

Internet promoting pseudo-epidemics?

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You see the signs promoting cancer screening nearly everywhere you go these days -- airports, bus stations and online. The ads promote cancer screening as a form of preventive medicine, and almost always refer you to an Internet site, where you can learn more about screening, and even register for screening for brain, heart or lung cancer -- and other dreaded maladies -- online. No doctor's appointment needed. Just sign-up and get the test results yourself from the lab.

But experts tell United Press International's Networking column that some of these online screening services may be promoting fear among the general public, rather than serving as sound medical tools.

"These sites are a good deal for hospitals, and a good deal for the sites themselves," said Dr. Steven Woloshin, a physician, and faculty member at the Dartmouth Medical School, Hanover, N.H., during a lecture for the media last week, organized by the National Institutes of Health, the federal agency which funds scientific research. "But they are not so good for patients."

These sites serve as referral services for prospective patients, and purchase "downtime" on hospital machinery, like Magnetic Resonance Imaging (MRI) and Computerized Tomography (CT) services, and then book appointments for the prospect over the Internet, said Woloshin. This is somewhat akin to purchasing unused processing power on a mainframe computer -- something that researchers and corporations have done for decades.

The problem with this is not in the quality of the screening, or in the online scheduling itself, experts said. Rather, it is the increased frequency of screening for cancers for patients who do not show any signs or symptoms. This is leading to what Dr. H. Gilbert Welch, author of "Should I Be Tested for Cancer?" (University of California Press, 2004), called a "pseudo-epidemic" of cancers.

Welch, co-director of the Veterans Administration's Outcome Group, White River Junction, Vt., said that such screening actually has a limited role in predicting actual cancer deaths. Welch noted that for one type of cancer, prostate cancer, the death rate from the disease has remained relatively at the same level for the last 50 years or so, but that diagnosis of the disease has gone up dramatically as has the so-called "five-year survival rate" for those diagnosed with the disease. But measuring the survival of those diagnosed with a cancer is not the only thing that one should be measuring, Welch, a general internist, said. That's because not all cancers are fatal, and people can live with a kind of cell growth which a pathologist may label as cancer, without any symptoms. "The natural life of the disease is not being tracked," said Welch. "Five year survival rates show the limited role of statistics in health care."

Another expert, contacted by telephone on Sunday afternoon by UPI's Networking column, agreed with the criticism of screening for cancer. "I've looked at the Web sites," said Dr. Arl Van Moore, Jr., chairman of the American College of Radiology's Board of Chancellors, based in Reston, Va. "I think in terms of the whole process, the college has thought this kind of screening is inappropriate."

Van Moore said that there are even sites -- advertised on the Internet - which promote full-body screening. "There is no data to show that whole body screening has benefits," said Van Moore. "It can have adverse effects."

Not commenting on any site in particular, but speaking generally about the Web sites that promote this kind of cancer screening, Van Moore said that these sites are run by "medical entrepreneurs" who often set up shop in a suburban strip mall, and offer screening "for a nominal fee."

But, even if someone has what a pathologist might term "abnormal" signs on their scans, that still does not mean that they actually have cancer. If someone does have cancer, moreover, it may not be fatal, said Dr. Barnett S. Kramer, director of the office of medical applications research at the NIH.

Kramer compared screening to the Dudley Do-Right cartoon, featuring the damsel in distress, Nell, the evil Snidely Whiplash, and the hero Dudley Do-Right. "Screening is like giving Nell a pair of binoculars when she is tied to the train tracks," said Kramer. "It does nothing to stop the train from coming."

There is an increasing amount of "overdiagnosis of cancers" in the U.S., said Kramer. There is also the risk of "false positives" from screening tests. Both of those phenomenon may cause undue mental stress on patients - and in the end they may not have cancer or may be treated for cancer when they don't have it. In the latter case, that is definitely harmful and potentially fatal, said Kramer.

Many of the people seeking screening are young -- in their thirties or forties. But, according to the National Cancer Institute's online service, Surveillance Epidemiology, and End Results, at: www.seer.cancer.gov, from 2000 to 2003 the median age at death for cancer of the brain and other nervous system cancers was 64 years of age. The lifetime risk of developing that kind of cancer for men and women born today is 0.59 percent - less than one percent. For cancer of the lung, the median age of diagnosis was 70 years of age, according to the NCI. The median age of death from cancer of the lung was 71 years. The lifetime risk for anyone

born today for contracting cancer of the lung is 7.01 percent, the NCI said.

Kramer added that the increased use of scanning by doctors and the medical profession is close to "irrational."

According to an article published in the June 29, 2006 edition of the weekly New England Journal of Medicine, entitled "The New Era of Medical Imaging - Progress and Pitfalls," there is a "rise in entrepreneurial activity by physicians" because of the availability of the screening technology. But there is also an increased practice of "defensive medicine in order to thwart malpractice suits."

The article added that this "growth in spending has outstripped that of most other services covered by Medicare and private insurers."

Another expert, Dr. Mark H. Zweig, a clinical pathologist, who works in the division of cancer prevention in the National Cancer Institute, cautioned that consumers who increasingly read medical journal articles at online sites by the Journal of the American Medical Association and other journals, should not over-react to findings of new studies that indicate a rise in cancer risk for certain population groups and seek screening immediately.

That's because the journal articles are only a "part of an ongoing conversation" within the medical community, and are not meant to be the final word, said Zweig.

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