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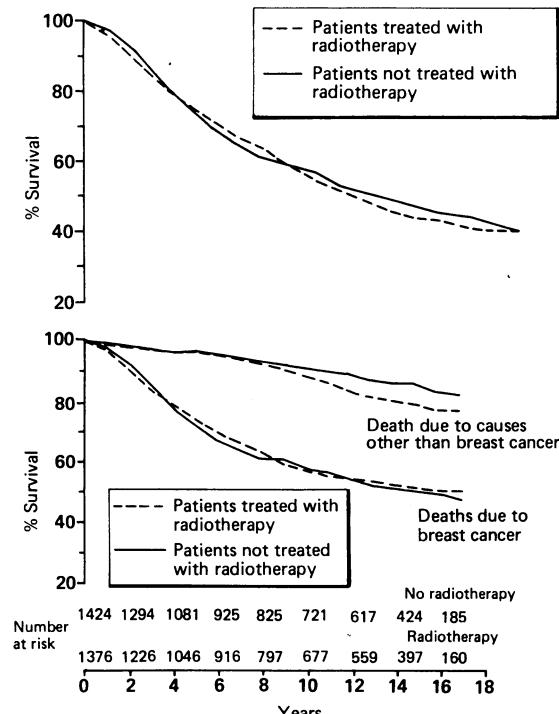
Adherence to recommendations for repeat cervical smear tests

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.

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)