

## Midwest Geriatrics – Palliative Fellowships Consortium

# GERIATRICS TWITTER JOURNAL CLUB

#GeriJC

Cancer Prevention and Screening for Older Adults: Part 1. Lung, Colorectal, Bladder, and Kidney Cancer

August 2021

Dr. Hamid Mohtashami, Geriatrics Fellow from University of Wisconsin leads discussion on this study (see video)

### T1. What are the most interesting aspects of the paper?

**@GeriEducator:** #WhatMatters “Overscreening” is a legit issue when it comes to cancer screening. Another example of why #Agefriendly education is important in healthcare training #GeriJC

**@MohtashamiHamid:** The interesting part is using of life expectancy online tools instead of age for decision making for cancer screening in older adults and sharing consequences of the screening with the patients. #GeriJC

**@Antharamphani:** Discussion on when to stop screening and review of prognostic indicators for doing the same were the most interesting aspects of the paper #GeriJC

**@BERosensteinMD:** A1) I really appreciated the table with the many tools that can be used to help have a shared decision-making conversation. I think many are familiar with ePrognosis (@AlexSmithMD) but less so the chemo toxicity tools, f.e. #GeriJC

### T2. Were the analytical approaches used in the study appropriate?

**@GeriEducator:** For a review article, it was very well designed. Not necessarily a data driven/statistics oriented article to answer this question #GeriJC

**@BERosensteinMD:** Agree, good overview and well presented as a review of important topic #GeriJC

### T3. Does the study add new knowledge to established foundations?

**@GeriEducator:** This has to be stressed on during training over and over: “Overscreening...can lead to unnecessary diagnostic testing and treatment. Both older adults and their healthcare providers need guidance on the appropriate use of cancer prevention and screening interventions.” #GeriJC

**@GeriEducator:** What are the life expectancy and/or prognosis tools that you've used with your patients? #GerijC

**@Antharamphani:** The study discusses existing knowledge for better application in Geriatric population #GerijC

**@BERosensteinMD:** A3) This further promotes and provides epidemiological reasoning regarding the incidence of various cancer types and the risks associated with screening for them #GerijC

#### **T4. What are the weaknesses of the study (design)?**

**@BERosensteinMD:** A4) As a review article, the weaknesses are related to lack of some data. While this review highlighted risks with over-screening, an area that also becomes messy is when to discontinue surveillance, for which far less data exists #GerijC

#### **T5. How would you introduce the findings in your practice?**

**@Antharamphani:** The prognosticating tools to help discuss appropriate cancer prevention and screening are important and I will be incorporating them when discussing screening for geriatric individuals

**@BERosensteinMD:** A5) Really weigh screening in the context of your patient; remembering it's not just screening, but what follows that you have to consider #GerijC

**@Daniela56730371:** Programing screening test according guidelines and also life expectancy calculators #GerijC