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CANCER AWARENESS | EDITION

A New Wellness Intervention that Can Increase Cancer Screening Rates for Employers Pg 6

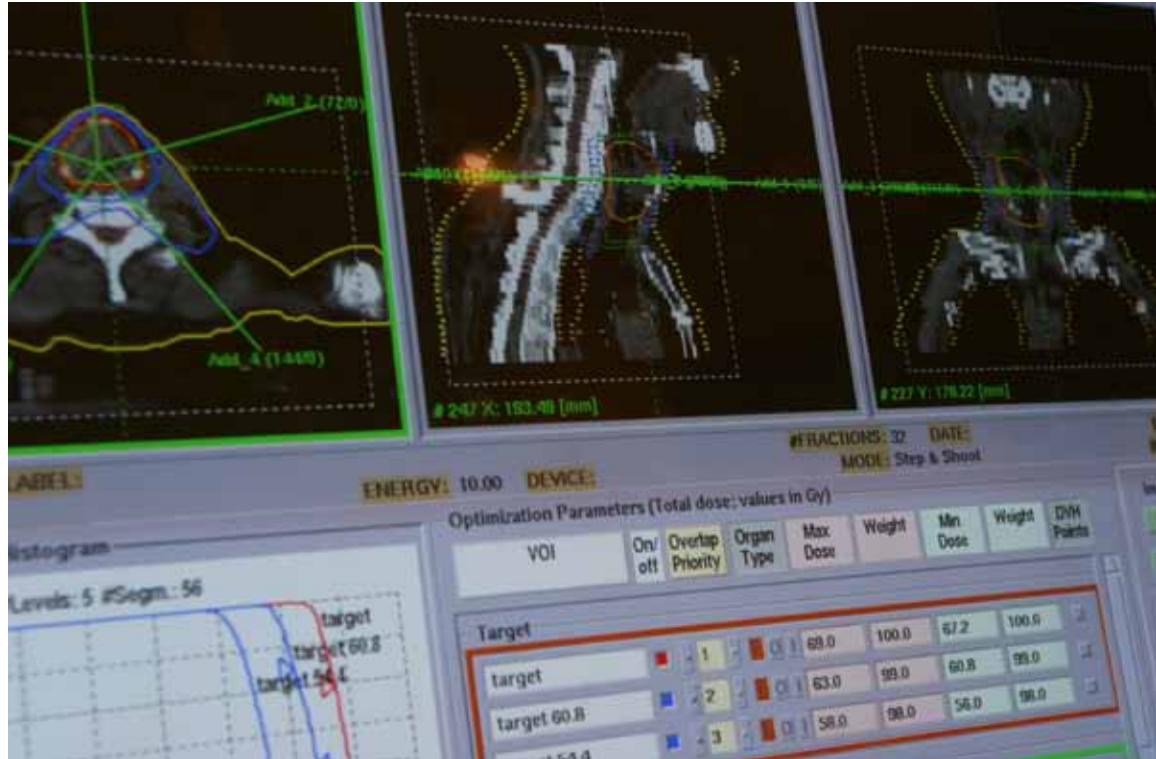
7 Strategies for Preventing Cancer in Your Corporate Employees Pg 23

Employer Sponsored Cancer Screening Pg 47





By Jonathan Spero



With healthcare reform mandating coverage for many preventative services employers are taking a closer look at worksite health screenings. Health screenings not only assist in accessing the health risk of population or individual employee, but also pick up undiagnosed diseases that can be very costly if untreated.

Employer sponsored metabolic screenings are growing in popularity and identify undiagnosed conditions such as high blood pressure, elevated cholesterol, and diabetes. So what about cancer screenings? Cancer screening exams and tests can pick up life threatening cancers early in the disease increasing the likelihood of a cure.

Before employers implement cancer screening programs at the workplace, they need to understand what the research shows and be guided by evidence based medicine. Evidence based medicine aims to apply the best available evidence gained from scientific method to clinical decision-making. And when it comes to cancer screening, evidence medicine is even more important as the stakes are high and there exists much emotional bias.

So what is the evidence for or against cancer screenings? And what are the nationally recognized guidelines?

Over 11 million people in the United States have some form of cancer and there are more than 200 different types of cancer. The following are the

10 most commonly diagnosed cancer types in 2009 and the estimated number of new cancer patients diagnosed each year:

1. **Non-melanoma skin cancer** - 1 million plus (rarely deadly)
2. **Lung cancer** – 220,000
3. **Breast Cancer** – 200,000
4. **Prostate Cancer** – 195,000
5. **Colorectal Cancer** – 150,000
6. **Bladder Cancer** - 70,000
7. **Melanoma** - 69,000
8. **Non-Hodgkin lymphoma** - 66,000
9. **Kidney cancer** - 50,000
10. **Leukemia** – 45,000

Despite cancer's enormous prevalence in our population, there exists only a handful of cancer screening tests and exams that have been proven to decrease the mortality related to a specific cancer. These screening tests must be done on a regular interval basis to be effective and include screenings for breast cancer, colorectal cancer, and cervical cancer.

Cancer Screenings Recommendations

Below are the current nationally recognized cancer screening recommendations. The timing and frequency of the testing can be modified based on family history and genetic testing.

Breast Cancer

- Yearly mammograms are recommended starting at age 40 and continuing for as long a woman is in good health

- Clinical breast exam (CBE) about every 3 years for women in their 20s and 30s and every year for women 40 and over

Colorectal Cancer

Colorectal cancer screening, in general, begins at age 50. Patients have a number of options as follows:

- Colonoscopy (every 10 years) OR
- Flexible sigmoidoscopy (every 5 years) OR
- CT scan (every 5 years)

PLUS yearly sampling of stool.

Cervical Cancer

- Regular female exam and pap smear as recommended by your physician

Prostate Cancer

The FDA has approved the use of the PSA test along with a digital rectal exam (DRE) to help detect prostate cancer in men 50 years of age or older; together, these tests can help doctors detect prostate cancer in men who have no symptoms of the disease. In fact, most doctors do recommend these tests for their male patients. However, as previously stated, the research has not yet proven that it will decrease the death rate related to this disease in a population.

Is there any test for ovarian cancer?

Some employers have started ordering the cancer antigen 125 (CA 125) blood test for their health screenings. This test is NOT recommended for



Summary

Over the next decade several major advances in cancer screening hold enormous promise. However, at this time, effective cancer screening is limited to only a few cancers. Incorporating non-evidence based cancer screening tests into an employer sponsored health screening can actually do more harm than good. False positives can lead to unnecessary follow up procedures, costs, and employee concerns. Employers who are considering health screenings should keep this in mind and stick to nationally recognized cancer-screening guidelines.

women with an average risk of ovarian cancer. Why?

While women with ovarian cancer often have an elevated level of CA 125, an elevated CA 125 level doesn't always mean you have ovarian cancer. Some women with ovarian cancer never have an elevated CA 125 level. And there exist many other conditions (other than ovarian cancer) that can cause an elevated CA 125 level.

For these reasons, doctors don't recommend CA 125 testing in women with an average risk of ovarian cancer. Women with a high risk of ovarian cancer, such as those with mutations in the BRCA1 and BRCA2 genes, which increase the risk of breast and ovarian cancers, may consider periodic CA 125 testing. But even in these high-risk situations, there's some disagreement about the usefulness of the CA 125 test.

Bio

Jonathan Spero, MD, is CEO of InHouse Physicians and board certified in Internal Medicine. Dr. Spero is an expert in the field of targeted employee wellness programs with measureable ROIs. InHouse Physicians is a global employee health and wellness provider delivering innovative cost containment solutions to corporations around the world. InHouse Physicians high touch employee health services include a wide range of offerings such as cost effective worksite health centers, evidence based "pre-disease" wellness initiatives, health screenings plus analytics, flu vaccinations, and travel medicine. To learn more about InHouse Physicians visit their website at www.inhousephysicians.com or Dr. Spero can be reached at jspero@ihphysicians.com.

