October 10, 2011

Breast and Prostate Cancer Screenings Actually Cause Cancer, Don't Save Lives

Studies confirm what the complementary health communities have been stating for decades. Breast and prostate cancer screenings result in an increase in breast and prostate cancer mortality respectively and fail to address prevention.

In a Swedish study of 60,000 women, 70 percent of the mammographically detected tumors weren't tumors at all. These "false positives" aren't just financial and emotional strains, they may also lead to many unnecessary and invasive biopsies. In fact, 70 to 80 percent of all positive mammograms do not, upon biopsy, show any presence of cancer.
When it comes to prostate cancer, a 20-year study from Sweden suggests that screening for prostate cancer does not reduce the risk of death from the disease. In fact, many men receive false-positive results and overtreatment, adding an element of risk to widescale screening, researchers report in the March 31 online issue of the *BMJ* .

“In the light of our findings, I would say that the benefit from screening is not sufficient to support mass screening,” said study author Dr. Gabriel Sandblom, an associate professor at the Karolinska Institute in Stockholm.

In 2009, a firestorm of controversy erupted when a top official with the American Cancer Society let slip that the benefits of breast cancer and prostate cancer screening may have been oversold.

The epicenter of the controversy was Dr. Otis Brawley, chief medical officer of the ACS. Brawley who made a statement in an interview with the New York Times about a Journal of the American Medical Association analysis of breast and prostate cancer screening, which raised questions about claims that screening saves lives.

How Breast and Prostate Screenings Cause Cancer

PSA stands for Prostate-specific antigen test (PSA test). This test analyzes the blood for PSA, a substance produced by the prostate gland. If higher-than-normal levels of PSA are detected, the claim is that cancer is present.

But virtually all expert public health panels do not recommend the PSA test. A blood test that isn't accurate can fail to find disease that's present, leading to false reassurance. It can also report disease when it's not really there, leading to unnecessary use of other tests (like biopsy) that are not so benign. Perhaps most concerning, the PSA test frequently identifies something that qualifies as cancer under a microscope but acts nothing like cancer in real life. That is to say, the large majority of PSA-discovered "cancers" would never cause any problem whatsoever if they went undetected. Finding something through screening invariably leads to treating it through conventional means which cause cancer themselves.

Most of the men so treated would have been just fine if they never knew about the cancer. But when they're treated, the majority suffer really life-affecting effects, such as impotence and/or incontinence.

It is questionable whether screening mammograms or PSA tests can even provide genuine "early diagnosis" as is frequently claimed. Cancer can makes dozens of divisions during its life, and neither mammograms or PSA tests can pick up a tumour until it is of a sufficient size, usually around 20-30 such divisions. So much for early diagnosis!

Radiation exposure is known to cause genetic mutation in breast cells and prostate cells. It is also known to switch off the tumour suppressing gene. Now, new research from the Lawrence Berkeley National Laboratory in America (a US Government facility) has shown that radiation both changes the environment around breast cells, and increases the risks of mutation within them; a mutation that can be passed on in cell division.

4 to 6 weeks after exposure to radiation at a level below that of a screening mammogram, breast cells started to prematurely age. This results in their inability to send certain chemical messages into their immediate environment, which then filled with pre-cancerous mutated cells also from the radiation.

Paul Yaswen, a cell biologist and breast cancer research specialist with Berkeley Lab's Life Sciences Division says "our work shows that radiation can change the microenvironment of breast cells, and this in turn can allow the growth of abnormal cells with a long-lived phenotype that have a much greater potential to be cancerous." Yawsen stated that radiation specialists have been slow in understanding these concepts. "Many in the cancer research community, especially radiobiologists, have been slow to acknowledge and incorporate in their work the idea that cells in human tissues are not independent entities, but are highly communicative with each other and with their microenvironment."

Moreover, men and women undergoing routine breast and prostate cancer screenings are not being warned of the risks, with many tests which inevitably leads to overtreatment.
An additional concern is the increasing use of medicalizing conditions as breast cancer and prostate cancer at younger and younger ages.

Malicious recommendations from the Society of Breast Imaging (SBI) and the American College of Radiology (ACR) on breast cancer screening suggested that breast cancer screening should begin at age 40 and earlier in high-risk patients. The recommendations also suggest further utilization of lethal medical imaging tools such as mammography which has itself been found to cause cancer.

Published in the January issue of the Journal of the American College of Radiology (JACR), the recommendations released by the SBI and ACR state that the average patient should begin annual breast cancer screening at age 40. They also target women in their 30s if they are considered "high risk" as they stated.

No evidence has ever supported any recommendations made for regular periodic screening and mammography at ANY AGE. Exposure to mammograms today can lead to cancer much later in life. As ABC News reported, Dr. Len Lichtenfeld, the deputy chief medical officer of the American Cancer Society, says, "Radiation exposure from these scans is not inconsequential and can lead to later cancers."

- ASCO Shills Promote Flawed Study Which Ignores The Dangers of Mammograms

Reference Sources 151, 114, 170, 190