

Mammography Is Dangerous Besides Ineffective, Warns Samuel S. Epstein, M.D.

CHICAGO, Feb. 6 /PRNewswire/ — The following was released by Samuel S. Epstein, M.D., Chairman of the Cancer Prevention Coalition and Professor Emeritus of Environmental and Occupational Medicine, University of Illinois School of Public Health, Chicago:

Recent confirmation by Danish researchers of longstanding evidence on the ineffectiveness of screening mammography has been greeted by extensive nationwide headlines. Entirely missing from this coverage, however, has been any reference to the well-documented dangers of mammography.

- Screening mammography poses significant and cumulative risks of breast cancer for premenopausal women. The routine practice of taking four films of each breast annually results in approximately 1 rad (radiation absorbed dose) exposure, about 1,000 times greater than that from a chest x-ray. The premenopausal breast is highly sensitive to radiation, each 1 rad exposure increasing breast cancer risk by about 1 percent, with a cumulative 10 percent increased risk for each breast over a decade's screening. These risks are even greater for younger women subject to "baseline screening."
- Radiation risks are some four-fold greater for the 1 to 2 percent of women who are silent carriers of the A-T (ataxia-telangiectasia) gene; by some estimates this accounts for up to 20 percent of all breast cancers diagnosed annually.
- Since 1928, physicians have been warned to handle "cancerous breasts with care — for fear of accidentally disseminating cells" and spreading the cancer. Nevertheless, mammography entails tight and often painful breast compression, particularly in premenopausal women, which could lead to distant and lethal spread of malignant cells by rupturing small blood vessels in or around small undetected breast cancers.
- Missed cancers are common in premenopausal women owing to their dense breasts, and also in postmenopausal women on estrogen replacement therapy.
- Mistakenly diagnosed cancers are common. For women with multiple risk factors including a strong family history and early menarche -- just those strongly urged to have annual mammograms -- the cumulative risks of false positives can reach as high as 100 percent over a decade's screening.
- The widespread acceptance of screening has led to overdiagnosis of pre-invasive cancer (ductal carcinoma in situ), sometimes treated radically by mastectomy and radiation, and even chemotherapy.
- As increasing numbers of premenopausal women are responding to aggressively promoted screening, imaging centers are becoming flooded. Resultingly, patients referred for diagnostic mammography are now experiencing potentially dangerous delays, up to several months, before they can be examined.
- The dangers and unreliability of screening are compounded by its growing and inflationary costs. Screening all premenopausal women would cost \$2.5 billion annually, about 14 percent of estimated Medicare spending on prescription drugs. These costs would be increased some fourfold if the highly profitable industry, enthusiastically supported by radiologists, succeeds in replacing film machines, costing about \$100,000 each, with the latest high-tech digital machines recently approved by the FDA, costing about \$400,000 each, for which there is no evidence of improved effectiveness.

The ineffectiveness and dangers of mammography pose an agonizing dilemma for the millions of women anxious for reassurance of early detection of breast cancer. However, the dilemma is more apparent than real. As proven by a September 2000 publication, based on a unique large-scale screening study by University of Toronto epidemiologists, monthly breast self-examination (BSE) following brief training, coupled with annual clinical breast examination (CBE) by a trained health care professional, is at least as effective as mammography in detecting early tumors, and also safe. National networks of BSE and CBE clinics staffed by trained nurses should be established to replace screening mammography. Apart from their minimal costs, such clinics would empower women and free them from increasing dependence on industrialized medicine and its complicit medical institutions.

(For further details and supporting documentation, see "Dangers and Unreliability of Mammography: Breast Examination is a Safe, Effective and Practical Alternative," by Samuel S. Epstein, Barbara Seaman and Rosalie Bertell, International Journal of Health Services, volume 31(3):605-615, 2001.)

Source: Cancer Prevention Coalition

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