Is breast self-examination still necessary?

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Résumé


Before the introduction of organized breast screening programs, most breast cancer was detected by women themselves. Breast self-examination was encouraged in the hope that early detection would reduce deaths from breast cancer and, along with clinical breast examination, is still considered an important adjunct to screening mammography. A review of 466 cases of breast cancer diagnosed subsequent to a negative screening mammography result revealed that most of the cancers were first detected by the women themselves, regardless of age, at an early stage, and with no evidence of lymph-node involvement. In a sizeable proportion of these cases the cancer was detected within the recommended screening interval and thus would have been discovered late by regular screening mammography alone.

Organized screening programs offering mammography through dedicated centres began to be established in Canada in the late 1980s and are currently running in 8 provinces and 1 territory. Some of these programs offer clinical breast examination as part of the screening visit; others recommend that this be done by the women's regular health care provider. Instruction in breast self-examination is commonly incorporated into the screening visit.

Over the same period, a moderate increase in breast cancer incidence among Canadian women has coincided with rising screening rates. Interestingly, in Canada and several other countries the rate of death from breast cancer has declined slightly, especially since 1990. In this country, the lowest mortality rates have been found in the 2 provinces with the most extensive breast screening programs.

Definitive studies of the efficacy of breast self-examination are still lacking. Over the last 20 years descriptive, case-control and cohort studies have yielded contradictory results, but randomized controlled trials now under way in China and Russia should help to settle the question. The Canadian Task Force on the Periodic Health Examination currently recommends screening for breast cancer by clinical examination and mammography for women aged 50 to 69; the evidence is not considered to be strong enough to make a clear recommendation for or against the teaching and practice of breast self-examination.

Within this context, Dr. Bart J. Harvey and colleagues (page 1205) conducted a nested case-control study to measure the effect of self-examination on breast cancer mortality, using data from the Canadian National Breast Screening Study (NBSS). The study sample included as cases 163 women who had died from breast cancer and 57 women diagnosed with distant metastatic disease; for each case, 10 controls...
were randomly selected and matched by age, screening centre, year of enrolment and randomization group. This study is unique in its prospective, objective assessment of breast self-examination practice. All participants in the NBSS received instruction in breast self-examination by specially trained screen-examiners; this instruction was repeated yearly throughout the trial. Data was collected annually by means of a self-administered questionnaire that inquired about breast self-examination practice in the preceding year. Most participants also demonstrated their technique to the screen-examiner. No association was found between self-reported frequency of self-examination and breast cancer mortality, whereas specific aspects of technique were found to be associated with a reduced risk of death from breast cancer and of distant metastatic disease. Interestingly, this association was observed only for breast cancer that was detected by means of self-examination and not simply for those who did self-examinations. Other investigators have reported similar findings. Self-reported monthly practice of breast self-examination in relation to the occurrence of advanced breast cancer.

References


Resources to assist health care providers in giving instruction are available from the Canadian Cancer Society and the Canadian Breast Cancer Foundation. Breast cancer support groups and nursing groups at cancer centres also provide instruction in breast self-examination; the regional Breast Cancer Information pilot projects funded by Health Canada maintain a listing of such services. Further information can be obtained from the National Cancer Information Service at 888 939-3333.

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