

THE IMPORTANCE OF EARLY DETECTION: LESSONS LEARNED FROM BREAST CANCER



Alberto Costa, MD
CEO European School of Oncology, Milan
Special advisor for cancer policy to Commissioner Kyriakides

LEARNING FROM THE PAST

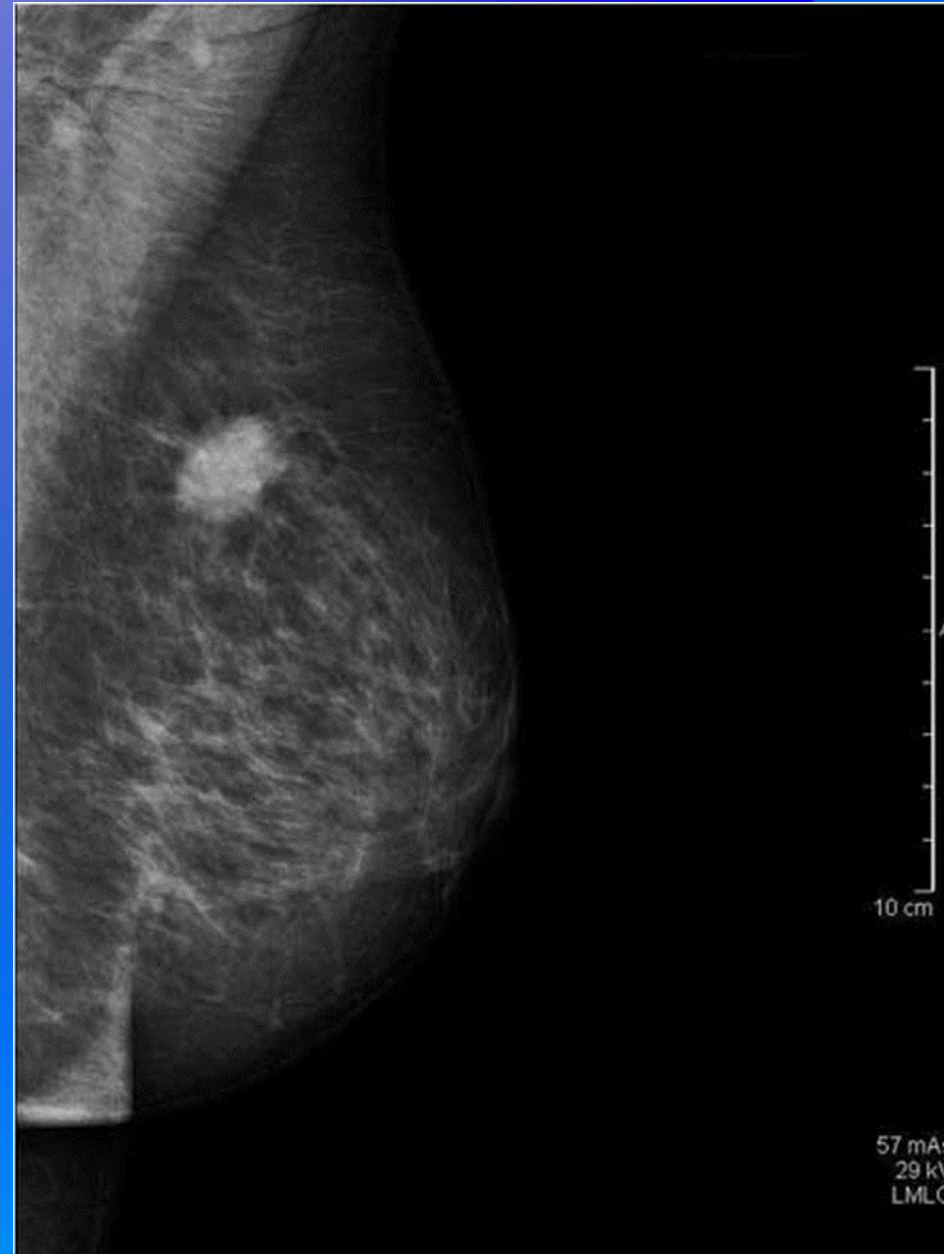


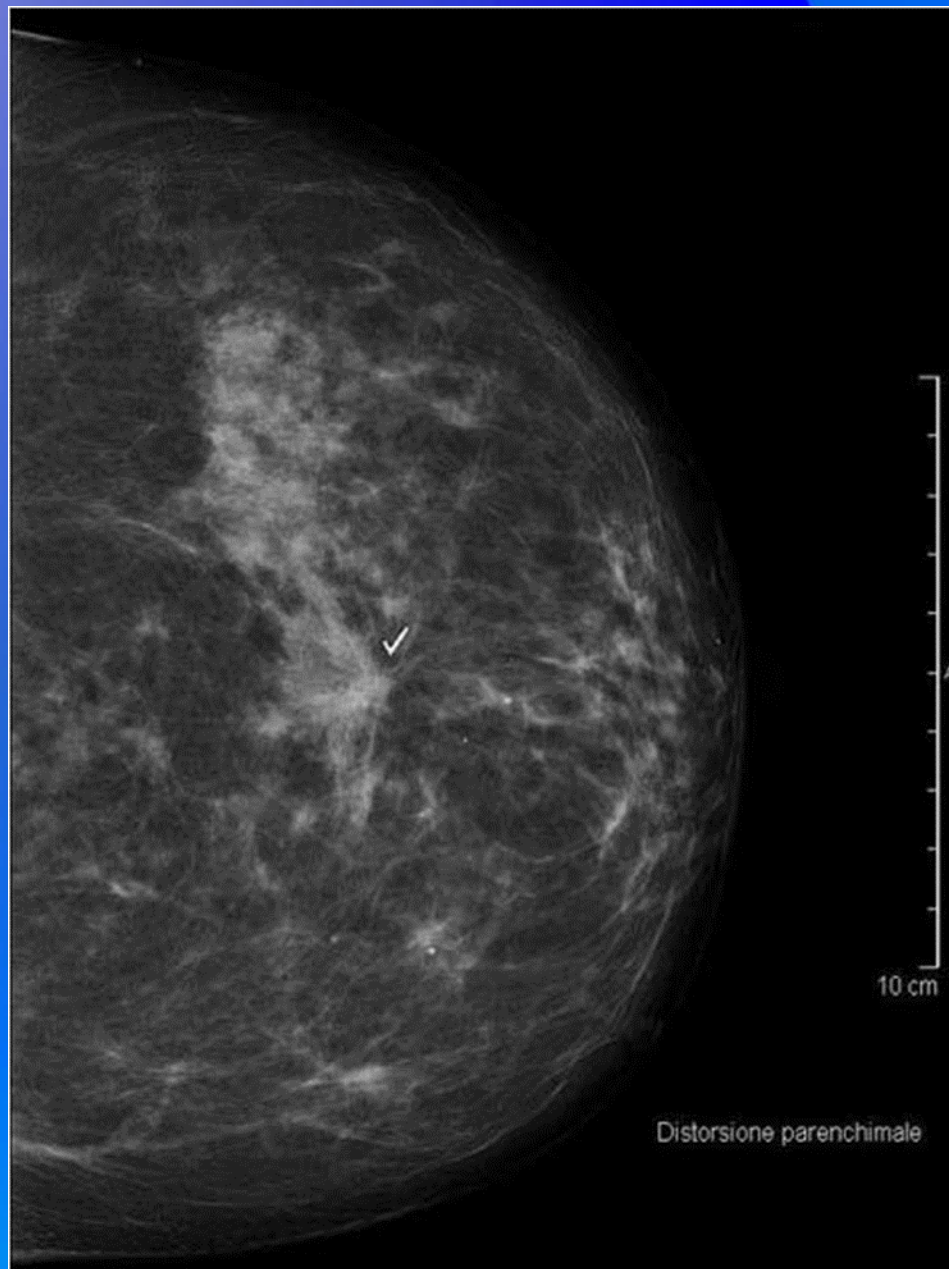
Breast cancer was a rare disease until mid 1800

Mastectomy as first tentative treatment: 1894, Halsted, Boston

Dogma: «the more you cut, the more you cure»

Innovation of mammography in the '60s





THE IDEA OF «POPULATION SCREENING»

1977: Kopparberg County Council (Sweden) invited Dr László Tabár to be Director of the County mammographic screening programme.

Randomized controlled trial of population-based screening, published in 1985 as the Swedish Two-County trial.

The first randomised controlled trial to demonstrate that **mammography screening invitations achieved a significant reduction in deaths from breast cancer.**

EARLY DETECTION VS. PREVENTION

For some cancers, such as lung and cervical cancer, **primary prevention plays the most important role** e.g. don't smoke, guard against HPV infection by condom use or HPV vaccination



EARLY DETECTION VS. PREVENTION

For breast cancer, **primary prevention has a more limited effect.**

Women who keep fit, eat a balanced diet, don't become overweight and don't consume excessive amounts of alcohol can still develop breast cancer.

There is no effective primary prevention for this complex disease and its different subtypes.

TAKE HOME MESSAGE



Detecting and surgically removing breast cancer in its [early] phase put an end to many years of unnecessary mutilations and **drastically improved survival.**



We should not be treating early breast cancers in the same way as advanced cancers that can go on to kill.

LESSONS LEARNED 1



People need incentives to accept medical interventions

Women started to accept regular mammography screening only when conservative surgery became accepted.

When treatment was still exclusively mastectomy there was no point to do periodical checks.

LESSONS LEARNED 2

Population screening for breast cancer shows **possibility to decrease mortality while also offering a good quality of life** (body image preservation, less treatment).

Screenings need constant revision to address:

- risk of excessive bureaucracy
- insufficient communication
- lack of dedicated radiologists



IMPROVEMENTS REQUIRED








We cannot continue with «one size fits all»: risk factors need to be considered in population screening programmes.

More control of training and radiologist's skills

More communication, involving patient advocates associations

Readiness of breast unit with dedicated surgeons and pathologists to manage early cases found by screening.

CONCLUSIONS

-  Mammography screening is one of the strongest medical responses to increasing frequency of breast cancer in western societies.
-  It showed how early detection could become prevention (unnecessary mortality)
-  Screening needs to be more personalised, according to risk factors
-  It has to be matched by the development of certified breast units
-  Inspiration for other cancers (lung, prostate and colorectal)

Thank you

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