



Cancer Screenings: Some are Essential, But Others Can Result in Overdiagnosis

Some exams and tests are needed regularly, but too many tests can result in overdiagnosis and unnecessary anxiety.

It's easier than ever to get screening tests that purport to detect disease in its earliest stages. But many cancers detected by such tests will never cause symptoms or death, and therefore represent what scientists call "overdiagnosis." Overdiagnosis often leads to unnecessary treatment and other problems, such as treatment side effects, anxiety about having cancer, and extra financial costs, according to a review published online April 22, 2010 in the *Journal of the National Cancer Institute*.

Using data from large randomized screening trials, the researchers found that about 25 percent of breast cancers detected on mammograms could represent overdiagnosis. In a lung cancer screening trial of chest x-rays and sputum tests, they estimated that 50 percent of the cancers detected represented overdiagnosis. That's why Elizabeth Jacobson, MD, assistant professor of clinical medicine at Weill Cornell Medical College, says she "hesitates" before sending patients who are smokers for lung cancer screening tests.



For some types of cancer, screening in the absence of any symptoms is counterproductive. For example, in a lung cancer screening trial of chest x-rays and sputum tests, it was estimated that 50 percent of the cancers detected represented overdiagnosis, meaning that they would never progress to the stage where they would cause symptoms or death.

"I generally suggest waiting until someone has a symptom, even if minor, before ordering a chest x-ray. If a screening chest x-ray is ordered, the patient should understand that it may show things that aren't can-

cer, which will prompt additional testing, and it also may miss something that is a cancer," Dr. Jacobson explains.

Tests you should get

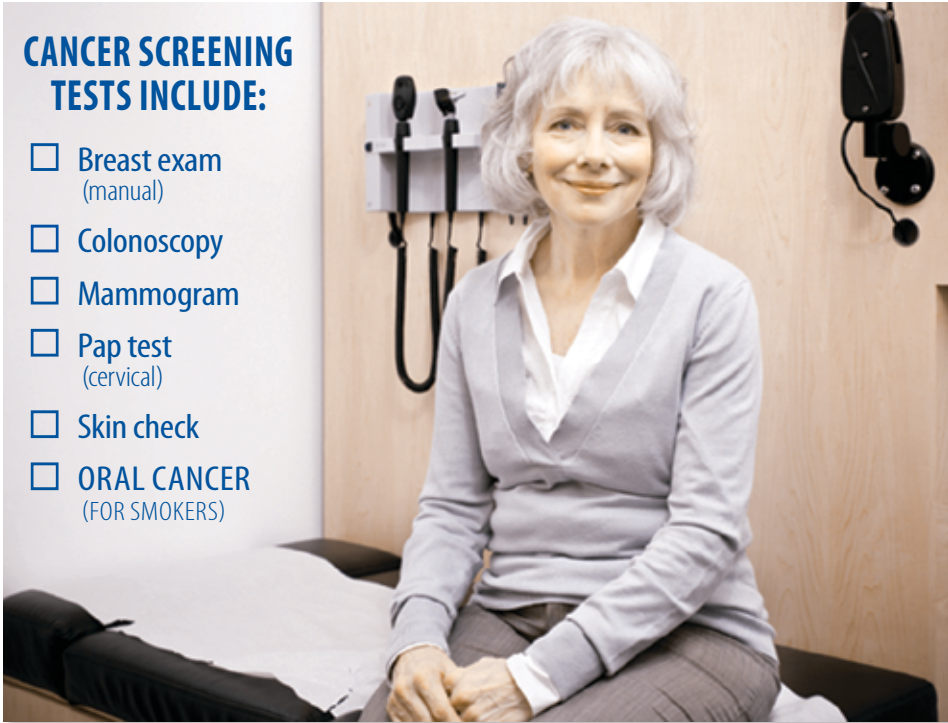
There are several screening tests you should be getting if you're over age 50, however. These include a manual breast exam and mammogram once a year; a cervical Pap test once a year (no test needed if you are over age 65 and recent Pap tests have been normal or if you've had a total hysterectomy); a colonoscopy at age 50 and every five to 10 years thereafter, depending on the findings; and a skin check every year or two, depending on your skin type and family history. If you are a smoker, you should also have an oral cancer screen.

If you have had a premenopausal cancer, then you can be tested for the BRCA-1 and BRCA-2 genes if you are trying to assess your future risk of breast cancer or your daughter's risk. "The person with the cancer is the one who should be tested, not the person without the diagnosis," Dr. Jacobson stresses. "If you get tested for mutations before you've been diagnosed with cancer, it can affect your insurability. It can also confuse you, because if you don't have the mutation, it doesn't mean you won't get cancer." If a first-degree relative (i.e., your mother or sister) has the muta-

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CANCER SCREENING TESTS INCLUDE:

- Breast exam (manual)
- Colonoscopy
- Mammogram
- Pap test (cervical)
- Skin check
- ORAL CANCER** (FOR SMOKERS)



WHAT YOU SHOULD KNOW

Talk with your doctor before using any home-use genetic testing kit. On May 13, 2010, the FDA sent a letter to the manufacturer of one such kit, stating that the kits require FDA clearance before they can be sold to the public. The kit purports to tell consumers about their risk for 70 diseases, including cancer, based on a saliva sample. The pharmacy chain Walgreens put sales of the kit on hold after the FDA raised objections.

tion, you may want to get more frequent screenings, perhaps with ultrasound or MRI. Your doctor can help you make that decision, she advises.

Other tests

In addition to cancer screening tests, consider HIV testing if you are at risk (for example, unprotected sex with multiple partners or someone who is HIV-infected, or if you had a blood transfusion between 1978 and 1985). HIV increases the risk of several cancers. Also, have your body mass index (BMI) calculated to screen for obesity, which

is a risk factor for colon, breast, endometrial, kidney, and esophageal cancers, among others. A screen for depression can also be helpful, since your emotional health is linked to your physical health.

All screening tests should be done by a health care provider. Steer clear of home-use genetic tests (see *What You Should Know*).

Stay healthy

“If you have an unhealthy lifestyle and your screening tests don’t turn up anything, that’s not a reason to relax,” Dr. Jacobson emphasizes.

“It’s still important to take control of your health and reduce your risk of cancer and other illnesses going forward.” Her advice:

- Quit smoking; if you’re not a smoker, don’t start.
- Stay at a healthy weight.
- Engage in regular physical activity.
- Eat healthfully—especially fruit, vegetables, and other high-fiber foods.
- Limit alcohol consumption.
- Protect your skin.
- Know your health history, your family history, and your risks. 🌐