

VIEWPOINT

LESS IS MORE

Reform of the National Screening Mammography Program in France

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In October 2016, the French Minister of Health released the report of an independent inquiry into mammography screening. The report presented 2 options: (1) end the national breast screening program, or (2) end the current program and put in place a radically reformed program.¹

In 2004, after years of ad hoc screening, a national program was introduced. Every 2 years, women between the ages of 50 to 74 years are mailed invitations for mammography screening, for which they are not charged. Over time, however, doubts emerged about the program's reach, accessibility, effectiveness, and possible harms from overdiagnosis and overtreatment. In September 2015, the Minister of Health announced what is known in France as a "civil and scientific inquiry," and appointed an independent steering committee to oversee it.

This committee brought together leading health professionals (oncology, general medicine, epidemiology, public health) and social sciences professionals (anthropology, law, economics, history of science, bioethics), all free of financial and academic ties to breast screening. As well as requesting evidence reviews on specific questions (undertaken by a technical support committee of the French National Cancer Institute), the committee oversaw a "civil dialogue," a concept inherited from the French Revolution of 1789. A website provided information about the inquiry and invited public submissions. Two substantial consultations were established: (1) a civil consultation with a group of 27 women from different regions of France and diverse socio-economic groups, and (2) a parallel consultation with a group of 19 health professionals with relevant professional experience but no ties to breast screening. Each of these consultations took place over 5 days of information presentations, interviews of experts, questions, and discussions. Each consultation group addressed 4 questions (Box), developing a collective response to each. A closing public meeting was held to present the recommendations and respond to questions.

The steering committee found an unexpectedly intense scientific controversy, centered on uncertainty about the benefits of screening, and concerns about overdiagnosis and overtreatment. The national program had not acknowledged this controversy, despite the extensive discussion in the scientific literature. The committee found that the evidence on the outcomes of breast screening was limited, coming from older trials and studies, none of which had been conducted in France. They highlighted that knowledge of the natural history of breast cancer remains incomplete, and therefore, breast screening contravenes a fundamental principle of screening,² namely that the natural history, including development from latent stage

to declared disease, should be adequately understood. In addition, they were critical of the information promoted during "Pink October" or Breast Cancer Awareness Month, which they considered as exaggerating the benefit of screening.

The citizen consultation concluded that they did not wish to keep the program as currently defined and implemented. They commented on the difficulty of making recommendations without regular evaluations of the program and on the importance of measuring the program's impact on quality of life (not just on mortality). They noted the need for economic accountability in a publicly funded program. The health professionals consultation recommended continuing the program but with major reforms, including improvements in the quality of information, accessibility, and evaluation.

The steering committee recommended ending the program or making radical reforms. If the program were to be continued, their key recommendations included:

- Provision of neutral, complete information for women, the public and doctors.
- Acknowledgment of the scientific controversy in information for women and doctors.
- Training for doctors to better assist women in making informed decisions about breast cancer screening.
- A research program into the natural history of breast cancer(s) and the effectiveness of new treatment approaches.
- An improved evaluation program to monitor the impact of screening on quality of life, mortality, and costs.
- An end to screening of women age 50 years or younger who are at average risk.
- Consideration of screening based on risk, so women at low risk might be screened less or not at all, while those at higher risk might be screened more intensively.

The Health Minister asked the French National Cancer Institute to develop a plan for reform. In April 2017, the Ministry of Health released a plan of broad ranging reforms to be implemented over several years.³ Immediate steps focus on information for women to make their own decisions with support from their own doctors: a new medical consultation for each 50-year-old woman to discuss cancer screening options and cancer prevention (including primary prevention through lifestyle changes to reduce cancer risk); complete information, provided as a booklet accompanying the invitations to screening and via an online decision support resource; and additional tools and training to help doctors discuss the pros, risks, and limitations of screening. Other provisions are to improve access to the program, provide more support to women during the screening pro-

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Questions Posed During Consultations

1. What are your expectations of a breast screening program?
2. What should be the objectives of an organized, publicly funded breast screening program?
3. What information is necessary for women to be empowered to decide, fully informed, whether or not to participate in the screening?
4. How should the way the screening is offered be improved?

cess, improve the technical quality of the program, and establish a research program alongside the screening program. The plan does not outline how these measures will be evaluated.

The inquiry in France is the third independent review of breast screening in Europe, following reviews in the United Kingdom⁴ and Switzerland.⁵ All of the reviews highlighted the need for complete and balanced information, and acknowledged overdiagnosis as a serious harm; 2 reviews (the Swiss and French) recommended against continuing screening as currently offered. These findings are different from those of many other recommendations panels, such as those of the US Preventive Services Task Force, the American Cancer Society, and the International Agency for Research on Cancer, which have recently concluded that the benefits of screening for breast cancer with mammography outweigh the harms and continue to recommend it.⁶

What might account for the differences between the reviews and other recommendations? One possible explanation is that some panels may be compromised by the conflicts of interest of members,⁷ something carefully avoided in the 3 European inquiries. A broader range of disciplinary perspectives may also be important, as panel members with expertise in human and social sciences may be more likely to raise and discuss social, legal, and ethical considerations relevant to population screening.

Panels that make recommendations about medical treatments do not typically seek the values and preferences of citizens in formulating recommendations. Cancer screening programs, however, impact the lives of the public, and their preferences are important when reaching decisions. That the French inquiry included a citizen perspective within the inquiry and recommendation process is another possible explanation.

One approach to mammography screening is to ask individuals to make their own informed decisions about whether to participate with support through shared decision making. This approach, although often advocated,⁸ is demanding to achieve and sustain.⁹ Seeking informed citizens' views and preferences through a collective approach provides a sharp contrast to the 1-patient-at-a-time approach of shared decision making. In-depth community deliberations, such as in the French inquiry, enable meaningful information sharing and discussion between citizens of diverse backgrounds. Such a deliberative process offers advantages for policy development with implications for other countries that go beyond breast cancer screening.^{9,10}

ARTICLE INFORMATION

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