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Who Decides?

After the past two messages, I hope you've taken the time to think about screening tests. There are many ways to respond, from outrage to "Who cares what some obscure researchers say?" To me, it's complicated but it always comes back to statistics.

In Tuesday's message, the opinion voiced the concern that going against the evidence presented by the USTFPS by a political body was opening the door to more intervention based on emotion rather than fact. The facts were that more women would be faced with the stress to their minds and their bodies if they had to do additional testing such as biopsies and had to undergo treatment for cancers that wouldn't be life-threatening for years. I'm sorry, ladies; they think you're just too fragile to deal with that kind of stress.

Are they insane? The numbers that they gave in the article were that a woman who underwent mammograms beginning at 40 and every two years thereafter would reduce the deaths from breast cancer by one in 3,400. I think most of us would take those odds on an individual basis. But let's look at the bigger scheme of things. There are roughly 20 million women in that age demographic. If earlier testing saves one in 3,400 women, that means it would save close to 5,900 women from dying from breast cancer every year. Not only that, it would diagnose more severe cancers earlier and give those women a better chance at longer survival. What should our attitude be? "Heck, we've got 20 million women in that age group. Who cares if we have to lose a few thousand?"

Did you take the comments from these healthcare professionals personally, especially if you're in one of the demographics? I assure you that Paula did; she was 65 when [her breast cancer](#) was diagnosed and treated. We were both happy it was caught early rather than when a lump became unavoidable and more extensive treatment would have been required. None of us are expendable to our family and friends who love us.

The study on basing screening tests on the life expectancy of the patient was also sort of mind-numbing. Putting the percentages from the study into real numbers, here's what you get. Based on the latest Census, there are roughly 41 million people aged 65 and older in the U.S. That would mean that about 15% or just over 6 million people should not get screened for breast or prostate cancer because their life expectancy is less than 10 years. But, oh, by the way, there's no good way of calculating the life expectancy available to physicians at this time. The lead author suggested that studies be done to come up with a reasonable test physicians can use.



Seriously? I would love to see how that conversation goes: "Given that you're probably not going to live another 10 years, although I'm not really sure because there's no test to help me know for sure, there's no reason to bother with a mammogram or PSA. Something else will kill you before then, so let's not waste the money. That okay with you?"

The real question behind this is who should decide what tests should or should not be done. A bunch of people for whom statistics are their god? Evidence-based medicine really can't tell a physician how to treat an individual. The best it can do is to provide guidance and that's it. Large studies that provide the basis for these recommendations can tell you about a population but not a darn thing about that patient who's sitting across from a physician right now. Every statistic that they come up with is just probabilities, nothing more. They may guide but they should never dictate.

Regarding the mammogram recommendations: I don't think anyone should decide what someone does with their body if you don't at least have those same body parts. That commentary was written by two men. Further, that argument about saving money to spend on cardiovascular disease in women doesn't hold water. First physicians would have to recognize that women who are 40 can have heart disease and heart attacks. Right now, most don't think it's possible until a woman is in her 60s.

Regarding the age-related screening: my mother-in-law was a diabetic with hypertension and high cholesterol and very overweight when she was 65. Based on the way I read the questions on the survey, she would not have been predicted to live more than 10 years. She survived bouts of uterine and breast cancer that were diagnosed as a result of screening tests. She lived close to 25 more years. Life expectancy? More numbers games. If you're lucky enough to get to 80 or 90 and don't want to bother with any more tests, that's your decision, but too many people are living vibrant, creative lives far past 65 to make that the cut-off point.

There is one more thing that's important and that's you. You have to find a physician with whom you can work effectively and that you trust. You also have to do your part. If you have no intention of doing anything to get healthier and fitter, than don't submit to any tests. You won't do anything about it anyway, so why waste the money?

The fact that you read this message means that's not really you. But you and I can still do a better job. If you've been delaying a visit to your doctor because you're afraid of what you might find out, think about how you'd feel if you heard the words "If only you'd come in sooner." Make the appointment right now.

Who decides the future of your health? You do. Health is a choice. Choose wisely today.

What are you prepared to do today?

Dr. Chet

References:

1. [A Public Health Framework for Screening Mammography: Evidence-Based vs Politically Mandated Care](#)
2. <http://oncology.jamanetwork.com/article.aspx?articleid=2482914>
3. <http://medicalresearch.com/cancer/-oncology/nearly-13-of-elderly-receive-non-recommended-cancer-screening-tests/20800/>

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