

Preventable cancer

The Prevention of Cervical Cancer. By H. C. McLaren.

The English Universities Press Ltd., 134 pp., 21s.

WHEREAS in most situations there is general acceptance of the adage "Prevention is better than Cure", it is the dazzling prospect of dramatic cure which more often fires the imagination of medical men.

Around a cancer of the human uterine cervix there is not infrequently a zone in which the epithelial cells have the appearance and arrangement of cancer cells, but show no invasion of deeper tissues. This microscopic appearance has been given many names, such as "intraepithelial cancer" and "carcinoma-in-situ". There is considerable evidence, though not proof, that "intraepithelial cancer" progresses to invasive cancer in a significant proportion of cases. Perhaps the best evidence comes from British Columbia where for many years great efforts have been made to detect and remove "intraepithelial cancers" as soon as they occur. In the area where these efforts have been made the incidence of invasive cancer has been markedly reduced.

Both invasive cancers and intraepithelial cancers shed into the vagina surface cells which are recognisably different from normal surface cells. The presence of these abnormal cells can be detected microscopically in preparations of surface cells obtained by lightly scraping the cervix with a disposable wooden spatula. A less efficient method of detection is the examination of the cells present in aspirated vaginal fluid.

Intraepithelial cancers are usually symptomless, and in order to detect one case of "intraepithelial cancer" which may or may not progress to invasive cancer, some 200 women aged 20 or more have to be examined, and a trained technician has to spend 25 to 30 hours at a microscope. The likely cost of this in Britain has been variously estimated at between £60 and £100 (see J. S. Scott, *British Medical Journal* (1963) *v.* 50). The cost of treating a case of invasive cancer is undoubtedly much in excess of this. In the currency of human suffering the difference in cost is immeasurable. The removal of a small intraepithelial cancer is a usually minor, non-disfiguring and non-sterilising procedure. The treatment of an invasive cancer is often a major undertaking without guarantee of success.

McLaren asks: "If preventable, why not prevented?" After discussing the difficulties of providing enough trained personnel and of overcoming the shyness, taboos, and prejudices of British women, the author concludes that the decision to start mass screening in Britain depends on the priority given to the prevention of cancer of the cervix within the medical budget of the country.

The book is a strong and well-informed plea for an early start to mass screening, either with the National Health Service footing the entire bill, or with women contributing to the cost of each biennial or triennial test. It is written in a readable if extroverted style in which the occasional use of gynaecological slang seems not out of place. The descriptions of the shockingly inadequate equipment and arrangements of some doctors' surgeries should be a challenge to the medical profession as a whole. At the same time they pose the question, "Will doctors who run practices like this oppose a scheme because they are not equipped to take part in it?"