

## Screening for breast cancer

### Screen women over 65

EDITOR.—The breast screening programme is expected to prevent 1250 breast cancer deaths a year in women invited for screening.<sup>1</sup> We believe that an equivalent health gain would be achievable in women over 65 if they were also invited.

The diagnostic powers of modern mammography and subsequent assessment procedures are proved for women over 65, but the response of these women to invitation is said to be low. In fact, uptake seems to be good to age 69 but variable thereafter (table). Much of this variation will reflect the different organisation of the studies. Thus in Britain invitations to women are preceded by a "prior notification" cycle of checks by general practitioners on the accuracy of the population list. This added some 5% to Manchester's figures,<sup>2</sup> which suggests that 60% would be an attainable target for a first screening of 65 to 74 year olds in much of Britain. Rates for subsequent screenings would be lower.

The yield of cancers is high in older women. Reduction in mortality has been shown in women aged up to 74 on entry to screening but not beyond.<sup>3,4</sup> Benefits on mortality are understated when reported as relative risks since older women have higher absolute risks. For instance, in the demonstration project in the United States the relative reduction in deaths from breast cancer was 24% in screened women aged 50 to 59 and 26% in those aged 60 to 74, but the absolute reductions were 103 and 140 deaths per 10000 screened respectively.<sup>3,4</sup>

It was reasonable in the first instance to confine the British screening service to the cohort aged 50 to 64, in whom evidence of benefit was strongest, but screening policy and research policy with regard to older women should now be reappraised. Research on older women is minuscule compared with that on women aged 40 to 49, in spite of more serious doubts over the value of mammography in that group.

Older women may request screening, but few do so, and it would be administratively more costly than routine invitation if many did so. We believe that the national programme of invitations should extend to 69 year olds. This would need new money to be made available to health purchasers. There is a case for further expansion to age 74, but a large scale project is needed to establish whether a higher yield of cancer in this age group offsets the lower uptake and what the uptake in subsequent

Effect of age on uptake of screening for breast cancer in four studies.\* Figures are percentages

Nijmegen, Netherlands			
Age (years)	60-69	≥70	
1st round	80	35	
3rd/4th round	54	21	
Two countries (Sweden)			
Age (years)	60-69	70-74	≥75
1st round	88	79	<50
2nd round	81	67	
Malmö, Sweden			
Age (years)	65-69	64	
1st round			
Manchester, England			
Age (years)	65-69	70-74	75-79
1st round	67	59	57

\*For details see references 3 and 4.

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rounds would be. The situation for women over 75 also needs further research.

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- 1 Austoker J. Screening and self examination for breast cancer. *BMJ* 1994;309:168-74. (16 July.)
- 2 Hobbs P, Kay C, Friedman EHI, St Leger AS, Lambert C, Boggis CRM, et al. Response by women aged 65-79 to invitation for screening for breast cancer by mammography: a pilot study. *BMJ* 1990;301:1314-6.
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### Consider family history also

EDITOR.—We take issue with Joan Austoker's statement that "age is the only risk factor sufficiently important to influence policy" on screening for breast cancer.<sup>1</sup> This fails to take into account the effect of a family history of the disease on the risk of breast cancer, particularly premenopausal disease. In their review of hereditary breast cancer Evans *et al* pointed out that women with a first degree relative who developed breast cancer below the age of 40 have roughly a threefold risk of developing the condition themselves, and the chance of developing the disease is about the same for such women when they are 35 as it is for women of 50 with no family history of the disease.<sup>2</sup> If a woman has a more extensive family history of breast cancer her risk, particularly of premenopausal disease, is further increased.<sup>3,4</sup> Women who have a germline mutation in the BRCA-1 gene predisposing to breast cancer may have a 70% risk of developing the condition by the age of 50.<sup>2,3</sup>

Austoker notes that the proportion of breast cancers detected on population screening that are of lower malignant potential is higher in women below the age of 50 than in older women screened, but what this proportion would be if genetically predisposed women under 50 were targeted for screening is unknown.

We therefore submit that age is not the only risk factor sufficiently important to influence screening policy; family history is also relevant. The efficacy of screening for breast cancer among premenopausal women at high genetic risk of the disease is still uncertain, but screening would be expected

to be more efficient in these women because of the higher risk of disease in this group than in the general population. An assessment of such screening can be made only by audit of surveillance protocols in these women over a prolonged period, with an acceptance that such screening could be of great value to this group.

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- 1 Austoker J. Screening and self examination for breast cancer. *BMJ* 1994;309:168-74. (16 July.)
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### Women do examine their breasts

EDITOR.—The Department of Health's policy highlights the importance of breast awareness, which includes an element of breast examination.<sup>1</sup> Joan Austoker asserts that most women do not perform breast self examination.<sup>2</sup> A recent study we performed in one general practice does not support this assertion.

Receptionists randomly distributed 177 questionnaires to women aged over 18 attending an urban and inner city general practice; 169 (95%) questionnaires were completed. One hundred and nineteen women reported that they examined their breasts. The highest rate of breast examination was in women aged 41 to 60 (52 of 59 women). This age group includes postmenopausal women, in whom the likelihood of a lump being malignant is much higher.<sup>3</sup> Generally, breast examination was performed unsystematically: 90 women performed it on only a random, occasional basis.

Our study suggests that women, particularly those most at risk, do examine their breasts. Since most breast cancers are found by women themselves,<sup>2</sup> further clarification of breast awareness is required. Should we promote examination of the breast more actively and build on women's current practice to improve its quality and detection rate or does evidence suggest that as a screening tool it is ineffective? Women, however subconsciously, are taking the first step, and health professionals must ensure that it is in the right direction.

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- 1 NHS Breast Screening Programme. *Be breast aware*. London: Cancer Research Campaign, 1991.
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### Discrepancies in studies are confusing

EDITOR.—Chamberlain *et al* reported that they detected 6605 cancers (100%) among about 1.1