Blowin' in the wind

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As the letter has pointed out, there are quite a few differences in patient background between the two patient groups, i.e., those previously screened by X-ray and those directly screened by endoscopy. If the paper in question attempts to compare the diagnostic accuracy between X-ray and endoscopic screenings, the above differences are critical. Nevertheless, the thread of the story is different. It is understandable that the cancer detection rate in the group that underwent two screening procedures is usually higher than that in the group that had only one procedure, because the high-risk population in the former group had been concentrated by the true- and false-negative rates of the initial screening program. Because the true-negative rate is too much higher than the false-negative one in X-ray screening, it is natural that the cancer detection rate in those prescreened by X-ray has become much higher than that in those screened only by endoscopy, as the authors concluded.

The questions arising from the letter are of course reasonable and important. And if we call the exact increasing detection rate into question, differences in patient background should be precisely adjusted. The paper in question is a report from daily clinical data including a large number of cases, which is suggestive of an epidemiological scale, and the authors only propose that X-ray examination should be available for screening high-risk groups if followed by endoscopy. The true value of this paper will be estimated when a randomized controlled trial of endoscopic screening compares the cancer detection rates between the recipients initially screened by X-ray and those screened by serological examinations, i.e., pepsinogen, and so on. In the field of gastric cancer screening, unfortunately, we have not had any well-designed, randomized trials evaluating the activity of X-ray screening yet because of the difficulties in practice in our country. How many years must the people wait before they can get reliable data?

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