



QUELS DÉPISTAGES FAUT-IL PRIVILÉGIER CHEZ NOS PATIENTS FUMEURS ?

CASSIAN MINGUET (UCLouvain, BRUXELLES)



<https://www.uspreventiveservicestaskforce.org/webview/#!/>



TOBACCO USE

ALL A B C D I

A - Recommended (2)

Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions -- Nonpregnant adults

RECOMMENDATION SUMMARY

Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions -- Pregnant persons

RECOMMENDATION SUMMARY

Age

AGE

Weight

WEIGHT(KG)

Height

HEIGHT(CM)

Sex/Gender

MALE FEMALE

Pregnant

YES NO

Tobacco User - ever



Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions

What does the USPSTF recommend?

Nonpregnant adults:

- Ask about tobacco use
- Provide behavioral interventions and pharmacotherapy for cessation to those who use tobacco

Grade A

Pregnant persons:

- Ask about tobacco use
- Provide behavioral interventions for cessation to those who use tobacco

Grade A

Pregnant persons who use tobacco:

- The evidence is insufficient to assess the balance of benefits and harms of pharmacotherapy for tobacco cessation

I statement

Adults and pregnant persons who use tobacco:

- The evidence is insufficient to assess the balance of benefits and harms of using e-cigarettes for tobacco cessation. Clinicians should direct patients to other cessation interventions with proven effectiveness and established safety

I statement

To whom does this recommendation apply?

Adults 18 years or older, including pregnant persons.



<p>What's new?</p>	<p>This recommendation is consistent with the 2015 USPSTF recommendation. This recommendation incorporates newer evidence and language in the field of tobacco cessation, including new evidence on the harms of e-cigarettes (ie, vaping).</p>
<p>How to implement this recommendation?</p>	<ul style="list-style-type: none"> ▪ Ask all adults, including pregnant persons, about tobacco use, using methods such as: <ul style="list-style-type: none"> ▪ “5 A’s”: Ask, Advise, Assess, Assist, Arrange follow-up ▪ “Ask, Advise, Refer” ▪ “Vital Sign”: Treat smoking status as a vital sign ▪ Provide cessation interventions to persons who use tobacco <ul style="list-style-type: none"> ▪ For nonpregnant adults who use tobacco, provide behavioral counseling and pharmacotherapy for cessation ▪ Effective behavioral counseling interventions include physician advice, nurse advice, individual counseling, group behavioral interventions, telephone counseling, and mobile phone–based interventions ▪ FDA-approved pharmacotherapy for cessation includes nicotine replacement therapy, bupropion sustained-release, and varenicline ▪ Combined behavioral counseling and pharmacotherapy includes at least 4 or more behavioral counseling sessions with 90 to 300 minutes of total contact time ▪ For pregnant persons who use tobacco, provide behavioral counseling for cessation <ul style="list-style-type: none"> ▪ Effective behavioral counseling includes cognitive behavioral, motivational, and supportive therapies such as counseling, health education, feedback, financial incentives, and social support
<p>What are other relevant USPSTF recommendations?</p>	<p>The USPSTF has made a recommendation on Primary Care Interventions for Prevention and Cessation of Tobacco Use in Children and Adolescents. This recommendation is available at www.uspreventiveservicestaskforce.org.</p>
<p>Where to read the full recommendation statement?</p>	<p>Visit the USPSTF Web site to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms, supporting evidence, and recommendations of others.</p>

The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision making to the specific patient or situation.

Abbreviation: FDA=US Food and Drug Administration.



B - Recommended (7)

Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality: Preventive Medication -- Pregnant persons at high risk for preeclampsia

RECOMMENDATION

SUMMARY

RISK FACTOR

FREQ. OF SERVICE

Breast Cancer: Medication Use to Reduce Risk -- Women at increased risk for breast cancer aged 35 years or older

RECOMMENDATION

SUMMARY

RISK FACTOR

FREQ. OF SERVICE

Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening -- Women of reproductive age

RECOMMENDATION

SUMMARY

RISK FACTOR

FREQ. OF SERVICE

Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication -- Adults aged 40 to 75 years who have 1 or more cardiovascular risk factors and an estimated 10-year cardiovascular disease (CVD) risk of 10% or greater

RECOMMENDATION

SUMMARY

Tobacco Use in Children and Adolescents: Primary Care Interventions -- School-aged children and adolescents who have not started to use tobacco

RECOMMENDATION

SUMMARY

RISK FACTOR

Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions -- Adults 18 years or older, including pregnant women

RECOMMENDATION

SUMMARY

RISK FACTOR

FREQ. OF SERVICE

Unhealthy Drug Use: Screening -- Adults age 18 years or older

RECOMMENDATION

SUMMARY

RISK FACTOR

FREQ. OF SERVICE



Lung Cancer: Screening

<p>What does the USPSTF recommend?</p>	<p>Adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years:</p> <ul style="list-style-type: none"> ▪ Screen for lung cancer with low-dose computed tomography (CT) every year. ▪ Stop screening once a person has not smoked for 15 years or has a health problem that limits life expectancy or the ability to have lung surgery. <p>Grade: B</p>
<p>To whom does this recommendation apply?</p>	<p>Adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. (See below for definition of pack-year.)</p>
<p>What's new?</p>	<p>The USPSTF has revised the recommended ages and pack-years for lung cancer screening. It expanded the age range to 50 to 80 years (previously 55 to 80 years), and reduced the pack-year history to 20 pack-years of smoking (previously 30 pack-years).</p>
<p>How to implement this recommendation?</p>	<ul style="list-style-type: none"> ▪ Assess risk based on age and pack-year smoking history: Is the person aged 50 to 80 years and have they accumulated 20 pack-years or more of smoking? <ul style="list-style-type: none"> ▪ A pack-year is a way of calculating how much a person has smoked in their lifetime. One pack-year is the equivalent of smoking an average of 20 cigarettes—1 pack—per day for a year. ▪ Screen: If the person is aged 50 to 80 years and has a 20 pack-year or more smoking history, engage in shared decision-making about screening. <ul style="list-style-type: none"> ▪ The decision to undertake screening should involve a discussion of its potential benefits, limitations, and harms. ▪ If a person decides to be screened, refer them for lung cancer screening with low-dose CT, ideally to a center with experience and expertise in lung cancer screening. ▪ If the person currently smokes, they should receive smoking cessation interventions.
<p>How often?</p>	<ul style="list-style-type: none"> ▪ Screen every year with low-dose CT. ▪ Stop screening once a person has not smoked for 15 years or has a health problem that limits life expectancy or the ability to have lung surgery.
<p>What are other relevant USPSTF recommendations?</p>	<p>The USPSTF has made recommendations on interventions to prevent the initiation of tobacco use in children and adolescents, and on behavioral and pharmacotherapy interventions for tobacco smoking cessation in adults, including pregnant women. These recommendations are available at www.uspreventiveservicestaskforce.org.</p>
<p>Where to read the full recommendation statement?</p>	<p>Visit the USPSTF Web site to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.</p>

The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision making to the specific patient or situation.



Search: tobacco use

ALL A B **C** D I

C - Selectively Recommended (2)

Aspirin Use to Prevent Cardiovascular Disease: Preventive Medication -- Adults aged 40 to 59 years with a 10% or greater 10-year cardiovascular disease (CV D) risk

RECOMMENDATION SUMMARY **RISK FACTOR**

Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication -- Adults aged 40 to 75 years who have 1 or more cardiovascular risk factors and an estimated 10-year CVD risk of 7.5% to less than 10%

RECOMMENDATION SUMMARY



Search: tobacco use

ALL A B C **D** I

D - Not Recommended (5)

Aspirin Use to Prevent Cardiovascular Disease: Preventive Medication -- Adults 60 years or older

RECOMMENDATION

SUMMARY

Breast Cancer: Medication Use to Reduce Risk -- Women not at increased risk for breast cancer aged 35 years or older

RECOMMENDATION

SUMMARY

RISK FACTOR

Chronic Obstructive Pulmonary Disease: Screening -- Asymptomatic adults

RECOMMENDATION

SUMMARY

Hormone Therapy in Postmenopausal Persons: Primary Prevention of Chronic Conditions -- Postmenopausal persons

RECOMMENDATION

SUMMARY

Hormone Therapy in Postmenopausal Persons: Primary Prevention of Chronic Conditions -- Postmenopausal persons who have had a hysterectomy

RECOMMENDATION

SUMMARY



SEARCH ENGLISH METRIC

TOBACCO USE

Age

AGE

Weight

WEIGHT(LB)

Height

FT IN

Sex/Gender ⓘ

MALE FEMALE

Pregnant

YES NO

Illicit Drug Use in Children, Adolescents, and Young Adults: Primary Care-Based Interventions -- Children, adolescents, and young adults

RECOMMENDATION SUMMARY

Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening -- Older or vulnerable adults

RECOMMENDATION SUMMARY RISK FACTOR

Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication -- Adults 76 years or older

RECOMMENDATION SUMMARY

Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions -- All adults

RECOMMENDATION SUMMARY

Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions -- Pregnant persons

RECOMMENDATION SUMMARY

Tobacco Use in Children and Adolescents: Primary Care Interventions -- School-aged children and adolescents who use tobacco

RECOMMENDATION SUMMARY

Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions -- Adolescents aged 12 to 17 years

RECOMMENDATION SUMMARY

Unhealthy Drug Use: Screening -- Adolescents

RECOMMENDATION SUMMARY



6 IN

Sex/Gender *i*

MALE FEMALE

Pregnant

YES NO

Tobacco User - ever

YES NO

Sexually Active

YES NO

RESET

Recommendations updated 11/20/2023 08:32:39 EST
You have the latest recommendations

UPDATE RECOMMENDATIONS

Search: , 70 yrs, 150 lb, 6'0", Male, Tobacco User - ever, Sexually Active, BMI (20.3 Normal)

ALL A B C D I

A - Recommended (5)

Colorectal Cancer: Screening -- Adults aged 50 to 75 years

RECOMMENDATION	SUMMARY	RISK FACTOR	FREQ. OF SERVICE
----------------	---------	-------------	------------------

Hypertension in Adults: Screening -- Adults 18 years or older without known hypertension

RECOMMENDATION	SUMMARY	RISK FACTOR	FREQ. OF SERVICE
----------------	---------	-------------	------------------

Prevention of Acquisition of HIV: Preexposure Prophylaxis -- Adolescents and adults at increased risk of HIV

RECOMMENDATION	SUMMARY	RISK FACTOR
----------------	---------	-------------

Syphilis Infection in Nonpregnant Adolescents and Adults: Screening -- Asymptomatic, nonpregnant adolescents and adults who are at increased risk for syphilis infection

RECOMMENDATION	SUMMARY	RISK FACTOR	FREQ. OF SERVICE
----------------	---------	-------------	------------------

Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions -- Nonpregnant adults

RECOMMENDATION	SUMMARY
----------------	---------



Biais d'optimisme (plus souvent population défavorisée, privilégient le moment présent)
S'appuyer sur des images (une personne sur deux plutôt que 50%, ou des graphiques
Dire concrètement les choses et obtenir un feed-back

Un dépistage est d'autant plus efficace que la probabilité initiale d'avoir la pathologie dépistée
est plus élevée (c'est le cas des fumeurs):
Cancer du poumon, sein, côlon, col utérus et (peut-être prostate)
Facteur de risque des maladies CV

Moins demandeurs (prévalence plus grande de moins bonne littératie chez population
défavorisée)

J.Cornuz, Le quotidien du médecin, 17.11.23, pg 32



QUELLE EST LA VALEUR DIAGNOSTIQUE DE L'INTUITION CLINIQUE DES MÉDECINS GÉNÉRALISTES DANS LA DÉTECTION DES CANCER SET DES MALADIES GRAVES?

OLIVA-FANLO B, MARCH S, GADEA-RUIZ C, ET AL; CORAP GROUP. PROSPECTIVE OBSERVATIONAL STUDY ON THE PREVALENCE AND DIAGNOSTIC VALUE OF GENERAL PRACTITIONERS' GUT FEELINGS FOR CANCER AND SERIOUS DISEASES. J GEN INTERN MED 2022;37:3823-31. DOI: 10.1007/S11606-021-07352-

CETTE NOUVELLE ÉTUDE PROSPECTIVE DESCRIPTIVE, PRÉSENTANT DES FAILLES MÉTHODOLOGIQUES IMPORTANTES MAIS DONT LES RÉSULTATS SONT CORROBORÉS PAR D'AUTRES ÉTUDES, MONTRE QUE L'INTUITION DU MÉDECIN GÉNÉRALISTE EST UN INDICATEUR VALABLE POUR LA RECHERCHE D'UN CANCER OU D'UNE MALADIE GRAVE

MINERVA • VOLUME 22N° 9 • NOVEMBRE2023 • WWW.MINERVA-EBP.BE •