In the news

THE REGRESSION QUESTION

Could as many as one in five cases of invasive breast cancer regress without treatment? This is the provocative suggestion of a recent trial, which compared women in Norway who received three rounds of mammogram screening between 1996 and 2001 with those who were screened only once in 1996 or 1997. Women in the biennial screening group had a 22% higher incidence of invasive breast cancer.

The authors, led by H. Gilbert Welch, suggest it is possible that cancers that would otherwise regress are being detected and treated: “arguably the major harm associated with mammographic screening” ([Reuters News UK](#), 24 Nov 2008). And Donald A. Berry, of the M. D. Anderson Cancer Center in Houston, USA, voiced his concerns about the pain and distress of patients undergoing unnecessary treatment, saying, “[t]here may be some benefit to very early detection, but the costs will be huge” ([New York Times](#), 25 Nov 2008).

Others were quick to emphasize the importance of screening in decreasing breast cancer mortality. Robert A. Smith of the American Cancer Society stated that “the balance of benefits and harms is still considerably in favour of screening for breast cancer” and was sceptical about the conclusions being attributed to the trial: “Their simplification of a complicated issue is both overreaching and alarming” ([New York Times](#), 25 Nov 2008).

A watch and wait policy for breast cancer is not currently feasible. Dr Alexis Willet from Breakthrough Breast Cancer emphasized “it is not currently possible to predict whether early changes picked up by screening will progress.” ([The Guardian](#), 25 Nov 2008). As Drs Robert M. Kaplan and Franz Porzsolt wrote, “[p]erhaps the most important concern raised by the study is [how] little we know about what happens to untreated patients with breast cancer” ([Chicago Tribune](#), 28 Nov 2008).

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