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Too much treatment for the well,  
not enough for the sick

## What's causing your sore throat?

**Good Health** STARTS PAGE 38



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DETAILS: PAGE 42

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For every life saved by breast screening, 3 patients undergo unnecessary treatment

# NEEDLESS CANCER THERAPY FOR 4,000 WOMEN

**ABOUT 4,000 women each year endure gruelling, unnecessary treatment for breast cancers that were not life-threatening, a review has found.**

For every life saved by early

By **Jenny Hope**  
Medical Correspondent

detection, three women have therapy they do not need, according to the most definitive investigation of breast cancer screening so far.

Nearly all are given aggressive treatments - including chemotherapy,

radiation therapy or having a breast removed - even though they might never have experienced any symptoms during their lifetime because their cancers were slow growing or non-aggressive.

These treatments can involve months of agony and have a severe impact on a woman's quality of life.

Over 90 per cent of those diagnosed with breast cancer will have

Turn to Page 2



Costume drama: Emily Maitlis reading the BBC news

## Twitter frenzy as BBC Emily 'dresses like Doctor Who baddie'

SEE PAGE 13



Tuesday 30.10.12  
Published in London  
and Manchester  
£1.30



# the guardian

guardian.co.uk

## Breast screening, the verdict: it saves lives, but may also harm

● Service saves 1,300 women a year ● 4,000 undergo unnecessary treatment

**Sarah Bowley**  
Health editor

Breast cancer screening programmes have been hailed as a triumph, but a new report says they may be doing more harm than good. The report, published in the *Lancet*, says that while the programmes do save lives, they also cause unnecessary treatment, including surgery, radiotherapy and chemotherapy, for a cancer they would not otherwise have known about and which would have done them no harm in their lifetime. Some breast cancers are so tiny and slow growing that they would never be a threat to a woman's health, the review says.

Annual 1,300 lives are saved every year by mammography, which women are invited to undergo between the ages of 50 to 70, said the review, which recommends that screenings should continue.

But 4,000 women will undergo unnecessary treatment, including surgery, radiotherapy and chemotherapy, for a cancer they would not otherwise have known about and which would have done them no harm in their lifetime. Some breast cancers are so tiny and slow growing that they would never be a threat to a woman's health, the review says.

The government is embarking on an immediate revision of the leaflet which invites women to screening, said national cancer director, Sir Mike Richards, so that women can weigh up the benefits against potential harm and make their own decision as to whether to be screened.

While he welcomed the review panel's support for screening, he added: "The key thing is that we communicate this new information to women so they can make an informed choice for themselves."

"NHS Cancer Screening Programmes have already asked independent academics to develop new materials to give the facts in a clear, unbiased way. I hope to see them in use in the next few months. If any woman has concerns about breast screening she should talk to her GP or health professional."

The independent review panel was set up by the government and the charity Cancer Research UK under the chairmanship of Sir Michael Marmot and comprised

scientists who had never published on breast screening before, in order to establish their impartiality on an issue that has provoked longstanding argument between epidemiologists.

The leading critic of screening is Professor Peter Gøtzsche, director of the Nordic Cochrane Centre, whose team has spent years analysing the data from the trials carried out in several countries prior to the setup of national screening programmes - as well as more recent studies. Gøtzsche says the harm of screening outweighs the benefits.

Marmot's team also reviewed data from eight breast screening trials, many of which took place in Scandinavia. They acknowledged that they had limitations because they mostly date from the 1980s or earlier. The NHS programme was set up in 1988. But they dismissed other criticisms, such as that some of the women had died of other diseases and not breast cancer.

The review judged that screening

induces the risk of dying from breast cancer by 20%. It prevented 41 deaths for every 10,000 women invited to be screened, or one death per 233 women treated. Among those 10,000 women, 580 cancers would be diagnosed and 170 of those would be over-diagnosed - the mammogram would have picked up an otherwise undetectable tumour which the woman would never have known about. As with many prostate cancers in men, it would grow so slowly that without treatment she would die with it, rather than of it.

"Our best estimate is around 4,000 cancers a year which is about 20%," said Professor David Cantor, a medical epidemiologist at Edinburgh University, who presented the findings which are published today in the *Lancet* medical journal.

"Breast cancer screening should continue, but we felt that the information given to women needs to be reviewed

Continued on page 5 B

## Royal aide tells of Savile kissing palace staff

**Robert Booth**

A former senior royal aide has revealed that Jimmy Savile's behaviour when he visited Prince Charles's official home at St James's Palace was a cause for "concern and suspicion".

David Arliss, who handled medications for the Prince and Princess of Wales while he was press secretary to the Queen between 1988 and 2000, said the 100-patched paedophile TV presenter used to rub his lips up the arms of Prince Charles's young female assistants as a greeting.

Savile is understood to have visited Prince Charles's official London residence several times in the late 1980s when he was acting as a kind of surrogate confidant between Charles and Princess Diana. A spokesman for the Prince of Wales confirmed the prince and Savile formed a relationship in the late 1970s after coming together through their work with wheelchair sports charities. Charles left tributes to Savile when he died a year ago.

"He would walk into the office and do the rounds of the young ladies, taking

Continued on page 5 B

## Happy hens, unhappy workers? Gangmasters face abuse claim



Migrant staff said to have been kept in debt bondage, worked 17-hour shifts and feared violence.

**Felicity Lawrence** reports

There are strict rules covering the conditions for chickens and eggs marketed as the "happy hen" category by high-street names. A Freedom of Information request by both legs rather than just one. For example, but the conditions outlined by the business seem to catch them have had long attention.

Last night, a gangmaster company which provided teams of migrant workers to dozens of large chicken farms in a chain that supplies premium, free-range eggs in McDonald's, Tesco, Asda and Marks & Spencer, Woodford egg to Sainsbury's, and the Freedom of Information

request was made to leading retailers, had its licence revoked with immediate effect by the Gangmaster Licensing Authority.

The action followed an operation this month by West police, the GLA and the Serious Organised Crime Agency to free more than 20 Lithuanian workers illegally trafficked to the UK. They are said to have been kept in debt bondage, forced to work up to 17 hours a shift, busied the length of the country to farms to catch hens through the night, sleeping in vans for days at a time, in some weeks not paid at all, according to workers' testimony, controlled by Lithuanian enforcers with threats of violence and, an occasion, actual assault.

A 50-year-old man and a 50-year-old woman from the company, who cannot be named for legal reasons, were arrested in a down-said on a Grade II listed house in Kent on suspicion of human trafficking for the purposes of labour exploitation. They were later released on bail, the terms of which included a ban on them contacting the workers, pending further inquiries.

The gangmaster company is a member of Freedom Food, the welfare scheme licensed by the RSPCA. Its shops, including some fighting brands, which the migrants claim were used to intimidate them, were taken from a

Continued on page 5 B

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# screening sounds

- **sensible** - catch it early
- **logical** - small bad things can be treated easier than big bad things
- **easy** - just a quick smear or blood pressure
- **straightforward** - what's the problem?
- like the kind of thing a **good citizen** does - and the kind of thing a 'lazy' or 'disorganised' person doesn't.

# stories I have heard

- it's better to catch things early
- why wouldn't you want to know if you had a problem?
- knowledge is better than ignorance
- the reason why we don't do more screening is because the NHS is stingy
- doctors who oppose screening are paternalistic and don't allow patient choice

“All screening does **harm**. Some does **good** as well, and, of these, some do more good than harm at reasonable cost.”

(Muir Gray and Angela Raffle: Screening - Evidence and Practice)

**Screening isn't straightforward**

PRINCIPLES AND PRACTICE  
OF SCREENING FOR  
DISEASE

J. M. G. WILSON

*Principal Medical Officer, Ministry of Health,  
London, England*

G. JUNGNER

*Chief, Clinical Chemistry Department, Sahlgren's Hospital,  
Gothenburg, Sweden*



WORLD HEALTH ORGANIZATION

GENEVA

1968

# Wilson and Junger (1968)

- the condition should be important
- the natural history should be understood
- there should be a detectable early stage
- early stage rx should be beneficial
- there should be a suitable early stage test
- intervals for repeating test identified
- adequate provision for screening made
- benefits should be > risks
- costs should be balanced against benefits



if you have a breast lump  
should you go for screening?

# what is screening?

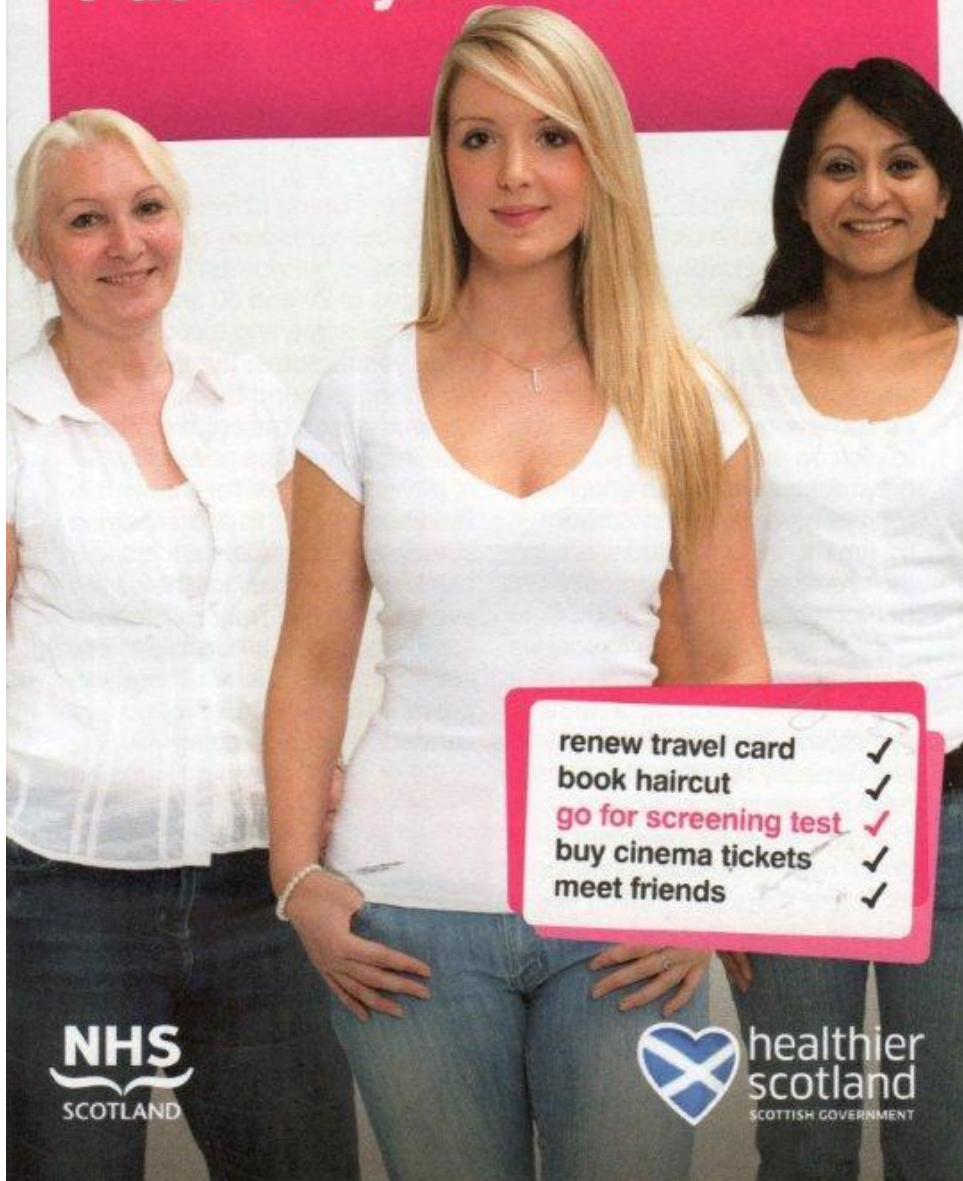
- no symptoms of disease: well
- NHS: Guthrie tests, neonatal screening, cervical, breast, bowel, aortic, fetal
- sort-of NHS: PSA screening
- cardiovascular risk screening : cholesterol, blood pressure, smoking, age, Glc
- Screening in chronic disease - e.g. depression screening, microvascular eye disease in diabetes.

# non NHS screening

- ultrasound
- CT and MR
- ECG
- full blood count, liver function tests, thyroid function, uric acid
- pulmonary function tests
- physical examination (including pelvic and breast examination)



# The Cervical Screening Test Put it on your list



- renew travel card ✓
- book haircut ✓
- go for screening test ✓
- buy cinema tickets ✓
- meet friends ✓


**NHS**  
SCOTLAND

 **healthier  
scotland**  
SCOTTISH GOVERNMENT

  
Cancer Screening Programmes

# NHS breast screening



  
Cancer Screening Programmes

## BOWEL CANCER SCREENING

### The Facts



## Would you benefit from a Lifescan health check?

Certain things can put your health at risk – smoking, for example, or if your family has a history of heart disease, stroke or cancer. So, too, can diabetes, high blood pressure or high cholesterol, and a stressful or sedentary lifestyle.

Our questionnaire will help you determine if your health and wellbeing could be at risk.

**Call now on  
0845 456 4484**  
for a free information pack and price list quoting the reference below, or visit our website at:  
**www.lifescanuk.org**

Lifescan centres are located in:-

- Brentwood
- Bristol
- Glasgow
- Guildford
- Leamington Spa
- London
- Manchester
- Tunbridge Wells

Lifescan is regulated and inspected under the IR(ME) Regulations 2000.

Reference DTDS18



If you answer YES to any of the questions you could benefit from the services offered by Lifescan.

|                                  |  |                          |
|----------------------------------|--|--------------------------|
| Are you:                         | Over 40?   | <input type="checkbox"/> |
|                                  | Overweight?  | <input type="checkbox"/> |
| Do you:                          | Smoke or have you ever smoked?   | <input type="checkbox"/> |
|                                  | Currently drink more than the recommended weekly levels of alcohol? (21 units for men, 14 units for women) | <input type="checkbox"/> |
|                                  | Eat a diet that's high in fat or calories, or low in fibre?  | <input type="checkbox"/> |
|                                  | Suffer from high levels of stress?   | <input type="checkbox"/> |
|                                  | Have high blood pressure?  | <input type="checkbox"/> |
|                                  | Have high cholesterol?   | <input type="checkbox"/> |
|                                  | Have diabetes?   | <input type="checkbox"/> |
|                                  | Have a history of colon cancer or polyps?  | <input type="checkbox"/> |
| Do you have a family history of: | Heart disease?   | <input type="checkbox"/> |
|                                  | Diabetes?  | <input type="checkbox"/> |
|                                  | Lung cancer?   | <input type="checkbox"/> |
|                                  | Colon cancer or polyps?  | <input type="checkbox"/> |
| Have you:                        | Recently experienced unexplained weight loss?  | <input type="checkbox"/> |
|                                  | Ever been exposed to asbestos or other hazardous chemicals?  | <input type="checkbox"/> |
|                                  | Had a change in your bowel habit, such as diarrhoea or constipation?                                       | <input type="checkbox"/> |

**LIFESCAN**

# We've been checked!



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# at the moment

- screening results in harm because of **overdiagnosis** and **overtreatment**
- and **false** positives, **false** negatives, and adverse psychological reactions
- screening is **politically** rather than clinically motivated
- we don't **explain** screening fairly
- our failure to offer screening as a choice is the **last reserve of unethical practice**

# screening for a deadly disease

- 1% of the population have a deadly disease
- a test for the disease is 90% accurate
- you test positive
- how likely are you to have the disease?





# 90% likely?

- Not true.



- 1000 people, 10 (1%) have the disease
- 990 do not.
- The test is 90% accurate for diseased people, ie will pick up 9/10 cases.
- also 10% of 990 healthy people will be positive, when they're not = 99.

# deceptive screening stats

- so positive cases =  $99+9 = 108$
- but only 9 people had the disease.
- so a positive test means a less than 10% chance of having the disease ( $9/108$ )
- Screening tests and their results can be counterintuitive
- the maths isn't hard, but believing a 'good' test is pretty poor can be difficult.

# Marmot review

- “the figures quoted give a spurious impression of accuracy”
- 10,000 women, aged 50, for 20years
- 681 cancers will be found
- 129 are overdiagnosed (not false +ve)
- 43 deaths from breast cancer prevented
- 509 cancer dx - mortality not affected by screening

# this means

- of the 10,000 -
- 681 women will be diagnosed with breast cancer at screening
- of these, 43 will have their lives extended by being diagnosed at screening
- we don't know which these women are and can only 'find' them in trials
- all 681 women may be led to believe they have had lives saved through screening
- women who have had unnecessary treatment won't know who they are

# NB: Wilson and Junger

- does the treatment do more harm than good?
- disease specific or all cause mortality?  
Because we need to know - **is the treatment more likely to kill you than the disease?**
- the natural history of the disease should be understood

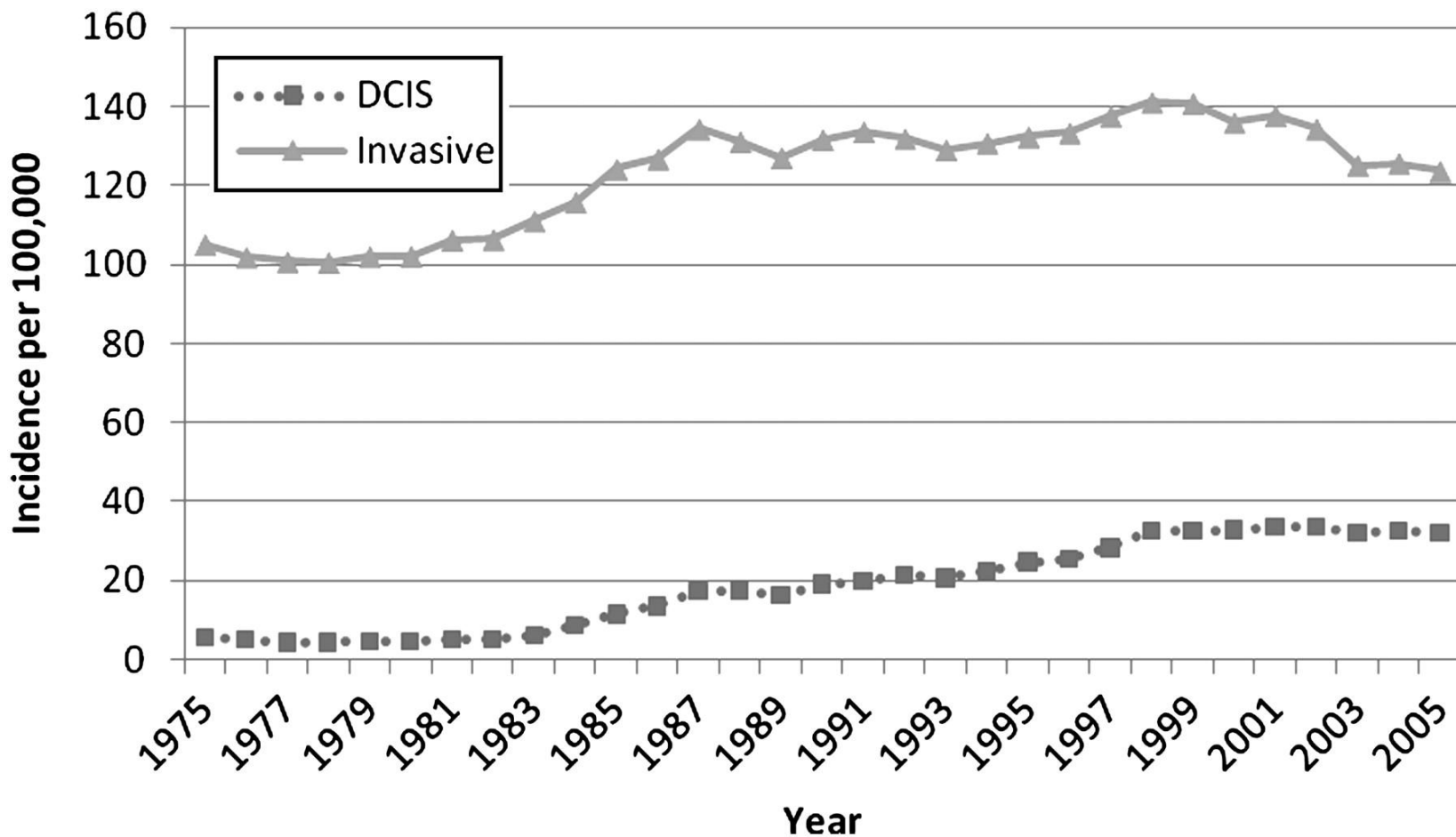
# Ductal carcinoma in situ



DCIS : between 1/4 and 1/3 cancer diagnosis at screening

30% women treated with mastectomy

Trends in the age-adjusted incidence of ductal carcinoma in situ (DCIS) and invasive cancer (1975–2005).



Virnig B A et al. JNCI J Natl Cancer Inst 2010;102:170-178

# DCIS - natural history

- 28 women Bx proven DCIS
- did not have any treatment
- average follow up 30 years
- 7 - invasive cancer within 10 years
- 4 - invasive cancer between 15-42 years
- 17/28 never breast problems
  
- From autopsies: 8.9% women had DCIS;  
more slides examined = more diagnoses



was never going to benefit you  
can therefore only harm you

Radio/chemotherapy: increases risk of  
death by later heart attack  
(37% women with breast cancer treated  
with radiotherapy)

Woman aged 65

22% death from heart disease next 20 years  
raised to 30% risk with breast ca Rx age 50.

(BMC Cancer 2007 7:9)

# we don't hear about the negatives as often

- “the reality of this diagnosis has been two wide excisions, one partial mutilation (sorry, mastectomy), one reconstruction, five weeks’ radiotherapy (a 60 mile round trip and I had to pay to park), chronic infection at the donor site, one nipple reconstruction, seven general anaesthetics, and more than a year off work...”

# the popularity paradox

- the worse a screening test is, the more false positives there are
- the more false positives there are, the more people are led to believe that a screening test saved their life
- the poor screening test becomes more popular, as people are led to believe that they have been saved, not harmed, by it

# the guardian

When Birmingham City FC managing director Karren Brady went for a routine health check, it changed her life - and almost certainly saved it. Here she talks about the emergency brain surgery that followed

It was just fate that I decided to go for a health screening, and I am incredibly grateful I did. I had had an allergic reaction, probably to nuts, and wanted to get to the bottom of it so I went to a company called Preventicum that offers state-of-the-art screening, including a full-body MRI scan.

The next day I was at my desk when they called to say the radiologist had discovered a brain aneurysm - a potentially fatal weakening in a brain artery that could rupture at any time...The main risks were rupture during the procedure, bleeding or a stroke during or after surgery, which could leave me disabled or dead. I still have about a 5% risk of stroke which doesn't sound a lot, but when you're faced with it, it's bloody awful.

# Wilson and Junger! what's normal?



- MRI brain of 'normal' people -
- series of 2000 people
- 10% have an abnormality  
i.e. tumours, aneurysms,  
signs of stroke



# brain aneurysms

- 1.8% 'normal' have an aneurysm
- rupture rate between 0.008% and 0.01% per year with 40% death rate
- endovascular treatment - morbidity 1.5%, mortality 1.5% (Neurosurgical Focus, 2011, US;
- 'clipping' treatment - mortality 1.7%, morbidity 6.7% (JNNP 2012 Cochrane meta analysis)



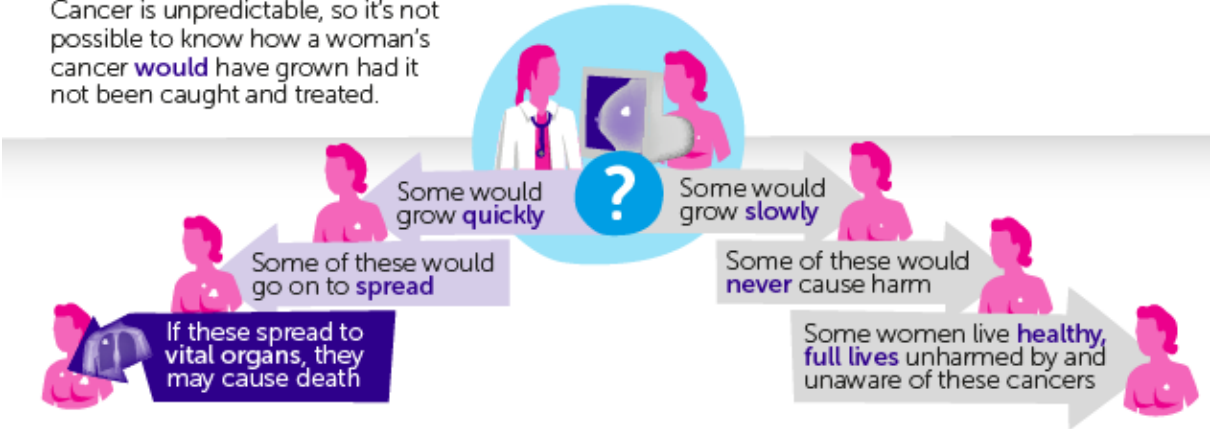
# currently

- women sent pre-booked appointment
- GPs incentivised to advertise appointments
- all major breast cancer charities encourage screening “Quite simply, breast screening saves lives” (Breakthrough Breast Cancer)
- government “highlight the benefits...encourage all women over 50 to attend regularly” (Julietta Patnick)

# What difference does breast screening make?

## Screening catches more cancers earlier

Cancer is unpredictable, so it's not possible to know how a woman's cancer **would** have grown had it not been caught and treated.



## If we look at 1,000 women over 20 years



**Lives saved by screening**  
This many women would have died if breast screening had not caught their cancer early

**Overdiagnosed due to screening**  
This many women are treated for breast cancers that are real, but would not have caused them any harm



**So, breast screening saves lives, but causes some women to be treated who didn't need to be**

On balance, Cancer Research UK recommend that women go for breast screening when invited



# 2010 Radiology (US)

- 100,000 women screened 10 years annually 40-45 then biannually to 75
- 86 cancers and 11 deaths caused by radiation
- “the risk of radiation induced breast cancer should not be a deterrent from mammographic screening”.
- says who?

If you haven't had  
a mammogram,  
you **need more  
than your breasts  
examined.**



A mammogram is a safe, low-dose X-ray that can detect breast cancer before there's a lump. In other words, it could save **your** life and **your** breast.

If you're a woman over 35, be sure to schedule a mammogram. Unless you're still not convinced of its importance.

In which case, you may **need more than your breasts examined.**

Find the time.  
Have a mammogram.

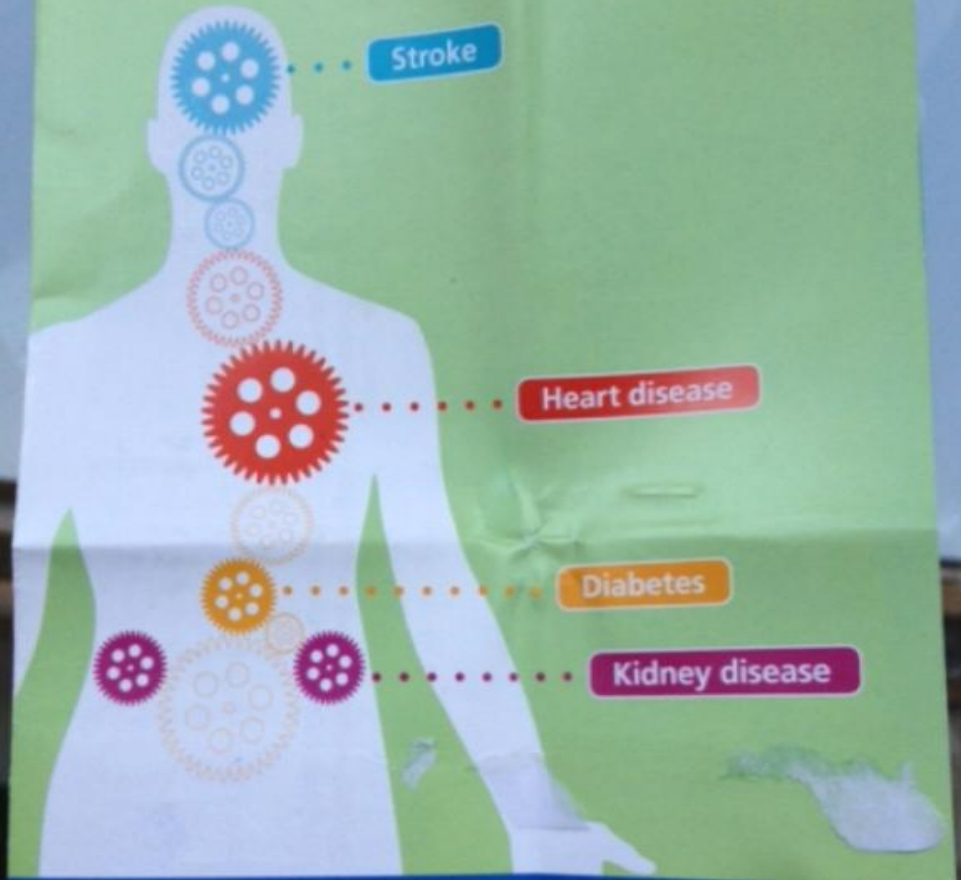


Give yourself the chance of a lifetime.

▲ MOTHER JONES/JAN. 1995

# BMJ, Editorial, Decision Aids and Uptake of Screening 2010

- “Patients who use decision aids are more aware of the choices offered and their consequences, more realistic about the risks and values of the options, more satisfied with the choice made”



Stroke

Heart disease

Diabetes

Kidney disease

# Free NHS Health Check

Helping you prevent heart disease, stroke, diabetes and kidney disease.



# Healthchecks

- Mandated, 40-75 year olds, 5 yearly
- age/ethnicity/smoking/Fam Hx, alcohol, physical activity
- BP, cholesterol
- eGFR if BP raised
- BMI
- Glc if any risk factors
- ?informed consent?

where's the evidence?  
err...

“However, the fact remains that the NHS Health Check is being implemented in the absence of direct randomised controlled trial evidence to guide it

Public Health England, our approach to the evidence, July 2013)

# what works?

- Smoking advice: quit from 2-3% to 5-6%
- Physical activity: NNT 12, not long term, not exercise schemes
- Alcohol intake: not women, reduce from 36-31U per week
- Cholesterol: 1ry prevention, contentious for women. 18 in 1000 avoid event 5 years
- BP; NNT variable
- Diabetes; screening doesn't work. Lancet 2012

# the evidence

- modelling studies
- draft 1: 1988 “2000 lives saved”
- draft 2: 1989 “650 lives saved” “as a result of responses the Department recieved”
- 16 million people eligible
- chance of having your “life saved” is 0.00406%



# statination

- statins before: 17%, after; 60%
- 224 people treated with statins for 4 years, 1 extra case DM
- 434 people treated with statin, 1 extra case ARF
- 136 people treated with a statin, one severe liver dysfunction
- “I’ve stopped going to dancing”

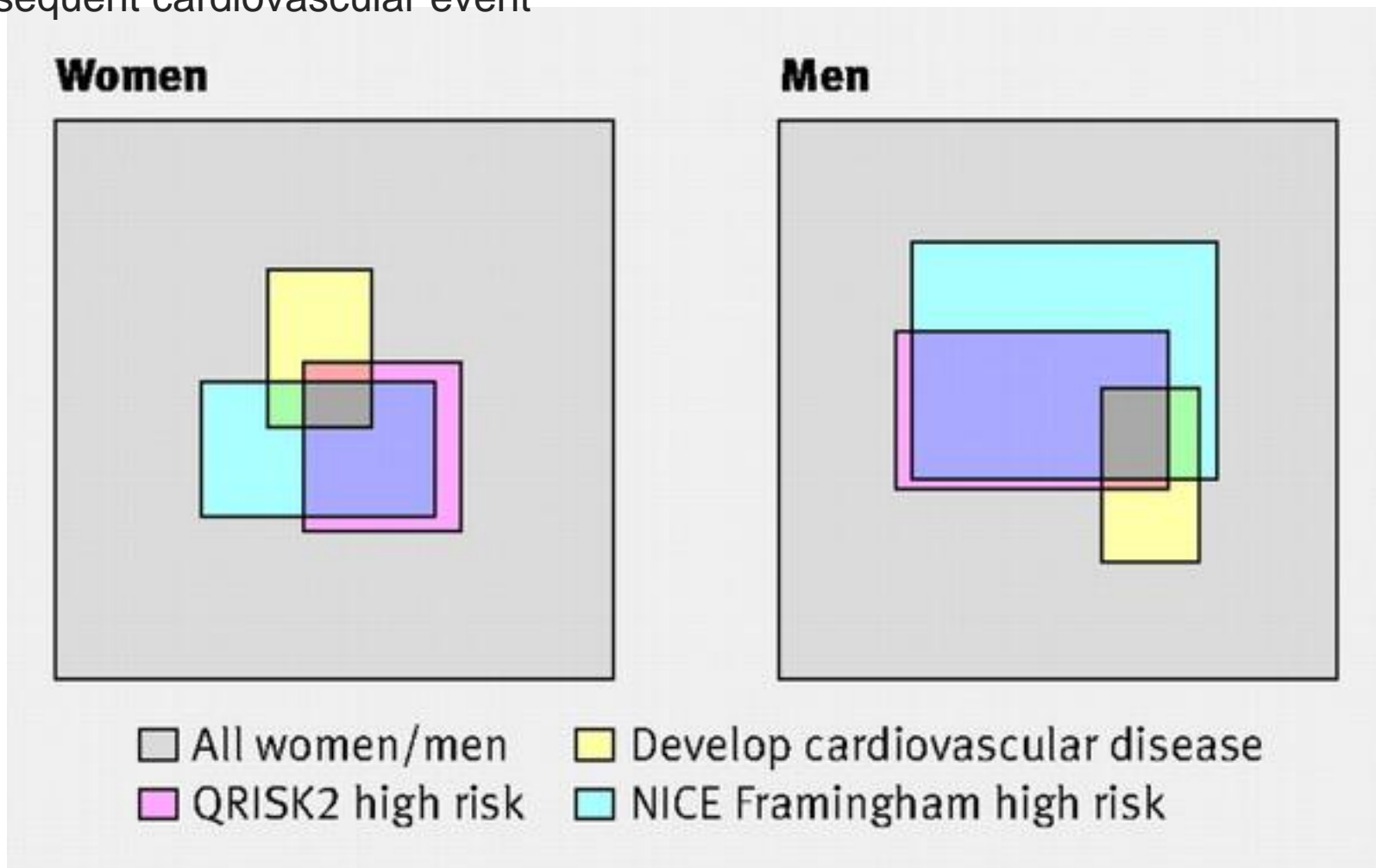
# so far

- year 1: 33% uptake, year 2: 20% uptake
- misses 1/3 'high risk' patients
- “considerably lower than expected uptake among high risk patients”
- “there is slippage in the programme”
- is this the best we can do for health inequalities?
- where do resources end up?

# Statin targets- 1ry prevention- QOF

- NICE draft guidance 2/14
- aged 40-74
- calculate with QRISK
- If  $> 10\%$ , or CKD 3, offer a statin
- atorvastatin 20mgs
  
- 83% of men over 50 and 56% of women over 60 (Lancet, 380:9841, 545-547, 11/8/12)

Proportion of men and women classified as high 10-year risk of cardiovascular events ( $\geq 20\%$ ) by QRISK2 and the NICE version of the Framingham equation who also had a subsequent cardiovascular event



# QOF

- Percentage of patients with hypertension where the BP in the last year was 150/90 or less
- Stage 1 HBP = 140/90 or higher or ABBP is 135/85 or higher
- Treat if organ damage/CVD/CKD/DM/CVD 10 year risk >20% or greater



# however

- Cochrane review 2012
- “Antihypertensive drugs used in the treatment of adults (primary prevention) with mild hypertension (systolic BP 140-159 mmHg and/or diastolic BP 90-99 mmHg) have not been shown to reduce mortality or morbidity in RCTs. Treatment caused 9% of patients to discontinue treatment due to adverse effects. More RCTs are needed in this prevalent population to know whether the benefits of treatment exceed the harms.”
- Making people unnecessarily into patients



Mental illness

**Why does it take 12-16 weeks for EBM treatment?**

Multimorbidity, complexity, co ordination : what patients might want to choose

**I don't understand**

**I can't make outgoing calls**

**I need my carer to come too**

**do I really need this appointment?**

**I hate taking those tablets**



In the consulting room, whose priorities am I dealing with?



We need professionally delivered, evidence based, compassionately applied healthcare; informed choice and shared decision making

# the push to screen

- entrenched in GP NHS contract
- many charities believe that **more screening is better**
- political will and popular appeal
- profit making enterprise

FAST, ACCURATE, PREVENTIVE HEALTH SCREENINGS IN YOUR AREA – JUST £139 FOR A COMPLETE PACKAGE OF TESTS ...

## HOW YOU CAN HELP AVOID A STROKE WITH SOME HEALTH SCREENING TESTS

### Did you know that strokes are the third most common use of death in the UK?

Not yet the World Health Organisation, Stroke Alliance for Europe and the US Stroke Association all agree that 80% preventable.

One simple screening test can help you identify your risk factors. And, should anything be detected, you and your G.P. can take early preventive action.

Risks relating to stroke and cardiovascular disease increase over time. Almost one in four men and one in five women aged 45 can expect to suffer a stroke if they live to 85.

Our screening package helps you to understand risks, so if you prefer to face possible health problems rather than ignore them, call free on 0800 046 7988 now. You could also make significant savings off the individual prices when booking a package of 4 screening tests.

### Coming to your area

Our teams of screening experts will be in your area soon, using exactly the same high resolution screening equipment as top private hospitals.

You may feel healthy, but what's really going on inside you? It's easy to put off these decisions, but like David Kingdon of Unicondition, you may be very glad you acted. "As a result of my screening an aortic aneurysm measuring 6cm was discovered within my abdominal area. I was immediately referred to hospital. Repair surgery took place within 10 days and I am on the way to a complete recovery. The consultant surgeon said the money I spent on the scan was the best possible, as it saved my life. Without detection, a 'popcorn may have been fatal'."



### Why not call now?

Worryingly, strokes often occur without warning, with no apparent symptoms. As one of our clients said: "My wife and teenage children 'are happy now' (in Bedford, Lancashire). Of course, we can't give you a 100% guarantee of good future health, but it's comforting to know that you've done what you can to help address and reduce your risk factors."

### Where are the screenings?

These tests can be highly priced when purchased from private hospitals and clinics, but we come to over 1,800 convenient community locations like church halls, hotels and leisure centres, and by screening more people at once the cost can be lower.



### Other package options

We charge just £60 for each test, or we can offer you a full package of all four tests for £139. We also have an even broader range of health screening options which we can happily discuss with you when you

book your appointment. For example, when you book a package, you can also book an optional doppler scan to check for this condition which can cause weakened tissues and increased fracture risk, but which can be treated if detected early. The total package savings for five screenings are then £126.

### Your quick, non-invasive and painless checks to help prevent a stroke, ruptured abdominal aneurysm and heart disease

To help detect your risk of stroke a 10 minute scan of your Carotid arteries examines blood flow to your brain, and "plaque" ("Plaque" is the term for fatty deposits that can build up in your arteries, without showing any symptoms).

Your ECG Test checks for "Atrial Fibrillation", a heart condition that can multiply the risk of stroke by 5.

Your ankle-brachial index test checks for hardening of the arteries, which affects 1 in 6 people over 55. It may show no symptoms but increases the risk of heart attack or stroke from 2 to 6 times.

An Abdominal Aortic Aneurysm is a weakening of the wall of your largest artery that causes it to grow in size. If ruptured, death occurs in 80% of cases. We offer an ultrasound screening for this.

Cutting-edge technology ensures that the screening process is quick, convenient and painless — you don't even need to remove your clothes. After your screening, your results are sent to you within 21 days and, if we spot a potentially serious risk, we'll call you on the same day. Armed with the facts about your health, you can also talk to your G.P. about the best preventive measures to take.

CALL FREE NOW  
0800 046 7988

There are many risk factors associated with strokes — our tests focus on important risk factors associated with 80% of them

Our professional and friendly team is waiting for you:



Welcome Desk  
You will be greeted to complete your check-in form.



Enter Screening Area  
When screening begins, you'll be asked to provide details to the screening team.



Stroke Screening  
A Doppler scan is used to examine blood flow to your carotid arteries.



Heart Rhythm  
Check an ECG to see the frequency of your heart rate.



Hardening of the Arteries  
Peripheral artery disease is measured by comparing blood flow in your arms and ankles.



Abdominal Aneurysm Check  
This scan checks for enlargement of the abdominal aorta.



We are here to help  
Our technicians provide all you may need to ensure your tests run smoothly.



Thank you  
Your health results report will follow within 21 days.

### What would your doctor say if he or she could see inside your arteries?

Well, now it's possible with a simple ultrasound screening that can reveal dangerous plaque, either building up inside your artery or blocking it.

In just over 10 minutes, one of our scans can help determine your risks for cardiovascular disease, the UK's No.1 killer.

As you age, fatty deposits known as "plaque" can build-up in your arteries. You may not notice any symptoms, yet still have underlying risks.

These are often referred to by doctors as "silent killers", because you are not aware until it's too late.

Your full package of screenings will only take about an hour of your time — and you will be notified right away if you have an immediate problem.



LIFE LINE  
SCREENING

11 Chesham Road, Chesham  
Herts, Hemel Hempstead, Herts, UK  
HP12 5JY

PACKAGE PRICE FOR ALL 4 SCREENINGS

# JUST £139

You will receive our most detailed assessment of your vascular health when you take all four screenings together — this can be arranged at the same event taking a little over an hour.

To book, call 0800 046 7988 today  
and quote Guardian voucher code FPMU304

| INDIVIDUAL SCREENING TEST         | PRICE |
|-----------------------------------|-------|
| Stroke / Carotid Artery           | £60   |
| Heart Rhythm/ Atrial Fibrillation | £60   |
| Abdominal Aortic Aneurysm         | £60   |
| Peripheral Arterial Disease       | £60   |

| PACKAGE PRICE                      | PRICE |
|------------------------------------|-------|
| Package price for all 4 screenings | £139  |

Should you need to cancel at any time before your appointment, call us for a full refund. Prices are based on prepayment. Postal charges may apply.

It's important to know that risk factors for stroke also include smoking, being overweight, and not exercising enough

Screening test results can be at substantial risk of stroke if they smoke, are overweight, or don't exercise. It's very important to know the limits of screening tests. And of course, false reassurance is not useful.

Any screening programme done by the NHS has been assessed for evidence of benefit and harm, and is regularly audited and the results published. Private health screening companies don't work in the same way.

Screening for osteoporosis is already done for people at high risk within the NHS.

The WHO recommend simple things to avoid strokes; diet, exercise and avoiding smoking. Screening is done in the UK when there is clear evidence of effectiveness and GCG screening isn't recommended

You don't need screening to tell you if you are overweight or not exercising enough. Risk factors can be complex to assess, for example, deciding whether or not to have atrial fibrillation with a doctor, is a balance of pros and cons. Existing risk better estimates results in people declining not to have screening tests done.

There is evidence that screening for aneurysms may be useful, which is why it's available on the NHS. However, treating aneurysms surgically involves a major operation and is not undertaken lightly. Anecdotally powerful, but we don't get them balanced by opposite side of the story - for example, someone who made very ill through an operation and didn't ever well from.

One way of making it cheaper to have many screening tests done at once can mean that people don't make a choice about each test individually.

Advertisement

FAST, ACCURATE, PREVENTIVE HEALTH SCREENINGS IN YOUR AREA - JUST £139 FOR A COMPLETE PACKAGE OF TESTS...

# HOW YOU CAN HELP AVOID A STROKE WITH SOME HEALTH SCREENING TESTS

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| INDIVIDUAL SCREENING TEST             | PRICE        |
|---------------------------------------|--------------|
| Carotid Artery Screening              | £100         |
| Atrial Fibrillation Screening         | £100         |
| Abdominal Aortic Aneurysm Screening   | £100         |
| Peripheral Arterial Disease Screening | £100         |
| <b>PACKAGE PRICE</b>                  | <b>PRICE</b> |
| Package price for all 4 screenings    | £139         |

The tests might be quick, but deciding what to do, and to do, may result in lifelong treatment or major surgery. It is a good idea to know about what might happen before deciding whether or not to get involved.

Carotid artery screening for people without a history of stroke or ministroke isn't done in the UK because it causes as many problems as it might prevent.

Screening for atrial fibrillation isn't currently recommended in the UK, because the balance between risk and benefit of treatment is unclear. This may change in the future. It can be done by your GP by feeling your pulse.

This isn't used as a risk factor in the NHS because other more useful tools are available.

It's important to know that most aneurysms don't rupture, and there is a risk attached to having an operation to prevent it from rupturing. This can be a difficult decision.

Unfortunately, it's unlikely that this would really help. Risk management in the UK is based on your personal lifestyle, family history, blood pressure, cholesterol and blood sugar. These are combined and the results discussed. The best things to do for your health remain - don't smoke, drink in moderation, eat a diet rich in fruit and vegetables, and take regular exercise.

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It's not clear how bad news would be broken. This is something GPs have special training in.

<http://privatehealthscreen.org/>



# Private Health Screening

WHAT TO THINK ABOUT WHEN YOU'RE THINKING ABOUT SCREENING TESTS

We are a group of doctors who are concerned about the safety and the ethics of private screening tests. We are worried that the companies who charge you for these tests are not giving consumers full and fair information about them. You can read more about this [here](#). You can see some examples of misleading advertising [here](#). You can see our critique of two of these adverts [here](#). You can see what other doctors and patients think, and add your comments [here](#). You can read about us [here](#).

If you would like to get in contact with us, you can do so [here](#)

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What we think about these private screening adverts

Examples of Private Screening Adverts

Who is behind this website?

What do other people think about this website?

Evidence Bank

Where can I get more info?

# in conclusion

- screening has side effects
- we attempt to fix social and political problems with merely medicine
- the patient paradox - too much medicine for the well and not enough for the sick

Margaret McCartney

# THE PATIENT PARADOX

Why sexed up medicine is  
bad for your health

