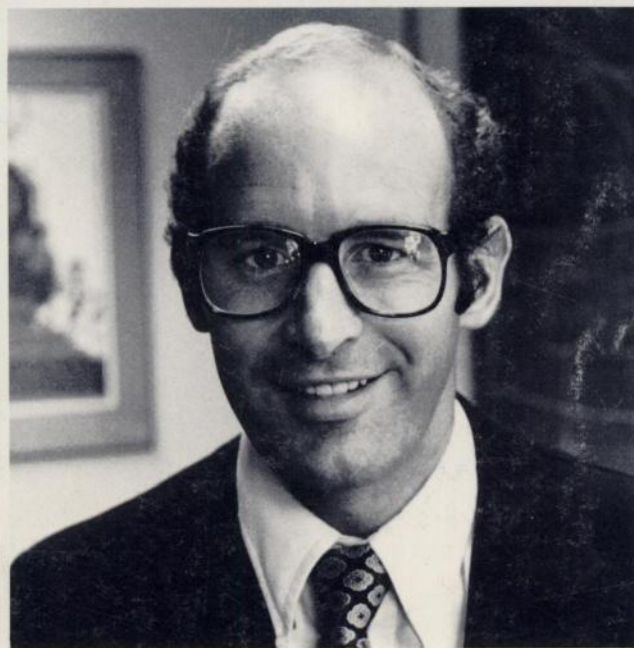




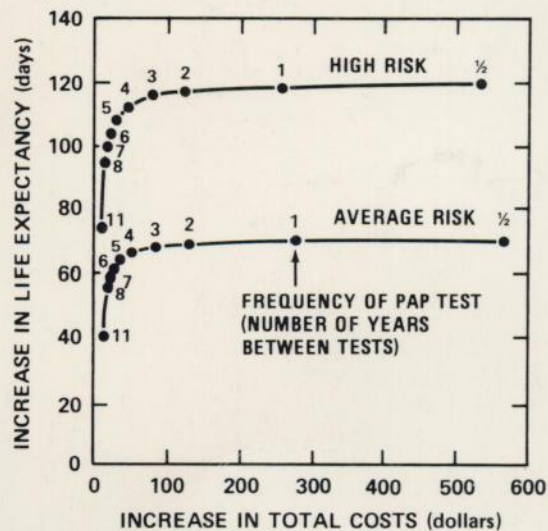
Cancer Research

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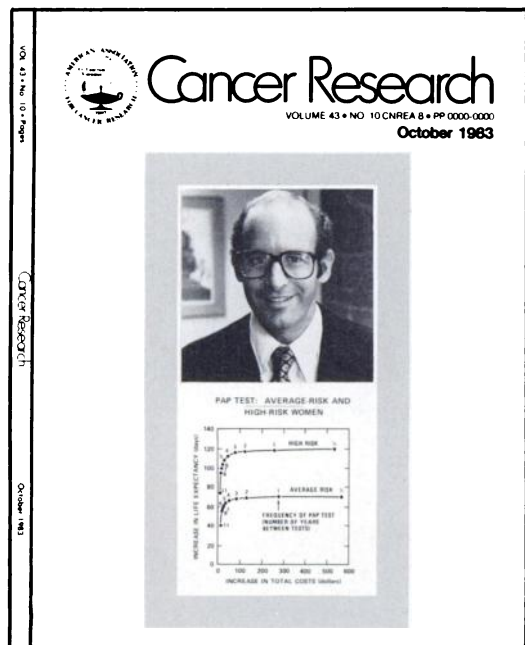
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COVER LEGEND



Cancer and its consequences can be prevented in two main ways: primary and secondary prevention. Primary prevention is achieved through identifying and eliminating carcinogenic hazards, such as tobacco. Secondary prevention attempts to detect and treat cancers or its precursors when they are in early stages and are more curable. The seven warning signals of the American Cancer Society, for example, were designed to help people detect cancers in early stages. The periodic examination of asymptomatic persons with tests such as the Papanicolaou (Pap) test and sigmoidoscopy can potentially detect cancers even before the development of signs or symptoms.

In 1979, Dr. David M. Eddy, M.D., Ph.D., then at Stanford University, now the Director of the Center for the Study of Health Policy at Duke University, provided a theoretical basis for helping clinicians and health planners decide how they can most effectively screen for cancer: which tests should be used, on what patients, and how frequently? His theory is described in

the book, *Screening for Cancer: Theory, Analysis and Design* (Prentice-Hall, Inc., 1980). It enables decision-makers to estimate the risks and the effectiveness, as well as the costs, of screening with different tests in different circumstances.

On the basis of the work of Dr. Eddy and others, the American Cancer Society revised several of its recommendations concerning the cancer-related health checkup. The major changes are: that women over the age of 20 and women under 20 who are sexually active should have a Pap test at least every 3 years after two initial negative tests a year apart; and that men and women over the age of 50 should have a stool guaiac slide test annually, and a sigmoidoscopic examination every 3 to 5 years after two initial negative examinations a year apart. At this time the American Cancer Society does not believe that there is sufficient evidence of benefit to justify a broad recommendation that asymptomatic people, even smokers, have a chest X-ray.

The diagram on the cover is taken from Dr. Eddy's book. It illustrates some of the medical and financial consequences of screening a woman, from age 20 on, with a Pap test at various frequencies. It compares the improvement in life expectancy an asymptomatic woman can expect to gain with Pap test examinations, with the increase in the financial costs. The results are shown for high-risk women and for average-risk women.

Dr. Eddy received his medical degree from the University of Virginia and did an internship and 2 years of residency in surgery at Stanford University. Later he received a Ph.D. in engineering at Stanford University. He has been a consultant to many organizations including the American Cancer Society, the National Cancer Institute, the Congressional Office of Technology Assessment, the National Center for Health Care Technology, the American Joint Committee on Cancer Staging, the National Commission on Digestive Diseases, and the Blue Cross/Blue Shield Association.

M.B.S.