

From: Peter Attia <[REDACTED]>
To: jeffrey E. <[REDACTED]>
Subject: RE: This is the technique
Date: Fri, 19 Feb 2016 03:36:37 +0000

Mammo is controversial b/c of both the false positive and false negatives.
The former can result in unnecessary biopsies and even procedures, but the latter is the real issue in "young" women (those with glandular breast tissue).
The only place MRI fails is with lesions purely calcified, but it's not clear these lesions matter.
So [REDACTED] not sure if MRI will ever fully displace mammo since it's so cheap, but I think it would be crazy not to add MRI to mammo (and PSA) for those who can afford it.

Peter Attia, [REDACTED] | Attia Medical, PC

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From: jeffrey E. [mailto:[REDACTED]]
Sent: Thursday, February 18, 2016 7:31 PM
To: Peter Attia
Subject: Re: This is the technique

a long way away from acceptance. , if it is only an adjunct to the mamagram. wouldnt a biopsy be better .?
not my field of interest or knowledge. . can't tell from the article how accurate in clinical trials

On Thu, Feb 18, 2016 at 10:22 PM, Peter Attia <[REDACTED]> wrote:
Only if you believe that microcalcifications in DCIS matter. Many oncologists today are starting to doubt that altogether.

Peter Attia, [REDACTED] | Attia Medical, PC

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From: jeffrey E. [mailto:[REDACTED]]
Sent: Thursday, February 18, 2016 6:55 PM
To: Peter Attia
Subject: Re: This is the technique

the breast cancer benefit seems slgiht as it is needed to be added to the mamogram anyway

On Thu, Feb 18, 2016 at 9:45 PM, Peter Attia <[REDACTED]> wrote:

Peter Attia, [REDACTED] | Attia Medical, PC

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