

JOURNAL

LADIES' HOME

OCTOBER 1996

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ASK FOR

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YOURSELF

RIP-OFFS THAT
TARGET WOMEN

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NEVER UNDERESTIMATE THE POWER OF A WOMAN

Breast Ca

Some of our worst fears about the disease are simply unfounded.

A special report by Kathleen McAuliffe

How likely are you to die of breast cancer in the next ten years?

In a recent survey, 98 percent of female baby boomers overestimated their risk. Indeed, three quarters of the survey participants inflated their true risk by *ten times or more*.

We are a culture obsessed with breast cancer. Certainly it is a serious disease, but the “epidemic” that we hear so much about is a fallacy. The disease is neither as prevalent nor as lethal as we think. Here is a myth-shattering report.

Myth #1: Breast cancer is the leading killer of women.

False. A woman is more than eight times as likely to die of heart disease and at least twice as likely to die of stroke. Breast cancer is actually the *sixth* most common killer of females—trailing close on the heels of pneumonia and influenza.

In females under forty-five years of age, AIDS and accidents each claim a larger death toll than breast cancer. Yet fear of disfigurement and diminished sexuality have made breast cancer one of the most dreaded diseases of young women. And the very same women who live in terror of a mastectomy may smoke, drive without seat belts or engage in unsafe sex practices.

Myth #2: The death rate from breast cancer keeps going up.

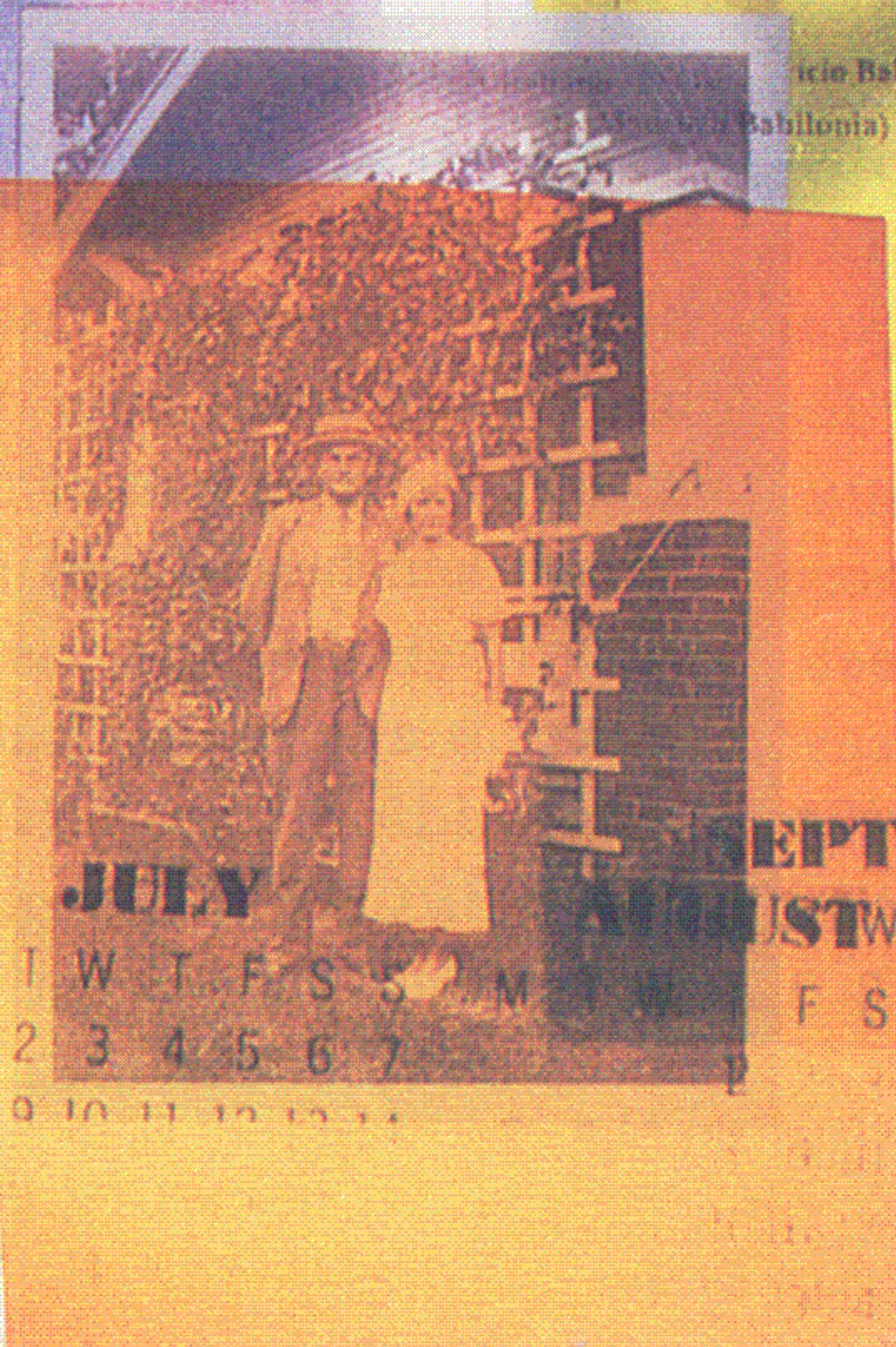
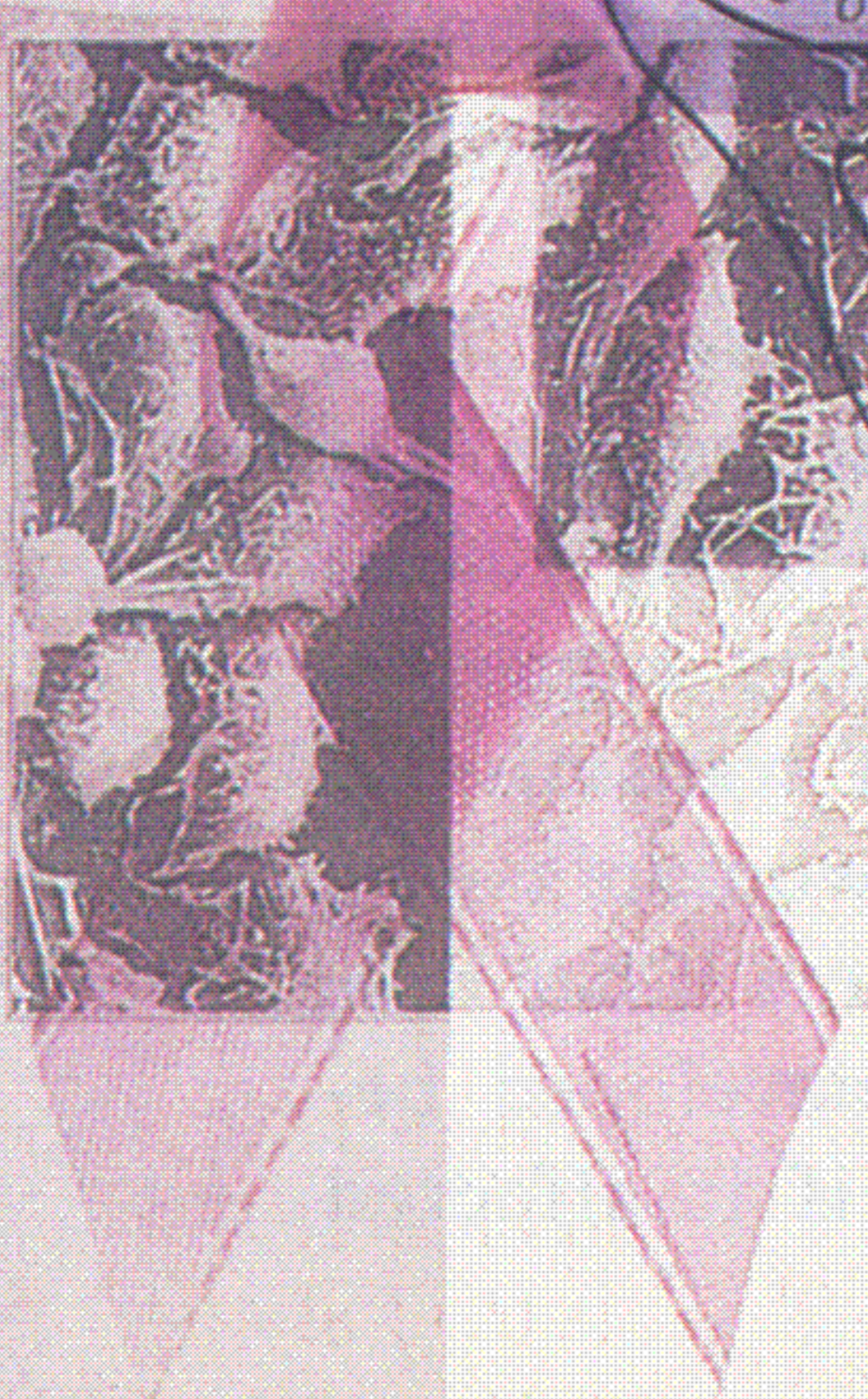
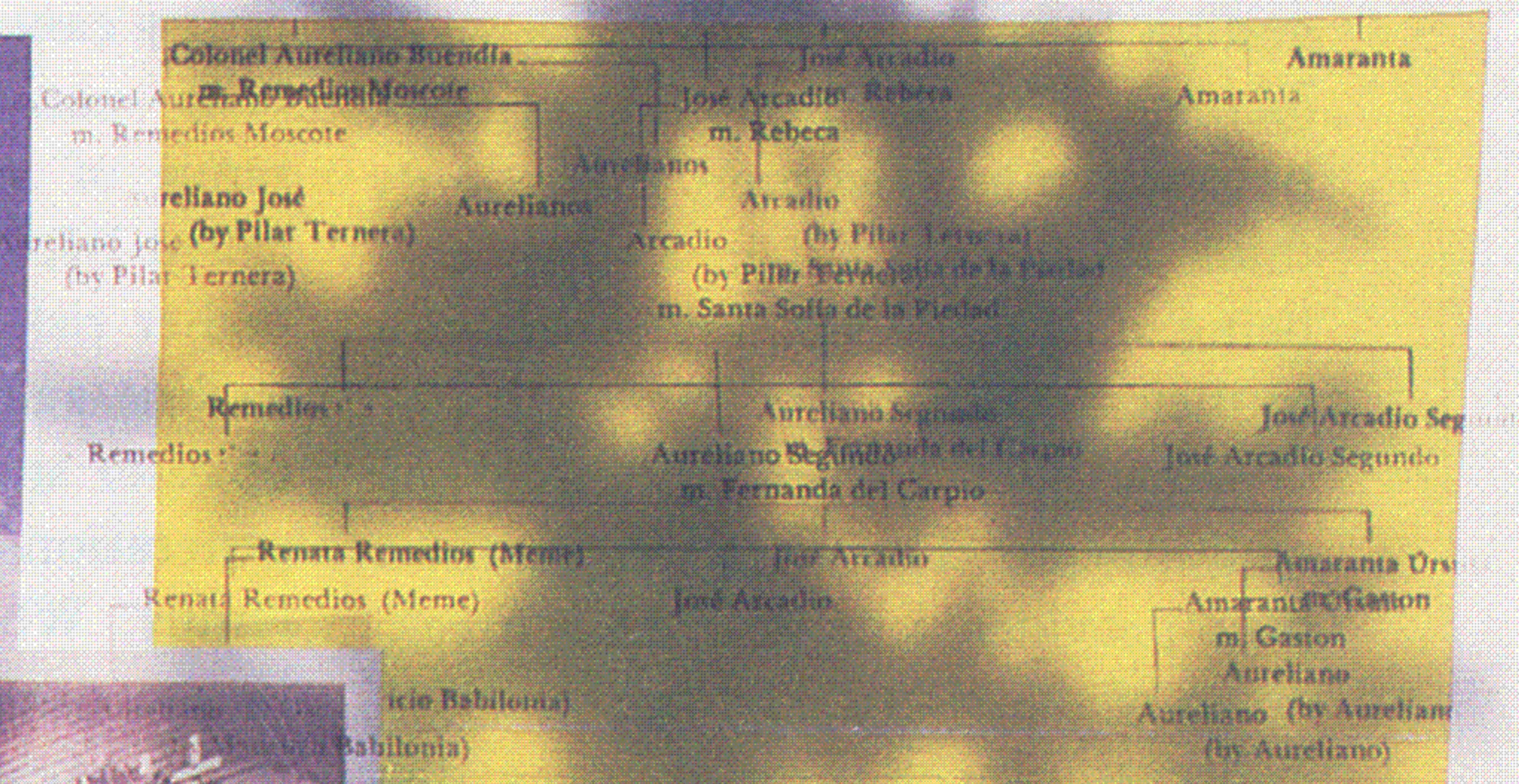
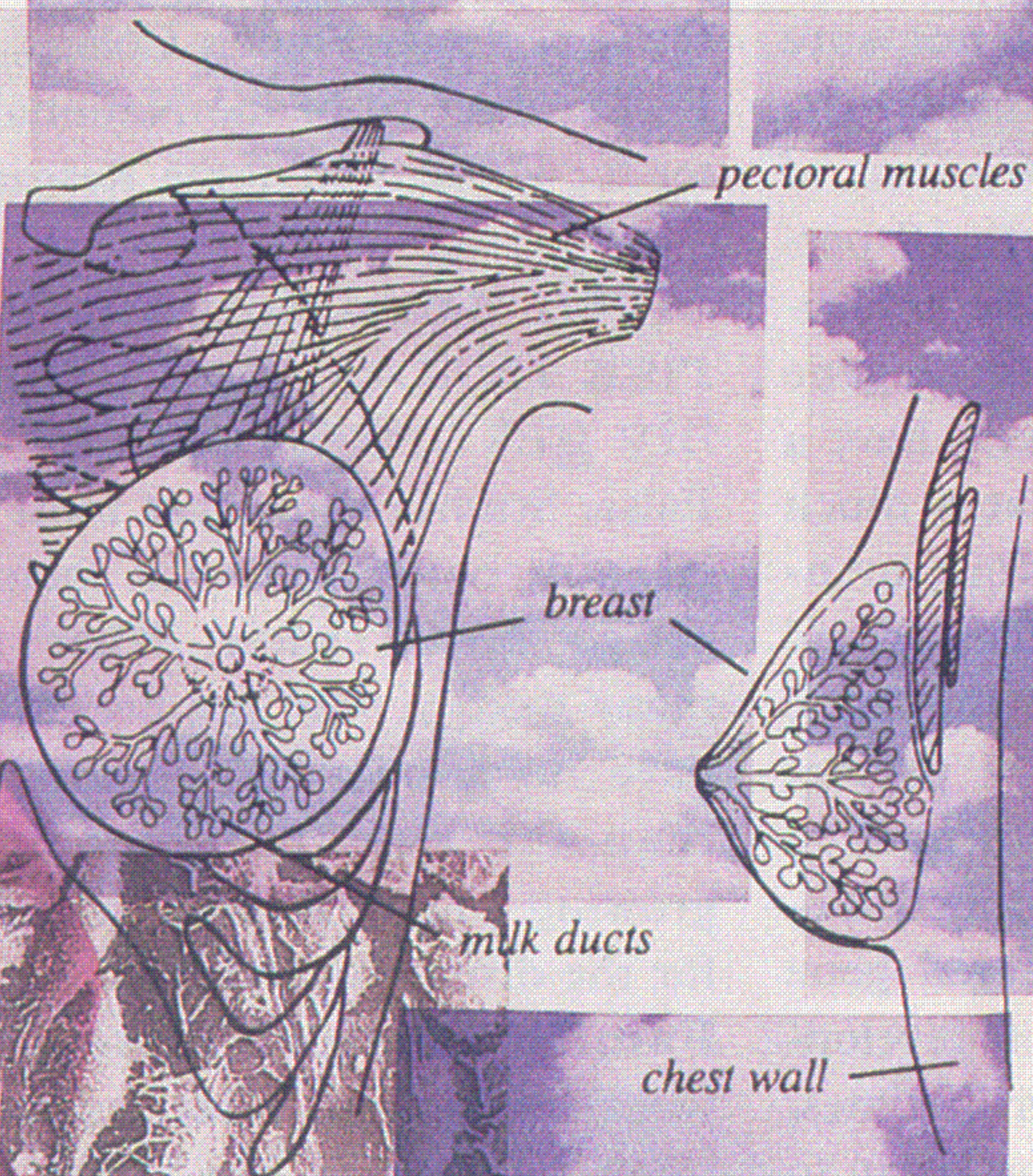
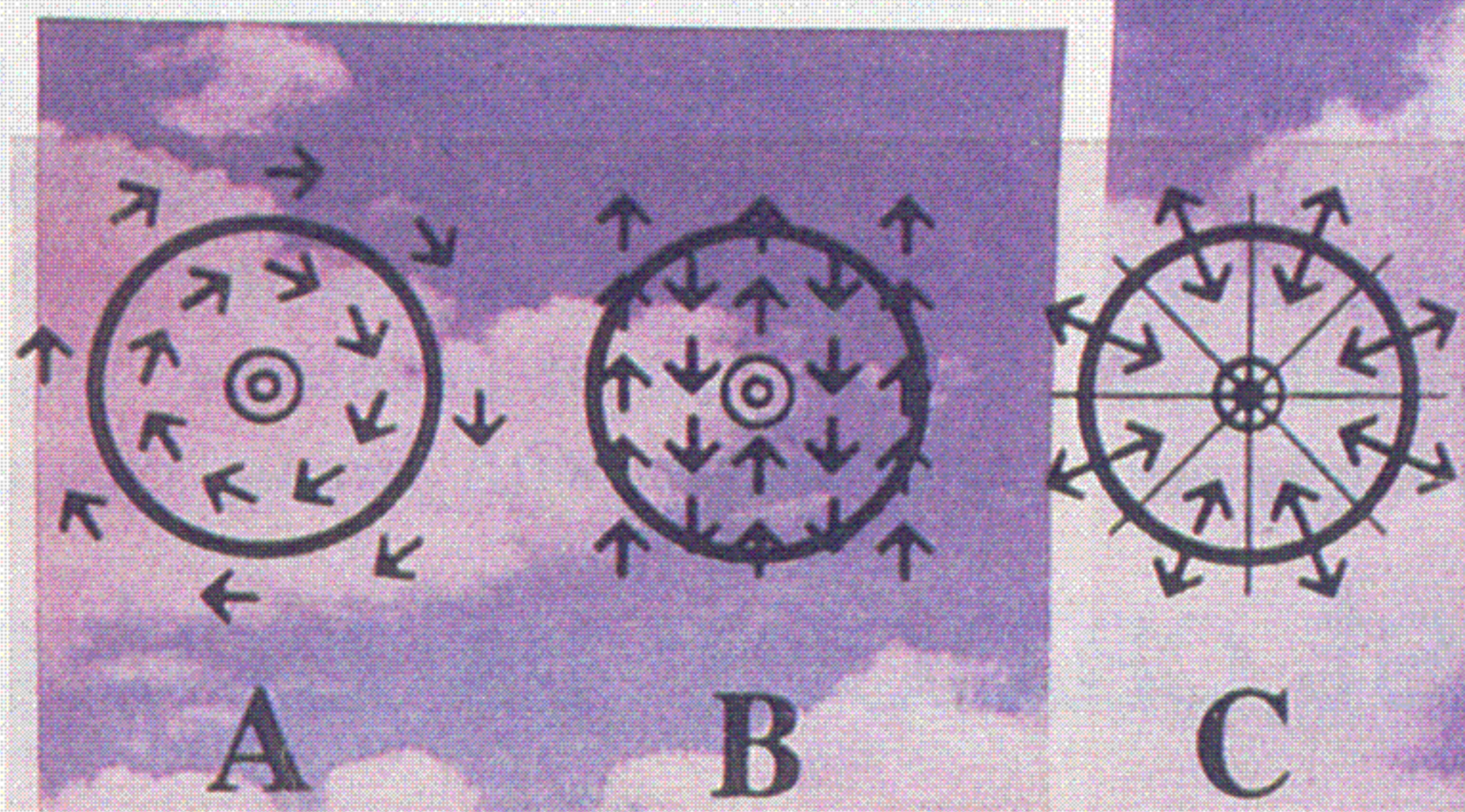
False. The *incidence of new cases* has been gradually rising since the 1940s, but the death rate has remained virtually unchanged—and the latest evidence suggests that the death rate may finally be heading down. Between 1988 and 1992, for example, it fell by 5 percent, the largest short-term decline since 1950. *(continued)*



NOLA LÓPEZ

ancer

Myths



JUNE

F	S	S	M	T	W	T	F	S	S
3	4	5						1	2
10	11	12	3	4	5	6	7	8	9
16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	1	2	3	4	5

JULY

T	W	T	F	S	S	M	T	W	T	F	S	S
1	2	3	4	5	6	7	8	9	10	11	12	13

AUGUST **SEPTEMBER** **OCTOBER** **NOVEMBER**

W	T	F	S	S	M	T	W	T	F	S	S	M	T
1	2	3	4	5	6	7	8	9	10	11	12	13	14

(continued) Why have death rates held steady as the rate of new cases has grown? The disease is yielding to medical advances. In recent years, reports epidemiologist Lawrence Garfinkel of the American Cancer Society, many more women got mammograms, leading to the detection of malignancies at an earlier, more treatable stage. And thanks to improvements in chemotherapy, radiation and surgery, doctors have become more successful in stopping the disease from progressing.

There is one notable exception to this encouraging trend: Between 1989 and 1992, breast-cancer deaths increased by 2.6 percent in African-American women. Research suggests that breast cancer is likely to be diagnosed later in this group, and the cancer may be more aggressive and less likely to respond to hormonal treatments like tamoxifen.

Leading Killers Of Women

	Female Deaths Per Year
Heart Disease	372,500
Stroke	93,970
Lung Cancer	56,367
Obstructive Pulmonary Disease	47,730
Pneumonia and Influenza	44,620
Breast Cancer	43,000

SOURCE: THE CENTERS FOR DISEASE CONTROL AND PREVENTION/NATIONAL CENTER FOR HEALTH STATISTICS. THESE ARE ESTIMATED FIGURES FOR 1993-94, BASED ON 10 PERCENT SAMPLE OF DEATH CERTIFICATES IN STATE VITAL-STATISTICS OFFICES.

Myth #4: There is no history of breast cancer in my family, so I don't have to worry.

False. The vast majority of breast cancers are *not* inherited. The disease frequently occurs in women with no family history of breast cancer. In such instances, one or a series of genetic alterations occurs inside a breast cell, enabling it to multiply out

associated with increased risk of ovarian cancer.

Myth #5: A genetic predisposition to breast cancer can be passed down only on your mother's side.

False. A susceptibility to breast cancer can be passed down on either the maternal or paternal side of the family. Because males are usually "silent carriers" of the BRCA1 and BRCA2 genes, many women in grave peril of developing breast cancer may not suspect a familial susceptibil-

ity. Yet a father who has such a gene alteration has a 50 percent chance of transmitting it to each of his offspring. In cases of paternal transmission, a daughter's only clue to her heightened risk may be a high prevalence of breast cancer among her father's female relatives. But when the father has no sisters, the trail grows fainter. "Some people say their closest relative with breast cancer is a

The death rate from breast cancer is *not* going

Myth #3: I have a 1-in-8 chance of getting breast cancer right now.

False. You have a 1-in-8 chance of getting breast cancer *over your entire lifetime*. The distinction is critical, because many women mistakenly think they have a 1-in-8 chance of being diagnosed on any given visit to their doctors.

What does a 1-in-8 lifetime risk really mean? The chart on the next page provides a more precise breakdown of the statistic by age.

Breast cancer is primarily a disease of older women. For the risk to soar even as high as 1 in 9, you must live beyond the average female life expectancy of seventy-nine years. By then, you're more likely to die of another disease. Your lifetime risk of getting breast cancer may be 1 in 8, but your risk of *dying* of breast cancer, according to the American Cancer Society, is 1 in 28.

of control. Aside from the aging process, researchers are still not sure what causes the gene to mutate.

In fact, only a small fraction of breast cancers—roughly 5 to 10 percent—can be traced to the inheritance of an abnormality in a gene called BRCA1. These cancers have a higher risk of developing at a much earlier age (typically before menopause) and frequently afflict several generations of women in the same family. When this defect is present in the genetic code, its potential to wreak havoc is greatly magnified. Females who inherit the altered gene have an 85 percent risk of developing breast cancer over their lifetimes, with more than half of them likely to be stricken before they are fifty years old. Their lifetime risk of ovarian cancer is also dramatically elevated.

In addition to BRCA1, a gene called BRCA2 is thought to account for another 35 percent of hereditary cases of the disease, and is also

paternal great-aunt—yet they've got the gene," says Francis Collins, M.D., Ph.D., director of the National Center for Human Genome Research.

Myth #6: I have a lot of risk factors, so I'll probably get breast cancer.

False. Studies show that most women with recognized risk factors do *not* get breast cancer. What's more, many women who get breast cancer have no known risk factors, other than the risk that accompanies growing older. Known risk factors for the disease include:

Family medical history. If a woman's female relatives (on her mother's side or her father's side) had the disease, it may suggest a hereditary pattern of transmission that heightens the woman's own risk. The danger mounts if her relative's breast cancer developed before menopause or if it affected both breasts.

Personal medical history. The risk of developing breast cancer climbs if a woman has previously had benign breast disease accompanied by the overgrowth of normal breast cells or by atypical hyperplasia, a noncancerous condition marked by the presence of more layers of cells in the breast duct than normal.

Reproductive history. Late menopause (after age fifty-five) increases susceptibility. The risk is also greater for women who have their first child after age thirty or have no children. All these reproductive risks are believed to relate to alterations in sex hormones that affect breast tissue.

Alcohol consumption. Harvard epidemiologist Walter Willett, M.D., D.P.H., a leading authority on this issue, points out, "The best evidence suggests that even one drink per day increases risk by a small amount, and that risk climbs with higher consumption." Considerable evidence indicates that alcohol increases blood estrogen levels, which may explain this effect on breast cancer.

past use of ERT is *not* associated with higher risk. And prolonged use of ERT is associated with benefits to the heart and bones.

Myth #7: My physician can perform a routine test that will tell me whether I carry a gene that causes breast cancer.

False. The tests for BRCA1 and BRCA2 are hardly routine. Only a few U.S. laboratories have the resources and expertise to do this type of genetic analysis, and the women who qualify for the test must meet stringent requirements.

Doctor's opinions are split about the wisdom of widespread testing, given the health implications, potential insurance problems and devastating emotional impact of such information.

The BRCA1 test has a 1- to 2-percent risk that a serious

mammograms to detect the cancer at the earliest possible stage.

A *prophylactic double mastectomy* (removal of both breasts). Few preventive strategies in medicine today are more fiercely contested. In addition to emotional trauma, the patient will be exposed to the pain and



up; the disease is yielding to medical advances

Current use of estrogen replacement therapy (ERT). This risk increases slightly with the age of the woman, but some studies show that

alteration will be missed. For the very new BRCA2 test there is a 35 percent chance that an alteration will be missed. Also, even if a woman carries no alterations in the gene, there is no guarantee that she won't get breast cancer: Like all women, she is at risk for acquiring the disease through sporadic gene alteration.

Myth #8: Even if I'm at high risk, nothing can be done to help me if I do have the gene.

False. Women who test positive can take steps to reduce their risk. However, some of the preventive measures are draconian, and may carry serious health risks in their own right, making the decision to be tested emotionally wrenching. These steps include:

Intensive surveillance, which consists primarily of monthly self-examination, checkups with a gynecologist or oncologist every six months and frequent

risks associated with major surgery. The upside: A double mastectomy is believed by some medical experts to dramatically lower a woman's risk of getting breast cancer—though it doesn't eliminate it altogether. Residual tissue after a double mastectomy can still be a source of cancerous cells.

Genetic counselors warn that women who choose to be tested and discover they carry a gene that predisposes them to breast cancer may be denied health insurance coverage on the ground that they have a pre-existing condition. They may also be discriminated against by employers.

Myth #9: A mastectomy is the only way to be sure you've got it all.

False. For early-stage cancer, a lumpectomy (*continued on page 188*)

Breast Cancer Risks

By age 25:	one in 18,477
By age 30:	one in 2,240
By age 35:	one in 600
By age 40:	one in 212
By age 45:	one in 93
By age 50:	one in 49
By age 55:	one in 32
By age 60:	one in 23
By age 65:	one in 18
By age 70:	one in 14
By age 75:	one in 11
By age 80:	one in 10
By age 85:	one in 9
Over a lifetime:	one in 8

SOURCE: THE AMERICAN CANCER SOCIETY

For the first time, Jackie was creating a bigger stir than Jack. Her Paris success marked her metamorphosis from a shy, insecure young wife into a woman of substance.

Jackie had learned to give as well as she got. That summer she took Caroline with her to her sister's villa in Italy.

Jackie was being escorted around Amalfi by Gianni Agnelli, the playboy heir to the Fiat automobile fortune, and she was photographed dancing barefoot on the deck of his yacht. Deputy Secretary of State George Ball reported that "the CIA got a private message to get Jackie's diaphragm and send it over to Italy by the next plane."

Finally, Jack could take no more, and he sent Jackie a telegram: *A little more Caroline and less Agnelli.*

In October 1962, the Russian buildup of missiles in Cuba made nuclear war a real possibility. Through the enormous stress of these days, Jack reached out to Jackie as never before. On the eve of his televised speech about the missile crisis, Jack telephoned Jackie in Glen Ora and asked her to come back to Washington so he could spend the next few nights alone with her and the children. "Their marriage got better," said George Smathers. "Jack loved Jackie very much, and in his fashion, he was relatively true to her. He may not have stopped looking at other women, but he didn't like anybody better than her."

The Sunday after the crisis, Jack was soaking in the tub at Glen Ora, talking to longtime aide Dave Powers about his appointments, when Jackie burst into the room wearing a long white riding shirt—and nothing else.

"Your next appointment—" Dave said, breaking off.

"His last appointment is past," said Jackie. "Cancel the rest."

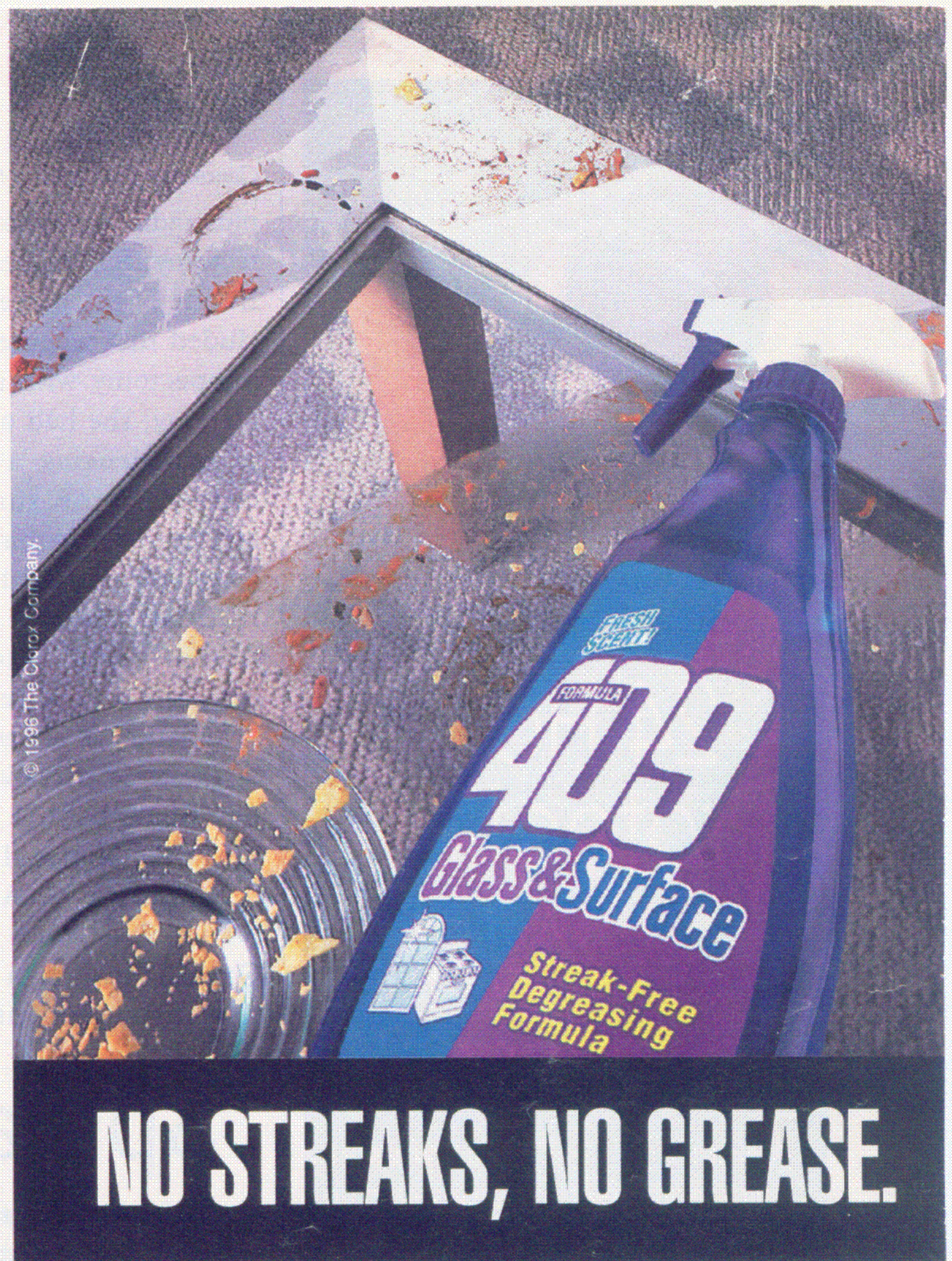
Jackie was pregnant once more, but five weeks before the baby was due, in August 1963, things went very wrong. This time, no one had to tell Jack what to do.

Patrick lived less than thirty-nine hours. Jack was holding the baby's hand when he died. Jackie was devastated, but she told Jack that they would somehow manage to go on with their lives. "The one blow I could not bear," she said, "would be to lose you."

As an antidote for her torment over the loss of Patrick, a grieving Jackie joined her sister on Aristotle Onassis' yacht.

Knowing Lee was in love with Onassis and hoped to marry him, Jackie still gave him the full Jackie treatment: She gazed at him adoringly, whispered to him under the stars and danced with him at nightclubs. A shocking picture of the President's wife in a bikini was seen all over the world. When she returned to America, Jack said nothing about the photographs, but he seized the opportunity to play on her guilt, insisting she accompany him on a campaign trip to Texas.

It was November 22, and the city was Dallas. The sky threatened rain, and Jackie asked for the bubbletop to be put on the



NO STREAKS, NO GREASE.

motorcade car. But the skies cleared, and the top was removed. The motorcade moved slowly toward an underpass. Jack raised his hand to wave at a child, and gunshots shattered the peaceful sky. Blood and brains spewed into the air, creating a red cloud over his head. "My God, what are they doing?" Jackie shrieked. "My God, they've killed Jack; they've killed my husband."

In Dallas, Lyndon Baines Johnson was sworn in as President, but it was Jacqueline Bouvier Kennedy who held the country together for the next three days. She duplicated every detail of the Lincoln funeral, from the riderless horse to the platform for the coffin. Contrary to the wishes of the Kennedy family, she insisted Jack be buried in Arlington National Cemetery. And there would be an eternal flame.

"Won't people find that pretentious?" her brother-in-law Sargent Shriver asked.

"Let them," Jackie said. "I'm going to light that flame myself." ●

Edward Klein is a contributing editor of Vanity Fair and Parade.

LHJ SPECIAL OFFER THE 256-PAGE HARDCOVER BOOK, "ALL TOO HUMAN: THE LOVE STORY OF JACK AND JACKIE KENNEDY," PUBLISHED BY POCKET BOOKS, A DIVISION OF SIMON & SCHUSTER, IS AVAILABLE TO LHJ READERS FOR \$28; A THREE-HOUR AUDIOCASSETTE, FROM SIMON & SCHUSTER AUDIO, IS ALSO AVAILABLE FOR \$20. PRICES INCLUDE SHIPPING, HANDLING AND APPLICABLE SALES TAX. TO ORDER, SEND YOUR NAME AND STREET ADDRESS, ALONG WITH A CHECK OR MONEY ORDER, TO LADIES' HOME JOURNAL® SHOPPING SERVICE, DEPT. L1096, P.O. BOX 9381, DES MOINES, IA 50306-9381. MASTERCARD AND VISA USERS MAY CALL 800-763-6393. PLEASE SPECIFY BOOK TITLE AND HARDCOVER OR AUDIOCASSETTE.