Screening mammography: a reassessment
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Record Status
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Citation

Authors' objectives
This update of two reports by the Conseil d'Évaluation des technologies de la santé (CETS) published in 1990 and 1993 addresses three questions: (1) What is the strength of the scientific evidence on which screening mammography programs are based? (2) What evidence is there in support of screening for women aged 40 to 49 years? (3) What are the implications of research studies for maximizing the effectiveness of modern programs such as the Programme québécois de dépistage du cancer du sein (PQDCS)?

Authors' conclusions
Existing scientific trials, despite their flaws, support mammography screening programs. In addition, there are good reasons to believe that modern, well-conducted screening programs may achieve earlier detection and diagnosis of breast cancer and, perhaps, greater reductions in breast cancer mortality than what has been found in screening trials. Trial data published to date do not provide scientific justification to recommend screening for women younger than 50. However, this conclusion does not exclude the possibility that screening of individual women, based on a personalized risk assessment, could be of benefit. These conclusions should be reviewed when results from the UK Trial become available. Modern screening programs such as the PQDCS may produce outcomes comparable or even superior to those observed in screening trials if they achieve a standard of quality equal to or better than the standard achieved by trials. Measures that should reduce false positive rates and assure high quality screening include making sure that high quality mammographic films are being produced, that readers have the necessary expertise to detect early cancer and avoid false positives, and double reading of a proportion of films. While participation rates should be as high as possible, efforts to increase participation should not overstate the benefits of mammography nor understate the risks and uncertainties which remain.

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