



Title	The Benefit of Population Screening for Breast Cancer With Mammography
Agency	GR, Health Council of the Netherlands/Gezondheidsraad Bostbus 16052, 2500 BB Deb Haag, The Netherlands; tel: +31 70 340 7520, fax:+31 70 340 7523, www.gr.nl
Reference	GR Report 202/03E. ISBN 90-5549-420-8.

Aim

The Health Council of the Netherlands (GR) was asked by the Dutch Minister of Health to advise her whether a recent Cochrane review (undertaken by Ole Olsen and Peter Götzsche) nullifies the practice of screening for breast cancer in women aged over 50 years.

Results

The GR agrees with the Danish reviewers that the RCTs examined can be criticized in some respects. However, with one exception, the GR finds that the nature of these shortcomings do not render the published data unusable. Moreover, the GR opinion is that insufficient arguments are used to score four of the RCTs much lower on methodological grounds than two other RCTs.

Although the Cochrane review notes possible sources of bias, the reviewers have not shown that bias greatly effects the trial results. The GR considers as too extreme the conclusion that breast cancer mortality is an unreliable outcome that is biased in favor of screening. The GR does not agree with the conclusion that breast cancer mortality must be replaced by overall mortality. The GR does, however, find that the use of breast cancer mortality as the only endpoint can lead to incorrect interpretation – total cancer mortality, deaths from other major causes, and overall mortality must also be taken into consideration.

If data from all eligible trials (flawed studies excluded) are considered for women aged over 50 years, then the relative risk for breast cancer mortality is 0.74 (95% CI 0.62–0.89) after 7 years and 0.75 (0.66–0.86) after 13 years. In the same way, the relative risk for overall mortality is 0.97 (0.93–1.00) after 7 years and 0.99 (0.97–1.02) after 13 years. The Cochrane review does not report separately on the relative risk for cancer mortality in women aged over 50 years.

Conclusion

The GR sees no basis, in the light of the Cochrane review, for the conclusion that population screening for breast cancer among women aged over 50 years has no survival benefit.

Methods

A committee of scientists not involved in the screening program prepared the advisory report. As part of its work, the committee held a hearing that was attended by Dutch experts either involved in, or opposed to, the screening program.