
The Mammography Debate, Part II

Sunday, 29 November 2009

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Last week we began a discussion of the new USPSTF recommendations on breast cancer screening. We conclude, with references, this week.

Barbara Brenner of the San Francisco-based group, Breast Cancer Action (BCA), is one of the rare leaders who has come out in support of the USPSTF recommendations. She says that the new recommendations would simply bring the US in line with most European countries, and hailed the USPSTF panel's results. A BCA spokesperson told me that they have been deluged with comments from their members, not all of them supportive. (Note: I am a scientific advisor to Breast Cancer Action.) A lot of people are really upset by the loss of security that mammography provides.

Brenner raises the point that some patients, who have been led to believe that mammography is a safe and effective way of reducing their risk of cancer, will see this as an attack on themselves, or at least a threatened reduction in their healthcare coverage. This is particularly so with women whose tumors were first discovered via mammograms or breast self-examination (BSE). Yet Brenner comments:

"Some people will be upset because their breast cancer was found on a mammogram that would not have happened under the new guidelines. Some people will be confused because they don't understand what the downsides could possibly be to the early detection of breast cancer. It's very difficult for people to ignore their personal situations in thinking about what should happen as a matter of policy. But emerging science tells us that we need to try to do that if we're going to get to the best place in terms of both reducing deaths from breast cancer and minimizing the harms that occur when we do mammography screening."

Patients - including those who may feel they have benefited from BSE or mammography-need to reflect that all medical procedures carry risks as well as benefits. So what is the potential harm of near-universal screening mammography? Brenner highlights four problem areas:

1. False negative results: These occur when a mammogram indicates that a woman is without cancer, yet it is actually present. (This is what happened to New York Times author Gail Collins, as she reported in a recent column on the controversy.)

2. False positives results: The mammogram indicates a problem, yet a subsequent biopsy (tissue sample) shows that there is no cancer present. A big relief-but the whole experience results in fear, stress, expense, and physical and emotional scarring.

3. Mammography involves x-rays and x-rays have been called the "complete carcinogen," because they can both initiate and promote cancer growth. A few years ago, researchers at Columbia University wrote: "There is evidence that low energy X rays as used in mammographic screening produce an increased biological risk per unit dose relative to higher energy photons. At low doses, the increased risk appears to be of a factor of 2….For older women, the benefit is still likely to outweigh the radiation risk. For women less than 50 years of age, however, this increase in the estimated radiation risk might indicate a somewhat later age than currently suggested, by about 5 to10 years, at which to recommend commencement of routine breast screening" (Brenner 2002).

4. Overdiagnosis of "pseudo-malignancies," i.e., the discovery of non-malignant abnormalities that would never progress to outright cancer. Finding pseudo-malignancies swells the ranks of "cancer survivors," swelling the ranks and coffers of various non-profit agencies. Adding pseudo-malignancies to real cancers also has the side effect of improving the alleged "cure rate" of the disease. That's because almost all of these people will be "cured" (albeit of a disease that they did not really have). But without mammograms these people would never have known they had a non-consequential slight abnormality. My favorite author on the topic is H. Gilbert Welch, MD, MPH, Professor of Medicine and Community and Family Medicine, Dartmouth Medical School, and author of *Should I Be Tested for Cancer? Maybe Not, and Here's Why*

In the past, the National Cancer Institute (NCI), the American Cancer Society (ACS), and the American College of Radiology (ACR) all recommended annual mammography for all women over the age of 40. The statistic that was most commonly quoted is that by detecting breast cancer early, before it has become large enough to be clinically apparent as an obvious lump in the breast, mammography reduces the mortality rate from breast cancer by 20 to 30 percent. So fixed has this statistic become in the minds of women, the medical profession and the media that by repetition alone it has now attained the status of unimpeachable fact. A closer examination of the data yields a somewhat less certain picture. The benefits of mammography are much smaller than we've been led to believe.

Professor Samuel Epstein, MD, professor emeritus of Environmental and Occupational Medicine at the University of Illinois School of Public Health, and Chairman of the Cancer Prevention Coalition has tirelessly drawn attention to the radiation risks of screening mammography, has pointed out that sobering fact that over a period of 10 years, a pre-menopausal woman undergoing annual mammograms receives almost half the dose of radiation that was measurable within a mile of the Hiroshima bomb epicenter. (Note: I am a board member of the CPC.)

I too have been a long-time skeptic on the benefits of routine mammography. In my book

The Cancer Industry (published as the

Cancer Syndrome in 1980) I wrote critically about this mass screening program. I thought it would do more harm than good. In particular, I wrote about the work of John Bailar, MD, editor of the *Journal of the National Cancer Institute*, and his early and vociferous opposition to the mammography program.

A few months ago I also published a Special Report on Mammography, Biopsy and the Detection of Breast Cancer. Here is what Joel Evans, MD, founder and director of The Center for Women's Health, Darien, CT, and assistant clinical professor, Albert Einstein College of Medicine and the College of Physicians and Surgeons of Columbia University, New York said about my report:

"Ralph Moss has written a scholarly and frightening treatise that is a 'must read' for both the general public and all health professionals. It has the capacity to transform our approach to breast cancer screening and diagnosis. It is a remarkable gift to the women of the world."

We are now offering this report for \$9.95, half the usual price. To order our special mammography report, please click [here](#).

--Ralph W. Moss, Ph.D.

References

I highly recommend Prof. Aronowitz's excellent op-ed in the New York Times, "Addicted to Mammograms," Nov. 20, 2009.

<http://www.nytimes.com/2009/11/20/opinion/20aronowitz.html>

American Cancer Society statement on mammography:

<http://tinyurl.com/yk8q8fu>

Barbara Brenner and Breast Cancer Action's statement:

<http://tinyurl.com/yhoqq68>

Brenner DJ, Sawant SG, et al. Routine screening mammography: how important is the radiation-risk side of the benefit-risk equation? *Int J Radiat Biol.* 2002;78:1065-1067

National Cancer Institute newsletter:

<http://www.cancer.gov/ncicancerbulletin/111709/page2>

USPSTF position paper:

<http://www.annals.org/content/151/10/716.full>

HHS Secretary's statement:

<http://www.hhs.gov/news/press/2009pres/11/20091118a.html>

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