Cancer Screening with Limited Life Expectancy: When to Stop

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Story from the Front Lines

A middle aged woman with severe pulmonary hypertension, oxygen dependent obstructive lung disease, and autoimmune related interstitial lung disease (ILD) presented for routine follow up in her primary care clinic. Per a best practice alert in the electronic medical record, she was given a FIT (fecal immunochemical test) card for colorectal cancer screening by one of the healthcare professionals (HCPs) who roomed the patient. At the end of the visit, a busy clinician signed the FIT card order.

Several weeks later, the patient sent in the FIT card and it returned positive. Given her numerous, severe comorbid conditions including a recent progression of her ILD and limited life expectancy, it was felt that the risk of a procedure requiring sedation outweighed the benefits and she was deemed not a candidate for colonoscopy. The patient returned to clinic to discuss the results, and she developed significant anxiety for two reasons. First, she had a positive screening test and nothing was going to be done about it. And secondly, she realized that she was "too sick to undergo a basic procedure."

Teachable Moment

Cancer screening is a common intervention in the outpatient setting. Recent evidence indicates that physicians more commonly than not underestimate harms and overestimate benefits of screening tests[1]. This case highlights three teaching points regarding cancer screening: (1) when to discontinue cancer screening in patients with limited life expectancy, (2) how to address discontinuing cancer screening in these patients, and (3) the perils of electronic alerts or notifications for cancer screening.

There are several professional organizations that offer guidance on when to discontinue cancer screening. The Society of General Internal Medicine recommends not screening for any cancer if life expectancy is <10 years[2]. Similarly, the American College of Surgeons recommends avoiding colorectal cancer screening tests on asymptomatic individuals with a life expectancy <10 years and no personal or family history of colorectal neoplasia[3]. These recommendations are derived from the knowledge that the lag time-to-benefit for cancer screening is about 10 years, meaning that patients with limited life expectancies are unlikely to live long enough to derive any benefit from screening. Given this patient's limited life expectancy, the patient should have not received a FIT card for colorectal cancer screening in the first place and this situation could have been avoided.

Addressing the discontinuation of cancer screening with patients can pose a challenge to the physician and patient alike. A recent article discussed this topic as applied to elderly

patients[4]. Specifically, they aimed to identify older adults' preferences for how clinicians should communicate recommendations to cease cancer screening. The authors concluded that “older adults may not consider life expectancy important in screening and may not prefer to hear about life expectancy when discussing screening.[4]” Additionally, the wording of life expectancy was important: more patients positively responded to "this test would not help you live longer" and felt that "you may not live long enough to benefit from this test" was insensitive[4].

Lastly, this case highlights a pitfall of using best practice alerts in the electronic health record. The HCP in this situation was following an established protocol by giving the patient a FIT card; however, because of the busy nature of the clinic, a thorough discussion was not had regarding the risks and benefits of such a test between the physician and patient which was of utmost importance. While electronic-based alerts have been used to increase the rate of cancer screening, this scenario demonstrates that they must be used with caution.

Ultimately, this case emphasizes the need of physicians to not only be cognizant of cancer screening recommendations in patient's with limited life expectancy, but also to remember that some patients do not consider life expectancy to be important when considering cancer screening. Thus, physicians must have patient-centered discussions by incorporating the individual health status of each patient when broaching the topic of cancer screening cessation.

Resources

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2. “Society of General Internal Medicine.” Choosing Wisely – Promoting conversations between providers and patients, 12 Sept. 2013, www.choosingwisely.org/clinician-lists/society-general-internal-medicine-cancer-screening-in-adults-with-life-expectancy-less-than-10-years/.

3. “American College of Surgeons.” Choosing Wisely – Promoting conversations between providers and patients, 12 Sept. 2013, www.choosingwisely.org/clinician-lists/american-college-surgeons-colorectal-cancer-screening-tests/.

4. Schoenborn NL, Lee K, Pollack CE, et al. Older Adults’ Views and Communication Preferences About Cancer Screening Cessation. JAMA internal medicine. 2017;177(8):1121-1128. doi:10.1001/jamainternmed.