Dr. Fowler’s Feature

I often think about disease prevention. How can I keep my patient well so that she/he can be with their family, enjoy their work, or live a more fulfilled life? I have always seen that as an important part of my calling as a doctor. This month, I want to continue our discussion about preventive screening tests that doctors use to find disease early. Early enough to intervene and cure it or treat it to prevent death or minimize suffering.

In today’s world, patients hear a lot about all the medical tests they should have, but not all tests provide a clear benefit. In this issue, I want to discuss breast cancer screening and prostate cancer screening. Both are important tests that have some controversy, so I want to address that.

**Breast cancer screening** is likely the most publicized and well-accepted cancer-screening test we have. Breast cancer screening and the importance of early intervention are emphasized because breast cancer is the most common cause of cancer death in women worldwide and for women in the U.S. when considering cancers affecting women. As a result of increased screening, early detection, and improvements in treatment, there has been a 1/3 reduction in deaths from metastatic breast cancer in the U.S. **Breast cancer screening is clearly beneficial.**

The experts agree that mammography is the standard screening test for women at this time. However, women who have dense breast tissue may also need a screening ultrasound because ultrasound can help identify early tumors that might have been missed by the mammogram. Medicare and insurance typically pay for screening mammograms at no copay, but women who need screening ultrasounds or diagnostic mammograms because a problem is found will have varying levels of out of pocket expense. Early studies support the value of the extra expense due to the improved early detection gained through the additional tests. The controversy over breast cancer screenings is over when to

*Continued on Page 2*
begin screening and how often women should be screened. Talking with your primary care physician is the best way to decide what is right for you, but the researchers that study breast cancer agree that in women at average-risk for breast cancer:

- screening is not recommended before age 40
- between the ages 40 to age 50, there should be a discussion with your doctor regarding the preference for screening or not and if so, how frequently
- after age 50, screening is recommended every 1-2 years
- screening should be continued until it appears that the life expectancy of the woman is less than 10 years or at least until age 75

Another highly controversial screening test is the **prostate cancer screening** in men with no symptoms. This is an important disease in men. As the second leading cause of cancer death in men in the U.S., prostate cancer kills approximately 26,700 men each year. Because it kills so many each year, intense research is underway to develop reliable tests to reduce deaths due to prostate cancer.

The discovery of the prostate specific antigen (PSA) led to the recommendation of universal screening of men after the age of 50. The PSA can be measured by a simple blood test. The result of this new testing in the 1990s was an “over diagnosis” of prostate cancer. Since then we have learned that prostate cancer is usually very slow growing in most men, and most men that have it do NOT die of it. Autopsy studies of men who died from other causes found that 30% of men age 55 and over and 60% of men over age 80 also had prostate cancer. Multiple studies have been performed, and so far, there is only a small reduction in death from use of PSA to detect and treat non-metastatic disease. But that finding is not consistent across all studies.

So here are the current best recommendations:

- Digital rectal exam to screen for prostate cancer is no longer recommended.
- Screening PSA should not be performed in any man with a life expectancy of less than 10 years or a man older than 74.
- Only biopsy can detect more aggressive forms of cancer, and even that is wrong up to 25% of the time.
- Beginning age 50, males should talk with their doctor in order to make an informed decision about screening, detection, and treatment of prostate cancer.

If you are due, or past due, for one of these screenings, schedule an appointment with your Primary Care doctor to discuss what would be the most appropriate screening for you.

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Beneficiary Help Line
(844) 361-HELP (4357)

Compliance Hot Line
(844) 881-INFO (4636)
Vaccines recommended for adults 60 years or older:

• Seasonal flu
• Tetanus
• Pneumococcal pneumonia
• Shingles (zoster)

Some adults with specific health conditions should not get certain vaccines or should wait to get them.

Talk with your doctor or other healthcare professional to find out which vaccines are recommended for you at your next medical appointment.

August is Immunization Awareness Month

We all need shots (also called vaccinations or immunizations) to help protect us from serious diseases. To help keep our community safe, your CHRISTUS ACO is proudly participating in National Immunization Awareness Month.

Shots can prevent serious diseases like the flu, measles, and pneumonia. It’s important to know which shots you need and when to get them.

It is important for older adults to keep vaccines current: they may not have been vaccinated as a child, new vaccinations may now be available, immunity may have waned, and most importantly, seniors are more susceptible to serious and possibly life-threatening infections.

Older adults need to get shots (vaccines) to prevent serious diseases. Protect your health by getting all your shots on schedule.

If you are age 60 or older:
Get a shot to prevent shingles. Shingles causes a rash and can lead to pain that lasts for months.

If you are age 65 or older:
Get shots to prevent pneumococcal ("noo-muh-KOK-uhl") disease. Pneumococcal disease can include pneumonia ("noo-MOHN-yah"), meningitis, and blood infections.

It’s also important for all adults to:
• Get a flu vaccine every year. The seasonal flu vaccine is the best way to protect yourself and others from the flu.
• Get the Tdap shot to protect against tetanus ("TET-nes"), diphtheria ("dif-THEER-ee-ah"), and whooping cough (pertussis). Everyone needs to get the Tdap shot once.
• After you get a Tdap shot, get a Td shot every 10 years to keep you protected against tetanus and diphtheria.

Talk to your doctor or nurse to make sure that all your family members get the shots they need. To learn more, visit the CDC website: https://www.cdc.gov/vaccines/ where you can find more information on vaccines for the whole family.

Older Americans are more likely to get an infectious disease, be hospitalized for it, suffer complications, and die. Despite the tremendous value vaccines hold in preventing these diseases, barriers... cause vaccination rates in seniors to fall short of targets set by the Centers for Disease Control and Prevention (CDC).

-Alliance for Aging Research
Better Diet, Longer Life?

A large study suggests you're never too old to benefit from a commitment to eating healthier

From: HealthDay News

Middle-aged and older adults who start eating better also tend to live longer, a large new study shows.

The findings, reported in the July 13 issue of the New England Journal of Medicine, might not sound surprising. Health experts said they basically reinforce messages people have been hearing for years.

But the study is the first to show that sustained diet changes -- even later in life -- might extend people's lives, the researchers said. "A main take-home message is that it's never too late to improve diet quality," said lead researcher Mercedes Sotos-Prieto, a visiting scientist at the Harvard School of Public Health, in Boston. "Most participants in our study were 60 years or older," she noted.

The findings are based on nearly 74,000 U.S. health professionals who were part of two long-running studies that began in the 1970s and 1980s. Between 1998 and 2010, almost 10,000 of those study participants died. Sotos-Prieto and her team looked at how people's risk of early death related to any diet changes they'd made in the previous 12 years (1986 to 1998). It turned out that people who had changed for the better -- adding more fruits and vegetables and whole grains, for example -- had a lower risk of premature death than those whose diets stayed the same.

In contrast, people who let their eating habits slide faced a higher risk of dying during the study period -- 6 percent to 12 percent higher -- compared to stable eaters, the findings showed.

How much of a difference did diet improvements make?

It varied a bit based on the measure of diet quality. The researchers used three scoring systems: the Alternate Healthy Eating Index; the Alternate Mediterranean Diet score; and the DASH (Dietary Approaches to Stop Hypertension) diet score. The scoring systems differ somewhat, but all give more points to foods such as vegetables, fruit, whole grains, fish, low-fat dairy and sources of "good" fats, such as olive oil and nuts. Processed foods, sweets, red meat and butter, meanwhile, get lower ratings.

Overall, the study found, a 20-percentile improvement in diet quality was linked to an 8 percent to 17 percent decrease in the risk of early death from any cause. There was a similar dip in the risk of dying from heart disease or stroke, specifically. That 20-percentile shift is a fairly minor change, according to Sotos-Prieto. Swapping out one daily serving of red meat for one serving of legumes or nuts, for example, would do the trick, she said.

"Our results underscore the concept that modest improvements in diet quality over time could meaningfully influence mortality risk," Sotos-Prieto said.

Alice Lichtenstein is a spokeswoman for the American Heart Association and a professor of nutrition science at Tufts University, in Boston. "This study reinforces what we've been saying for a long time," she said. Ideally, healthy eating is a lifelong habit. But you're never "too old" to make changes for the better, Lichtenstein noted. "The key is to make changes that you can stick with for the rest of your life," she stressed.

There are no magic-bullet foods or nutrients, Lichtenstein added. Instead, the new study "validates" the concept that it's overall diet that matters, she explained. Connie Diekman, a registered dietitian, agreed. A general guide, she said, is to start eating more plant foods. When people do eat meat, Diekman suggested choosing leaner cuts.

"Shifting one meal from meat and potatoes to sauteed veggies, quinoa and a topping of grilled chicken or lean flank steak would be one way to move to a healthier eating pattern," said Diekman, head of university nutrition at Washington University in St. Louis.

The good news, according to Lichtenstein, is that it is getting easier to eat healthfully. She said Americans generally have more access to a variety of whole grains and fruits and vegetables -- fresh or frozen, which can be more economical.