

## General Screening Services

PREVENTIVE SERVICE	AGE	AGE RANGE																					
		WEEKS				MONTHS						YEARS											
		0	2	4	6	2	4	6	12	15	18	2	3	4	5	6	7	8	9	10	11-12	13-17	
<b>BLOOD PRESSURE</b>																						every preventive care visit	
<b>HEAD CIRCUMFERENCE</b> ✓		every preventive care visit																					
<b>HEIGHT/WEIGHT</b> ✓		every preventive care visit (Body Mass Index – BMI - starting at age 3)																					
<b>HEARING</b> ✓	All (objective)*																					once**	every preventive visit
	All (subjective)	every preventive care visit																					
*Required by state law. **For kindergarten entry. If unsuccessful due to age or development, bring back in 6 months and try again.																							
<b>VISION</b> ✓	All (subjective)	every preventive health visit																					
	All (objective)*																					once (age 3)	every preventive health visit
*Once at age three, and every preventive visit thereafter. If unsuccessful due to age or development, bring back in 6 months and try again.																							
<b>HEREDITARY METABOLIC</b> ✓ (as required by state law)																						at birth	
<b>HEMOGLOBIN-HEMATOCRIT</b>	All*																						
	High Risk #1																						
	High Risk #2																						
*Insufficient evidence to recommend for or against routine testing for anemia in asymptomatic individuals. High Risk #1: Children enrolled in the WIC (Women, Infants, Children) program and state aid (Medi-Cal, Healthy Families). High Risk #2: Infants living in poverty, immigrants from developing countries, preterm and low birth weight infants, and infants whose principal dietary intake is unfortified cow's milk, menstruating females.																							
<b>LEAD</b>	High Risk*																						
		NOTE -- test the following high-risk groups for lead exposure: 1. WIC program, State Aid (Medi-Cal and Healthy Families) required by law at 12- and 24- month visits or at first visit over 12 months, if not previously done. 2. Answer of yes to question "Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipped paint, or has been recently renovated?" If yes, test at 12 and 24 months, or first visit if not previously done (required by state law). 3. Children living in or frequently visiting older homes (built before 1950), having close contact with a person with elevated lead levels, living near lead industry or heavy traffic or with someone whose job or hobby involves lead exposure, using lead-based pottery, taking traditional ethnic remedies that contain lead. *USPSTF recommends testing at 12 months for all high-risk children.																					
<b>TUBERCULOSIS (MANTOUX TEST)</b>	All (prior to entering school)																						
	High Risk																					once ▶	
RISK FACTORS: HIV positive, close contact with person with TB, immigrants from countries with high TB prevalence, low income, long-term care facility residents, medical risk factors associated with TB, IV drug use, alcohol abuse.																							

✓ Recommendation applicable to perinatal time period.

## General Screening Services (cont.)

PREVENTIVE SERVICE	AGE RANGE																					
	WEEKS				MONTHS					YEARS												
AGE	0	2	4	6	2	4	6	12	15	18	2	3	4	5	6	7	8	9	10	11-12	13-17	
<b>CHOLESTEROL</b> ■ <b>LIPID TESTING</b>  High Risk																						
As determined by healthcare professional																						
RISK FACTORS: Family history of premature cardiovascular disease (onset before the age of 55 years in siblings, parent, or sibling of parent), cigarette smoking, elevated blood pressure, severe obesity ( $\geq$ 95th percentile weight for height), diabetes mellitus, physical inactivity.																						
<b>DIABETES</b> ■ <b>FASTING BLOOD GLUCOSE TEST</b>  High Risk																						
																	every 2 years; or onset of puberty if it occurs <10 years					
RISK FACTORS: Overweight (defined as BMI > 85 <sup>th</sup> percentile for age and sex, weight for height > 85 <sup>th</sup> percentile, or weight > 120% of ideal for height) and have at least two of the following: family history of type 2 diabetes in first- and second-degree relatives; belong to a certain race/ethnic group (Native Americans, African-Americans, Hispanic Americans, Asians/South Pacific Islanders); or have signs of insulin resistance or conditions associated with insulin resistance (acanthosis nigricans, hypertension, dyslipidemia, polycystic ovary syndrome).																						
<b>PELVIC EXAM, PAP SMEAR, STD TESTING</b> (CHLAMYDIA, GONORRHEA, SYPHILIS, HEPATITIS B, OFFER HIV)  High Risk*																						
*At onset of sexual activity, especially with acknowledgement of unprotected sex.																						
<b>SUBSTANCE ABUSE (DRUG/ALCOHOL), SMOKING</b>																						
																	counsel on hazards ▶					

資料 2

Health Net of California, Inc.

Dr. Gerson プレゼンテーション資料



# Cancer Screening Health Net Inc

March 27, 2006

James M. Gerson, M.D.  
Regional Medical Director  
Southern California, Health Net, Inc



# Cancer Screening Health Net Inc

- Evidence Based
  - Health Net Medical Policy
    - HealthGate Data Corp ([www.healthgate.com](http://www.healthgate.com))
      - American Cancer Society ([www.cancer.org](http://www.cancer.org))
      - United States Preventive Task Force ([www.ahcpr.gov/clinic/uspstfix.htm](http://www.ahcpr.gov/clinic/uspstfix.htm))
      - American College of Obstetricians and Gynecologists
      - American Urologic Association
      - Other
    - Hayes

# Cancer Screening Guidelines

1. The disease being screened for should be prevalent
2. The disease should have a detectable clinical phase in an asymptomatic individual
3. Treatment applied at an earlier stage affords better disease specific survival than if the disease were encountered at a later stage
4. The screening test must be effective, reasonably accurate, and affordable
5. The test must be acceptable to the individuals being screened and to their referring clinicians.

## 2005 Estimated US Cancer Cases\*

- **Men: 710,040**
  - **Prostate CA: 33%**
  - **Lung and Bronchus: 13%**
  - **Colorectal CA: 10%**
  - **Melanoma Skin: 5%**
- **Women: 662,870**
  - **Breast CA: 32%**
  - **Lung and Bronchus: 12%**
  - **Colorectal CA: 11%**
  - **Melanoma Skin: 4%**
  - **Cervical CA: 1.6%**

\*American Cancer Society, 2005

## 2005 Estimated US Cancer Deaths\*

- Men: 295, 280
  - Prostate CA: 10%
  - Colorectal CA: 10%
- Women: 275,000
  - Breast CA: 15%
  - Colorectal CA: 10%
  - Cervical CA: 1.4%

\* American Cancer Society, 2005





## Relative Survival (%) by Cancer Site during Three Time Periods\*

	1974-76	1983-85	1995-2000
Breast	50	53	64
Colon	75	78	88
Rectum	49	55	64
Melanoma (skin)	80	85	91
Prostate	67	75	99

\* Surveillance, Epidemiology, and End Results Program, 1975-2001, Division of Cancer Control and Population Sciences, NCI, 2004

# Breast Cancer Screening

- **Self Breast Exam**
  - Age over 20 years: monthly for breast changes
- **Clinical Breast Exam**
  - Age 20-40 years: CBE every 3 years; after age 40 years yearly CBE (ACS)
- **Screening Mammography (USPSTF, ACS)**
  - Every 1-2 years ages starting at age 40 years; 2 different views each breast

# Breast Cancer Screening

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- **High Risk (ACS)**
  - 1<sup>st</sup> degree relatives (mother, sister, daughter) with history Breast CA
    - Genetic Counseling and BRAC1 and BRAC2 testing
  - Prior radiation therapy to the chest
  - Mammogram done 5-10 years earlier than age at which the youngest family member developed Breast Cancer with addition of MRI

# Colorectal Cancer Screening

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- **Fecal Occult Blood Test (USPSTF, ACS)**
  - Over age 50 years, annually
- **Flexible Sigmoidoscopy (USPSTF, ACS)**
  - Every 5 years starting at age 50 years
- **Colonoscopy (USPSTF, ACS)**
  - Every 10 years

# Colorectal Cancer Screening

## High Risk

- Colonoscopy; initial screening and frequency depends upon the risk category (ACS)
  - Personal history IBD
  - Personal history CRC or adenomatous polyps
  - Strong family history of CRC or polyps in 1<sup>st</sup> degree relatives <60 years or 2 1<sup>st</sup> degree relatives at any age
  - Family history of CRC syndromes
    - Familial adenomatous polyposis
    - Hereditary non-polyposis Colon Cancer

# Cervical Cancer Screening

- Cervical PAP test (USPSTF)

- All women who are sexually active or who have reached age 21 should undergo a PAP test at least every 3 years through age 65 years

# Prostate Cancer Screening

- **Digital Rectal Examination (DRE)**
  - Over age 50 years, annually
- **Prostate Specific Antigen (PSA) (USPSTF, ACS)**
  - Over age 50 years as per physician
  - Under investigation:
    - % free PSA
    - PSA velocity
    - PSA Density
    - Age Specific PSA



# Health Net HEDIS Rates for Cancer Screening

- Commercial HMO

	2004	2005	CCHRI* 05
Colorectal Cancer	47.1%	52.09%	45.7%
Breast Cancer	76.43%	75.63%	74.9%
Cervical Cancer	81.54%	83.03%	81.9%

- Medicare

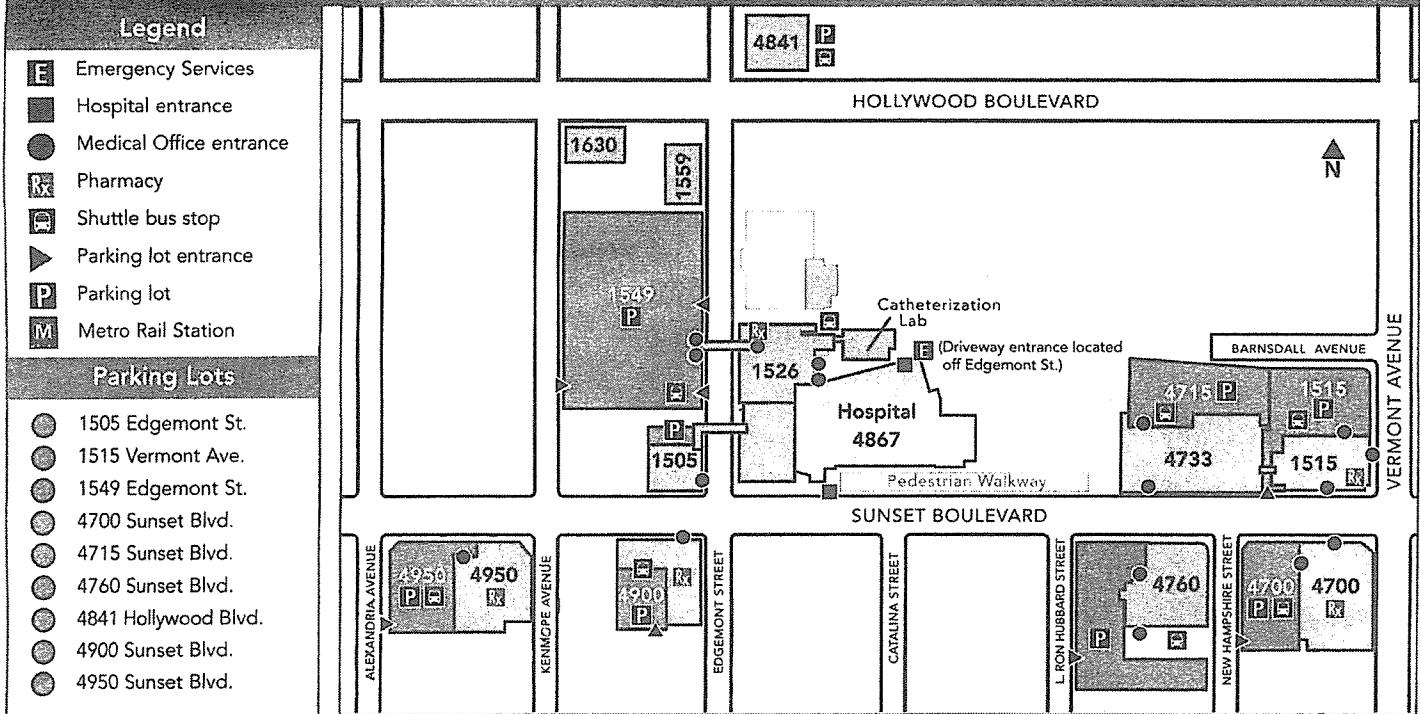
Breast Cancer	80.4%	82.7%	74.1%
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資料 3

Kaiser Permanente Los Angeles Medical Center  
のキャンパスマップとがん検診のパンフレット

# Los Angeles Medical Center Campus



Are you lost? Dial **3-FIND** (3-3463) for the most up-to-date information on department locations and the nearest parking lot to the new locations.

## Medical Office Buildings

- **1505 Edgemont St.**  
Diagnostic Imaging/Radiology  
EEG  
HIV Clinic  
Infectious Disease  
Mammography  
Member Services  
Neurology/Neurosurgery  
Outpatient Infusion Center  
Preadmission Center  
Sleep Lab  
Social Medicine

- **1515 Vermont Ave.**  
Allergy  
Blood Donor Center  
Bone Marrow Transplant (BMT)  
Cardiac/Pulmonary Rehab  
Conference Center  
Dermatology  
Diagnostic Imaging/Radiology  
Health Education  
Hematology/Oncology  
Human Resources  
Laboratory  
Member Services  
Ophthalmology  
Optix Vision Services  
Optometry  
Pharmacy  
Pulmonary Medicine

- **1526 Edgemont St.**  
Bronchoscopy  
Cardiac Cath Lab  
Cardiac Surgery  
Cardiology  
CT  
EKG  
Gastroenterology (GI)  
MRI  
Nuclear Medicine  
Occupational Health Services  
(Kaiser On-the-Job)  
Occupational Therapy  
Pharmacy (p.m. only)  
Physical Medicine  
Physical Therapy  
Pulmonary Function Lab  
Respiratory Care Services  
Speech Therapy  
Ultrasound  
Urgent Care (after-hours)

- **1559 Edgemont St.**  
MRI

- **4700 Sunset Blvd.**  
Addiction Medicine  
Behavioral Healthcare  
Diagnostic Imaging/Radiology  
Home Dialysis  
Laboratory  
Metabolic Services, Regional  
Nephrology  
Outpatient Dialysis

- **4700 Sunset Blvd. Cont.**  
Pediatrics  
Pharmacy  
Psychiatry  
Teenage Medicine

- **4733 Sunset Blvd.**  
Center for Medical Education  
Insurance Disability Satellite  
Medical Library  
Medical Records, Inpatient  
Medical Records, Outpatient  
Transplant Services

- **4760 Sunset Blvd.**  
Ambulatory Surgery Center  
Diagnostic Imaging/Radiology  
Orthopedics  
Pain Management  
Plastic Surgery  
Podiatry  
Spine Center  
Surgery Clinic

- **4900 Sunset Blvd.**  
Audiology  
Cafeteria  
Gynecological Oncology  
Head and Neck Surgery  
Laboratory  
Maxillofacial Surgery  
Obstetrics/Gynecology,  
Antepartum Testing  
Pharmacy  
Urology

- **4950 Sunset Blvd**  
Care Management  
Diabetic Clinic  
Diagnostic Imaging/Radiology  
Endocrinology  
EKG  
Family Practice  
Gift Shop  
Internal Medicine  
Laboratory  
Nurse Clinic  
Nutrition Office  
Pharmacy  
Pharmacy Care Management  
Radiation Oncology  
Rheumatology  
Senior Advantage

### Hospital

- **4867 Sunset Blvd.**  
Admitting  
Cafeteria  
Diagnostic Imaging/Radiology  
Gift Shop  
Hospital  
Laboratory  
Volunteer Services

### Off-Campus Departments

- **4841 Hollywood Blvd.**  
Medical Center Administration
- **1630 N. Kenmore Ave.**  
Kenmore Apartments

(continued from reverse side)

#### The risks

Your risk for developing ovarian cancer increases:

- With age, especially if you're older than 60.
- If you have a family history of ovarian cancer in your mother or sister. (Women from a family suspected of having a rare hereditary ovarian cancer syndrome should consider genetic counseling.)
- If you have had breast cancer.
- If you have never had children.

#### The warning signs

Symptoms are often not obvious until the disease is advanced; at that point, symptoms may include:

- Abdominal bloating, swelling, or pain; a lump or pelvic pressure.
- Abnormal vaginal bleeding.
- Persistent digestive problems, including stomach discomfort, gas, nausea, or vomiting.

#### Early detection

There are presently no lab or clinical exams that allow for early detection of ovarian cancer. It is recommended that women continue to get regular pelvic exams (once every 3 years).

#### Less common gynecologic cancers

##### The facts

- Cancers of the vulva, vagina, and fallopian tubes are rare.
- These cancers share some of the same risk factors.

#### The risks

Your risk for developing less common gynecologic cancers increases:

- As you age.
- If you have a history of gynecologic cancer, especially cervical cancer.
- If you have a history of genital warts or HPV.

#### Early detection

To help detect these types of cancers, you should:

- Tell your physician if you have a persistent lesion on the vulva, chronic vulvar itching, and/or abnormal vaginal bleeding.

#### Prevention

Here are some things you can do to help prevent less common gynecologic cancers:

- Delay onset of sexual activity.
- Limit your number of sexual partners.
- Use condoms unless you are in a monogamous, long-term relationship and are trying to become pregnant.

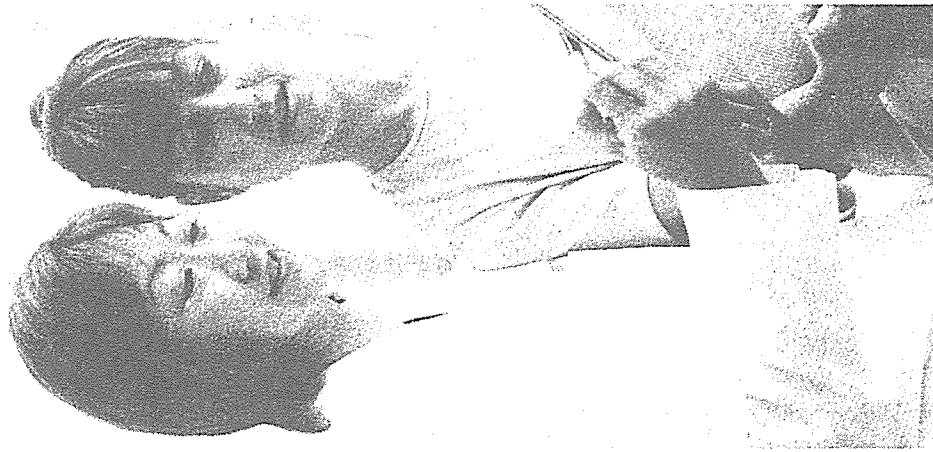
#### Early detection is your best protection

Visit your physician regularly for a pelvic exam including a Pap test. This is a good time to talk about any problem, symptom, or changes you have noticed and to ask questions about your gynecologic health. Take this brochure with you if you need help. Do not hesitate to ask any question you have. **It could save your life!**

Other important steps you can take to help reduce your risk of cancer include:

- Stop smoking.
- Start routine mammograms at age 50.\*
- Get screened for colon cancer at age 50.\*
- Wear sunscreen.
- Limit your alcohol intake.

**\* If you have a personal or family history of breast or colon cancer, discuss this with your physician.**



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SOPMG Regional Health Education  
11/0707 (1/04)  
[www.kaiserpermanente.org](http://www.kaiserpermanente.org)

**Gynecologic cancers**  
What women need to know

**KAISER PERMANENTE.**

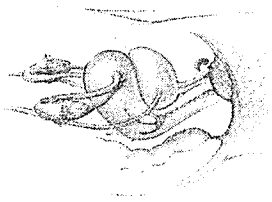
## What are gynecologic cancers?

Gynecologic cancers are cancers of a woman's reproductive organs. These include cancer of the cervix, uterus, ovaries, and, although rare, cancer of the vulva, vagina, and fallopian tubes.

### Who is at risk?

All women are at some risk. Your risk may depend on your age, family history, and lifestyle.

This brochure describes the risks, warning signs, early detection, and prevention of gynecologic cancers.



### The risks

The risk for developing cervical cancer increases if:

- You do not have regular Pap tests and pelvic exams.
- You or your sex partner have or have had multiple sex partners.
- You or your sex partner have a history of genital warts or HPV infection.
- You smoke.
- You have had sexual intercourse before age 18.

### The warning signs

Often there are no symptoms associated with cervical cancer. The following may indicate cervical cancer. See your physician if you have:

- Abnormal bleeding, spotting, or discharge from the vagina.
- Bleeding after intercourse.

### Early detection

The best way to find cervical cancer at an early stage is to have regular pelvic exams and Pap tests (once every 3 years).

### Prevention

Here are some things you can do to help prevent cervical cancer:

- Delay onset of sexual activity.
- Limit your number of sexual partners.
- Use condoms unless you are in a monogamous, long-term relationship and are trying to become pregnant.
- Stop smoking.

## Uterine cancer (endometrial cancer)

### The facts

- Most uterine cancer begins in the lining of the uterus (the endometrium).
- Cancer of the uterus is the most common gynecologic cancer in women.
- When caught early, uterine cancer is usually cured with a hysterectomy.

### The risks

Your risk for developing uterine cancer increases:

- With age, especially if you're over 50.
- With obesity, diabetes, or high blood pressure.
- If you are on estrogen replacement therapy, have a uterus, and are not taking progestin.
- If you have not had children.
- If you take tamoxifen.

### The warning signs

See your physician if you have abnormal vaginal bleeding, spotting, or discharge after menopause.

### Early detection

Here are some things you can do to detect uterine cancer:

- Get regular pelvic exams (once every 3 years).
- Tell your physician if you have irregular bleeding.
- If you have irregular bleeding, have an office procedure called an endometrial biopsy performed. It's easy to do and a good way to evaluate the bleeding.

### Prevention

Here are some things you can do to help prevent uterine cancer:

- Maintain a desirable weight by eating healthy and exercising.
- Do not take estrogen without a progestin if you still have a uterus.

## Ovarian cancer

### The facts

- Ovarian cancer is the second most common gynecologic cancer.
- A woman's lifetime risk of developing ovarian cancer from birth to age 85 is approximately 1.5 percent (about one out of 70 women).
- The majority of ovarian cysts are not cancerous.
- Women who take birth control pills have a lower incidence of ovarian cancer.