



RISK FACTORS FOR BREAST CANCER

Risk is a dangerous element or factor. From a medical perspective, a risk factor is anything that is a specific hazard to a person's good health. In the area of cancer, risk factors are associated with increases in the likelihood of getting the disease. However, there is no definitive cause-effect between risk factor and the disease itself.

In the case of breast cancer, women can have one or several risk factors and never develop the disease. In the majority of women with breast cancer, there is no apparent risk for the disease at all. Even if a risk factor exists in a woman with breast cancer, there is no way to prove that the risk factor actually caused her to have the disease. Therefore, the idea of changing or removing risk factors may not necessarily change the development of breast cancer. Furthermore, there are some risk factors women and men cannot change. These include gender, age, genetic risk, family history of breast cancer, personal history of breast cancer, race, previous breast biopsy, previous breast radiation, early menarche, late menopause and use of diethylstilbestrol therapy in the past.

Breast cancer is more common in women than men. In fact, it is about 100 times more common. Perhaps the number of breast cells and the constant estrogen effects make it more prominent in women. Eighteen percent of breast cancer cases are diagnosed in



women in their 40's. Seventy-seven percent of women with breast cancer are older than 50 years when diagnosed.

Genetically, five to ten percent of breast cancer cases are hereditary as a result of gene mutation. However, not every woman with gene mutation develops breast cancer.

Women whose close blood relatives have the disease are at a greater risk.

A woman with cancer in one breast has a higher risk of developing a new cancer in the other breast or in another part of the same breast. This is different than a recurrence or return of the same cancer. Women with a breast biopsy showing proliferative breast disease without atypia or usual hyperplasia have a higher risk of breast cancer. Previous radiation to the chest is also associated with higher risk. This is especially true in children or young adults who have had radiation therapy.

Menstruation: Early menarche (before age 12) or late menopause (after age 55) is associated with a higher risk of breast cancer.

Diethylstilbestrol (DES) Therapy: Recent data associates a higher risk of breast cancer if a woman was treated for spontaneous miscarriage with DES.

Some risk factors can be modified and are related more to lifestyle choices.



Not having children: Women who have had no children or who have had their first child after 30 years old have a higher risk of breast cancer.

Oral contraceptive use: There are no studies to show that oral contraceptive use is associated with a higher risk of breast cancer.

Hormone Replacement Therapy: Women who have a uterus and have taken long-term hormone replacement therapy with conjugated equine estrogens and progestins have a higher risk of breast cancer. No studies have been done with bio-identical hormones. Studies using estrogen alone did not show an increase in breast cancer risk.

Breast Feeding: There are no studies showing an association between breast feeding and increased cancer risk. Prolonged breast feeding (1.5 to 2 years) may lower breast cancer risk.

Alcohol: Use of alcohol is associated with a slight increased risk of breast cancer.

Women who take folic acid as well as use alcohol have a lower risk of breast cancer.



Obesity and high-fat diets: Obesity is associated with an increased risk of breast cancer. Eating a high-fat diet is also associated with an increased risk, but this may be due to increase in calories.

Physical activity and exercise: It appears that physical exercise in the moderate to strenuous activity level may lower risk to breast cancer.

Antibiotic use: There are studies showing a higher incidence in breast cancer in women who have taken antibiotics.

There is no evidence that environmental pollution, antiperspirants, underwire bras, smoking, induced abortion, breast implants or night shift work is associated with breast cancer.

So what about reducing risk? Does it guarantee that a woman will not develop breast cancer? No. However, perhaps we have some indirect information concerning activities that may help to keep breast tissue healthy.

1. Eat a sensible diet. I believe the Specific Carbohydrate Diet® is sensible and allows for adequate carbohydrate, low fat and protein intake.



2. Take antioxidants, minerals and vitamins as supplements to enhance your nutritional food plan. The exact combination of these is different from person to person. Standardized formulas work, but knowing your own personal needs avoids the over and under use of your supplements.
3. Take moderate to minimal amounts of alcohol recreationally. Avoid excessive use or abuse.
4. Commit to a moderate to strenuous exercise program on a daily basis. This will enhance your overall health and will help keep your weight under control.
5. Consider alternative therapies for colds and minor health related problems. Avoid the use of antibiotics on a prolonged basis.
6. If oral contraceptives or hormone replacement therapies are taken, schedule a Computerized Regulation Thermography (CRT) to determine your breasts health and regulation while on hormones. Mammography is usually not performed on women under forty years of age. Thermography can be performed at any age.

If cancer is detected, my advice to all patients is that the condition is not an emergency. Currently, health care systems have been developed to create a sense of desperation. Desperate times usually end up with desperate actions. Many patients regret the outcomes of therapies many weeks or months after the therapies are completed. Take the time to investigate all therapeutic options before you commit to a standardized approach.

