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Cyclical mastalgia as a marker of breast cancer susceptibility: results of a case-control study among French women.

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A matched case-control study in a population of urban, non-menopausal women living in Paris was performed between 1983 and 1985 to investigate the risk of breast cancer (BC) in relation to various factors with a particular interest in the effect of the use of oral contraceptive (OC) and the existence of cyclical mastalgia (CM). Two hundred and ten non-menopausal women, less than 45 years old, with newly diagnosed BC were compared to 210 controls from the same geographic area matched on year of birth, age, education level and age at first full term pregnancy (FFTP), when justified. The adjusted Relative Risk of BC (RRa) was significantly increased for a total duration of OC use longer than 72 months (RRa 2.80; 95% CI 1.56-5.01), as well as the RRa for OC use above 48 months before FFTP (3.26 95% CI 1.37-7.76) and, to a lesser extent, the RRa for OC use above 48 months after FFTP (2.02 95% CI 1.07-3.84) respectively. Adjustment was performed on familial history of BC, personal history of Benign Breast Disease (BBD), age at menarche. A previous history of cyclical mastalgia was found to be associated with an increased risk of BC. The significant increase remained after adjustment on the previously mentioned confounding factors and OC use: RRa 2.12; 95% CI (1.31-3.43). Under a precise definition related to the hormonal environment, mastalgia appear to be an interesting marker of breast cell susceptibility, the importance of which can only be validated by prospective studies.

PIP: Data on 210 nonmenopausal women who had been diagnosed with breast cancer before age 45 at the Institut Curie in Paris, France were compared with 210 matched controls living in Paris to determine whether cyclical mastalgia could be a marker of estrogen susceptibility in relation to breast cancer. Women were more likely to develop breast cancer than controls if they had a family history of breast cancer (26% vs. 11%; adjusted relative risk [RRa] = 2.89, personal history of being breast diseases (24% vs. 6%; RRa = 5.55 [RRa for fibrocystic disease = 9.11]), oral contraceptive (OC) use)30% vs. 20% for 72 months; RRa = 2.8; p .01 for trend), and cyclical mastalgia (46% vs. 23%; RRa = 2.12). The risk of developing breast cancer increased steadily with duration of cyclical mastalgia (RRa = 1.12 for 6-48 months, 2.24 for 49-96 months, and 5.54 for 97 months; p .001 for trend). OC use for more than 48 months before the first full-term pregnancy posed a significantly higher risk than never use of OCs (RRa = 3.26; p .05 for trend). OCs' effect on breast cancer risk was still significant, but not as large, after the first full-term pregnancy (RRa = 2.02; p .05). Since cyclical mastalgia is sensitive to estrogen and a marker of breast susceptibility to estrogen, these results indicated that it could be used, along with other predictors, as a predictor of breast cancer. Prospective studies are needed to validate its significance.

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