Women Receive "Good News" on Mammography Screening But Is it Really Good News?
Women Have A Safe Alternative to Mammograms to Maintain Annual Screenings
For immediate release from the American College of Clinical Thermology.

Women of all ages received good news with the recent revision of the government recommendations for screening mammography. The US Department of Health and Human Services released their findings and recommendations that screening mammography should now be started at age 50 and performed bi-annually. Up until now, screening was recommended on an annual basis at age 40; this new recommendation has created renewed controversy as doctors have concerns about reducing the number of mammograms that would be clinically justified and indicated.. It takes years for most cancers to develop to the stage that they can be detected with mammogram or ultrasound (dense enough for location and biopsy) so Breast Thermography or Digital Infrared Thermal Imaging (DITI) is ideally placed as an alternative screening tool to identify changes over time in the 'early' development stages, before there is more advanced pathology that can be detected with other tests. If changes for the better are to be made, then the recent recommendations of the Preventative Services Task Force will establish the foundation of a more affective screening program which should integrate other types of safe testing. Of the various testing options Breast Thermography or Digital Infrared Thermal Imaging (DITI) offers the most promise for screening the younger age group women.
To understand the arguments and issues involved with the new recommendations, we need to understand the difference between 'screening mammography' and 'diagnostic mammography':

'Screening' mammography has been performed annually on healthy women from the ages of 40 to 70 and is aimed at identifying suspicious findings, which justify further investigation. 'Diagnostic' mammography is performed on patients who have one or more risk factors, clinical symptoms, or most commonly a palpable lump. There is little argument about mammography's role as the 'gold standard' for
evaluating suspicious symptoms but the question was, can we still justify subjecting women without symptoms to 'screening' mammography ? **The answer was NO.**

The federal department of health and human services task force says that "the modest benefit of screening mammograms must be weighed against the harms... which are nearly cut in half when mammograms are performed every other year but the benefits remain the same". It needs to be pointed out that the recommendations of the task force are not intended for women at increased risk for breast cancer who should continue to be referred for diagnostic mammography by their doctors when appropriate, and on a case by case basis. It is interesting to note that The United States is currently the only country that routinely screens women below age 50 and extends its screening practice by taking two or more mammograms per breast annually in women over age 50. This contrasts with the more restrained European practice of a single view every two to three years. The evidence concludes that while there is a justifiable role for mammography to play in a breast cancer screening program that role is very different from the one currently in place.

For over 20 years Breast Thermography is being used increasingly by women throughout the US, and it has been rapidly gaining acceptance by doctors as an additional tool in the early diagnosis of breast disease. FDA registered since 1984, Thermography is an adjunctive diagnosic

test being offered by hundreds of clinics in all states. A list of certified thermography clinics can be found at the
The American College of Clinical Thermology website at :
http://www.thermologyonline.org/Breast/breast_thermography_clinics.htm. Thermography is 100% safe, has no radiation, does not touch the breast, and only takes a couple of minutes. A positive or suspicious thermal study will indicate medical necessity for a mammogram, ultrasound or other tests. The thermal findings will increase the sensitivity and specificity of most other tests by targeting an area of the breast showing dysfunction and providing decision making information in women that would not have otherwise been tested.

Early detection is aimed at prevention and if early changes are detected then we have an opportunity to intervene and change the outcome. The earlier an abnormality is detected the better the treatment options will be, resulting in a better outcome. There are no contraindications for DITI, it is totally non-invasive, no radiation of any type, and no contact with the body so it can 'do no harm'. DITI is positioned as the ideal screening test for women of all ages but particularly for the 30 to 50 age group. The best possible plan is to use every appropriate test adjunctively to get the highest detection rates without generating additional or unnecessary invasive testing. It would be unfortunate for a patient to forgo a necessary mammogram that was justified, and any decision should be made between the patient and her doctors based on individual history, symptoms and test results.

The principle of informed consent in medicine is ignored if women are not informed of the evidence relating to any risks of a test and if women more readily consent to annual mammograms because they have been given 'misinformation' this is as bad as obtaining consent by deliberately blocking valid information. Women are entitled to know the full range of responsible opinion about the benefits, the risks, and the many uncertainties of mammography.

The government task force are to be applauded for presenting the evidence for women and their doctors to be able to make better informed decisions about breast screening.

As reported, the scientific and medical evidence indicates that:
No 'screening' mammography is justified for women under the age of 50.
A baseline screening mammogram may be justified at age 50 and bi-annually thereafter.
Accountability and responsibility should be considered in regard to all radiation exposure and the accumulative biological effects.
Reducing ionizing radiation exposure from all other sources whenever possible should be practiced.
Up-to-Date and accurate information must be given to patients for informed consent.
Other non invasive tests should be promoted as part of a breast screening program.
Thermography, Ultrasound and MRI should be further explored, adapted and integrated.