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20th July 2010

Dr. Julia Peters
Chief Advisor Screening
National Screening Unit, Ministry of Health
Private Bag 92522
Wellesley Street
Auckland 1161

Dear Dr. Peters,

I have returned from Germany and as promised, I now have time to respond in more detail to your letter dated 08/06/10. To date, I have not received a response from you regarding my request for evidence for your concerns in your initial letter (dated 16/06/10). Once you are able to provide me with this information, I will speak to those points directly. In the interest of obtaining further clarification from your correspondence there are a number of points I need to be addressed. In the meantime, I would like to make the following statements:

- 1) I am not promoting thermography as an alternative to mammography or any other form of screening. Our consent form, results, website and brochure all clearly state that thermography is *not* a replacement for mammography. I would be interested to understand why you believe this is the case?
- 2) Clinical Thermography Ltd and I, in the best interests of our clients and our company, are trying to make appropriate efforts to adequately inform people about breast thermography. If review of our literature gives you any cause to believe that we may be doing this incorrectly, please let us know.
- 3) We encourage our clients to allow us to send a copy of the results to their acting physician; our statistics show that currently 80% of our clients follow through with our recommendations.
- 4) With regard to the independent review commissioned by the National Screening Unit, this paper only evaluated the role of breast thermography as a "screening tool for breast cancer" and "an adjunctive diagnostic tool for breast cancer". To reiterate, we do not advocate thermography as a screening or diagnostic tool. Discrediting breast thermography based on this review is inaccurate and misleading for both practitioner and public alike. Breast thermography has peer-reviewed literature that speaks to its value as an independent risk marker and monitoring tool, yet all papers that explored thermal imaging in this capacity were excluded from the selection criteria in Kerr's report. Over the last four decades, there have been a number of peer-reviewed articles that support the use of thermography as a risk marker. In fact, according to a number of researchers, a persistently abnormal thermogram is thought to be "the single greatest indicator of breast cancer risk" and is considered 10 times more important than a positive family history for the disease.¹⁻³. While there are a number of groups that don't recommend thermography, in the US, breast thermography has had FDA approval since 1982 as an adjunct screening tool and is currently widely used in this capacity.

Breast cancer is the second leading cause of death for New Zealand women. The current New Zealand wide breast screening programme does not recommend routine mammographic screening for

asymptomatic women under the age of 45, yet a significant percentage of breast cancers occur in this age bracket. These are the very women who stand to lose the greatest potential years of life to the disease. Breast thermography serves to identify women who as a consequence of sub-optimal breast health may be or are at risk and as a result they can be monitored more effectively. As professionals, we need to work together to reduce the alarming mortality rate by the current most effective means possible.

I hope that you will receive this letter in the spirit of co-operation with which it is intended.

Yours Sincerely,

M E Godfrey
MBBS, FACAM, FACNEM

References

1. Gautherie M. Thermobiological assessment of benign and malignant breast diseases. *Am J Obstet Gynecol.* Dec 15 1983;147(8):861-869.
2. Keith LG, Oleszczuk JJ, Laguens M. Are mammography and palpation sufficient for breast cancer screening? A dissenting opinion. *J Womens Health Gend Based Med.* Jan-Feb 2002;11(1):17-25.
3. Amalu WC. Nondestructive testing of the human breast: the validity of dynamic stress testing in medical infrared breast imaging. *Conf Proc IEEE Eng Med Biol Soc.* 2004;2:1174-1177.