



Breast Cancer Update

Is it in your genes—or in the way you live your life?
What lesbians should know.

WHEN SCIENTISTS identified two genes as markers for breast cancer in 1994 and 1995, it seemed to simplify a very complicated problem. How nice if a single blood test might clarify what's to come. And how nice if the danger of

“lifestyle factors” had been exaggerated.

The genetic news was music to the ears of lesbians in particular, who had been found to be at high risk in a 1993 National Cancer Institute report because, according to the NCI's Dr.

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Suzanne Haynes, they drink more heavily than other women, are more likely to be overweight, and generally delay or avoid giving birth. In fact, Dr. Haynes assessed a two to three times greater lifetime breast cancer risk for lesbians. The report was an analysis of existing data gleaned from the 1985 National Lesbian Health Care Survey. While nothing conclusive about lesbians and cancer came from Haynes' report, lesbians were finally identified as meriting study.

Then in May of this year there was a move away from genetics with the publication of two studies in the *New England Journal of Medicine*. In one, the National Institutes of Health judged the 1994-95 genetic findings—charting mutations on the BRCA1 and BRCA2 genes—to be much less conclusive than originally thought. The other, a study of Norwegian women, pointed once again toward the benefits of getting regular exercise.

It's partly thanks to the 1993 Haynes report that this swing back to blaming lifestyle is not all bad for lesbians, who can only benefit from

renewed interest in the issue. Lesbians should take note of several ongoing studies that only recently began addressing their needs.

Two major women's health surveys—the NIH's Women's Health Initiative and Harvard's Nurse's Health Study II—are now including a question designed to glean sexual orientation on their questionnaire. The impact of hormones on breast cancer risk is a focus in these studies: Some lesbians take oral contraceptives to regulate menstruation or to relieve the symptoms of endometriosis; fertility drugs to facilitate pregnancy; or estrogen replacement therapy after menopause. In addition, the University of Miami is looking for lesbians with breast cancer for an NIH-funded study to identify the special concerns of lesbian survivors (for information about confidential participation, call 800-917-2698).

The results of these studies are years away still, but advocates in the field hope the new research will help advance a range of knowledge about lesbians' needs, as well as yield significant med-

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ical findings. Beverly Baker, executive director of the Mautner Project for Lesbians with Cancer, an education, support, and advocacy agency based in Washington, D.C., finds lesbians' lack of access to direct care one of their most serious health problems.

To that end, the Mautner Project is teaming up with the Centers for Disease Control to create training materials and suggest office accoutrements that send a welcoming message to lesbian patients: for example, lesbian-related magazines in the waiting room. They are also suggesting changes in the famously inappropriate intake forms used to record a patient's medical history.

"The forms now say, 'Are you married?' *No*. 'Are you sexually active?' *Yes*. 'Do you use birth control?' *No*," says Baker. At which point a physician usually wonders if the patient is stupid, when actually, notes Baker, "it's a good moment to ask if she's a lesbian."

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