

Journal Watch

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Welcome to “Journal Watch,” our regular column in which we keep you updated on research into behavioural aspects of breast cancer. Due to the large number of relevant journal articles (over 150 since our last issue), we can only include a very limited sample and try to focus on those we think will be of the most interest to the majority of readers. The review of a paper in this column does not imply endorsement of the study methodology or findings by the Breast Research Alliance.

Readers can obtain full abstracts for any of the reviewed articles by emailing a request to sandraj@uow.edu.au.

Does surgeon gender affect your chance of keeping your breast?

This study set out to test whether male surgeons are as likely as female surgeons to provide breast-conservation treatment (BCT). They compared the performance rate of BCT with the rate of mastectomy in early-stage breast cancer patients (2,271 women treated between 1990 and 1997) between male and female surgeons. The results showed that male surgeons were more likely to provide their patients with breast-conserving treatment at all disease stages – there was a 30% greater chance of a patient receiving breast-conserving treatment if women went to a male surgeon.

[Weinberg E, Woods S, Grannan K & Hendy M (2002) The influence of gender of the surgeon on surgical procedure preference for breast cancer, *The American Surgeon*, 68(4), 398-400]

Are obese people more likely to die from breast cancer? (Two studies)

The first study examined the relationship between obesity and stage of breast cancer at diagnosis. Newly diagnosed breast cancer cases (n = 966) in the Baltimore metropolitan area from 1991 to 1997 were included in the study, which found that high body mass was significantly associated with late stage of breast cancer at diagnosis. Women who were obese (BMI ≥ 27.3) were more likely to be at an advanced stage at diagnosis compared with women with a BMI < 27.3 , and the association was stronger among women younger than 50 years. The second study reviewed the literature and summarized the evidence on obesity and breast cancer clinical outcome, and potential hormonal mediating mechanisms. Women with breast cancer who are overweight or gain weight after diagnosis were found to be at greater risk for breast cancer recurrence and death compared with lighter women. Obesity is also associated with hormonal profiles likely to stimulate breast cancer growth.

[Cui Y, Whiteman M, Flaws J, Langenberg P, Tkaczuk K & Bush T (2002) Body mass and stage of breast cancer at diagnosis, *Journal International Du Cancer*, 98(2), 279-283.

Chlebowski R, Aiello E & McTiernan A (2002) Weight loss in breast cancer patient management, *Journal of Clinical Oncology: Official Journal of the American Society of Clinical Oncology*, 20(4), 1128-1143.]

Do patients delay seeking medical advice for breast symptoms? (Two studies)

The first study asked 699 asymptomatic women (black, white and Latino) about their likelihood to delay in the event of a breast symptom discovery. Twenty-four per cent reported likelihood to delay. Lower income and educational level, experienced prejudice in care delivery, perceived lack of access to health care, fatalism about breast cancer, and a lack of knowledge of the presenting symptoms of breast cancer were among the variables associated with likelihood to delay. The second study interviewed 287 German women with newly diagnosed invasive symptomatic breast cancer about actual delay. Median patient delay (from onset of first symptoms to first consultation) was 16 days, and 18 per cent of all breast cancer patients waited longer than three months before consulting a

physician. Long patient delay was associated with age, history of a benign mastopathy, obesity, and indices of health behaviour.

[Facione N, Miaskowski C, Dodd M & Paul, S (2002) The self-reported likelihood of patient delay in breast cancer: new thoughts for early detection, *Preventive Medicine*, 34(4), 397-407

Arndt V, Stürmer T, Stegmaier C, Ziegler H, Dhom G & Brenner H (2002) Patient delay and stage of diagnosis among breast cancer patients in Germany - a population based study, *British Journal of Cancer*, 86(7), 1034-1040]

Does passive smoking increase your risk of breast cancer? (Two studies –& the jury’s still out!)

The first study examined the influence of active and passive smoking on the incidence of invasive breast cancer, using data collected in the prospective Nurses' Health Study. A total of 78,206 women were followed prospectively from 1982 until June 1996, 3,140 of whom reported a diagnosis of invasive breast cancer during follow-up. The results suggest that passive smoking is unrelated to breast cancer, and that there is a small increase in risk for active smokers when smoking is initiated at young ages. The second study reported on analysis of the data from the "Erie County study on smoking and health," based on detailed population information collected from 12,580 relatives of the deceased in Erie County over a 20-year period from 1972 to 1991. They concluded from their data that smokers contract breast cancer at a rate of nearly twice that of non-exposed non-smoking women and that those non-smoking women who are exposed to passive smoke from other sources appear to have nearly the same incidence of breast cancer as active smokers.

[Egan K, Stampfer M, Hunter D, Hankinson S, Rosner B, Holmes M, Willett W & Colditz G (2002) Active and passive smoking in breast cancer: prospective results from the Nurses' Health Study, *Epidemiology*, 13(2), 138-145.

Miller G (2002) Can passive smoking cause breast cancer? *Chemical Health and Safety*, 9(2), 10-14.]