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<th>Harm resulting from screening is likely to be high where prevalence of breast cancer is low: Letters to the editor</th>
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Harm resulting from screening is likely to be high where prevalence of breast cancer is low  

EDITOR—Matt Hakama and colleagues evaluated an organised programme of screening for breast cancer in Finland. They report a 24% reduction in mortality from breast cancer due to screening, which, as they point out, is close to the protective effect reported in the early randomised controlled trials. In their conclusions they imply that having a breast cancer screening programme is worth while and a good use of health service resources.  

Such a conclusion must, however, be treated with caution. In this study the authors calculated that about 200 000 women were screened to prevent 20 deaths from breast cancer. They also quote other benefits of screening but make no mention of the well documented disadvantages.  

The most serious potential harm is that attributable to a false positive result, which can occur in about 14% of those screened.  

Thus the 20 deaths prevented must be balanced against the anxiety, trauma, and potential operative complications encountered by an estimated 28 000 women with a false positive result. To this can be added the cost to the health service of the investigations that these women will have had.

Hong Kong does not yet have an organised mammography screening programme. Since the prevalence of breast cancer is relatively low compared with that in other countries, the harm resulting from screening is likely to be high. This factor must also be considered when a public health decision is made on whether to introduce a screening programme.

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4 Hong Kong Cancer Registry. Cancer incidence in Hong Kong 1992. Hong Kong Hospital Authority, 1996.

Minimising factitious hyperkalaemia  

Samples should be centrifuged after collection in general practices  

EDITOR—The advice given by J D Johnston and S W Hawthorne on how to minimise factitious hyperkalaemia in blood samples from general practices is well received by those who have carried out similar work at cardiology laboratories at Finderfields General Hospital. The authors have been equipped with a benchtop centrifuge costing about £600 and staff have received appropriate training. We believe that the initial capital outlay is justified by the improved quality of results and, therefore, patient care.

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Centrifuging samples may help prevent false results  

EDITOR—After reading J D Johnston and S W Hawthorne’s letter on problems with factitious hyperkalaemia in blood samples received from general practices, our practice audited serum potassium concentrations in samples analysed during the past calendar year. We found that in 74/82 (90%) of samples potassium concentration was below 5.0 mmol/l (normal range 3.5-5.0 mmol/l); and in 8/82 (10%) of samples potassium concentration was raised, seven of these (87%) falling into the 5.0-5.5 mmol/l range.

There is a difference between our figures and the figures quoted in Johnston and Hawthorne’s letter, although this may not be significant because of the different base numbers. It remains of interest, however, that so few samples were received our mean transport time to the laboratory was about 34 hours. The reason for the improvement over the London results is that, like many rural doctors, we centrifuge our own samples on site. This normally happens within 45 minutes of taking the blood. If laboratories have legitimate concerns about false hyperkalaemia readings they should consider helping practices invest in centrifuges.

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HIV positive doctors deserve support  

EDITOR—We were disturbed by the reports that Dr Patrick Ngosa had been struck off the medical register for refusing to take an HIV test and continuing to work after learning that his former lover was HIV positive.1,2 We would like to raise two points of concern. Firstly, was Dr Ngosa treated in a reasonable way? Secondly, was he portrayed as an irresponsible doctor who put his own interests before the safety of his patients? Is that really the case, or did he react as many of us would have done in