

# The Vernon Cancer Center Screening Guidelines



## Mammography

### Women's Imaging Center Breast Screening Guidelines

In the continually evolving landscape for breast cancer screening, we wanted to provide you with the basic screening guidelines and guidance on recent changes in Massachusetts. Over the coming months, you'll be hearing more about the recently passed legislation from the State House to join 22 other states in requiring patients to be notified that they have dense breasts and that they may benefit from screening in addition to mammography. You can find valuable guidance at the websites listed below.

If you have a patient that you think is at high risk for breast cancer (characteristics would include familial history or previous breast cancer), please refer her to the Vernon Cancer Center for an evaluation.

FAQs About Breast Density  
<http://breastdensity.info/>

NCCN Clinical Practice Guidelines In Oncology:  
Breast Cancer Screening and Diagnosis  
[http://www.nccn.org/professionals/physician\\_gls/PDF/breast-screening.pdf](http://www.nccn.org/professionals/physician_gls/PDF/breast-screening.pdf)

## Breast Cancer Screening Guidelines According to Age and Risk

### Average Risk (average lifetime risk = 12.3%)

Age (years)	Recommendation & Frequency
25-39	CBE every 1-3 yrs
40 -69	Annual CBE, screening mammography, breast awareness
70+	Biennial CBE, screening mammography, breast awareness

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Chief of Breast Imaging

American Cancer Society Breast Cancer Screening Guidelines  
<http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer>

CRICO Breast Care Management Algorithm  
[https://www.rmhf.harvard.edu/-/media/Files/\\_Global/KC/PDFs/Guidelines/cricormfbca2014\\_locked.pdf](https://www.rmhf.harvard.edu/-/media/Files/_Global/KC/PDFs/Guidelines/cricormfbca2014_locked.pdf)

## Low Dose CT – Lung Cancer Screening

On December 31, 2013, the United States Preventive Services Task Force (USPTF) finalized its recommendation for annual low-dose computed tomography (LDCT) lung cancer screening in high-risk asymptomatic patients. The NWH Task Force concluded that annual screening for lung cancer with LDCT is of moderate but substantial net benefit. **The final USPSTF criteria for annual screening for lung cancer with LDCT are: adults aged 55-80 years AND a 30 or more pack-year tobacco smoking history AND currently smoking, or quit within the past 15 years.**

Recommendations for LDCT screening were based on results of National Lung Screening Trial (NLST). Key results include:

- Almost a 20 percent relative reduction in lung cancer mortality in the patients receiving annual CT scans versus those receiving single-view PA chest radiographs.
- A higher incidence of Stage 1A cancer was found with LDCT.
- The absolute rate of death from any cause was reduced in the low-dose CT group by 6.7 percent.

- Over all three annual screening rounds, the false positive rate was 96.4 percent.
- Sensitivity was 93.8 percent, specificity was 73.4 percent, the positive predictive value was 5.2 percent for pulmonary nodules  $\geq 4$  mm, and the negative predictive value was 99.9.
- Positive screenings occurred in 24.2 percent over all three rounds.
- Only two to seven percent of suspicious results proved to be lung cancer.

Discussions with patients eligible for screening must emphasize the benefits, limitations and potential harms. For important facts concerning this study and the screening technology, including guidance on patient selection and radiation dosage, visit [www.nwh.org/lungscreening](http://www.nwh.org/lungscreening).

Orders for screening LDCT should be entered through the electronic Radiology Order Entry (ROE) system (LDCT has a separate order under CT). An informed consent form (in ROE) must be signed by both the patient and the physician and faxed to Radiology. Please contact us with any questions.

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## Colonoscopy

In March of this year, National Colorectal Screening Roundtable launched an effort to increase the nation's colon cancer testing rate to 80 percent by the year 2018. Founded by the American Cancer Society and the Centers for Disease Control and Prevention (CDC), the NCCRT's goal is to reduce colon cancer incidence and death rates. Data published by the American Cancer Society demonstrates that investing in colon cancer testing efforts is saving lives. Among their findings: the rate at which people are diagnosed with colon cancer in the US has dropped 30 percent in the last 10 years for those aged 50 years and older, an age group in which colonoscopy use has almost

tripled. However, more lives could be saved if more adults were tested. And there is a lot of room for improvement. In 2010, the most recent year for which numbers are available, only 59 percent of people ages 50 or older reported being up to date with colon cancer screening.

Below are the national screening guidelines currently recognized as the standard of care by gastroenterologists. We hope that you help us work toward improving the colon cancer testing rates at NWH.

## National Colorectal Screening Guidelines

### 1. Average Risk – No family history or history of cancer/polyps

**Age:** Starting at age 50

**Gender:** Both Males and Females

**Frequency:** Every 10 years

**Insurance Coverage:** Generally covered by insurance

### 2. Increased Risk – History of polyps

**Gender:** Both Males and Females

Polyps Removed	Follow up Colonoscopy
People with 1 or 2 small (less than 1 cm) tubular adenomas with low-grade dysplasia	5-10 years after polyp removal
People with 3 to 10 adenomas, or a large (1 cm +) adenoma, or any adenomas with high-grade dysplasia or villous features	3 years after polyp removal
People with more than 10 adenomas on a single exam	Within 3 years after polyp removal
People with sessile adenomas that are removed in pieces	2 to 6 months after adenoma removal

Insurance Coverage: Generally covered by insurance

### 3. Increased Risk – Family history of cancer/polyps

**Gender:** Both Males and Females

History	Age	Frequency
Colorectal cancer or adenomatous polyps in any first-degree relative before age 60, or in 2 or more first-degree relatives at any age (if not a hereditary syndrome).	Age 40, or 10 years before the youngest case in the immediate family, whichever is earlier	Every 5 years
Colorectal cancer or adenomatous polyps in any first-degree relative aged 60 or older, or in at least 2 second-degree relatives at any age	Age 40	Same intervals as for those at average risk

Insurance Coverage: Generally covered by insurance

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