



## From the Executive Director: How Routine Mammography Screening Fails Women

*By Karuna Jaggar, Executive Director*

A few months ago, in the middle of breast cancer awareness month, the American Cancer Society (ACS) updated their breast cancer screening guidelines for women at average risk, rolling back the recommended age to begin mammography screening at 45 years of age instead of 40 and scaling back on the frequency of screening to once every two years for women age 55 and older.



After hearing “early detection is your best protection” and “screening saves lives” for decades, many women are understandably struggling to understand why, in the face of the public health crisis that is the breast cancer epidemic, the country’s largest cancer charity is recommending fewer mammograms. After all, in the 1980s women’s health activists worked hard to ensure mammograms, which were considered a core tenet of women’s healthcare, were covered by insurance companies; letting go of this hard won right can seem a sacrilege.

Around 40,000 individual women die of breast cancer each and every year. Sisters. Mothers. Daughters. Spouses. Friends. For each of these women and their loved ones breast cancer is a personal tragedy. The fact that the death rate for breast cancer has not declined significantly despite near universal awareness of the disease and decades of widespread mammography screening is a national outrage that is too rarely acknowledged.

Because we’ve all been told “screening saves lives” for decades, what I’m about to say below may sound counter-intuitive – and I need to give several important caveats, which will sound familiar to you if you’ve been with BCAction for a long time. My first caveat is that the evidence on breast cancer screening I discuss below applies only to asymptomatic women at average risk of breast cancer – not women at higher than average risk due to an inherited genetic mutation, family history of the disease, or previous cancer diagnosis. Nor does it apply to women who have symptoms of breast cancer and rightly go to get a mammogram.

My second caveat is that mammography has three uses that often get confused or conflated.

The first use of mammography is screening, which is when people at average risk of breast cancer undergo routine mammography to find cancers that are not yet symptomatic. The Source—Spring 2016 | 3.24.2016

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second use of mammography is surveillance – when people who are at a high risk of breast cancer (like Angelina Jolie, who has a BRCA mutation) undergo more frequent mammograms than the average woman. And the third use is diagnostic, which is when a woman has symptoms (like a lump she found in her breast) and then gets a mammogram and learns whether or not her symptoms are, in fact, cancer. The ACS' guidelines, and my discussion below, apply only to the first use of mammography: routine screening for women at average risk of breast cancer who have no symptoms of the disease. If you are at high risk of the disease or find a lump in your breast, this evidence does not apply to you and you should see a doctor and get a mammogram.

So, now that I've given you those caveats, here's my counter-intuitive message: the ACS' recent shift on mammography screening is actually an important step in following the evidence on routine breast cancer screening that is long overdue. After more than 30 years of aggressively pushing routine breast cancer screening for women at average risk, the new ACS recommendations finally take a step toward acknowledging the significant harms and limited benefits of population-based mammography screening. The truth is that not only has widespread screening failed to dramatically reduce the death rate from breast cancer, it has also failed to reduce late stage diagnosis of the disease.

The premise of routine breast cancer screening is that by catching breast cancer early, before it has reached a later stage, women will be more likely to survive the disease. The philosophy behind the push to screen average risk, asymptomatic people for breast cancer is based on the assumption that breast cancer progresses in a linear fashion. While it's true that survival outcomes are generally better for earlier stage disease, we now know that the far bigger factor in a woman's prognosis for breast cancer is tumor type. Many activists from the metastatic community today are pointing to the fact that approximately 30% of breast cancers diagnosed at any stage will go on to metastasize.

Tumor type rather than stage is a bigger factor in prognosis. Unfortunately, there are some breast cancers that are so aggressive, it does not matter how early they're caught, as we currently – and tragically – lack effective treatments. As the *JAMA* editorial accompanying the release of the new ACS guidelines makes clear, "85% of women in their 40s and 50s who die of breast cancer would have died regardless of mammography screening." While some breast cancers are very aggressive, most are slow-growing, taking a decade or more to become detectable. Many of these slowest growing cancers would never become a problem for women and would not be found were it not for a mammogram. The harder we look, the more we will find, and these slow-growing cancers will usually be treated once they're found.

For 30 years, the main message around breast cancer has been that breast cancer screening will help prevent women from dying of breast cancer, but studies have shown that the "early detection saves lives" mantra just isn't true when it comes to breast cancer. In 2014, the *British*

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*Medical Journal* published the largest mammography study to date, finding that screening average-risk women – before they could feel a lump in their breasts – did not lead to lower breast-cancer death rates for those in their 40s and 50s. The National Cancer Institute came to a similar conclusion in an analysis of multiple mammography studies involving nearly a half-million women: “Screening for breast cancer does not affect overall mortality.” The evidence has long shown that the benefits of routine mammography screening for asymptomatic average risk women are limited at best. As the ACS’s Chief Medical Officer states clearly, “The chance that you’re going to find a cancer and save a life is actually very small.”

So, what happens if you treat a cancer that isn’t life-threatening? Far from being “better safe than sorry,” treating a cancer that is not life-threatening leads to significant harm for women. A little discussed tragedy is the fact that tens of thousands of women are treated unnecessarily for breast cancer each year because of routine mammography screening programs.

Overdiagnosis, which is when screening finds asymptomatic cancers which would otherwise not have been found, happens when we look for early forms of disease via routine mammography screening programs. According to the ACS Special Communication accompanying their new guidelines, estimates on overdiagnosis of breast cancers found through screening vary widely, from less than 5% to more than 50%. Overdiagnosis, in turn, leads to overtreatment, which is the treatment of disease that would not lead to death, essentially giving too much treatment without benefit to the patient.

The most widely accepted estimates are that about one in five women whose breast cancers are found via routine mammography screening end up receiving treatment that does not benefit them. These women suffer the immediate effects of surgery, radiation, chemotherapy and other systemic therapies. Less often discussed, these women also experience a range of long-term impacts that include physical and health harms such as disability, neuropathy, lymphedema, heart disease, and secondary cancers; financial consequences from medical debt to un- and under-employment; the psychological toll of having been diagnosed with cancer; and other quality of life impacts of treatment such as issues with sexuality, “chemobrain,” and others.

That 1 in 5 women treated for breast cancer may have gone through all of that for nothing is devastating on a personal and societal level. Women who have felt that their mammogram saved their life may suddenly wonder if they were unnecessarily harmed by screening. Doctors who seek to cure are forced to look directly at the harms of treatment they provide. And we all must contend with the fact that the solution we were promised – screening, early and often – is not ending the breast cancer epidemic.

It is only possible to recognize overdiagnosis and overtreatment at a systemic level, across populations, but it is impossible to do so at an individual level. Doctors cannot look at their patients and know which patients didn’t need treatment—and so they tend to say that every

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patient is better for treatment. Women cannot know if their life was saved or not – and understandably tend to think that the mammogram that found their cancer saved their life.

It's devastating. And too often defenders of routine screening invite us to look away from these truths by talking about the harms of false positives while ignoring or downplaying overdiagnosis and overtreatment. False positives are suspicious findings that turn out not to be cancer. Each year hundreds of thousands of women are asked to return for another mammogram to get additional images and some will get biopsies. Many defenders of routine mammography screening suggest that the price of a few call-backs and biopsies is a small price to pay for saving women's lives. Ultimately that is a decision each woman must make for herself, and it's sobering that around half of women who are screened via mammography over ten years will end up with a false positive reading that results in invasive procedures, additional radiation exposure, increased expense as well as stress and anxiety. But whatever one thinks of the relative harm of false positives, this should not be confused or conflated with the harms of overdiagnosis and overtreatment.

The public has been sold a false bill of goods by mainstream cancer organizations, which for years have been pushing the simple story that annual mammography screening is the silver bullet to the breast cancer epidemic despite clear and mounting evidence to the contrary. Earlier this year, the Swiss Medical Board published a perspective in the *New England Journal of Medicine* saying boldly that mammography screening is "hard to justify". The mantra "early detection saves lives" seems intuitive but is wrong, and annual screening seems like a good idea – except the evidence shows it just doesn't do what we need it to. Indeed, the most striking feature of the ACS's new recommendations is their acknowledgment that the balance does not clearly tip either for or against mammography screening for many women. Each woman must weigh the evidence and make her own decisions based on her known risk factors, values and preferences.

Unfortunately, the problem is the premise of "early detection" no matter what tool we're talking about. Other screening modalities like tomosynthesis (or 3D mammography), ultrasound or MRI also bring the very same issues of false positives, false negatives, overdiagnosis, overtreatment, and cannot overcome the failures of current treatments to save lives. Early detection has not lived up to the promise: it has created a population of over-diagnosed breast cancer "survivors" without actually saving significantly more lives. We will never address and end the breast cancer epidemic simply through breast cancer screening, regardless of the screening tool; we need more effective, less toxic treatments that keep women from dying of breast cancer, and we need to prevent breast cancer from occurring in the first place.

While for some members of the public the new mammography screening guidelines released by the ACS feel like a sudden change, the truth is that for women's health activists, the move is long overdue. Breast Cancer Action and others have long taken the ACS and other mainstream

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cancer organizations to task for failing to follow the evidence on routine breast cancer screening for women at average risk. To truly address and end the breast cancer epidemic, we must be willing to talk about the hard, controversial, for the most part deeply unpopular and not profitable truths of breast cancer screening.

Sadly, many women have been harmed by the sluggishness of the ACS and other large cancer charities to follow the evidence on routine breast cancer screening. While I welcome this first step by the American Cancer Society, I also mourn the fact that so many women have suffered from a cancer industry that wants to promote feel-good solutions rather than address the root causes and social injustices in breast cancer.

Just imagine where we would be today if the ACS had decided to act sooner and follow the evidence. Not only would tens of thousands of women be spared the physical, financial, and psychological harms of overzealous population-based screening, we might have used these resources more wisely to address the root causes of the disease, develop better individual risk assessment tools, eliminate the racial inequities in breast cancer outcomes, and ensured that all women have access to high-quality, affordable, evidence-based healthcare.

## Report-Back from the 2015 San Antonio Breast Cancer

The San Antonio Breast Cancer Symposium is the largest breast cancer research conference in the world. We attended in December 2015 to bring a patient-focused voice to the proceedings, to challenge the status quo, report findings back to you, and to push researchers and clinicians to do better for women at risk of and living with breast cancer. If you have questions about the content, you can contact us with questions at [info@bcaction.org](mailto:info@bcaction.org) or by calling us toll-free at 877-278-6722. Below is a list of topics we covered. For detailed coverage from the conference, please visit <http://bcaction.org/2016/03/21/report-back-from-the-2015-san-antonio-breast-cancer-symposium/> or call us at 877-278-6722 to request a copy.



- Critical Decision-Making in Radiation
- Triple Negative Breast Cancer: Carboplatin for All? Androgen Therapy for Some?
- Who Can Skip Chemo? Looking for Answers in Molecular Signatures
- The Benefits of Less Treatment, Not More
- Comparing Lumpectomy vs. Mastectomy: Survival, Complications and Cost

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## Celebrating the Publication of *So Much to be Done: The Writings of Breast Cancer Activist Barbara Brenner*

It's almost here! We're celebrating that *So Much to Be Done: The Writings of Breast Cancer Activist Barbara Brenner* will be released on May 1st by The University of Minnesota Press.

Barbara Brenner was a hell-raiser of the first order. As Breast Cancer Action's executive director for 15 years, she was a powerful advocate for women living with and at risk of breast cancer. Her wit, clarity, and courage put BCAction on the map as a radical women's health activist organization.

Before Barbara's diagnosis and untimely death from ALS in 2013, her retirement plan was to write a book about her experiences as a health activist and gadfly of the breast cancer industry. *So Much to Be Done* is a powerful collection of her writing edited by Barbara Sjöholm.

**If you're in the San Francisco Bay Area, please join us for a book launch celebration:**

*So Much to be Done: The Writings of Breast Cancer Activist Barbara Brenner*

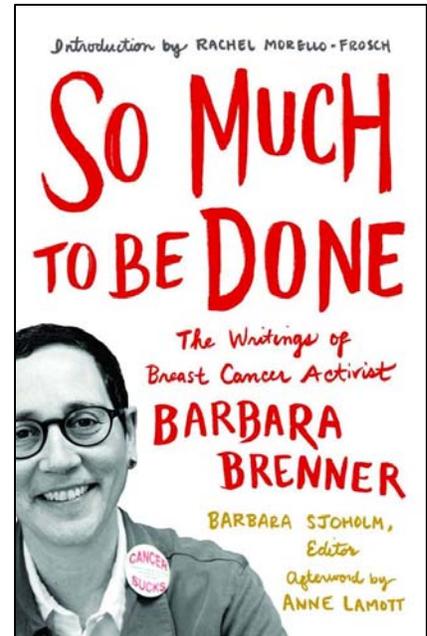
Mission Cultural Center for Latino Arts, San Francisco, CA

Monday, May 23rd, 7 p.m.

*The venue is wheelchair accessible.*

Whether you knew Barbara during her tenure at BCAction or not, this book is chock full of insights about feminism, health activism, and living and dying on one's own terms.

Here's what Judy Norsigian, executive director of Our Bodies, Ourselves, said about the book: "A visionary like Barbara Brenner comes along so rarely, and when such a person has left a wealth of insightful commentary filled with brilliant analyses and trenchant wit, we are doubly fortunate. Barbara Brenner's writing is a treasure trove of tools and ideas for making the world a better place for all."



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BCAction members across the country are planning to host book events at their local bookstores or in their homes. Check out the calendar, and get in touch if you'd like to organize a book event near you: <http://bcaction.org/events/>.

The world lost Barbara too soon and we are grateful that her visionary writings are being published for all of us to learn from – and continue her legacy of activism.

P.S. You can preorder *So Much to be Done* here: <http://www.upress.umn.edu/book-division/books/so-much-to-be-done>

## Join Us for 4th Annual “Acting Out – For the Health of It” Variety Show

We just completed the line-up for our annual variety show and fundraiser and it's going to be awesome – we hope you can join us!

Join the Breast Cancer Action community on Tuesday, April 12th in San Francisco, CA for our 4th annual “Acting Out: For the Health Of It” fundraiser directly benefiting our work.

We're really excited about our line-up of talented performers who are all committed to women's health.



- The **AXIS Dance Company** has been featured twice on FOX TV's *So You Think You can Dance* and received several sought after dance awards. They'll captivate you with their graceful contemporary movements.
- Comedienne **Yayne Abeba** was on NBC's *Last Comic Standing* second season, and will make you belly-laugh with her fresh, innovative approach to comedy.
- **Marina Crouse**, an emerging vocalist in the Bay Area blues and jazz scene, has hand-picked a four person band that will rock out the theater.

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- BCAction members Julie Morgan and Susie Lampert will read from forthcoming anthologies about breast cancer and health activism.

And we're honored to have longtime BCAction member, Bay Area social justice activist, and burgeoning playwright Irma Herrera emcee the evening.

Acting Out is always a great community event – we hope you'll bring your friends and join us for a fun evening that raises vital funding to directly support our activism to address and end the breast cancer epidemic.

We look forward to seeing you on April 12th! Get your tickets at:

<http://bcaction.nonprofitsoapbox.com/actingout2016>

## 5 More Ways to Get Involved

1. **Join us for a public forum about the health impacts of fracking:** From inciting short-term illnesses like nosebleeds, to increasing risks for long-term illnesses like breast cancer, fracking and other forms of extreme extraction continue to endanger the health of communities across the country. In California, the country's third largest oil-producing state, the situation is especially dire—extraction operations take place just feet away from where people live and where children play. Join us on April 18th in Sacramento for a public forum about the health impacts of extreme oil and gas extraction. Speakers will include individuals from impacted communities, health professionals and scientists. <https://www.eventbrite.com/e/drilling-down-into-health-impacts-effects-of-oil-gas-on-ca-communities-tickets-22289299896>



2. **Become a Community Leader for Change:** As a grassroots organization, our members are our strength. We exist because of the thousands of people who take action, in ways big and small, to further our work to end the breast cancer epidemic. Our Community Leaders for Change program provides a space for members who are ready to take their involvement in this movement to the next level. <http://bcaction.org/community-leaders/>

3. **Join our Hell Rai\$ers for Health team:** One important way Breast Cancer Action members support our education and activism for women's health is to raise money to fund our work. We

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rely on our grassroots network – people like you – to support our work, and nearly 75% of our funding comes from individuals. Members have lots of creative ways to mobilize their community's support for our activism, from bike rides to knitting parties, online fundraising pages, house parties, and more. <http://cqrcengage.com/bcaction/HellraisersForHealth>

**4. Become a California Cancer Fracktivist:** The movement to end fracking and other forms of extreme extraction in California is heating up bigtime, and we want you to become a California Cancer Fracktivist to get more involved in our work to ban these toxic processes in the Golden State. When you sign up, we'll send you local and statewide opportunities to get involved and give you the materials you need to oppose fracking on the frontlines.

<http://bcaction.org/cancer-fracktivist/>

**5. Save the Date:** Join us and many partners from across the country as we march to "Unfrack the DNC" in Philadelphia, PA on July 24, 2016. Keep an eye on your email; we'll send out all the info soon. If you're not on our email list yet, sign up here: <http://www.bcaction.org/signup>.

## Action Center and Program Update: Spring 2016

We've been busy in the program department since our last newsletter. Here are some highlights of what we've been working on. If you have questions, please get in touch!

<http://bcaction.org/about/contact-us/>

**Action Alert: Demand Passage of Lymphedema Treatment Act:** Breast cancer patients who develop lymphedema need compression supplies to control this swelling—but Medicare and some private insurance companies don't currently cover the costs of these supplies, leaving patients who can't afford them to suffer with this debilitating condition. Tell your Congressmembers to cosponsor the Lymphedema Treatment Act so that all women deserve access to comprehensive lymphedema treatment.

<http://cqrcengage.com/bcaction/app/onestep-write-a-letter?1&engagementId=105536>

**Why We Oppose Nomination of Dr. Robert Califf as New FDA Chief:** In February, the Senate confirmed Dr. Robert Califf as the new Commissioner of the Food & Drug Administration, the federal government agency charged with overseeing, among other things,

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the approval of new drugs and devices. We have deep concerns about Dr. Califf's strong ties to the pharmaceutical industry. Patients and consumers depend on the FDA to ensure that medical drugs and devices are safe and effective. Can an FDA Commissioner with these close industry ties provide oversight to an agency that the public depends on to put their health over industry profits? Be sure to also read this blog post by two patient advocates about why they oppose Dr. Califf's appointment. <http://www.bcaction.org/2016/01/06/breast-cancer-action-opposes-nomination-of-dr-robert-califf-as-fda-commissioner/>

**What We Told the EPA About Their Flawed Fracking & Drinking Water Report:** Back in August, we asked you to submit comments to the EPA about its draft assessment on fracking's impacts on our drinking water—and ultimately our health. The EPA's own scientific advisory board is challenging its finding and in December, they held a public teleconference to review this assessment. Our executive director Karuna Jaggar gave public testimony at this teleconference to bring your voices to the Board to demand they urge the EPA to conclude that fracking is not safe for our health. <http://www.bcaction.org/2015/12/03/our-testimony-to-the-epas-scientific-advisory-board-on-its-assessment-of-frackings-impacts-on-drinking-water/>

**Webinar: "Environmental Exposures: Why Timing is Critical":** Everyday toxic chemicals are bad for all of us, but there are periods in our lives when toxic chemicals have an even bigger impact on our health. These "windows of susceptibility" (for example, puberty and in utero) provide clues about how environmental toxins influence breast cancer risk throughout our lives. Tune into this free webinar to learn from three guest experts how environmental chemicals are impacting women and girls' development at critical times and how that may be impacting our risk of breast cancer. <http://bcaction.org/resources/webinars/environmental-exposures-why-timing-is-critical/>

**Webinar: "Communities Impacted by Fracking Coast to Coast":** Communities across the U.S. are experiencing first-hand the health harms of fracking and other extreme forms of oil and gas extraction. The short-term health harms include asthma, nosebleeds and headaches and with 25% of chemicals used in fracking linked to cancer, the risk for long-term health impacts is high. Tune into this free webinar where we hosted three experienced activists who are working to protect their communities' health from fracking and other forms of extreme oil and gas extraction. <http://www.bcaction.org/resources/webinars/communities-impacted-by-fracking-coast-to-coast/>

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## Big Thank You to Member JoAnn Loulan

Last week, BCAction member JoAnn Loulan, hosted the 12th Anniversary Billie Gardner Loulan Memorial Celebration in Portola Valley, CA. For 12 years, JoAnn has hosted this luncheon in memory of her mother and in honor of everyone who is affected by breast cancer. JoAnn is a former member of our Board of Directors and every year raises vital funding for our work at her wonderful luncheon.

Thank you to everyone who made this event such a success!

**Luncheon Host:** JoAnn Loulan

**Home Host:** Donna Dubinsky

**Guest Panelists:** Peggy Orenstein, *New York*

*Times* best-selling author of *Cinderella Ate My Daughter* and *Girls & Sex: Navigating the Complicated New Landscape*; and Marion Kavanaugh-Lynch, MD, MPH, Director of the California Breast Cancer Research Program (CBCRP)

**Special Guest Readers:** Meaghan Calcari Campbell and Laurie Pomeranz

**Special Guest Auctioneers:** Elaine Costello and Julie Morgan

Huge thank you to the **LaureL Foundation** for the generous matching grant. The grant and the generosity of so many helped us raise \$62,875! We value your early investment of the Billie Gardner Memorial Luncheon.

- Patricia Brady
- Dianne Brinson
- Claudia Cappio
- Diane Carr
- Bonnie Crater
- Sydney & Ron Crawford



*Luncheon host JoAnn Loulan (left) with Laure Woods and Ginny Sjoberg*

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- Vivian Holley
- Elizabeth Holmes
- Lauren Koenig
- Sharon Lockareff
- Jenn Meyer
- Karen & Scott Mobley
- Dee Mosbacher
- Judy Anderson Mullins
- Patty Murray
- Celia Oakley
- JoAnn Ogden
- Debra & Andrew Rachleff
- Michelle & Roxy Rapp
- Valerie & Michael Russell
- Jennie Savage
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## Special Thanks: Spring 2016

We could not do this work without the support of so many members and volunteers. A huge thank you to:

- Thank you to **Sandra Steingraber** for your thought provoking and engaging talk at our educational forum, An Evening with Sandra Steingraber: California Fracking and Public Health in October.
- Thank you to **Carrie Wong** for her invaluable office assistance.
- Thank you to **Alan Kleinschmidt and the SF Choral Society** for tickets to their great performances for our board, staff and volunteers
- Thank you to **Janika Patel** for volunteering with us throughout her semester and assisting the program department with all types of work.
- Thank you to **Sheila Kitts** for continuing to support our work with beautiful and impactful graphic design work.
- Thank you to **Louise Greenspan, MD**, Pediatric endocrinologist at Kaiser Permanente, Clinical Professor of Pediatrics at UCSF and co-author of the book, *The New Puberty: How to Navigate Early Development in Today's Girls*, **Julianna Deardorff, PhD**, Clinical psychologist, Associate Professor at UC Berkeley's School of Public Health and co-author of the book, *The New Puberty: How to Navigate Early Development in Today's Girls* and **Barbara Cohn, PhD**, Director of the Child Health and Development Studies, a project of the Public Health Institute for their engaging and informative presentations on our January webinar, "Environmental Exposures: Why Timing is Critical."
- Thank you to **Martha Dina Arguello**, Executive Director of Physicians for Social Responsibility LA and founding member of STAND LA, **Juan Flores**, Community Organizer for Center on Race, Poverty and the Environment and **Karen Feridun**, Founder of Berks Gas Truth for their powerful presentations on our March webinar, "Communities Impacted by Fracking Coast to Coast."



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- Thank you to BCAction member, **Katylyn Frew** for screening *Pink Ribbons, Inc.* at Beloit College in Wisconsin.
- Thank you to **Ashley McCormack** and **Jocelyn Lyle** of Environmental Working Group and **Marj Plumb** and **Robert Gould** of Physicians for Social Responsibility-San Francisco Bay Area Chapter for all your hard work and dedication in planning and co-hosting "An Evening with Sandra Steingraber: California Fracking and Public Health in October."
- Thank you to **Kari Napoli** for raising hell for BCAction with her archery group fundraiser.
- Thank you to **Kehillah School for Learning** for hosting a bake sale fundraiser on behalf of BCAction.
- Thank you to **Spirit United Soccer Club** for selecting BCAction as the beneficiary of your soccer club t-shirt and challenge sales.
- Thank you to **Lori Gibson** for selecting to fundraise for BCAction through Pure Haven Essentials (formerly Ava Anderson Cosmetics) online parties.

12th Annual Billie Gardner Loulan Memorial Luncheon:

- Thank you to **JoAnn Loulan** for her fierce fundraising prowess raising over 1 million dollars over 12 years.
- Thank you to **Donna Dubinsky** and **Len Shustek** for opening their lovely home and underwriting the catering.
- Thank you to **Peggy Orenstein** and **Mhel Kavanaugh-Lynch** for their support and providing a thought-provoking panel and Q&A.
- Thank you to **Elaine Costello** and **Julie** and **Danika Morgan** for volunteering to do the live auction.
- Thank you to **Meaghan Calcari Campbell** and **Laurie Pomeranz** for powerful and moving readings.

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## Donations in Honor and Memory: Fall 2015

*Every day, Breast Cancer Action receives gifts honoring those who are living with or affected by breast cancer. We also receive contributions to honor the passionate advocates, volunteers, medical professionals and leaders of the breast cancer movement.*

*Many donations also memorialize those who have died of this disease. Each gift made in honor and memory will be used wisely by Breast Cancer Action to end the breast cancer epidemic.*

### **Donations Made in Honor**

*BCAction gratefully acknowledges donations made in honor of the following individuals between November 14, 2015 – March 14, 2016.*

1973 Smithies from Roberta Lipsman	Barbara Redding from Diane Dodge
Abigail Arons from Anonymous from Elissa Arons	Barbara Tingey from Erika Tingey
Alison Braverman from Anonymous from Vicki Green and Robert Curry	Barbara! from Marie Garlock
Alison Carlson from Terri Burgess	Belle Shayer and family from Liane Shayer
All the Women from Ronnie Sandler	Beth from Wendy's 0013 Crew and Customers
Amy Halo from Suzi Goldmacher	Betsy Thaxton and Nancy Wood from Lesley Mann
April Byard from Kaylin Gundry	Beverly Canin from Patricia Carroll
Barbara Dorsey from Elaine Dorsey	breast friends; for life from Florie and Joseph Adiutori
	Brenda Redman from Melissa Justice

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Dorian Solot  
from Suzanne Miller and Walter Vom Saal

Jane Matz  
from Simona Ghirlanda

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Jenna Hasenkampf  
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Joan Melbostad  
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Linda Studebaker  
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from Jean-Noel Gallardo

my mom a survivor battling stage 4 at 80!  
from Laurie Fuller

Nanci Grail  
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Anniversary  
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from Anonymous  
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from Sharon Barnett and Victor M. Barnett

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from Anonymous

Stephanie, Beth, Mom, Tellelyn, Hope,  
Marianne, Ilene, Shelley, and so very many othe  
from Anonymous

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Susan Cohen  
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from Anonymous

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from Zoe Christopher

the hard working BCA staff and volunteers  
from Elle Hoffnagel and Terry J. Murphy

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from Betsy Aubrey and Steve Lichtenberg

Toni Babbitz  
from Marci Greenstein

too many  
from Christie Masterjohn

too many friends  
from Wendy Gerstel

Tracy Weitz  
from Susan Berke Fogel

Victoria Schwartz  
from Elisa Schwartz

Vonn Quayle  
from Karen Marble-Hall and Karen Hall  
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"Three of my yoga teachers have died of breast cancer"

from Anonymous

Adrienne Alley

from Rose Loveday

Alexandra Garcia-Freeman

from Michelle Garcia

Alma Warner

from Kathryn Davis

Amy Grabel

from Sandy Bailey and Liz Nania

Anna M. Roos

from Anonymous

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from Neshama Franklin

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from Deborah Elkin

from Deidre Gruber

from Ellen Rubin

from Janet Brodie

from Polito & Associates

from Sarah Forman

from Sandra Shaner

from Scott Weiss

Babs Attard

from Theresa Attard

Barbara Brenner

from Anonymous (5)

from Brenda Eskenazi and Eric Lipsitt

from Caitlin Carmody and Kirby Ramstad

from Carl and Gay Grunfeld

from Cheri Bryant

from Constance Finney

from Deborah J. Marx

from Diana Oswald

from Eileen Goldman and Robert Gabriner

from Ellen Hickey

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from Estelle Disch

from Heather and Kitt Sawitsky

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from Janet and Richard Sommer

from Jeffrey Goldberg

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from Kellea Miller and Daniel Walmsley

from Kira Jones

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from Leonie and Glen Janken

from Linda Scaparotti

from Lorie Nachlis and Abby Abinanti

from Louisa Castner

from Marsha Bergman

from Mary Law

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from Nancy Pemberton and Jeff Parker

from Nickie Hilbert

from Norman and Adrienne Schlossberg

from Ronnie Caplane

from Sara Markel and Lloyd Altman

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from Stan Yogi and David Carroll

Barbara DeLuca

from Julie Becker and Joshua Berlin

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My grandmother and all patients I work with  
fighting this disease  
from Anonymous

My mother Carolyn Fraser  
from Carrie Whitney

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from Alice Wolfson

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from Elizabeth Peck Repass Holmes

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