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## Effect of population-based screening on breast cancer mortality

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The Correspondence “Effect of population-based screening on breast cancer mortality”<sup>1</sup> is signed by 41 health professionals involved in breast cancer screening, who declare that they have no conflicts of interest. Yet they are subject to at least a confirmation bias: they focus on information favouring their views and do not take into consideration scientific contributions with a high level of evidence that challenge the validity of their conviction.<sup>2</sup>

More specifically, author Lázló Tabár is Chief Medical Advisor and a member of the Medical Advisory Board of the company U-Systems Inc (“the innovative leader in automated breast ultrasound”), and serves as a member of the Scientific and Medical Advisory Board at the company Three Palm Software LLC (“provider of...software products for medical imaging and information”).<sup>3</sup> Tabár is also co-owner of a patent on WorkstationOne, a “user interface and workflow for mammography viewing”,<sup>4</sup> teaches mammogram reading on behalf of the company Carestream (“provider of...medical imaging systems and healthcare IT solutions”), and is Chief

Executive Officer of Mammography Education Inc, which specialises in mammography lecture education. Internet portal Manta estimates an annual revenue for Mammography Education Inc of US\$1.0–2.5 million.<sup>5</sup>

There is no harm in doing such activities if they are reported. However, undisclosed potential conflicts of interest discredit the scientific value of publications. Additionally, knowledge of the potential conflicts of interest of the signatories of the letter supporting breast-cancer screening programmes might help women to make an informed choice about whether or not to participate in systematic mammography screening.

We declare that we have no conflicts of interest.

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- 1 Bock K, Borisch B, Cawson J, et al. Effect of population-based screening on breast cancer mortality. *Lancet* 2011; **378**: 1775–76.
- 2 Zahl PH, Götzsche PC, Maehlen J. Natural history of breast cancers detected in the Swedish mammography programme: a cohort study. *Lancet Oncol* 2011; **12**: 1118–24.
- 3 Anon. Company overview of U-Systems, Inc. *Bloomberg Businessweek* Dec 16, 2011. <http://investing.businessweek.com/research/stocks/private/person.asp?personId=46676456&privcapId=35880&previousCapId=101546&previousTitle=Siemens%20Venture%20Capital%20GmbH> (accessed Dec 16, 2011).
- 4 Patexia. User interface and viewing workflow for mammography workstation. <http://www.patexia.com/us-patents/20090185732> (accessed Dec 16, 2011).
- 5 Manta. Mammography Education Inc. <http://www.manta.com/cj/mm48zgy/mammography-education-inc> (accessed Dec 16, 2011).

The letter signed by 41 people “charged with provision and implementation of breast screening in many different countries”,<sup>1</sup> who fail to recognise or declare a single conflict of interest between them, amply shows why an independent review is required.<sup>2</sup> Merely lining up beside

“the wider scientific community” to claim that “there seems to be an active anti-screening campaign orchestrated in part by members of the Nordic Cochrane Centre”, before stating that they “remain convinced” that women’s lives and health are saved, is an inadequate response to the concerns about lack of efficacy and harm that arise from the scientific evidence. The only orchestration of opinion seems to be from Julietta Patnick, the Director of NHS Cancer Screening Programmes. Her boss, the UK’s National Cancer Director, has listened and recognised that there is a case to answer.<sup>3</sup> Why doesn’t she?

I declare that I have no conflicts of interest.

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- 1 Bock K, Borisch B, Cawson J, et al. Effect of population-based screening on breast cancer mortality. *Lancet* 2011; **378**: 1775–76.
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I was astonished to see the declaration at the foot of the letter from Karin Bock and colleagues,<sup>1</sup> stating that the signatories have no conflicts of interest. How can this be the case for health professionals such as Julietta Patnick, for example? She, like others, is paid for running, recruiting, and promoting a public health screening programme. The UK programme requires an uptake of 70% to make it viable: incentive enough, I imagine, to persuade, coerce, and sell to potential participants.

This necessity to make the programme work has resulted in promotional activities. Citizens are invited to attend by means of persuasive literature,<sup>2</sup> inadequate to enable informed consent, as is required by the UK General Medical Council.<sup>3</sup> Robust public challenges to the unethical nature of this have been made,<sup>4</sup> as have promises (not

For Carestream see <http://carestream.com/PublicContent.aspx?langType=1036&id=453003>

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