There is a real problem at some of the medical journals. Their peer review with regard to mammography screening has failed. Not only have they refused to publish papers that, scientifically, demonstrate the efficacy of mammography screening (1), but they have been publishing papers that are methodologically flawed leading to false conclusions in an effort to reduce access to breast cancer screening. The most recent example of this is the paper by Autier et al in the so called “Journal of the National Cancer Institute”. It is not surprising that this journal has little credibility since its very name is a lie. The National Cancer Institute sold its journal (including the name of the journal) to the Oxford University Press more than a decade ago. The journal is not the National Cancer Institute’s journal, yet Oxford University Press, and the Editor of this journal, Dr. Barnett Kramer, have perpetuated the lie, misleading the medical community as well as the media and the public.

In an article in this journal Autier et al (2) claim that screening has not led to a decline in breast cancer deaths in Sweden. He and his colleagues arrived at this conclusion by using complicated modeling and indirect data, and by ignoring the facts. Studies from Sweden that have used direct patient data, and not summary data from registries and complicated modeling (whose results are dictated by the assumptions used in the model), have clearly shown that when screening is introduced into the general population, the death rate has declined (3,4,5,6). These reinforce the most rigorous evidence that has come from the randomized, controlled trials that show that screening leads to an absolute decline in breast cancer deaths. Autier and his group have done this before. Researchers in the Netherlands, using direct patient data have, repeatedly, shown that the introduction of screening in their country is directly related to a decrease in breast cancer deaths (7,8,9), while Autier’s group, using secondary sources and registry material claimed that screening had no effect on deaths (10). Autier et al make numerous errors, but they, repeatedly, fail to take into account that 50% of the women who die in a country from breast cancer, up to ten years after screening is offered, die from cancers that were diagnosed before screening began. Screening can have no effect on these cancers so including these deaths will only mask the facts. The only way to measure the effect of screening is to only include women whose cancers were diagnosed after screening became available. This is fundamental biostatistics, yet not only have Autier and his colleagues repeatedly ignored it, but the peer reviewers were also ignorant of what is required for accurate science. Until medical journals develop some ethical standards that do not allow them to call themselves something which they are not, it is unlikely that they will have the ethical standards to have proper and high quality peer review. Unfortunately, the public is misled, women and their physicians are, understandably confused, and lives are endangered.

Autier has correctly argued that when screening begins in a country, and if there is sufficient participation, the death rate from breast cancer should begin to decline. Because of length bias, the decline should not be expected for 5-7 years. In the U.S., screening began in the mid-1980’s on a National scale, and, as expected, the death rate began to decline for the first time in 50 years, in 1990 (11). Using Autier et al’s rationale, there is clear proof in the U.S. that screening has resulted in a decline in breast cancer deaths each year by over 30%. This is a major accomplishment that has been ignored due to some of the non-science that has been promulgated by some of the medical journals. Annual mammography beginning at the age of 40 has saved tens of thousands of lives. It would be unfortunate if methodologically, poor analyses published in journals that have no problem lying to the public, are, illegitimately, accepted as valid. In fact, the scientific data clearly and repeatedly have shown that screening for breast cancer saves lives.
References


