1. **Doody2000**: Breast Cancer Mortality After Diagnostic Radiography
   * Retrospective cohort study to examine breast cancer mortality among women with scoliosis, exploring the potential risks arising from radiographic medical imaging.
   * Reviewed medical records tabulate radiographic imaging exposure counts, and use them with the context of the dates under consideration and likely machine configurations to estimate and tabulate total radiation doses to the patients’ breasts. In estimating the radiation dose, they also took the location of the scan on the patients’ bodies into account.
   * Where information was insufficient to estimate a patient’s total radiation dose, they used averages doses from other exposures the patient had or average doses from patients of similar ages, calendar years, and medical centers, as necessary.
   * The expected number of deaths in a given group of patients (whether grouped by age, calendar year, age of diagnosis, scoliosis variety, or other classification characteristics) was determined from the rate observed in the general American population.
   * The expected number of deaths was compared with the observed number of deaths to compute standardized mortality ratios (SRMs).
   * Patients with scoliosis were significantly (P < 0.05) more likely to die from breast cancer than the general population. The scoliosis patients had an SRM of 1.69.
   * The risk of breast cancer increased relative to the general population with both the number of radiographic exposures (Ptrend = 0.0006) and with the total radiation dose (Ptrend = 0.001).
   * The fact that the SMR for all causes of death was 1.71 for the scoliosis patient population caused the authors concern that SMR values might be overestimated. They say this overestimation could come from more complete collection of death records than living follow-ups.
   * Other potentially confounding factors are relationships between other breast cancer risks such as reproductive history, and disease severity.