Summary:

Berry constructs a meta-analysis of eight randomized trials in women aged 40-49 to determine the effect of breast cancer screening on breast cancer mortality. He then talks about how physicians should help women understand the risks and benefits of screening so they can decide for themselves if they should undergo annual screening.

My reaction:

I thought Berry laid out some nice ways to present the risks and benefits of screening, which is one of the objectives of this paper. The criticism primarily comes from his meta-analysis of the eight randomized trials, specifically the Canadian trial. One thing I found weird was his use of expected life expectancy (which I think he even said wasn’t very good to measure risks/benefits, but then kept using it). I felt like he may have been overly critical of the risks of breast cancer screening; false positives, and anxiety feel trivial when the alternative is increased chance of mortality.

Questions:

If the screening group was being ‘regularly’ screened for breast cancer, why was the mortality rate so high? I’d imagine if they catch it in time, they would be able to stop mortality.

This dubious Canadian trial seems to be a big critical talking point. Why didn’t Berry run two analyses, one with the trail and one without?