

## Editorial

Once a widely accepted notion, mammography screening is now called into doubt, in some cases rendered unjustifiable, by studies in developed countries. In spite of the fact that screening cannot prove to be effective may seem meaningless at the first glance, in practice, the procedures and strategies are to be reconstructed. In Iran, for instance, 40% of diagnosed breast cancer in women are locally developed or metastatic. The main issues for screening such cancers are primary tumor size, axillary nodal status down staging strategy, and screening programs. In fact, by cancer early detection we will be needless of the high technology of the developed world, while we lack the infrastructure and

resources to use the technology appropriately to achieve adequate coverage of the population.

In our previous studies, we found that tumor size and nodal status are the most frequent symptoms for referring to clinics, also we concluded that screening mammography in many countries would not be beneficial.

Although effective in the first round for detection of about 53% of the cancer cases, provided the equipment is readily available throughout the country, it is far less efficient in the second and third rounds which spells an ineffective strategy. Therefore, a shift in strategies seems essential for health decision makers especially in countries including Iran.

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