

Dr. Stephen Taplin

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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

Stephen Taplin MD, MPH Chief

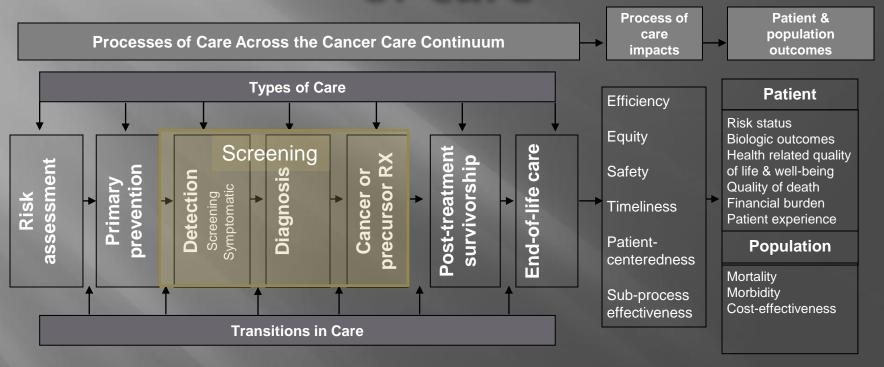
Process of Care Research Branch
Behavioral Research Program
Division of Cancer Control and Population
Sciences

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

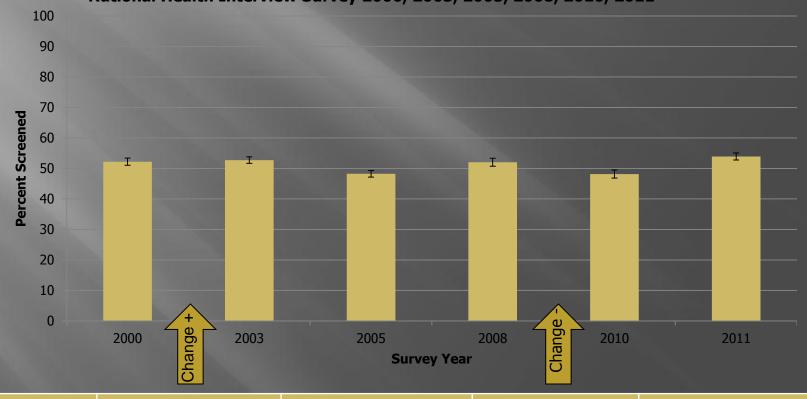


Each type and transition in care offers opportunities for improvement. Within and between types of care there are interfaces and steps which may be articulated to identify more opportunities.

Guidelines are necessary but not sufficient

Pre/Post USPSTF Guidelinge 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

Local Community

Community Level Resources Medical care offerings Population SES Lay support networks Private cancer organizations

Local Hospital & Cancer

Services

Level of competition

Managed care penetration

Percent non-profit

Specialty mix

Local Professional Norms

MD practice organizations

Use of auidelines Practice patterns

Provider / Team

skills

Perceived barriers, norms, test efficacy

Cultural competency

Staffing mix & turnover

Role definition Teamwork

Individual Patient

Biological factors Socio-demographics Insurance coverage Risk status

Co-morbidities

Knowledge, attitudes, beliefs Decision-making preferences

Psychological reaction/coping



National

Policy — Affordable Care Act Structure - Financial, Political

Culture - Expectations

State

Policy - Medicaid

Structure - Provider Mix

Culture

advocacy groups attitude/expectations

Organization / **Practice Setting**

Leadership

Organizational structure, policies & incentives

Delivery system design

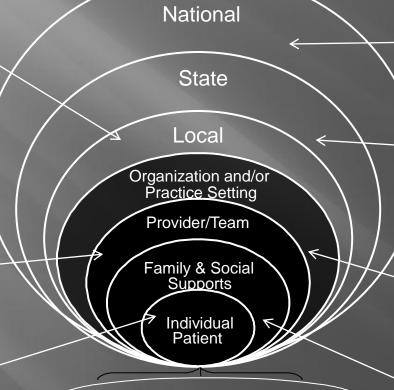
Clinical decision support

Clinical information systems

Patient education & navigation

Family / Social Supports

Family dynamics Friends, network support



Improved Quality of Cancer Care

Improved Cancer-Related Health

Outcomes

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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