Introducing Countercurrents—a new feature of Current Oncology

W.D. Foulkes MBBS PhD*

This issue of Current Oncology contains a new editorial feature that we are calling “Countercurrents.” In this invited series of short pieces, we hope to challenge some of the received wisdom in oncology. These editorials will be written by Dr. Steven Narod, Professor of Medicine at the Dalla Lana School of Public Health, University of Toronto, who is based at Women’s College Research Institute. Dr. Narod is of course a leading breast cancer researcher, but he has also made important contributions to many aspects of cancer epidemiology. In each of his Countercurrents articles, Dr. Narod will discuss an important topic in oncology, providing his unique view of the subject matter. Some examples of these topics include breast cancer in the developing world, diet and breast cancer, breast cancer awareness, and prostate-specific antigen as a risk factor for prostate cancer. Dr. Narod will also look at broader issues, such as the nature of the peer-review process, the knowledge translation industry, and the measurement of contributions by researchers to science.

This series kicks off with a fascinating look at something deceptively simple: the risk factors for early-onset breast cancer. Surely we all know what those factors are, right? Well, as it turns out, we don’t know that much. Simply stated, the strongest risk factor for breast cancer is breast cancer. That is, if a woman develops breast cancer at age 30, then her risk of a contralateral breast cancer in the next 10 years is about 5%, which is more than 20 times the 10-year risk for a woman age 30 who has not had breast cancer. And the risk is not mainly a result of mutations in genes such as BRCA1, BRCA2, and TP53. Narod persuasively argues that women who develop bilateral breast cancer possess some unknown intrinsic factor or factors—developmental, genetic, or other—that lead them to develop two breast cancers. Perhaps that argument is not so controversial. But the implications of accepting that viewpoint are profound: there is no point looking at “traditional” risk factors or looking for novel dietary components to try to explain these observations. Additional basic science, deeper thinking, and new models are needed. Further research into the contribution of recent environmental exposures to breast cancer occurring in women under 50 will not take us where we want to go.

We hope that you will find this series of editorials stimulating, thought-provoking, and perhaps even enraging. We encourage comment from our readers.

* Departments of Medicine, Oncology, and Human Genetics, McGill University, Montreal, QC.