

Are You a Candidate for Estrogen Receptor Positive (ER2) Breast Cancer?

To Compare Your Hormone Saliva Test Results, go to the bottom of the page and see the box on comparison.

Hormone Research Linked to Breast Cancer Occurrences

Preliminary Study (*Original Internist, Sept 2012*)

The study was done over two years by hormone specialist **Mr. Joeseph Beldonza C.C.N, ND**, who has done over 20,000 saliva hormone tests while starting a hormone testing lab. Facilitating the study was holistic health practitioner Dawn Cutillo Hiestand, author of *The Hormone "Shift"* (Balboa Press). The study took place at the Rejuvenation Center in Lancaster, Pa. **Bio Health Lab** from California evaluated the saliva test and **Dr. Lorraine Bernotsky, research director, West Chester University, West Chester ,Pa** tabulated the study results.

Details of the study sample: A sample of 25 local women who had breast cancer in the last 5 years (not currently on chemotherapy, radiation or medication) were compared to 20 women who never had breast cancer.

Goal of the study: To show trends in saliva hormonal profiles of women who have had breast cancer. These trends could then serve to aid women who want to prevent breast cancer by allowing them to compare their saliva test results to these in an effort to detect early the possible manifestation of the disease

The national trend is now to remove the breast even before the woman is diagnosed with breast cancer as a way of early detection if breast cancer runs in the family. *"This does NOT change the underling hormonal imbalance that contributed to her cancer and is invasive"* states Dawn Cutillo Hiestand. *"We hope our research will someday allow women to test their hormones with a simple saliva test as an early detection tool in order to avoid this type of surgery"*.

Main findings of the study:

- Low levels of progesterone are linked to breast cancer
- High levels of estrogen (estradiol) in relation to progesterone (an imbalance) is linked to breast cancer (see specific ratios to compare to at bottom of page)*
- Some more research is worth pursuing to see specific ratios of the three main estrogens and breast cancer occurrences

This study emphasizes the know fact that women with breast cancer have a hormonal imbalance.

Details of the results:

There appears to be relationship between the incidence of breast cancer and progesterone levels when comparing women the 25 women breast cancer to 20 similar aged women who never had breast cancer. All of the women with breast cancer had low progesterone levels as far as Mr. Beldonza reports based on his evaluation of “normal/healthy” levels.

But when comparing the cross-sample of 45 women over 69% of women with extremely low levels of progesterone (under 100) had breast cancer, while only 42.9% of those with slightly higher levels of progesterone (over 100) had breast cancer. It is important to note that those with levels over 100 still were low overall as far as healthy levels. But the lower the progesterone the increased risk of breast cancer.

This is compounded by the relationship between the incidence of breast cancer and the ratio of progesterone to estradiol (an estrogen) when comparing women with ratios under 50 to those with ratios over 50. The study showed that 73.1% of women with progesterone to estradiol ratios lower than 50 had breast cancer, while only 31.3% of those with ratios over 50 had breast cancer.

Final Conclusion: More research is needed into the exact estrogen profiles but a strong link exists between progesterone levels and breast cancer as well as the ratios of high estradiol to progesterone levels as an indicator of breast cancer.

Balancing estrogen to progesterone levels naturally before breast cancer can develop would be Dawn Cutillo Heistand’s advice to women who fear developing the disease. Some symptoms of “estrogen dominance” (which indicates an imbalance of estrogen and progesterone) are PMS, depression, weight gain, anxiety, irritability, insomnia, headaches, hot flashes, mood swings, strong food cravings, fluid retention etc. All of these symptoms will improve when hormones are balanced. To take a simple symptom-based hormone questionnaire to see you level of “estrogen dominance, go to www.becominghmc.com .

Compare Your Saliva Test Results

Progesterone to Estrogen (P:E) Ratio

An ideal ratio of estrogen (estradiol, E2) to progesterone via SALIVA hormone test would be at least **200 progesterone to 1 estrogen**, but preferably closer to **300** progesterone to 1 estrogen. In really healthy women it can be as high as **400-500** progesterone to 1 estrogen.

Dr. John Lee, author of *What Your Doctor didn't tell you about Breast Cancer*, also recommends a minimum of **200-300** progesterone to 1 estrogen as a healthy ratio.

NOTE: It is important to test both estrogen and progesterone on Day 21 (or 7 days post ovulation) for the most accurate ratio between them.

***Research Study Ratios of Estrogen to Progesterone**

In the above study, ranges of estrogen to progesterone ratios amongst breast cancer survivors were as low as 13.3 P to E all the way up to 80.2 P to E.

Of the 25 breast cancer survivors, all ratios were under **100** P to E
20 survivors were an **under 50** ratio of P to E and only 5 survivors were an **over 50** ratio of P to E. Any ratios under 200 P to E are not considered healthy.

Additional Supportive References

Bulbrook, R.D., Moore, J.W., Clark, G.M.G., Wang, D.Y., Tong, D., & Hayward, J.L. (1978, December). Plasma Oestradiol and Progesterone Levels in Women with Varying Degrees of Risk of Breast Cancer. *Eur J Cancer*, 14(12), 1369-75.

Sitruk-Ware, L.R., Sterkers, N., Mowszowicz, I., & Mauvais-Jarvai, P. (1977, April). Inadequate Corpus Luteal Function in Women with Benign Breast Diseases. *J Clin Endocrinol Metab*, 44(4), 771-4.

Cowan, Linda D., Gordis, Leon, Tonascia, James A., & Seegar Jones, Georgeanna. (1981, August). *Am J Epidemiol*, 114(2), 209-17.

Cowan, L.D. et al. (1981, August). Breast Cancer Incidence in Women with a History of Progesterone Deficiency. *American Journal of Epidemiology*, 114(2), 209-217.

Lee, John R. & Hopkins, Virginia. (2004). *What Your Doctor May Not Tell You about Menopause*. New York: Wellness Central.

Lee, John R. & Hopkins, Virginia. (2006). *Hormone Balance Made Simple*. New York: Grand Central Life & Style.

Wiley, T.S. & Formby, Bent. (2000). *Lights Out: Sleep, Sugar, and Survival*. New York: Pocket Books.

Wilson, James L. (2001) *Adrenal Fatigue: The 21st Century Stress Syndrome*. Petaluma, CA: Smart Publications.