

BCC REPORT

THE NEWSLETTER OF BREAST CANCER CONNECTIONS

Your Community Resource for Information & Support

Breast MRI Update: A Physician's Perspective, A Patient's Story



Bruce L. Daniel, M.D.

By Bruce L. Daniel, M.D., Associate Professor Radiology, Director, Stanford Breast MRI Service, Stanford University School of Medicine

Laurie Quintel, Breast Cancer Patient

Despite the recent controversy over government recommendations for women in their forties, breast imaging with X-ray mammography continues to be the standard, widely

accepted method for detecting breast cancer before it manifests clinically as a palpable mass. A second-line, but very powerful test is magnetic resonance imaging (MRI). This article describes what breast MRI is, and discusses the most common scenarios when it may provide clinical benefit, including detection of occult [unknown] cancer in high-risk women, and assessment of the extent of newly diagnosed breast cancer. Also in this article, one patient writes her own story of how MRI alone recently found her very early breast cancer.

Breast MRI: What is it and how does it work?

Magnetic resonance imaging (MRI) of the breast is a non-invasive method to make images of the breast. The main advantage of MRI is that MRI scans may reveal breast cancer before it can be seen by conventional X-ray

mammography and/or breast ultrasonography. Unlike X-rays, MRI does not use ionizing radiation. MRI is more sensitive for breast cancer than X-ray mammography because MRI detects the abnormal microscopic blood supply of tumors. Tumors often have abnormal blood vessels even before they form a mass or abnormal microcalcifications that can be seen on X-ray mammography.

Breast MRI is performed inside a large, very strong cylindrical magnet. The magnet is critical because it temporarily polarizes some of the hydrogen atoms in the body. Once polarized, these hydrogen atoms can resonate with radio-frequency energy.

Modern MRI scanners have very powerful magnets, either 1.5 Tesla, or even 3.0 Tesla, because stronger magnets polarize more atoms, generating more MRI signal. The radiofrequency MRI signals from the breast are detected with an antenna, or "coil," that is built into the tabletop. Subjects are scanned on their stomach, with their breasts hanging down into the coil, so that when they breathe, their breasts are not moving. An important part of current state-



continued on page 3

Inside Highlights

From the President & Executive Director	2
BCC's 2nd Annual Spring Benefit	6
What's New in the Library	9
Screening Mammogram Guidelines	10

Breast Cancer Connections

390 Cambridge Avenue, Palo Alto, CA 94306
Helpline: (650) 326-6686
Business: (650) 326-6299
www.bccconnections.org

Hours: 9:00 a.m. to 5:00 p.m., Monday through Friday
Saturdays, 1:00 to 5:00 p.m.
Other times by appointment
Weekly Q&A Session: Thursdays, 5:30 to 7:00 p.m.

The mission of Breast Cancer Connections is to provide personalized information and support to people touched by breast cancer, in an atmosphere of warmth, sensitivity, and understanding.

Staff:

Amy E. Moody, *Executive Director*
Noma Collins, Ph.D., *Manager of Medical Information Services*
Courtney Istre, *Program Associate*
Colleen Kleier, *Program Assistant*
Irene Liana, *Manager of Volunteer Resources*
Cheri Livingston, *Director of Programs & Services*
Jill Nelson, *Development Coordinator*
Rina Olea, *Manager of Programs & Outreach*
Donaji Olivares, *Program Assistant*
Amy Wilkins, *Administrative Assistant*

Board of Directors:

Karlette Warner, *President*
Fran Codispoti, *Vice President*
Diane Heditsian, *Secretary*
Della Johnson, *Treasurer*
Maria Allo, M.D.
Robert Carlson, M.D.
M. Elizabeth Day
Jill Freidenrich, *Co-Founder*
Aruna Gambhir
Daryl Hoffman, M.D.
Judy Marcus
Marta Nichols
Paula Powar
Marcia Rehms
Linda Romley-Irvine

Medical Advisory Group:

Nancy Bitar-Godfrey, M.D.
Harriet Borofsky, M.D.
William Buchholz, M.D.
Robert Carlson, M.D.
Sarah Donaldson, M.D.
Jocelyn Dunn, M.D.
Diana Guthaner, M.D.
Daryl Hoffman, M.D.
Stefanie Jeffrey, M.D.
Juliet Kral, M.D.
Jane Marmor, M.D.
Frederick Marcus, M.D.
Nancy Mason, M.D.
Klaus Porzig, M.D.
Lynn Smolik, M.D.
Susan Sorensen, M.D.
David Spiegel, M.D.
Myron Turbow, M.D.
Matt van de Rijn, M.D., Ph.D.

Editing: Ward Hoffman, Karlette Warner, Volunteers

Layout and Design: Joan Venticinque Design

The BCC Report is a free publication of Breast Cancer Connections. It is a forum for the exchange of information and ideas concerning breast cancer and breast health. The views expressed by individual contributors do not necessarily reflect those of BCC as an organization. If you have questions about how any information in the newsletter relates to your personal health care, we urge you to consult with your doctor. Our resources are designed to help you develop questions for your health care provider, not for diagnosis or treatment purposes. Since we compile information from a variety of sources, we also cannot make any guarantee that it is accurate or up to date.

From the President & Executive Director

Dear Friends,

As we close the current fiscal year, we are busy planning new activities for Breast Cancer Connections to undertake to better the lives of people facing breast cancer. We truly appreciate being able to report that this was another productive and successful year for BCC. In these unsure times for nonprofits, we are so grateful to have volunteers, donors, and partners dedicated to our mission and passionate about helping those affected by breast cancer.

This has been a year of vigilant monitoring and careful planning as we have seen unprecedented needs emerge around breast cancer early detection and treatment issues, especially for low-income members of our community. You, as members of the BCC community, have not only helped us keep our existing programs thriving, but you've helped rally the resources necessary to expand services and create solutions that address these new and diverse needs. The largest area of expansion for BCC will be in our Gabriella Patser Program, where we will begin serving some of the women in their forties who have the greatest needs and are no longer served by the State of California's screening and diagnostic program, due to budget cuts.

We are thrilled that our Spring Benefit, recently held at the Sharon Heights Golf and Country Club, was a huge success in raising funds for BCC's programs and services, and specifically for our Gabriella Patser Program. The morning with author Ayelet Waldman was a wonderful opportunity to be entertained and spend time with new and old friends alike. See Page 6 for more information on the many people and partners who gave generously to make the event successful.

It is with great appreciation that we acknowledge the extraordinary contributions of Judy Marcus, a member of our Board of Directors. Judy leaves the Board this summer after two terms of service, which includes many years on Executive Committee and one year as Board President. Judy leaves an indelible mark on BCC because of the leadership, nonprofit experience, creativity, and passion for the mission that she has consistently brought to every endeavor. And everything is just more fun when Judy is around! We sincerely thank you, Judy, for all you have done to make BCC a stronger organization and to better the lives of our clients.

On behalf of our Board and staff, we wish you all a wonderful summer! 

All our best,



Karlette Warner
President



Amy E. Moody
Executive Director

continued from page 1

of-the-art breast MRI is the use of a “contrast agent.” Contrast agents are otherwise inert drugs that cause a very bright MRI signal. MRI scanning during and after rapid intravenous injection of the contrast agent greatly improves detection of breast cancer because the contrast agent rapidly leaks out of the abnormal tumor microvessels into the space surrounding the tumor cells. Scans are performed before, during, and after the injection of the contrast agent. It is important for the subject to lie still during the entire exam, so that all these scans match up. Accomplishing these scans takes a little over 30 minutes of scanning, so most breast MRI appointments are about 45 min-

utes to an hour long. Like all MRI scans, breast MRI scans are very loud; all subjects are provided with hearing protection.

Although contrast-enhanced MRI is very sensitive for breast cancer, it also detects contrast enhancement in some benign masses and even normal breast tissue that has unusually permeable blood vessels. If possible, breast MRI should be performed during the second week of the menstrual cycle because there is less blood flow and less physiologic leakiness of normal breast vessels at that time.

continued on page 4

Breast MRI – How It Changed My Life

Hearing that you have breast cancer is not something any woman ever wants to hear. As surprising as it may seem, though, when I was told approximately three weeks ago that they found a very small malignant lesion in my right breast, I actually felt somewhat lucky.

My father had a mastectomy just over ten years ago. (He is now a thriving 83-year old.) Ever since that time I have had regular yearly mammograms and a physical examination every six months. I had one abnormal mammogram and a fine needle biopsy of my right breast in 2007 which turned out to be benign.

When my niece was told last September that she has breast cancer, I felt another red flag go up. My mammogram in December appeared to give me an “all clear.” However, in February when I went in for my six-month exam, my doctor suggested that my niece’s diagnosis put me at a higher risk than she initially thought. She asked me if I would consider having an MRI and I agreed. I expected that everything would come back normal and so when I was told there was a “suspicious lesion” on my right breast, I was surprised but not concerned. The ultrasound that followed was not able to detect the abnormality. However, when an MRI-guided biopsy found the tumor to be malignant, I was shocked.

My initial shock was soon replaced by an overwhelming sense of gratitude. My oncologist confirmed that I am “the kind of patient he loves to have” because my cancer was detected at such an early stage that my treatment is expected to be minimal and I am going to be fine. I am seeing a genetic counselor and undergoing testing for the BRCA1 or BRCA2 genetic mutations. This testing will not only help me determine appropriate procedures for my future breast health but it will also help inform me as to any additional risk of ovarian cancer.

I truly feel that the MRI screening was a life-changing event for me. Early detection diminished the possibility of a dire prognosis and a more invasive treatment plan. It has given me the opportunity to educate my 32-year old daughter, my sister, and my other niece as to the screening options they should consider.

I will be forever grateful to the fine physicians at Stanford Hospital & Clinics’ Cancer Center for continuing to provide women such as myself the best care based on advanced best practices, procedures, and standards, thereby giving us the best options for living a full and healthy life. [R](#)



Laurie Quintel

continued from page 3

MRI does not detect absolutely every breast cancer. There are rare forms of breast cancer, such as occasional infiltrating lobular carcinomas and some ductal carcinoma in situ, that may not be associated with abnormal microscopic blood vessels. Rarely some enhancing tumors are obscured if there is very prominent or heterogeneous normal breast tissue background enhancement. Thus, MRI is not recommended as a substitute for X-ray mammography.

Conventional X-ray mammography occasionally shows some tumors, such as DCIS with microcalcifications, before they show up on MRI.

In general breast MRI is very safe. However, all subjects are carefully screened to determine if they have any implanted devices, or metal objects that might be damaged or become dangerous in the magnet. Breast MRI subjects must have normal kidney function so that the contrast agent will be safely and entirely excreted in the urine.

Breast MRI: When should it be used?

The most well-established indication for breast MRI is screen-

ing women at high risk for breast cancer. Current well-accepted guidelines from the American Cancer Society and the American College of Radiology recommend contrast-enhanced breast

MRI for women with a genetic mutation (BRCA1 or BRCA2), a strong family history, or other risk factors that convey a 20-25 percent or greater lifetime risk of breast cancer [Salsow D, et al. CA Cancer J Clin, 2007;57:75-89]. The purpose of MRI in these patients is to provide the earliest possible detection of breast cancer, enabling treatment when the tumor is as small as possible. Previous studies of X-ray-detected breast cancer indicate that early detection and treatment increases survival from breast cancer. MRI screening is not recommended for women with a less high risk or normal risk of breast cancer because the number of cancers detected will be very few, compared with detection of false-positive abnormalities.

MRI is not routinely used to diagnose previously existing problems in the breast that have been found by other signs, symptoms, or tests. This is because MRI is less definitive than a simple needle biopsy. However, MRI is used in certain circumstances, for example, patients presenting with bloody nipple discharge for whom other tests have been unrevealing. In these patients, MRI is used as a "problem-solving tool" to try to find the source of the bleeding so that it can be removed.

MRI is sometimes used in the initial evaluation of patients presenting with a new breast cancer diagnosed by conventional methods, such as physical exam, ultrasound, or X-ray mammography. In this role, MRI may show a more complete picture of the extent of tumor than those other imaging modalities. Many breast surgeons find this approach particularly compelling in patients with dense breasts on X-ray mammography that obscure much of their cancer. However, the results of early clinical studies of MRI in this role have yet to show a consistent, dramatic advantage in reducing rates of re-excisions for residual tumor after lumpectomy, reducing recurrences, or lengthening survival. This may be because most breast tumors are treated with whole-breast radiation in addition to lumpectomy. This radiation presumably treats any disease that would have been missed without

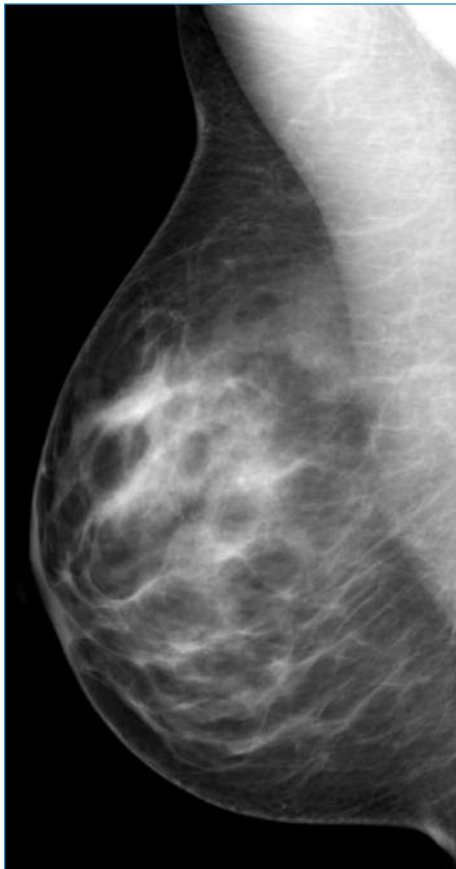


Figure 1a. Full Field Digital X-Ray mammogram of the right breast in the "medial-lateral oblique" projection. Normal heterogeneously moderately dense fibroglandular tissue is seen. There are no masses, abnormal microcalcifications, or other obvious signs of breast cancer.

MRI and left behind in the breast. Recently, many trials are underway that seek to change the paradigm of breast radiotherapy from “whole breast” to “partial breast.” In these trials, only the area around the surgical site is treated with radiation. MRI is being used in these trials to make sure there is no distant disease that could lead to an early recurrence in the absence of whole breast radiation therapy. MRI is also useful for the occasional patient who presents with breast cancer in the lymph nodes despite a normal mammogram and physical exam. MRI can frequently detect the primary tumor, which then allows the patient to have conventional management of her breast cancer.

MRI has been shown to detect occult tumors in the opposite breast in three percent of patients presenting with a new breast cancer. If tumors are present in both breasts, they can all be treated at the same time, avoiding what might otherwise manifest later as a recurrent tumor in the opposite breast. Still, there is no consensus recommendation that this approach is warranted for all new breast cancer patients, given the low yield, high cost, and significant rate of false-positive MRI results that occur in this setting.

MRI is sometimes used to monitor large tumors in patients who undergo chemotherapy before surgery. MRI can show changes in the size of tumors more accurately than physical examination. It can also be used to localize any residual tumor prior to surgery in patients who have a complete clinical response and hence no longer have a palpable abnormality for the surgeon to remove.

Finally, other MRI techniques can be used to specifically evaluate the distribution of silicone in the breast. MRI is used to determine whether silicone implants have ruptured.

Ultimately, the wide variety of breast tumors as well as the diversity of patients with known or suspected breast disease means that the use of this powerful but expensive and uncomfortable test is

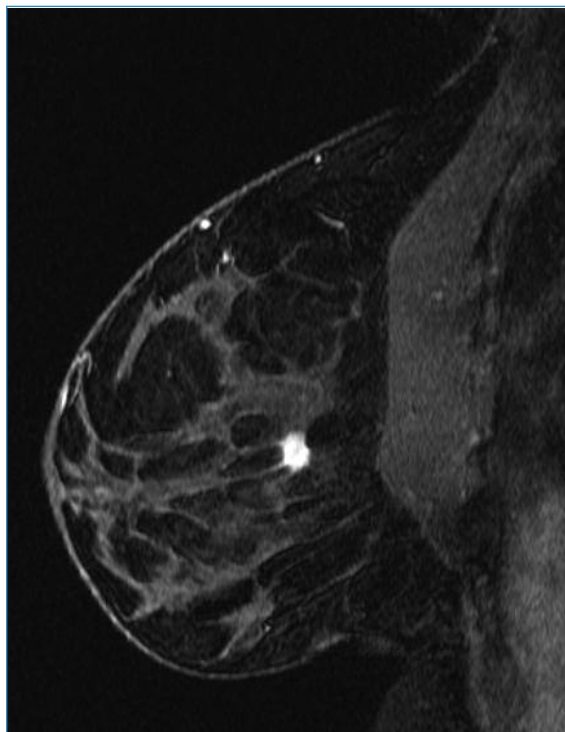


Figure 1b. Single vertical section from a 3-dimensional high-resolution, contrast-enhanced MRI scan of the right breast. A brightly enhancing 9 mm mass, with “spiculated” margins, is visible. Subsequent MRI-guided biopsy confirmed that the mass is an invasive ductal breast carcinoma.

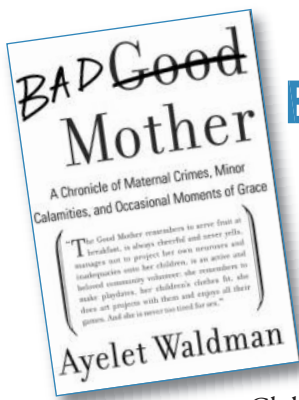
tailored to each specific clinical circumstance, after a careful discussion between the patient and her breast cancer specialist. Nevertheless, breast MRI has developed an important role among an increasing number of women who either have or are at risk for breast cancer. [R](#)

Article Reviewed by:

Diane Guthaner, M.D., F.A.C.R., *Medical Director, Northern California Imaging Center; Fellow, American College of Radiology; Diplomat, American Board of Radiology; Clinical Associate Professor of Radiology, Stanford*

Joan Venticinque, *Patient Advocate Reviewer, NBCC Scientific Project LEAD and Quality Care Project LEAD*

Sherrie Fasola Wilkins, Ph.D., *Patient Advocate Reviewer*



BCC's 2nd Annual Spring Benefit a Big Success!

On Tuesday, April 20, Breast Cancer Connections hosted our 2nd Annual Spring Benefit, featuring author Ayelet Waldman, at Sharon Heights Golf and Country Club in Menlo Park. Ayelet Waldman, an internationally published writer and mother of four, focused her talk on her most recent, best-selling book *Bad Mother: A Chronicle of Maternal Crimes, Minor Calamities, and Occasional Moments of Grace*. Ayelet told hilarious stories about her rise to fame and the controversy surrounding her essay *Why I Love You More*. Her book talks about the compulsive perfect parenting that so many modern mothers strive for, and her message is, "Let's stop beating up ourselves and stop beating up each other."

Karlette Warner, President of BCC's Board of Directors, announced that two generous donors (the Sand Hill Foundation and the Brown Family Trust) were offering a \$35,000 Challenge Grant to anyone who made a gift to BCC that morning. The response was overwhelming and we met the challenge—doubling the impact of all of the gifts received that day. Thanks to our generous community sponsors (see Page 7), the Challenge Grant, and the generosity of guests that morning, BCC raised over \$160,000 for our programs and services.

Thank you to Ayelet Waldman for a thoughtful and entertaining morning and to all the volunteers who helped to plan and execute the event. Special thanks to BCC's event committee: Lori Arthur, Mayla Clark, Fran Codispoti, Connie Eisenstat, Jill Freidenrich, Kingsley Jack, Judy Marcus, Karen Nierenberg, Paula Powar, Marcia Rehmus, Beverly Smith, and Margaret Weil for all their hard work to make this a fabulous success! [&](#)

"...Ayelet Waldman was just fabulous, as was the entire morning! ...a great cause, wonderful women—what could be better?"
- Betsy Matteson



Left to right: Fran Codispoti, Jill Freidenrich and Ayelet Waldman



Left to right: Beverly Smith, Judy Marcus, and Karlette Warner



Photos by Diane Quenell Photography



Gold Sponsor DLA Piper; (left to right) Julie Brooks, Patricia Wyrod, Elizabeth Day, Margaret Day, Catherine Zinn, and Sally Rau



Left to right: Daughter and mother Jennifer Harris and Karen Nierenberg

“It was inspiring, consoling, and hilarious to hear about Ayelet’s challenges working and raising a family. Her sense of humor about it all was priceless.” - Kathy Johnson



Ayelet Waldman signed over 100 books for guests



Left to right: Dr. Diana Guthaner and Amy Moody



Left to right: Kingsley Jack and Eugenie Atherton

BCC Thanks Our Generous Sponsors

Gold Sponsors



Silver Sponsors

- El Camino Hospital
- George & Judy Marcus Family Foundation
- King Asset Management LLP/Rapp Development Company, LLP
- Stanford Hospital and Clinics

Bronze Sponsors

- Atherton Lane Advisors, LLC
- Genomic Health

Blue Ribbon

- First Republic Bank
- Home Care Assistance
- Palo Alto Medical Foundation
- Premier Properties
- Thoits Brothers

Food for Life: Nutrition & Cooking Series

In partnership with The Cancer Project, a nonprofit organization advancing cancer prevention and survival through nutrition education and research, BCC provided four Saturday sessions this Spring that were packed full, with more than 60 BCC clients eager to learn about healthy foods that can boost one's



immune system, and help fight cancer and other diseases. Based on the Cancer Project's curriculum, veteran instructor and therapeutic chef Kristin Doyle, a registered nurse, led each session and offered her expertise and recommendations from her experience as a vegan chef.

Each class featured a video nutrition lecture from *The Cancer Project's Eating Right for Cancer Survival* DVD. This was followed by an audience question-and-answer session, then a cooking demonstration and tasting of simple and healthy recipes from *The Cancer Survivor's Guide* (available for checkout and purchase in the BCC library). [⌘](#)

BCC is working with The Cancer Project (www.cancerproject.org) and Kristin Doyle, R.N., to provide these nutrition sessions on a monthly basis. Please see our bimonthly program calendar or visit our website for more information about when ongoing sessions will begin, at www.bccconnections.org.

Honoring Life: A Celebration & Remembrance



In memory of BCC friends who have passed away:

Gloria Mae Hallen
Carolyn Reller
Helene Sue Rock
Pat Sharma

Our 7th Annual Honoring Life: A Celebration & Remembrance touched hearts, minds, and souls on May 11, as we honored life, remembered those we have lost to breast cancer, and celebrated the love and support we get from our friends, loved ones, and ourselves through this life journey. Our theme this year was the **pansy flower**, signifying **remembrance, reflection, and renewal**. Heart-felt speeches were given at the event by Mistresses of Ceremony Jan Austin and Debbie Rosenberg, and

by Amy Callahan McHugh, Nancy Fox, and Judith Cornez.

New to the program this year was music performed by members of the local Threshold Choir, a talented all-women choir founded to honor the ancient tradition of singing at bedsides, as well as singing at events and community venues. A candle lighting ceremony completed the special event. [⌘](#)



New Wig Workshops



On Monday, March 8, BCC's conference room transformed into a mini salon for women wanting a wig trim or styling, a part of BCC's newest quarterly Wig Workshop program. Volunteer wig specialists Janet Miller and Raquel Berumen of "Hair Replacement by Janet" in San Carlos, trimmed, thinned, styled, and sprayed more than 10 women's wigs, bringing smiles to their beautiful faces and style to their hair. Our special "Wig Buddy," Donna Spagna, provided information on community resources, wig care, and more, during the day.

BCC's next Wig Workshop will take place on Monday, June 14. See page 12 for more information. [⌘](#)

What's New in the Library?

By Colleen Kleier, Program Assistant, Medical Information Service

The Annual Report to the Nation on the Status of Cancer, 1975-2006, Featuring Colorectal Cancer Trends and Impact of Interventions (Risk Factors, Screening, and Treatment) to Reduce Future Rates.

Although this report focuses on the trends in colorectal cancer, it still provides its readers with an update of overall cancer incidence, death rates, and trends within the U.S. The National Cancer Institute, the American Cancer Society, the North American Association of Central Cancer Registries, and the Centers for Disease Control and Prevention collaborated to produce this report.

These researchers have found that although breast cancer incidence has fluctuated in the past, starting in 1999 through 2006 it has decreased 2.0 percent per year. This is a welcome change from the yearly increase of 1.6 percent in breast cancer rates that was seen from 1994 to 1999.

The decrease in both incidence and death rates from all cancers, in men and women, and in almost all racial and ethnic groups, is encouraging. Researchers are hopeful that with a combination of policy, healthcare delivery reform, improved communication, and advances in technology/engineering that we can decrease cancer incidence and mortality rates even further.

To read the report in its entirety go to www.interscience.wiley.com/cancer/report2009, or come in to the BCC library.

Positive Results: Making the Best Decisions When You're at High Risk for Breast or Ovarian Cancer by Joi Morris and Dr. Ora Gordon, published in 2010. The combination of authors for this book, a specialist in high-risk breast and ovarian cancer syndrome and a breast cancer patient, provides a well-researched and easy-to-understand guide for people with family histories of breast cancer. Together, these authors are

All of these resources are available in the library at BCC.


able to provide readers with information about the genetics of breast cancer, while personalizing the information with vignettes. Whether you are looking for general information regarding genetic testing for breast cancer, or are trying to decide which treatment decision is right for you, this book contains a wealth of information.

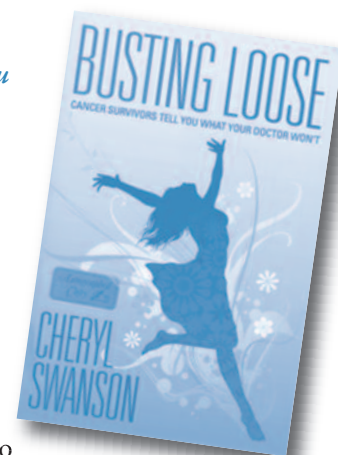
Live a Little! by Susan Love, M.D. and Alice Domar, Ph.D., published in 2009.

For all of us who may not make it to the gym every day, or who don't always choose to eat blueberries instead of chips, this book comes as a relief. Love and Domar talk about the prevailing "health musts" that have the potential to cause unnecessary stress and guilt. *Live a Little* helps readers focus on what they can realistically do to be healthy, and divides these guidelines into six areas: sleep, stress, preventive care, exercise, nutrition, and personal relationships.

Within each of these topics are realistic guidelines that can help us to live what Love and Domar refer to as a "healthy enough" life. This book is a combination of science and humor that can help ease the guilt that some people may feel if they don't get eight hours of sleep every night, or eat five to seven servings of vegetables every day.

Busting Loose: Cancer Survivors Tell You What Your Doctor Won't by Cheryl Swanson, published in 2009.

After undergoing treatment for breast cancer, adopting a child from Guatemala, and writing her first suspense novel all at the same time, Swanson decided to write a book for women fighting breast cancer. Through this book she hopes to help women realize that their experiences in fighting cancer can help them to "climb the mountains in their lives." Swanson not only offers readers her own experiences with cancer, but also provides them with various facts and phone numbers that can help to broaden their knowledge regarding breast cancer. Sometimes it can be hard to see the positives in cancer, but this book helps to point them out. 



The U.S. Preventive Services Task Force Guidelines for Mammography Screening – A Consideration

By Baird Lloyd, Ph.D., BCC Volunteer Library Research Associate

Reviewed by Noma Collins, Ph.D., Manager of Medical Information Services

Arguments both for and against the new U.S. Preventive Services Task Force (USPSTF) guideline recommendation for screening mammograms for women in their forties actually focus on different issues. So it is critical to consider carefully the wording of the arguments. USPSTF “recommends against routine screening mammography in women aged 40 to 49 years of age.”¹ The task force recommends, instead, that individual women should decide what is best for them based upon their values regarding the benefits and harms of the procedures. The underlined words are of particular importance to this discussion. All groups, pro and con, accept the benefit of mammograms to reduce morbidity (death due to breast cancer) and that this benefit increases as women age. Those advocating the continuance of annual routine screening, including the American Cancer Society and the American College of Radiologists, focus on the reduced morbidity benefit. However, USPSTF, the American Society of Clinical Oncologists, and the National Cancer Institute, among others, favor having women speak with their healthcare providers about mammograms to understand the harms as well as the benefits to determine what is best for them. The harms of particular concern to younger women include identifying some pre-malignant growths that may never develop into a life threatening condition (known as false-positives), but will likely cause unnecessary pain and anxiety, additional exposure to unneeded radiation, and unnecessary treatment. For women in their forties, the absolute benefit is limited. Evidence shows that to prevent one death from cancer, 1,904 women (ages 40-49) must be screened for 10 years each. There are approximately 60 percent more false positive results and biopsies than if screening began at 50 years old.²

Much of the initial public outcry over the task force recommendations was really fueled by the concurrent political debate about healthcare reform. Concerns of “rationed care” and “cost reduction” appeared in the popular press, but were not part of the rational discussion of the recommendation outcomes. Two other studies (by Esserman, Shieh, and Thompson in the Journal of the American Medical

Association³ and Gotzsche and Nielsen⁴)

come to conclusions, with supporting evidence, that the need is for women to fully understand the relative harms and benefits of current screening procedures before making decisions that affect their lives and futures. It is important for women in their forties to be well informed about the issues involved in the discussion surrounding the current controversy. This discussion about the benefits and harms of screening women in their forties has been going on in the clinical literature for some time and will continue to be a topic of real importance to clinical investigators. Rich clinical literature has grown out of this discussion and some of that information is available in the Megan Lynch Memorial Library at BCC. We invite all clients who have concerns about mammography screening to stop by the BCC library and peruse our collection of materials. Additionally, our Weekly Q&A session on Thursday nights is available for clients to drop by and ask a medical professional questions about this issue. It is part of BCC’s mission to inform and educate the public on topics, like screening mammography, without giving medical advice or treatment recommendations. BCC encourages you to discuss the new screening recommendations and how they apply to you with your medical team. [ⓘ](#)



REFERENCES

1. U.S. Preventive Services Task Force. Screening for Breast Cancer: Recommendation Statement. *Ann Intern Med.* 2009, 151:716-726.
2. Partridge, A.H. and Winer, E.P. On Mammography - More Agreement than Disagreement. *NEJM.* 2009, 361:2499-2501.
3. Esserman, L., Shieh, Y., and Thompson, I. Rethinking Screening for Breast Cancer and Prostate Cancer. *JAMA.* 2009, 302:1685-1692.
4. Gotzsche, P.C., and Nielsen, M. Screening for Breast Cancer with Mammography (Review). *Cochrane Database Syst Rev.* 2009, 4:CD001877.

Clip-out Calendar of Programs & Events

Ongoing Programs

Helpline

A team of dedicated volunteers is available to connect you to helpful resources. Monday through Friday from 9:00 a.m. to 5:00 p.m., and Saturdays from 1:00 to 5:00 p.m.

Buddy Program

Volunteer survivors are matched with clients according to diagnosis or chosen topic to give support and share experiences.

Comfort Totes

Available for women newly diagnosed with breast cancer or with a breast cancer recurrence. If you would like a Comfort Tote or know of anyone who would benefit from one, please call the Helpline at (650) 326-6686.

Counseling/Therapists

A team of qualified therapists with experience helping women with breast cancer offer one or two sessions at no cost.

Medical Appointment Preparation (MAP)

A trained BCC volunteer will assist clients in preparing for an upcoming medical appointment by working with them to create an organized list of their questions and concerns.

Megan Lynch Memorial Library

A comprehensive breast cancer library with internet access. Open daily from 9:00 a.m. to 5:00 p.m., and Saturdays from 1:00 to 5:00 p.m.

Personalized Research

Noma Collins, Ph.D., Manager of Medical Information Services, helps clients by researching and explaining medical information at appropriate levels, from simple pamphlets to a pathology report and more.

Ongoing Sessions

Mondays

Metastatic Support Group
6:30 to 8:30 p.m.
Every Monday

Note: Unless otherwise indicated, sessions take place at BCC, 390 Cambridge Avenue, Palo Alto.

Call the Helpline at (650) 326-6686 for more information, or visit our website at www.bcconnections.org.

Tuesdays

Couples Support Group
6:30 to 8:30 p.m.
2nd and 4th Tuesdays of the month

Young Women's Breast Cancer Networking Group
7:45 to 9:30 p.m.
1st and 3rd Tuesdays of the month

**All BCC programs are free of charge
RSVP requested for most programs**

Wednesdays

Healing and Guided Imagery
5:30 to 7:00 p.m.
1st and 3rd Wednesdays of the month

Writing Your Way Through Cancer: A Creative Writing Workshop
7:00 to 9:00 p.m.
2nd and 4th Wednesdays of the month
Next series starts June 23rd

Thursdays

Weekly Q&A Session
5:30 to 7:00 p.m.
Call or check the website each month for schedule of physicians

DCIS Support Group in Los Altos
12:00 to 1:30 p.m.
Call the Helpline for location
Alternate Thursdays beginning June 3rd

Saturdays

Triple-Negative Breast Cancer Support Group
11:00 a.m. to 2:30 p.m.
3rd Saturday of the month

Saturdays continued

Recovery & Renewal Ongoing Support Group
1:00 to 2:30 p.m.
1st and 3rd Saturdays of the month

Newly Diagnosed Support & Networking Group
3:00 to 4:30 p.m.
Every Saturday

Group Life Coaching
1:00 to 2:00 p.m.
2nd Saturday of the month

Individual Life Coaching
2:00 to 4:00 p.m.
(30-minute sessions)
2nd Saturday of the month

Community Events



Now Active in the Bay Area

The national nonprofit **FORCE** organization provides support, resources and lifesaving information about research and risk management options to families who have been touched by hereditary breast and ovarian cancer and the healthcare providers who serve them (www.facingourrisk.org).

Breast Cancer Connections has offered FORCE the use of our facility once a month for their local Bay Area peer lead group.

Please contact Eva (evab@facingourrisk.org) on the Peninsula for more information on meeting dates and times, and Mia (mias@facingourrisk.org) in San Francisco.

Cancer as a Turning Point, From Surviving to Thriving™

A FREE award-winning, two-day event for anyone touched by cancer –patients, survivors, their friends and family, support persons, and healthcare providers–will be held October 9–10, 2010 at the San Mateo Performing Arts Center. For online registration and information, visit www.healingjourneys.org. CEUs available for a fee.

Cancer and Caregiving – Supporting Each Other

Date: September 11, 2010

Place: Francis C. Arrillaga Alumni Center, Stanford Campus

Time: Registration: 8:00 a.m.; Program: 9:00 a.m. – 3:00 p.m.

Keynote Speaker: Jane Brody, *New York Times* columnist and author

A practical, proactive, and informative program about caregiving issues and resources for caregivers, patients, families, and health care providers. CEUs for MSW, LCSW and R.N.



**CANCER PREVENTION INSTITUTE
OF CALIFORNIA**

Preventing Cancer. Promoting Life.

**More information:
education@cpic.org
1-888-315-5988**



BREAST CANCER CONNECTIONS

390 Cambridge Avenue Palo Alto, CA 94306

Change Service Requested

NONPROFIT ORG
U.S. POSTAGE

PAID

Palo Alto, CA
Permit No. 452

Go Green with the E-Newsletter!

Email

Courtney@bccconnections.org and
put "E-newsletter" in the subject
line to get the BCC Report
via email alert.

Breast Cancer Connections Special Events (RSVP Required)

Wig Clinic

This quarterly workshop is for those wanting to have their wig styled or cut by a licensed cosmetologist and wig specialist. Informal consultations are also available for those soon to undergo treatment but unsure of wig options and guidelines for care. In addition, BCC's Wig Buddy, Donna, will be available throughout the event for questions and resources. Bring your own wig or check out BCC's donated inventory in advance. One wig styling per person.

Monday, June 14

11:00 a.m. to 3:00 p.m.

(30-minute appointments)

Presenting *New Look Institute* hair specialist Sima Hilde and her team of professionals
(www.newlookinstitute.com)

Group Life Coaching

You will have the chance to go deeper into specific life topics with exercises designed to help you keep moving forward in your life to "be your most authentic self." Workshop topics rotate - check our online calendar at www.bccconnections.org for monthly topics.

Facilitated by Joanne Sperans, Certified Life Coach, breast cancer survivor

2nd Saturday of the month

1:00 to 2:00 p.m.

Complementary Therapies Fair

Our 4th annual daylong workshop intends to inform, inspire, and connect those touched by breast cancer to different therapies which can aid in their treatment or healing process. Tentative topics include: Reiki, Breathing Through Exercise, Art Expression, Organizing & Decluttering, Life Coaching, and Vegetarian Diet. Space is limited to 50.

Saturday, June 26

8:30 a.m. to 2:30 p.m.

Mad Hatter Tea Party - Scarf Tying Demonstration & Hat Tips

Create a new look and find your style as we present a summer alternative to wigs. Bring your favorite hat and/or scarf or select from donated BCC items. Hats will also be on display. Tea and snacks provided.

*Special
Program*

Saturday, June 12

10:00 a.m. to 12:00 p.m.

With Sandy Greenberg and Donna Spagna
BCC Volunteers and Breast Cancer Survivors

Save the Date!

BCC's 7th Annual Breast Cancer Conference: Sharing Knowledge-Creating Hope



will be held on Saturday, November 6, 2010, from 8:00 a.m. to 5:00 p.m. at an exciting new location, the Oracle Conference Center in Redwood Shores. The Conference provides a full day of breast cancer education that is open to the public but designed specifically for those touched by breast cancer.

Check our website www.bccconnections.org for more information on this and other upcoming programs.

All special events are held at Breast Cancer Connections, 390 Cambridge Avenue, Palo Alto
Space is limited; please call BCC at (650) 326-6686 to RSVP.