

To mammogram or not to mammogram? Bend oncologist says treatment, not screening saves lives

By Betsy Q. Cliff / *The Bulletin*

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The issue of whether to screen middle-aged women for breast cancer may be one of the most hotly debated in medicine.

Now a local oncologist is weighing in, on the pages of a major medical journal.

Dr. Archie Bleyer, a Bend oncologist and clinical research professor at Oregon Health & Science University, this month published an article in *British Medical Journal* questioning whether routine mammography has helped to reduce deaths from breast cancer.

About two years ago, the U.S. Preventive Services Task Force, an authority in preventive medicine, caused a fervor when it changed its recommendations, saying that most women in their 40s do not need an annual mammogram. Mammograms should start at 50, the group said.

But other organizations, primarily physician professional groups, have volleyed back that mammograms for women beginning at 40 have saved thousands of lives. Early detection, they say, is the best defense against cancer.

Bleyer said he once believed that as well.

In the 1990s, he helped promote mammograms in Washington state as a faculty member at the University of Washington. "I was on the bandwagon, waving the flag," he said. "We did everything we could to make (mammograms) available."

Then, the rate of breast cancer deaths dropped. "We were reaffirmed. We had done the right thing," said Bleyer. By that time, he said, he and others had spent so much time promoting mammograms, "we were already beyond the point of arguing whether it was doing" any good.

No relationship between screening numbers and mortality

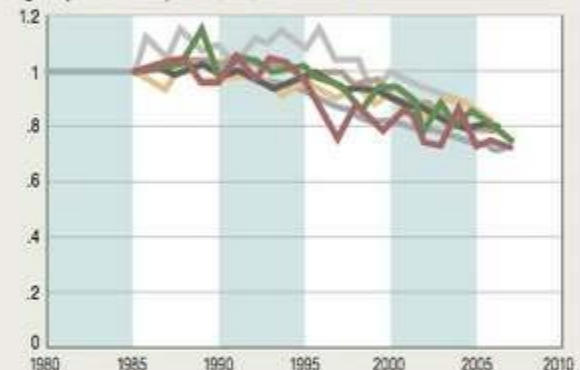
The top chart shows that the percentage of people who die from breast cancer in various European countries and the United States has dropped at roughly the same rate since 1985. Compare that with the bottom chart, which shows that organized screening for breast cancer started at very different times in each country.

A local oncologist, Dr. Archie Bleyer, who compiled the U.S. data, argues that the lack of correlation between the two charts is evidence that increased screening does very little to reduce the death rate from breast cancer. He says, instead, better treatment is responsible for the increased survival.

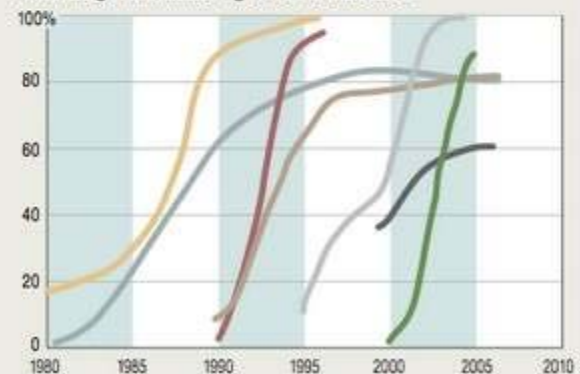
United States
Netherlands
Belgium and Flanders
Sweden
Norway
Republic of Ireland
Northern Ireland

Overall deaths from breast cancer

Age-adjusted deaths per 100,000, relative to 1980



Percentage of females aged 50-69 screened



Source: *British Medical Journal*

Andy Zeigert / *The Bulletin*

Screening numbers and mortality, side by side.

But taking a deeper look at the data, Bleyer said, led him to question who was actually benefiting from mammograms and how they were being helped. He said he now believes that the drop in mortality had little to do directly with the increased rate of screenings.

The push to screen all women older than 40 every year “is our greatest misadventure,” he said.

For most women in their 40s, Bleyer said, “I don't see the reason to do screening mammography, I actually see more reason not to.”

In his current report, Bleyer builds on evidence presented in a different study in the British Medical Journal by European researchers.

That study found that every European country saw drops in deaths from breast cancer since 1990 regardless of when it started routine screening of women.

The results, the authors wrote, “do not suggest that a large proportion of the mortality reduction after 1990 can be attributed to mammography screening.” They suggest better treatment for breast cancer is a more plausible explanation.

Bleyer used their data and added the results from the United States to it.

The death rate from breast cancer in the United States, according to Bleyer's data, began dropping around 1990 as screenings were on the increase. The death rate has continued to drop, though the percent of women screened in this country has leveled off since 2000.

Bleyer said that advances in treatment, particularly the refining of chemotherapies and hormonal therapies, has helped women with breast cancer live longer.

The correlation that Bleyer and others had been so excited about, the one they felt affirmed that they were helping women, Bleyer now says was likely “coincidence.”

Screening may find cancer, Bleyer said, but can expose women to radiation, itself a carcinogen, and can lead to the diagnosis and treatment of abnormalities that may never become a problem.

Bleyer did cite one positive effect of the push to screen for breast cancer: it may have indirectly promoted advances in treatment. “With all the focus on the breast cancer, it brought it to the forefront,” Bleyer said. “When you tell women you really should get screened for it, this is something you should worry about,” you bring it into people's consciousness.

That helped spur advocacy groups, pushed more money into research and, potentially, led to better treatment. “If we hadn't screened, we wouldn't have made as much progress.”

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