

BREAST CANCER: RISK FACTORS RARELY MENTIONED

By Annemarie Colbin, Ph.D.

We have been told that women have a 1-in-8 lifetime risk of getting breast cancer. To the statistically naive, that appears to mean that one in eight women will be stricken at some point in her life. Scary? Well, it's not that simple. Here is a more accurate description of the statistical chances of contracting breast cancer according to ages:

WOMAN'S BREAST CANCER STATISTICS:

At age 20: 1 in 2500

At age 30: 1 in 233

At age 40: 1 in 63

At age 50: 1 in 41

At age 60: 1 in 28

At age 70: 1 in 24

At age 80: 1 in 16

At age 90: 1 in 8



Looks quite different, doesn't it? The risk increases with age, and 1-in-8 figure applies only if you live to be 95. That gives us some time. As Mark Twain once said, "there are lies, damn lies, and statistics."

Let's now look at the variables that affect breast health, and I'm going to focus on some of the lesser discussed ones:

A. Number of children. Having children is protective against breast cancer; in fact, the more children, the higher the protection. One study found that women who have seven or more children had a 47% less chance of developing the disease than women who'd had only one child. This probably has to do with the fact that with more children a woman has less menstrual periods, thus less up- and-down estrogen fluctuations.

B. Breast-feeding. The function of a woman's breasts is to secrete milk for her newborn, especially if she has actually been pregnant. Pregnancy initiates changes in the breasts, preparing them for lactation. If that process is interrupted or not allowed to proceed, through miscarriage or by bottle-feeding, the body has to deal with the aftermath. Plugged milk ducts can result in lumps; while these would start off generally benign, over time, with other risk factors, they could become cancerous. In fact, all breast cancers arise in the milk ducts. Short breast-feeding has not shown any protective effect; what counts is the accumulated time of breast-feeding during the whole of a woman's life. In the study mentioned, women with a lifetime total of 25 or more months of breast-feeding had a 33% lower risk for contracting breast cancer as compared to women with natural children who had never breast-fed. I will assume that suppressing lactation with drugs can also have serious adverse effects on the breast.

C. Environmental causes. There are a number of external factors that may affect a woman's hormonal health. The main ones are pesticides, particularly organochlorides, and living near nuclear reactors. Many petroleum-based pesticides imitate the form of estrogen, and confuse the body into accepting them into their cells. They are sprayed on fruits, vegetables, and animal feed; when these are consumed, the pesticides then are stored in human and animal fat, which, according to Connecticut nutritionist Phyllis Herman, may explain the link between a high animal fat diet and breast cancer. A 1990 study in Israel found a strong link: between 1976 and 1986, the rate of breast cancer declined 20% after a number of organochlorine-type pesticides were banned. Industrial countries where breast cancer mortality declined between 1971 and 1986 had no large commercial nuclear reactors operating within or near their borders; the other 12 industrial powers did, and breast cancer rose in them all. It is thought that low-level radioactive contamination enters the groundwater, affecting produce, and is also carried downwind, affecting both animals and people. These environmental reasons are perhaps why breast cancer mortality rates for Long Island went up 39% between 1970 and 1989.

D. Use of antiperspirants. Here is a very intriguing thought. Kerri Bodner, publisher of the excellent Women's Health Letter, points out that 50% of breast cancer tumors appear on the upper quadrant of the breast closest to the underarm. Antiperspirants are strong chemicals, usually containing aluminum, which prevent sweating. Now sweating is a way for the body to eliminate toxins and unwanted materials with the help of the lymphatic system. Preventing this activity is, in Bodner's words, "like damming up a river." Sweat backs up into the lymphatic ducts, and the toxins become trapped in the under-arm lymphatic area. The fatty breast tissue allows for efficient storage of these unwanted toxins. Breast cancer often involves the lymph nodes. Could there be a connection?

E. Tight and underwire bras. I remember reading an article that pointed out an increased risk of breast cancer for women who used tight bras, particularly if they wore them for more than 12 hours. Tight bras also interfere with breathing, which may in turn cause oxygen deprivation in the cells. I personally have great antipathy to underwire bras: the metal in them crosses the body's acupuncture meridians, and so can block the normal flow of Chi which in turn can cause stagnation and disease. Why do women through the ages feel they have to mold themselves into some shape dictated by social whim?

F. The use of oral contraceptives. Numerous studies have shown the direct correlation between hormone-based drugs and female cancers. The latest is a study published in The Lancet, the prestigious British medical journal, on the effects of The Pill on 150,000 women. It found that all users face an increased risk, even 10 years after stopping. Women on the Pill had a 25% higher risk of contracting breast cancer. A study in 1994 had found that women who started on the Pill before the age of 20 had a 3 ½ times higher risk, while 97% of the women who got cancer before the age of 36 had used birth control pills at one time or another of their lives. Note that this does NOT mean that 97% of the women who took birth control pills got cancer; it's the other way around. Obviously there are other variables triggering the disease.

G. Diet. Fat is suspect, but studies give conflicting results and the issue is not conclusive. It is often mentioned that Japanese women eating their traditional low-fat diets have little if any breast cancer, but when they come to the US they soon catch up. I maintain that fat is not the issue: pasteurized milk products are. The Japanese diet has no milk products, but now that they are picking up "Western" dietary habits, their use of these products is going up and so is their breast cancer. The highest rates of the disease are in Northern Europe (Finland, Sweden, Holland), the UK, the US, and Canada -- all countries where cow's milk is a major food. Frequent consumption of pasteurized milk has been found to be a risk factor in cancers of the lung, bladder, breast, and cervix; even more interesting, breast cancer patients were found to have twice as high a consumption of Vitamin D (usually added to milk) as cancer-free controls.

About Annemarie Colbin:

Annemarie Colbin, Ph.D, founded the Natural Gourmet in 1977 and is currently its CEO. She has been called a "maverick nutritional theorist", and is an internationally recognized health educator, author, consultant and speaker, specializing in food and its effects on health. She is the author of Food and Healing, which has been translated into six languages, The Natural Gourmet (both from Ballentine Books) and her latest book, The Whole-Food Guide to Strong Bones (New Harbinger Publications, 2009).

