

A view from the Swiss Society of Senology

# SMB Mammography Screening Recommendations: Concerns shared – Conclusions wrong

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Im Anschluss an diesen Beitrag  
findet sich auf Seite 1317  
eine Stellungnahme des Swiss  
Medical Board (SMB).

Bemerkung: Der Text ist in  
Englisch gehalten, um alle vier  
Sprachregionen gleichermaßen  
zu erreichen und da es sich  
auch um eine indirekte Antwort  
auf eine Publikation von Teilen  
des SMB im NEJM handelt.

Disclosure:  
BT, VP and EG have nothing to  
disclose. CR ist Angestellter und  
Mitinhaber eines Brustzentrums in  
Zürich. Die geschäftlichen  
Auswirkungen der Einführung  
eines allfälligen Screening-  
programmes im Kanton Zürich  
können schwer beurteilt werden –  
sie können sowohl negativ (wegen  
geringeren Tarifen in einem Screen-  
ingprogramm gegenüber dem  
opportunistischen Screening) wie  
auch positiv sein.

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The Swiss Medical Board (SMB) originates from an initiative of the Canton of Zurich which has repeatedly stated to be against the introduction of a quality controlled mammography screening program. The composition of the board has clustered around experts of the canton of Zurich and this has remained largely unchanged. Recently, the Zurich Medical Board was «nationalized» becoming the «Swiss Medical Board». When evaluating mammography screening programs the voice of the cantons with ongoing mammography screening programs – ongoing for more than two decades in the western, French-speaking part of the country – was not represented, neither those from cantons with ongoing mammography screening programs in the German speaking part of Switzerland. Neither radiology nor mammography screening expertise was available in the SMB.

The SMB arrives – contrary to most national and international bodies evaluating controlled mammography screening programs – to the conclusion, that the low utility does not justify the effort to introduce or conduct such programs. Several experts of the Swiss Society of Senology have been interviewed during the evaluation process of the SMB. The conclusion of the SMB does not represent the opinion of our interviewed experts. Our society is an independent, interdisciplinary, non-profit organisation founded 1980 and representing all eight Swiss professional societies dealing with breast health.

**«The conclusion of the SMB does not represent the opinion of our interviewed experts.»**

The fact that controlled mammography screening programs lower the breast cancer mortality is unquestioned by most and the SMB does not deny the efficacy of such programs in their report. We do not share their position that the breast cancer mortality reduction by these programs is of minor or marginal magnitude. We believe that this statement is inappropriate and unreasonably dangerous. The reduction of far more than 100 premature deaths due to breast cancer is not of minor or marginal magnitude.

## Summary

The SMB does not deny the efficacy of quality controlled screening programs but arrives – contrary to most national and international bodies evaluating controlled mammography screening programs – to the conclusion, that the low utility does not justify the effort to introduce or conduct such programs. We do not share their position indicating that the breast cancer mortality reduction by these programs is of minor or marginal magnitude. We believe that this statement is inappropriate and unreasonably dangerous. The reduction of far more than 100 premature deaths due to breast cancer every year is not of minor or marginal magnitude. The SMB states in its report that up to 200 premature deaths every year may be prevented by quality controlled mammography screening programs. Other estimates are reported to be even higher. The SMB report has several methodological shortcomings and the recommendations are unfortunately inconsistent or even contradictory. Details are given in the article. Switzerland has a high breast cancer incidence and our women deserve equal access to quality controlled breast cancer screening mammography programs. Only such programs will generate adequate data to steer and further optimise mammography screening.

The SMB states in its report that up to 200 premature deaths every year may be prevented by quality controlled mammography screening programs. Other estimates are reported to be even higher.

The SMB report uses the wording of «misdiagnosis in about 100 of 1000 mammographies». The correct wording would be «unclear findings requesting further investigation». The report uses also models which, in our view, are inappropriate, trying to quantify the reduction of quality of life and its dura-

tion associated with wrong alarms. These models do not take into account a possible increase in quality of life due to reassurance by a normal mammography finding in woman with breast health concerns. The conditions and assumptions used in SMB models are not adequately based on evidence and because of its theoretical character can only be regarded as examples among several other useful models to assess the utility of mammography screening programs. Several investigations evaluating mammography screening programs not only focusing on results of old randomized clinical trials but also incorporating the large database of ongoing mammography screening programs come to the conclusion that the advantages of quality controlled mammography screening programs clearly supersede the disadvantages. Mammography screening programs are therefore ongoing in more than 20 countries in Europe.

From both the public health and the ethical point of view the access to quality controlled mammography screening programs should be facilitated to all parts of the society, especially to those groups with usually less consumption of health care services, coming later to the diagnosis, requiring more

medical investigations and treatments. The recommendation of the SMB is not evidence-based. The consequences of such a recommendation are and will remain unclear as counselling and medical investigations initiated outside screening programs will neither be quality-controlled nor evaluated over time. It is also likely that these procedures will unnecessarily increase costs and probably morbidity associated with uncontrolled, wild mammography screening.

Our understanding of breast cancer and early detection remains unclear and incomplete. Further research is needed and will help to clarify which forms of breast cancer will have an indolent course and identify those with a more aggressive behaviour. Future directions of mammography screening programs point to risk-adapted screening and incorporate new technology. Such developments are ongoing. Our society is convinced that women and caregivers should participate in these developments and generate data within their own health care systems in order to steer and optimise screening mammography and its utility rather than to withstand.

Switzerland has a high breast cancer incidence, higher than in neighbouring countries, it is in fact

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### «The reduction of far more than 100 premature deaths due to breast cancer every year is not of minor or marginal magnitude.»

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invasive therapies and thus suffering most from the high breast cancer mortality (lower education and income, immigrants, rural population etc.) in many western countries.

The recommendations of the SMB are unfortunately inconsistent or even contradictory. The SMB recommends a «rigorous» medical examination and an easy to understand information about pros and cons of mammography screening before participation in such a program. Whereas we agree on adequate information (about the possibility of false negative and false positive results and the possible risk of overdiagnosis), we doubt that a «rigorous examination» will help to lower breast cancer mortality. Such individual medical examinations may obviously also give wrong alarm, leading to unjustified

among the highest worldwide. Our women deserve equal access to quality controlled breast cancer screening mammography programs. These programs will have to adopt the highest possible level of quality control to assure optimal sensitivity and specificity in order to optimize the utility for women participating. Women should be invited to consider the offer for such early detection of breast cancer based on adequate information. Swiss mammography screening programs have recently adopted the information of the Swiss Cancer League in order to give women information as unbiased possible. This information, together with the woman's own consideration, should be the basis for the decision to participate in the program or not.