



**RE: "Annual check-ups" and screening tests:**

As noted by the Canadian Task Force on Preventive Health Care, “the traditional annual physical examination of asymptomatic adults is not supported by evidence of effectiveness and may result in harm... [Moreover,] a systematic review of 14 randomized controlled trials (RCTs) indicated that these general checkups did not reduce total mortality, cardiovascular mortality, or cancer mortality... **There is better value in a periodic (i.e., according to age, risk, and specific test intervals) preventive visit to provide preventive counseling and screening tests proven to be of benefit.**”

(Periodic preventive health visits: a more appropriate approach to delivering preventive service Richard Birtwhistle, Neil R. Bell, Brett D. Thombs, Roland Grad, James A. Dickinson, Canadian Family Physician Nov 2017, 63 (11) 824-826).

As such, I offer the newer evidence-based practice of periodic preventive visits. These occur over the course of multiple appointments. They integrate the appropriate screening tests (e.g., mammography, stool testing, blood testing, etc.). We will do our best to remind you of the screening suggestions. That said, **we cannot guarantee such reminders, so please make note of the screening investigations you require and book appointments accordingly.** A summary of the screening tests and their timing is provided below. Please note that, in general, **the details of the screening tests below are specifically for those with average risk; please discuss this with me (to explore family history etc.) to determine whether you are average risk.** Also, please note that none of these protocols apply if you have any signs or symptoms of the disease; in that case, you need to be assessed by a doctor immediately, regardless of your age or other details.

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\*My practice is still in North Vancouver  
The above mailing address is only temporary as I search  
for the best option in North Vancouver. This transition should  
not impact patients as appointments are still largely limited to  
telehealth due to the pandemic.



## Overview of Screening Tests:

- ***Abdominal Aortic Aneurysm (AAA) Screening:***

One-time screening with ultrasound for AAA in **men aged 65 to 80**.  
([canadiantaskforce.ca/guidelines/published-guidelines/abdominal-aortic-aneurysm](http://canadiantaskforce.ca/guidelines/published-guidelines/abdominal-aortic-aneurysm))

- ***Breast Cancer Screening (including mammography):***

Screening with **mammography every 2 to 3 years in women aged 50 to 74 years**. These recommendations apply only to women at **average** risk of breast cancer. They do **not** apply to women at higher risk due to personal history of breast cancer, history of breast cancer in first degree relative, known BRCA1/BRCA2 mutation, or prior chest wall radiation. Please discuss this with me to determine whether you are average risk.  
([canadiantaskforce.ca/guidelines/published-guidelines/breast-cancer](http://canadiantaskforce.ca/guidelines/published-guidelines/breast-cancer))

- ***Cervical Cancer Screening (i.e., pap tests):***

Screening with **pap tests every 3 years starting at age 25**.  
“For women aged  $\geq 70$  who have been adequately screened (i.e., 3 successive negative Pap tests in the last 10 years), we recommend that routine screening may cease. For women aged 70 or over who have not been adequately screened we recommend continued screening until 3 negative test results have been obtained.”  
([canadiantaskforce.ca/guidelines/published-guidelines/cervical-cancer](http://canadiantaskforce.ca/guidelines/published-guidelines/cervical-cancer))

- ***Cholesterol Screening:***

Screening **blood tests every 3 to 5 years** for adults of average risk, **aged 40 to 75**.  
(Simplified lipid guidelines, Prevention and management of cardiovascular disease in primary care, G. Michael Allan et al., Canadian Family Physician, Oct. 2015)

- ***Colorectal Cancer Screening (mostly via FIT stool tests):***

Screening with **FIT stool testing every 2 years** in adults aged 50 to 75. As always, this applies specifically to those with average risk; please discuss this with me (family history etc.) to determine whether you are average risk.  
([canadiantaskforce.ca/guidelines/published-guidelines/colorectal-cancer](http://canadiantaskforce.ca/guidelines/published-guidelines/colorectal-cancer))

- **Diabetes Screening:**

**Screening blood work for type 2 diabetes** using a fasting plasma glucose and/or glycated hemoglobin (A1C) **every 3 years** in individuals **≥40 years of age** or in individuals at high risk on a risk calculator (33% chance of developing diabetes over 10 years).

(Diabetes Canada Clinical Practice Guidelines Expert Committee. Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. Can J Diabetes. 2018;42(Suppl 1):S1-S325

- **Lung Cancer Screening:**

Screening with **annual low-dose CT scan (LDCT) up to three consecutive times for adults aged 55-74 years with at least a 30 pack-year\* smoking history who currently smoke or quit less than 15 years ago.** Annual screening with LDCT is advised for up to three consecutive times.

([canadiantaskforce.ca/guidelines/published-guidelines/lung-cancer](http://canadiantaskforce.ca/guidelines/published-guidelines/lung-cancer))

I look forward to discussing this with you and answering any questions you may have.



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