The Journal recently published a letter (1) from Daniel B. Kopans, who regularly takes issue with anyone who questions whether there is strong evidence to support mammography screening for women in their forties. Because it is Journal policy to have all authors sign a statement revealing any financial conflict of interest, perhaps some pertinent information should have been included at the end of Dr. Kopans’ correspondence. As anyone can learn from a visit to the Web site of the U.S. Patent and Trademark Office (www.uspto.gov), Dr. Kopans co-owns several patents on mammography-related methods and breast biopsy techniques (2–6). These methods may not have been employed in the mammography screening clinical trials critiqued by Dr. Kopans, but does he profit indirectly whenever his commentaries convince other physicians that mammography screening should begin at age 40 years? Obviously, the rates of mammography and biopsy would be expected to increase dramatically once women in their forties are defined as suitable screening candidates. One survey (7) showed that women in this age group are the primary recipients of mammograms. As a Journal reader, I would appreciate some clarification: Do these patents constitute a financial conflict of interest that should be stated at the end of all mammography-related correspondence published by Dr. Kopans?

MARYANN NAPOLI

REFERENCES


NOTE

Correspondence to: Maryann Napoli, Associate Director, Center for Medical Consumers, 237 Thompson St., New York, NY 10012–1090 (e-mail: mnapoli2@ix.netcom.com).

RESPONSE

I appreciate Ms. Napoli’s concern over my possible conflicts of interest in the breast cancer screening controversy. Whenever I write about or include in my talks the inventions that she cites, I disclose any contributions that our research receives. Although I do not believe that these patents have any bearing on the issue of whether women in their forties should be advised to be screened, I have summarized them below to address her concerns. Although I helped to develop the devices and am named on the patents reviewed below, I receive no direct benefit from any of them.

1) The Ridged Compression Paddle assembly for mammography apparatus has never been commercialized. I receive no remuneration for my part in developing it.

2) The Method for Locating Tumors, to my knowledge, has never been commercialized. I receive no remuneration for my part in developing it.

3) The Mammography Compression Device and Method is an improved compression paddle that permits mammographic imaging of the anterior portion of the breast. I receive no direct remuneration from the licensing of the paddle, but some royalties come to the Massachusetts General Hospital Breast Imaging Teaching Fund. All of the money in the Teaching Fund is used to support research and teaching. I do not receive any money from this fund either directly or indirectly (salary, honoraria, etc.).

4) The Apparatus and Method for Improved Tissue Imaging is under development and has not been commercialized. If it becomes commercialized, I will receive no remuneration, but the Teaching Fund will receive some royalties.

5) The Tomosynthesis System for Breast Imaging is also under development and has not been commercialized. If it becomes commercialized, I will receive no remuneration, but the Teaching Fund will receive some royalties.

Clearly, anyone who is an expert and works in a field has an automatic “conflict of interest” that is obvious to all. Contrary to Ms. Napoli’s suggestions, as an academic radiologist, mine is a full-time salaried position that is not dependent on screening women in their forties. Her suggestion that my arguments in support of screening women in their forties are for financial gain simply ignores the facts. There are more than 40 million women over the age of 50 years in the United States. Most everyone agrees that women aged 50 years and over could benefit from screening. If income had been the issue, there were certainly plenty of women to be screened who were over the age of 50 years, without the need to add women in their forties. To the contrary, my arguments have always been based on the facts. The analyses that were being used to deny women in their forties support for screening were based on faulty data analyses. As an academic radiologist, it was my responsibility and duty to evaluate these analyses and expose their flaws.

I must admit that Ms. Napoli has piqued my own curiosity. Her own career has been based, in part, on questioning those who argue in support of screening women aged 40–49 years. She has been an invited speaker at national meetings and has written in national publications as an expert on the subject. I am curious about her representation as Associate Director—Center for Medical Consumers. What is this organization, who is involved, how many dues-paying members does she actually represent, what does membership entail, what
other funds are collected (newsletters, etc.), and do any of these support her in any way? What are her conflicts of interest?

DANIEL B. KOPANS

NOTE

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