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A report by the New York Times raises questions about the effectiveness of widespread cancer screenings.

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Are Cancer Screenings Effective?

BRIAN WILLIAMS, anchor:

And now we turn to health news today. Renewed debate in this morning's paper on an important topic, cancer screening. Tonight there is confusion from the experts on how extensive and widespread it should really be. The story tonight from our chief science correspondent, Robert Bazell.

ROBERT BAZELL reporting:

Screening mammograms to look for breast cancer and PSA blood tests that help detect prostate cancer have both been widely used for decades, and at times both have been controversial. Who gets tested for what and when have largely been determined by guidelines established by the American Cancer Society. Those guidelines got new attention today when The New York Times published an article saying that the American Cancer Society was "was quietly working on a message" to be posted on its Web site that screening comes with a risk of "treating many small cancers while missing cancers that are deadly." But the Cancer Society says not so fast.

Dr. VICTOR VOGEL (American Cancer Society Vice President): Our guidelines, our recommendations are on our Web site, and we are not planning to make revisions to those current recommendations at this time.

BAZELL: Many studies have shown that colonoscopies and other screening tests save lives from colon cancer, and Pap test screening cuts the death rate from cervical cancer. The Cancer Society recommends that women 40 and over get mammograms every year.

PSAs have been more problematic. The Cancer Society and most other medical groups only recommend that men talk to their doctors about them, not that they get them for sure. The reason includes studies such as a 2006 survey of 72,000 patients in the VA system.

Dr. JOHN CONCATO (Yale School of Medicine): We did not find evidence that screening with PSA was associated with improved survival.
BAZELL: Conventional wisdom holds that finding cancer early and treating it is always best, but it is not so simple.

Dr. VOGEL: Screening technology is complex. What appears to be very simple actually has many, many layers to it.

BAZELL: And those layers lead to controversies that, Brian, seem to never end.

WILLIAMS: And now this is where we ask you to be Bob "Bottom Line" Bazell. I wake up this morning. Front page New York Times, "Cancer group has concerns on screenings and it asks if benefits are overstated."

What's the deal?

BAZELL: The deal is that neither mammograms or PSAs--and especially PSAs--are as good as anybody would like them to be. They can miss deadly cancers. They can see things that aren't really there and require unnecessary surgery. We need better tests for both those deadly cancers. And that's the bottom line here. And until we have better tests, this controversy is going to continue.

WILLIAMS: All right. Robert Bazell on this story tonight that started, again, in the morning paper.