No increased risk of death from breast cancer was found in either the thin or obese women on ERT in this study. “In the time period studied (1982 to 1994), ERT was usually only prescribed to women for relief of menopausal symptoms. Women using it were more likely to be under a doctor’s care, and so were more likely to have early detection of any breast cancer that did develop, reducing their chances of dying from it,” Rodriguez says.

Rodriguez notes that although the questionnaire did not ask participants about progesterone use, most other studies have not found addition of progesterone to substantially reduce estrogen’s cardiovascular benefits. On the other hand, there is evidence that progesterone is responsible for much of the increased breast cancer risk associated with combined hormone replacement therapy.

The findings from this study must be confirmed, the researchers pointed out, but the apparent lack of protection against heart disease by ERT in obese women is another reason for clinicians and patients to take an individual woman’s body mass index into account when deciding about estrogen replacement.

REDUCING RADIATION FROM CT SCANS IN CHILDHOOD MAY REDUCE CANCER RISK LATER IN LIFE

Children who receive computed tomo-graphy (CT) scans may be exposed to excess radiation that can increase their cancer risk later in life, according to a study published in the *American Journal of Roentgenology (AJR)* (2001;176:289–296). Thus, according to the investigators, while the benefits of CT scans still outweigh the risks, radiation doses should be lowered to protect children from unnecessary radiation.

Lead researcher David J. Brenner, PhD, professor of radiation oncology at Columbia University in New York City, says about 1.6 million children under the age of 15 undergo CT scanning of the head or abdomen every year in the US, and an estimated 1,500 of them may eventually die from a cancer that was caused by excess radiation.

**Children’s Cells Divide More Rapidly**

“Children are more sensitive to radiation than adults because their cells are dividing more rapidly, and radiation has the potential to damage the DNA that controls that division,” Brenner says.

Brenner is quick to explain, however, “We’re not talking about a situation where a child should not have a CT scan. We’re trying to estimate what the long-term risks are, and the answer is they’re pretty small, but potentially they might be reduced even more by lowering the radiation exposure in childhood CT scans.”

Other researchers writing in the same issue of *AJR* say too many institutions do not adjust radiation dosage when scanning children.

A team led by Lane F. Donnelly, MD, a radiologist at Children’s Hospital in Cincinnati, reviewed CT scans performed on all the pediatric patients referred to the facility in a recent eight-month period. The scans were performed at the referring institutions. “Our survey asked whether there were any adjustments being made when children were scanned, and the conclusion was that there really weren’t—that most kids were being scanned with parameters suitable for adults,” Donnelly reported.

Radiologists can reduce CT radiation to an appropriate level for children by adjusting the tube current and the pitch (which influences the exposure time). “In many instances, we are able to use five or six times less radiation compared to the adult dosage,
and we get just as good a picture,” Donnelly notes.

**Same Benefit, Less Risk**

Charles Land, PhD, senior investigator in the radiation epidemiology branch of the National Cancer Institute, supports the idea of adjusting CT scans to reduce the amount of radiation to which children are exposed. “I would agree with Brenner that the procedures are beneficial and the benefits outweigh the risks, but if you can have the same benefit for less risk, then by all means, do it.”

Brenner estimates childhood radiation exposure adds about one-third of 1% to the lifetime risk of dying from cancer.

**MANY PRIMARY CARE PHYSICIANS SKIP PATIENT INPUT WHEN DECIDING ON SCREENING TESTS**

Despite the oft-repeated recommendation that patients should be involved in all significant medical decisions, many physicians leave patients out of the loop when deciding whether to order tests for early detection of breast and prostate cancers, according to a study published in the *American Journal of Preventive Medicine* (2001;20:130-134).

**Flawed Communication**

These study results are startling, disturbing, and very useful, according to Hugh Stallworth, MD, MPH, national vice president of cancer risks and sites at the American Cancer Society (ACS).

Researchers at Mt. Sinai Medical Center in New York City believe the study illustrates a broad problem: Flawed communication between many practitioners and patients.

In the study, 169 primary care physicians in urban New York hospitals were asked whether they would order a mammogram for a healthy 45-year-old woman and a healthy 55-year-old woman, and whether they would order a prostate specific antigen (PSA) test for a healthy 55-year-old man. They were also asked whether they would discuss the pros and cons of the tests with these patients.

Nearly all the physicians would order the mammogram for the 55-year-old woman, but about one-fourth would not order the test for the 45-year-old woman, according to the study. One-fifth of the physicians said they would not discuss the test with the 45-year-old woman. Yet, the ACS and the National Cancer Institute recommend that women start having annual mammograms at age 40.

Only about one-fourth of the respondents said they would order the PSA test for the 55-year-old man, and one-third said they would not discuss the test with the patient. The ACS recommends that beginning at age 50, serum PSA measurement and digital rectal exams should be offered annually to men who have a life expectancy of at least 10 years.

Men at high risk (such as blacks and men with a first-degree relative diagnosed with prostate cancer at a young age) should begin testing at age 45. Patients should be given information about the benefits and limitations of testing so they can make informed decisions, according to ACS guidelines.

Lead author Andrew Dunn, MD, an assistant professor of medicine at Mt. Sinai School of Medicine, emphasizes that the majority of physicians who participated in the study reported discussing the PSA test with their patients. “But a third don’t. We think that’s a substantial number of doctors.”

Physicians said that lack of time, the complexity of the topics, and a language barrier with some patients influenced their tendency to decide about the cancer screening tests without patient participation. Dunn hopes the study will help the medical community understand the importance of faithfully holding such conversations.