

Recent rapid responses

[Re: Modern mammography screening and breast cancer mortality: population study](#)

18 June 2014

Congratulations to the authors for their thorough analysis, accurate interpretation of the data, and use of individual patient data from population based screening, a strength lacking in reports from the anti-screening people. Their report is a welcome change in the current intense, but unjustified anti-screening atmosphere. Their results are in line with previously published results from the randomized controlled trials. It was, however, surprising that they totally ignore and indeed throw out the eight randomized controlled trials that are considered the “gold standard”, unlike the observational studies, advertised by the authors. This is a huge flaw in their paper. Their demeaning comments about the RCTs are both unnecessary and unjustified; they should have fitted their own findings into the already available, massive scientific evidence about the benefit of early detection.

Unfortunately, the authors did not mention the publication of the larger observational studies published by the Swedish Organized Service Screening Group (SOSSEG)(1) or the large (16 million woman years of observation) Swedish study about the impact of inviting women to mammography screening in the age group 40-49 (2).

The reference list is incomplete, partly outdated. Additionally, the authors assume an overwhelming benefit of using modern treatment regimens without even presenting reliable supporting evidence. Without individual patient data nobody can tell the relative benefit of treatment versus screening, and none of the foes of screening have access to individual patient data! Referring to a publication from 1988 (their ref 5) and 1998 (their ref 6) or, even worse, to the modeling exercise of Berry (their reference 20) does not provide convincing evidence. In reality, it is well known that clinically detected node positive cases have a significantly worse outcome than clinically detected node negative cases. If the use of modern therapeutic regimens had the alleged magical impact on the outcome of breast cancer patients, there would not be a significant difference in outcome of these two above-mentioned groups. In addition, screen detected node positive cases have a better outcome than clinically detected node negative cases, which clearly demonstrates that the major impact originates from treating breast cancer patients in the screen-detected, early phase (3).

The publication of Hellquist et al. (2) demonstrated that there was a 29% significantly decreased mortality among those 40-49 year old women who attended screening; this result was accomplished above and beyond the impact of using modern therapeutic regimens. This also emphasizes that the independent benefit of early detection is real and considerable.

All in all: the article is a good addition to the already existing vast amount of evidence showing that early detection of breast cancer and treatment in early phase leads to a significantly lower breast cancer death rate among women invited to screening and an even larger mortality decrease among women who attend screening regularly.

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References

1. Swedish Organised Service Screening Evaluation Group. Reduction in breast cancer mortality from organized service screening with mammography: 1. Further confirmation with extended data. *Cancer Epidemiol Biomarkers Prev.* 2006 Jan;15(1):45-51.
2. Hellquist BN, Duffy SW, Abdsaleh S et al. Effectiveness of population-based service screening with mammography for women ages 40 to 49 years: evaluation of the Swedish Mammography Screening in Young Women (SCRY) cohort. *Cancer.* 2011 Feb 15;117(4):714-22. doi: 10.1002/cncr.25650. Epub 2010 Sep 29.
3. Duffy SW, Chen TH-H, Smith RA, et al. Real and artificial controversies in breast cancer screening. *Breast Cancer Manage.* (2013) 2(6), 519–528.

- [Response to the authors.pdf](#)

Competing interests: None declared