



Letter to the Editor Regarding the Article “Rethinking the Choosing Wisely Portugal Recommendation on Breast Cancer Screening”

Carta ao Editor em Relação ao Artigo “Repensar a Recomendação Choosing Wisely Portugal sobre Rastreio do Cancro da Mama”

Keywords: Breast Neoplasms; Decision Making, Shared; Early Detection of Cancer; Mammography; Patient-Centered Care

Palavras-chave: Assistência Centrada no Paciente; Detecção Precoce de Cancro; Mamografia; Neoplasia da Mama; Tomada de Decisão Compartilhada

We would like to clarify that there is an article about the “Choosing Wisely Portugal” recommendation for Breast Cancer Screening¹ in this journal² where the best scientific evidence (including reviews, randomized studies, meta-analyses, etc.) underlying the recommendation basis was discussed. Choosing Wisely recommendations are usually brief, and therefore it is not possible to detail all the required information and references in one or two paragraphs. The American College of Radiology has also published patient-oriented summaries about this screening among their recommendations.³

The article by Silva *et al*² does not avoid the issue of possible overdiagnosis, as it justifies the low values (0% - 5%) in adequately adjusted studies.

The argument that delaying the start of screening or increasing its intervals has an effect on the already low overdiagnosis rate does not seem legitimate to us. There is recent evidence supporting the contrary,⁴ where it was found that there is no effect on the frequency of overdiagnosis in ‘less intensive’ screenings. Instead, the prognosis is worse for women in whom breast cancer is detected later on.⁵

A sensitive and serious discussion about the risks and potential harms is needed when comparing the anxiety caused by a false positive result with the one of an often-mutilating invasive cancer. The first is brief and transient in most cases, while the latter is often way more distressing, particularly when we also consider the (chemo)therapeutic aspect. Evidence exists that transient anxiety does not dissuade women from continuing their screening in the following year,⁶ nor does it diminish the importance given to it.⁷

It is important to mention that the American Society of Breast Surgeons also supports the recommendation to screen annually starting at age 40.⁸ Between 81% to 87%

of American clinicians recommend not to postpone screening to the age of 50. Moreover, 67% of them consider that screening should be continued after the age of 75.⁹ To give even more strength to the recommendation, we agree that patients should be informed, and that is why the justification accompanying the recommendation mentions “shared decision (...) duly informed about the benefits and drawbacks”,¹ which is in line with the “Choosing Wisely Canada” recommendation. In the European Union, radiological tests must be subjected to informed consent in agreement with the European Council Directive 2013/59/Euratom. Therefore, the task that the radiologist who is about to perform the test has of informing patients does not seem strange, difficult or inconvenient to this specialty, quite the contrary.

Therefore, we stress that the recommendation “Choosing Wisely Portugal” for Breast Cancer Screening¹ takes into account the shared decision and the balance between risks and benefits and it stands in the best interest of the woman/patient or any association representing them, such as the “Associação Portuguesa de Apoio à Mulher com Cancro da Mama”, whose president is co-author of this letter and also supports the “Choosing Wisely Portugal” program. This program is tolerant, inclusive and has already given voice to similar recommendations before, also alerting to the less frequent, but no less important risks of “less can be more in the end” [see recommendations: “Choose not to postpone the referral for cryptorchidism (...)”¹⁰ and “Choose not to postpone the measurement of total bilirubin (...) in a newborn”¹¹].

AUTHORS CONTRIBUTION

SCN: First draft, conception, literature research.

AJ: Revision, conception.

PF: Revision, conception.

MA: Patient-centered critical review.

CFS: Literature research and analysis, and critical review of the paper with significant intellectual contribution.

COMPETING INTERESTS

The authors have declared that no competing interests exist.

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