

# Breastfeeding May Protect Against Breast Cancer

BY MARY ANN MOON

In women with a first-degree family history of breast cancer, breastfeeding may protect against the development of premenopausal breast cancer, according to results from a prospective cohort study of more than 60,000 women.

Analysis of data from the Nurses' Health Study II revealed that ever having breastfed appeared to reduce the risk of breast cancer by 59% in women with a family history of breast cancer, study investigators reported.

This reduction is comparable to that seen with hormonal treatments such as tamoxifen for these high-risk women, wrote Dr. Alison M. Stuebe of Brigham and Women's Hospital, Boston, and her associates. Only women who had a first-degree relative with breast cancer showed the benefit of breastfeeding.

"These data suggest that women with a family history of breast cancer should be strongly encouraged to breastfeed," they noted.

The investigators assessed the rela-

tionship between breastfeeding intensity and later development of breast cancer in a subset of 60,075 subjects from the Nurses' Health Study II. These women had completed a detailed questionnaire on lactation in a 1997 assessment of the longitudinal study, and then continued to be followed every 2 years through 2007. A total of 68 cases of premenopausal breast cancer were diagnosed, with a mean age at diagnosis of 46 years.

Women who had ever breastfed for at least 1 month showed a lower risk of developing breast cancer than those who had never breastfed, but this benefit was restricted to those who had a first-degree relative with the disease.

"We found a 59% reduction in incidence of premenopausal breast cancer" in this subgroup of study subjects.

"No other prospective study to our knowledge has examined whether family history modifies the association between breastfeeding and breast cancer risk," the researchers said.

"As in any observational study, we cannot exclude the possibility that unmeasured confounding explains the observed difference in incident disease, but such a confounder would have to be strongly associated with both breastfeeding and breast cancer

risk to produce an association of this magnitude," Dr. Stuebe and her colleagues wrote (*Arch. Intern. Med.* 2009;169:1364-71).

There was no association between incident breast cancer and duration of lactation, use of supplemental feedings, number of children who were breastfed, or maternal age at first birth.

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The use of medication to suppress lactation modified the association between breastfeeding and incident cancer.

"We found a lower incidence of breast cancer among women who had never breastfed but had suppressed lactation than among those who had neither breastfed nor suppressed lactation," the researchers said.

They attributed this finding to disordered involution in women who neither breastfed nor suppressed lactation. "During involution, a highly coordinated process of apoptosis, remodeling, and inflammation returns mammary tissue to its prepregnant state. In physiologic weaning, this process occurs over weeks or months.

"By contrast, if a woman does not breastfeed, she experiences abrupt engorgement, and mammary tissue may become progressively inflamed. We hypothesize that both breastfeeding and use of suppressive medications prevent this inflammation, thereby preventing disordered involution," they explained.

No financial conflicts of interest were reported for this study. ■

## Cognitive Decline With Breast Ca May Be Rooted in Depression

BY KATE JOHNSON

MONTREAL — Cognitive complaints in long-term breast cancer survivors might be better managed if issues of depression and fatigue are addressed, according to Heather McGinty, a doctoral student at the University South Florida in Tampa.

In a study that she presented at the annual meeting of the Society of Behavioral Medicine, Ms. McGinty showed that at 3 years after the end of breast cancer treatment, depression and fatigue were the strongest factors related to women's perceived cognitive decline.

"Perhaps women with these psychosocial issues are more vulnerable to cognitive problems," she suggested.

The principal investigator on this study was Paul B. Jacobsen, Ph.D., of the H. Lee Moffitt Cancer Center in Tampa and the department of psychology at the University of South Florida.

The study included 216 women, with a mean age of 54 years, who had completed breast cancer treatment at least 3 years previously.

Roughly 90% of the women were postmenopausal, and all of them had received surgery: 55% for stage I disease; 35% for stage II; and 10% for stage 0.

In addition, half had received chemotherapy, either alone or in combination with radiotherapy.

Depression, fatigue, and perceived health were measured using the CES-D (Center for Epidemiologic Studies–Depression scale), the FSI (Fatigue Symptom Inventory), and the fatigue and general health subscales of the SF-36 (Medical Outcomes Study 36-Item Short Form Health Survey).

The participants also completed the MASQ (Multiple Abilities Self-Report Questionnaire) that measures perceived cognitive functioning across five cognitive domains, compared with that of same-age peers.

Sample statements about perceived cognitive functioning included: "After putting something away for safekeeping, I may not recall its location" (visual memory); "I can follow telephone conversations" (attention); "I can easily fit the pieces of a jigsaw puzzle together" (visual-perceptual ability); "I am able to recall the details of the evening news report several hours later" (verbal memory); and "I find myself calling a familiar object by the wrong name" (language), Ms. McGinty explained.

Overall, mean perceived cognitive function scores indicated that "these women were functioning quite well, reported rarely experiencing problems, and were frequently able to perform most tasks that were listed," she said.

A particular combination of demographic, clinical, and psychosocial characteristics was associated with poorer cognitive functioning, however.

"Age, stage of diagnosis, surgery type, and tamoxifen use did not significantly correlate, but postmenopausal status, chemotherapy, depression, and fatigue were associated with worse cognition," Ms. McGinty said.

"Interventions for fatigue and depression may have beneficial effects on perceived cognitive functioning in this patient population," she noted.

"Neuropsychological testing may not always be sensitive to cancer-related changes, and lab-based measures may not correspond to people's experiences at home or at work," Ms. McGinty said. ■

## Sexual Dysfunction Common in Women Seeking Bariatric Surgery

BY BRUCE JANCIN

GRAPEVINE, TEX. — The first structured study to examine sexual function in women seeking bariatric surgery indicates that this group has marked dysfunction.

In a series of 102 severely obese women seeking bariatric surgery, average scores on the Female Sexual Functioning Index (FSFI) were significantly lower than published norms for the general population and approached those seen in women with chronic pelvic pain, Dale S. Bond, Ph.D., reported at the annual meeting of the American Society for Metabolic and Bariatric Surgery.

The FSFI asks respondents to answer 19 items on a scale of 0-5. The 19 items assess six domains of sexual functioning: desire, arousal, lubrication, orgasm, satisfaction, and pain.

Sixty percent of the bariatric surgery candidates had an FSFI score of 26 or less, indicating sexual dysfunction. The severely obese women scored significantly lower than did healthy controls in all six domains, according to Dr. Bond of the department of psychiatry and human behavior at Brown University, Providence, R.I.

"In large population-based studies using the FSFI, the prevalence of sexual dysfunction tends to be in the low 30s. And if you look at

clinical populations—for example, women with chronic pelvic pain—the prevalence is more like 62%-67%," he noted.

This study highlights the importance of assessing sexual function in women who are candidates for bariatric surgery in order to identify those who may require further



**The good news is bariatric surgery may have a therapeutic effect on sexual dysfunction.**

DR. BOND

treatment, according to Dr. Bond.

The good news, he continued, is that there is some preliminary evidence to indicate that bariatric surgery itself may have a therapeutic effect for women with sexual dysfunction.

He and his coinvestigators have begun a new study examining how the profound weight loss and metabolic changes often brought about by bariatric surgery affect impaired sexual function.

"After surgery, the women start to look a lot more like healthy controls," Dr. Bond observed.

Among the first 30 participants in this ongoing study, the presurgical prevalence of sexual dysfunction based on the FSFI score was 75%. Postoperatively, the rate dropped to 20%. ■