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Thermography and Mammography Understanding the Difference

Assessing the effects of visionary changes in our approach to detection
and treatment of disease

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Thermography and Mammography are very different. One cannot replace the other, but together we may have a chance to realize a new and truly visionary way to make positive changes and reduce the feared risk of breast cancer for the benefit of all women. Visionaries are already at work.

Thermography and Mammography

Understanding the Difference

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Thermography is not a replacement for mammography. Nobody would suggest that if a woman has a thermogram she can't have a mammogram. We must assume that women, if given enough accurate information, are capable of making their own decisions. More women are avoiding mammography; not because they are having thermography, but because of personal experience and the associated risks demonstrated over the past two decades with mammography and the management of the results, which are too often false.

Compression screening mammography has been available, and basically mandated to women age 40 and over, worldwide since the early to mid 80's. The hope was that it would offer early detection and treatment of breast cancer to reduce the mortality rate, which had become increasingly disturbing to the public. There was great pressure on medicine at that time to find a solution. In spite of the known risks associated with radiation exposure, mammography was chosen as the screening of choice.

In spite of these efforts, the mortality rate has failed to decline over the past 50 years. The issue is that breast cancer is currently being detected at such a late stage, that there is very little medicine can do the change the outcome; the reason why, in 50 years, there has been little or no reduction in breast cancer mortality worldwide.



"After you've done a thing the same way for two years, look it over carefully.

After five years, look at it with suspicion.

And after ten years, throw it away and start all over."

~Alfred Edward Perlman, New York Times, 3 July 1958

Chart depicting tumor growth rate from initial DNA damage to possible lethal stage:

90 days	2 cells	
1 year	16 cells	
2 years	256 cells	
3 years	4,896 cells	
4 years	65,536 cells	
5 years	1,048,576 cells	(still undetectable with mammogram)
6 years	16,777,216 cells	
7 years	268,435,456 cells	
8 years	4,294,967,296 cells	(doubled 32 times)*

Data show the time for a breast cancer to double in volume is 25 days to at least 1000 days with a typical value of about 100 days.

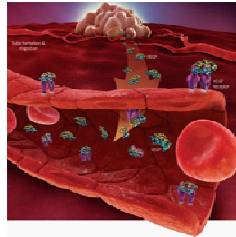
CANCER GROWTH
Implications for Medicine & Malpractice
by Michael Retsky, PhD

There is no debate that breast cancer spends 75% of its developing life undetected, even by mammogram

The time has come for change in the way we think about how to reduce the mortality rate, not only of breast cancer, but all cancers; which are known, in the most basic sense, to be preventable.

Medical knowledge is estimated to double approximately every 18 months. Unfortunately, this knowledge does not always translate into benefit for the patient. In autopsies on women age 40-50 who were otherwise healthy and died in automobile accidents, 40% were found to have multiple, tiny dormant tumors in their breasts.

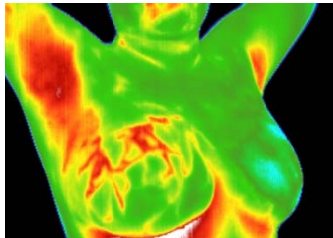
It is now undisputed, the tipping point that transforms an otherwise dormant tumor... to one that grows to become diagnosed later as cancer is a process known as **angiogenesis**, which is required for all cancer development. It is not known what triggers it, but this is the blood supply that feeds the tumor and without it, the tumor would die.



FDA Registered thermography devices are infra-red cameras that detect minute changes in body temperature.

Thermography can detect angiogenesis because it creates a heat signature; mammography cannot.

Therefore, thermography can offer an early warning, which mammography cannot.



All women deserve access to early warning... an opportunity to take a different path

And maybe even change the outcome in advance.

Mammography is part of our evolution. It is still the currently accepted “standard of care” and freely paid by most insurances and strongly supported by the medical community. That’s today.

The most exciting developments in cancer research are in the field angiogenesis research. Visionaries see the combination of thermography and angiogenesis control as a possible answer to reduction in cancer mortality.

Thermography is the future and those that offer it are courageous visionaries. Women have the right to do what they can to protect themselves today. If mammography, thermography and angiogenesis work together, all women will eventually benefit.

You don’t have to wait, thermography is available now; and you can still have a mammogram if that is your choice.



The **NEW ENGLAND**
JOURNAL of MEDICINE

Effect of Screening Mammography on Breast-Cancer Mortality in Norway

N Engl J Med 2010; 363:1203-1210
[September 23, 2010](#)

We analyzed data from 40,075 women with breast cancer. **The rate of death was reduced by 7.2 deaths per 100,000 person-years** in the screening group as compared with the historical screening group (rate ratio, 0.72; 95% confidence interval [CI], 0.63 to 0.81) and by **4.8 deaths per 100,000 person-years in the nonscreening group** as compared with the historical nonscreening group (rate ratio, 0.82; 95% CI, 0.71 to 0.93; P<0.001 for both comparisons), for a relative reduction in mortality of 10% in the screening group (P=0.13).

Thus, the difference in the reduction in mortality between the current and historical groups that could be **attributed to screening alone was 2.4 deaths per 100,000 person-years**, or a third of the total reduction of 7.2 deaths.

Conclusions

The availability of screening mammography was associated with a reduction in the rate of death from breast cancer, but the screening itself accounted for only about a third of the total reduction. (Funded by the Cancer Registry of Norway and the Research Council of Norway)

(.Go to www.iamtonline.org for a list of available sites that offer thermography today.



Warning: an advantage we all want *and* deserve