



# the PRUDENT prescriber

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## Oseltamivir Does Not Prevent Hospitalizations in Outpatients with Influenza

As we approach the respiratory infection season, comes yet another nail in the coffin of Tamiflu. In this systematic review and meta-analysis of 15 randomized trials (6300 patients; mean age 45), reviewers compared hospitalization rates in patients with laboratory documented influenza who received oseltamivir and those who did not. ([JAMA Intern Med 2023 June 12](#))

**Results:** The rate of hospitalization in the untreated control group was 0.6%. The Tamiflu group had a similar hospitalization rate. Among patients older than 65 years and in patients with significant co-morbidities, Tamiflu was not protective in terms of preventing hospitalization. Tamiflu was associated with increased nausea and vomiting.



## MY TAKE



- Recall that there is evidence that Tamiflu decreases the duration of influenza symptoms by less than one day.
- Further there is increasing influenza resistance to Tamiflu.
- Roche has been on my Pharmaceutical Outrage List for a long time for their false claims about the effectiveness of Tamiflu. Those claims led the US government to purchase \$1.5 billion of near worthless Tamiflu for stockpiles in case of a flu pandemic.
- Generic oseltamivir is cheap-- \$8-\$10 for a treatment course. For that \$10 bill, a venti triple shot caramel macchiato will be more effective than Tamiflu in relieving your influenza symptoms.

## Screening Updates:

### PSA

The American Urological Association and the Society for Urologic Oncology have issued a new joint guideline regarding PSA screening. These recommendations are based primarily on outcomes from two European screening trials, ERSPC and the Goteborg study.

- Prostate cancer screening is a “preference- sensitive decision.” They strongly emphasize shared decision making.
- For average risk patients who choose to be screened, PSA testing should be offered every 2 to 4 years for middle-aged men (age range, 50-69). For those with black ancestry or a strong family history, screening should be initiated earlier.
- A newly elevated PSA level should be repeated before further evaluation is initiated.
- Screening should be stopped in patients who develop conditions that limit life expectancy.



- Using an insurance claims database researchers found that men who were PSA screened more frequently than every two years received more prostate cancer diagnoses, but not earlier treatment. (Urology 2023 April; 174:92)
- Recall that the USPSTF gives PSA screening in men 55 to 69 a “C” recommendation (No recommendation for or against routine provision of PSA screening). It’s a “D” (Don’t do it!) for those 70 and over.
- These urology-industry guidelines move closer toward my bias that PSA testing is a work of the devil.

### Colonoscopy in People Older than 75

The USPSTF recommends against screening colonoscopies for people with life expectancies less than 10 years.

- In a study from the Cleveland Clinic ([JAMA Intern Med](#), 2023, April 3) researchers reviewed the outcomes of screening colonoscopies performed on 7067 patients older than 75.
- The proportions of colonoscopies performed on patients with life expectancies less than 10 years based on comorbid conditions were:
  - 30% for patients who were 76 to 80 years.
  - 71% who were 81 to 85 years.
  - 100% for patients older than 85 years.
- In this study of over 7000 older patients, 15 were identified with invasive cancers, nine of whom were in patients with life expectancies of less than 10 years. Only one of the nine received active cancer treatment.

### Screening for Depression and Anxiety in Adults

The high prevalence of depressive orders, suicide and anxiety orders prompted the USPSTF to recommend:

- Screening for major depressive disorders in all adults, including older adults and pregnant or postpartum women. (“B” recommendation; moderate certainty of moderate benefit).
- Young and middle-aged adults (age range, 19-64), including during pregnancy and postpartum period should be screened for anxiety disorders (“B” recommendation; moderate certainty of moderate benefit).

- Evidence is insufficient to make recommendations on screening for anxiety in older adults (> 65), or in screening for suicide risk in any adult (“I” statements).



These guidelines passed down from on high make good clinical sense. From the point of view of many of those working in the primary care trenches, these screening guidelines are dead on arrival. Many clinicians are already overwhelmed by screening and follow-up responsibilities. In addition, specialty mental health services in many communities are often inadequate or nonexistent.

### Lifeline Screening for Stroke

It came as an insert in the local newspaper last week as it always does. You can't miss it - pink with bold blueprint, **“WE CAN HELP YOU AVOID A STROKE.”** “And for a special package price of \$159, a savings of \$171 if purchased separately.”

The Lifeline four tests:

- 1) An ultrasound for carotid artery disease. USFSTF “D” recommendation: Don't do it: the harms outweigh the benefits.
- 2) A six lead EKG to screen for atrial fibrillation - USPSTF recommendation is an “I.” Insufficient evidence to recommend for or against this screening.
- 3) An ultrasound to screen for an abdominal aortic aneurysm. The USPSTF recommends a one-time screening for men ages, 65-75 who ever smoked. “B” recommendation. “C” for men who never smoked. “D” for women who never smoked. “I” for women who ever smoked.
- 4) An ankle-brachial index screening for peripheral arterial disease. The USPSTF recommendation is an “I.”



These screening tests are inappropriate for the vast majority of asymptomatic patients. Tell the world.

***And finally, a meta-analysis of randomized controlled trials asking the important clinical question:***

**“What's the Estimated Lifetime Gained with Cancer Screening Tests?”**

Bretthauer et al. from the University of Oslo performed a systemic review and meta-analysis of 18 long-term randomized clinical trials involving 2.1 million individuals who underwent common screening tests. ([JAMA Intern Med](#) Aug 28, 2023) The authors sought out trials with more than nine years of follow up, reporting all-cause mortality and estimated lifetime gained for six cancer screening tests, comparing screening with no screening. They selected mammography screening for breast cancer; colonoscopy, sigmoidoscopy, or fecal occult blood testing for a colorectal cancer; computed tomography screening for lung cancer, in smokers and former smokers; and prostate-specific antigen testing for prostate cancer.

## Results:

### Lifetime Gained with Cancer Screening Tests

Screening Tests	Number of Studies	Years of Follow-up	Lifetime Gained
CT for Lung Cancer	3	10y	107 days*
PSA	4	10y	37 days*
Mammography	2	13y	0 days
Sigmoidoscopy	4	15y	110 days
FOBT q 1 or 2 years	4	15y	0 days
Colonoscopy	1	10y	37 days*

\*Not statistically significant (Prepared by PJM using study data)

The authors conclude that colorectal cancer screening with sigmoidoscopy may extend life by approximately three months compared to no screening. Lifetime gain for the other screening tests appears to be unlikely or uncertain.

### The authors explain what this means:

- “Although the study did not demonstrate longer lives in general with five of the six screening tests, some individuals did prolong their lives due to these tests. Cancer is prevented or detected in an early stage, and the individuals survive screening and subsequent treatment without harms or complications. Without screening, these patients may have died of cancer because it would have been detected at a later, incurable stage. Thus, these patients experience a gain in lifetime.”
- “However, other individuals experience a lifetime loss due to screening. This loss is caused by harms associated with screening or with treatment of screening - detected cancers, for example, due to colon perforation during colonoscopy or myocardial infarction following radical prostatectomy.”
- “For 5 of the 6 screening tests, the findings suggest that most individuals will not have any gain in longevity.”



- This drug represents a promising response for an illness that has been poorly studied.
- The folks at the American Cancer Society and the American College of Radiology must be in a dither.
- This study recalls another clinical trial from a decade or so ago that concluded that you needed to do screening mammography on 1000 women aged 50 annually for 10 years to prevent one breast cancer death.
- Whether you focus on number needed to treat (NNT) or how much life is gained, the screenings as described are a crap shoot—a very high stakes lottery ticket.

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