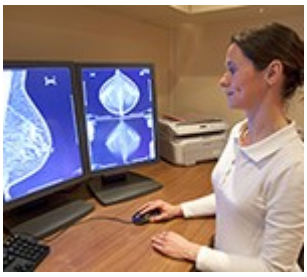
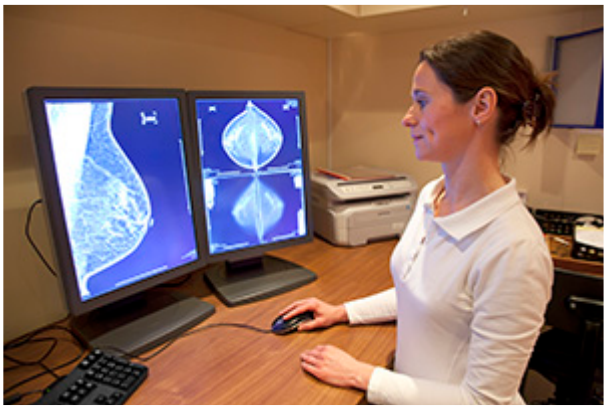
You've just been diagnosed with breast cancer: Don't just stand there . . . do NOTHING! (part one)



A cancer diagnosis prompts fear and is a powerful incentive for decisive action. It stands to reason: The cancer must be eradicated before it has a chance to spread. Surgery, radiation, and chemotherapy are the usual options.

But sometimes, when medical practices hallowed by tradition come under renewed scrutiny, they come up short.



Such is the case with ductal carcinoma in situ (DCIS) a type of "pre-cancer" that affects up to 20% of women diagnosed with breast cancer. In 98% of cases of DCIS the treatment is surgery – mastectomy, sometimes bilateral. The theory underlying this aggressive therapy is that, while DCIS is not actually full-blown cancer that is likely to spread, the detection of a pre-cancer in one breast is highly predictive of additional cancers arising in

other parts of the breasts. Better to act pre-emptively, so the reasoning goes.

But the results of a recent medical study belie this approach, especially when it comes to low-grade DCIS. Better techniques for evaluating breast biopsies can now differentiate between low, medium and high-grade breast changes that indicate varying gradations of risk for progression to full-blown cancer.

In the study, which involved 57,222 women with DCIS observed over a period of ten years, NO survival advantage was seen in women with low-grade disease who had undergone surgery; women who were simply observed without surgery had identical outcomes.

It must be noted, however, that for women with medium to high-grade DCIS, early aggressive treatment with surgery conferred a small but distinct survival advantage.

The shame is, it’s taken this long to undertake a scientific trial to evaluate the routine practice of radical surgery for DCIS; tens of thousands of women may have for decades needlessly suffered the physical and psychological ravages of cancer surgery.

To some extent, this study is an indictment of our current indiscriminate use of mammography screening, which has grown increasingly sensitive over the years, resulting in unnecessary biopsies of ever-smaller breast abnormalities.

Even the practice of routine mammography has come under fire lately, in light of studies, admittedly controversial, that indicate mammograms ultimately don't save lives.

But in view of the new findings on DCIS, many doctors are now calling for a fresh approach to suspicious early breast changes: "Active Surveillance."

You may remember that I talked about Active *Holistic* Surveillance in a previous article about prostate cancer.

Dr. Aaron Katz, whom I interviewed for a recent *Intelligent Medicine* podcast, is considered America's foremost integrative urologist. He pioneered Advanced Holistic Surveillance for prostate cancer at Columbia in the 1990s and is now implementing it at Winthrop University Hospital. He has demonstrated that some men with early prostate cancer can be safely observed (Surveillance) with proper testing without compromising their likelihood of survival. The Active Holistic component ensures that they will be provided with an additional bulwark against advanced disease via a combination of lifestyle measures and targeted, scientifically-validated supplements.

In light of the new DCIS study, I am issuing an urgent call to action to the world medical community: **It's high time we offer the option of Active Holistic Surveillance, based on proven integrative principles, to women with early breast cancer!**

What would that look like? First, as has been proposed before,

we need to re-educate women that DCIS is not cancer. Rather, it’s analogous to an abnormal PAP smear, which needs to addressed, but doesn’t necessarily portend progression to invasive, life-threatening disease.

Why quibble about the cancer designation? Because the finding of “cancer” stampedes many women into opting for unnecessarily aggressive therapy which doctors are all-too-willing to enable. Some leading cancer specialists have called for DCIS and other tissue abnormalities of the prostate, thyroid and lung to be reclassified as “IDLE” conditions, which stands for “indolent lesions of epithelial origin.” That more neutral appellation would spare tens of thousands of women the psychological devastation and potential physical harm ensuing from a cancer diagnosis, and would open an avenue for a new paradigm to emerge in early breast disease treatment.

Second, we need to continue to improve technology to monitor breast changes for likelihood of progression to cancer. This is already happening with better, more precise imaging techniques like MRI and 3D digital mammograms augmented by ultrasound imaging, and genomic testing that better characterizes cellular changes. An improved battery of tests to add to our Surveillance component could help doctors and patients monitor the efficacy of Active Holistic treatments, providing reassurance or signaling the need for more aggressive treatment where appropriate.

What would the Active Holistic program consist of? There is now mounting evidence that diet, exercise, lifestyle interventions and certain targeted supplements can influence the progression of prostate cancer. Women with early DCIS could certainly be the beneficiaries of a similar approach,

tailored to the unique characteristics of breast cancer. Clearly, such measures would also be appropriate for women at high-risk for breast cancer due to family history or predisposition uncovered via genetic testing.

Active Holistic Surveillance would not be suitable for every woman. Just as some men with early prostate cancer who are considered candidates for Active Holistic Surveillance choose instead to undergo radiation or surgery, some women might prefer the security of undergoing mastectomy with reconstruction. There's no "right" answer, and some women might find the rigors of radical lifestyle change more daunting than going under the knife.

But clearly, the Active Holistic Surveillance option needs to be developed and encouraged for certain women with DCIS. In parts two and three on this topic, I will cover, respectively, diet/lifestyle changes and targeted supplementation designed to give women with this common condition *Intelligent Medicine* options for re-taking control.