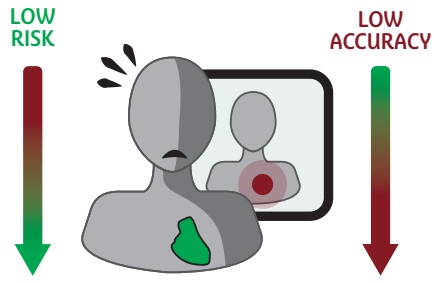
We're rethinking the way we do the
ANNUAL PHYSICAL

Is more testing better?

The lower the patient's risk for a particular illness, the less precise the test results tend to be. For low-risk patients, **more testing often leads to more misdiagnosis and is not necessarily better for one's health**.



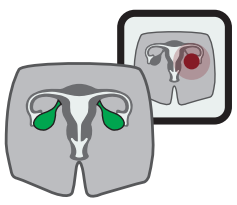
Case Study: Ovarian Cancer Screening

Where screening caused more harm than benefits

Ovarian cancer can be hard to detect, so screening all women might seem like it makes sense. Screening for ovarian cancer involves two tests:
1. ultrasound and 2. blood test.

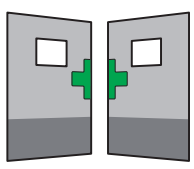
A recent study looked at whether screening actually helped women **who didn't have symptoms or risk factors for ovarian cancer**. Although ovarian cancer was diagnosed more in the screening group, **this did not lead to more saved lives.**

In addition, when we followed the women who were screened:



13%

of screened patients had false alarms



30%

of the false alarms led to surgeries

15%

of those surgeries had serious complications

So, you can see with this example that what seems like a simple test that makes sense can actually backfire and **cause more health problems than it prevents**.

Effect of screening on ovarian cancer mortality: the Prostate, Lung, Colorectal and Ovarian (PLCO)Cancer Screening Randomized Controlled Trial. *JAMA*. 2011 Jun 8;305(22): 2295-303.

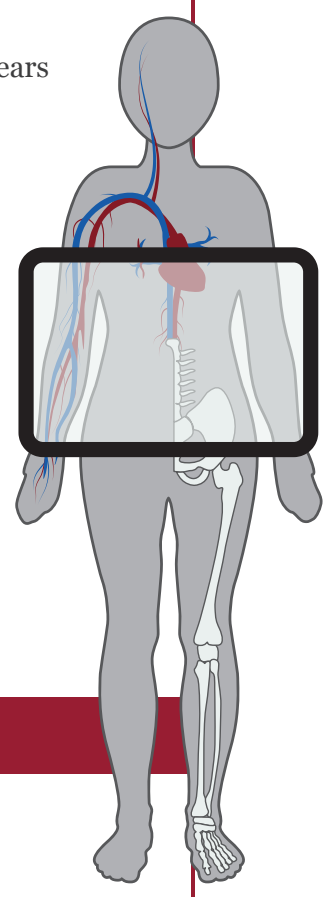
6 Tests to Rethink*

Optimal timing

1. Cholesterol levels
- Low-risk people can be tested every 3-5 years
- High-risk people tested more frequently

2. Blood sugar levels
- Low-risk people can be tested every 3 years
- High-risk people tested more frequently

3. Bone densitometry
- Test people older than 65 years and those with risk factors
- Any changes between first and second test inform frequency for subseqent tests
- Low-risk people can be tested every 5-10 years
- High-risk people tested every 2 years



Change in timing

4. Cervical cancer screening
- First Pap smear between 21-25 years
- Pap smears, can be done every three years (unless there is an abnormal test) until the age of 70 years.

Only when prompted

5. Electrocardiogram (ECG)
- No ECG for low-risk people
- 30-50% of people with a healthy heart have ECG abnormalities

6. Thyroid function
- Test only when there are symptoms (e.g., sudden onset of fatigue that persists)

*Please consult relevant provincial guidelines.

Resources:

For more information, visit www.cfpc.ca/ChoosingWisely.
See advice for when you need a test and when you don't at www.choosingwisely.ca.
Watch Dr. Mike's videos on smart testing and more at www.YouTube.com/DocMikeEvans.

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