



Letter

Reply to the letter of Dr. Peter C. Gøtzsche

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Our paper is based on the patient population of seven middle-sized to large community hospitals in the Southeast Netherlands, that are served by one radiotherapy unit. Part of the increase of the absolute number of patients is related to the rapidly growing proportion of elderly. Patients with inflammatory cancer or a direct extension of the tumour to the chest wall or skin were excluded from our study; their number decreased from 79 in 1990 to 22 in 1998. No decrease was observed in the absolute number of patients with distant metastases. Finally, increases of the areas covered by hospitals as a result of mergers may also have affected the absolute numbers. However, the absolute numbers of patients and their treatments should not be interpreted as the incidence rates within a fixed area with a standardised population. When looking at the age-standardised incidence rates in a well-defined area in the Southeast of the Netherlands, the age-adjusted incidence rate of invasive breast cancer increased from 98.4 in 1990 to 121.9 per 100,000 women per year in 1997 (European Standardised Rate), which is an increase of 24% [1].

We agree with Dr. Gøtzsche that insufficient light has been shed on the uncertainties induced by breast cancer screening regarding the diagnosis and treatment of carcinoma in situ, which is found so much more by mammography screening [2]. Findings of a Danish autopsy study suggest that many of these cancers would never have progressed and be diagnosed clinically [3]. Moreover, consensus regarding the treatment of in situ breast cancer has always been lacking. Only recently, national guidelines for the treatment of ductal carcinoma in situ (DCIS) have become available in the Netherlands, which still don't offer the surgeon much help in his decision-making concerning breast-conservation or ablation.

Patients with DCIS were excluded from our analyses, but have been described in more detail in a Dutch journal, two years before [4]. A short update of the figures showed that between 1990 and 1998, 432 cases of DCIS were detected in the seven community hospitals in the Southeast of the Netherlands. The proportion of patients with DCIS increased from 3.6% to 9.8% of all breast cancer patients. Of the 432 patients, 57% underwent breast-conservation and 43% ablation of the breast. When looking at the screened age group of 50–69 years of age, the absolute number of patients with DCIS increased from 41 in the period 1990–1992 to 129 in the period 1996–1998. The proportion detected by the breast cancer screening programme increased from 29% in the period 1990–1992 to 67% in the period 1996–1998, whereas the proportion undergoing breast-conserving surgery (with or without adjuvant radiotherapy) increased from 56% in the period 1990–1992 to 65% in the period 1993–1995, but showed no further increase in the period 1996–1998 (Fig. 1). Apparently, the unpredictability of the malignant potential of DCIS and the

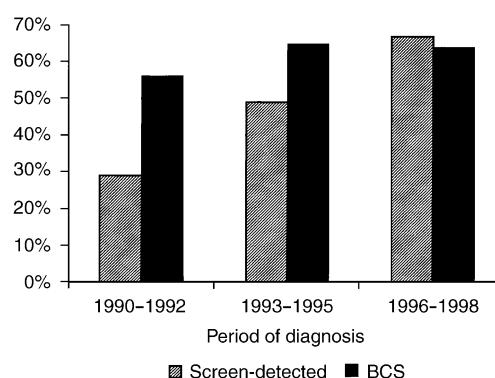


Fig. 1. Proportion of patients aged 50 to 69 years with ductal carcinoma in situ (DCIS) detected by the breast cancer screening programme and the proportion undergoing breast-conservative surgery (BCS), according to the period of diagnosis (n = 263).

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fact that many of these lesions emerge as diffuse microcalcifications on the mammogram limit the use of breast-conservation and will leave the surgeon in those cases with no other option than the complete removal of the breast.

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