

October 6, 2010 Decades of Hope

By Dr. Angela Lanfranchi

Breast cancer not only affects A woman. It affects her spouse, family, friends and most especially her children. Yet what we see here today are examples of women who rose to that challenge. What better way to conquer fear than the grace of hope. Hope in a cure. Hope in prevention. Hope that whatever it is they will be challenged with, that they will be able to surmount it and live their lives to fullest each day into their survivorship.

In October, Breast Cancer Awareness Month, we all hear that 1 in 8 women, or 12.5% of women, will develop breast cancer in their lifetime. That is the cumulative lifetime risk for breast cancer. It is a statistically derived number that assumes all women will live

to be the age of 82 and not die of something else first. Many times, women hear that number 1 in 8 and they look about the room and start counting off. 1, 2, 3...they believe that someone in that room will get breast cancer if there are more than 8 of them

But we also need to know that if a woman has **no** risks for breast cancer (other than that she is a woman, living in this country and getting older) her risk of getting breast cancer is only 3.3%. Unfortunately few women have no risk factors

But even if she has a risk factor that increases her risk 100%, or doubles her breast cancer risk, her risk is now only 6.6% That's a lot different from one in eight.

We also need to hear is that a woman's chance of dying from breast cancer in this country is 1 in 35, or less than 3%.

So can we really hope for a cure?

Most women are unaware that it's already happening.

Lots of women are being cured without great fanfare. You see, one is only officially cured of breast cancer when one dies of something else first, like a heart attack in old age.



Dr. Lanfranchi,
7th Annual Shades of
Pink Celebration,
Somerville, NJ

That's just how statistics are done and reported. We hear about 5 and 10 year survival rates. Maybe some 10 year survivors will have a relapse of cancer. So we have to wait 'til they die of something else first before we say they were cured.

But what about women who have stage 0 breast cancer, also known as ductal carcinoma in situ or DCIS? With a partial mastectomy and radiation, they have a 97% cure rate. With mastectomy they have a 99.9% cure rate. No chemotherapy is needed to cure them. According to the American Cancer Society, there were 62,280 women diagnosed with in-situ breast cancer in 2009. We can expect that a *minimum* of 60,411 to be cured! We just can't know who they are until they die of something else first.

What about women with Stage 1 invasive breast cancers? Those are the women with small tumors, less than ¾ of an inch, which have not spread to the lymph nodes under the arm. Those women have a 95% cure rate. Since there are many patients with Stage 1 breast cancer treated at Steeplechase, I would expect the vast majority to be cured with present treatment regimens.

At the Steeplechase Cancer Center where I work, 53% of all patients who are found to have cancer just because they went for a screening mammogram, (nobody thought they had cancer when they were screened), 53%, or over half, were Stage 0 and Stage 1. That's why mammograms are so important. They give women excellent odds for a cure and no bookie would take a bet against them.

Based upon data when treatment wasn't as sophisticated and effective as it is now, the 5 year survival rate for tumors up to 2 inches and which had already spread to local lymph nodes, or Stage 2 breast cancers, is 86%. So I do believe there will be even higher cure rates in the future.

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2010 Sri Lankan Study Shows Breast Feeding Lowers Risk of Breast Cancer While Abortion Raises Risk

By Jo Ann Gerling, RLC, IBCLC

As we all know, but sometimes are at pains to admit, the short-term choices we make do influence our long-term health. In immediacy, many people are unconcerned about smoking, eating unhealthy, lack of exercise, etc., but it's often too late when we think "well, if I had only known....."

As a lactation consultant I deal in women's health, primarily with breastfeeding. There are many reasons why women choose not to breastfeed and the appeal of convenience is frequently chief among them, but many will be shocked to realize that the opposite is actually true. When a woman breast-

feeds her baby, she actually reaps the gift of time. She waits in no lines to purchase formula, needs not prepare it or wash bottles and equipment, etc. The precious time that she saves can be lovingly utilized with her baby and accomplishing other important tasks that life begets.

Recent literature has revealed that breastfeeding protects against obesity and that children who were breastfed have better brain development. Antibodies, made by the mother's immune system that are active in breast milk, protect the infant from many illnesses and diseases. Indeed, both recent and

older studies cite breastfeeding to be protective against many illnesses for the child. It can even reduce risks of breast and ovarian cancer in girl babies!

There have also been numerous studies on the health benefits for the *mother* who chooses to breastfeed her baby. Studies indicate that women who breastfeed are less likely to get osteoporosis later on in life, as well as having lower risks of ovarian and breast cancer. In a 2010 study published in *Cancer Epidemiology*, an article entitled, "Prolonged breastfeeding reduces risk of breast cancer in Sri Lankan women: A case-control study," it was found that there was a 66.3% reduction in breast cancer risk in women who breastfed for a total of 12 – 23 months in their lifetime, an

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We know for sure that there is hope for prevention.

Look at what happened in 2002 after the Women's Health Initiative Study became known to the public because it made the 6 o'clock news. Women found out that hormone replacement therapy, Prempro, increased breast cancer risk by 26%. That summer 15 million or half of the 30 million women that were on HRT abruptly stopped. As one of my patients said, "I'd rather have hot flashes than cancer."

Just a few years later in 2007, it was reported that there was an 11% decline in breast cancer rates in women over 50 with estrogen receptor positive cancers. After much scientific debate, those in the medical field conceded that the decline in rates was attributable to the reduction in the use of HRT.

Information that these hormones could cause breast cancer was in the medical literature for over 20 years. But when that knowledge was put in the hands of women who needed and considered it, many acted upon it and breast cancer rates fell.

What do you think will happen when women learn that these same hormones are in oral contraceptives but in much higher doses? Will half of the 75% of premenopausal women in the United States who take hormonal contraceptives stop these hormones like their mothers did after menopause?

What if they learn that in 2005 the UN's World Health Organization listed oral contraceptives as Group 1 carcinogens, the same group that contains asbestos and cigarettes?

I bet that they will learn about the safer methods of fertility control, especially if they have a family history of breast cancer.

Since 1975, according to the National Cancer Institute SEER data, non invasive breast cancers have increased in women less than 50 by 400%. Breast cancer rates would fall for premenopausal women too.

What if women knew that having children and breastfeeding decreased breast cancer risk substantially?

Would we wait so long to have our children if we knew that a woman who waits to have her first child at 30 has a 90% higher risk of breast cancer than the woman who has her first child at 20? I wouldn't have waited 'til I was 41 to have my first and only child if I had known. Unplanned pregnancies could bring unplanned joy and adoption could be a better option.

It is often said by cancer organizations that 70% of women with breast cancer have no identifiable risk factors and that we should give them money to find a cure.

It is simply untrue that 70% of all breast cancer patients have no identifiable risk factors. If 75% of women of reproductive age have

taken oral contraceptives they are at increased risk. If 20% of the women in this country remain childless, they are at increased risk. If 50% of post menopausal women have taken hormone replacement therapy, they are at increased risk.

Let's be more than "aware" in Breast Cancer Awareness Month. You'd have to be deaf, dumb and blind not to be aware that breast cancer exists and is a threat to many women. It's on the TV news and cable channels, radio, the internet, magazines, newspapers, and even the shopping channel as a patient once told me. You can't even go to the grocery store in October without being faced with pink ribbons on food containers to benefit one organization or another.

Let's be proactive and not just aware. Let's be pro active make and women aware that breast cancer is curable in many cases if not in at least half those diagnosed with screening mammograms.

We already know lots about what causes breast cancer and what can increase a woman's risk. Breast cancer is not the fickle finger of fate randomly pointed at women. There are many other avoidable risks. We can hope and expect to reduce breast cancer rates with prevention.

And what of the hope in survivorship?

There are 2.5 million survivors of breast cancer in our country right now.

Wouldn't it be a shame if they worried everyday that their cancer might come back, waiting for the other shoe to drop or with the sword of Damocles over their head? Not able to enjoy life to the fullest? Or didn't do the things that would reduce the risk of it coming back?

They need to know that there is a wonderful survivorship programs with the Wellness Community of Central NJ which is just a few miles from here. The name of one program is Transitions. It is a national Wellness Community program that helps women to overcome the challenges of survivorship. There is also a Kids Connect program that helps children to overcome the challenges of having a parent with a cancer diagnosis.

In a nutshell, hope comes through knowledge and the gift of faith. Both are free for the asking. And in that spirit I will give a copy of my booklet. Breast Cancer Risks and Prevention to anyone who asks me for it.

(This speech was given by Dr. Angela Lanfranchi, MD FACS on the Somerset County Court House steps in Somerville, NJ during the 7th Annual Shades of Pink Celebration Proclaiming Breast Cancer Awareness Month. She is co-director of the Sanofi-aventis US Breast Care Program at the Steeplechase Cancer Center in Somerville, NJ and Clinical Assistant Professor of Surgery at Robert Wood Johnson Medical School in Piscataway, NJ.)

2010 Sri Lankan Study...

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87.4% reduction in 24-35 months and 94% reduction in 36-47 months. It was concluded that prolonged breastfeeding significantly reduces the risk of breast cancer and this protective effect was supported by a dose-response relationship.

Another important finding from this study was that women who had had a previous abortion in their history had an increase in breast cancer. Dr. Lanfranchi's article, "The science, studies and sociology of the abortion breast cancer link." (Issues Law Med 2005;

21:95 – 108) was cited as a reference in this study, revealing the physiology causing increased breast cancer as "abortion interrupts the process of breast tissue proliferation and differentiation and that may leave the proliferated, undifferentiated breast tissue at higher risk of carcinogenesis." Therefore, to have an abortion or not to have an abortion is yet another choice women make that impacts their long-term health.

Choosing to not breastfeed and choosing to have an abortion are two factors that may increase a woman's risk for breast cancer. Many women are unaware of these important factors as they choose what they consider to

be more "convenient" at a particular time of their lives. More awareness and education is needed for young women, so they make wise choices, avoid heartache, and have little regret later in life. Long-term risks and benefits should be explored and presented so women will not, at a later time of life, think "well, if I had only known....".

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