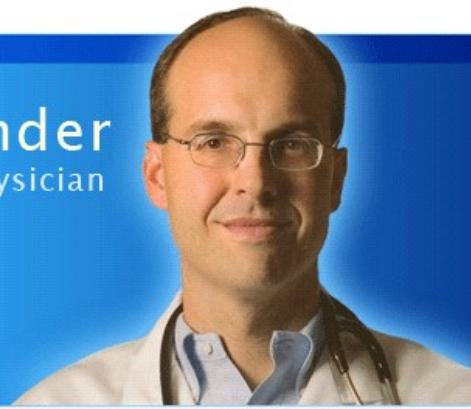


Dr. Jeff Alexander

Internal Medicine Physician



NOVEMBER 2011 NEWSLETTER

Recently, new recommendations regarding prostate cancer screening were issued by The United States Preventive Task Force, (USPTF). This comes on the heels of new mammography guidelines issued 18 months earlier. The recommendations are in no small measure related to the upcoming government takeover of our healthcare system. They clearly are driven by cost with some research to back them up. The USPTF is one of many groups that offer cancer screening guidelines. It can be a confusing area, so I thought it best to lay out what I feel is appropriate cancer screening for all patients.

1. Breast Cancer- Breast cancer is the most common cancer that a woman will face. One in nine women who live to the age of 90 will develop breast cancer. The American Cancer Society along with The American College of Radiology recommends that mammography be obtained yearly starting at the age of 40. There is no doubt that mammograms detect breast cancer early and save lives, but the major issue is the cost to perform these tests in younger women.

Women in their 40's are more likely to have dense breasts that can lead to false positive scans. However, women in their 40's also get more aggressive types of breast cancer and are at a higher risk of mortality than older women. I believe as most people do, that the benefit of detecting a breast cancer far outweighs the risk of a false positive scan and the cost. To me, it is a no brainer. These scans should continue for the rest of your life, or until you hit a point in life that the risk of your other health issues makes mammograms unlikely to provide a benefit.

I also believe that a woman should get a yearly breast exam by a physician. There are some cancers that are not detected by mammograms, so breast exam is crucial. Many believe breast self exam is not strongly recommended due to the efficacy of our current screening methods. I believe that there is no harm caused by a monthly breast self exam. In fact I feel that it is helpful for women to know their breasts and be aware of any changes. This is a low risk free screen, so why not?

One issue that I have left out is women who have a relative that develops premenopausal breast cancer. If your mother or sister has developed breast cancer in their 40's, you should start mammograms at an age of 10 years before they developed the cancer. For example, if your mother has breast cancer at the age of 45, then you should start mammography at the age of 35. Genetic screens are also helpful for women with strong family histories. The BRCA genetic test is widely available, but needs to be used with appropriate genetic counseling.

2. Cervical Cancer- Cervical Cancer is a disease of younger women and is frequently associated with the HPV virus. Screening is done via a pap smear. These tests should start at the age of 21 regardless of sexual history. The 2009 American College of Obstetrics and Gynecology recommend that pap smears be performed every 2 years in your 20's, and every 3 years after age 30, unless you have an abnormal pap smear. If a woman has had a hysterectomy for a reason that is not cancer (fibroids or bleeding), you never need another pap smear. I will leave these decisions up to you and your OB, but these are the recommendations. Cervical cancer is a disease that generally occurs in younger women, so the need for screening declines with age. Please remember for those of you with younger children, that there is a vaccine for four of the strains of HPV. Please consider it for your daughters. Soon, I do believe we will also be vaccinating our sons. It is safe, and not only prevents cervical cancer, but also non-rectal cancer and hopefully soon there will be data showing a benefit in head and neck cancer.

3. Prostate cancer—Prostate cancer is the most common cancer that a man will face in his lifetime with an incidence of 1 in 6. The method that we use to screen for this disease is a yearly rectal exam along with a PSA blood test. Recently the USPTF has urged us to stop all PSA screenings on data that I believe is financially driven. Arguments against screening are based on the cost along with the available therapies for a disease that is usually slow- growing and not aggressive. The USPTF ignores the cost of therapy for later stage disease along with the potential cost to the healthcare system for finding advanced disease. I, along with societies such as the American Urology Association do not agree with this.

It is my belief, that all men starting at the age of forty should have a yearly digital prostate exam along with a PSA. The benefits of screening and detecting disease far outweigh the risk of not detecting disease. I believe that each man should have the right to know that he has a cancer at the earliest stage possible. It is true that sometimes these tests can lead to unnecessary biopsies, but if you have cancer, it can also give you several different options for therapy. As in breast cancer, men who get the disease in their forties along with African American men, tend to develop more aggressive forms of the disease. If you have a father or brother who had prostate cancer in their forties, you should start screening 10 years before the age he developed it.

The issue of men over age 75 truly needs to be individualized. Prostate cancer usually will take ten years to cause major issues in most men. To be cost sensitive, the decision to screen men over the age of 75 is a decision that the patient and I need to discuss. I have many healthy 80 year old men that I screen and I feel deserve screening.

4. Colon cancer- Colon cancer remains a leading cause of cancer that is largely preventable. Screening is performed with yearly digital rectal exams, stool cards, and periodic colonoscopies. Screening starts at the age of fifty for the majority of people. If you have a first degree relative, (mother, father, brother or sister) who had colon cancer or polyps in their forties, we would begin screening ten years prior to their age at diagnosis. If you have a normal colonoscopy, you do not need another colonoscopy for ten years, as long there is no change or blood in your stool. You should continue with yearly stool cards and exams. We generally stop screening at the age of eighty, but as in prostate cancer, this also needs to be individualized. Virtual colonoscopies, (a type of CT scan), are also approved and effective ways to screen. Remember, you still need to have the same prep the day before.
5. Melanoma- Melanoma is a deadly form of skin cancer that is on the rise. There is clearly a family tendency towards these cancers and people with fair complexions are at the greatest risk. If you have a family member with melanoma, or a history of bad sun burns, a yearly total body skin check by a dermatologist is required. I will check your skin at each physical, but a member of your family and you need to observe your moles for any changes during the year. You also need to be aggressive with sun protection.
6. Ovarian Cancer- Ovarian cancer is a deadly malignancy that is difficult to screen for. A blood test called CA125 is available, but is not effective for most people. If you have a first degree relative with ovarian cancer it is reasonable to obtain a CA125 yearly. For most people, yearly pelvic exams need to suffice. Sadly, there is no great screening available for now.
7. Lung Cancer- Recently a new study looking at CT scans in former and current smokers has been released and showed great promise. Formal recommendations have not been made, but based on the study, people who have smoked 30 pack years (one pack/day/year for thirty years), should obtain a yearly low dose lung CT for screening. The duration of screening has not been defined, but at least three consecutive years have been studied. You will hear more on this soon, but for now, I am encouraging screening in this population.

Although these do not represent all forms of cancer, they do represent the forms of cancer that we have testing for. Hopefully, screening for cancers such as pancreatic, gallbladder, and brain will be developed. For now, it is important at each physical that we discuss these tests and decide if you could benefit from them.