PLCO (Prostate, Lung, Colorectal, and Ovarian) trial of prostate-specific antigen screening.

In the context of shared decision making, we need to provide the best data to properly inform women. The benefit of mammography screening is smaller than anticipated and harms are more than trivial (false positives and overdiagnosis). Indeed, the French inquiry into mammography, after obtaining the perspectives of women, concluded that the program should be either shut down or undergo a major revamp, because it was estimated that it creates more harm than good.[27] We need to stop imposing our values on women and recognize they have a right to decide for themselves whether they should be screened. But for this to happen, women need unbiased, easily understandable information.

Considerations for conflicting messaging. Clinical practice guidelines can improve health care delivery. Yet intellectual biases and financial conflicts of interest threaten their validity and might lead to overuse of health care services.

> More is not necessarily better in medicine; if anything, patient outcomes may be worse the more "care" they receive. Every medical test, procedure and treatment adds risk against potential benefit, and some may lead to more harm than good.[28]

Quality assessment of guidelines rates the Canadian and US task force guidelines highly.[29] It might be merely a coincidence that those who argue most strongly in favour of expanding mammography services have considerable financial investments in the field, as well as strong emotional conflicts of interest.[7] Advocates of screening mammography would do better to improve and demonstrate its effectiveness.

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Competing interests

Members of the Canadian Task Force must declare any conflict of interest in regard to any guideline produced. The authors of this letter declare no related financial conflicts, although we do have an intellectual interest in defending the analyses to which we contributed and the conclusions we reached.

References

1. Gordon PB. Breast cancer screening [Letters]. *Can Fam Physician* 2019;65:457-9.
2. Dickinson JA, Grad R, Wilson BJ, Bell NR, Singh H, Szafran O, et al. Quality of the screening process. An overlooked critical factor and an essential component of shared decision making about screening. *Can Fam Physician* 2019;65:331-6 (Eng), e185-91 (Fr).
3. Kim MS, Nishikawa G, Prasad V. Cancer screening: a modest proposal for prevention. *Cleve Clin J Med* 2019;86(3):157-60.
4. Barratt A. Overdiagnosis in mammography screening: a 45 year journey from shadowy idea to acknowledged reality. *BMJ* 2015;350:h867.
5. Singh H, Dickinson JA, Thériault G, Grad R, Groulx S, Wilson BJ, et al. Overdiagnosis: causes and consequences in primary health care. *Can Fam Physician* 2018;64:654-9 (Eng), e373-9 (Fr).
6. Berry DA. Failure of researchers, reviewers, editors, and the media to understand flaws in cancer screening studies. *Cancer* 2014;120(18):2784-91. Epub 2014 Jun 12.
7. Brawley O, O'Regan RM. Breast cancer screening: time for rational discourse. *Cancer* 2014;120(18):2800-2. Epub 2014 Jun 12.
8. Statistics Canada [website]. *Deaths, by cause, chapter II: neoplasms (C00 to D48).* Ottawa, ON: Statistics Canada; 2019. Available from: **https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310014201**. Accessed 2019 Oct 3.
9. Statistics Canada [website]. *Number and rates of new cases of primary cancer, by cancer type, age group and sex.* Ottawa, ON: Statistics Canada; 2019. Available from: **https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310011101.** Accessed 2019 Oct 3.
10. Canadian Task Force on Preventive Health Care [website]. *Breast cancer update – 1000 person tool age 40-49.* Calgary, AB: Canadian Task Force on Preventive Health Care; 2019. Available from: **https://canadiantaskforce.ca/tools-resources/breast-cancer-update/1000-person-tool-age-40-49.** Accessed 2019 Oct 4.
11. Keating NL, Pace LE. Breast cancer screening in 2018: time for shared decision making. *JAMA* 2018;319(17):1814-5.
12. Esserman L, Shieh Y, Thompson I. Rethinking screening for breast cancer and prostate cancer. *JAMA* 2009;302(15):1685-92.
13. Canadian Association of Radiologists [website]. *Mammography accreditation program*. Ottawa, ON: Canadian Association of Radiologists; 2019. Available from: **https://car.ca/patient-care/map**. Accessed 2019 Aug 14
14. BC Cancer. *British Columbia screening mammography program annual report 2017.* Vancouver, BC: BC Cancer, Provincial Health Services Authority; 2017. Available from: **www.bccancer.bc.ca/screening/Documents/SMPAnnualReport2017_WEB.pdf.** Accessed 2019 Oct 4.
15. Nova Scotia Breast Screening Program [website]. *2017 Annual report.* Halifax, NS: Nova Scotia Breast Screening Program; 2017. Available from: **https://breastscreening.nshealth.ca/annual-reports**. Accessed 20 Aug 2019.
16. Canadian Partnership Against Cancer. *Quality determinants of breast cancer screening with mammography in Canada.* Toronto, ON: Canadian Partnership Against Cancer; 2013.
17. Lee J, Hardesty LA, Kunzler NM, Rosenkrantz AB. Direct interactive public education by breast radiologists about screening mammography: impact on anxiety and empowerment. *J Am Coll Radiol* 2016;13(1):12-20. Epub 2015 Oct 17.
18. Brodersen J, Siersma VD. Long-term psychosocial consequences of false-positive screening mammography. *Ann Fam Med* 2013;11(2):106-15.
19. *Dense Breasts Canada* [website]. Toronto, ON: Dense Breasts Canada; 2019. Available from: **https://densebreastscanada.ca**. Accessed 2019 Oct 4.
20. Klarenbach S, Sims-Jones N, Lewin G, Singh H, Thériault G, Tonelli M, et al. Recommendations on screening for breast cancer in women aged 40–74 years who are not at increased risk for breast cancer. *CMAJ* 2018;190(49):E1441-51.
21. US Preventive Services Task Force [website]. *Breast cancer screening.* Rockville, MD: US Preventive Services Task Force; 2016. Available from: **www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening1?ds=1&s=breast%20cancer**. Accessed 2019 Oct 4.
22. Lee JM, Arao RF, Sprague BL, Kerlikowske K, Lehman CD, Smith RA, et al. Performance of screening ultrasonography as an adjunct to screening mammography in women across the spectrum of breast cancer risk. *JAMA Intern Med* 2019;179(5):658-67. Erratum in: *JAMA Intern Med* 2019;179(5):733.
23. Kohli A, Jha S. Why CAD failed in mammography. *J Am Coll Radiol* 2018;15(3):535-7.
24. National Cancer Institute [website]. *TMIST (Tomosynthesis Mammographic Imaging Screening Trial).* Bethesda, MD: National Cancer Institute; 2019. Available from: **www.cancer.gov/about-cancer/treatment/clinical-trials/nci-supported/tmist**. Accessed 2019 Oct 7.
25. Lenzer J. 3D Mammography is on the upswing in the US, as experts argue about its value. *BMJ* 2019;366:l4506.
26. Kopans DB. TMIST is a waste of $100 million. *BMJ* 2019;366:l4506. Available from: **www.bmj.com/content/366/bmj.l4506/rr-0**. Accessed 2019 Oct 4.
27. Institut National du Cancer [website]. *Ensemble sur améliorons le dépistage du cancer du sein. Concertation citoyenne et scientifique. Rapport du comité d'orientation.* Boulogne-Billancourt, Fr: Institut National du Cancer. Available from: **www.concertation-depistage.fr**. Accessed 2019 Oct 4.
28. Jatoi I, Sah S. Clinical practice guidelines and the overuse of health care services: need for reform. *CMAJ* 2019;191(11):E297-8.
29. Qaseem A, Lin JS, Mustafa RA, Horwitch CA, Wilt TJ; Clinical Guidelines Committee of the American College of Physicians. Screening for breast cancer in average-risk women: a guidance statement from the American College of Physicians. *Ann Intern Med* 2019;170(8):547-60. Epub 2019 Apr 9.

Prescriptions for happiness

In his editorial "Prescribing happiness" published in the September issue of *Canadian Family Physician*, Associate Scientific Editor Dr Roger Ladouceur invited you to share "sound advice to help your unhappy patients on their path to happiness."[1] Ladouceur's call was met with many suggestions from our fellow readers.

We thank all of you for your responses and we present some of them here.

Three pieces of advice for happiness include the following.

- Spend active time outdoors, preferably in a natural environment every day.
- Think about 3 things you are grateful for every morning.
- Surround yourself with supportive people.

—Nicola C. Wilberforce MD CCFP
Thunder Bay, Ont

Competing interests
None declared

My suggestions to patients include ...

- Practise self-compassion: what would you tell your best friend if he or she were in your shoes?
- Set aside 1 minute every day to think of and be grateful for something good that happened that day.
- Move your body enough so that it gets sweaty for at least 150 minutes every week.
- Spend less time with any device that transmits information that you find upsetting or distressing; spend more time in nature or with people you care about.

—Cathy Peckan MD CCFP
London, Ont

Competing interests
None declared

I offer the following advice for patients who might need help with happiness:

- exercise,
- help others, and
- nourish personal relationships, pets included.

—Khati Hendry MD CCFP
Summerland, BC

Competing interests
None declared

We could all use help in advising our patients on happiness. Every situation is so different and often so difficult, but what I have found helpful is to recommend 2 things to patients:

- Exercise or engage in an activity for at least 30 minutes per day.
- Find some way to help someone else—maybe a friend, a neighbour, or a pet—every day.

—Cathy J. Campbell MD CCFP(SEM) FCFP
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Competing interests
None declared

Prescriptions pour le bonheur

Dans son éditorial intitulé « Prescrire le bonheur » et publié dans le numéro de septembre du *Médecin de famille canadien*, le Dr Roger Ladouceur, rédacteur scientifique adjoint, vous invitait à nous faire part de « conseils judicieux à l'intention de vos patients malheureux pour qu'ils trouvent le chemin du bonheur »[1]. Nos collègues lecteurs ont répondu à l'appel du Dr Ladouceur par de nombreuses suggestions. Nous vous remercions tous de vos réponses, et nous vous en présentons quelques-unes ici.

Mes conseils habituels aux patients tristes pour limiter la médication sont les suivants :

Marcher au grand air 30 minutes par jour, beau temps, mauvais temps (redécouvrir le parapluie, car la nature est si différente sous la pluie). J'insiste souvent sur le fait que c'est aussi efficace qu'un antidépresseur dans les cas de dépression légère.

Vivre au présent (profiter des moments en famille, éteindre le cellulaire, ne serait-ce que pour quelques heures, etc.), parce que les gens se projettent souvent dans le futur ou ruminent le passé plutôt que de profiter du moment. Le bonheur se conjugue au présent.

Réfléchir aux choses qui leur importent vraiment, à leurs valeurs, à ce qui leur tient à cœur, et explorer les changements qu'ils peuvent apporter dans leur vie pour être plus en harmonie avec eux-mêmes. Dans notre rythme de vie moderne et effréné, rares sont les gens qui prennent le temps de s'arrêter pour réfléchir à qui ils sont vraiment. Un arrêt de travail est un bon moment pour ce faire.

Se sourire dans le miroir le matin.

Chaque soir, penser à 3 petites choses agréables qui se sont produites dans la journée (une odeur agréable, le sourire d'un passant, etc.) pour se reconnecter avec les petits bonheurs de la vie et remercier la vie de ces derniers. La reconnaissance nous fait constater toutes les bonnes choses que nous avons et nous rend plus heureux.

Aux patients qui ressentent beaucoup de culpabilité, je conseille de dire « merci » au lieu de « je m'excuse » (« merci de m'avoir attendu » au lieu de « je m'excuse d'être en retard »). Les mots ont un pouvoir puissant sur notre esprit.

Rechercher leurs activités « salvatrices », c'est-à-dire celles qui les font se sentir bien, se déconnecter sur le plan psychologique, et les pratiquer plus régulièrement.

Créer quelque chose, sous forme d'art ou de bénévolat. Le fait de créer améliore l'estime de soi et contribue au bonheur.

J'en ai suggéré plus que 3, mais d'après moi, il faut adapter les messages en fonction du patient et certains conviendront mieux selon la personne. Il vaut mieux avoir plus d'outils dans son sac, surtout dans le but de créer un collectif.

J'essaie aussi de donner des conseils clairs, simples et concrets pour qu'ils soient aussi faciles que possible à mettre en pratique.

J'ai beaucoup aimé cet éditorial[1]. En espérant que cette réponse vous inspire.

—Catherine Tétreault MD CCMF
Drummondville, (Québec)

Intérêts concurrents
Aucun déclaré