Lifestyle Practices Key in Lowering Breast Ca Risk

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BY BRUCE JANCIN
Denver Bureau

SAN ANTONIO — The three most prac-
tical public health-type lifestyle interven-
tions at present for reducing breast cancer risk are to encourage breast-feeding, get young girls started exercising regularly to lay the foundation for a lifelong habit of physical activity, and tackle the post-
menopausal obesity epidemic, Leslie Bern-
stein, Ph.D., said at a breast cancer symp-
A rapidly growing body of evidence supports the link between physical activity and breast cancer prevention. Physical activity is inversely associated with breast cancer risk. While the exact mechanism behind this link is not fully understood, regular physical activity appears to lower breast cancer risk by promoting healthy body weight, reducing inflammation, and increasing insulin sensitivity.

Research has also shown that regular physical activity can help reduce the risk of breast cancer recurrence. A study published in the Journal of the National Cancer Institute (JNCI) found that women who were physically active were less likely to experience breast cancer recurrence compared to those who were less active. The study analyzed data from over 7,000 women who had undergone mastectomy or lumpectomy for breast cancer. The results showed that women who engaged in regular physical activity had a 20% lower risk of recurrence than those who were inactive.

Another study, published in the Journal of Clinical Oncology (JCO), found that regular physical activity can improve survival outcomes for women with breast cancer. The study followed over 1,000 women with early-stage breast cancer and found that those who were physically active had a 30% lower risk of breast cancer-related death compared to those who were less active.

In addition to these findings, a meta-analysis of 12 observational studies found that women who engaged in regular physical activity had a 20% lower risk of developing breast cancer than those who were inactive.

Women’s CARE involved 1,605 black and 2,933 white women aged 35-64 years with breast cancer, and 1,664 black and 3,003 white controls. There were no racial differences in the impact of lifetime physical activity on breast cancer risk. Black or white, a woman’s average number of hours of weekly exercise from age 10 onward was inversely associated with her risk of developing breast cancer. The highest level of recreational physical activity—defined in this study as an average of 5 hours or more per week over a woman’s lifetime—was independently associated with roughly a 25% reduction in risk, compared with that of sedentary women (J. Nati. Cancer Inst. 2005:97:167L-9).

The risk reduction is greater in women without a first-degree family history of breast cancer. “I wish it were the other way around . . . But at this point in time, none of my studies have found a very beneficial for women with a family history of breast cancer,” said Dr. Bernstein, professor of preventive medicine at the University of Southern California, Los Angeles.

She said the field of breast cancer risk redu-
tion through physical activity “still has a long way to go.”

Remaining research questions include what the best type of activities would be, how much is needed, at what age, and the mechanisms of benefit. Although the mechanism is widely assumed to be hormonal, it could, for example, involve anti-inflammatory effects or changes in insulin-like growth factors.

“The most difficult task is to learn how to motivate sedentary women to become physically active,” Dr. Bernstein said. “Studies show if you don’t start at an early age, it’s hard to get them to engage in exercise when you’re older.”

Lactation has been shown to protect against breast cancer. It’s uncertain if the benefit is solely because ovulation is pre-
vented, with resultant reduced lifetime exposure to estrogen and progesterone.

Pregnancy is also protective, but only if the first pregnancy occurs before age 30. Having a first child in your 30s is associ-
ated with roughly the same breast cancer risk as nulliparity—that is, roughly twice the risk of a woman who completes her first pregnancy before age 20. There is no doubt that the increasing mean maternal age of first birth in the United States— which climbed from 21.4 years in 1970 to 24.9 in 2000—has been linked to the rising incidence of breast cancer in recent decades, Dr. Bernstein said.

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San Antonio — Lifestyle approaches to breast cancer risk reduction have assumed considerable importance for the many women who have turned a cold shoulder to tamoxifen for chemoprevention, according to Leslie Bernstein, Ph.D., professor of preventive medicine at the University of California, Los Angeles.

“In my discussions with colleagues, word of mouth is that women are not flocking to take tamoxifen to reduce their high risk of breast cancer,” she observed at a breast cancer symposium sponsored by the Cancer Therapy and Research Center.

This anecdotal impression is borne out by the recent literature. In three of four high-risk women who have turned a cold shoulder to tamoxifen for chemoprevention, the investigators found that participants were actually less inclined to take tamoxifen after receiving a standardized educational intervention. They were leery of taking a drug for 5 years to protect against a disease they might not develop. They were also quite concerned about tamoxifen’s potentially serious side effects. And they were uneasy about the reliability of scientific studies (Ethn. Dis. 2005;15:365-72).

“It doesn’t make you very heartened about the research we do, since we seem to have great confidence in what we’re doing,” Dr. Bernstein commented.

The women felt they had nonpharmacologic options to reduce their breast cancer risk. They cited early detection, faith, diet, and complementary and alternative therapies.

When I see the other options they list, it makes me realize that we have a long way to go to educate women about what other options might actually be available to them,” Dr. Bernstein said.

A recent report by Debora A. Paterniti, Ph.D., and coworkers at the University of California, Davis, Center for Health Services Research in Primary Care provides insight into why so many eligible women are unwilling to take tamoxifen for chemoprevention. In focus groups involving ethnically diverse populations of women at substantially increased risk for breast cancer, the investigators found that effects. And they were uneasy about the reliability of scientific studies (Ethn. Dis. 2005;15:365-72).

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