

I'm sure you heard the news that came out yesterday about the new mammography guidelines proposed by the U.S Preventive Services Task Force. Essentially, the recommendations now state that women between the ages of 40 to 49 should not get annual mammograms unless they are high-risk (i.e., strong family history and/or positive for the breast cancer genes BRCA-1 or -2) because the risks of the screening outweigh the benefits. The new guidelines also state that women over the age of 50 should get mammograms, but every two years instead of yearly. Finally, they state that self-breast exams are no longer necessary.

There are aspects of these new guidelines with which I wholeheartedly agree, and others that, quite frankly, anger me.

First and foremost, I believe there is a better [alternative to mammograms](#) and I have been speaking out against them for decades because I believe the risks outweigh the benefits. As I stated in my February 2008 issue of Women's Wellness Today:

"A routine mammogram's sensitivity (how good it is at detecting suspicious tissue) varies. If a woman is still menstruating, her breast tissue is denser, which drops the sensitivity of routine mammograms to below 70 percent. That means that as many as 30 percent of existing breast cancers are missed, which is troubling because cancers in younger women tend to grow faster. After menopause, a mammogram's sensitivity is better, but still not great. Routine mammograms are hamstrung by the fact that any tumor smaller than about four-tenths of an inch across is less likely to show up, so a tumor might be just small enough to escape detection, and then have lots of time to grow and spread before the next mammogram. On top of all this, human error in reading the films is also a very real possibility.

Here's another problem with mammography. Five out of six "suspicious" routine mammograms turn out not to be cancer. Those five women are undoubtedly relieved, but they also got the scare of their lives, underwent more tests, maybe got biopsies, and possibly even had surgery they didn't need.

The latest studies show that for every 2,000 women who get a routine mammogram, one life is prolonged. If that seems mediocre, you should know that protecting any individual woman against breast cancer was never the goal of routine mammograms-it's well known that they miss too many cancers in the early, most treatable stage. As a routine screening tool, their purpose is simply to reduce the percentage of women who die from breast cancer."

For these exact reasons, I recommend a breast imaging test called thermography over mammography for all women 40 and over. A normal breast thermogram for each woman is like her fingerprint: It's uniquely hers, and it doesn't change much over time. And, in most cases, a woman's left breast is pretty close to a mirror image of her right breast. Because an adult woman's breasts are finished growing, they're normally cool, thermographically speaking. Most tumors, on the other hand, like to grow. That's an energetic enterprise that requires more blood supply and usually generates extra heat-not

enough for a woman to notice, but enough to show up on a thermogram well before a tumor is large enough to show up on a mammogram. On a thermogram, tumors not only show up as "hot," but they either stay that way or get hotter over time. Noncancerous structures such as cysts and abscesses cool down, but a mammogram can't "see" that like a thermogram can. And, because thermography doesn't involve radiation, a new spot can be reevaluated as often as necessary to monitor its behavior.

By comparing the left and right breasts on a one-time thermogram, differences between the two can indicate suspicious tissue. But the key to getting the most out of this test is to get it done regularly—at least every couple of years, depending on your age and breast cancer risk factors. That way, the latest thermogram of each breast can be compared not only to the opposite breast but also to previous thermograms. A spot on one breast but not the other might be a normal part of your "fingerprint" that's been there for years, or it might be entirely new—and clinically significant. Some breast tumors are slow-growing and don't generate much of a heat signature, and therefore wouldn't show up on a thermogram. Because they're slow-growing, they're generally less dangerous, and eventually they become large enough to appear on a mammogram. In short, mammography looks at the structure of a woman's breast tissue, while thermography looks at its behavior.

So, I encourage you to choose thermography over mammography, unless they have a high risk of developing breast cancer. High-risk women should consider getting mammography and thermography done.

Keep Up with Those Self-Exams!

With that said, the Task Force's belief that self-exams are no longer important really frustrates me. I strongly believe that becoming familiar with your breasts, and how they look and feel, can help you determine if any scars, dents, lumps, or bumps are normal for you. Plus, it helps you develop your own intuition about the health of your breasts because you'll become more sensitive to any little changes that might indicate the need for further testing.

In a nutshell, I recommend that you look into getting breast thermography done, and I strongly encourage you to keep up with your breast exams. To learn more about thermography, visit the [International Academy of Clinical Thermology](#) or [Infrared Sciences Corp.](#)

Dr. Susan Lark
7811 Montrose Road
Potomac, MD 20854