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Guideline for managing breast lumps

The editors have stated that they would like to receive and publish comments from readers of the Journal. I would therefore like to comment on the letter concerning a guideline for the management of breast lumps by Mahoney and colleagues (*Can J Surg* 1998;41[6]:476-7).

To issue algorithms or guidelines without the supporting rationale or evidence is not a valid exercise. To understand what is involved in developing guidelines, I would respectfully refer the editors to the methodology of the practice guidelines development cycle.[1] This process is used by the Ontario Cancer Treatment Practice Guidelines Initiative. The purpose of the Initiative is to improve the outcomes for cancer patients, to help practitioners apply the best available research evidence to clinical decisions and to promote responsible use of health care resources. The development of guidelines is clearly a time-consuming iterative process. One might infer, erroneously or not, that a group of interested individuals in the University of Toronto has arrived at a "consensus" over a cup of coffee.

With reference to Mahoney's algorithm on page 477, what is the evidence underpinning the recommendation that a 45-year-old woman with no clinical evidence of breast cancer and no risk factors be subjected to biannual mammography?

The risk of breast cancer increases with age. The Ontario Breast Screening Program provides screening only for women 50 years of age or older. Even for this group of women, the evidence of benefit is sparse, and some would argue that the risk of harm outweighs any putative benefit.

If the editors of the Journal are looking forward to developing a series of credible guidelines for managing common surgical problems, they must stipulate the methodology to be employed. Like it or not, we are living in an era of evidence-based surgery.

John F. Gately, MA, MB BChir(Cantab)
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Dr. Leo Mahoney and my colleagues at the University of Toronto in their letter in the December issue of the Journal (*Can J Surg* 1998;41[6]:476-7) outlined their recommended procedure for a family doctor to deal with a breast lump.

Their advice about cysts is reasonable. Having treated 8 patients with a cancer that was in the wall of a cyst or adjacent to a cyst, I can verify that all of them were detected by dark or maroon-coloured blood on aspiration of the cyst or by the persistence of a lump after aspiration. The fluid usually aspirated from a cyst does not need to be sent for cytologic examination as they correctly observe.

However, they fail to mention that the cells from a solid lump should definitely be sent for examination. Pathologists are very accurate in confirming the diagnosis on cytologic examination. It is not good practice to stick a needle into a lump and then discard the cells. The cells in the bar-