Part 2 PHE Podcast

Physical Exam: Do & Maybe Nots

DO

- BP
- PAP

Insufficient evidence

- Oral exam
- Screening hearing loss >50yrs
- Whole body skin exam
- Eye exam for visual loss/ glaucoma.
- DRE (prostate or colon)
- Breast Exam
- Heart Auscultation (mixed one yes valvular disease another no)

Bloomfield HE, Wilt TJ. Evidence Brief: Role of the Annual Comprehensive Physical Examination in the Asymptomatic Adult, VA-ESP Project #09-009;; 2011.

Physical Exam: Do Not Do

DON'T

- Pelvic Exam (ovarian Ca)
- Abdominal Exam (Pancreatic Ca, AAA or hepatosplenomegaly)
- Thyroid Exam (Thyroid Ca)
- Testicular Exam (Testicular Ca)

DON'T

- Lung Auscultation (COPD)
- Carotid Auscultation (Stenosis)
- Peripheral pulses
- Lymph node palpation
- Reflexes / sensation testing
- Spine mobility

Bloomfield HE, Wilt TJ. Evidence Brief: Role of the Annual Comprehensive Physical Examination in the Asymptomatic Adult, VA-ESP Project #09-009;; 2011.

Differences between organizations

- Most recommendations are similar
- Differences arise in cost benefit analysis
  - Cost are often not money
  - Costs are usually false positives, anxiety from work-up, risk from radiation, injury from tests/procedures, injury from treatment, etc.
- Some will also weight in opportunity costs (but this is rare).
  - For example: US Preventive Task Force does not worry about money or opportunity costs. Just: does it work against harms to the patients.
- Other

Ordering/Screening: Do

- Hypertension (CHEP): Whenever is "appropriate"[1]
- Lipids: Age 40 q 5 yrs, non-fasting. Do Risk Assess.[2]
  - CCV: age 40 in males, 50 in females. q 1-3 years[3]
- Sugar (CDA): Age 40 (likely A1c) q 3 yrs[4]
  - Task force: if high risk of DM q3-5 yrs, if very high q yr[5]
- BMD: OST (wgt - years) = if >5, low risk[6]
  - (CO CPG) Age 65 all, Consider from 50 onward if at risk?[7]

1) https://www.hypertension.ca/en/chep 2) Unpublished Alberta Simplified Lipid Pathway. 3) Can J Cardiol. 2013;29(2):151-67. 4) Can J Diabetes. 2013;37 Suppl 1:S12-5. 5) http://canadiantaskforce.ca/ctfphc-guidelines/2012-type-2-diabetes/ 6) TFP #44 March 21, 2011. http://www.fpnotebook.com/ 7) CMAJ. 2010 Nov 23;182(17):1864-73.

Ordering/Screening: Do

- Cervical cancer (TOP): age 21, after 3 normal in 5 yrs, then q3 years[1]
  - Task force: Age 25, q3 years to Age 69.[2]
- Breast Cancer (Task force): Mammogram age 50 q 2 years (to 74)[3]
  - Breast exam (task force): Don't do
- Colon Cancer (TOP): FIT soon q 1-2 year. Age 50 -74

1) http://www.topalbertadoctors.org/download/578/Cervical%20cancer%20summary%20nov%202811.pdf & 2) http://canadiantaskforce.ca/ctfphc-guidelines/2013-cervical-cancer/ 3) http://www.topalbertadoctors.org/download/301/colorectal_summary.pdf

Ordering/Screening: New or controversial

- AAA (US Task force & TFP): U/S once for male ever-smokers, age 65-75.[1]
- Lung Cancer (US Task force): Low-dose CT q1yr 55-80, with 30 pack yrs (unless ex-smoker x 15yrs).[2]
  - TFP: No
- Prostate Cancer (TOP)[3]: discuss age 50. If screening PSA +/- DRE q1-2 yrs, stop if <10 yrs life expect

1) http://www.uspreventiveservicestaskforce.org/uspstf/uspsaneu.htm & https://www.acfp.ca/wp-content/uploads/tools-for-practice/1397838891_20121015_093820.pdf 2) http://www.uspreventiveservicestaskforce.org/uspstf/uspslung.htm & https://www.acfp.ca/wp-content/uploads/tools-for-practice/1397839118_20121126_091132.pdf 3) http://www.topalbertadoctors.org/download/276/Prostate%20Cancer%20Guideline%20Eval%20&%20Referr.pdf

Ordering/Screening: Last bits: Advice

- Lifestyle (US Task Force)
  - Ask abut smoking and encourage
  - Weight - Yes
  - If CVD risk increased, then diet and activity advice.
- Vitamin D and calcium
  - Unclear (US Task Force): Insufficient evidence.

1) Diet and activity: http://www.uspreventiveservicestaskforce.org/uspstf13/cvdhighrisk/cvdriskfinalrsfact.pdf
1) Tobacco: http://www.uspreventiveservicestaskforce.org/uspstf/uspstbac2.htm
2) http://www.uspreventiveservicestaskforce.org/uspstf/uspsvitd.htm

Preventive test by Age: When to Start

Age	Males	Females
21/25+	Smoking	Smoking, PAP q 3 yrs
40	Lipid & Risk q5, Glucose q3-5, ? hypertension	Lipid & Risk q5, Glucose q3-5, ? hypertension
50	FIT q1-2 , PSA (?)	FIT q 1-2, Mammogram q2 OST (for BMD) q 5
65	OST (for BMD)	
70		STOP PAP
75	STOP FIT Lipid & Risk, likely PSA; Rest unclear	STOP FIT, Mammo, Lipid & Risk; Rest unclear

What do the numbers look like for,…

- Triple AAA
- Breast Cancer
- Prostate Cancer
- Colon Cancer
- Lung Cancer

- Note: We are going over cholesterol, risk estimation, BP, sugars, etc : We have done this to death.

Triple AAA screening

- MASS study: high quality randomized control trial (RCT), 67,800 asymptomatic primary care British men aged 65-74 years randomized to invitation to screening with abdominal ultrasound versus no invitation.
  - Prevalence AAA (≥3 cm) = 4.9%.
  - After 10 yrs f/u AAA related mortality: 4.6/1000 in screened, 8.7/1000 control.
  - NNS = 238 over 10 years.
- Other studies smaller: In non-smoking men and women, no evidence or not supporting

Tools for Practice #75, October 15, 2012

Prostate Cancer Screening:

Time	Number Needed to Screen	Number benefiting per 1000 screened	Number Needed to Treat
9 yrs	1410	0.7	48
14 yrs	293	3.4	12

- Positive PSA (<10ng/ml) are 70% false positive
- False +ve: "worry about prostate cancer" 1 yr (26% vs 6%)
- Biopsy: 7.5% pain, 3% Antibiotic, 0.5% hospitalization,
- Approximate Harms of Treatment
  - For every prostate Ca death prevented: 4 will have sexual function difficulties and 1 will have urinary incontinence.

Can Urol Assoc J. 2011 Dec;5(6):416-21.

Summary for mammography: risks and benefits over 10 to 16y

		Risks and benefits per million women screened for 10-16 years		
	NNS to prevent one BrCa death	BrCa deaths prevented	Unnecessary biopsies	Unnecessary mastectomy
40 – 49 y	2108	474	36,000	5,000-10,000**
50 – 69 y	721	1387	37,000	
70 – 74 y	451*	2218*	26,000	

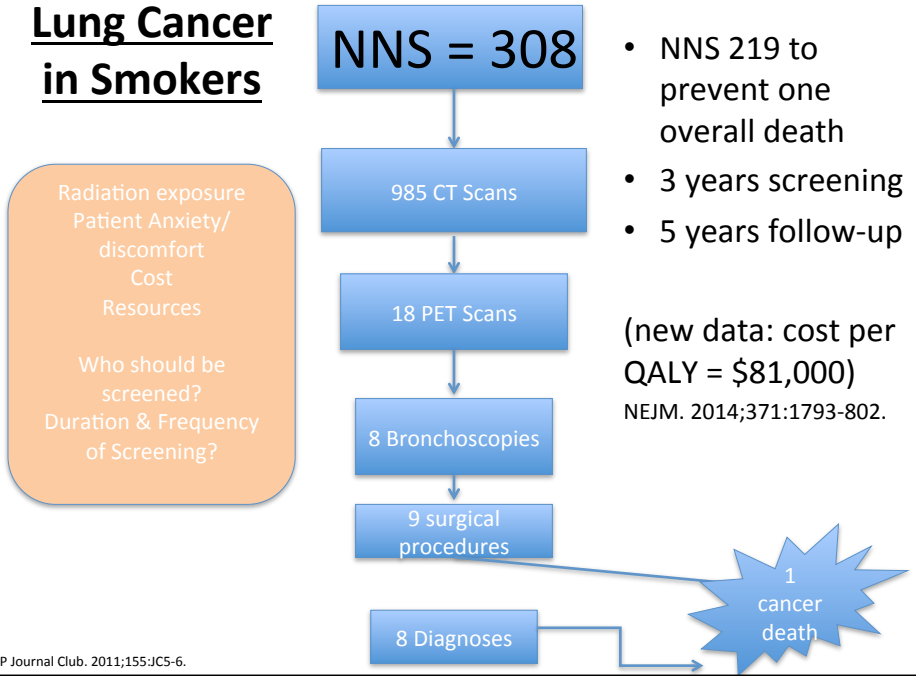
- **Ontario Cohort Data**: CBE detected Breast Ca in an additional 4/10 000 women (missed by mammogram)[1]
  - 219 additional false positives

Does screening for CRC make a Difference?

- FOBT:
  - ~1200 x 10 years to prevent 1 CRC death[1,2]
- Flex sigmoid[3]:
  - ~200 x 11 yrs to prevent 1 CRC
  - ~500 x 11 years to prevent 1 CRC death
- Colonoscopy: no data to show prevents CRC death
- 10,000 patients screened x 10 years with FOBT
  - 9 fewer CRC deaths, 2800 colonoscopies, ~2 perforations

[1] Towler, Cochrane 1998; [2]Hewitson, Cochrane 2007: CD001216 [3] Lancet 2010;375:1624–33

Lung Cancer in Smokers



- NNS 219 to prevent one overall death
- 3 years screening
- 5 years follow-up

(new data: cost per QALY = $81,000)

NEJM. 2014;371:1793-802.

ACP Journal Club. 2011;155:JC5-6.

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