

## US panel finds insufficient evidence to support mammography

Fred Charatan *Florida*

An independent panel of US medical experts that writes information for the National Cancer Institute's online database ([www.cancer.gov](http://www.cancer.gov)) has concluded that there is insufficient evidence to show that mammography prevents deaths from breast cancer.

The panel, known as the PDQ screening and prevention editorial board, is going to rewrite its assessment of mammography for the institute's website in March.

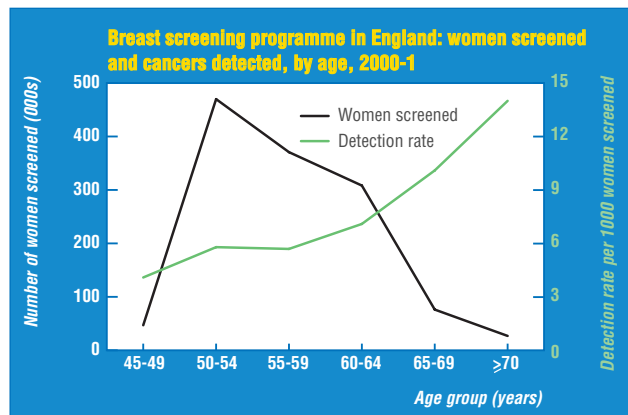
It reached its conclusion after reviewing the work of Ole Olsen and Peter Gøtzsche of the Nordic Cochrane Center in Copenhagen, Denmark.

These investigators reassessed their previous meta-analysis of seven randomised trials of screening mammography (*Lancet* 2000;355:129) and concluded that screening for breast cancer with mammography was unjustified. They also found that screen-

ing led to more aggressive treatment, increasing the number of mastectomies by about 20% (*Lancet* 2001;358:1340).

An article discussing the controversy surrounding mammography was published in the *BMJ* the following week (27 October, p 956).

By contrast, the website of the National Cancer Institute, dated 21 November 2000, says: "Several studies have shown that regular screening mammograms can help to decrease the chance of dying from breast cancer. The benefits of regular screening mammograms are greatest for women over age 60. For women in their forties, having mammograms on a regular basis reduces their chance of dying from breast cancer by 16%. For women age 50-69, there is strong evidence that screening with mammograms on a regular basis reduces breast cancer deaths by 25% to 30%."



Latest figures published by England's breast screening programme show that the highest proportion of cancers was detected in women of 70 and over.

Dr Donald Berry, a member of the panel and chairman of the department of biostatistics at M D Anderson Cancer Center in Houston, Texas, said that

he was aware of the difficulty in questioning an enormous mammography business. "Screening programmes bring in patients," Dr Berry said. □

## Advocates of PSA testing campaign to silence critics

Annabel Ferriman *BMJ*

Advocates of prostate cancer screening have launched a national campaign to silence the editors of the American journal *wjm*—the *Western Journal of Medicine*—after the editors wrote an opinion piece in the *San Francisco Chronicle* arguing that such screening may cause more harm than good.

In the piece the editors, Michael Wilkes and Gavin Yamey, discussed the unreliability of the screening tests used to detect prostate cancer—the digital rectal examination and the prostate specific antigen (PSA).

They also argued that false positive tests cause considerable morbidity related to the compli-

cations of prostate biopsies and that screening often picks up slow growing tumours that would never have become clinically apparent. There is no evidence, they said, that screening all healthy men would change the outcome of the disease.

Within hours of the piece being published, advocates of PSA testing sent a joint email alert to urologists, national prostate cancer support groups, and charities around the country. These groups then bombarded Dr Wilkes and Dr Yamey with emails accusing them of having the deaths of hundreds of thousands of men on their hands.

A member of a prostate can-

cer listserv (email discussion group) urged other members to put "continued pressure" on the *San Francisco Chronicle* to "offset the damage done." His email also urged members to write to the editors' bosses to have them fired. The *wjm* is co-owned by the University of California and the BMJ Publishing Group, so he wrote: "Write to their bosses at University of California Davis and the Office of the President. Tell them to fire these imposters. Tell them these folks should be silenced."

The chancellor of the University of California and the dean of University of California Davis have been overwhelmed with letters demanding that the university takes disciplinary action against Dr Wilkes and Dr Yamey.

Gavin Yamey, deputy editor of *wjm*, said: "Our piece provoked this angry and often abusive backlash because it challenged the widespread belief in

America that every man should know his PSA. This belief is promoted by an extremely powerful pro-screening lobby, which has a major financial stake in diagnosing and treating prostate cancer."

Support for the position of the editors of the *wjm* came from Dr Muir Gray, programme director of the National Screening Committee of the NHS. He said: "The views of Yamey and Wilkes are supported by the evidence."

"There are issues of conflict of interest in the United States, and there is also a male health agenda. Some people are promoting prostate screening as a means of putting men's cancers up the agenda." Dr Gray added that Canada took a similar approach to that in the United Kingdom, where men requesting a test were only given one after being told of the risks and benefits. (See "Prostate debate" in Reviews at [bmj.com](http://bmj.com)) □