

Breast cancer screening saves lives

Response To The Canadian Task Force On Preventive Health Care's Guidelines For Breast Cancer Screening

Paula B. Gordon, M.D., FRCPC
Chair – Canadian Breast Cancer Foundation – BC/Yukon Region
Early Detection Working Group, 2020 Task Force
Medical Director - Breast Health Program, BC Women's Hospital
Clinical Professor of Radiology - University of British Columbia

This week alone, more than 400 Canadian women will be diagnosed with breast cancer.¹ One in nine will face the disease at some point in their lifetimes.² Most will survive, in many cases because of early detection. Screening mammography allows doctors to catch cancer when it can still be cured, beginning at age 40.

Experts agree: screening saves lives. But the members of the Canadian Task Force on Preventative Health are not experts in breast cancer. Despite the clear medical consensus in favour of breast cancer screening, the Task Force issued a new report this week, arguing against screening for women 40-49.

Their recommendations are unscientific. If women follow them, more will die of breast cancer. The Task Force admits as much. They agree that screening mammography saves lives. Yet still they advise against it. Women ages 40 to 49 should not be routinely screened, they say, and women over 50 should be screened no more than once every two to three years.

Here's the problem: the Task Force relied on old data, from old trials, done with old equipment that is now obsolete. Some of their data comes from as long ago as the 1960s. In other words, the Task Force is asking women in their 40s to make potentially life-or-death decisions based on scientific evidence that is older than they are.

The Task Force ignored more recent data – including data from British Columbia – that shows significantly increased survival rates for women ages 40-49 who are screened for breast cancer. And data from England shows that women whose cancers are detected later, as a lump in their breast, are twice as likely to require a mastectomy as women whose cancer is found on a screening mammogram.

Women are more likely to be diagnosed with breast cancer the older they get, but there is no sudden increase at age 50. Even in the first sentence of the publication, they have used age grouping as a way to bias the reader. If they stated the same statistics, but by decade, it would have read: "Of newly diagnosed breast cancer cases in Canada, 20% occur on women in their 40's, 25% in their fifties, 27% in their 60's and 28% in their 70's and older." In fact, women ages 40-49 account for more than 40% of the years of life lost to breast cancer. Yet the Task Force still believes that these younger women should not be routinely screened.

¹ http://www.cbcbf.org/breastcancer/bc_whatbc_bc.asp

² <http://www.cancer.ca/canada-wide/about%20cancer/cancer%20statistics/stats%20at%20a%20glance/breast%20cancer.aspx>

They argue that screening leads to false positives – when a mammogram shows an abnormality which turns out not to be cancer. False positives are inevitable. They occur in every screening test, including pap tests.

Women understand this. In surveys, including one conducted by the Canadian Breast Cancer Foundation, the vast majority of women said that they would rather be worried for a while, and wait for the necessary diagnostic tests to be done, than increase the likelihood of dying because they weren't offered the opportunity to be screened.

Generally, false positives can be clarified by x-rays or ultrasound or, in some cases, a minor needle biopsy. The Task Force claims that these biopsies are "invasive." They exaggerate. A needle biopsy is done with local freezing, and is actually only slightly more elaborate than a simple blood test. As one patient recently told me, after her biopsy: "I have shoes that are more uncomfortable than that was!"

Even more alarming is the Task Force's recommendation that women not do breast self-exams, or even have breast exams done by their doctors. Without breast exams or screening mammography, women are effectively being told to wait till they see a lump in their breast in the mirror before they seek treatment. By that time, even with excellent care, mortality rates will return to what they were in the 1970s.

Our mothers, sisters, and daughters deserve health policy that comes from experts, not statisticians and bureaucrats. The Canadian Task Force on Preventative Health offers a prescription that women should disregard.

The science is clear: screening saves lives, starting at age 40. Women should understand the benefits and potential harms and be allowed to decide for themselves whether to be screened.