

limitations, it may not necessarily be in the best interests of the patient. Whether a GCT is ultimately helpful or possibly a hindrance requires further evaluation.

1. McElduff A, Hitchman R. Screening for gestational diabetes: the time of the day is important [letter]. *Med J Aust* 2002; 176: 136. □

## Mortality from prostate cancer is decreasing

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**TO THE EDITOR:** We conducted a joinpoint analysis of death certificate data on prostate cancer from the Australian Bureau of Statistics. Between 1979 and 1994, mortality rates increased by 2.1% per year (95% CI, 1.6% to 2.5%). However, between 1994 and 1999, mortality decreased by 4.2% per year (95% CI, -5.8% to -2.4%). The total decrease in mortality rates for the five years to 1999 (the most recent year for which data were available) was 22.6% (95% CI, -32.9% to -12.7%).

Joinpoint analysis is a statistical method that measures changing trends over time. It chooses the best-fitting points (called joinpoints) at which the rate of increase or decrease changes significantly.<sup>1</sup> We did not look at the data and then choose 1994 as the start of the decreasing trend in prostate cancer mortality. The significant decrease since 1994 (and the consistent increase between 1979 and 1994) were identified by the joinpoint analysis.

Whether early diagnosis and treatment of prostate cancer subsequent to screening with prostate-specific antigen (PSA) tests can save lives is still an open question that is best answered by randomised-controlled, long term trials. Nevertheless, it is important that we try to understand the recent decrease in population-based mortality. The mortality decline started in 1995, about five years after PSA testing became widely available in Australia. The use of PSA testing increased dramatically, reaching a peak in most States in 1994 and 1995.<sup>2</sup> In 1996, the Australian Health Technology Advisory Committee reviewed the evidence and recommended against screening.<sup>3</sup> Since then, the number of PSA tests has decreased.<sup>2</sup>

Recent mortality declines have also been observed in the United States and the United Kingdom following increases in the use of PSA testing. The mortality decline in the US has been greater than that in the

## Gestational diabetes: what is the relevance of the glucose challenge test?

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**TO THE EDITOR:** The recent letter by McElduff and Hitchman<sup>1</sup> has some very practical implications. They were able to show that pregnant women having a glucose challenge test (GCT) in the afternoon were nearly twice as likely to have a positive result as women tested in the morning, so that more women tested in the afternoon were diagnosed with gestational diabetes mellitus (GDM). If the function of the GCT is to aid in the diagnosis of GDM, then either all women should be tested in the afternoon or the glucose "cut-point" for the morning test should be reduced.

But does the GCT now have any relevance? In the United States, where testing for GDM often still involves a three-hour glucose tolerance test (GTT) using a 100 g glucose load and four blood samples, the GCT was introduced to reduce the number of women who had to have this long and, because of the higher dose of glucose, relatively unpleasant procedure. In Australia, where a two-hour, 75 g GTT is used (requiring two blood samples), it is not as important to offer a simpler initial test.

With the use of an initial GCT, about a quarter of women will need to have a GTT for confirmation, and the definitive diagnosis of GDM will be delayed. Further, the GCT is not specific and some women who may have GDM will not have a GTT. In addition, there will inevitably be some women who are GCT-positive, some of whom will have GDM, who do not return for the definitive GTT.

Thus, while a GCT may be convenient for a busy hospital clinic with space