Breast Cancer Diagnoses: The Authors Reply

We estimated the costs of false-positive mammograms and breast cancer overdiagnoses (Apr 2015), assuming that women who reported they had been screened were screened annually, as recommended by the American Cancer Society. However, we agree with Barbara Monsees and Murray Rebner that if women were screened less frequently, they would suffer fewer harms, and there would be fewer costs attributable to these harms.

We reported the components of our model, and those who wish to vary the assumptions and recalculate costs may readily do so. We used a false-positive rate measured in our data that is consistent with previous reports and an overdiagnosis rate based on US population data for thirty years. Given the length of the study period, lead-time bias was negligible. This overdiagnosis rate is consistent with the largest randomized controlled trial, which spanned twenty-five years.3

The harms of false-positive mammograms and breast cancer overdiagnoses are clear, and many women undergoing screening will suffer one of these two outcomes. We hope the economic costs documented in our article cast into greater relief the human costs of breast cancer screening inaccuracies.

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