

FIGHT NOW

eat & live proactively against breast cancer



AARON TABOR, MD

with inspirational chapter by survivor LILLIE SHOCKNEY, RN, BS, MAS



Are you ready to fight breast cancer now *before* it strikes?

FACT: You can proactively eat and live to reduce your risk of getting breast cancer, or having a recurrence.

Hi, I'm Dr. Tabor. Don't wait around to be a victim. Many controllable choices can lower your risk. My book is about what to do *before* you get breast cancer in order to prevent it, or to reduce risk of recurrence. *Fight Now* using the latest food and lifestyle research. *Prevention is the best cure.*

FIGHT NOW to reduce your cancer risk.

- * Do you know the common vegetable that may lower your breast cancer relative risk by up to 221%?
- * Do you know which simple vitamin may reduce your relative risk by up to 70%?
- * Do you know which foods may increase your relative risk of breast cancer by up to 253%?
- * Do you know the juicy fruit bursting with antioxidants that may lower risk by up to 87%?
- * Do you know which oil could lower your relative risk by 94%?
- * Excess weight may increase your breast cancer risk by up to 3 times the average risk. Learn an easy, clinically tested plan to lose weight.
- * Do cosmetics, bras, implants, or coffee cause breast cancer? Learn the answers.
- * Learn Dr. Tabor's *7-Day Prescription for Healthier Breasts* to immediately start lowering your cancer risk.



Inspiration by Lillie Shockney, RN

Internationally-recognized cancer nurse Lillie Shockney has survived breast cancer – *twice*. Her personal story will ignite your determination to fight now to change your future.



www.fightBCnow.com
1-800-700-8687

ISBN: 978-0-9843076-0-9



780984 307609

FIGHT NOW

Eat & Live Proactively Against
Breast Cancer

Aaron Tabor, MD
with Lillie Shockney, RN

MEDICAL PROFESSIONALS: Medical references are cited in each chapter and listed at the end of the book. Unless specified otherwise, risk reductions are reported as relative risks or odds ratios from human clinical studies, animal studies, or cell culture studies.

FIGHT NOW. Copyright ©2010 Aaron Tabor, MD and “How Breast Cancer Changed My Life” chapter by Lillie Shockney, RN. All Rights Reserved. Fight Now™ is a trademark of Aaron Tabor, MD. All rights reserved. Non-commercial sharing and use permitted without permission. Commercial use: No portion of this book may be reproduced, stored in a retrieval system, or transmitted in any form or by any means—electronic, mechanical, photocopy, recording, or any other—except for brief quotations in printed reviews, without the prior written permission of the publisher. When quoting material from FIGHT NOW, you must link to www.fightBCnow.com.

Published by Aaron Tabor, MD, Winston-Salem, NC.

ISBN 13: 978-0-9843076-0-9

Free printed books may be obtained in bulk for fundraising, educational, business, or sales promotional use. For information, please email DrTabor@fightBCnow.com or call 1-800-700-8687. This content is for informational purposes only. Please share this information with your doctor or healthcare provider to determine what is right for you. This information does not take the place of your doctor’s professional advice, nor does it substitute for prescription medication, surgery, chemotherapy, radiation therapy, or any other medical treatment. Always seek the advice of your doctor with any questions you have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of reading this information. Your well-being is extremely important to me. Because my diet plan is so powerful at producing rapid weight loss, do not try to lose more than 2 pounds per week or eat less than 1200 calories per day unless you are under the supervision of your healthcare provider. A healthy weight loss rate is typically 1 to 2 pounds per week. Rapid weight loss may lead to health problems. Discuss this diet plan with your healthcare provider, especially if you are trying to lose more than 30 pounds, have special medical dietary needs, suffer with a chronic medical condition, take prescription medication, are under eighteen, pregnant, or nursing. FIGHT NOW is not associated with, or endorsed by, Johns Hopkins, The Komen Foundation, or other entities mentioned in the book.

*For each of you trying to prevent or beat breast cancer,
our prayers are with you daily.*

*And, for our mothers, Suzanne and Charmayne.
Any woman can be a mother, but it takes a special
woman to be a mom.*

Please share this book freely with your loved ones.

ABOUT AARON TABOR, MD

After graduating from The Johns Hopkins School of Medicine, Dr. Tabor has devoted his career to helping people live a life they love through anti-aging 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, low-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 recharge damaged skin DNA in order to heal wrinkles and reverse the aging process.

You can learn more about Dr. Tabor and his research at www.DrTabor.com.

ABOUT LILLIE SHOCKNEY, RN, BS, MAS

Lillie has survived breast cancer twice and is a tireless champion for breast cancer advocacy. She is the University Distinguished Service Associate Professor of Breast Cancer and Administrative Director of The Johns Hopkins Breast Center. Additionally, Lillie is an Associate Professor in the Department of Surgery and Department of Gynecology at The Johns Hopkins School of Medicine, and an Associate Professor for The Johns Hopkins School of Nursing. She has a BS degree in HealthCare Administration from Saint Joseph's College and a Masters in Administrative Science from the Johns Hopkins University.

Lillie has worked at Johns Hopkins since 1983 and served as the breast cancer center's Administrative Director since 1997. She is responsible for the quality of care programs, patient education programs, survivor volunteer team, community outreach at a local, regional and national level, and patient advocacy. Lillie is a published author on the subject of breast cancer as well as a nationally recognized public speaker on the subject. She has written twelve books and more than 200 articles. She serves on the medical advisory board of several national breast cancer organizations; is the ABC News Consultant on breast cancer; and, is the co-founder of a national non-profit organization "Mothers Supporting Daughters with Breast Cancer" at www.mothersdaughters.org.

Lillie's numerous accolades include The Komen Foundation's national Professor of Survivorship Award; American Cancer Society's Voice of Hope Award; American Cancer Society's Lane Adams Award for Excellence in Caring; National Circle of Life Award; Pharmacia & Upjohn's "Unsung Hero" for breast cancer; Oncology Nursing Society's Award for Excellence in Breast Cancer Education; National Consortium of Breast Centers' Impact Award; Komen Award from the Maryland Affiliate; Avon Foundation's Spirit of Friends Award; American Plastic Surgery Society's Patient of Courage award; Yoplait's Breast Cancer Champion award; Oncology Nursing Society's Excellence in Survivor Advocacy Award; The Maryland Daily Record's Healthcare Hero Nursing Excellence Award; and, the National Health Network Service's Excellence Award. In 2010, she was inducted into the Maryland Women Hall of Fame.

In 2008, The Johns Hopkins Board of Trustees made a decision to appoint Lillie to a chair as a University Distinguished Service Assistant Professor of Breast Cancer. This is the first time in the history of the institution that a hospital nurse has been appointed to a distinguished service designation. She serves as "Ask an Expert" for several breast cancer websites including Yahoo.com and The Johns Hopkins Breast Center's website. She chairs the National Consortium of Breast Centers QI Task Force. She is an active clinical researcher with a focus on quality-of-life issues for cancer survivors.

WHY ARE WE GIVING THIS BOOK AWAY FOR FREE?

Proactive cancer prevention through nutrition is critically important to save lives, therefore we have decided to give our book away for free. The feedback we have received from high-risk individuals and breast cancer patients who have been helped by this research is a blessing.

Please share this book with your family and friends via email and www.fightBCnow.com.

Be Empowered. Fight Now.

CONTENTS

FORWARD BY LILLIE SHOCKNEY, RN, BS, MAS

CHAPTERS

- 1 Fight Breast Cancer Now—p1
- 2 Save Your Life with a Simple Lab Test—p12
- 3 Top 10 Foods to Fight Breast Cancer Risk—p20
- 4 Lose Your Weight. Save Your Breasts—p38
- 5 Breast Cancer Myths Exposed—p53
- 6 My 7-Day Prescription for Healthier Breasts—p63
- 7 INSPIRATIONAL CHAPTER by Lillie Shockney, RN
“How Breast Cancer Improved My Life!”—p79

CRITICAL STEPS TO SURVIVE BREAST CANCER—p87

CLOSING ENCOURAGEMENT & RESOURCES—p88

ENTIRE BOOK ON ONE PAGE—p94

MEDICAL REFERENCES—p95

FORWARD BY LILLIE SHOCKNEY, RN, BS, MAS

Breast cancer remains the most feared disease of all women, regardless of age, race, ethnicity, or culture. The causes of breast cancer remain a mystery, with a few exceptions. About 70% of women diagnosed with breast cancer have no known risk factors. This implies that there are risk factors that haven't yet been identified. Doctors are beginning to identify lifestyle choices that can influence our cancer risk. These lifestyle choices include diet, exercise, smoking, alcohol, and many other factors. We have control over how we nourish our bodies. This means that we may be able to reduce our breast cancer risk by making smarter choices. The same applies for our families. We want to reduce the risk of our daughters ever hearing the words, "You have breast cancer."

Dr. Tabor's *FIGHT NOW* book provides guidance on lifestyle choices that may improve our breast health, and even our overall health. Each time we choose a healthy food, we are not only doing it for ourselves, but also for our families. Being there for them, well and fit, to take care of their needs is important. You are also setting an example for your children, and providing them with a foundation of healthy decisions that will aid them in making the right lifestyle decisions, too.

I look forward to the day when breast cancer appears in medical books under the chapter titled, "Cured Diseases." Until then, let's take proactive steps to reduce risk where we can to save more lives (and breasts).

Fight Breast Cancer Now

FACT: If you aren't proactively fighting to protect your breasts, then your risk of getting breast cancer, or having a recurrence, is much higher.

The National Cancer Institute's most recent estimates for breast cancer in the United States are that we will have 207,090 new cases of breast cancer this year with approximately 39,840 deaths [1]. That is over 500 new cases per day.

We should fight now before cancer strikes.

The *purpose* of my medical research is to empower you to become proactive against breast cancer now with specific food and lifestyle choices. The only alternative is to be reactive after you get breast cancer or have a recurrence of breast cancer. The choice is clear.

How do we proactively fight now?

We can make specific food and lifestyle choices to lower the risk of getting breast cancer, risk of recurrence, and risk of dying from breast cancer. There is hope to change the future.

It is very easy to find lots of information on what to do *after* you get breast cancer. This book is about what to do *before* you get breast cancer in order to prevent it, or reduce risk of recurrence.

Cancer begins in our cells. Normally, our cells grow and divide to form new cells in a natural renewal process. When cells grow old, they die, and new cells take their place. Sometimes, this orderly process goes wrong, and the old cells do not die. These extra cells can form a mass of tissue called a cancer growth or tumor that can takeover our bodies, and eventually kill us from within. Breast cancer forms in tissues of the breast, usually in the ducts that carry milk to the nipple, or lobular glands that make milk.

As a medical doctor, I've dedicated my career to researching prevention through nutrition. Whether you are currently fighting breast cancer; are a survivor; or, simply trying to lower your risk, *I'll give you concise, critical information that you can start using today*. You don't have to read hundreds of pages, or have a medical degree to reduce your cancer risk. Spend just a few hours reading this book, and I promise that you will be empowered to *Fight Now*.

It's an easy choice to live a proactive life against breast cancer, but it is an important choice that you have to consciously make each day. Right now, there are nearly two and a half million breast cancer survivors in the United States alone. That's a bright ray of hope because most breast cancer patients survive the disease. However, some experts warn that we may not have enough breast cancer surgeons to manage all of the new

cases in the coming years. Because 1 out of 8 women will get breast cancer [2], millions will be diagnosed in the next decade. It is a troubling number.

Breast cancer used to have age boundaries it seemed, but now we hear about women of all ages being diagnosed. The news of a 10-year old girl from La Miranda, California with breast cancer recently shocked us. News of young celebrities diagnosed in their thirties and forties now seems routine. The world outpoured prayers and support for Christina Applegate when she recently announced her diagnosis at age 36. My medical school roommate's sister was diagnosed at age 37.

According to the Centers for Disease Control and Prevention and the National Cancer Institute (NCI), breast cancer is the most common form of cancer among women in the United States, other than skin cancer [3]. It is the second leading cause of cancer death in women, after lung cancer, regardless of skin color or ethnic heritage.

Are you ready to start eating and living proactively against breast cancer?

FACT: An ounce of prevention is worth many, many pounds of cure.

New medical research emphatically shows us that food and lifestyle choices can make an incredible difference in lowering risk of breast cancer. Every doctor would

agree that *preventing* a disease is much better than trying to treat or cure one.

We are entering into a wonderful new era of actually preventing breast cancer *before* it happens compared with current medical efforts targeted to detect breast cancer early, or cure it *after* diagnosis.

Because of my education at The Johns Hopkins School of Medicine, I am acutely aware of the absolute need for mammograms and screening tests, drugs, surgery, chemotherapy, radiation therapy, and other medical procedures to fight cancer. The eating and lifestyle information I share with you should be integrated into your current medical care with your doctor, especially if you are undergoing chemotherapy or radiation therapy.

During the past 100 years, doctors focused primarily on drugs, tests, and medical procedures to fight disease. This has undoubtedly extended the average life span. In fact, modern medicine has nearly doubled the average lifespan since the early 1900's! However, we lost sight of the overall picture that should have included vigorous research into the power of foods and plants to prevent and cure disease in addition to medicines.

Just recently, the American Medical Association strongly recommended that physicians start testing their patients for a simple anti-breast cancer vitamin deficiency (which I'll discuss in detail later) [4]. Why? Researchers discovered that 70 to 80% of us are deficient in this anti-breast cancer vitamin because doctors neglected basic nutritional advice for patients. Experts blame unknown numbers of cancers on this

failure, and I believe that it could go down in history as one of the greatest failures of modern medicine. Perhaps redemption can come out of this failure. Doctors are finally opening their eyes to the power of food, and vigorous research on many crucial nutrition and lifestyle factors are now underway.

My goal is to never let such an obvious error happen again by giving you the very latest medical research on breast cancer prevention through nutrition.

FACT: Many controllable choices can increase or decrease your risk of breast cancer.

The good news is that the same choices that reduce your breast cancer risk can reduce risk of other cancers, like lung, ovarian, and endometrial cancer, and other deadly diseases including heart disease and stroke.

Doctors often can't explain why one woman develops breast cancer and another woman does not. We do know that bumping, bruising, or touching the breasts does not cause cancer. And breast cancer is not contagious. You cannot "catch" it from another person. However, research has shown that women with certain risk factors are more likely than others to develop breast cancer. A risk factor is something that may increase the chance of developing a disease.

Living proactively against breast cancer is easier if we understand known risk factors. We will briefly review them now, but discuss in more detail later in the book.

WHAT FACTORS INCREASE YOUR CANCER RISK?

There are many factors that can increase breast cancer risk [5]. Some of them are briefly outlined below.

Gender—The biggest risk factor for getting breast cancer is being female. Males do get breast cancer, but it is a very rare disease in men.

Age—The chance of getting breast cancer goes up as you get older. Most cases of breast cancer occur in women over 60, but cases in younger women seem more and more common.

Personal or family history of breast cancer—If you had breast cancer in one breast, you have an increased risk of getting cancer in your other breast, or recurrence. Survivors have a 200% to 600% greater risk of developing a second cancer compared to others. Survivors may still have “micrometastatic” disease, an undetected small group of cancer cells, living in lymph nodes or other parts of the body. Your risk of breast cancer is higher if your mother, sister, or daughter had breast cancer. The risk is even higher if your family member had breast cancer before age 40. Your breast cancer risk is higher if your father, brother, or son had prostate cancer.

Reproductive and menstrual history:

- The older you are when you have your first child, the greater your chance of breast cancer.
- If you had your first menstrual period before age 12, you are at an increased risk of breast cancer.

FIGHT NOW

- If you went through menopause after age 55, you are at an increased risk of breast cancer.
- If you never have children, you are at an increased risk of breast cancer.
- If you take menopausal hormone therapy (“HRT” or “HT”) with estrogen plus progesterin, you have an increased risk of breast cancer.

Exposure to cosmetic and environmental carcinogens—Carcinogens are chemicals that cause cancer. Certain chemicals are known to increase risk. Heavy use of certain cleansers, cosmetics, soaps, hair care products, and deodorants are being investigated.

Being overweight or obese—The chance of getting breast cancer after menopause is dramatically higher in women who are overweight or obese. Some studies suggest that being overweight before menopause also increases your risk of breast cancer. Extra weight increases risk of many other deadly diseases.

Too much dietary sugar—Studies suggest that diets high in sugar promote cancer growth. Why? Eating excessive sugar causes excessive spikes of insulin hormone that may stimulate tumors to grow.

Drinking alcohol—Studies suggest that the more alcohol you drink, the greater your risk of breast cancer.

Lack of antioxidants—As you get older, your internal antioxidant systems shut down leaving your breast tissues exposed to increased damage from free radicals. It becomes very important to shield your body with

antioxidants from your diet. Getting enough of the right antioxidants is the key.

Vitamin deficiencies—Lack of a specific anti-breast cancer vitamin in your body is believed to greatly increase your risk of breast cancer (and many other diseases).

Lack of physical activity—If you are physically *inactive* throughout your life, you have an increased risk of breast cancer. Being active may help reduce risk by preventing weight gain and obesity, and stimulating your immune system to fight cancer.

Certain breast changes—Some women have cells in the breast that look abnormal under a microscope. Having certain types of abnormal cells (called “atypical hyperplasia” and “lobular carcinoma in situ [LCIS]”) increases the risk of breast cancer.

Gene changes—Genes are blueprints that tell your body how to build things. Changes in certain genes increase the risk of breast cancer. These genes include “BRCA1”, “BRCA2”, and others. Don’t let the scientific names intimidate you. Just simply understand that some blueprints go bad, and can increase your risk of cancer and many other diseases. Gene tests can sometimes show the presence of specific bad gene changes in your body. If a test detects a bad blueprint in your body, it alerts you and your doctor to watch more carefully for breast cancer. Children have several hundred more random DNA mutations than their parents possess. Experts warn that overall “mutational load” may endanger our health.

Heritage—Breast cancer is diagnosed more often in white women than Latina, Asian, or African American women. New research data shows that breast cancer, although less frequent, is more aggressive and deadly in African Americans.

Radiation therapy to the chest—Women who have radiation therapy to the chest (including breasts) before age 30 are at an increased risk of breast cancer. This includes women treated with radiation for Hodgkin's lymphoma. Studies show that the younger a woman was when she received radiation treatment, the higher her risk of breast cancer later in life.

Breast density—Breast tissue may be dense or fatty. Older women whose mammograms (breast x-rays) show more dense tissue are at increased risk of breast cancer. Prescription hormones increase breast density.

Taking DES (diethylstilbestrol)—DES was given to some pregnant women in the United States between about 1940 and 1971. It is no longer given to pregnant women. Women who took DES during pregnancy may have a slightly increased risk of breast cancer. The possible effects on their daughters are under study.

Mammograms and self-exams—Early detection of breast cancer is critical to stop spread of cancer to other parts of your body. Failure to perform monthly breast self-exams, and to get regular mammograms is a deadly mistake.

If you already have breast cancer, or already are a survivor, I want you to know that you are in my daily prayers for healing, strength, and courage.

Sometimes we can do everything 100% correct, and still randomly come down with a disease. Let us renew our efforts to do everything within our control to promote healing and prevention. While I can't guarantee that you will never get cancer, or never have a recurrence if you follow my recommendations, I can guarantee that you will *reduce your risk*.

DON'T JUST WAIT AROUND TO BECOME A VICTIM

Skeptics of *prevention through nutrition* will try to discourage you from *fighting now* against breast cancer. They will say "bigger and better" studies are needed before we can prove a specific food, vitamin, or lifestyle change works. I agree that more research on *any* drug, food, vitamin, or treatment is beneficial because we learn more with every study. *Can you believe that doctors once debated if obesity causes heart disease?*

Widespread medical consensus exists *today* that eating healthy lowers the risk for many deadly diseases including cancer. We may not understand all of the details yet, but it isn't an excuse to delay. Medical researchers working with the World Cancer Research Fund (WCRF) have announced in a large medical review that, "women can make a significant difference to their risk" [6].

Don't wait around to become a breast cancer victim.

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

FIGHT NOW KEY POINTS

If you aren't proactively fighting to protect your breasts, then your risk of getting breast cancer, or having a recurrence, is much higher.

An ounce of prevention is worth many, many pounds of cure. You can make specific daily dietary and lifestyle choices to lower your risk of breast cancer before it strikes.

Keep learning how to reduce your risk. Sign up for FREE breast cancer research news at my website www.fightBCnow.com. I'll keep you posted on the very latest discoveries that could save your life.

For your quick reference, I have summarized the entire book on the last page. Photocopy the page (or tear it out) and keep it with you for quick reference and review.

Use the "Your Notes" section at the end of the book to write down your thoughts and questions as you read. I would love to hear from you. Contact me directly at DrTabor@fightBCnow.com.

Fight Now.

CHAPTER 2

Save Your Life with a Simple Lab Test

FACT: Low Vitamin D3 levels may increase your breast cancer risk by up to 70%.

Vitamin D3 exerts a powerful anti-breast-cancer effect.

It is a high priority to have your Vitamin D3 blood levels measured by your doctor.

Here's how the test works:

Specifically, you need to ask your doctor to be tested for “25-hydroxyvitamin D” levels. Your doctor will draw a small amount of blood from your arm for testing (just like when you have your cholesterol tested). If your Vitamin D3 levels are low, you will likely be prescribed a prescription strength Vitamin D3 pill, supplying 50,000 IU *once weekly*, for a few weeks to a few months. You will then be retested several weeks after finishing your treatment to make sure your Vitamin D3 level is restored to normal. If your level is still low, you may be put on another round of prescription pills. After your levels are normal, you can maintain your levels with a daily dietary supplement pill and fortified-foods.

How Vitamin D3 works:

Vitamin D3 exerts a strong anti-cancer effect that stops breast cancer cells from growing and dividing. If you are deficient, then your shield is down allowing breast cancer to grow and spread within your body.

A recent study concluded that women with the highest Vitamin D3 blood levels had a remarkable 70% reduction in their risk of breast cancer [1]. Another study revealed that women with higher Vitamin D3 levels had a 50% reduction compared to women with the lowest Vitamin D3 levels [2].

Some medical experts have stated that about half of all breast cancers could be eliminated if we simply consumed enough Vitamin D3. That's astounding!

Additional medical studies show that breast cancer patients may fare *worse* if they are low on Vitamin D3. One study found that breast cancer patients with the lowest Vitamin D3 level had nearly a 200% chance of their cancer progressing, and a 73% greater risk of death [3]. Another study discovered that women with low Vitamin D3 intake tend to have *denser breast tissues* in mammogram tests [4]. Dense breast tissue is considered a sign of higher breast cancer risk. Some researchers believe that Vitamin D3 may produce the biggest benefits against the most aggressive cancers.

Of course, more research can and should be done, but why wait when your breasts and life may be saved?

I first learned about Vitamin D3's link to breast cancer two years ago while visiting a top US medical hospital where many of my nutrition studies are conducted. I was shocked to learn from the cancer center's staff that nearly 100% of the women diagnosed at the clinic were "critically low" in Vitamin D3.

The American Medical Association (AMA) strongly recommends that physicians test patients for Vitamin D3 deficiency. This great initiative was triggered by the discovery that 70 to 80% of Americans are deficient in Vitamin D3 [5]. Indisputably, most doctors have neglected basic nutritional care of patients due to a drug-focused mindset in the past. As noted, the promising news is that many doctors are finally opening their eyes to the healing powers of food and dietary supplements.

WHY ARE SO MANY OF US DEFICIENT?

Vitamin D3 is normally produced in our bodies by exposure to sunlight, or obtained from our diets in foods that contain Vitamin D3 like fortified-milk, some cereals, orange juice, oily fish (e.g., salmon, tuna, sardines, and mackerel), cod fish, shrimp, eggs, and dietary supplements. Due to our obsession with avoiding wrinkles, and concerns over skin cancer, most of us completely cover our skin with sunscreen and protective clothing year-round. We don't get any type of sun exposure on a regular basis, so we don't make enough Vitamin D3 in our skin. Combined with our deteriorating diets that are increasingly filled with poorer food containing little to no Vitamin D3, it is

simple math. We don't make enough in our skin, or eat enough in our diets, to lower our cancer risks.

At my urging, most of my family members and friends have tested their Vitamin D3 levels by now. Their doctors were usually surprised or puzzled when they ask to be tested. However, when the test results often found "critically low" Vitamin D3 levels, the doctors started testing others. Many of the doctors have now tested their entire patient bases. Vitamin D3 testing is critical for everyone, so make sure you share this information with your doctor. You can help save lives.

FACT: The only way to determine how much Vitamin D3 you need to consume daily is to have your blood levels tested.

Working with your doctor, you need to take the amount that keeps your blood levels in the "30 to 60 ng/mL" range. The only way to determine the daily amount that you personally need is to have your Vitamin D3 levels measured regularly, and then adjust your daily dose up or down based on the test results. The Institute of Medicine (IOM) determines the recommended daily dietary allowances of vitamins and minerals for Americans. The IOM currently recommends 200 IU daily for women up to age 50, 400 IU for women 51-70, and 600 IU for women 71 and older. Many experts believe this is woefully inadequate based on breast cancer studies. The IOM is studying the new amount of Vitamin D3 to recommend. Their recommendation is scheduled to be released later this fall.

FACT: A Vitamin D3 blood level of 50 ng/mL or higher may produce the greatest reduction in breast cancer risk.

Working with your doctor, you can achieve a Vitamin D3 blood level of 50 ng/mL or higher by taking 4000 IU of Vitamin D3 daily. Alternately, you can consume 2000 IU of Vitamin D3 per day and spend about 12 minutes daily in the sun with 50% of your body exposed to reach a 50 ng/mL level. Remember, your doctor may want to prescribe 50,000 IU *weekly* to quickly restore normal levels before starting a daily maintenance regimen.

I take 4000 IU daily, combined with moderate sun exposure, and have my blood levels tested twice yearly.

Breast cancer researchers recently reported in the *Journal of Clinical Oncology* that 74% of breast cancer patients in their clinic were Vitamin D3 deficient [6]. Vitamin D3 supplementation in these patients, even at twice the current daily recommended amount (the 200 IU recommended by the IOM), was still too low to restore normal Vitamin D3 levels. The researchers state, "Although the recommended dietary allowance of vitamin D in premenopausal women is only 200 IU daily, our study suggests that a dose of 400 IU daily is inadequate in breast cancer patients, even to maintain skeletal health, and is probably too low for meaningful anticancer effects." You can see precisely why you have to work closely with your doctor to determine the proper daily Vitamin D3 intake for you based on regularly repeated blood tests.

FACT: Vitamin D3 produces many health benefits beyond breast health.

Proper Vitamin D3 levels produce many benefits that extend well beyond breast tissues. Experts have connected Vitamin D3 depletion to bone problems, cancers (including colon, ovarian, lung, pancreatic, and prostate cancers), cognitive decline, cardiovascular disease, diabetes, aches and pains in the muscles, joints, and back, weakness and fatigue, and several autoimmune conditions [7, 8].

Adequate calcium and Vitamin D3 throughout life, as part of a well-balanced diet, can reduce the risk of osteoporosis (bone thinning that can lead to hip fractures and other breaks). One doctor representing The Endocrine Society states, "The importance of vitamin D has certainly expanded beyond endocrinologists' interest in bone health." Another Vitamin D3 expert sums up the importance of increased Vitamin D3 intake as "the most critical public health advance in 30 years. We can reduce diabetes, coronary artery disease and cancer. We can drive down the cost of health care in America."

Testing your Vitamin D3 blood levels regularly with your doctor will also prevent you from overdoing it. Excessive Vitamin D3 blood levels can lead to depression, gastrointestinal problems, confusion, kidney problems, and frequent urination.

Excessive sun exposure can increase risk of skin cancers, particularly malignant melanoma. Develop a plan with your doctor on how much weekly sun you should enjoy. Avoid exposure during peak hours (typically noon to 3 pm) each day because the rays are particularly intense during those hours. If you have a personal or family history of skin cancer, or pre-cancerous skin changes, then prescription pills, dietary supplements and fortified foods alone may be the best route to increase your Vitamin D3 levels. The president of the American Academy of Dermatology favors the food and supplement only approach.

Are you ready to reduce your risk of breast cancer by simply eating enough Vitamin D3?

Fight Now.

FIGHT NOW KEY POINTS

Low Vitamin D3 levels may increase your breast cancer risk by up to 70%. Having your doctor perform a simple lab test for your Vitamin D3 level is a high priority.

The only way to determine how much Vitamin D3 you need to consume daily is to have your blood levels tested. The best breast cancer risk reduction is seen with Vitamin D3 blood levels of 50 ng/mL or higher. This can be maintained with 4000 IU daily, or 2000 IU daily plus 12 minutes of sun exposure.

Vitamin D3 produces many health benefits beyond breast health for the brain, heart, bones, skin, and virtually every organ in your body.

Prescription Vitamin D3 pills, dietary supplements, and fortified foods may be the best route to increase your Vitamin D3 levels, particularly if you have a personal or family history of skin cancer. Ask your doctor how much sun exposure you can enjoy safely.

The best Vitamin D3-rich foods include fortified-milk, some cereals, orange juice, oily fish (e.g., salmon, tuna, sardines, and mackerel), cod fish, shrimp, and eggs.

Fight Now.

CHAPTER 3

Top 10 Foods to Fight Breast Cancer Risk

FACT: Foods and supplements can help prevent breast cancer and other diseases.

Foods and dietary supplements contain powerful disease-fighting substances. In fact, many prescription drugs are derived from natural sources.

Humans and animals can't grow and develop normally without proper food, so it is logical that proper food can also maintain what it helped build. Medical research proves this is true.

Hippocrates, an ancient Greek physician considered one of the most outstanding doctors in history said, "Let food be thy medicine and medicine be thy food." Integrating food and dietary supplements into your drug, surgery, and overall healthcare plan is the best way to stay healthy and reduce risk of cancer. No credible doctor disputes this fact any longer.

I've composed my top ten list of foods and supplements based on three criteria. For an item to make my list, it must be readily accessible to everyone (i.e., available at

any grocery store or online store). It must also be affordable. And, finally, the item must have compelling scientific research that it supports healthy breast tissues and reduces risk of breast cancer.

Most of the foods or supplements on my list are powerful antioxidants that help protect your DNA gene blueprints from free radical damage. Free radicals are like bulls in a china shop. They charge around breaking everything in their path, in this case, damaging your DNA and proteins. Damaged blueprints can lead to cancer by destroying a protective mechanism, or activating a cancer-causing one. In general, it is best to consume antioxidants through food, but in some cases, it is more effective to use supplements. I've highlighted such instances below.

Vitamin D3 fortified-foods, like milk, some cereals, orange juice, oily fish (e.g., salmon, tuna, sardines, and mackerel), cod fish, shrimp, eggs, and dietary supplements are not included again in this chapter, but are a critical part of any cancer-fighting diet.

My list is short and concise so you can put it into immediate *proactive* practice fighting breast cancer.

Remember that it is important to work closely with your healthcare provider when optimizing your intake of the proper foods and supplements.

1. CARROTS

FACT: Carrots may lower your breast cancer risk by up to 221%, and lower the risk of invasive cancer.

Mothers know best, especially when they tell us to eat our veggies.

According to a recent study, a natural substance in raw carrots named “falcarinol” can reduce the risk of cancer [1]. Experts believe that falcarinol slows the growth of cancer cells, making cancer less likely to invade. This unique substance is inactivated by heat or cooking, so it is critical to eat raw carrots for falcarinol’s benefits.

My favorite way to eat carrots is chilled, peeled, and lightly salted with sea salt. Pre-washed baby carrots in bags and carrot juice are easy ways to get enough. I eat one carrot every day (or a handful of baby carrots).

In addition to falcarinol, carrots are naturally rich in healthy plant pigments called “carotenoids.” Orange “beta-carotene” is a carotenoid that gives carrots their beautiful orange hue. Numerous studies have suggested that beta-carotene might protect against cancer, including breast cancer. Researchers at Harvard found that younger women who ate two or more servings of carotenoid-rich fruits and vegetables a day (including oranges, broccoli, carrots, romaine lettuce, and spinach) had a 17% lower risk of breast cancer than women who

ate fewer than four servings a week [2]. Researchers believe that carotenoids could reduce the negative effects of estrogen on the body early in life. Another study found that eating carotenoids was associated with lower death rates in breast cancer survivors [3].

Remarkably, one study found that the risk of breast cancer was 221% less for women who consumed the highest levels of beta-carotene compared to women who ate the lowest levels [4]. Cooking carrots won't destroy beta-carotene. Cooked carrots topped with a cholesterol reducing spread and sprinkled with sea salt (or herbs) is hard to beat. I don't recommend supplements containing *super* amounts of beta-carotene. Food sources are best.

Your skin will also look better if you eat carrots. Beta-carotene gives your skin a nice glow, and also protects your vision. Researchers are actively studying the full benefits of carrots, but there is no reason to wait. Your health today is too important.

2. GREEN TEA

FACT: Green tea consumption may reduce your breast cancer risk by up to 53%.

Doctors from the University of Southern California found that green tea lowered breast cancer risk by up to 53% [5]. A recent study from Vanderbilt School of

Medicine reported in the *Journal of Nutrition* that regular drinkers of green tea have a 12% lower rate of breast cancer [6]. Consuming more green tea over a longer period of time was associated with the best reduction. This is just the latest study of *many* to document green tea's anti-cancer benefits.

Green tea is rich in potent antioxidants called “polyphenols” that protect your DNA from damage and shortening, reduce inflammation, reduce estrogen, and reduce breast tissue density. EGCG, the primary antioxidant in green tea, has been shown to limit the growth of breast cancer cells by inhibiting the cancer's blood supply [7]. Green tea is much more potent than regular black tea.

The recommended amount to consume is 2 to 4 cups per day [8]. Personally, I take a concentrated green tea dietary supplement supplying about 95 milligrams of polyphenols (the amount found in about 4 cups of green tea) daily because it makes it easy to get enough. I enjoy brewed green tea as often as I can. Green tea is available in great new flavors like green tea with orange and green tea with pineapple. If you are sensitive to caffeine, decaffeinated green tea and green tea supplements are available. *“Tea time” is a perfect time each day to relax, reduce stress, and calm your mind.*

Of course, more research is needed to elucidate green tea's full effects. Green tea may also boost your metabolism for weight loss [9] and reduce wrinkles [10], so there is no need to wait until more research to start enjoying green tea.

3. APPLES

FACT: A few apples a day may keep the breast cancer surgeon away.

Six medical studies, published in the past year by Cornell researchers, report that apples prevent breast cancer by multiple mechanisms [11-16].

Specifically, the studies show that natural substances found in apples decrease the number of tumors, size of tumors, and tumor growth rates in animals. The more apple extract the animals were fed, the greater the reduction in cancer. The lead Cornell researcher states, “We not only observed that the treated animals had fewer tumors, but the tumors were smaller, less malignant [aggressive] and grew more slowly.” Remarkably, the researchers found that the most deadly “adenocarcinoma” form of breast cancer was found in 71% of animals not fed the apple extract, but in only 23% of the animals fed the highest dose of the apple extract [11]. The same researchers found new substances in apple skins that also have anti-cancer activities [13].

In order to get enough apple nutrients for the full benefits, I recommend taking an apple extract supplement daily, plus eating 1 whole apple at least a few times weekly. Baked or sautéed apples with olive oil and cinnamon are absolutely amazing.

4. FIBER

FACT: High-fiber foods may lower risk of breast cancer by up to 42%.

Getting more fiber from fiber supplements (powders and pills), cereals, fruits, veggies (including beans), nuts, and whole grains may not only reduce your risk of breast cancer, but also stop breast cancer progression.

Scientists believe fiber may lower breast cancer risk in several important ways. Some studies have found that fiber reduces the amount of cancer-causing hormones, including reducing estrogen levels in premenopausal women, menopausal women, and breast cancer survivors [17-19]. A recent medical study found that high fiber intakes were associated with a 42% lower risk of postmenopausal breast cancer when comparing women with the highest amount of fiber consumption to women with the lowest amount [20]. Getting enough is very important, so aim for 30 or more grams of soluble fiber every day. You have to plan ahead to eat this amount. I blend a fiber powder into my daily protein shake. Raspberries, pears and apples are three of the best fiber-rich fruits. Oatmeal, corn, beans, nuts, and popcorn are tasty ways to get more. Chewable fiber pills are easy. Drink plenty of fluids when eating fiber. Because a high-fiber diet also helps you lose weight, it is wise to start adding fiber to your anti-breast cancer regimen now.

5. OMEGA-3 OILS

FACT: Omega-3 oils from salmon and other oil-rich fish may reduce your breast cancer risk by up to 94%.

Omega-3 fatty acids are found in oil-rich fish like salmon, albacore tuna, mackerel, lake trout, herring, and sardines. The fish fats supply healthy omega-3 “fatty acids,” particularly eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA). Fish is an excellent source of protein and Vitamin D3 without the harmful saturated fat found in many other meat products.

A recent study examining breast cancer risk and omega-3 intake found a substantial risk reduction with increasing omega-3 and oil-rich fish consumption in both premenopausal and menopausal women [21]. Women who consumed more fish had lower rates of breast cancer. Women with the greatest EPA, DHA, and total omega-3 fatty acids in their red blood cell membranes from fish had a 73%, 94%, and 89% lower risk of breast cancer, respectively. Harvard researchers, along with the government’s Centers for Disease Control (CDC), estimate that 96,000 total deaths per year are due to omega-3 deficiency [22].

Medical researchers propose several mechanisms for the breast-protective effects of omega-3’s including the ability to stop estrogen-driven cancer growth, better

immune system function (which can help kill and control cancer cells), and reduced inflammation [23].

I recommend a combined approach of food plus supplements. In addition to eating fish a few times per week, I take a concentrated omega-3 supplement daily with 800 milligrams of EPA and DHA to make sure I'm getting enough. The pill I take is "enteric-coated" so there is no fishy aftertaste. Enteric-coated pills breakdown after they leave your stomach. Much more research is underway on omega-3's and cancer, but since omega-3's have many proven heart, anti-inflammatory, and anti-aging skin benefits, I recommend starting now.

6. FLAXSEED

FACT: Flaxseed may reduce breast cancer risk by up to 58%.

Flaxseeds come from tall, slender flax plants, and have a warm, nutty flavor. About the size of sesame seeds, flaxseeds are packed with fiber and omega-3 fatty acids. Finely ground flaxseed flour is easy to find year-round at any grocery store, and can be easily blended into orange juice, protein shakes, or baked products like bran muffins. Supplement pills are also available.

Flaxseeds are special for breast tissues, not only because they contain fiber and omega-3's, but also

special substances called “lignans” that exert protective effects. One animal study documented that flaxseed suppressed breast cancer growth and metastasis by 45% [24]. Human studies have shown that women with breast cancer have much lower levels of lignans in their bodies compared to women without breast cancer. A key study published in the *European Journal of Cancer Prevention* reported that a high blood level of lignans was associated with a 58% reduction of breast cancer risk [25]. A study published in the *Journal of the National Cancer Institute* reported a 17% reduction in breast cancer for women with the highest lignan intake [26].

In another study published in the *American Journal of Clinical Nutrition*, women consuming about 1 ounce of flaxseed daily had lower levels of toxic estrogen metabolites that harm breast tissues [27].

Pilot studies in humans with active breast cancer have shown that flaxseeds *reduce* tumor growth [28] and *reduce* breast tissue density [29]. Remember that increased breast tissue density is a known risk factor for cancer.

Flaxseeds also have anti-inflammatory, bone, blood pressure, diabetic, immune, and cholesterol benefits. Flaxseed can also reduce hot flashes. I take a flax lignan supplement supplying 50 milligrams of lignans daily.

7. WALNUTS

FACT: Just 2 ounces of walnuts per day may reduce your risk of breast cancer.

Grabbing half of a handful of tasty walnuts daily may lower your breast cancer risk.

A new breast cancer study suggests that eating just 2 ounces of walnuts daily prevents breast cancer [30]. Breast cancer-prone mice that ate walnuts as part of their diet had a much lower rate of breast cancer tumors. The mice that did eventually develop cancer showed a delayed time before the cancer appeared, and much smaller tumor size compared to mice not eating the walnuts. The study's lead scientist commented, "These laboratory mice typically have 100 percent tumor incidence [occurrence] at five months; walnut consumption delayed those tumors by at least three weeks. With dietary interventions, you see multiple mechanisms when working with the whole food. Walnuts are better than cookies, french fries or potato chips when you need a snack. We know that a healthy diet overall prevents all manner of chronic diseases. It is clear that walnuts contribute to a healthy diet that can reduce breast cancer."

Nutritional analysis of walnuts reveals they contain omega-3's, antioxidants, and "phytosterols" which contribute to cancer resistance. Join me and grab a half-handful (2 ounces) daily.

8. POMEGRANATES

FACT: Studies show that pomegranates may reduce breast cancer risk by up to 87%.

Pomegranate is a fruit with juicy ruby-red seeds. It contains many beneficial antioxidants in the same chemical class as green tea antioxidants.

Scientists believe that the numerous anti-cancer substances in pomegranate “team up” to attack cancer on many different fronts including interference with cancer cell growth, cancer cell invasion, and cancer blood supply. In addition to natural chemoprevention effects, pomegranate also has anti-inflammatory effects. Recent lab studies have shown that pomegranate forces breast cancer cells to undergo genetically controlled cell death, and reduces formation of breast cancer tumors by 87% [31]. Animal and human studies remain to be done.

The extracted seed oil, juice, and seeds are beneficial. I take a pomegranate extract pill for all of the potential benefits, and frequently enjoy pomegranate juice and the whole fruit. Research shows that pomegranate is a powerful protector of arteries that supply the heart [32]. Much more research remains to be done on pomegranate, but there is no scientific reason to delay adding it to our anti-breast cancer efforts.

9. BROCCOLI

FACT: Broccoli may reduce your breast cancer risk.

I know what you are thinking—“Not broccoli!” Let me say right up front that you can take a supplement containing all the benefits of broccoli without the need to hide anything under the rim of your plate. In broccoli’s culinary defense though, I have to say that lightly sautéed broccoli in virgin olive oil with a pinch of sea salt is superb.

Consumption of “cruciferous vegetables” has long been associated with a reduced risk of breast, colon, lung, and prostate cancer. Broccoli contains a substance called “indole-3-carbinol” that can actually change your bad estrogen into a good form of estrogen that protects your breast tissues [33]. Broccoli sprouts are also rich in “sulforaphane.” Sulforaphane causes your body to produce enzymes that detoxify free radicals, reduce inflammation, and remove carcinogens (chemicals that cause cancer) [34]. Laboratory studies show that sulforaphane slows or stops the growth of breast, prostate, and other cancer cells [35]. Some early studies in animals have shown promising results. New studies show that broccoli can even cause cancer cells to die [36]. I’m excited to see what future research reveals.

If you don’t enjoy broccoli as a whole food, then I recommend that you use a broccoli extract dietary supplement like I do for daily benefits.

10. LOW-GLYCEMIC FOODS

FACT: A low-glycemic diet may lower your breast cancer risk by up to 253%.

I saved the best for last. By reducing sugary, “high-glycemic index” foods from your diet, you may reduce your breast cancer risk by up to 253%.

High-glycemic index foods are sugary or starchy foods that quickly push sugar into your bloodstream, causing a sugar spike followed by an insulin hormone spike. Your pancreas secretes the extra insulin in response to the extra blood sugar. Insulin instructs your body to store the excess sugar as fat. *That’s why it is so hard to lose weight if you eat lots of sweets.* The extra stored fat produces extra estrogen. Both estrogen and insulin may stimulate cancer to grow and spread. Thus, it is easy to understand why a high-glycemic diet can be deadly. “Low” and “medium” glycemic foods don’t cause this harmful cascade of hormones.

A new study alarmingly found that women with the highest glycemic diet and overall glycemic load had an 81% increased risk of ER+/PR- breast cancer [37]. Similarly, doctors found that women who consumed a high glycemic diet with a high glycemic load had a 57% and 253% increased risk of breast cancer [38]. This effect was most pronounced in premenopausal women, and in women at a healthy body weight. In other words, even thin women are at increased risk with sugary

foods.

Researchers at the Albert Einstein College of Medicine found that high insulin levels increase risk of breast cancer [39]. The *Women's Health Initiative* (WHI) is the largest postmenopausal study ever funded by the National Institutes of Health (NIH). Using data from the WHI study, the researchers were able to discover that women with high insulin levels had a 50% to 140% increase in breast cancer risk. Women with “Metabolic Syndrome”, or insulin resistance syndrome, consisting of a constellation of factors including abdominal obesity, high blood glucose levels, impaired glucose tolerance, abnormal lipid levels, and high blood pressure, have nearly a 100% increase in breast cancer risk.

The *worst high-glycemic foods* you can eat include desserts, candies, cakes, sweets, carbonated sodas, biscuits, puffs, ice cream, white bread, white rice, sugar (sucrose), honey, jams, marmalades, and alcohol. You don't have to *entirely* eliminate delicious foods like white rice. Moderation is the key. The *best low-glycemic or medium-glycemic foods* you can eat, which won't trigger massive sugar or insulin spikes, include lean protein (especially fish, beans, and eggs), reduced-fat dairy products, high-fiber cereals, fruits and veggies (including juices), nuts, brown rice, pasta, and whole grain bread. Fructose sugar is low-glycemic. Although a few fruits and veggies are moderately high glycemic, they still have great health benefits.

If you have risky, sugary foods in your house, today is the day to come clean. Throw it away. You won't regret it.

TOP TEN FOODS & SUPPLEMENTS SUMMARY

Foods and supplements that lower your breast cancer risk also lower your risk for many other cancers and diseases.

Many other foods and supplements may lower cancer risk [40], especially grape and muscadine seed extract, resveratrol (found in grape skins, blueberries, bilberries, and cranberries), curcumin (used to make curry powders), lycopene (found in tomatoes and watermelons), lutein (found in spinach, fruits, corn, and egg yolks), garlic, folate (found in dark, green leafy vegetables), berries and berry extracts (including strawberries, raspberries, and cranberries), rosemary, and selenium (found in cereals, nuts, and beans).

Be very skeptical if anyone ever tells you a fruit or vegetable is bad for you. Sometimes *highly purified chemicals* from fruits and veggies are given to animals. This does not accurately reflect humans eating naturally concentrated supplements or whole foods. Animals often metabolize foods differently than humans. If someone tells you that you can't eat chocolate because chocolate makes dogs sick, I hope you realize how illogical it would be to follow their advice. Fruits and veggies do not harm humans as part of a balanced diet.

Fight breast cancer now by proactively eating the right foods and supplements.

FIGHT NOW KEY POINTS

Foods and supplements can help prevent breast cancer and other diseases.

Vitamin D3 fortified-foods, like milk, some cereals, orange juice, oily fish (e.g., salmon, tuna, sardines, and mackerel), cod fish, shrimp, eggs, and dietary supplements may lower your breast cancer risk by up to 70%.

Carrots and other beta-carotene rich foods may lower your breast cancer risk by up to 221%, and lower the risk of invasive breast cancer. Eat both raw and cooked carrots.

Green tea consumption may reduce your breast cancer risk by up to 53%. Green tea dietary supplements are the best way to get enough on a daily basis.

A few apples a day may keep the breast cancer surgeon away. Apple extract supplements are the best way to get enough.

High-fiber foods may lower risk of breast cancer by up to 42%. Eat 30+ grams daily of soluble fiber.

Omega-3 oils from salmon and other oil-rich fish may reduce your breast cancer risk by up to 94%. Dietary supplements are useful to get enough on a daily basis.

Flaxseed may reduce breast cancer risk by up to 58%. Mix finely ground flaxseed powder into a protein shake, or use a flax lignan dietary supplement.

Just 2 ounces of walnuts per day may reduce your risk of breast cancer. Grab a half-handful daily to support breast health.

Studies suggest that pomegranates may reduce breast cancer by up to 87%. Pomegranate juice or dietary supplement pills are the easiest way to benefit.

Broccoli may reduce your breast cancer risk. Concentrated dietary supplements are the best way to get enough on a daily basis.

A high-glycemic diet may increase your breast cancer risk by up to 253%. Switch to low-glycemic foods.

Fight Now.

CHAPTER 4

Lose Your Weight. Save Your Breasts.

FACT: Excess weight may increase your risk of breast cancer by up to 3 times over average risk.

Extra pounds devastate your health. There is no debate about this any longer among credible doctors.

Excess weight causes a tremendous amount of premature wear and tear on virtually every part of your body, and as new medical research shows, can even increase your risk of breast cancer.

The negative changes produced by fat start in your skin with reduced collagen, increased inflammation, and a reduced ability to heal. The unhealthiness is much more than skin deep though. Being overweight leads to at least 30 deadly diseases, including breast cancer, endometrial cancer, colon cancer, kidney cancer, esophageal cancer, pancreatic cancer, high blood pressure, high cholesterol, diabetes, stroke, sudden-death heart attack, and the list goes on and on.

The Women's Health Initiative (WHI) study in postmenopausal women found that extra weight is associated with breast cancer. Women weighing the most have a 2.85 increased risk [1]. Women weighing about 180 lbs on average had nearly 3 times the risk of breast cancer compared to women weighing approximately 130 lbs. Another study found a 3.26 fold increased risk in obese postmenopausal women compared to healthy weight women [2]. The National Cancer Institute (NCI) recently warned that after menopause, obese women have a 50% higher risk of getting breast cancer compared to women with a normal healthy body weight [3]. In premenopausal women, a larger waist size increases risk, too [4]. Research has shown that women undergoing chemotherapy gained 5 to 8 pounds over a year's time [5]. In a cruel twist of fate, a subsequent study reported that overweight breast cancer survivors were more likely to have their cancer return than thinner survivors [6]. Doctors warn in the *Journal of Clinical Oncology* that obesity increases risk of cancer recurrence for survivors by 50% [7]. This is a very serious medical finding.

Has your doctor ever told you that you could lower your risk of breast cancer, or recurrence, by losing weight?

The research findings get worse.

FACT: Obesity not only increases your risk of getting breast cancer, but it also increases your risk of dying from breast cancer.

Some studies have found that those who gained significant amounts of weight after cancer diagnosis were more likely to relapse, and more likely to die compared with women who gained less weight [8, 9].

Doctors estimate that about 11,000 to 18,000 deaths per year from breast cancer in U.S. women over age 50 might be avoided if women could maintain a healthy body weight throughout their adult years [10].

HOW DOES FAT CONTRIBUTE TO CANCER?

Increased estrogen levels in overweight and obese women are believed to be responsible for the increased risk of developing breast cancer.

Fat cells make estrogen.

Before menopause, the ovaries are the primary source of estrogen. However, estrogen is also produced in fat tissue and, after menopause, when the ovaries stop producing hormones, fat tissue becomes the most important estrogen source. Estrogen levels in postmenopausal women are 50 to 100% higher among heavy versus lean women [11]. Estrogen-sensitive tissues are therefore exposed to more estrogen stimulation in heavy women, leading to a more rapid growth of estrogen-sensitive breast tumors. Higher insulin hormone levels from obesity may also drive tumor growth [12].

Some experts feel that the body may produce more fat after menopause in an effort to compensate for the lost

estrogen. Unfortunately, many women know this effect as the “middle-age spread” where pounds suddenly seem easier to gain and harder to lose. Sound familiar?

Another factor related to the higher breast cancer death rates in obese women is that breast cancer is more likely to be detected at a later stage in obese women than in lean women [13]. This is because the detection of a breast tumor with a mammogram test is more difficult in obese breasts. In a similar fashion, breast implants make it more difficult to detect cancer.

Weight gain during adulthood has been found to be the most consistent and strongest predictor of breast cancer risk in studies in which it has been examined. The *distribution of body fat* may also affect breast cancer risk. Women with a large amount of abdominal (belly) fat have a greater breast cancer risk than those whose fat is distributed over the hips, buttocks, and lower extremities [14]. But to be safe, I believe any type of excess fat should be lost. Remember that breast cancer isn't the only cancer or disease caused by excess weight.

FACT: Losing weight is one of the most important ways to lower your risk of losing your breasts and dying from breast cancer.

Not convinced yet? Doctors writing in the prestigious *Journal of the American Medical Association* (JAMA) conclude, “These data suggest that weight gain during adult life, specifically since menopause, increases the risk of breast cancer among postmenopausal women, whereas weight loss after menopause is associated with

a decreased risk of breast cancer [15]. Thus, in addition to other known benefits of healthy weight, our results provide another reason for women approaching menopause to maintain or lose weight, as appropriate.”

Clearly, we can lose weight to lower disease risk.

“DIETS DON’T WORK FOR ME!”

It is upsetting for me to see someone making food their master, serving it instead of letting it serve them with beautifying nutrition, as food was designed to do!

I believe strongly that every day is a gift, and our eating should reflect our gratefulness for life.

Have you already failed on other diets in the past?

It’s okay; I have too. More than likely, the diet failed you instead of you failing the diet. What I mean is that many popular diets have never actually been clinically tested to work in a well-designed clinical trial. You end up feeling constantly hungry which leads to another dismal diet failure.

If you are like 99% of people I know, including my great mom, you are too busy to tediously count calories day after day after day, manage complex phase ins and phase outs, or constantly shop to prepare “gourmet” meals with the “right” balance of protein, carbohydrates, and fats. You also realize that unrealistic dietary restrictions, such as “eliminating all carbs” or

eating “fat-free,” are not only impossible, but also detrimental to your overall health and success. You don’t believe that bread and pasta are evil, and neither do I. All that you want is an easy and delicious diet plan to help you lose weight, be healthier, feel energized and look better—without feeling constantly hungry and without having all of your food choices and family eating time stripped away from you. You also don’t want to risk your health by using dangerous diet pills hawked all over late night television, touting unproven, often ridiculous claims. Who hasn’t heard about the “Lose 10 pounds in one weekend!” juice diet?

Well, I’ve eliminated these traditional diet problems with a super simple, yet extremely powerful, diet plan for you. I believe that successful dieting is not about constantly denying or punishing yourself. Successful dieting *is* about finding delicious foods that you absolutely love, and foods that *empower* you to lose weight. I understand your struggle, and I don’t believe you should be punished with hunger. Ever.

FACT: You can lose weight easily and quickly using my clinically tested diet plan. It is stronger and faster than popular diets and diet pills.

Dieters using my plan in a weight loss clinical study achieved *spectacular* average results [16, 17]. The study was conducted at a major independent academic hospital, and published in the prestigious *Metabolism Clinical and Experimental* journal. It works.

USE MY CANCER-FIGHTING DIET PLAN TO:

- Lose 26 to 29 pounds in just 16 weeks.
- Quickly reduce your abdominal belly fat (lose up to 25 percent or more in 16 weeks), shrink waist circumference, and lose dress/pants sizes.
- Reduce your hunger and satisfy sweet, salty, and crunchy cravings.
- Boost your energy levels with protein-packed, low-glycemic index “smart-carb” foods that don’t cause a rapid blood sugar or insulin spike.
- Support normal cholesterol and blood pressure.
- Support normal blood sugar levels.

“HOW FAST CAN I LOSE WEIGHT ON YOUR PLAN?”

The average losses from the clinical study were:

In just 1 week, 3 to 4 pounds.

Several dieters lost >5 pounds.

In just 2 weeks, 6 to 7 pounds.

Several dieters lost >8 pounds.

In just 4 weeks, 10.5 pounds.

Several dieters lost >12 pounds.

In just 6 weeks, 14 pounds.

Several dieters lost >17 pounds.

In just 8 weeks, 16 to 17 pounds.

Several dieters lost >20 pounds.

In just 16 weeks, 26 to 29 pounds with >25% of belly fat lost, and >12% reduction in waist size.

Several dieters lost >40 pounds.

FIGHT NOW

LOSE WEIGHT NOW TO REDUCE YOUR RISK

Here's how easy a rapid weight loss day is:

1. Enjoy 2 high-protein shakes or bars with at least 20 grams of protein as meal replacements. Use 1 for breakfast and 1 for lunch.
2. Enjoy 5 servings of fruits and vegetables.
3. Enjoy 1 low-calorie meal or pre-packaged entrée for dinner.
4. Enjoy 1 to 2 high-protein between-meal snacks.

YOU CAN EAT AND FEEL FULL ALL DAY LONG!

BREAKFAST: A protein shake meal and a piece of fruit

MID-MORNING BREAK: A 100-calorie snack

LUNCH: A protein bar meal and high-protein chips

MID-AFTERNOON BREAK: A small cup of yogurt

DINNER: A hot entrée with two steaming vegetables

NIGHTTIME SNACK: A bowl of frozen fruit medley

FLUIDS: As much calorie-free fluids as desired

TOTAL FOOD COUNT: 2 shakes/bars, 5 fruits/veggies, 1 sensible meal/entrée and 2 snacks

DAILY CALORIE GOAL: About 1,200 calories

It's that simple.

How my diet works: My protein-packed diet will help you feel fuller longer by sending "I'm full!" messages from your stomach to your brain. The 50 to 75 grams of protein per day on my plan will reduce your *urge to splurge*. The 5 fruits and veggies daily will increase the amount of anti-breast cancer antioxidants in your body. The ability to mix and match foods gives you ultimate flexibility so you are never bored, or isolated from eating with your family and friends. There are no specific restrictions, but you should reduce high-glycemic foods, total fat, saturated fat, and trans-fat intake. *Make sure the protein shakes and bars specifically state "low-glycemic" on the packaging or label.* Also, increase your intake of my cancer-fighting foods including Vitamin D3-rich foods.

Once you have reached your target weight, you can maintain it easily on my plan. Simply replace the shake or bar meal replacement for lunch with a sensible meal. This will bring your total daily calories to about 1,800 to 2,000. You should continue eating the high-protein shake or bar in the morning for life. I've found that protein in the morning is the single most important factor for controlling hunger, energy, and blood sugar levels for the rest of the day. I've had a protein shake every morning for over ten years now.

HOW TO MAXIMIZE YOUR WEIGHT LOSS

Slow weight loss is better than no weight loss, so don't be too extreme when starting my diet plan. Extreme changes will only make you fail, so start slow.

If you find that 1,200 calories of food per day is simply not enough to keep you happy, then I recommend increasing your calorie intake to 1,400 to 1,600 per day by adding in additional food items. You will not lose weight as fast, but you will still be making progress.

I highly recommend that you establish a daily eating routine (e.g., always have a protein shake in the morning). Using the same routine pattern every day helps you develop a healthy habit. As you become more “savvy” on the diet plan, don’t be afraid to mix it up.

For rapid weight loss, you should drink calorie-free liquids including water and tea. You can easily enjoy calorie-containing drinks (e.g., natural fruit juices) as substitutes for a fruit and vegetable serving.

Employ protein-rich snacks (e.g., yogurt or high-protein chips) to prevent a hunger wave from hitting you all at once. Letting too much hunger build up without satisfying it is a guaranteed way to blow up your daily calorie intake with an uncontrolled eating spree.

Take a good multivitamin rich in antioxidants during weight loss. This is very important to protect your body from nutritional deficiencies, and to neutralize unhealthy free radicals that can cause DNA damage.

FACT: The group of dieters in the clinical study did not show the signs of every dieter’s nightmare—the dreaded “plateau” slow down.

My diet study data suggests you can lose as many pounds as you want to lose, whether 20 pounds or 200 pounds, *over time* by persistently using this plan. In other words, if you are faithful to the diet and physical activity plan you can keep losing weight every week well beyond sixteen weeks.

During a plateau, weight loss inexplicably levels out. It just suddenly stops and additional weight loss is very difficult. Remarkably, the dieters as a group continued to lose weight at virtually the same rapid pace (nearly 2 pounds per week) during the entire study from Week 1 all the way through Week 16.

KEEP YOUR DOCTOR INVOLVED

Because my diet is so powerful at producing rapid weight loss, I recommend that you do not try to lose more than 2 pounds per week or consume less than 1200 calories per day, unless you are under the supervision of your healthcare provider.

You wouldn't want to take off in a powerful rocket without an expert co-pilot, so if you are trying to quickly lose a large amount of weight, make sure your doctor is on board with you. Your doctor will likely recommend that you aim for 1 to 2 pounds of weight loss per week with at least 1,200 calories per day. You and your doctor can also determine the proper target weight, or Body Mass Index ("BMI") for you.

Why limit your "rocket speed"? Because losing more than 2 pounds per week, or eating less than 1200

FIGHT NOW

calories per day, for an extended period of time can increase your risk of exhaustion, dehydration, or nutrient deficiencies, leading to illness or injury. Burning too much fuel too soon isn't wise if we want to successfully complete the mission.

FACT: Walking helps you burn calories, boost your metabolism, and elevate your mood.

Don't underestimate the benefits of physical activity. Walk 30 to 45 minutes, 6 days a week (or other physical activity that you enjoy).

Walking is easy, fun, and relaxing, so there is absolutely no excuse for being a couch potato. Complaining about walking does not help you burn any extra calories! Walking also gives you time to think, pray, and meditate about your day while listening to your favorite energizing music. Studies have shown that regular exercise will lower your breast cancer risk, and reduce your chances of dying if you are diagnosed with breast cancer.

LOW THYROID HORMONE LEVELS

If you can't lose weight on 1,200 calories per day, I recommend that you test your thyroid hormone level with your doctor. Low thyroid hormone levels make it nearly impossible to lose weight because of slowed metabolism. Signs of low thyroid hormone levels may include fatigue, dry skin, brittle hair and nails, and constipation.

AVOID DIET SCAMS THAT MAY HARM YOU

I can't end this chapter without warning you about dangerous diet scams. Don't be a victim of scams that rob your wallet and ruin your health per the FDA.

- “Low-carb” diets that encourage over-consumption of fatty foods. The American Heart Association has stated that these diets can lead to premature heart disease.
- Any diet, pill, capsule, juice, etc. that claims to help you lose a large amount of weight in a very short amount of time. For example, a product that claims to help you lose 10 pounds over the weekend. This type of diet is very dangerous.
- Diet patches, which are worn on the skin, have *not* been proven to be safe or effective. The FDA has seized millions of these patches from manufacturers and promoters.
- “Fat blockers” purport to physically absorb fat and mechanically interfere with the fat a person eats. Anything that truly blocks fat absorption also blocks absorption of important vitamins, minerals, and other nutrients.
- “Carbohydrate blockers,” “sugar blockers,” or “starch blockers” that promise to block or impede starch digestion. Not only is the claim unproven, but people have complained of nausea, vomiting, diarrhea, and stomach pains.

- Diet pills. A recent diet pill ingredient, (phenylpropanolamine or “PPA”), found in leading brand-name diet pills was removed from the market by the FDA due to increased risk of hemorrhagic (bleeding) stroke. Nobody knows what the next health disaster will be among diet pills. The FDA recalled the popular diet pill “Hydroxycut” due to liver damage. Diet pills have affected millions of people. The FDA has removed several *prescription* diet pills for heart valve damage.
- “Fat Flushers” or “Magnet” diet pills that allegedly “flush fat out of the body.” The Federal Trade Commission (FTC) has brought legal action against marketers.
- “Bulk fillers” that promise to swell in the stomach, thereby reducing hunger. Some fillers can even prove harmful, causing obstructions in the intestines, stomach, or esophagus. Some protein bars claim to, “...stretch out the upper part of the stomach just like weight loss surgery.” This is false and misleading.
- Electrical muscle stimulators have legitimate use in physical therapy treatment. But the FDA has taken a number of them off the market because they were promoted for weight loss and body toning. When used incorrectly, muscle stimulators can be dangerous, causing electrical shocks and burns.

- Detox pills that claim to get rid of fat “trapped to the colon wall like spackling” that diet and exercise can’t help you lose. Outrageously false.

Are you ready to fight breast cancer now by losing the extra weight?

FIGHT NOW KEY POINTS

Excess weight may increase your risk of breast cancer by up to 3 times over average risk. You can lower your risk of many diseases by losing weight.

You can lose weight easily and quickly using my clinically tested diet plan. It is stronger and faster than popular diets and diet pills.

Stick with the plan to lose as much weight as you need to lose. The dieter group in the clinical study did not experience the dreaded plateau.

Don’t be a victim of diet scams that rob your wallet and harm your health.

Fight Now.

Breast Cancer Myths Exposed

FACT: Breast cancer myths can harm you if they cause you to make wrong decisions.

The truth shall help you stay cancer-free.

Breast cancer myths [1-3] can really harm your health if they cause you to make the wrong decisions, especially not seeking regular medical care. Hundreds of cancer myths are floating around the internet. If you hear a “fact” about breast cancer and wonder if it is true, ask your doctor, or contact me at DrTabor@fightBCnow.com.

Let’s learn and use the truth.

MYTH—Mammograms will cause breast cancer to spread to other parts of the body.

A mammogram test (x-ray of the breast) does not cause cancer to spread. It is one of the best tests to detect cancer early before it spreads to other parts of your body. Studies show that mammograms can detect cancer an average of 1 to 4 years before you can feel a lump or bump. *A regular mammogram can save your life.*

Most women should have their first mammogram at age 40, but if you have a family history of breast cancer, your doctor may recommend your first mammogram at age 35 or earlier.

MYTH—Bioidentical hormones are completely safe.

The FDA is not aware of any credible scientific evidence to support claims made regarding the safety of compounded bioidentical hormones. The Director of the FDA's Office of Women's Health states, "They are not safer just because they are natural." The FDA points out that bioidentical hormones have not been studied in large clinical safety trials, so we don't know if they are safe or not. Intuitively, we know that estrogen feeds breast cancer. Buyers beware.

MYTH—"I would feel pain if I had breast cancer, so I don't need a checkup."

Early breast cancer is not painful at all 90% of the time, so you can't rely on the presence of pain to tell if you have cancer. Mammograms and self-exams are vital for detecting cancer. If you do have breast pain, chances are it isn't breast cancer. More than likely it is a benign cause related to hormonal cycles, benign cysts, benign growths, or even a bra that is too small or poorly fitted. Still, it is better to be safe than sorry, so follow up with your doctor to determine the cause.

MYTH—Coral calcium cures breast cancer.

Coral calcium is not an effective treatment for breast cancer. The Federal Trade Commission (FTC) has taken severe legal action against several marketers of coral calcium that claim it helps cure breast cancer. *It is*

believed that some breast cancer patients delayed getting proper medical treatment because they were misled to believe that coral calcium could treat their disease. As a reminder, diet and lifestyle changes should be used in conjunction with drugs, surgery, chemotherapy, radiation therapy, and other treatments with the help of your doctor.

MYTH—“No one in my family has ever gotten breast cancer, so I can’t get it.”

About 70% of breast cancer cases have no known risk factors. While your risk of breast cancer is higher if your mother, sister, or daughter had breast cancer, the disease does not discriminate. Everyone has some risk of cancer, and many who get breast cancer have no known family history of disease. Be vigilant.

MYTH—Breast implants cause breast cancer.

Breast implants do not cause breast cancer, but they may make it more difficult to detect breast cancer with a mammogram or self-exam.

MYTH—“I don’t feel any lumps or bumps, so I don’t have breast cancer.”

You can have breast cancer long before you can feel it with your fingers. *And, breast cancer does not always come in the form of a lump or bump.* Any type of change in the breast, nipple, or skin can be an early sign of breast cancer including:

- A change in how the breast or nipple feels
- A lump or thickening in or near the breast or in the underarm area
- Nipple tenderness

- A change in how the breast or nipple looks
- A change in the size or shape of the breast
- A nipple turned inward into the breast
- The skin of the breast, areola, or nipple may be scaly, red, or swollen. It may have ridges or pitting so that it looks like the skin of an orange.
- Nipple discharge (fluid)
- Swollen lymph nodes under the arm

You can have breast cancer with no signs at all. That's why it is important to have regular mammograms and immediately report any changes you notice in your breasts to your doctor.

MYTH—Antiperspirants and deodorants cause breast cancer.

Internet postings and other sources have suggested that people who use deodorants or antiperspirants could be at higher risk for breast cancer. These stories have claimed that the products contain harmful substances that can be absorbed through the skin via nicks and cuts from shaving. However, the National Cancer Institute (NCI) and the FDA have not found any link between the use of underarm antiperspirants or deodorants and the subsequent development of breast cancer.

MYTH—Artificial sweeteners cause cancer.

Research suggests there is no link between cancer and popular artificial sweeteners like saccharin and aspartame. However, we do know that high-glycemic foods with excessive simple sugars may increase cancer risk via increased weight gain and extra insulin secretion. *Extra fat makes extra estrogen.*

MYTH—Fluoridated water causes cancer.

More than half of Americans drink water that contains fluoride. A connection between fluoride in drinking water and cancer has been debated and studied for many years. The Centers for Disease Control (CDC) summarized extensive research findings and concluded that studies to date have produced "no credible evidence" of an association between fluoridated drinking water and an increased risk for cancer. Fluoridated water and toothpaste help keep teeth firm and more resistant to cavities.

MYTH—Drinking coffee causes breast cancer.

Caffeine does not increase your risk of breast cancer. New research actually shows that coffee consumption may lower risk for a subset of women by increasing removal of estrogen from the body.

MYTH—Men do not get breast cancer.

About 1,700 men will be diagnosed with breast cancer this year, and over 400 will die. Although rare, men do get breast cancer. The best detection method is regular monthly self-exams to detect any new lump or bump.

MYTH—Breast cancer is contagious.

Breast cancer is not contagious, but you can reduce your risk by dietary and lifestyle choices designed to live proactively against breast cancer before it strikes. Cervical cancer and a form of liver cancer are caused by contagious viruses.

MYTH—Doctors, pharmaceutical companies, and the FDA are hiding a cancer cure.

This is simply not true. Conspiracy theorists have alleged for decades that thousands of doctors, pharmaceutical workers, and government workers have hidden a cancer cure for decades. *Great doctors and scientists at academic institutes, pharmaceutical companies, and within the government are working vigorously to cure cancer.* Modern medicine has nearly doubled the average lifespan in just the past 100 years.

MYTH—Needle biopsies of a lump or bump to diagnose breast cancer causes it to spread.

Needle biopsies are used to take a small tissue or fluid sample from a suspicious lump or bump in your breast for cancer testing. *A study on needle biopsies showed the procedure does not cause cancer to spread.* Surgery to remove breast cancer will not cause it to spread either. The greatest survival rates are achieved by removing as much of the tumor as soon as possible. Sometimes during surgery it is discovered that the cancer has spread further than expected. This allows your doctor to treat you more effectively.

MYTH—Wearing a bra causes breast cancer.

Email rumors have stated that wearing a bra causes accumulation of toxins in the breast by hindering the lymph drainage system, thus leading to cancer. To date, studies have not shown conclusively that wearing a bra causes an increase in breast cancer risk. One confounding variable is that overweight or obese women are more likely to wear bras, and we know that being overweight or obese also increases breast cancer

risk. This confuses the data interpretation. Wearing a loose-fitting, comfortable bra is the best option.

MYTH—Women with small breasts do not get breast cancer.

Large breasts make it harder to detect cancer, similar to having breast implants. However, risk of breast cancer is not less for women with small breasts. Anyone with breasts (including a man) is at risk for breast cancer.

MYTH—Women who undergo a mastectomy (surgical removal of a breast) can't get breast cancer.

You can have a recurrence at the site of the scar, or in the other breast. Because survivors may still have “micrometastatic” cancer cells, smart diet and lifestyle choices are critical. Disease-free women who voluntarily have their breasts removed because of an extremely high breast cancer risk still have a 10% chance of getting breast cancer.

MYTH—Fibrocystic (lumpy) breasts have an increased risk of cancer.

Having lumpy breasts makes it more difficult to detect cancer with mammograms and self-exams, but it does not increase your risk of cancer.

MYTH—Breast cancer recurrence is the #1 killer of breast cancer survivors.

Heart disease is the number #1 killer of women with and without breast cancer. The dietary and lifestyle advice I have given you can also lower your risk of heart disease.

MYTH—“I’m too young to get breast cancer.”

You can develop breast cancer at almost any age.

MYTH—“My mammogram was negative, so I have nothing to worry about.”

Mammograms fail to detect 10% to 20% of breast cancers, so make sure you continue to *Fight Now*. A study in the *Journal of the National Cancer Institute* found that different breast cancer centers often interpret mammograms differently, so it is also possible that the radiologist reading your mammogram could make a mistake and miss seeing the cancer. Newer 3T MRI tests can pick up cancers that mammograms can’t detect. Ask your doctor about it. It is wise to be vigilant about your body even if tests show you are cancer-free.

MYTH—Hair straighteners and relaxers cause breast cancer.

The National Cancer Institute (NCI) funded a large study that showed no increase in breast cancer risk from hair care straighteners or relaxers.

MYTH—Asymmetric breasts means I have cancer.

Every body part that has a counterpart is usually slightly different in size. Just like one foot is typically longer than the other, or one ear larger than the other, breasts often vary in size. This is natural and doesn’t mean you have cancer. However, if you experience a *sudden change* in breast symmetry, have it checked out by your doctor.

MYTH—Fruits and vegetables harm the breasts.

Absolutely false! No human studies have ever shown that natural fruits, vegetables, legumes (beans), or naturally concentrated extracts of fruits and vegetables, *cause* breast cancer. *Purified chemicals* from fruits and vegetables may be as powerful as prescription drugs, and should be studied more to understand benefits and possible side-effects.

NUMBER #1 MYTH

“I can’t do anything to lower my breast cancer risk, or to detect cancer early.”

Fight Now because your choices do matter.

DISPUTED BREAST CANCER “MYTHS”

Researchers are investigating many other *alleged* causes of breast cancer including:

- Growth hormones in dairy products and meats
- Environmental chemicals and insecticides
- Birth control pills
- Cosmetic and anti-aging skin care ingredients and preservatives
- Living near power lines
- Pollution, metals, and dust
- Hand cleanser chemicals
- Fragrances and perfumes
- Nail polishes
- Hair dyes

The FDA has removed certain chemicals from the US market in the recent past because of proven cancer-causing research. *Over 200 cancer-causing chemicals are known at present.* The best strategy is to start using natural products with fewer ingredients. Study labels, be skeptical, ask questions, and demand answers from food and product manufacturers. If a certain product or ingredient stresses you out, discontinue it. Getting rid of the stress alone may help reduce your cancer risk.

I'll keep a close watch on new breast cancer research, and keep you informed at www.fightBCnow.com.

FIGHT NOW KEY POINTS

Understanding the truth about key breast cancer myths is critical to making the right choices.

The #1 breast cancer myth is that you can't do anything to reduce your risk of getting breast cancer, or risk of dying from breast cancer because it is detected too late. Your choices do matter.

Fight Now.

My 7-Day Prescription for Healthier Breasts

FACT: Preventing breast cancer won't happen by accident. It requires purposeful action.

Are you ready to start reducing your breast cancer risk in only 7 days?

A doctor from the Fred Hutchinson Cancer Research Center recently wrote in the *New England Journal of Medicine* [1] that the world must wake up to the growing threat of breast cancer: "As more countries modernize, more women will enter an increasingly sedentary workforce, delay childbearing, exert control over their reproductive lives, live longer and eat a more Westernized diet. Their breast cancer rates will no doubt increase."

I've designed my intense *7-day Prescription for Healthier Breasts* to help you accelerate your proactive fight against breast cancer. Want to feel much better about your breast health? Just follow my 7-day plan.

If you are serious, let's Fight Now.

DAY 1 TO HEALTHIER BREASTS

Day 1 is the day dedicated to scheduling an appointment with your doctor, and reviewing your family history.

Here's what you need to schedule:

A Vitamin D3 blood test

Specifically, ask for a “25-hydroxyvitamin D” blood level test. Don't start taking Vitamin D3 until you get your test results back. Your doctor may want to put you on a 50,000 IU weekly prescription dose to quickly restore your levels.

A mammogram if you are over 40 (or over 35 if you have a family history of breast cancer)

Mammograms detect breast cancer in the earliest, most treatable stage, and find cancer an average of 1 to 4 years before you can even feel a lump. Ask your doctor about digital mammograms, and the newer “3T MRI” diagnostic test that is much more powerful than a mammogram for detecting early breast cancer. A 3T MRI can detect a significant number of cancers not seen with mammography or sonography (ultrasound).

A discussion about stopping hormone replacement therapy (HRT = estrogen plus progestin; or HT)

Unless your doctor can give you a life-threatening reason that you should remain on HRT (combined estrogen plus progestin), it should probably be stopped. Hormone replacement is often prescribed for women

entering menopause during midlife to stop very uncomfortable hot flashes and night sweats. Overwhelming scientific evidence documents that HRT increases your risk of invasive breast cancer by 24% [2]. In fact, the government halted the main research study early because HRT's health risks were so dangerous. More recently, a group of Sloan-Kettering doctors reported a 400% increase in breast cancer risk after just 3 years of HRT use [3]. HRT also increases your risk of heart disease [4], stroke [5], blood clots [6], dementia [7], and urinary incontinence [8]. Estrogen-only therapy may be safer for breast tissues, but we aren't sure yet. Beware of custom-mixed "natural bioidentical hormones" because they do not have any long-term safety data, and the FDA considers bioidentical hormones to have the same increased breast cancer risk as HRT. Menopausal discomforts can be handled naturally. A recent study at The Johns Hopkins Hospital showed that soy protein rich in soy antioxidants can effectively reduce the discomforts of menopause including hot flashes and night sweats [9]. Studies show that flax lignans can also reduce menopausal discomforts.

A discussion about anti-breast cancer drugs

If you are at high-risk for breast cancer, or breast cancer recurrence, you should discuss anti-breast cancer drugs with your doctor. Several classes of drugs, including drugs that block estrogen from binding to estrogen receptors and drugs that lower production of estrogen, could help lower your risk. Some women at a very high risk for breast cancer elect to have their breasts or ovaries removed before cancer strikes.

A discussion about genetic testing

If you have a family history of breast cancer (i.e. any blood-related female on your mother's OR father's side) then I recommend that you consider a genetic test to see if you are at increased risk. If you have genes (blueprints) that make you more likely to get breast cancer, you can become *super proactive* and vigilant. Knowledge is power to fight back. Researchers, funded by the National Institutes of Health (NIH), have recently found genes that play a key role in the spread of breast cancer to the brain [10]. The more you know now about your inherited risk now, the better you can fight breast cancer now.

A lesson on breast self-exams

Have your doctor teach you a proper breast self-exam so you can perform it monthly regardless of your age. You are the best person to monitor changes in lumps and bumps in your breasts.

Explore your family history

Finally, call or email your blood-related family members (including distant ones) to inquire if anyone in the family has/had cancer. Knowing "what runs in your family" is important. Ask your mom if she took DES (diethylstilbestrol) during pregnancy. Let your doctor know what you discover. Day 1 is a busy day, but well worth the effort to reduce your risk.

Keep focused on fighting breast cancer.

DAY 2 TO HEALTHIER BREASTS

Day 2 is the day for you to start losing weight with my easy cancer-fighting eating plan. Even if you don't need to lose weight, I've included two critical eating changes below to lower your breast cancer risk.

Losing weight is one of the most important steps to fighting the threat of breast cancer, so I want you to set a small goal to lose 2 to 4 pounds in the next 2 weeks. Once you meet your first weight loss goal, set a new small goal to meet. Lowering daily calories will decrease damage to your DNA, and will lower levels of cancer-feeding hormones in your body.

Go to the grocery store or shop online to get the protein shakes and bars with at least 20 grams of protein per serving, fruits, veggies, snacks, and dinner entrées.

Include as many items as you can from my Top Ten list of foods and supplements that fight breast cancer: carrots, green tea, apples, fiber-rich foods and supplements, omega-3 foods (salmon and other oil-rich fish) and supplements, ground flaxseed powder, walnuts, pomegranates, broccoli, and low-glycemic foods (lean proteins, fruits and veggies, and beans). Get Vitamin D3-rich foods and supplements.

Start reducing or eliminating high-glycemic foods from your diet. Sweet tasting foods are usually not sweet to your breast health.

Start a good multivitamin if you don't already use one. Many studies show reduced risks of cancer from common vitamins and minerals like Vitamin A, C, and E, and selenium. As you get older, your internal antioxidant systems shut down leaving your breast tissues exposed to increased damage from free radicals. It becomes very important to shield your body with antioxidants from your diet to block damage to important DNA blueprints in breast tissues. New government research shows that cells from multivitamin users "look younger" with healthier DNA ends called "telomeres" [11]. We absorb less vitamins and minerals from our food as we age, thus the need for supplements. Although general multivitamins haven't been shown to reduce risk of breast cancer, it intuitively makes sense to take one for general protection.

TWO CRITICAL CHANGES TO REDUCE YOUR RISK

Reduce your intake of grilled, barbequed, and smoked meat, and any meat cooked at high-temperatures. You could reduce your risk by up to 74%. Doctors at University of South Carolina found that postmenopausal women who consumed the most grilled, barbecued, or smoked red meat over their lifetime have a 47% increased risk of breast cancer [12]. This same study showed that big meat-eaters who also skimmed on fruit and vegetables had a 74% increased risk of the disease. Cooking meat at high temperatures until "well done," especially pan-fried or grilled meat, produces high amounts of cancer-causing chemicals. The iron content (from heme in the blood) in red meat may generate free radicals in the colon that damage DNA. Avoid burnt parts of meat altogether. Cook "lower and slower" to

reduce the negative consequences. You can marinate and precook meats in the microwave to minimize grilling heat and cooking times. Nitrates/nitrites and salt used in processed meats (e.g., bologna and hot dogs) may also create chemicals that damage DNA. Some meats, particularly processed meats, are typically high in saturated fat. Doctors from Stanford and Albert Einstein College of Medicine recently reported that eating meat does not increase risk. *The way meat is cooked is likely the most important factor, along with choosing lean cuts.*

Decrease your total fat and saturated fat intake, and eliminate all trans-fats. You could reduce your risk by up to 42%. Doctors in one study found that a reduced total fat intake improves relapse-free survival by 24% in postmenopausal women with breast cancer [13]. In the same study, the risk of recurrence for women with ER negative breast cancer decreased by 42%. A study published in the *Journal of the National Cancer Institute* reported a 32% increase in developing breast cancer among women who consumed 40% of their total calories as fat compared to women who consumed 20% of their total calories from fat [14]. Another European study reported that even a small increase in dietary fat intake increased breast cancer risk [15]. A high fat diet stimulates production of more estrogen [16]. Optimally, less than 20% of your total calories should come from fat, with less than 8% of total calories from “saturated fat.” Two studies have shown a 40% and 75% increase in breast cancer risk with high intake levels of “trans-fats” [17, 18]. Trans-fats are also deadly for your heart, thus you should eliminate *all* trans-fats from your diet. Read the labels. Make notes. Learn what you are putting into your body because your life depends on it.

DAY 3 TO HEALTHIER BREASTS

Day 3 is the day to start going to bed on time. Your body was not designed to stay up all night.

Alarming new medical research shows that night shift workers have an increased breast cancer risk of 50% to 70% compared to women who work during the day [19]. The researchers believe that exposure to light (from indoor lights at work) during the night reduces the production of “melatonin.” Melatonin, which is made in our bodies at night to help regulate sleep and repair tissues, usually protects against breast tumor development. It also acts as an antioxidant in tissues, including the skin.

One medical researcher has suggested that the best protection measure against breast cancer could be sleeping in a totally dark room.

Go to bed earlier, preferably by 10 pm each night, if you can. *If possible, work day shifts instead of night shifts.* Getting a good night’s rest will also help you keep the weight off, and boost your skin’s glow because skin cells repair the fastest at 11 pm every night. Being in bed by 10 pm will help accentuate the natural anti-wrinkle rejuvenation process.

DAY 4 TO HEALTHIER BREASTS

Day 4 is the day to eliminate alcohol, or reduce the amount that you drink on a weekly basis.

If you have 1 drink per day every day of the week, you increase your risk of breast cancer by about 7% [20]. Two drinks per day every day of the week increases your risk by about 13% [21]. Even 3 to 6 drinks per week increased risk to 8% [21]. Experts believe that alcohol consumption increases the amount of estrogen in your body [22]. One study concluded that alcohol accounts for 11% of breast cancer cases in England [21]. Similarly, the American Institute for Cancer Research (AICR) believes 11% of US breast cancer cases are related to alcohol intake [23]. Cancers of the mouth, throat, esophagus, and livers were also increased. Drinking combined with smoking is even more deadly. A study in the *Journal of Clinical Oncology* found that *survivors* who have one or more drinks per day have a 90% increased risk of recurrence [24].

Women who had 2 drinks or less per week did not show an increase in breast cancer risk.

The evidence shows that total alcohol consumed is the most important factor, not the type of alcohol consumed.

DAY 5 TO HEALTHIER BREASTS

Day 5 is the day to eliminate all smoke from your life.

Cigarette and cigar smoke, including first- and second-hand “passive” smoke, increase your risk of breast cancer [25]. Smoking’s influence on breast cancer has been debated in the past, with some doctors saying it didn’t cause breast cancer. The science is now clear—smoke harms your breasts.

A scientific panel recently concluded, based on new medical evidence, that smoking increases the risk of breast cancer, *and that young women and girls face special risks from exposure to smoke* [26]. The panel noted that even second-hand smoke exposure during adolescence could increase the risk of breast cancer occurring later in life. Doctors recently reported that survivors who smoke have a 120% increased risk of recurrence [24].

Both first-hand smoke and second-hand smoke contain deadly chemicals that cause breast cancer, likely by harming your DNA which turns good normal cells into bad cancer cells. The same chemicals also destroy your collagen and elastin by inducing enzymes that chop your connective tissue in pieces causing sagging skin and breasts. Smokers look an average of 10 years older than non-smokers. These same smoke-induced enzymes help cancer in your breast clear a pathway to spread (i.e., “metastasize”). The breast cancer can then migrate to your brain, liver, bones, colon, and other tissues.

Smokers even have the deadly chemicals in their breast milk, potentially poisoning their breastfed babies.

If you are a smoker, make an all out effort to quit, involving your family, doctor, prescription medication, over-the-counter alternatives, and behavioral counseling. You can't quit smoking if you are constantly around smokers, so you will have to decide if your breasts are more important than your social group. Second-hand smoke is just as deadly. If your workplace allows smoking on the job, spearhead an effort to change the policy, or change jobs. You can get free help from www.SmokeFree.gov or the American Cancer Society's Quitline® at 1-800-ACS-2345.

Cut smoke off at the source. Doing so could save your breasts and your life.

DAY 6 TO HEALTHIER BREASTS

Day 6 is the day to reduce your stress.

A new study shows that mild to moderate stressful events seem to have a cumulative negative effect over time. Younger women who experience two or more severely stressful life events, such as losing a parent, going through a divorce, losing a job, or severe illness, have an increased risk for developing breast cancer by 62% [27]. In the same study, women with depression were more likely to have breast cancer. In contrast, the study also found that women with a "general feeling of

happiness and optimism" had a 25% lower risk of having been diagnosed with breast cancer. A recent University of Pittsburgh study found that women with optimistic attitudes had an almost 10% reduced risk of developing heart disease, the #1 killer of women and men, compared to their pessimistic counterparts [28].

Stress is a disease-causing killer.

Stress can even cause us to overeat and store more belly fat (which produces more estrogen hormone). Chemical messengers in our brain called “neurotransmitters” respond to food intake by affecting our emotions, cravings, and appetites. For example, the messenger “serotonin” controls feelings of satisfaction and happiness. Low levels of serotonin are associated with depression, decreased energy, and increased appetite. Stress can deplete serotonin, which may account for why we have food cravings when we are experiencing tense or difficult times in our lives. Some researchers estimate that 75 to 90% of all doctor visits are related to stress [29]. Unchecked stress levels increase stress hormone levels like “cortisol.”

Long-term consequences of uncontrolled stress include a very dirty laundry list:

- Overeating, leading to excessive fat
- Poor, quickly aging skin
- Headaches
- Bad memory
- Hypothyroidism
- Ulcers and other digestive problems
- High blood pressure
- Chest pains

FIGHT NOW

- Fatigue
- Depression
- Diabetes
- Decreased muscle tissue
- Bone loss
- Poor immune function
- Anxiety
- Sleep disorders
- Reduced immune function
- Poorer DNA repair

Reducing stress isn't simple. It requires identifying the major and minor causes of your stress, and then making tough, often life-altering decisions. If there are situations that can't be changed, then your only choice is to balance the stress by creating more leisure and relaxation time. Where there is a will, there is a way.

Some stress-reducing strategies that I've found effective over the years are:

- Seek spiritual help and guidance.
- Find a trusted friend to discuss your situation.
- Instead of letting stress kidnap your emotions, take control by making a list. Carefully consider what you can do to either change your circumstances, or adjust your attitude so it won't sabotage your thoughts.
- Play your favorite music every day. Music has power to soothe your soul. *When is the last time you put your favorite music on and turned it up?*
- Get plenty of sleep—a tired mind is troubled.

If your stress is severe, seek medical help.

DAY 7 TO HEALTHIER BREASTS

Day 7 is the perfect day to start an easy walking program to lower your breast cancer risk by up to 44%, and risk of dying from breast cancer by 50%.

Physical activity can reduce your risk of breast cancer and increase survival according to the latest research. Women who are physically inactive throughout life have an increased risk of breast cancer. Being active may help reduce risk by preventing stress, weight gain, and obesity.

The National Cancer Institute (NCI) reported that 3 to 4 hours of exercise each week may reduce breast cancer risk by 30 to 40% [30, 31]. University of Southern California researchers reported in the *Journal of the National Cancer Institute* (NCI) that women who exercised at least 3 hours per week enjoyed a 20% reduction in breast cancer [32]. Another study found that exercising 4 hours per week reduced the risk of breast cancer death by 44% [33]. Furthermore, this study reported that moderate-intensity activity reduced the risk of breast cancer recurrence, progression, and diagnosis of new primary breast cancer by 34% in breast cancer survivors. Harvard researchers, as part of the Nurses Health Study, found that breast cancer patients who walk, or do other moderate exercise for 3 to 5 hours per week, are about 50% less likely to die from the disease than sedentary women [34]. The protection against recurrence is nearly equal to the reduction seen with chemotherapy and anti-breast

cancer drug treatments. *Profound!* The protective effect was seen in all forms of breast cancer. Researchers found that any amount of exercise (as little as 1 hour per week) helped women survive.

Thirty to forty-five minutes of walking, 6 days per week, seems to be the “optimal dose.” Walking outdoors or indoors (on a treadmill or track) produces the same benefits. Wear comfortable shoes and clothes, and a sports bra to support your breasts if you plan to jog. If you need a little more motivation, purchase an *iPod* and listen to your favorite music as you walk. Take the stairs. Park farther away. If you are wheelchair bound, or unable to walk, try arm exercises instead.

Fight Now by increasing your physical activity levels.

CHILDBEARING AND BREASTFEEDING

Childbearing and breastfeeding merit discussion here because of their remarkable impact on breast cancer risk. You obviously can't make childbearing decisions in one week, but you need to be aware of the research. Based on solid evidence, women who have a full-term pregnancy earlier in life have a decreased breast cancer risk of up to 50% [35]. *Having a baby earlier rather than later will reduce your risk of breast cancer.* Additionally, women who breastfeed have a decreased risk of over 4% for every 12 months of breastfeeding, plus an additional 7% reduction for each birth [36]. It adds up to reduce your risk. Having several children that are breast-fed can substantially reduce your risk.

FIGHT NOW KEY POINTS

DAY 1—Schedule an appointment with your doctor to discuss a Vitamin D3 level test, mammogram, stopping HRT, anti-breast cancer drugs, genetic testing for breast cancer risk, and to learn a proper breast self-exam. Find out your family’s cancer history.

DAY 2—Start losing weight with my easy, clinically tested plan. Reduce intake of grilled, barbequed, and smoked meat, and any meat cooked at high-temperatures. Decrease your total fat and saturated fat intake, and eliminate all trans-fats. Eliminate or drastically reduce sugary “high-glycemic” carbohydrates from your diet.

DAY 3—Go to bed on time, preferably by 10 pm.

DAY 4—Eliminate alcohol, or reduce the amount that you drink.

DAY 5—Eliminate all forms of smoke from your life.

DAY 6—Reduce stress in your life. Identify what causes you the most stress and develop a plan to reduce it.

DAY 7—Start an easy walking program. Get outside, enjoy life, and reduce your risk.

Fight Now.

“How Breast Cancer Improved My Life!”

FACT: Fighting cancer empowers you to help others and appreciate life at a deeper level.

I'm Lillie Shockney, a nurse, author, Associate Professor and Administrative Director of The Johns Hopkins Breast Center. I've also survived breast cancer—twice. It improved my life.

I've worked at Johns Hopkins since 1983 as a nurse with a special focus on cancer patients. I was diagnosed with breast cancer in 1992 when I was just 38 years old, and again at age 40. As a result of flipping to "the other side of the rail"—being a nurse who became a cancer patient—I vigorously turned my energy toward helping other women who would "wear my bra" in the future, as well as helping their families.

I'm tireless in my passion to educate women that breast cancer can be prevented, or caught early, thus greatly increasing the likelihood of survival. When breast cancer is diagnosed, I work to help people cope with their diagnoses and treatments, but also equally important to me, to help them live full lives following treatment.

My personal experiences and professional work have given me a wonderful opportunity to meet, talk with, and help tens of thousands of women all over the world. My work has blessed me with many honors, but the real heroes are the brave women (and men) fighting cancer right now. I'm invited to speak on breast cancer in places as far away as China and Saudi Arabia, and as close as the other side of my office desk in Baltimore, MD.

I love teaching and sharing information, whether that's one-on-one, with large audiences, in small classes, through the nonprofit organization I co-founded with my dear mom called Mothers Supporting Daughters with Breast Cancer (www.mothersdaughters.org), or through my writing, including my book, *Breast Cancer Survivors' Club: A Nurse's Experience*.

I never expected to get breast cancer. Being an oncology nurse falsely led me to believe I was granted some type of special immunity.

Of course that was only wishful thinking. As mentioned, at the age of 38, I was diagnosed with breast cancer and I became the cancer patient. Receiving the news that I had multiple tumors in my breast meant I needed mastectomy surgery. Due to other medical problems, I would not be a candidate for breast reconstruction, another blow to my self-image and psychological well being.

It was our 12-year old daughter, Laura, who provided me the inspiration to endure and the knowledge that our beauty is within us, not what we wear inside of a size 44D bra. My husband, Al, and I felt we had taught

her the importance of finding the good within people, but little did we know she would become our mentor for this very significant crisis in our lives. She immediately wrote me a poem about how beautiful I was, and am, in her eyes. It was a heart felt experience to know that we had taught her well. What we didn't anticipate however was her finding our sense of humor.

Laughter became my ally and still is to this day.

Laura asked me such questions as, "Will the doctor let you bring your breast home to keep it? After all it isn't his. It's yours. You can keep it in a big pickle jar on the mantel." I told her that I didn't think it would make me feel better to bring it home with me, and hoped that researchers at the hospital could examine the breast tissue with the hope that one day other mommies would not need this kind of surgery in the future. I did ask my husband his opinion though—let's see, we would have his deer head, his blue fish, and then my 44D in a pickle jar. His first concern was that there wouldn't be a jar big enough to house my breast.

Laura also asked me if the doctor would relocate my right breast to the middle of my chest. I told her that this was not in the surgical plan, so she was concerned that if the surgeon didn't do this, I would have a tendency to lean to the right when I was walking. I passed up the opportunity to become "Miss UniBoob" with a single breast strategically placed in the center of my chest. Instead, I wore breast prosthesis inside of a mastectomy bra. Laura liked the idea that the bra would hold the prosthesis in place, but also pointed out it would be a great place to stash my money I got out of the ATM machine before going to the grocery store.

Though I wasn't confident this would be a good idea, my husband thought that it would guarantee an express line for us as soon as I started reaching for my cash to pay the checkout clerk.

What Laura did for us was find our sense of humor and as a result my husband, Al, and I made a pact that we would find something funny about the fact I had been diagnosed—and we still do, 18 years later.

I sent out adoption notices to my best friends that I had gotten my breast prosthesis “Betty Boob.” After all, she would be my bosom buddy and I would take her everywhere I went so she deserved a name. One friend mailed her a gift—a ceramic Christmas ornament in the shape of a baby bottle. Inscribed on it says, “Betty Boob’s 1st Christmas, 1992.” We keep it displayed in the living room year round—a welcome substitute for my breast being in that pickle jar!

In 1994, I again heard those familiar words, “You have breast cancer.” Betty Boob got a roommate—“Bobbie Sue.” We actually called family and friends telling them that Betty Boob was getting a “boobsy twin” rather than saying I had to face a second mastectomy. It became an effective way to neutralize the discussion about cancer, too. People hesitant to talk with me about my medical situation and my second mastectomy, were comfortable saying, “When does Bobbie Sue arrive?”

My repeated personal experiences with breast cancer, and my passion to help others, quickly transformed me into wanting to spend my time 24/7 with breast cancer patients. I began volunteering for The John Hopkins Breast Center at work during my off hours and quickly

felt my spirits soar as I witnessed women's anxiety subsiding when I told them, "I know how scared you are right now. I've sat where you are sitting, twice. We will weather this storm together."

It wasn't very long—just 3 years of volunteering over 20 hours a week—in addition to my regular 50-hour general oncology nursing job, that I transferred to The Johns Hopkins Breast Center assuming the Administrative Director's position in 1997. Helping other breast cancer patients 24/7 is now my life's purpose. I serve on 16 different medical advisory boards for breast cancer; spend most of my weekends speaking on the subject; and, I am constantly trying to develop better ways to make breast cancer treatment less physically and emotionally traumatic for everyone who also has to hear those life-changing words, "You have breast cancer."

I respond to more than 200 emails a day on The Johns Hopkins Breast Center website from women across America, and even from the Middle East, Asia, and other parts of the world. Many of these women are newly diagnosed, or simply scared of breast symptoms that have them worried they are going to hear the dreaded words. I am privileged and blessed to be in so many people's lives. Some women contact me wanting to know how much time they have left to live since their doctors won't tell them, and they know by the advanced stage of their breast cancer that their metastatic disease is going to take them from their families soon—but how soon? There is no way for me to know, but I try my best in guiding them through what to expect and what additional treatments to consider.

We see and treat more than 800 newly diagnosed breast cancer patients a year at our hospital. Still, each patient I see is unique, with her own fears, her own family dynamics, and her own dreams of overcoming this disease. It truly is humbling to be allowed to be in the lives of each of these individuals.

When I reflect back on my experiences, I recall many special stories. One though that lives vividly in my mind happened in 1999. I was in my office when the phone rang. I answered as usual, "This is Lillie Shockney. May I help you?" The voice on the other end desperately said, "Who is this? Who is this? And where am I calling?" I told her my name again and she wanted to know where I was. I told her I was at The Johns Hopkins Breast Center. She then said, "Oh, can you help me? I have just been told I have metastatic breast cancer from inflammatory breast cancer." I told her that I'd help her in any way I could. Her story was very tragic. She was misdiagnosed during her pregnancy with mastitis and had been on antibiotics for nearly 6 months. The mastitis didn't go away after she gave birth by C-section. Her ribs were fractured during the procedure. That is when x-rays were finally taken and she got the verdict that she had breast cancer that had spread to her bones, liver and lungs, and there was nothing that could be done except provide her pain medicines. She was expected to die before her baby was a month old. She cried so hard it was difficult to hear everything she was telling me. I told her to come to us in Baltimore, MD the next day. She arrived with her husband, walking with difficulty due to joint pain. She was only 34 years old. Her husband upon seeing me looked at my I.D. badge and shouted, "Is that YOUR name on your name badge?" I told him yes, and proceeded to ask his wife questions

about her symptoms and review the x-rays she had brought with her. Again, her husband interrupted and said, “But I have to know if that is YOUR name or not. Yours? Your name?” I again reiterated that this was my name—my legal name “Lillian.” His wife interjected, “I told you honey, this is the woman I got connected to on the phone. The nurse I told you about.” He nodded his head, still looking like he was in shock. I just assumed he was very distressed, having learned he would lose his wife of 4 years, and be left to raise a new baby alone.

Although we all knew that a complete cure was out of the question, our hope was that we could give her and her family time. We were blessed and our treatment decisions did exactly that—she survived 3 more years—3 incredible years with her daughter and husband. Her wish was that her daughter would know her and remember her, and she achieved that goal.

When she passed away, her husband called me to let me know. He said, “I owe you an explanation of why I was repeatedly asking you the day we met about your name badge.” I had forgotten about it until he brought it up. He shared with me that he was very close to his grandmother who had lived with them since he was a baby. She died a few weeks before their child was born. Upon her deathbed she said, “I wish I could be here to see this new life brought in this world but I can’t. I will return to you as a guardian angel though to watch over your new family. You won’t know me by my face, but you will know me by my name.” He then told me that her name was “Lillian.” He went onto say that the day his wife called me that she was actually calling her mother’s number—a totally different area code and

number from mine, but instead was connected to me. Clearly his grandmother had kept her word.

Seven years ago, I was given the opportunity to finally have double breast reconstruction. I wore signs underneath my hospital gown into the operating room that said, "I'm here for a front-end realignment. Please Supersize me. Dear Santa, thanks for bringing me cleavage for Christmas." So, now I have "The Girls." I hope one day to learn ventriloquism so that my breasts can speak to the public and inspire women to perform breast self-exams, get regular mammograms, and clinical breast exams!

We have control over how we nourish and care for our bodies. This means that we may be able to reduce our breast cancer risk by making smarter dietary and lifestyle choices. The same applies for our families. We want to reduce the risk of our daughters ever hearing the words, "You have breast cancer."

I look forward to the day when breast cancer appears in medical books under the chapter titled, "Cured Diseases." Until then, let's take *proactive* steps to reduce risk now where we can to save more lives (and breasts).

I'm helping everyone who needs me in their battle with this disease. My experience of being with them is a gift that has improved my life—a privilege.

I wouldn't trade it for anything.

Please email me directly at shockli@jhmi.edu. I want to help and encourage you, too.

4 Critical Steps to Survive Breast Cancer

I believe there are 4 critical steps to take if you want to maximize your ability to survive breast cancer.

STEP 1—Fight now to prevent cancer, or detect it early. If you follow the diet, lifestyle, and regular screenings that I recommend, you may reduce your risk of breast cancer, or at least detect it earlier at a smaller size before it invades other parts of your body. *Work closely with your doctor to develop a regular checkup and screening plan.*

STEP 2—If you get breast cancer, be treated at an academic hospital. Academic hospitals usually have the best breast cancer treatments, and also conduct clinical trials. The National Cancer Institute (NCI) at 1-800-4-CANCER or www.cancer.gov can help you locate the nearest academic hospital.

STEP 3—Gain strength by actively helping, educating, and comforting others fighting cancer. You can find a breast cancer volunteer network at your local hospital.

STEP 4—Ask your family, friends, and spiritual network to pray for you and encourage you. *Our lives are firmly held in God's hands.*

Closing Encouragement

New medical research shows that we *can* eat and live *proactively* against breast cancer *before* it strikes. I'm grateful for the opportunity that God has given me to help you live healthier. Now, you can help others.

Educate your children, family, and friends. Teaching others is the best way to permanently learn something. Email (or print out) a free copy of *FIGHT NOW* for them.

Teach them to Fight Now with you.

Please contact me with your thoughts and questions at DrTabor@fightBCnow.com.

Sign up for my FREE breast cancer research newsletter at www.fightBCnow.com. Because I monitor several hundred medical journals for new research, I can keep you updated with life-saving information.

You can learn more about my research at www.DrTabor.com.

Please join my FIGHT NOW™ page on Facebook at www.Facebook.com/FightNow

Follow FIGHT NOW™ on Twitter at www.Twitter.com/fightBCnow

—Aaron Tabor, MD

FIGHT NOW

Useful Cancer Resources

The Johns Hopkins Avon Foundation Breast Center
www.hopkinsbreastcenter.org

FIGHT NOW™ on Facebook®
www.Facebook.com/FightNow

Susan G. Komen Race for the Cure®
www.komen.org

Mothers Supporting Daughters with Breast Cancer
www.mothersdaughters.org

She Colors My Day
www.shecolorsmyday.com

Stand Up to Cancer
www.standup2cancer.org

Fran Drescher's Cancer Schmancer Movement
www.cancerschmancer.org

Breast Cancer Network of Strength (formerly Y-Me)
www.networkofstrength.org

American Cancer Society Relay for Life®
www.cancer.org

National Breast Cancer Foundation
www.nationalbreastcancer.org

BreastCancer.org
www.breastcancer.org

National Breast Cancer Coalition

www.stopbreastcancer.org

Pink-Link

www.pink-link.org

Young Survival Coalition

www.youngsurvival.org

Advanced Breast Cancer Community

www.advancedbreastcancercommunity.org

Pink Ribbon International

www.pinkribbon.org

Breast Cancer Support

www.bcsupport.org

Breast Cancer Research Foundation

www.bcrfcure.org

American Breast Cancer Foundation

www.abcf.org

National Cancer Institute (NCI)

www.cancer.gov

National Institutes of Health (NIH)

www.nih.gov

Breast Cancer Clinical Trials

www.ClinicalTrials.gov

Centers for Disease Control and Prevention (CDC)

www.cdc.gov

FIGHT NOW

American Institute for Cancer Research (AICR)

www.aicr.org

CancerCare

www.cancercare.org

Living Beyond Breast Cancer

www.lbbc.org

Linda Creed Organization

www.lindacreed.org

Metastatic Breast Cancer Network

www.mbcnetwork.org

Sisters Network

www.sistersnetworkinc.org

American Society of Clinical Oncology

www.cancer.net

LiveStrong® Lance Armstrong Foundation

www.livestrong.org

Cancer 101

www.cancer101.com

Stand by Her: A Breast Cancer Guide for Men

www.standbyher.org

Men Against Breast Cancer

www.menagainstbreastcancer.org

Your Notes

FIGHT NOW

Your Notes

Entire Book on One Page

FIGHT NOW KEY POINTS

If you aren't proactively fighting to protect your breasts, then your risk of getting breast cancer, or having a recurrence, is much higher. You can make specific daily dietary and lifestyle choices to lower your risk of breast cancer before it strikes. Prevention is the best cure.

Low Vitamin D3 levels increase your breast cancer risk. Schedule a Vitamin D3 blood test with your doctor. Eat adequate Vitamin D3-rich foods and supplements to maintain a "50 ng/mL" blood level. Eat my top ten foods to lower breast cancer risk: carrots, green tea, apples, fiber, omega-3 oils (salmon), flaxseed, walnuts, pomegranates, broccoli, and low-glycemic foods such as lean protein, fruits and veggies, nuts, and beans.

Lose weight to reduce your breast cancer risk. Use 2 high-protein shakes or bars as meal replacements for breakfast and lunch; add in 5 fruits and veggies; eat a sensible meal or entrée for dinner; and, enjoy 1 to 2 high-protein between-meal snacks. Reduce sugary foods, grilled meats, and fats. Schedule a mammogram. Stop HRT. Get enough sleep. Decrease alcohol intake. Stop smoking. Reduce stress. Start walking. Beware of breast cancer myths. Sign up for FREE live-saving breast cancer research news at www.fightBCnow.com.

Fight Now.

MEDICAL REFERENCES

CHAPTER 1

1. Altekruse SF, Kosary CL, Krapcho M, Neyman N, Aminou R, Waldron W, Ruhl J, Howlander N, Tatalovich Z, Cho H, Mariotto A, Eisner MP, Lewis DR, Cronin K, Chen HS, Feuer EJ, Stinchcomb DG, Edwards BK (eds). SEER Cancer Statistics Review, 1975-2007, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2007/, based on November 2009 SEER data submission, posted to the SEER web site, 2010.
2. Ries LAG, Harkins D, Krapcho M, et al. SEER Cancer Statistics Review, 1975-2003. Bethesda, MD: National Cancer Institute, 2006.
3. U.S. Cancer Statistics Working Group. United States Cancer Statistics: 1999–2006 Incidence and Mortality Web-based Report. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2010. Available at: <http://www.cdc.gov/uscs>.
4. Robinowitz CB. Appropriate Supplementation of Vitamin D: Report of the Council on Science and Public Health. American Medical Association Council on Science and Public Health 2009, CSAPH Report 4-A-09. URL: <http://www.ama-assn.org/ama/pub/about-ama/our-people/ama-councils/council-science-public-health/reports/2009-reports.shtml>
5. National Cancer Institute. What You Need To Know About Breast Cancer. U.S. Department of Health and Human Services, National Institutes of Health. URL: <http://www.cancer.gov/cancertopics/wyntk/breast>
6. World Cancer Research Fund / American Institute for Cancer Research. Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective. Washington DC: AICR, 2007

CHAPTER 2

1. Abbas S, Linseisen J, Slinger T, Kropp S, Mutschelknauss EJ, Flesch-Janys D, Chang-Claude J. Serum 25-hydroxyvitamin D and risk of post-menopausal breast cancer – results of a large case-control study. *Carcinogenesis* 2008; 29:93-99.
2. Garland CF, Gorham ED, Mohr SB, Grant WB, Giovannucci EL, Lipkin M, Newmark H, Holick MF, Garland FC. Vitamin D and prevention of breast cancer: pooled analysis. *Journal of Steroid Biochemistry & Molecular Biology* 2007; 103:708-711.
3. Goodwin PJ, Ennis M, Pritchard KI, Koo J, Hood, N. Frequency of vitamin D (Vit D) deficiency at breast cancer (BC) diagnosis and association with risk of distant recurrence and death in a prospective cohort study of T1-3, N0-1, M0 BC. *Journal of Clinical Oncology* 2008; 26 (May 20 suppl), abstr 511.
4. Berube S, Diorio C, Verhoek-Oftedahl W, Brisson J. Vitamin D, calcium, and mammographic breast densities. *Cancer Epidemiology Biomarkers Prevention* 2004; 13:1466-72.
5. Robinowitz CB. Appropriate Supplementation of Vitamin D: Report of the Council on Science and Public Health. American Medical Association Council on Science and Public Health 2009, CSAPH Report 4-A-09. URL: <http://www.ama-assn.org/ama/pub/about-ama/our-people/ama-councils/council-science-public-health/reports/2009-reports.shtml>
6. Crew KD, Shane E, Cremers S, McMahon DJ, Irani D, Hershman DL. High prevalence of vitamin D deficiency despite supplementation in premenopausal women with breast cancer undergoing adjuvant chemotherapy. *Journal of Clinical Oncology* 2009; 27:2151-2156.
7. Borradale D, Kimlin M. Vitamin D in health and disease: an insight into traditional functions and new roles for the 'sunshine vitamin'. *Nutrition Research Reviews* 2009; 22:118-136.

FIGHT NOW

8. Grant WB. Relationship between prediagnostic serum 25-hydroxyvitamin D level and incidence of breast, colorectal, and other cancers. *Journal of Photochemistry and Photobiology* 2010; In Press

CHAPTER 3

1. Kobaek-Larsen M et al, Inhibitory effects of feeding with carrots or (-)-falcarinol on development of azoxymethane-induced preneoplastic lesions in the rat colon. *Journal of Agricultural and Food Chemistry* 2005; 53:1823-7.
2. Mignone LI, Giovannucci E, Newcomb PA, Titus-Ernstoff L, Trentham-Dietz A, Hampton JM, Willett WC, Egan KM. Dietary carotenoids and the risk of invasive breast cancer. *International Journal of Cancer* 2009; 124:2929-37.
3. McEligot AJ, Largent J, Ziogas A, Peel D, Anton-Culver H. Dietary fat, fiber, vegetable, and micronutrients are associated with overall survival in postmenopausal women diagnosed with breast cancer. *Nutrition and Cancer* 2006; 55:132-140.
4. Toniolo P, Van Kappel AL, Akhemedkhanov A, Ferrari P, Kato I, Shore RE, Riboli E. Serum carotenoids and breast cancer. *American Journal of Epidemiology* 2001; 153:1142-1147.
5. Wu AH, Yu MC, Tseng CC, Hankin J, Pike MC. Green tea and risk of breast cancer in Asian Americans. *International Journal of Cancer* 2003; 106:574-579.
6. Shrubsole MJ, Lu W, chen Z, Shu XO, Zheng Y, Dai Q, Cai Q, Gu K, Ruan ZX, Gao Y-T, Zheng W. Drinking green tea modestly reduces breast cancer risk. *Journal of Nutrition* 2009; 139:310-316.
7. Gu J-W, Young E, Covington J, Johnson JW, Tan W. Oral administration of EGCG, an antioxidant found in green tea, inhibits tumor angiogenesis and growth of breast cancer in female mice. *The FASEB Journal* 2008; 22:1164.3.

8. Zhang M, Holman CD, Huang JP, Xie X. Green tea and the prevention of breast cancer: a case-control study in Southeast China. *Carcinogenesis* 2007; 28:1074-1078.
9. Wolfram S, Wang Y, Thielecke F. Anti-obesity effects of green tea: from bedside to bench. *Molecular Nutrition and Food Research* 2006; 50:176-87.
10. Bae JY, Choi JS, Choi YJ, Shin SY, Kang SW, Han SJ, Kang YH. (-) Epigallocatechin gallate hampers collagen destruction and collagenase activation in ultraviolet-B-irradiated human dermal fibroblasts: involvement of mitogen-activated protein kinase. *Food and Chemical Toxicology* 2008; 46:1298-307.
11. Liu JR, Dong HW, Chen BQ, Zhao P, Liu RH. Fresh apples suppress mammary carcinogenesis and proliferative activity and induce apoptosis in mammary tumors of the Sprague-Dawley rat. *Journal of Agricultural and Food Chemistry* 2009; 57:297-304.
12. Sun J, Liu RH. Apple phytochemical extracts inhibit proliferation of estrogen-dependent and estrogen-independent human breast cancer cells through cell cycle modulation. *Journal of Agricultural and Food Chemistry* 2008; 56:11661-11667.
13. He X, Liu RH. Phytochemicals of apple peels: isolation, structure elucidation, and their antiproliferative and antioxidant activities. *Journal of Agricultural and Food Chemistry* 2008; 56:9905-9910.
14. Wolfe KL, Kang X, He X, Dong M, Zhang Q, Liu RH. Cellular antioxidant activity of common fruits. *Journal of Agricultural and Food Chemistry* 2008; 56:8418-8426.
15. Yoon H, Liu RH. Effect of 2alpha-hydroxyursolic acid on NF-kappaB activation induced by TNF-alpha in human breast cancer MCF-7 cells. *Journal of Agricultural and Food Chemistry* 2008; 56:8412-8417.
16. He X, Liu RH. Triterpenoids isolated from apple peels have potent antiproliferative activity and may be partially

- responsible for apple's anticancer activity. *Journal of Agricultural and Food Chemistry* 2007; 55:4366-4370.
17. Wayne SJ, Neuhouser ML, Ulrich CM, Koprowski C, Baumgartner KB, Baumgartner RN, McTiernan A, Bernstein L, Ballard-Barbash R. Dietary fiber is associated with serum sex hormones and insulin-related peptides in postmenopausal breast cancer survivors. *Breast Cancer Research and Treatment* 2008; 112:149-158.
 18. Forman MR. Changes in dietary fat and fiber and serum hormone concentrations: nutritional strategies for breast cancer prevention over the life course. *Journal of Nutrition* 2007; 137(Suppl 1):170S-174S.
 19. Rock CL, Flatt SW, Thomson CA, Stefanick ML, Newman VA, Jones LA, Natarajan L, Ritenbaugh C, Hollenbach KA, Pierce JP, Chang RJ. Effects of a high-fiber, low-fat diet intervention on serum concentrations of reproductive steroid hormones in women with a history of breast cancer. *Journal of Clinical Oncology* 2004; 22:2379-2387.
 20. Mattisson I, Wirfalt E, Johansson U, Gullberg B, Olsson H, Berglund G. Intakes of plant food, fibre, and fat and risk of breast cancer – a prospective study in the Malmo Diet and Cancer cohort. *British Journal of Cancer* 2004; 90:122-127.
 21. Kuriki K, Hirose K, Wakai K, Matsuo K, Ito H, Suzuki T, Hiraki A, Saito T, Iwata H, Tatematsu M, Tajima K. Breast cancer risk and erythrocyte compositions of n-3 highly unsaturated fatty acids in Japanese. *International Journal of Cancer* 2007; 121:377-385.
 22. Danaei G, Ding EL, Mozaffarian D, Taylor B, Rehm J, Murray CJ, Ezzati M. The preventable causes of death in the United States: comparative risk assessment of dietary, lifestyle, and metabolic risk factors. *PLoS Medicine* 2009; 6:e1000058.
 23. Wendel M, Heller AR. Anticancer actions of omega-3 fatty acids – current state and future perspectives. *Anticancer Agents in Medicinal Chemistry* 2009; 9:457-470.

24. Chen J, Stavro PM, Thompson LU. Dietary flaxseed inhibits human breast cancer growth and metastasis and downregulates expression of insulin-like growth factor and epidermal growth factor receptor. *Nutrition and Cancer* 2002; 43:187-192.
25. Piller R, Chang-Claude J, Linseisen J. Plasma enterolactone and genseitin and the risk of premenopausal breast cancer. *European Journal of Cancer Prevention* 2006; 15:225-232.
26. Touillaud MS, Thiebaut ACM, Fournier A, Niravong M, Boutron-Ruault M-C, Clavel-Chapelon F. Dietary lignan intake and postmenopausal breast cancer risk by estrogen and progesterone receptor status. *Journal of the National Cancer Institute* 2007; 99:475-486.
27. Brooks JD, Ward WE, Lewis JE, Hilditch J, Nickell L, Wong E, Thompson LU. Supplementation with flaxseed alters estrogen metabolism in postmenopausal women to a greater extent than does supplementation with an equal amount of soy. *American Journal of Clinical Nutrition* 2004; 79; 318-325.
28. Thompson LU, Chen JM, Li T, Strasser-Weippl K, Goss PE. Dietary flaxseed alters tumor biological markers in postmenopausal breast cancer. *Clinical Cancer Research* 2005; 11:3828-3835.
29. Nagel G, Mack U, von Fournier D, Linseisen J. Dietary phytoestrogen intake and mammographic density – results of a pilot study. *European Journal of Medical Research* 2005; 10:389-394.
30. Ion G, Akinsete JA, Witte T, Hardman WE. Walnut consumption decreases mammary gland tumor incidence, multiplicity and growth in the C(3)1Tag transgenic mouse. *Proceedings of the 100th Annual Meeting of the American Association for Cancer Research*; 2009 Apr 18-22; Denver, CO. Philadelphia (PA): AACR; 2009. Abstract LB-247
31. Mehta R, Lansky EP. Breast cancer chemopreventive properties of pomegranate (*Punica granatum*) fruit extracts in

- a mouse mammary organ culture. *European Journal of Cancer Prevention* 2004; 13:345-348.
32. Aviram M, Rosenblat M, Gaitini D, Nitecki S, Hoffman A, Dornfeld L, Volkova N, Presser D, Attias J, Liker H, Hayek T. Pomegranate juice consumption for 3 years by patients with carotid artery stenosis reduces common carotid intima-media thickness, blood pressure, and LDL oxidation. *Clinical Nutrition* 2004; 23:423-433.
 33. Michnovicz JJ, Adlercreutz H, Bradlow HL. Changes in levels of urinary estrogen metabolites after oral indole-3-carbinol treatment in humans. *Journal of the National Cancer Institute* 1997; 89:718-723.
 34. Nho CW, Jeffrey E. The synergistic upregulation of phase II detoxification enzymes by glucosinolate breakdown products in cruciferous vegetables. *Toxicology and Applied Pharmacology* 2001; 174:146-152.
 35. Juge N, Mithen RF, Traka M. Molecular basis for chemoprevention by sulforaphane: a comprehensive review. *Cellular and Molecular Life Sciences* 2007; 64:1105-1127.
 36. Aggarwal BB, Ichikawa H. Molecular targets and anticancer potential of indole-3-carbinol and its derivatives. *Cell Cycle* 2005; 4:1201-1215.
 37. Larsson SC, Bergkvist L, Wolk A. Glycemic load, glycemic index and breast cancer risk in a prospective cohort of Swedish women. *International Journal of Cancer* 2009; 125:153-157.
 38. Sieri S, Pala V, Brighenti F, Pellegrini N, Muti P, Micheli A, Evangelista A, Grioni S, Contiero P, Berrino F, Krogh V. Dietary glycemic index, glycemic load, and the risk of breast cancer in an Italian prospective cohort study. *American Journal of Clinical Nutrition* 2007; 86:1160-1166.
 39. Gunter MJ, Hoover DR, Yu H, Wassertheil-Smoller S, Rohan TE, Manson JE, Li J, Ho GY, Xue X, Anderson GL, Kaplan RC, Harris TG, Howard BV, Wylie-Rosett J, Burk RD, Strickler HD. Insulin, insulin-like growth factor-I, and risk of breast cancer in

postmenopausal women. *Journal of the National Cancer Institute* 2009;101:48-60.

40. Divisi D, Tommaso S, Salvemini S, Garramone M, Crisci R. Diet and cancer. *Acta Bio-Medica* 2006; 77:118-123.

CHAPTER 4

1. National Cancer Institute. Breast Cancer Prevention (PDQ®): Health Professional Version. April 9, 2010. URL: http://www.cancer.gov/cancertopics/pdq/prevention/breast/healthprofessional/allpages#Section_188
2. Yumuk PF, Dane F, Yumuk VD, Yazici D, Ege B, Bekiroglu N, Toprak A, Lyikesici S, Basaran g, Turhal NS. Impact of body mass index on cancer development. *Journal of B.U.ON.* 2008;13:55-59.
3. National Cancer Institute Fact Sheet. Obesity and Cancer: Questions and Answers. U.S. Department of Health and Human Services, National Institutes of Health. 2004. URL: <http://www.cancer.gov/cancertopics/factsheet/Risk/obesity>
4. Harvie M, Hooper L, Howell AH. Central obesity and breast cancer risk: a systematic review. *Obes Rev.* 2003;4(3):157-173.
5. Demark-Wahnefried W, Peterson BL, Winer EP, Marks L, Aziz N, Marcom K, Blackwell K, Rimer BK. Changes in weight, body composition, and factors influencing energy balance among premenopausal breast cancer patients receiving adjuvant chemotherapy. *Journal of Clinical Oncology* 2001; 19:2381-2389.
6. Rock CL, Demark-Wahnefried W. Nutrition and survival after the diagnosis of breast cancer: a review of the evidence. *Journal of Clinical Oncology* 2002; 20:3302-3316.
7. Li CI, Daling JR, Porter PL, Tang MT, Malone KE. Relationship between potentially modifiable lifestyle factors and risk of second primary contralateral breast cancer among women diagnosed with estrogen receptor-positive invasive breast cancer. *Journal of Clinical Oncology* 2009; 27:5312-5318.

8. Kroenke CH, Chen WY, Rosner B, Holmes MD. Weight, weight gain, and survival after breast cancer diagnosis. *Journal of Clinical Oncology* 2005; 23:1370-1378.
9. Nichols HB, Trentham-Dietz A, Egan KM, Titus-Ernstoff L, Holmes MD, Bersch AJ, Holick CN, Hampton JM, Stampfer MJ, Willett WC, Newcomb PA. Body mass index before and after breast cancer diagnosis: associations with all-cause, breast cancer, and cardiovascular disease mortality. *Cancer Epidemiology Biomarkers and Prevention* 2009; 18:1403-1409.
10. Petrelli JM, Calle EE, Rodriguez C, Thun MJ. Body mass index, height, and postmenopausal breast cancer mortality in a prospective cohort of U.S. women. *Cancer Causes and Control* 2002; 13(4):325-332.
11. Huang Z, Hankinson SE, Cloditz GA, et al. Dual effects of weight and weight gain on breast cancer risk. *Journal of the American Medical Association* 1997; 278(17):1407-1411.
12. Gonullu G, Ersoy C, Ersoy A, Evrensel T, Basturk B, Kurt E, Oral B, Gokgoz S, Manavoglu O. Relation between insulin resistance and serum concentrations of IL-6 and TNF-alpha in overweight or obese women with early stage breast cancer. *Cytokine* 2005; 31:264-269.
13. Cui Y, Whitman MK, Flaws JA, et al. Body mass and stage of breast cancer at diagnosis. *International Journal of Cancer* 2002; 98:279-283.
14. Kaaks R, Van Noord PAH, Den Tonkelaar I, Peeters PH, Riboli E, Grobbee DE. Breast cancer incidence in relation to height, weight and body-fat distribution in the Dutch "DOM" cohort. *International Journal of Cancer* 1998; 76(5):647-651.
15. Eliassen AH, Colditz GA, Rosner B, Willett WC, Hankinson SE. Adult weight change and risk of postmenopausal breast cancer. *JAMA* 2006; 296:193-201.

16. Anderson JW, Fuller J, Patterson K, Blair R, Tabor A. Soy compared to casein meal replacement shakes with energy-restricted diets for obese women: randomized, controlled trial. *Metabolism* 2007; 56:280-288.
17. Blair RM, Henley EC, Tabor A. Soy foods have low glycemic and insulin response indices in normal weight subjects. *Nutrition Journal* 2006; 5:35.

CHAPTER 5

1. National Cancer Institute. NCI Health Information Tip Sheet for Writers: Cancer Myths. URL: <http://www.cancer.gov/newscenter/tip-sheet-cancer-myths>
2. National Breast Cancer Foundation. Breast Cancer Myths. URL: <http://www.nationalbreastcancer.org/About-Breast-Cancer/Myths.aspx>
3. BreastCancer.org. Myths About Breast Cancer Risk. URL: <http://www.breastcancer.org/risk/myths/>

CHAPTER 6

1. Porter P. "Westernizing" women's risks? Breast cancer in lower-income countries. *New England Journal of Medicine* 2008; 358:213-216.
2. Chlebowski RT, Hendrix SL, Langer RD, Stefanick ML, Gass M, Lane D, Rodabough RJ, Gilligan MA, Cyr MG, Thomson CA, Khandekar J, Petrovitch H, McTiernan A for the WHI Investigators. Influence of estrogen plus progestin on breast cancer and mammography in healthy postmenopausal women. *JAMA* 2003; 289:3243-3253
3. Li CI, Malone KE, Porter PL, Lawton TJ, Voigt LF, Cushing-Haugen KL, Lin MG, Yuan X, Daling JR. Relationship between menopausal hormone therapy and risk of ductal, lobular, and ductal-lobular breast carcinomas. *Cancer Epidemiology Biomarkers and Prevention* 2008; 17:43-50.

FIGHT NOW

4. Manson JE, Hsia J, Johnson KC, Rossouw JE, Assaf AR, Lasser NL, Trevisan M, Black HR, Heckbert SR, Detrano R, Strickland OL, Wong ND, Crouse JR, Stein E, Cushman M for the Women's Health Initiative Investigators. Estrogen plus progestin and the risk of coronary heart disease. *New England Journal of Medicine* 2003; 349:523-534.
5. Wassertheil-Smoller S, Hendrix S, Limacher M, Heiss G, Kooperberg C, Baird A, Kotchen T, Curb D, Black H, Rossouw JE, Aragaki A, Safford M, Stein E, Laowattana S, Mysiw WJ for the WHI Investigators. Effect of estrogen plus progestin on stroke in postmenopausal women. *The Women's Health Initiative: a randomized trial. JAMA* 2003; 289:2673-2684.
6. Cushman M, Kuller LH, Prentice R, Rodabough RJ, Psaty BM, Stafford RS, Sidney S, Rosendaal FR for the Women's Health Initiative Investigators. Estrogen plus progestin and risk of venous thrombosis. *JAMA* 2004; 292:1573-1580.
7. Shumaker SA, Legault C, Rapp SR, Thal L, Wallace RB, Ockene JK, Hendrix SL, Jones III BN, Assaf AR, Jackson RD, Kotchen JM, Wassertheil-Smoller S, Wactawski-Wende J for the WHIMS Investigators. Estrogen plus progestin and the incidence of dementia and mild cognitive impairment in postmenopausal women. *The Women's Health Initiative Memory Study: a randomized controlled trial. JAMA* 2003; 289:2651-2662.
8. Hendrix SL, Cochrane BB, Nygaard IE, Handa VL, Barnabie VM, Iglesia C, Aragaki A, Naughton MJ, Wallace RB, McNeeley G. Effects of estrogen with and without progestin on urinary incontinence. *JAMA* 2005; 293:935-948.
9. Basaria S, Wisniewski A, Dupree K, Bruno T, Sony MY, Yao F, Ojumu A, John M, Dobs AS. Effect of high-dose isoflavones on cognition, quality of life, androgens, and lipoproteins in postmenopausal women. *Journal of Endocrinological Investigation* 2009; 32:150-155.
10. Bos PD, Zhang XHF, Nadal C, Shu W, Gomis RR, Nguyen DX, Minn AJ, van de Vijver M, Gerald WL, Foekens JA, Massague J. Genes that mediate breast cancer metastasis to the brain. *Nature* 2009; 459:1005-1009.

11. Xu Q, Parks CG, DeRoo LA, Cawthon RM, Sandler DP, Chen H. Multivitamin use and telomere length in women. *American Journal of Clinical Nutrition* 2009; 89:1857-1863.
12. Steck SE, Gaudet MM, Eng SM, Britton JA, Teitelbaum SL, Neugut AI, Santella RM, Gammon MD. Cooked meat and risk of breast cancer – lifetime versus recent dietary intake. *Epidemiology* 2007; 18:373-382.
13. Chlebowski RT, Blackburn GL, Thomson CA, Nixon DW, Shapiro A, Hoy MK, Goodman MT, Giuliano AE, Karanja N, McAndrew P, Hudis C, Butler J, Merkel D, Kristal A, Caan B, Michaelson R, Vinciguerra V, Del Prete S, Winkler M, Hall R, Simon M, Winters BL, Elashoff RM. Dietary fat reduction and breast cancer outcome: interim efficacy results from the Women’s Intervention Nutrition Study. *Journal of the National Cancer Institute* 2006; 98:1767-1776.
14. Thiebaut ACM, Kipnis V, Chang S-C, Subar AF, Thompson FE, Rosenbert PS, Hollenbeck AR, Leitzmann M, Schatzkin A. Dietary fat and postmenopausal invasive breast cancer in the National Institutes of Health – AARP Diet and Health Study Cohort. *Journal of the National Cancer Institute* 2007; 99:451-462.
15. Schulz M, Hoffmann K, Weikert C, Nothlings U, Schulze MB, Boeing H. Identification of a dietary pattern characterized by high-fat food choices associated with increased risk of breast cancer: the European Prospective Investigation into Cancer and Nutrition (EPIC) – Potsdam Study. *British Journal of Nutrition* 2008; 100:942-946.
16. Aubertin-Leheudre M, Gorbach S, Woods M, Dwyer JT, Goldin B, Adlercreutz H. Fat/fiber intakes and sex hormones in healthy premenopausal women in the USA. *Journal of Steroid Biochemistry and Molecular Biology* 2008; 112:32-39.
17. Chajes V, Thiebaut AC, Rotival M, Gauthier E, Maillard V, Boutron-Ruault MC, Joulin V, Lenoir GM, Clavel-Chapelon F. Association between serum trans-monounsaturated fatty acids

- and breast cancer risk in the E3N-EPIC Study. *American Journal of Epidemiology* 2008; 167:1312-1320.
18. Kohlmeier L, Simonsen N, van't Veer P, Strain JJ, Martin-Moreno JM, Margolin B, Huttunen JK, Fernandez-Crehuet NJ, Martin BC, Thamm M, Kardinaal AF, Kok FJ. Adipose tissue trans fatty acids and breast cancer in the European Community Multicenter Study on Antioxidants, Myocardial Infarction, and Breast Cancer. *Cancer Epidemiology Biomarkers and Prevention* 1997; 6:705-710.
 19. Hansen J. Increased breast cancer risk among women who work predominantly at night. *Epidemiology* 2001; 12:74-77.
 20. Collaborative Group of Hormonal Factors in Breast Cancer. Alcohol, tobacco and breast cancer – collaborative re-analysis of individual data from 53 epidemiological studies, including 58,515 women with breast cancer and 95,067 women without the disease. *British Journal of Cancer* 2002; 87:1234-1245.
 21. Allen NE, Beral V, Casabonne D, Kan SW, Reeves GK, Brown A, Green J, on behalf of the Million Women Study Collaborators. Moderate alcohol intake and cancer incidence in women. *Journal of the National Cancer Institute* 2009; 101:296-305.
 22. Reichman ME, Judd JT, Longcope C, Schatzkin A, Clevidence BA, Nair PP, Campbell WS, Taylor PR. Effects of alcohol consumption on plasma and urinary hormone concentrations in premenopausal women. *Journal of the National Cancer Institute* 1993; 85:722-727.
 23. World Cancer Research Fund / American Institute for Cancer Research. *Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective*. Washington DC: AICR, 2007
 24. Li CI, Daling JR, Porter PL, Tang MT, Malone KE. Relationship between potentially modifiable lifestyle factors and risk of second primary contralateral breast cancer among women diagnosed with estrogen receptor-positive invasive breast cancer. *Journal of Clinical Oncology* 2009; 27:5312-5318.

25. Sadri G, Mahjub H. Passive or active smoking, which is more relevant to breast cancer. *Saudi Medical Journal* 2007; 28:254-258.
26. Collishaw NE (Chair), Boyd NF, Cantor KP, Hammond SK, Johnson KC, Millar J, Miller AB, Miller M, Palmer JR, Salmon AG, Turcotte F. Canadian Expert Panel on Tobacco Smoke and Breast Cancer Risk. Toronto, Canada: Ontario Tobacco Research Unit, OTRU Special Report Series, April 2009.
27. Peled R, Carmil D, Siboni-Samocho O, Shoham-Vardi I. Breast cancer, psychological distress and life events among young women. *BMC Cancer* 2008; 8:245.
28. Tindle HA, Chang YF, Kuller LH, Manson JE, Robinson JG, Rosal MC, Siegle GJ, Matthews KA. Optimism, cynical hostility, and incident coronary heart disease and mortality in the Women's Health Initiative. *Circulation* 2009; 120:656 – 662.
29. American Institute of Stress. URL: <http://www.stress.org/>
30. National Cancer Institute. Breast Cancer Prevention (PDQ®): Health Professional Version. April 9, 2010. URL: http://www.cancer.gov/cancertopics/pdq/prevention/breast/healthprofessional/allpages#Section_188
31. McTiernan A. Behavioral risk factors in breast cancer: can risk be modified? *The Oncologist* 2003; 8:326-334.
32. Bernstein L, Patel AV, Ursin G, Sullivan-Halley J, Press MF, Deapen D, Berlin JA, Daling JR, McDonald JA, Norman SA, Malone KE, Strom BL, Liff J, Folger SG, Simon MS, Burkman RT, Marchbanks PA, Weiss LK, Spirtas R. Lifetime recreational exercise activity and breast cancer risk among Black women and White women. *Journal of the National Cancer Institute* 2005; 97:1671-1679.
33. Friedenreich CM, Gregory J, Kopciuk KA, Mackey JR, Courneya KS. Prospective cohort study of lifetime physical activity and breast cancer survival. *International Journal of Cancer* 2009; 124:1954-1952.

FIGHT NOW

34. Holmes MD, Chen WY, Feskanich D, Kroenke CH, Colditz GA. Physical activity and survival after breast cancer diagnosis. *JAMA* 2005; 293:2479-2486.
35. Henderson BE, Pike MC, Ross RK, et al.: Epidemiology and risk factors. In: Bonadonna G, ed.: *Breast Cancer: Diagnosis and Management*. Chichester, NY: John Wiley & Sons, 1984, pp 15-33.
36. Collaborative Group on Hormonal Factors in Breast Cancer. Breast cancer and breastfeeding: collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries, including 50,302 women with breast cancer and 96,973 women without the disease. *Lancet* 2002; 360:187-195.