



# “Over Testing in Cancer Staging”

---

Jon Tilburt, MD  
General Internal Medicine  
Mayo Clinic





Too Big, Too Little  
Too Hot, Too Cold  
Too Soft, Too Firm





# “Just & Right Cancer Care”

Fair, sustainable and focused on individual needs



Desire

Hope

Fear

Technology

Disappointment

Suffering

Progress

# Moral Danger of Cancer Care

“care”  $\approx$  consumer goods  
Genuine concern  $\approx$  more testing

# Objectives

- What is cancer staging
- Why is it important
- What does it involve
- Can “too much” ever be bad
- What do the guidelines say for specific cancers



# Cancer Staging

- How far is it spread
- What treatments are likely to work
- State (0), 1, 2, 3, 4
- “T” – Tumor
- “N”
- “M”
- “X”

# Staging Importance

- How do we balance ALL risks & benefits
- Knowing approximate extent – always important
- If cancer is spread to other parts of body, surgery may not benefit (harm>help)
- Knowing exact extent varies (dynamics)

# Knowing Exactly Depends On

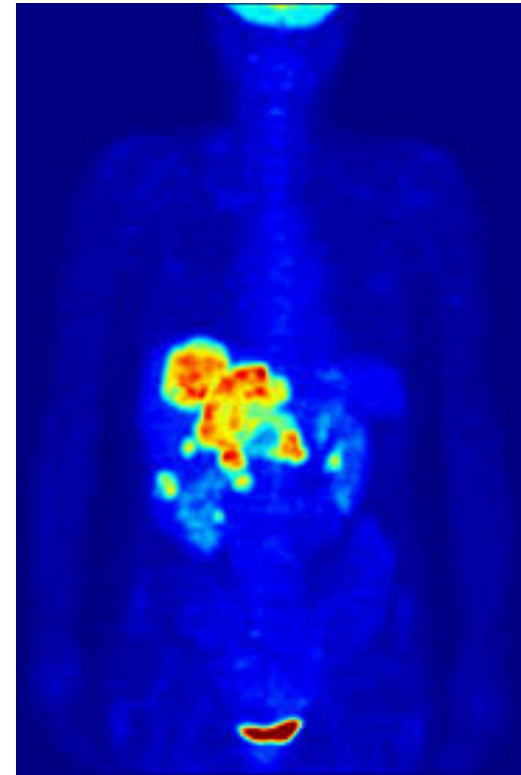
- A. “Dynamics”
- B. How fast growing the tumor is
- C. How good our drugs are
- D. How toxic cutting would be to get them out

# Factors Influencing Doctors

- “Would it change my management?”
- How well do doctors deal with uncertainty?
- “What are my incentives?”
- “What are my fears?”

# Staging: What does it involve?

- History & Physical
- Blood tests
- Biopsy review
- Basic X-Rays/ CT scans
- What else?



# PET Scan



## Positron Emission Tomography

- A type of imaging test
- Uses a radioactive substance called a “tracer” to look for disease in the body
- Shows how organs and tissues use energy
- A more precise test to find tumors

# Can Too Much Staging Be Bad?

- Little direct individual harm (from test)
- Can cause timing delays
- Can lead to “over-reacting,” but...
- Can help avoid any unnecessary treatment

# What You Need to Know Exactly

- Likely an aggressive tumor has spread
- Drugs are less effective
- High risk surgery



# Lung Cancer

- Aggressive tumor
- Drugs aren't as effective
- Surgery pretty rough
  
- ...need to know exact intent of spread  
(Stages I-III)

# Breast Cancer

- Cancer aggressiveness, variable
- Drugs are typically more effective, more options for recurrences
- Risk of surgery lower
- ...PET reserved for high risk

# Prostate Cancer

- Drugs can control & not cure
- Risks of surgery are intermediate
- Typically slower growing
- ...PET reserved for high risk

# Colon Cancer

- Drugs are pretty effective
- Risks of surgery are intermediate
- Metastatic disease curable
- ...PET not routinely needed

# The Data

- Minimal data on influence of intensity of staging on long term outcomes

# The Guidelines

- NCCN
- Choosing Wisely



*An initiative of the ABIM Foundation*

About

Partners

Lists

Contact

Resources

## About

*Choosing Wisely*® aims to promote conversations between physicians and patients by helping patients choose care that is:

- Supported by evidence
- Not duplicative of other tests or procedures already received
- Free from harm
- Truly necessary

In response to this challenge, national organizations representing medical specialists have been asked to “choose wisely” by identifying five tests or procedures commonly used in their field, whose necessity should be questioned and discussed. The resulting lists of “[Five Things Physicians and Patients Should Question](#)” will spark discussion about the need—or lack thereof—for many frequently ordered tests or treatments.

This concept was originally conceived and piloted by the [National Physicians Alliance](#), which, through an ABIM Foundation [Putting the Charter into Practice](#) grant, created a [set of three lists](#) of specific steps physicians in internal medicine, family medicine and pediatrics could take in their practices to promote the [more effective use of health care resources](#). These lists were first published in [Archives of Internal Medicine](#).

Recognizing that patients need better information about what care they truly need to have these conversations with their physicians, [Consumer Reports](#) is developing [patient-friendly materials](#) and is working with consumer groups to disseminate them widely.

*Choosing Wisely* recommendations should not be used to establish coverage decisions or exclusions. Rather, they are meant to spur conversation about what is appropriate and necessary treatment. As each patient situation is unique, physicians and patients should use the recommendations as guidelines to determine an appropriate treatment plan together.

# Disparities & Overtesting

- “Haves” & “have nots” dynamic
- Temptation for more
- Fear
- Consequence #1: Less aggressive treatment
- Consequence #2: Overly aggressive, outdated treatments





# Patient-Centered Cancer Care

- Help patients know they are “worth it”
- Without counterproductive testing



Arthur Frank. Patient-Centered care as a Response to Medication.  
*Wake Forest Law Review*. Nov. 2010, p. 1453-1459

# Thank You

[tilburt.jon@mayo.edu](mailto:tilburt.jon@mayo.edu)

 @DrJonTilburt