflect the mos according to : a relative risk and prevention death. The data reported in the similarly overly tations. How (an informed de estimate the be raphy so grossly

The Swiss M port was made : 2, 2014 (www. It acknowledge mammography prevent about buted to breas

Biller-Andorno et al

“It is easy to promote mammography screening if the majority of women believe that it prevents or reduces the risk of getting breast cancer and saves many lives through early detection of aggressive tumors.

We would be in favor of mammography screening if these beliefs were valid. Unfortunately, they are not, and we believe that women need to be told so.”

Biller-Andorno et al

“From an ethical perspective, a public health program that does not clearly produce more benefits than harms is hard to justify. Providing clear, unbiased information, promoting appropriate care, and preventing overdiagnosis and overtreatment would be a better choice.”

Breast Cancer Metrics

- Draft balance sheet for screening mammography in 50-year old women.*

Benefits

One woman will avoid a breast cancer death.

Harms

Between two and 10 will be over diagnosed and treated needlessly.

Between five and 15 women will be told that they have breast cancer earlier than they would otherwise yet have no effect on their prognosis.

Between 200 and 500 women will have at least one “false alarm” (50-200) will be biopsied.

* Among one thousand 50-year old women undergoing annual mammography for 10 years.