Article extract: "For every thousand women screened by mammography over 10 years, we will avoid one breast cancer death—note, I am not saying it will help them live longer—they will avoid one breast cancer death. The data no longer supports mammographic screening. It does not benefit 70 to 80 percent of the women. The female breast is known to be highly susceptible to the cancer-causing effects of radiation when exposure occurs before menopause. Women who had received radiation treatment for breast cancer (high-energy X-rays) had a significant increase in heart disease and lung cancer decades after their treatment. 3D delivers more radiation to a woman's breast than the older 2D variety.

Breast density makes mammography 50 percent less accurate. Also, dense breast tissue absorbs significantly more radiation, putting women with dense breasts at higher risk of breast cancer. Two-thirds (66 percent) of premenopausal women and 25 percent of postmenopausal women have breasts dense enough that a mammogram will miss their breast cancer. One of the biggest concerns with the prevalence of mammography is overdiagnosis. More than 1 million breast biopsies are performed every year in the United States, and approximately 75 to 80 percent yield a benign outcome. A Better Alternative: The combination of thermography and ultrasound can give accuracy of between 95 and 99 percent accurate."

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Why the New Breast Cancer Screening Guidelines May Not Save More Women

Emma Suttie, D.Ac, AP
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On May 9, a draft recommendation from the U.S. Preventive Services Task Force announced that women should begin screening for breast cancer at age 40 and every other year after that, which differs from their 2009 recommendation that women start screening for breast cancer a decade later, at age 50.

Dr. Carol Mangione, previous task force chair, said, "This new recommendation will help save lives and prevent more women from dying due to breast cancer."

The new guidelines raise the question of whether another decade's worth of mammograms—which involve placing the breast in a machine and pressing it with up to 45 pounds of pressure (pdf) while subjecting it to ionizing radiation—is the best way to prevent more deaths from a disease that can be caused by exposure to radiation.

Does Mammography Lead to Better Outcomes?

A previous Epoch Times article titled "The Business of Breast Cancer: Mammogram Risks" reported on the risks of mammography, the studies that examine those risks, and the perspectives of some experts on the subject.

One of those experts was Dr. Michael Baum, a British surgical oncologist specializing in breast cancer treatment and one of the architects of the UK's national breast screening program, which opened its first center in England in 1987. Baum went from being one of the program's most adamant supporters to one of its most vocal critics.

He summarizes it this way in an interview from April:

Information from Industry

"For every thousand women screened by mammography over 10 years, we will avoid one breast cancer death—note, I am not saying it will help them live longer—they will avoid one breast cancer death."

He calls the breast screening program [using mammography] a "courageous experiment" but says that "when the data changes, you must change your mind," adding that "the data no longer supports mammographic screening."

Accuracy

Mammography is touted by cancer groups, organizations, and associations as "the gold standard" because it can find breast cancer, which is thought to save lives ultimately. But plenty of evidence suggests that mammograms are inaccurate; they can miss the fast-growing, aggressive cancers they should discover and find some cancers they shouldn't, such as DCIS, or ductal carcinoma in situ.

DCIS is the presence of precancerous cells localized in a single duct or ducts in the breast. It's slow-growing and develops into cancer in only about 20 percent of women. Many women are unaware of this type of cancer and aren't told all the details if diagnosed. A DCIS diagnosis often results in treatments that may be unnecessary. DCIS was rarely diagnosed before the advent of breast screening, and 60,000 women are now diagnosed annually in the United States.

In an interview from December 2016, Dr. Otis W. Brawley, chief medical and scientific officer of the American Cancer Society, stated: "In the best of circumstances, the studies show that mammography decreases the risk of death by 20 to 30 percent. That means it does not benefit 70 to 80 percent of the women that need a test that saves their lives."

A page on the American Cancer Society's website called "Limitations of Mammograms" states, "Overall, screening mammograms miss about 1 in 8 breast cancers." The page also says, "About half of the women getting annual mammograms over a 10-year period will have a false-positive finding at some point."

Radiation

Breasts are the most sensitive tissues in a woman's body and are highly vulnerable to radiation. In fact, Cornell University's Program on Breast Cancer and Environmental Risk Factors (pdf) states

that "the female breast is known to be highly susceptible to the cancer-causing effects of radiation when exposure occurs before menopause."

Mammograms direct radiation directly at the breast and sometimes the vital organs beneath it, such as the heart and lungs.

A cohort study published in the British Journal of Cancer in 2012 followed more than 500,000 women from 1973 to 2009. The study found that women who had received radiation treatment for breast cancer (high-energy X-rays) had a significant increase in heart disease and lung cancer decades after their treatment.

The study demonstrates a progressive increase in risk and mortality from radiation-related heart disease and lung cancer with time—into the third decade—after radiation exposure. Mammograms can be in 2D or 3D (called digital breast tomosynthesis, or DBT) and use ionizing radiation to capture images of the breast. The newer 3D version is what many women receive today. However, despite all our technological advances, it delivers more radiation to a woman's breast than the older 2D variety.

The Susan G. Komen website states, "DBT may give a slightly higher radiation dose than standard 2D mammography. This higher dose is within FDA guidelines, though."

Breast Density

Another factor affecting a mammogram's accuracy is the density of a woman's breast. Some women have more fatty tissue in their breasts, and some women's breasts are more dense. Mammograms can't clearly see changes in breast tissue in women with dense breasts, and some say breast density makes mammography 50 percent less accurate (pdf). Also, dense breast tissue absorbs significantly more radiation than fatty breast tissue, putting women with dense breasts at higher risk of breast cancer.

A study published in the Journal of the National Cancer Institute found that 43.3 percent of U.S. women aged 40 to 74 have dense breasts. There are four levels of breast density, according to AreYouDense.org (pdf): A (fatty), B (scattered), C (heterogeneous), and D (extreme).

According to Dr. Thomas Kolb, who specializes in detecting and diagnosing breast cancer and was the lead author of a study published in Radiology, "Mammographic sensitivity for breast cancer declines significantly with increasing breast density (48 percent for the densest breasts)." In the same study, Kolb said that the "addition of screening [ultrasound] significantly increases detection of small cancers."

"Two-thirds (66 percent) of premenopausal women and 25 percent of postmenopausal women have breasts dense enough that a mammogram will miss their breast cancer," Kolb said.

According to AreYouDense.org, "Breast density is one of the strongest predictors of the failure of mammography screening to detect breast cancer."

Overdiagnosis, Overtreatment, and Incorrect Diagnosis

One of the biggest concerns with the prevalence of mammography is overdiagnosis. Mammograms can detect abnormalities that may not be cancer or cancers that may have regressed on their own. These abnormalities are often treated with chemotherapy, radiation, and surgery without knowing whether they would have ever become clinically significant.

As the evidence has accumulated, overdiagnosis is now considered the most severe consequence of population-wide screening with mammography.

An abnormality detected by mammography is usually treated with a biopsy, which removes cells from the area in question and looks at them under a microscope. A study published in the American Journal of Roentgenology states, "More than 1 million breast biopsies are performed every year in the United States, and approximately 75 to 80 percent yield a benign outcome."

Incorrect diagnosis is also an extremely unpleasant side effect of mammography, as are the resulting biopsies if abnormalities are found. In fact, according to a Susan J. Komen white paper (pdf) from June 2006, "More than 90,000 people currently living with breast cancer may, in fact, be living … with an incorrect diagnosis."

A Better Alternative

Many other noninvasive screening options for preventing and detecting breast cancer are discussed in our previous article "Finding Breast Cancer–Low-Risk Early Detection Tools You May Not Know About." They include thermography and multiple blood tests to detect cancer cells before they coalesce into a tumor.

Thermography uses an infrared camera to detect heat on the skin's surface. It can see variations in temperature and increased heat that can point to various stages of breast disease. Unlike mammography, there is no compression, no radiation, and the machine doesn't touch the body. It's as simple as having your picture taken.

Dr. Galina Migalko, who runs a noninvasive complementary and alternative medical imaging practice, is one of the few doctors in the nation who does thermography and ultrasound side-by-side. Based on her clinical experience, she said that ultrasound can give up to 90 percent accuracy, but the combination of thermography and ultrasound is between 95 and 99 percent accurate.

Part of the reason this combination of screening is so effective is that it uses two types of tests. An ultrasound is an anatomical test, a test of structure, while thermography is a test of physiology, of function. Together, they make a powerful team and can detect breast changes many years before a tumor develops.

"Thermography can see problems eight to 10 years before we see a mass," Migalko said.

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