

Swedish study questions mammography screening programmes

Susan Mayor, *BMJ*

Analysis of the outcome of mammography screening in Sweden over the past 10 years has shown no significant reduction in mortality from breast cancer.

The study analysed data from 17 county councils in Sweden that introduced mammography screening in the late 1980s. The results showed an overall reduction in breast cancer mortality of 0.8% when the number of observed deaths was compared with those expected during the period 1986 to 1996 (*Läkartidningen* 1999;96:904). More than 600 000 women aged 50 to 69 years were included in the study.

A member of the research team, Dr Göran Sjönell, a general practitioner in Stockholm, commented: "Our main finding was surprising—10 years' observation in a huge population of women undergoing screening showed no sign of a reduction in mortality from breast cancer." He contrasted this with clinical trials supporting screening, showing up to 30% reductions in mortality. "We think that the findings illustrate the difference between trial conditions and real clinical practice. Perhaps the trials included slightly differ-



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After 10 years of mammography, breast cancer deaths were not reduced

ent populations or may have been stopped after significance had been reached, failing to look at longer term effects."

The researchers warned that the screening programme had led to considerable numbers of women being given a false positive diagnosis and undergoing unnecessary biopsy. Nearly 100 000 of the women in the study had received a false positive diagnosis. Of these, approximately 16 000 had undergone

biopsy, and more than 4000 women underwent breast surgery, including mastectomy. "Women should be warned about the potentially negative consequences of screening," suggested Dr Sjönell. He pointed out, however, that the new research does not in any way question the use of mammography for diagnosing breast cancer.

Other breast cancer screening specialists have argued that breast cancer screening is worth

while. Michael Dixon, an honorary senior lecturer at the Edinburgh Breast Unit, Scotland, said: "The science for mammographic screening for breast cancer is very sound. In fact, the new findings are easily explainable. Experience elsewhere has shown that there is a long lag between initiating a breast screening programme and reaching a level of detection that will reduce mortality." He explained that radiologists taking part in trials of mammography screening—which have shown high rates of breast cancer detection—are generally highly skilled and experienced. "When screening is opened up to national programmes a much larger population of radiologists is involved. Inevitably, it takes some time for them to climb up the learning curve in accurately detecting abnormalities," said Mr Dixon.

The national coordinator for the NHS Breast Screening Programme, Julietta Patnick, agreed: "Last year was the first year that we matched the UK national breast screening programme matched trial results in detecting cancers. This took nine to ten years to achieve." □

UK introduces "NHS Oscars"

Mark Pownall, *London*

Dozens of "beacon" awards for high quality or improved services are to be made to NHS trusts and GP practices, health minister John Denham announced last week.

Mr Denham launched the £10m (\$16m) initiative at a meeting of the National Association of Primary Care in London. He also announced details of one national

and eight regional Nye Bevan awards, named after the politician who established the NHS, which will go to the best of the beacon services. These "NHS Oscars" will be announced on 5 July, the anniversary of the founding of the NHS in 1948. The NHS beacon awards will, he said, "identify, celebrate and encourage good practice, offering practical examples of the way that their services have been improved which can be transferred to others."

The first three beacon award schemes will acknowledge initiatives in general practice, waiting lists and waiting times, and men-

tal health. In the spring, details of three further awards for initiatives on health improvement, staff development, and cancer services will be published.

Primary care groups and health authorities will make their nominations by 30 April, and services to be awarded beacon status will be selected by late May by a panel of health service users and staff. Winners will receive extra funding—up to £4000 for general practices and up to £50 000 for NHS Trusts—in order to "spread the best the NHS has to offer." Winners of the Nye Bevan award will receive £25 000 each, and the

national winner will collect £50 000. They will be expected to host at least six open days each year, train other providers, and produce information for the NHS website.

General Medical Council chairman Dr John Chisholm commented: "There are a huge number of ideas out there and this initiative does address the question of how we learn from each other. But I am sure many GPs are pretty cynical about the suggestion that you can pick 1-2% of practices as paragons, with the other 98% looking up to them." □