

The Overdiagnosis Industry: Consumers Should Just Say “No!”
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One of the most common questions I’m asked by people is “I’m seeing my doctor for a checkup this week – what tests should I ask him/her to perform?”

My answer: Maybe you should rethink the annual checkup. Almost all studies have shown it to be useless.^{1 2} But if you must see a doctor to have prescriptions filled, first look into whether or not your prescriptions are necessary, and also the potential to reverse the conditions for which they are prescribed.

But the direct answer to the question about which tests to ask for: as few as possible, potentially none. And, according to a recent article in Fortune Magazine called “The Growing Case for Doing Less: How harmless cancers are being overdiagnosed in America,”³ you should be particularly wary of cancer screening tests.

I used to be considered an outlier in this area, and every time I discussed this topic, I could expect a lot of hate mail from people who truly believed that more medical attention leads to better outcomes, and that “early detection saves lives.” This has never been true, and more and more health professionals are realizing it and agreeing with me.

One of the first mainstream doctors to speak out – in 2009 – was Laura Esserman, a breast cancer surgeon and oncology specialist in San Francisco. She co-authored an article, published in the *Journal of the American Medical Association*,⁴ which stated that routine screening for breast and prostate cancer was not reducing the incidence of aggressive and late-stage cancers, which was supposed to be the goal of screening tests. She also was the subject of hate mail, but now reports that things have changed. Women from all over the world are consulting with her because she often advises doing nothing in response to a diagnosis of DCIS, or ductal carcinoma in situ.

DCIS is often referred to as zero stage cancer, but diagnosis has typically been followed by aggressive treatment that can include mastectomy, lumpectomy, radiation and often a 5-year course of hormone blockade drugs. This is a lot of treatment, particularly considering that a study of 100,000 women followed for two decades showed that women who were diagnosed and treated for DCIS had about the same risk of dying of breast cancer as women in the general population.⁵ This essentially means that for most women, the risks associated with screening and treatment for early or non-existent cancer far outweigh benefits – in fact there aren’t any benefits. Dr. Esserman says, “Getting a biopsy is not pleasant, and 75% of all the biopsies we do turn out to be nothing. You stick a needle in the breast and sometimes you’ll see these little calcifications that are benign—but incidentally, there’s focus on DCIS, and the next thing

someone's getting a bilateral mastectomy. You think those things don't happen. They happen all the time."⁶

Overdiagnosis is not limited to breast cancer – the same is true for prostate, melanoma, and thyroid cancer. The reason is "improved" technology, which now detects cancers at earlier stages, including stages at which the cancer poses little to no threat to the patient. A recent meta-analysis of 18 randomized clinical trials including over two million people concluded that "current evidence does not substantiate the claim" that screening tests like mammography, colonoscopy, and PSA testing save lives.⁷

The same is true of skin cancer screening. The incidence of melanoma is now 6 times higher than it was 40 years ago, mainly because more doctors are looking for it. But the death rate remains the same. There are no randomized controlled trials showing that melanoma screening reduces the risk of dying from melanoma.⁸

Cancer screening expert Ade Anderson at Dell Medical School urges caution with screening tests, stating that "In our exuberance to find these cancers, we have basically turned a lot of healthy people who are not destined to die from the cancers into patients." He adds that screening 1000 women for breast cancer results in saving one woman from early death, but many of the other 999 will endure false positives, painful biopsies, anxiety, and possibly surgery and overtreatment – all of which can result in harm. In other words, the incessant screenings are finding disease that we may all be better off not knowing about.⁹

The main reason that cancer screening remains a booming business is not because it "saves lives," but rather due to economics. It is estimated that the screening business generates \$80 billion dollars in sales annually in the U.S.,¹⁰ and screening is the best way to recruit patients for the cancer treatment industry which generates hundreds of billions of dollars for medical centers annually.

A credible voice of reason is Rita Redberg, former editor of the *Journal of the American Medical Association*: "I don't think people feel better from all these screening tests we do, and they lead to a lot of complications. I think we would make a lot more impact if we worked on public health campaigns to stop smoking, stop vaping, increase physical activity, and improve our diets. That would really reduce cancer—and people would feel better."¹¹ Amen to that!

¹ Bloomfield HE, Wilt TJ. "Evidence Brief: Role of the Annual comprehensive Physical Examination in the Asymptomatic Adult."

VA Evidence-based Synthesis Program Evidence Briefs.

² Krogsboll L, Jorgensen K, Larsen C, Gotzsche P. "General health checks in adults for reducing morbidity and mortality from disease:

Cochrane systematic review and meta-analysis." *BMJ* 2012;345: e7191

³ Carolyn Barber. The growing case for doing less: How harmless cancers are being overdiagnosed in America. *Fortune Magazine* Oct 2 2023

⁴ Esserman L, Shieh Y, Thompson I. "Rethinking Screening for Breast Cancer." *JAMA* 2009;302(15):1685-1692

⁵ Narod SA, Iqbal J, Giannakeas V et al. "Breast Cancer Mortality After a Diagnosis of Ductal Carcinoma In Situ." *JAMA Oncol* 2015 Oct;1(7):888-896

⁶ Carolyn Barber. The growing case for doing less: How harmless cancers are being overdiagnosed in America. *Fortune Magazine* Oct 2 2023

⁷ Bretthauer M, Wieszczt P, Loberg M et al. "Estimated Lifetime Gained With Cancer Screening." *JAMA Intern Med* 2023 Aug;183(11):1196-1203

⁸ Welch HG, Mazer BL, Adamson AS. "The Rapid Rise in Cutaneous Melanoma Diagnoses." *NEJM* 2021 Jan;384(1):72-79

⁹ Carolyn Barber. The growing case for doing less: How harmless cancers are being overdiagnosed in America. *Fortune Magazine* Oct 2 2023

¹⁰ <https://csph.brighamandwomens.org/wp-content/uploads/2021/12/Estimating-Annual-Expenditures-for-Cancer-Screening-in-the-United-States.pdf>

¹¹ Carolyn Barber. The growing case for doing less: How harmless cancers are being overdiagnosed in America. *Fortune Magazine* Oct 2 2023