

New York Times Magazine: Our Feel-Good War on Breast Cancer

An article in this Sunday's New York Times Magazine ("[Our Feel Good War on Breast Cancer](#)") asks provocative questions about the battle against breast cancer, questioning awareness efforts and whether mammography has been as effective at reducing mortality as claimed. In response, **Otis W. Brawley, M.D.**, has written a post that is [published on the American Cancer Society Pressroom](#), a shared blog of the ACS Corporate Center media relations team. The below bullet points capture the responses to the article.

- This powerful and important article lays out the challenge that lies before us in reducing death and suffering from breast cancer.
- In her article, Ms. Orenstein questions whether the mammogram she had made a difference. It is not possible to determine whether an over-diagnosis has occurred in an individual patient. We do not yet have the means to predict whether a small localized tumor would grow or spread, or whether it would remain small and never cause harm.
- The Society recognizes that over-diagnosis is a matter deserving of our attention. Many experts agree that not every breast cancer detected early will go on to cause serious disease and even death.
- There is considerable disagreement as to how many breast cancers actually are over-diagnosed. Numerous studies addressing the issue have come up with estimates ranging anywhere from 0% to over 30%. The most credible evidence suggests the rate of over-diagnosis is between 10 and 20%.
- While the rate of over-diagnosis is unsettled, we do have proof that appropriate treatment of early-stage breast cancer saves lives.
- Observation, or what in prostate cancer has been termed "watchful waiting," is not appropriate for breast cancer. A woman who is diagnosed with breast cancer should always receive treatment.
- There is little question that over time we will continue to refine and improve our ability to determine which women are more or less likely to benefit from different approaches to screening and treatment. Genomic research has already proven valuable in identifying which women in certain groups are more or less likely to benefit from intensive chemotherapy.
- The view that mammography has only marginally reduced the rate at which women present with advanced cancer must be viewed with caution. Reductions in deaths from breast cancer are due to a number of factors, including increased awareness, the rise of mammographic screening, and better treatment. However, we do not and cannot know with precision how much these contribute to decreasing deaths and at what proportion.
- The Society believes existing evidence shows that the benefits of screening mammography every year beginning at age 40 outweigh the risks and harms, which are an unavoidable part of breast cancer screening.
- The Society also recommends that women have careful and thorough discussions with a health care professional as they consider screening, including the benefits, limitations, and potential for adverse events such as false positive findings and the possibility of over-treatment. Women should understand that breast cancer screening is imperfect, and does have limitations.