the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

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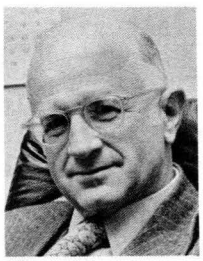
Breast Cancer



Dr. Robert Mendelsohn

Breast cancer is not an easy subject to write about, both because of the disease itself and because of the fear the very name of the disease has instilled in millions of women, more than 100,000 of whom annually are diagnosed as having breast cancer.

The illnesses that trouble mankind often seem to run in cycles --the leprosy of Biblical times, the great plagues of the Middle Ages, and tuberculosis during the Industrial Revolution. In the closing decades of the 20th century, the great scourges of our time are heart disease and cancer--both regarded as mysterious and, despite (or because of?) all the efforts of modern medicine, still incurable.

Of all the cancers, breast cancer has been perhaps the most publicized and one of the least understood. Not only have famous women like Betty Ford, Happy Rockefeller, and the late Marvella Bayh become victims of the disease, they also have helped encourage the forms of diagnosis and treatment endorsed by the American Cancer Institute and the National Cancer Institute. Thus, in 1974, these two prestigious institutions involved 280,000 women in a mass screening program. Writing about that program in 1977, science writer William Hines stated, "All the women in the program were enrolled and screened at least twice in examinations that included x-ray exposure (mammography) without being told that the x-rays carry with them a presumed risk of cancer." In addition, Hines reported, perhaps as many as 100 of those women lost a breast needlessly because cancer was mistakenly diagnosed.

The treatments have proved no better than the diagnosis. Late in 1979, a special scientific panel of the National Institutes of Health recommended the abandonment of the highly-touted radical mastectomy (total removal of the breast and lymph nodes). The two-year (to date) study which provided the basis for this recommendation shows that, so far, patients who have a lumpectomy (removal of the tumor itself) have no different rate of cancer recurrence or survival than women who undergo radical mastectomy. And in many places outside the United States, surgery for breast cancer has been abandoned totally in favor of chemotherapy, radiation and other treatments.

While doctors debate the whys and wherefores of diagnosis and treatment, what happens to the woman who hears she has this dreaded disease? She must do the same as any other patient must do--ASK LOTS OF QUESTIONS. And until her questions are answered to her satisfaction by as many people as she can ask them of, she must forestall a sudden rush to radical treatment.

Q My breasts seem to be cystic since menopause, and I have had two biopsies in both breasts, which showed the lumps to be non-malignant. However, the Breast Cancer Detection Center claims that their mammograms have

detected microcalcifications that should be removed and analyzed. My surgeon disagrees with this, saying that further surgery would have to be a mastectomy. What do you suggest I do?--Mrs. J.M.

Q I am a childless 32-year-old woman. While going for a routine examination, I was found to have some lumps in my breasts. I immediately made an appointment with a specialist, and this doctor diagnosed my condition as fibrocystic disease. He ordered mammograms, which I took (by the way, the x-rays took two hours--it seems they weren't dark enough so they had to keep retaking them).

Doctor, what is fibrocystic disease? What can be done for it? Can it become cancerous, and does it ever go away? I'm really worried about this.--J.U.

A *Fibrocystic disease*

Way back when I was a medical student, my pathology professor taught that the two most difficult areas in which to distinguish the normal from the abnormal are the female breast and the thyroid gland. As far as the breast is concerned, these words are as true today as they were a quarter of a century ago.

So-called fibrocystic disease (alias chronic cystic mastitis, alias breast dysplasia) remains as enigmatic as ever, and a look at a medical textbook reveals the confusion that exists about the relationship between this condition and cancer. The lack of scientific knowledge surrounding this condition is matched only by the urgency for elucidation, since the condition is now clinically recognizable in one-fourth to one-third of all women.

To show you how complicated this relationship is, the 1976 issue of "Current Therapy" states, "If fibrosing adenosis, hyperplasia or metaplasia, and/or intraductal papilloma is present, the incidence of breast cancer is increased three- to four-fold. Mammography plus repeated careful physical examination is the procedure required to properly protect the woman with cystic mastitis."

Such subtle pathologic distinctions require the closest attention of a skilled, experienced pathologist to reach a proper diagnosis. Even then, the options are controversial.

I wish I could recommend mammography with more enthusiasm, but recent findings about its dangers coupled with the all too frequent retaking of x-rays, such as J.U. reports, does little to reassure me that the procedure is safe.

Furthermore, I am afraid that I foresee an increase in the incidence of fibrocystic disease. The use of female sex hormones in The Pill and other forms of medications, the continued infrequency of breastfeeding, and the smaller number of children per family seem to me to point in the direction of more and more breast abnormality.

Q My mother had a mastectomy seven years ago. Ever since that time, her arm has had this awful swelling. I have heard and read a lot about the surgery, but I've never heard about this type of swelling. She exercises her arm often, but nothing seems to help.

Her arm is so big that it weighs her down on one side, and she has to buy her clothes about four sizes larger so that the sleeves will be large enough. Is it possible that this surgery was done wrong? My mother objects to my insistence that we bawl out the doctor who did the surgery, but I think we have a good malpractice suit. This has bothered me all these years, and I can't stand it any longer. Please tell me what to do.--J.J.

Swelling after breast surgery

Seven years is a long time to stew over this problem, especially since swelling of the arm is not uncommon after some forms of surgery for breast cancer. It is a responsibility of the surgeon before surgery to inform a patient about possible complications following surgery, but I doubt whether any of you would be in a position to recall accurately what was said and what was not said seven years ago.

Rather than exclusively thinking in terms of lawyers, you might do well to explore with your mother's surgeon, and/or various self-help, post-mastectomy groups, such as Reach for Recovery, the considerable techniques available for relieving this complication.

Q

You recently wrote, "Even when surgery definitely seems indicated, as in the case of breast cancer..." and you then go on to describe four kinds of surgery, including the now-outmoded radical.

I hope in the future you'll also tell your readers about the viable option of surgical biopsy of tumor with radiation as primary treatment. --Jory Graham

Radiation and other therapies

I am happy that you wrote me and included a number of your excellent articles from the Chicago Sun-Times.

Radical surgery has always been my least favorite treatment for breast cancer, and I am convinced that future generations will look back on radical mastectomy with the same horror that we "moderns" regard the bloodletting of George Washington's day.

In a book entitled "Conquering Cancer" (Random House, $10), Lucien Israel, M.D., one of France's outstanding cancer researchers, says "It is truly remarkable that in spite of increasingly early diagnosis and the almost universal application of post-operative radiotherapy, a majority of surgeons throughout the world persist in performing an operation that is so mutilating."

Dr. Israel questions the logic of removal of involved lymph nodes: "A breast cancer sends cells into the lymph nodes of the armpit. The lymph nodes are therefore systematically removed. If they are 'negative,' the postoperative prognosis is better than if they are positive, and everyone leaves it at that. Yet we know that it is in the lymph nodes that the macrophages and the lymphocytes receive and exploit the antigenic information that will lead to specific immunity. Would it not be better to leave the lymph nodes intact?"

He further argues: ". . .the common sense of the French surgeons seems to be far preferable to the pioneering attitude of certain specialized American surgeons."

Again contrasting French with American surgery, Israel says, "In the United States I have seen abdominal surgery performed which was so extensive that it was not so much a therapeutic act as an acrobatic feat on the part of the surgeon and such that I personally would prefer not to survive rather than to survive in such a condition."

The United States certainly has no monopoly on medical wisdom. Sulfonamides came from Germany; the dangers of The Pill were first published in British medical journals. And now a French doctor has given advice on the treatment of cancer that is must reading for all Americans --physicians and patients alike.

Q

I have heard that breastfeeding your baby can help prevent breast cancer. Is this true?--R.F.

Breastfeeding as a preventative

Not all doctors agree with me, but I believe that breast milk as the sole food--no bottles and no solid foods for five to six months--helps prevent breast cancer. If a mother nurses three or more babies in this fashion, as do many members of La Leche League, her chances of developing breast cancer are very small. Interestingly enough, as a group, nuns have the greatest amount of breast cancer.

There is conflicting scientific information on this question. Some scientists and others have even suggested that breast feeding may be cancer-producing. This is based on what are, in my opinion, some very tenuous electron microscope studies performed in the Far East and elsewhere. Some American investigators have severely criticized this work. The burden of proof seems to rest on those who associate breast cancer with baby's historical prime source of nutrition.

Diagnosing and treating breast cancer

A biologist from the Massachusetts Institute of Technology, Maurice S. Fox, Ph.D., has published (Journal of the American Medical Association, February 2, 1979) a landmark article on the diagnosis and treatment of breast cancer which deserves the widest publicity. On the basis of careful studies carried out at the Harvard School of Public Health, Dr. Fox reaches the following conclusions:

1) Radical mastectomy offers no greater benefit than simple mastectomy followed by x-ray therapy.

2) The incidence of diagnosed breast cancer showed an 18 per cent increase between 1935 and 1965, and a 50 per cent increase between 1965 and 1975. Yet the mortality rate in breast cancer has remained unchanged for at least the past 40 years.

3) There appear to be two almost equally divided basic classes of women with breast cancer; about 40 per cent die regardless of the treatment, and the other 60 per cent show a mortality rate little different from that of women without cancer.

4) Some cancers appear malignant under the microscope but, as far as the patient is concerned, behave in a relatively benign fashion.

5) Although nearly all patients with breast cancer are treated one way or another, those who die rapidly show a mortality rate similar to untreated patients in the nineteenth century.

6) Careful studies of groups of women screened for breast cancer vs. similar groups who went unscreened show that the reduction in breast cancer mortality in the first group is not substantially different from the reduction in general mortality exhibited by that group. Furthermore, the group that refused to be screened experienced both a lower incidence of breast cancer and a substantially lower mortality from breast cancer.

7) The striking acceleration of the incidence of diagnosed breast cancer, beginning around 1965, presumably reflects the increasing detection of early disease. Nevertheless, there is no evidence of benefit of this early detection in terms of breast cancer mortality, even 10 years later.

8) "It remains possible that much of the occult or early disease detected by screening would never manifest itself as malignant disease in a normal lifetime," says Dr. Fox. He continues, "My interpretation of the existing evidence raises questions regarding the wisdom of routine periodic surveys of asymptomatic women."

Dr. Fox expressed his puzzlement as to why so many physicians continue to select the more radical forms of intervention. I must confess to being similarly puzzled during the last two decades, often having thought that the reason women's breasts are removed so frequently lies

in their easy accessibility to the surgeon's knife (similar to tonsils) and to the comparative simplicity of this surgery as compared to other operations.

On the basis of this biologist's work, all women visiting doctors either for screening or treatment of breast cancer should be sure that their physicians can answer the questions Dr. Fox has raised.
(Ed. note: Although this information appeared in a previous newsletter, Vol. 3, No. 4, I felt the information was so important that it bears repeating here.)

Women and X-rays

As revealed in a study by a committee of the National Academy of Sciences, women face almost twice the risk that men do of developing cancer after exposure to low-level radiation. The report said that "solid tumors" found in "the breast in women, in lungs, the thyroid and the digestive system" are the major types of cancer associated with low-level radiation. The committee found that a latent period of 30 years or more may pass before a cancer caused by low-level radiation appears.

I wonder whether the difference in susceptibility to radiation-induced cancer is really due to sex difference. Since visits by women to doctors are seven times as common as visits by men, perhaps the real cause of these cancers is the increased number of x-rays that doctors order for women.

Survival rates after breast surgery

In a 1978 issue of Archives of Surgery, a team of specialists from Rockford, Ill., stated that radical mastectomy to remove a cancerous breast and the underlying and adjacent tissue should be used only in special cases because it does not increase the survival rate when compared with more conservative procedures.

The Rockford team studied women who had had surgery for breast cancer during the years 1924 to 1972. Most of the women were followed for 10 years. The researchers who analyzed 1,686 cancer operations reported "no statistically significant difference in five- and 10-year survival for simple (removal of a breast but not adjacent tissue), modified radical, or radical mastectomy."

A British study, reported in The Lancet of July 1, 1978, revealed that there was no significant difference in survival of breast cancer patients who had been treated by simple mastectomy alone or by simple mastectomy combined with radiotherapy. Both groups of patients were followed for a three-year period.

In the recently-published book, Current Trends in the Management of Breast Cancer (Johns Hopkins University Press, $14), Dr. Robinson Baker, Director of the Breast Clinic of the Johns Hopkins Hospital, writes, "Current methods of treatment of the typical patient with breast cancer are relatively ineffective, and approximately 50 per cent of these women will eventually die of the disease."

Cancer "prevention"

The field of preventive medicine has taken a bizarre turn. A report from the prestigious Beth Israel Hospital in Boston, appearing in the equally prestigious New England Journal of Medicine, described one single family with an unusually high frequency of cancer of the kidney. Geneticists who studied this family found a defect in some of their chromosomes which they claim is responsible for the tumors. On this basis, the researchers state that amniocentesis (the drawing of

fluid from membranes surrounding the fetus within the mother's uterus) will enable them to determine before birth whether future family members will be predisposed to having kidney cancer. While they admit that inheritance of this kind of cancer is rare and thus far only one affected family has been discovered, the doctors hypothesize that someday similar techniques will enable them to find the seeds of other kinds of cancer in the unborn. Thus, once these "tainted" babies are identified, abortion can be carried out.

I am particularly interested in this latest method of cancer prevention since my own university medical appointment is as Associate Professor of Preventive Medicine. I began to become somewhat concerned years ago when geneticists began practicing preventive medicine by identifying and aborting infants presumably affected with mongolism and Tay-Sachs disease, since mistakes occurred frequently enough so that normal babies were also destroyed.

I became even more concerned when some cancer surgeons proposed preventing breast cancer by performing bilateral mastectomies on healthy young women whose families had a history of breast cancer. And my alarm level became even higher recently when prestigious medical centers around the country began to abort fetuses of the "wrong" sex. Now, this latest macabre achievement, aborting fetuses who may someday develop cancer, makes me suspect that the field of preventive medicine is now becoming one of the most dangerous specialties of modern medicine. As a matter of fact, the term "preventive medicine" is rapidly becoming a codeword for abortion. I used to think it was a good idea to tell your doctor as much as possible about your family history. But now, I'm not so sure.

Potpourri

Rectal temperature taking

From London comes a report that rectal measurement of a newborn's temperature is a dangerous and unnecessary practice. Drs. J. D. Frank and Susan M. Brown of the Hospital for Sick Children report that three infants suffered rectal perforations probably caused by the use of the rectal thermometer. Pediatric News (March 1980) says that 10 similar incidents of rectal perforation from thermometers have been reported since 1957 and death occurs in almost half the babies so afflicted. Axillary (armpit) temperature-taking is recommended, but perhaps the best solution is to ask if this routine every-four-hour procedure is a medical necessity or a medical ceremony.

Pain killers and Olympic athletes

Some of the most important medical news is found on the sports pages, particularly during Olympic competition. I know that sports writers try their best to present and interpret this medical news, but their prose usually leaves me with more questions than answers. Take the case of figure skater Randy Gardner who was forced to withdraw from the Winter Olympics (forfeiting his and his partner's chance of a gold medal) because of a groin injury. Gardner had suffered this trauma (a pulled adductor muscle high in the left thigh) two weeks before the competition. One of the major drugs used in his treatment was Xylocaine, a pain-killer like Procaine or Novocaine, which frequently is used in dental anesthesia.

Although this kind of numbing treatment is not all that unusual, particularly for star athletes, it always has seemed strange to me that a doctor would want to knock out the mechanism (i.e., pain and discomfort) by which the body informs itself whether an injury is healing. And in the absence of pain, what is there to prevent an athlete, or indeed anyone suffering an injury, from returning to the arena, thus adding further insult to the original injury?

Not unexpectedly, when Gardner returned to practice, he reinjured his thigh and strained the hip flexor muscle even more seriously, leading to his dramatic withdrawal from Olympic competition.

The questions I feel should be raised include:

1) What is the possibility that this kind of "medical treatment" will lead to permanent damage to Gardner's thigh?

2) How many other athletes are having pain-killing drugs prescribed for them which mask serious hemorrhage, infection and other forms of muscle and joint injury? Gardner's doctor, Anthony Daly, physician for the U.S. Olympic team, explained the internal bleeding which subsequently occurred in Gardner's groin: "It's just an indication of the seriousness of his injury." Shouldn't the possibility be raised that Gardner's hemorrhage is, at least in part, a result of his treatment? Maybe medical societies should monitor the Olympic Games in order to protect athletes against their own physicians.

3) How does this Xylocaine "treatment" fit with the general pattern of Olympic medical care which includes the treatment which, by the use of powerful hormones, tries to turn women into men and men into women?

From my point of view, the medical abuse of athletes may well be the most sinister consequence of the Olympics. Perhaps the best preventive medicine might be for sports writers to begin asking more questions.

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Dr. Mendelsohn's new book, "Confessions of a Medical Heretic" (Contemporary Books, $9.95) is now available at bookstores throughout the country.

Your questions about the medical problems that trouble you most will be answered by Dr. Mendelsohn. Please send your questions to: The People's Doctor, 664 N. Michigan Ave., Suite 720, Chicago, Ill. 60611.

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Another View

by Marian Tompson
President, La Leche League International

Because fear of breast cancer has so blighted the lives of women as they examine their breasts each month, this is an issue I can deal with comfortably only in terms of prevention, in this instance, the protection offered by breastfeeding. Now I admit this theory is a controversial one: Recent studies by McMahon and others claim there is little or no difference in the breast cancer rate of women who breastfed and those who did not. But I question such studies which make no differentiation between women who practice total and unrestricted breastfeeding and those who follow a more limited breastfeeding pattern. I suspect the results would be different if breastfeeders were identified as only those women who nurse totally without bottles or supplements for the first six months and then nurse beyond that for prolonged periods of time.

In places where such total and longterm breastfeeding is common, breast cancer is uncommon. Reporting in 1969 on a group of Canadian Eskimos who had been surveyed for 15 years, Otto Schaefer, M.D. said that during all that time only one case of breast cancer was discovered in this population that grew from 9,000 to 13,000. In populations where breast cancer was very low, but is now increasing, Dr. Schaefer says the common contributing factor seems to be either a decrease in the duration of breastfeeding or its complete elimination. In the United States, in a 1964 study of breast cancer patients at Roswell Park Institute in New York, Levin found that breastfeeding for 17 months decreased the risk of breast cancer. After a total of 36 months lactation, this risk was even more markedly reduced. And the 1977 report by Ing of the higher incidence of breast cancer on the unsuckled left breast of the Tanka boat women (who traditionally breastfeed from the right breast) seems to further support the concept of protection through breastfeeding.

But what about the baby? I have known a small number of women who have breastfed infants after having had a mastectomy and some who have had mastectomies after having breastfed. Could they transmit the disease to their babies? This question surfaced several years ago with reports of a discovery by Dan H. Moore, Ph.D., of a mammary tumor factor in the milk of certain strains of mice. However, in a talk given at a symposium on breastfeeding at the University of Pittsburgh last November, Dr. Moore admitted that not only had this milk-transmitted influence not been demonstrated in humans, but he felt there were major reasons to believe there cannot be a mammary cancer-causing agent in human milk. "The decrease in breastfeeding in the United States and other Western countries," Dr. Moore explained, "has not been accompanied by a decrease in breast cancer." He went on to cite studies by Tokuhato (1969) and Anderson (1975) which showed no difference in the breast cancer incidence in daughters who were breastfed even when the breastfeeding mothers were later found to have cancer.

So while science continues to try to identify causes, I take some comfort in the rationale offered by Herbert Ratner, M.D., former director of the Oak Park Illinois Health Department, that the more one deviates from the natural order of things which are responsible for the preservation and thriving of the species, the more one can expect to find pathological processes developing. One of the risks with breast cancer comes from disrupting a reproductive process which begins with conception and ends with weaning. Or as Hippocrates put it succinctly in 5 B.C., "Use leads to health and disuse to disease."