Too early to introduce colorectal screening, say specialists

Annabel Ferriman *BMJ*

Mass screening for colorectal cancer should not be introduced before the results of ongoing clinical trials because of the lack of diagnostic facilities for the investigation of symptoms, a statement from colorectal specialists said this week.

The statement, issued jointly by the British Society of Gastroenterology (BSG), the Royal College of Physicians (RCP) and the Association of Coloproctology of Great Britain and Ireland, concedes that evidence shows that some form of screening "should substantially reduce the death rate from colorectal cancer." But it says that the introduction of mass screening should nevertheless be delayed.

The statement continues: "Mass screening for normal risk individuals should await the results of ongoing trials, particu-

larly the NHS pilot study of occult blood testing and the MRC/NHS trials of flexible sigmoidoscopy.

"There is already a serious deficiency in the provision of diagnostic facilities for the investigation of symptoms which are suggestive of colorectal cancer.

"These facilities will be stretched still further by the current and rapidly increasing provision of screening to high risk individuals and the pressure for and likely provision of screening 'on demand' to normal risk individuals over the next five to 10 years."

The statement, which is published in the June issue of the *BMJ* specialist journal *Gut* (2000;46:746-8), advises doctors that those at high risk of bowel cancer should be offered screening by some combination of

colonoscopy, flexible sigmoidoscopy, and barium enema and that such screening should already be available.

It says: "When individuals at low risk of bowel cancer request screening, they should be informed about the limitations and possible risks of the tests. Occult blood testing should only be offered when there are agreed protocols between primary and secondary care that are backed by the necessary resources for further investigation of individuals with a positive tests."

Professor Jonathan Rhodes, professor of medicine at the University of Liverpool and chairman of the joint RCP/BSG specialty committee in gastroenterology, said: "Screening procedures are relatively unpleasant, and there is probably quite a fine balance between benefit and risk for the average person.

"Screening [for bowel cancer] is already considered standard in the United States, however, and seems likely to follow here." □

Heart transplants suspended in Scotland

Bryan Christie *Edinburgh*

A national shortage of transplant surgeons is being blamed for the suspension of work at Scotland's only heart transplant centre, which could be out of operation for most of this year. The 26 Scottish patients waiting for surgery have been transferred to the waiting list at the Freeman Hospital in Newcastle, in the northeast of England.

The Scottish centre, based at Glasgow Royal Infirmary, has been trying to recruit a second surgeon for 18 months but without success. The only surgeon in the unit, Mr Surendra Naik, has now resigned to take up a post in Nottingham, forcing managers to suspend the transplant programme.

Many transplant units are supported by only one or two surgeons, which creates heavy on-call responsibilities because it is never known when organs may become available. These antisocial and irregular working patterns are proving to be a disincentive to younger doctors pursuing a career in transplant surgery.

Professor James Garden, clinical director of the Edinburgh liver, kidney, and pancreas transplant service, said that the United Kingdom is beginning to recognise that it is better to have larger units with more surgeons, thereby not leaving individuals so exposed to onerous on-call rotas. Another potential solution to making these posts more attractive would be to offer incentive payments for consultants working antisocial hours, he added.

The Scottish health minister, Susan Deacon, has sought to reassure patients about the future of the Glasgow unit. She has called for an urgent report from North Glasgow University Hospitals Trust. "The Scottish Executive is working closely with the trust to put in place both short term and long term measures which ensure that the interests of patients and their families are properly looked after," she said. □

Doctor puts herring on prescription

Bryan Christie *Edinburgh*

An unconventional approach to the treatment of heart disease is being taken by a doctor in Stromness in the Orkney Islands, in Scotland, who is prescribing tubs of marinated herring for his patients to eat.

The herring is being provided through an NHS funded project that is seeking to turn a local product into a regular treatment. It is also provoking considerable surprise among patients at the Stromness general practice, who are not used to leaving the surgery with something for their evening meal.

Although there is evidence that a diet rich in oily fish can prevent heart attacks, the main message that Dr Andrew Trevett is hoping to get across with the initiative is that patients do not have to rely on drugs alone to try to reduce their risk of heart disease.

He hopes that in dispensing the herring, patients will be able to appreciate more fully the ben-

efits that improvements in diet can make to their health.

"The idea really is to try to induce lifestyle changes. We are hoping to show people that there are things they can do for themselves," said Dr Trevett.

The herring, which is supplied by a local company, is kept in the practice's refrigerator and given to patients with existing heart problems. They are advised to eat two portions a week and are also encouraged to give up smoking and take more exercise.

Dr Trevett said that the project will run for six months and monitoring will then take place to see if the patients given the herring

have made positive lifestyle changes. Anyone who is not partial to herring is advised that sardines, tuna, mackerel, and wild salmon are equally beneficial.

"So far the reaction has been very positive. Most people think it is a bit quirky, but they appear to like it," said Dr Trevett.

Stan Headley, one of the patients prescribed the herring, admitted to being surprised when first offered it. "I actually thought the doctor was joking, but I soon realised he was very serious about the whole thing. The concept of getting it on prescription seemed pretty radical to me—it was the last thing I expected." □

The heyday of Orkney's herring industry may be long gone, but a local GP has started prescribing the fish for heart disease