Colorectal Cancer Professional Development Webinar Series:

To Screen or Not To Screen? That Is The Question. A Practical Review of Common Cancer Screening Guidelines

June 28, 2018

12:00pm-1:00pm

This live activity, “To Screen or Not To Screen? That Is The Question. A Practical Review of Common Cancer Screening Guidelines” has been reviewed and approved for 1.0 AAFP Prescribed Credit by the American Academy of Family Physicians.”

To Screen or Not To Screen? That Is The Question. A Practical Review of Common Cancer Screening Guidelines

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Chair and Associate Professor
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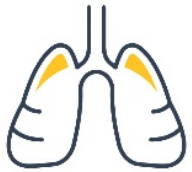
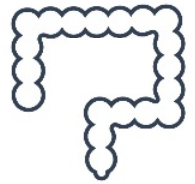




To Screen or Not To Screen? That Is The Question.

A Practical Review of Common Cancer Screening Guidelines

Margot Savoy, MD, MPH, FAAFP, FABC, CPE, CME, CMQ, FAAPL
Chair & Associate Professor, Family & Community Medicine
Lewis Katz School of Medicine at Temple University
Thursday June 28, 2018 from 12pm ET

Disclosure Statement

I have no relevant financial relationships to disclosure.

I do have intellectual relationships with:

- AAFP: Chair, Commission on Health of Public & Science
- ACS: Provider Education Committee Chair, National HPV Vaccine Roundtable

After attending this webinar you will be able to:

1	2	3
Describe the **current guidelines** for breast, colorectal, cervical and lung cancer screening	Identify **Choosing Wisely®** recommendations that apply to cancer screening	Locate **resources** to assist you with implementing cancer screening guidelines

screen·ing

(skrēn'ing)

The examination of a group of usually asymptomatic in dividuals to detect those with a high probability of having or developing a given disease, typically by means of an inexpensive diagnostic test.

screen·ing

(skrēn'ing)

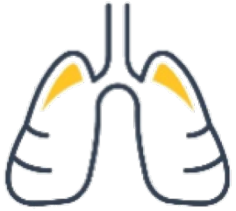
The examination of a group of usually **asymptomatic** individuals to detect those with a high probability of having or developing a given disease, typically by means of an [illegible]ostic test.

Those who have a condition & would benefit from early detection

Those who do not have the condition

Lung Cancer Screening

Poll Question #1

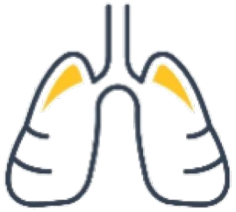


American Cancer Society (2018)

Annual lung cancer screening with a low-dose CT scan (LDCT) for certain people at higher risk for lung cancer who meet the following conditions:

- Current or former smokers (quit in past 15 years) aged 55-74 y in good health with at least a 30-pack-y history of smoking
- receive evidence-based smoking cessation counseling, if they are current smokers; *and*
- have undergone a process of informed/shared decision making that included information about the potential benefits, limitations, and harms of screening with low-dose CT; *and*
- have access to a high-volume, high quality lung cancer screening and treatment center

https://www.cancer.org/health-care-professionals/american-cancer-society-prevention-early-detection-guidelines/lung-cancer-screening-guidelines.html

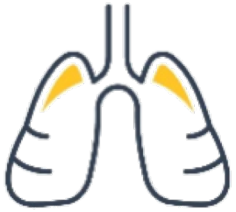


US Preventive Services Task Force (2013)

- Consider screening high-risk patients for lung cancer annually with low-dose computed tomography ages 55-**80** years with at least a 30-pack-year smoking history who are smoking or have quit within the past 15 years [stop screening when it has been 15 years]

(B recommendation)

https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening



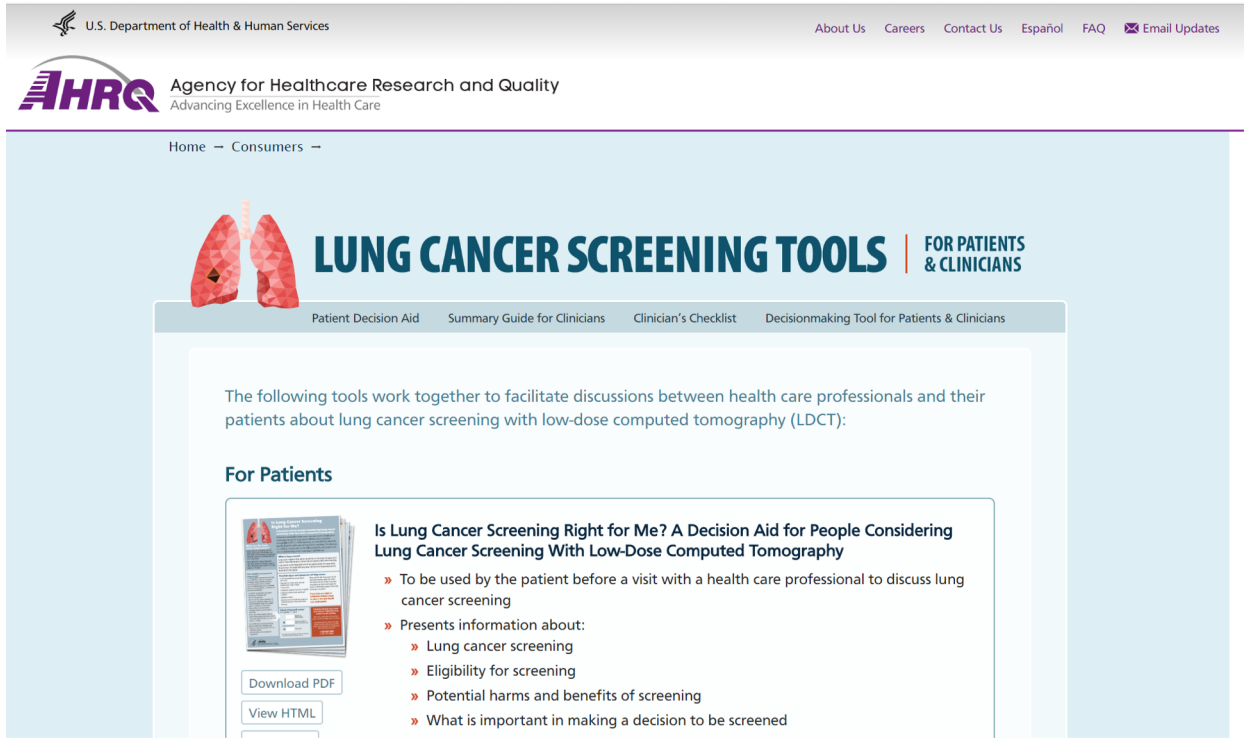
American Academy of Family Physicians (2013)

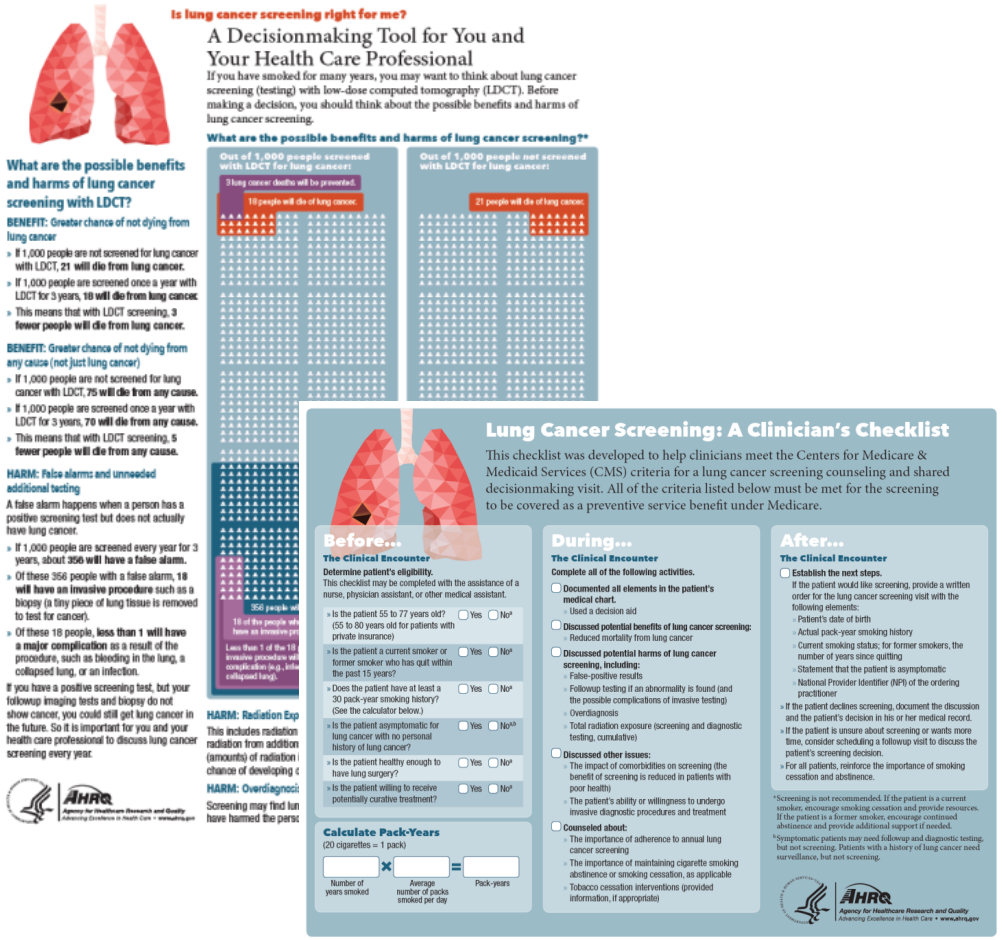
- The AAFP *concludes that the evidence is insufficient to recommend for or against* screening for lung cancer with low-dose computed tomography (LDCT) in persons at high risk for lung cancer based on age and smoking history. (2013)

GRADE: I RECOMMENDATION

https://www.aafp.org/patient-care/clinical-recommendations/all/lung-cancer.html

Lung Cancer Screening Resources & Tools





https://effectivehealthcare.ahrq.gov/decision-aids/lung-cancer-screening/home.html

Breast Cancer Screening

Everyone seems to have their own guideline on breast cancer screening.

American Cancer Society (2018)

Average Risk

- American Cancer Society recommends yearly mammograms for ages 45-54, then every 2 years as long as life expectancy is 10 years or longer.
- Opportunity for annual screening ages 40-44.
- Clinical breast exam is not recommended.

https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html

American Cancer Society (2018)

High Risk

- Recommend an MRI and a mammogram every year, typically starting at age 30. This includes women who:
  - Have a lifetime risk of breast cancer of about 20% to 25% or greater, according to risk assessment tools that are based mainly on family history (see below)
  - Have a known *BRCA1* or *BRCA2* gene mutation (based on having had genetic testing)
  - Have a first-degree relative (parent, brother, sister, or child) with a *BRCA1* or *BRCA2* gene mutation, and have not had genetic testing themselves
  - Had radiation therapy to the chest when they were between the ages of 10 and 30 years
  - Have Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or have first-degree relatives with one of these syndromes
- Recommend against MRI screening for women whose lifetime risk of breast cancer is <15%.

https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html

US Preventive Services Task Force (2016)

- The USPSTF recommends biennial screening mammography for women aged 50 to 74 years. (B Recommendation)
- The decision to start screening mammography in women prior to age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin biennial screening between the ages of 40 and 49 years. (C Recommendation)

https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening1

US Preventive Services Task Force (2016)

- The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of:
  - screening mammography in women aged 75 years or older
  - digital breast tomosynthesis (DBT) as a primary screening method for breast cancer
  - adjunctive screening for breast cancer using breast ultrasonography, magnetic resonance imaging, DBT, or other methods in women identified to have dense breasts on an otherwise negative screening mammogram.

https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening1

American Academy of Family Physicians (2016)

- The AAFP supports the U.S. Preventive Services Task Force (USPSTF) clinical preventive service recommendation on this topic.

- The AAFP *concludes that the current evidence is insufficient* to assess the benefits and harms of clinical breast examination (CBE) for women aged 40 years and older.

https://www.aafp.org/patient-care/clinical-recommendations/all/breast-cancer.html
https://www.aafp.org/patient-care/clinical-recommendations/all/breast-cancer-cbe.html

American College of OB & Gynecologists (2017)

- Women at average risk of breast cancer should be offered screening mammography starting at age 40 years.
- If they have not initiated screening in their 40s, they should begin screening mammography by no later than age 50 years.
- The decision about the age to begin mammography screening should be made through a shared decision-making process. This discussion should include information about the potential benefits and harms.

https://www.acog.org/About-ACOG/News-Room/News-Releases/2017/ACOG-Revises-Breast-Cancer-Screening-Guidance--ObGyns-Promote-Shared-Decision-Making

American College of OB & Gynecologists (2017) Cont.

- Women at average risk of breast cancer should have screening mammography every one or two years based on an informed, shared decision-making process that includes a discussion of the benefits and harms of annual and biennial screening and incorporates patient values and preferences.

https://www.acog.org/About-ACOG/News-Room/News-Releases/2017/ACOG-Revises-Breast-Cancer-Screening-Guidance--ObGyns-Promote-Shared-Decision-Making

American College of OB & Gynecologists (2017) Cont.

- Women at average risk of breast cancer should continue screening mammography until at least 75 years.
- Beyond age 75 years, the decision to discontinue screening mammography should be based on a shared decision making process informed by the woman's health status and longevity.

https://www.acog.org/About-ACOG/News-Room/News-Releases/2017/ACOG-Revises-Breast-Cancer-Screening-Guidance--ObGyns-Promote-Shared-Decision-Making

Shared Decision-making Tools (AHRQ)

- Five-step process for shared decision-making
- Explores benefits, harms, and risks of each options

https://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html

Shared Decision-making Tool

Breast Screening Decisions

A mammogram decision aid for women ages 40-49

For women in their 40's, mammogram decisions are not as simple as they used to be

National guidelines recommend that every woman in her 40's make an individual decision about when to start and how often to have mammograms. Not all medical groups agree with this, adding to the confusion many women feel about the mammogram decision.

What will you do?

You may want to start mammograms in your 40's or wait until you are 50.
You may want mammograms every year or you may want them every other year.
None of these choices is wrong. One of them will be right for you.

Breast Screening Decisions is a website for women ages 40-49. It is designed to give you unbiased information that can help you and your doctor decide when you should start and how often you should have screening mammograms.

In the pages of this website you will:

- Assess your personal risk of breast cancer
- See the benefits and harms of screening mammograms for women like you
- Explore your personal values about breast cancer screening
- Create a summary to share with your doctor

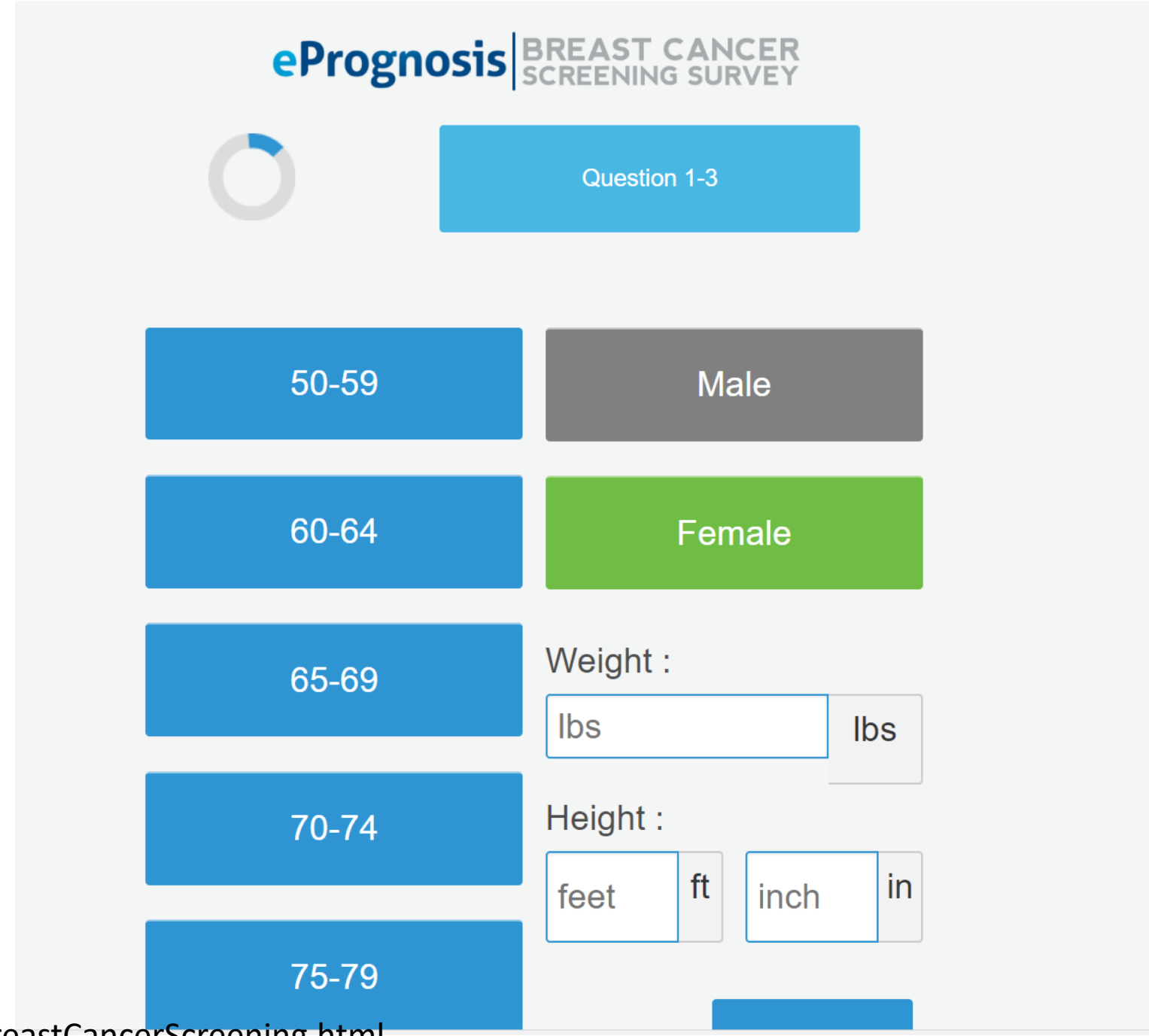
Information you enter here is anonymous, and we never ask your name or email address.

Enter »

https://bsd.weill.cornell.edu/#/

Shared Decision-making Tool

ePrognosis is a decision aid app developed with the support of the Division of Geriatrics at the University of California, San Francisco, to help women 50 years and older and their clinicians make informed, personalized decisions about breast cancer screening.



http://cancerscreening.eprognosis.org/screening/BreastCancerScreening.html

Cervical Cancer Screening

****Great AFP review article:**

https://www.aafp.org/afp/2018/0401/p441.html

No one recommends screening < 21 y.

US Preventive Services Task Force

2012; Revision in Progress

- The USPSTF recommends screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years. See the Clinical Considerations for discussion of cytology method, HPV testing, and screening interval.

(Grade A)

https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening

US Preventive Services Task Force

2012; Revision in Progress

- The USPSTF recommends against screening for cervical cancer with HPV testing, alone or in combination with cytology, in women younger than age 30 years.

- The USPSTF recommends against screening for cervical cancer in women younger than age 21 years.

https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening

US Preventive Services Task Force

2012; Revision in Progress

- The USPSTF recommends against screening for cervical cancer in women older than age 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer.
- The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion (cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening

American Academy of Family Physicians

- The AAFP supports the U.S. Preventive Services Task Force (USPSTF) clinical preventive service recommendation on this topic.

UNDER REVIEW

American College of OB & Gynecologists (2017)

- Women aged 21–29 years should have a Pap test alone every 3 years. HPV testing is not recommended.
- Women aged 30–65 years should have a Pap test and an HPV test (***co-testing***) every 5 years (preferred). It also is acceptable to have a Pap test alone every 3 years.
- You should stop having cervical cancer screening after age 65 years if
  - you do not have a history of moderate or severe abnormal cervical cells or cervical cancer, and
  - you have had either three negative Pap test results in a row or two negative co-test results in a row within the past
    10 years, with the most recent test performed within the past 5 years.

ASCCP/ACS/ASCP(2012)

- 21-29 years: Cytology alone q 3 years
- 30-65 years: HPV and cytology q 5 years (preferred) OR cytology alone q 3 years
- >65 years: No screening
  - ACS: Women aged >65 y who have had ≥3 consecutive negative Pap tests or ≥2 consecutive negative HPV and Pap tests within the last 10 y, with the most recent test occurring in the last 5 y, should stop cervical cancer screening
- Hysterectomy: No screening

https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21446

ASCCP/SGO(2015) Interim Guidance on primary testing for high-risk HPV infection

- Under 21 years: Screening is not recommended
- 21-29 years: Primary HPV testing q 3 years (alternative to cytology alone or cotesting (can begin in 25 years and older)
- 30-65 years: Primary HPV testing q 3 years (alternative to cotesting or cytology alone)
- >65 years: Not addressed
- Hysterectomy: Not addressed

https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21446

American College of Physicians (2015)

- 21-29 years: Cytology alone q 3 years
- 30-65 years: HPV and cytology q 5
- >65 years: No screening if adequate negative screening history
- Hysterectomy: No screening

https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21446

American Academy of Family Physicians

Choosing Wisely®
An initiative of the ABIM Foundation

- Don't perform Pap smears on women under the age of 21 or women who have had a hysterectomy for non-cancer disease.
- Don’t screen women older than 65 years of age for cervical cancer who have had adequate prior screening and are not otherwise at high risk for cervical cancer.
- Don’t screen women younger than 30 years of age for cervical cancer with HPV testing, alone or in combination with cytology.

Choosing Wisely®

An initiative of the ABIM Foundation

BEST PRACTICES IN PREVENTIVE MEDICINE

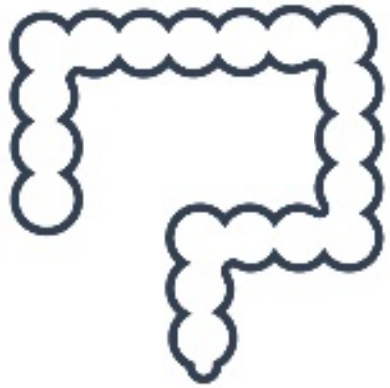
Recommendations from the Choosing Wisely Campaign

RECOMMENDATION	*SPONSORING ORGANIZATION*
Do not perform annual cervical cytology (Pap test) or annual HPV screening in immunocompetent women with a history of negative screening.	American Society for Colposcopy and Cervical Pathology
Do not perform cervical cytology (Pap test) or HPV screening in immunocompetent women younger than 21 years.	American Society for Colposcopy and Cervical Pathology
Do not perform low-risk HPV testing.	American Society for Clinical Pathology
Do not perform cervical cytology (Pap test) in women younger than 21 years or in women after total hysterectomy for benign disease.	American Academy of Family Physicians
Do not perform screening for cervical cancer in low-risk women 65 years or older or for women who have had a total hysterectomy for benign disease.	American College of Preventive Medicine

HPV = human papillomavirus; Pap = Papanicolaou.

Source: For more information on the Choosing Wisely Campaign, see http://www.choosingwisely.org. For supporting citations and to search Choosing Wisely recommendations relevant to primary care, see http://www.aafp.org/afp/recommendations/search.htm.

Colorectal Cancer Screening



****Great AFP article:**

https://www.aafp.org/afp/2018/0515/p658.html

Poll Question #2

US Preventive Services Task Force

- Screening for CRC should start at 50 years of age and continue until 75 years of age.

Stool-based tests:

- gFOBT every year
- FIT every year
- FIT-DNA test every one or three years

Direct visualization tests:

- Colonoscopy every 10 years
- Computed tomographic colonography every five years
- Flexible sigmoidoscopy every five years
- Flexible sigmoidoscopy every 10 years with FIT every year

Bibbins-Domingo K, Grossman DC, Curry SJ, et al. Screening for colorectal cancer: US Preventive Services Task Force recommendation statement [published corrections appear in JAMA 2017;317(21):2239, and JAMA 2016;316(5):545]. JAMA. 2016;315(23):2564–2575.

American Academy of Family Physicians

- Screening for CRC with FIT, flexible sigmoidoscopy, or colonoscopy should start at 50 years of age and continue until 75 years of age.
- The decision to screen for CRC in adults 76 to 85 years of age should be individualized, taking into account the patient's overall health and screening history.
- Screening for CRC is not recommended in adults older than 85 years.

https://www.aafp.org/patient-care/clinical-recommendations/all/colorectal-cancer.html

American Cancer Society

- Starting at 45 years of age and continuing through the age of 75 years, adults at average risk of CRC with a life expectancy of more than 10 years should undergo regular screening with either a high-sensitivity stool-based test or a structural (visual) examination, depending on patient preference and test availability.
- Clinicians should individualize screening decisions for individuals aged 76 through 85 years, and discourage individuals older than 85 years from continuing CRC screening.

https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21446

American Cancer Society cont.

- Options for CRC screening are:
  - Fecal immunochemical test annually
  - High-sensitivity, guaiac-based fecal occult blood test annually
  - Multi-target stool DNA test every three years
  - Colonoscopy every 10 years
  - Computed tomography colonography every five years
  - Flexible sigmoidoscopy every five years

https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21446

American College of Gastroenterology

- The preferred test is colonoscopy every 10 years, beginning at 50 years of age.
- Screening should begin at 45 years of age in blacks.
- FIT should be offered to patients who decline colonoscopy.

Rex DK, Johnson DA, Anderson JC, Schoenfeld PS, Burke CA, Inadomi JM. American College of Gastroenterology guidelines for colorectal cancer screening 2009 [published correction appears in *Am J Gastroenterol* 2009;104(6):1613]. *Am J Gastroenterol*. 2009;104(3):739–750.

U.S. Multi-Society Task Force on Colorectal Cancer

- Screening for CRC should begin at 50 years of age in average-risk persons; however, limited evidence supports screening beginning at 45 years of age in blacks. Discontinue screening at 75 years of age or in individuals who have a life expectancy less than 10 years.
  - First-tier recommendation: Colonoscopy every 10 years or annual FIT
  - Second-tier recommendation: Computed tomographic colonography every five years, FIT-DNA test every three years, or flexible sigmoidoscopy every five to 10 years
  - Third-tier recommendation: Capsule colonoscopy every five years

Rex DK, Boland CR, Dominitz JA, et al. Colorectal cancer screening: recommendations for physicians and patients from the U.S. Multi-Society Task Force on Colorectal Cancer. *Am J Gastroenterol*. 2017;112(7):1016–1030.

Choosing Wisely®

An initiative of the ABIM Foundation

BEST PRACTICES IN PREVENTIVE MEDICINE

Recommendations from the Choosing Wisely Campaign

RECOMMENDATION	*SPONSORING ORGANIZATION*
Do not repeat colorectal cancer screening (by any method) for 10 years after a high-quality colonoscopy is negative in average-risk individuals.	American Gastroenterological Association
Avoid colorectal screening tests on asymptomatic patients with a life expectancy of less than 10 years and no family or personal history of colorectal neoplasia.	American College of Surgeons
Do not recommend screening for breast, colorectal, prostate, or lung cancers without considering life expectancy and the risks of testing, overdiagnosis, and overtreatment.	American Geriatrics Society

Source: For more information on the Choosing Wisely Campaign, see http://www.choosingwisely.org. For supporting citations and to search Choosing Wisely recommendations relevant to primary care, see https://www.aafp.org/afp/recommendations/search.htm.




Best Practices

Some Keys to Implementation Success

No two guidelines seem to be the same…

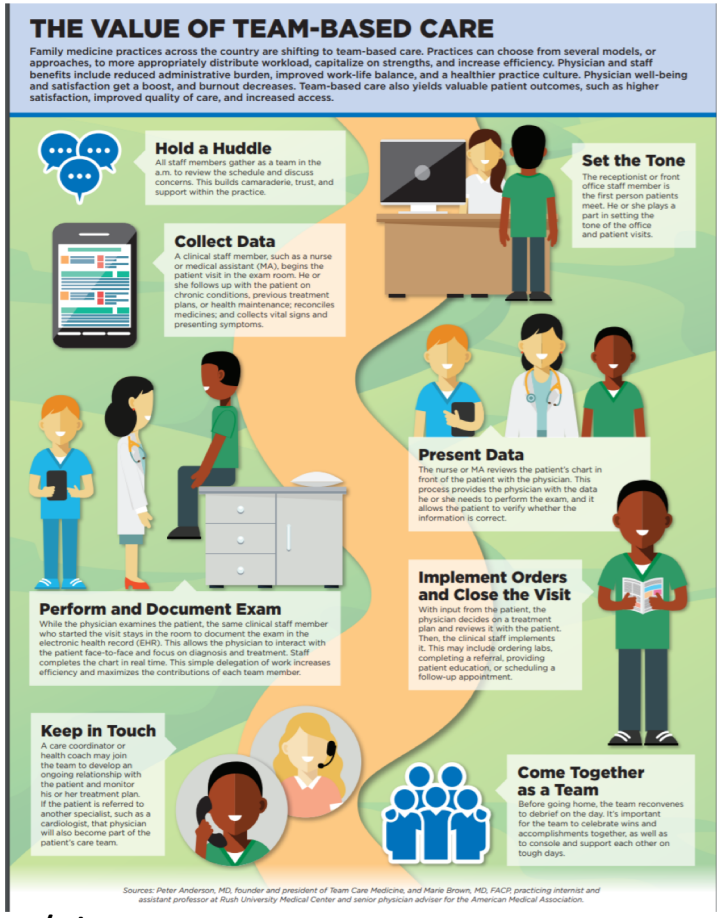
- When in doubt, consider:
  - Shared decision making
  - The populations used to create the guideline & how it matches your patient
  - Which guidelines exposes your patient to the least harm/ greatest benefit

Poll Question #3

Teamwork Makes the Dream Work.

The AAFP encourages health professionals to work together as multidisciplinary, integrated teams in the best interest of patients. **Patients are best served when their care is provided by an integrated practice care team** led by a physician.

https://www.aafp.org/about/policies/all/teambased-care.html



https://www.aafp.org/dam/AAFP/documents/about_us/membership/AAFP_TeambasedCare_Infographic_1.pdf

Poll Question #4

Know YOUR Numbers.

- Lots of people have data:
  - Insurers
  - ACO/HMO/CIN
  - Health Systems
  - Pharmacy Benefit Managers
  - Health Departments
  - Others…

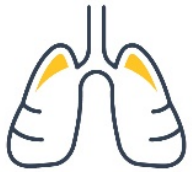
- Resist the urge to consider it all wrong
  - We all think we do better than our numbers show
    - Overconfidence Bias/ Lake Woebegone
    - Our patients are sicker
    - We only remember the ones who we see regularly

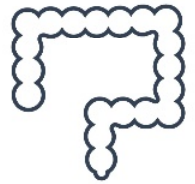
Resources for Quality Improvement

- AHRQ TeamSTEPPS: https://www.ahrq.gov/teamsteps/officebasedcare/index.html
- METRIC Program (AAFP): https://www.aafp.org/cme/programs/metric/metric-mcfpiv.html
- AMA/ACP STEPS Forward: https://www.stepsforward.org/modules/pdsa-quality-improvement
- TIPPS (AAFP, $): https://www.aafp.org/practice-management/transformation/pi-tips.html

Additional Resources

- AFP by topic (Cancer): https://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=31#5
- American Cancer Society (HCP page): https://www.cancer.org/health-care-professionals.html
- AHRQ SHARE approach: https://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html
- Mayo Clinic Shared Decision Making Center: https://shareddecisions.mayoclinic.org/
- Dartmouth Shared Decision Making Center: http://med.dartmouth-hitchcock.org/csdm_toolkits.html





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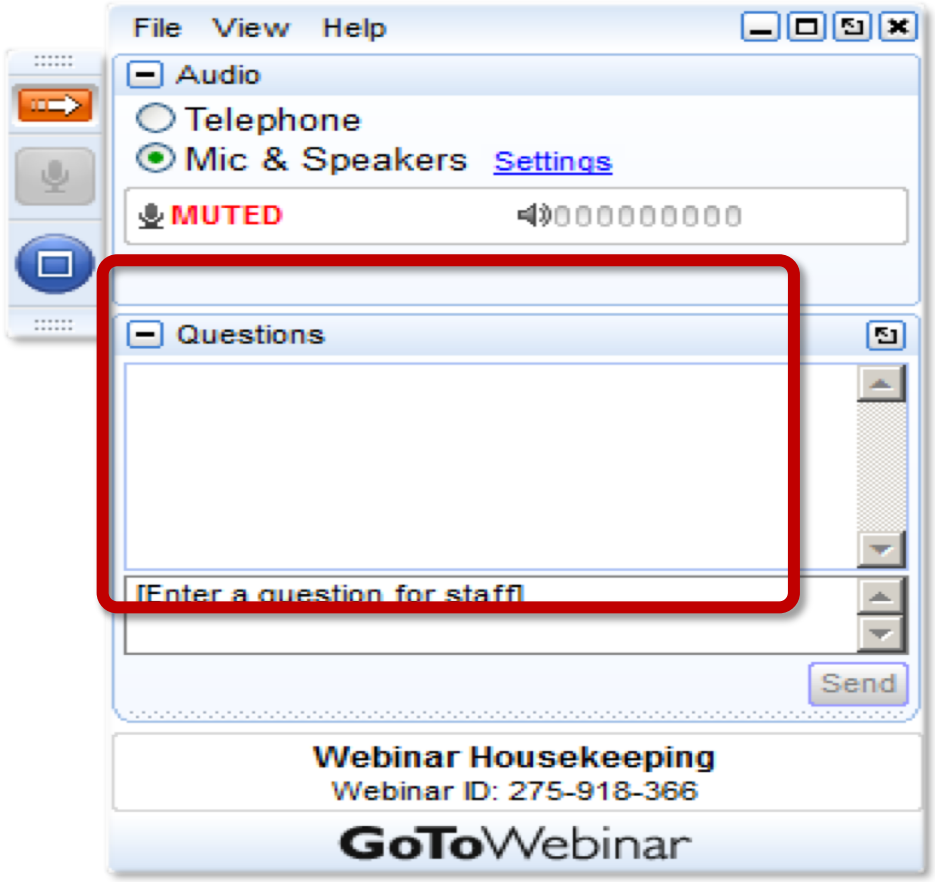
Chair & Associate Professor, Family & Community Medicine
Lewis Katz School of Medicine at Temple University
Thursday June 28, 2018 from 12pm ET

Q&A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