

Fixed-Facility Workplace Screening Mammography

Objective. Potential barriers to compliance with screening mammography guidelines include the cost and inconvenience involved with undergoing the procedure. Workplace screening with mobile mammography is one possible approach to the convenience barrier. However, fixed-facility workplace screening is a viable alternative for any company with a large workforce in one location. This paper describes our initial experience with one such fixed facility.

Materials and Methods. The facility was a cooperative venture by a large pharmaceutical company and an academic radiology department to provide convenient, no-cost (to the patient) screening mammography to employees, dependents, and retirees more than 40 years old. The pharmaceutical company built the facility within its corporate headquarters and the academic radiology department provided the equipment and personnel. The company was billed a fixed cost per examination.

Results. In the first 22 months of operation, 4210 (of 4559 scheduled) screening mammograms were obtained. The mean age of the population was 53 years old. Ninety percent of the screening mammograms were interpreted as negative or benign; 10% required additional workup. Of the screened population, 62 biopsies were recommended and 60 were performed. Of these, 42 were benign and 18 malignant. The cancer detection rate was 4.3 per 1000 (0.43%). At the time of diagnosis, six patients were stage 0, 10 patients were stage I, one patient was stage II, and one patient was stage III. Eleven of the 18 patients had minimal cancers. Of the patients who completed a satisfaction survey, 97% expressed a high degree of satisfaction with the screening process and stated they would use the facility in the future.

Conclusion. A fixed facility for workplace screening mammography is a viable way to provide nearly barrier-free access to high-quality mammography. Patient acceptance is high.

Reynolds HE, Larkin GN, Jackson VP, Hawes DR. *Amer J Rheum*, 1997;168:507-510.

The Eli Lilly Colon Cancer Prevention Program

Background. Colorectal carcinoma is the second leading cause of cancer death in the United States. Removal of adenomatous polyps, the precursor of colorectal cancer, can prevent the disease.

Methods. A program using colonoscopy and polypectomy as the preventive tools and established as an industry-private practice coalition is described in detail. Colonoscopy is begun at 40 years of age in individuals at average risk and is repeated every 5 years in participants with a normal exam. Generally accepted guidelines for follow-up are used in participants found to have polyps. The colonoscopic findings,

pathology results and absence of serious complications in the first 1324 participants in the program are reported.

Results. The entire colon was examined in 96% of the 1324 participants. 406 adenomatous polyps (317 tubular, 85 tubulo-villous, 4 villous) were removed from 241 participants. 54.4% of the adenomatous polyps were above the splenic flexure of the colon. Adenomatous polyps were detected in 8% of participants in the 40-49 year age group. Eight adenocarcinomas were found in 8 patients. There were no serious complications.

Conclusions. Colonoscopy and polypectomy can be safely used in programs such as this in an attempt to prevent colorectal cancer. Lower complication rates for screening colonoscopy and polypectomy should be used in future cost-effectiveness studies of colorectal screening methods.