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**BREAST SCREENING 'COULD DO MORE** **HARM THN GOOD'**  
  
**BYLINE:** By JENNY HOPE MEDICAL CORRESPONDENT  
  
**LENGTH:** 673 words

BREAST cancer screening may cause more harm than good, according to a study.

It says women are more likely to be harmed and have unnecessary surgery in the first decade of being screened.

The study concludes the harms of screening, on average, largely offset the benefits in the first ten years.

After that, the benefits increase, but by much less than predicted when routine screening was introduced.

The study is significant because it re-examines data from the 1986 Forrest report that led to the introduction of NHS screening.

The report used a formula to estimate costs and benefits, but did not include potential harms.

It concluded screening would reduce deaths by one third, with few harms and low cost.

However, in the past decade there has been mounting evidence and controversy surrounding the true cost of screening to women in terms of ‘false positives’ and over-treatment of breast cancers that were never threatening.

This has included needless breast removal.

In the latest study, James Raftery, professor of health technology assessment at the University of Southampton, and his colleague Maria Chorozoglou, brought the Forrest report up to date with an analysis of the outcome for 100,000 women aged 50 and over surviving up to 20 years after first being screened.

They looked at harms such as false positives, where women get abnormal results that turn out to be normal, and over-treatment, which may include surgery on harmless cancers that would never have caused symptoms or death during a patient’s lifetime.

The research published on the medical journal website bmj.com found that once harms were included, the benefits in terms of lives saved were only half original estimates.

In the first few years of screening, women were, on average, more likely to be harmed.

The greatest benefit was for women aged 60 to 70, while older women may not live long enough to reap significant benefits.

Professor Raftery said: ‘At up to eight years, the harms generally outweigh the benefits, but at 20 years there are greater positive benefits.’

The vast majority of women undergoing surgery to remove a suspected tumour did not need the treatment.

‘There are lots of women who have had surgery who believe their lives were saved when in fact only around one in ten have had their life saved,’ said Professor Raftery.

He added: ‘There should be a fundamental overhaul of the screening programme - what’s the right time frame and how cost-effective is it?

‘We need trials to look at who is most likely to benefit from surgery and for measuring the levels and duration of the harms from surgery.’

A review of the NHS breast cancer screening programme has been announced by the national cancer director, Professor Sir Mike Richards.

Under the programme, which costs 696million a year in England, women are invited for three-yearly mammograms, or X-rays, between the ages of 50 and 70.

The age limits are being extended to 47-73.

Almost two million women are screened each year.

Researchers from the Nordic Cochrane Centre, who question the benefits of organised screening programmes, suggest the dramatic fall in breast cancer deaths in recent years is probably due to changes in risk factors and improved treatment.

They accused the heads of the NHS programme of sticking to beliefs from 25 years ago about the benefit of mammograms and supplying women with ‘astonishingly misleading’ statistics.

But Dr Caitlin Palframan of Breakthrough Breast Cancer said: ‘We believe breast screening is vital as it can detect breast cancer at the earliest possible stages.

The earlier breast cancer is picked up the better, as treatment options are more likely to be less aggressive and more successful.’

A spokesman for the Department of Health said it would look at the findings of the independent review, but added: ‘Our advice has not changed - we urge all women to go for breast screening when invited.

The best available evidence shows screening saves lives by detecting cancers earlier than they would otherwise have been.’

**GUARDIAN**

**Breast cancer screening does more harm than good, study claims**

* [Denis Campbell](http://www.guardian.co.uk/profile/deniscampbell), Health correspondent
* [The Guardian](http://www.guardian.co.uk/theguardian), Friday 9 December 2011

The controversy over the value of [breast cancer](http://www.guardian.co.uk/society/breast-cancer) screening has been reopened by a study which claims that it does women more harm than good.

Women may suffer negative consequences as a result of the screening programme such as unnecessary surgery to remove harmless cancers that posed them no risk, according to research published in the British Medical Journal.

The findings also highlight the possibility of women receiving "false positives", or results which are initially classed as abnormal but later turn out to be unproblematic.

The findings are the latest evidence to emerge which challenges the usefulness of breast [cancer](http://www.guardian.co.uk/society/cancer) screening and warns that it can damage women.

Criticism of the screening programme has prompted the Department of Health (DH) to ask Professor Sir Mike Richards, the government's cancer tsar, to commission a review of the evidence alongside Harpal Kumar, chief executive of Cancer Research UK, from an independent panel of experts who have not previously researched breast screening.

That is intended to find consensus because "we know that some scientists differ in their views towards screening", a health department spokesman said.

The study, led by James Raftery, professor of health technology assessment at Southampton University, analysed data from the 1986 Forrest report, which led to screening being introduced in the UK.

The Forrest report said the value of screening could be measured by looking at quality adjusted life years (QALYs), which measure both the quality and quantity of extra life gained.

Screening would cut the number of women dying of breast cancer by a third, it suggested, and there would be no harmful impact.

Forrest said there would be about 3,000 QALYs over 20 years for every 100,000 women who were invited to be screened.

But Raftery and colleagues' analysis of 100,000 women aged 50 or over disputes the Forrest conclusions.

This latest paper claims once harmful effects are included, the QALY benefits are fewer: only 1,500 QALYs after 20 years – half Forrest's estimates.

"At up to eight years the harms generally outweigh the benefits but at 20 years there are greater positive benefits.

Nevertheless, either way the benefit to patients is less than was stated in Forrest", said Raftery.

Most women who have surgery to remove a suspected cancer do not need the treatment, he added.

"There are lots of women around who have had surgery who believe their lives were saved when in fact only around one in 10 have had their life saved", he said.

The health department said the study had not altered its belief in screening.

"Our advice has not changed – we urge all women to go for breast screening when invited.

The best available evidence shows that screening saves lives by detecting cancers earlier than they would otherwise have been.

"Our screening programme has always been regularly scrutinised and evaluated", said a spokesman.

Women between 50 and 70 are currently invited for screening but that is being extended to those aged 47 up to 73.

Cancer charities are also continuing to defend screening.

"We believe breast screening is vital as it can detect breast cancer at the earliest possible stages when no other symptoms are obvious", said Dr Caitlin Palframan, the policy manager at Breakthrough Breast Cancer.

The new study "is just one of many analyses of existing screening data", she said.

Catherine Priestly, a clinical nurse specialist at Breast Cancer Care, said calls to its helpline show that "the differing opinions on screening are causing confusion and anxiety for many people".

She hoped the review "will bring clarity to this issue and for those attending screening", she added.

telegraph.co.uk

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**Breast cancer screening could cause more harm than good;   
Breast cancer screening often causes more harm than good and is only half as effective as previously thought, according to a new study.**  
**BYLINE:** By Nick Collins Science Correspondent  
  
**LENGTH:** 652 words

Screening programmes are designed to save lives through early diagnosis of cancer, but they also lead to misdiagnosed results and the overtreatment of harmless lumps.

A new study by Southampton University researchers has found that these negative outcomes for patients cancel out up to half of the benefit that others get from living longer lives.

This means that for example while screening may give an extra year of life to one breast cancer victim, in another patient it could result in six months worth of suffering due unnecessary treatment

Previous research has shown that for every 2,000 screenings, 200 women will have a "false positive" result - an abnormal result that is later found to be normal - and 10 will have unnecessary surgery, but only one life will be saved.

This means that for every undetected cancer case doctors pick up, many more women have operations to remove lumps which are either non-cancerous, or are slow developing and pose no threat to life.

Prof James Raftery, who led the study, said: "The harms almost exactly outweigh the benefits in terms of life years.

"To save one life, that woman will have surgery, but 10 more will have surgery that do not need it.

The reason is they have lumps that are diagnosed as cancer but ... most of those lumps would not have gone on to become cancer or to have killed a person."

The effectiveness of screening programmes is measured in "quality of life years" (QALYs), a measure which weighs up the extra years of life patients gain as a result of screening against the losses of quality of life arising from treatment.

The 1986 "Forrest report" which led to the introduction of breast cancer screening in Britain estimated that the programme would gain patients 3,301 QALYs over a 20-year-period, but did not take into account the potentially harmful results of screening.

Now a new**Word did not find any entries for your table of contents.** study published in the British Medical Journal claims that the damaging impact of false positive diagnoses and needless surgery cut this benefit to 1,536 QALYs.

Researchers analysed the survival rates of 100,000 women aged 50 and over for up to 20 years after they entered the screening programme.

They found that for 10 years after screening, the years added on to some patients' lives were almost entirely offset by the negative outcomes on life for women who were misdiagnosed or given unnecessary treatment.

For the first eight years, women were more likely to be harmed than to enjoy any benefit, the researchers said, and only 20 years after screening do the net benefits for patients really begin to accumulate.

Prof Raftery said: "At up to eight years, the harms generally outweigh the benefits but at 20 years there are greater positive benefits.

"Nevertheless, either way, the benefit to patients is less than was stated in Forrest."

Patients should be warned about the possible negative effects of screening and more research is needed to find ways of identifying the patients most likely to benefit from surgery, he said.

"There are lots of women who have had surgery who believe their lives were saved when in fact only around one in 10 have had their life saved.

"It's very tricky because if you are a woman invited for screening, the harms are upfront in the first few years while the benefits take a lot longer to kick in.

It will take at least five years of screening before a life is saved.

"If we can ensure that women have a better understanding of the risks of unnecessary treatment before they are screened, it will be better for the patient."

A Department of Health spokesperson said an independent review of evidence was under way, but that women should still undergo screening while it is carried out.

They said: "Our advice has not changed - we urge all women to go for breast screening when invited.

The best available evidence shows that screening saves lives by detecting cancers earlier than they would otherwise have been."