The Mammogram Dilemma

By SUSAN McLEOD-HARRISON

I’m a 40-something woman and you know what that means. I should be having mammograms yearly. At least that’s what the American Cancer Institute says. “

Although the US Preventive Services Task Force now says the exam should usually start at 50, who doesn’t start worrying at 40? The Breast Cancer Research Foundation’s home page says: “The biggest risks for breast cancer are being a woman and aging.” This statement seems like a scare tactic in light of the fact that most women will never get breast cancer.

And, you know what? I am scared—and I don’t want a mammogram. Yes, I’ve heard some women say, “It’s not that bad.” But can you imagine a man being asked to place a testicle on a plate and being told not to move while said testicle is squished?

So, I’m skeptical. In the age of the Internet and interlibrary loan, I don’t have to do what the medical establishment tells me. I can research.
Weighing heavily on my mind is my mother’s history. She was diagnosed with breast cancer via mammogram at the age of 60. By her side, I, too, experienced the red fluid pumping through her, the nausea and vomiting, the hankies covering her bald head making her look like an old hippie. She’s cancer-free now, and she says she owes her life to mammograms. She nags me about getting a baseline because the medical grapevine says I am at higher risk because she has had it. She scoffs at my research.

**Pre-Menopausal Mammograms: The Research We Aren’t Hearing**

Madelon Finkel, PhD gives a history of the controversy behind mammography studies, in *Understanding the Mammography Controversy: Science, Politics, and Breast Cancer Screening*. Though she advocates mammography as a screening tool for women over age 50, she states that for women between the ages of 40 and 49, and for women over 69, mammography seems to offer little clear benefit in reducing mortality for the average asymptomatic woman.

For decades, Samuel Epstein, MD, has been an advocate for breast cancer prevention, and a critic of what he calls the “cancer establishment.” According to his book, *The Breast Cancer Prevention Program*, mammograms will not likely benefit someone who is pre-menopausal. In fact, Epstein says, there are studies showing that mammograms increase mortality for pre-menopausal women who have them. That much radiation (500 times more than a chest x-ray) is simply not good for dense pre-menopausal breasts. On [worldwire.com](http://worldwire.com), Dr. Epstein posits that the compression action of mammograms may actually spread slow-growing cancers or create new ones. Dr. Epstein explains, “This [the compression of the breasts] may lead to the rupture of small blood vessels in or around small undetected breast cancers, and the lethal distant spread of malignant cells.”

**The Politics of the Mammography Push**

According to Epstein, “Cancer treatment is big business. With multibillion-dollar annual cancer drug sales, cancer prevention is very much less profitable, at least to big business.” He says the “cancer establishment” has developed “strong links, both financial and scientific, to transnational pharmaceutical companies that manufacture, market and promote anticancer drugs.”

Many experts believe environmental toxins have an impact on breast cancer risk. The annual President’s Cancer Panel’s 2008-2009 report links these chemicals with breast cancer: Polychlorinated Biphenyls (PCBs), which persist in the environment even though banned in the 1970s; endocrine disrupting chemicals such as Bisphenol A (BPA), which mimics estrogen and is used in many clear pliable plastics and in the lining of cans; and pesticides (insecticides, herbicides and fungicides), which are linked with many other cancers as well.

Atrazine, for example, is a pesticide used widely on corn. Corn is everywhere—from high fructose corn syrup in soda, to eggs laid by corn-eating chickens. The EPA has been criticized for its continued approval of Atrazine as a chemical now classified as a “group 3 human
Studies have shown it impacts mammary gland development in animals. The President’s Cancer Panel quotes a breast cancer survivor in Indiana, Peggy Folly: “...I’m a two-time breast cancer survivor [and] a scientist....I did everything healthy....this atrazine—it’s everywhere...I wasn’t being protected by the government and I resent that terribly....my children, my in-laws, my grandchildren are being exposed to this...and, you know, I want something done about it. I want something done about it now.”

We all want our environment detoxified, but progress is slow for many reasons, including politics. The AstraZeneca Healthcare Foundation supports Breast Cancer Awareness Month. But AstraZeneca is also a major producer of agro-chemicals, as well as the well-known breast cancer drug, Tamoxifen (which is potentially cancer-causing itself). The company has little motivation to focus on causes of breast cancer, but plenty when it comes to treatment.

**Supplemental Protocols to Mammograms**

So much in our environment is out of our control (who can just move away from pollution or pesticides, or avoid plastic?) and mammography is not the perfect screening instrument we’ve been led to believe. Here are supplements and alternatives to mammography.

**Clinical Breast Exam (CBE)**

Some issues to bring up with your doctor during an annual CBE: any unusual lumps you’ve found; any spontaneous discharge, particularly bloody discharge; any changes in the appearance of the skin or nipple; or if you have pain in one breast that is not related to your menstrual cycle.

**Breast Self-Exam (BSE)**

The National Breast Cancer Foundation reports that nearly 70% of tumors are discovered by women themselves. If you are like me, a BSE is almost too scary to bother with. It seems like you have to have an advanced degree to do it, and what if you find something? Do you really want to know? Well, yes! Right? We want to be around for our grandkids or great-nieces and nephews. A 2004 study showed that you don’t have to be an expert. You can find changes in breast tissue without special training. The best time to do a monthly BSE is two to three days after your menstrual cycle. If you’re in menopause, choose the same day every month. It’s very important to know that 80% of lumps found are not cancerous. But, by doing a monthly BSE, you’ll be better able to notice changes that you can discuss with a trusted physician.

**Ultrasound**

Ultrasound can be a helpful next step for screening if you have a concern found through CBE or BSE. Ultrasound can show whether or not you have a fluid-filled cyst or a solid tumor. Mammograms do not differentiate tumors from cysts. Many pre-menopausal women have cysts, and they usually disappear after menopause. Ultrasound cannot locate microcalcifications, clusters of which can potentially turn into cancer. However, 80% of these tiny growths will never become an invasive cancer.
Thermography

For an aid in the earliest assessment of breast disease, thermography may be your method of choice. All cancer growth requires blood and other nutrients to grow, and so an area of cancer development will have more heat around it. Thermography, utilizing highly sensitive infra-red technology, can detect areas of heat in the breasts. Dr. Philip Getson of Thermographic Diagnostic Imaging (TDI) in Marlton says, “Thermography can assess risk factors for breast cancer so well because we can see changes at the cellular level. Some reports say it will be 7-10 years before an anatomical test [like mammography or ultrasound] can see this. We’re seeing the early warning signs via thermography.”

And, compared to mammography, thermography is as easy and safe as getting your picture taken (naked of course, but still...). Dr. Getson notes, “There is no radiation; it is safe at any age. It is safe for pregnant women, teenagers, women with dense breasts and women with breast implants. It is a sensing device. “

It is also an effective screening tool, as noted in an essay by Dr. Getson and his wife, Liesha Getson, in a book called A Cancer Answer: Holistic Breast Cancer Management, a Guide to Effective and Non-Toxic Treatments by Catherine J. Frompovich. Thermography’s sensitivity (ability to detect physiologic breast changes) is estimated to be 90%. Mammography’s statistics do not fare as well for sensitivity, particularly when used for screening women under 50.

However, if you do find something significant is going on via thermography or ultrasound, you will almost certainly be asked to consider having a mammogram. It continues to be considered the “gold standard” in breast cancer diagnosis by many physicians.

Liesha Getson, the Thermographic Technician at TDI, says that many women have found in thermography “a gentle and honoring screening tool for breast health risk assessment. I think even my mom would agree.

An Immune System of Steel: Personal Power in Prevention

Toxins abound in large cities in India and China, yet breast cancer rates are low. Why? Their unique diets bolster their immune systems and balance their estrogen levels in ways that the West’s meat and dairy-centered diets do not. Here are five health and lifestyle changes you can make to protect yourself:

1. Go organic as much as your budget allows to minimize your exposure to pesticides found in conventional animal fat, fruits, vegetables, grains, nuts and seeds.
2. Minimize the amount of dairy you eat. Rely on vegetables for calcium intake (e.g. collards, kale, broccoli).
3. Enjoy these protective foods and spices on a frequent basis: apples, berries, broccoli, celery, wild fatty fish, flax, garlic, lemons, mushrooms and pomegranates.
4. Decrease your calorie intake and increase time spent exercising daily. Normal weight women (particularly post-menopausal women) who exercise have a lower risk of breast cancer.

5. Get your vitamin D level checked. If you’re on the low end, your doctor will probably recommend a supplement.

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My Thermography Experience

On the day of my appointment, I felt empowered to be making an effective and painless breast cancer screening choice. A couple of minutes after I spoke with the receptionist at the naturopath’s office near my home here in Oregon, the physician came out to greet me warmly. She brought me back to the room which had a desk, a computer and a small camera on a tripod. I was asked to don a terry-cloth spa gown. When she came back, she went over my health history and entered my information into the computer. I sat about 3 feet from the camera, and when it was time for picture-taking, it was just a matter of following directions while she looked into the computer at the images. Hold arms up, face that way. No problem.

She allowed me to see the pictures when she was finished, and gave her initial impressions. I’d had several areas of the body photographed (since I was already there, why not?) and was able to learn some interesting clues to aspects of my health I need to work on. Meanwhile, I await the report from an MD trained in thermography reading, which will be sent to my nurse practitioner and to me in about a week.

The cost of thermography was definitely a factor I considered when I first thought about making the appointment. (Typically, the cost is about $350). But I was able to have an effective breast cancer screening that was safe and gentle. For me, it was more than worth it!

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