

Letters to the Editor

JAMES PAGET HOSPITAL, GREAT YARMOUTH

Sir, In a paper on Sir James Paget¹ I lamented that 'a man such as Sir James Paget should only be remembered by his eponyms'. I have just learned that a National Health Service trust hospital, opened in Great Yarmouth on 1 April 1993, bears his name; also, a new rehabilitation unit at the hospital was opened by Sir Julian Paget, the fourth Baronet and great grandson of Sir James Paget, on 1 April 1995. Mrs Elayne Guest, Director of Corporate Services informs me that the staff are proud of the fact that the hospital was named after him in recognition of his many achievements.

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REFERENCE

¹Buchanan WW. Sir James Paget (1814-99): surgical Osler? *Proc R Coll Physicians Edinb* 1996; **26**: 91-114.

EARLY DIAGNOSIS AND SCREENING

Sir, The dubious nature of the benefits of some screening procedures in real life (*Proceedings* 1996; **26**: 229-33) can be exemplified by the use of prostatic specific antigen (PSA) as a screening test for prostatic cancer. In addition to its 80 per cent sensitivity for prostatic cancer,¹ the high degree of specificity of PSA for prostate-related disease² has been incorrectly perceived to confer an equivalent degree of specificity for prostatic cancer. In reality, PSA values covering the range 0.2-55 ng/ml in 187 patients with benign prostatic hyperplasia (BPH) vs 0.4-58 ng/ml in 198 patients with prostate-confined cancer failed to distinguish reliably between the two diagnoses.² An occasional patient with BPH may even have a PSA of 95-156 ng/ml.³ Even when truly positive, the early discovery of an elevated PSA in a patient with prostate-confined cancer does not necessarily allow treatment which prolongs life since the 87-91.5 per cent ten-year survival of conservatively managed localised cancer compares favourably with the 77 per cent ten-year survival in patients treated with radiotherapy, and the 90 per cent ten-year survival in those undergoing radical prostatectomy.⁴

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²Sershon PD, Barry MJ, Oesterling JE. Serum prostate-specific antigen discriminates weakly between men with benign prostatic hyperplasia and patients with organ-confined prostate cancer. *Eur Urol* 1994; **25**: 281-7.

³Glenski WJ, Malek RS, Myrtle JF, Oesterling JE. Sustained, substantially increased concentration of prostate-specific antigen in the absence of prostatic malignant disease: an unusual clinical scenario. *Mayo Clin Proc* 1992; **67**: 249-52.

⁴Waxman J, Sheer D. Is prostate cancer worth diagnosing? *Lancet* 1995; **346**: 1177-8.

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