

Health Briefs

Introduction

ConnectCare has compiled this collection of health-related news items from *The Harvard Health Letter* and *The University of California, Berkeley Wellness Letter*. These briefs are not meant to be a definitive reference, but rather to provide a brief oversight of current healthcare research. We will distribute this newsletter periodically throughout the year. As always, your best resource for health information is your healthcare provider. If you wish to receive additional information about a topic, you may contact us at (989) 839-3370 or via e-mail peggy.cameron@connectcare.com and nikkolette.garno@connectcare.com

Cancer warning for young adults

The incidence of colorectal cancer is increasing among people under age 55, according to a study in the *Journal of the National Cancer Institute* in August. Researchers analyzed data from 490,000 Americans diagnosed with invasive colorectal cancer between 1974 and 2013. The study found that since the mid-1980s while rates of colorectal cancer have declined in people over age 55—likely due to increased screening, which can actually prevent cancer—they rose in younger adults. The largest increase occurred in people in their twenties, whose rates grew by about 3 percent per year. In fact, people born in 190 are twice as likely to develop colon cancer in their twenties as their counterparts born in 1950 were, and four times more likely to develop rectal cancer.

A few weeks later, a study in the *Journal of the American Medical Association* found that mortality rates from colorectal cancer in white (but not black) Americans ages 30 to 54 have been rising since 1995, after declining during the prior 25 years.

The reasons for this jump in colorectal cancer in younger people are not known, but the *JNCI* researchers attributed it in large part to factors such as excess body weight, poor diet (high in processed meats and alcohol, low in fiber), physical inactivity, and smoking. They also cited barriers to early diagnosis in young adults, including lack of awareness of the disease and lack of insurance. This may lead young people experiencing symptoms to delay or avoid seeing a doctor. And doctors may be slow to recognize colorectal cancer in young adults because it is relatively uncommon, and may attribute symptoms to problems such as hemorrhoids.

Current guidelines call for colorectal cancer screening of average-risk people starting at age 50; those who are at increased risk should start screening earlier. But anyone experiencing symptoms of colorectal cancer should seek medical attention. These include blood in stool, a change in bowel habits, abdominal pain, fatigue, and unexplained weight loss.

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Briefer Briefs

To provide a method of obtaining interpreter services for Mid-Michigan Health Network (MHN) customers who are hearing-impaired or speak a language other than English, MHN provides telecommunications (TDD) devices or telephone typewriter (TTY) services for deaf, hard of hearing, or speech impaired enrollees. A separate phone number (989) 839-1689 option three is available for enrollees to call for either of these services. In the event that interpreter services are needed at MHN's office, a laptop is available to provide sign language via Video Remote Interpreting, V.O.I.C.E may be contacted at (989) 497-7111, Monday through Friday, 8 a.m., to 4:30 p.m., or after 4:30 p.m. at (989) 284-5182 to arrange a face-to-face interpreter, or communication boards may be signed out for use with the enrollee. MHN also provides language assistance services for all enrollees who speak a language other than English. Language Services Associates (LSA) may be contacted at (866) 406-0021 account code 2831 to provide translation services using a dual handset for communication.

Did You Know?

ConnectCare maintains a website that provides enrollees with access to look up physicians, hospitals and healthcare service providers online. Just go to www.connectcare.com and on the home page, click on the *Find a Doctor* link for physicians and practitioners, or the *Find A Facility* link to find hospitals, durable medical equipment providers and other services that are in network for your health plan.

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Can women skip the Pap test?

In September, the influential U.S. Preventive Services Task Force (USPSTF) released updated draft guidelines about screening for cervical cancer. Public comments that followed, it undoubtedly got an earful from other health organizations, as well as some women's groups, who either question the proposed changes or outright oppose them. That's because the changes suggest that women can safely opt to skip the Pap test – one of the most effective cancer screening tools ever devised and a staple of women's health checkups for generations – and get an HPV test instead. Both tests analyze a sample of cells collected from the surface of the cervix, but while the Pap test looks for precancerous lesions, the HPV test detects "high-risk" types of the human papillomavirus that cause cervical cancer.

The draft guidelines of the average-risk women ages 30 to 65 can be screened for cervical cancer via either a Pap test every three years or an HPV test every five years. The USPSTF concluded that both Pap alone and HPV testing alone "offer a reasonable balance between benefits and harms." In a few developed counties as well as in parts of the developing works, HPV testing has already become the primary way of screening for cervical cancer.

The USPSTF previously advised a Pap test every three years or co-testing every five years and both HPV and Pap (using cervical cells collected at the same time) but not the HPV test alone. The new draft guidelines state that "co-testing does not offer any benefit in terms of cancer reduction of life-years gained" over HPV testing alone.

Other expert groups – including the American Cancer Society, American College of Obstetricians and Gynecologists, and American Society for Colposcopy and Cervical Pathology – agreed with the previous USPSTF guidelines and are sticking with them. That is, they are not including HPV testing as a stand-alone option, at least so far.

Women should talk with their doctors about which screening strategy is best for them – all have advantages and disadvantages. It's estimated that HPV testing prevents slightly more cases of cancer than the Pap test, but it produces more false positive results, leading to unnecessary follow-up procedures. Co-testing leads to even more false-positive results. All of these screening recommendations apply only to average-risk women. Women who have had a high-grade precancerous cervical lesion removed or who are otherwise at high risk need more frequent evaluation. And women over 65 who have been adequately screened and had no abnormal results can stop getting tested, as can women who have had a total hysterectomy.

Bottom line is that the USPSTF's recommendations are only a draft. Meanwhile, the debate about the best way to screen for cervical cancer shouldn't put women off getting tested. Whether you do Pap or HPV testing or both, the key is to get screened regularly. Screening for cervical cancer is a proven lifesaver.

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