

Mammograms: For 1 life saved, 3 women overtreated

October 29 2012, by Maria Cheng

(AP)—Breast cancer screening for women over 50 saves lives, an independent panel in Britain has concluded, confirming findings in U.S. and other studies.

But that screening comes with a cost: The review found that for every life saved, roughly three other women were overdiagnosed, meaning they were unnecessarily treated for a cancer that would never have threatened their lives.

The expert panel was commissioned by Cancer Research U.K. and Britain's department of health and analyzed evidence from 11 trials in Canada, Sweden, the U.K. and the U.S.

In Britain, [mammograms](#) are usually offered to women aged 50 to 70 every three years as part of the state-funded [breast cancer screening](#) program.

Scientists said the British program saves about 1,300 women every year from dying of breast cancer while about 4,000 women are overdiagnosed. By that term, experts mean women treated for cancers that grow too slowly to ever put their lives at risk. This is different from another screening problem: false alarms, which occur when suspicious mammograms lead to biopsies and follow-up tests to rule out cancers that were not present. The study did not look at the false alarm rate.

"It's clear that screening saves lives," said Harpal Kumar, chief executive

of [Cancer Research](#) U.K. "But some cancers will be treated that would never have caused any harm and unfortunately, we can't yet tell which cancers are harmful and which are not."

Researchers estimated that of the more than 300,000 British women aged 50 to 52 offered a mammogram every year, about 1 percent would get unnecessary treatment like chemotherapy, surgery or radiation for a breast cancer that wouldn't ever be dangerous. The review was published online Tuesday in the journal, Lancet.

Some critics said the review was a step in the right direction.

"Cancer charities and public health authorities have been misleading women for the past two decades by giving too rosy a picture of the benefits," said Karsten Jorgensen, a researcher at the Nordic Cochrane Centre in Copenhagen who has previously published papers on overdiagnosis.

"It's important they have at least acknowledged screening causes substantial harms," he said, adding that countries should now re-evaluate their own breast cancer programs.

In the U.S., a government-appointed task force of experts recommends women at average risk of cancer get mammograms every two years starting at age 50. But the American Cancer Society and other groups advise women to get annual mammograms starting at age 40.

In recent years, the British breast screening program has been slammed for focusing on the benefits of mammograms and downplaying the risks.

Maggie Wilcox, a [breast cancer](#) survivor and member of the expert panel, said the current information on mammograms given to British [women](#) was inadequate.

"I went into (screening) blindly without knowing about the possibility of overdiagnosis," said Wilcox, 70, who had a mastectomy several years ago. "I just thought, 'it's good for you, so you do it.'"

Knowing what she knows now about the problem of overtreatment, Wilcox says she still would have chosen to get screened. "But I would have wanted to know enough to make an informed choice for myself."

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