A Response To


The authors suggestion that screening mammography finds so many cancers that would disappear if left undetected is based on false assumptions. Their thesis depends on their suggestion that the incidence of breast cancer is much higher than would have been expected had screening not been initiated. This is the same false thesis that has been used by others whose goal is to reduce or eliminate women’s access to breast cancer screening.

Most analyses of breast cancer separate Ductal Carcinoma in Situ (DCIS) from invasive lesions. The authors clearly combined these as "early cancer" in order to dilute the results for invasive cancers. There is certainly legitimate debate about DCIS, but combining it with small invasive lesions, whose detection saves lives, is misleading and unconscionable. Using their approach, and the correct underlying incidence (increased by 1% per year) there is NO OVERDIAGNOSIS of invasive breast cancers. It is finding the small invasive cancer that saves lives.

The authors assume that the baseline incidence of breast cancer, at the most, would have increased by 0.5% each year when, in fact, the data show that it would likely have increased by twice that amount. The incidence of invasive breast cancer actually has increased by 1% per year for decades (Garfinkel L, Boring CC, Heath CW Jr. Changing trends. An overview of breast cancer incidence and mortality (Cancer. 1994 Jul 1;74(1 Suppl):222-7). In 1940 it was 60/100,000. By 1980, prior to any screening, it had risen to 100/100,000. If there had been no screening, and the rate had continued to increase as it had for 40 years, the incidence in 2008 would have been over 130/100,000 if there had been no screening. In fact, due to prevalence screening, where new women begin for the first time each year, and leadtime (cancers are found earlier due to screening), the incidence of invasive breast cancer, without any "overdiagnosis" would have been expected to be even higher than 130/100,000 yet, in fact, it was lower at 127/100,000. Not only is there no evidence of "overdiagnosis", but it is likely that the removal of DCIS over the past decades has reduced the incidence of invasive cancers to less than what would have been expected. This on top of the 30% reduction in deaths each year that is due in large part to screening. The thesis by Bleyer and Welch is simply wrong. The NEJM needs to look at its own publication bias that goes back more 15 years with regard to breast cancer screening and stop misleading the public.