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Docs Failing to Present Pros, Cons of Cancer Screening: Study

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Millions of Americans undergo screening tests for cancer every year in hopes of detecting cancer early, but they – and their doctors – may not be getting a full picture of the risks involved, a top expert says.

“Screening tests are very valuable but they have risks as well as benefits so if doctors are going to use them to guide patients they have to be clear on both,” Dr. Tanner J. Caverly tells *Newsmax Health*.

But the guidelines do not give doctors an accurate picture of both the pros and cons, says Dr. Caverly, the lead author of the study, which was released today.

In the University of Michigan Health System study, researchers found that 69 percent of the guidelines they examined did not accurately present the harms versus the benefits, says Dr. Caverly, who is also an internist there.

Although 31 percent of the guidelines were accurate, a larger number – 55 percent – presented them in a skewed fashion, making the benefits appear larger and the risks smaller, he said.

Cancer screening tests are performed on apparently healthy people to find cancer early, before symptoms appear. Over the years, the number of screening tests have grown, and they are generally viewed as a favorable development in the fight against cancer. For instance, increased use of colonoscopy, in which a long, thin tube is used to view the colon, has resulted in a 30 percent drop in colon cancer cases, the ACS says.

But there have also been questions raised about some tests, such as when mammography to detect early breast cancer should begin and whether the PSA (protein specific antigen) test can be harmful when used on healthy men, if it leads to unnecessary biopsies and treatment.

"In cases where there is controversy, having accurate information becomes very important," notes Dr. Caverly.

For instance, the U.S. Preventive Services Task Force now recommends women begin mammography screening at the age of 50, while the ACS, in a major policy shift last year, upped the age from 40 to 45.

The PSA was once considered a good screening test, but the USPSTF now recommends against its routine use. In both these cases, such decisions were made after studies showed that they are not foolproof and that harms – like too many biopsies – were being done to justify their broad use. But some men's and women's advocacy organizations have protested these changes.

Although Dr. Caverly's study, which is published in the *Journal of the National Cancer Institute*, centers on the issue of guidelines, he offers these patient recommendations on screening tests:

- **Consider age.** Screening tests are designed to pick up diseases before they become threats to health within a 10-year period or so. So he doesn't generally recommend them for people over the age of 80. (For example, although colonoscopy is performed without problems in the vast majority of people, a recent Yale University study found that 2 percent of low-risk patients age 65 and older ended up in emergency rooms with complications.)
- **Use a decision-making tool.** There are questionnaires on the Internet such as [this guide](#) the Mayo Clinic developed that the ACS recommends for making decisions about the PSA.
- **Carefully read the professional guidelines.** Although Dr. Caverly's study found that professional guidelines don't always accurately portray risks versus harms; they do contain the background information from which they were derived, as does this one [informational sheet](#) developed by the National Cancer Institute for mammography.
- **Talk to your doctor.** Discuss the risks and harms of the screening test and ask for your doctor's recommendation taking your personal characteristics into consideration.