STRATEGIES FOR CANCER PREVENTION

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CASE 1: STACEY R.

- 49 perimenopausal white female, abnormal calcifications right breast on routine mammogram. Bx: DCIS, cribriform and papillary, ER+/PR+.
- MD recommends surgery, XRT, hormonal.
- Comes for IM consult, holistically minded, overwhelmed.
- PMHx: borderline HTN, hypercholesterolemia, torn meniscus, two prior nl vaginal deliveries
- All: environmental
- Meds: red yeast rice, mvi, occas xanax

STACEY R.

- FHx: no breast cancer, + heart disease
- SocHx: strained marriage; 2 supportive daughters, past 10 yr smoker, 2 glasses wine qd, stressful real estate business.
- Lifestyle: sedentary/packaged food with little cooking (time constraints), coffee throughout day; sweet tooth; high strung with anxiety.

INTEGRATIVE SUGGESTIONS

- DCIS standard approach: LP +/- XRT +/- hormonal, vs mastectomy; debate on overtreatment, as approaches have not changed survival, have not decreased incidence of invasive BC; wider excision will upstage some patients to invasive ds.
- Oncotype DX for DCIS may help.
- Recommendations: plant-based (crucifers), AI diet, iodine sufficiency, regular vigorous CV activity, minimize ETOH, add fish oil, curcumin, decaff green tea, Asian mushrooms, I3C (if not on Tam), calcium d-glucarate, check vit d and supplement, melatonin, minimize caffeine, mind-body therapies (breath, meditation, yoga, GI/hypnosis, PMR, essential oils); address importance of good sleep.

CASE 2: MONICA B.

- 38 premenopausal black female nurse, fullness left breast in shower, mass on mammo and sono. Bx: grade 3 invasive ductal cancer, ER/PR-, HER2+.
- LP, SLNM: 2.8 cm tumor, 3/10 LN+
- 4 cycles AC, 4 cycles T, started H, and XRT
- MD rec. Tam vs Raloxifene prevention.
- Comes for IM consult to decide on hormone, wants “natural remedies”.
- PMHx: NIDDM, obesity, mild HTN
- All: PCN
- Meds: Januvia, Ambien prn, d/c’d OCP

MONICA B.

- FHx: aunt BC in 60's, father prostate ca; DM
- SocHx: never smoked, occ ETOH, divorced, 3 teens, works nightshift in ER
- Lifestyle: fast food/sweet/salty, no exercise but busy in ER, fragmented daytime sleep

INTEGRATIVE SUGGESTIONS

- Difficult decision on Tam vs Raloxifene for prevention: significant risk vs benefit.
- Address obesity: need to achieve ideal BW if possible, regular CV exercise; discuss metformin's antibreast cancer evidence, consider switch for DM; similar recommendations as DCIS case (vit d, fish oil, curcumin, DIM/I3C if not on hormone, calcium d glucarate, green tea); flaxseed lignans, ashwagandaha ,night shift work correlates with BC risk; consider IV glutathione as detoxifier, could consider IV vitamin C and oral vit c; melatonin if switch to day job.

CASE 3: GWEN P.

- 73 postmenopausal white female librarian, noted worse arthritis pain back and hips, not improving with meds. Bone scan: mets in spine, ribs, hips. Mammo: 1 cm lesion right breast. Body CT -. Bx of bone: ca c/w breast primary, ER/PR strong +, HER2 -, grade 1-2. MD rec Letrozole and Zolendronic acid IV. Wants IM consult to "improve odds of more time with grandkids".
- PMHx: OA, osteopenia, IBS, hyst. for fibroids, past benign breast bx
- All: none
- Meds: ibuprofen and naprosyn prn, calc plus D 600mg BID, baby asa

GWEN P.

- FHx: mother- BC in 80's, uncle colon ca 60
- SocHx: widowed x 14 yrs, supportive son and daughter and 7 grandchildren, former librarian, never smoked; one gin/tonic before bed qhs
- Lifestyle: walks daily, eats little meat, tries to eat salad daily, likes breads and likes to bake and eat cookies; plays bridge with girlfriends weekly.

INTEGRATIVE SUGGESTIONS

- I agreed with the need for Letrozole and zolendronic acid. Needed for control of BC and to decrease fracture risk; biphosphonate also assists osteopenia.
- Recommend: AI diet rich in crucifers; high dose IV vitamin C can be given in conjunction (prooxidant effect); consider I3C/calcium d glucarate, curcumin, boswelia (arthritis), vit d, fish oil, green tea, melatonin; acupuncture if hot flashes with AI, as well as consider black cohosh