Ornico
KNOW HOW. TO GROW

THE JOURNAL OF LIFELONG LEARNING MODERN MEDICINE 2016/02/01 Page: 6

AVE: 11329.58 (ZAR)

Analysis Confirms Optimal Mammography Intervals

New and comprehensive analyses from six independent research teams examining breast cancer screening intervals have produced a unanimous finding - that mammography screening every two years for average risk women ages 50 to 74 offers a favourable balance of benefits to harm.

The conclusion is consistent with the same groups' analyses published in 2009, even with newly added data from digital mammography, advanced treatments and molecular tumour subtypes.

The findings, presented to the US Preventive Services Task Force as part of its evidence review for breast cancer screening recommendations, are published in the January issue of *Annals of Internal Medicine*, reports Science Daily.

The analyses were conducted by modelling research teams that are part of the Cancer Intervention and Surveillance Modelling Network (CISNET), funded by the National Cancer Institute. Researchers from the Breast Cancer Surveillance Consortium (BCSC) also contributed to the research.

The researchers examined screening strategies with different starting ages (40, 45 or 50), and one- or two-year intervals between screening exams. The modelling uses national data on breast cancer incidence, risks for breast cancer, mammography characteristics, treatment effects and risk of dying from other diseases. Then, the lifetime impact including benefits and harms of breast cancer screening mammography is calculated.

Early screening increases false-positives

"These new analyses include information not in our 2009 report," says the paper's lead author, Dr Jeanne Mandelblatt, MPH, of Georgetown Lombardi Comprehensive Cancer Center and a principal investigator with CISNET.

"We added digital mammography outcomes and the most modern treatments including therapy based on tumour molecular subtypes such as HER2 and ER status. We also included additional results for risk levels, breast density and women's other

illnesses to help guide clinical practice considerations." (Studies have suggested that women with dense breasts are more prone to cancer development.)

With the new updated data, the CISNET results still demonstrate the same finding as in 2009 - that screening average-risk women biennially from ages 50 to 74 provides a reasonable balance of avoiding deaths from breast cancer and potential screening harms, including over-diagnosis, false-positives and benign biopsies.

The researchers found that for average risk populations, starting screening earlier or screening more often prevented a small number of additional deaths, but also caused a larger number of false positive mammograms and benign biopsies, and led to more over-diagnosis and over-treatment.

"Still, the bottom line is that mammography saves lives. When to start screening and how often to undergo mammography is a personal decision. No model can provide those answers," Mandelblatt says.

Pharma Deadlock to be Unlocked

Eyeforpharma, a business intelligence company headquartered in London, UK, is organising its first conference in South Africa on March 8-9, in Johannesburg, to broker pharma-government meetings.

South African pharmaceutical executives have expressed a strong wish to interface directly with key government decision makers. Stavros Nicolau, Senior Executive of Strategic Trade at Aspen explains that "pharma is seeking a transparent, collaborative and constructive environment which, we hope, will unlock years of unproductive, siloed viewpoints."

One key focus shall be the design of official best practice for drug submissions "in order to find a clearer indication of whether and how a new formulation can be approved for use in patients." Major companies speak of a desperate need to streamline processes, get products assessed more quickly, give patients access to vital medicines and enable commercial returns.

Industry stalwarts like Novartis, Sanofi, Pfizer, Eli Lilly and Aspen have all made a commitment to participate in the event, as well as industry bodies IPASA and ISPOR. The Medical Control Council, Discovery Health, a range of patient associations and even ANVISA, the 'Brazilian FDA', have agreed to join discussions and present solutions.