

Screening

IS medical screening really as effective as we are led to believe and therefore is it really worth doing? These were questions posed by retired GP Dr Andrew Rogers to fellow Kyrle Probus Club members last week in a talk entitled 'Medical Screening – there's a test for that.'



The concept for screening, he said, is simple – do a test for an illness before it happens and then deal with it when it does happen. In reality, the test can be painful; the disease may not have a slow enough build-up, to provide a positive result one way or the other; also there's no point testing if the illness is incurable.

Andrew talked about screening for breast cancer, the commonest cancer in women; prostate cancer, the commonest cancer in men and bowel cancer, the third commonest cancer.

The screening programme for breast cancer, involves a mammogram, which is offered at the age of 50 and then every three years until the age of 70, after which it is voluntary. Interpreting mammograms is quite difficult and a false reading can occur, he said.

Most record a true negative, but you can get a false positive reading. The patient then has to go through a whole series of tests, provoking further anxiety. Statistics showed mammography does not in itself improve outcomes or survival rates.

With regard to the prostate, a walnut-sized gland beneath the bladder in men, the common test is known as the PSA (Prostate Specific Antigen) test, available on request in the 50-plus age range. Antigen, found in the blood, is an enzyme produced by the prostate. The prostate gets bigger as we get older and PSA levels also rise, but that is not proof of cancer.

Screening for bowel cancer is available to those aged between 60 and 74. It is known as a Faecal Occult Blood test (FOB) and takes place every two years by means of a kit that is posted through the letterbox. Ninety four per cent of these tests turn out to be normal, said Andrew, four per cent uncertain and two per cent positive. Any cancer found is treatable.

He concluded that few screening programmes met WHO (World Health Organisation) advice that any test should be simple, safe, acceptable and accurate in providing a 'yes' or 'no' answer. Most tests are not like that, he argued. Treatment also needed to be established and well recognised, while any screening had to be cost effective.