

Please send us your comments and opinions. / Nous serons heureux de recevoir vos commentaires et opinions. Letters to the editor should be addressed to: / Prière de faire parvenir les lettres à la rédaction à l'adresse suivante : *CJRM*, 45 Overlea Blvd., P.O. Box 22015, Toronto ON M4H 1N9; fax 416 961-8271; cjrm@cjrm.net

THE BENEFITS OF MAMMOGRAPHY ARE MARGINAL

I read with interest McDonald and Sherman's paper on determinants of mammography use¹ and Dr. McRae's related letter to the editor.² As McDonald and Sherman point out, virtually all related practice guidelines recommend screening mammography for low-risk asymptomatic women after they reach a certain age. However, Dr. McRae correctly highlights the increasing evidence that the benefit of mammography in this population is marginal.³

Dr. McDonald suggests in his reply to Dr. McRae's letter that "efforts to communicate information on the importance of regular screening may have been relatively less effective in reaching rural women." Although this is one possible interpretation of the authors' results, it is also possible that rural physicians are in fact more successful at conveying to patients that the benefits of mammography are marginal, and that fewer of their patients elect to pursue mammography as a result.

It is also possible that rural populations differ systematically from urban populations in their response to a perceived health risk.

The observation that rates of

mammography screening are lower in rural populations is an interesting one and warrants further study,¹ but I would side with Dr. McRae in her suggestion that efforts to increase mammography use are premature.

Kris Aubrey-Bassler, MD, MSc, CCFP

Memorial University of Newfoundland, St. John's, NL

REFERENCES

1. McDonald JT, Sherman A. Determinants of mammography use in rural and urban regions of Canada. *Can J Rural Med* 2010; 15:52-60.
2. McRae S. Screening mammography [letter]. *Can J Rural Med* 2010;15:167; author reply 168.
3. Welch HG. Overdiagnosis and mammography screening. *BMJ* 2009;339:b1425.

[One of the authors replies:]

I agree with Dr. Aubrey-Bassler that it is possible that rural physicians may be relatively more successful at conveying certain information to patients, perhaps including the possibly marginal benefits of mammography screening. However, such an explanation is not likely to be what underpins the results in our paper, because our analysis is based on survey data collected in the years 2002–2005, a period during

which the debate about mammography in the literature was just beginning to heat up.¹⁻³

Regarding Dr. Aubrey-Bassler's second point, it may well be the case that rural populations differ systematically from urban populations in their response to a perceived health risk, but it is not obvious a priori whether such differences in responses would lead to better or worse outcomes.

Generally speaking, cancer screening that is not consistent with established guidelines may not be optimal. The possible revision of recommended guidelines for mammography screening would provide an interesting opportunity to assess the extent to which the future incidence of screening in urban and rural areas would reflect such changes.

James Ted McDonald, PhD

Department of Economics,
University of New Brunswick,
Fredericton, NB

REFERENCES

1. Gotzsche PC, Olsen O. Is screening for breast cancer with mammography justifiable? *Lancet* 2000;355:129-34.
2. Duffy SW, Tabár L, Smith RA. The mammographic screening trials: commentary on the recent work by Olsen and Gotzsche. *CA Cancer J Clin* 2002;52:68-71.
3. Freedman DA, Petitti DB, Robins JM. On the efficacy of screening for breast cancer. *Int J Epidemiol* 2004;33:43-55.