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Aggressiveness of breast cancers detected by screening

Mass screening for breast cancer by mammography has been shown to reduce mortality in some but not all randomised trials. Klemi *et al* compared the histological and cytometric features of breast cancers detected by screening with those of cancers found in the same population outside screening (p 467). The results indicate that carcinomas detected by screening are histologically less aggressive, have smaller S phase fractions, and have fewer axillary nodal metastases than control cancers even after adjustment for their smaller size. The lower malignant potential of screen detected breast cancer may at least partially explain why only modest improvements in survival have been achieved in some trials. Some of the cancers with a low malignant potential detected by screening may never become clinically significant.

Failure to detect complications after hernia surgery

Publication of postoperative complication rates has been suggested as a means of identifying good and bad hospitals. Although audit is now practised by all surgeons, the methods of data collection vary considerably. Bailey *et al* (p 469) looked for wound complications after hernia surgery during review of the patients in the community and found four times as many wound complications as in the hospital case notes. Surgical complication rates are likely to reflect the method of the audit as well as the quality of the surgical care. Before national comparative audit is embarked on, a uniform audit process must be defined.

Motor neurone disease: a hospice perspective

Because no cure is available for motor neurone disease, vigorous effort must be directed towards achieving and maintaining an optimal level of symptom control. On p 471 O'Brien *et al* describe the experience of caring for 124 patients with motor neurone disease in a hospice setting. These patients rely heavily on the support of their families and friends. Symptoms such as pain, dyspnoea, constipation, and insomnia occur commonly and respond to the application of standard treatment regimens. Bulbar symptoms are particularly distressing and present a major management challenge. Opioids are effective and safe. In general, patients have good insight into their condition and hold realistic expectations. Many patients deteriorate suddenly, and over half died within 24 hours of this deterioration. No patient choked to death.

Real cost of erythropoietin treatment

Much publicity has been given to the cost of recombinant human erythropoietin for the treatment of renal anaemia. Most reports consider the price of the drug in isolation, and sums of over £5000 per patient are still being quoted. Stevens *et al* (p 474) have shown that the dose required can be reduced considerably by subcutaneous administration. In addition, when savings resulting from reduced need for blood transfusion and admission to hospital are taken into account the true cost to the NHS is just over £1200 per patient year. This figure does not allow for other potential savings resulting from reduced dependency and improved employment prospects. The authors argue that erythropoietin treatment is therefore highly cost effective and that its proper funding can be thoroughly justified.

Mystery rash at holiday centre

An outbreak of a "slapped face" rash among guests at a holiday centre was initially thought to be due to a parvovirus infection, but the epidemiology of the outbreak did not fit with the cause being an infectious agent. As Gunnell documents (p 477), the process of eliciting the cause for the rash involved simple descriptive epidemiology and an intervention carried out in a centre accommodating over 9500 guests for between three days and a week. Many possible causes for the rash were considered. Once retained detergent in the bed linen as a result of insufficient rinsing was found to be the cause of the rash, changes in the laundering process led to a gradual reduction in its incidence and eventual disappearance.

Screening for occult gastrointestinal blood loss

Screening for faecal occult blood has been shown to result in earlier detection of colorectal cancer, which might be expected to improve survival. However, it is unclear whether the test is acceptable to patients. Hobbs *et al* offered screening opportunistically to all patients aged over 40 consulting their general practitioner over two years (p 483). Although the enthusiasm of the practices for screening varied, over half the patients offered a test kit returned samples. Compliance was greatest among those aged 50-69, the age group at highest risk. If screening for faecal occult blood is shown to reduce mortality and morbidity a formal screening programme would probably achieve adequate coverage.

Is weighing of pregnant women necessary?

Although women are weighed routinely as part of antenatal care, the reasons for this practice are unclear. Studies suggest that maternal weight gain has little diagnostic value. Dawes *et al* surveyed general practitioners, hospital doctors, and midwives in Oxfordshire to determine their reasons for monitoring weight (p 487). They found little consensus in the responses, with one third giving reasons such as "monitoring the pattern of pregnancy." The diagnostic value attached to weight change and definition of normal weight gain also varied. The authors point out that little attention is given to the possible adverse effects of routine weighing and suggests a randomised controlled trial to assess properly the benefits and risks.