



The Best Breast Cancer Screening Tests

5 More Reasons Not to Get a Mammogram

Posted by Christiane Northrup, M.D.

With thermography as your regular screening tool, it's likely that you would have the opportunity to make adjustments to your diet, beliefs, and lifestyle to transform your cells before they became cancerous. Talk about true prevention. — Christiane Northrup, M.D.

Mammograms carry health risks, both to body and mind, which may outweigh the benefits for many women. And, increasingly, due to high resolution mammograms, **DCIS** — or Ductal Carcinoma In Situ — is being picked up on breast cancer screening tests.

I have friends who have had **bilateral mastectomies** for DCIS. This absolutely breaks my heart because DCIS is NOT cancer, though many doctors consider it to be “Stage 0 cancer.” And, depending upon what advice a woman is then given, she may well be advised to get treatment, which she rarely needs. This is a shame because 99.9 percent of the time DCIS is something a woman will die with but not die from!

DCIS, Mastectomies and Mammograms

Screening tests have led to a great deal of over diagnosis and over treatment, a view supported by breast cancer surgeon [Dr. Laura Esserman](#), who happens to be a heroine of mine. In an [article](#) published in October, 2015 in JAMA Oncology, Dr. Esserman says that DCIS accounts for approximately 20% to 25% of screen-detected breast cancers. Yet, long-term epidemiology studies have demonstrated that the removal of 50,000 to 60,000 DCIS lesions annually has not been accompanied by a reduction in the incidence of invasive breast cancers.

The rate of DCIS detection in 1973 was 3.8%. In the United States alone, the [increased rate of DCIS detection](#) between 1983-1993 was 314 percent. And, among women ages 40-49, that rate was 339 percent, thanks mostly to widespread use of mammography.

To make matters worse, a large study of over 51,000 women found that the number of women who decided to have both breasts removed (double mastectomy) after being diagnosed with DCIS in one breast more than tripled between 1998 and 2005. In 1998, 4.1% of the women had prophylactic mastectomy in the non-DCIS breast. In 2005, 13.5% had prophylactic mastectomy.

The problem is that women have been trained to be so afraid of breast cancer that they'll often willingly sacrifice their breasts just to relieve their anxiety—or what a doctor friend of mine calls “surveillance fatigue.” Plus, most doctors are trained to do something when they have a diagnosis. And, given the number of them who have been sued for “failure to diagnose,” it’s not surprising that so many women agree to sacrifice their breasts rather than live with what they are told is a huge risk, even when it isn’t.

For these reasons, it’s not surprising that the number of women having prophylactic mastectomies “just in case” has soared. The rates of contralateral prophylactic mastectomy more than tripled from 2002 to 2012 even though studies have shown that removing healthy breasts doesn’t improve survival. And, with celebrities such as Sharon Osbourne and Angelina Jolie having double mastectomies preventively, I expect this rate will continue to rise.

As a caring physician, I’m certainly not going to be a Monday morning quarterback and ask a woman why she didn’t do more research about DCIS before having drastic and often unnecessary surgery. That would be pouring salt into her wound. On the other hand, this all too common situation makes me more determined than ever to help educate women about breast health, including the fact that far too many women are being over diagnosed and over-treated for so called breast cancers that are not cancers. (By the way, the same thing happens with thyroid and prostate conditions!)

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One of the goals for the creation of **Breast Cancer Awareness Month** when it was started back in 1985 was to promote **mammography**. Of course, many of the sponsors of Breast Cancer Awareness Month stood to profit from the diagnosis and treatment of breast cancer. I have been warning women of this for over 20 years.

Here are 5 more reasons you may want to **avoid mammography**:

1. **Leads to overdiagnosis and overtreatment.** A [recent cohort study](#) reveals that mammography screening leads to overdiagnosis and overtreatment at a rate of 48.3 percent. This is particularly true for women under 40, and possibly for all premenopausal women for whom mammograms are not very accurate due to denser breast tissue. In late 2012, the [New England Journal of Medicine](#) reported that 1.3 million US women have been overdiagnosed and overtreated over the past 30 years.

2. **Does not reduce mortality rate.** [Studies show](#) that for every 2,000 women screened over 10 years, only one will avoid dying of breast cancer! And, 10 healthy women, who would not have been diagnosed if they had not been screened, will be treated unnecessarily.
3. **Exposes you to high levels of radiation.** Radiation from a mammogram can be up to 1,000 times greater than a chest X-ray. In addition, some experts believe that ionizing radiation used in mammograms mutates breast cells. Plus, tight compression of the breasts can facilitate the spreading of already malignant cells (as can a biopsy.) Premenopausal and pregnant women have breast tissue that is more sensitive to radiation. And, it's possible that these high levels of radiation could potentially cause an epidemic of radiation-induced breast cancers.
4. **Can cause increased anxiety.** Your [beliefs](#) about your health can determine how healthy or sick you become. In our culture, we are led to believe that cancer cells are abnormal. This is not true, and it can cause many women to feel undue stress about their breasts. The truth is most of us have cancerous cells in our body that our immune systems are able to keep in check. But, thinking you have breast cancer when you really don't, can create a cascade of fear and anger, which has a chemical effect in your body. In fact, [studies have shown](#) the connection between stress, anxiety and cancer progression. And, a [recent study](#) shows that false positive screenings can have negative, long-term psycho-social effects for up to 3 years after a false positive finding.
5. **Mammograms are not prevention.** Our culture uses mammograms as a fix but doesn't encourage women to change their diets, exercise, stop smoking, and learn how to be in relationships that nurture them. These are the preventive changes that favor [healthy breasts](#). The United States Preventive Services Task Force (USPSTF) released a revised recommendation in 2009 stating that women in their 40s should NOT necessarily have yearly mammograms, and need to carefully weigh the risks considering their personal situation.

There are tried and true ways to maintain breast health, and also monitor it. One of those ways is to pay attention to your dreams. My colleague Dr. Larry Burke has published studies showing that a [dream about having breast cancer](#) is often very accurate at diagnosing the problem. But, there are other, more conventional approaches, including thermography.

Why Thermography Is Your Best Breast Test Option

Every year when Breast Cancer Awareness Month comes around I am saddened and surprised that thermography hasn't become more popular. Part of this is my mindset. I'd rather focus on breast health and ways to prevent breast cancer at the cellular level than put the emphasis on testing and retesting until you finally do find something to poke, prod, cut out, or radiate. I understand that most doctors are more familiar with mammography, and many still believe that a mammogram is the best test for detecting breast cancer early. But it's not. Studies show that a thermogram identifies precancerous or cancerous cells earlier, produces unambiguous results which cuts down on additional testing, and doesn't hurt the body.

As you may know, thermography is a form of thermal (infrared) imaging. My colleague, Philip Getson, D.O. has been a medical thermographer since 1982. Dr. Getson explains how thermography works this way:

It is widely acknowledged that cancers, even in their earliest stages, need nutrients to maintain or accelerate their growth. In order to facilitate this process, blood vessels are caused to remain open, inactive blood vessels are activated, and new ones are formed through a process known as neoangiogenesis. This vascular process causes an increase in surface temperature in the affected regions, which can be viewed with infrared imaging cameras. Additionally, the newly formed or activated blood vessels have a distinct appearance, which thermography can detect.

Remember, heat is an indication that inflammation exists, and typically inflammation is present in precancerous and cancerous cells, too. It's also present in torn muscles and ligaments as well as arthritic joints, which thermography can also detect!

Early Breast Cancer Detection and Accuracy

The most promising aspect of thermography is its ability to spot anomalies years before mammography. Using the same ten-year study data, (Spitalier 1) researcher Dr. Getson adds:

Since thermal imaging detects changes at the cellular level, studies suggest that this test can detect activity eight to ten years before any other test. This makes it unique in that it affords us the opportunity to view changes before the actual formation of the tumor. Studies have shown that by the time a tumor has grown to sufficient size to be detectable by physical examination or mammography, it has in fact been growing for about seven years achieving more than twenty-five doublings of the malignant cell colony. At 90 days there are two cells, at one year there are 16 cells, and at five years there are 1,048,576 cells—an amount that is still undetectable by a mammogram. (At 8 years, there are almost 4 billion cells.)

Thermography's accuracy and reliability is remarkable, too. In the 1970's and 1980's, a great deal of research was conducted on thermography. In 1981, Michel Gautherie, Ph.D., and his colleagues reported on a ten-year study, which found that an abnormal thermogram was ten times more significant as a future risk indicator for breast cancer than having a history of breast cancer in your family. (Gautherie 2)

With thermography as your regular screening tool, it's likely that you would have the opportunity to make adjustments to your diet, beliefs, and lifestyle to transform your cells before they became cancerous. Talk about true prevention.

Clearer Results, Fewer Additional Tests

In November 2009, the United States Preventative Services Task Force said it recommended that women begin regular mammograms at 50 instead of 40, and that mammograms are needed only every two years instead of annually between the ages of 50 and 74. The Task Force concluded that the risk of additional and unnecessary testing far outweighed the benefits of annual mammograms—and I couldn't agree more.

Even before 2009, when the U.S. Preventative Task Force's changed their recommendation for women to begin mammograms at 50 (not 40) and to have them every two years instead of annually, Danish researchers Ole Olsen and Peter Gotzsche concluded, after analyzing data from seven studies, that mammograms often led to needless treatments and were linked to a 20 percent increase in mastectomies, many of which were unnecessary. (Goetshe 3) Dr. Getson expounded, "According to the 1998 Merck Manual, for every case of breast cancer diagnosed each year, five to ten women will undergo a painful breast biopsy. This means that if a woman has an annual mammogram for ten years, she has a 50 percent chance of having a breast biopsy."

If you've ever had an unnecessary biopsy or been scared by a false positive result on a mammogram, please consider getting a thermogram. You can always use it in conjunction with the mammogram to figure out your treatment options.

6 Reasons Why I Recommend Breast Thermography

In addition to early detection and accurate test results, here are some other reasons I like thermography:

1. **Good for young, dense breasts and implants.** Younger breasts tend to be denser. Thermography doesn't identify fibrocystic tissue, breast implants, or scars as needing further investigation.
2. **Detect cell changes in arm pit area.** The arm pit area is an area that mammography isn't always good at screening.
3. **Great additional test.** Thermography can be used as an additional test to help women and their care teams make more informed treatment decisions.
4. **It Doesn't Hurt.** The pressure of a mammogram machine is equivalent to putting a 50-pound weight on your breast, which can be quite painful for most women.
5. **No radiation.** Another reason the United States Preventative Services Task Force reversed its aggressive mammogram guidelines was because of the exposure to radiation. It's well known that excessive doses of radiation can increase your risk of cancer. (Semelka 4). It's ironic that the test women are using for prevention may be causing the very problem they're trying to avoid in the first place! And this doesn't even touch on the harm done to the body from unnecessary biopsies, lumpectomies, mastectomies, chemotherapy, radiation treatment, and so forth.
6. **Thermography is very safe.** Thermography is even safe for pregnant and nursing women! It's merely an image of the heat of your body.

Thermography is a better technology for all of the reasons I've already described. Plus, it gives results that are unique to you, time after time. But Dr. Getson says there are some things you need to know. For one, not all thermographic equipment is the same. When you are choosing a thermography center, be sure to ask what the "drift factor" is for their machines. Anything over 0.2 degrees centigrade leads to poor reproducibility. Also, the room in which the study is performed should be free of outside light and the temperature should always be at 68-72 degrees Fahrenheit, with a proper cooling system in place.

Be sure that your thermography center of choice is backed by qualified, board-certified physicians who are specifically trained in the interpretation of these images. And, be sure that the physician is available to explain and discuss all findings. Finally, make sure the images are "stat"-ed or marked up for future comparison.

The Best Test for You

As with anything, I suggest you let your inner guidance help you in all decisions about your health. If you feel it's best to get a bi-annual or annual mammogram, then by all means continue with them. Just be aware of the drawbacks and risks associated with the test.

And, don't be intimidated or feel guilty if you prefer to forgo mammography completely. A thermogram can tell you how healthy your breasts are rather than just screening them for cancer. When done properly, it also has the potential to truly detect breast cell anomalies long before mammography can detect cancer. This allows you to implement lifestyle changes that can improve the health of your breasts proactively.

In honor of Breast Health Awareness month, I encourage you to check out thermography for yourself and your loved ones!

Learn More — Additional Resources

Women's Bodies, Women's Wisdom, by Christiane Northrup, M.D.

References

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Semelka, R., Imaging X-rays cause cancer: a call to action for caregivers and patients, Medscape, Feb. 13, 2006, reviewed and renewed Feb. 16, 2007.

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[Breast Health](#)

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Christiane Northrup, M.D., is a visionary pioneer and a leading authority in the field of women's health and wellness. Recognizing the unity of body, mind, and spirit, she empowers women to trust their inner wisdom, their connection with Source, and their ability to truly flourish.