



This copy is for your personal, noncommercial use only. You can order presentation-ready copies for distribution to your colleagues, clients or customers [here](#) or use the "Reprints" tool that appears above any article. [Order a reprint of this article now](#)

Debate persists over which cancer screenings to get and when

By [Anne Geggis](#)

Staff writer

Published: Saturday, March 17, 2012 at 4:59 p.m.

The view of the 5-foot-long tunnel leading to Kathy Blue's small intestine showed no sign of America's second-deadliest cancer.

After he retracted the colonoscope Wednesday, gastroenterologist Charles Sninsky tapped the drowsing Hampton resident's shoulder and gave her the news right away: "Looks good."

As a proven method to prevent cancer deaths, the colonoscopy is looking better than ever.

While the effectiveness of other cancer-screening methods have come under scrutiny, the colonoscopy for men and women stands alone in its demonstrated ability to reduce cancer deaths. And yet, state statistics show it's the cancer screening Floridians comply with the least.

Blue, who got her screening last week, said she would not think of forgoing it — given what happened to her roommate, Janceece Mullett, 53. In 2010, Mullett had to have part of her colon removed in an emergency procedure after a 9-inch tumor was discovered.

"It's a matter of life and death," Blue, 53, said, admitting to some nervousness just before going under.

The stakes over which cancer screenings have benefits that outweigh the potential harms have never been higher. Recommendations for screening people without symptoms or risks have always been a source of variability among advisory groups. But provided the Supreme Court doesn't overturn the Affordable Care Act, recommendations from the U.S. Preventive Services Task Force will be used as the standard for insurance coverage once the law goes into full effect in 2014.

This independent panel convened by the U.S. Department of Health & Human Services represents some of the most high-profile academic medical programs in the country, and its findings reflect an emerging shift in guidelines for testing people without symptoms. The benefit for these screenings is being weighed against the potential harm — and sometimes turning widely held assumptions on their head.

Tests for men, women questioned

The Preventive Services Task Force first caused a firestorm of controversy in 2009 when it suggested that women shouldn't start annual or biannual mammograms until age 50.

The panel found it would take a decade of screening for 1,904 women ages 39-49 to prevent one breast cancer death in that age group. That's more than five times the number of women ages 60-69 who need to be screened for a decade to prevent one breast cancer death. The testing of 1,339 women would be necessary in the 50- to 59-year-old group over the same span to prevent one breast cancer death, according to findings published in the *Annals of Internal Medicine*.



So the panel considered the emotional and physical downside of annual screenings — false positives, radiation exposure, pain of biopsies — and found there is insufficient evidence to determine whether screening for the younger-than-50 set does more harm or more good. The conclusion: Women younger than 50 should consult their doctors to determine whether mammography is right for them, according to the national panel's recommendation.

But that made no sense to Vicki Gehman of Gainesville, who was barely 50 when she found breast cancer that required a full course of treatment. State Health Department statistics show that 61.9 percent of Florida women older than 40 have had a mammogram in the past year.

"Had I not gone to get my mammogram, I wouldn't have found it — it was a lump I couldn't actually feel," Gehman said.

The conclusion questioning whether women younger than 50 should get an annual mammogram was swiftly condemned by various specialty societies. And the controversy was so highly charged that U.S. Health & Human Services Secretary Kathleen Sebelius distanced herself from it, issuing a statement two days later saying women should continue to get annual mammograms starting at age 40.

The guidelines for screening that will be implemented with the nation's health reform law show that breast cancer screening will be covered according to the panel's 2002 recommendation that women begin yearly or biannual screenings after their 40th birthday.

Similarly last year, the U.S. Preventive Services Task Force provoked more controversy when it announced a draft recommendation against having men get the prostate-specific antigen test to screen for prostate cancer. In its 2008 recommendation, the panel said there was insufficient evidence that the benefits of PSA tests outweighed the harms. Its draft recommendation against testing is expected to be adopted this spring.

But it's a test that 72.6 percent of Florida men older than 50 have had in the past two years, according to state Health Department data. The American Urological Society said the national panel's finding against the test might harm men at risk for this disease.

What benefits or harms?

Dr. Curtis Stine, associate chairman and education director in family medicine at the Florida State University College of Medicine, said the emerging data show that detecting cancer earlier doesn't always translate into fewer cancer deaths.

The PSA test, for instance, can be particularly troublesome because a positive screen — which can be indicative of other conditions — often leads to a biopsy, Stine said. And a prostate biopsy has particular problems — sometimes resulting in impotence or incontinence.

"It's not like drawing blood," Stine said.

After about 20 hours of drinking a concoction that emptied her colon and about 20 minutes asleep as Dr. Sninsky explored her innards, Hampton's Kathy Blue knows she doesn't have the polyps that indicate a risk for colon cancer. And that's a relief because of what happened to Mullet, her roommate, and her brother-in-law, who recently was diagnosed with stage 4 colon cancer.

The preparation, she said, "wasn't as bad as I thought."

Statistics show that the test has had a significant impact on reducing colon cancer mortality. Because of the way the test detects precancerous polyps, the Centers for

Disease Control estimates that regular colonoscopies could prevent an estimated 60 percent of the annual deaths from colorectal cancer.

Copyright © 2012 Gainesville.com — All rights reserved. Restricted use only.

A study published Feb. 23 in the New England Journal of Medicine compared the death rate from colorectal cancer of the general population to 2,602 patients who had precancerous polyps removed over a span up to 23 years. Although the study was not randomized, as the gold standard for research dictates, it concluded with high confidence that having polyps removed cut the death rate from colorectal cancer by 53 percent.

After Blue was laid off from her security job and left without health insurance, Blue and Mullet had been worried about Blue hitting her 53rd birthday without the test. But then she received the chance for a free colonoscopy because of a special offer from North Florida Regional Medical Center that her roommate spotted in the newspaper.

"I wish the colonoscopy was more visible (like mammograms for breast cancer)," said Mullet, the colon cancer survivor who served as Blue's chauffeur after the procedure. "More people need to get it."

Dr. Sninsky, who has watched the procedure improve during his career, said, "A lot of patients say, 'I'll get it when I have symptoms. Well, when you have symptoms, it's too late.'"