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Benefits of screening mammography

DR ANDY Ho's commentary ('Hold that mammogram - it may not benefit all'; June 16) questioned the benefits of screening mammography (photo).

It raised the possibility of overdiagnosis, based on a study which suggested that a particular model for breast cancer risk assessment overestimated the risk in Asian women.

This study is not relevant to population-based mammographic screening and should not be extrapolated to conclude that mammography is of no value.

The commentary also stated that cancers detected in women who undergo regular mammograms are likely to be ductal carcinoma in situ (DCIS), which, if left untreated, 'generally doesn't kill'.

This is not true.

The majority of screening-detected cancers are invasive and not DCIS. DCIS is pre-invasive cancer. While some cases may be indolent, others do progress to invasive disease and can cause death.

Although we cannot predict which will not become invasive, to assert that all DCIS need not be treated sends the wrong message.

It was also mentioned that 'with widespread mammography, the number of cases caught at more advanced stages hasn't dropped much at all, which a good screening test... should lead to'.

The essential fact in population-based screening is that at least 70 per cent of the target population should undergo screening before the benefit of lower mortality is seen.

In Singapore, the participation rate for screening is low. Of approximately 1,500 invasive breast cancers diagnosed annually, perhaps 15 per cent to 20 per cent of cases are detected by screening.

The fact that we still have advanced cases does not mean mammography is no good, but that not enough women go for screening.

The commentary further stated: 'The sensible woman would... do regular breast self-examination and see a doctor if any symptoms appear... For women with no family history and no symptoms, regular mammography may not be particularly useful.'

This is wrong.

The only large trial of breast self-examination showed that it was ineffective in reducing breast cancer deaths.

A study by the National Cancer Centre Singapore and Singapore General Hospital showed that breast cancers found through screening mammography had more favourable features compared to those discovered by the women themselves. The screening-detected cancers were smaller, had not spread to the lymph nodes and required less treatment.

We stand by the Health Ministry's Clinical Practice Guidelines (2010) on breast cancer screening.

Academy of Medicine, Singapore's Workgroup on Mammography

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