Institute restricting the mass application of screening by mammography to women above 50 yr of age should, therefore, be adopted in all countries until such time as programmes of research which provide evidence on the efficacy of screening in women under the age of 50 yr have been brought to fruition. It is not clear whether the non-randomized studies currently in progress in Europe will provide the necessary evidence. There is no question that randomized studies do have the ability to provide the data required with precision and such a study will shortly be initiated in Canada [5] with, it is hoped, some additional input from some of the detection demonstration centres in the United States.

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The above letter was communicated to Dr. D. W. van Bekkum,
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who offers the following reply:

DR. MILLER and the UICC International Workshop on Screening in Cancer are basing their recommendations on data derived from the HIP study which was initiated 16 yr ago. In the meantime, diagnostic procedures, treatment and patient evaluation at follow-up have undergone certain refinements which may be expected to result in some improvements in detection and survival rates, including the group below age 50. Support for this statement can be found in the recent literature [1]. Furthermore, it is based on our current understanding of the biology of cancer, which is that the earlier stages of a tumor are more curable than later stages [2].

If mass screening for cervical cancer had been postponed until unequivocal proof of its benefits had been established—which is even at present not yet the case according to some authors—many lives would have been lost unnecessarily.

In health protection practice it is not "singularly inappropriate" to start a program before proof of its benefits is available. This is demonstrated by the fact that many countries have passed laws to make the use of safety belts in passenger cars obligatory, before evidence was available that such population-wide measures indeed result in life and health savings [3, 4]. Even now this particular issue has not been settled in terms of convincing proof derived from studies employing proper control groups such as are generally required in our field.

Furthermore, mass screening programs always develop in a step-wise fashion, starting with segments of the population and extending in the course of many years. During this period adjustments can and will be made.

In my opinion, it is inappropriate for reasons of medical responsibility to withhold even possible benefits of a procedure—such as screening for mammary cancer—to a certain segment of the population, in particular, because the final decision whether or not to participate in the program rests, at least in our countries, with the individual woman.

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