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Summary of the Informal Discussion of Dietary Factors and Hormone-dependent Cancers[1]

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Dr. de Waard was asked about variables associated with height and 1st pregnancy. The 2nd point raised was in regard to the cumulative percentage of 1st pregancies in Holland and in Japan. It was suggested that one should go back about 30 or 40 years since it seemed that at that time the age of 1st pregnancy in Holland and Japan varied.

Dr. de Waard responded that the relationship among weight, height, and menarche is complex and needed sorting out in terms of mechanisms and the relationship that exists among them. He noted that his data are fairly recent and cross-sectional and that it might be helpful to have historical data as well.

One participant reported that in 524 cases of breast cancer in a white population in New York he had found no relationship to height or weight and that this may be due to a population difference in America and the Netherlands. Furthermore, the height and weight data could not explain in the United States a higher rate among Jews and a lower rate among blacks. Also one can select data easily as shown by the fact that women with endometrial cancer are significantly heavier than controls.

It was reported that young women in the United States are taller than older women and that younger women have menstruated earlier than the older women. There is a correlation of menarche by countries, but one does not find a correlation by case control. The age of menarche is an interesting variable, but one cannot pick up a difference in case controls. As far as age of 1st pregnancy was concerned, the questioner agreed with Dr. de Waard in finding a small difference, but he could not explain the differences from country to country.

Another questioner asked whether obesity, age, height, and other factors were secondary variables related possibly to the size of the breast and asked whether viruses played a role.

Dr. de Waard noted that the breast of menopausal women contain a lot of fat but not much glandular tissue.

Another participant said that the sort of studies that we conduct on diet and breast cancer really relate to the "promotional effect" and do not mention what causes it as such, and thus we have 2 handles. One, virologists might develop a way of preventing breast cancer. If they are not successful, then we have the 2nd handle of dietary adjustment and indeed hormonal adjustment.

Then the question of food efficiency was raised. How many calories are translated to weight? Should we consider whether the taller and heavier women eat more and need more food to just keep going?

It was also noted that the thyroid effect or insulin effect may be related more or less to food efficiency for the same weight. In other words, equal weights may not represent the same amount of fat consumed.

[1] Discussion of papers presented during Session II, Conference on Nutrition in the Causation of Cancer, May 19 to 22, 1975, Key Biscayne, Fla.

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