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Adherence to recommendations for repeat cervical smear tests

A persistent problem in screening for cervical cancer has been achieving appropriate management of women with abnormalities that are not serious enough to warrant immediate referral to a gynaecologist. On p 1605 Mitchell and Medley report an encouraging response to recommendations for early repeat screening and show the potential impact of reminder letters to medical practitioners when such smear tests are overdue. With an increasing number of abnormalities being detected by cervical screening exploring inexpensive ways of monitoring women with minor abnormalities is vital.

Growth monitoring for identifying high risk children in primary health care programmes

Monitoring the growth of children under 5 is recommended by most influential international health organisations in developing countries as a means of identifying children who need help. Some workers have questioned this approach, arguing that weighing millions of children every month would overload limited health structures in the poorest countries. Briend and Bari's report from Bangladesh (p 1607) goes beyond that and questions the rationale of the exercise itself. Evidently at the community level growth monitoring is not as efficient as cross sectional measures of nutritional state in identifying high risk children. If this is confirmed screening schemes used in many primary health care programmes in developing countries will have to be revised.

Making sense of cholesterol

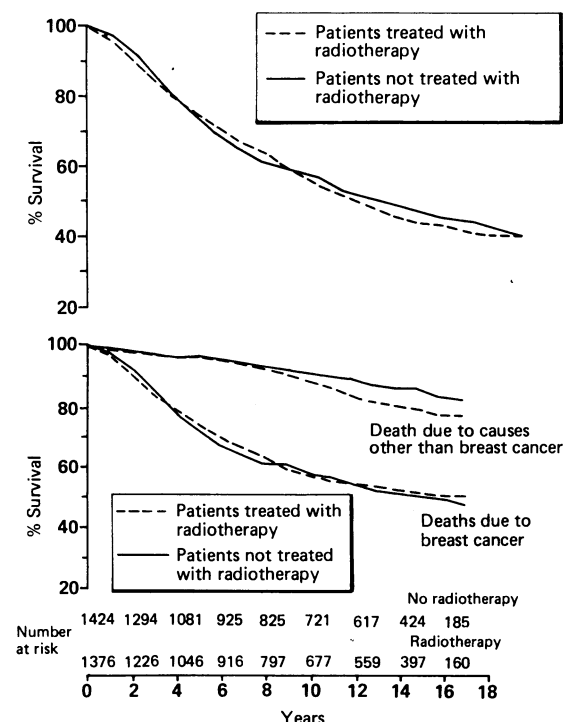
Cholesterol has once again become a popular talking point, and doctors are likely to be confronted by patients wanting their serum concentrations measured and advice if the figure is high. But, as Hugh Tunstall-Pedoe explains on p 1593, measuring cholesterol concentration and interpreting the results is far from simple; for each person the results must be seen in the context of age, sex, and the other risk factors. Yet measuring serum cholesterol concentration is now one of the tests that general practitioners can offer their patients. So which patients should be tested? And what advice and treatment should be offered to those patients found to have raised concentrations?

Answers to these questions are far from straightforward and not even consistent. Firstly, a review by Donald Leitch (p 1611) shows that advice in journals and from expert bodies and study groups varies substantially. There is no consensus even on whether all the adult population should be tested or whether testing should be confined to patients at high risk; nor is there any agreement on what constitutes high risk. The study by Francis *et al* (p 1620) indicates that many doctors and nurses would give inappropriate advice to patients found to have high cholesterol concentrations.

Discussing these findings in a leading article (p 1594) Haines and Sanders recommend that doctors and other health professionals should be given more help on this topic in their continuing education. They remind us that dietary advice—in common with all health education—should be cast in a positive rather than negative mould. One of the few certainties is that cholesterol testing will remain in the forefront of public concern. Doctors need to become better informed; this is a topic to which we shall return.

Postoperative radiotherapy of early breast cancer and late mortality

Should patients having mastectomy for early carcinoma of the breast receive postoperative radiotherapy? Previous reports from the Cancer Research Campaign trial showed that fewer cancers recurred locally after postoperative radiotherapy, though this reduction was not matched by improved long term survival. Further analysis (p 1611) showed a small but significant excess mortality in patients receiving routine postoperative radiotherapy, which was related to cardiac events and second malignancies five years or more after the initial operation. The authors speculate that this might result from the radiotherapy affecting the left side of the chest, damaging the intima of the coronary arteries, and perhaps affecting the recirculating pool of lymphocytes in the thoracic duct. The results also confirm the importance of large, randomised controlled trials with long follow up, which have the habit of generating unexpected and often counterintuitive data.



Overall survival curves (top) and survival curves according to cause of death (bottom)