Why Mammograms May Be Doing More Harm Than Good Transcript

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Introduction to Cancer Screening Views

Right. Guys are back. Good to see you. So let me share my views on screening for breast cancer with mammograms. And then I'll touch briefly on prostate and colon cancer screening.

Overall, my purpose in sharing this information is so people recognize that research conclusively indicates that mammogram screening has only a very small effect on life span and populations that under observation, whereas a radical change in diet can have decades of life and afford people real and effective protection against developing cancer.

If we invest in our efforts into a national campaign to encourage women to eat a salad at lunch with lettuce, raw cruciferous greens, raw onions and a vegetable bean soup, we could prevent most of the 300,000 cases of breast cancer that get diagnosed each year in the United States, so wearing pink ribbons and advocating for and reminding women to get mammogram is not the answer.

Though I appreciate the motive and the philanthropy, and I love that people care enough to try to help others. It's not really saving women's lives. Please allow me to explain and to quote Peter, God, she's one of the founders and former director of the Cochrane Center in Copenhagen.

Mammograms, Overdiagnosis, and Net Harm

Cochrane is a group of research scientists who independently and comprehensively review the world's scientific literature and weigh evidence without a pharmaceutical or medical economic incentive or bias.

He explains that a careful review of the randomized trials and the observational studies do not show a benefit from mammograms, and found that they actually cause net harm.

Net harm doesn't mean some people don't have a benefit from mammograms. It means that more people are hurt or killed prematurely that were helped or have had their lives lengthened by like leg length.

In other words, both things are happening. Some people are having a benefit or some people being hurt, he explains. We have research studies from all over the world confirming that the overdiagnosis of breast cancer from mammogram causes gross harm.

That means that more early deaths, as a result of getting a mistaken breast cancer diagnosis and having it treated with surgery, radiation and chemotherapy, and that the so-called cancer they found would have never harmed the person.

But they died not they died from the treatments that were not needed. In Sweden, for example, part of the country was screened for decades and part of the country was not screened.

The average age of death in both groups was not different. No life span advantage of mammograms has ever been demonstrated when looking at similar comparisons, and there's lots of studies that have looked at this already.

So he further explained and concluded, since you can't distinguish between harmless cancers and dangerous ones under the microscope or any other way, then you need to treat all of them.

And when you treat healthy women with radiotherapy and chemotherapy to kill some of them, they get lung cancer and heart disease and other cancers induce from the breast cancer treatments.

So when you look at total mortality instead of breast cancer mortality, we don't see a total benefit. Radiation of the

breast and chest wall increases the risk of heart disease.

Signifi may be ten fold and lung cancer by more than 70%. Right. So we're talking here about the side effects of getting radiation when you don't really even need it.

And so this is talking about this detection of what's called pseudo disease or mammogram detected abnormalities that look like cancer under the microscope.

Even when biopsy that create a breast cancer treatment industry. And while the chance that a woman will benefit from mammograms may be ten times smaller than the risk that she may experience serious harm to the over to the overdiagnosis followed by neither treatment that caused harm.

So most of these pseudo tumors regress and disappear spontaneously over time. So we're saying as a person gets diagnosed with cancer that could have not been cancer, it could have even gone away, or it could have been a type of cancer that could regress and go away.

And just all these women are now treated because of mammograms. These researchers estimate as many as a quarter of women who have been terrified from the breast cancer diagnosis as a result of getting mammograms and subsequent biopsies that confirm breast cancer with the biopsy, do not have a true cancer that can become invasive and cause death.

However, the anxiety and stress this woman now has and the treatments given can cause net harm. In other words, a shorter and more troubled life as a result of a positive mammogram. Findings.

All this need. The stress really does cause a negative life outcome.

Nutrition as Breast Cancer Prevention

When you're given a diagnosis of cancer. Doctor Cox conclusion is that mammogram screening should be stopped and it gets actually worse because in the U. S., they read the mammograms even more aggressively.

So here in this country, researchers estimate that almost half the women who are told they have breast cancer have a false positive, meaning a condition that would never have become life threatening.

So even a higher percentage of women in United States get a diagnosis of breast cancer. So almost half the women who have a diagnosis of breast cancer received risky and harmful treatments, probably needlessly.

And this is called false positives. And overdiagnosis. And what mammograms have done was create a population who needs breast, get more breast cancer care, more health care, more treatments, and believe in the propaganda with the religious zeal that's been drummed into their heads that mammograms saves lives and save their lives.

Keep in mind that the statistics confirm that mammograms do reduce breast cancer deaths, but the other causes of death are increased from the from those retrying treatments of these pseudo cancers.

And that amount of false positives increases other causes of premature death that balances out those help by discovering more aggressive cancers and treating them so that removes any population benefits.

I even have a close relative whose life was saved from getting a mammogram because she has. She had a pre-menopausal aggressive cancer that almost leapt, that already left the breast and could have killed her and advanced further without treatment surgery.

When those individuals who are helped like that are benefited. But you have to compare that to so many more women that have had nervous treatments, have been frightened their whole life, and living in perpetual fear and are damaged by the treatments.

So it's a very difficult, obviously and controversial subject.

Prostate Cancer Screening and PSA Risks

So if women don't go to screening, obviously this is the best prevention against breast cancer that exists because then you have reduced your risk of becoming a breast cancer patient by almost one third, right.

So in the studies document this the reason that the subjects are so important is because screening efforts and even this debate and even just talking about this distracts what women really do need to do to protect themselves against cancer, and that is to eat a nutrient diet.

So it's ironic that women here all the time and have been sold this bill of goods, that mammograms are the best defense against the threat of breast cancer, when all along they've been tricked.

It's nutritional excellence. That's the breast protection against breast cancer. It's salads. It's sprouts, it's beans, it's broccoli, it's mushrooms.

Instead of walking around holding spears of broccoli, they eat their chicken and pasta diet, drink wine, and wind up getting diagnosed with cancer. And the craziest thing is that most women are sure the screening saved their lives because they thought the treatment for the cancer worked, but it's more than ten times more likely their lives were harmed and not saved.

And it's ironic that the more breasts that are surgically removed completely unnecessarily, the more women swear by it. Now, keep in mind the annual number of women who die from breast cancer in the United States.

Each year is about 40,000, while the annual number of women who die from heart disease is over 300,000. So when you eat right, you protect yourself against heart disease and cancer simultaneously.

A no brainer. Now, prostate cancer screening is similar according to several large studies, including those spanning more than 15 years. Prostate cancer screening using PSA test likely does more harm than good for many for most men, as it can lead to unnecessary biopsies, overdiagnosis of slow rolling cancers that were never killed.

A person right never causes symptoms of death, and they get the potential side effects from treatments while only offering a small reduction in prostate cancer deaths.

In other words, for the vast majority of men, the potential harm outweighs the benefits. And what's happened over the last 40 years is that the widespread implementation of PSA testing has led to a surge in the number of prostate cancer diagnosis, yet no increase in lifespan in men to show for it the lifetime risk of receiving a diagnosis of prostate cancer doubled from 9% in 1965 to 16%, or 18% in 2010.

Right? So within with almost a 90 with almost 90% of these cancers being detected to screenings with like PSA screenings like the blood test, the sharp rise in incidence was predominantly due to diagnosing these low risk, indolent prostate cancers that would never have ultimately become symptomatic and never shortened a man's life span.

And these are turned it's termed pseudo disease. So along with these false positive tests, pseudo disease is problematic because it results in increased costs over treatments with life altering therapies and emotional distress.

And the greatest harm is caused by overdiagnosis because it leads to unnecessary cancer treatments.

Colon Cancer Screening and Closing Remarks

So we're talking here that prostate biopsies, followed by radical prostatectomy, radiation therapy and deprivation therapy are the mainstays of treatment for prostate cancer, and these treatments can result in rectal injury, cystitis, prostatitis, incontinence, erectile dysfunction and, of course, secondary malignancies.

There are all the potential side effects of diagnosis and treatment for prostate cancer, and some men die from prostate surgery. That's why the US tf, the U. S.

Preventive Services Task Force, recommends against routine PSA screenings, as does the American College of Preventive Medicine and the American Academy of Family Physicians, and the vast majority of medical societies in developed countries around the world.

They've dropped the recommendations and are now against routine screening, because become obvious that the number of men of men that are helped is less than the number that have been hurt.

In fact, rather than extend lifespan, it's much more likely more than ten times more likely the prostate screening and the likelihood of an overdiagnosis and lead this treatment interfere as one's quality of life, and not even enhance the lifespan of men who undergo screenings.

Colon cancer screening with colonoscopies, flexible signaling, skippy's and stool testing modalities is a bit different because they're detecting precancerous polyps and snipping them off before they can become a true cancer.

However, keep in mind colonoscopies are not without risk and can spread infections, cause infections, and even result in a perforation of the colon, resulting serious and even life threatening harm.

The point here is that these screening decisions should be based on risk assessment and stool testing with Cologuard is a similar test and is sufficient screening for the vast majority of people without increasing the risk of colonoscopies.

Okay, wrapping up today's session for now, stay tuned for the next session on these unspecific nutrition recommendations, and please place your comments or further questions to keep track of those to send to us so we can address this.

These all at a later date. I can always assist you with individual guidance and answer further questions through my Ask the Doctor forum via my website membership.

Good luck to all of you.