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COMMENT

Truth about fake news

"QUEEN threatens to abdicate if Britain votes for Brexit" and "Pope Francis supports Donald Trump".

These are two of the recent examples of fake news published on the internet – false reports that have been dressed up to look like genuine stories.

If the Echo published either of them it would have been at risk of prosecution under libel law, yet the internet companies that distribute this rubbish appear to be immune to such regulations.

The viral success of fake news stories on Facebook during the US Presidential Election campaign and the role they played in titling the result towards Donald Trump has heightened concerns about the accountability of internet companies.

Mark Zuckerberg, the Facebook chief executive, has rejected criticism of his firm's role in the problem while conceding that more needs to be done to stop the spread of fake news. Sorry, but that is not good enough.

Mr Zuckerberg now wields more power over how information is spread around the world than any newspaper editor in history yet he is failing to stem the tide of misinformation.

Facebook, Google et al insist they are technology and media companies that happen to host information as part of their service but the truth is they are publishers and being a publisher comes with the responsibility to protect the integrity of news. They are as responsible for the content that comes through their channels as newspapers and television news broadcasters are responsible for the content they publish.

The Commons committee set up this week to tackle fake news needs to impose strict guidelines that regard internet companies as publishers otherwise fake news will continue to threaten democracy and undermine public confidence.

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QUALITY

If you have any comments or suggestions about the print quality of today's copy of **The Northern Echo**, please contact our customer care department on 01325-505151.

Should we lower smear test age?



Should we reduce the age at which women are offered smear tests or is the risk of a faulty positive too great? North-East GP **Zak Uddin** reports

MANY people in the North East have been shocked and upset by the death of Amber Rose Cliff, the 25-year-old from Sunderland, who tragically succumbed to cervical cancer this month.

Although Amber attended her doctors on several occasions complaining of gynaecological symptoms, she was unable to be offered a cervical smear, due to being under the age at which the UK screening programme starts. Unfortunately, when she had the test privately, in an attempt to put her mind at rest, it confirmed her worst fears, and despite extensive treatment the cancer was incurable.

Some campaigners have called for the age of screening, which currently starts at 25, to be lowered, in the light of this tragedy. With last week being National Cervical Cancer Awareness Week, Amber's death appears even more poignant.

Cervical cancer is the third most common cancer diagnosis and the fourth highest cause of cancer-related death in women worldwide, with roughly 3,000 new cases in the UK every year. Most women are between 30 and 40 at time of diagnosis. Thankfully, it is very rare under the age of 25.

If you imagine the womb to be the size and shape of an upturned pear, the cervix is the bottom portion, which protrudes slightly into the vagina. Its purpose is to open and allow semen into the vagina to fertilise an egg, but also to remain closed during pregnancy until the point at which it opens to allow a baby out.

The first symptom of cervical cancer is usually abnormal vaginal bleeding, either after sex or between periods. Other complaints include pain during sex, an unusual or odorous vaginal discharge, or low down abdominal pain.

Although the majority of these symptoms will not be due to cervical cancer, nonetheless any of the above merits an appointment with your regular GP, irrespective of your age, for discussion and investigation as required.

The contention around the screening programme rests on one aspect, the human papilloma virus, which many will know simply as HPV. HPV is actually a series of more than 100 viruses which are responsible for many illnesses including cold sores, warts on the hands and feet, and genital warts.

Two subtypes, numbered 16 and 18, are responsible for almost all cases of cervical cancer, with the virus being transmitted during sexual intercourse.

HPV causes changes in the cells lining the surface of the cervix. Regular screening aims to identify these cells at a pre-cancerous or early stage, when localised treatment can be used to prevent change into cancer.



MISSED: Amber Rose Cliff

The aim of screening is not to detect cancer itself.

Relative to the large number of cases of HPV, the number of women who develop cervical cancer is very small. Current research shows that nine out of 10 women will clear the virus from their system automatically within 18 months of exposure.

It is felt that in women under the age of 25, many would have shown such changes on smears, sometimes prompting aggressive treatments to the cervix itself, which may damage the structural integrity of the neck of the womb.

As the role of the cervix is to keep the foetus in the womb, this could result in a patient delivering before the natural end of a pregnancy, with all the attendant risks attached.

The introduction of the HPV vaccine, for all girls aged 12-13 in the UK, will hopefully herald a drop in the number of cases of cervical cancer, though it may be some years before this effect is seen.

The major risks associated with developing cervical cancer are multiple sexual partners, smoking and non-attendance of cervical screening.

Women who smoke are twice as likely to develop cervical cancer as those who don't, and although cervical cancer has become an increasingly high-profile subject in the last few years, over a million women did not attend for their routine smear last year.

Using condoms, especially if you are with a new partner, will help to reduce your risk of HPV and attempting to stop smoking will lessen the risk of HPV affected cells turning cancerous.

With screening every three years for women between 25 to 49 and every five years from then until 65, regular attendance should identify any abnormal cells at a point where treatment can be aimed at cure.

If you develop symptoms in between smears, it is always important to consult with your GP as soon as practicable, and not wait until your next smear.

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Dr Zak Uddin