

Spring 2007

Positive Effects of Physical Activity on Breast Cancer Educational Forum and Conversation - January 18, 2007

ncluding physical activity consistently in one's daily schedule reduces the risk of breast cancer, as well as symptoms and recurrence in women who have the disease, said Leslie Bernstein, PhD, Professor of Preventative Medicine at the University of Southern California, Keck School of Medicine.

Bernstein and Joan Bloom PhD, Professor of Health Policy & Management, University of California, Berkeley, addressed Zero Breast Cancer's annual educational forum on Thursday, Jan. 18, in San Rafael, Ca. The forum was made possible by a grant from the Andrea Fox Fund, established by the Marin County Board of Supervisors and administered through the Marin County Department of Health and Human Services. The audience was comprised of breast cancer survivors, individuals working in the field and interested others.

Bernstein, who is the AFLAC Chair of Cancer Research at USC's Norris Comprehensive Cancer Center, cited results of research studies dating back to the mid-1980s in her report. Today, she said, "The epidemiology community – that is people who study breast cancer in populations – believe exercise reduces the risk."

In one of the earlier studies begun in 1988, Bernstein said, researchers looked at a multi-ethnic cohort of 767 schoolgirls between the ages of 8 to 12 for four years, or until menarche. They found that menstruation was delayed when the girls engaged in consistent physical activity. It may have been just a few months, she noted, but that is significant because the delay could have an impact on the cumulative exposure to hormones, thought to be predictive of breast cancer occurrence.

In another study taking place from 1983 to 1988, researchers followed 744 pairs of women, 40-years old or younger, for 10 years. The results showed that those women exercising three hours a week had a 30 percent

lower risk of getting breast cancer than those who did nothing. For those exercising four hours a week, the risk was 58 percent lower.

Though only white women were included in the research group, Bernstein said, "This was the first definitive study to show that physical activity can decrease the risk of breast cancer."

A study of post-menopausal women showed that women in this age group were also

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Dr. Bernstein speaks with a member of the audience



Attendees at the forum on physical activity and breast cancer



Amy Lieberman and her mother, speaker Joan Bloom, PhD

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zero breast cancer



Mission Statement

Our mission is to find the causes of breast cancer through community participation in the research process. We focus on identifying environmental factors and the role they play in the development of breast cancer at all stages of life.

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Please continue to support the work of ZERO BREAST CANCER by making a contribution using the enclosed envelope. *Thank you*.

Positive Effects of Physical Activity on Breast Cancer Educational Forum and Conversation *continued from page 1*

positively affected by exercise, she said. Women who engaged in three hours of vigorous exercise or four and one-half hours of moderate exercise each week were found to have 45 percent lower risk of breast cancer. However, when women had gained large amounts of weight, the statistics were less positive. Asian-American women and African-American women were included in this study with similar results.

While the results were relatively consistent across different populations, it was found that exercise was less likely to reduce risk in women with a family history of breast cancer, those who were obese, and those who had not given birth.

At this time, more than 30 studies have been completed, and all, with the exception of one, have found that consistent physical activity is significant in reducing the risk of breast cancer.

In 1995-96, the California Teachers Study was launched to further the knowledge of breast cancer development. Some 133,479 current and former teachers, identified by the state teachers' retirement system, were studied. Bernstein is director of the study.

Among the findings, Bernstein said, was that whether exercise reduces the risk of recurrence for women with breast cancer depends on the type of cancer. For women with in situ breast cancer, there was a 50 percent reduction in recurrence. For those with invasive breast cancer, the results were more modest – just 15 percent, she said.

When researchers looked at invasive breast cancer cases by estrogen receptor status, they learned that physical activity yielded a positive "marked effect" in ER negative cases, but no change in ER positive cases.

Bernstein said that for women with breast cancer, exercise seems to relieve cancerrelated symptoms by reducing pressure and anxiety and enhancing the quality of life.

In future studies, Bernstein said, researchers must look at whether genes play a role in how physical activity lowers the risk of breast cancer; if there are biomarkers that best predict the impact of physical activity on breast cancer risk; what time periods in a woman's life are most important in terms of physical activity; how much activity is needed to lower the risk of occurrence; and standardizing the measurements to capture all dimensions of activity.

"We need to work with breast cancer survivors to increase their exercise, and motivate sedentary women to change their lifestyle," she concluded.

Professor Joan Bloom of U.C. Berkeley's School of Public Health addressed the effects of physical activity on bone density for breast cancer survivors and women without breast cancer.

Bloom cited a study of 10-year survivors of breast cancer with a median age of 45. As time increases, the risk for chronic conditions such as osteoporosis and late effects of breast cancer also increase, researchers found. Early or abrupt menopause as a result of chemotherapy contributes to an increased risk, she said.

In addition, many women gain weight during chemotherapy, which is detrimental to bone health, Bloom said. An indirect effect of exercise is that it increases the probability that individuals will maintain a healthy weight.

Message from the Executive Director

Janice Barlow

Underserved and Understudied Young Adult Women with and without Breast Cancer

e often hear comments such as "young women don't get breast cancer" and "breast cancer is a disease of the aging." Yet all of us know family members or friends who were diagnosed with breast cancer in their late twenties or early thirties.

Annie Fox, a 35-year-old Marin resident and a founding board member of Zero Breast Cancer lost her four year battle with this terrible disease five years ago. It is really difficult to accept the reality that such a young, healthy, and vibrant woman can die from breast cancer.

Yet, the shocking truth is that breast cancer is a leading cause of cancer death in women who are 15 to 40 years of age. Although breast cancer is rare in adolescent and young women (less than 0.1% of breast cancer occurs in women under 30-years of age), it tends to be more aggressive in younger women. Younger women with breast cancer are more likely to present with a regional spread prior to diagnosis.

The five year survival rates for breast cancer by age revealed that survival was lowest for those in the adolescent and young adult age group (2005-2006 Report of the Adolescent and Young Adult Oncology Progress Review Group). The lower survival rate may be due to a combination of factors including:

- Unique genetic and epigenetic differences in this age group compared to older age groups, as well as important hormonal and physiologic differences.
- Lack of appropriate diagnostic tools and screening devices. Breast tissue in younger women is commonly denser than in older women, resulting in mammography results that may be inconclusive.
- Low detection rates due to lack of suspicion in the general population and medical community.
- Lack of health insurance. Adolescents and young adults in the United States constitute the most underinsured age group.
- Adolescents and young adults do not concern themselves with cancer risk
- Prevention and early detection are not topics discussed in school health education programs.

The 2005-2006 Report of the Adolescent and Young Adult Oncology Progress Review Group recognized an urgent need for a "variety of educational, training and communication activities" Now don't you say, "Poor her, what a personal tragedy for her." You need to be thinking instead of how many women are dying from this malady and say, "Yikes! We've got a public health crisis here!" And also, "We'd better do something about this!"

Obituary: Alice Ardnt, diagnosed with breast cancer at age 48 and died from breast cancer at age 56.

> Marin Independent Journal, Sunday, March 11, 2007.

at both the professional and public level to raise awareness of the unique needs and concerns of this population.

Increasing national focus and resource allocation to address the needs of this underserved, understudied population was listed as one of five imperatives for improving cancer, including breast cancer, outcomes for this population.

The Annie Fox Act (H.R. 987) reintroduced by Congresswomen Lynn Woolsey will support research on the causes, prevention, detection, treatment and long term effects of breast cancer in young women and will support information and education programs for health professionals and the public regarding breast cancer in younger women.

Zero Breast Cancer is taking a leadership role, working closely with Congresswoman Lynn Woolsey and her staff, to ensure that the Annie Fox Act becomes law. We will continue to adapt and disseminate our Breast Cancer and Environment Peer Education Tool Kit to high schools, public health professionals, and diverse youth groups in the San Francisco Bay Area. Finally, we will develop an educational and advocacy initiative focused on young women (under the age of 40) and breast cancer prevention.

We invite you to become part of the growing Zero Breast Cancer community and help us achieve these goals. By working together, we can make zero breast cancer a reality for the next generation of women.

zero breast cancer

eye on research

Woolsey Moves to Increase Funding for Breast Cancer Research in Young Women

Annie Fox Act named after district resident

Washington, DC – Congresswoman Lynn Woolsey (D-Petaluma) re-introduced the Annie Fox Act, legislation to fund greater breast cancer research for women under the age of 40-years old. For women between the ages of 15 and 40, breast cancer is a leading



cause of cancer related death, and one of the leading causes of death in women of all ages.

"Breast cancer is an issue, which threatens women of all ages, regardless of race, class or geographical location," Woolsey said. "None of us are safe from its wrath, and millions of brave women, and their families, have fought it."

Andrea "Annie" Fox

The bill would fund research through the National Institute of Environmental Health and Science, where doctors would be able to explore the causes of breast cancer in younger women, investigate the effects that current treatments have on the long term health of women, and determine what diagnostic procedures can be used to screen for the disease. If passed, the NIH would also receive funding for increased outreach to help raise awareness of the disease among younger women.

"Over the past few years we have seen a growth in our knowledge and understanding of breast cancer, and we are now closer than ever to finding an effective and safe cure," said Woolsey. "Unfortunately, much remains



Congresswoman Lynn Woolsey

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unknown about how cancer affects younger women, particularly those under the age of 40. Young women face many issues that their older counterparts do not such as pregnancy after diagnosis, more advanced cancer at diagnosis, and higher mortality rates because young women's cancer are generally more aggressive. This legislation would increase the funding for research into how breast cancer affects these women, helping doctors understand the cancer, and helping women survive it."

The Annie Fox Act is named in honor of a young woman from San Rafael who died of breast cancer at the age of 35. Fox was a tireless advocate of early detection within her community, and was a board member of what is now Marin's Zero Breast Cancer group.

Privacy and Confidentiality in Research

Safie Yaghoubi, Epidemiologist

On Tuesday, February 6th, we were honored to have as our guest speaker Dr. Joan Sieber, Professor Emerita of Psychology at California State University, and current Editor-in-Chief of a new international peer-reviewed nonprofit educational journal named The Journal of Empirical Research on Human Research Ethics (JERHRE). She has specialized in empirical research on questions of scientific ethics, culturally sensitive methods of research and intervention, data sharing methodology, and scholarship on ethical problem solving. Dr. Sieber pointed out that most research methods courses do not teach confidentiality methods. She defined privacy and confidentiality as follows:

PRIVACY

- Privacy is about persons
- Privacy does not mean being left alone
- A hidden video camera denies subjects the control of access to themselves. They should be warned!

CONFIDENTIALITY

- Confidentiality is about data
- Agreements and procedures for limiting the access of others to data.
- Confidentiality is an extension of the concept of privacy. It refers to data, identifiable information about a person

Researchers experience difficulty in translating ethical principles into procedures appropriate to specific cultures, contexts, and research topics, also finding common ground around the interpretation of ethical principles, regulations and guidelines that govern the conduct of research involving human subjects. Research institutions designate the Institutional Review Board (IRB) or the Independent Ethics Committee (IEC) to review human subjects research. Any IRB or IEC that reviews human subjects research must be registered with the Office for Human Research Protections (OHRP). The Federal Regulations do not define privacy and confidentiality and there are no criteria. Research institutions and an IRB may develop their own written agreement, and it should be kept on file at both organizations and made available to OHRP upon request. This is to assure that all of the activities related to human subject research, regardless of funding source, will be guided by the ethical principles.

Dr. Sieber's talk was one of a continuing series of talks hosted by Zero Breast Cancer to benefit the scientific and advocate community who participate in research. These educational talks allow community members and advocates to connect directly with the scientific community to share information and expand their knowledge of the issues relevant to conducting community based participatory research.

community education

Chart #2

Breast Cancer Rates Fall Again ... But Again Not For All

The recently released "Greater Bay Area Annual Incidence and Mortality Report" (March 5, 2007), compiled by the Northern California Cancer Center, noted that the incidence rates for invasive breast cancer declined sharply in most, but not all, racial/ ethnic groups for the years 2003 and 2004 after peaking in the period 1998-2002.

For women of all races living in the Greater Bay Area, invasive breast cancer decreased

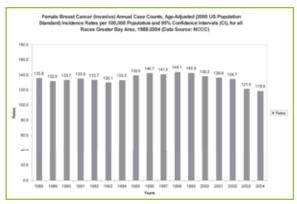


Chart #1

As with prior reports, invasive breast cancer incidence rates in non-Hispanic white women are higher in Marin than in other Bay Area Counties. (see Chart $#_2$)

Hispanic women living in Marin County have relatively higher rates than those living in other Bay Area Counties. These rated are based on very small population estimates; however, the rates are of increasing concern. (*see Chart #3*)

The Northern California Cancer Center Report does not examine why the breast cancer incidence has significantly declined for some ethnic/racial groups beginning in 2002 but there is a growing consensus that use of estrogen/progestin hormone therapy (HRT) is a contributing factor, particularly among white non-Hispanic women.

an estimated 14% from 2000 to 2004. For White, non-Hispanic women, the invasive breast cancer incidence rate decreased 15% during the past decade. However, for Black women, incidence rates increased 4% while for Hispanic women, rates decreased 14%. For Asian American/Pacific Islanders, incidence rates for invasive breast cancer decreased 3%. (see Chart #1)

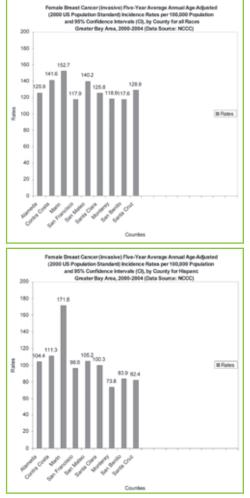


Chart #3

The Bay Area Breast Cancer and Environment Research Center 2nd Annual Town Hall Meeting



Julianna Deardorff, PhD Assistant Professor, UCSF Epidemiology and Biostatistics

Zero Breast Cancer, University of California, San Francisco, and Kaiser Permanente Division of Research hosted a Town Hall Meeting at San Francisco State University Downtown Campus on Saturday, March 10th, 2007 on "Environmental Influences on Girls' Development During Puberty."

In the morning, Janice Barlow, BABCERC Community Outreach and Translation Core Chair and Executive Director of Zero Breast Cancer, welcomed over 95 attendees from Alameda, San Francisco, and Marin counties. Dr. Robert Hiatt, BABCERC Center Director and UCSF Director of Population Sciences, presented the Center history and historical trends on the changing age of puberty. CYGNET researchers from the California Department of Environmental Health Services, UCSF, and Kaiser Division of Research discussed the role environmental exposures, stress, diet and fitness may play in the onset of puberty. The panel was followed by interactive question and answers. At noon, Joanie Greggains, host of TV Exercise Show, Morning Stretch, and The Joanie Greggains Show on KGO radio, engaged participants in thirty minutes of lively stretching activities. Stretching was followed by lunch and delicious hand-made chocolates generously donated by Wendy Remer.

Continued on page 7

community education

Are Girls Entering Puberty and Menstruating Earlier?

Recently, there has been concern among pediatric health care professionals, scientists and the public that puberty in U.S. children, particularly girls, is occurring earlier than in previous generations. This concern is based on studies that have evaluated secular trends associated with age of onset of menarche, which is the age of a girl's first period. These studies have suggested the age of menarche may be falling. Additionally, there have been other studies that have reported breast development in young girls is occurring at earlier ages.

Age of menarche is important because it reflects numerous health aspects of a population including socio-economic, growth and nutritional status, environmental conditions and exposures, and is associated with future breast cancer risk.

A recent study based on information from the Third National Health and Nutrition Examination Survey (NHANES III) estimated the distribution of age of menarche for all US girls and for black, Mexican American and non-Hispanic white girls and reported that less than 10% of US girls start to menstruate before 11 years. Ninety percent of US girls are menstruating by 13.75 years of age, with a median age of 12.43 years.

This distribution of ages indicated that 80% of all US girls start to menstruate between 11.00 and 13.75 years of age, with a median age of 12.43 years. This median age of menarche was not significantly different (0.34) than that reported for U.S. girls in 1973.

However, the study demonstrated that it is very important to present race-specific results separately because there are significant racial differences. Non-Hispanic black girls exhibited a 5.5-month earlier age of menarche than 30 years ago. In addition, age of menarche for non-Hispanic black girls was significantly earlier than that of the non-Hispanic white girls, with the ages of the Mexican American girls falling in-between. The medium age at menarche was 12.06 years for non-Hispanic black girls, 12.25 years for Mexican American girls and 12.55 years for non-Hispanic white girls. Ten percent of non-Hispanic black girls were menstruating at 10.25 years compared with a corresponding age of 10.81 years for the Mexican American girls and 11.32 years for the non-Hispanic white girls. Ninety percent of non-Hispanic black girls were menstruating by 13.60 years compared with a corresponding age of 13.69 years for the Mexican American girls and 13.78 for the non-Hispanic white girls.

Menarche is a relatively late marker of female puberty. Since there are studies suggesting that age of menarche is significantly correlated with age of the first appearance of breast buds, the appearance of breast buds is currently considered to be an indicator of the onset of puberty.

A standardized system known as Tanner Staging was developed to assess the development of secondary sexual characteristics (breast and pubic hair development) that occur as girls progress through the pubertal process. Each indicator has five stages, extending from pre-puberty (stage one) to full maturity (stage five). The onset of puberty in girls is denoted by the age of entry into stage 2-breast development and completion of puberty is denoted by the age at entry of stage 5-breast development in girls. Written descriptions



Dr. Bob Hiatt speaks to Zoe at a recent "Tea Talk"

of the stages of sexual maturity are available for reference at **www.zeroBreastCancer.org**.

Menarche can occur at any stage of the pubertal process. Menarche is the endpoint of a very complex sequence of maturational events influenced by genetics, sex hormones,

Continued on page 7

Adolescent Education Sue Schwartz

The Breast Cancer and Environment Peer Education Tool Kit, developed from Zero Breast Cancer's pilot project with Sir Francis Drake High School (2006), is a new resource for schools and community groups in the Bay Area. The Tool Kit can be accessed on the Zero Breast Cancer website: **WWW.ZEROBREASTCANCER.ORG/EDUCATION.HTML**. "More than 300 visitors per month are exploring the Adolescent Peer Education link on our website to examine the breast cancer Lesson Outline, Messages, and Teen Brochure components of the Tool Kit," reports Susan Schwartz, Education Director. "We are receiving a positive response from health educators beyond the Bay Area as well."

The Tool Kit module contains messages designed for adolescents to increase their awareness of breast cancer risk factors, potential environmental influences, and healthy behaviors that can modify future breast cancer risk. All of the education materials can be downloaded and used by teachers, teens, parents and persons interested in breast cancer education. Funding for the pilot project and production of the Tool Kit was obtained through grants from the Avon Foundation, To Celebrate Life Breast Cancer Foundation, the Marin Community Foundation, and from Zero Breast Cancer donors and supporters.

Positive Effects of Physical Activity on Breast Cancer Educational Forum and

Conversation *continued from page 2*

"The evidence suggests exercise can reduce the loss of bone density," she said. Exercise also increases vitality and a sense of well-being, and there is also evidence that the amount and frequency are associated with the reduction in menopause symptoms. However, not all exercise is equally effective. Running and weight training are the most effective; walking is less so and swimming is not at all effective in retaining bone density.

In another five-year study of breast cancer survivors, researchers found that there were lingering effects resulting from the treatment. Among them were physical discomfort, cognitive impairment, sexual difficulties and fears for the future– particularly about insurance.

"Longer and more intense intervention to encourage a consistent regimen of physical activity is needed," she believes.

Bloom described a new study in progress in partnership with the YMCA in which breast cancer survivors who had chemotherapy work with a coach in weight training and aerobic conditioning programs to prevent osteoporosis and weight gain.

The mission of Marin County-based Zero Breast Cancer, formerly Marin Breast Cancer Watch, is to find the causes of breast cancer through community participation in the research process. The organization focuses on identifying environmental factors and the role they may play in the development of breast cancer at all stages of life.

Are Girls Entering Puberty and Menstruating Earlier?

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neuropeptides and neurotransmitters. Breast budding, on the other hand, results from endogenous (internal) and/or exogenous (external) exposures to estrogen. There may be unidentified internal or external factors that might cause breast development to start earlier without affecting the age of onset of menarche.

The reasons for early menarche or breast budding in girls are not well understood. A wide variety of influences have been suggested including:

- Race and Ethnicity
- Diet and Nutrition
- Energy Expenditure
- Environmental Exposures
- Genetic Factors
- Prenatal Conditions
- Psychosocial Stresses

The CYGNET Study, (Cohort Study of Young Girls' Nutrition, Environment and Transition), which is part of the Bay Area Breast Cancer and Research Center and starting its fourth year, is designed to advance our understanding of the determinants of early puberty by focusing on all these factors.

The Bay Area Breast Cancer and Environment Research Center 2nd Annual Town Hall Meeting continued from page 5

In the afternoon, an interactive panel that included Dr. Nadine Burke, Pediatrician and Medical Director of the newly opened Bayview Child Health Center, Cindy Zedeck, MA, Program Director of Packard Pediatric Weight Control Program at Stanford, Susan Schwartz, MA, MPA, Education Coordinator for Zero Breast Cancer, and San Francisco Supervisor Michela Alioto-Pier, presented practical suggestions and anticipatory guidance for parents, health professionals, educators, and breast cancer and environmental health advocates.

Zero Breast Cancer will post a summary of the Town Hall Meeting on its website: **www.zeroBreastcancer.org** when available. Please call Jo Ann Johnson, 415-507-1949, ext 103 if you have further questions or comments.



Gayle Windham, PhD Epidemiologist, California Department of Health and Human Services Environmental Health



Stretch for Prevention



Drake High School Students Gavin Front and Emily Raab with San Francisco Supervisor Michela Alioto-Pier

supporting our mission

8th Annual Honor Thy Healer

We are pleased to announce the 2007 honorees for Zero Breast Cancer's annual Honor Thy Healer Awards Celebration, to be held on May 3, 2007. As has been our tradition for the past seven years, we are recognizing health care professionals and other special individuals who have played pivotal roles in advancing our understanding of breast cancer and the healing process.



Our 2007 honorees are: **Cindi Cantril, RN, OCN, MPH,** Breast Health Program Coordinator and Nurse Navigator at Marin Cancer Institute; **Gordon Manashil, MD,** Physician-in-Chief, The Permanente Medical Group in San Rafael and Chief of Staff, Kaiser Permanente San Rafael Medical Center; **Larry Meredith, PhD, Rochelle Ereman, MS, MPH, Kathy Koblick, MPH, and Lee Ann Prebil, PhD,** of the Marin County Department of Health and Human Services Community Epidemiology Program; **Larry Kushi, ScD,** Principal Investigator of the CYGNET Study, Kaiser Division of Research; **Daliah Neuberger,** and **Stephen Joseph, Esq.,** founder of BanTransFats.com. The Honorary Chair this year is **Cynthia Murray**, President and CEO of the North Bay Leadership Council.

> The awards celebration will be held, Thursday, May 3, 2007 at the Mill Valley Community Center with a reception at 6 pm and dinner and awards ceremony at 7 pm. If you would like to be added to our mailing list for an invitation,

please contact Sharon Doyle, Event Coordinator, at 415-507-1949 x102 or **sharond@zerobreastcancer.org** .



Dipsea Hike/Run

Mark your calendars for the return of our annual hike/run on Mt. Tamalpais. This year will be our 5th Dipsea Hike/Run. It will be held on Saturday, September 8, 2007, beginning and ending at Old Mill Park in Mill Valley. We have plans in the works that will make this year's event better than ever.

Zero Breast Cancer's Dipsea Hike/Run was held for the first time in 2002 as a

way to promote the positive health benefits of physical activity, increase awareness about breast cancer and raise funds to support our research. We hope to see you on the Dipsea Trail on September 8th. We have a fabulous committee of enthusiastic volunteers planning the event and welcome newcomers. Please join us!

Contact Sharon Doyle at 415-507-1949 x 102 or sharond@zerobreastcancer.org.

Proceeds from our events support the research, education, community outreach and advocacy of Zero Breast Cancer.

Here's to Molly Ivins and to Book Passage!

On Saturday, March 10th, Book Passage celebrated the courageous life and outrageous times of Molly Ivins. Molly died of inflammatory breast cancer in February of this year at the age of 63. The event was dedicated to remembering Molly, her work, her wit, and her contributions to the political discourse of a nation. Her good friends, Sandy and Dave Richards, Erna Smith, Cathi Goldmark and Elaine Petrocelli, shared with warmth and humor stories about Molly, her cancer and their friendships. Molly and her writings will be missed. She, as well as all of the other women who have died from this terrible disease, had much, much more to give this world. Close to \$400 was generously donated in support of Zero Breast Cancer at the event.



supporting our mission

DONOR PROFILE: Rebecca Dollinger

Rebecca Dollinger is a typical 10 year old in many ways. The fifth grader at Brandeis Hillel Day School lives in Mill Valley with her parents and little sister. She is a good student who enjoys reading and plays the piano. Rebecca has done something, though, that has set her apart from most kids her age – she has become a philanthropist.

Zero Breast Cancer received a generous donation at the end of the year in 2006. It was from Rebecca's grandmother, Irene Levine. There was a note on the card that said, "This is a gift from Rebecca Dollinger, age 10."

As it turns out, Mrs. Levine sets aside funds at the end of each year for her grandchildren to make donations to the charities of their choice. Rebecca took her responsibility guite seriously and did some research. She learned about breast cancer

from her mom, who has participated on some breast cancer fundraising walks, and from a presentation at her school on breast cancer. Together, Rebecca and her mom looked at a number of breast cancer nonprofits and selected Zero Breast Cancer as the beneficiary of Rebecca's donation.

Rebecca has a wonderful role model in her grandmother and has learned a valuable lesson at a very early age about the importance of supporting one's community. The two of them are an inspiration.

Special Thanks for events benefiting Zero Breast Cancer

e would like to thank **Sharyn Johnson**, owner of **Duxiana** of San Rafael and store manager Mark Wilson for hosting a trunk show on January 27, 2007 to benefit Zero Breast Cancer. The occasion was the American premier of a line of linens, *Luxury Nights*, from Swiss textile designer Christian Fischbacher. The evening included wine and hors d'oeuvres and featured a performance from Marin's Golden Gate Opera. Twenty five percent of the proceeds were donated to Zero Breast Cancer.

We would also like to thank a local auto shop. ZBC was the beneficiary of a three-month coupon special offered by San Rafael's **Easy Automotive Foreign Car Specialists**. Owners **Mark and Debbie Linder** decided to raise money for

breast cancer but wanted to keep it in the local community. They chose Zero Breast Cancer as the recipient of the funds. In addition to collecting the donations from their clients, the Linders matched the amounts.

Thanks to all of the generous local business who support our work.

Beautiful Jewelry to Support Breast Cancer Research

Landor Associates, the internationally renowned branding company, created our new name, visual identity, and the concept for Zero Breast Cancer jewelry. Well-known Mill Valley jewelry designer **Kathleen Dughi** took the design and had it made into jewelry. The result is a limited edition collection of exquisite 18 karat gold and sterling silver pendants and pins in our Zero logo.

By purchasing one of these pieces, you will be making a personal statement to end breast cancer. The proceeds will be used to continue to support our research, education and advocacy programs. The jewelry is available for sale. Please visit our website at **www.zerobreastcancer.org** for details.





Rebecca Dollinger and her grandmother, Irene Levine



The staff of Duxiana in San Rafael

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upcoming events

April 28, 2007

Tamalpais High School Breast Cancer Awareness Club 2nd Annual Fashion Show 7:00 pm Tamalpais High School Student Center 700 Miller Avenue, Mill Valley Tickets: \$10/students \$15/adults For info call 415-507-1949 ext. 102

May 3, 2007

8th Annual Honor Thy Healer Awards 6:00 pm Mill Valley Community Center Tickets: \$130 per person For info: www.zerobreastcancer.org/events.html For info call 415-507-1949 ext. 102

September 8, 2007

5th Annual Dipsea Hike/Run
Starts at Old Mill Park, Mill Valley
Registration fee: \$50 per person
For info: www.zerobreastcancer.org/events.html
For info call 415-507-1949 ext. 102

September 7-9, 2007

California Breast Cancer Research Symposium 2007 From Research to Action: Breaking New Ground Westin Bonaventure Hotel, Los Angeles For info or to register: www.cbcrp.org/symposium/index.php

November 8-9, 2007

Emerging Topics in Breast Cancer and the Environment Research 4th Annual National Scientific Conference Cincinatti, Ohio For info: www.bcerc.org



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