Hereditary Breast Cancer in 19 Females and 2 Males: Kindred, P.G. 1940


Breast cancer is the most common cancer in women in Québec, with a standardised incidence rate of 70.8/100,000 women [1], and a case-control study showed that 32.6% of breast cancer cases had confirmed positive family history of the same cancer [2]. Hereditary breast cancer is characterised by early onset, bilaterality, multiple primaries, and associations with other cancers [3]. Forms of hereditary breast cancer recognised include site specific breast cancer, breast and ovarian cancer, and breast cancer with associated sarcomas, brain, lung, leukaemia and adrenocortical cancer (Li-Fraumeni syndrome).

Retrospective case-control studies have shown that a family history of breast cancer or any cancer is more common among male cases with breast cancer than controls [4-6]. A prospective population-based case-control study demonstrated that while there was an elevated risk of cancer among first degree relatives of men with breast cancer, there was no such risk among their wives, indicating a genetic, and not a shared environmental risk [7].

The standardised incidence rate of male breast cancer ranges from 0.16/100,000 (Japan) to 1.06/100,000 (Israel), at rates of approximately 1% of those of female breast cancer [8]. Factors which have been associated with male breast cancer include ethnic origin (black), remaining a bachelor, religion (Jewish), exposure to radiation, excessive weight, as well as occupational exposure to phenoxyacids, heat, dust, gasoline, grease, or electromagnetic fields [9]. Endocrine factors seem to play a large role in development of male breast cancer, with serum oestrogens being higher in affected subjects than controls. The effect of (female) hormones is evidenced by several risk factors for the development of male breast cancer, that is, Klinefelter syndrome, use of female hormones and history of orchietomy [9].

CASE REPORT

A large, rural dwelling family was identified through a study of nutrition and breast cancer in the Montreal region. The proband indicated an extensive family history of breast cancer,

Correspondence to P. Ghadirian; P. Ghadirian, C. Perret, D.M. Lambert, J. Latreille, F. Letendre, M. Monté and D. Belanger are at the Epidemiology Research Unit, Research Centre, Hotel-Dieu de Montreal, 3850 St-Urbain St., Montreal (Quebec) H2W 1T8; S. Narod is at the Division of Medical Genetics, Montreal General Hospital, Montreal, Canada.