

# **Wellness in Women: Long Term Freedom** from a Diagnosis of Invasive Breast Cancer

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### **Abstract**

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 nsus 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% CI: 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% CI: 0.17, 0.23; p < 0.01; R2 = 0.90). There was no evidence of an age-related increase; but there was evidence of a higher rate for those who became menopausal through surgery.

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

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.

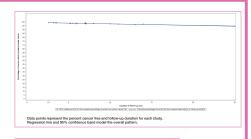
### Methods Matter in Estimating the Risk of Invasive Breast Cancer Diagnosis

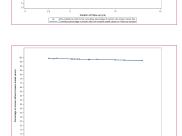
The Wellness Method 1	The Disease Method 1			
The number of women enrolled is known no census estimates are used	Number of women enrolled is not known grographic regional census estimates are used			
2.The number of women diagnosed is known	The number of women diagnosed is not known only the number of cases in the cancer registry			
3.Only one case per woman qualifies  8case/8women represent incidence of 1st breast cancer	3.Each case qualifies – one woman can be counted many times     new tumors, new locations, different breast			
<ol> <li>Duration of follow up is known in 19 studies Allows accurate computations of the % diagnosed in each study and the cumulative incidence for up to 25 years.</li> </ol>	Duration of follow up is not known, and no prospectively collected data are provided			
5.Calculation of incidence is based on	5.Calculation of incidence is based on			
# of women diagnosed w/ 1st invasive breast cancer # of women exrolled in that study	# of cases of invasive breast cancer # of women estimated from census data			
for a known follow-up period	This will inflate incidence both when one woman is counted more than once <sup>1</sup> and when the population is undercounted			

#### The 2,305,427 Women Screened for a 1st Breast Cancer: 19 Published Studies Following the Wellness Method

#	Table 2 Trial	Number of Women	Baseline Age	Years Studied	Number w/o Breast Cancer	Percent Cancer Free
1	UK Million Women Study [18]	1,084,110	50-64	2.6	1,074,746	99.149
2	Danish Nurses Health [19]	10,874	>44	6	10,630	97.76%
	Melbourne Postmenopausal (26)	13,444	40-69	10	13,108	97.50%
4	Finnish Registry ERT [21]	110,990	>50		108,809	98.049
5	Finnish Registry E&P [22]	221,551	>50	11	215,340	97.20%
6	French Cohort [23]	3175	>50	13	3,070	96.694
,	WHI I [24] Prempro 5506 Placebo 8102	50-79	5.2	8,340	98.059	
				7,978	98.471	
9	WHE II [25] Premario 5310	5310 10.739	50-79	7.1	5206	98.041
	Placebo 5429				5296	97.551
9	Sweden: The Gothenburg Breast Screening Trial [26]	51,611	39-59	14	50,102	97.081
10	UK Trial of Early Detection of Breast Cancer [10]	39,773	45-64	7	29,314	98.851
11	Australia Record Review of Postmeropausal Women (27)	sos	35-84	5.0	501	98.621
12	Osteoporosis Fracture Study [28]	9704	>65	3.2	9,587	98.791
13	Italy ORDET [29]	4040	40-69	3.5	4,015	99.381
14	NYU Postmenopausal [30]	7063	35-65	5.5	6,942	98,291
15	US Breast Cancer Demonstration Detection Program [31]	283,222	40-93	3.5	278,947	98,491
16	Sweden-Halmo [32]	42,293	45-69	25	39,967	94,521
17	Norwegian Cohorts [33]	229,256	50-64	6	225,259	98.261
19	Swedish Two-Country Trial: Active Screened Group [34]	77,052	40-74	7	76,654	98.191
19	Canadian National Breast Screening Study (351	89,434	40-59	7	88,102	98.519
	Total Numbers	2,305,427			2,270,913	
	Overall Percent Cancer Free Am	nong All Studies	2,270,913 wo /2,385,427 serv	98-501		







# **Does Mammogram Screening** Save Lives?

# In terms of Total Lives Lost

- Treatment of overdiagnosed healthy women harms many of them. 9,10,11,12,13
- 2. Screening has not reduced total mortality.
- Total mortality from breast cancer has been less than 1.2% regardless of screening.<sup>1</sup>
- 4. Screening does not actually save lives.16

# In terms of Breast Cancer Cases

- Long term follow up of breast cancer patients showed no mortality benefit of repeated screening of women.<sup>1</sup>
- 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

- Overtreatment: unnecessarily exposing women to the body-wide side affects of radiation, chemother-apy, surgery, and hormone altering drugs when mammograms detect harmless or nonexistent cancer.<sup>8,1</sup>
- ~ 46% of women at high clinical risk, using 70 Gene Signature Analysis, could be spared.<sup>11</sup>
- liation Induced Breast Cancer: occurs in 125 per 100,000 screens and shows a cumulative increase r time as the load of radiation builds in the individual. 12
  - When 3D tomosynthesis is added, the radiation induced breast cancer rate is doubled.
  - Women with dense breasts, augmented breasts, and overweight issues show > double these average rates.
- Loss of Income: testing, treatment, and recovery from treatment take time and energy from income producing work.
- Chronic Psychological Distress after Biopsy: even when eventually a woman receives reassuring biopsy results, anxiety often persists for many years.<sup>13</sup>
- Cost of Treatment: from overdiagnosis and false positives costs >\$4 billion per year in US, which burdens
  the economy and persons.<sup>14</sup>
- Conflicts of Interest: those pressuring women to accept mammography profit from the "professional" advice they offer and this is rarely disclosed.<sup>15</sup>
- Failure to Warn: Informed Consent that is incomplete, or not understandable to the consumer. Data now show there is no reduction in mortality from early detection of breast cancer while changing harn 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

- Prevent weight gain: Develop a healthful dietary practice (e.g. The Mediterranean Diet).
- 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.
- Enjoy wine in moderation, but avoid excess: ~6 ounces per day for a 140 pound woman = moderate.
- Get daily sunshine: Expose on skin of whole body for about 15 minutes or take 2000 mg of Vitamin D3.
- 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.
- Discover the demonstrated HRT benefits of sequential bio identical HRT and the dangers of continuous combined and/or synthetic forms of E&P.
- 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).

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