



Vitamin D and Breast Cancer Prevention

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UK Breast Cancer Statistics

- Breast Cancer

- 48,000 cases 2008
- \$75,000 cost/case (US/NIH:2008)
- Total Cost/year: \$3,600,000,000

20% Potential Prevention (up to 75%)

9600-38,400 people wouldn't get it

Cost savings/year (20%): \$720,000,000

Aging of UK Population

- 15% over 65 in 2010
- 40% expected over 65 in 2030

Where's the budget?

Technology and Cancer

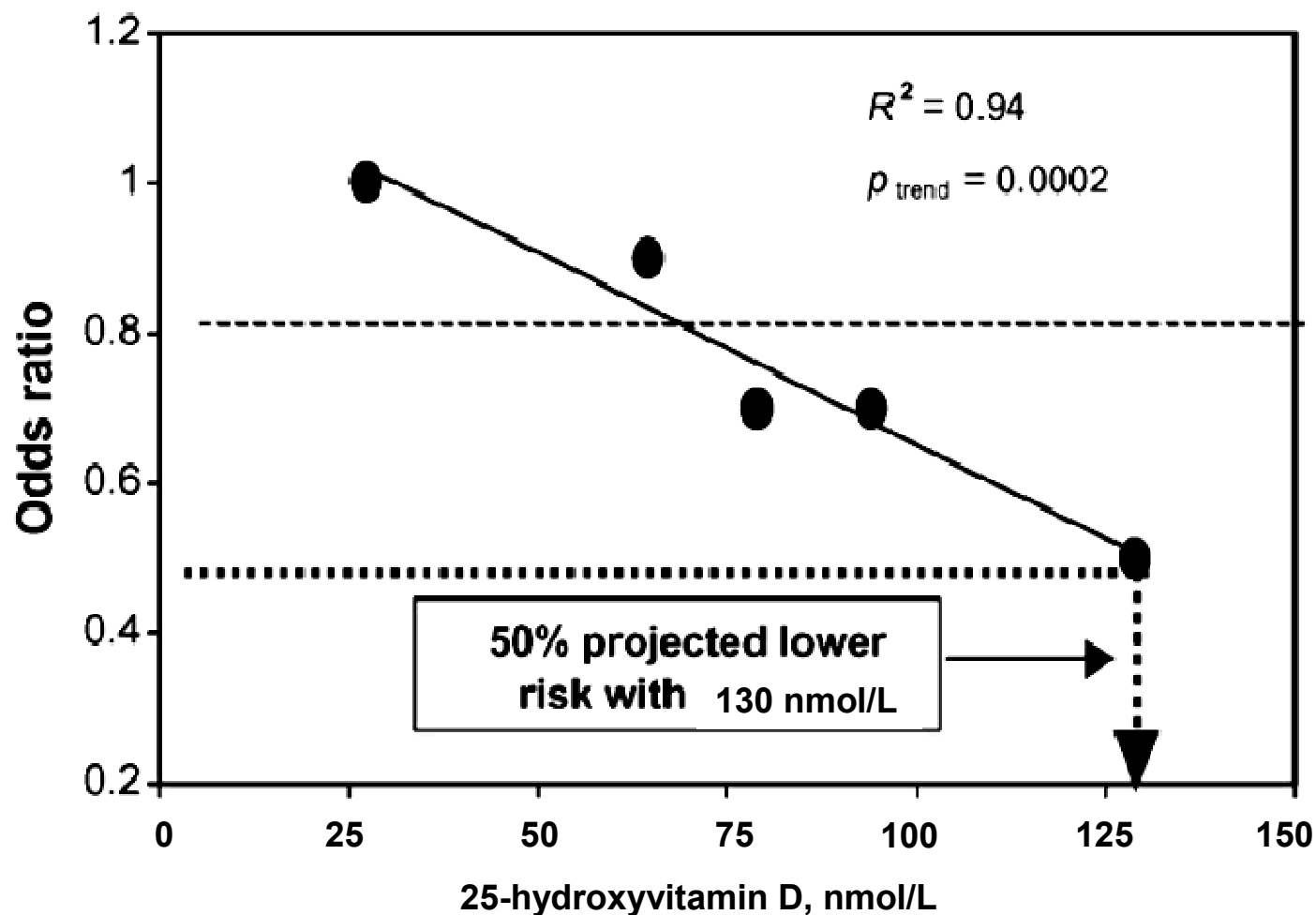
- Benefits of all this spending are marginal.
- Cutler shows that since 1960
 - Life expectancy has increased 6.97 years
 - Increase from cardiovascular disease changes—almost all HTN 4.88 years
 - Increase from cancer change 0.19 years

Technology and Cancer

- Increase over 40 years of average life expectancy because of cancer treatment is:

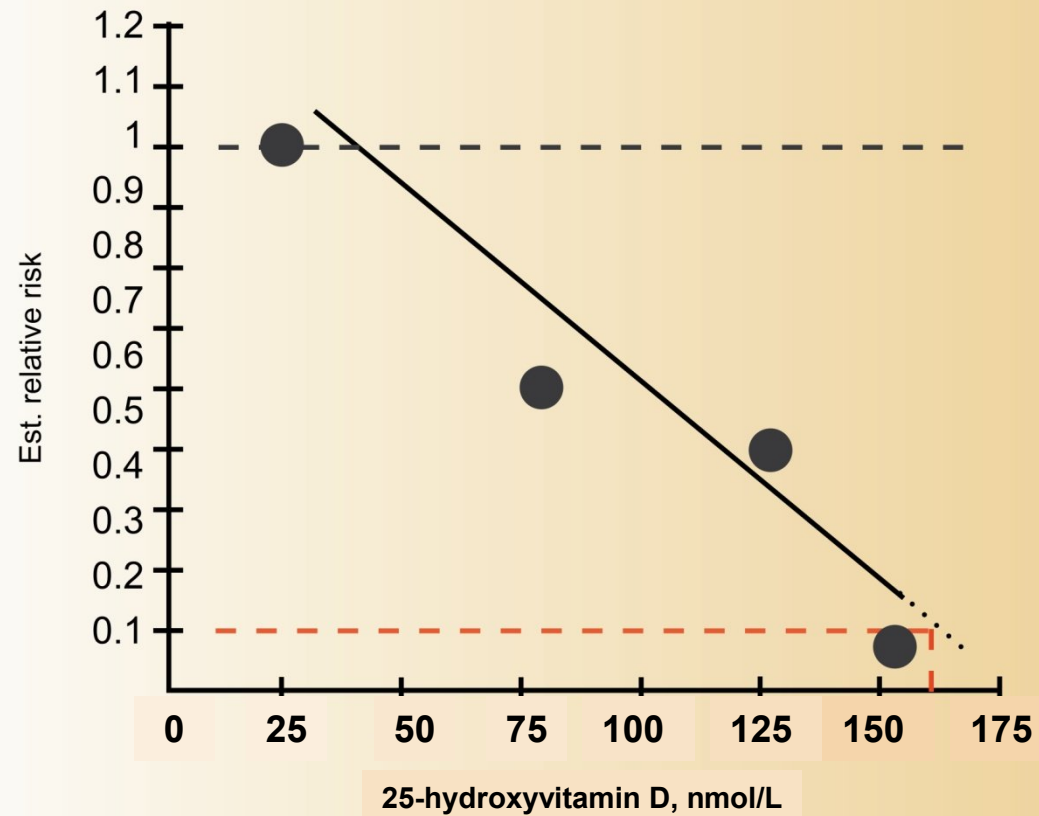
10 weeks of life

Meta-analysis of breast cancer risk



• Dose-response gradient of risk of breast cancer according to serum 25-hydroxyvitamin D concentration, pooled analysis.

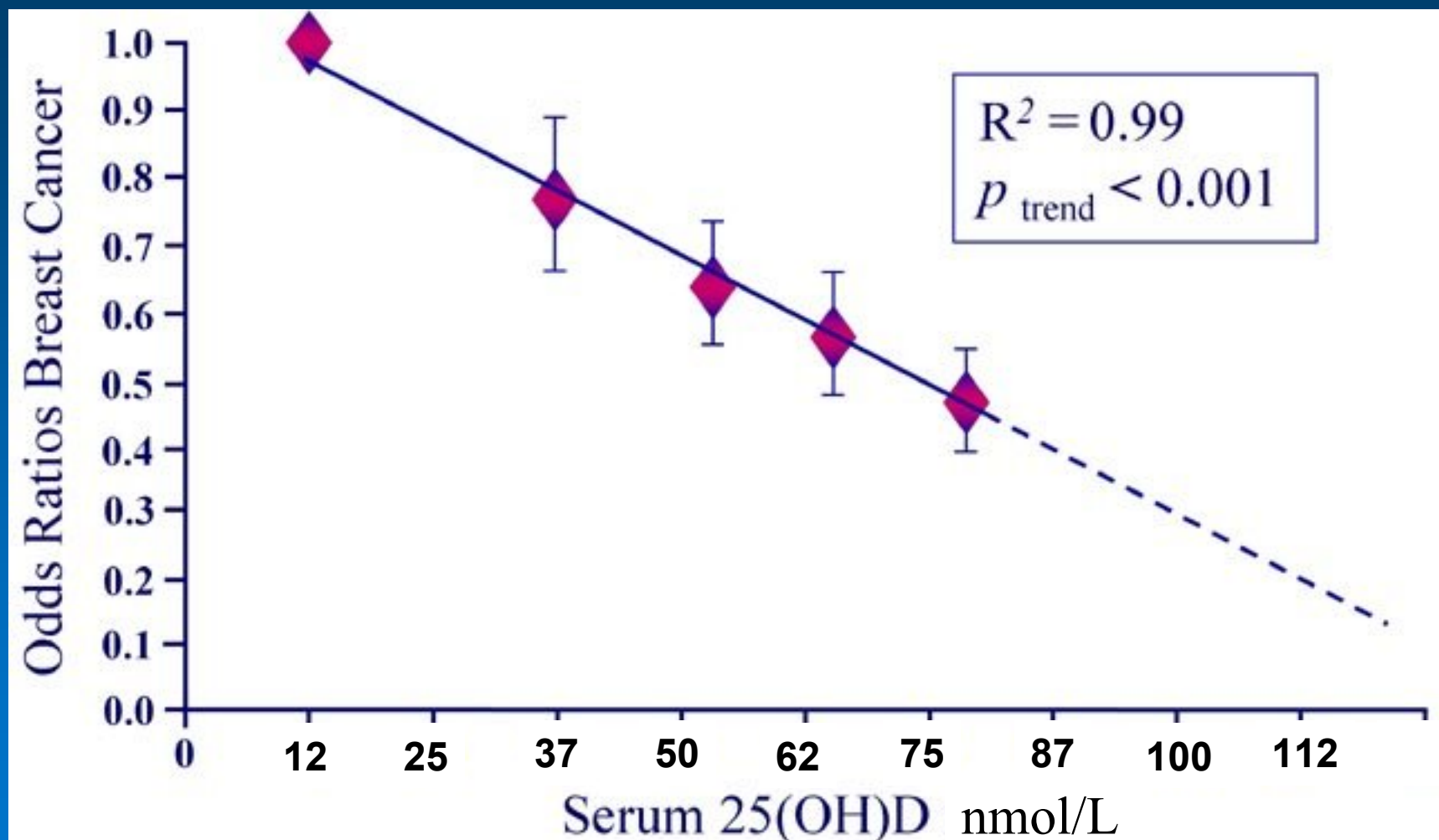
80% Breast Cancer Incidence Reduction



Source: Garland et al. (2007) based on data in Lowe et al. (2006)

Breast Cancer Dose Response Risk Reduction

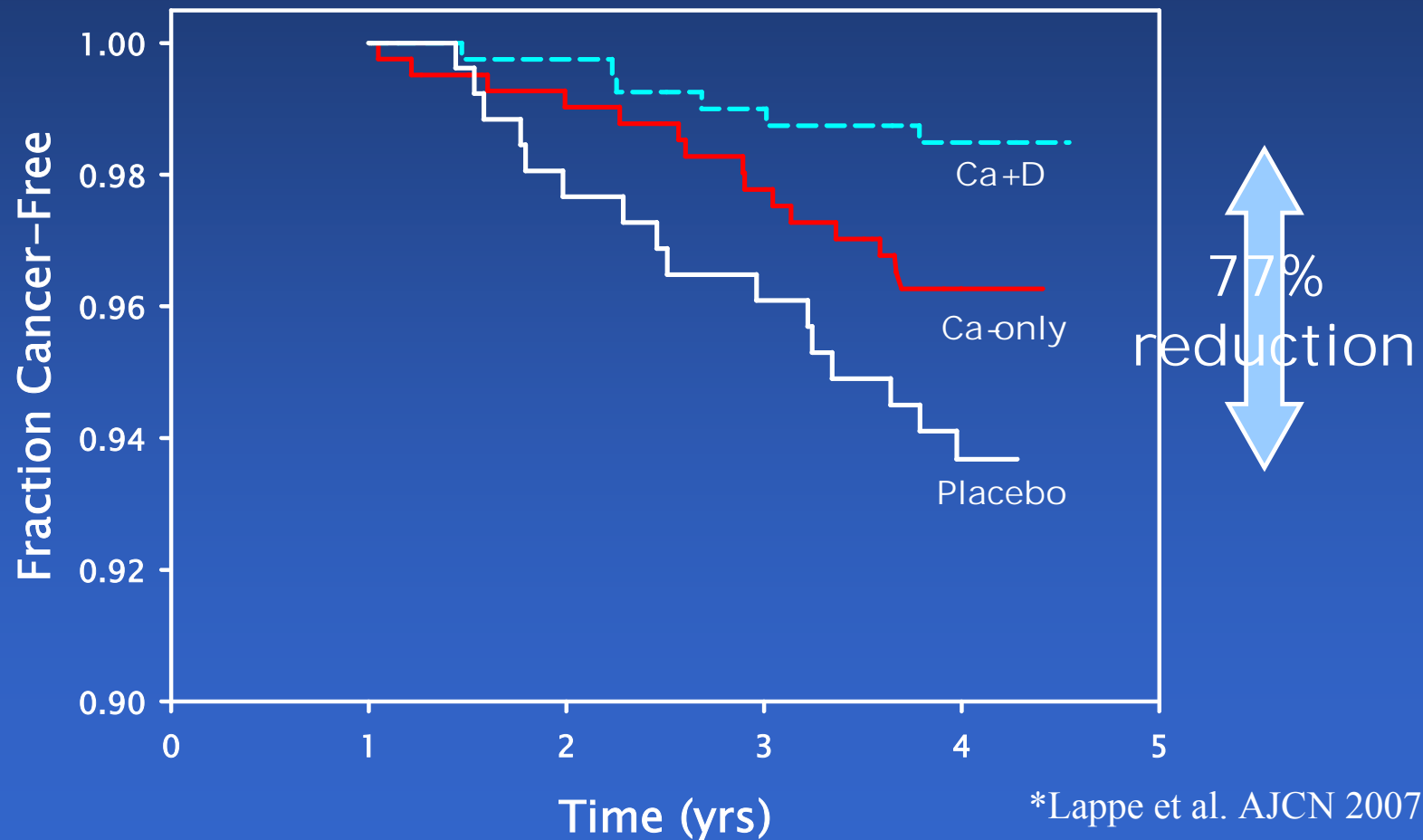
Garland, et al. Meta-Analysis of Dose Response, 2008



1. Lowe LC, et al. Plasma 25-hydroxy vitamin D ... Eur J Cancer. 2005;41:1164-9.
2. Bertone-Johnson, E.R. et al. Cancer Epidemiol Biomarkers Prev. 2005; 14: 1991-7.

3. Abbas S, et al. Serum 25-hydroxyvitamin D and risk of breast...Carcinogenesis. 2008;29:93-9.
4. Woolfe B. [Methods for combining 2x2 tables.] Ann Hum Genet 1955;19:251-5.

VITAMIN D & CANCER*



CANCERS BY TREATMENT (YRS 2-4)

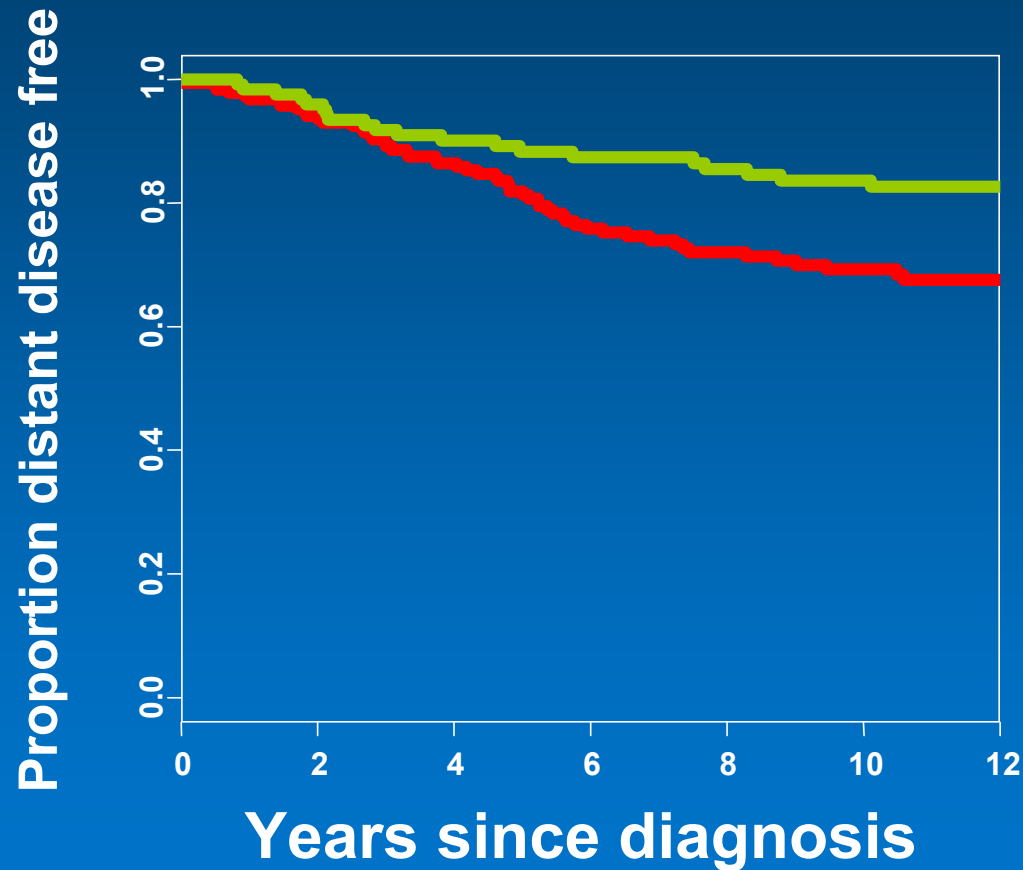
| Site | Placebo (n=266) | Ca+D (n = 403) |
|-----------------|--------------------|-------------------|
| Breast | 7 (2.6%) | 4 (1.0%) |
| Colon | 2 (0.7%) | 0 (0.0%) |
| Lung | 3 (1.1%) | 1 (0.2%) |
| Marrow/Lymphoma | 4 (1.5%) | 2(0.5%) |
| Other | 2 (0.7%) | 1 (0.2%) |
| Total* | 18 (6.8%) | 8 (2.0%)* |

* $P < 0.05$
CU



ORC

Distant Disease-Free Survival Breast Cancer



Serum level ≥ 75 nmol/L

Serum level < 50 nmol/L

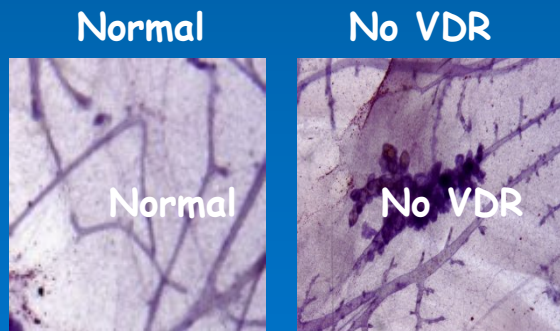
**Higher D: 50% less
likely to spread**

Overall Survival VITAMIN D DEFICIENCY IN BREAST CANCER

Goodwin PJ, Ennis ME, Pritchard KI, Koo J, Hood N
Mount Sinai Hospital, University of Toronto, Canada

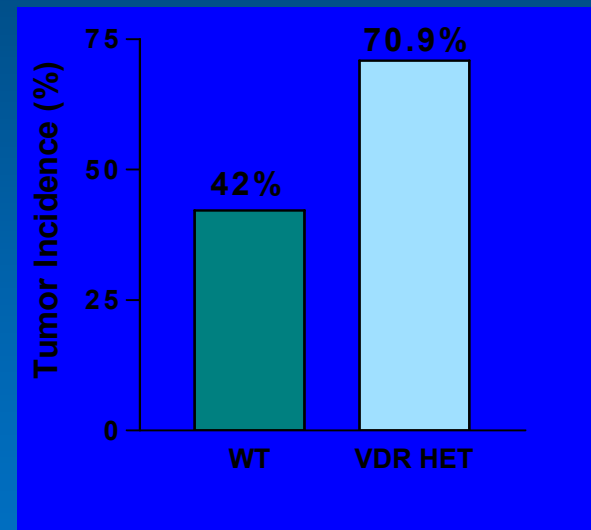
www.grassrootshealth.net

Mice Without Vitamin D Receptors Have High Risk for Cancer Development



Early Stage Cancer

Tumor Incidence

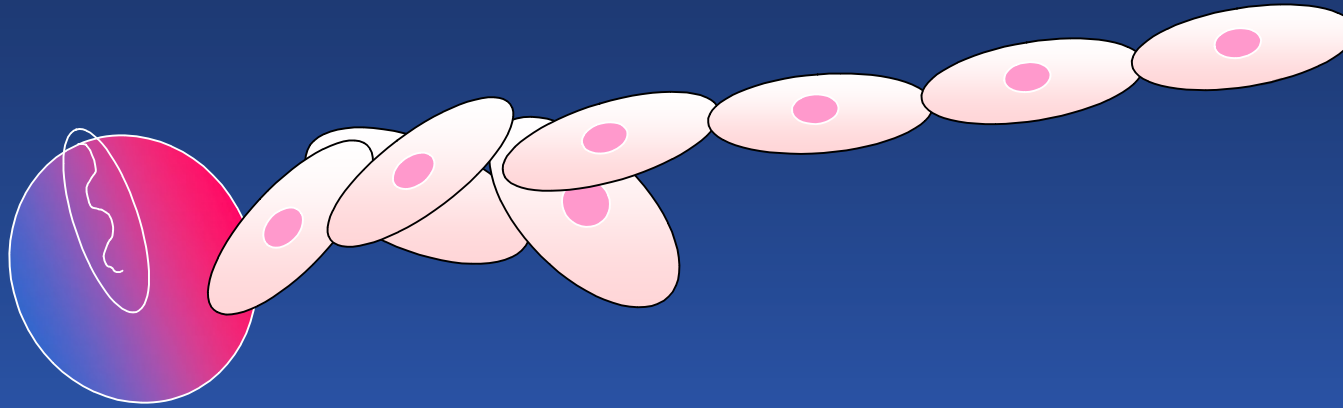


DINOMIT – Theory of Breast Cancer

Cedric F. Garland, Dr. P.H.

- Disjunction – Loss of Tight Junctions
- Initiation – Genetic variation
- Natural selection – Competition for growth
- Overgrowth – Palpable mass and invasion
- Metastasis – Remote colonization
- Involution – Growth inhibition
- Transition – Coexistence with normal tissue

Micro-Darwinian carcinogenesis and Vitamin D deficiency induced D-volution

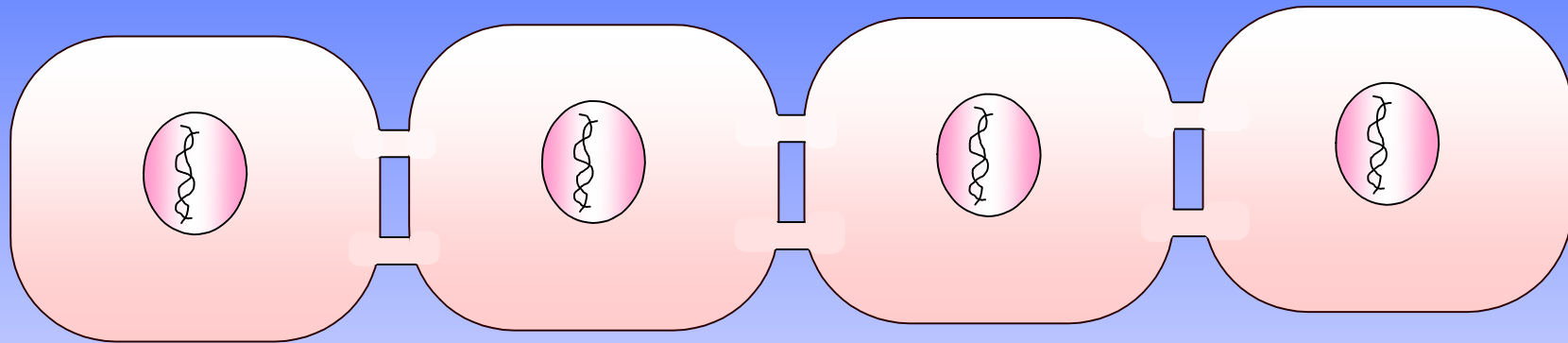


In vitamin D deficiency, the first lesion is harm
to the intercellular junction.

This unleashes natural selection.

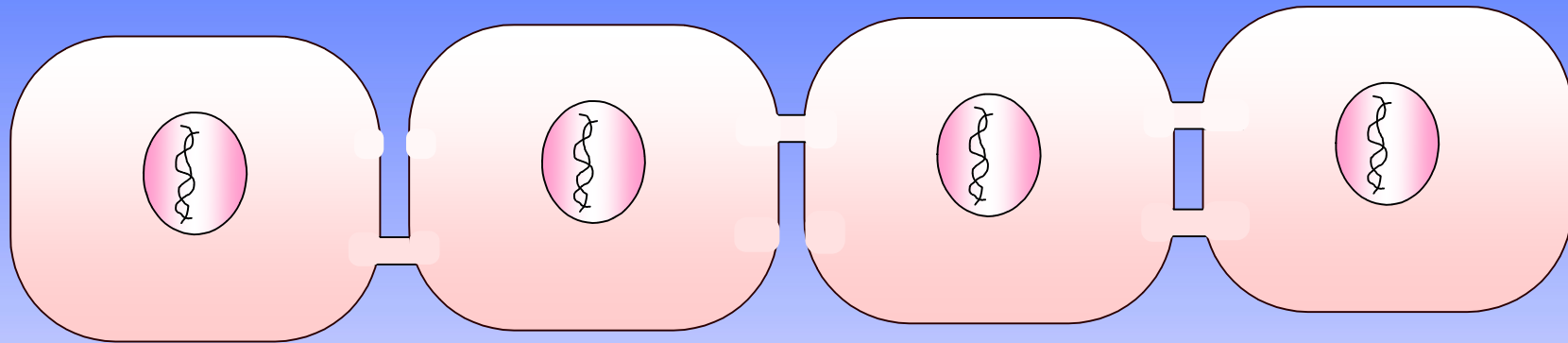
Natural selection is the engine of
growth of the cancer.

DINOMIT



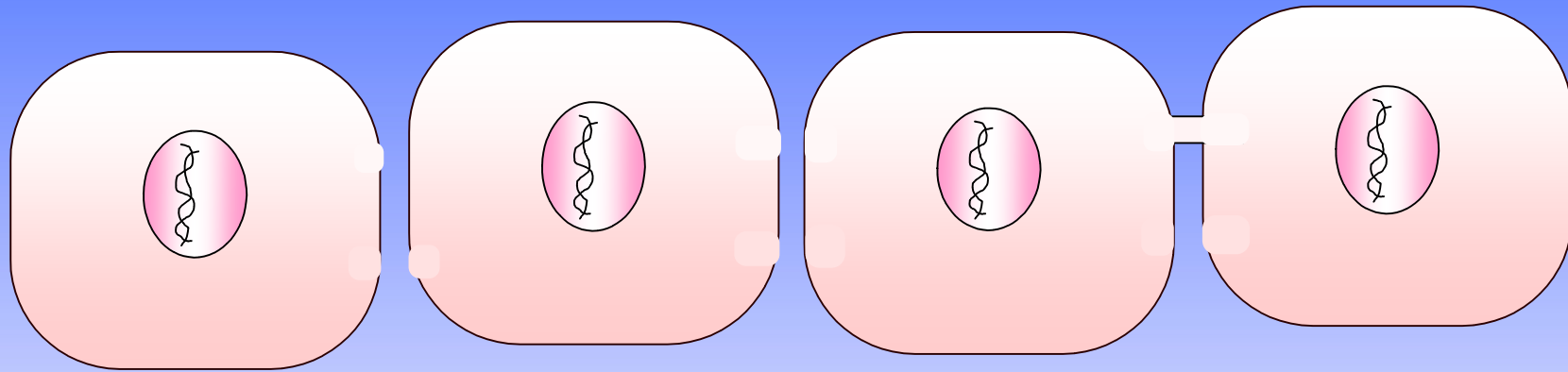
Normally adherent cells

DINOMIT



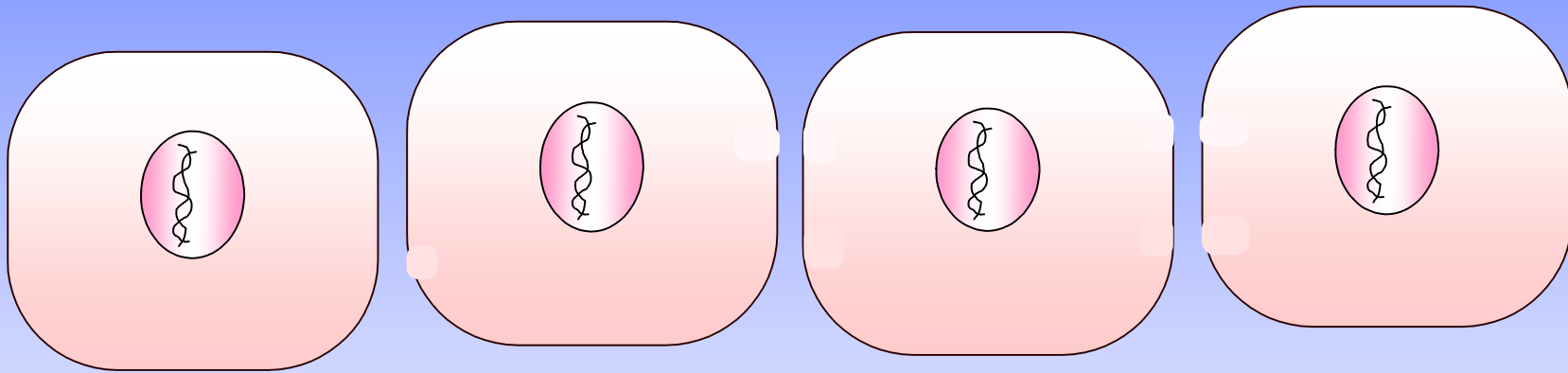
Decoupling: Loss of tight junctions

DINOMIT



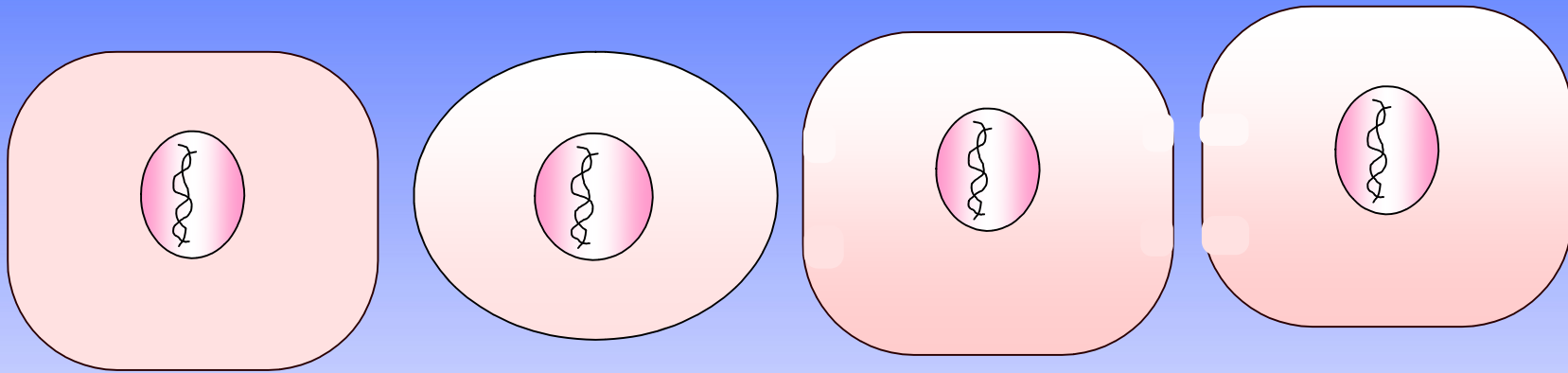
Decoupling advances

DINOMIT



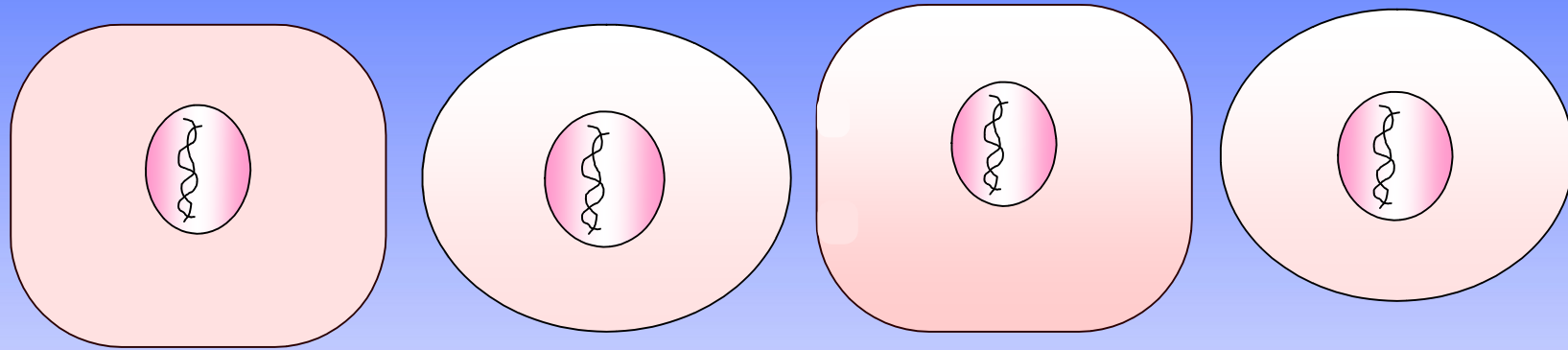
Decoupling becomes complete

DINOMIT- Disjunction



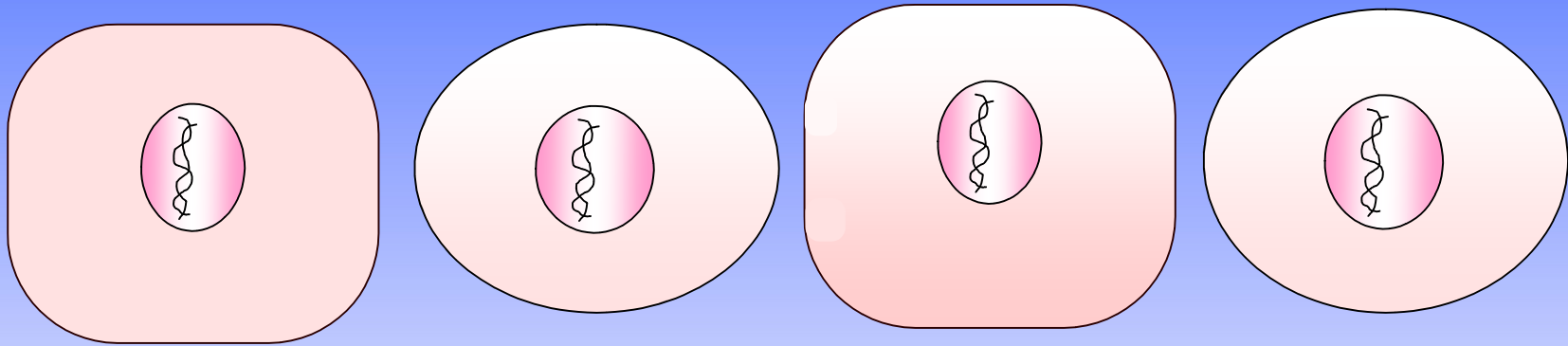
Mild Dysplasia due to loss of tight junctions

DINOMIT-Initiation



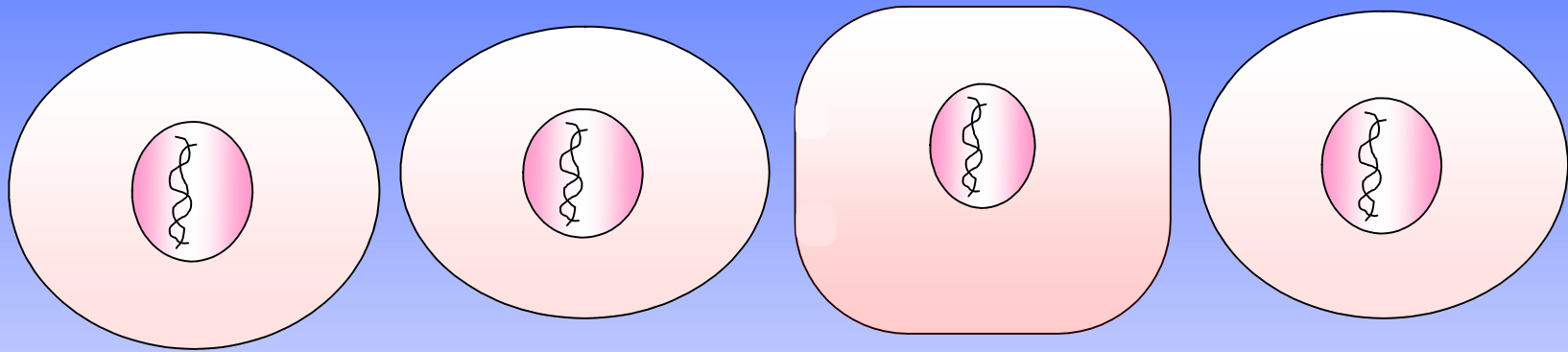
DNA variation due to infidelity of reproduction
or carcinogens

DINOMIT-Initiation



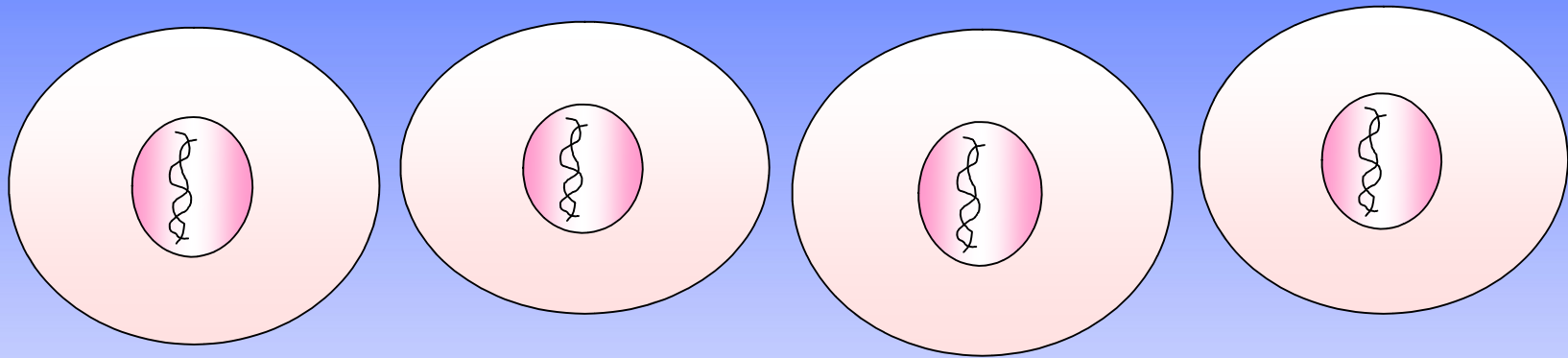
Continued variation in DNA and epigenetics

DINOMIT-Initiation



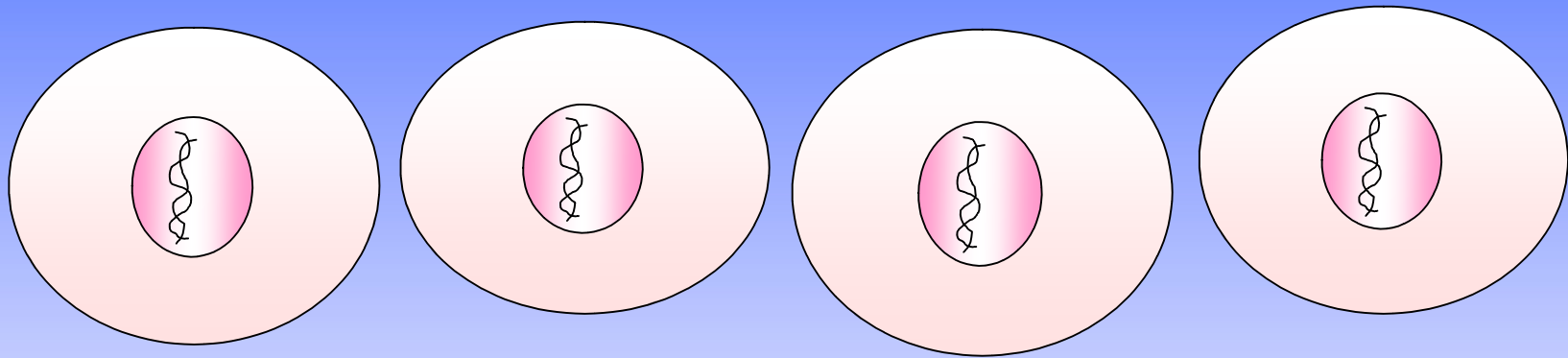
Continued variation in DNA and epigenetics

DINOMIT-Natural Selection



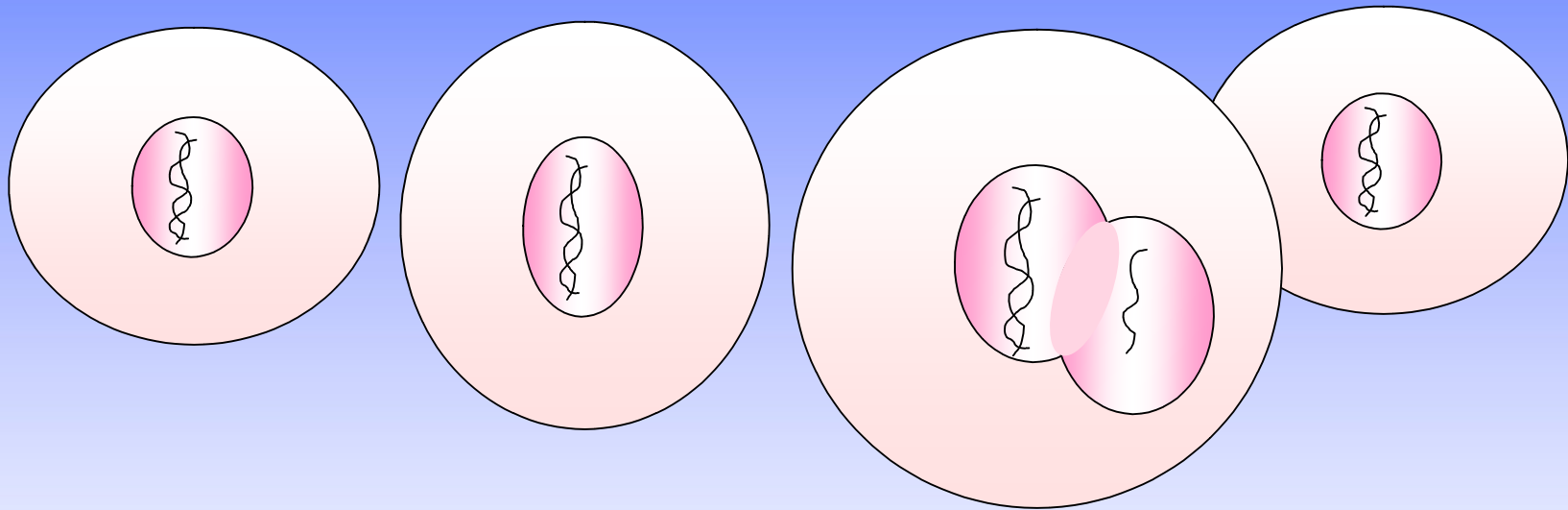
Natural selection >> rapidly reproducing
clones

DINOMIT-Natural Selection



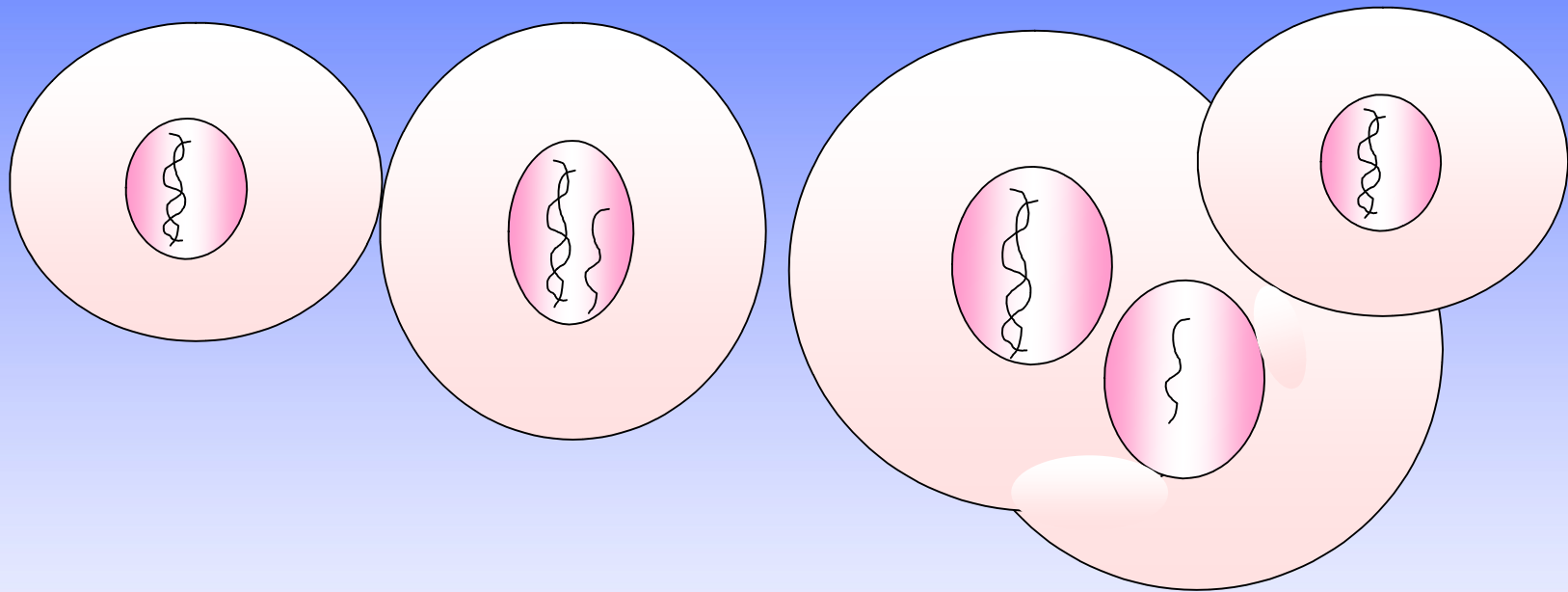
Natural selection >> rapidly reproducing
clones

DINQMIT-Overgrowth



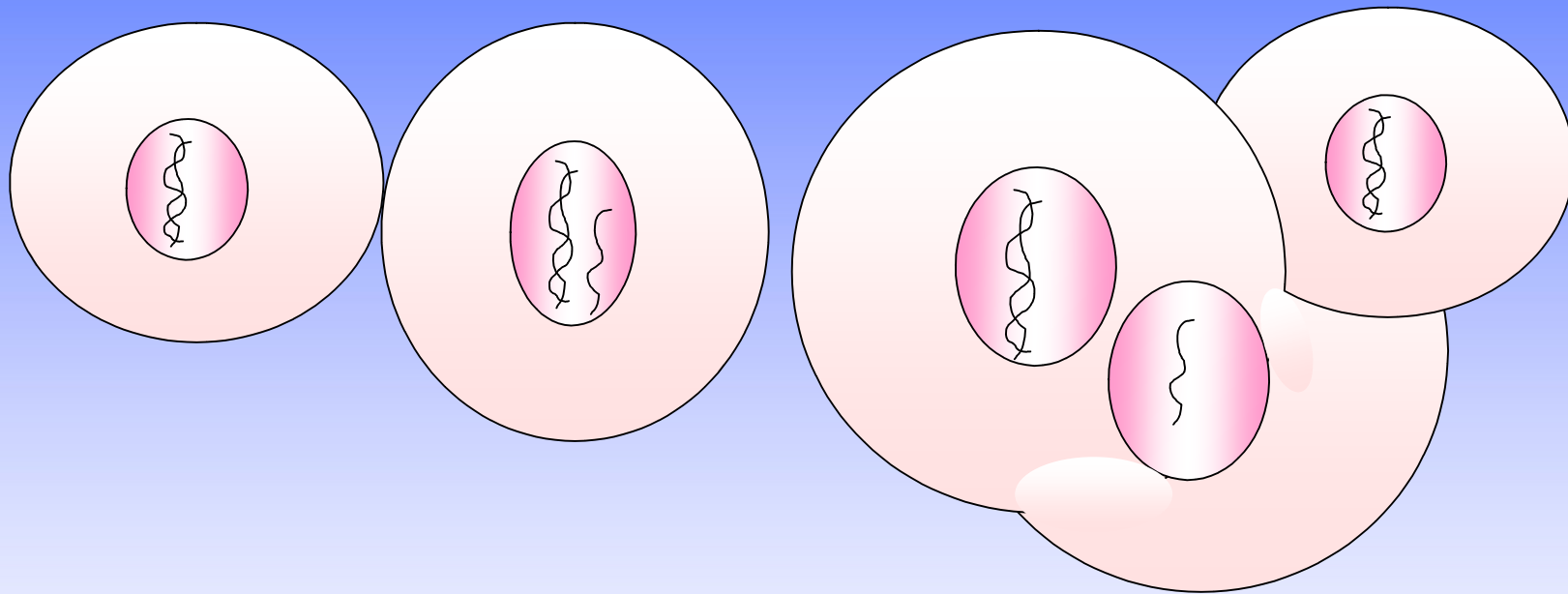
New clone rapidly mitotic

DINQMIT-Overgrowth



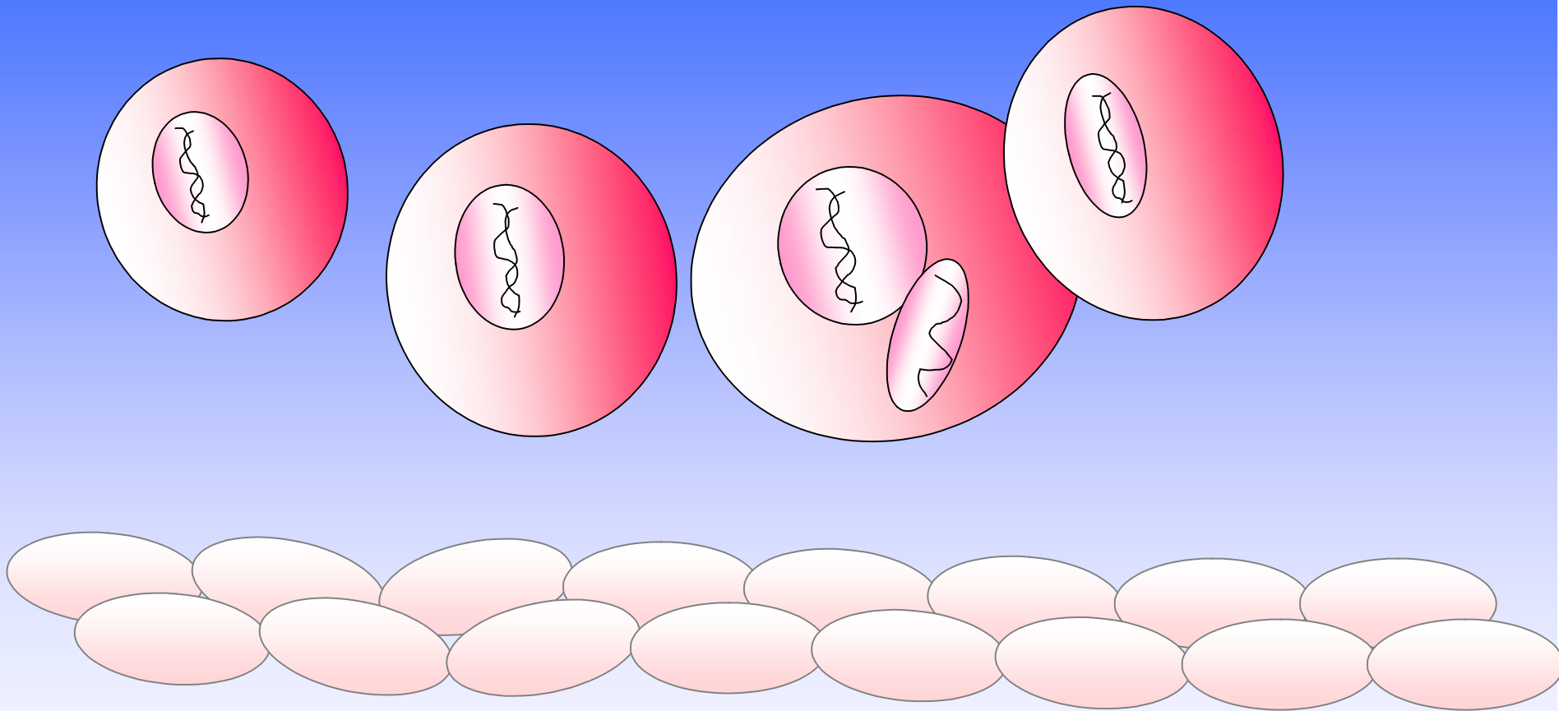
Infidelity of DNA and epigenetics

DINQMIT-Overgrowth



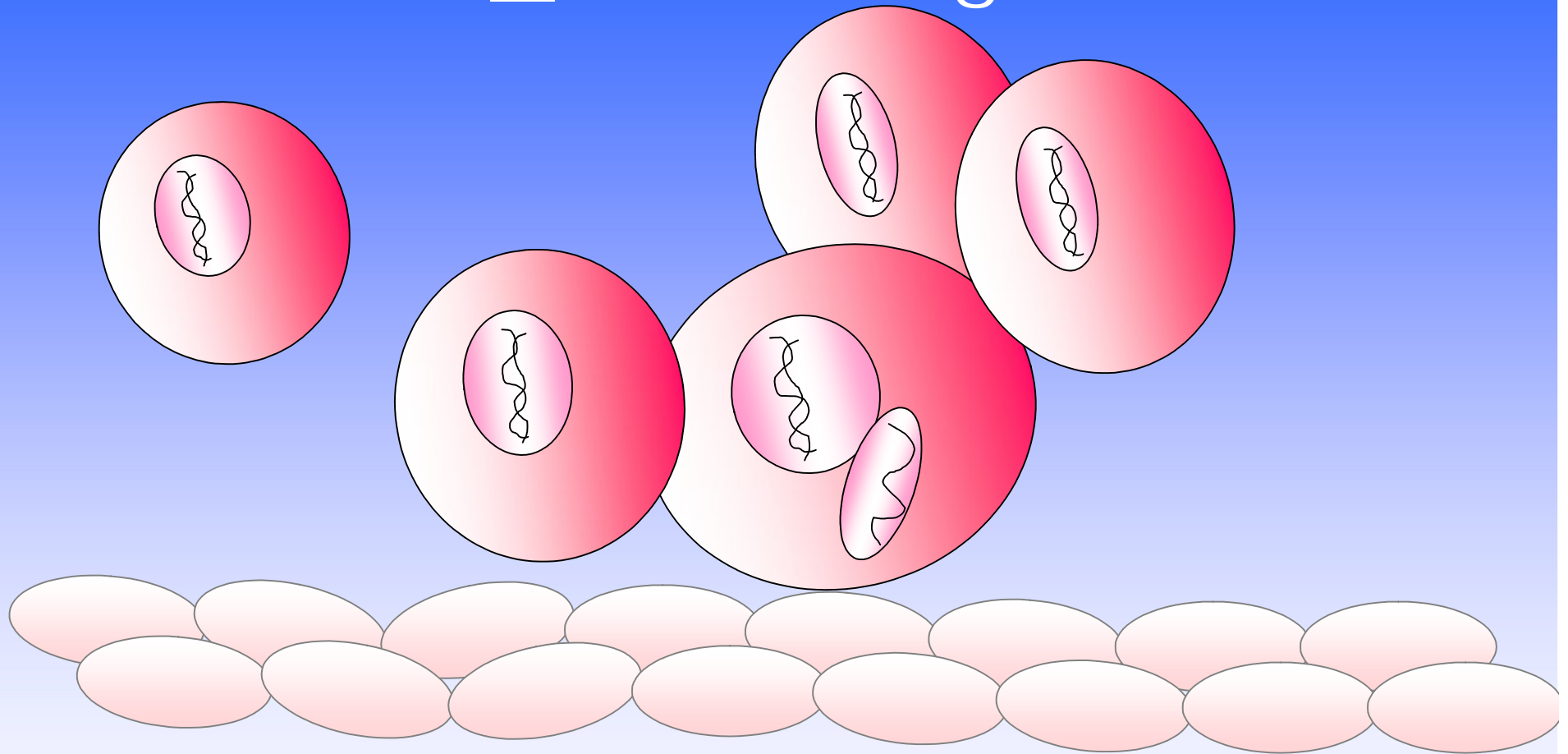
Infidelity of DNA and epigenetics

DINQMIT-Overgrowth



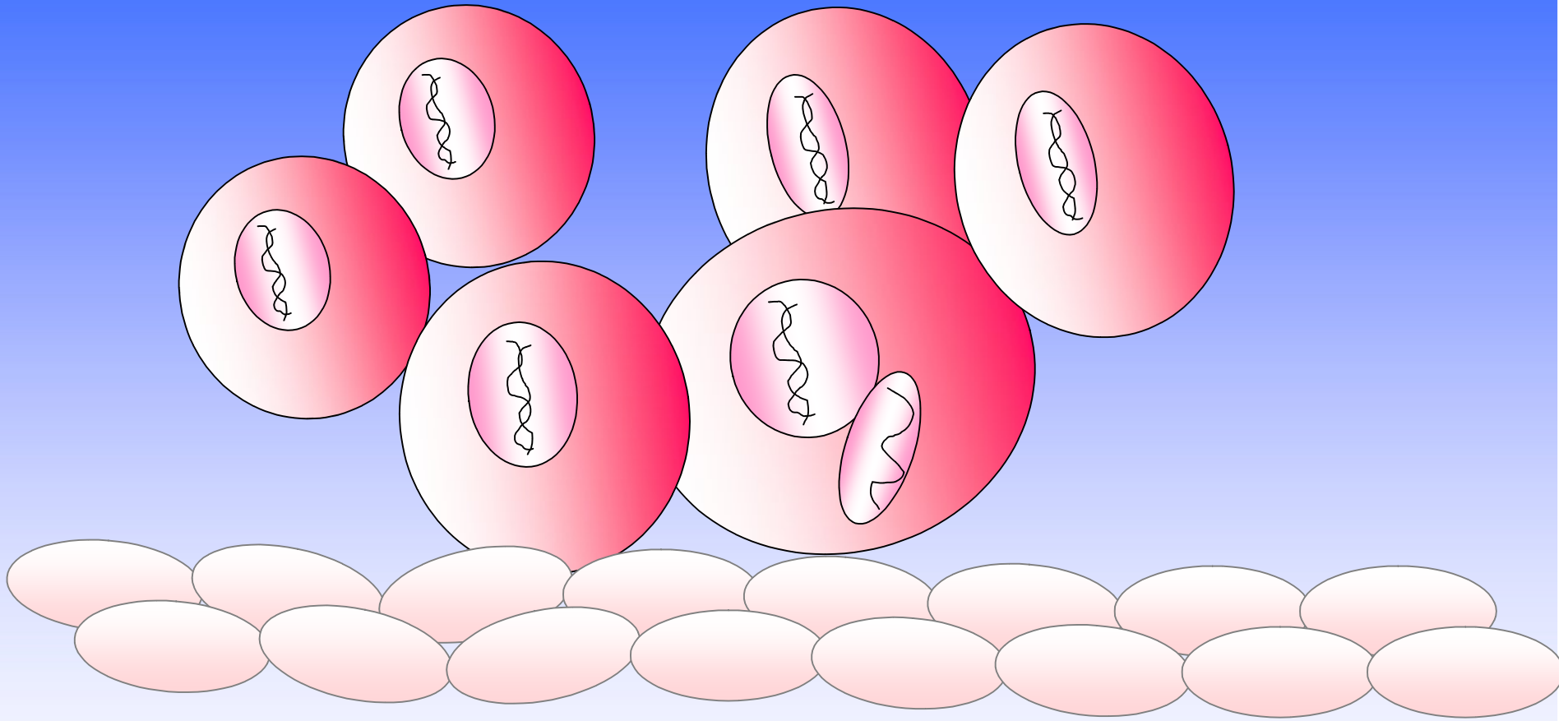
Overgrowth creates crowding

DINQMIT-Overgrowth



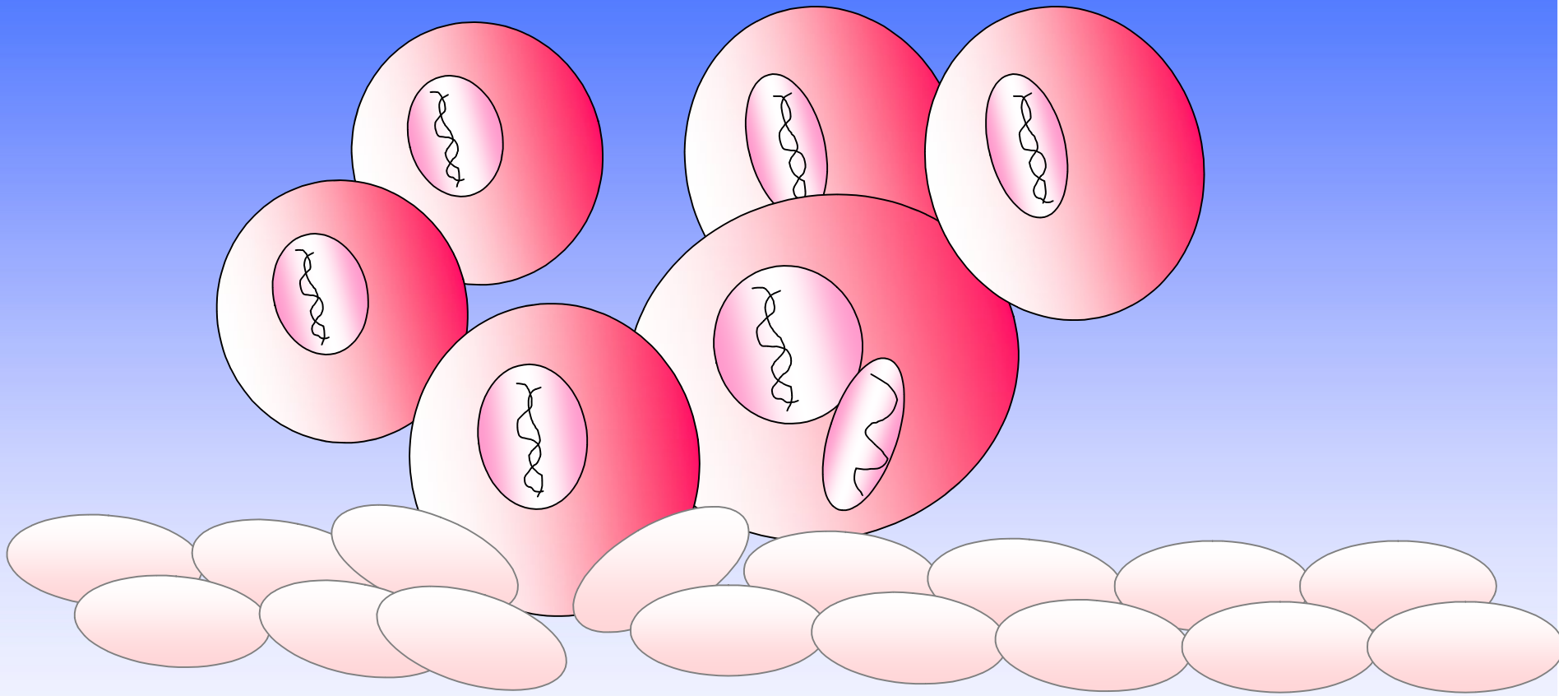
Overgrowth creates crowding

DINQMIT-Overgrowth



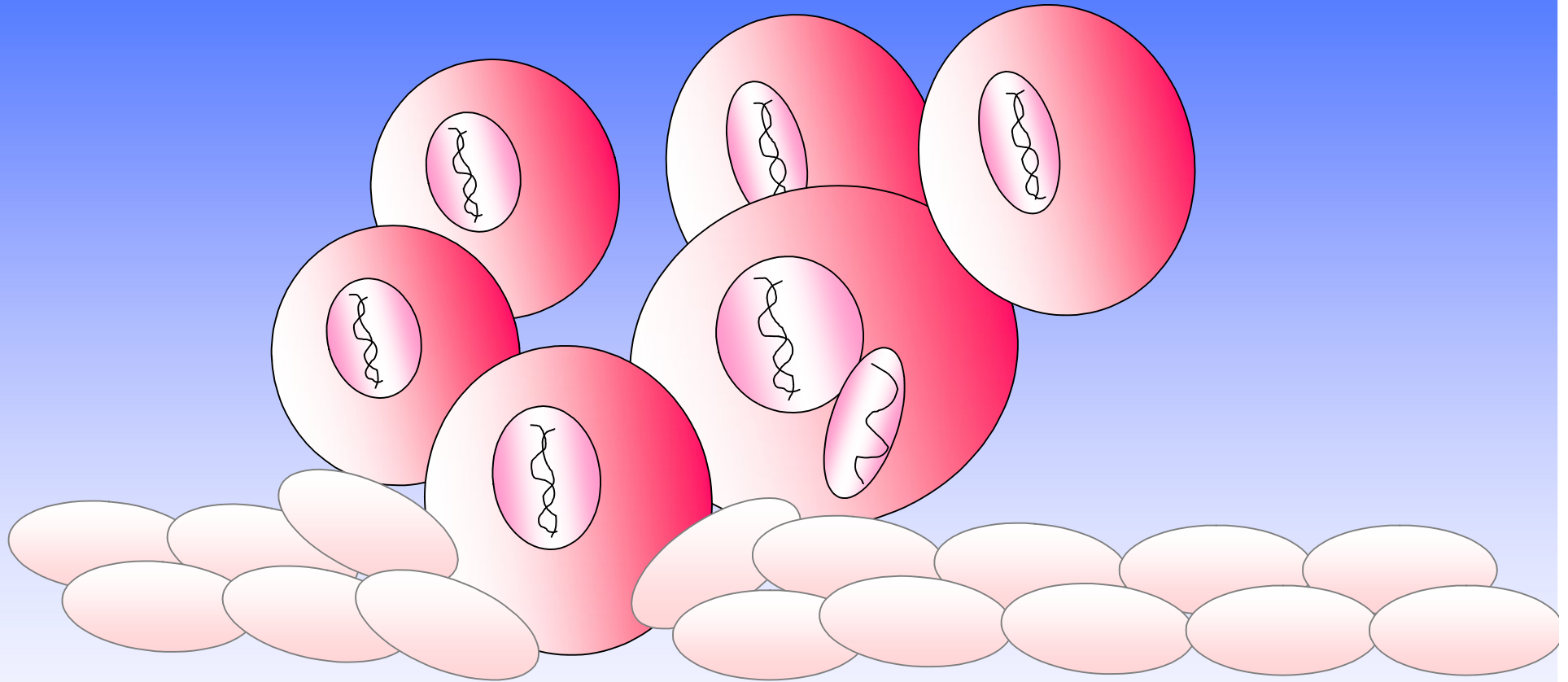
Beginning penetration of basement membrane

DINQMIT-Overgrowth



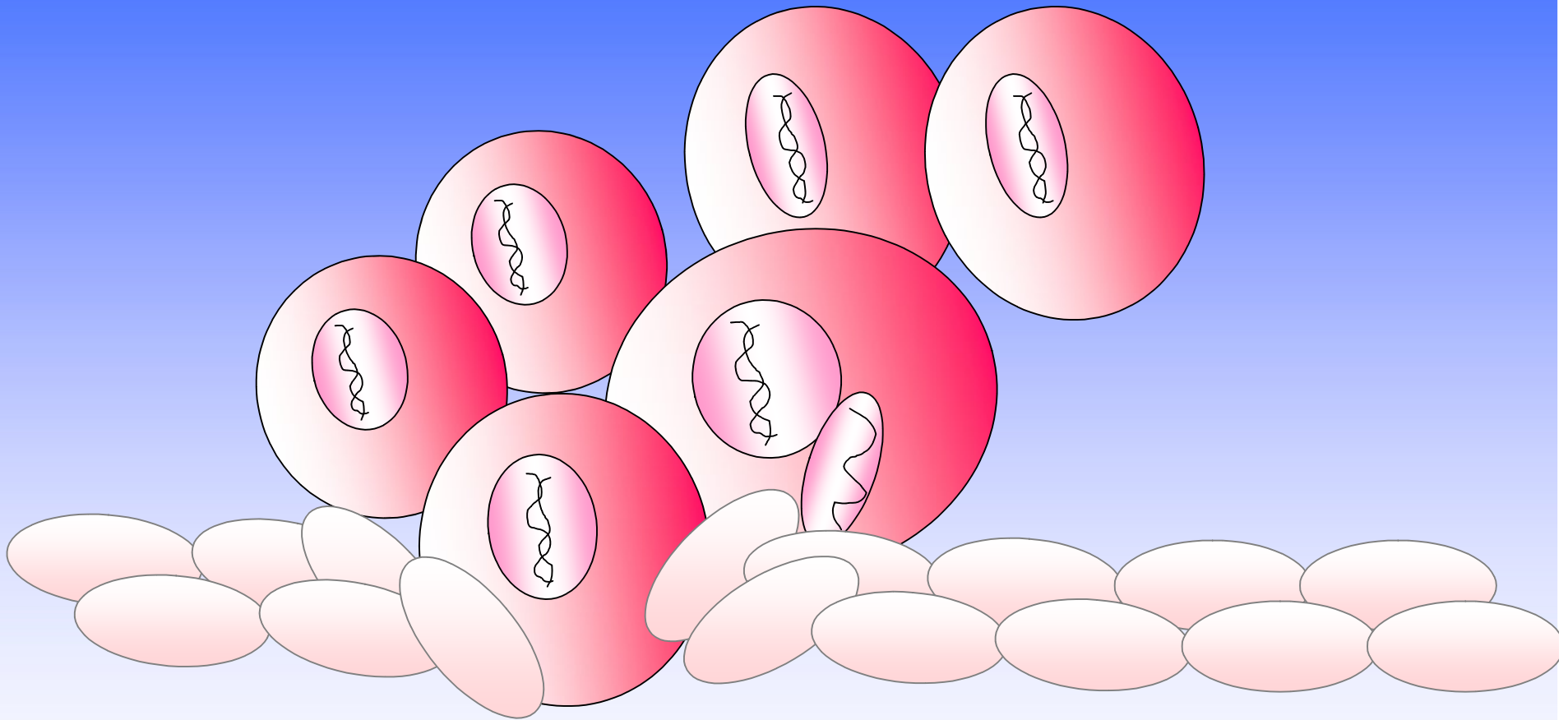
Ongoing penetration of basement membrane

DINOMIT-Overgrowth



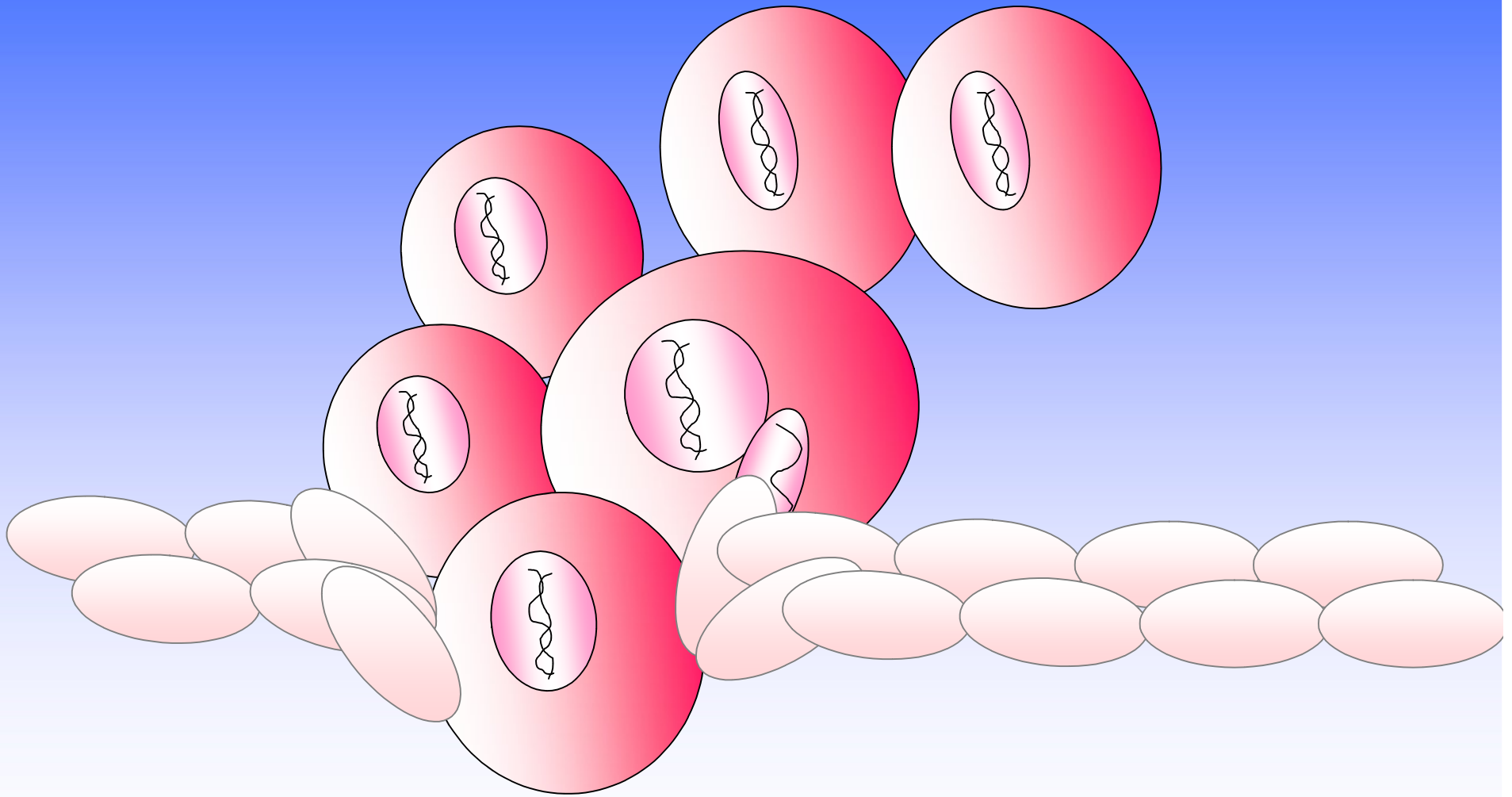
Fuller penetration of basement membrane

DINQMIT-Overgrowth



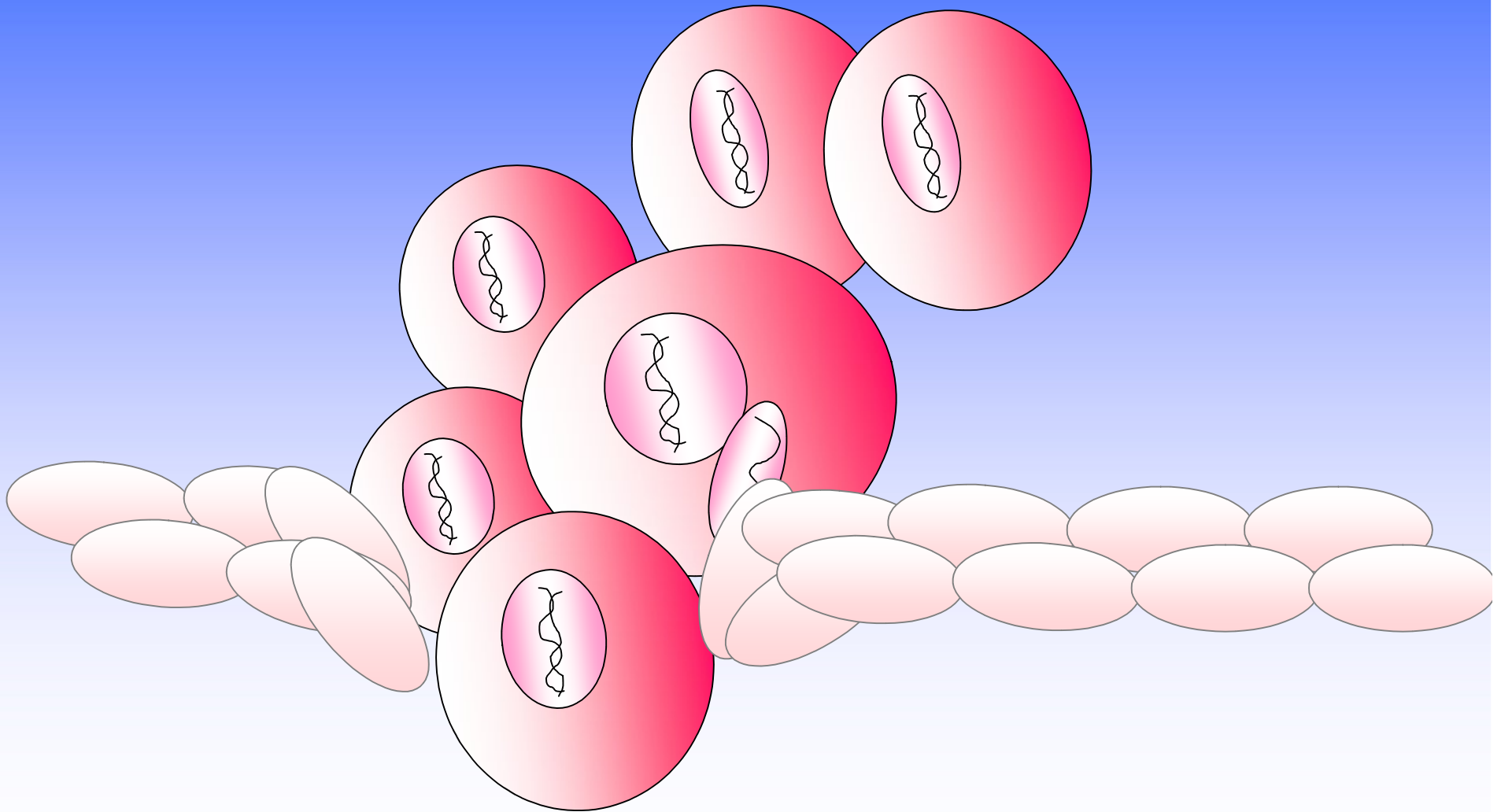
Penetration of basement membrane continues

DINQMIT-Overgrowth



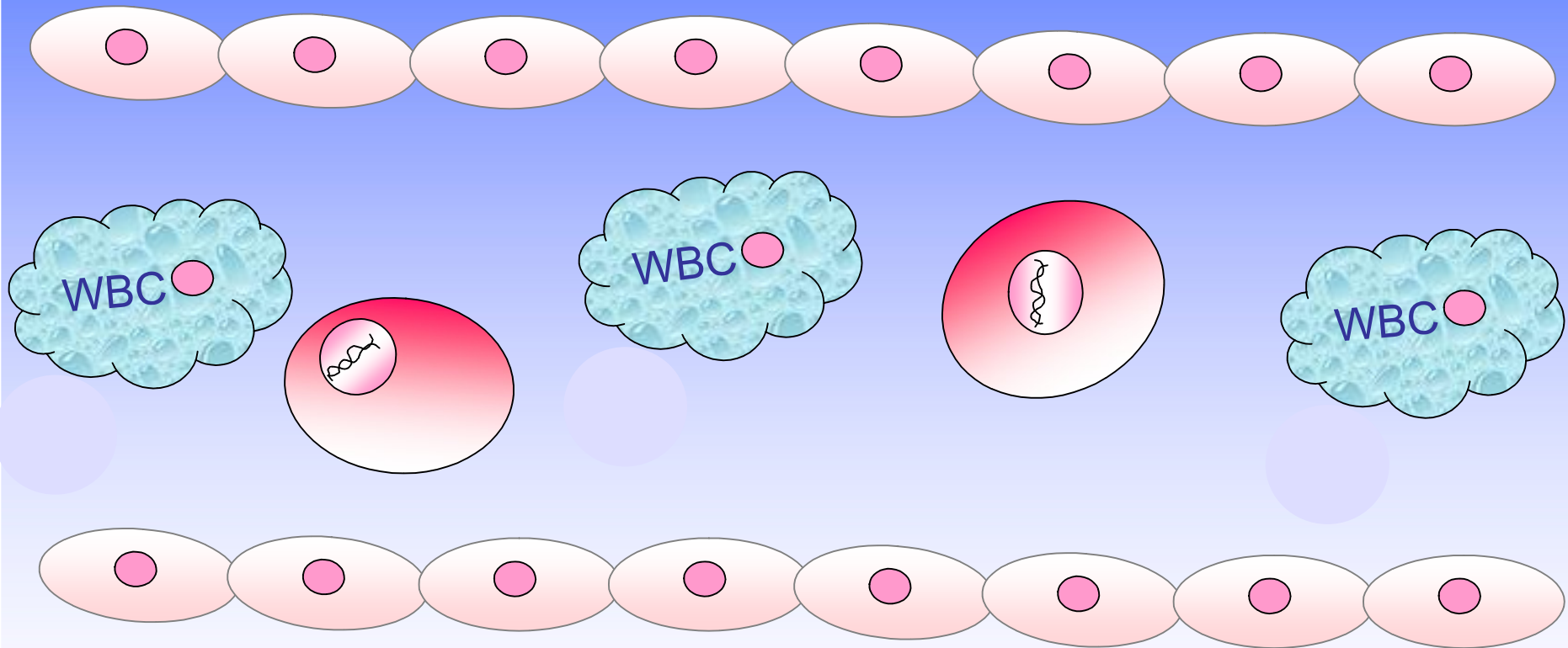
Penetration of basement membrane continues

DINQMIT-Overgrowth



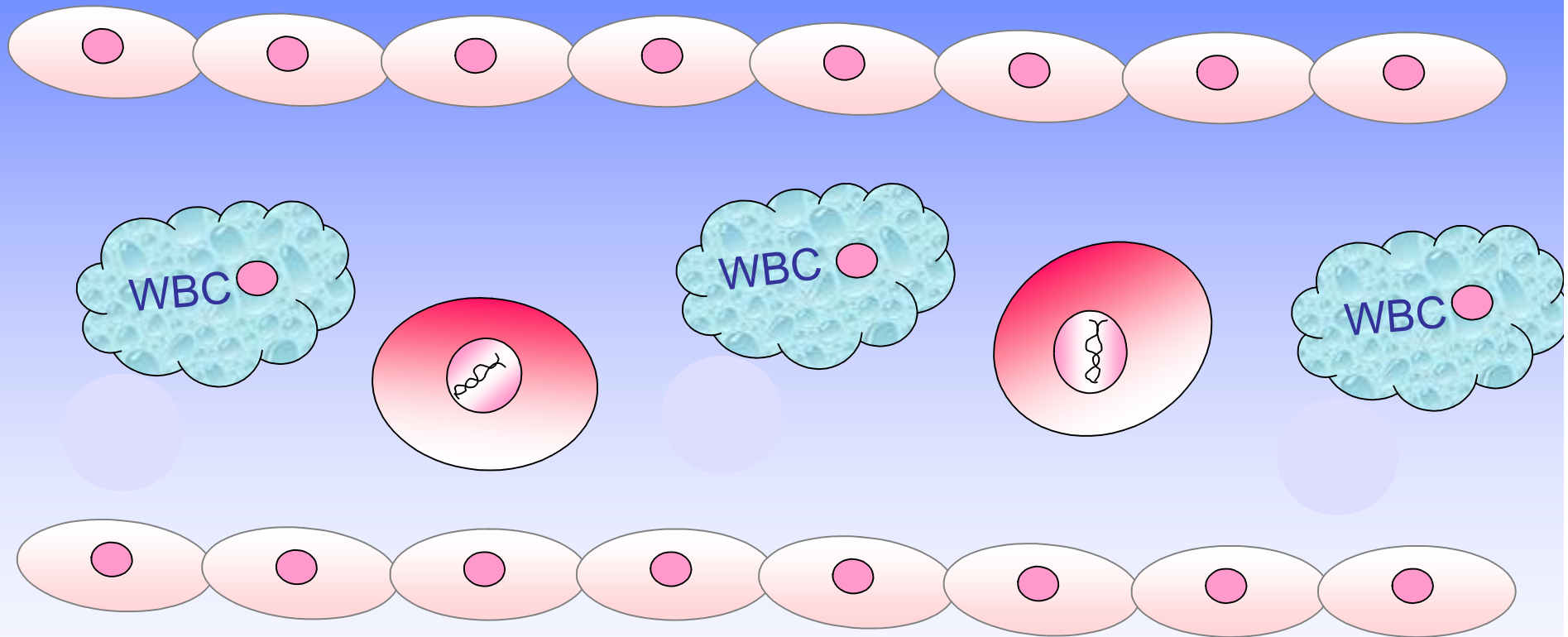
Penetration of basement membrane continues

DINOMIT-Metastasis



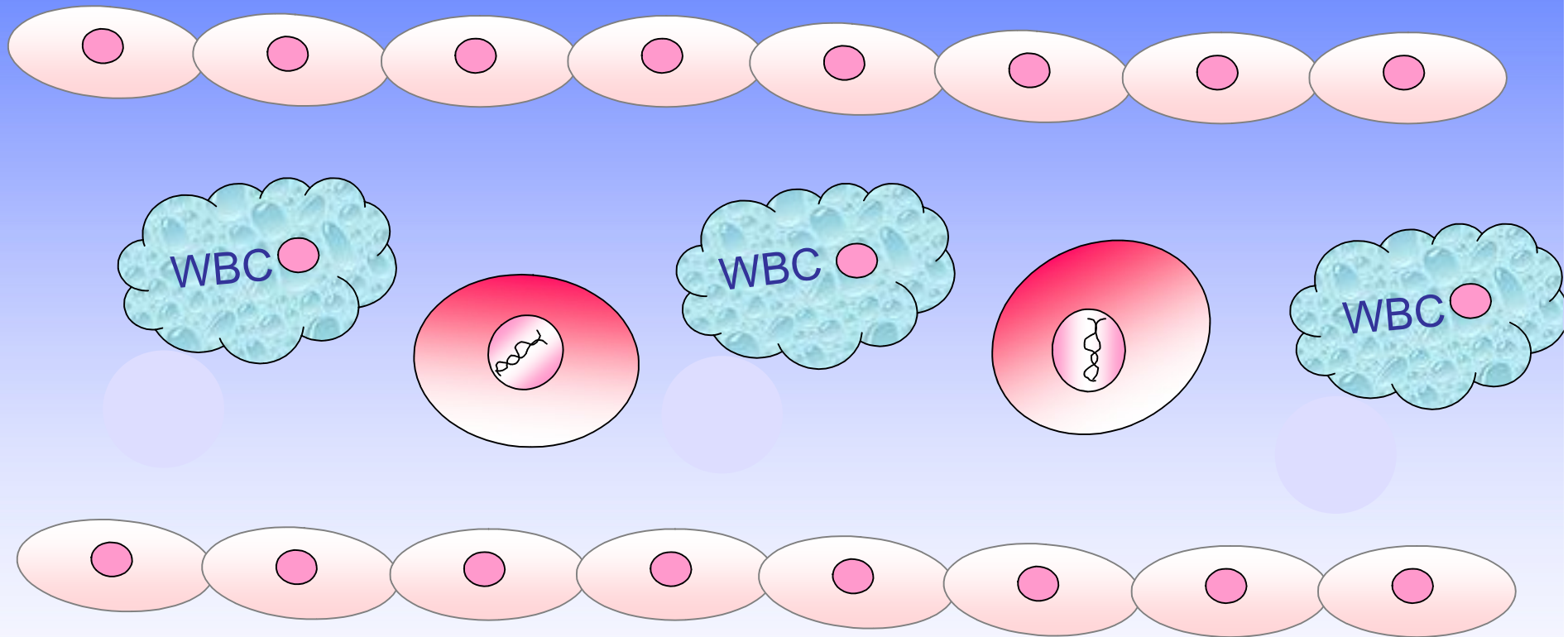
Malignant cells enter lymphatic circulation

DINOMIT-Metastasis



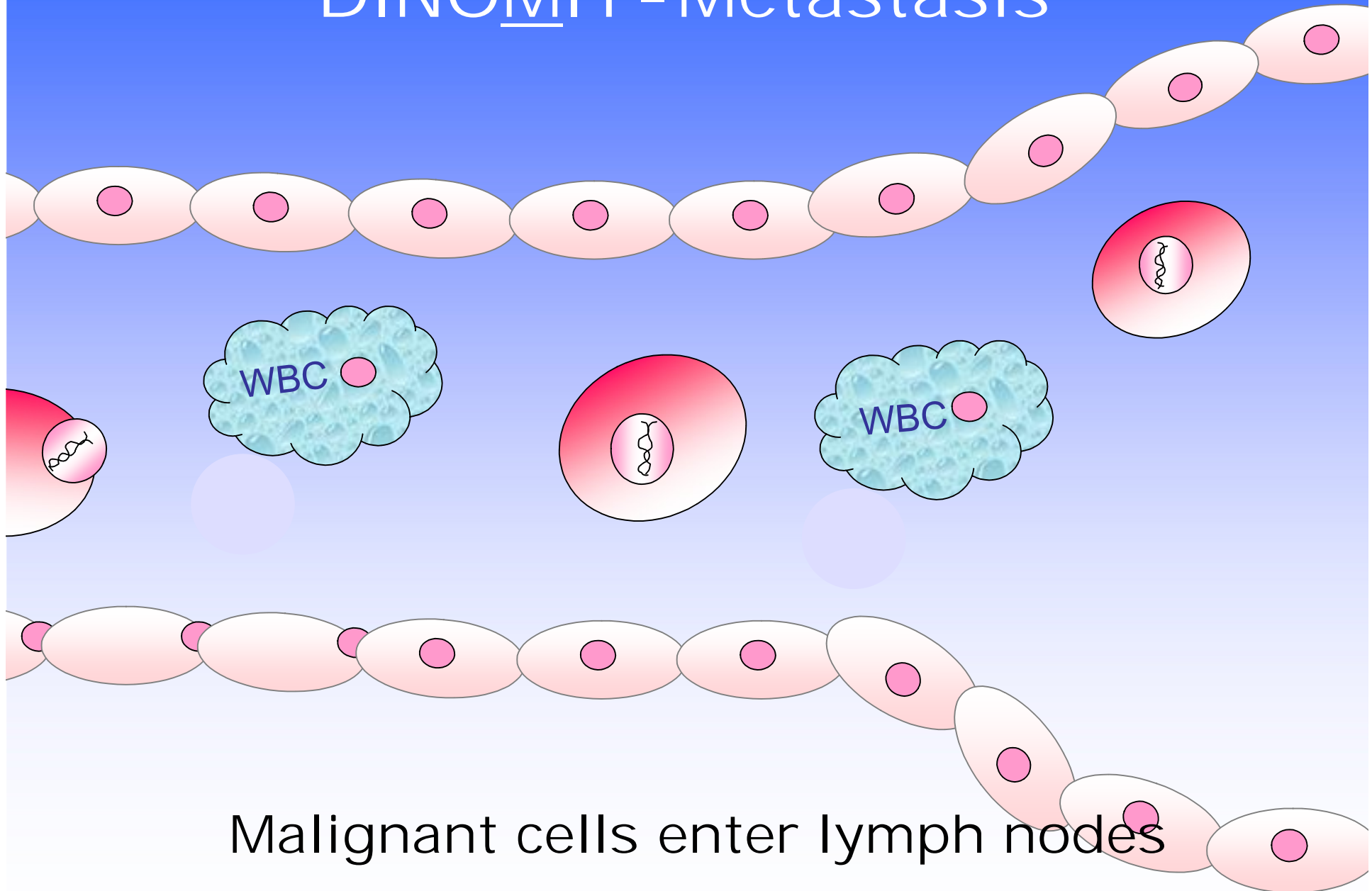
Malignant cells enter lymphatic circulation

DINOMIT-Metastasis



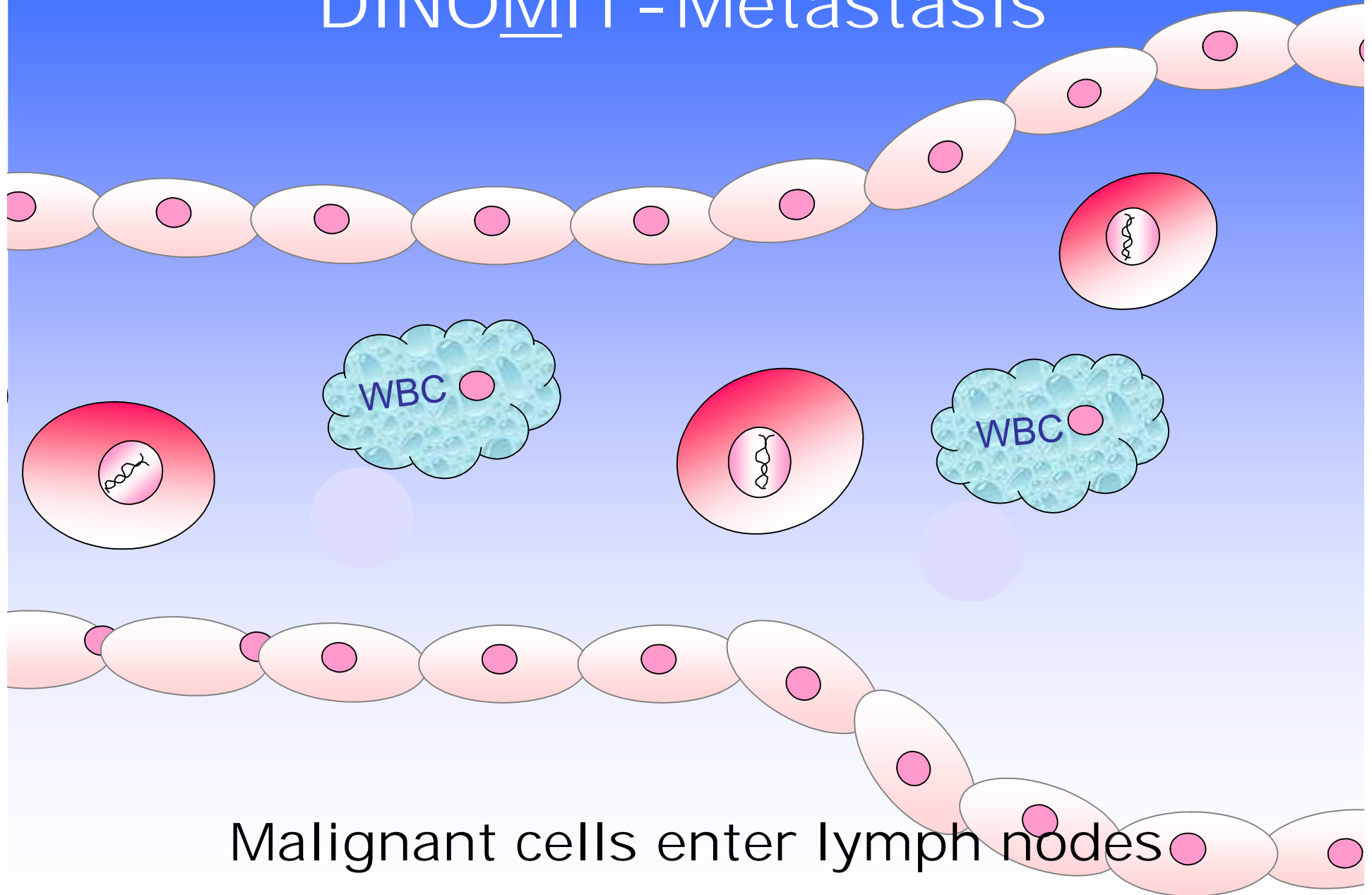
Malignant cells enter lymphatic circulation

DINOMIT-Metastasis

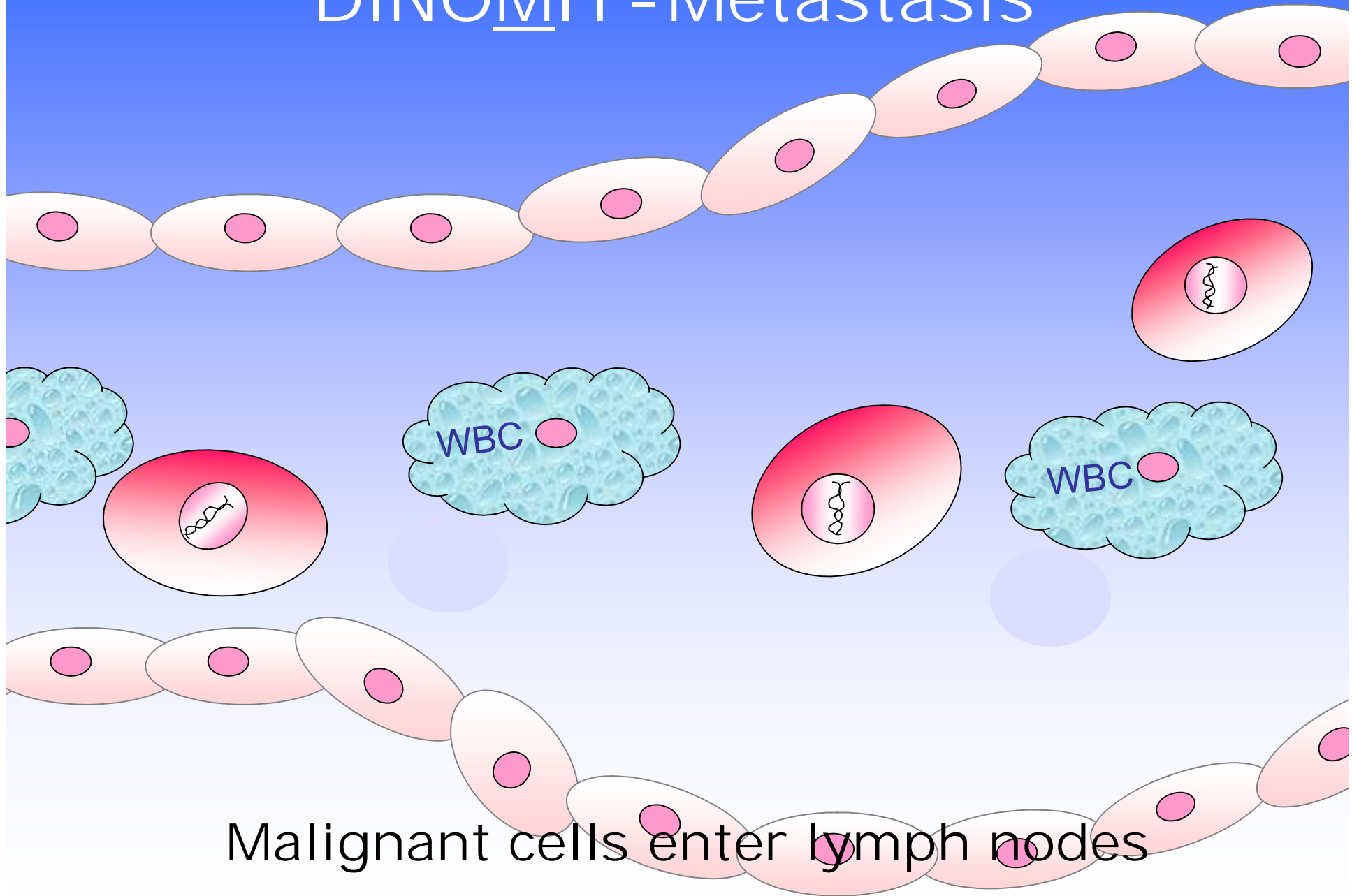


Malignant cells enter lymph nodes

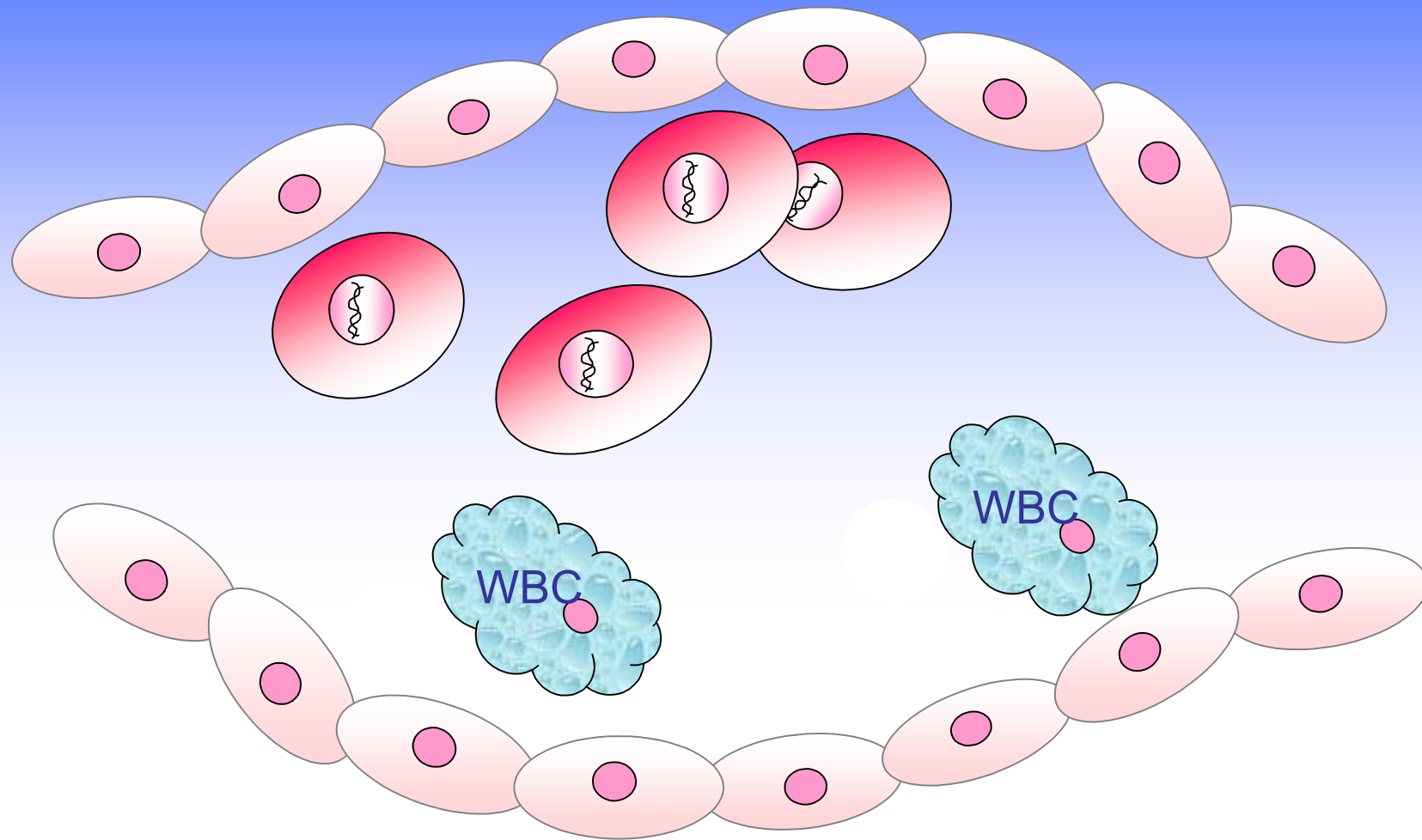
DINOMIT-Metastasis



DINOMIT-Metastasis

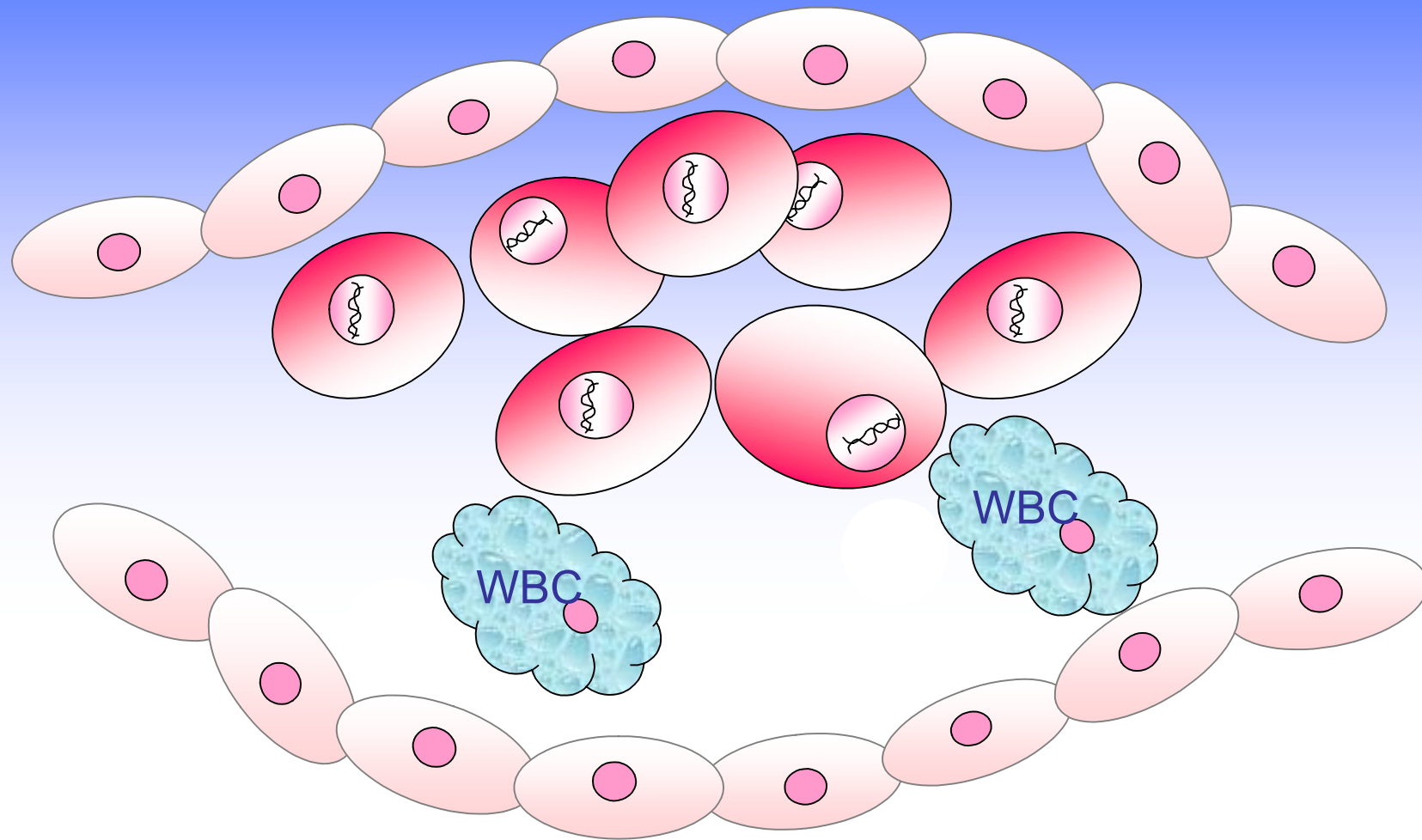


DINOMIT-Metastasis



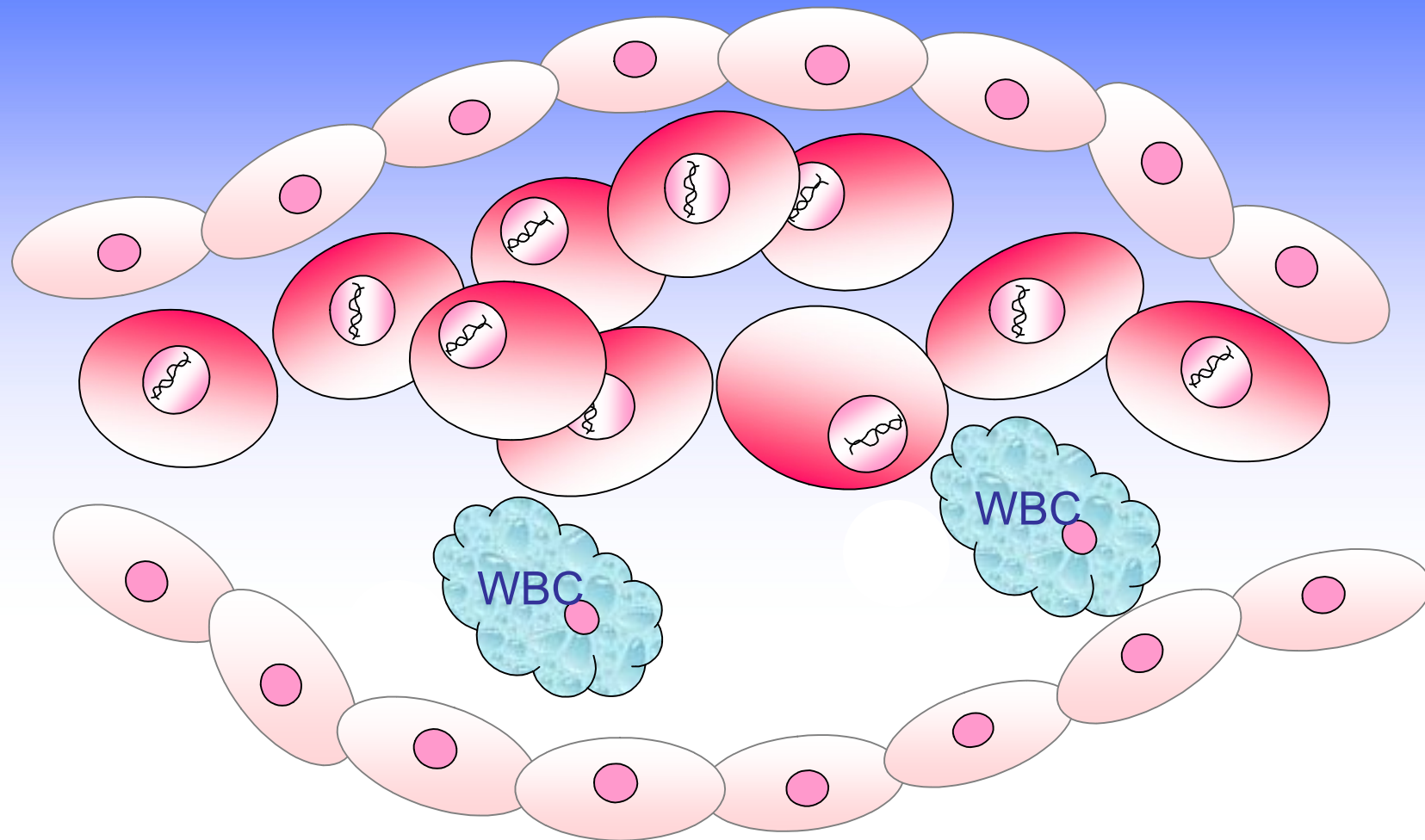
Malignant cell population grows

DINOMIT-Metastasis



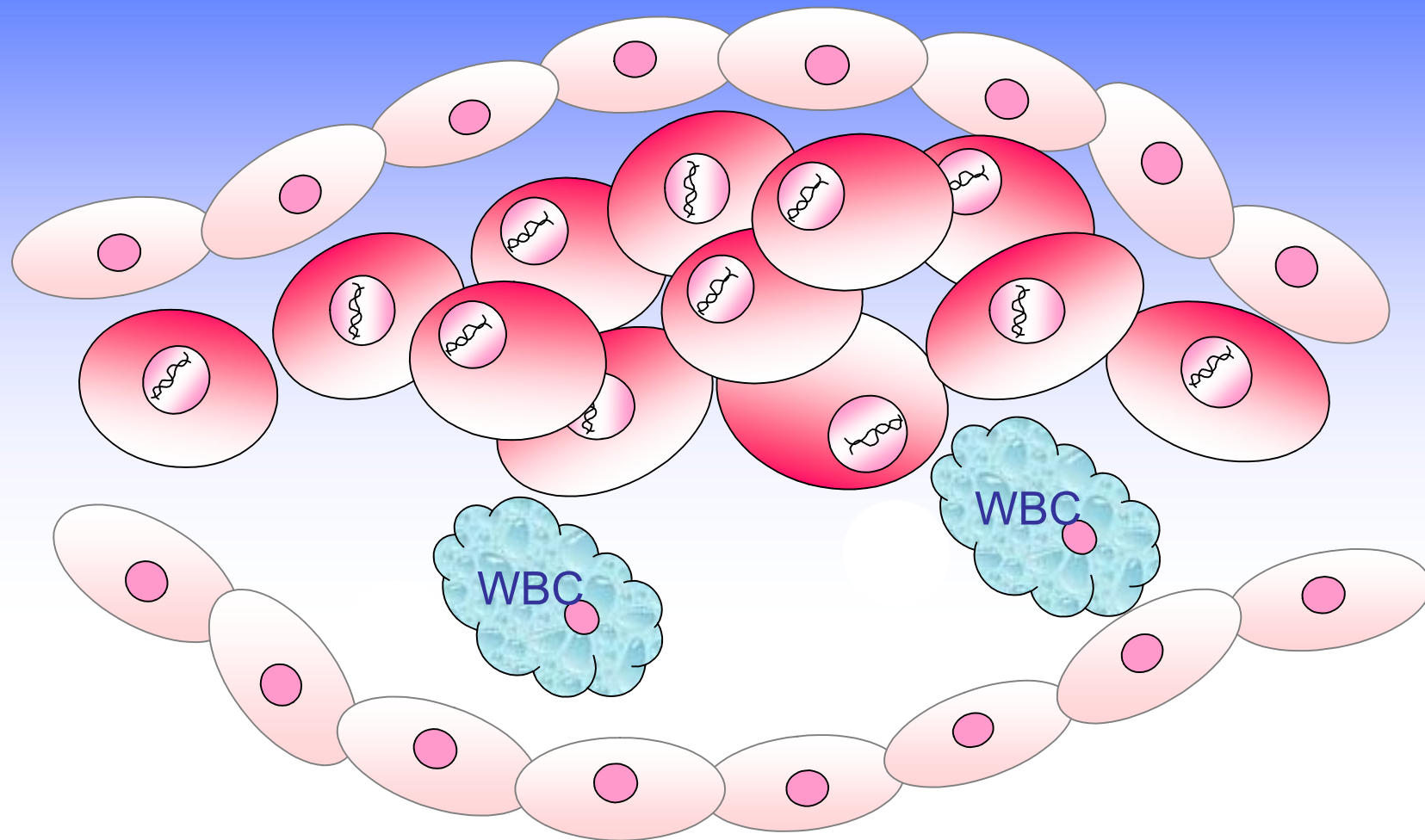
Expansion of malignant clone in lymph node

DINOMIT-Metastasis



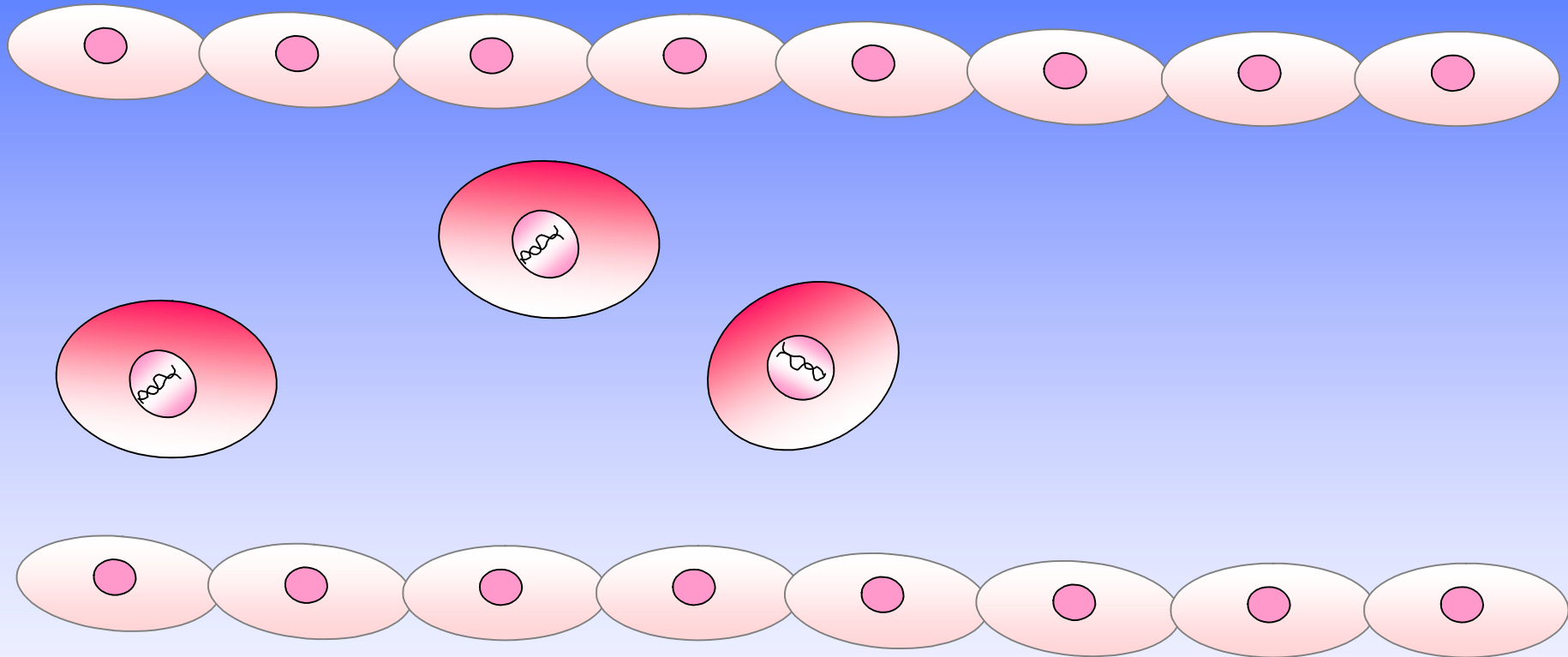
Expansion of malignant clone in lymph node

DINOMIT-Metastasis



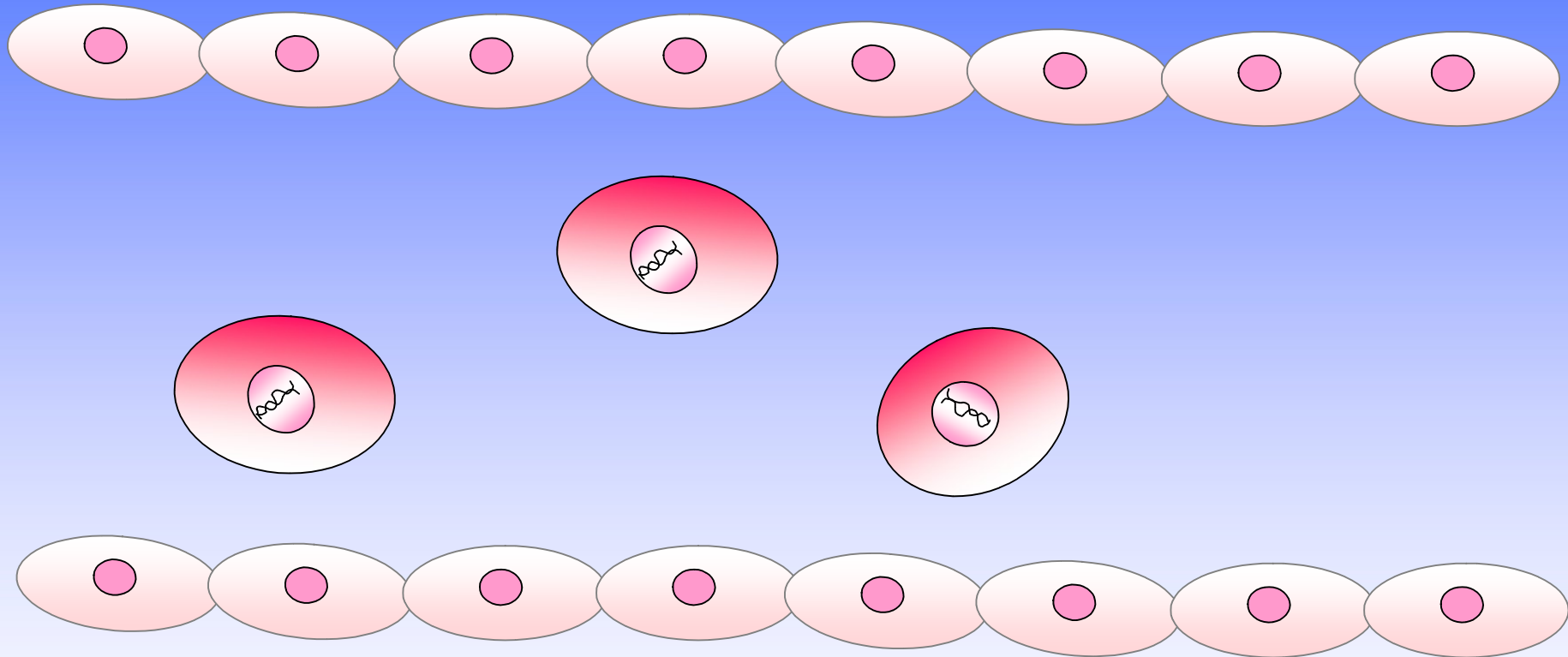
Expansion of malignant clone in lymph node

DINOMIT-Metastasis



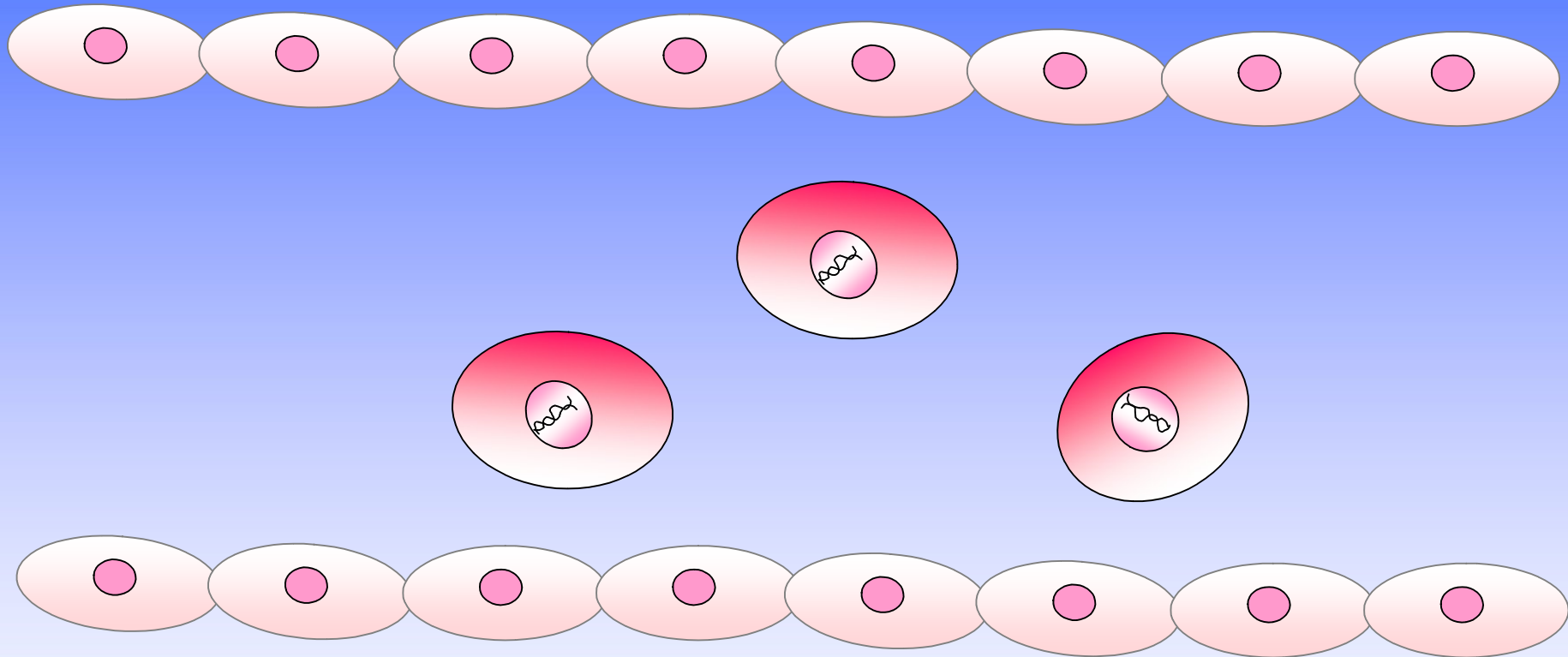
Malignant cells transported from lymph node

DINOMIT-Metastasis



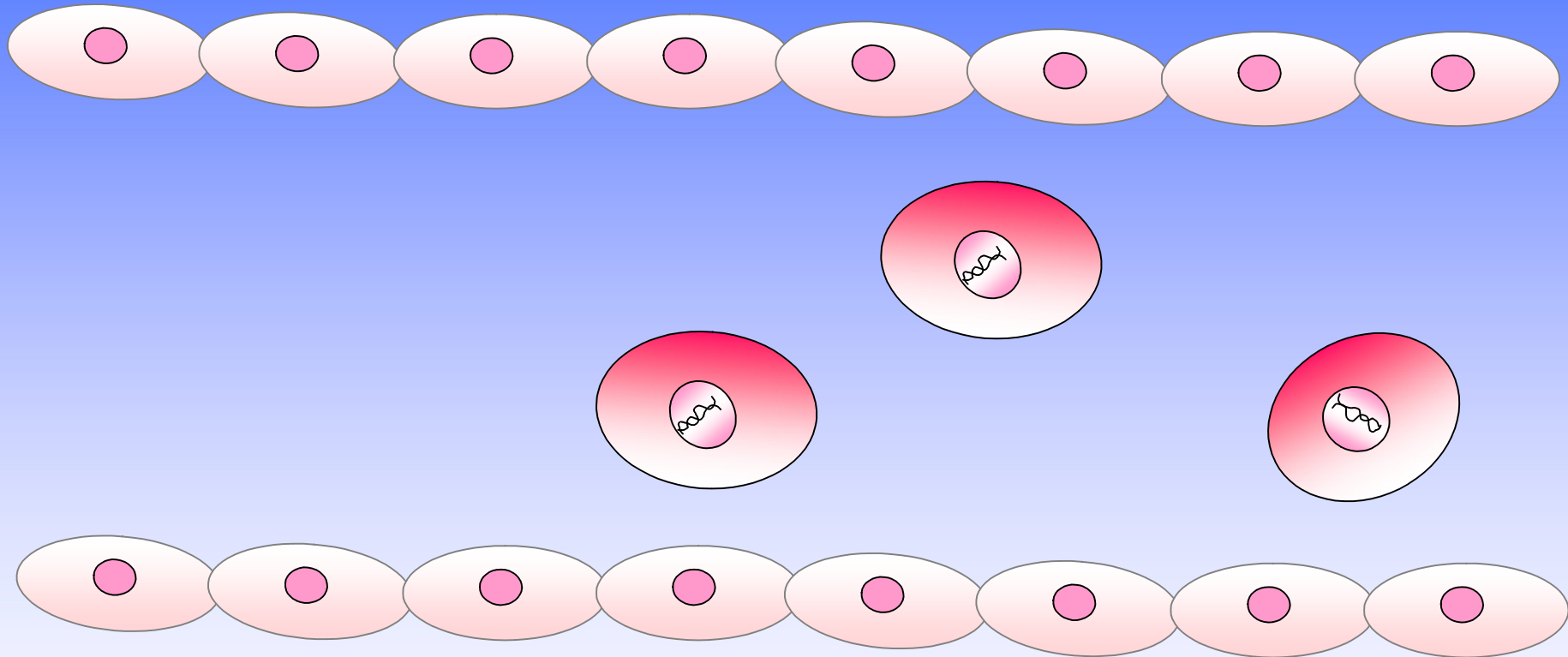
Malignant cells transported from lymph node

DINOMIT-Metastasis



Malignant cells transported from lymph node

DINOMIT-Metastasis



Malignant cells transported from lymph node

What do we do to PREVENT it?

Get serum level to 100-150 nmol/L

1200-1500 mg/day of calcium
(from all sources)



Beyond Clinical Trials to a Population Level Intervention Project

D*action Project

A population level public health intervention

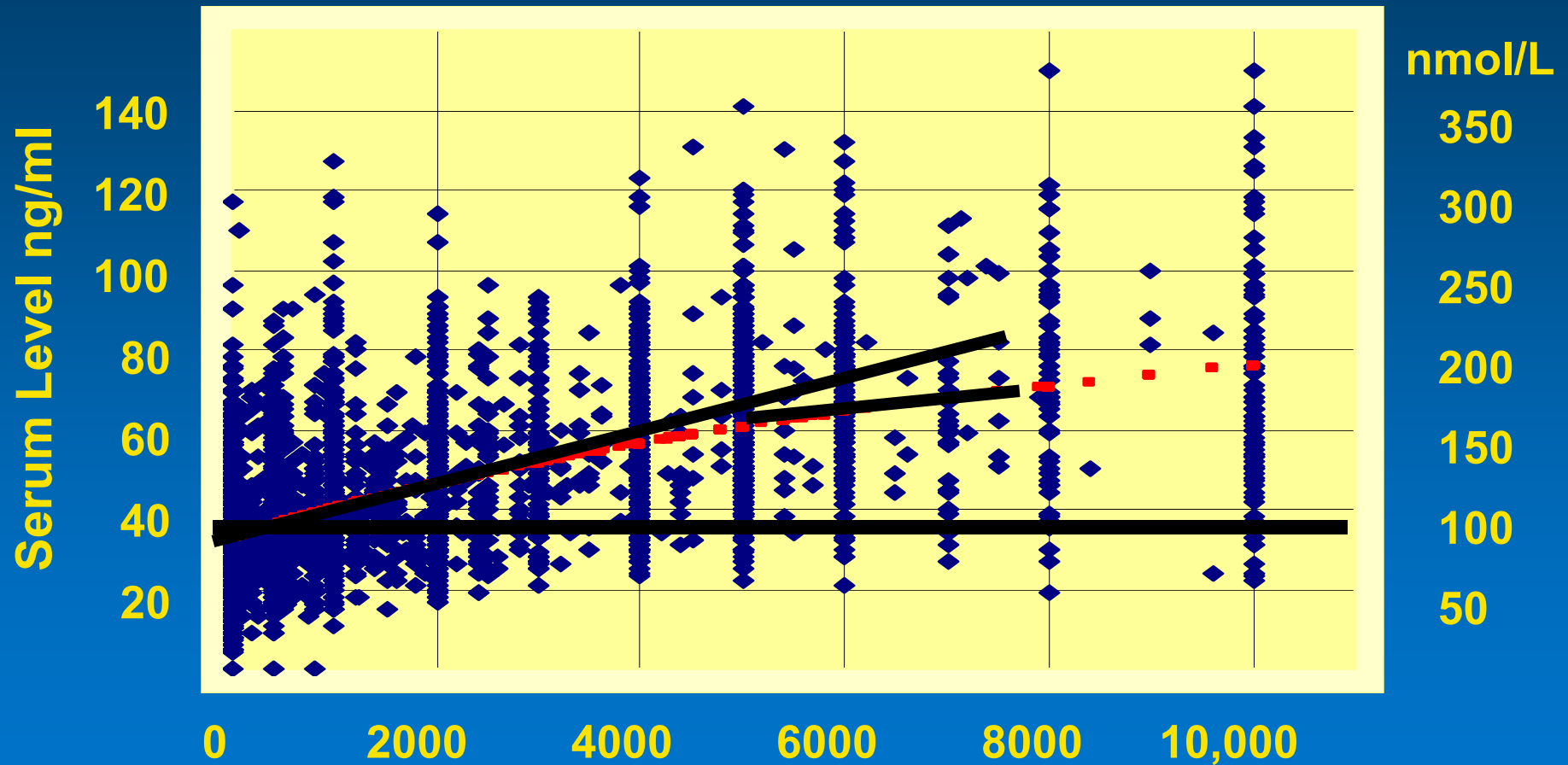
1. Solve the deficiency epidemic – now!
2. Create Evidence-Based Public Health Policy Recommendations
 - Large scale intervention
 - Education
 - Testing
 - Voluntary/individual intake adjustment
 - Documentation



A Consortium of Scientists, Institutions, and Individuals
Committed to Solving the Worldwide Vitamin D Deficiency Epidemic

Project Study Results to Date

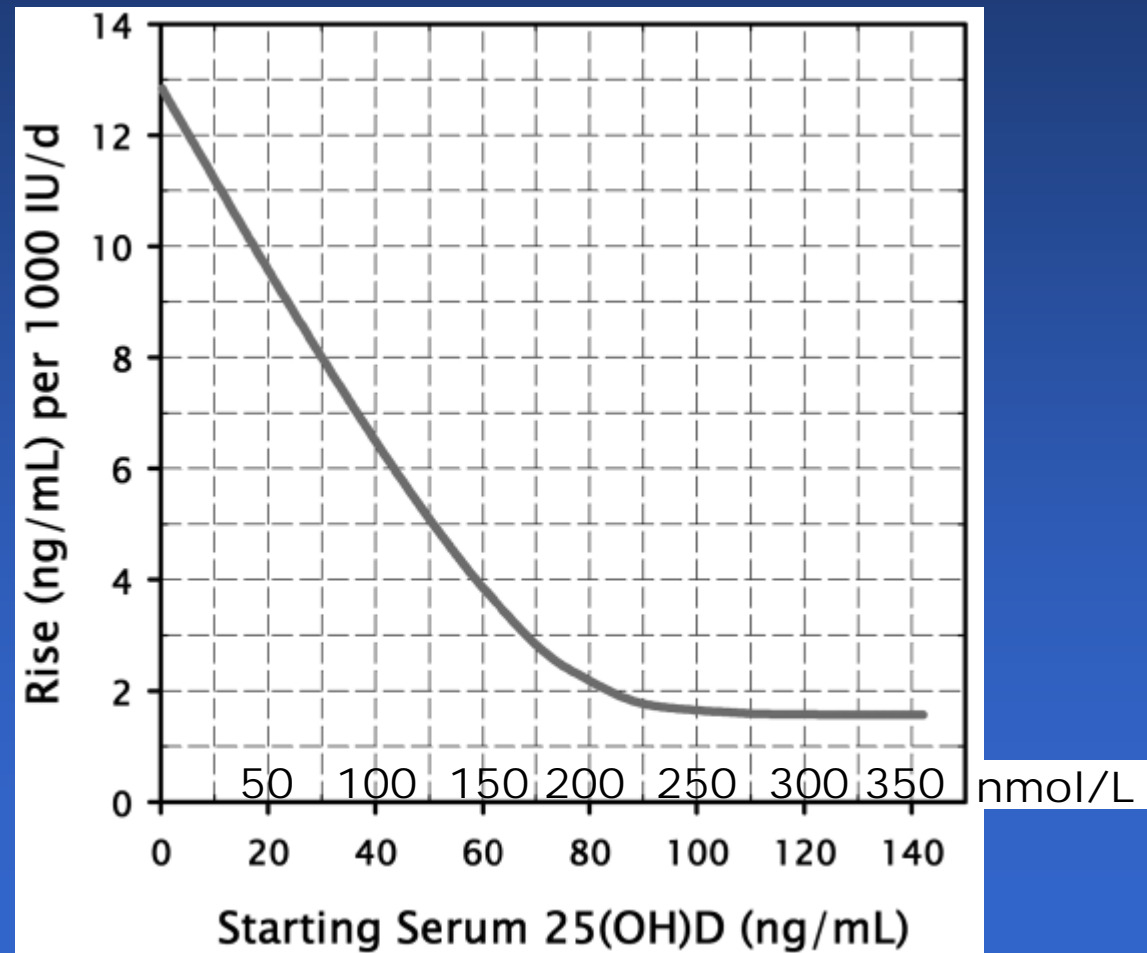
D*action Project: Serum Level vs Intake



Vitamin D Intake IU/day (N=3667)

www.grassrootshealth.net

Rise in serum 25(OH)D per 1,000 IU D3 per day



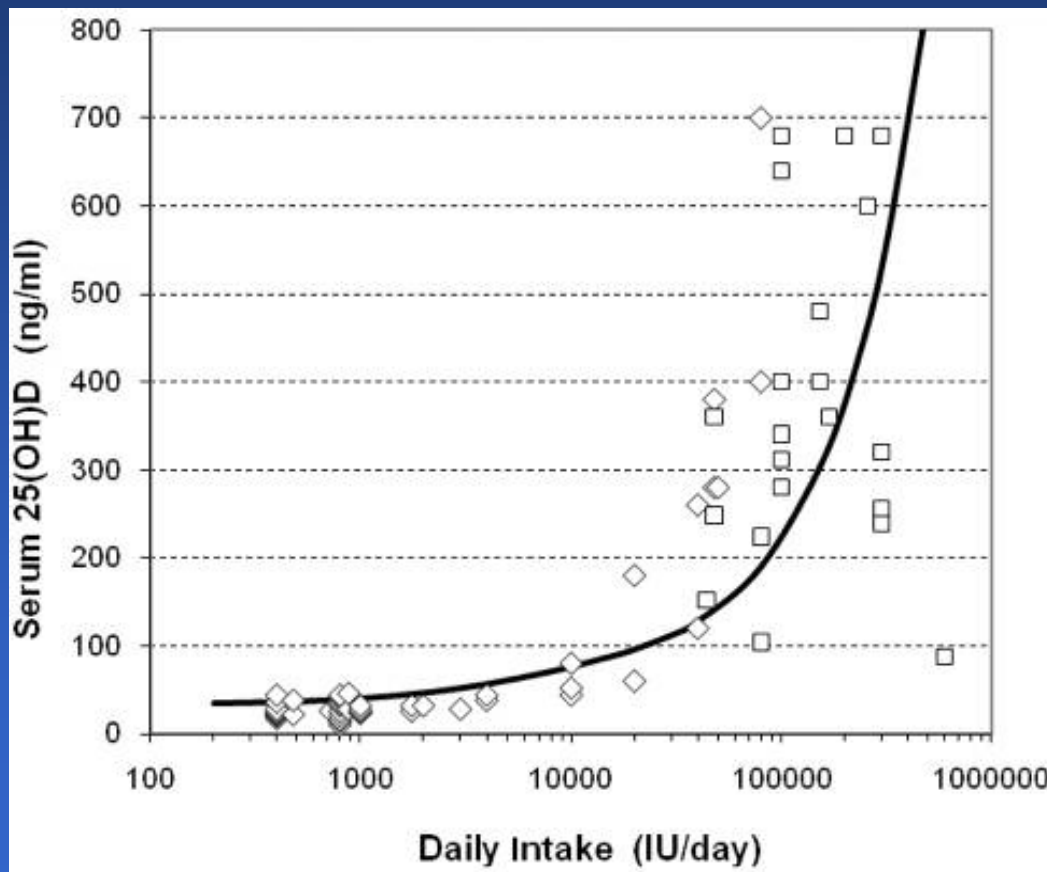
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Expected Serum Level (nmol/L)

| | | | | | | | | |
|------------------------------|-----|------|------|------|------|------|-------|-------|
| Current Serum Level (nmol/L) | | 50 | 75 | 100 | 125 | 150 | 175 | 200 |
| | 25 | 1000 | 2200 | 3600 | 5300 | 7400 | 10100 | 13800 |
| | 38 | 500 | 1700 | 3200 | 4900 | 7000 | 9700 | 13400 |
| | 50 | | 1200 | 2600 | 4300 | 6400 | 9100 | 12800 |
| | 63 | | 600 | 2000 | 3700 | 5800 | 8600 | 12300 |
| | 75 | | | 1400 | 3100 | 5200 | 7900 | 11600 |
| | 88 | | | 800 | 2500 | 4600 | 7300 | 11000 |
| | 100 | | | -- | 1700 | 3800 | 6500 | 10200 |
| | 113 | | | -- | 900 | 3000 | 5700 | 9400 |
| | 125 | | | -- | -- | 2100 | 4800 | 8500 |
| | 150 | | | -- | -- | -- | 2700 | 6400 |
| | 175 | | | -- | -- | -- | -- | 3700 |

Example: To go from 50 nmol/L to 125 nmol/L would require an average additional intake of 4300 IU/day

D*action Study Data plotted on previously published data



diamond-shaped
are the means of
controlled
dosing studies
(n=48)

square symbols,
individual values
from
reported cases
(n=21) of vitamin
D intoxication

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Next Steps

- Further analyze health outcome data
- Expand endorsements of the Call to Action—get serum levels to 100-150 nmol/L

****Key medical group in Canada has fully endorsed with their membership****

Next Steps, continued

- Enroll additional groups
 - Disease specific, e.g., MS, breast cancer, falls
 - Other large population groups
 - Communities
 - Research groups
 - Government groups/regions
 - Expand sponsorship



Reality must take
precedence ... for
nature cannot be fooled.

Richard Feynman



Thank you!

Get your Vitamin D
blood serum level to
100-150 nmol/L
(40-60 ng/ml)

Special Thanks

- Cedric F. Garland, Dr. P.H.
- Robert P. Heaney, MD
- Leo L. Baggerly, Ph.D.
- JoEllen Welsh, Ph.D.
- ALL 8000 sponsors!