Final chapter in mammography-before-50 debate still to be written

The US Department of Health and Human Services recently recommended that women older than 40 receive mammograms regularly, but the jury is still out on the relative benefit for women younger than 50.

In February, the US Preventive Services Task Force reported that it had "fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer." It said that while evidence is strongest for reductions among women aged 50 to 69, "the precise age at which the potential benefits of mammography justify the possible harms [e.g., false-positive results] is a subjective choice." The US task force did not dismiss the potential advantage of screening for women over age 40.

The Canadian Task Force on Preventive Health Care analyzed the same studies as its US counterpart, but reached a slightly different conclusion. "Current evidence regarding the effectiveness of screening mammography does not suggest the inclusion of the manoeuvre in, or its exclusion from, the periodic health examination of women aged 40-49 years at average risk of breast cancer (grade C recommendation) [*CMAJ* 2001;164(4):469-76]." The conclusion? "Upon reaching the age of 40, Canadian women should be informed of the potential benefits and risks of screening mammography and assisted in deciding at what age they wish to initiate the manoeuvre."

The next chapter will be written next year when results from a large British randomized controlled trial are published. The "Age Trial" of the UK's Coordinating Committee on Cancer Research involved the 1991 recruitment of 160 000 women aged 40-41, a third of whom were invited to have an annual screening until the calendar year of their 48th birthday. The remaining two-thirds in the control group will receive screening mammography after age 50 as part of the National Health Service Screening Program. — *Steven Wharry*, CMAJ

PULSE

The doctor isn't in

Statistics Canada says 1.5 million Canadians (6.6% of the adult population) had unmet health-care needs in the previous year, up from 4.4% in 1994/95 and 5.4% in 1996/97.

The report, based on data from the 1998/99 National Population Health Survey, indicates that 39% of those with unmet needs cited availability issues (long waiting times, service not available when required and service not available in the geographic area) as the cause; 13% blamed accessibility issues such as the cost of transportation. For more than half, needs weren't met because of "acceptability issues," such as personal circumstances and personal attitudes ("couldn't be bothered").

Overall, 2.6% of adult Canadians experienced unmet health care needs due to availability issues. Age, household income, education and immigration status had no impact on the prevalence of unmet needs due to availability, while a small difference according to sex (2.1% of males compared with 3.1% of females) was found to be statistically significant. Those in poor health were more likely to report unmet needs due to availability than those in good to excellent health (6.6% v. 2.2%).

Four percent of Canadians had unmet health care needs because of acceptability issues (personal circumstances and attitudes). Women (4.1%), those aged 18-34 (5.1%), Aboriginals (8.3%) and those with higher levels of education (3.8%) were most likely to report unmet needs for these reasons. Those in poor health were also more likely to have experienced unmet needs due to acceptability than those in good to excellent health (8.7% compared with 3%). (The next Pulse column will discuss data from the Canadian Community Health Survey conducted in 2000/01.) — *Shelley Martin*, Senior Analyst, Research, Policy and Planning Directorate, CMA

Frequency of reasons for unmet health care needs cited by adult Canadians with unmet needs, 1998/99