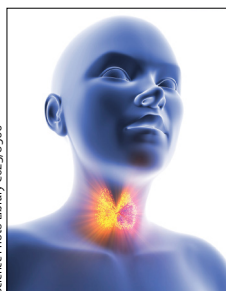


Thyroid cancer screening



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Whether screening for a disease is beneficial or not is widely debated. Last week, the US Preventive Services Task Force (USPSTF) recommended against screening for thyroid cancer in adults who show no signs or symptoms of the disease, concurring with its 1996 recommendation.

The USPSTF reviewed evidence for the benefits and harms of screening for and treatment of thyroid cancer, concluding that the harms outweigh the benefits. Benefits are small for various reasons. First, thyroid cancer is fairly rare, at 3·4% of newly diagnosed cancer cases projected in the USA in 2017 and 0·3% of cancer deaths. Second, observational studies of patients receiving surgery do not show survival benefits compared with those receiving surveillance. Finally, screening leads to increased incidence of thyroid cancer, but not decreased mortality. A cancer screening programme launched in South Korea in 1999, which included thyroid cancer screening, caused diagnosis to increase by 15 times between 1993 and 2011, but mortality remained stable. This discrepancy occurs because tumours are often identified that are so small or slow

growing that they would have remained asymptomatic, making treatment unnecessary. Harms from treatment, however, are moderate, including low blood calcium concentrations and vocal cord paralysis caused by surgical thyroid gland removal, as well as occurrence of a second cancer and salivary gland harms caused by radiotherapy. The USPSTF stressed that this recommendation does not apply to patients with symptoms of potential thyroid cancer or to high-risk patients.

Further investigation is needed since no direct studies have compared screening with no screening or immediate surgery with surveillance, and the benefit of screening in high-risk patients has not been studied. As new research is done, recommendations can be amended. This April, the USPSTF revised its 2012 recommendation against screening for prostate cancer in all age groups to recommend considering it in men aged 55–69 years in light of new evidence. As the research base for thyroid cancer screening is strengthened, these recommendations can be tailored appropriately. ■ *The Lancet*

For the USPSTF recommendation see <https://www.uspreventiveservices-taskforce.org/Page/Document/Recommendation-StatementFinal/thyroid-cancer-screening1>

Policy lacking to prevent adverse health for poor UK children



PANOS Yannis Kontos / Polaris YN00485UK

In the UK, 4 million children, about one in four, live in poverty, 100 000 more than in the previous year. A report launched on May 11, *Poverty and Child Health*—commissioned by charities, the Royal College of Paediatrics and Child Health, and the Child Poverty Action Group—illustrates paediatricians' concern about the negative impact of child poverty on their health. The report is based on an online survey of over 250 paediatricians across the UK. Two-thirds of the respondents said that poverty and low income contribute very much to the ill health of children they work with, pointing to food insecurity and living in what is described as cold, damp, overcrowded housing, as major contributing factors to health deterioration.

While the report's conclusions are not surprising, they shine a light on a growing threat to public health in the UK, which, in recent years, seems to have moved away from the government's priorities. The Institute for Fiscal Studies (IFS) projects the number of children in relative poverty will rise to 5·1 million by 2021–22, and blames cuts in tax credits and work allowances.

Cuts to the Universal Credit allowance in the 2015 summer budget are thought to be responsible for a third of the increase in the absolute poverty rate for children in working households, says the IFS. A benefit cap, announced in November, 2016, further lowered the income of parents of low-income families, affecting 200 000 children. In January, 2017, the Child Poverty Unit, a cross-departmental unit jointly sponsored by the Department for Work and Pensions (DWP) the Department of Education and HM Treasury was abolished and was subsumed into the DWP, halving its staff. The Child Poverty Act 2010, which aimed to end child poverty by 2020, was abolished by the Welfare Reform and Work Act in 2016.

Child poverty has been woefully absent from debates in the lead up to the election on June 8. This report reminds us that ignoring child poverty risks endangering the health of future generations. The next government should take action to curb the rise in poverty. Or pay for the consequences as these children reach adulthood. ■ *The Lancet*

This online publication has been corrected. The corrected version first appeared at [thelancet.com](http://www.thelancet.com) on May 24, 2017

For *Poverty and child health* see <http://www.rcpch.ac.uk/sites/default/files/user45042/Poverty%20and%20child%20health%20survey%20-%20views%20from%20the%20frontline%20-%20FINAL%2008.05.2017.pdf>

For the IFS report see <https://www.ifs.org.uk/publications/8957>