

The Breast Cancer Breakthrough that's Making Experts Angry

Posted By [Dr. Mercola](#) | May 16 2011 | 184,108 views

The use of mammograms has dropped following recommendations by a medical task force that women in their 40s may not need to get breast cancer screenings every year. Studies suggest that fewer physicians are recommending annual mammograms for women in their 40s, and that fewer patients in that age group are getting screened. In November of 2009, the U.S. Preventive Services Task Force, a federal advisory board, said that yearly mammograms should not necessarily be automatic at age 40. They did recommend routine mammography screenings every two years for women ages 50 to 74.

CNN reports:

"Mammograms are less effective in detecting growths in younger women, whose breasts may be denser. The screening gets better with older women because breast tissues change over time. As a result, some women experience false positives, anxiety and unnecessary biopsies because of mammograms, according to data."

Meanwhile, more and more clinical studies are showing that an alternative, noninvasive breast cancer screening test – thermography – could soon become the initial breast screening tool for pre-menopausal women.

MERCOLA COMMENTS

When the 16-member U.S. Preventive Services Task Force said annual mammograms weren't necessary for women under age 50, and that screenings were recommended [only every two years](#) after that, the breast cancer community all but fell apart. [Protests erupted](#) from surgeons and radiologists to cancer advocacy groups like the American Cancer Society and Susan G. Komen for the Cure.

Since two of the task force's members represent the insurance industry, and since the industry looks to the task force for guidance in what tests insurance will cover, critics claimed that money and conflicts of interest swayed the decision to reduce mammography screening recommendations.

I agree. Money and conflicts of interest probably are involved here – but not the way you might think.

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Breast Cancer Screening is a Booming Business

According to [a 2008 report](#) by market analysts Medtech Insight, breast cancer screening is a \$2.1 billion-a-year business that is projected to compound by 5.4 percent a year through 2013 as Baby Boomers start regular breast cancer screening.

The core of this market, Medtech said, centers on mammography, magnetic resonance imaging (MRI), and ultrasound. Anticipating the surge years ago, imaging providers [started spending hundreds of thousands of dollars](#) – and in some cases, millions – on new breast radiology equipment, specialty services, and clinics.

The outlook was so good that Imaging Economics, an online economic adviser to radiologists and health care executives, was already reporting in 2003 that [breast cancer screening was a "booming business."](#) And it was: with annual mammograms recommended for everybody over age 40, the bottom line was absolutely guaranteed in the breast imaging department, from mammography, to ultrasound, to MRIs, to stereotactic biopsies, to radiographic-guided lumpectomies.

And then the Preventive Services Task Force had to go and "ruin everything." With the task force's new guidelines paradigm, the breast screening bull market was about to bust. Naturally, [the imaging industry was furious](#):

"If the USPSTF guidelines were followed to the letter, then imaging centers would face a dramatic decrease in mammography volume across the entire age spectrum of women," Imaging Economics reported in January 2010. *"For centers that focus on women's health and breast imaging, especially, this could be a devastating blow."*

Of course, as is all too frequently occurs, the concern and emphasis is on loss of personal income NOT on what best serves the patient or how to adjust their business model to make it a win-win for them and the patient. When it comes to business decisions, it seems what is best for the patient nearly always is factored out of the equation.

So what happened?

They urged breast screening specialists to work harder to keep their volume up, Imaging Economics advised them to talk to their patients and tell them about women in their 40s and 50s who have been affected by breast cancer. For example, a center in New Jersey sent out letters to all its patients stressing the importance of annual screening, despite the task force's recommendations – and it worked.

The key to keeping radiologists' doors open, Imaging Economics said, was to emulate this New Jersey center, and continually educate patients, referring physicians and the public at large about "the value of mammography as a screening tool for breast cancer."

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Beware -- The Price You Pay Could be Your Life

I've shared with you on many occasions my concerns about the safety and [effectiveness of mammograms](#). Time and again, studies published in prestigious medical journals are progressively showing that mammography isn't all it's made out to be – and the task force indicated that this is what they were thinking when they changed the screening guidelines.

I'm sure it also knew that mammograms miss up to a third or more of all breast cancers, as [reported by Medscape](#), depending on the composition of your breast tissue and the type of cancer that might be lurking in there. And secondly, the task force certainly found that mammography and its subsequent tests, such as MRIs and stereotactic biopsies – [actually can CAUSE cancer](#).

The task force also had to have known that false positives from mammograms – [a diagnosis of cancer when it turns not to be cancer](#) – are notorious in the industry, causing women needless anxiety, pain and, often, invasive and disfiguring surgical procedures.

It's true.

What the Imaging Industry Doesn't Want You to Know

What the imaging industry doesn't want you to know, but what the U.S. Preventive Task Force evidently saw, is that mammography not only is sadly lacking in accuracy, but it can be dangerous as well.

If you're new to the Mercola website, I urge you to click on the links above, and read this information for yourself, to get some background on what I'm talking about. You may be asked to register to read the Medscape link, but it's free and the information is priceless.

Then take a peek at some of these other sites, which show that the imaging industry is definitely downplaying the downside of mammography:

- Radiation risks from routine mammography pose significant cumulative risks (over time) of causing breast cancer , according to the [Cancer Prevention Coalition](#)
- Lower-energy X-rays provided by mammography result in substantially greater damage to DNA than would be predicted, and suggests that risk of breast cancer caused by exposure to mammography radiation may be greatly underestimated, the [BreastCancerFund.org](#) reports
- The slightest scratch can cause cancer cells to crawl to the wound – for example, the spot where a stereotactic biopsy or lumpectomy is performed, [Science News Magazine](#) writes

- Several researchers have argued that trauma to the breast – including compression from a mammogram -- can rupture cysts that can disseminate invasive cancer cells – Bnet.com

Of course, mammography proponents will argue that these findings are only theoretical. But the bottom line is they're only trying to protect *their* bottom lines by denying the truth – and the price you pay may be your life, if you're one of the women whose mammograms miss the cancer, or if you end up being one of those whose cancer could have been caused by the procedure itself.

The Imaging Industry Admits that Thermography is a Viable, Safe Alternative

Interestingly, in 2003, at the same time it was heralding the radiology boom in breast cancer screening, Imaging Economics also talked about thermography as a safe, viable, noninvasive, pain-free alternative to mammography.

Admitting that thermography isn't a new kid on the block – the FDA approved its use in 1982 – Imaging Economics announced that [several companies had new thermography products in the pipeline](#). "By itself, thermography is 86 to 90 percent effective for detecting breast cancer," the agency quoted one of the owners of this "new" technology. When you consider that [the task force said](#) that mammography alone can misdiagnose up to 56 percent of women ages 40 to 49, those statistics are pretty impressive.

Adding to the proof, Imaging Economics added:

"Clinical Thermography of Colorado opened its doors in July 2002 and uses Meditherm's (Lake Oswego, Ore.) Digital Infrared Thermal Imaging system. Scans (thermography) are non-invasive and complete in 15 minutes; physicians trained to read thermograms read the scans offsite.

"Marshall notes, "Physician acceptance has been higher than I anticipated." In fact, some local physicians are referring patients for thermography. One surgeon recognized the value of thermography after a patient elected a double mastectomy based on her thermogram, which revealed abnormal patterns in both breasts. After the surgery, the surgeon found that the patient's thermogram matched the pathology report.

"A number of patients are women who have had mastectomies and need to monitor remaining breast tissue, but don't want to be compressed during a mammogram. Other patients have cancer and want to monitor their condition."

And this comes from the very industry that is quaking in its shoes about mammograms going by the wayside! When you add the fact that some radiologists are now [training in thermography](#) in anticipation that in the future it may be the "first signal" for finding a developing tumor, and that thermography has become a college unto itself, it shows that

maybe the U.S. Preventive Task Force knows more than the industry would like you to think.

As Usual, the FDA Stands in the Way

Aside from trade associations like the AMA, the [Society for Breast Imaging](#), and the [American College of Radiologists](#) (ACR) – people who have lots to lose in the way of mammogram dollars – the FDA, as usual, is taking its time reviewing thermography's new evidence as a first-line defense against breast cancer. Currently the FDA classifies thermography only as a Class I medical device that can be used as an [adjunct to mammography](#).

As a result, [insurance companies](#) and Medicare have refused to endorse and pay for thermography for breast cancer screening. They all cite numerous studies showing a presumed low effectiveness of the procedure – but those studies ARE MORE THAN 10 YEARS OLD.

When you review more [recent studies](#), you'll find that the thermography has well-known benefits.

In fact, [a study published in 2009](#) in the Journal of Medical Systems and the National Institutes of Health's PubMed reported that thermography aided by the latest analytical software sensors is **94.8 percent accurate – or nearly twice as effective as mammography!** With [more and more recent studies](#) supporting these numbers, it has to make you wonder what the FDA is thinking by refusing to admit the good that it is.

Thus, the FDA is denying women – and men, because men get breast cancer too – this potentially life-saving procedure!

What You Can Do to Protect Yourself

I don't have to recite [another litany of studies](#) that show that thermography is [an extremely safe and useful tool](#), particularly in women with dense breasts. The point is that thermography is a safe, viable alternative that can help you get reliable, accurate information for diagnosis, treatment, and prognosis of breast cancer.

Not only that, it can detect inflammation of other kinds in other places in your body, from your heart to your teeth to your circulatory/vascular system, and more – all in a procedure that doesn't involve touching or invading your body in any way. It's cost-effective in that it can help you make lifestyle and treatment choices you might not have with other procedures, including mammography.

And, it's risk-free and provides you with instant feedback – in other words, no need for a return appointment just to hear the results.

The important thing is that it still is an FDA-approved procedure, and you still have the choice to consider it as part of your annual health prevention plan.