

Breast Cancer Screening and Diagnosis: A Synopsis of the European Breast Guidelines FREE

Holger J. Schünemann, MD, PhD, MSc; Donata Lerda, PhD; Cecily Quinn, MD; Markus Follmann, MD, MPH, MSc; Pablo Alonso-Coello, MD, PhD; Paolo Giorgi Rossi, PhD; Annette Lebeau, MD; Lennarth Nyström, PhD; Mireille Broeders, PhD; Lydia Ioannidou-Mouzaka, MD; Stephen W. Duffy, BSc, MSc, CStat; Bettina Borisch, MD; Patricia Fitzpatrick, MD; Solveig Hofvind, PhD; Xavier Castells, MD, PhD; Livia Giordano, MD; Carlos Canelo-Aybar, MD, MSc; Sue Warman, MEd; Robert Mansel, MD; Francesco Sardaneli, MD; Elena Parmelli, PhD; Axel Gräwingholt, MD; Zuleika Saz-Parkinson, PhD; for the European Commission Initiative on Breast Cancer (ECIBC) Contributor Group *

[Article, Author, and Disclosure Information](#)

FULL ARTICLE

Abstract

Guideline Development
and Review Process

Recommendations

Discussion

References

Tables

Supplements

Comments



4 Comments

SUBMIT A COMMENT

Richard M Fleming, PhD, MD, JD • FHHI-OI-Camelot • November 26, 2019

• Conflict of Interest: *Acknowledgment: FMTVDM is issued to first author.*

FMTVDM - It's time to quit screening and start diagnosing Breast Cancer.

FMTVDM - It's time to quit screening and start diagnosing Breast Cancer.

For decades we have been running screening tests looking for cancer, allowing physicians to make an educated guess as to whether we think you do or don't have cancer. If we think the patient might have cancer, then we run more tests to find out. Alternatively, if we think the patient probably doesn't have cancer, we wait –so too does the patient and their family. The entire concept of using screening tests is archaic and anything but comfortable if you're the patient.

The acceptance of screening tests is primarily based on the use of qualitative tests – tests that we look at, or blood tests. Is there something on the stool guaiac? Is it blood, iron, too much pepto bismol? Is the PSA elevated? Is it prostate cancer, prostatitis, BPH, too much exercise? In keeping with these Breast Cancer Screening Guidelines – the question becomes, just what is that questionable area on the mammogram – is it calcium, dense tissue, inflammation, cancer or nothing?

FULL ARTICLE

Abstract

Guideline Development
and Review Process

Recommendations

Discussion

References

Tables

Supplements

Comments



The process of developing cancer is not an overnight, yes – no phenomena; although that is how we've been treating it [1]. Cancer is the result of the interaction between the genetics of a cell – which is unique for each individual – and the cellular environment. That cellular environment is similarly unique and is the result of the air you breathe, the food you eat, the oxidative stress your body is experiencing at the moment, is there infection, et cetera [2].

Rather than using a qualitative screening approach, with the associated problems with sensitivity (we missed your disease) and specificity (we told you there was a problem when there wasn't), and the resulting personal, psychological, physical, financial, family, work costs – if we're really interested in informed decision making, we should be focusing less on screening and more on actually measuring what's happening in the body. To do that requires quantitative measurement –now made possible using FMTVDM [3].

FMTVDM measures changes in tissue metabolism and the resulting regional blood flow differences (RBFs) that are associated with the development of both cancer and coronary artery disease [4].

By measuring what's actually happening at the tissue level, we can tell someone where on the health-spectrum he or she actually is [1,2]. Consequently, we can also measure whether their treatment is working – thereby saving time, money and lives – thus providing true patient-specific, patient-guided treatment. By actually measuring what's happening in each individual, we can do better than a screening guess – we can make a truly informed diagnostic decision and so can the patient.

Acknowledgment: FMTVDM is issued to first author.

References:

1. Fleming RM, Fleming MR, Chaudhuri TK, McKusick A. Cancer: Our Body's Global Warming Warning. Biomed Research. Open Acc J Oncol Med 2019;3(1):238–239. DOI: 10.32474/OAJOM.2019.03.000154
2. Fleming RM, Fleming MR. The Importance of Thinking about and Quantifying Disease like Cancer and Heart Disease on a "Health-Spectrum" Continuum. J Compr Cancer Rep 2019;3(1):1–3 (Article ID 100011).
3. The Fleming Method for Tissue and Vascular Differentiation and Metabolism (FMTVDM) using same state single or sequential quantification comparisons. Patent Number 9566037. Issued 02/14/2017.
4. Fleming RM, Fleming MR, Chaudhuri TK. The Similarities in Coronary Artery Disease and Cancer. Acta Scientific Med Sci. 2019;Special Issue 1:03–04. DOI:10.31080/ASMS.2019.S01.0002.