Breast cancer is the most common malignancy in women in both developed and less developed countries, although in terms of mortality it may be overtaken by lung cancer in the near future as more women smoke. In Asia, the age-adjusted mortality rate is 9.5 deaths per 100,000 compared with 16.9 per 100,000 in Europe. Within the countries that belong to the Asia-Pacific Academic Consortium for Public Health (APACPH), there is considerable variation in mortality rates. Countries such as China, Mongolia, and Vietnam have mortality rates in the range of 3.4 to 5.7 deaths per 100,000, while at the other end of the scale Singapore, Malaysia, Australia, and the United States have rates ranging from 13.6 to 14.7 per 100,000. Japan lies between these groups with a rate of 9.2 (all data from IARC Globocan where the most recent data are from 2008). It is likely that some of the differences between regions are due to underreporting and there may be some genetic differences, including the BRCA1/2 variants. However, the results of migrant studies and international differences suggest that there are modifiable risk factors important in the etiology of breast cancer. The challenge for public health in our region is identifying the modifiable risk factors and to implement public health strategies to address them. The systematic review on breast cancer in this month’s issue explores some of these factors.

Breast cancer is one of the most common cancers and has frequently been portrayed in art and described in the ancient medical texts. In the historic literature, the disease and its treatment were discussed and described as cancer by the most famous medical authorities of antiquity, including Hippocrates, Celsus, and Galen, and by several prominent medieval authors, including Avicenna and Rolando da Parma. An observant physician, Charles Stark, noted the specific anatomical changes of breast cancer in the sculpture by Michelangelo, “Night” in the Basilica of San Lorenzo in Florence.

There are 4 risk factors that are explored by Anothaisintawee et al.: the use of oral contraceptives and hormonal replacement therapy, the presence of diabetes mellitus, and breast-feeding duration. The World Cancer Review Foundation has identified breast-feeding and physical activity as reducing risk; and alcohol consumption, attained body height, and body mass index as increasing risk. There would be little evidence with the argument for breast-feeding, body fatness, and alcohol consumption. Breast-feeding is a well-established protective factor for ovarian cancer, the latter sharing some characteristics of hormonal dependency with ovarian cancer.