



Clinical Digest

ONLINE EDITION

ONCOLOGY

Breast Cancer Screening: Too Much of a Good Thing?

One in three breast cancers is overdiagnosed, say researchers who reviewed studies of publicly organized mammography screening programs in the United Kingdom; Manitoba, Canada; New South Wales, Australia; Sweden; and parts of Norway.

The researchers, from Nordic Cochrane Centre, Copenhagen, Denmark, identified these screening programs through a systematic review of PubMed for all data published after 1990 on the incidence of breast cancer. Their literature search included articles in any language with data on breast cancer incidence from patient populations both before and after the full introduction of mammographic screening programs and in screened and older, nonscreened age groups. The researchers included incidence data from older women to allow them to evaluate and compensate for any declines in incidence among previously screened women. Their search identified five “core” articles, from which data from the aforementioned countries were presented.

They found the incidence of overdiagnosis (that is, detection of cancers that do not cause symptoms or death) to be 52%. They included carcinoma in situ in that estimate because it is

generally treated in the same way as invasive breast cancer. The overdiagnosis rate for invasive breast cancer alone was 35%.

Data from three countries showed a drop in incidence as the women passed the age limit for screening; but the reduction was small, the researchers say, and the estimate of overdiagnosis compensated for the drop.

Source: *BMJ*. 2009;339:b2587.
doi:10.1136/bmj.b2587.

DIABETES CARE

Starting with a Cognitive Disadvantage

By the time patients are diagnosed with type 2 diabetes, they may already have begun to lose some cognitive function. Researchers from University Medical Center, Utrecht, the Netherlands say they found modest decrements in cognitive function among 183 patients aged 50 to 70 years, compared with 69 control patients matched for age, sex, and education level.

The participants (who were part of a “cognition” add-on study to the Anglo-Danish Study of Intensive Treatment in People with Screen Detected Diabetes in Primary Care [ADDITION]) were given a full neuropsychological assessment addressing six cognitive domains. The patients with diabetes performed significantly

worse than the nondiabetic control participants on memory functions, information processing speed, attention, executive functions, and language comprehension, but the mean differences between the groups were small. After adjustment, only memory functions differed significantly between the groups, including the memory subdomains of “immediate memory and learning rate” and “incidental memory.”

The researchers say sex, hemoglobin A_{1c} levels, blood pressure, cholesterol levels, and body mass index were not significantly related to cognitive performance. A history of macrovascular disease and current smoking, however, were associated with slower information processing. In control participants, only age was inversely related to performance on memory and information processing tasks.

The findings may have implications for diabetes education and self-management, the researchers say. They suggest that diabetes educators should at least take into account the immediate memory and learning rate and the incidental memory of patients with a recent diagnosis of diabetes. They also suggest initiating interventions at a very early stage—starting, perhaps, by offering a smoking cessation consultation. ●

Source: *Diabetes Care*. 2009;32(7):1261–1265.
doi:10.2337/dc08-2143.