In screening for breast cancer, clinical examination is as effective as mammography

Editor—Melvin J Silverstein betrays his personal bias when he states that mammography is the best diagnostic tool for early
detected of breast cancer. The point he compares 10-year survival in patients with non-palpable invasive breast cancers < 1 cm detected at screening with that in patients with palpable cancers seen in hospital clinics, and he concludes that the survival of the former group is 15-40% better than that of the latter.

The truth is that, in the setting of breast cancer screening, a careful clinical examination is as effective as mammography. Although the real usefulness of mammography lies in the detection of non-palpable cancers, most cancers detected at mammographic screening are palpable and there is no evidence that the detection of non-palpable cancers has any impact on reducing mortality. A Canadian study of women aged 50-59 in which physical examination was compared with physical examination plus mammography found no added benefit for the mammography arm even after a follow-up of 10 years (A B Miller, personal communication).

It is not difficult to understand why so much collective energy has been expended to discredit the Canadian study when there is published evidence to show that the cancer detection rates and the incidence of interval cancers in that study were identical with those in the largest and the most classical screening study of the same era—the breast cancer detection demonstration project. Until the detection of non-palpable cancers is shown to reduce the death rate from breast cancer (even among women over 50), rather than merely improve survival, the claim that this technique is the best diagnostic tool will remain scientifically untenable.

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1 Silverstein M. Diagnosis and treatment of early breast cancer. BMJ 1997;314:1735-6. (14 June.)