

## EDITOR'S COMMENT

### Screening or not?



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A couple of weeks ago the *British Medical Journal* carried a study that suggested that there was no change in the mortality from breast cancer in European countries who offered regular screening mammography and those who didn't offer the same service. At the same time, I saw an article in *The Guardian Online* by a British cancer surgeon saying that, in his opinion, screening mammography was not cost-effective and threw up a number of cases of ductal carcinoma *in situ* – many of which will not progress and do not need treatment. However, when this condition is found on mammography, women will be treated – and treatment for cancer is not without side-effects.

I then looked through the comments accompanying the article. Those from lay people were generally relaying anecdotes about family members who had early breast cancer detected by screening mammography and how awful it would be if this were not offered routinely in the NHS. These responses are understandable – it is very difficult to translate into your own experience statistics that say that for every one case of breast cancer you need to screen 2 000 women and so screening mammography may not be cost-effective. Women are constantly told that the earlier a cancer is detected the better the outcome.

Another recent opinion article in *The Guardian Online* concludes that women should still be offered screening and that all women should be given as much information as possible about the risks and benefits of screening and be able to make up their own minds. This after a letter in *The Sunday Times* (UK) by some of the 'greats in cancer' saying that if women knew the real clinical evidence they might turn down the offer of screening.

I must admit that I have decided to stop my annual mammography (recommended by my medical scheme) and take it down to every three years – which is what is offered in Britain anyway. But how is the average woman, who is already bombarded by all sorts of rubbish about antiperspirants and breast cancer and other similar myths, to make sense of this? And how is her GP to do the same?



Cancer screening is a difficult topic – with the probable exception of cervical cancer, there are few screening programmes that seem to unequivocally save lives. I must admit that I would have no idea what to recommend to a woman under my care were I still in practice. It seems that the only approach is to keep up with the literature as far as possible to try to make balanced decisions in the light of it – good luck!

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