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PREVENTATIVE CARE AND SCREENING OF COMMON CANCERS IN OLDER POPULATION

OBJECTIVES

- × Review of the up to date guidelines about preventative care
- × Discuss age cutoff for screening for common cancers.
- × Discuss some of the screening recommendations for patients outside of the recommended age.

DISCLOSURE

- × Nothing to declare, no conflict of interest

PLANNING A PREVENTIVE HEALTH INTERVENTION.

- × Values and preferences (advanced directive)
- × Age, comorbidities and life expectancy
- × Physical and cognitive function.

WHAT IS A COMPREHENSIVE GERIATRICS VISIT

- × What should we include in a general primary care periodic health examination for an elderly patient? Age is 65 years old or over??
- × What is the ideal visit time?

WHO IS BETTER THAN THE WHO

- × http://www.who.int/ageing/publications/AF_PHC_Centretoolkit.pdf

PLANNING A PREVENTIVE HEALTH INTERVENTION.

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LIFE EXPECTANCY

- × There are tools to predict life expectancy of the patients.
- × <http://gosset.wharton.upenn.edu/mortality/perl/CalcForm.html>
- × www.livingto100.com/
- × <http://www.sunware.ca/illustrations/longevity.aspx>
- × http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_03.pdf, last accessed March 2013

PERIODIC HEALTH EXAM OR GERIATRIC PHE

- × According to MOHLTC document published 2006.

70% of breast cancer ,90% of cervical cancer, up to 30% of colon cancer and 80% of cardiovascular diseases are preventable when using the guidelines for preventative care??

<http://www.toronto.ca/health/professionals/cancer.htm>

GENERAL HEALTH CHECKS IN ADULTS FOR REDUCING MORBIDITY AND MORTALITY FROM DISEASE:

ALLAN V. PROCHAZKA, MD, MSC; TANNER CAVERLY,
MD

JAMA INTERN MED. 2013;173(5):371-372. DOI:

10.1001/JAMAINTERNMED.[2013.3187](https://doi.org/10.1001/JAMAINTERNMED.2013.3187)



YOU ARE ON YOUR OWN

- × Periodic Health Exams:
- × no significant reduction in cardiovascular mortality (CI=0.91-1.17) or cancer mortality?? (CI=0.92-1.12)

ARE WE CONFUSED YET??



PREVENTATIVE HEALTH MEASURES THAT ARE RECOMMENDED FOR OLDER ADULTS



[http://www.aafp.org/afp/2001/0315/
p1101.html](http://www.aafp.org/afp/2001/0315/p1101.html)

What has changed in the last decade or so.

CASE

- × 70 years old male with an advanced parkinson's disease and moderate dementia, you hesitate to mention the colon cancer screening? Is ok?
- × 60 years old female with advanced COPD and stage 3 CHF and she wonders if she needs to pap smear, mammography or colonoscopy?

CUTOFF AGE FOR CANCER SCREENING

- × In a healthy elderly individual, what is the age that you will decide to stop screening for the following cancers? According to guidelines or your practice preference?
- × Breast cancer
- × Cervical cancer
- × Colon cancer
- × Prostate cancer

2001 REVIEW BY THE AAFP

- × Several studies¹ show that primary care physicians do not always comply with cancer screening guidelines. One reason is that recommendations for cancer detection and screening are often fragmented in the sense that they are developed by various medical organizations, which may make decision-making more difficult as far as which recommendations to follow.

GUIDELINES

- × Patient asking the doctor? I am 75 years old and I was told that I do not have to worry about cancer screening any more. Is this true??
- × Doctor: Trust me, according to guidelines you are done with screening!!

SOME STATISTICS

6,600 breast cancer cases diagnosed in women 70+

5,800 breast cancer cases diagnosed in women
60-69

6,200 breast cancer cases diagnosed in women
50-59

3,500 breast cancer cases diagnosed in women
40-49

950 breast cancer cases diagnosed in women under
the age of 40

- × *Source: Canadian Cancer Society / National Cancer Institute of Canada. Canadian Cancer Statistics 2010, Toronto, Canada, 2010*

CANCER REMAINS A MAJOR CAUSE OF DEATH

- × In 2012, Canada will continue to see an increase in the number of individuals diagnosed with cancer.
- × Cancer is the leading cause of death in Canada, with the number of new cases expected to increase mainly due to population growth and aging.

CANCER REMAINS A MAJOR CAUSE OF DEATH

- × In 2012, an estimated 186,400 new cases of cancer (excluding non-melanoma skin cancer) will be diagnosed in Canada and 75,700 cancer deaths will occur.
- × Nearly 40% of all cancer deaths in Canada are due to lung and colorectal cancers.
- × Incidence and mortality rates for men surpass those for women at around age 55.
- × <http://www.phac-aspc.gc.ca/cd-mc/cancer/ccs-scc-2012-eng.php>

STATISTICS AGAIN

- × The rate of new cases increases with age, particularly in Canadian 50 years and older.
- × Overall, 70% of new cases and 61% of deaths occurring among those aged 50 to 79 years.
- × The highest proportion of cancer deaths will occur in Canadians 80 years and older (33.5%).
- × <http://www.phac-aspc.gc.ca/cd-mc/cancer/ccs-scc-2012-eng.php>

DELIVERING BAD NEWS

× A seventy-year man goes to the doctor for a health check-up. After some tests and checks, the doctor comes in with a grave look on his face. Doctor: Well, I have some bad news and some really bad news.

Guy: Well, give me the really bad news first.

Doctor: You have cancer, and only 6 months to live. Guy: And the bad news?

Doctor: You have Alzheimer's disease.

Guy: Thank God. I was afraid I had cancer!

CPG

- × <http://www.cma.ca/index.php>
- × http://www.bcguidelines.ca/pdf/colorectal_screening.pdf
- × <http://www.cmaj.ca/content/185/1/35.full.pdf>
- × Page 39
- × <http://www.cmaj.ca/content/183/17/1991.full.pdf> page 3

CUTOFF AGE FOR CANCER SCREENING

- × In a healthy elderly individual at age of 75-85 will you continue screening for any cancer?
- × What is the age that you will decide to stop screening for the following cancers?
 - × Breast
 - × Cervical
 - × Colon
 - × Prostate

SCREENING

- × Screening for breast, colon, and cervical cancer is recommended until age of 70 and is unlikely to benefit someone with <5 yr of remaining life expectancy.

BREAST CANCER

- × The AGS and CGS recommends screening mammography every 1–2 yr for women with ≥ 5 yr remaining life expectancy up until age 85 and for women >85 yr with excellent health or functional status, or for patients who feel strongly that mammography will benefit them.
- × Why five years??

COLON CANCER SCREENING

- × Several tests are considered effective for colon cancer screening among adults 50–75 yr old, including colonoscopy every 10 yr, home-based high-sensitivity fecal occult blood tests (FOBT) every one to two years, and flexible sigmoidoscopy every 5 yr with high-sensitivity FOBTs every 2 yrs.
- × Colonoscopy is the most sensitive and cost-effective screening test for colon cancer.

COLON CANCER

- × The AGS/CGS recommends against routinely screening adults ≥ 75 yr old and against ever screening adults ≥ 85 yr old because the risks of screening outweigh the benefits.
- × What about healthy patients
- × Age 75-85 y/o and asking for
- × Colonoscopy??



PLANNING A PREVENTIVE HEALTH INTERVENTION.

- × Values and preferences (advanced directive)
- × Age, comorbidities and life expectancy
- × Physical and cognitive function.

USPSTF

- × Screening for Colorectal Cancer
- × Clinical Summary of U.S. Preventive Services Task Force Recommendation
- × Adults age 76 to 85 years¹ Recommendation
Screen with high sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy.
Grade: C Do not screen routinely , discuss risk and benefit with the patient.

COLON CANCER

- × <http://www.youtube.com/watch?v=xrozLsToJI&feature=related>
- × http://www.youtube.com/watch?v=w5vqIMS747g&feature=player_detailpage

COLON CANCER

- × True or false?
- × Two-thirds of colon cancer cases are seen in adults > 65 yr old.
- × Answer ?!!
- × What is the most common advanced age presentation?

CERVICAL CANCER

- × Guidelines recommend stopping cervical cancer screening for women 65-70 yr old who have been previously screened and are not otherwise at high risk of cervical cancer. Also, older women who have undergone total hysterectomy (no cervical tissue remaining) for a benign indication are not at risk of cervical cancer and should not be screened

CERVICAL CANCER

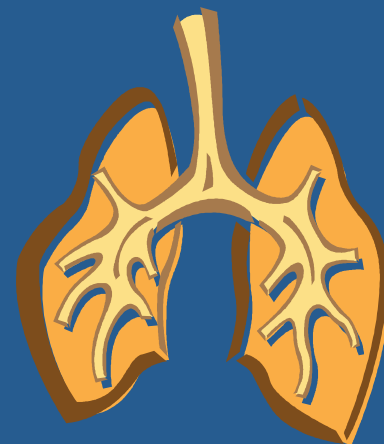
- × When should we screen older women?
- × New sexual partner
- × Never had a pap

PROSTATE CANCER

- × True or false?
- × There is insufficient evidence to recommend for or against routine screening using prostate-specific antigen (PSA) testing or digital rectal examination (DRE) among men <75 yr old, and recommended against screening men ≥ 75 yr old

LUNG CANCER

- × Lung cancer currently is the leading cause of cancer death in both men and women.
- × Lung cancer is becoming increasingly common in older women for reasons that are not completely understood.



QUESTIONS

× Thank you

7TH **ccd** CANADIAN CONFERENCE ON DEMENTIA

VANCOUVER, BC OCTOBER 3 • 4 • 5 2013

THE WESTIN BAYSHORE HOTEL IN DOWNTOWN VANCOUVER

Program Highlights:

- Video Presentation: “Mind Alive” – A film on the therapeutic impact of music
- Dr. Nina Kraus (Northwestern University) speaking on Music and the Aging Brain
- Symposium: A Person-Centered Approach to Dementia Care
- Parallel Sessions featuring the following topics:
 - Tough Issues in Dementia Care
 - Other Dementias
- Research Updates on:
 - What the Alzheimer Disease Neuroimaging Initiative Models, Game Changers and Enigmas
 - Dominantly Inherited Alzheimer Network (DIAN)
 - Cognitive Impairment after Lacunar Stroke

For details on the Call for Abstracts or to submit an abstract online visit:

www.canadianconferenceondementia.com



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THE WESTIN BAYSHORE HOTEL IN VANCOUVER, BRITISH COLUMBIA



7th Canadian Conference on Dementia

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