Breast screening research began in the 1960s with the New York Health Insurance Plan study. Since then, so much research, so many guidelines, and so much controversy and invective have ensued,1 a story made accessible to the lay public in *Conspiracy of Hope*.2

After these many noisy years, it is more than time for an evaluation of compliance with the US Preventive Services Task Force (USPSTF) recommendations for breast screening, as Soori et al3 have done. The USPSTF has been subjected to outraged criticism (as has its Canadian precursor) for recommendations deemed unacceptable by the American College of Radiology, reflected in multiple press releases over 3 decades. Such conflicting opinions offer a clear example of the need, when guidelines are being developed, for the diverse expertise that characterizes the USPSTF. Experts in the field often disagree with experts outside the field. Experts in the field cannot escape conflicts of interest. Bias should be avoided in the development of guidelines and should be recognized if present.4

Soori et al3 have excelled in quantifying the degree of compliance (or lack thereof) reflected in available comprehensive cancer control (CCC) plans in 50 US states and the District of Columbia. The variability is extensive. Only 16 states’ CCC plans are compliant with the USPSTF recommendation, 9 states’ CCC plans are totally noncompliant, and a further 26 states’ CCC plans are partially compliant. Thoughtful readers will wonder why there is such variability; the authors offer several reasons for this unfortunate state of affairs.

Fear is not mentioned, but it is a powerful tool to stoke political and public support of controversial health policies (or to reject them, as in the case of COVID-19 vaccines). American Cancer Society messages in the 1970s stated “if you are 35 [years] and have not had a mammogram you need more than your breasts examined.” I will never forget a 25-year-old woman from Edmonton in Alberta, Canada, whose grandmother had just died of breast cancer; it was 40 years ago that she telephoned me to say that she wished she could have a mammogram every day to be sure she did not have breast cancer. Fear has induced many women to grossly overestimate their risks of developing and dying from breast cancer. They also overestimate the benefit of screening.

In short, it is likely that much of the population, politicians, health care professionals, and the lay public, is inclined to believe that the USPSTF guidelines are too restrictive. They do not understand that if screening does reduce breast cancer deaths by an improbable 30%, that means 70% of patients with breast cancer still die from it. Nor do they understand the grim consequences of overdiagnosis. Most women with breast cancer will survive and will die from other causes, including me, a 20-year survivor who received a diagnosis of invasive breast cancer.

Regrettably, the authors of this important article declined to identify the states falling into each category of compliance. Epidemiologic methodology asserts the necessity of indicating the important features of the units being compared; for humans, the focus is usually on demographic and socioeconomic features. To look for outcomes that are manifestly so variable without also determining whether some unique features may be contributing to the outcomes leaves me curious.

The US Bureau of Economic Analysis provides data on the per capita gross domestic product for each state (excluding the District of Columbia), rounded off to thousands.5 New York and California have the highest per capita gross domestic product at $91 000 and $85 000, respectively. West Virginia, Idaho, and Mississippi have the lowest at $49 000, $48 000, and $43 000.
respectively. Educational attainment by state is also revealing: Massachusetts, Maryland, and Colorado rank 1, 2, and 3, respectively; Louisiana, Mississippi, and West Virginia rank 48, 49, and 50, respectively. Useful inferences might be made that could explicate the differential uptake of screening and other health policies in states that are so exorbitantly varied.

REFERENCES