

Screening in Older People - When Not To



Researchers in the U.S. have found that nearly 16 percent of individuals 65 years or older may have received non-recommended screenings for breast and prostate cancers because they had limited life expectancies of less than 10 years. The finding, reported in *JAMA Oncology*, could help inform measures to curb unnecessary and potentially harmful cancer screenings.

Existing guidelines recommend against screening for these tumours in individuals with limited life expectancy. Estimates put the cost to the U.S. healthcare system related to overdiagnosis at \$1.2 billion annually.

The researchers assessed the prevalence of non-recommended screenings for breast and prostate cancers in the United States. Firas Abdollah, MD, of the Henry Ford Health System, Detroit, and colleagues analysed data from individuals who were 65 years or older and lived in the U.S. and who responded to the Behavioural Risk Factors Surveillance System survey in 2012.

See Also: [ACS Guideline: Screening Mammography from 45](#)

Of those 149,514 individuals — weighted to represent nearly 43.6 million people — there were 76,419 (51.1 percent) who had a mammography or prostate-specific antigen (PSA) test in the last year; 23,532 (30.8 percent) of those individuals had a life expectancy of less than 10 years. Those figures correspond to an overall rate of non-recommended screening of 15.7 percent (23,532 of 149,514 individuals), the researchers explain.

The results also showed that rates of non-recommended screening rates varied across the country, ranging from 11.6 percent in Colorado to 20.2 percent in Georgia. Interestingly, states with a high rate of non-recommended screening for breast cancer were likely to have a high rate of non-recommended screening for prostate cancer and vice versa.

Dr. Abdollah et al. note limitations to their study, including the possible overestimation of life expectancy and the inclusion of patients previously diagnosed, treated or observed for breast and prostate cancers.

“Efforts should be deployed to reduce non-recommended screening in states with a high rate of non-recommended screening. This effort may avoid significant harms to many individuals and improve the cost efficiency of screening initiatives,” the authors write.

Source: [JAMA](#)

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