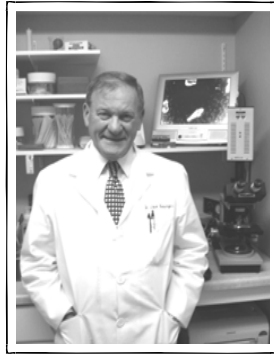

From the Editor's Desk



Dr. Jack Kessinger

by: Jack Kessinger, DC, ND, DABCI
jack@drkessinger.com

I have long questioned why mammograms are often accepted to be the test of choice to diagnose breast cancer, rather than the much less invasive tumor markers, Cancer Antigen 15-3 (CA 15-3), and/or Cancer Antigen 27-29 (CA 27-29). Now, with healthcare reform looming, discussion is running rampant and opinions are all over the place concerning the frequency of mammograms.

One side of the mammogram issue argues that patients should not be exposed to radiation annually. In 1977, the US National Cancer Institute held its first "consensus" conference and the topic was mammography screening of healthy women for the early detection of breast cancer. Since that time, there have been notable improvements in the imaging capabilities of the x-ray units and an appreciable lowering of radiation dose to breast tissue. One of the controversies today surrounding the screening of healthy women is whether the radiation exposures are hazardous, and whether young women, under the age of 50 benefit from mammograms.

Everyone is exposed to ionizing radiation from natural and medical sources. In fact, ionizing radiation may be the most studied cancer causing agent in humans with scientific committees on radiation continuously reviewing and evaluating adverse health outcomes for over 70 years. The female breast is known to be highly susceptible to the cancer causing effects of radiation when exposure occurs before menopause.

Recent reports say there are entirely too many false positives reported with mammograms, which result in unwarranted anxiety for patients. The current standard

of cancer screening tests can frequently produce false positive outcomes that may result not only in anxiety and additional potentially painful testing, but also additional economic costs as well, according to research conducted by scientists at the Henry Ford Health System, Detroit, Mich., and published in the December 14, 2004 issue of "Cancer Epidemiology, Biomarkers & Prevention."

This causes me to ponder, how many false positives are thrown into the scientific data of "cancer cures?" Are the survivor rates skewed by these "false positives?" Have we really improved the survivor rate of this devastating disease, or do these numbers include the results of women who never had cancer in the first place?

It seems to me that a simple blood test like the CA 15-3 or CA 27-29 would be a much better screening option for the women affected. They are non-invasive and the answer is a clear yes or no. For a physician who is required to read a mammogram and determine if a shadow is truly something to be concerned about. Wouldn't the best answer be a solid negative or positive? A tumor marker test returns a definitive answer, and erases the need for further testing; such as painful biopsies which require, at a minimum, an out patient situation. Many times this potentially life changing blood test is only done after a radical mastectomy has been performed; to rule out the existence of cancer. If this test is considered accurate after disfiguring a woman for the rest of her life, why wouldn't it be a required test before a mastectomy is considered as the only option? Often, women are opting for mastectomies out of fear that the shadow on their mammogram may eventually turn into cancer.

The opponents of "less mammogram testing" question the reportedly successful treatment therapies of breast cancer. Touting that what we have been doing is working, but is it really? Is exposing women as early as age 30 to radiation for a base line test, and then annually after age 40 safe? More importantly does it provide information that can be used with confidence? I would hope that before one of your patients or family members subject themselves to a mastectomy, that you would recommend a simple blood test to confirm the existence or non-existence of cancer with certainty.

Dr. Kessinger has a local weekly radio program called "A Healthy Concept" every Tuesday morning from 9:30-10. The programs are available on his website www.drkessinger.com or go directly to www.drkessinger.com/radio.html ♦