

Screening for Cancer

Edited by

Anthony B. Miller

*NCIC Epidemiology Unit
University of Toronto
Toronto, Ontario, Canada*

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Contributors

Numbers in parentheses indicate the pages on which the authors' contributions begin.

George H. Anderson (87), Director of Laboratories, A. Maxwell Evans Clinic, Cancer Control Agency of British Columbia, Vancouver, British Columbia, Canada V5Z 3J3

Alan A. Bassett (271), Assistant Professor of Surgery, University of Toronto, Toronto, Ontario, Canada M5G 1X5, and Department of Surgery, Mount Sinai Hospital, 600 University Avenue, Toronto, Ontario, Canada M5G 1X5

R. A. Cartwright (397), Epidemiologist, Yorkshire Regional Cancer Organisation, Yorkshire Regional Health Authority, Cookridge Hospital, Leeds LS16 6QB, England

Richard Costlow (25), Chief, Cancer Detection Branch, Division of Cancer Prevention and Control, National Cancer Institute, National Institutes of Health, Bethesda, Maryland 20205

Robert B. Fath, Jr. (347), Fellow, Gastroenterology Service, Department of Medicine, Memorial Sloan-Kettering Cancer Center, New York, New York 10021

Martin Fleisher (237), Attending Clinical Chemist, Department of Clinical Chemistry, Memorial Sloan-Kettering Cancer Center, New York, New York 10021

Robert S. Fontana (105, 377), Professor of Medicine, Mayo Medical School, and Consultant, Division of Thoracic Diseases and Internal Medicine, Mayo Clinic and Mayo Foundation, Rochester, Minnesota 55905

Gary D. Friedman (69), Assistant Director for Epidemiology and Biostatistics, Department of Medical Methods Research, Kaiser-Permanente Medical Care Program, Oakland, California 94611

Isaburo Fujimoto (367), Director, Department of Field Research, Center for Adult Diseases, Osaka, Osaka 537, Japan

- Peter Greenwald** (25), Director, Division of Cancer Prevention and Control, National Cancer Institute, National Institutes of Health, Bethesda, Maryland 20205
- Matti Hakama** (59), Professor of Epidemiology, Department of Public Health, University of Tampere, SF-33101, Tampere 10, Finland
- Elizabeth Herbert** (347), Program Coordinator, Memorial Sloan-Kettering Cancer Center, New York, New York 10021
- Takeshi Hirayama** (367), Chief, Epidemiology Division, National Cancer Research Institute, Tokyo 104, Japan
- Shigeru Hisamichi** (367), Professor, Department of Public Health, Tohoku University, School of Medicine, Sendai 980, Japan
- Heizaburo Ichikawa** (193), Director, National Cancer Center Hospital, Tokyo 104, Japan
- William H. Kern** (121), Director of Pathology, The Hospital of the Good Samaritan, Los Angeles, California 90017, and Clinical Professor of Pathology, Department of Pathology, University of Southern California School of Medicine, Los Angeles, California 90033
- Nagi F. Khouri** (163), Assistant Professor of Radiology, Department of Radiology and Radiological Science, The Johns Hopkins Medical Institutions, Baltimore, Maryland 21205
- Toshiji Kobayashi** (215), Professor and Chairman, Department of Central Clinical Laboratory, School of Medicine, University of Occupational and Environmental Health, Kitakyushu City 807, Japan
- F. A. Macrae** (249), Applied Health Sciences Fellow, National Health and Medical Research Council (Australia), Department of Gastroenterology, The Royal Melbourne Hospital, Victoria 3050, Australia
- Anthony B. Miller** (3, 295, 325), Director, NCIC Epidemiology Unit, Faculty of Medicine, University of Toronto, Toronto, Ontario, Canada M5S 1A8
- David Mock** (421), Associate Professor, Department of Oral Medicine and Pathology, Faculty of Dentistry, and Assistant Professor, Department of Pathology, Faculty of Medicine, University of Toronto, Toronto, Ontario, Canada M5G 1G6
- Duncan Neuhauser** (49), Professor of Epidemiology and Community Health, Professor of Medicine, Adjunct Professor of Organizational Behavior, Keck Foundation Senior Research Scholar, and Associate Director, Health Systems Management Center, Department of Epidemiology and Community Health, School of Medicine, Case Western Reserve University, Cleveland, Ohio 44106
- Akira Oshima** (367), Department of Field Research, Center for Adult Diseases, Osaka, Osaka 537, Japan
- Philip Prorok** (25), Chief, Screening Section, Biometry Branch, Division of Cancer Prevention and Control, National Cancer Institute, National Institutes of Health, Bethesda, Maryland 20205

- David Schottenfeld** (347), Chief, Epidemiology and Preventive Medicine Service, Department of Medicine, Memorial Sloan-Kettering Cancer Center, New York, New York 10021
- Morton K. Schwartz** (237), Chairman, Attending Clinical Chemist, Department of Clinical Chemistry, Memorial Sloan-Kettering Cancer Center, New York, New York 10021
- Edward J. Sondik** (25), Chief, Operations Research Branch, Division of Cancer Prevention and Control, National Cancer Institute, National Institutes of Health, Bethesda, Maryland 20205
- Frederick P. Stitik** (163), Professor of Radiology, Eastern Virginia Medical School, Norfolk, Virginia 23505, and Clinical Associate Professor of Radiology, The Johns Hopkins Medical Institutions, Baltimore, Maryland 21205
- Philip Strax** (141), Clinical Professor, Department of Oncology, University of Miami School of Medicine, Miami, Florida 33101, and Associate Clinical Professor, Community and Preventive Medicine, New York Medical College, Valhalla, New York 10595, and Lecturer, Department of Environmental Medicine, New York University School of Medicine, New York, New York 10016, and Medical Director, Guttman Breast Diagnostic Institute, New York, New York 10001
- Melvyn S. Tockman** (163), Associate Professor, Department of Environmental Health Sciences, The Johns Hopkins University, School of Hygiene and Public Health, Baltimore, Maryland 21211
- Suketami Tominaga** (367), Chief, Division of Epidemiology, Aichi Cancer Center Research Institute, Nagoya 464, Japan
- C. B. Williams** (249), Consultant Physician, St. Mark's Hospital for Diseases of the Rectum and Colon, London EC1V 2PS, England
- Sidney J. Winawer** (237, 347), Chief, Gastroenterology Service, Department of Medicine, Memorial Sloan-Kettering Cancer Center, and Memorial Hospital for Cancer and Allied Diseases, New York, New York 10021
- Lewis B. Woolner** (105), Emeritus Professor of Pathology, Mayo Medical School, and Emeritus Consultant, Section of Surgical Pathology, Mayo Clinic and Mayo Foundation, Rochester, Minnesota 55905
- Tatsuya Yamada** (193), Chief, Department of Diagnostic Radiology, National Cancer Center Hospital, Tokyo 104, Japan

Preface

Ideally the control of cancer should be achievable either by preventing the disease from occurring or, if it does occur, by curing those who develop it with appropriate treatment. Complete success of one of these two approaches would make the other unnecessary. Currently it seems unlikely that either will be completely successful, and that they will continue to complement each other. However, for a number of cancer sites, an alternative approach may prove to be more appropriate, at least in the short term. This approach is to attempt the control of cancer by screening. This book has as its goal the presentation of the current state of the art on screening for cancer. It is not all-inclusive, but it covers an unusually wide range of issues. In some respects it builds on the presentation of the workshop on Screening in Cancer held under the auspices of the International Union Against Cancer (UICC) in Toronto, Canada, in 1978 (Miller, 1978). It also complements the activities of a project on Screening for Cancer which has been set up as part of the Programme on Detection and Diagnosis of the UICC, and which will report its activities in a series of summary papers and UICC Technical Reports over the next four years (Prorok *et al.*, 1984).

This volume (in contradistinction to the forthcoming UICC Technical Reports) largely focuses on screening for cancer in “Western” nations. It should be of value to those involved in the planning, management, and conduct of screening programs, to those in voluntary agencies who need to know about the background for possible public education activities, and to those in government who may be considering continuing the support of existing screening programs or beginning new ones. We trust it will prove to be a useful teaching aid for epidemiologists and others concerned with professional, and possibly particularly graduate, training.

The book is divided into three parts. Part I is concerned with the general principles of screening and of its evaluation. It is important to recognize here that it is impossible to evaluate screening without first setting up a screening program. Part II is concerned with established and potential screening tests.

This section should be interpreted in the light of the definition of screening of the U.S. Commission on Chronic Illness (1957), "the presumptive identification of unrecognized disease or defect by the application of tests, examinations or other procedures that can be applied rapidly." A screening test is not intended to be diagnostic. Rather a positive finding will need to be confirmed by special diagnostic procedures. Part III is concerned with screening for specific cancer sites. In this section it is clear that our knowledge of screening for the cancers considered is at different stages of development. Further, in a few sites, it seems likely that the promise of screening using existing tests has not been fulfilled. This should increase our determination to continue to evaluate existing and all future screening programs.

As editor, I recognize my great indebtedness to my colleagues in this endeavor, who have adhered to my requests for the timely submission of manuscripts and who have tolerated and complied with my requests for changes. We trust our readers will find the resulting product worthwhile and useful, and that you will inform us of our errors and of advances in knowledge in this field so that we can produce an even more valuable edition in the future.

Anthony B. Miller

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