

Sandra Lee: Food Network hostess post-op problems need not have occurred

By Gil Ross — August 11, 2015



[1]We sympathize deeply with Sandra Lee's ongoing travails

related to her recent post-bilateral-mastectomy complications. But her decision to have bilateral mastectomies made her vulnerable, and her problems should be a cautionary tale for other women.

In May of this year, celebrity food hostess and author of *Semi-Homemade* cookbooks, and domestic partner of Gov. Andrew Cuomo, was diagnosed with DCIS (ductal carcinoma *in situ*) found on a mammogram. Despite the well-recognized lack of long-term health threat associated with DCIS, she decided to undergo bilateral mastectomies for her own peace of mind. As [we said at the time](#) [2], that decision was a highly personal one and really not something anyone should criticize, *per se*.

However, she decided to take it upon herself, knowing full well the extent of her influence on her vast fan base and her quasi-governmental role as New York state's *de facto* first lady, to advise young American women (even in their 20s and 30s) to get screening mammograms. She declaimed her disagreement with official governmental and [public health advisories](#) [3] that women in their 40s should not get such screening: the risks of unintended consequences including needless surgeries and biopsies, not to mention anxiety if a test has to be repeated outweigh the lives saved from excising a potentially-lethal breast cancer.

Ms. Lee's post-op issues, initially referred to as a build-up of fluid but later determined to be some sort of infection, are not unexpected (although relatively uncommon) consequences of such procedures, even in a 48-year-old healthy woman. Then it came out that she has a pre-existing ailment, characterized as lupus anticoagulant, which may be contributing to her poor recovery from surgery. But this issue is yet another reason why she should have gotten better (or firmer) advice regarding her decision to have such extensive surgery for a localized, noninvasive DCIS.

That's now water under the bridge, decision made, surgery completed. But young women especially (and all women, really) should learn by her unfortunate example: routine screening

mammography should not be recommended to the under-50 age group, where the false-to-true positive yield is far worse than in the older cohort. Incidentalomas will be found too often to justify the few truly dangerous lesions detected. In Ms. Lee's case, her DCIS would never have been found absent the mammogram, and she'd never have gone through the torments of the past few months.

From a public health point of view, however, the larger question is this: ***Why should a celebrity be given any credence when she (or he) issues an advisory which contradicts the advice of authoritative health experts? Answer: they most assuredly should not be!***

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Links

[1] http://acsh.org/wp-content/uploads/2015/08/Sandra_Lee_2012_Shankbone-186x225.jpg

[2] <http://acsh.org/2015/05/tv-chef-sandra-lees-breast-surgery-decision-and-advice-warrants-discussion/>

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