

# Breast Screening

## Changes in the Approach to Breast Screening

Breast disease is a growing concern for Australian women with statistics worsening over the years and incidents of breast cancer moving into the younger age groups. The need for effective, early diagnosis is now creating a change in the screening methodology.

Internationally, the reliance on mammograms has been criticized. The Swedish study, ([Gotzsch Olsen, The Lancet:2000](#)) has been the major force behind a review concerning the use of mammograms for mass screening. This report found there was little to no advantage in using mammograms for routine screening. Research by Professor Samuel Epstein found that mammograms were ineffective for pre-menopausal women and also had potential dangers. Because the x-ray used in mammograms is potentially carcinogenic, accumulated dosages from annual screening significantly increases the risk of developing breast cancer.

Currently, Health NSW is preparing a brochure outlining the [risks of mammograms](#). This is now required to enable women to make an informed choice in deciding whether or not to have a mammogram.

The criticism regarding mammograms is restricted to the use of this procedure as a first line screening device. Using mammography for pre surgical screening of a defined mass remains the standard procedure.

First line screening is increasingly being provided by [Digital Infrared Thermography](#) (DITI). This is a risk free procedure that reveals inflammatory [changes in breast tissue](#) from an earlier stage. Tumour cells divide and double between 8-10 years before standard diagnosis.

DITI can pick up these changes years ahead of any other screening method. As a result women can receive nutrigenomic treatment and /or referral which may lead to early surgical intervention. This approach produces a better long term outcome.

Changes in childbirth patterns are also effecting [breast screening](#). With more women delaying motherhood, Dutch researchers have found that post menopausal women are retaining breast density. A mammograms ability to detect cancer in breast tissue is only 59%, compared with 67% in less dense tissue.

Recent research indicates a 98% accuracy can be obtained by combining thermography/mammography/ultrasound in suspicious cases. DITI is, however, the most suitable method of screening the pre menopausal breast tissue. Japanese research (Obeshi Y:Uchida I:2000) goes as far as claiming that Digital Thermography is the screening method of first choice.

Other significant screening methods are Ultrasound and MRI. Both of these are recommended as secondary screening procedures.

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