

# WHAT THE RACE FOR THE *CURE* ISN'T TELLING YOU



You **CAN** reduce your risk of breast cancer  
or its reoccurrence

*Ingrid Edstrom FNP, M.Ed., CTT*

# Disclaimer

Ingrid Edstrom is the owner and clinician at her two business ventures, Infrared Breast Health, LLC and Proactive Breast Wellness, LLC.

The information in this presentation encompasses her research, clinical practice, and professional opinions.

For HIPPA compliance, all patients whose infrared images are shared in this presentation have signed releases.

Ingrid is now a distributor for Ice Cure cryoablation equipment to bring this technology to the Pacific NW.



# Breast Cancer Facts – U.S. Epidemic

- 1-in-8 women will be diagnosed with breast cancer during their lifetime (estimated to rise to 1 in 5 in the next 10 years) -***American Cancer Society, 2007***
- A case of breast cancer is diagnosed among women every two minutes and a woman dies of breast cancer every 13 minutes
- 70% of all breast cancer diagnoses are <2 cm
- Breast cancer is the leading cause of cancer deaths among women age 40-50 years
- Breast cancer is second only to lung cancer in cancer deaths among women

Source: [www.komen.org](http://www.komen.org)





# Do you know?

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- Only 7- 9% of breast cancers occur because of inherited genetic traits

*-American Cancer Society, 2007*

- That means: 91- 93% of your risk is related to the environment, dietary, hormone balancing, stress management, thyroid & Vitamin D and lifestyle choices

***What are you doing to reduce  
YOUR Risk ?***

# What the Race for the Cure & Physicians are telling you currently

- Mammogram recommendations from the American Cancer Society
  - Yearly mammograms starting at the age of 40 and continuing as long as the woman is in good health (March 2012)
  - Before 2009 mammograms were recommended every 2 years for women aged 50-74 (U.S. Prevention Services Task Force, 2009)
  - Self-breast exam wasn't even included in the recommendations
  - The American Cancer Society and the Susan G. Komen Foundation take in millions of dollars looking for, or "Racing For the Cure" and there's hardly any significant effort (approximately 2% of funds) spent on breast cancer prevention
  - We have been relying on screening to save us

**There Must Be More that We Can Do**



# The Skinny On Mammograms

- No country in the world besides the U.S. recommends mammograms for asymptomatic premenopausal women
- Screening mammograms miss 25% of all cancers and with dense breasts, 40% of cancers are undetected by mammograms!
- Lobular cancers are undetected over 70% of the time by mammography
- Know your breast density when going to get your mammogram. Reports after 2014 need to say “if you have dense breasts, the density decreases visibility of certain cancers”
- Between 15% and 25% of breast cancer cases are over-diagnosed. A study in Norway showed these women had false positive mammograms and then they had unnecessary surgery and treatment (Harvard Med. School/ Annals of Internal Medicine, April 2012)

- One in three cancers detected by screening mammograms were misdiagnosed and six times in ten, the woman will lose a breast (Nordic Cochrane Collaboration Study/ Harvard publication in 2012)
- Half of all breast cancers are found between screenings.
- Have you gone for routine mammograms since age 40? There is 100% chance they will find something questionable, and MDs want to do a biopsy or surgery (Univ. of Virginia School of Medicine, August 2003)
- Cancers detected at age 70 and above are unlikely to kill a woman. These women benefit very little from having a mammogram (Journal of the Amer. Medical Association/ Dr. Miller)
- Annual mammograms no more effective than simple breast exams for reducing mortality, according to a study of 40,000 women aged 50 to 59 published in the Journal of the National Cancer Institute, 2000)

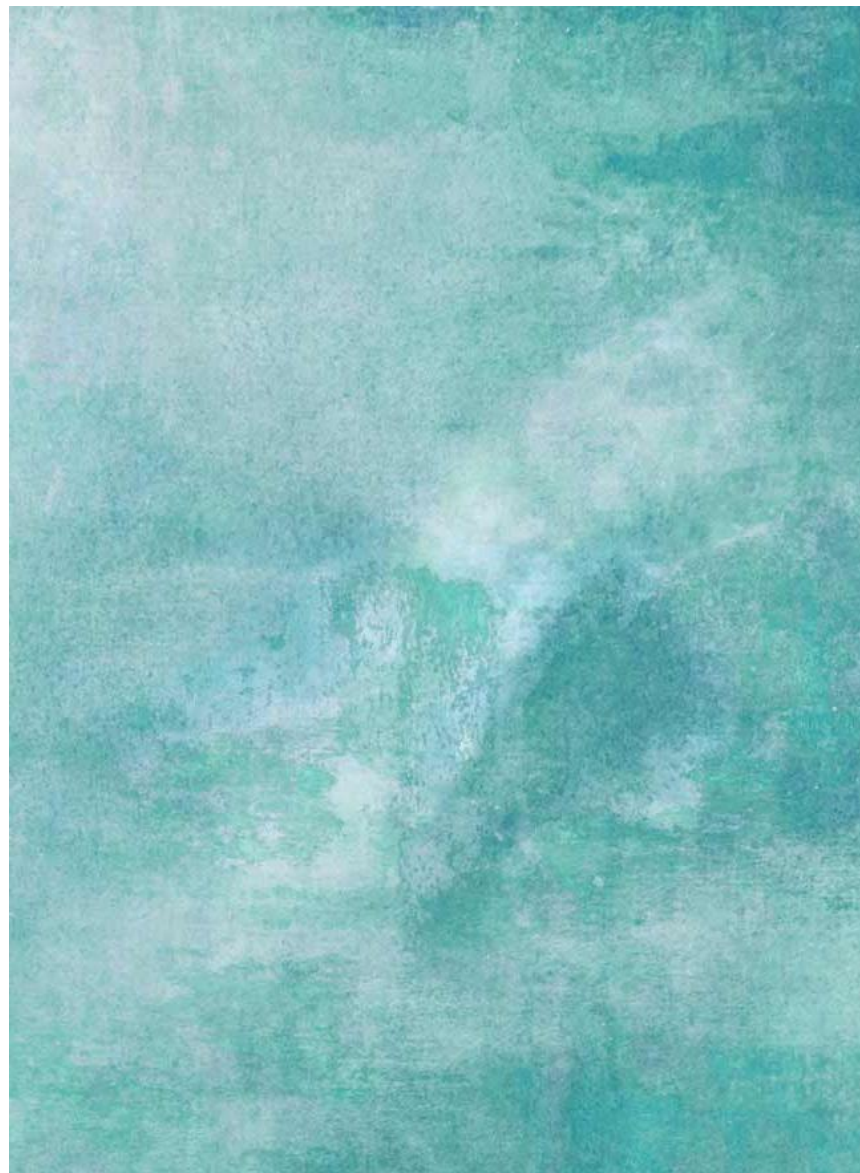
# Mammogram Effectiveness: Fiction vs. Evidence-Based Medicine

- There are no evidence-based medicine studies that show that mammograms or digital mammograms decrease breast cancer deaths and the radiation may be causing cancers. (Nordic Cochrane Collaboration, 2012)
- Dr. Peter Gotzsche of the Nordic Cochrane Collaboration, and his team published a book and studies (Harvard and The Lancet) that shook the radiology world. They spent more than 10 years investigating and analyzing data from the trials of breast screening in Sweden, Norway, and Denmark, which included over half a million women over a 10 year period.
- Dr Gotzsche states, “Screening does not cut breast cancer deaths by 30%. It saves probably one or two lives for every 2,000 women who go for a mammogram, but it harms 10 others with misdiagnosis and radiation exposure.”
- He maintains the results of mammogram testing do not support mass screening as a preventive measure.



# What Are Your Other Options?

- Women need to know what they should be doing to reduce their risks of breast cancer or its reoccurrence if they've had breast cancer in the past.
- Let's consider thermography, the Protect Your Breasts protocol, and cryoablation.



# What is Thermography?



# What is Infrared?

- 100 % Safe
- No radiation / No Radio Waves
- Our Camera is FDA Approved / Cleared
- Completely painless
- Detects inflammation 3 – 8 years before mammograms
- May identify skin abnormalities, sub clinical hypothyroidism and thyroid tumors

# Who needs Thermography?

- Cancer Survivor
- Nursing / Pregnant
- High Risk Lifestyle
- Synthetic hormone use
- Dense, large or small breasts
- Fibrocystic Breasts
- Prevention conscious
- Toxic Exposure/Pesticides
- Positive Family History
- Breast Implants / Reduction Surgery



# Thermography is rated TH1 to TH5

- ❖ TH1 and TH2 are “Normal”
- ❖ TH2 may indicate dense fibrocystic breasts with hormone influences/estrogen dominance
- ❖ TH3 is “Borderline” or “Equivocal”
- ❖ TH4 is “Abnormal”
- ❖ TH5 is “Very Abnormal”

## Infrared cameras detect changes in heat and physiological changes

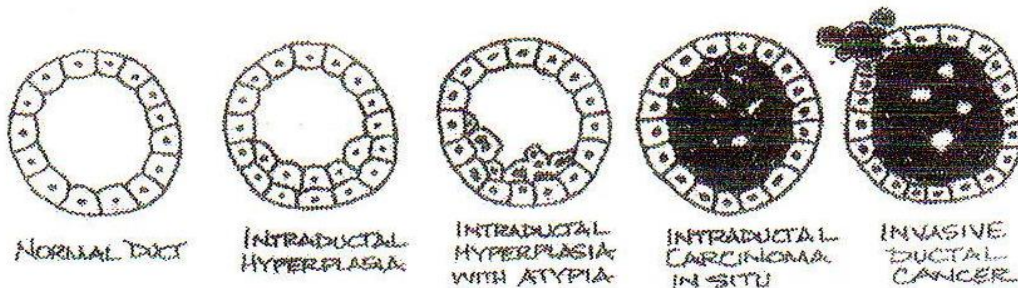
Diagram shows changes in cell structure and cellular activity.

When there are more cells producing heat, the infrared temperatures are higher

Breast cancers take 10-12 years to grow to the point where there is a palpable mass or they are seen on mammograms

Infrared images can detect temperature changes prior to lump formation while there still may be time to alter the inflammation

Infrared is the best risk detection tool available



# Thermography As a Risk Detection Tool

- From a patient base of 58,000 women screened with thermography, Gros and associates followed 1,527 patients with initially healthy breasts and abnormal thermograms for 12 years.
- Of this group 40% developed malignancies within 5 years.
- The study concluded that “an abnormal thermogram is the single most important marker of high risk for the future development of breast cancer.”

**Cancer Vol. 45, 1980**



# Abnormal IR As the 1st Warning Sign of Cancer

- Spitalier and associates followed 1,416 patients with isolated abnormal breast thermograms.
- It was found that a persistently abnormal thermogram, as an isolated phenomenon, is associated with an actuarial breast cancer risk of 26% at 5 years. Within this study, 165 patients with non-palpable cancers were observed.
- In 53% of these patients, thermography was the only test which was positive at the time of initial evaluation.
- It was concluded that a persistently abnormal thermogram, even in the absence of any other sign of malignancy, is associated with a high risk of developing cancer.

**International Conference, MTP Press, 1983**





## Effectiveness of a noninvasive digital infrared thermal imaging system in the detection of breast cancer

Nimmi Arora, M.D., Diana Martins, B.S., Danielle Ruggerio, B.S.,  
Eleni Tousimis, M.D., Alexander J. Swistel, M.D., Michael P. Osborne, M.D.,  
Rache M. Simmons, M.D.\*

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### KEYWORDS:

Digital infrared  
thermal imaging;  
Breast cancer;  
Diagnosis;  
Thermography

### Abstract

**BACKGROUND:** Digital infrared thermal imaging (DITI) has resurfaced in this era of modernized computer technology. Its role in the detection of breast cancer is evaluated.

**METHODS:** In this prospective clinical trial, 92 patients for whom a breast biopsy was recommended based on prior mammogram or ultrasound underwent DITI. Three scores were generated: an overall risk score in the screening mode, a clinical score based on patient information, and a third assessment by artificial neural network.

**RESULTS:** Sixty of 94 biopsies were malignant and 34 were benign. DITI identified 58 of 60 malignancies, with 97% sensitivity, 44% specificity, and 82% negative predictive value depending on the mode used. Compared to an overall risk score of 0, a score of 3 or greater was significantly more likely to be associated with malignancy (30% vs 90%,  $P < .03$ ).

**CONCLUSION:** DITI is a valuable adjunct to mammography and ultrasound, especially in women with dense breast parenchyma.

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## Evaluation of digital infra-red thermal imaging as an adjunctive screening method for breast carcinoma: A pilot study.

### Author information

Rashtwala M<sup>1</sup>, Mathur I<sup>2</sup>, Mathur B<sup>3</sup>, Farid K<sup>3</sup>, Shukla S<sup>2</sup>, Gupta PK<sup>4</sup>, Jain B<sup>4</sup>.

### **Abstract**

**Background:** Early screening plays a pivotal role in management of breast cancer. Given the socio-economic situation in India, there is a strong felt need for a screening tool which reaches the masses rather than waiting for the masses to reach tertiary centers to be screened. Digital infra-red thermal imaging (DITI) or breast thermography as a screening test offers this possibility and needs to be carefully assessed in Indian scenario. **Methods:** The study involved 1008 female patients of age 20-60 years that had not been diagnosed of cancer of breast earlier. All the subjects in this population were screened for both the breasts using DITI. Based on the measured temperature gradients ( $\Delta T$ ) in thermograms, the subjects were classified in one of the three groups, normal ( $\Delta T \leq 2.5$ ), abnormal ( $\Delta T > 2.5$ ,  $< 3$ ) and potentially having breast cancer ( $\Delta T \geq 3$ ). All those having ( $\Delta T > 2.5$ ) underwent triple assessment that consisted of clinical examination, radiological and histopathological examination. Those with normal thermograms were subjected to only clinical examination. **Results:** Forty nine female breasts had thermograms with temperature gradients exceeding 2.5 and were subjected to triple assessment. Forty one of these which had  $\Delta T \geq 3$  were proven to be having cancer of breast and were offered suitable treatment. Eight thermograms had temperature gradients exceeding 2.5 but less than 3. Most of these were lactating mothers or had fibrocystic breast diseases. As a screening modality, DITI showed sensitivity of 97.6%, specificity of 99.17%, positive predictive value 83.67% and negative predictive value 99.89%.

**Conclusion:** Based on the results of this study involving 1008 subjects for screening of breast cancer, thermography turns out to be a very useful tool for screening. Because it is non-contact, pain-free, radiation free and comparatively portable it can be used in as a proactive technique for detection of breast carcinoma.

# Normal vs. Cancer

Healthy Lifestyle

Organic Diet /On Supplement  
Program

Balanced Hormones

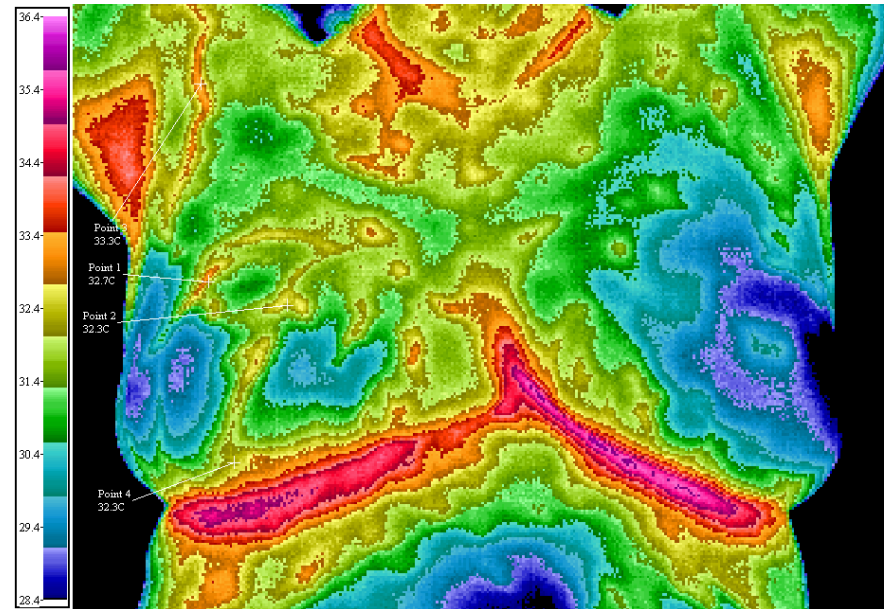
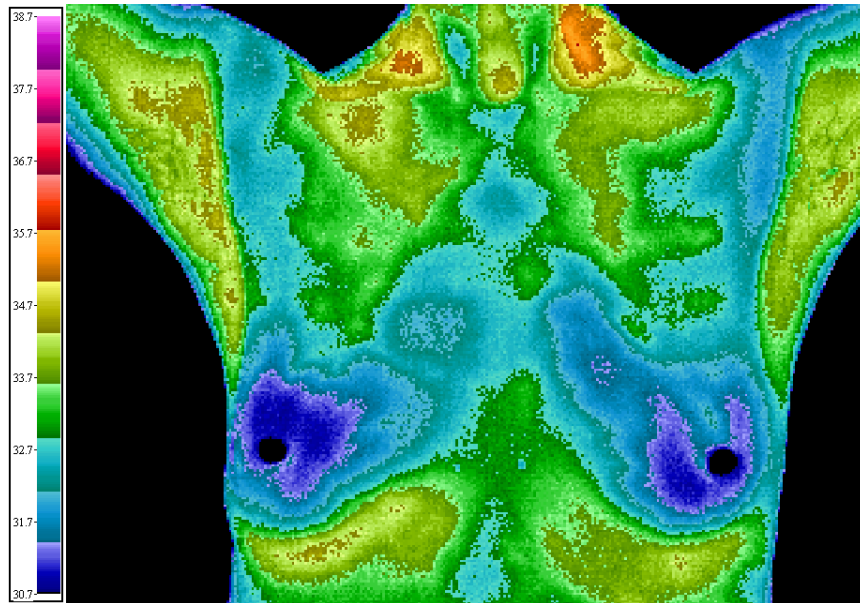
No Herbicide Exposure

Herbicide and Pesticide Exposure

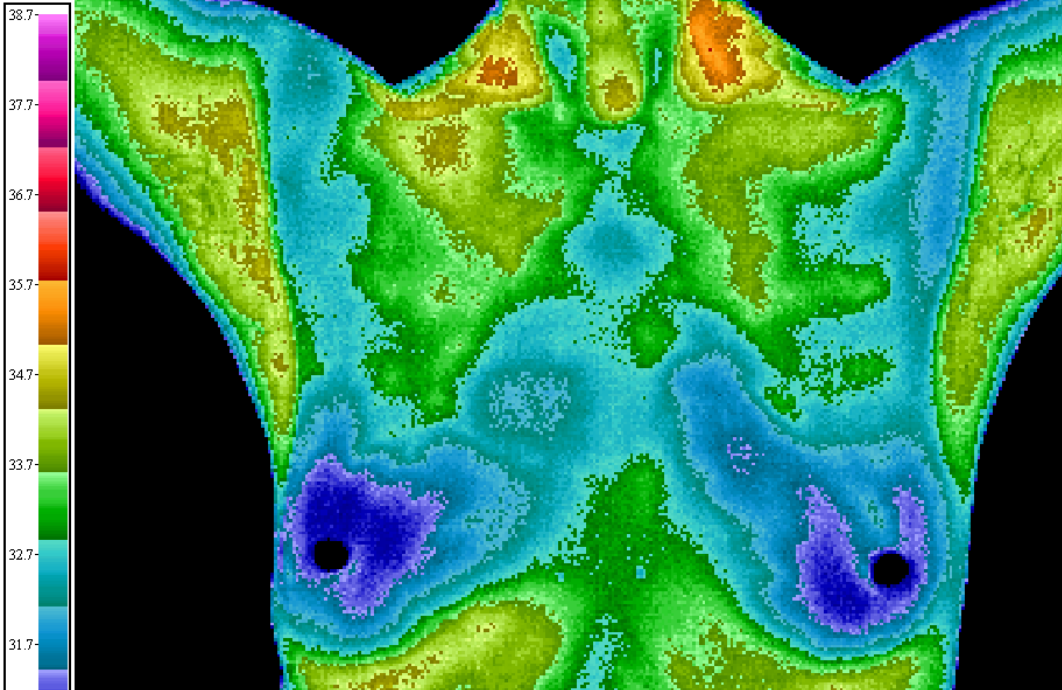
Non- Organic Diet

Imbalanced Hormones

Sedentary Lifestyle







## TH1 Normal Scan

Top scan is a normal TH1 image on both sides

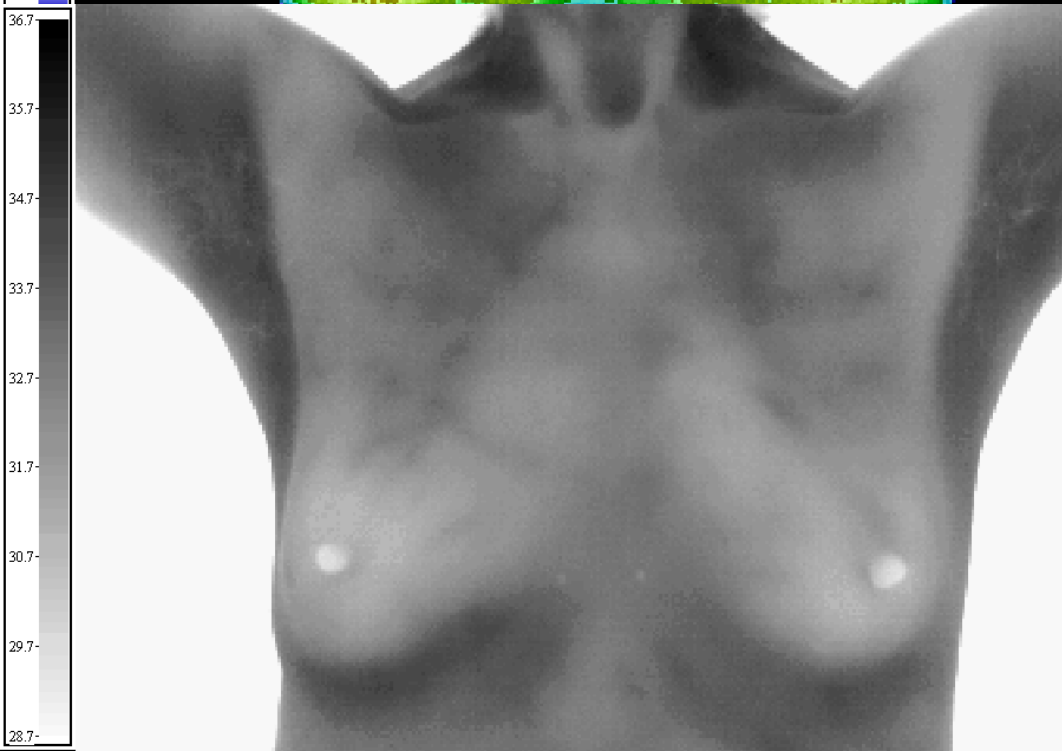
Blue = cold or less metabolic activity

❖ Lower image is the same woman but you can see quiet small vessels that are scattered with a normal patterning

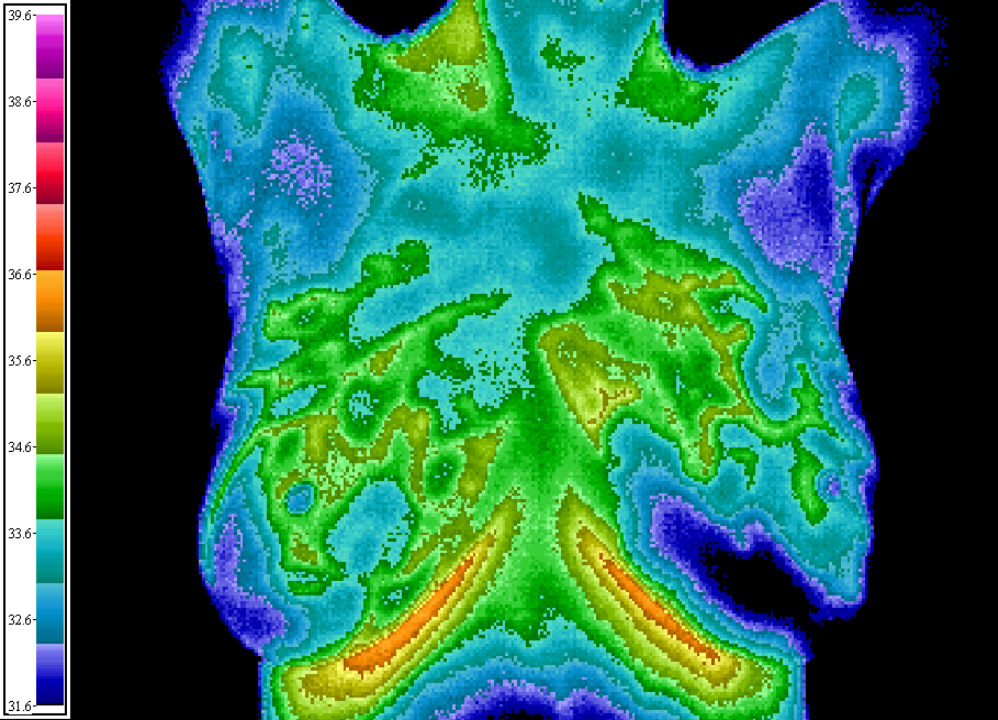
❖ Healthy Lifestyle

❖ Organic eater

❖ No Herbicide Exposure



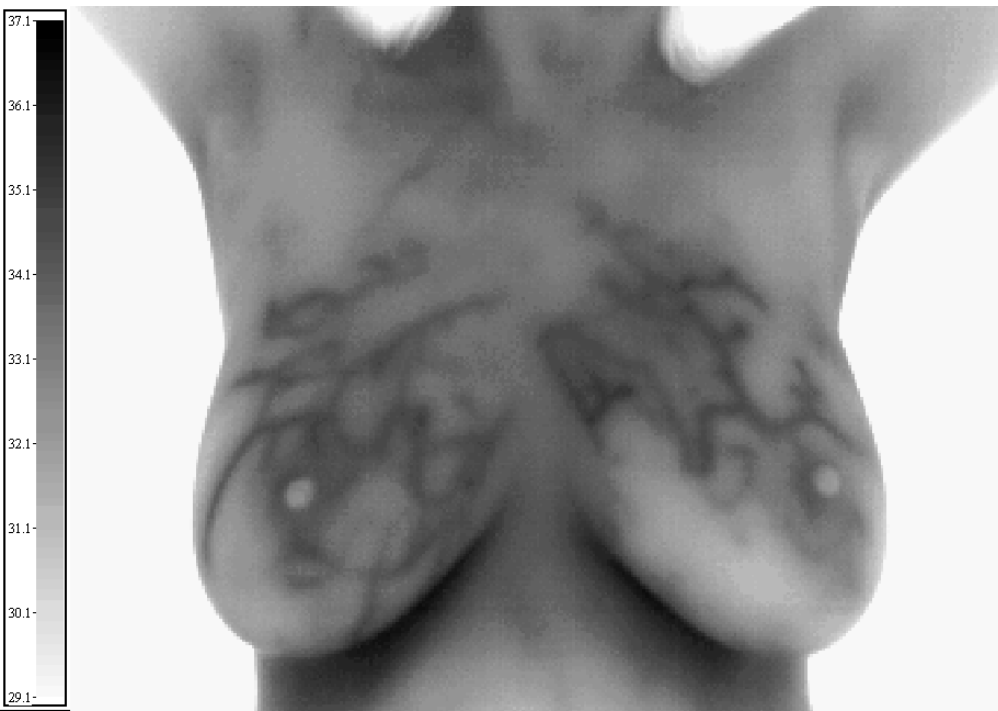




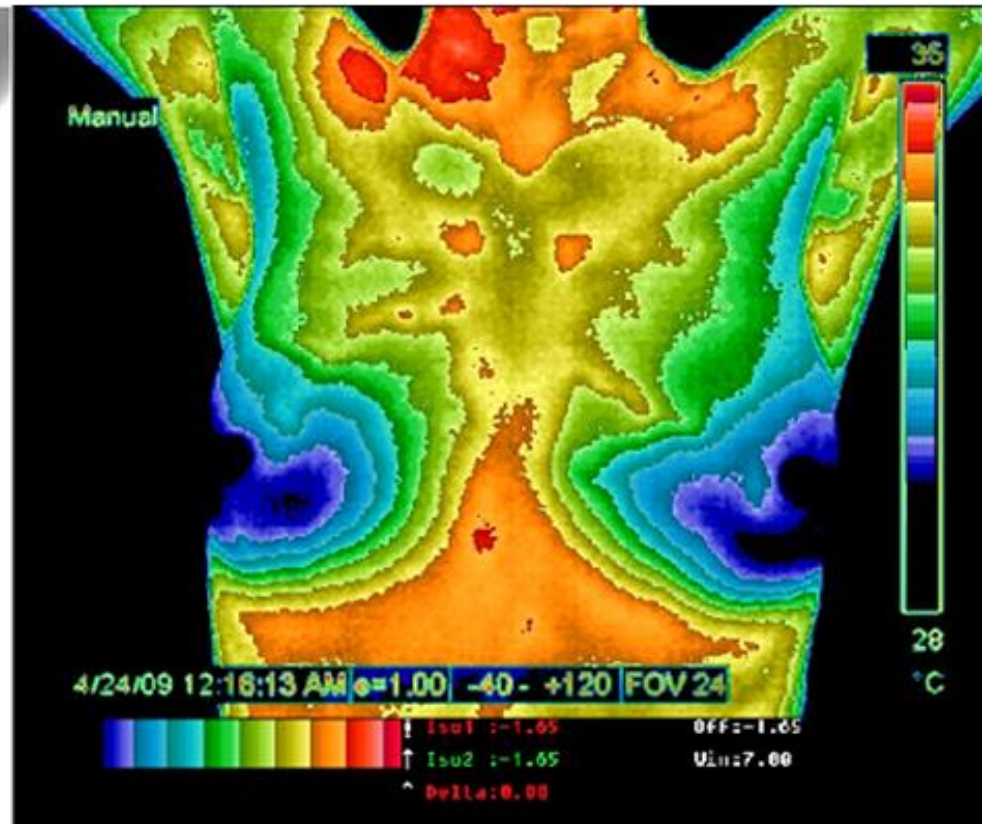
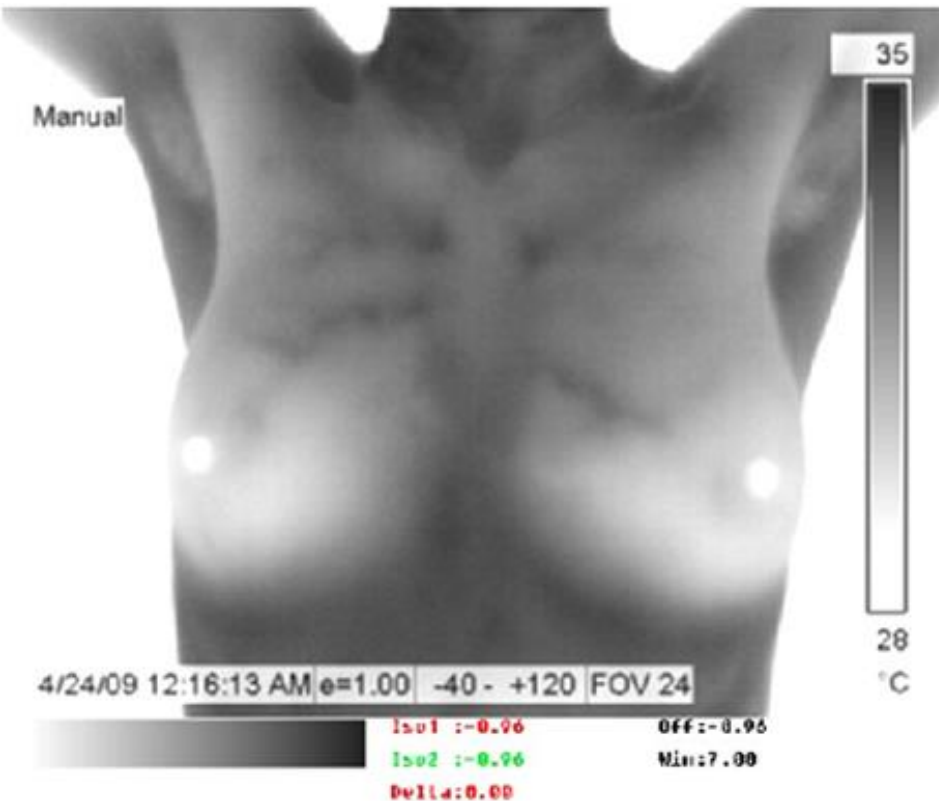
## Six months pregnant

Yellow/Green areas in the upper image are warmer over the vascular patterns; blue regions are colder

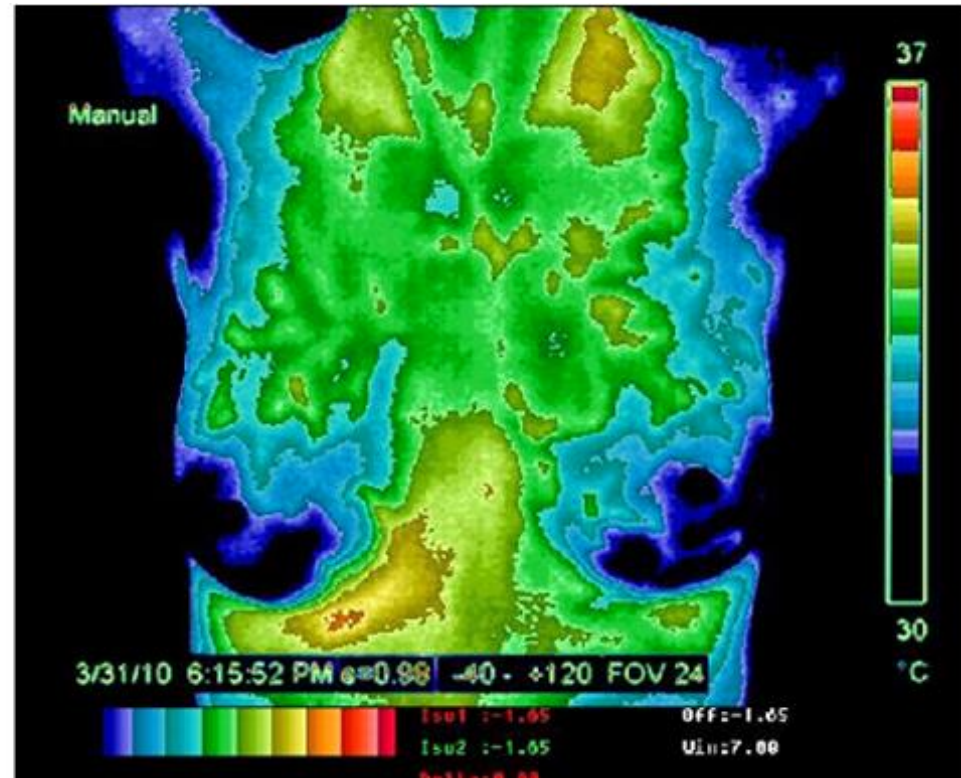
The vascular activity in the lower breast scan is due to the higher increased levels of estrogen that she is producing while pregnant



# TH2 Normal Vascular



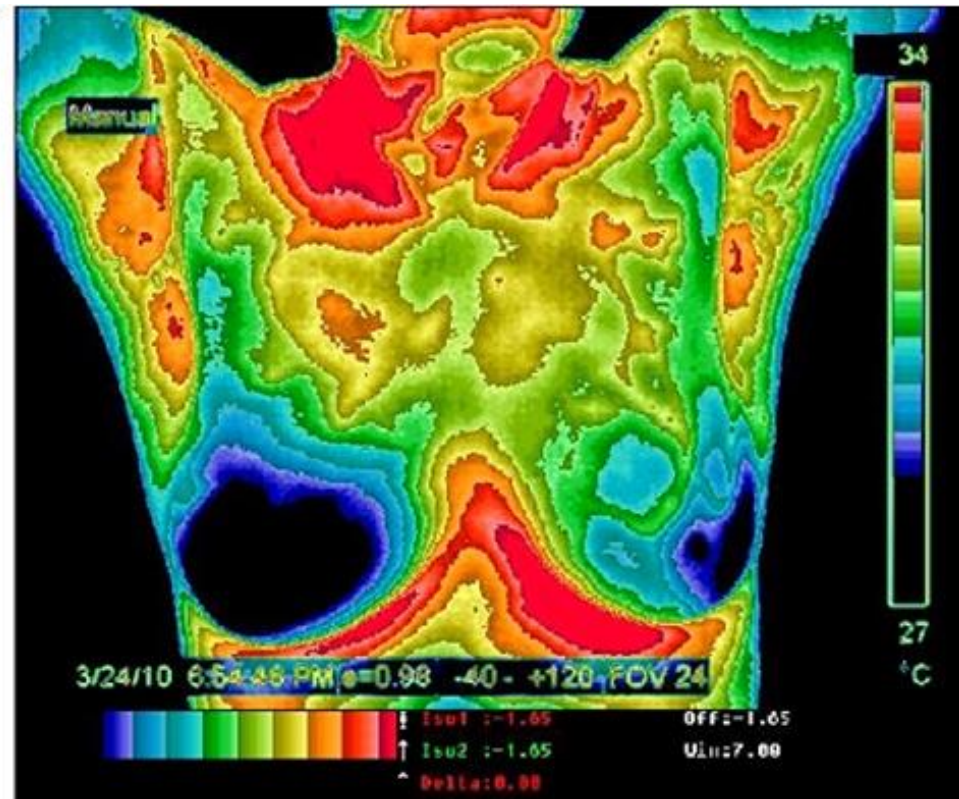
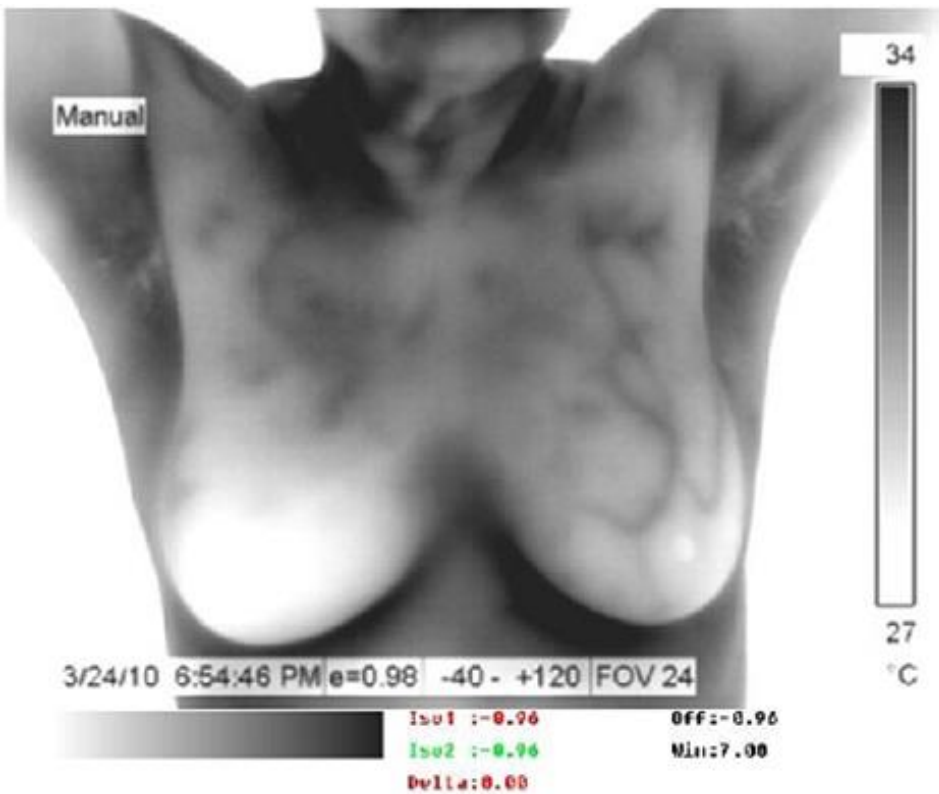
# TH3 Borderline



**Non Organic Diet, Premarin & Estradiol  
cause Increased Vascular Patterns**

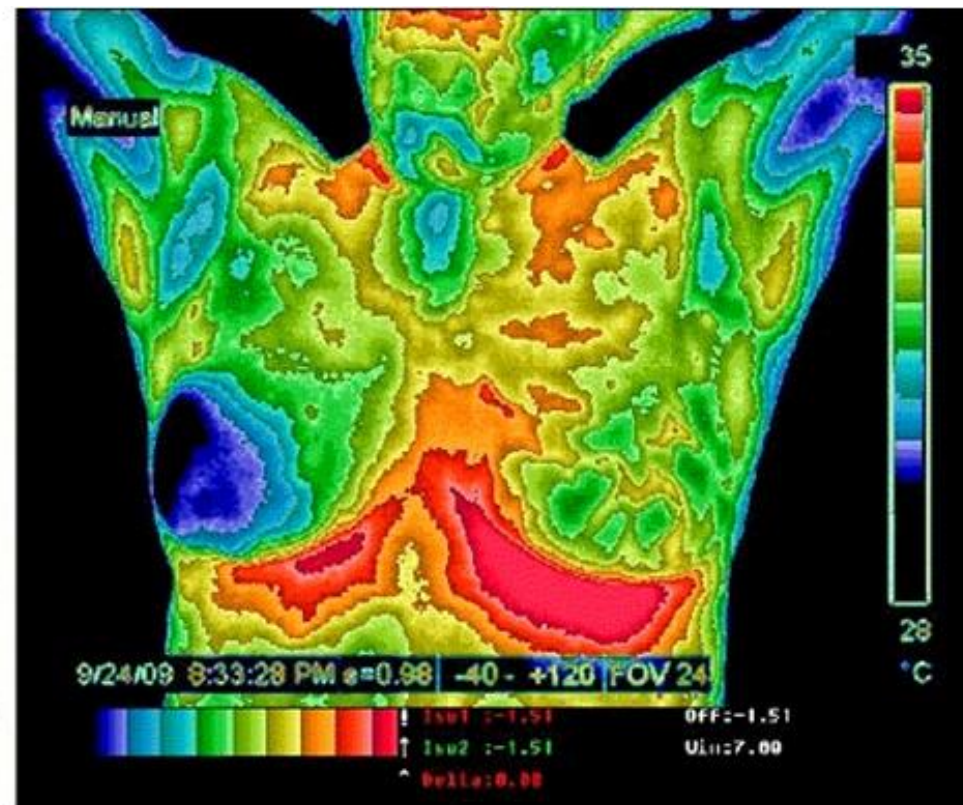
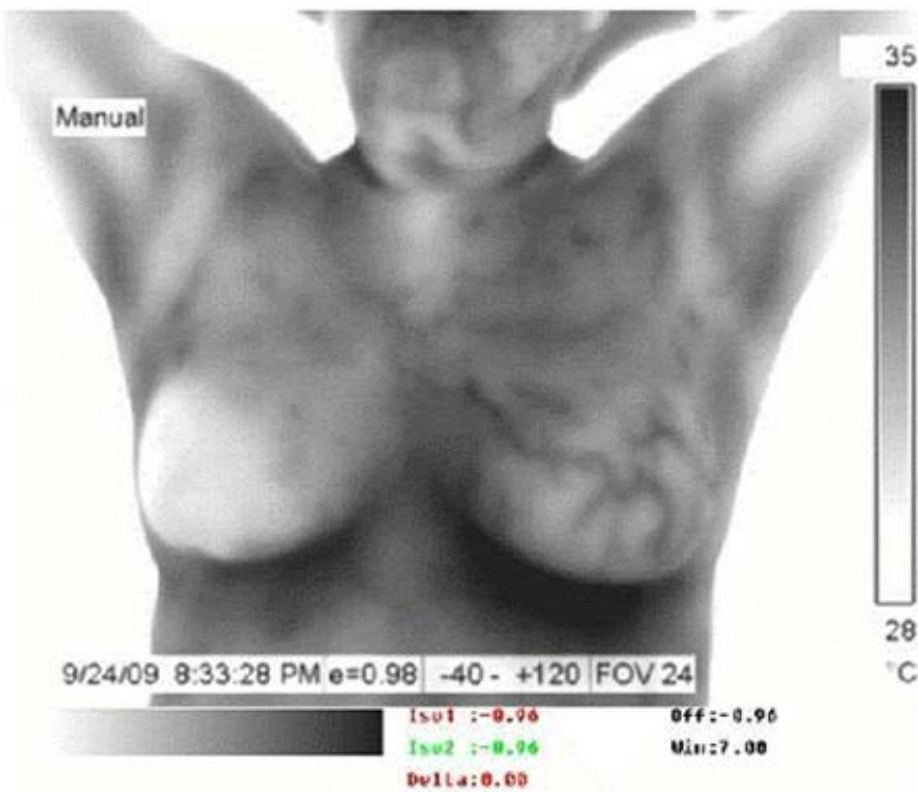


# TH4 Abnormal





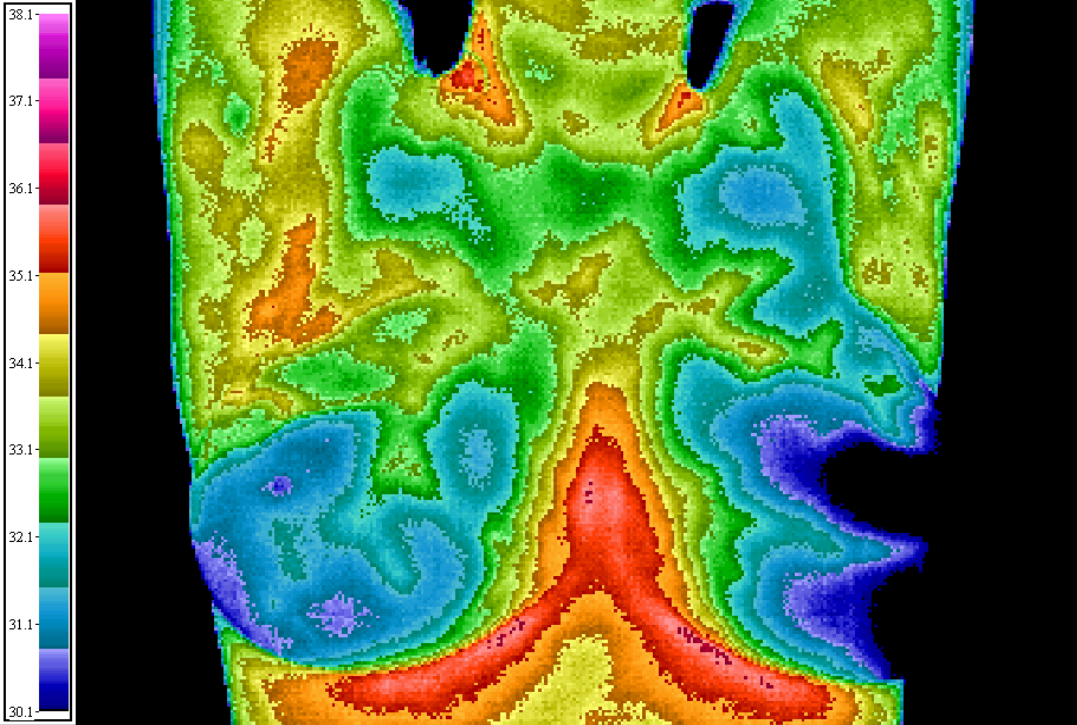
# TH5 Severely Abnormal



# Women Toxically Exposed to Herbicides / Pesticides

The following images are of women being evaluated for pathology, not biopsy diagnosed.

All these women have toxic levels of exposure to herbicides / pesticides.

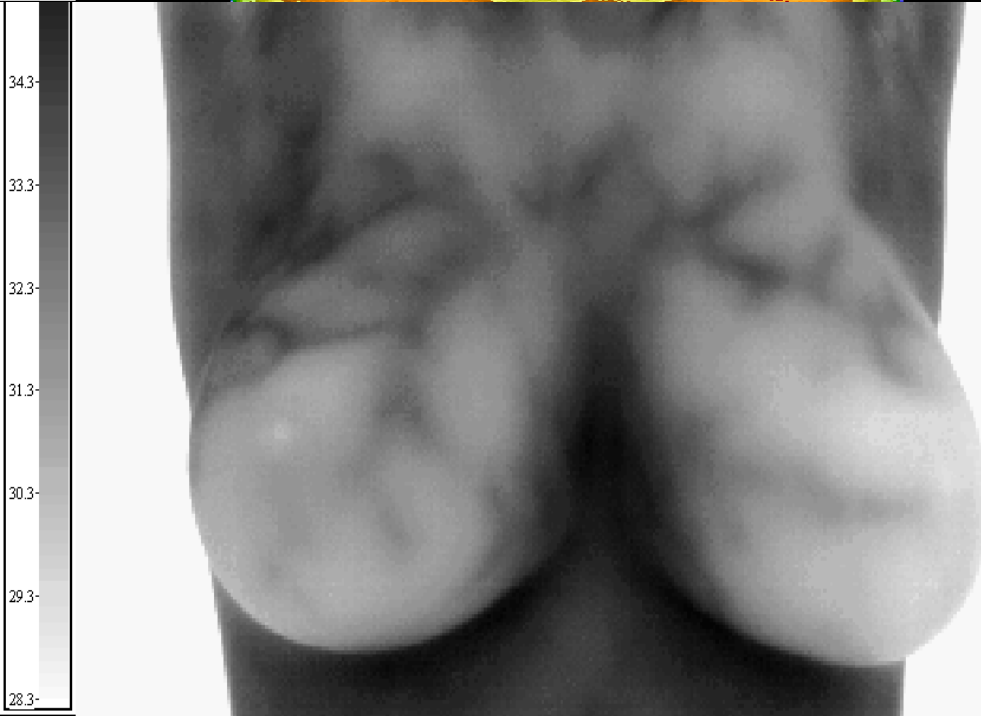


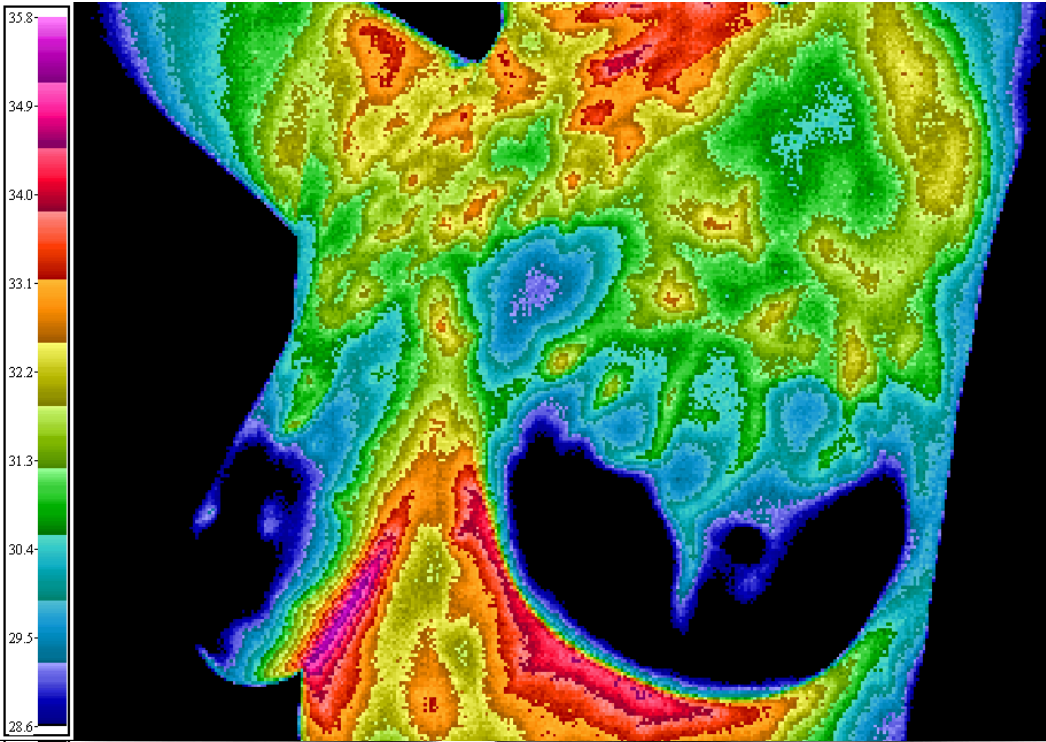
## Lives on a Mint Farm

Very abnormal TH5 scan on her right (designated by orange). Large vessels leading to a breast mass.

She lives on a mint farm with large amounts of herbicide and pesticide spray usage on her property, as well as her neighbor's property.

Father: Prostate Cancer  
Brother: Non-Hodgkins Lymphoma

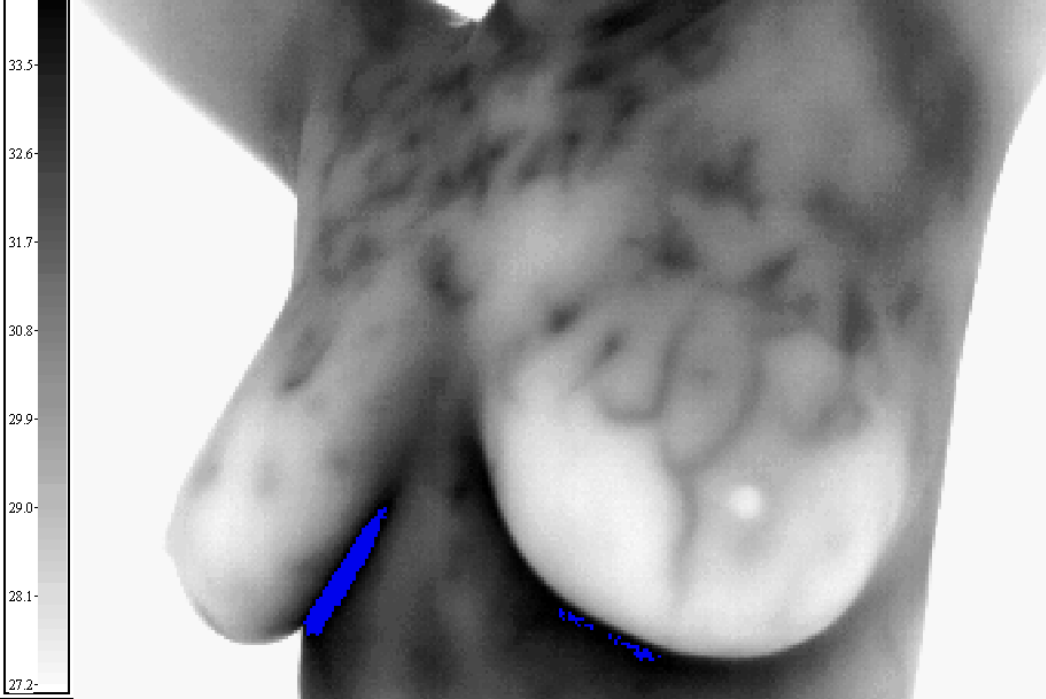




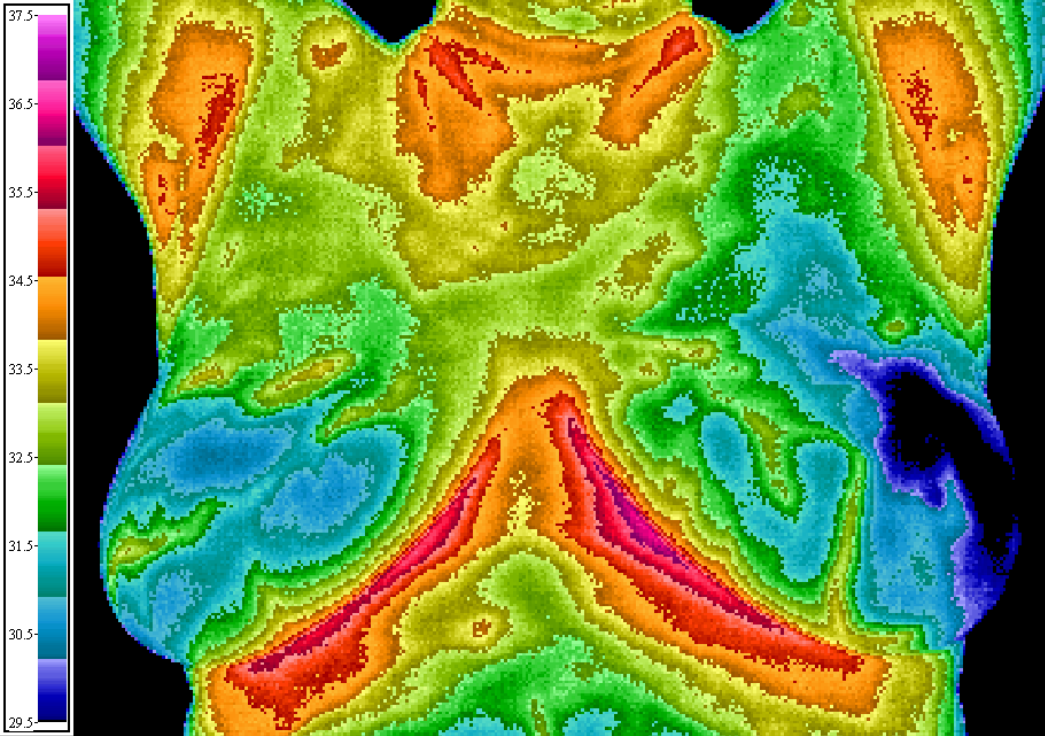
## Pesticides Used

“Fly Wipe” on horses which is absorbed through the skin

Note: Large vascular patterns and increased heat in the left breast. This represents estrogen dominance and increased metabolic activity. This woman is cancer free at the moment, but she is at higher risk







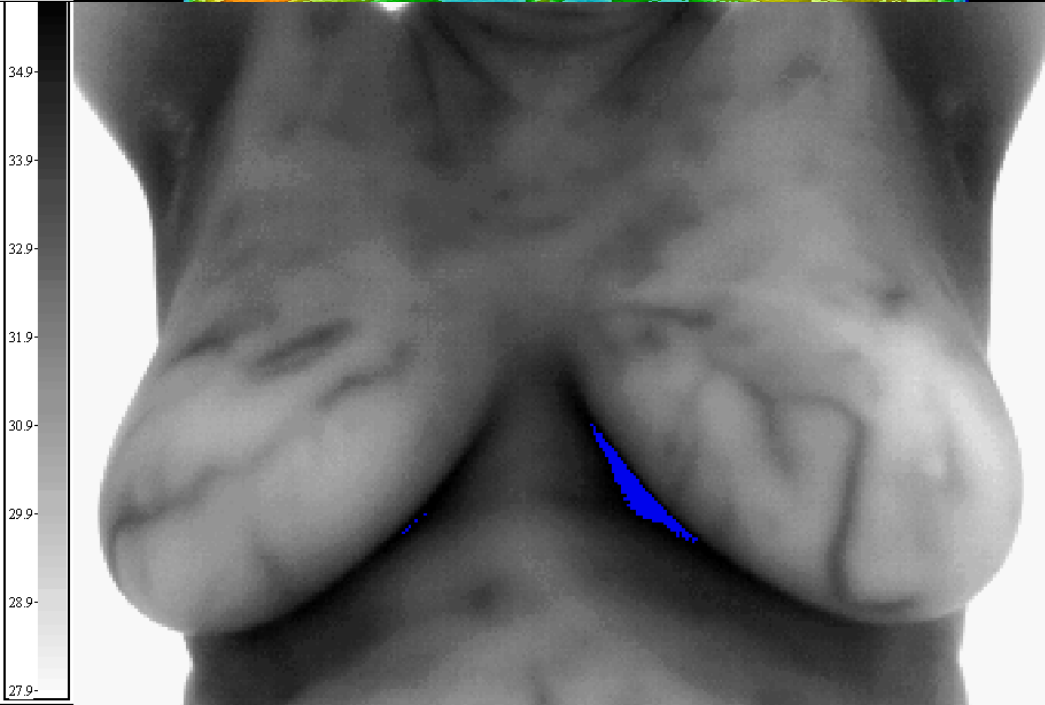
## Aerial herbicide exposure

Toxically exposed in March 2007 by her timber company neighbors

Her two teenage daughters were also exposed

### Bottom Scan:

Note the increased vascular changes that show estrogen dominance and increased metabolic activity in tissue. She does not have cancer yet, but she is at a higher risk





# How to Improve Your Health With the Proactive Breast Wellness Protocol

## Protect Your Breasts

by Ingrid Edstrom, FNP, M.Ed.

- Introduction
- CHAPTER 1 Anti-Estrogen Diet
- CHAPTER 2 Supplements
- CHAPTER 3 Acid / Alkaline Diet
- CHAPTER 4 Power of Progesterone
- CHAPTER 5 Hormone Balancing
- CHAPTER 6 Environmental Toxins
- CHAPTER 7 Breast Care
- CHAPTER 8 Diagnostic Imaging
- CHAPTER 9 Cryoablation
- CHAPTER 10 Putting it all Together  
+Worksheets

REDUCE  
YOUR RISK OR  
REOCCURRENCE



## THE Proactive Breast Wellness Program

"I tried *Waves* this morning and it was great! Just left a little graffiti in the sand. 'I was there.' Of course, it washed away so I'll have to visit the beach tomorrow. It was truly relaxing and I felt much calmer afterwards."

—VERONICA T.

Includes a resource download and the *Waves of Serenity* relaxation audio disc/download



# Get these Labs Done to Protect Your Breasts

- Check your Vitamin D3 level. 83% of all cancers can be eliminated if your Vitamin D level is “optimal.”

Goal is 70-75 on a 32-80 scale

80-90 on a 30-100 scale

- Check your thyroid panel of a TSH (Thyroid Stimulating Hormone)

Free T3 and Free T4. 65% of menopausal women are hypothyroid, which increases your breast cancer risk.

- Check your hormones. Consider using progesterone to balance out estrogen dominance or your estrogen body burden from estrogen mimickers in your environment.

# Eat Organically!

- Change your diet to an all organic one. Avoid bovine growth hormones in meat and dairy and the antibiotics that are killing off your gut flora that farmers give to conventionally raise meat and dairy animals.
- Eat organic fruits and vegetables. Check the dirty dozen and clean 15 lists for better food choices.
- Avoid GMOs by eating organically. GMOs are found over 95% of the time in wheat, corn, soy, canola oil, sugar from sugar beets, and cotton seed oil in cookies and crackers.
- Avoid flax, hops, soy, soy milk, soy protein bars, etc. (fermented Miso and Tempeh is okay)

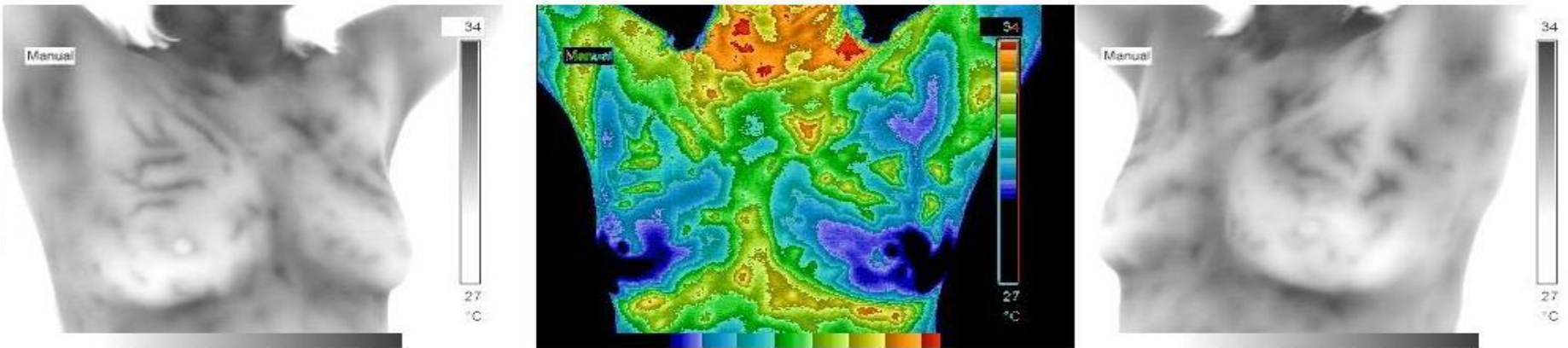
- Exercise! Women who exercise a 1/2 hour 5 days a week reduce their risk of breast cancer by 65% ( find an exercising woman)
- Limit or avoid alcohol! If you do drink, try organic wine and do not drink more than 2 glasses a day. One drink a couple times a month would be better or none. The liver can not get rid of excess estrogen if it is being burdened ( find a drink and maybe make an X or Limit)
- Stress management/ meditation! Reduce your stress and cortisol levels. Try meditation, yoga, Pilates, prayer Tai Chi to relax
- Sleep! Do not forget getting a good night's sleep at least 7-8 hours. If you have disturbed sleep, work with your provider to improve it. Maybe you need more exercise or hormone balancing/ magnesium to reduce hot flashes.



# Before and After

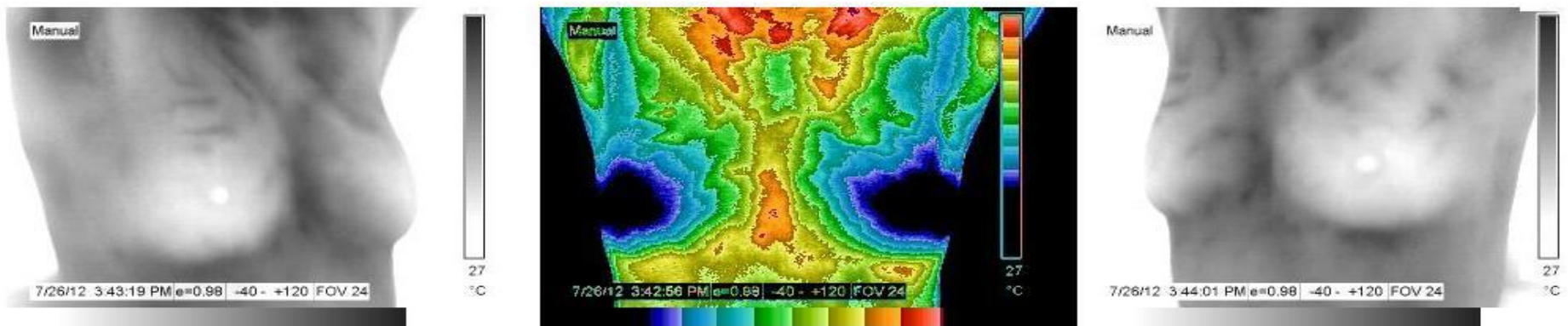
BEFORE following the PBW Protocol

This woman was not eating organically and was on too much Estradiol in her hormone replacement mixture. She was having a host of menopausal symptoms including insomnia.

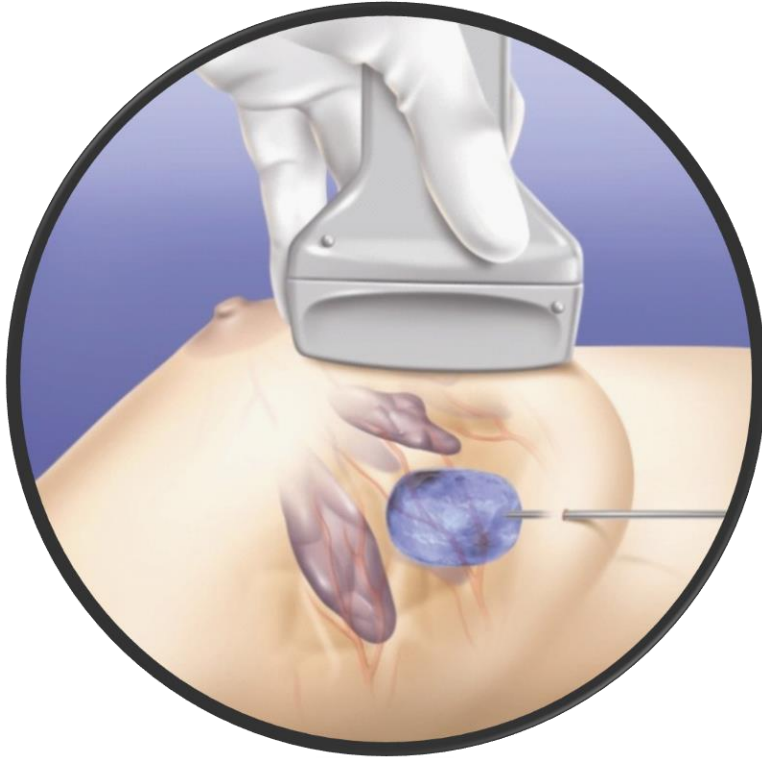


AFTER following the PBW Protocol for 1 ½ years, her menopausal symptoms have cleared up.

Note that all the large dilated vessels have shrunk down to light wispy vascular patterns which are seen in organic eaters. She now eats an organic gluten free diet and has lost weight. Her cholesterol levels were elevated to 300 and has gone down to just above 200. Her “good cholesterol” HDL has improved and her LDL dropped 30 points. She is no longer borderline hypothyroid and her Vitamin D levels are optimal and she now rarely gets colds.







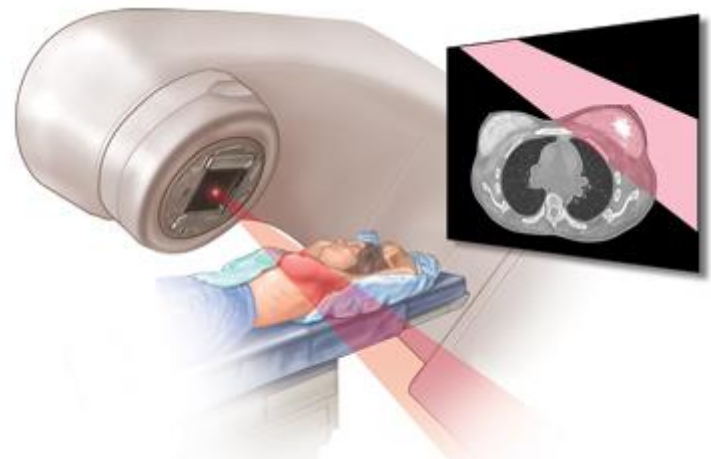
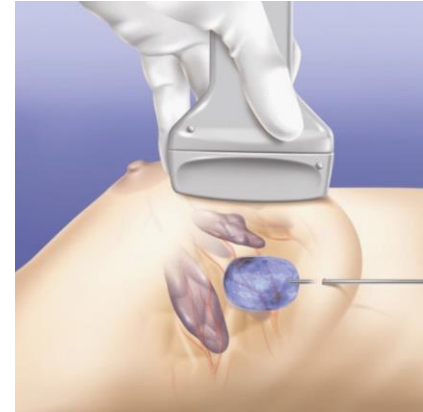
# Cryoablation

## An Alternative to Surgery for Breast Lesions

Ingrid L. Edstrom, CFNP, M.Ed. CTT  
Sales Agent for Pacific Northwest  
[www.ProtectYourBreasts.com](http://www.ProtectYourBreasts.com)

# Treatment Modalities

- Current modalities:
  - Minimally invasive procedures (e.g. cryoablation)
  - Surgery (e.g. lumpectomy)
  - Radiation therapy
  - Chemotherapy
  - Hormone therapy
  - Targeted therapy
  - Bone-directed therapy (e.g. bisphosphonates)
  - Active surveillance



Source: American Cancer Society 2015

# Cryoablation


## The Process

- Utilizes extremely cold temperatures to produce targeted tissue necrosis or death of cancer cells
- Necrotic tissue is resolved over time by the body and replaced with healthy tissue.
  - Most common uses of cryoablation:
    - Kidney
    - Liver
    - Lung
    - Bone
    - Cervix
    - Prostate
    - And now...Breast

# Advantages of Breast Cryoablation

Shown to be more effective than traditional surgical excision

- 100% complete tumor ablation within the ablation zone
- Quick turn around: a 30-45 minute procedure
- Ultrasound (US) guided: easy addition to office equipment
- Minimally invasive: conserves breast shape
- Shown to not adversely affect mammogram or US interpretation<sup>1</sup>
- Excellent cosmetics: one 3 mm incision regardless of tumor size
- Requires only local anesthesia, patient is awake during procedure
- One day recovery time: less time off work



Source: <sup>1</sup> Poplack SP, Levine GM, et al. A Pilot Study of Ultrasound-Guided Cryoablation of Invasive Ductal Carcinomas up to 15 mm With MRI Follow-Up and Subsequent Surgical Resection. Vascular and Interventional Radiology. 2014;204:1100-1108.

# **Ideal cryoablation candidate**

- Lesion must be visible on ultrasound.
- Lesions must be less than 4 cm in diameter (prefer less than 1.5 cm)
- The diagnosis must be confirmed by a needle biopsy.
- 3-5 mm of space between lesion and surface of breast
- Patients who are not good candidates or have anxiety about surgery and/or general anesthesia
- Patients concerned about cosmetics
- FDA Cleared
- Reimbursed using CPT 19105 or 19499

**Source: The American Society of Breast Surgeons  
- Board of Directors Revised, April 29, 2008**



# Cryotherapy - The Procedure

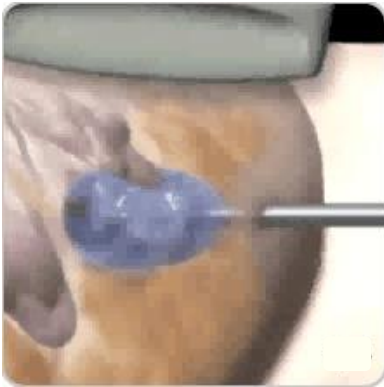


**IMAGING:** Local anesthesia is given and ultrasound imaging is used to locate the tumor.

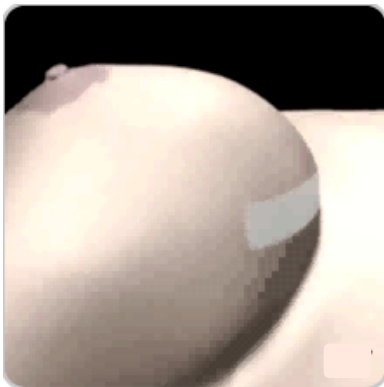


**PLACEMENT:** The ICE Probe™ is placed percutaneously through a small (3 mm) incision site.

# Cryotherapy - The Procedure



**FREEZE-THAW-FREEZE:** A controlled ice ball is formed. The freeze-thaw-freeze cycle fully ablates/kills the tumor inside the breasts. A warm pad is applied to melt the ice ball.

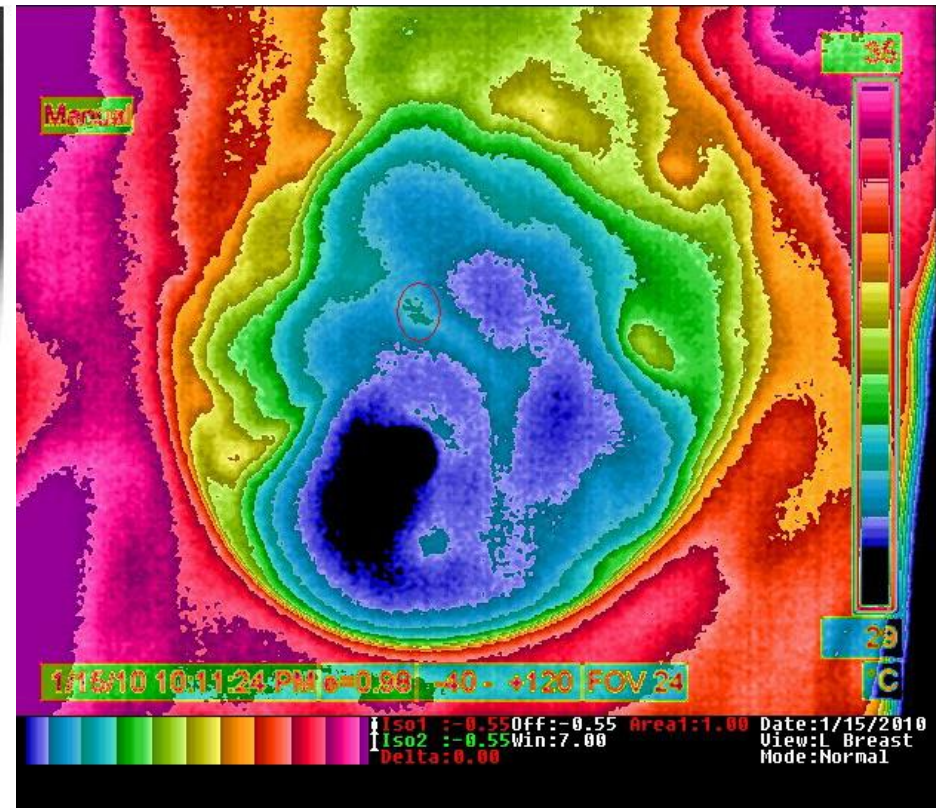


**REMOVAL:** The probe is removed and a small sterile bandage is applied. The dead tissue is naturally resorbed over time.

# **Breast Cryoablation: the new future in breast cancer treatment without surgery and the 'Early Freeze Protocol.'**

- I presented my Infrared slides of a woman named Mary pre and post-cryoablation.
- Laura Ross-Paul and I were invited by the Chinese government to present my slides and the 'Early Freeze Protocol' on July 2, 2016 at the 5th International Forum on Cancer, Cryotherapy and Immunotherapy at Fuda Hospital in the city of Guangzhou (formally Canton) China to over 200 physicians and international researchers!
- Our presentation was called the 'Early Freeze Protocol.'

# Pre-Cryo



Infrared Breast Health LLC/Ingrid Edstrom,FNP  
 1102 Hodson Lane Eugene, OR 97404  
 Phone:541-302-2977 Fax: 541-302-6565

Patient: Mary L

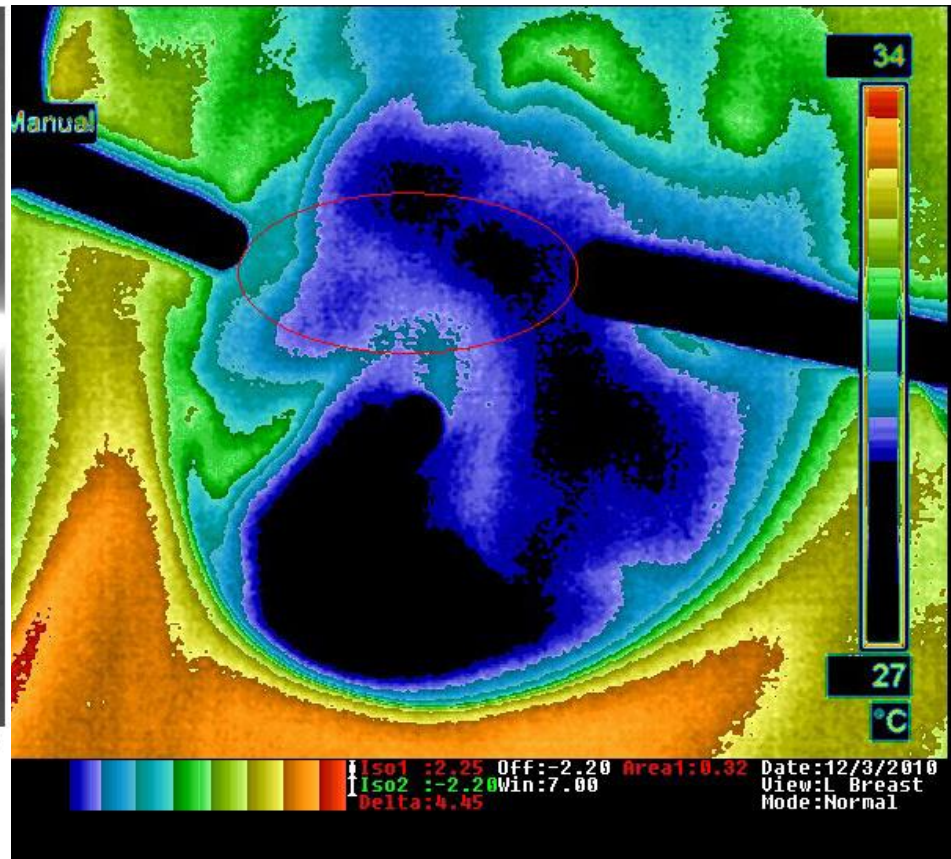


## 8 Months Post-Cryo



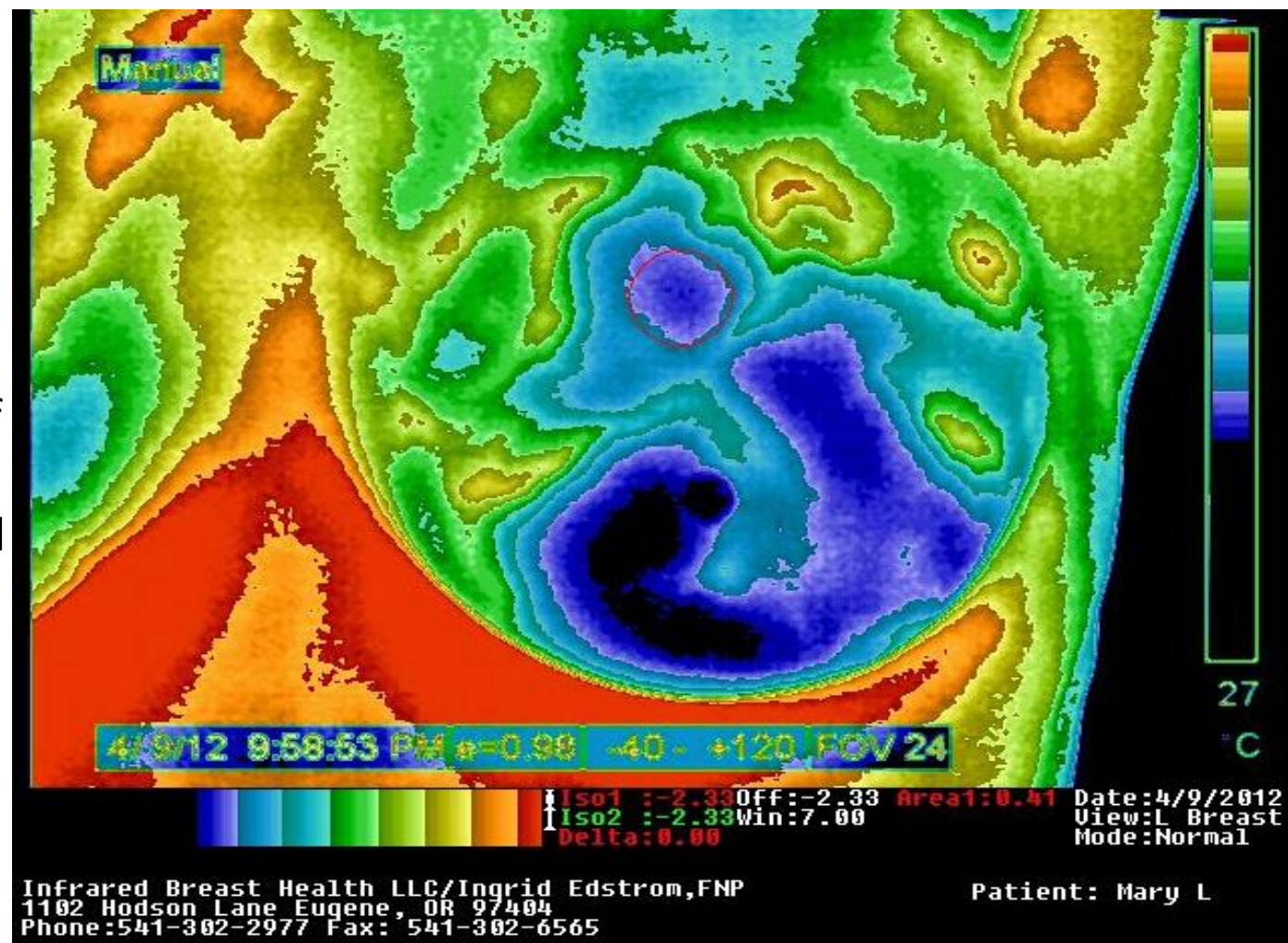
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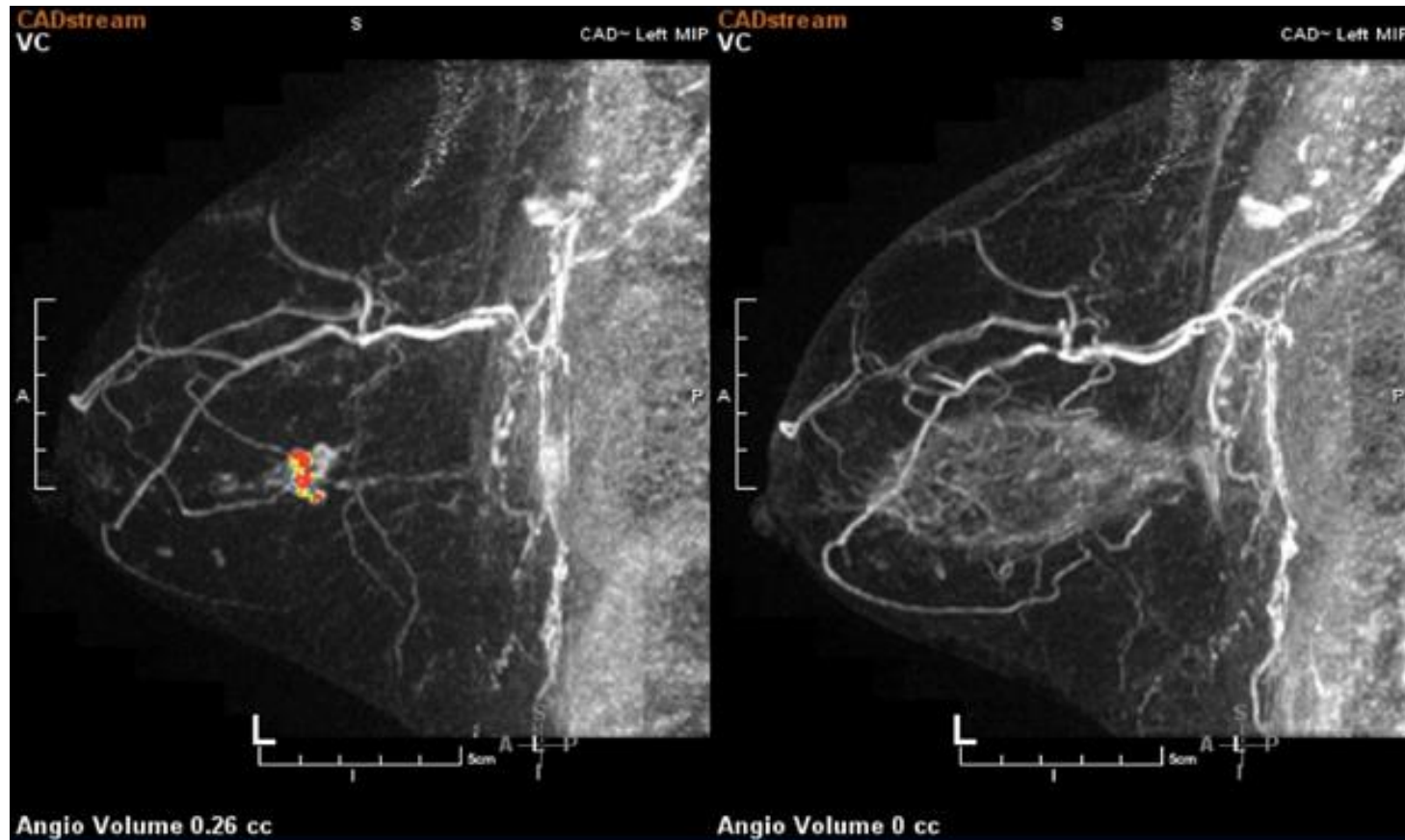
## 2 Years Post-Cryo

The previous region of the breast cancer has been replaced by dead scar tissue with no metabolic activity.





# The American College of Surgeons Oncology Group - Z1072



The Z1072 Clinical Trial shows 100% complete ablation for lesions  $\leq 1$  cm. These results were obtained in a National Cancer Institute sponsored clinical study led by Dr. Rache Simmons, Chief of Breast Surgery at Weill/Cornell Medical Center in New York City. Dr. Simmons commented about the trial, **“Compared to surgery, cryoablation is far less invasive and provides better cosmetic results, shorter procedure time and faster recovery.”** The clinical trial results proved Visica cryoablation to be a viable first line treatment option for early stage breast cancer. The clinical research paper was published in 2016.



[https://www.youtube.com/watch?v=75vvfbJ\\_-ls](https://www.youtube.com/watch?v=75vvfbJ_-ls)



# Post-Cryoablation

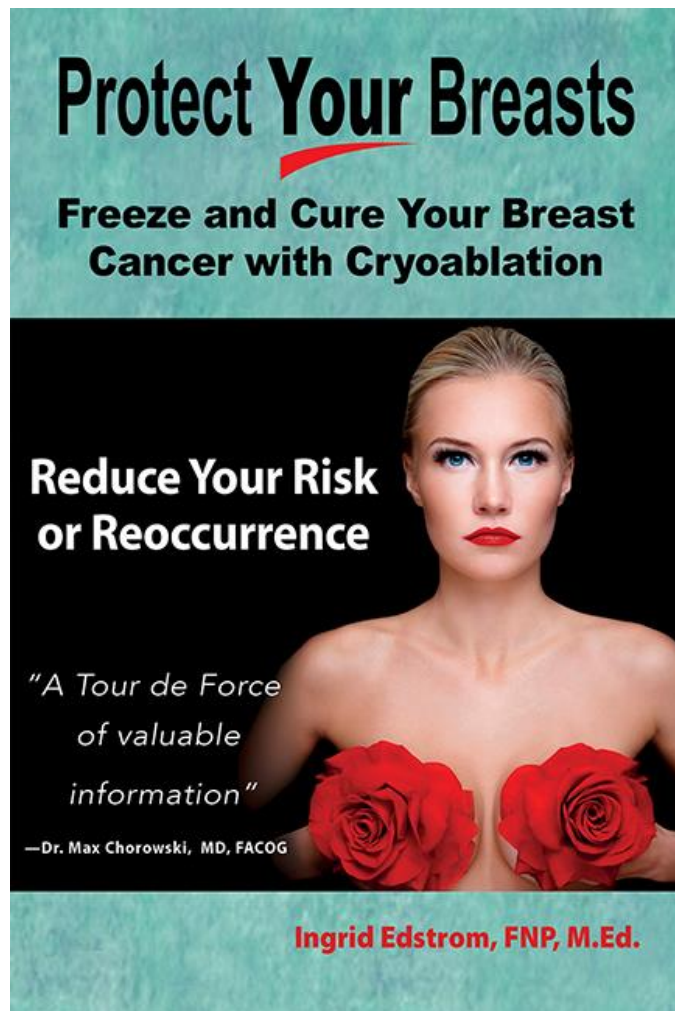


- Recommended 3-6 month post-cryoablation follow up visit with ultrasound or possibly thermography.
- Necrotic/dead tissue can show up in mammography until fully resolved so it is important for patient to tell imaging specialists that she has had cryotherapy. Do not biopsy the mass. It disturbs the immune response.
- Bruising and swelling may occur but will diminish over time.
- Lesion can be potentially palpable for up to a year or more post-cryoablation depending on original size.
- Similar to a core biopsy, strenuous activities (e.g. jogging, weight lifting, swimming) should be avoided for a brief time.

# Publications on Cryoablation On Website

- Poplack SP, Levine GM, et al. A Pilot Study of Ultrasound-Guided Cryoablation of Invasive Ductal Carcinomas up to 15 mm With MRI Follow-Up and Subsequent Surgical Resection. *AJR Am J Roentgenol*. 2015 May;204(5):1100-8. doi: 10.2214/AJR.13.12325.
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- Caleffi, M., Filho, D., Borghetti, K., et al., "Cryoablation of Benign Breast Tumors: Evolution of Technique and Technology." *The Breast*, 2004, (13), 397-407.
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