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This "Life Saving" Tool May Lead You Straight to Invasive Breast Cancer

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Early detection through x-ray mammography has been the clarion call of Breast Cancer Awareness campaigns for a quarter of a century now.

However, very little progress has been made in making the public aware of the crucial differences between non-malignant lesions/tumors and invasive or non-invasive cancers detected through this technology.

When all forms of breast pathology are looked at in the aggregate, irrespective of their relative risk for harm, disease of the breast takes on the appearance of a monolithic entity that you either have, or don't have; they call it *breast cancer*.

The concept of a breast cancer that has no symptoms, which cannot be diagnosed through manual palpation of the breast and does not become invasive in the vast majority of cases, might sound unbelievable to most women.

However, there does exist a rather mysterious clinical anomaly known as Ductal Carcinoma In Situ (DCIS), which is, in fact, one of the most commonly diagnosed and unnecessarily treated forms of 'breast cancer' today.

What women fail to understand -- because their physicians do not know better or have not taken care to explain to them -- is that they have a choice when diagnosed with DCIS.

Rather than succumb to aggressive treatment with surgery, radiation and chemo-drugs, women can choose watchful waiting.

Better yet, a radical lifestyle change can be embraced focused on eliminating exposure to chemicals and radiation, as well as improved exercise and nutrition.

Unfortunately this choice is not being made in most cases because the medical community is not informing their patients that there is one.

This article aims to fill the information gap in order to educate and empower women who, by accident or design, have been or are at threat of being misdiagnosed and consequently mistreated (in more ways than one) by the medical establishment.

Ductal Carcinoma in Situ: Breast Cancer or Benign Lesion?

Up to 33 percent of new breast cancer diagnoses obtained through x-ray mammography screenings are classified as Ductal Carcinoma In Situ (DCIS). DCIS refers to the abnormal growth of cells within the milk ducts of the breast forming a lesion commonly between 1-1.5 cm in diameter, and is considered non-invasive or "stage zero breast cancer," with some experts arguing for its complete re-classification as a non-cancerous condition.

Because DCIS is almost invariably asymptomatic and has no palpable lesions, it would not be



Story at-a-glance

- » Ductal Carcinoma In Situ (DCIS), the abnormal growth of cells within the milk ducts of the breast, is considered non-invasive or "stage zero breast cancer," with some experts arguing for its complete re-classification as a non-cancerous condition
- » Many conventional physicians view DCIS as "pre-cancerous" and argue that, because it *could* cause harm if left untreated it *should* be treated in the same aggressive manner as invasive cancer; however the rate at which DCIS progresses to invasive cancer is still largely unknown, with the weight of evidence suggesting it is significantly less than 50 percent -- perhaps as low as 2-4 percent
- » Watchful waiting may be the more sensible approach upon diagnosis with DCIS, but most women are not informed of this option
- » Many invasive screen-detected breast cancers spontaneously regress when left untreated
- » Because DCIS is almost always asymptomatic and has no palpable lesions, it would not be known as a clinically relevant entity were it not for the use of x-ray diagnostic technology; the United States, which has one of the highest x-ray mammography rates, also has the highest level of DCIS in the world

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known as a clinically relevant entity were it not for the use of x-ray diagnostic technology.

Indeed, it was not until the development and widespread application of mammography in the early 1980s as the central push behind National Breast Cancer Awareness campaigns that rates of DCIS diagnosis began to expand to their present day epidemic proportions.¹ It is no wonder, therefore, that the United States, which has one of the highest x-ray mammography rates, also has the highest level of DCIS in the world.

As of January 2005, an estimated one-half million U.S. women were living with a diagnosis of DCIS.²

Proponents of breast screenings claim they are "saving lives" through the "early detection" and treatment of DCIS, regarding it as a potentially life-threatening condition, indistinct from actually invasive cancers. They view DCIS *a priori* as "pre-cancerous" and argue that, because it *could* cause harm if left untreated it *should* be treated in the same aggressive manner as invasive cancer.

The problem with this approach is that while the rate at which DCIS progresses to invasive cancer is still largely unknown, the weight of evidence indicates that it is significantly less than 50 percent -- perhaps as low as 2-4 percent.

Indeed, the 10-year survival rates of patients with DCIS (96 percent-98 percent) post-treatment speaks volumes to the relatively benign nature of the condition.^{3,8} Another study found that at the 40-year follow-up period, 40 percent of DCIS lesions still had no signs of invasiveness.⁴ Adding even more uncertainty, another study showed that coexisting ductal carcinoma in situ independently predicts lower tumor aggressiveness in node-positive luminal breast cancer, indicating its possibly protective role.⁵

Is Watchful Waiting the More Intelligent Approach?

A solid argument can be made that watchful waiting is the most appropriate response to the diagnosis of DCIS, and that in many cases DCIS would be better left overdiagnosed and under-treated.

As one paper discusses:

"The central harm of screening is overdiagnosis—the detection of abnormalities that meet the pathologic definition of cancer but will never progress to cause symptoms."

A solid body of evidence has emerged suggesting that when DCIS is left undiagnosed and untreated rarely will it become malignant. DCIS was in fact poorly named from the outset, as it does not behave like most carcinomas (cancers). Cancer, like the constellation named after it, derives from the Greek word for CRAB, indicating the manner in which it expands outward in uncontrolled growth. In situ means exactly the opposite, "in place." An unmoving cancer is therefore a contradiction in terms. These problems with classification have not gone unnoticed in the medical journals:

"Despite the presence of the word "carcinoma," ductal carcinoma in situ (DCIS) is the poster child for this problem (a senior pathologist involved in developing classification systems confided to one of us that he regretted the use of the term carcinoma in DCIS)."

No one believes that DCIS always progresses to invasive cancer, and no one believes it never does. Although no one is sure what the probability of progression is, studies of DCIS that were missed at biopsy (1,2) and the autopsy reservoir (3) suggest that the lifetime risk of progression must be considerably less than 50 percent."

The true irony here is that while participation in x-ray mammography is considered by the public a form of breast cancer prevention and "watchful waiting," it has become -- whether by design or accident -- a very effective way of manufacturing false breast cancer diagnoses and justifying unnecessary treatment.

This is not unlike what has been seen with prostate cancer screenings that track Prostate Specific Antigen (PSA); the aggressive treatment of lesions/tumors identified through PSA markers may actually increase patient mortality relative to doing nothing at all. Women diagnosed with DCIS are simply not given the option to decline treatment. The problem is illustrated below:

"Because the "best guess" is that most DCIS won't progress to invasive cancer, the risk of overdiagnosis would be expected to be greater than 50 percent. The problem with overdiagnosis is that it leads to overtreatment. Because it is impossible to determine which individuals are overdiagnosed, almost everyone gets treated as if they had invasive cancer."

Overdiagnosis is a huge problem, discussed in greater depth here:

"Overdiagnosis plays havoc with our understanding of cancer statistics. Because overdiagnosis effectively changes a healthy person into a diseased one, it causes overestimations of the sensitivity, specificity, and positive predictive value of screening tests and the incidence of disease (13). As the MLP and a recent analysis of Surveillance, Epidemiology, and End Results (SEER) data illustrate (14), overdiagnosis also markedly increases the length of survival, regardless of whether screening or associated treatments are actually effective.

However, overdiagnosis does not reduce disease-specific mortality because treating subjects with pseudodisease does not help those who have real disease. Consequently, disease-specific mortality is the most valid end point for the evaluation of screening effectiveness."

Ultimately DCIS overdiagnoses contribute to the appearance that conventional breast cancer screenings and treatments are more successful and less harmful than they actually are, while at the same time making the industry far more profitable than otherwise would be the case.

Groundbreaking New Finding: Many Invasive Breast Tumors Spontaneously Regress When Left Untreated

A new study published in *The Lancet Oncology* describes the natural history of breast cancers detected in the Swedish mammography screening program between 1986 to 1990, involving 650,000 women.

Due to the fact that breast lesions and tumors like DCIS, and even so-called "invasive" breast cancers, are aggressively removed and/or treated before they can be determined with any certainty to be a clear and present threat to health, there has been little to no research on what happens when they are left alone, i.e. their natural history. This study shows for the first time that women who received the most breast screenings had a higher 6-year cumulative incidence of invasive breast cancer than the control group who received far less. The study concludes:

"Because the cumulative incidence among controls did not reach that of the screened group, we believe that many invasive breast cancers detected by repeated mammography screening do not persist to be detected by screening at the end of 6 years, suggesting that the natural course of many of the screen-detected invasive breast cancers is to spontaneously regress."

Should we be so surprised?

Given that breast cancer is not caused by a lack of breast screenings, surgery, radiation, and chemotherapy, it should not be so difficult to understand that if the body is given an opportunity to heal itself, it will often do so. And what better way is there to promote healing than to AVOID unnecessary diagnostic and surgical procedures and chemical and radiation exposures?

New Study Shows Experts Agree that Annual Mammograms Radically Increase False Diagnosis

New research funded by the National Cancer Institute and published in the *Annals of Internal Medicine* actually revealed that getting an annual mammogram leads to an increased risk of false-positive results and unnecessary biopsies compared to getting a mammogram every other year.

After analyzing more than 386,000 mammograms from about 170,000 women over a 10-year period, the study found 61 percent of those who received annual mammograms would be called in for a follow-up at least once when in fact they did not have cancer. An additional 7-9 percent would receive an unnecessary biopsy. This is compared to 42 percent and 5-6 percent of the women, respectively, who had a mammogram every other year.

Further, the research showed that annual mammograms were not more effective at identifying late-stage cancers compared to the every-other-year group ... The overall results led lead researcher Rebecca Hubbard to say that false positives are simply "part of the process of screening mammography." Unfortunately, this also means many women are exposed to increased stress as well as potentially invasive and potentially harmful treatments for absolutely no reason.

(Mis)treatment of DCIS

For most of the twentieth century mastectomy was the first line treatment for Ductal Carcinoma In Situ (DCIS), with younger patients more likely to undergo the procedure. Even after lumpectomy and radiotherapy were shown to be at least as effective for invasive cancer, still in 2002, 26 percent of DCIS patients were still receiving mastectomy.⁶

The most common scenario today following diagnosis of DCIS is for the oncologist to recommend lumpectomy, followed by intrinsically harmful radiation and hormone suppressive therapies such as Arimidex and Tamoxifen.

The tragedy here is that women are not being made to understand the nature of DCIS or the concept of "non-progressive" breast cancers. There is still the black and white perception out there that you either have cancer, or do not have cancer. In a poll on DCIS awareness published in 2000, 94 percent of women studied doubted the possibility of non-progressive breast cancers.⁷ In other words, these women had no understanding of the nature of DCIS.

And why should they?

Major authorities frame DCIS as "pre-cancerous," implying its inevitable transformation into cancer. When the standard of care for DCIS is to suggest the same types of treatment used to treat invasive cancer, very few women are provided with the information needed to make an informed decision.

Additional Reading

[The Dark Side of Breast Cancer Awareness Month - Part I](#)

[Natural Breast Cancer Research](#)

[Ductal Carcinoma In Situ Research](#)

References:

^{1,2} NIH State-of-the-Science Conference. [Diagnosis and Management of Ductal Carcinoma in Situ \(DCIS\)](#), Sept. 2009

³ [Ductal carcinoma *in situ* \(DCIS\): are we overdetecting it?](#)

⁴ Coexisting ductal carcinoma in situ independently predicts lower tumor aggressiveness in node-positive luminal breast cancer. [Med Oncol. 2011 Oct 8. Epub 2011 Oct 8.](#)

^{5,6} [Overdiagnosis and overtreatment of breast cancer: Rates of ductal carcinoma *in situ*, a US perspective](#)

⁷ US women's attitudes to false positive mammography results and detection of ductal carcinoma in situ: cross sectional survey. [BMJ 320 : 1635 doi: 10.1136/bmj.320.7250.1635 \(Published 17 June 2000\)](#)

⁸ Mortality among women with ductal carcinoma in situ of the breast in the population-based surveillance, epidemiology and end results program. [Arch Intern Med. 2000 Apr 10;160 \(7\):953-8.](#)

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- » [What If You Went through a Mastectomy, Only to Discover Your Diagnosis Was False?](#)
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