

6 crucial lifestyle hacks for women with DCIS breast cancer (part two of series)

As outlined in last week's article, a revolutionary new study confirms that women with an early variant of breast cancer called low-grade DCIS don't benefit from aggressive treatment; regardless of whether they undergo lumpectomy, mastectomy, even bilateral mastectomy, or simply undergo "Active Surveillance," their survival chances are virtually identical.

In that article, I issued a clarion call for "Active Holistic Surveillance" for the thousands of women who annually find themselves with this diagnosis. By "holistic," we mean to borrow from the arsenal of doctors now treating men with early prostate cancer using aggressive lifestyle changes and targeted nutraceutical supplementation.

Let's focus first on proven lifestyle changes that impact not just the prevention of breast cancer, but also the prognoses of women with established breast cancer.



1) Diet: The role of diet in breast cancer is indisputable—but controversy still rages over what type of diet works best. Nonetheless, there is a great deal of scientific consensus about certain features of diet. For one, **obesity is a risk factor for breast cancer recurrence and progression.** Fat cells act like little estrogen factories, amplifying estrogen production which fuels hormone-dependent cancers. Moreover, obesity is usually accompanied by insulin resistance, and excess insulin increases the receptivity of breast tissue to estrogen. Regardless of diet type, any measures that minimize excess body fat are likely to benefit breast cancer survivors.

It has been claimed that meat is a promoter of breast cancer. This is supported by some epidemiological research. A recent Harvard study highlighted the connection between red meat consumption and breast cancer risk. Other studies have pointed to the deleterious effects of charred meat in breast cancer.

Nonetheless, many researchers have concluded that the evidence linking meat consumption to breast cancer is, at best, circumstantial. Meat consumption might be a proxy for other unhealthy lifestyle choices. Or, a preponderance of meat in the diet might, for some women, preclude adequate intake of beneficial plant-based foods. Few studies have shed light on whether unprocessed, pasture-raised meats influence breast cancer risk; the fatty acid composition, or chemical, antibiotic and additive residues in processed meat might act as cancer promoters.

Saturated fat consumption has been linked to breast cancer aggressiveness but it is not clear if saturated fat per se is the culprit, or the toxic xenoestrogenic

compounds that are often sequestered in meat and dairy fat.

While excess protein has been claimed to be a cancer promoter, the effects appear to be limited to people who consume too much protein in middle age. After 65, the relationship appears to be reversed. While protein can drive production of cancer-stimulating IGF1 (insulin-like growth factor 1), so, too, can carbohydrates, perhaps to even a greater degree. Indeed, limiting carbohydrates, especially the refined ones, has been touted as a way of retarding cancer growth. Supporting this is a recent study of French women, in which high glycemic load (but not total carbohydrates) was associated with breast cancer risk.

Of special relevance to women with DCIS contemplating Active Holistic Surveillance is a recent study linking dairy consumption to poorer survival. The reasons are unclear. Is this because high-fat dairy is a repository for xenoestrogenic environmental pollutants? Alternatively, could the galactose that is a component of milk sugar act as a cancer promoter, as seems to be the case in ovarian cancer? Or is it the antibiotic residues? Or the modern dairy industry's indiscriminate use of bovine growth hormone to stimulate milk production by cows?

There is clear agreement that a diet rich in fruits and vegetables exerts a protective effect against breast cancer. The reason may be that such a diet is rich in carotenoids and other protective phytonutrients. Additionally, high-fiber diets have been shown to be beneficial in breast cancer; constipation appears to up the risk for breast cancer, chiefly because it impairs the body's ability to eliminate excess estrogen metabolites via the stool.

The Mediterranean Diet gets high marks for breast cancer patients because of its relatively low glycemic load, moderate protein and saturated fat content, healthy polyphenols from spices, fruits and vegetables and olive oil, high fiber and omega 3 content.

But one integral feature of the Mediterranean Diet is to be avoided by women with breast cancer: wine. Studies conclusively demonstrate that even moderate consumption of alcohol revs estrogen levels, thus increasing breast cancer risk.

The Japanese diet, rich in vegetables, iodine-laden seaweed, fish, and soy appears to have something to do with the fact that Japanese women enjoy far lower rates of breast cancer than their U.S. counterparts; additionally, their likelihood of progression to life-threatening cancer is less.

Is soy a no-no for women with early breast cancer? Since soy is mildly estrogenic, many health professionals discourage women at risk from consuming it. But studies show that moderate intake of natural dietary soy by breast cancer patients—but not

concentrated soy supplements—is associated with no increased risk of breast cancer recurrence, and in fact may be slightly protective. Since this was seen in a study of Chinese women who consumed soy over their entire lifetimes, experts caution that the results of this study may not be applicable to U.S. women desirous of obtaining protection from soy foods after a diagnosis of breast cancer.

2) Exercise: Studies show that women who are recreationally active enjoy a 40% reduction in their risk of breast cancer recurrence, rendering regular exercise one of the most potent, documented ways of “running for the cure.”

3) Avoid environmental toxins: “Xenoestrogens”—chemicals that mimic estrogen and may drive breast cancer cell proliferation—abound in foods. Therefore eat organic, and avoid consuming foods heated in plastic containers. Cosmetics, air deodorizers, household cleansers, shampoos, soaps, bug sprays, weed killers and sunscreens also are potent sources of xenoestrogens. Green your diet and your environment to reduce your risk of cancer recurrence.

4) Avoid antibiotics: Studies show that the more antibiotics a woman takes, the higher her risk of breast cancer. Even if you don’t take antibiotics, you may be subject to continuous low-level antibiotic exposure via conventional dairy, eggs, poultry, meat, and certain farmed fish like tilapia. Yet another reason to buy organic or antibiotic-free products.

5) Avoid shift work and get adequate sleep: Melatonin production is blunted by artificial light and sleep deprivation; women who work overnight shifts have a statistically higher rate of breast cancer. Inadequate sleep is now being conclusively linked to worsened breast cancer prognosis.

6) Deal with stress: Don’t simply “avoid” it, which is unrealistic, especially after receiving a diagnosis of breast cancer. Studies show that extreme life stress is associated with dramatically worse outcomes in breast cancer. Positive engagement in Active Holistic Surveillance is, in itself, empowering, and helps women diagnosed with breast cancer regain control. Meditation, exercise, social connection with friends and family or support groups, spirituality, hobbies, cognitive behavioral therapy, even sex can be valuable tools for alleviating stress.

In Part 3 of this series, we’ll examine the evidence for supplementation as part of an Active Holistic Surveillance program for DCIS—stay tuned!