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Breast cancer risk in perspective

I am writing to underscore some of the points made in "Refiguring the Odds" (SN: 7/31/93, p.76). It is worth reemphasizing that the risk of developing breast cancer is not the same as that of dying from invasive breast cancer. The overall incidence of breast cancer is about four times higher than the overall mortality rate, and the incidence rate has dramatically increased in recent years as a result of widespread mammography, by which very early lesions are being diagnosed.

At the same time, it must not be forgotten that other major diseases, such as coronary heart disease, stroke, and lung cancer, pose significantly greater risks of death than does breast cancer. Lung cancer, a largely preventable disease, has surpassed breast cancer as the leading cause of cancer deaths among women.

The use of the concept "risk of dying in the next 10 years" helps to overcome the apathy associated with thinking about "lifetime" risk

and focuses on opportunities for the application of preventive measures and the early detection and treatment of precursor lesions and conditions associated with the major killing diseases. Rather than the present highly politicized and anxiety-provoking targeting of breast cancer, it would be more appropriate, in my opinion, to increase research on the causes and prevention of all major diseases that lead to premature deaths of women (and of men!). Nicholas L. Petrakis

Professor Emeritus of Preventive Medicine and Epidemiology University of California, San Francisco San Francisco, Calif.

The statement that "a woman's lifetime risk of getting breast cancer all depends on how you do the figuring" exemplifies how thorough the confusion of reality and statistics is. It's not a woman's risk that depends on "how you do the figuring," but the abstract and entirely unreal estimate of her risk.

Mark Mumper Santa Cruz, Calif. It does not surprise me that older women are getting a lot of breast cancer. What does surprise me is why the connection between breast cancer and the cumulative damage from mammograms is continually ignored by medical science.

A woman following the American Cancer Society guidelines would get her first mammogram at age 40, a mammogram every year or two until age 50, and one per year after that. This means that if a woman survives to age 90, she will have received 45 to 50 doses of ionizing radiation to the soft (and highly susceptible) tissue of her breasts!

I suggest that epidemiologists take a look at the correlation between breast cancer in older women and the number of mammograms received by them in their life histories. The results could very well cause the demise of a lucrative industry.

Bill Sturgeon Petrolia, Calif.

See the article on p.262 of this issue.

- K. Fackelmann

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