

Rapid response to Suhrke's paper in BMJ about mastectomy rates is available at

<http://www.bmj.com/content/343/bmj.d4692.full?sid=c7f4921e-5299-45f0-aa3b-02dc989d1f15#responses>

• **The Norwegian study suggests that the BMJ is biased against breast cancer screening**

- Prof Kefah Mokbel, Lead Breast Surgeon

London Breast Institute

We have read, with interest the article by Suhrke et al in which the authors reported that mammographic screening was associated with an increased risk of undergoing mastectomy in women invited to screening compared with the non-invited group. The higher mastectomy rate during the early years of the program more likely reflect the inexperience of the teams in dealing with palpable breast cancers.

Such data which have been based on cancer registry information have a very limited meaning in the absence of accurate information on survival rates, use of systemic therapy and radiotherapy, tumours' characteristics, patients' satisfaction with the aesthetic outcome and advances in surgical techniques during the period of study. Several of the study authors are well known to have published controversial reports on breast cancer screening. The UK figures, as published in the 'All Breast Cancer Report' 2009 showed that 27% of women with screen detected breast cancer underwent mastectomy compared with 52% of symptomatic patients.

Once again, the BMJ provides a platform for a study aimed at casting doubt on the benefits of screening mammography. In fact, almost all articles (excluding news items) published in the BMJ over the past decade have been against breast cancer screening²⁻⁶. Even if one accepts that the issue of screening mammography is controversial, then one would expect an equal proportion of articles in favour and against screening. The underlying reasons for this obvious publication bias are not clearly known. If the Editor-in-Chief of the BMJ is a member of the Advisory Board of the Nordic Cochrane Centre, this information should be disclosed as part of conflict of interest declaration. Many of the BMJ's articles published in relation to this topic are unlikely to pass the rigorous peer review process of a specialty journal with an ISI impact factor greater than 2!

The majority of leading experts in this field, and the public, no longer take such flawed publications that fly in the face of scientific evidence and cancer biology seriously. Why the BMJ wishes to bring itself into disrepute by publishing poor quality data, that bear no relevance to reality in the UK, and is likely to generate adverse publicity for screening which may put lives

at risk is incomprehensible. The science of cancer biology cannot be fooled by authors and journals publishing flawed reports based on superficial cancer registry data.

1.Suhrke P, M?hlen J, Schlichting E, J?rgensen KJ, G?tzsche PC, Zahl PH. Effect of mammography screening on surgical treatment for breast cancer in Norway: comparative analysis of cancer registry data. *BMJ* 2011; 343:d4692

2.Autier P, Boniol M, Gavin A, Vatten LJ.Breast cancer mortality in neighbouring European countries with different levels of screening but similar access to treatment: trend analysis of WHO mortality database. *BMJ*. 2011 Jul 28;343:d4411.

3.Baum M, Thornton H, G?tzsche PC, Bewley S, J?rgensen KJ, Barratt A, Ross N, Woloshin S, Schwartz L, Musiello T, Blennerhassett M, Napoli M, Baines CJ, Vaidya JS, Williams N, Havercroft D, Zahl PH, Retsky M, Kaplan RM, Dixon-Woods M, Berry DA, Isaacson K, Brahams D, Pryke M, Tindall G, Bender DA, Marshall T.Breast cancer awareness month. Still awaiting screening facts. *BMJ*. 2010 Nov 2;341:c6152.

4.J?rgensen KJ, G?tzsche PC. Breast screening: fundamental errors in estimate of lives saved by screening. *BMJ*. 2009 Aug 25;339:b3359

5.J?rgensen KJ, G?tzsche PC Overdiagnosis in publicly organised mammography screening programmes: systematic review of incidence trends. *BMJ*. 2009 Jul 9;339:b2587. doi: 10.1136/bmj.b2587. Review.

6.Zackrisson S, Andersson I, Janzon L, Manjer J, Garne JP.Rate of over- diagnosis of breast cancer 15 years after end of Malm? mammographic screening trial: follow-up study. *BMJ*. 2006 Mar 25;332(7543):689-92.

Prof. Kefah mokbel, Lead Breast Surgeon, The London Breast Institute, The Princess Grace Hospital, London, UK Honorary Consultant Oncoplastic Breast surgeon, St. George's hospital, London , UK Prof. of Breast Cancer Surgery, Brunel Institute of Cancer Genetics, London, UK President of Breast Cancer Hope Charity Tel: 0044 (0)207 9082040 Fax: 0044(0)207 908 2275

Competing interests: None declared

[Submit rapid response](#)

Published 19 September 2011

•

Disclaimer

- Paal Suhrke, PhD candidate

Oslo University Hospital

The Norwegian Cancer Registry has pointed out to us, the authors of the paper, that a disclaimer has to be included.

The data in this article are from the Cancer Registry of Norway. The Cancer Registry of Norway is not responsible for the analysis or interpretation of the data presented.

Competing interests: None declared

[Submit rapid response](#)

Published 14 September 2011