



Published Quarterly
Mangalore, South India
ISSN 0972-5997
Volume 3; Issue 3; July-September 2004

Editorial

Cancer Screening

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Citation: Krishna Prasad. Cancer Screening. *Online J Health Allied Scs.* 2004;3:1

URL: <http://www.ojhas.org/issue11/2004-3-1.htm>

Open Access Archive: <http://cogprints.ecs.soton.ac.uk/view/subjects/OJHAS.html>

Cancer screening is a means to detect cancer early, in asymptomatic individuals with the goal of decreasing morbidity and mortality. There is a lot of public interest, and large trials are ongoing in many of the cancers. For a screening test to be useful, the test should detect cancer earlier than would occur otherwise and there should be evidence that earlier diagnosis results in improved outcome. Not all cancers are suitable for screening and only those cancers having the following characteristics are suitable:

1. Substantial morbidity and mortality
2. High prevalence in a detectable preclinical stage
3. Possibility of effective and improved treatment because of early detection
4. Availability of a good screening test with high sensitivity and specificity, low cost, and little inconvenience and discomfort.

Some cancers for which reasonable consensus has been arrived at regarding screening for the general population are as follows:

1. Breast Cancer:
 - a. Monthly Breast self-examination for all women above the age of 20.
 - b. Clinical Breast examination every 3 years between ages 20 – 39, and yearly after 40 years.
 - c. Mammography yearly from age 40.

It is to be noted that among the 3 recommendations only Mammography has support of randomized controlled trials.

2. Cervical Cancer:

Papanicolaou smear and pelvic examination yearly for all women who are or who have been sexually active or have reached age 18. After 3 consecutive normal smears, it can

be done less often as per the discretion of the physician.

3. Colorectal Cancer:
One of the following schedules for people over 50 years
 - a. Faecal Occult Blood Test yearly and sigmoidoscopy every 5 years.
 - b. Colonoscopy every 10 years.Role of Digital Rectal Examination and Barium Meal Study is controversial.

Role of screening is under trial in the following cancers:

1. Lung Cancer:
Sputum cytology, Chest X ray, CT chest have been evaluated but no evidence of definite benefit has been found.
2. Ovarian Cancer:
Pelvic examination, Transvaginal ultrasound and serum CA-125 levels are not proven to be beneficial.
3. Prostate Cancer:
Serum Prostatic Specific Antigen levels and Digital Rectal Examination have been attractive and also highly publicized, but no evidence of benefit is available from randomized controlled trials

There are no good screening tests available for some of the commonest cancers in India like the Oral, Pharyngeal, Esophageal and Stomach cancers. However the lack of effective screening tests is not the only problem. In fact, the main problems in our country are the lack of public awareness, lack of motivation and the lack of access to basic health infrastructure. In the face of all these impediments, it would not be wrong to say that Cancer Screening in India is a distant dream.

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