



Report From the 2007 Breast Cancer Symposium Integrating Emerging Science Into Clinical Practice

By Marilyn Zivian

The 2007 Breast Cancer Symposium: *Integrating Emerging Science Into Clinical Practice* provided an opportunity for people working in breast cancer to learn about and raise questions concerning research developments relevant to treatment of the disease. Held in San Francisco in September, the symposium largely focused on translational research, i.e., research with the goal of determining how basic scientific findings may be best applied to the clinical treatment of patients. The symposium was cosponsored by the American Society of Breast Diseases, the American Society of Breast Surgeons, the American Society of Clinical Oncology (ASCO), the American Society of Therapeutic Radiology and Oncology, the National Consortium of Breast Centers, Inc., and the Society of Surgical Oncology.

The 33 oral presentations at the symposium were divided among the following eight topics: the role of estrogen in breast cancer, the impact of radiation on long-term survival, current controversies in treatment and screening, clinical and research issues in profiling breast cancer patients, local and regional management of metastatic breast cancers, HER2-positive breast cancer, disparities in incidence rates and care, and the use of preoperative therapy. In addition there were 293 poster presentations that more or less fit into the following four categories: the biology of risk and prevention, detection and diagnosis, epidemiology and biology, and treatment. A small set (14) of the posters was also presented orally. Clearly a great deal of information—more than many people (including myself) could absorb—was provided for the more than 1,200 individuals who attended the symposium (abstracts and video presentations are available online at www.asco.org).

Unlike other conferences that are primarily research focused, the goal of this symposium was not to present and publicize the results of leading-edge scientific research or major breakthroughs (although there were a few hints, as usual at cancer conferences, of exciting things to come in the future). Instead, the conference attempted to bring the latest in relevant and useful scientific results on the screening, evaluation, and treatment of breast cancer to the attention of medical, surgical, and radiation oncologists—and all other



health care providers and parties with an interest in breast cancer therapy.

According to the presenters, this was the first symposium of its type, and I found it both informative and professionally engaging. First, as a woman living with breast cancer, I always want to know what is going on in the field. And, second, as a psychologist who herself was trained and who has trained others in what is known in our field as the scientist/practitioner model, I was curious about how well the symposium's goal of bringing together scientists and practitioners in order to inform clinical practice would be met.

According to the scientist/practitioner model, in order to be a good clinician, one must also be a well-trained scientist and vice versa; to be a good scientist, one must be a well-trained clinician. Furthermore, this training will provide those who are both clinicians and scientists

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FROM THE EXECUTIVE DIRECTOR

A Day at a Time: Taking the Long View

By Barbara A. Brenner

It's the end of September as I write this column, but by the time you read it, another year will be ending. I'm now thinking about what this year has meant for people with and at risk for breast cancer and for BCA's work to carry the voices of people affected by the disease.

You may have noticed that there seems to have been a breast cancer study in the news almost every day in the past year. From MRIs to new treatments to DDT and beyond, hardly a day went by that didn't result in a breathless report of a new breast cancer "breakthrough." The increased pace of release of study results reflects in large part the fact that, since the early 1990s, enormous amounts of money have been poured into breast cancer research. That investment has filled the breast cancer research pipeline, as the studies that have been funded move toward completion. The result is a new report every day. More often than not, the studies rarely justify the excitement they generate in the press. And what we've seen in

2007 in terms of study results is the beginning of a tidal wave.

BCA has worked hard to keep up with—and deconstruct—the breaking news in the past year so that we can provide useful information to people struggling with decisions. We've also continued to work on the issues that have been at the core of our work for many years: advocating for more effective and less toxic treatments, advancing universal access to quality health care, and advancing research and policies addressing the environmental links to breast cancer.

And we've made some progress in the past year:

- ⊛ When the FDA approved Tykerb, a new breast cancer drug, BCA highlighted—and the agency noted—the problem of approving drugs for metastatic disease without knowing whether the drug will prolong survival or improve the quality of life.
- ⊛ When the health care debate in California became dominated by the business interests of men in suits, BCA worked with our women's health allies to bring the voices of poor and underserved women into the health care reform

discussion.

- ⊛ As the struggle over whether to move forward with a trial testing an aromatase inhibitor in women without breast cancer heated up, BCA members successfully encouraged the NCI director to put women's health first and cancel the trial. (For more information, read "BCA Cheers STELLAR Cancellation," in the *BCA Source* #98, October 2007.)
- ⊛ As more people have learned about the resources available at BCA, we were contacted by and able to help more and more folks struggling with decisions about breast cancer.
- ⊛ We were greatly cheered by the increasing acknowledgment in the scientific community of the role of involuntary environmental exposures in triggering breast cancer.

At the same time, all of us involved in the day-to-day work of BCA recognize that as we make progress on the issues we care about, we need to look at all that we are doing and be strategic about the role we play in the breast cancer movement and in our use of limited resources. To that end, we have been engaged, for the first time since 1998, in an in-depth strategic planning process.

That process involves looking carefully at all we do and asking people who know our work about how we are perceived and what, in their view, we do best. This information will help us focus our activities on the most significant trends in breast cancer that will most benefit from BCA's approach.

Since we have not completed this challenging process, we don't yet know exactly how, if at all, our programmatic work will change. We do know that the critical analysis we provide, and our focus on engaging people on taking action on breast cancer issues, will continue to be key features of our work. And we know that by framing breast cancer issues in a social justice frame and highlighting the ways in which they can be successfully addressed only through systemic change we will continue to lead the breast cancer movement.

Breast cancer is a lens through which many issues of women's and men's lives can be viewed and addressed if people just like you are willing to put on these glasses and engage this work. Here at BCA we're taking the long view and working to make it a reality, a day at a time. ⊛

In 2000, Barbara Brenner wrote an executive director's column about the mission of BCA, and how that mission addressed the most pressing issues in breast cancer at the time. To see how much—and how little—has changed in the breast cancer world, read "Carrying the Voices: Advancing BCA's Mission," in BCA Newsletter #62, November/December 2000.

“BCA has worked hard to keep up with—and deconstruct—the breaking news in the past year so that we can provide useful information to people struggling with decisions.”

FROM THE EDITOR

Do Something Besides Worry

By Katrina Kahl

At the heart of BCA's work is providing information about breast cancer to the many people who are affected by the disease. In doing this, we sift through stacks of information (and misinformation) to bring critical analyses of what's happening—and what's important—in breast cancer.

As part of this work, BCA staff members and volunteers attend breast cancer conferences and symposiums to learn about the latest research findings and treatment practices and share them with our members. The cover story in this edition, by BCA volunteer Marilyn Zivian, reports on emerging trends in breast cancer research from the *2007 Breast Cancer Symposium: Integrating Emerging Science into Clinical Practice*. (For more information about Zivian and her volunteer work at BCA, see page 9.) The major goal of the symposium was to bring together scientists and clinicians to discuss how to move research out of the laboratory and into practice.

Part of the work of bringing cutting-edge information to our members requires staff at BCA to continually monitor the media for breast cancer news and articles. Standing out in the piles of breast cancer "breakthroughs" was an article by Barbara Ehrenreich, a noted writer living with breast cancer (see *What Causes Cancer? Probably Not You*, on page 5). In her article, Ehrenreich describes the phenomenon of victim blaming in the information provided about breast cancer and points to research that challenges the long-held notion that the best way to avoid breast cancer is by modifying individual behaviors and attitudes.

Most important, we bring information to our members through our newsletter, e-alert, and Information and Referral (I&R) program. The *BCA Source* is a substantive publication that provides reports on conferences and symposiums, opinion pieces, book reviews, profiles of activists, and news clippings. The articles often give a critical analysis that puts information about breast cancer into perspective for our readers. The monthly e-alert provides up-to-the-minute news, notices, and action alerts on breast cancer. Through the e-alert, we give our members ways to take action on campaigns that can help to end the breast cancer epidemic. Finally, anyone who needs information about breast cancer can contact us through our Information and Referral program (see page 4). The I&R program helps people find the resources they need to answer their questions about all aspects of breast cancer.

BCA provides these services because people need them to make informed decisions about their health. We also hope that by educating people on the real issues in breast cancer, we can all take action to change the course of the epidemic. ☉



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PROFILE

Allison Young

BCA Program Associate

By Mary DeLucco

When the position of program associate at Breast Cancer Action opened up last February, Allison Young applied because, she says, “I liked the fact that BCA worked on women’s health issues from a feminist perspective.”

She also liked the fact that the job called for her to handle the majority of the calls and emails BCA regularly receives from people looking for health care referrals or advice on where to find answers to their medical questions.

“I see my job as trying to provide women with the information they need to empower them to make fully informed decisions,” she says.

Allison has been providing information since she was an undergraduate at the University of Maryland, College Park, where she majored in family studies. She volunteered as a reproductive health coordinator, counseling students on contraception and disease risk reduction.

After graduating, she spent two years in Armenia with the Peace Corps as a community health education volunteer, teaching health and English to Armenians of all ages—from elementary school to college.

She sees her work at BCA as a natural outgrowth of her college and Peace Corps work. She fields dozens of requests every week (BCA calls them “I&Rs”—information and

referrals) from recently diagnosed women looking for information, women who have read a study and have questions, those who have been living with the disease for years and are wondering about different treatments, and friends and relatives of those living with breast cancer looking for support.

“My goal is to lessen their frustration just by listening to them,” she says, “and hopefully providing them with information that can point them in the right direction.”

Allison shares many of the same frustrations with the people who contact BCA. She questions why so little research is being done on the environmental links to breast cancer, why there isn’t more regulation of the chemicals that are in everyday household products, and why current treatments for breast cancer are so toxic.

But her biggest frustration rests with the fact that the United States is the only industrialized nation in the world without universal access to health care. She says working at BCA has raised her awareness of the issue, especially since she knows how astronomically expensive cancer drugs and treatment can be and how, even with insurance, many women find they simply cannot afford the health care they need.



Allison Young

ABOUT BCA'S I&R PROGRAM

As our profile of BCA’s program associate Allison Young indicates, BCA is proud of being at the forefront of the effort to get real information to people who need it.

One of these efforts is our Information & Referral program, which ensures that people who call or email our office with a question or concern about breast cancer diagnosis, screening, treatment, or prevention will be directed by a BCA staff member to the resources they need. If we’re stumped by a question, we consult with experts, read studies, conduct research online, and do whatever we can to help people get the information they need to make the best decisions for themselves.

These I&Rs are mutually beneficial. We provide information and support, and at the same time learn a great deal about the challenges and issues that people affected by breast cancer are facing. What we learn helps us to advance our mission.

BCA’s mission is to carry the voices of people affected by breast cancer to inspire and compel the changes necessary to end the breast cancer epidemic. BCA’s Information & Referral program is an essential part of that mission.



Before she started at BCA, Allison had planned to go back to school for a master’s in public health. For now, that plan is on hold because she feels she’s getting a graduate education here.

“This job has changed my life and my lifestyle,” Allison says. “I never take my health for granted now.” ☺

What Causes Cancer? Probably Not You

By Barbara Ehrenreich

The perennial temptation to blame disease on sin or at least some grave moral failing just took another hit. A major new study shows that women on a virtuous low fat diet with an extraordinary abundance of fruits and veggies were no less likely to die of breast cancer than women who grazed more freely. Media around the world have picked up on the finding, cautioning, prudishly, that you can't beat breast cancer with cheeseburgers and beer.

Another "null result" in cancer studies—i.e., one showing that a suspected correlation isn't there—has received a lot less attention. In the May issue of *Psychological Bulletin*, James Coyne and his colleagues at the University of Pennsylvania reported that "there is no compelling evidence linking psychotherapy or support groups with survival among cancer patients." This flies in the face of the received wisdom that any sufficiently sunny-tempered person can beat cancer simply with a "positive attitude." For example, an e-zine article entitled "Breast Cancer Prevention Tips" advises:

A simple positive and optimistic attitude has been shown to reduce the risk of cancer. This will sound amazing to many people; however, it will suffice to explain that several medical studies have demonstrated the link between a positive attitude and an improved immune system. Laughter and humor has [sic] been shown to enhance the body's immunity and prevents against cancer and other diseases. You must have heard the slogan "Happy people don't fall sick."

So far no one appears to have read Coyne's study. On June 30, a month after its publication, all-purpose guru Deepak Chopra assured Sanjay Gupta on CNN that the mind can control the body: "... You know, of course, the... study where women who supported each other in a loving environment with breast cancer the survival doubled." Gupta, last sighted seeking to discredit Michael Moore's "Sicko" with his "fact-checking," simply nodded, although the study Chopra was referring to was discredited years before Coyne's research came out.

For the last decade or so, adherents of the new discipline of "positive psychology" have been insisting that not just cancer, but almost any health setback, can be conquered with optimism or a "positive attitude." But as Coyne and other critics point out, the science here is shaky at best. Even the theoretical lynchpin of the supposed happy-mind-healthy-body connection—that a positive outlook strengthens the immune system—took a kick in the teeth two years ago when Suzanne Segerstrom at the University of Kentucky found, to her own apparent surprise, that optimism can

have a negative effect on the immune system when the stressors are intense, as in the case of serious disease.

Even if veggies and smiles don't cure cancer, aren't we still entitled to blame some people for their diseases? Lack of exercise and dietary indiscretions play a role in the development of diabetes and coronary heart disease, so we indulge in self-gratifying contempt for the fat lady scarfing down Doritos. But before you rush to judgment, ask yourself: What nutritional alternatives does she have? (And, yes, I know they have "salad" at Wendy's now, but they don't offer apples on Amtrak.) As for exercise, gym memberships easily cost \$500 a year, and far too many of us are forced to spend 10 hours or more a day sitting in a cubicle, a car, or a bus.

In the case of breast cancer, one victim-blaming theory after another has wilted under scrutiny: The "cancer personality" theory, for example, which breast cancer victim Susan Sontag took on in her 1978 book *Illness as Metaphor*, and now high-fat diets and negative attitudes. Something other than genetics causes it, though, and one leading candidate is the Hormone Replacement Therapy that doctors pushed on menopausal women for decades as a supposed way of preventing heart disease, Alzheimer's, and wrinkles. When, in 2002, HRT was found to be correlated with breast cancer and millions of women stopped taking it, the incidence of breast cancer plunged.

Which suggests that optimism, especially about the validity of the conventional wisdom, can be hazardous. What you need is a narrow-eyed, deeply skeptical attitude. ☹

*The original article was posted on barbaraehrenreich.com. Barbara Ehrenreich is the author of 13 books, including the New York Times bestseller *Nickel and Dimed*. A frequent contributor to the New York Times, Harpers, and the Progressive, she is a contributing writer to Time magazine.*

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ALERTS BY E-MAIL



Want up-to-the-minute news, notices, and action alerts on breast cancer? Sign up for BCA's monthly e-alert! The e-alerts will also let you know when the newest issue of our bimonthly newsletter, *BCA Source*, has been posted on our web site—so if you'd prefer to download it from the site instead of receiving it in the mail, contact us at 415/243-9301 or info@bcaction.org.



NEWS CLIPPING

Mammograms Versus MRIs for Detecting DCIS

By Katrina Kahl

A study published in the August 2007 edition of *The Lancet* suggests that MRIs may detect more ductal carcinoma in situ (DCIS) at a stage more likely to progress to invasive breast cancer (high-grade DCIS) than mammograms.¹ With this in mind, the researchers for this study speculate that detecting more high-grade DCIS, rather than low-grade DCIS, may lead to less overdiagnosis of benign early-stage breast cancer. However, because the capacity to perform breast MRIs in the United States is low, the current usefulness of the information presented in this study is questionable.

For the study, researchers examined more than 7,000 women in Germany over the last five years using both MRI and mammograms. All the women were patients at the breast center at the University of Bonn Hospital and Medical School. Of 167 women found to have DCIS, mammography detected the condition in 93 of the women (56 percent), while MRI detected it in 153 of the women (92 percent). The researchers also report that the ability of MRI to detect DCIS (i.e., sensitivity) increased with a higher grade of DCIS, whereas the sensitivity of mammography decreased with a higher grade. Of the 89 cases of high-grade DCIS, mammography detected 46 of the cases (48 percent), while MRI detected 87 of the cases (98 percent).

Previous studies of MRIs to detect DCIS have consistently found that mammograms are better at detecting the condition. The researchers in the current study suggest that those studies were biased, because they did not use the specific criteria required for diagnosing DCIS with an MRI. Additionally, previous studies examined the use of MRI on women who already had a diagnosis of DCIS with mammography. Because mammograms are better at detecting low-grade rather than high-grade DCIS (the opposite of MRIs, according to this study), the women with high-grade DCIS that was missed by mammograms but may have been found by MRI were not included in the studies.

However, in the United States, radiologists skilled and experienced enough to use MRIs for breast cancer detection are in short supply. “MRI is not yet ready for use as a mass screening tool,” says Christiane Kuhl, the lead author of *The Lancet* study. “In order to evaluate the MRI scans, an experienced eye is needed.”

BCA’s executive director Barbara Brenner says, “This study was reported as useful for women. In fact, as the researchers noted, we don’t have the capacity to do in the United States what was done in Germany, and we won’t for some time.” ☉

¹ Christiane K. Kuhl, et al., “MRI for Diagnosis of Pure Ductal Carcinoma In Situ: A Prospective Observational Study,” *Lancet*, 2007;370, August 11, 2007.

BE THE SOURCE OF BREAST CANCER ACTION'S SUCCESS!

Breast Cancer Action makes no small plans—as you can tell from the articles in this issue! With your investment in our work, we will continue to reach ambitious goals and to effect change that others consider impossible. Individuals like you fund more than half of BCA’s annual budget. Of every dollar raised, 80 percent is spent on our programs.

BCA is the only national breast cancer organization that does not accept funding from the pharmaceutical industry or from any corporations profiting from or contributing to the cancer problem. Our independence—and your support—make it possible for us to challenge anything that stands in the way of getting answers about the breast cancer epidemic.

Invest in BCA’s important work today in any of the following ways:

- Make a gift by check or credit card** with the enclosed envelope or by phone 877/2-STOP-BC.
- Donate online** at www.bcaction.org/donate.
- Transfer stock** or other securities to Breast Cancer Action. Call us for account information.
- Join the Susan Stone Circle of monthly givers.** \$25 a month is \$300 annually! Sign up online.
- Pledge now and pay later!**
- Include BCA in your will** and become a member of the Elenore Pred Legacy Circle.
- Ask your employer to match** your BCA gift!
- Choose BCA in your workplace giving campaign.**
- Invest in BCA’s national advocacy work** by making a gift to the Susan Claymon Fund.
- Host a house party** in honor of BCA. Call us for a house party guide!

Questions? Contact Sarah Harding, BCA’s development associate, at 415/243-9301, ext. 17, or sharding@bcaction.org.

