

Breast cancer in rural and urban areas

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Every year, CURE invites one advocate who is attending the San Antonio Breast Cancer Symposium to serve as a guest blogger. This year readers will be hearing from Bev Parker, PhD, a 24-year breast cancer survivor who is attending the symposium for the seventh year.

The symposium got underway this morning with 9,000 participants, according to welcoming comments by C. Kent Osborne, MD. The day was filled with reports of fascinating research. I'll highlight the first plenary, which I found most noteworthy, and add some interesting points from other presentations.

The opening plenary was a lecture given by Valerie Beral, MD, of the University of Oxford. She discussed an epidemiological perspective on the causes and prevention of breast cancer. Rural areas in the world have much less breast cancer, but diagnoses increase rapidly with urbanization. Today, one million cases of breast cancer are diagnosed every year throughout the world. At the current rate of urbanization, that number is expected to be two million by 2040.

In rural areas, women on average have more babies, have them at younger ages, breastfeed more often, and breast feed longer than women in developed countries. Dr. Beral concluded that the incidence of breast cancer would be halved in developed countries if women maintained the same childbearing and lactation rates as those in undeveloped countries. She said that childbearing, lactation, and nutrition account for most, if not all, of the international differences in the incidence of breast cancer.

According to Dr. Beral, women in developed countries will not change their childbearing and lactation rates. However, if they maintained healthy BMIs, did not take hormone replacement therapy, and did not drink alcohol, breast cancer diagnoses would be reduced by 20 percent. To address childbearing issues, Dr. Beral stated that short-term exposure in early adulthood to hormones of late pregnancy and lactation would give lifelong protection against breast cancer. She suggested that developing a hormonal vaccine to be given at that point of life should be a goal for the large-scale prevention of breast cancer.

Below are some quick nuggets of information gleaned from various other presentation scattered throughout the day:

- >BIG 1-98 showed prolonged overall survival, after a 76-month update, for women who switched from tamoxifen to letrozole after 3 to 4 years.
- >The LACE study reported that 3 to 4 alcoholic drinks per week is associated with an increased risk of primary breast cancer in postmenopausal, overweight, and obese women.
- >Women with a BMI greater than 25 have significantly high rates of breast cancer recurrence and death.
- >Bisphosphonate use is associated with a 30 percent reduction in the risk of

postmenopausal breast cancer after one year of use, and breast cancers that develop while taking bisphosphonates have a better prognosis.
>25 percent of breast cancer that is ER-negative at diagnosis can change to ER-positive at recurrence.

More tomorrow!

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