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Cochrane Report to Issue New Evidence-Based Review of Breast Self-Exam Dr. Susan Love Explains Why BSE Fails to Reduce Breast Cancer Deaths

Santa Monica, CA — Have you been doing your monthly breast self-exam? It's rare to find a woman whose doctor doesn't routinely ask her that question—and who doesn't feel guilty when her answer is no. Yet there is no data to support the practice. In fact, large randomized controlled studies have found that BSE might not matter at all.

Now, an updated research review that will be released tonight by the esteemed Cochrane Collaboration underscores this conclusion. The report is entitled “Regular self-examination or clinical examination for early detection of breast cancer.” And the authors’ conclusions couldn’t be more straightforward: “Data from two large trials do not suggest a beneficial effect of screening by breast self-examination but do suggest increased harm in terms of increased numbers of benign lesions identified and an increased number of biopsies performed. At present, screening by breast self-examination or physical examination cannot be recommended.”

The two large population-based trials the researchers reviewed were conducted in Russia and Shanghai. In both studies, the researchers divided the women into two groups. One group was taught BSE. The other was not. The researchers followed both groups of women for about 10 years. The end result: There was no statistically significant difference in breast cancer mortality between the two groups.

The best study, led by Dr. David Thomas at the Fred Hutchinson Cancer Research Center, was based in China, where women did not have routine access to mammography screening. In this study, one group of 133,000 women underwent intensive instruction in formal BSE. They also received two refresher courses. The second group of 133,000 women had no instruction in BSE. After 10 years, the researchers found there was no difference in deaths from cancers, size of tumors, or cancer stage at diagnosis between the two groups. The only difference was that the group doing formal BSE has more benign biopsies.

This illustrates that while many women do find their own breast cancers, what's not accurate is the notion that they are finding them because they perform a monthly breast exam. “The real distinction that has to be made,” says Dr. Susan Love, president and medical director of the Dr. Susan Love Research Foundation, “is between doing a formal BSE in different positions and covering every inch of the breast in great detail and the causal touching of their breasts that all women do. In the China

study, the women not taught BSE found their own cancers because they often casually touched their breasts. And that tells us this normal poking around is as good as BSE.”

The American Cancer Society (ACS) revised its BSE guidelines in 2003, when data from the China study were first published. At that time, the ACS stopped recommending monthly breast self-exams, and it continues to describe them as optional. Dr. Love believes this new study supports this recommendation.

“The message women should get,” says Love, “is that they should be acquainted with their breasts, touch them whenever they feel like it. And if they do find something unusual while touching their breasts, or if their partner feels something during sex, they should report it to their physician. But they do not have to go on a search and destroy mission every month, and they should not feel guilty if they do not do formal BSE.”

The conclusions reached in the Cochrane review also suggests that the concept of early detection itself may need to be re-evaluated. “The original idea of early detection,” Love explains, “was based on the belief that all breast cancers grew slowly until they reached a certain point and started to spread. This scenario suggested that BSE or mammography had the potential to save lives by identifying these tumors early, before they got out of the breast. But the new data suggests that there are many different kinds of breast cancer based on their DNA mutations, some of which grow very slowly and some of which grow quite fast. If you have a very fast growing and fast spreading one, mammography and BSE and physician exam will not make a difference. They also don’t make much of a difference if you have a slow-growing tumor that may never spread. It’s the middle group where mammography may have its biggest impact.”

What this really points to, concludes Love, is the need for breast cancer research to shift its focus from early detection to finding the cause of breast cancer and how to prevent it. “That’s the only way were going to truly be able to make a difference in this disease.”

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Regular self-examination or clinical examination for early detection of breast cancer. Jan Peter Kösters and Peter C Gøtzsche. Cochrane Database of Systematic Reviews, Issue 3, 2008 Cochrane Database of Systematic Reviews 2003, Issue 2. Art. No.: CD003373. DOI: 10.1002/14651858.CD003373.

About Dr. Susan Love Research Foundation

The Mission of the Dr. Susan Love Research Foundation is to eradicate breast cancer and improve the quality of women's health through innovative research, education and advocacy. Susan Love has one goal for the Dr. Susan Love Research Foundation: to eradicate breast cancer within our lifetime! She strongly feels that we now have the tools we need to get to where breast cancer starts and only need the will and resources to make prevention a reality.

Susan Love has always been a pioneer and entrepreneur. She is known worldwide as one of the founding mothers of the breast cancer advocacy movement, and the author of *Dr. Susan Love’s Breast Book*.

To date, the Foundation has received more than four million dollars to pursue our own intraductal research, and since 1998, the Foundation has awarded pilot grants to intraductal researchers totaling more than \$900,000. To learn more about the Dr. Susan Love Research Foundation, visit www.dslrf.org.