The 1,352nd Meeting of the Brighton and Sussex Medico-Chirurgical Society took place on 12th January 2017 in the Audrey Emerton Building:

The president elect Mr Charles Zammit thanked the outgoing president Dr Margaret Price and Council for his selection as president. He thanked his mentor Mr Bob Gumpert retired General/Breast/Endocrine Surgeon and Dr Jonathan Williams retired Consultant Anaesthetist who introduced him to the Society on his appointment as Consultant at Brighton and Sussex Universities NHS Trust as Breast/Endocrine Surgeon in April 2002.

Mr Zammit's talk introduced the concept of screening done for different reasons, not necessarily medical. A case in point was the screening of new arrivals at Ellis Island Immigration Centre in New York whereby over a six second assessment by doctors potential immigrants were either allowed to stay or sent back to their homeland on the next boat.

Breast cancer is the commonest cancer in the female population of Caucasian origin. The lifetime predisposition for breast cancer is in the region of 1 in 10 if one lives up to the age of 80 years. Interestingly, although the incidence of breast cancer is low in the ethnic Japanese female population, it somehow increases in the Japanese American immigrants though it is still less common than in Caucasian Americans. This is one clear example of the multifactorial nature of breast cancer. Breast cancer increases as one gets older and jumps to a 1 in 50 risk by the age of 50 years. This makes this age group ideal for the start of a breast three yearly screening programme and coincidentally the sensitivity of mammography in this age group also rises to around 80%.

Breast screening was introduced in the UK following the Forrest Report in 1987 and by the 1990s a 3 yearly breast mammographic screening programme was introduced in the UK. The advantages and disadvantages of screening were highlighted. The expected minimum pick up rate is around 70%. Unfortunately the actual pick up rate is not far from this figure with London and Brighton being one of the lowest in the country at around 65-68%. Population mobility and not being registered with a GP are the common factors contributing to this. Several attempts have been made to advertise the breast programme. Last year in the UK, this had to be adjusted as it was felt the disadvantages of screening were not highlighted well enough.

Pick up rates of other European countries were highlighted with Scandinavian countries having the highest pick up rates and the lowest rates being registered in most non-European countries. Other than Singapore there is no free screening service for breast is available in Asia.

A 'worldwide' tour of breast cancer campaigns was shown to the audience with different techniques used to deliver the message. Medical advertising uses the same techniques in drawing the attention of the individual. These techniques vary from being humorous, having factual convincing information for the reason why one needs to have screening in this instance, and sexual innuendos or scary tactics are also popular themes.

The presentation presented a healthy discussion afterwards regarding screening and ways of promotion particularly as many of the adverts might have been misleading as the actors used were most of a younger age group than the ones that normally get breast cancer.

The President ended the talk with an outline of the programme for the rest of the year.