



## Letter

# Trends in breast-conserving surgery in the Southeast Netherlands: Comments on article by Ernst and colleagues. *Eur J Cancer* 2001, **37**, 2435–2440

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Ernst and colleagues concluded that the introduction of mammography screening had little effect on the trend in breast-conserving surgery [1]. However, by referring to relative rather than absolute numbers, they have missed other interesting trends.

The authors looked at 5409 patients with invasive breast cancer and excluded 621 (11%) of them, either because they had direct extension of the tumour to the chest wall or skin, inflammatory cancer and/or clinical signs of distant metastases. There were probably relatively more of those types of patients in the earlier years, before the screening programme had been fully implemented. However, such bias would be too small to explain the large increase in the incidence of invasive breast cancer in the 9-year period of the study. I did a linear regression analysis ( $r=0.96$ ,  $P<0.0001$ ) and found that the number of invasive cases had increased by 78% from 1990 to 1998. How can this be explained, as it cannot be a natural trend and possible over-diagnosis would not result in such a large increase?

Based on the absolute numbers in the paper and on the proportions in Fig. 1 of their paper, I calculated that numbers of women who underwent breast-conserving surgery increased by 71% and numbers of women who underwent mastectomy increased by 84%. The authors did not include carcinoma *in situ*, but data from the UK

screening programme have shown that 29% of the women who had carcinoma *in situ* were treated by mastectomy compared with 28% of those with invasive cancer (BASO Breast Audit 1999/2000, available from <http://www.cancerscreening.nhs.uk/breastscreen/publications.html>).

These findings are important. When women are invited to screening, they are usually told that by detecting tumours early, breast-cancer patients can be spared more extensive surgery. The Dutch study and other studies [2,3] have shown that this is not correct, and the information given to women invited to screening therefore needs to be changed.

## References

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