NEWS AND COMMENT

New Nosology Centre

The Australian Institute of Health is inviting interested organisations to submit proposals for establishment of a National Nosology Reference Centre as an external unit of the Institute.

A primary role of the Centre will be the introduction of the Tenth Revision of the International Classification of Diseases (ICD) into Australia from 1993, including preparation for use of that revision. It will be responsible for liaison with the World Health Organisation (WHO), the Australian Bureau of Statistics (ABS) and State and Territory Health Authorities in relation to this revision.

The Institute will make some funds available to the successful organisation.

The initial grant will be for three years, renewable upon a favourable review of the success of the Centre in meeting its goals and objectives.

Proposals should be sent to Dr L R Smith, Director, Australian Institute of Health, GPO Box 570, Canberra ACT 2601, by Friday, 19 April, 1991.

For further information, please contact Dr John Donovan on (06) 243 5035.

Concern Over Bowel Cancer Tests

The Gastroenterological Society of Australia and the Royal Australasian College of Physicians recommend that population mass-screening of individuals for bowel cancer should not be undertaken because of test unreliability.

However, a programme of repeated screening for the 10-15 per cent of individuals who are at higher-than-average risk of bowel cancer is practical and medically justifiable.

Bowel cancer can be cured if it is detected early enough, and this has stimulated the attempts to screen apparently healthy people to detect cancers in the early and potentially curable stages.

At present, the only practical way to do this in large populations is to examine the faeces (bowel actions) for microscopic amounts of blood using simple chemical tests.

However, the most widely used tests currently available are not sufficiently sensitive for cancer. Nor are they sufficiently specific, since there are other, non-malignant causes of blood in bowel actions, and interaction with diet, vitamins and medications can give misleading positive results. There will thus be *false-negative* results, where blood has not been detected even though a cancer is present, and *false-positive* results, which lead to substantial and unnecessary costs of more detailed follow-up investigations aimed at confirming the presence or absence of cancer.

As yet, there is no evidence that these simple tests for mass screening of healthy individuals lead to a reduction in the frequency of suffering and death from the cancer within the community.

The use of "home kits" for the testing of faeces for microscopic amounts of blood is also discouraged. Test results are not simple to read accurately and should only be read by trained personnel.

There is optimism for the future of mass screening for bowel cancer. Prototypes of new tests for blood in faeces are being evaluated. These new tests are likely to prove well suited for mass screening, thereby making such programmes justifiable on medical grounds.

Further Reading

Wagner, J. "Costs and effectiveness of colorectal cancer screening in the elderly." *JAMA*, Dec 5, 1990-Vol 264, No 21.