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Less cheering for cancer screening

In 2009, the recommendations for mammograms changed. The United States Preventive Services Task Force (USPSTF) stopped recommending annual breast cancer screening mammograms for women under age 50. This caused a firestorm, in part because many refused to believe that screening can actually harm a person. Finding more cancers led to more treatment (some of which was unnecessary), but did not decrease the deaths from breast cancer. In other words, we had a whole lot more activity but were not saving or extending lives.

Prostate cancer screening recommendations also changed. When PSA testing was introduced, the number of prostate cancer diagnoses almost doubled between 1986 and 1992. Yet the deaths from the cancer stayed virtually the same. Again, a lot of cancers were getting diagnosed and treated that were never going to become invasive. The PSA test as a marker for the cancer was also questioned. Now, there seems to be more awareness that men should weigh the disadvantages of getting tested, if they have no symptoms.

Is colon cancer next?

Medscape recently had an article, [“U.S. Colorectal Cancer Screening Strategy Questioned”](#) (Mulcahy, 11/9/2011). The article cites several studies that question whether a colonoscopy delivers more benefit than less invasive, less expensive tests. Experts fear the colonoscopy is creating the same over-diagnosis problem that plagued breast and prostate cancer screening.

[“Over-diagnosed: Making People Sick in the Pursuit of Health”](#) is a terrific book that I highly recommend. Written by three doctors, it talks frankly about the pluses and minuses of looking hard for cancers. Since the three had also been practicing physicians – looking patients in the eye – they know the names of people who suffered the disease. It is a very interesting blend of perspectives.

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