

FIGHT NOW UPDATE

Eat & Live Proactively Against Breast Cancer

By Aaron Tabor, MD

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**FIGHT NOW BEFORE BREAST CANCER STRIKES.
PREVENTION IS THE BEST CURE.**

Being Overweight Increases Contralateral Breast Cancer Risk

Research has clearly shown us that obesity increases breast cancer risk and can worsen breast cancer prognosis. However, the impact of being overweight or obese on the risk of contralateral breast cancer in breast cancer survivors is less clear.

Breast cancer researchers recently explored this relationship between body mass index (BMI) and the development of contralateral breast cancers in overweight and obese women. For this breast cancer research study, investigators included over 15,000 breast cancer survivors who had a first breast cancer without distant metastasis and without contralateral breast cancer occurring at the same time. These breast cancer survivors were followed for 10 years to determine the development of breast cancer in the second breast and to determine how this was affected by body weight. The breast cancer researchers reported:

- Being overweight (BMI greater than 25) increased the risk of contralateral breast cancer by 50% after 10 years of follow-up.
- Being overweight resulted in poorer outcomes in breast cancer survivors who developed breast cancer in their second breast during the 10-year follow-up period.

The results of this new breast cancer research clearly point out that being overweight puts a breast cancer survivor at a greatly increased risk for developing breast cancer in her second breast. Furthermore, these study results continue to confirm the importance of maintaining a health body weight as an integral part of our fight against breast cancer. Making proactive improvements to our diet and lifestyle is a vitally important step to reducing breast cancer risk.

Soy Might Lower Postmenopausal Breast Cancer Recurrence

Soy is one of the most researched foods in regards to potential health benefits. Lower incidences of diseases like cardiovascular disease, prostate cancer, and breast cancer in countries where soy is typically eaten in much higher amounts than here in the U.S. caused scientists to explore soy's possible role in human health. While many of these research studies have suggested that soy consumption might support normal heart health and help relieve menopausal discomforts, the possible benefits of soy consumption for breast cancer risk has remained controversial. This controversy centers on the fact that the soy isoflavones (genistein, daidzein, and glycitein) found naturally in soybeans have a chemical structure similar to estrogen and can act in some cases like a weak estrogen. This has caused many people to become concerned about the effect soy and soy isoflavones might have on estrogen-dependent diseases like estrogen-receptor positive breast cancer. However, research over the last two years suggests that dietary soy consumption might be beneficial for breast cancer patients.

The latest breast cancer research study, published online ahead of print in the *Canadian Medical Association Journal*, explored the impact of dietary soy isoflavone consumption on breast cancer recurrence in Chinese women. From mid-2002 to mid-2003 breast cancer researchers recruited women diagnosed with early or local advanced breast cancer and being treated with endocrine therapy after surgery. The 524 breast cancer patients who volunteered completed a questionnaire designed to determine their usual diet and exercise habits, including their consumption of soy foods. Based on their soy consumption, the breast cancer patients were categorized into four groups ranging from low soy consumption to high soy consumption. These breast cancer patients were followed for 5 years and incidence of breast cancer recurrence and death recorded. The relationships between soy isoflavone consumption and breast cancer recurrence were analyzed. The results of this analysis showed:

- 62% of soy isoflavone intake was in the form of soymilk (26%), tofu (21%), and soy flour (15%) for an average daily intake of about 26 mg soy isoflavones per day overall.
- When categorized into groups based on their levels of consumption, the group with the lowest soy isoflavone intake consumed only about 6.5 mg/day on average. The group with the highest soy isoflavone intake consumed about 50 mg/day on average.
- There was no apparent link between soy isoflavone consumption and breast cancer recurrence or death in premenopausal Chinese women.
- Postmenopausal women with the highest quarter of soy isoflavone consumption had a 33% reduction in breast cancer recurrence overall compared to postmenopausal women with low dietary isoflavone intake.
- ER+/PR+ breast cancer recurrence was 13% lower in postmenopausal women with higher levels of soy isoflavone intake (more than 42 mg/day) compared to postmenopausal women in the lowest quarter of soy isoflavone consumption.

- Among postmenopausal women treated with anastrozole, an aromatase inhibitor, the women in the high soy isoflavone intake group had a 35% lower risk of breast cancer recurrence compared to the women in the soy intake group.
- There was no relationship between soy isoflavone consumption and death in the postmenopausal women.

These are very interesting results that confirm two other studies published in the last year. This new breast cancer research study suggests that not only is soy consumption potentially safe for breast cancer patients, but it might reduce the risk of breast cancer recurrence when consumed at levels greater than 42 mg soy isoflavones/day. Similarly, the *Shanghai Breast Cancer Survival Study* reported that the highest quartile of soy protein intake (more than 15 grams per day) was linked to about a 29% reduction in the risk of death and a 32% reduction in the risk of breast cancer recurrence in breast cancer survivors. A third breast cancer research study in mostly Caucasian breast cancer survivors, the *Life After Cancer Epidemiology* study, reported that increasing levels of daidzein and glycitein consumption tended to be linked to a reduced risk of breast cancer recurrence in postmenopausal women with the greatest risk reduction observed in tamoxifen users.

Overall, these new studies suggest that soy consumption might be beneficial for some breast cancer survivors. This appears to depend on menopausal status and/or hormonal environment. Additional research will be needed to determine what populations of people can benefit the most from adding soy to their diet and if there is an optimum time to start considering soy as part of one's regular diet. In this latter regard, some studies suggest that adding soy to one's diet as a teen might have the most cancer fighting benefits.

Breast Cancer Risk Not Increased By Estrogen Therapy

The use of hormone therapy for the relief of menopausal symptoms has been common practice for decades. However, the safety of hormone therapy, particularly estrogen + progesterone (E+P), has been hotly debated since the publication of the *Women's Health Initiative* study. This major set of clinical trials reported that E+P hormone therapy increased breast cancer risk by 24% and nearly doubled the risk for death specifically due to breast cancer. In contrast, estrogen-alone therapy (ET) was shown to decrease breast cancer risk by about 23% compared to the placebo group after an average of about 7 years of follow up. In the intervening years since the publication of these data, the reasons for these results have been debated and investigated with many believing that differences in risk might be dependent on age and years after menopause when hormone therapy was started.

The results of these debates and investigations have resulted in the publication of a Position Statement from the *North American Menopause Society*. While this Position Statement covers a lot more information than just breast cancer and is worth reading in its entirety, some of the pertinent breast cancer information is described below.

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Estrogen + Progesterone Therapy - Incidence of breast cancer increases after use of E+P hormone therapy past 3 to 5 years. This increase amounts to 8 additional breast cancers per 10,000 women. E+P hormone therapy increases breast cell growth, breast pain, and mammographic density. It is thought that the increased breast cancer risk with E+P hormone therapy might be due to the promotion of growth of pre-existing tumors too small to detect by examination. The increase in breast cancer risk was observed in women who started E+P therapy shortly after menopause, whereas women who waited more than 5 years after reaching menopause to start E+P therapy did not see an increase in breast cancer risk.

Estrogen Alone Therapy - Women taking ET showed no increase in breast cancer risk over an average 7 years of usage. In fact, ET was associated with 6 fewer cases of breast cancer per 10,000 women, suggesting a modest decrease in breast cancer risk. The decrease in breast cancer risk was observed in all three age groups (50-59, 60-69, and 70-79 years). When looking at breast cancer subtypes, there was a 31% reduction in risk for localized breast cancer and a 29% reduction for ductal breast cancers.

These are very important pieces of information with very different outcomes. While E+P hormone therapy appears to increase breast cancer risk, specifically in women who start E+P shortly after menopause, estrogen alone therapy appears to modestly decrease breast cancer risk. The use of E+P hormone therapy or ET in breast cancer survivors is still controversial and is being investigated.

Overall, this is good news for some women looking to relieve menopausal symptoms, while proactively trying to reduce their breast cancer risk. For these women, ET might be a viable alternative. For women looking for a more natural approach to relieving menopausal discomforts, this also suggests that natural estrogen-like substances, like many plant phytochemicals, might also be a viable alternative. While these plant substances are not the same as estrogen, they have some structural similarities and can act like estrogen in some cases, thus making them a potentially effective approach for relieving menopausal discomforts.



ABOUT DR. TABOR

Dr. Aaron Tabor, MD is the author of *FIGHT NOW*.

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After graduating from The Johns Hopkins School of Medicine, Dr. Tabor devoted his career to helping people live a life they love through medical research. Over 1 million women have already trusted Dr. Tabor for better nutrition and health education. His *prevention through nutrition* research projects with leading hospitals include cancer, weight loss, younger-looking skin, hair, and nails, glycemic-index, cholesterol, pain, and hormonal health. Dr. Tabor educates other doctors about diet and lifestyle research as the Diet & Alternative Medicine Section Editor for *The Journal of Medicine*. He has authored numerous books, papers, and patents in the fields of medicine and nutrition. His recent co-edited book *Nutritional Cosmetics: Beauty from Within* (Elsevier) is the first medical textbook on “inside-out makeover” science—foods and supplements to make you look younger from the inside out. L’Oréal, Nestlé, and others contributed to this cutting-edge work. Dr. Tabor is Founder of Gene Facelift, a Johns Hopkins’ biotech spin-off developing anti-aging and anti-wrinkle gene therapy drugs. Gene Facelift’s drug technology is designed to replace damaged skin DNA in order to heal wrinkles and reverse the aging process.

Please contact me with your questions and comments: DrTabor@fightBCnow.com

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