

Breast-screening is failing women, says man who set it up

By [Linda Duberley](#)

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'I love women. I have been married for 44 years to Judy, a truly fantastic woman. I had a great mother. I have an outstanding sister and two daughters. I am fortunate to count many women among my most respected colleagues.'

Professor Mike Baum talks about women in a way that combines genuine affection and respect. It is clear, whatever people might say about his controversial position on breast cancer screening, it is inspired by profound compassion.

As one of the UK's leading breast cancer specialists, he has done a huge amount in the fight against one of the biggest killers of women in this country.



Artist at work: Professor Mike Baum with wife Judy and granddaughter Ellie

Partly it is personal. Breast cancer took the life of his mother Mary, 67, and his sister, Linda, was diagnosed at the age of 48.

So he finds it enormously puzzling as to why, particularly when he is recognised as a worldwide expert, he should be regarded by some in the breast cancer community as a scare-mongering irritant who, by challenging screening, does not have the best interests of women at heart.

He says: 'I care deeply about women. I have spent my life fighting a terrible disease that has done terrible things to my own family but I just can't keep quiet. I think we are headed down the wrong path in our approach to breast cancer.'

Now emeritus professor of surgery at University College, [London](#), Baum focuses his concern on one central point; that breast cancer screening

can sometimes do as much harm as good.

What makes his standpoint all the more remarkable is that he can be described as one of the original architects of the NHS's UK breast-screening programme.

'We are spiralling out of control,' he says. 'The more you screen, the more tumours you discover. A doomsday scenario is developing where huge sums are spent on detecting tumours that will never kill the woman in whom they are detected.'

'Screening was launched in good faith, but you have to follow the evidence, which is that widespread screening is not the huge success many believe it to be.'

'Resources will become scarcer and might be directed away from areas such as geriatric diseases or osteoporosis - areas that are really important to older women.'

Prof Baum, while professor of surgery at London's Kings College Hospital, set up the Camberwell breast-screening unit in

1987. It was the first of its kind in Britain and became a training centre for specialists.

He had no qualms about establishing the screening programme but he contends that it masked the real turning point which happened two years earlier when tamoxifen and adjuvant chemotherapy (delivered after surgery) were starting to have a massive effect.

'That was the real turning point,' he says. 'Since 1985, mortality from breast cancer has fallen steeply.'

For the past 20 years, Prof Baum and others have been analysing the data to see what was influencing the results. He found there were several factors that led him to believe we are vastly overestimating the value of a blanket screening programme.

'I was sceptical but I thought initially that the benefit outweighed the harm. But I am a scientist and I will change my mind in the face of new data. I have changed my mind.'



Health costs: The NHS spends £75million a year on breast cancer screening

'Early detection is a mistaken concept. We are using early here to mean size, yet a small cancer can be more aggressive than a large one.'

He says the data collected over recent years indicates that fast- growing tumours can reach a deadly stage in between screening visits and

slow-growing tumours that do not spread are unlikely to kill the sufferer.

He makes a further point about a self-selection bias that also makes it easy to misread the available data. Wealthier and better educated women are more likely to go for screening. More tumours will be discovered but that still does not give a clear indication that screening is a success.

According to Prof Baum, if 2,000 women are screened for ten years, only one death from breast cancer will be avoided.

For every death from breast cancer that is avoided, it is likely that ten times that number will be overdiagnosed. This, he says, lies at the heart of the problem. At the very least, those women will undergo unnecessary stress for themselves and the families and at the worst, possible mastectomies, radiotherapy and chemotherapy.

He says: 'We have underestimated the impact of overdiagnosis. We have made the assumption that Ductal Carcinoma In Situ [cancers that remain in the milk duct] will become invasive. We have made the fundamental mistake of assuming we knew the natural history of untreated in situ cancer.'

Prof Baum believes only a minority of such cancers progress to become invasive.

'There is a saying that if you save one life, it is as if you have saved the world. In other words, if you save one woman from breast cancer it is all worth it - but only if no other harm is done to the others who will not benefit. This is not the case.

'I believe women need to hear the facts. Is it ethically OK to coerce women to come forward for breast-cancer screening without telling them both the upside and downside of unnecessary treatment?'

Prof Baum claims that the NHS Breast Cancer Screening pamphlet has been misleading in the past. He says it has previously vastly overestimated the number of women saved from breast cancer, and has previously overplayed the reduction in breast surgery and has not given the relevant information about the nature of tumours.

However, he now feels confident the NHS breast screening programme will grasp this nettle as they are in the process of developing new guides for women invited for screening.

'The NHS spends £75million a year on breast-cancer screening. Can we save more lives by spending money more wisely?'

'Twenty-five out of 26 women will not die of breast cancer.'

Prof Baum advocates some screening but would prefer to see women divided into three groups: low, medium and high-risk.

- High-risk women - those who have close relatives who have died of breast cancer at an early age - would be offered genetic counselling.
- Low-risk women would be given lifestyle advice on the factors that increase the probability of cancer. These include obesity, alcohol, smoking and a lack of regular exercise.
- Medium-risk women with a late first pregnancy should be offered screening as part of an overall package. He also wants to highlight the ways to prevent cancer by combining lifestyle advice with drugs. Tamoxifen can be used for prevention. The latest trials use arimidex (anastrozole).

'My fear is that huge sums of money will be spent detecting shadows that will never kill women,' he says.

- Professor Baum's book, *Breast Beating*, is published on March 24 by Ashnan, price £35.

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I am confused about the statistics. The article 25 out of 26 women will not die from breast cancer. How would you know if they would not die? Are they being treated for breast cancer? If they are being treated for breast cancer, is the treatment they are receiving saving their lives?

- Julie, Oak Forest, USA, 01/3/2010 23:56

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Breast cancer is a systemic disorder, present in the body for round 8 years before the appearance of any detectable breast cancer cells.

- Pat Rattigan, Chesterfield England,

Any evidence for anything you say here? Of course not, it's just made up mumbo jumbo.

- Andy, Bath, 28/2/2010 14:40

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To sum up -

Breast cancer is a systemic disorder, present in the body for round 8 years before the appearance of any detectable breast cancer cells.

A few suspicious-looking local cells - "ductal carcinoma in situ " are not breast cancer.

Mammography is a physical/radioactive assault which has no benefit to women.

"Overdiagnosis" - AKA misdiagnosis - has been admitted to be 35% : evidence suggests that it is twice that.

A woman without cancer needs no surgery, drugs, radiation ..

A woman with cancer needs therapies which raise her health - physical, mental, emotional, spiritual to a level where her health becomes superior to the disease.

Fighting a War on Cancer, using the human body as a passive battlefield, eliminates the cancer and the patient : defeating the object.

- Pat Rattigan, Chesterfield England, 28/2/2010 08:12

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Aren't suspicious breast lumps routinely subjected to biopsy prior to treatment? I'm not sure why women are undergoing unnecessary radiation and chemotherapy in this day and age. I would prefer to have a little anxiety waiting for results, than to die of this disease.

- Mrs Mumbles, Ware Neck, VA, 28/2/2010 05:17

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I was recently told by a doctor that the highest risk age bracket was 40-50 and in this country the scanning starts at 50??? Go figure!?!

Its the same as smear testing... I was operated on at 19 because of pre cancerous cells... i have a friend who had a smear at 18 was told not to bother coming back until she was 25!?!?

The screening in this country has simply got to get better!!

- Angela, Cheshire, 28/2/2010 05:14

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