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Alain Braillon

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5 Letter to the Editor
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10 Alain Brailion MD PhD
11 Public Health, 80000 Amiens, France
12 brailion.alain@gmail.com
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20 Palencia et al were rightly concerned by inequalities in the use of cancer screening in 2002.(1)
21 The discussion rightly began by an analysis of the strengths and weakness of the study but I
22 am concerned by two points.

23 The validity of the data could have been discussed, at least for France. The prevalence of
24 breast cancer screening can hardly be found in peer-reviewed journals but data
25 exists.([http://www.invs.sante.fr/presse/2010/communiqués/depistage_cancer_sein_060410/in-](http://www.invs.sante.fr/presse/2010/communiqués/depistage_cancer_sein_060410/index.html)
26 [dex.html](http://www.invs.sante.fr/presse/2010/communiqués/depistage_cancer_sein_060410/index.html)) The French organized breast cancer screening programme achieved national
27 coverage in 2004. Acceptance rate for this organized program increased from 40.2 % in 2004
28 to 49.3 % in 2006 and 52.5 % in 2008 which are far lower than the 79.4 cited by Palencia et
29 al. Even in 2008 and 2009 only one territory, out of a hundred, reached the 70% level (Haute-
30 Vienne), whereas at the opposite end Paris has the lowest rate (28.2 %).

31 The second point is the relevance of the definition of screening prevalence (ie.
32 “mammography use in the previous 3years.”). The benefit of screening programs is evidenced
33 from randomized trials with durations reaching a decade. Evaluating the prevalence of
34 screening by a cross-sectional analysis is misleading ; it overestimates the quality of the
35 programs and therefore the potential benefits.

36 Last but not least, the publication in 2010 of raw data from 2002 underlines the urgent need
37 for an European Cancer Observatory with adequate funding.([http://eu-cancer.iarc.fr/7-about-](http://eu-cancer.iarc.fr/7-about-eco.html)
38 [eco.html](http://eu-cancer.iarc.fr/7-about-eco.html)) The large inequalities in cancer care which exist among European countries are not
39 acceptable. Comparison of recent data is mandatory for benchmarking. The results of the
40 healthcare systems must be compared to allow for the disclosure of irrelevant policies and for
41 identification of the best practices. Epidemiology is the key factor for improvement of quality
42 and security of care.
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48 1 Palència L, Espelt A, Rodríguez-Sanz M et al Socio-economic inequalities in breast and
49 cervical cancer screening practices in Europe: influence of the type of screening program. *Int.*
50 *J. Epidemiol.* 2010;39: 757–765.
51

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53 No conflict of interest
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