BCRT response to Møller

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We thank Dr. Møller and colleagues for taking an interest in our paper [1, 2]. They rightly point out the scarcity of survival data. Both our deaths [1] in the MRI series occurred in *BRCA1* mutation carriers. This therefore raises concerns over whether MRI may be as effective in *BRCA1*. Tharmaratnam et al. [2] have assessed their data from their original publication [3] now only for *BRCA1* mutation carriers who were unaffected at the time of entry into screening. They again showed relatively poor survival in their MRI-screened series of 73 % at 10 years compared to an almost identical 72 % in the mammography only series. Whilst our projected survival to 10 years in our MRI-screened *BRCA1* carriers is above 90 %, this is based on only 24 cases. We are aware that in the UK, the vast majority of small <10 mm lymph node negative high grade triple negative breast cancers receive chemotherapy, but we are not sure this is the case in Norway. It would be helpful to know whether the Norwegian cases received adjuvant chemotherapy as this has been shown to improve survival in *BRCA1* carriers [4, 5].

Even if some of the poorer survival can be put down to nontreatment with chemotherapy, far more survival data on *BRCA1* carriers screened with MRI are required so that

women can make informed choices when opting for MRI surveillance over risk-reducing mastectomy.

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