



Adolescent Education Project Teens, Teachers and Parents Share Their Views

Susan Schwartz, Education Director

After months of meetings and surveys, focus groups and site visits, Marin Breast Cancer Watch has completed the planning phase of the "Adolescent Breast Cancer Prevention, Risk Reduction and Education Project." This project has focused on learning firsthand how breast cancer fits into the agenda of adolescent girls in Marin County. Through dialogues with Marin teen girls, MBCW has explored what they would like to know about breast cancer risk reduction and how they would like to learn this information. According to Janice Barlow, Executive Director, "the idea for this program arose through MBCW's commitment to disseminating the results of the Adolescent Risk Factors Study and related research, as well as discussions with women in the community who want to make sure that their daughters have information about breast cancer and health." MBCW received initial project funding from the Marin Breast Cancer Council, SBC, and the Avon Foundation. A Community Advisory Committee made up of educators, health professionals, MBCW Board members, and breast cancer survivors guided the project through three stages:

- A review of local programs to identify what adolescents are learning about health risks and breast cancer prevention, including a survey of Marin classroom teachers
- An evaluation of teen breast cancer awareness programs developed in others areas of the country to identify tools, messages, and media that could be effective in Marin

- A series of professionally moderated focus groups with Marin adolescent girls and mothers to learn about their views on breast cancer and educational strategies

Educator Interviews: At the beginning of the school year, MBCW contacted schools and youth programs to learn about the status of adolescent health education. Through interviews with teachers and administrators, MBCW learned that the topic of breast cancer is not specifically included in health classes, yet Marin adolescents are acquiring general knowledge about preventive health – balanced nutrition, regular physical activity, and alcohol and tobacco avoidance – which provide the foundation for reducing the risk for many chronic diseases of adult life, including cancer. In prior years, volunteers, guest speakers and school nurses had played a role in providing breast cancer information to specific Marin high schools. Numerous schools reported to MBCW that they would welcome breast cancer educational resources for their students and faculty.

Teacher survey: From February through April, MBCW invited all Marin middle schools and high schools to participate in a confidential teacher survey. Forty-four schools, representing the majority of Marin County public and private schools, committed teacher time to this study:

- High school teachers and staff returned more than two-thirds,

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Aspirin and Breast Cancer What is the Connection?

Janice Barlow, MBCW Executive Director

Aspirin is one of the most commercially successful pharmaceutical agents ever produced. It was introduced into clinical practice more than 100 years ago and continues to this day to occupy a unique place in medicine. During the past century, aspirin has evolved from being the treatment of choice for reducing fevers, to relieving pain and inflammation, to reducing the risk of strokes and myocardial infarcts (heart attacks), to reducing the risk of cancer, including breast cancer.

Can Aspirin Prevent Breast Cancer?

Both epidemiologic studies and animal-model experiments have provided evidence that regular use of aspirin (ASA) and other nonsteroidal anti-inflammatory drugs, i.e., (NSAIDs) are associated with reduced risk of cancers of the bladder (1,2,3*) esophagus (2,4), lung (5-7), ovary (8), prostate (9-11), stomach (4,6,12), liver (1), pancreas (13), tongue (14), glioblastoma multiforme (15) and cancers of the breast.

There have been several epidemiological studies that have examined the association between aspirin use and breast cancer. The studies support at least a 20 to 40%

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Message from the Executive Director

Janice Barlow



Imagine a perfect world.....Imagine a world without breast cancer.....

Almost a decade ago, Francine Levien and a small but dedicated group of women, all with breast cancer, had this vision. They set out on an extraordinary journey with an extraordinary mission to find the causes of breast cancer by involving the community in the research process. At the time there were no organizational templates. There were no community role models available. So these remarkable women did what anyone in a similar situation does, they improvised.

The word improvisation derives from the Latin *im+* "provisus" meaning, "not provided" and "not foreseen." In some sense all artistic and scientific creativity depends upon the ability to improvise, to carry off an unscripted drama, to blow a note not heard before, to respond to the blank canvas of the moment.

When Marin Breast Cancer Watch (MBCW) was founded in 1995, the canvas was blank. There were *no* other breast cancer or cancer organizations in Marin. The County of Marin Health and Human Services *did not* have a Breast Cancer Epidemiology Program. There was *no* funding available for breast cancer research. There was *no* research into the causes for Marin County's historically high incidence and mortality rates.

Since our beginning, MBCW has sought out, supported and nurtured relationships with exceptionally talented and dedicated breast cancer researchers. We have played a central role in motivating and sustaining research efforts here in Marin County. We have opened new doors by advocating for new research directions and by seeking out new energy, new funding and new resources to address our community's concerns about Marin's historically high rates of breast cancer. Successfully, we have connected local and national breast cancer research to community concerns and have promoted community awareness, education, and public action.

Our goal has been to include those most affected by breast cancer throughout the research process. No other breast cancer organization or community agency matches the degree to which we have brought community members and scientists together through educational forums, town meetings, community meetings, mapping workshops, community advisory boards and research studies. Through our newsletter, *Keeping Abreast*, with a circulation of 4,000, our website and community presentations, we have endeavored to place the results of breast cancer research into the hands of women and the community so that

these findings can inform personal and public decision-making processes.

Marin Breast Cancer Watch has made a difference and we expect to continue to make a difference in Marin. Three of the projects we are currently involved in, *The Bay Area Breast Cancer and Environment Research Center*, *The Prospective Study of Breast Cancer Survivorship* and *The Adolescent Prevention, Risk Reduction and Education Program*, offer realistic hope that we will discover ways to reduce breast cancer risk in the next generation and to prevent breast cancer recurrences in this current generation of women.

As we have matured as an organization, we have come to recognize that doing research is not a goal in itself but instead is only a means. Community involvement in the research process is the means to empowering the community, developing new leaders, and enhancing community capacity to address concerns about breast cancer as well as other community health and social problems.

Our constant challenge as a small non-profit is to evolve as the needs of the community change. For MBCW to achieve its true potential as a leader and catalyst for encouraging innovation in breast cancer research, we need to identify new resources. We are in need of funds to build organizational capacity so we can remain responsive to the community's interests and can continue to focus breast cancer research on the role environmental factors play in the development of breast cancer at all stages of life.

Over the past decade, Marin Breast Cancer Watch has earned the respect of the scientific community and built a solid reputation for scientific integrity. We are in the enviable position of being approached by breast cancer researchers inviting us to participate in their studies. Most recently, we were asked to participate in a multi-center, interdisciplinary research study, which will include women from Marin County and will investigate racial disparities in survival outcome for women of color. Clearly this is a very important study that would be enriched by community participation, particularly the participation of members from Marin's diverse communities. Sadly, after a great deal of consideration, Marin Breast Cancer Watch turned down the opportunity to participate because as an organization we did not have the capacity, the staffing, the infrastructure or the financial ability to become part of yet another multi-institutional research study.

One of the misconceptions held by the general public is that Marin Breast Cancer Watch receives significant amounts of money from funded research grants. The media inadvertently reinforces this perception. For example, a recent article reported that six Marin County research projects were funded with a \$482,396.00 grant from the CDC. It was not reported in the article that Marin Breast Cancer Watch only received \$25,000 or 5% of the funds to host a community forum on Critical Issues in Biomonitoring. In addition, only 15% of the \$25,000 (\$3,260) was designated for covering operational expenses (rent, telephone, office supplies, etc). The rest of the money is restricted to covering personnel and program expenses directly related to

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planning, promoting and sponsoring the forum. It was also widely publicized by the media that the Bay Area Breast Cancer and Environment Research Center would receive \$1,000, 000 per year for seven years. Only 5% of the grant was awarded to MBCW and only 15% of the 5% can be used to cover operating expenses (i.e., indirect costs). The remaining 85% is restricted to covering personnel and program expenses directly related to completing designated COTC goals and objectives.

In addition, many foundations and granting organizations, such as those funding the Diverse Communities Grant and the Adolescent Prevention, Risk Reduction and Education Program fund only program-related expenses and do not fund the costs of the organizational support necessary to successfully implement the programs

While we are continually applying for various grants from national and state research organizations and foundations, we know from experience even with a full portfolio of program initiatives and research grants, we are still left to mount frequent fundraising campaigns and special events in search of funds to cover the general operating and infrastructure costs of running a successful organization.

Our continued success as an organization depends more than ever upon the loyal and dedicated support of staff members, board members, volunteers, friends, individual donors and business sponsors. **Make a commitment today** to:

- Stay informed about breast cancer in Marin by subscribing (\$35) to our quarterly newsletter, *Keeping Abreast*
- Apply to become a member of one of our Community Advisory Boards or the Board of Directors
- Volunteer to assist with our 10 year Anniversary Celebration. *Call our office for details*
- Contribute in honor and memory of those who have been affected by breast cancer
- Make an end of year stock or cash donation
- Participate in our community educational forums and community fundraising events

Ten years ago no one could have foreseen the unique and far-reaching contributions this organization would make to our community, to our understanding of breast cancer and to the field of breast cancer research. It took dedication, a leap of faith and yes, a belief that much more is possible than we could imagine.

Please join us by making a tax-deductible gift in support of the important work MBCW is doing in our community **Together, we can bring about a future different from the present.**

Sincerely Yours,
Janice Marie Barlow
Executive Director

California Breast Cancer Research Program Planning Grant

The California Breast Cancer Research Program (CBCRP) has awarded a research assistance grant to MBCW and the Environmental and Soil Chemistry Group at Stanford University and Dartmouth University to further develop our Community Research Collaboration (CRC) application "**Serpentinites and the Incidence of Breast Cancer in Marin**".

Research on the incidence of breast cancer in Marin has primarily focused on traditional risk factors and lifestyle behaviors. In contrast, relatively little research has examined the role environmental factors may play in Marin's high breast cancer rates. Marin Breast Cancer Watch has sponsored several town hall discussions and completed three research studies. Community members were given opportunities to share local knowledge about potential environmental factors contributing to the county's high breast cancer rates. One frequently mentioned environmental factor was the high prevalence of serpentinites in the county. Bringing together community members, geologic experts, epidemiologists and risk communication specialist, this pilot study, if funded, will address the community's concern whether the increased incidence of breast cancer in Marin County is due in part to exposure to areas with serpentine rocks, soils formed from these rocks and related water sources.

The goal of this pilot project is **not** to determine whether serpentinites cause the high incidence of breast cancer in Marin County, but to determine if certain trace elements (Nickel, Chromium, Iron, Magnesium, Manganese, Cobalt, Cadmium, Mercury and Vanadium) found in serpentinite soils and in related water sources are potential environmental factors that should be considered in future ecologic and/or epidemiology studies of breast cancer in Marin.

Mission Statement

Our mission is to find the causes of breast cancer through community participation in the research process.

Founder:
Francine Levien

Board Members:
Officers: Sandra Cross, President; Erica Heath, Vice President;
Katie Beacock, Treasurer; Bill Stephens, Secretary
Members at large: Flavia Belli, Ann Eichhorn,
Fern Orenstein, Gail Paradise, Linda Spence.

MBCW Staff:
Janice Barlow: Executive Director
Adrienne York: Executive Assistant
Susan Schwartz: Education Director
Danielle Fogel : Events Planner

info@breastcancerwatch.org;
www.breastcancerwatch.org

Bay Area Breast Cancer and Environment Center Community Meeting

The Bay Area Breast Cancer and Environment Research Center (BABCERC) held its first community meeting in Marin on June 17th at the Mill Valley Community Center. The meeting provided an opportunity for scientists, public health professionals, advocates, community leaders and residents to share their concerns and insights while learning about the future directions of BABCERC's scientific projects and community outreach activities.

Dr. Robert Hiatt, MD, PhD, Director of the Center, explained that the focus of the Center Program is to develop a better understanding of how chemical, physical, biological and social factors in the environment work together with hereditary factors to cause breast cancer.



Doctor Louise Greenspan, MD, pediatric endocrinologist from Kaiser Permanente and a co-investigator on Scientific Project 2 spoke on sexual maturation in girls, especially early breast development. Current evidence suggests that there has been a change in the age of the onset of puberty, primarily towards the younger end.

Eye on Research

Sandra L. Cross, MBCW Board President

The following update and discussion of selected studies and their findings published in peer reviewed scientific journals, magazines and other sources, is not intended to constitute, in any way, a statement of final scientific truth. It generally takes several peer reviewed studies reaching the same conclusions before a theory is accepted as scientific truth. The discussions below are simply updates on selected studies and the researchers' findings. Particular studies were chosen because they explore potential causes of breast and other cancers, potential preventative measures, or other controversial or interesting issues. Because experts often disagree and there are often conflicting findings from different studies, neither Marin Breast Cancer Watch, nor the author, is recommending nor endorsing any of the findings nor suggesting that readers make changes in their lifestyle or eating, drinking or vitamin habits. Any such changes should only be undertaken with the advice of a qualified health professional.

LIFE AFTER HRT

Now that we are not taking hormone replacement therapy, or at least not animal derived replacement estrogens do we have any choices besides hand fans for hot flashes and exercise for bone density? What about phytoestrogens which are estrogens from plants, like soy, black cohosh, red clover, and others? At this point studies are not conclusive on the safety of phytoestrogens. One placebo-controlled study of red clover showed that it did not cause any estrogenic increase in breast density, which the researchers concluded could mean it is unlikely to increase the risk of breast cancer. (emphasis added - breast density is not the only indicator of breast cancer.) Powles, T. Breast Cancer Research, 2004;6(3):140-2. Epub 2004 Apr 06. However, a study of dietary phytoestrogen serum levels in 333 women between the ages of 45 and 75 concluded that exposure to all isoflavones was associated with increased breast cancer risk, and the estimates of risk are similar to those established for estrogens and androgens in postmenopausal breast cancer. Grace et al., Cancer Epidemiol Biomarkers Prev. 2004 May; 13(5):698-708.

A CRANBERRY A DAY

The old wives tale says that cranberry extract can prevent a urinary tract infection by preventing the bacteria from attaching. Now cranberry may be an anti-carcinogen. Cranberry presscake, (the material left after squeezing juice from the berries) fed to mice injected with human breast tumor cells was found to decrease the growth and metastasis of tumors. The components of cranberry that contributed to this decrease were isolated (Fr6) and tested on human cancer cell lines. In some cell lines, the substance blocked cancer progression and caused cell death in a dose dependent manner. Ferguson et al. The American Society for Nutritional Sciences, J. Nutr. 134:1529-1535, June, 2004.

The underlying aim of Scientific Project 2 is to understand the relationship between early sexual development and subsequent risk of breast cancer. If factors, including environmental exposures, product use, diet, physical activity, developmental factors such as growth history and genetic factors, can be identified that influence the onset of sexual development, this will provide new avenues for prevention of breast cancer.

The evening was very well attended with residents from San Francisco, Bay View Hunters Point and Marin coming to learn and participate in one of several small group discussions:

- Community Concerns About the Environment

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Scientific Peer Review of Breast Cancer Research

Sandra Cross, MBCW Board President

As a breast cancer advocate, I recently participated in the peer review evaluation process of research proposals submitted to the Breast Cancer Research Program (BCRP) sponsored by the Department of Defense. As a consumer reviewer, I was afforded full voting rights, along with prominent scientists, to determine how Congress' appropriation of \$150 million should be spent on future breast cancer research. This funding program is managed by the U.S. Army Medical Research and Materiel Command (USAMRMC) Congressionally Directed Medical Research Programs (CDMRP) at Fort Detrick, MD. Since 1997, Congressional appropriations for the BCRP have totaled \$1.7 billion.

As part of a group of consumer advocates, my colleagues and I represented the collective view of breast cancer survivors and patients, family members, and persons at risk for the disease. The consumer reviewers assessed the research proposals for relevance to issues such as disease prevention, screening, diagnosis, treatment, and quality of life after treatment. Consumer advocates and scientists have worked together in a unique partnership to evaluate the scientific merits of breast cancer research proposals since 1995. This year, approximately 70 consumer reviewers joined more than 350 scientists in the review process.

Over 1200 research proposals were submitted to the 2004 program cycle. Proposals were solicited across all disciplines, including clinical, social, and psychosocial sciences, as well as public health, nursing, and environmental sciences.

This process provides a priority list of breast cancer proposals recommended for funding that is submitted to the Fort Detrick Command staff for final approval. The entire review process will be completed by November 2004.

I left the conference proud of Congress and proud of the Army for creating and operating this research program with its

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An Interview with Cynthia Murray

I always made sure I had mammograms and tried to follow all of the precautionary things you could do. They found my breast cancer on a routine mammogram. The doctor said, "I really don't think it's anything but just humor me. Go to get this checked out." I did and discovered I had DCIS.

It seemed like at every step it was getting worse and I was getting more afraid. When I went to see the surgeon, I had started reading the books. I had worked myself up into a frenzy. I said, "You don't have to do the surgery because I am going to have a heart attack!" The surgeon said, "Calm down. Hasn't anybody explained this to you?" He said, "You're really lucky. It's not this bad. You could have been so much worse off. You caught it early." So he really turned me around.

I had a lumpectomy. When the results came back it showed that my cancer was invasive but they had good margins and had gotten it all. I didn't want to hear that we had to go back in to check my lymph nodes. Ten days later I had the surgery and I was really lucky. The lymph nodes were clear.

I went on Letrisol, which is an aromatase inhibitor. I knew that I wanted to try something new. I was very lucky because my breast cancer was estrogen receptive and I was menopausal, so I was the perfect profile for it.

Radiation was recommended. And this is the shining moment of my breast cancer story. In my research, I found that there were other ways to do radiation than going every day, five days a week for six or seven weeks. I found a phase 1 clinical trial, doing accelerated radiation where you went twice a day for five days. I also researched doing limited field, or partial breast radiation. This means that only the tumor bed and the margin around it are irradiated.

I was the first person who ever did the accelerated radiation at Marin Radiology. I may have been the first to do the partial breast radiation, too. I love being a guinea pig. It was so empowering to be able to go in there and feel like I was doing something that may help other people. I am pleased that we have such cutting edge doctors and equipment in Marin County. Dr. Lloyd Miyawaki, who works with Dr. Francine Halberg at Marin Radiation, was terrific. I had hardly any side effects; just a little burning, no peeling, and tiredness.

The worry is that you never have any sense that it's over -- that you are cured. I equate it to how you learn to live with earthquakes in California. You have to live with a degree of uncertainty. And then your life goes on. You just have to have some faith.

To read the full text interview, visit our website.



Dipsea Hike/Run

in Honor of Annie Fox

Adrienne York , MBCW Executive Assistant

On behalf of the Marin Breast Cancer Watch staff, I would like to thank all of our dedicated committee members, sponsors, donors, participants and volunteers who came together to make this year's July 17th Dipsea Hike/Run a great success! Once again, the members of the Dipsea Hike/Run Committee lent their insight, expertise and time to planning the event. Volunteers from the Tamalpa Running Club also returned this year to provide cheerful, enthusiastic encouragement and trail guidance to the more than 200 hikers and runners who came to support the efforts of Marin Breast Cancer Watch. It was wonderful to see so many familiar faces - some returning for the third year in a row! - and to meet the new supporters who came out for the very first time to be a part of the annual Dipsea Hike/Run benefit.

A cheerful band of volunteers including United Studios of Self Defense members Peri Penman, Amber Smith-Dulin, Nick White and Sivan Yahdav, new volunteers Beth O'Hara, Preet Brar and Sasha Hoffman, board member Linda Spence, and veteran volunteers Maureen Cronan, David Donenfeld, Colleen Kleier, Cathy Tobin and Cheryl Waggener checked people in and distributed running numbers and t-shirts at the registration area. Before setting off on the trail, participants hiking in honor of friends and loved ones decorated badges with both names and wishes colorfully displayed to wear around their necks on the hike.



Committee member Chris Stewart and friends Tammy and Jeniffer

Dipsea Hike/Run committee members Chris Stewart and Carole Rumsey helmed the two aid stations at Muir Woods and Pantoll where participants were able to rejuvenate with tasty treats, beverages and Luna bars before continuing on their way up the Dipsea trail.

At the Mountain Theater, Marin Breast Cancer Watch board member Flavia Belli and fellow community members Cheryl Lingvall Grossman and daughter Stephanie Lingvall cheered people through the finish line. Catering Capers volunteer Jennifer Praun and MBCW staff volunteers Danielle Fogel and Susan Schwartz served the delicious vegetarian pasta salad, fruit and green salad from Mill Valley Market, while others munched on Noah's bagels or on chocolate chip cookies donated by United Markets. Soft drinks, beer and water were served with lunch, courtesy of Safeway, Marin Brewing Company and Culligan Water. As an added bonus for the hikers and runners, Mill Valley Massage provided relaxing post-hike/run massages as musical trio Jazz for Sale played soothingly in the grove nearby.



Top female runner Christine Waldron

First to arrive at the finish line were the top two runners, Christine Waldron and Mike Hecker, who received gift certificates from the Osher Marin JCC and Gold's Gym for placing first and second. Sports Basement graciously donated gift certificates to award to the participants who raised the most funds for MBCW. Pamela Potts, a friend of Annie Fox, raised the top amount; Mike Hecker of Greenpoint Mortgage was the second place collector; and Annie Rand of Stinson Beach was third place. It was a wonderful day and over \$27,000 in contributions were raised for Marin Breast Cancer Watch's research and programs.

Each year, the Dipsea Hike/Run is held in honor of former Marin Breast Cancer Watch board member Andrea "Annie" Fox, who died of breast cancer at the age of 34. Annie was an avid runner who loved the challenge and beauty of the Dipsea Trail. She was also committed to actively seeking the reasons for the high rates of breast cancer in Marin County. Marin Breast Cancer Watch remains committed to the challenges of finding the causes of breast cancer in hopes of preventing the disease for future generations. Again, the board and staff of Marin Breast Cancer Watch would like to extend our heartfelt gratitude for the continued support from all of the participants, sponsors, donors and volunteers who contributed to this year's Dipsea Hike/Run. For a complete listing of sponsors and volunteers, please see the donations page.



Board member Fern Orenstein talks with her friends at the finish line



The "Honor" board



Winners Mike Hecker and Christine Waldron get massages from the staff at Mill Valley Massage



Participants chill out at the after party



Trekkin' up the Dipsea Trail



Paul Goldsmith and Lisa Whitman stop for refreshment at the aid station



Dipsea kids



CRITICAL ISSUES IN BIOMONITORING A COMMUNITY FORUM

October 9, 2004

UCSF Mission Bay Campus
San Francisco, CA

Sponsored by Marin Breast Cancer Watch

A non-profit organization dedicated to finding the causes of breast cancer through community participation in the research process

Co-Sponsored by

Marin County Department of Health
and Human Services

The Bay Area Breast Cancer and Environment
Research Center

California Environmental Health Tracking Program

PURPOSE

“Critical Issues in Biomonitoring” a Bay Area community forum will bring together environmental health and breast cancer advocates, academic and community based researchers, public health professionals, public policy leaders, health educators, ethicists and community members to facilitate a dialogue on important issues relevant to Biomonitoring.

This Biomonitoring Community Forum will present an area to discuss both the opportunities and the concerns associated with biomonitoring. It will present up-to date information about the art and science of biomonitoring and provide a forum for participants from a variety of perspectives and with varying expertise to discuss the scientific, ethical, and public policy issues related to biomonitoring.

WHAT IS BIOMONITORING?

Biomonitoring is a population based laboratory analysis of blood, urine, serum, saliva, or tissue (such as body fat) for the purpose of identifying the presence of certain chemicals in the human body. Exposure monitoring can be used to determine whether a person has been exposed to a chemical that has been taken up into their body. This information can be helpful in determining whether chemical exposures are causing illness and if so, what type of medical treatment is needed. In addition, decision makers need information about which toxic substances accumulate in human tissue and at what levels to make decisions on environmental and public health issues that will affect the public. Biomonitoring has the potential to make a significant contribution to the research on the role environmental factors play in the development of breast cancer.

SPEAKERS

Wilma Chan, Assemblymember (D-Oakland)

Lori Copan, RPh, MPH, AE-C, former Project Manager, CA Biomonitoring Planning Project, Environmental Health Tracking Program, Environmental Health Investigations branch, CDHS Program Director, Asthma Education Center

Paul English, Ph.D, MPH, Program Director, Environmental Health Tracking Program, Program, Environmental Health Investigations branch, CDHS

Richard Jackson, MD, MPH, Public Health Officer, CDHS

Cliff Johnson, MSPH, Community National Center for Health Statistics, Centers for Disease Control and Prevention

Larry Needham, PhD, National Center of Environmental Health Centers for Disease Control and Prevention

Fern Orenstein, M.Ed, Breast Cancer Survivor, MBCW Board of Directors, BABCERC Community Co-investigator

Romel Pascual, MA, Program Manager, Environmental Justice Program, USEPA, Region 9

Sharyl Patton, BA, Director of Health Environment, Commonwealth

Dianne Quigley, MA Collaborative Initiative for Research Ethics in Environmental health, Syracuse University, Syracuse, NY

Peggy Reynolds, PhD, Chief Environmental Epidemiology Section, Environmental Health Investigations Branch CDHS

Alicia Salvatore, MPH, Intervention Study Coordinator, CHAMACOS (Center for the Health Assessment of Mothers and Children of Salinas)

Patrice Sutton, MPH, Research Scientist, Occupational Health Branch, CDHS

Mary Wolff, PhD, Professor of Community Medicine, Mt. Sinai School of Medicine, New York

Honorable Lynn Woolsey, US Representative, 6th Congressional District, CA

See Website: www.breastcancerwatch.org for full details and to register

Aspirin and Cancer

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reduction in risk in developing breast cancer among women who take aspirin on a regular basis (16-25).

A recently published study reported in the May 26, 2004 issue of the Journal of the American Medical Association (26) investigated:

- Whether there was an association between the frequency and duration of the use of aspirin (i.e., acetylsalicylic acid), NSAIDS (i.e., ibuprofen, Motrin, Advil) and acetaminophen (Tylenol) and the risk of breast cancer
- Whether this association was stronger in women with hormone receptor (ER) positive status.

The researchers conducted a population-based, case control study on 2,862 women between the ages of 20 and 98. The women are part of the Long Island Breast Cancer Study. The sample included 1,422 women diagnosed with breast cancer and 1,420 women without. The researchers found that 20.9% of the women with breast cancer and 24.3% of the women without breast cancer reported using aspirin or NSAIDS at least once per week for a period of six months or more. Among these women the age-adjusted risk of breast cancer was reduced 20%.

The most dramatic reduction occurred among women who took seven or more tablets of aspirin a week. They experienced a risk reduction of 28%. Women who took ibuprofen on a regular basis had a weaker, non-significant response. Women who used acetaminophen saw no reduction in their risk of breast cancer.

Chief among the findings was that the risk reduction from use of aspirin and NSAIDS

was restricted to ER positive tumors ER positive breast cancer is the most common type of breast cancer among postmenopausal women in the United States.

Dr. Marilie D. Gammon, in an interview in the Carolina (May 25, 2004), highlighted the significance of the findings by saying, "If we can reduce the risk of ER positive breast cancer through such efforts as taking an aspirin-like chemopreventive, we could potentially reduce the incidence of breast cancer among American women. This would be a big deal."

As with all research studies, there are limitation and unanswered questions such as:

- What is the optimal aspirin dose or regimen required to achieve a maximal reduction in breast cancer risk?
- How does one assess the relative risk and benefit of a preventive treatment that entails treating healthy people long term with a drug known to have gastric and other side effects?
- Are the results of this study applicable to more ethnically and diverse populations of women?

Finally, the study only identified an association between aspirin use and the risk of breast cancer, not a causal link.

The researchers concluded that the results from this study add to the growing evidence that regular use of aspirin may be helpful in reducing a women's risk for breast cancer but that additional investigations into the possible benefits of taking aspirin to prevent breast cancer are needed. Until additional clinical trials are done, no one is advising women to take aspirin simply to reduce their risk of breast cancer.

What's the connection between aspirin and breast cancer?

There are several theories as to why regular use of aspirin may reduce the risk of breast cancer as well as other cancer.

Acetylsalicylic acid (aspirin) and similar substances block the biosynthesis of an enzyme cyclooxygenase (COX); thereby inhibiting the production of messenger

molecules known as prostaglandins. Prostaglandins perform a number of different functions in the body. They play an important role in the inflammatory process, in angiogenesis or new blood vessel formation that contribute to tumor growth and spread, in immune suppression, in the production of estrogen and in hormone regulation (27-31). The use of aspirin and NSAIDS to inhibit prostaglandin-driven inflammatory responses and/or estrogen or progesterone synthesis may be a means to prevent or inhibit the development of cancer, including breast cancer.

A second, perhaps more novel theory, is that aspirin increases the production of ferritin, an iron-binding protein. This protein is capable of rapidly binding iron floating freely in the cytoplasm so that iron is not readily available to serve as a catalyst of oxidative reactions that lead to free radical formation associated with the development of cancer (32).

Is there a link between aspirin, diet and cancer prevention?

Aspirin belongs to a family of compounds called salicylates, the simplest of which is salicylic acid, the principle metabolite of aspirin. Salicylic acid plays a critical role in the development of resistance to pathogen infection in plants. Salicylic acid and other salicylates occur naturally in fruits and plants with herbs and spices being a particularly rich source (33-34). Interestingly, serum salicylic acid concentrations are higher in vegetarians than non-vegetarians (35).

Patterson and Lawrence in their commentary "Salicylic acid: a link between aspirin, diet and the prevention of colorectal cancer" postulate that dietary salicylates have beneficial properties because of their effect on the inflammatory process, a concept that would explain why both aspirin and a diet rich in fruits and vegetables help prevent colorectal cancer and other inflammatory diseases, including other cancers (36).

Maybe an apple a day or an aspirin a day will keep the doctor away.

****This article with references cited can be found on our website.***

Adolescent Educational Project

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69%, of the surveys. Middle school teachers returned the remaining 31%. Instructors of Family Life, Health, Science, and Social Issues subjects were asked to report if the topic of breast cancer was addressed, how the topic was covered, and why students were concerned.

- Nearly half (46%) of the 142 classrooms represented had periodically addressed the topic of breast cancer in response to student questions, or following a classroom lesson or a guest speaker. *In the classrooms where breast cancer was discussed, students were concerned about a parent or family member, reports in the media, or themselves.*
- Student questions focused on the reasons for the high breast cancer rates in Marin and what could be done to prevent the disease. Teachers were primarily interested in studies and available information on breast cancer risk reduction (nutrition and physical activity) as well as genetic risks and environmental factors. Information specific to older teen girls and coping with breast cancer in the family was also viewed as important.
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Focus Groups: As the school year was ending, MBCW invited specific groups of community members to generate ideas and identify priorities for this project. Eighteen Marin teen girls and thirteen mothers were formed into two groups of high school students, a group of mothers (of teens) who were breast cancer survivors, and a group of mothers (of teens) not affected by breast cancer. Each group shared their opinions and recommendations with MBCW’s focus group facilitator, Meryl Brod, Ph.D. A strong preference for developmentally appropriate breast cancer educational information was identified by all four focus groups.

Teen Girls were aware of breast cancer and voiced concerns about the incidence in Marin. Several had known of adults who were affected by breast cancer and other cancers. These girls were interested in learning more about breast cancer risk factors of interest to their age group, including an introduction to breast self-exam. They wanted information to be personally relevant and available in schools and other teen venues.

Mothers with breast cancer saw a clear need for information and support for students whose families were coping with this disease. Mothers from the general community wanted to learn more information themselves, so that they could talk to their daughters about breast cancer and preventive measures. Both mother’s groups suggested that schools, health professionals and parents work together to establish guidelines to introduce breast health topics gradually, in concert with girls development and maturity.

A **balance of information** on breast cancer genetics, known environmental risk-factors, and healthy lifestyle choices was the recommended focus

for an adolescent risk-reduction education program. High school was seen as the optimal age for introducing a sequence of specific breast health messages, including an orientation to breast self-exam. Both teen girls and mothers advocated the use of breast cancer survivor’s stories, celebrity spokespersons, and popular teen media. All four groups agreed that adolescent messages about breast cancer should **focus on staying healthy and aware.**

Next Steps: Marin Breast Cancer Watch has been committed to developing a model program in the Marin community to create culturally sensitive, developmentally appropriate breast cancer prevention, risk reduction and educational messages for teen girls. The objectives of these messages will be to motivate adolescent girls in Marin to reduce potential breast cancer risk by practicing healthy behaviors and by minimizing their exposure to known or suspected cancer agents in the environment. With the high incidence and impact of breast cancer in Marin County, schools and community organizations can play a special role in educating adolescent girls about their choices in diet, physical activity, tobacco and alcohol avoidance, and environmental exposures associated with breast cancer and risk reduction. An adolescent educational program would also provide local and national information and research resources for students, parents, and teachers regarding genetic and modifiable risk factors for breast cancer, and support for those coping with breast cancer in the family and in the community.

For a full copy of the report, please visit www.breastcancerwatch.org

Community Meeting

Continued from page 4

- Identifying Our Communities Strengths and Assets for Building Partnerships
- Suggestions for Keeping the Community Informed
- Overcoming Barriers to Participation in the Center
- Successful Ways of Working with Preteens.

The suggestions from the group discussions will be used to inform future decisions about community activities, recruitment and retention strategies and research focus.

Please check our website for updated information on upcoming community events and workshops related to the Center's programs. If you would like to be added to the Center's mailing list, call Marin Breast Cancer Watch at 256-9011 or e-mail your name and address to info@breastcancerwatch.org

Peer Review

Continued from page 5

emphasis on innovation, good science, and participation by people who have fought or are now fighting breast cancer. I left with a better understanding of the research process and with the realistic hope that out of all this research and information we will learn how to control breast cancer. Since this conference, I have been invited to attend the appropriately named follow up conference, Era of Hope, to be held in Philadelphia to learn about the grants that were awarded, and to learn more about the state of breast cancer research.

More information about the CDMRP is available at the website of the USAMRMC at <http://cdmrp.army.mil>

Where Can I Go For More Information?

Breast Cancer in California: A Closer Look

The California Breast Cancer Research Program (CBCRP) has compiled a summary of the status of breast cancer in California, called *Breast Cancer in California: A Closer Look*. This report is based on data from the California Cancer Registry's special report, *Breast Cancer in California, 2003*, and provides the most current picture available on how cancer affects the lives of women in our state. You can read the full report on CBCRP's website at www.cbcrp.org/publications/whitepapers/ or request a hard copy by calling CBCRP at 888-313-2277.

Cancer and the Environment: What You Need to Know. What You Can Do.

This booklet produced by the National Institutes of Health, the National Cancer Institute and the National Institute of Environmental Health Sciences addresses concerns about the connection between cancer and exposure to toxic substances in the environment. It contains information about which types of substances are either known to cause or likely to cause cancer and what can be done to reduce exposures to them. At the end of the booklet, you will find information about the government agencies responsible for reducing exposures to harmful substances and where to go for more information. E-mail andersoL2@mail.nih.gov. and request a copy

International Agency for Research on Cancer (IARC)

The IARC produces reports on known or suspected carcinogens, as well as occupations associated with cancer risk. Visit the IARC web site for more information: <http://www.iarc.fr/>

About Sandy Cross

Sandra L. Cross, BA, JD (MBCW Board President) grew up in the Bay Area, and except for her college years during the late 1960s at the University of Chicago, has always lived in the Bay Area. She earned her law degree from Hastings College of the Law in 1975 and has enjoyed an active practice as a Chapter 11 corporate reorganization attorney. She hoped she would escape her family history of breast cancer, but was diagnosed with the disease in 1997. After the completion of her treatments in 1998 she worked part time, and in the spring of 2001 began working as a sole practitioner representing small business and continuing her bankruptcy practice.

Sandra has been a member of the San Francisco Financial Women's Association, and has served on the Board of Directors for Elpidia House, and the Marin County American Civil Liberties Union where she continues to work as a volunteer on the hot line.

Sandra currently lives in Stinson Beach with her husband, Christopher Harrington.

Donations to Marin Breast Cancer Watch

Marin Breast Cancer Watch would like to thank all of our supporters, volunteers, donors and sponsors who have contributed funds, time and resources from April 5, 2004 through August 18, 2004.

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Susan Byrnes-Olson
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Laidlaw Transportation
Marin Breast Cancer Council
Mill Valley Massage
San Francisco Foundation
Sausalito Chamber of Commerce
SBC
Wildwood Natural Foods, Inc. for donating a portion of their soy milk sales proceeds to MBCW

Thank you to all of the volunteers who help with events:

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Ashley Goldsmith
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Sivan Yahdav

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Cathy Tobin

Katherine and Jordan Tomback
Cheryl Waggener
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Thank you to all of the volunteers who serve on our community committees:

**Community Advisory Committee:
Adolescent Breast Cancer Prevention,
Risk Reduction and Education Project**

Janice Barlow
Katie Beacock
Berta Campos-Anicetti
Kathleen Clark
Janet Coyne
Beth Crawford
Janis Flemming
Lillie Kocher
Fern Orenstein
Gail Paradise
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Nancy Flaxman
Berta Campos
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Yolanda Gibson
Terri Harris Green
Rosamaria Hayden
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William Stephens

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Steve Barlow
Katie Beacock
Flavia Belli
Maureen Cronan
Paula Eaton
Michael McCormac
Maya Raheem
Bob Woldmoe

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Serpentine Advisory Committee:

Gay Cain
Sandra Cross
Erica Heath
Michael Kamerick
Jim Locke
Leuren Moret
Patricia Olson
Fern Orenstein
Kathy Perkins
Marleen M. Quint
Andy Sabin
Aaron Stessman
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Biomonitoring Advisory Committee:

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William Draper, PhD
Paul English, PhD, MPH
Peter Flessel, PhD
Robert A. Hiatt, MD, PhD
David Hoffman
Kathy Koblick, MPH
Diana Lee, MPH, RD
Fern Orenstein, M.ED
Sharyle Patton, BA
Anh Thu Quach, MPH
Peggy Reynolds, PhD

Mark Your Calendars for “A Night With the Queen of Hearts”

“Philanthropy flows from a loving heart not an overstuffed pocketbook”.

Douglas M. Lawson



On October 15th, from 7:00 –11:00 pm, friends and supporters of Marin Breast Cancer Watch will be coming together to celebrate at “A Night with the Queen of Hearts” at the Mill Valley Community Center. Setting a superb example of corporate philanthropy, Carol Bartz, CEO & President of AUTODESK, is Honorary Chair of the event. This fun filled night will include a delicious hors d'oeuvre buffet from Chantecler Catering, games of chance, festive entertainment and fantastic offerings at the silent auction.

The highlight of the evening will be a special Texas Hold’Em competition. What is Texas Hold’Em? Texas Hold’Em is the hottest, new form of poker out there. Professionals and novices alike are playing this exciting game all over the country. Local celebrities and dignitaries such as U.S. Congresswoman Lynn Woolsey, Marin General CEO, Margaret Sabin, Lifestyle designer, Karen Neuberger, and San Rafael Mayor, Al Boro have agreed to be Guest Casino Dealers. Don’t miss this opportunity to have your favorite local personality deal you a winning hand.

Community event sponsors to date are:

Brayton & Purcell, Marin IJ, Cosmetic & Laser Surgery Institute, Freitas McCarthy MacMahon & Keating LLP, Seadrift Company Realtors, Genworth (formerly known as G.E. Assurance), BioMarin Pharmaceuticals, and Kent Associates.

Tickets for this event are \$100. For more information and to purchase tickets call (415) 256-9011 or go to www.breastcancerwatch.org

Upcoming MBCW and Community Events

SEPTEMBER 18, 2004 - 8:00 AM

Marin Peddlers for Charity: Ride for Recovery

To benefit Marin Breast Cancer Watch

Miwok Meadows China Camp State Park

Registration fee: \$40

Register online: http://www.active.com/event_detail.cfm?event_id=1159195

For more details visit www.breastcancerwatch.org and click on Events

Marin Peddlers for Charity website: www.wheelsmithracing.com/marinpeddlers/index.htm

SEPTEMBER 18, 2004 - 7:00 AM

2nd Annual Alcatraz 100: Swim of the Centurions

To benefit Marin Breast Cancer Watch and the Golden Gate National Parks Conservancy

Launch: Pier 9, Port of San Francisco

Registration fee: \$100

Register online: www.active.com/event_detail.cfm?event_id=1089600

For more details visit: www.alcatraz100.com

OCTOBER 9, 2004

Critical Issues in Biomonitoring: A Community Forum

UCSF Mission Bay Campus

Registration fee: \$35

For more details visit: www.breastcancerwatch.org and click on Education or call 415-256-9011

OCTOBER 15, 2004 - 7:00 TO 11:00 PM

A Night with the Queen of Hearts

Gala to benefit Marin Breast Cancer Watch

Mill Valley Community Center

Tickets: \$100

For more details visit: www.breastcancerwatch.org and click on Events or call -415-256-9011

See article on page 14

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Upcoming Events

Continued from page 15

OCTOBER 17, 2004

The Breast of Broadway

Wine, Women & Song celebrates its sixth year in the fight against breast cancer with a musical revue *"The Breast of Broadway."* The evening features Susan Zelinsky, star of this year's Mountain Play *"My Fair Lady"*, and special guests taking you on a musical journey through the classics of Broadway. All proceeds benefit Marin Breast Cancer Watch and Marin Breast Cancer Council. There will be a cocktail reception, silent auction, and raffle preceding the show at 6pm. Tickets \$40. Throckmorton Theater 142 Throckmorton, Mill Valley, CA

For tickets or more info visit www.winewomenandsong.org

www.breastcancerwatch.org
www.winewomenandsong.org



NOVEMBER 4-6, 2004

NIEHS Annual Conference: "Emerging Topics in Breast Cancer and the Environment Research"

Princeton, NJ

For more details visit www.bccrc.org/Princeton

We'd like to hear your suggestions for our next newsletter! Email your ideas to: info@breastcancerwatch.org

Calling All Volunteers

Volunteers are needed for various functions at Marin Breast Cancer Watch. If you would like to volunteer your time to help MBCW in our office, or at the many upcoming events, please let us know your availability by visiting our website and submitting a volunteer form at www.breastcancerwatch.org



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(MBCW 2004 Fall Newsletter: Page 10 – Full Article)

Teens, Teachers and Parents Share Views with Adolescent Education Project

Susan Schwartz, Education Director

After months of meetings and surveys, focus groups and site visits, Marin Breast Cancer Watch has completed the planning phase of the “Adolescent Breast Cancer Prevention, Risk Reduction and Education Project.” This project has focused on learning firsthand how breast cancer fits into the agenda of adolescent girls in Marin County. Through dialogues with Marin teen girls, MBCW has explored what they would like to know about breast cancer risk reduction and how they would like to learn this information. According to Janice Barlow, Executive Director, “the idea for this program arose through MBCW’s commitment to disseminating the results of the Adolescent Risk Factors Study and related research, as well as discussions with women in the community who want to make sure that their daughters have information about breast cancer and health.” MBCW received initial project funding from the Marin Breast Cancer Council, SBC, and the Avon Foundation. A Community Advisory Committee made up of educators, health professionals, MBCW Board members and breast cancer survivors guided the project through three stages:

- A review of local programs to identify what adolescents are learning about health risks and breast cancer prevention, including a survey of Marin classroom teachers
- An evaluation of teen breast cancer awareness programs developed in others areas of the country to identify tools, messages, and media that could be effective in Marin
- A series of professionally moderated focus groups with Marin adolescent girls and mothers to learn about their views on breast cancer and educational strategies

Educator Interviews: At the beginning of the school year, MBCW contacted schools and youth programs to learn about the current status of adolescent health education. Through interviews with teachers and administrators, MBCW learned that the topic of breast cancer is not specifically included in health classes, yet Marin adolescents are acquiring general knowledge about preventive health – balanced nutrition, regular physical activity, and alcohol and tobacco avoidance – which provide the foundation for reducing the risk for many chronic diseases of adult life, including cancer. In prior years, volunteers, guest speakers and school nurses *had* played a role in providing breast cancer information to specific Marin high schools. Numerous schools reported to MBCW that they would welcome breast cancer educational resources for their students and faculty.

Teacher survey: From February through April, MBCW invited all Marin middle schools and high schools to participate in a confidential teacher survey. Forty-four schools, representing the majority of Marin County public and private schools, committed teacher time to this study:

- More than two-thirds, 69%, of the surveys were returned by high school teachers and staff. Middle school teachers returned the remaining 31%. Instructors of Family Life, Health, Science, and Social Issues subjects were asked to report if the topic of breast cancer was addressed, how the topic was covered, and why students were concerned.
- Nearly half (46%) of the 142 classrooms represented had periodically addressed the topic of breast cancer in response to student questions, followed by a classroom

lesson or a guest speaker. *In the classrooms where breast cancer was discussed, students were concerned about a parent or family member, reports in the media, or themselves.*

- Student questions focused on the reasons for the high breast cancer rates in Marin and what could be done to prevent the disease. Teachers were primarily interested in studies and available information on breast cancer risk reduction (nutrition and physical activity) as well as genetic risks and environmental factors. Information specific to older teen girls and coping with breast cancer in the family was also viewed as important.

- *Nearly half (46%) of the teachers surveyed would use an “age appropriate” breast cancer educational unit in their classroom.* Teachers recommended that a teen program on breast cancer and modifiable risk factors could include tool kits, educational brochures, and qualified outside speakers. Many schools reported that they had been directly affected by breast cancer and were in support of MBCW’s work in this area.

Teen Breast Cancer Awareness Programs: MBCW examined curriculum materials and interviewed representatives from four regional and nationally-based teen educational programs. These had been designed by health educators and breast cancer advocates who concluded that education related to breast cancer should begin early, during the formative adolescent years. MBCW presented selected video portions and instructional materials from these programs during the focus group sessions with teen girls and mothers of teens.

BSE: Better Start Early Program (www.poecenter.org)

Alice Aycock Poe Center for Health Education, Raleigh, North Carolina.

A power-point presentation for high school students with information on breast cancer risk factors, healthy lifestyle practices, and a video demonstration of breast self-exam, stressing the importance of early detection for young women.

Check-It- Out, A Health Awareness Project developed by Hadassah (www.hadassah.org)
Hadassah Women’s Health Division, New York, New York

Formerly a high school presentation delivered through Hadassah volunteers, a health professional, and a breast cancer survivor, including a breast self-exam video. A revised co-ed Health Awareness for Teens program debuts this fall.

Teens Talk About Breast Cancer Video & Guide (www.adelphi.edu/nysbreastcancer)

Adelphi School of Social Work – New York Statewide Breast Cancer Hotline and Support Program, Garden City, New York. *A celebrity spokesperson introduces teen discussions addressing common questions and myths about breast cancer.*

Growing Healthy Girls Tool Kit (www.cfe.cornell.edu/bcerf)

Breast Cancer and Environment Center, Cornell University, Ithaca, New York

A multi-lesson curriculum designed for adults who influence girls’ choices. Includes lessons for pre-teen nutrition, physical activity and body image development in structured group activities, suitable for a club or classroom.

Focus Groups: As the school year was ending, MBCW invited specific groups of community members to generate ideas and identify priorities for this project. Eighteen

Marin teen girls and thirteen mothers were formed into two groups of high school students, a group of mothers (of teens) who were breast cancer survivors, and a group of mothers (of teens) not affected by breast cancer. Each group shared their opinions and recommendations with MBCW's focus group facilitator, Meryl Brod, Ph.D. A strong preference for developmentally appropriate breast cancer educational information was identified by all four focus groups.

- **Teen Girls** were aware of breast cancer and voiced concerns about the incidence in Marin. Several had known of adults who were affected by breast cancer and other cancers. These girls were interested in learning more about breast cancer risk factors of interest to their age group, including an introduction to breast self-exam. They wanted information to be personally relevant and available in schools and other teen venues.
- **Mothers with breast cancer** saw a clear need for information and support for students whose families were coping with this disease. Mothers from the general community wanted to learn more information themselves, so that they could talk to their daughters about breast cancer and preventive measures. Both mother's groups suggested that schools, health professionals and parents work together to establish guidelines to introduce breast health topics gradually, in concert with girls development and maturity.
- **A balance of information** on breast cancer genetics, known environmental risk-factors, and healthy lifestyle choices was the recommended focus for an adolescent risk-reduction education program. High school was seen as the optimal age for introducing a sequence of specific breast health messages, including an orientation to breast self-exam.
- The use of breast cancer survivor's stories, celebrity spokespersons and popular teen media were advocated by both teen girls and mothers. All four groups agreed that adolescent messages about breast cancer should **focus on staying healthy and aware**.

Next Steps: Marin Breast Cancer Watch has been committed to developing a model program in the Marin community to create culturally sensitive, developmentally appropriate breast cancer prevention, risk reduction and educational messages for teen girls. The objectives of these messages will be to motivate adolescent girls in Marin to reduce potential breast cancer risk by practicing healthy behaviors and by minimizing their exposure to known or suspected cancer agents in the environment. With the high incidence and impact of breast cancer in Marin County, schools and community organizations can play a special role in educating adolescent girls about their choices in diet, physical activity, tobacco and alcohol avoidance, and environmental exposures associated with breast cancer and risk reduction. An adolescent educational program would also provide local and national information and research resources for students, parents and teachers regarding genetic and modifiable risk factors for breast cancer, and support for those coping with breast cancer in the family and in the community.

Marin Breast Cancer Watch is developing a pilot education program based on the results of this project. Interested community members are encouraged to contact Janice Barlow, Executive Director.

“Aspirin and Breast Cancer: *What is the Connection?*”

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I served seven years in the City Council, one year as mayor there, and this is my sixth year on the Board of Supervisors. I love being a representative of the people. It allows you to be out and meet so many wonderful people. It's such a thrill because sometimes one person can make a difference. It's absolutely the thing that I feel I was born to do. For me it's like a calling. I feel completely blessed that I am able to do this work on behalf of the people.

Politics is the way you live. I think that it is very important if you want to have a role in how things are going to be, that you get involved. You get the government you deserve. There is a saying by Voltaire that I just love, which is: "Every man is guilty of the good he didn't do." So I am one of those people who says, "Don't even tell me about it because once I know about it, then I feel I have to do something about it."

I want to play an active role in breast cancer prevention, and then make sure that the treatments are the right kind of treatments. There are so many women that are being diagnosed. And even with the information that's out there, they still feel very much at sea. I know now, from personal experience, it's so confusing.

Marin women are all at risk. I don't think we're that unique. I don't think there's any smoking gun in Marin. I think there are just so many different things coming together here that are allowing more breast cancer to be detected and treated in Marin.

I think we have a national, and probably an international problem, that this is some kind of indicator of things that are going on in our world that we don't fully understand at this time. I'm just as concerned about prostate cancer. I think we have to look at it all. As somebody who works in public health, I don't want to be myopic and only look at one area.

For my own story, I always made sure I did the mammograms and tried to follow all of the precautionary things you could do. They found my breast cancer on a routine mammogram. The doctor didn't think it was anything but wanted to play it safe and get it checked out. I did the biopsy. The results showed was DCIS. I went to the surgeon and he did a lumpectomy. The biopsy of that showed I had aggressive invasive cancer.

It seemed like at every step it was getting worse and I was getting more and more afraid. When I went to see the surgeon, I had started reading the books. I had worked myself up into a frenzy. I told him, "You don't have to do the surgery because I am going to die of a heart attack first!" The surgeon calmed me down and explained how lucky I was that my cancer was caught early and the tumor was small. He was one of the most upbeat people and a problem solver. He really turned my thinking around. After the surgery, when we found out it was invasive, he

explained we now needed to do additional surgery to check out my lymph nodes. Ten days later, I had the surgery and I was fortunate again. There was nothing in the lymph nodes.

That's when it's started to move in the right direction. As long as I can see a path, I can handle almost anything. But it was like nothing was within my control until the lymph nodes came back clear.

I went on Femara, which is Letrisol, an aromatase inhibitor. I knew that I wanted to try something new. I had been to all these things at the Buck Institute about aromatase inhibitors, so I already knew a lot about it. Because my breast cancer was estrogen receptive and I was menopausal, I was the perfect profile for it. I knew Aremidex had been out longer, but I really liked the idea of trying Letrisol. It was more cutting edge and it looked to me like what they knew about it from the tests was that the two were equivalent.

My next treatment was radiation. I did my research on the radiation. And this is the shining moment of my breast cancer story. I found that there were other ways to do radiation than going every day, five days a week for six or seven weeks. If I had known I had invasive cancer, I could have done this wonderful thing they were doing in Italy where they put in the radiation at the time they take the tumor out. That's had good results so far.

But I couldn't do that so I kept researching what I could do. I found a phase 1 clinical trial involving only forty-three people in the United States. They were doing an accelerated radiation so that you went twice a day for five days. I also researched doing limited field, or partial breast radiation. This means that only the tumor bed and the margin around it are irradiated.

I couldn't join the clinical trial but I wanted the treatment anyway. Out of the seven criteria for the clinical trial, I met all but one. When I had my lumpectomy, no one knew it was invasive so metal clips were not put in to mark the tumor bed. The radiologist said, "If we can figure out from a CAT scan where your tumor bed is, we'll let you do this." The team felt comfortable they could determine where the tumor bed was from the CAT scan. I was so pleased that we had such cutting edge doctors and equipment in Marin County. Dr. Lloyd Miyawaki, who works with Dr. Francine Halberg at Marin Radiation, was terrific.

I was the first person who ever did the accelerated radiation. I may have been the first to do the partial breast radiation, too. I love being a guinea pig. I love doing something new. It was so empowering to be able to go in there and feel like I was doing something that may really be wonderful for so many other people. In the waiting room, my treatment caused something like a revolt. People were saying, "I'm here on day twenty-three." "I'm here on day thirty-five." And I'm saying, "Well, I'm here day two and every day is equal to one week." They all wanted to do what I was doing.

I liked the fact that cumulatively, I actually had less radiation but it was just as effective (within a margin of error) as having the long exposure. And I hoped that the side effects wouldn't be any worse, but nobody really knew because they had only done the clinical trial on forty-three people, which was ongoing and hadn't finished.

I went to Greenbrae for the radiation. I couldn't do it in Novato which is closer to home. And fool that I am, I thought I might as well go to work in between treatments, which were 6 hours apart, than deal with the hassle of driving back and forth from home. So I went to work! Every day! Months later, I ask myself, "What were you, nuts?"

By day three, I was starting to get pretty tired. And each treatment, they had to realign me. Since we were doing the partial breast, they wanted to ensure they were getting the right spot. The setup was took far longer than the actual treatment. They were constantly learning, bringing people in to do this with me.

Finally, by day four, I realized that I was starving. The treatment must have taken a lot of energy for my body to endure. And when I ate, I felt so much better. I finally realized that dieting during radiation was a bad idea. There are just so many dumb things that you do. It was as if I was working against myself. Could I not rest? Why did I think I had to be the hero and be so tough? I just refused to accept that things were a little strange that week. But, the wonder is, I hardly had side effects; just a little burning, and no peeling, and tiredness.

There were two things that were unique. One was the partial breast and the other was the acceleration -- I did both. So time will tell if I made the right choice. I had the sense of why irradiate the whole breast if you don't have to? So if, God forbid, sometime something happens in an area that wasn't irradiated, I still have the lumpectomy option. It turned out to be a huge victory for me.

You ask what I would recommend to other women. First of all, do the preventative stuff. Keep doing everything that the health professionals advise for lowering risks. It's confusing because there are so many conflicting things about what to eat or drink, or not to eat or drink. Try to get the digital mammograms. I went to Novato Community Hospital, which has the digital mammography, and I think that made a huge difference. And if the doctor says there might be something there, go deal with it. As afraid as you are, keep asking questions. The more you know, the less afraid you are going to be. I really think that's important. And having somebody there to interpret for me made it so much better. The surgeon was just so upbeat. He took a lot of the fear away and that was a huge thing.

Do the research. There's great information out there. Clinical trials are so important. We have got to encourage that more of them get funded. And that the clinical trials are really looking at what we need answers about.

My daughter is afraid because now there is a family history. At first my family didn't want me to talk about it. I told them that I needed to be able to talk about it to work through my feelings and fears. I said, "I'll get over being afraid but you've got to let me be afraid."

As you know, the worry is that you never have any sense that it's over. I equate it to how you learn to live with earthquakes in California. You have to live with a degree of uncertainty. And then your life goes on. You just have to have some faith.

When I was president of the Board of Supervisors, I requested that our Director of Health and Human Services give us a monthly report on breast cancer. We worked hard to get the epidemiologist onboard, get more grant money, get more publicity out, and hold more workshops. We did all that and we continue, and have strong relationships with community partners.

I think we're always trying. That's certainly something that we want to do. What we have to do is keep trying to figure out what our role is because we are not researchers. We're more enablers, facilitators, conveners, trying to bring groups together, those kinds of things. And as we continue to be part of the community, then the community has to tell us how we can be effective and efficient in providing more resources.

The Board of Supervisors is absolutely committed to working to increase the awareness and prevention of breast cancer. We are trying to do a lot more with minority groups to make sure they are getting the kind of information that the mainstream community has access to that hasn't necessarily trickled down into the other communities.

I want to emphasize how much I appreciate all Marin Breast Cancer Watch and you are doing, Janice. It is a tremendous thing to have advocates like you, people trying to make sure that the information that is put out is right, giving you resources, and trying to connect Part A to Part B. It's really helpful. I hope that you will be able to continue in your work and get the kind of funding you need to do the work you want to do. I look forward to the County and MBCW being partners for a long time to come.