

DR. LARRY NORTON, SCIENTIFIC ADVISOR TO CBCF, ON THE VALUE OF SCREENING MAMMOGRAPHY – FEBRUARY 13, 2014

“The NY Times recently reported the results of a Canadian study that was claimed to question the value of screening mammography. The study is a very old one, started in the 1980s, so the recent publication reported by the Times was not of a new study but rather a longer follow-up of previously published and well-known data.

This particular trial has been widely criticized in the past, and indeed was not used for the determination of current guidelines because it was considered to be flawed methodologically. In addition, the American College of Radiology, the most authoritative source for imaging expertise, has found that the technique used to do the mammograms in that trial was substandard. This explains why those mammograms missed many small cancers that could not be felt—exactly the kinds of cancers modern mammograms are good at detecting. That this information, which is readily available, was not included in the NY Times article is unfortunate.

Mammography is not perfect, but it is one of the best methods we have right now. While we do research to find better methods, we have to recognize that radiographic screening is important because finding cancers when they are small is central to current breast cancer control strategies. And mammography has not only been shown to save lives, but it also finds cancers so small that many women can avoid mastectomy if they so choose, and they might not need chemotherapy either.

Another topic that has created confusion is the term “over-diagnosis.” This term was recently invented to describe a hypothetical situation: A cancer is found but if that cancer is left alone it would never grow or spread to another part of the body (i.e. metastasize). While some people, based on mathematical manipulations of data, think that this is a real possibility, the phenomenon has never been observed in nature. But even were it a real possibility, nobody can now look at a cancer and predict if it would grow and metastasize or not. Hence, all cancers have to be treated as if they might grow and spread, since that is the only logical way to deal with a potentially life-threatening problem.

The CBCF is conducting many studies to determine why and how cancer cells metastasize, “seed,” so that we might be able to predict which cancers are sure to spread and which, theoretically, might not need to be treated. But at present if a woman wants to know her best way of avoiding death from breast cancer, or needing a mastectomy, or needing chemotherapy, she must continue to take current breast screening guidelines seriously.” – *Dr. Larry Norton-February 13, 2014*