MAMMOGRAPHY SCREENING

Mammography screening study hampered by inadequate data

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History repeats itself. De Glas and colleagues question the positive impact of early detection on the advanced cancer rate by repeating a common fatal error: they do not know which breast cancers were found in women who attended screening and which were not. They admit that “the Netherlands cancer registry registers anonymous population data” but still use these inadequate data and try to make sense out of them. As might be expected, they have failed. It is unfortunate that they work in a country whose laws prevent them from identifying the women who attended screening, but that is no excuse for doing flawed research.

Despite the short follow-up time, screening resulted in a significant decrease in advanced cancers; had they been able to identify the advanced cancers detected among the 27-30% non-attendees, they might have seen a significant decrease in the advanced breast cancer rate in women who were screened. They did not comment on “downward stage shifting” within the stage II and III categories. They also did not cite the relevant literature—an association between mammography screening programmes and similar downstaging of breast carcinomas in older women has been reported. The Euroscreen Working Group concluded: “Much of the current controversy over breast cancer screening is due to the use of inappropriate methodological approaches that are unable to capture the true effect of mammographic screening.” This is precisely what these authors did.

How many more articles will be published without access to accurate data on detection mode and without sufficiently long follow-up? This type of poor research has been a recurring theme during the past decade. Publication of such guesswork harms women and confuses physicians. This article should not have been published in a peer reviewed journal.

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Full response at: www.bmj.com/content/349/bmj.g5410/rr/764285.


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