Women aged over 40 who are at increased risk of breast cancer should get annual mammograms

Zosia Kmietowicz *London*

Women aged between 40 and 49 years who are at increased risk of developing breast cancer because the disease runs in their family should be offered annual mammography, a new UK guideline says. Those at highest risk of developing breast cancer should also get the chance to have a genetic test for the disease and the option of preventive surgery.

Although experts are not yet certain, research suggests that regular breast screening in this age group will help to pick up breast cancers earlier and reduce deaths from the disease. Increasing the availability of mammography will add to the evidence pool to determine whether screening is worth while for this age group, said Dr Jon Emery, a

Cambridge GP and Cancer Research UK clinician scientist at Cambridge University.

The guideline, from the National Institute for Clinical Excellence, divides women into three categories: those whose risk of developing breast cancer is near to that of the general population (10-17%), those who have a moderate risk (17-30%), and those who have a high risk (more than 30%).

GPs can estimate a woman's risk by asking about breast cancer in her family, the age such cancer was diagnosed, and the presence of related cancers, such as ovarian cancer, in family members.

Women in the moderate and high risk groups should be

referred to a breast cancer team for counselling about possible screening. Women at high risk of developing breast cancer may also be eligible for genetic counselling and testing and should be given the opportunity to discuss preventive surgery.

According to Dr Penny Hopwood, consultant psychiatrist and psycho-oncologist at the Christie Hospital in Manchester, many women with relatives who have had breast cancer and other related cancers have a poor idea of what their own risk is. The new guideline will serve to alert GPs to ask women who seek a consultation because of a breast symptom or because they are worried about the disease in their family and refer them if necessary, she added.

Mr Mark Sibbering, a consultant breast surgeon at Derby General Hospital, said that it will also help to standardise practice across England and Wales and ensure that women receive the most appropriate care. In the past women have been referred

inappropriately for mammography and genetic counselling.

An estimated 100 000 women of the 3.3 million in England and Wales aged between 40 and 49 have a significant family history of breast cancer. Three quarters of these are expected to approach their GP about their risk, and 13 000 will be found to be at high risk. Of the women at high risk, about 200 each year choose to have preventive surgery.

The new guideline will double the number of women aged 40-49 using breast screening services, and an extra 21 000 mammograms will be required in England and Wales, said Professor Gareth Evans, chair of the guidelines development group and consultant clinical geneticist at St Mary's Hospital in Manchester.

Implementing the guideline is expected to cost about £4.58m (\$8.4m; €7m) in its first year. □

The familial breast cancer guidelines are at www.nice.org.uk/CG014

Wyeth found guilty of paying to boost use of a specific medicine

Zosia Kmietowicz *London*

Drugs giant Wyeth has suspended a programme of offering to switch patients on GPs' lists from a version of a drug that is soon to lose its patent to one with a longer patent life, after a ruling by the pharmaceutical industry's regulatory body.

According to Des Spence, a GP in Glasgow, Wyeth started to offer GPs in his area a service to change the repeat prescriptions of patients taking the proton pump inhibitor Zoton (capsules of lansoprazole) to Zoton FasTab (orodispersible tablets of lansoprazole) about six months ago. The reason the company gave for the switch to FasTab was that the newer drug was 10% cheaper than Zoton and equally effective, so the switch represented a cost saving for practices.

Under the switching programme GPs were asked to sign a consent form that allowed an outsider, a "GP system specialist"

sponsored by Wyeth, to search GPs' databases to identify patients taking Zoton and make the change of drug.

Dr Spence complained to the Association of the British Pharmaceutical Industry about the practice two months ago, claiming that the reason for the switch was highly misleading.

"Zoton is due to come off patent in the next few years. When this happens the NHS will benefit from generic prescribing. Branded Zoton FasTab will have 10 to 15 years of patent to run and is being promoted to maintain the company's market share," he claimed. "Lots of doctors are not aware of this activity, but it is nothing more than marketing."

The Prescription Medicines Code of Practice Authority, which administers the association's code of practice, ruled that Wyeth had breached two clauses of the code.

The first breach was paying a third party to change repeat prescriptions of patients on GPs' list from Zoton. "Companies could of course promote products on the basis of cost, and it was not unreasonable to note savings that a practice might make by switching from one product to another," the authority's ruling said.

"The difficulty was when the

Dr Des Spence: the scheme is "nothing more than marketing"

company paid directly or indirectly for those changes to be made because then the company's actions amounted to it paying to boost the prescription of a specific medicine. In the Panel's view it was immaterial that the two medicines at issue were marketed by the same company.

"The provision of the service by Wyeth would benefit a practice by saving it the expense of carrying out the switch itself. The arrangements amounted to a pecuniary advantage given as

an inducement to prescribe Zoton FasTab," concluded the authority.

Wyeth breached another clause of the code because "high standards had not been maintained," it ruled.

A spokesman for Wyeth said the company had accepted the panel's ruling regarding a breach of clauses 18.1 and 9.1 of the code of practice and had complied with the requirements of the undertaking given in relation to it. The company was found not to be in breach of two other clauses.

The company's statement said: "Clause 18.1 concerns no gift, benefit in kind or pecuniary advantage being offered or given to healthcare professionals as an inducement to prescribe. The supplementary information to this Clause does not prevent the provision of a medical service which will enhance patient care or benefit the NHS if such provision is not done in such a way as to be an inducement to prescribe."

"Wyeth is committed to working in partnership with healthcare professionals to help ensure that patients receive the most appropriate care, in line with the patient-centred focus of the NHS." □