

SESSION 6

S17. Political Interpretation of Scientific Evidence: Case Study of Breast Cancer Screening Policies Around the World

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Evidence in support of breast cancer screening has been accumulating over the past 20 years. Yet despite the fact that specific data regarding screening modalities, their effective periodicities and target age groups became convincing more than a decade ago, a number of countries have not established screening policies. Some governments have revised their courses of action many times, and the policies that do exist vary substantially from one country to the next.

Recently published meta-analysis supposedly challenging the effectiveness of mammography raises serious questions regarding the current scientific process involved in screening technology evaluation.

Countries with national healthcare system models, such as the UK, Canada, some Scandinavian countries and the Netherlands, were the first to finance studies evaluating the effectiveness of screening and to implement national policies. These studies took into account relevant values (prevention, an aging population), disease burden, feasibility and financial consequences. Alternatively, European countries with other health systems models, such as France and Germany, have taken much longer both to determine policies and to implement them on a national level. In yet another example, the United States has gone through many decision-

making phases regarding mammography screening. This process eventually culminated in Congress' rejection of recommendations made by the national committee that had been formed to determine screening policy based upon a professional review of scientific evidence. Responding to pressure from certain interest groups, Congress then forced the National Cancer Institute to claim as its own a finding that was contradictory to the actual conclusions of the committee. This "finding" became policy, and to this day remains different from all others around the world.

The structures of these various healthcare systems have not only led to distinct decision-making processes with regards to screening modality, frequency, target populations and the time taken to arrive at the point of decision-making, but also have been translated into significant differences in outcomes, be they positive or adverse.

The decision-making processes undertaken by these countries will be compared along a time line, and the reflection of different healthcare systems on the political interpretation of scientific evidence that is then translated into policy, as well as the subsequent outcomes, will be discussed.