

Dr. Stephen Taplin

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THE FACULTY REPORTED THE FOLLOWING FINANCIAL RELATIONSHIPS OR RELATIONSHIPS TO PRODUCTS OR DEVICES THEY OR THEIR SPOUSE/LIFE PARTNER HAVE WITH COMMERCIAL INTERESTS RELATED TO THE CONTENT OF THIS CME ACTIVITY:

DR. STEPHEN TAPLIN HAS INDICATED HE HAD NO RELEVANT FINANCIAL RELATIONSHIPS WITHIN THE PAST 12 MONTHS.

THE FUTURE OF CANCER SCREENING GUIDELINES: RECONCILING THE BENEFITS AND HARMS

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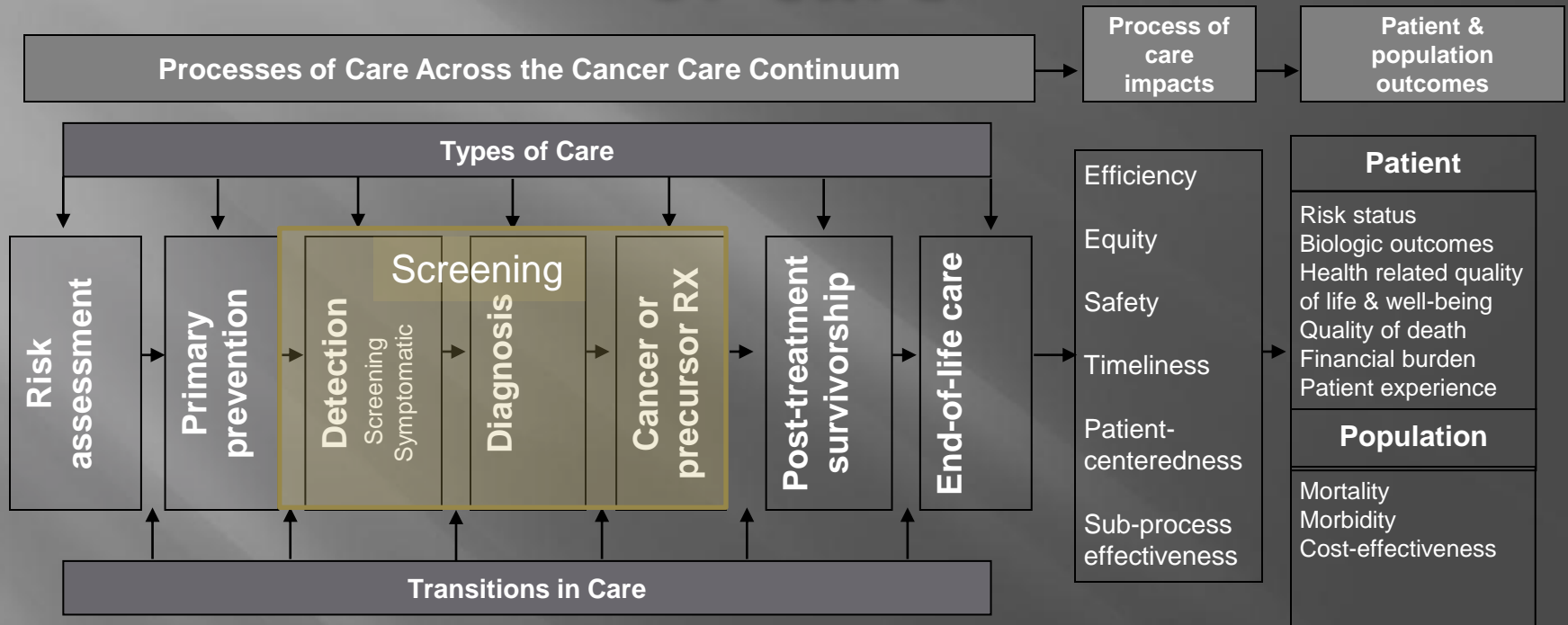
Division of Cancer Control and Population
Sciences

National Cancer Institute

Key points

- ▣ Screening is a process not a test
- ▣ Guidelines are necessary but not sufficient to affect care
- ▣ We need to identify the benefits and harms of the process, not just the test

Screening is one of many processes across the continuum of care

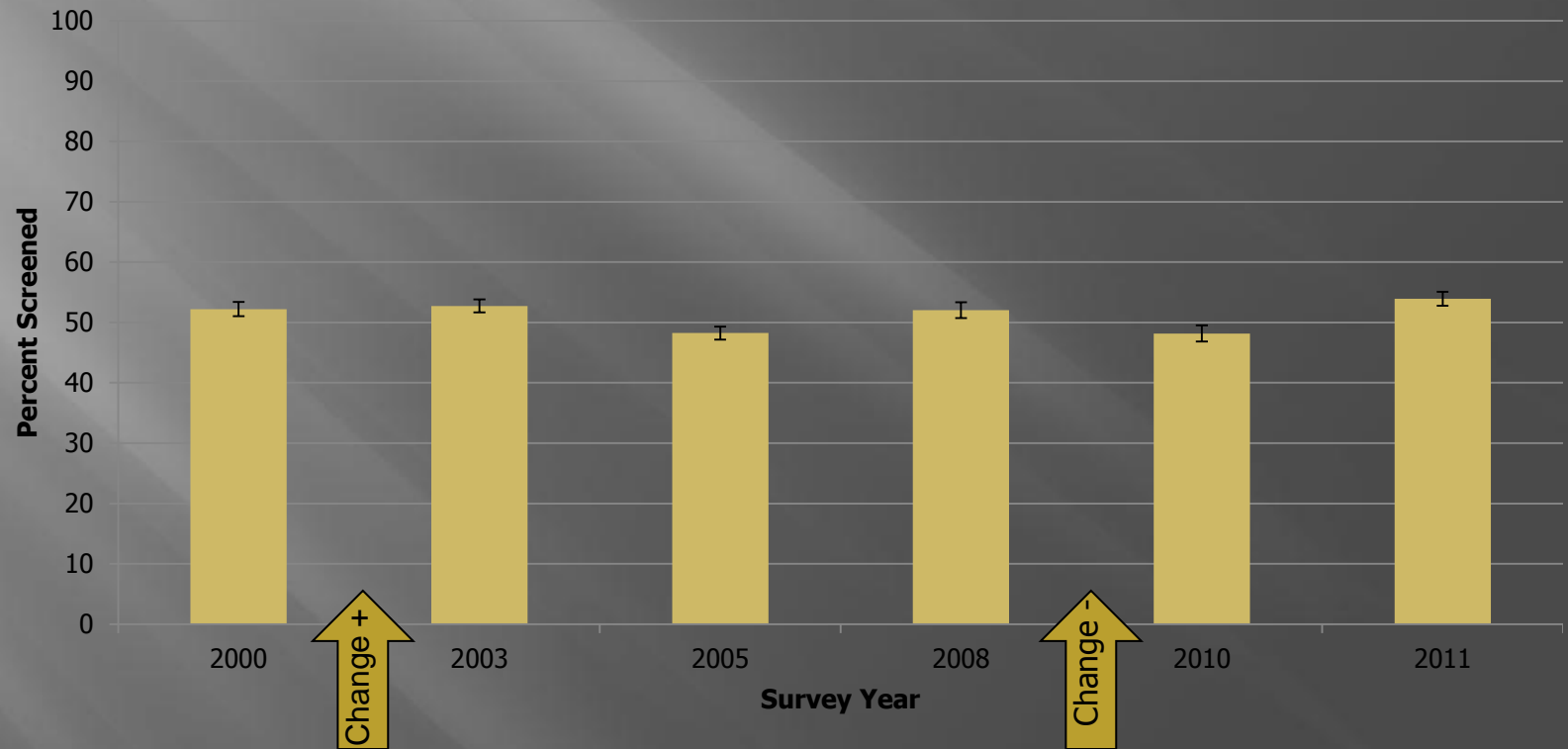


Each type and transition in care offers opportunities for improvement. Within and between types of care there are interfaces and steps which may be articulated to identify more opportunities.

Guidelines are necessary but not sufficient

Pre/Post USPSTF Guideline changes Breast Ca Screen: Mammography

Had a Mammogram in the past year, Women 40+
National Health Interview Survey 2000, 2003, 2005, 2008, 2010, 2011



Breast

52%¹ vs 51%

0.95 (0.9-1.0)

51% vs 51%

1.03 (0.95-1.11)

Multivariate models

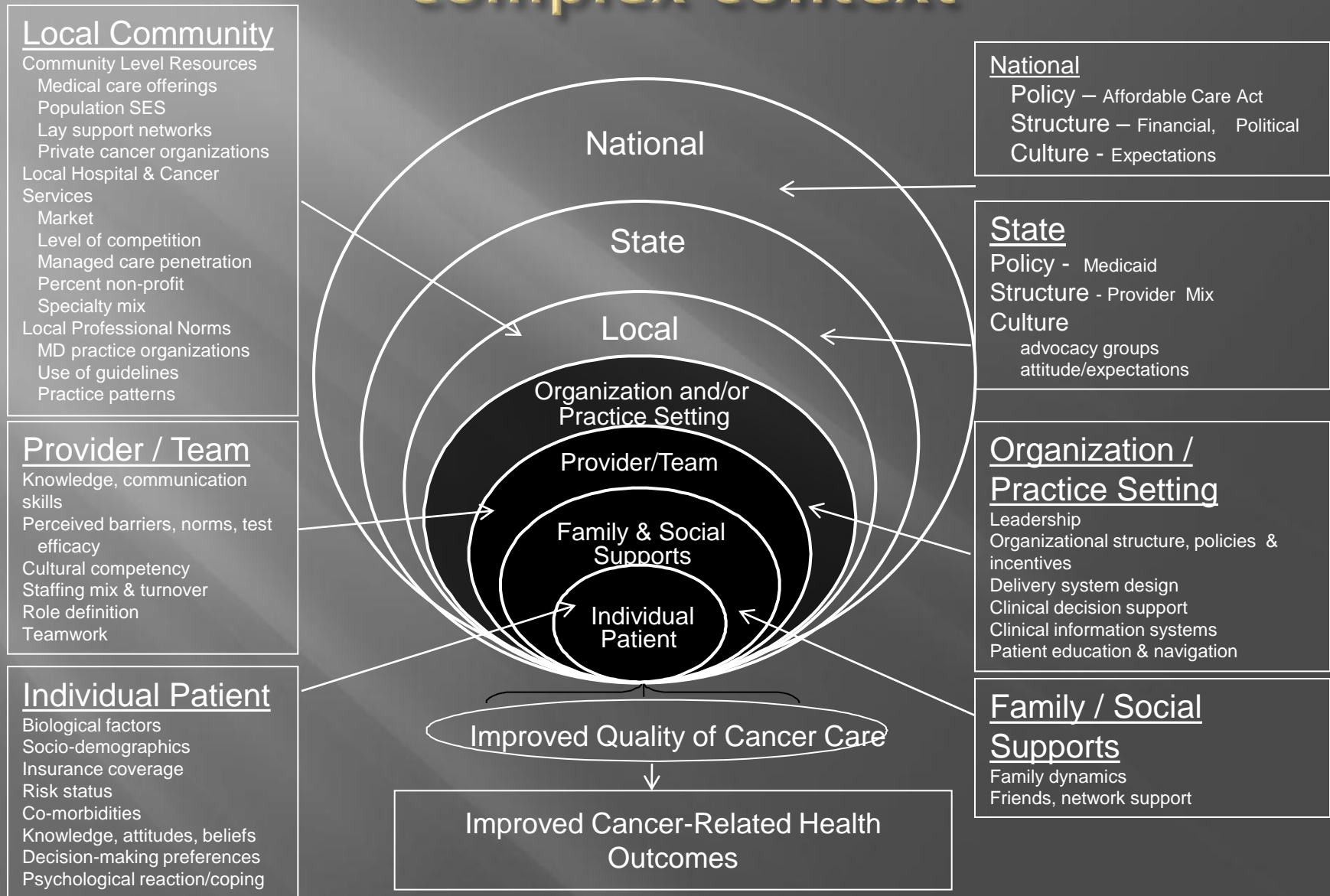
	Pre/post 1	OR, 95% CI	Pre/post 2	OR, 95% CI
Breast	52% ¹ vs 51% *	0.95 (0.9-1.0)	51% vs 51% [^]	1.03 (0.95-1.11)
Cervical	57% vs 51% &	0.75 (0.73-0.78)	NA	
Colorectal	24% vs 24% [^]	0.99 (0.92-1.06)		
PSA	40% vs 39% [£]	0.94 (0.87-1.02)		

*2002, &2003 , £2008, ^2009,

1.% screen after adjustment for age, race, insurance, & education

& No differential effect across age categories

The screening process occurs in a complex context



We need to be explicit ...
about the perspective taken
and the risks and benefits of the
entire process.....

- ▣ Perspective

- Societal
- Provider
- Patient

- ▣ Process

- Recruitment

- ▣ Shared Decision Making

- Ambiguity?

- ▣ Competing priorities?

- Effect on health of whom (cancer pt, non-cancer pt)
- Cost to whom?

We need to think about the benefits and harms of the entire process

- ▣ Process continued
 - Screening
 - ▣ Sensitivity/specificity/personal risk
 - ▣ Probability of an abnormality
 - ▣ Costs to individual
 - Diagnosis
 - ▣ Risks
 - Of the diagnostic tests available
 - ▣ Costs born by patient
 - Treatment
 - ▣ Risks
 - Morbidity of early vs. late Rx

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