Cancer Screening in Older Adults: Risks and Benefits

By Sue Rochman

Who should undergo cancer screening? How often? Which tests are beneficial? Although screening strives to reduce cancer deaths, different answers to these questions have led to inconsistent screening guidelines from the U.S. Preventive Services Task Force and leading medical organizations.

Even so, most agree that screening is not beneficial in people with limited life expectancy. An October 2014 study in *JAMA Internal Medicine* examined prostate, breast, cervical, and colorectal cancer screening patterns among 27,404 older adults (aged ≥65 years) with different life expectancies. Screening remained common among people at very high risk of dying within 9 years—and it continued among those expected to live less than 5 years. Among participants with a very high mortality risk (≥75% chance of dying within 9 years):

- 55% of men had recently undergone prostate cancer screening;
- 38% of women had recently undergone screening for breast cancer and 31% had recently undergone cervical cancer screening; and
- 41% of women and men had recently undergone colorectal cancer screening.

No one knows precisely why people with a very high mortality risk get screened, said study senior author Ronald C. Chen, M.D., M.P.H., associate professor of radiation oncology at the University of North Carolina at Chapel Hill. Part of the problem, he said, could be patient driven: “Patients think screening is a good thing, and the idea that there is a point in a person’s life when their limited life expectancy may make screening unnecessary is a new concept for many patients—and it may be a difficult idea for patients to accept.”

The topic can also be hard for physicians to raise. “To tell someone their life expectancy is now limited and screening is not helpful is a potentially difficult discussion to have,” said Chen, “and primary-care physicians may not have enough time allotted to have those important discussions.”

A study in the April 8, 2013, *JAMA Internal Medicine* describes such challenges a doctor may face. Among 33 adults aged 63–91 years, many patients viewed stopping screening as a monumental decision. Some patients found it upsetting to hear they should stop screening. Others said advice to stop cancer screening might lead them to change doctors.

Chen said it is difficult for patients to see a test that is not typically dangerous as harmful. The harm comes when a patient or family members learn that a screening test is abnormal, which then leads to more tests downstream, including invasive...
Emerging Databases Streamline Cancer Research and Treatment

By Mike Fillon

Leading-edge cancer research has less value if it’s not handy—or people can’t find it.

“Not only do we need data, we need clever ways to look at it,” said Dan Theodorescu, M.D., Ph.D., professor of surgery and pharmacology at the University of Colorado School of Medicine and director of the university’s Comprehensive Cancer Center. “Otherwise, we drown in the wealth of information.”

To this end, cancer-focused databases and information access tools are emerging to streamline data accessibility, improve economies of scale, and accelerate discovery.