Re: Performance of First Mammography Examination in Women Younger Than 40 Years

From a collective perspective, screening for breast cancer can be viewed as a lottery with few positive high-stake rewards and many low-stake losses. The extremely valuable article of Yankaskas et al. (1) focusing on young women (i.e., younger than 40 years) quantifies these odds and underlines that, for that age range, there are fewer positive outcomes and more negative returns. Therefore, women should be informed (2) and aware that, if physicians advise against such screening for a woman in that age range, this recommendation is solely based on a risk–benefit optimization analysis and not aimed at cost saving (which will be a positive side effect).

One point is missing in both the article and the associated editorial (3). That point is that screening at a younger age has a distinctive potential to increase the expected number of years of life saved. The criteria of extending one life, as used in the editorial, is heterogeneous with regard to this point. For instance, extending the life of a 35-year-old woman could amount to almost 40 years of life saved (the mean life expectancy for a woman aged 35 being 75 years old) compared with 10 years of life saved for a 74-year-old woman (who is assumed to live to be 84 years old). If the lottery metaphor is applied again, then this situation could be described as many fewer “winners” who have much higher “returns.” The decreased returns, as mentioned in the editorial (3), reflect a collective perspective.

This difference between individual and collective assessment should not be viewed as a criticism of the conclusion of the article and the editorial. Indeed, both the weight of evidence provided about the negative sides of screening and the uncertainty about the actual benefit of such screening in younger women (which should be assessed on the observed extended life-years, rather than on the breast cancer diagnosis rate) tip the scale against blind and systematic screening. More is not always better, as stated previously by Illich (4) and as demonstrated once again in this situation.

FRANÇOIS EISINGER

References


Notes

Affiliation of author: Department of Oncogenetics, Screening, and Prevention, Institut Paoli-Calmettes, INSERM UMR912, Université de la Méditerrané, Marseille Cedex 9, France.

Correspondence to: Francois Eisinger, MD, PhD, Institut Paoli-Calmettes, INSERM UMR912, Université de la Méditerrané, 232 Blvd Sainte Marguerite BP 156, 13273 Marseille Cedex 9, France (e-mail: eisingerf@marseille.fnclcc.fr).

DOI: 10.1093/jnci/djq396

© The Author 2010. Published by Oxford University Press. All rights reserved. For Permissions, please e-mail: journals.permissions@oup.com.

Advance Access publication on October 21, 2010.