

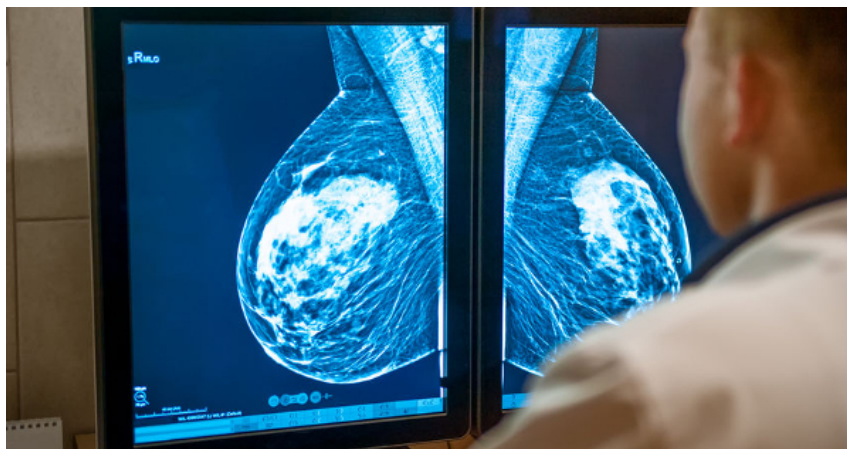
Mammography False-Positives Result in 84% Higher Rate of Breast Cancer Death, JAMA Oncology Reveals

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A new study published in JAMA Oncology ^[3] reveals that mammograms -- a common cause of false-positive breast cancer diagnoses -- result in a much higher rate of breast cancer deaths (84% higher over a 20-year surveillance period) than those who are not diagnosed with cancer mistakenly.

False positive diagnoses have long been known to have deleterious effects to both the physical and psychospiritual health and well-being of those who undergo them, especially in the case of [highly touted mammograms](#) ^[4] which form the basis of breast cancer awareness marketing campaigns like [Breast Cancer Awareness Month](#) ^[5] ("Pinktober") that drive hundreds of millions around the world to undergo them annually or biannually, yet few of which are being properly informed about their [rather concerning unintended adverse effects](#) ^[4].

After all, when you are told by a trusted medical authority that you have a deadly disease that may require harsh, or even life-threatening treatment with [chemotherapy](#) ^[6], [radiation](#) ^[7], or invasive surgery, including possibly the removal of tissue (lumpectomy) or an entire organ (mastectomy), this profound shock alone is itself a form of trauma that has physiological consequences that produce new disease in those who were actually healthy before the incorrect diagnosis occurred. Learn more about this underreported problem here: ['Hidden Dangers' of Mammograms Every Woman Should Know About](#) ^[8].

Breast cancer is, after all, one of the most feared and commonly diagnosed diseases, with about 240,000 cases being diagnosed each year in the United States alone, and with 42,000 deaths attributed to breast cancer, annually, according to CDC statistics.¹ It also constitutes a [massive global industry](#) ^[9], expected to grow to about 74 billion dollars in revenue by 2032.

The primary preventive strategy used today is x-ray mammography, which has a wide range of unintended, adverse effects, the most significant of which are its associated radiological risks and harms related to the gamma rays used, which are a [known breast carcinogen](#) ^[10]. This is especially a concern for those with the so-called [BRCA1 and BRCA2](#) ^[11] 'mutations' which actually increase the risk of developing radiation-induced breast cancer.

The latest guidelines put forward by the US Preventive Services Guidelines, which are highly controversial and [which we have I have critiqued recently here](#) ^[12], are now now recommending that all women get screened every other year starting at age 40. These guidelines put millions more healthy women at risk of radiation-induced adverse breast changes, as well as the psychobiological harms addressed in this article.

The conventional medical establishment is notorious for overlooking these risks, which include X-ray radiation exposure, false positive diagnoses, and overdiagnosis and its corollary overtreatment. In fact, over a decade ago, it was estimated that over [1.3 million women have had their breasts removed wrong](#) ^[13] due to a diagnosis known as ductal carcinoma in situ (DCIS), which is no longer considered equivalent to cancer by many health professionals due to its intrinsically benign nature; an archetypal example of overdiagnosis and overtreatment.

Overdiagnosis can be distinguished from false positives in that in overdiagnosis screen-detected abnormalities are observed in asymptomatic and ostensibly healthy women which would not cause harm if left undetected, or would cause more net harm to be diagnosed and treated than if left undiscovered or left to progress untreated (so-called "watchful waiting.")

False positives, on the other hand, occur when there is a positive screening mammography assessment that leads to more diagnostic work-up but no diagnosis of breast cancer. While false positives are ultimately discovered as such, the damage may already be done, given the power of the subconscious mind and the so-called nocebo effect, which is the opposite of the placebo effect, to do profound emotional and bodily

harm to those who think they have a life-threatening diagnosis of cancer but are not actually sick. (Learn more here: [The Nocebo Effect and Cancer](#) ^[14])

Also, in the US, false positives are disturbingly common, with about 11% of women receiving a false-positive result from a single screening.² In Europe, cases are far lower at 2.5%, but this still corresponds to a large cumulative risk because after 10 screenings approximately 1 in 5 women in Europe will experience at least 1 false-positive mammography result.^{3, 4}

Original Investigation

ONLINE FIRST



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Breast Cancer Incidence After a False-Positive Mammography Result

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[3]

The latest population-based study published in *JAMA Oncology* looked at the data from 45, 213 Swedish women who received a first false-positive mammography result between 1991 and 2017 in comparison to 452,130 controls matched on age, calendar year of mammography, and screening history (no previous false-positive result).

The major finding was that, after being tracked for 20 years, 11% of women in the false-positive group later developed breast cancer, versus only 7% of women without a false-positive. **This amounts to an 84% higher rate of breast cancer death in the false-positive group versus the control group.**

The reason why false-positives may result in a higher death rate are likely multifactorial, and may include the following reasons:

1. The psychospiritual/nocebo effects of being told one has or may have cancer (even if shortly corrected once identified), can cause high stress/immune dysfunction, and as a result, contributing to poorer health/higher breast cancer risk, over time. In other words, once the seed is planted that one may have cancer, or is at greater risk, the shock of this medical trauma may continue forward for years, or even decades, undermining that individual's health.
2. The patient may believe that having received a false positive, they are at greater risk/higher vulnerability and will seek more preventive services than those who are not as concerned, resulting in more x-ray exposure, additional false positives and the increased likelihood of unnecessary treatment (not all false positives will be caught, leading to higher risk of overdiagnosis and overtreatment), which ultimately increases their risk of iatrogenic (doctor- and medicine-caused morbidity/mortality) harm, including the culmintative burden of increased radiotoxicity/carcinogenicity of the mammograms themselves which can result in the formation of new cancers.
3. According to the JAMA researchers, they believe that these findings indicate that more intensive screening and individualized programs are needed, and not less. (I am skeptical of this approach, as it ignores the reasons I just brought up).

Ultimately these results bring into question, once more, the net benefit of mammography. Mammography, as a "prevention" tool is no longer so clearly effective in preventing either breast cancer diagnoses or breast cancer associated deaths, given an [accumulating body of research the contrary](#). ^[4].

"Effectiveness" should be evaluated by looking at the balance of potential harms and benefits, which is not often done by the conventional medical system which aggressively promotes mammograms to healthy women without highlighting their real risks, nor providing sufficient information on alternative approaches.

There are time-tested, and increasingly research-backed food-based, nutraceutical, and lifestyle-based ways to prevent and even treat breast cancer. There is also the diagnosis alternative of thermography, which has no radiation risk, and can detect metabolic abnormalities and pathologies many years before an imbalance will present as a screen-detected abnormality. This can give someone a multi-year advantage versus waiting until a problem associated with toxicity, inactivity, and a disease-promoting diet presents itself as an "organic lesion" in the body.

For more information on either breast cancer prevention strategies, and the inherent down sides of mammography, you can visit the following resources on www.Greenmedinfo.com [15]:

- [Research on natural substances and approaches researched for breast cancer](#) [16].
- [X-Ray Mammography Harms](#) [4].
- [30 Years of Breast Screening: 1.3 Million Wrongly Treated](#) [13]
- [Covering Up The Causes of Breast Cancer Since 1985: AstraZeneca's BCAM](#) [17]
- [Ladies, Ditch the Bra](#) [18]

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¹ [Basic Information About Breast Cancer](#) [19], Centers for Disease Control and Prevention

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[23]

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