Annals of Internal Medicine Article on Breast Cancer Screening Costs: Incomplete, Misleading and Not Helpful

According to the American College of Radiology and Society of Breast Imaging, the recent article (O'Donoghue et al) regarding the cost of national breast cancer screening published in the Annals of Internal Medicine (AIM) provides an incomplete picture of the costs vs. benefit of breast cancer screening programs and is misleading. The goal of health care is saving lives not dollars.

The authors state that there is little outcome difference between using the United States Preventive Services Task Force (USPSTF) and American Cancer Society (ACS) screening guidelines and indicate that using the ACS guidelines therefore adds unnecessary costs. However, outcome differences are substantial. An analysis published in the American Journal of Roentgenology showed that, if USPSTF breast cancer screening guidelines were followed, approximately 6,500–10,000 additional women each year in the U.S. would die from breast cancer (1).

One of the AIM author’s references shows a 70 percent improvement in the number of years of life gained and mortality reduction when ACS guidelines are followed (2). Another demonstrates that 42 percent more life years and lives would be saved with annual digital mammography screening compared to screening every other year (3). When one uses 2009 USPSTF data the cost per year of life saved is well under the $75,000 to $100,000 per quality-adjusted life year that is considered a cost-effective intervention (4). More than 40 percent of the years of life lost to breast cancer are in women who are diagnosed in their forties. Basing screening recommendations on risk profiles is a limited strategy, since 75 percent of breast cancer occurs in women of average risk.

The superficial financial analysis is flawed because it used only the cost of screening and did not include the costs associated with the failure to screen. The costs of morbidity, lost income, treatment of metastatic disease, death and other real financial implications associated with a diagnosis of advanced breast cancer due to less frequent screening were not considered in their analysis.

For instance, a recent scientific article shows that the cost of a single case of metastatic breast cancer treatment is $250,000 (5). The cost in lost productivity of one person dying from breast cancer has been shown to be $223,000 (6). Due to just these two factors, the cost of not screening the additional women who would die each year if USPSTF breast cancer screening recommendations were implemented could be as high as $4.7 billion annually. This may only scratch the surface of the true costs of reduced screening.

A national conversation regarding how to most efficiently use precious health care resources is welcome. However, this conversation should not be skewed by incomplete and misleading information. All involved should be aware of exactly what is being discussed, which, in this case, is letting thousands of women each year die unnecessarily from breast cancer.

References


