



## **The price is Life**

Controversy regarding the value of screening mammography continues. A recent study from Norway published in the prestigious NEJM suggested that the reduction in mortality associated with screening in women over 50 years of age was in the range of 10%. This is much lower than studies from Sweden which have suggested a >30% mortality reduction for women in this age group.

The main concern I have about the Norwegian study is that the maximum follow-up was only 8.9 years. Of course this means that the average length of follow-up was much shorter. In the Swedish study women have been followed for more than 25 years. Of note, it took an average of 7 years of follow-up before a survival benefit could be demonstrated. This indicates to me that the 10% mortality noted in the relative short follow-up period of the Norwegian study is just about what would be expected and presumably with longer follow-up, better survival can be anticipated in the group of women who were in the screening arm of the study.

The observation that it takes several years for a mammography study to demonstrate a survival advantage for screening mammography is not surprising. Screening mammography saves lives by detecting breast cancers early in their earliest stage of development. This means that they are found years before they would have presented as a palpable lump. Although some of the cancers detected on screening might have been cured even if they were not caught early, many of them would have progressed to the point where the chances for survival would have been significantly reduced if diagnosed later.

The point is that it takes several years of follow-up before the benefits of detecting early cancers on screening translates into a reduction in mortality. Based on the Swedish experiences it appears that it would take a minimum average follow-up of 7 years before such a benefit can be demonstrated.

Another important variable in explaining the relatively low survival benefit of the Norwegian study is the issue of crossover. Women in the population who were not offered free screening mammograms were allowed to obtain a mammogram on their own. Failure to identify the percentage of women who "crossed over" weakens their arguments about the limited value of mammography screening.

The Norwegian author do point out that a team approach to breast cancer care provides a survival advantage. They suggest that their team approach to breast cancer care is a major factor in the 10% survival advantage and thus imply that the relative benefits of screening are even less than 10%. I believe that a more logical conclusion is even more lives could be saved by combining screening mammography with a comprehensive team approach to breast cancer care. Visit [www.BreastCare.com](http://www.BreastCare.com) for more information.