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## Abstract


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Overestimates of health risks can impair decision-making and paradoxically reduce wellness. Records of 2,305,427 screened-symptomless women were used to estimate their risk of being diagnosed with invasive breast cancer over their next 25 years, and determine the percentage of women likely to remain free of invasive breast cancer. Prior estimates of breast cancer incidence started with "Diseased Women' from cancer registries and used census population estimates. Our study intentionally did neither, thereby increasing accuracy in determining the likelihood of a woman's living free of breast cancer. Method: Our systematic review identified 19 peer-reviewed published studies of $2,305,427$ women meeting 5 stringent criteria. Incidence of first invasive breast cancer was estimated using logistic regression based on follow-up duration

Results: Over 25 years of follow-up, an estimated $94.55 \%$ of women will remain breast cancer-free ( $95 \%$ Cl: $93.97,95.13$ ). The mean cumulative incidence rate of first invasive breast cancer increased by $0.2 \%$ for each year of follow-up ( $95 \% \mathrm{Cl}: 0.17,0.23 ; \mathrm{p}<0.01 ; \mathrm{R} 2=0.90$ ). There was no evidence of an age-related

Conclusion: The vast majority ( $99.75 \%$ ) of asymptomatic peri and postmenopausal women will not be diagnosed with invasive breast cancer each year, and $95 \%$ will live well - free of a diagnosis of invasive breast cancer. For those who avoid the 7 known risk factors for being diagnosed with breast cancer an even higher percentage will live free of invasive breast cancer.

Ever more sensitive scanning is increasingly likely to detect very early stage cancers, $30-50 \%$ of which we now know would be self-limiting and benign. However, once detected, such cancers usually prompt treatment and expose women to unnecessary iatrogenic harms.

The apparent success of screening depends heavily on inclusion of cases where treatment was directed at breast cancer that was most likely to never develop to clinical significance. Like prostate cancer, in men the search for early stage cancers appear to do harm without providing any benefit. Overestimates of one's risk of developing deadly invasive cancer fuel this excessive fear and detrimentally drive women's decision to undergo regular mammography screenings. A broad convergence of recent research shows that these decisions paradoxically compromise wellness..




Does Mammogram Screening Save Lives?

## In terms of Total Lives Lost

1. Treatment of overdiagnosed healthy women harms
many of them. $0,0,1,1,1,2,13$
2. Screening has not reduced total mortality. ${ }^{1}$
3. Total mortality from breast cancer has been less
than $1.2 \%$ regardless of screening. ${ }^{1}$
than $1.2 \%$ regardless of screening. ${ }^{1}$
4. Screening does not actually save lives. ${ }^{16}$

## In terms of Breast Cancer Cases

1. Long term follow up of breast cancer patients showed no mortality benefit of repeated screening
of women.
2. Short term studies rigging the denominator with extra (overdiagnosed) cases in the screened group make screening appear to reduce mortality.

## The Harms of Mammogram Screenings

 1. Overdiagnosis: occurs in about $45 \%$ of first cancer diagnoses. 3 .as.s. This involves finding a true cancerthat leff undetected would never have been found exceept at autopsy, because it was arrested by the
woman's own immune system. Substantial False 2. Substantial False Positive Rate: more than $42 \%$ of US women who follow recommendations for regular
mammogram screenings over an 8 year period are told breast cancer is suspected from the radiologic mammogram screenings over an 8 year period are told breast cancer is suspected from the radiologic
evaluation.' This involves eroneous diagnosis of cancer, producing needless anxiety and wasteful follow-up tests and procedures. ${ }^{8}$

- Adding 3D tomosynthesis reduces false positives in Denmark, but increases them in the US. ${ }^{7}$ 3. Overtreatment: unnecessarily exposing women to the body-wide side a ffects of radiation, chemother-
apy, surgery, and hormone altering drugs when mammograms detect harmesss or nonexistent cancerar.-1 - $\sim 46 \%$ of women at high clinical risk, using 70 Gene Signature Analysis, could be spared." Radiation Induced Breast Cancer. occurs in 125 per 100,000 screens and shows a cumulative inease Radiation Induced Breast Cancer: occurs in 125 per 100,000 screens and shows a cumulative increase
over time as the load of radiation build in the individual.

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            -When 3D tomosynthesis is added, the radiation induced breast cancer rate is doubled.
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                - Women with dense breasts, augmented breasts, and overweight issues show > double these
    average rates.
5. Loss of Income: producing work.
6. Chronic Psychological Distress after Biopsy: even when eventually a woman receives reassuring
biopsy results, anxiety often persists for many years. ${ }^{13}$
7. Cost of Treatment: from overdiagnosis and false positives costs $>\$ 4$ illilion per year in US, which burdens
7. Cost of Treatment: from overdiagnosis and talse positives costs $>\$ 4$ billion per year in $U S$, which burdens
the economy and persons. 14
8. Conflicts of Interest. those pressuring women to acceept mammography profit from the "professional"
ey and tis is rarely disclosed."
9. Failure to Warn: Informed Consent that is iscomplete, or not understandabe to the consumer. Data
now show there is no reduction in mortality from early detection of breast cancer while changing harmful now show there is no re
behaviors works well.

The 7 Health Habits that Increase Freedom from Breast Cancer
and Reduce Mortality in Those Already Diagnosed

The greatest magnitude in risk reduction is attributable to 7 behaviors: ${ }^{2}$

1. Prevent weight gain: Develop a healthful dietary practice (e.g. The Mediterranean Diet).
2. Exercise daily: Build a practice to total at least 30 minutes a day, ideally in fresh air, mini breaks during the day are very good. 3. Enjoy wine in moderation, but avoid excess: $\sim$ ounces per day for a 140 pound woman = moderate.
3. Get daily sunshine: Expose on skin of whole body for about 15 minutes or take 2000 mg of Vitamin D3.
4. Prevent the plunging progesterone and estrogen levels of peri and post menopause that trigger the increased incidence of breast cancer: Learn about and engage in the best individualized options. 6. Discover the demonstrated HRT benefits of sequential bio identical
HRT and the dangers of continuous combined and/or synthetic HRT and the dangers of continuous combined and/or synthetic
forms of E\&P.
5. If asymptomatic, refuse mammogram screening: Instead, submit to professional breast exams from a health care provider up-to-date
on the 9 harms (see box).
