

Mammograms Are a Tragic Lie

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STORY AT-A-GLANCE

- › There are a significant number of drawbacks to consistent mammograms, and research demonstrates this test does not reduce your risk of death from the disease
- › Mammograms, used to detect breast cancer, employ ionizing radiation that carries a risk of developing cancer; 3D mammography, also called breast tomosynthesis, uses more radiation to achieve sharper images
- › Data show after 10 mammograms you have a 50% to 60% risk of receiving a false positive result, potentially necessitating further testing with more radiation or even treatment
- › You may be able to prevent 75% to 90% of breast cancers through lifestyle changes, such as reducing exposure to hazardous toxins, seeking out organic products, severely reducing refined sugar and fructose, and limiting protein

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There are a significant number of drawbacks to having consistent mammograms. Although your doctor may say that having a mammogram may reduce your risk of dying by 20%,¹ you'd be surprised by how that percentage is calculated.

As explained by Dr. Andrew Lazris and environmental scientist Erik Rifkin, Ph.D., for every 1,000 women who do not get mammograms, five will die from breast cancer. For every 1,000 women who do get regular mammograms, four will die.

The difference between those two groups is 20%, or the one person whose life is saved by getting a **mammogram**. A 2017 study from the Netherlands demonstrates that no matter how this number was calculated, it is likely not accurate.² What's worse, the reverse side of the equation is that more women are actually harmed by the procedure or undergo unnecessary treatment as a result of false positives.

Mammograms Are Not Saving Lives

The study analyzed the reason fewer women are dying from breast cancer in the Netherlands after an aggressive screening program was instituted in 1989, including regular mammograms.³ Screening programs make the assumption that early detection is easier to treat and will result in better outcomes. Participants in the study were Dutch women who were screened every other year between 1989 and 2012. Nearly 8 million women were included in the data analysis.

The research was led by Dr. Philippe Autier from the University of Strathclyde Institute of Public Health. The intention was to determine if regular screening with a mammogram would affect the number of advanced cases of breast cancer detected and the number of deaths from the disease.⁴

In a previous study, in which the researchers used some of the same data, they found a decrease in the incidence of some advanced breast cancers that indicated the use of widespread mammography had been effective in reducing the number of deaths and improving early treatment.

However, when the researchers expanded the analysis of the data, they failed to find the same reduction. During the period of the featured study, there had been no significant decrease in the extent of diagnosis of stage 2 to stage 4 **breast cancers**.⁵

Initially, the reduction in the number of women dying from breast cancer was attributed to a combination of environmental, lifestyle and genetic factors. These factors may have resulted in a 5% reduction between 1995 and 2012. Although the number of stage 0 and

stage 1 cancers diagnosed increased sharply, the number of later-stage cancers remained stable.⁶

Next, the researchers analyzed the data to determine what impacted the reduction in deaths from breast cancer if it wasn't an aggressive screening program. The researchers found that 85% of the observed decrease in deaths was related to improvements in treatment and not as a result of mammograms identifying lesions.

How Mammograms Work

A mammogram is an X-ray image of breast tissue, taken in the hopes of detecting abnormal cellular growth that may indicate breast cancer. The X-ray doesn't actually image a tumor growth, but rather looks for alterations in the tissue, which may be indicative of a tumor. It is also possible that some advanced tumors grow without expected tissue changes and thus go undetected.⁷

During a mammogram, your breast tissue is compressed against two plates to reduce the amount of tissue the X-ray must travel through, thereby reducing the amount of radiation needed and blurring from unintentional movement.⁸ The machine produces small bursts of ionizing radiation that may be read on film or digitally.

Compared to traditional mammograms, 3D mammography or breast tomosynthesis uses many low-dose X-rays as the machine moves over the breast,⁹ during which the breast tissue is compressed once and a computer makes a three-dimensional image. However, while this type of image may produce clearer results, you also receive greater amounts of radiation.

The issue with either a traditional mammogram or 3D mammography is that you are exposed to ionizing radiation. This exposure carries significant health risks, including actually causing cancer and increasing your risk of breast cancer. Researchers have determined that women who carry the BRCA1/2 mutation may have greater vulnerability to radiation-induced cancers.¹⁰

Data suggest you have a 50% to 60% chance of receiving a false positive result after 10 yearly mammograms.¹¹ Unfortunately, these positive results may lead to further mammograms, biopsies and sometimes to treatments, including partial mastectomy.¹²

Mammograms Are Not Preventive Medicine

During the featured study, Autier found the mammograms overdiagnosed 59% of stage 1 cancers and 33% of stage 0 cancers.¹³ In other words, the lesions that were found by the mammograms didn't necessarily require any treatment.

These findings support previous work published in the Journal of the American Medical Association, which concluded that finding additional small cancers without an absence in the overall rate of death suggests widespread overdiagnosis and overtreatment.¹⁴

Since the tumors had been identified, women were undergoing treatment they didn't require. In fact, one study demonstrated \$4 billion is spent each year on health care following false-positive mammograms.¹⁵

Autier commented,¹⁶ "I don't think the accumulating data show that continuing mammography screening is a good solution, essentially because the price to pay by women in terms of overdiagnosis is enormous." Prevention is clearly the best medicine when it comes to cancer, but screening does not qualify as prevention.

Optimal Vitamin D Levels Associated With Cancer Prevention

Research into optimal levels of vitamin D have repeatedly demonstrated levels within a range of 40 to 60 nanograms per milliliter (ng/ml) provide impressive cancer protection. I believe testing your vitamin D levels twice a year is one of the most important cancer prevention tests available. While there may be times when a mammogram may be warranted, there are also other nonionizing alternatives that may get the job done.

Ultrasound, for example, has been shown to be considerably superior to mammography, especially for women with dense breast tissue who are at a much higher risk of a false

negative mammogram. Getting back to prevention, in one study,¹⁷ researchers found a strong association between **vitamin D** levels and breast cancer progression and metastasis. One of the authors of the study, Dr. Brian Feldman of Stanford University School of Medicine, commented:¹⁸

"A number of large studies have looked for an association between vitamin D levels and cancer outcomes, and the findings have been mixed. Our study identifies how low levels of vitamin D circulating in the blood may play a mechanistic role in promoting breast cancer growth and metastasis."

Higher levels of vitamin D are also associated with an increased likelihood of survival from breast cancer.¹⁹ In animal models, researchers have demonstrated breast cancer tumors are more likely to grow and metastasize faster in mice who are deficient in vitamin D.²⁰ In one study using human subjects, patients who had an average of 30 ng/ml of vitamin D had a 50% lower mortality rate compared to those who had an average level of 17 ng/ml of vitamin D.²¹

The ideal way to optimize your vitamin D level is through **sensible sun exposure**, as there are many benefits to sun exposure that are unrelated to vitamin D. For instance, near-infrared rays from the sun stimulate your body to structure water and increase mitochondrial repair and regeneration. This is one of the reasons I moved to Florida. I have not swallowed vitamin D in over eight years and still have levels over 60 ng/ml.

If you live in a northern climate and have low vitamin D, taking an oral vitamin D3 supplement is certainly recommended. However, remember this is a far inferior way to optimize your levels. It is also important to measure your vitamin D levels twice a year to make sure you're within a healthy range. To learn more about the links between vitamin D status and cancer, please see "**[More Evidence Showing Vitamin D Combats Cancer](#)**."

Steps You Can Take to Reduce Your Risk of Cancer

According to research published in Environmental Health Perspectives,²² you can reduce your risk of breast cancer by avoiding certain chemicals found in common, everyday

products.

Researchers identified 216 chemicals that increase mammary gland tumors in rodents, which they then narrowed down to 102 chemicals and prioritized based on exposure. This resulted in the following 17 chemical groups, flagged as "high priority" due to their ability to consistently produce mammary tumors in test animals.

Flame retardants – Flame retardant products, polyester resins, plastic polymers and rigid polyurethane foams

Acrylamide – Diet (especially fried foods cooked at high temperatures, such as French fries), tobacco smoke and polyacrylamide gels in consumer products such as diapers

Aromatic amines – Polyurethane, pesticides, Azo dyes and many other products

Benzene – Gasoline (riding in a car, pumping gasoline, and storing gasoline in a basement or attached garage), tobacco smoke, adhesive removers, paints, sealants, finishers, and engine fuel and oils

Halogenated organic solvents – Dry cleaning, hair spray propellant, soil fumigants, food processing, gasoline additives, and paint and spot removers

Ethylene (EtO) and propylene oxide (PO) – EtO is a gas used to sterilize medical equipment, food and spices, clothing and musical instruments; also found in tobacco smoke and auto exhaust. PO is a sterilant and fumigant; also found in automotive and paint products

1,3-Butadiene – **Cigarette smoke**, automobile exhaust, gasoline fumes and emissions from industrial facilities

Heterocyclic amines – Meat cooked at high temperatures and tobacco smoke

Endogenous and pharmaceutical hormones and other endocrine-disrupting

chemicals – Estrogens, progestins and DES, along with other hormones

Nonhormonal pharmaceuticals that have hormonal activity – These include four chemotherapeutic agents, two veterinary drugs possibly present in food, the diuretic furosemide, the antifungal griseofulvin and several anti-infective agents

MX – One of hundreds of genotoxic by-products of drinking water disinfection

Perfluorooctanoic acid (PFOA) – Nonstick and stain-resistant coatings on rugs, furniture, clothes and cookware; fire-fighting applications, cosmetics, lubricants, paints and adhesives

Nitro-PAHs – Air pollution, primarily from diesel exhaust

PAHs – Tobacco smoke, air pollution and charred foods

Ochratoxin A (a naturally occurring mycotoxin) – Contaminated grain, nuts and pork products

Styrene – Food that has been in contact with polystyrene; consumer products and building materials, including polystyrene, carpets, adhesives, hobby and craft supplies, and home maintenance products

Parabens are used as preservatives in antiperspirants, sunscreens and many cosmetics. Studies have demonstrated that all parabens have estrogenic activity in human breast cancer cells.^{23,24,25,26} Further, a study found one or more paraben esters in 99% of 160 tissue samples collected from 40 mastectomies.²⁷ The consistent presence of parabens suggests products containing the esters may also increase your risk of breast cancer.

Although antiperspirants are a common source of parabens, the authors of one study note that the source could not be established, and seven of the 40 patients reportedly never used deodorant or antiperspirant in their lifetime. This suggests that regardless of the source, parabens bioaccumulate in breast tissue. And, as parabens are found in a

wide variety of personal care products, cosmetics and drugs, exposure is not limited to one source.

The American Institute for Cancer Research estimates that by making three lifestyle changes, you may be able to prevent 33% of all breast cancers.²⁸ Those steps include getting and staying fit, maintaining a healthy weight and avoiding [alcohol](#).

Implementing prevention strategies is much more powerful than early detection as they improve your overall health and reduce your risk of exposure to chemical hazards, including chemotherapeutic drugs. Aside from eating organic foods, I also recommend seeking out organically produced items, such as clothing and bed linens (ideally GOTS certified), cosmetics and other personal care items, detergents and cleaning products.

Accumulated exposure to toxins and endocrine-disrupting chemicals from a variety of sources has a compound effect on your health, as many of these chemicals are poorly metabolized or eliminated from your body, if at all.

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