

LOVE CANAL MEDICAL FUND

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Breast Cancer

Breast cancer is the most common malignancy in women and the second leading cause of female cancer deaths (exceeded by lung cancer in 1985). Breast cancer is three times more common than all gynecologic malignancies put together. The incidence of breast cancer has been increasing steadily from an incidence of 1 in 20 women in 1960 to 1 in 8 women today. Breast cancer is truly an epidemic among women and we don't know why.

Breast cancer is not exclusively a disease of women. For every 100 women with breast cancer, 1 male will develop the disease. The American Cancer Society estimates that 1,600 men will develop the disease this year. The evaluation of men with breast masses is similar to that in women, and includes mammography.

The incidence of breast cancer is very low in women in their twenties, gradually increases and plateaus at the age of forty-five, and increases dramatically after fifty. Fifty percent of breast cancer is diagnosed in women over sixty-five indicating the ongoing necessity of yearly screening throughout a woman's life.

Breast cancer is considered a heterogenous disease, meaning that it is a different disease in different women, a different disease in different age groups and is different within the tumor itself.

Generally, breast cancer is a much more aggressive disease in younger women. Older women typically have much less aggressive disease than younger women.

Some women are at higher risk than others:

Early onset of menses and late menopause: The onset of the menstrual cycle prior to the age of 12 and the development of menopause late can increase the risk of developing breast cancer.

Diets high in saturated fat: Eating certain types of fat increase breast cancer risks. Monounsaturated fats such as canola oil and olive oil do not appear to increase the risk of developing breast cancer like polyunsaturated fat; corn oil, and meat.

Family history of breast cancer: Patients with a family history of breast cancer are at increased risk for developing the disease. However, 85% of women with breast cancer have no family history. Family history includes only immediate family - mother, sisters and daughters.

Women with a family history of premenopausal breast cancer should begin screening mammography a decade sooner than when their family member was diagnosed. Gene testing can identify those patients at increased risk genetically, for developing not only breast cancer but also a variety of tumors including ovarian and colon cancer.

Late or no pregnancies: The absence of pregnancies or pregnancies after the age of twenty-six increase risks of developing breast cancer. Nuns, for example, have a higher incidence of breast cancer.

Alcohol intake: Greater than two alcoholic beverages per day.

Estrogen replacement therapy: Most studies indicate that taking estrogen longer than ten years may lead to a slight increase in risk for developing breast cancer. However, some believe these studies indicate that the positive benefits of taking estrogen as far as reducing the risk for osteoporosis, heart disease and now more recently Alzheimer's and colon cancer, outweigh the slight increase in risk associated with estrogen replacement therapy.

Therapeutic irradiation to chest wall i.e., for Hodgkins Disease (cancer of lymph nodes): Patients who have had therapeutic irradiation to the chest are at increased risk for developing breast cancer approximately 10 years later. Consideration should be given to earlier screening in this population.

Obesity: The relationship of breast cancer to obesity is complex but obesity is associated with an increased risk.

There are many different varieties of breast cancer. Some are fast-growing and unpredictable. Some are slow and steady; some are stimulated by the estrogen in your body; some result from a wildly out-of-control

oncogene (a cancer gene). You and your doctor will plan your treatment based on the special characteristics of your breast cancer.

When Cancer Is Found

The most common type of breast cancer is ductal carcinoma. It begins in the lining of the ducts. Another type, called lobular carcinoma, arises in the lobules. When cancer is found, the pathologist can tell what kind of cancer it is (whether it began in a duct or a lobule) and whether it is invasive (has invaded nearby tissues in the breast).

Special lab tests of the tissue help the doctor learn more about the cancer. For example, hormone receptor tests (estrogen and progesterone receptor tests) can help determine whether hormones help the cancer to grow. If test results show that hormones do affect the cancer's growth (a positive test result), the cancer is likely to respond to hormonal therapy. This therapy deprives the cancer cells of estrogen.

Other tests are sometimes done to help the doctor predict whether the cancer is likely to progress. Sometimes a sample of breast tissue is checked for a gene (the human epidermal growth factor receptor-2 or HER-2 gene) that is associated with a higher risk that the cancer will come back. The doctor may also order special exams of the bones, liver, or lungs because breast cancer may spread to these areas.

A woman's treatment options depend on a number of factors. These factors include her age and

menopausal status; her general health; the size and location of the tumor and the stage of the cancer; the results of lab tests; and the size of her breast. Certain features of the tumor cells (such as whether they depend on hormones to grow) are also considered.

In most cases, the most important factor is the stage of the disease. The stage is based on the size of the tumor and whether the cancer has spread.

Recurrent Cancer

Recurrent cancer means the disease has come back in spite of the initial treatment. Most recurrences appear within the first 2 or 3 years after treatment, but breast cancer can recur many years later. The patient may have one type of treatment or a combination of treatments for recurrent cancer.

Source: National Cancer Institute

Love Canal Medical Fund Contact Information:

If you have any questions about cancer or whether your illness is covered by the fund, please let us know using e-mail, the telephone, or the U.S. postal system. Our e-mail address is lcmf@adelphia.net and our phone number is 716-773-6578. Please leave a message and we'll make sure that your call receives a quick response. Or write us at Love Canal Medical Fund, P.O. Box 540, Grand Island, NY 14072

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