



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Breast Cancer (Part II)

This is the second of the series of four articles on Breast Cancer

Breast Cancer Risk Factors

A “risk factor” is anything that increases your risk of developing breast cancer. Many of the most important risk factors for breast cancer, such as age, family history, and medical history are beyond your control. However, there are some risk factors you can control, such as weight, physical activity, and alcohol consumption.

Be sure to talk with your doctor about all of your possible risk factors for breast cancer. There may be steps you can take to lower your risk of breast cancer, and your doctor can help you come up with a plan. Your doctor also needs to be aware of any other risk factors beyond your control, so that he or she has an accurate understanding of your level of breast cancer risk. This can influence recommendations about breast cancer screening — what tests to have and when to start having them.

Risk factors you can control

Weight-Being overweight is associated with increased risk of breast cancer, especially for women after menopause. Fat tissue is the body’s main source of estrogen after menopause, when the ovaries stop producing the hormone. Having more fat tissue means having higher estrogen levels, which can increase breast cancer risk.

Diet-Diet is a suspected risk factor for many types of cancer, including breast cancer, but studies have yet to show for sure which types of

foods increase risk. It’s a good idea to restrict sources of red meat and other animal fats (including dairy fat in cheese, milk, and ice cream), because they may contain hormones, other growth factors, antibiotics, and pesticides. Some researchers believe that eating too much cholesterol and other fats are risk factors for cancer, and studies show that eating a lot of red and/or processed meats is associated with a higher risk of breast cancer. A low-fat diet rich in fruits and vegetables is generally recommended.

Exercise-Evidence is growing that exercise can reduce breast cancer risk. The American Cancer Society recommends engaging in 45-60 minutes of physical exercise 5 or more days a week.

Alcohol consumption-Studies have shown that breast cancer risk increases with the quantity of alcohol a woman drinks. Alcohol can limit your liver’s ability to control blood levels of the hormone estrogen, which in turn can increase risk.

Smoking-Smoking is associated with a small increase in breast cancer risk.

Exposure to estrogen-Because the female hormone estrogen stimulates breast cell growth, exposure to estrogen over long periods of time, without any breaks, can increase the risk of breast cancer. Some of these risk factors are under your control, such as:

- taking combined hormone replacement therapy (estrogen and progesterone; HRT) for several years or more, or taking estrogen alone for more than 10 years

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- being overweight
- regularly drinking alcohol

Recent oral contraceptive use-Using oral contraceptives (birth control pills) appears to slightly increase a woman's risk for breast cancer, but only for a limited period of time. Women who stopped using oral contraceptives more than 10 years ago do not appear to have any increased breast cancer risk.

Stress and anxiety-There is no clear proof that stress and anxiety can increase breast cancer risk. However, anything you can do to reduce your stress and to enhance your comfort, joy, and satisfaction can have a major effect on your quality of life. Some research suggests that these practices can strengthen the immune system.

Risk factors you cannot control

Gender-Being a woman is the most significant risk factor for developing breast cancer. Although men can get breast cancer, too, women's breast cells are constantly changing and growing, mainly due to the activity of the female hormones estrogen and progesterone. This activity puts them at much greater risk for breast cancer.

Age-Simply growing older is the second biggest risk factor for breast cancer. From age 30 to 39, the risk is 1 in 228, or .44%. That jumps to 1 in 29, or just under 3.5%, by the time you are in your 60s.

Family history of breast cancer-If you have a first-degree relative (mother, daughter, sister) who has had breast cancer, or you have multiple relatives affected by breast or ovarian cancer (especially before they turned age 50), you could be at higher risk of getting breast cancer.

Personal history of breast cancer-If you have already been diagnosed with breast cancer, your risk of developing it again, either in the same breast or the other breast, is higher than if you never had the disease.

Race-White women are slightly more likely to develop breast cancer than are African American women. Asian, Hispanic, and Native American women have a lower risk of developing and dying from breast cancer.

Radiation therapy to the chest-Having radiation therapy to the chest area as a child or young adult as treatment for another cancer significantly increases breast cancer risk. The increase in risk seems to be highest if the radiation was given while the breasts were still developing (during the teen years).

Breast cellular changes-Unusual changes in breast cells

found during a breast biopsy (removal of suspicious tissue for examination under a microscope) can be a risk factor for developing breast cancer. These changes include overgrowth of cells (called hyperplasia) or abnormal (atypical) appearance.

Exposure to estrogen-Because the female hormone estrogen stimulates breast cell growth, exposure to estrogen over long periods of time, without any breaks, can increase the risk of breast cancer. Some of these risk factors are not under your control, such as:

- starting menstruation (monthly periods) at a young age (before age 12)
- going through menopause (end of monthly cycles) at a late age (after 55)
- exposure to estrogens in the environment (such as hormones in meat or pesticides such as DDT, which produce estrogen-like substances when broken down by the body)

Pregnancy and breastfeeding-Pregnancy and breastfeeding reduce the overall number of menstrual cycles in a woman's lifetime, and this appears to reduce future breast cancer risk. Women who have never had a full-term pregnancy, or had their first full-term pregnancy after age 30, have an increased risk of breast cancer. For women who do have children, breastfeeding may slightly lower their breast cancer risk, especially if they continue breastfeeding for 1 1/2 to 2 years. For many women, however, breastfeeding for this long is neither possible nor practical.

DES exposure-Women who took a medication called diethylstilbestrol (DES), used to prevent miscarriage from the 1940s through the 1960s, have a slightly increased risk of breast cancer. Women whose mothers took DES during pregnancy may have a higher risk of breast cancer as well.

Sources

Breast Cancer-available at http://www.cdc.gov/cancer/ov/breast/basic_info/index.htm

Breast Cancer-available at <http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-key-statistics>

Compiled by Dr. C U D Gunasekara of the Epidemiology Unit

Table 1: Selected notifiable diseases reported by Medical Officers of Health 25th - 31st Oct 2014 (44th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	175	11688	3	131	0	13	0	101	0	213	11	161	0	3	1	50	0	0	4	373	2	54	0	3	63	38
Gampaha	31	6304	1	127	0	11	1	34	0	29	9	324	0	21	0	230	0	5	1	253	3	63	0	2	20	80
Kalutara	23	2262	2	144	0	11	3	49	3	62	8	280	1	4	0	20	0	1	7	224	1	65	0	0	92	8
Kandy	48	1527	1	81	0	7	3	24	0	20	3	48	2	78	3	177	0	1	2	169	1	27	0	5	91	9
Matale	24	438	2	61	0	2	0	18	0	17	0	36	0	3	4	134	0	1	0	48	1	46	0	27	69	31
NuwaraEliya	5	257	10	244	0	3	1	19	0	69	1	24	0	55	0	32	0	0	0	116	1	37	0	0	69	31
Galle	29	974	0	110	0	6	0	8	0	33	9	181	2	91	0	10	1	1	5	377	2	53	0	3	75	25
Hambantota	13	570	1	45	0	4	0	11	0	16	0	78	2	68	1	18	0	0	1	135	0	40	10	320	83	17
Matara	30	606	2	90	0	4	0	23	1	20	3	87	0	57	3	40	0	0	1	165	0	31	1	76	88	12
Jaffna	65	1097	58	643	0	7	9	224	1	62	0	9	1	277	2	14	0	0	1	123	0	52	0	1	100	0
Kilinochchi	1	48	2	106	0	3	1	24	0	0	0	1	0	20	0	0	0	0	0	15	0	6	0	11	50	50
Mannar	16	157	8	46	0	10	0	34	0	9	0	4	0	24	0	1	0	0	0	10	0	7	0	4	80	20
Vavuniya	0	110	0	60	0	1	1	40	0	22	0	9	0	6	0	5	0	0	0	12	0	16	0	5	75	25
Mullaitivu	3	90	3	58	0	0	0	13	0	25	0	8	0	11	0	0	0	2	0	5	0	5	0	7	100	0
Batticaloa	10	693	7	289	0	3	2	36	0	30	0	16	0	2	0	7	0	1	0	56	0	6	0	0	71	29
Ampara	2	136	3	69	0	1	0	3	5	17	0	17	1	13	0	5	0	1	7	106	0	9	0	11	86	14
Trincomalee	5	522	4	51	0	1	0	5	0	11	0	16	0	21	0	2	0	0	1	96	0	14	0	8	58	42
Kurunegala	46	1875	4	128	0	26	1	19	0	28	1	93	1	44	3	59	0	1	5	363	0	66	4	130	85	15
Puttalam	25	604	1	64	0	2	0	13	0	11	0	59	0	23	0	6	0	3	0	75	3	30	0	6	54	46
Anuradhapura	10	462	11	171	0	5	0	3	1	49	0	82	0	27	0	14	0	0	2	205	0	46	0	366	74	26
Polonnaruwa	3	451	3	44	0	4	0	7	0	1	0	58	0	8	0	8	0	0	2	142	1	26	5	117	57	43
Badulla	29	660	4	164	0	9	0	12	2	13	2	50	2	103	2	133	0	0	2	73	2	117	0	0	71	29
Monaragala	6	248	5	67	0	4	0	8	0	33	0	68	0	146	2	114	0	2	3	80	0	21	0	29	100	0
Ratnapura	31	2595	5	206	0	23	0	27	0	34	7	359	1	98	17	416	0	1	2	173	0	41	0	33	89	11
Kegalle	40	1445	0	96	0	10	3	49	0	34	19	208	2	56	7	229	0	0	2	233	0	68	0	2	82	18
Kalmune	0	148	0	111	0	1	0	6	0	74	1	3	0	0	0	1	0	0	1	90	0	8	0	0	31	69
SRILANKA	670	35967	140	3406	0	171	25	810	13	932	74	2279	15	1259	45	1725	1	20	49	3717	17	954	20	1166	74	26

Source: Weekly Returns of Communicable Diseases (WRCD).

*T-Timeliness refers to returns received on or before 31st October, 2014. Total number of reporting units 337. Number of reporting units data provided for the current week: 253. C** -Completeness

Table 2: Vaccine-Preventable Diseases & AFP

25th – 31st Oct 2014 (44th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2014	Number of cases during same week in 2013	Total number of cases to date in 2014	Total number of cases to date in 2013	Difference between the number of cases to date in 2013 & 2014
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	01	00	00	00	00	00	00	01	00	72	81	-11.1%
Diphtheria	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Mumps	00	01	01	01	00	00	00	00	00	03	11	585	1330	-56.0%
Measles	07	02	08	00	00	04	01	00	01	23	64	2882	3476	-17.1%
Rubella	00	00	00	00	00	00	00	00	00	00	01	17	27	-37.0%
CRS**	00	00	00	00	00	00	00	00	00	00	00	04	06	-33.3%
Tetanus	00	00	00	00	00	00	00	00	00	00	01	12	21	-42.9%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	22	66	-66.7%
Whooping Cough	00	00	00	00	00	00	00	00	01	01	02	66	75	-12%
Tuberculosis	97	22	11	25	02	51	10	06	13	237	116	8299	7016	+18.3%

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.
 RDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

Data Sources: Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS, Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis
 CRS** =Congenital Rubella Syndrome
 AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

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Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@sltnet.lk. **Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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