

## Despite guidelines, elderly receiving too many cancer screenings

December 13 2011, By Richard Veilleux

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(Medical Xpress) -- Despite guidelines from a major medical group recommending limited – or no – screenings for four types of cancer for people in their 60s, 70s, and 80s, a UConn researcher has found that more than half of elderly adults continue to receive the screenings.

Keith Bellizzi, an assistant professor in the Department of Human Development and Family Studies in the College of Liberal Arts and Sciences, says that despite the U.S. Preventive Services Task Force guidelines against routine [screening](#) for breast, colorectal, cervical, and prostate cancer at the age of 75 years (65 for cervical cancer), more than 50 percent of physicians continue to recommend the tests. High rates continue for people in their 80s.

Bellizzi found that elderly Hispanics and African Americans were screened less often than Caucasians, differences accounted for by lower educational attainment in these two groups compared to Caucasians.

The USPSTF guidelines recommend against routine cervical cancer screenings in women older than 65; ending routine screening for mammography and colorectal cancer in adults 75 or older; and against screening for prostate cancer in men 75 and older. Other agencies and organizations also recommend fewer screenings for the elderly.

“These findings reinforce the need to examine factors that physicians consider in deciding to screen their patients, and underscores the critical role for health care providers to make informed screening decisions for

their patients,” says Bellizzi.

The study will be published later this month in the [Archives of Internal Medicine](#), a publication of the American Medical Association. Joining Bellizzi in the work was Erica Breslau and Allison Burness of the National Cancer Institute.

Bellizzi analyzed data from the CDC’s National Health Interview Survey, an annual in-person nationwide survey used to track health trends in American citizens, to estimate the prevalence of cancer screening among [older adults](#) in different racial groups. The study population of 49,575 individuals included 1,697 who were 75 to 79 years of age and 2,376 who were 80 years of age and older.

“In the United States, the number of adults 65 years or older, currently estimated at 36.8 million, is expected to double by the year 2030. Providing high-quality care to this growing population while attempting to contain costs will pose a significant challenge,” Bellizzi says. “While a great deal is known about [cancer screening](#) behaviors and trends in young and middle-aged adults, less is known about screening behaviors in older adults from different racial backgrounds.”

Historically, older adults have been excluded from [cancer](#) screening trials, so screening efficacy data on this population is limited, Bellizzi says. Research also is needed to determine the value of continued screening in elderly Americans, and whether the benefits – potentially longer lives – outweigh the negatives: complications from tests, false positives putting unneeded stress on the patient and their families, treatment of clinically unimportant cancers, distress, and anxiety.

“Older adults are becoming increasingly heterogeneous with respect to health status because of earlier lifestyle behaviors and health trajectories,” Bellizzi says. “As such it is quite likely that continued

screening for certain segments of the older adult population is warranted.

“At the same time, there are segments of the older adult population with limited life expectancy, poor health status, and concomitant health conditions that would likely not benefit from screening. The challenge is how do we make this determination,” he says.

Done properly, he adds, “we would improve the quality of care in the older population, while containing [health](#) care costs.”

Provided by University of Connecticut

Citation: Despite guidelines, elderly receiving too many cancer screenings (2011, December 13) retrieved 26 April 2024 from

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