

TV Chef Sandra Lee's Breast Cancer Advice Warrants Discussion

By ACSH Staff — May 14, 2015



Sandra Lee, a well-known TV chef and hostess on a number of

Food Network shows (winner of an Emmy Award in 2012) and the domestic partner of New York's Gov. Andrew Cuomo for the past decade, announced this week that she has breast cancer and will undergo a bilateral mastectomy.

In fact, she was diagnosed with ductal carcinoma *in situ* (DCIS), a focal cancer which many doctors believe is rarely a threat to spread, although that is controversial. For instance, here's what Dr. Stephanie Bernik, chief of surgical oncology at Lenox Hill Hospital in New York, [had to say](#) [1] to the N.Y. Daily News:

Most consider the condition the presence of abnormal cells inside a milk duct to be preinvasive cancer, while others feel it is a precancerous lesion. Regardless of how you define it, we treat DCIS as a cancer by removing it with breast-conserving surgery followed by radiation.

Ms. Lee was quoted as having had a local surgical excision lumpectomy several weeks ago, but was told that some abnormal cells remained behind. She decided that she did not want to live with a ticking time bomb and also was disinclined to undergo several weeks of daily radiation therapy (RT), the required accompaniment to lumpectomy.

ACSH's Dr. Gil Ross had this perspective: First of all, Sandra Lee's decision is uniquely her own, and cannot be wrong *for her*. In such an intensely personal matter, every woman is entitled to decide for herself what she believes to be best for her. However, as a public figure, Ms. Lee's actions carry extra weight in influencing the decisions of other women. Since even her decision to undergo a bilateral mastectomy for the most benign form of breast cancer if you can even call it that is unusually aggressive treatment, it is important for women to know the facts, so that they do not overreact when faced with this rather common diagnosis.

However, when we read that she has actually gone on to give advice to [America's young women](#) [2]

such as this, we must speak out in response:

[S]he is going public in hopes of getting the word out that women even those in their 20s and 30s should get screened and have mammograms. She disagrees with a federal health panel that says women should wait until they turn 50 before having a mammogram. 'I'm 48 years old,' she said. 'I've got a couple years till 50. If I would have waited, I probably wouldn't even be sitting here. Girls in 20s and their 30s just have to know. And I don't want women to wait. And that's why I'm talking.'

While we acknowledge that she is speaking out of strong emotion, nevertheless this is bad advice, period. What qualifies her to disagree with expert panels who have reviewed all the studies and concluded that women in their 20s and 30s should most definitely **not** have mammograms for screening, absent strong reasons (e.g. genetics, family history) to have one. [Women in their 40s](#) ^[3] have been advised not to have regular screening mammograms, as the harms are likely to outweigh the benefits, overall. Further, given the typical natural history of DCIS, her alluding to a likely fatal outcome within 2 years is alarming but not based on anything related to medical evidence; again, we realize she is speaking from a position of fear and emotion, but her personal worries should not be allowed to inspire her many fans to follow her completely personal advice, to their detriment.

We consulted our own expert in breast cancer, Dr. Anne Wallace of the University of California-San Diego's Dept. of Surgical Oncology, an ACSH advisor. Here is her commentary:

I have not seen the details of Sandra Lee's case. However, bilateral mastectomy for DCIS is a drastic measure and is often due to a misunderstanding of the biology of the disease and future risk. In her case, she may have strong family history, multiple problems with her breast in the past, or other predisposing issues [Ed. Note: she does not]. However, what is often not adequately discussed with patients is the fact that bilateral mastectomy does not change survival for the majority of women undergoing it. In any case, there are no data to support bilateral mastectomies for DCIS unless there are significant other factors involved.

Dr. Wallace referred us to an article in [JAMA Surgery from 2014](#) ^[4], whose conclusions are as follows: Patients who underwent BCT [breast-conserving surgery, i.e. lumpectomy, followed by radiation therapy] have a higher breast cancer-specific survival rate compared with those treated with mastectomy alone or mastectomy with radiation for early-stage invasive ductal carcinoma. In other words, this large study seemed to show that women with DCIS who undergo mastectomy have a worse prognosis than those who have lumpectomy plus RT.

We all here at ACSH wish Ms. Lee a speedy and complete recovery, and hope that she's back home with her family expeditiously. But she should know that, as a beloved public figure, she needs to be most careful not to render inappropriate and potentially harmful medical advice."

Dr. Ross adds, We have seen time and time again that celebrities' knowledge, and actions regarding medical matters can range from reasonable or harmless to almost criminal (R.F. Kennedy Jr.'s anti-vaccine stance for example), but most of the time they get it wrong. We write a semi-annual *Celebrities Against Science* feature that demonstrates this only too well.

Source URL: <https://www.acsh.org/news/2015/05/14/tv-chef-sandra-lees-breast-surgery-decision-and-advice-warrants-discussion>

Links

[1] <http://www.nydailynews.com/life-style/health/bernik-sandra-lee-condition-splits-doctors-opinions-article-1.2220228>

[2] <http://www.nydailynews.com/news/politics/sandra-lee-undergo-surgery-breast-cancer-article-1.2218994>

[3] <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementDraft/breast-cancer-screening1>

[4] <http://www.ncbi.nlm.nih.gov/pubmed/24429935>