Canada's new breast screening guidelines put women's lives at risk

December 10, 2018 – **Toronto** – Canada's new breast screening guidelines will cause unnecessary deaths and harm and should be ignored by women and their family physicians, say two of this country's leading breast screening experts.

The Canadian Task Force on Preventive Health Care (CTF) today released its latest guidelines for breast cancer screening for women at average risk. The CTF guidelines are used by 43,500 family doctors to guide their discussions about breast cancer screening with up to nine million Canadian women between the ages of 40-74. The 2018 guidelines advise against mammography for women aged 40-49, against women doing breast self-exams, and against doctors doing breast exams. They recommend women aged 50-74 have mammograms every two to three years. http://www.cmaj.ca/content/190/49/E1441

"These recommendations are alarming and should be rejected by family physicians and their patients. Canadian women should be outraged," says Dr. Paula Gordon, a clinical professor of Radiology at the University of British Columbia. "These recommendations, if followed, will cause unnecessary suffering and deaths."

Dr. Martin Yaffe, Co-Director, Imaging Research Program, Ontario Institute for Cancer Research, says if the CTF guidelines are followed, Canada will see approximately 400 avoidable breast cancer deaths annually.

"The CTF will spend a lot of our tax dollars on communication tools to try to convince doctors and the public that less screening is a good idea. They'll suggest that few cancers occur each year and few lives will be saved each year. These numbers will look very small," says Dr. Yaffe. "But scale them up to the Canadian population and the story looks very different – screening at age 40 would mean about 400 lives per year saved. And for the women in their 40s, each death prevented represents about 20 extra years for a woman to live her life."

Both Dr. Gordon and Dr. Yaffe say the new guidelines are based on studies that are out of date and use inaccurate numbers and obsolete technology. The CTF has overstated the risk of overdiagnosis, exaggerated the "harms" of screening and ignored the importance of women knowing their breast density. The CTF has also ignored the findings that screen-detected breast cancers require less harsh therapies like mastectomy, armpit node surgery and toxic chemotherapy.

"The most lives are saved when mammograms start at age 40," says Dr. Gordon. "The task force is ignoring indisputable peer-reviewed evidence by internationally respected organizations that mammography saves lives. Women who have screening mammograms are 40-60 per cent less likely to die of breast cancer than women who do not. The CTF underestimates the percentage to be 15."

Dr. Gordon says it's wrong for the CTF to recommend against breast self exams and clinical breast exams when that's precisely how many interval cancers (the ones found between mammograms) are found. She added that women with dense breasts especially should be encouraged to do breast self-examinations. Women and their physicians should be educated about the risks of dense breasts, and the ability of supplementary screening ultrasound/MRI (dependent on their individual risk) to find the small, invasive node-negative cancers missed on mammograms.

"The CTF is composed of methodological experts with no specific knowledge of breast cancer screening or treatment, ostensibly to avoid bias. It operates at arm's length from government and its operations are unsupervised," says Dr. Yaffe. "One would expect that the mission of the CTF would be to recommend how to prevent deaths and suffering from breast cancer. Instead it seems that its goal is simply to reduce access to screening. Their recommendations are misleading, dangerous and a waste of tax dollars."

Jennie Dale, Co-founder of Dense Breasts Canada, said not only is the CTF undermining confidence in the tools that have helped reduce breast cancer and the need for harsh therapies, but they also missed the opportunity to save lives by not including recommendations for women with dense breasts.

"So much progress has been made against breast cancer in the past 30 years. We should be moving to reinforce and build on that progress," says Ms. Dale. "Our Canadian screening programs and our doctors assume that the guidance from the CTF is accurate and reliable. Sadly, this is not true. The impact of these misguided recommendations will be devestating to many Canadian families."

Dense Breasts Canada (DBC) is a non-profit organization made up of breast cancer survivors and health care professionals dedicated to raising awareness about the risks associated with dense breasts. densebreastscanada.ca

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BACKGROUND: KEY CONCERNS WITH THE 2018 BREAST SCREENING GUIDELINES

1. Women who have screening mammograms are 40-60% less likely to die of breast cancer than women who do not. The CTF underestimates the percentage to be just 15%.
2. Most lives are saved when mammograms are done annually starting at age 40, but the CTF does not recommend screening at age 40. 24% of the life-years lost from breast cancer are due to cancers in women in their 40s. Mammography screening is effective in that age group. The CTF ignores these women even in the light of The Pan Canadian Study and other similar studies.
3. The CTF only considers the benefit of screening in terms of reduction of mortality and ignores three other significant health benefits of early cancer detection: avoiding chemotherapy, mastectomy and lymphedema. Publications in well-respected journals demonstrate that when breast cancers are found when they are smaller and earlier stage it is less necessary to perform mastectomies or administer toxic chemotherapy.
4. Breast cancer risk increases with increasing breast density, but the greatest risk associated with density is cancer being missed due to masking. The CTF has ignored density and the value of informing women of their density and recommending supplementary screening methods. There is ample data demonstrating the ability of supplementary ultrasound to detect cancers missed by mammography in women with very dense breasts.
5. The CTF places weight on the subjectivity of density assessment. There is currently software that can objectively assess density, so the argument has no validity.
6. The CTF concluded that the "harms" of screening are 1. overdiagnosis and 2. false positives and that these harms outweigh the "benefits".
7. Our response to harm 1: Overdiagnosis is the possibility that a woman will be diagnosed with breast cancer and treated for it but die of something else before she would have died of her cancer. The likelihood of overdiagnosis is uncertain and can only be estimated. It is not known which cancers would result in overdiagnosis and yet the CTF lists this as the main harm from screening.
8. Our response to harm 2: About 10% of women need additional tests after screening. The majority of them need only additional mammogram studies; some need ultrasound, and a small fraction need a needle biopsy. These are done with local anesthetic (freezing), and the vast majority are minimally uncomfortable (i.e. less painful than a blood test from the arm). That is a small price to pay to help find out whether cancer is present. Being recalled causes anxiety for many women, but it's transient, and studies show that it doesn't harm them in the long-term. 8.
9. The CTF says that when told the facts, most women age 40-49 would choose **not** to be screened. According to Dr. Paula Gordon, "Certainly from my thousands of conversations with women during my career, when told that mammograms could prevent breast cancer death 40-60% of the time and allow them to have a lumpectomy and avoid lymphedema and cancer if their cancer is detected early, most women would choose screening.
10. Shared decision making is encouraged. The decision on whether to participate in screening is up to individual women with advice from their health care providers. According to Dr. Martin Yaffe, Senior Scientist, Sunnybrook Research Institute, "These providers have been poorly

advised by Canadian guidelines. I would argue that women are not being given the most accurate information on which to base their decisions."

11. The CTF has **no** breast cancer screening experts in its membership by design. Of the doctors on the breast cancer screening working group, two are nephrologists, one is a gastroenterologist and two are family doctors. The chair of the CTF is a psychologist.

12. Medical experts have strongly criticized the evidence used by the CTF. The CTF relies on outdated and flawed data, while ignoring more current research. The CTF deliberately ignores observational studies done with modern mammography equipment, in favour of randomized controlled trials (RCTs) done from the 1960's to 1980's that used old fashioned equipment that is now obsolete.

13. The CTF ignores its internal procedures manual that states when high quality randomized trials are not available, they should consider other evidence sources.

14. The CTF is an arm's length body and the Public Health Agency of Canada has **not** created an accountability structure that would allow their recommendations to be evaluated for harm.

15. The CTF membership changes before each round of guidelines, so without other internal structures in place, there is minimal learning from the failings of one round to the next as we see from the similarities in recommendations in 2011 and 2018.