

Breast Cancer Incidence in 2,305,427 Screened Asymptomatic Women: Long Term Outcomes During Menopause

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PURPOSE

To provide scientifically based data to help gynecologists and their asymptomatic patients make informed risk/benefit judgments on mammograms during the peri/postmenopause.

Linear regression was used to estimate: What percentage of asymptomatic peri/postmenopausal women will be diagnosed with a first invasive breast cancer over their next 25 years? What percentage of these women will remain cancer-free?

METHOD

We systematically searched for all published breast cancer screening studies that met 5 criteria at enrollment.

- Breast cancer-free history
- Each woman counted only once
- Number of women specified
- Number diagnosed shown
- Length of follow-up stated

Linear regression was used to predict incidence of first invasive breast cancer based on follow-up duration in the 19 studies that met these criteria

THE DATA

- All 2,305,427 women so identified were peri/postmenopausal. [Fig 2]
- Undue Influence biases were ruled out [e.g. Fig 3]
- 1,686,123 women ≥ 50 years old [Fig 4]
- 1,711,178 women ≥ 50 or < 50 and surgically menopausal [Fig 5]

RESULTS

Figure 1: Flow Chart of Search Process

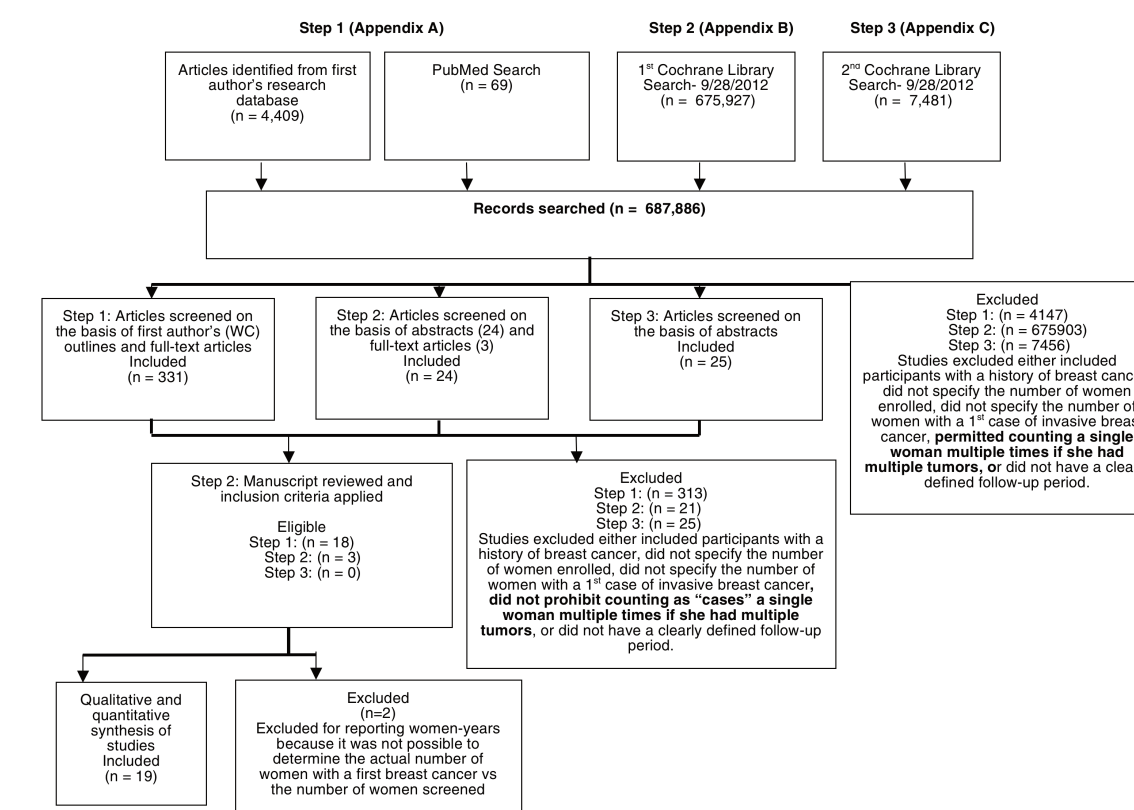


Table 1: Percent screened Peri/Postmenopausal Women Diagnosed with 1st Incident Invasive Breast Cancer in 19 published Studies

#	Trial	Number of Women	Baseline Age	Years Studied	Number with Breast Cancer	Incidence (Percent)
1	UK Million Women Study [18]	1,094,110	>44	2.5	3924	0.36%
2	Danish Nurses Health [19]	10,874	>44	6	244	2.24%
3	Melbourne Postmenopausal [20]	13,444	40-69	10	338	2.50%
4	French Registry EBP [21]	110,380	>50	4	211	1.90%
5	Finnish Registry EBP [22]	221,551	>50	11	6211	2.80%
6	French Cohort [23]	3175	>50	13	103	3.31%
7	WHL [24]					
	Prempo 8506				166	1.93%
	Placebo 8102	16,608	50-79	5.2	124	1.33%
8	WHI #2 [25]					
	Placebo 5429	10,739	50-79	7.1	133	1.23%
9	Swedish Two-County Breast Screening Trial [26]					
	Screening Trial [26]	51,611	39-59	14	1509	2.92%
10	UK Trial of Early Detection of Breast Cancer [10]	39,773	45-64	7	458	1.15%
	Australia Record Review of Postmenopausal Women [27]	508	35-84	5.8	7	1.38%
12	Osteoporosis Fracture Study [28]	3704	>65	3.2	117	3.15%
13	Italy ORDE [29]	4040	40-69	3.5	25	0.62%
14	NYU Postmenopausal [30]	7063	35-65	3.5	121	1.71%
	Japanese Breast Cancer Detection Program [31]	283,222	40-93	3.5	4275	1.51%
16	Sweden-Malmö [32]	42,283	45-69	25	2318	5.47%
17	Norwegian Cohort [33]	229,230	50-64	6	3957	1.72%
18	Swedish Two-County Trial: Active Screened Group [34]	77,052	40-74	7	1398	1.81%
19	Canadian National Breast Screening Study [35]	88,434	40-59	7	1332	1.49%
Total Numbers		2,305,427			34,514	
Calculated Mean Incidence			34,514 women w. Breast Cancer			1.50%
			2,305,427 screened			

Plotted points are located at the intersection duration and total incidence of breast cancer for each study. [Scatterplot and regression with 95% CI]

Figure 2: All 19 studies 2,305,427 women

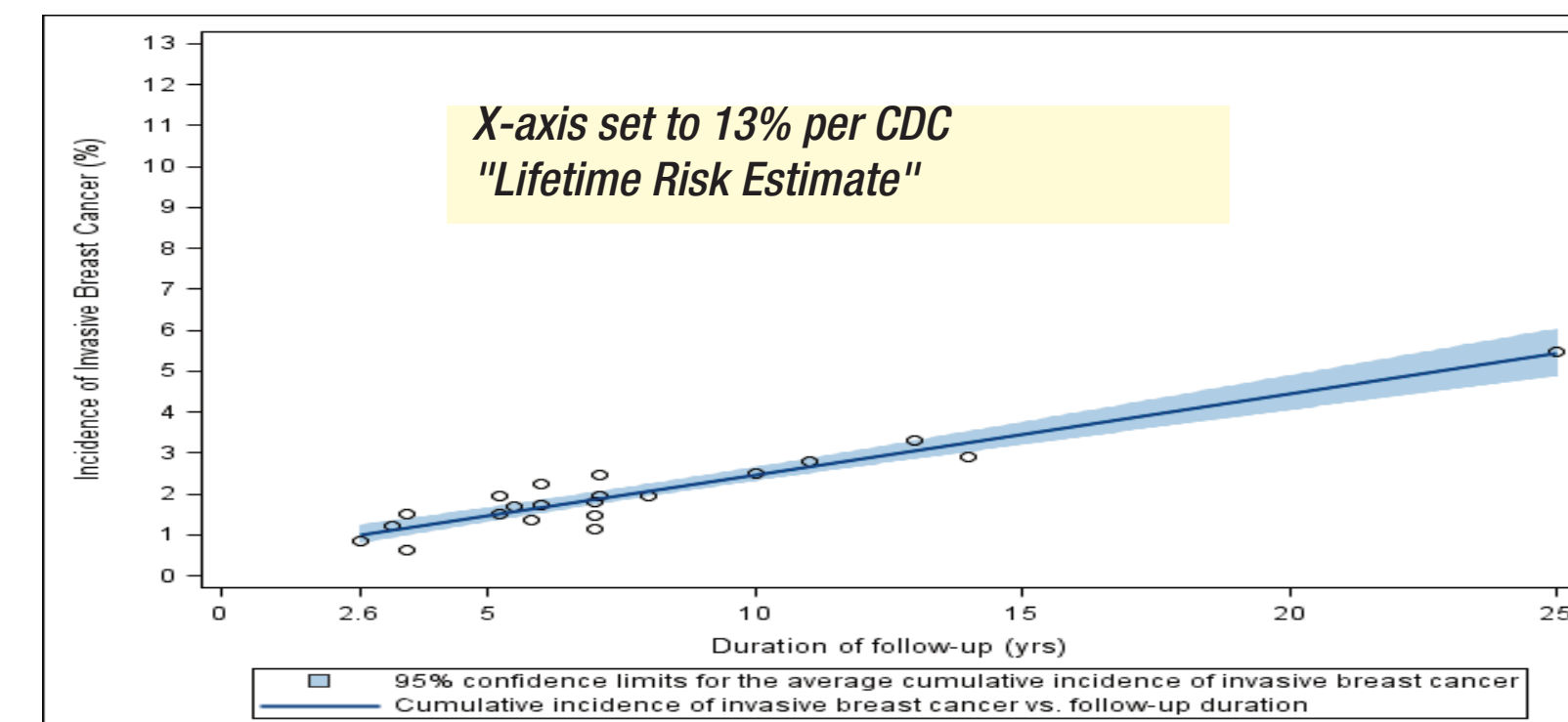


Figure 3: Sensitivity Analysis

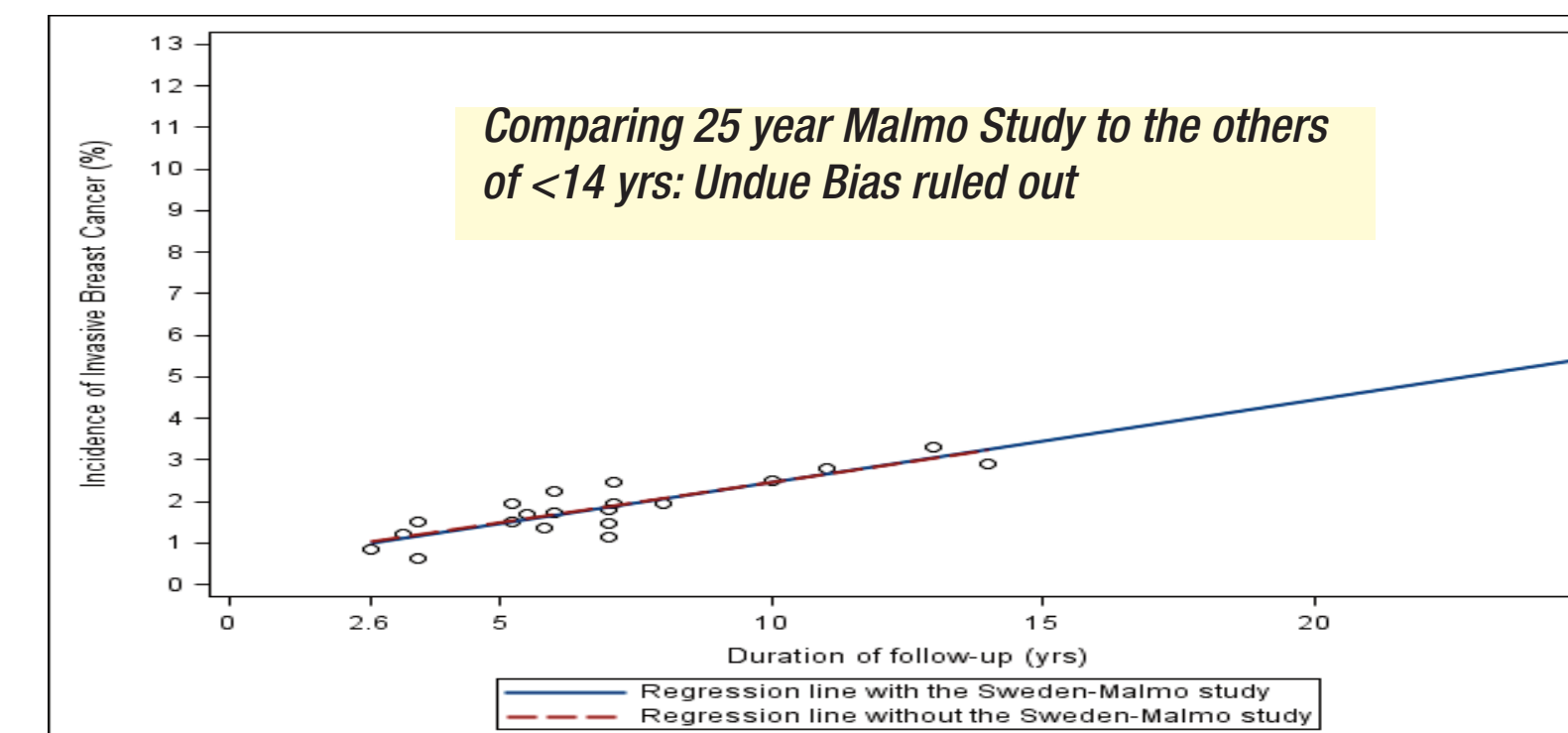


Figure 4: 1,686,123 women ≥ 50 years

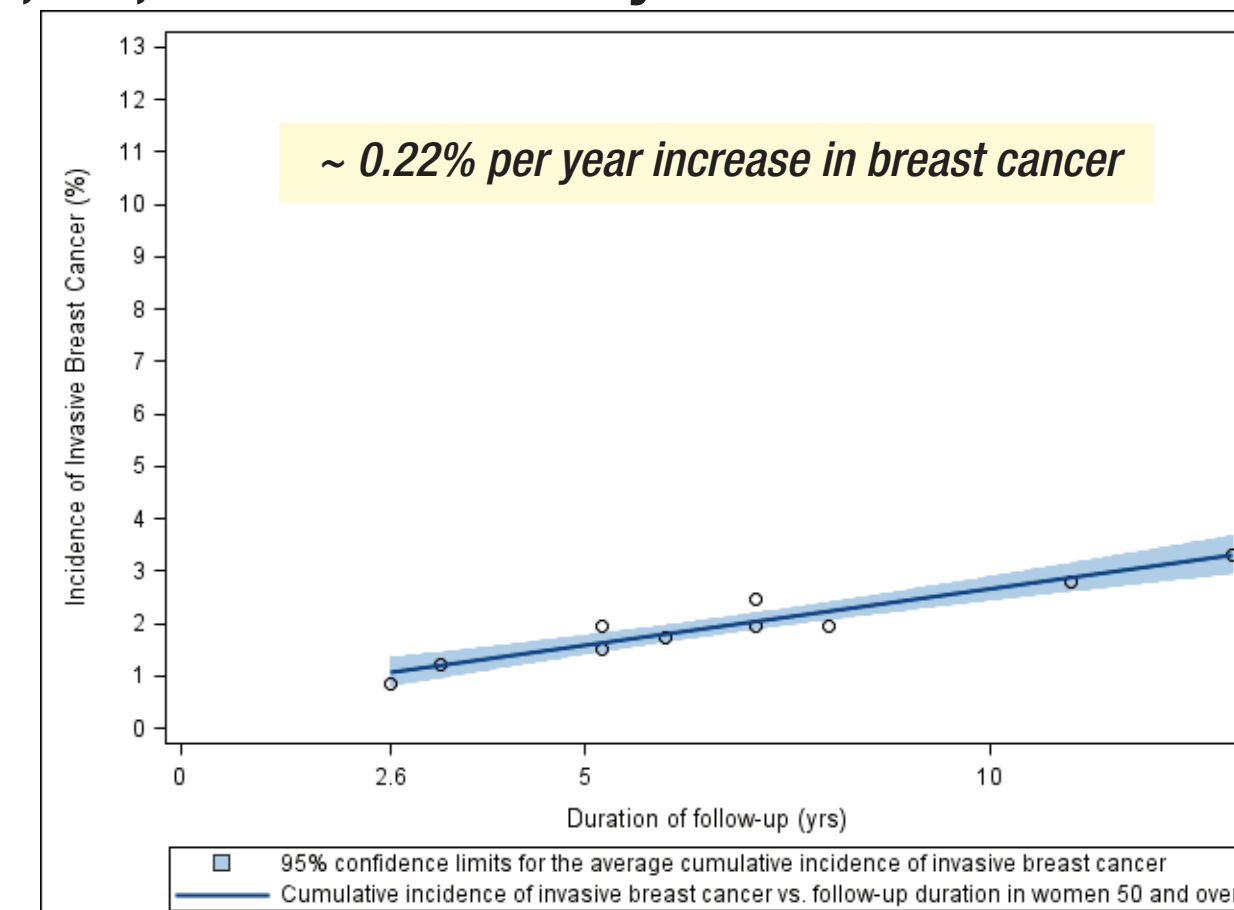
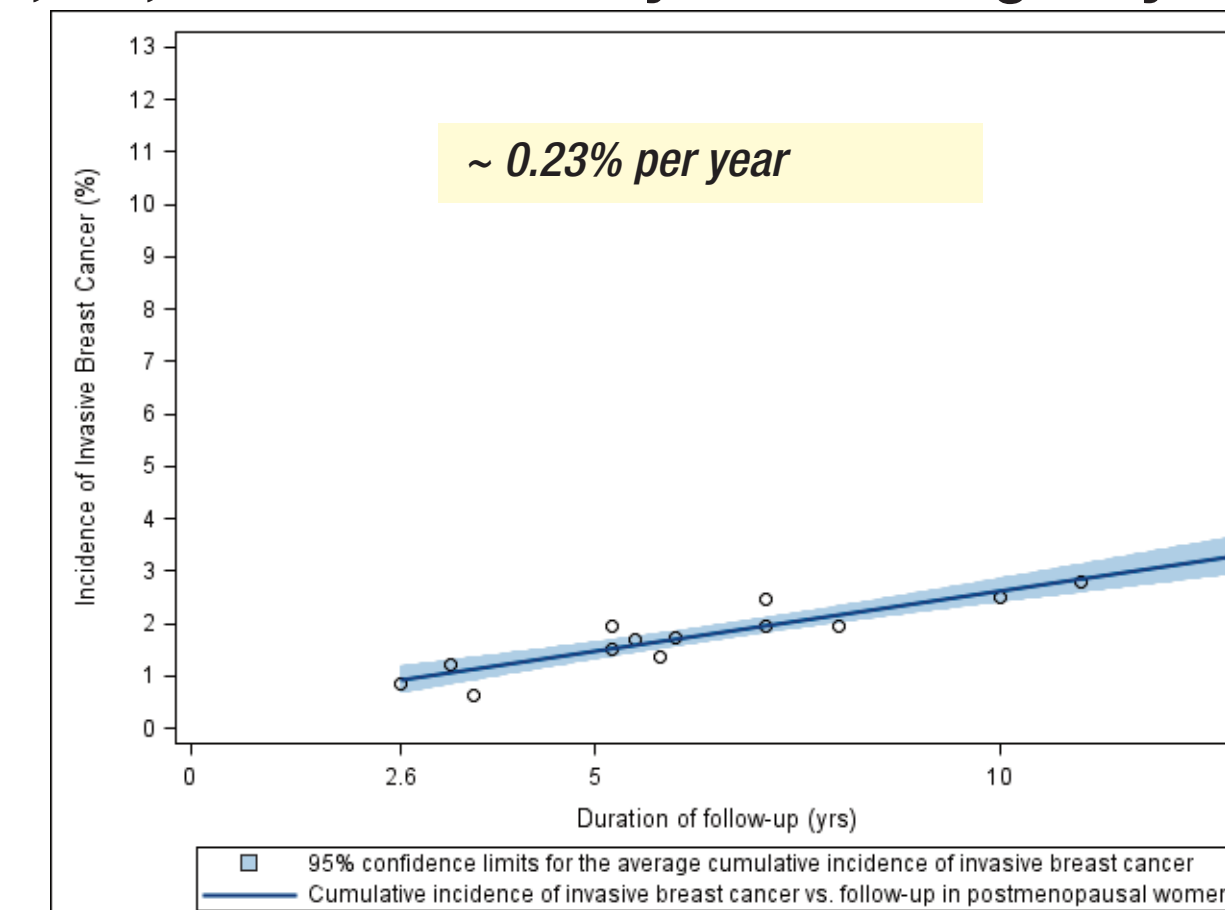


Figure 5: 1,711,178 women > 50 years or surgically menopausal



CONCLUSIONS AND CLINICAL IMPLICATIONS FOR ASYMPTOMATIC WOMEN

- For peri/postmenopausal women, the vast majority (99.75%) will not be diagnosed with invasive breast cancer each year and ~ 95% will not be diagnosed with an invasive breast cancer during 25 years of follow-up.
- Among women ≥ 50 years old at enrollment, cumulative incidence rate of a first case of invasive breast cancer increased by ~ 0.22% per year (95% CI: 0.16%, 0.27%; $p < 0.001$; $R^2 = 0.91$).

97.34% remained disease free after 10 years of routine follow-up

- Among women ≥ 50 or < 50 and surgically menopausal, cumulative incidence rate increased by ~0.23% per year (95% CI: 0.18%, 0.28%, $p < 0.0001$, $R^2=0.88$)

- Women who do not have screening mammograms will have even higher cancer-free rates because innocuous positives (comprising 30-50% of mammography diagnoses) will remain undetected.

- **Shallow Slope:** The merely gradual annual increase in cumulative incidence in initially asymptomatic women argues for limiting mammograms to diagnostic purposes and for high-risk women.

- **Full disclosure of the potential benefits and harms of mammograms should be made to asymptomatic women.**