Underreporting child abuse deaths: Not all is rosy with PinkDrive

To the Editor: The Breast Interest Group of Southern Africa would like to respond to a recent article in the *SAMJ*[1] regarding the activities of PinkDrive in the Western Cape and KwaZulu-Natal. Members of the group who were quoted in the article wish to put on record that these quotes were unauthorised and that they dissociate themselves from the content of the article.

The gist of the article was that a mobile mammography unit operated by PinkDrive had greatly assisted the public sector by providing mobile mammography services at public health facilities, so 'potentially saving thousands of lives'. This statement is misleading and not based on fact. In the Western Cape, after several thousand women had screening mammograms, the mammographic screening activities of PinkDrive had to be stopped owing to poor imaging quality, poor interpretation of mammograms, and lack of provision for work-up of positive findings. Referral hospitals were forced to take corrective action. Similar problems were encountered during a short stay of the PinkDrive screening unit in KwaZulu-Natal.

The Breast Interest Group of Southern Africa supports mammographic screening that adheres to scientifically sound principles. PinkDrive's screening model violated numerous of these principles. Contrary to service level agreements, it never operated under any scientific scrutiny. The assumption underlying PinkDrive's screening operation (that providing mammography services would solve the challenges of breast cancer services provision in South Africa) is erroneous and therefore counter-productive. The definitive diagnosis of breast cancer is not made by mammography but by pathologic examination of a tissue sample from a tumour. Specimen acquisition and pathology services are problematic nationally. For example, in the Western Cape, cytology samples of breast masses in peripheral clinics have a less than 40% adequacy rate, and waiting times for cytopathology results currently exceed 1 month. This leads to several patient visits to service points and long delays in making a diagnosis. The Breast Interest Group of Southern Africa strongly advises that specimen acquisition and pathology services be improved nationally. Models for such improvement have been developed and implemented in the Western Cape and elsewhere but are thwarted by lack of resources. It is here that NGOs such as PinkDrive can make a valuable contribution. Once diagnosis has been made, access to treatment is equally problematic, with waiting times for surgery and radiotherapy in many units exceeding 3 months. The Breast Interest Group of Southern Africa strongly advocates that capacity in surgical, medical and radiation oncology services be increased urgently to catch up with the rapidly rising cancer burden in the public sector. A more than tripling of the caseload in breast cancer at a major teaching hospital over the last 15 years also requires a commensurate increase in resources for treatment; treatment capacity, however, has not changed.

The Breast Interest Group of Southern Africa welcomes the involvement of NGOs in alleviating service provision challenges in the public sector. Such involvement must, however, tie in with existing services, be scientifically sound, and achieve defined goals. In the light of the major challenges outlined above, it is extremely unwise to divert scarce resources into poorly designed and scientifically unsound mobile screening mammography services.

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1. Bateman C. Pink – the colour of hope for uninsured women. S Afr Med J2012;102(12):902-903. [http://dx.doi.org/10.7196/SAMJ.6466]

S Afr Med J 2013;103(3):133. DOI:10.7196/SAMJ.6659