December 9, 2011

Memorandum

To: Family Physicians, General Internists, Primary Care Obstetricians/Gynecologists, and Primary Care Nurse Practitioners and Physician Assistants

From: GUIDES (Guideline Utilization Implementation Development and Evaluation Studies)
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Subject: UMHS Clinical Care Guideline Update: Cancer Screening 2011 Update

What’s New!

Breast cancer screening
- Age to initiate: Some professional organizations recommend starting at age 40 for all women. Others recommend starting at age 50, with individual decision-making for women age 40-49 that takes into account patient context (e.g. risk) and patients values regarding specific benefits and harms.
- Frequency: For average risk women, American Cancer Society and the National Comprehensive Cancer Network recommend screening every year and US Preventive Services Task Force recommends screening every 2 years.
- Consider continuing screening over age 74 if life expectancy is greater than 10 years.

Cervical cancer screening
- Do not screen women under age 21.
- Consider co-test with human papillomavirus test and liquid-based cytology in routine screening for women over age 30.
- HPV test remains a very useful tool for triaging cytologic abnormalities.

Colorectal cancer screening
- Current guidelines suggest discontinuing screening at age 75, though patient co-morbidity and life expectancy should be considered.
- The preferred non-invasive test is fecal immunochemical (“high sensitivity”) testing rather than earlier types of fecal occult blood tests. OC FIT-CHEK®, high sensitivity fecal testing, which only requires one card and no dietary modifications, will be available at UMHS in March 2012.

Prostate cancer screening
- Key points to discuss with patients (Table 7) has been added.
- Screening intervals of 1-4 years provide similar rates of detection of prostate cancer.
- Stop prostate cancer screening at age 75, or when life expectancy is less than 10 years.

Key aspects.

Breast cancer screening
- Potential benefits and harms of screening shift as women age. Net benefit over harm is clearest for women ages 50-74 and less clear for women ages 40-49 & over 74 years. Expert groups differ in weighing benefits & harms.
- Consider annual mammography in women < 60 years old and every 1-2 years in older women. Breast cancer appears to be faster-growing in younger women.
- Evidence is insufficient to recommend for or against clinical breast exam for screening, beyond mammogram screening in the normal risk woman.
- BSE is no longer recommended as a routine screening method for normal risk women. However, if a woman detects a breast abnormality, she should bring it to her physician’s attention.
Cervical cancer screening.
- Routine screening of women >21 years every two to three years with either conventional or liquid based cytology. Routine screening every 3 years for women age 30 and older who remain low risk.
- Screen women despite HPV vaccine status.
- Co-testing with both HPV DNA testing and cytology may be appropriate for women older than 30 years though it is still controversial with regards to value and cost-effectiveness.
- Do not screen women with total hysterectomy for benign conditions and no history of cervical cancer or its precursors. Consider not screening women who have never engaged in sexual intercourse.
- Consider discontinuing routine screening at age 65-70 for low risk women.

Colorectal cancer screening
- Screen normal risk men and women age 50-74 using any of the following modalities:
  - High-sensitivity fecal occult blood test (FOBT) annually
  - Flexible sigmoidoscopy every 5 years with high-sensitivity FOBT every 3 years
  - Colonoscopy every 10 years

Prostate cancer screening
- An informed decision-making process should precede a decision to perform prostate cancer screening.
- Total serum Prostate-specific antigen (PSA) remains the standard laboratory test for prostate cancer screening.
- Provide information and discuss PSA screening at age 50, or at age 40 for men at higher risk.

Internet Links.
- Patient Education:
  - Breast cancer screening: https://mchswtst.med.umich.edu/healthwise/content/uf8445en-us.htm
  - BRCA gene testing: https://mchswtst.med.umich.edu/healthwise/content/uf7467en-us.htm
  - Cervical cancer screening (pap): https://mchswtst.med.umich.edu/healthwise/content/ut2580en-us.htm
  - HPV testing: https://mchswtst.med.umich.edu/healthwise/content/uh3113en-us.htm
  - Colposcopy: https://mchswtst.med.umich.edu/healthwise/content/uf10314en-us.htm
  - Colonoscopy: https://mchswtst.med.umich.edu/healthwise/content/uf9416en-us.htm
  - Prostate cancer screening: https://mchswtst.med.umich.edu/healthwise/content/ut2075en-us.htm
  - PSA test: https://mchswtst.med.umich.edu/healthwise/content/zw1240en-us.htm
- UMHS Clinical Care Guidelines: http://www.med.umich.edu/i/oca/practiceguides/