



Talking Points for Annals of Internal Medicine Brawley Editorial:

Accepting the Existence of Breast cancer Overdiagnosis

1. Jorgensen and colleagues actually did not have, nor did they provide, data on who was screened and who was “unscreened”. This is a major limitation of the study, not a plus.
2. Dr. Brawley states "Estimates of this overdiagnosis rate vary but range up to 54% of screen-detected localized tumors, with most estimates between 15% and 25% (2)." citing Nelson et al 2016. Nelson's article actually says:

"Estimates of overdiagnosis ranged from 11 to 22 percent in trials; and 1 to 10 percent in observational studies." and, of course, most of these estimates include DCIS. In general, Brawley fails to distinguish between invasive breast cancers and DCIS.

3. Dr. Brawley states that “Mammography became widely available in the 1950s”

This is false. Mammography was rarely used in the 1950's. Screening mammography, not just mammography, is the issue in overdiagnosis, and screening mammography was virtually non-existent in the U.S. prior to 1980. For example, Glass et al, J Natl Cancer Inst 2007; 99: 1152-61, one of the few articles that tracked use of screening mammography in the early 1980s states "Screening mammography was not common at KPNW before 1982; less than 5% of women aged 45 years or older underwent the procedure each year (Fig. 4)."

It was rare even at the time of the Health Insurance Plan of New York in the 1960's. It was not until the mid 1980's that screening began in the U.S. at a National level as evidenced by the start of the extended prevalence peak that began at that time.

4. He also states that “Ultrasonography of the breast became common in the 1960s and 1970s”, which is also incorrect. There were certainly investigators who were working on Breast Ultrasound in the 1960's, but ultrasound of the breast did not really enter most clinical practices until the late 1970's and early 1980's
5. The comment that “Today, 3-dimensional mammography and breast computed tomography are widely available and improving” is misleading. Computed tomography of the breast is only available in a very small number of facilities and most are for research.
6. Regarding: “Routine mammography should be advocated for women at significant risk.”

The vast majority of women who develop breast cancer (more than 75%) have none of the major risk factors so that screening only high risk women will deprive the majority of women the benefits of early detection.