Re: Effect of implementation of the mass breast cancer screening programme in older women in the Netherlands: population based study

History repeats itself: the authors of this article from The Netherlands have joined the group of authors who question the positive impact of early detection on advanced cancer rate by repeating the same mistake that we have critiqued so many times; the Dutch colleagues, just like all the other anti-screening authors, lack precise knowledge about each tumor’s detection mode. They admit that “the Netherlands cancer registry registers anonymous population data”, which means that they could not distinguish among cancers detected in women who attended screening (screen detected plus interval cases) and cancers that were detected outside screening. It is certain that the majority of the “early stage breast cancer” in the Dutch study was detected among women who attended screening; on the other hand, it is very likely that the majority of their “advanced stage breast cancers” were patient and physician detected outside screening. Thus, making claims that modern mammography screening has little or no effect in decreasing the advanced cancer rate (or reducing breast cancer death, as other authors concluded) is simply a biased guess.

Yet, despite inadequate data and the resulting unjustified assumptions, all these authors still consider their inaccurate and often flawed estimates worthy of publication. It should be noted that the authors have already observed a significant decrease in advanced cancers as a result of screening, despite the short follow-up time; had they removed the large number of advanced cancers detected among the 27-30% non-attendees, they would have been able to see the desired significant decrease in advanced breast cancer rate in women actually screened, but this requires knowledge about “detection mode” which the authors do not have. In addition, they have not commented on “downward stage shifting” within the Stage II and III categories: both a 12 mm invasive cancer with a single metastasis and a 48 mm invasive cancer with several positive lymph nodes and periglandular growth belong to the same Stage II category, although the two cases will certainly have a different outcome. They have also not cited the relevant literature; an association between mammography screening programs and similar downstaging of breast carcinomas in older women has previously been documented and reported (1-4).

“Mammography-detected breast cancer is associated with a shift toward earlier-stage diagnosis in women 75 years and older, subsequently reducing the rate of more advanced, difficult–to-treat cases”. "We did observe an increase in early stage breast cancer over time, but this increase was balanced by a decrease in higher-stage disease – exactly what we would hope to achieve in a screening program” (1). Solin LJ et al reported that “Significant downstaging was found for the breast cancers detected in women who had undergone mammographic screening compared to the breast cancers detected in women who had not undergone mammographic screening” (2). Norman et al published that “Mammography screening was associated with lower rates of late-stage breast cancer among both premenopausal (OR = 0.64, 95% CI 0.50-0.81) and postmenopausal (OR = 0.44, 95% CI 0.35-0.56) women”. “With modern mammography in the community, rates of late-stage breast cancer diagnoses are lower in screened compared to non-screened women ages 40 and older” (3). Taplin et al “concluded that enrollment in organized screening is associated with reduced odds of late-stage breast cancer (4). Webb et al found that breast cancer death at all ages occur most often among women who have not undergone screening with mammography (5).
How many more articles will be published without access to accurate data on detection mode and without sufficiently long follow-up? This type of poor research has been a recurring theme during the past decade which harms women and confuses their physicians. This article should not have been published in a peer-reviewed journal.


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Competing interests: No competing interests

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