

Conversation 2: Right-Sizing Cancer Screening: Balancing Benefits and Harms

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What steps can we take as a cancer screening community to help find a balance between benefits and harms of screening?

- Require/suggest professional education as part of an intervention and document behavior change.
- American Cancer Society should convene and develop outcomes tables for patient and provider use.
- Cancer community should participate in the 'Choosing Wisely' campaign.
- Develop a set of one-page tools for the public and clinicians.
- Ensure quality screenings.
- Measure whether patients understand the decision of whether or not to screen.
- Embrace the complex narrative of screening to create a better narrative.
- Policy/Payment Leverage
 - Bonuses for screening appropriately; penalties for overscreening.
 - Conversation about screening is not currently a recognized form of payment for providers.

How might collaborating with survivor advocates contribute to efforts to help find a balance between benefits and harms of cancer screening?

- Have survivors participate in the USPSTF public comment period.
- Have a seat designated for at least one survivor on an advisory panel.
 - Challenge: find survivors open to a balanced and objective discussion.
 - Challenge: survivors are not a monolithic group – find ways to balance all the voices.
- Majority of cases detected would not have caused cancer
 - Many survivors say that 'screening saved my life' and it is not necessarily true and there is no way of really knowing if screening really did save their lives.
- The breast and colorectal cancer survivor communities have helped to start the screening conversation.
 - Get young colon cancer survivors involved because they are good at advocating for appropriate use of screening.

Share ideas on the problem of balancing benefits and harms in cancer screening.

- Health equity and communication in easy to understand ways especially for the underserved are needed.
- Screening is risk reduction, not elimination.
- A better set of final recommendations are needed.
 - What should the primary care provider recommend to patients?
 - The balance of the benefits and harms can be different.
 - Shared decision-making.
 - Present the benefits and the harms.

- “Just do it” message.
 - How do you compare benefits?
 - USPSTF gives evidence that goes into the clinical decision but never says the message should be “just do it”.

How does the current controversy over balancing benefits and harms affect the work that you do in cancer screening?

- Physicians need to get into the habit of making shared decisions with patients.
 - The decision is, “what can you live with when thinking about chemo” and other cancer treatments.
 - Primary care providers are not prepared to have these conversations
 - If they are prepared, they have time constraints – how do we overcome this?
 - Patients are receiving mixed messages.
 - ACTION: Require/suggest professional education as part of an intervention and document behavior change.

How might the controversy be affecting patients’ decisions about getting screened?

- How do we empower patients to have discussions on these issues?
 - Physicians often fail to inform patients of the guidelines.
 - Time is a barrier.
 - They are driving screening without patient input.
 - It all comes down to telling the story. It’s comforting to hear your life will be saved. The real story is much more complicated.
 - Some cancers won’t kill you and we don’t want to send the message that bombs are ticking inside of people.
 - ACTION: A better narrative is needed.
 - Some screening intervals may be too frequent and we may be pushing something overly aggressive.
 - Many are not following guidelines.
- Challenge: once you empower a patient and the message changes – how do you transition the message in a way that you’re still trusted?
- ACTION: The cancer community needs to get involved in the “Choosing Wisely” campaign and develop consistent messaging.
- ACTION: ACS should convene groups to develop outcomes tables for patients and providers to help evaluate the benefits and harms of various screenings.
 - Challenges exist in the methodology
- What counts for evidence differs among patients
 - Clinicians share experience from practice.
 - Statisticians look at the numbers.
 - ACTION: Differences of perspectives should be embraced into a complex narrative.

Can anything be done around the conflict of screening guidelines?

- Frame the issue into shared decision-making.
- 80% by 2018 has a “just do it” practical message.
 - Steps along the way inform patients of risk.
- Prostate cancer has a dialogue embedded in the guideline.
- ACTION: Develop a set of one-page tools for public and clinicians.
 - Include how staff can also support the provider.

- Begin measuring how many people understand which may push primary care providers to “just do” screening.
 - Screening is a decision and you have to be a participant in the decision.
 - In many situations, the benefits will be clear.
 - In others, a gray area/toss-up.
 - In others, the harms will be clear.
 - Screening decisions are not as simple as putting harms and benefits on a scale.
 - Example: radiation risk downstream.
 - The harm is difficult to weight against the benefits – it can become more like a menu of, “am I willing to take a chance?” and this is difficult.

Is there a legislative solution or a role for one?

- Extend pressures on the USPSTF.
- ACTION: Bonuses for proper guidelines-driven screening and penalties for overscreening.
- ACTION: Having a conversation about screening is not currently a recognized form of payment for providers.
- Quality tests are outdated.