

National Health Service accused over cancer 'con trick'.

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By: Beezy Marsh, Health Correspondent.

BREAST cancer screening may do more harm than good as women are put through needless operations and gruelling treatment, according to a study.

Experts say women are being kept in the dark about the health risks. Many could even be undergoing unnecessary breast removals.

They claim the benefits of mammography are being hyped by the Health Service in what amounts to a 'con trick' on the nation's women.

Figures used to help persuade women aged 50 to 64 to have a breast check are 'misleading', according to the study's authors at the University of Leicester.

An NHS Cancer Screening Programme leaflet warns that one woman in nine will get breast cancer. But the experts claim this figure actually represents a lifetime's risk among women aged 80.

The study – reported in the British Medical Journal – is the latest to question the value of the £52million NHS breast screening service which treats around 1.5 million women a year and is credited with saving 1250 lives annually.

Women between 50 and 64 are invited to have a breast X-Ray every 3 years. The Department of Health plans to expand the service to women aged 65 to 70 by next year.

Breast cancer is diagnosed in 40000 women in the UK every year and kills an estimated 13000.

Last year, leading breast cancer specialist Professor Michael Baum, of University College Hospital in London warned that screening may do more harm than good.

Experts in Denmark found women undergoing screening face a 30 percent higher risk of surgery, much of it unnecessary.

Epidemiologist Hazel Thornton of the University of Leicester, who led the latest study, said, "The suggestion that breast cancer is one thing that can be prevented by screening is a dreadful con trick. You can go for screening and land yourself in a whole heap of trouble. But women are not being told about this. For a start, they are being told they have a one in nine risk of getting breast cancer, when that figure applies to women who reach the age of 80. It is all very misleading".

She added, "The decisions about the benefits of breast screening have until now been made by paternalistic agents of the state rather than women supported by good information and their GP or others. Tensions exist between the demands of the screening industry's pursuit of good uptake and properly promoting informed choice of patients. Harms are often dismissed as a price worth paying for the perceived general good".

Mrs Thornton said women having screening are more likely to face surgery and aggressive radiotherapy treatments if doctors find a tumour. Radiotherapy puts a stress on the heart and increases the risk of heart attacks; meaning women's health may be more at risk than from some breast tumours.

About 60% of some slow growing tumours – called ductal carcinoma in situ (DCIS) – would never develop into cancer in the patients' lifetime. Around 2000 cases of DCIS are picked up through screening every year.

Surgeons are more likely to cut out benign lumps if a woman has been screened, creating psychological as well as physical scars and fears in her next generation of female relatives.

Jullietta Patrick, national co-ordinator of the breast-screening programme, defended the service, which picks up around 10000 cancers a year. "It might lead to women having to face the choice of going through a mastectomy if a cancer is detected, but breast screening does save lives. We are giving women good and thorough advice in our leaflets, but the general feedback from consultations was that women didn't want to be swamped with statistics".

Mrs Patrick said the one-in-nine breast cancer risk figure was used because cancer charities were also promoting it in campaigns, but it did apply to a woman's lifetime risk.

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