The following is an excerpt from an expert blog on the American Cancer Society’s website:

J. Leonard Lichtenfeld, MD, MACP

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Dr. Lichtenfeld is Deputy Chief Medical Officer for the national office of the American Cancer Society.

Yes, we do believe that the scientific evidence shows that mammograms save lives.  We do believe that colorectal cancer screening saves lives (and could save a lot more if we had more people screened).  We do believe the Pap smear has been incredibly successful in reducing deaths from cervical cancer in the United States and other developed countries.  Just take a look at what happens in the rest of the world when it comes to cervical cancer, and the fact that women all over this planet are dying from this disease because they don’t have access to any form of screening or treatment for what is now a largely preventable disease.

The reason we accept the risks of over diagnosis and treatment is that we believe the evidence shows that these screening procedures—when applied to large numbers of men and women—do save lives.  But, we are not blind to the questions that must be raised and must be answered before a population-based recommendation is made.

Then we find ourselves presented with anecdotes such as those shown on television where a woman says she has decided against mammography, or someone decides they don’t want to undergo colonoscopy.  Those are individual decisions that all of us make at one time or another in our lives.  Even I have declined to get certain recommended tests from time to time based on my knowledge and considerations of benefits and risks.

Those are personal decisions. But when the [**American Cancer Society makes recommendations for the prevention and early detection of cancer**](http://blogs.cancer.org/docroot/ped/ped_0.asp), we have to consider what is the best course of action that applies to hundreds of millions of people.

We don’t know who is going to get cancer and who is not.  We don’t know which cancers are potentially lethal and which ones are not.  We don’t know which cancers are going to be impacted in a good way by being found early and which ones are not.

All of those questions are legitimate to ask.  But all of those questions also require further research—which is ongoing and funded by a number of organizations—to help us get the answers.

Until we have those answers, we also realize that our approach to screening and treatment sometimes is a lot more “rough-cut” than we would like.  But we are also of the opinion that we need to accept that significant limitation, understanding that lives hang in the balance.