Introduction to the CHE Breast Cancer Consensus Statement

When all the known risk factors and characteristics are taken into account, as many as half of all breast cancer cases remain unexplained.[i] [ii]A considerable and growing body of evidence indicates that exposure to radiation and synthetic chemicals is contributing to the epidemic of breast cancer and other cancers in the United States and other industrialized countries. The goal of this consensus statement is to bring attention to that evidence and shape new policies to protect public health.

This statement is not intended to address screening, diagnosis or treatment issues. For example, we acknowledge that procedures involving radiation exposure, such as mammography and radiation therapy, confer benefits which, in many cases, outweigh the risks involved.

Research has identified a number of personal characteristics associated with increased risk of breast cancer in women. Often referred to as "known risk factors," these characteristics include increasing age, inherited genetic mutations (BRCA1 and BRCA2), family history of breast cancer, high breast tissue density, and increased exposure to endogenous estrogens (natural estrogens in the body). Exposure to natural estrogens is influenced by events in a woman's reproductive life such as age at menarche (the beginning of menstruation), childbearing, breastfeeding, and age at menopause. There is broad agreement that the following personal characteristics increase the risk of breast cancer: early menarche, not having children or having them after age 30, not breastfeeding, late menopause. Rather than being simply personal characteristics, these reproductive events and their timing can also be influenced by exposure to external environmental and social factors.

Research also shows that use of synthetic hormones (hormone replacement therapy and/or oral contraceptives) increases the risk of breast

cancer, as does the daily consumption of one or more alcoholic beverages. In 2005, the International Agency for Research on Cancer classified estrogen-progestogen combination oral contraceptives and menopausal therapy as human carcinogens.[iii]

This introduction to the CHE Breast Cancer Consensus Statement is the result of ongoing consultation and dialogue among participants in the Breast Cancer Working Group of the Collaborative for Health and the Environment (CHE). It may serve to frame the Consensus Statement for organizations and individuals going forward.

We welcome comments on this introduction and the Consensus Statement. We invite individuals and organizations to endorse the Consensus Statement by sending an e-mail to Julia Varshavsky at Julia@healthandenvironment.org

Breast Cancer Working Group
Collaborative for Health and the Environment
June, 2006

---

[i] Madigan MF, Ziegler RG, et al (1995). Proportion of breast cancer cases in the United States explained by well-established risk factors. Journal of the National Cancer Institute 87:1681-1685.

[ii] Seidman H, Stellman SD, Mushinski M (1982), A different perspective on breast cancer risk factors: Some implications of the non-attributable risk. CA Cancer Journal for Clinicians 32:301-333.

[iii] International Agency for Research on Cancer (2005). IARC Monographs Programme finds combined estrogen-progestogen contraceptives and menopausal therapy are carcinogenic to humans. Press release No. 167. Retrieved from http://iarc.fr/ENG/Press_Releases/pr167a.html