

Media coverage surrounding the article on breast self-examination by the Canadian Task Force on Preventive Health Care¹ drew strong reactions from women who felt disempowered by its recommendations or who were incredulous at the conclusion that not only is breast self-examination of no use but it may result in psychological harm and unnecessary costs. Their distress should give us pause for reflection.

Breast self-examination is not a preventive measure: it cannot prevent cancer. Rather, it is a diagnostic technique and should be evaluated as such.² The accepted method to evaluate diagnostic measures is to assess sensitivity and specificity relative to some gold standard. If the performance of the evaluated technique is adequate, the decision to use one approach over another can then be based on factors such as acceptability to the patient and cost-benefit ratio. Rather than focusing on whether breast self-examination can reduce mortality, the authors should have focused on whether it is a reasonable alternative to clinical breast examinations or mammography or both at various stages of a woman's life. A recent Canadian study suggested that mammography provided no additional benefit in a group of women who performed breast self-examination.³

There are a number of issues related to the systematic review process that are of concern in this report, such as the use of one reviewer throughout the process.⁴ Our most serious concern is that this systematic review was conducted using techniques that are suitable for studies of prevention or treatment. The resulting recommendations are potentially erroneous.

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Nancy Baxter and her coauthors have shown that breast self-examination not only does no good but actually may cause harm.¹ Perhaps the fault lies not in the concept itself, but in the way it is taught. Women are taught using plastic breast models to detect lumps (tumours) that are extremely small — from 5 mm to 10 mm in diameter. These tiny lumps, which women find in large numbers, are rarely cancers; this accounts, perhaps, for the harm in terms of false positives and related biopsies described by Baxter's team.²

Most of us do not fully appreciate the fact that 80% of breast cancers are detected by the woman herself or by her partner.³ When detected, the cancers are shockingly large, with average diameters of 30 mm.^{4,5} What's more, these large lumps are apparently discovered accidentally, even among women actively practising breast self-examination⁶ and participating in mammography screening programs.⁷ They are easy to feel and are noted by chance while bathing or showering, rolling over in bed or engaging in sexual activity. They can sometimes be seen by simple observation in a mirror. The only tools that seem to be necessary to detect these good-sized lumps are the hands and the

eyes, tools that are available to all of the women in the world.

We have already proven that we know how to teach the technique of breast self-examination and I believe we now know what to teach women to look for: not tiny lumps that are rarely cancers, but the bigger, easier-to-detect lumps more likely to be malignant. Before we abandon breast self-examination, I think we should test it anew. Do we really want to abandon a technique that could help women find their tumours sooner than at present? Whether this early detection will change their outcomes may be debatable, but surely it is worth a try.

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I can't tell you how outraged I am about the article that says that breast self-examinations are not worthwhile.¹ As a 5-year breast cancer survivor, I probably owe my life to the fact that I did breast self-examination and found a lump. It was tiny, but it was still cancer.

Your recommendation will put many women at risk. With breast self-examination there may be more biopsies of benign lumps, more worry and