I recently outlined the scientific errors that I was concerned would be made by the United States Preventive Services Task Force (USPSTF), and the International Agency for Research on Cancer (IARC) Panels in their reviews of breast cancer screening guidelines (1). Based on the draft proposal by the USPSTF and now the IARC (2), my concerns have proved to be correct. One of the major problems with these Panels is that their deliberations are held in secret. If anything should be completely transparent it should be discussions of health care guidelines. It is my understanding that the IARC Panel did not, unanimously, agree, and that there were a number of panel members who felt that the data supported screening women starting at the age of 40. There should be transparency and the IARC should provide full disclosure as well as a minority report.

The data have always shown that screening reduces deaths for women starting at the age of 40 (3,4). The benefit has always been as strong for women ages 40-49 as for women over the age of 50 (5). The age of 50 is a completely manufactured threshold. The IARC Panel cannot point to a single study in which ungrouped data change abruptly at the age of 50. None of the parameters of screening changes abruptly at the age of 50, and there is no biological or scientific support for using the age of 50 as a threshold for screening. The IARC agrees that "overdiagnosis" is low so the major "harm" is being recalled from screening and the anxiety that this may cause. Women should be told the facts and decide for themselves about whether the anxiety associated with being recalled for a few extra views is equivalent to dying from breast cancer. The government funded European screening programs have always ignored the scientific support for screening women in their forties. I suspect that it is still the economics that has trumped the scientific evidence. The unsupportable argument has been made that if screening does not lower the death rate, lower mortality must be due to improvements in therapy, yet there is not a single study that directly shows that when a therapy is introduced into a population, the death rate goes down in the absence of screening, while numerous studies have shown that screening results in declining deaths separate from access to therapy.

Everyone agrees that screening saves lives for women who begin to participate at the age of 40. Women should be provided with accurate information and be allowed to decide if they wish to participate or not.