BREAST CANCER ACTION Source
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From the Executive Director: *Pink Ribbons, Inc.* on the Big Screen

By Karuna Jaggar, Executive Director

As a parent of two young children, I don't get to the movies nearly as much as I'd like. And yet I've seen the Canadian documentary *Pink Ribbons, Inc*. nearly half a dozen times—and every time it reignites me about this work in a different way.

With the film landing in movie theaters across the country this month, I've been hearing regularly from folks about their reactions to the film. I'm enjoying the conversations among and between my diverse network and community including the discussion we had together when BCAction hosted 200 San Francisco Bay Area members and friends at our "sneak peek" film benefit on May 31st at Laurent Studio in San Francisco.

What I love about *Pink Ribbons, Inc.* is that it stirs both our emotions and our intellect.

As happens at every showing of the film I've attended, including our sneak peek, there are many tears in the audience. The film is unique and powerful in large part because it gives women living with metastatic disease space to share how they feel betrayed, diminished, and ignored by the current messages and priorities of the mainstream breast cancer movement. All of us who've had breast cancer, or care about someone who has had the disease, can't help feeling stirred up, touched, and angry about how little progress we have made in addressing issues pertaining to metastatic disease.

Always bringing us to the point, the insightful and incisive Barbara Brenner, BCAction's former executive director, leads the call in the film with her characteristic sharp wit and powerful analysis. She, with other leaders in the field, pull back the pink curtain on the mainstream breast cancer movement. The film tackles head-on many of the hypocrisies of cause marketing, the corporate exploitation of breast cancer, and frequently overshadowed—and sometimes deliberately buried—truths about environmental links to breast cancer. And it does so squarely placing the responsibility on the corporations who are making so much money from the disease rather than vilifying individual women with good intentions who choose to do breast cancer walks and runs.

Let's face it; people come to the pink ribbon from very different places. For many women it's the easiest and most accessible way to feel like we are "doing something" in the face of a

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disease that claims the lives of too many. Whatever your starting point, the film helps ask the right questions and provokes powerful responses.

Many people have asked about the connection between BCAction, *Pink Ribbons, Inc.*, and our Think Before You Pink® campaign. From the beginning, Breast Cancer Action consulted on and was a resource for this documentary made by the Canadian Film Board (under the guidance of executive producer, Ravida Din). The film is based on Samantha King's book of the same title and heavily features our Think Before You Pink program, including highlights of several of our past campaigns including our Milking Cancer video in its entirety. Today we are partnering with the US distributor in getting the film into communities around the country. And now's your chance to get the full *Pink Ribbons Inc.* Action Package – click here.

At film festivals and opening nights in theaters throughout the US, we are working with our members to arrange speakers and supply BCAction materials and toolkits to complement the film. Our Think Before You Pink Toolkit is the perfect companion to the film as it offers powerful ways to effect change and lays out how each and every one of us can play a role in making this change happen. The toolkit is a decade in the making, and the product of wisdom from so many of you, including some who are no longer with us. The toolkit is our answer to many people's post-film viewing reaction of "What do I do now, if not a walk or run?" Click here to get your own free copy, and spread the words to your friends.

Whether loved or hated, *Pink Ribbons, Inc*. is a conversation starter. And there's no question we need deep, honest, fearless discussions about how to address and end the breast cancer epidemic. We need radical conversations that they get us to the root of things—the root causes of this disease, the roots of why we aren't making more progress to end the breast cancer epidemic.

And true to its reputation, this issue of *The Source* contains critical information about our ongoing campaigns to end pinkwashing, our advocacy to stop corporate ownership of our genes, the importance of a precautionary approach to health that becomes possible with the Affordable Care Act, the necessity of a social justice approach to science as well as educational outreach work, our take on recent treatment news, and member perspective on health inequities.

Thank you for being a longstanding voice in shaping the conversation and joining us to challenge, and change, the status quo.

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Breast Cancer Treatment: News and Updates

Treatment for Her2+ Breast Cancer

By BCAction Staff

Breast Cancer Action has been a leading voice for breast cancer patients at the Food & Drug Administration (FDA) for over twenty years. As the watchdog of the breast cancer movement we insist that any new treatment approved by the FDA is shown to extend life, improve quality of life or cost less than drugs currently on the market. We urgently need more effective, less toxic treatments that benefit women, not only Big Pharma's bottom line.
The recent treatment news we cover below addresses HER2-positive breast cancer, which accounts for less than a third of breast cancer diagnoses.

T-DM1

T-DM1 was in the headlines after Genentech released results of their Phase III clinical trial of T-DM1 at the annual ASCO conference in June, and announced their plans to seek FDA approval for the drug. The focus of the media frenzy was only partly on the results of the study, showing slight improvement in progression-free survival of just over three months in women with HER2+ metastatic breast cancer. The primary media excitement was about the science behind the creation of this new targeted treatment.

T-DM1 enables targeted delivery of the chemotherapy DM1 to HER2+ cancer cells by linking it to the antibody trastuzumab. We believe the significance of this "breakthrough"—if it is that—is in the science of creating the antibody-drug conjugate.
Breast Cancer Action has been following T-DM1 for a number of years and remains focused on real demonstrated benefit to patients, not media hype. In 2010, we successfully advocated for the FDA to deny accelerated approval of T-DM1 for metastatic breast cancer because Genentech's data at that time relied on a Phase II trial that did not give sufficient information on the drug's efficacy and safety.

With the recent release of the Phase III data, we have some new evidence to consider in evaluating our position on T-DM1 when it comes before the FDA. We do not believe progression free survival is an adequate substitute for overall survival and the T-DM1 data on overall survival is not yet mature, although it has been suggested that there appears to be a benefit. We remember the early elation in 1998 when Trastuzumab (Herceptin) was approved by the FDA. It was heralded as a new era in treating metastatic breast cancer. What we have learned in the years since is that cancer cells are incredibly adaptable and eventually some women develop drug resistance to trastuzumab. The current Phase III studies on T-DM1 do not give any long term indication on whether the effects of T-DM1 will last or whether cancer cells will eventually adapt to this treatment as well. We hope this type of targeted treatment can 'outsmart' the cancer cells for the long-term but it's just too soon to know, nor celebrate, what is only an incremental improvement compared to current therapy.

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However, in evaluating new drugs and their benefit to women, we also consider cost—which is unknown at this time but certainly not expected to be less than other treatments—and side effects. While there are still a large number of women experiencing severe side effects (grade 3 or worse) the percentage is smaller than with standard chemo (41% compared to 57% on standard chemo). In addition, the nature of the side effects is quite different, with patients on the pertuzumab arm spared the rash, vomiting/nausea and hair loss of standard chemo. Based on these new Phase III data, T-DM1 appears to meet BCAction's absolute minimum criteria for approving a new treatment as it seems the drug can offer patients a slight improvement in quality of life. We will watch for when T-DM1 goes before the FDA and ask that OS be part of the follow-up required if this drug gets accelerated approval.

While we are the first to champion the need for improved quality of life for women living with breast cancer, the media uproar about this drug — inspired by an additional 3.2 months of progression-free survival — is a sobering reminder of how desperately we need significantly better treatment options for women diagnosed with breast cancer, particularly women with metastatic disease.

Pertuzumab

On June 8, the Food and Drug Administration approved the use of pertuzumab (under the brand name Perjeta) for use in combination with trastuzumab (Herceptin) and the chemotherapy docetaxel for the treatment of patients with HER2+ metastatic breast cancer who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease. Subsequently, following the FDA approved Perjeta, Genentech announced in a press release there is indication that the drug is showing improvement in overall survival. However, Genentech won't release the actual data until it is presented at medical conferences later this year and we have not been able to review the company's claims.

At the San Antonio Breast Cancer Synposium in December 2011, the data released from the CLEOPATRA trial showed that combining Herceptin with pertuzumab delayed progression of tumor growth by six additional months, with the greatest benefit for ER- tumors. The study examined the effect of combining pertuzumab and trastuzumab in a double-blind randomized study for HER2+ metastatic breast cancer in women who were previously untreated for the metastasis. These results were widely heralded by clinicians as among the most important findings presented at the conference.

However, Breast Cancer Action has not yet seen data that demonstrates it meets our drug approval guidelines. The CLEOPATRA trial focuses on progression-free survival (PFS) rather than focusing on overall survival (OS). Additionally, the drug is more toxic with more side effects. While the researchers claim "significantly prolonged progression-free survival, with no increase in cardiac toxic effects," the rates of febrile neutropenia and diarrhea of grade 3 or above were higher in the pertuzumab group than in the control group. It is also important to note that these rates of toxicity in both groups, and particularly the pertuzumab-treated group, were even higher in the Asian patients that participated in the study. The majority of

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patients in the study were white or Asian, with insubstantial representation of other racial and ethnic groups.

In addition to overall survival and quality of life data, Breast Cancer Action considers cost, recognizing that drugs that cost less than current treatments get into the hands of more women. Initial information regarding cost has indicated that a course of treatment with pertuzumab and trastuzumab could cost approximately $200,000. A price tag this high inevitably limits availability especially to already underserved communities.

Of particular concern to us is the fact that this drug was approved by the FDA without going through the typical process of review through the Oncologic Drug Advisory Committee (ODAC). Although not all cancer drugs are required to go through this process, most do– especially drugs that have questionable end-points and toxic effects. We are concerned that the FDA has given Genentech a pass on the normal review process given the lack of clear OS information, the higher rates of febrile neutropenia—particularly in the Asian subgroup—and no data on other minority populations. BCAction is concerned about this short-changing of the FDA on review of pertuzumab. Because of pertuzumab's failure to meet our criteria for approval, BCAction will outline our concerns to the FDA and vigorously monitor follow-up on the drug.

Tykerb

Upcoming FDA drug reviews include Tykerb, (lapatinib) scheduled to be reviewed by the FDA in late July. GlaxoSmithKline is seeking FDA approval of Tykerb tablets for use in combination with Herceptin for patients with Her2+ metastatic breast cancer that has progressed after previous treatment with Herceptin.

Tykerb is currently approved for use in Her2+ breast cancer in specific situations. In 2007, Tykerb was approved with the chemotherapy capecitabine for Her2+ breast cancer for women in whom the cancer has progressed following chemotherapy and Herceptin. In January 2010 Tykerb received accelerated approval for treatment in combination with hormonal therapy of postmenopausal "triple positive" (ER+/PR+/Her2+) metastatic breast cancer for women in whom the cancer has progressed after previous treatment of chemotherapy and Herceptin.

Common side effects of Tykerb include diarrhea, fatigue, nausea, and rashes and the drug has been linked to toxic hepatitis.

We will take a close look at the evidence on Tykerb as it becomes available to the public. Based on our patient-centered analysis of the data, we are prepared to testify at the ODAC hearing to ensure that patient interest is represented at the FDA.

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Advocate Report: American Society of Clinical Oncology (ASCO) Annual Meeting in Chicago, June 1-5, 2012

By Beverly Canin, BCAction Board Member

The 2012 ASCO Annual Meeting drew more than 31,000 attendees from 117 countries, including over 300 patient advocates representing approximately 100 advocacy organizations. In a poll of the 25,500 professional attendees, 25% of the respondents indicated breast cancer was a primary area of interest. Though the question allowed for more than one response, only 4% indicated a primary interest in cancer prevention/epidemiology, 4% in patient and survivor care and 2% in ethics. These numbers were striking to me.

ASCO prides itself on its educational programs to improve patient care, its frequently updated clinical practice guidelines, its informational booklets and fact sheets for patients, and its disease- specific symposia. Obviously, physicians are trained to treat patients and most are clearly looking for ways to improve their practices, but one still has to wonder—I certainly did—at such an apparent disconnect between professional interests and the issues that are so vitally important to patients.

T-DM1

Of the hundreds of presentations in workshops, plenary and poster sessions at ASCO, there are always headline grabbers – the 'breakthroughs' as the media likes to call them. The most publicized results from this meeting was the EMILIA study, which show the efficacy of T-DM1, a monoclonal anti-body conjugate, in patients with HER2-positive locally advanced or metastatic breast cancer, though the progression free survival gain is modest and no overall survival gain is indicated.

Childhood chest radiation and breast cancer risk

Other headline research related to breast cancer included findings that chest radiation in childhood for Hodgkin's Lymphoma increases breast cancer risk in adults. A federal study which is tracking survivors of childhood cancers indicates that by age 50, these survivors have a breast cancer incidence rate of about 30 percent, about the same as women who carry a BRCA1 or BRCA2 mutation, which suggests they should undergo the same surveillance as the BRCA1/2 carriers.

Abraxane and Ixempra for metastatic breast cancer

Dr. Hope Rugo, director of breast oncology and clinical trials education at the University of California, San Francisco reported on a large Phase III clinical trial which showed that certain newer, more expensive drugs were no better and even more toxic than a cheaper, older drug, paclitaxel, that is used in patients with locally advanced or metastatic breast cancer. Median progression free survival was 10.6 months for those taking paclitaxel, compared with 9.2 months for Abraxane and 7.6 months for Ixempra.

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Cymbalta for chemo-induced numbness and tingling

Another Phase III clinical trial by the Cancer and Leukemia Group B (CALGB) showed that Cymbalta, which is used to treat depression, anxiety, and the pain caused by diabetes-related neuropathy, appears to reduce the numbness and tingling associated with taxane or platinum-based chemotherapy. The study found that 33 percent of the patients taking Cymbalta reported a 30 percent or greater reduction in pain scores compared with 17 percent of those on a placebo, with a daily 30mg dose not as effective as a daily 60mg dose.

"Overdiagnosis" Dilemma: Prescription for Change"

One very compelling presentation which did not make the news was "Addressing the "Overdiagnosis" Dilemma: Prescription for Change", by Laura Esserman, MD. Dr. Esserman is boldly challenging the current paradigm which identifies and treats Ductal Carcinoma in Situ (DCIS) as cancer with prescriptions for lumpectomies, mastectomies and radiation. She calls for a new paradigm which recognizes the heterogeneity of lesions, acknowledges that the biology of lesions trumps size in determining progression, uses known facts to help distinguish indolent, low grade DCIS from high grade and introduces risk-based screening protocols. She recommends that low-grade DCIS be re-named and treated as atypia, which it closely resembles. She stressed the need for more clinical trials to determine treatment approaches, indicating that there is one underway for intermediate grade lesions and one being planned for high grade lestions. Dr. Esserman said in situ disease detection has increased 500%. She insists that cancer, not DCIS, should be the target of screening.

Genomic sequencing for cancer

Another take-away from the meeting is how genomic sequencing has impacted the way cancer is viewed, treated and researched. The entire genetic sequence of a cancer can now be analyzed and targeted therapies administered that weren't possible a few years ago. Genetic analysis has allowed the identification of cancer subtypes and revealed the heterogeneity of cancers – even within the same tumor. Treatments can now be targeted for the biology of the tumor rather than the site, with potentially far fewer side effects. But there are some big questions that accompany this progress:

- Can the increasing cost to society of genetic research and targeted treatment be sustained?
- Will insurance companies support it so that everyone will be able to benefit or will it be reserved for the few who can afford it?
- Is this research leading toward prevention or just 'chronic disease' maintenance?

It's essential that we consider these questions as we move forward.

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"Designing Clinical Trials for the Elderly: A Road to What?"
On a final note, because of work I do as an advocate with the Cancer and Aging Research Group, I was asked to present the advocate perspective in an Educational Session on Designing Clinical Trials for the Elderly. I added the question "A Road to What?" to my title, not with an expectation to answer the question, but with a hope to leave it indelibly in the minds of the researchers as they design clinical trials for the elderly and other populations. I pointed out that the scientific jargon is "translational research", but advocates and patients simply want to know: "How is this research going to help me or my children and their children?" We advocates think my participation was quite a coup because, as far as anyone knows, this is the first time an advocate has presented as faculty at the ASCO Annual Meeting.

I let the audience know that my talk was informed by my years of experience as a breast cancer advocate interacting with patients and survivors of all ages, advocates in other cancers as well as breast cancer, clinicians and researchers in a variety of settings. I explored some of the following questions:

- Why have an advocate perspective?
- What do we mean by advocate?
- What do we mean by "elderly"?
- How does this diverse population view clinical trials?
- Why the skepticism and suspicion?
- Can we overcome the skepticism?
- What questions do the "elderly" want asked in clinical trials?
- Biomedical or behavioral – does it make a difference?
- What do we "elderly" need from researchers and clinicians?
- How do researchers find and work with advocates and advocate organizations?

I received many compliments about my presentation. The most rewarding comments came from two post doctoral students who thanked me enthusiastically, saying how much they appreciated hearing what I presented because they don't learn anything like it in their courses.

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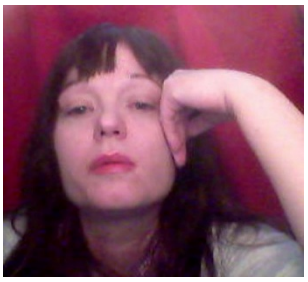
Victory for Prevention? The Affordable Care Act Might Just Bridge the Gap



By Mary Ann Swissler, BCAction member

They're not copays or premiums, but polluted air and water add an equally high price to the cost of health care. Not everyone agrees on this, so the argument to include a plan for a clean environment in the health care equation has gone back and forth for decades, erupting every so often whenever a report studying the issue calls for more research. For instance, the 2011 Institute of Medicine study on links between the environment and breast cancer concludes that while some toxins cause cancer, it's impossible to match one specific chemical to one specific case of cancer.

On the other side of the table sit advocates, including BCAction, of the precautionary principle, a preventive approach that calls for the use of chemicals proven to be safe. For environmental activists, mainstream scientists, and policymakers, the issue of how much evidence is enough to demonstrate safety or harm has always clogged up discussions. Until now, that is.

The Affordable Care Act, or "ObamaCare," spells out its leading principle quite clearly: do no harm. This clear delineation of prevention as a guiding force behind health reform is huge. The Act defines the constituents of polluting based on a preponderance of research evidence instead of the one-to-one comparison demanded by peer-reviewed scientific evidence.

This move toward calling for a cleaner environment has roots in *The National Prevention Strategy* (NPS), a document released as part of a 2010 presidential mandate. The National Prevention Council was established to improve the nation's health through federal leadership and coordination among federal agencies. The National Prevention Council comprises 17 federal agency heads and is chaired by the Surgeon General.

The *NPS* notes that "safe air, land, and water are fundamental to a healthy community environment." Here's more from the wish list on how to create healthy communities from the *NPS*: Increase the availability of health professionals to "identify, prevent, and reduce environmental health threats. Clinicians can provide information and counseling on how to prevent, treat, and manage environmental-related exposures. Through Pediatric Environmental Health Specialty Units, federal agencies are partnering with the health care community to help clinicians assist parents in addressing environmental health concerns (e.g., indoor air pollutants, lead, mercury, and pesticides)."

If all goes well, we are looking at the real possibility of turning back the tide of toxins released into the environment and thus available for human osmosis. But that's a big *if* considering the current political system and political climate that favors polluters. We are a long way from

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living in a pollution–free environment. This isn't pessimism or even paranoia. According to an EPA statement, it has taken decades for the new federal mercury standards to become law.

In addition to the very real problems of how long it takes to implement new regulatory standards, the logistics of enforcing change pose serious problems. According to an emailed statement received for this article, currently there are no plans to grant new enforcement powers for the clean air/water regulations to the U.S. Health and Human Services, the department that oversees health care reform and the National Prevention Strategy. A representative from the Office of the Surgeon General, who administers the strategy, stated: "The recommendations and actions in the Strategy build upon, and complement, existing federal strategies, plans, and guidelines to improve health." The Surgeon General's office is currently "working on an implementation plan that includes both departmental and cross-departmental actions." Currently, no implementation plan has been released.

The raw ambition of this plan alone is exciting. Face it, environmentalists — we won. All that's left is cleaning up the environment and implementing good practices to keep it that way. It will be a long slog but we now have public health laws on our side. Still, we need to stay vigilant. In that vein, I have recommendations for additional considerations commonly left out of well-meaning legislation and especially from actual policies within government enforcement agencies.

1. Environmental engineers need to be included in this prevention strategy. They'll find solutions for industries and not just hand down edicts from on high.

2. We must address environmental racism and low-income biases. Incinerators, for example, are more likely to find homes in politically weak neighborhoods, which not coincidentally are where racial minorities and the low-income communities live.

3. We have to continue to stress job-creating abilities and have strong language preestablished to respond to the critiques of moneyed interests. Better yet, sell it to the American public now, emphasizing the state and local impacts. Otherwise, it's not real. Let's be honest: pollution controls don't cut into job creation. Instead, they cut into short-term corporate profits that mean companies don't plough their profits back into their operations; hence, they're against pollution controls.

4. Create freedom from the whims of Congress. Last year's adoption of the Mercury and Air Toxics Standards will force America's dirtiest power plants to dramatically cut the most toxic air contaminants. But these life-saving standards can be overturned with a Congressional Review Act. The President must have the ultimate authority, not the mood of a compromised Congress.

5. Create incentives for business, not only penalties. With all the billions collected in fines each year, at least some dollars ought to be earmarked for businesses to invest in environmental

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cleanup technologies for their offending business practices. It could do wonders for their quarterly financial statements and thus their motivation to "do no harm."

We must put forward a workable plan that works for public health and offers industry incentives. All too often, when it comes to pollution control, the "job killer" argument provides a convenient place for many industries to hide. Creating legitimate wiggle room for corporations could end the "job killer" canard once and for all.

Mary Ann Swissler is a Madison, Wisconsin–based writer and critical thinker. She has published articles on grassroots activism about cancer, money in politics, and the environment. She can be reached at eyewryt@gmail.com.

Member Perspective: Joshlyn Earls

Editor's Note: Zoe Christopher, BCAction's Information and Resource Liaison, is on the receiving end of most of the emails, letters and phone calls we get from BCAction members. She hears both the inspiring and the deeply disturbing stories from our members and does the research to find answers to your questions. One of the hard truths we all know about breast cancer is that sometimes there are no good answers to find. For this issue's Member Perspective we asked Zoe to talk with a fierce, inspiring BCAction member named Joshlyn Earls who has been frustrated by the lack of information and resources available anywhere for African-American women living with inflammatory breast cancer.

Joshlyn Earls is a woman determined to beat the odds she's been given by the medical establishment. Diagnosed with inflammatory breast cancer (IBC), she completed chemotherapy, bilateral mastectomy, and radiation, and is now experiencing the side effects of tamoxifen. "Why can't I find significant data on African American women and IBC? We're diagnosed more often and at younger ages than other women. About 10 percent of new breast cancer cases in African American women will be IBC — you'd think they'd be doing more specific research."

Joshlyn belongs to an IBC support group with about 2,000 members. "When I asked how many were African American, the answer was zero!" she says. "What does that mean? Is our survival rate different? Is this a cultural issue? I can't find answers to a lot of my questions. Much of the data I do find is misleading, or the statistics apply to breast cancer in general, not IBC."

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An energetic mother, grandmother and wife of 38 years, Joshlyn is used to getting answers. "I want to talk to women who are living with IBC and look like me. I want to talk to women who were diagnosed more than two years ago, but I've only been able to find four who are living with it," says Joshlyn. "And I want to talk to African-American women who've discontinued tamoxifen. The side effects are terrible, and I know there are many women who choose quality of life over toxic medications."

Joshlyn says, rightly, that we need improved detection and more education for women about inflammatory breast cancer. Though symptoms are often felt and seen externally — thickening of the breast skin, redness, swelling, heat — IBC is aggressive and is often diagnosed very late. It forms in layers, as opposed to a tumor, and is less likely to be detected on a mammogram or by breast self-exam if women are looking for a lump.

For years, Joshlyn owned and operated a full-service beauty product distribution company and produced one of the largest multicultural beauty trade shows in Northern California. During the course of this work, she was exposed to an array of toxic chemicals. When she became pregnant, she pulled back. "I knew it was a toxic environment. Maybe that's where my cancer originated — there's no way to know," she says. "But I actually developed an organic alternative product — I was ahead of my time. It's a hard field to change, and after 12 years I stopped promoting it."

Joshlyn's online research about breast cancer brought her to BCAction. Learning about our work in support of the Safe Cosmetics Act and the Safe Chemicals Act of 2012, she found a niche. "Now you'll find me fiercely advocating for both. I'm encouraged to know this is getting attention," Joshyln said.

A feisty activist by nature and not one to settle for the status quo, Joshlyn founded her own nonprofit to address the gaps she's found to be so frustrating. "I want to educate the breast cancer community, particularly African American women, and provide solid, meaningful information about this very serious form of breast cancer," she said. "I want that information to be accessible when people need it. I also want to find ways to provide financial assistance for people who are in treatment because I found that organizations that claim to offer assistance, don't. They're misleading."

It's well-known that fewer African American women are diagnosed with breast cancer than white women, but the mortality rate for African American women is higher than for white women. "The information seems to stop there for us. And in regard to IBC, I know we're not all dead, though my research would lead me to think otherwise," she insists. "I know we're out here. How will we ever reduce mortality or effectively treat IBC, or improve our quality of life unless we unite and raise our voices and demand progress?"

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Book Review: *Breasts — A Natural and Unnatural History*

By Florence Williams, published by W.H.Norton, 2012.

Review by Kathi Kolb

Kathi Kolb is a long-time writer, artist and activist for women's healthcare. She has worked as a physical therapist for 20 years, currently in home healthcare. She was diagnosed with breast cancer in 2008. Her experience of the healthcare system as a cancer patient, and as a clinician, prompted her to start a blog called The Accidental Amazon.

Exhaustively researched and highly readable, science journalist Florence Williams' latest book describes the remarkable and largely uncharted ecology of women's breasts. Yes, ecology. Because it turns out that human breasts are in fact a complex and adaptable ecosystem, with a unique ability to tune in and respond to the world around them. But this very ability may now — in this modern world of environmental assault — be our undoing. It's a sobering message, but Williams delivers it with humor, wit and accessible, relentless candor.

Why Do We Have Them?

Humans are almost the only mammals whose females have the pendulous, orb-shaped organs known as breasts. Most mammals do not have or need breasts to suckle their young. So, why do we?

In the book's introduction, Williams quotes humorist Dave Barry, who once wrote, "The primary biological function of breasts is to make males stupid." In her first chapter, she describes how apposite Barry's observation truly is with respect to much of the research that has been conducted about them. Generations of male researchers have unwittingly demonstrated how much breasts can "make males stupid" by basing most of their scholarly studies — not to mention their informal ones — on the erroneous assumption that humans developed breasts primarily for sex appeal. Study after study set out to 'prove' that men liked them and to determine why, but somehow missed their rather more essential purpose, which is to feed human infants. Later studies finally acknowledged their central function — lactation — but researchers still couldn't seem to agree on why they are shaped as they are. More recent evolutionary and anthropological studies have argued convincingly that they developed their external form and placement to help us have smaller babies with bigger brains, feed them on the run, and help infants develop the gestures, palate structure and oral motor skills necessary for human speech. Most mammals just have exterior nipples, while the milk glands remain interior. But as we stood up and lost our fur, we humans also developed flat faces. So

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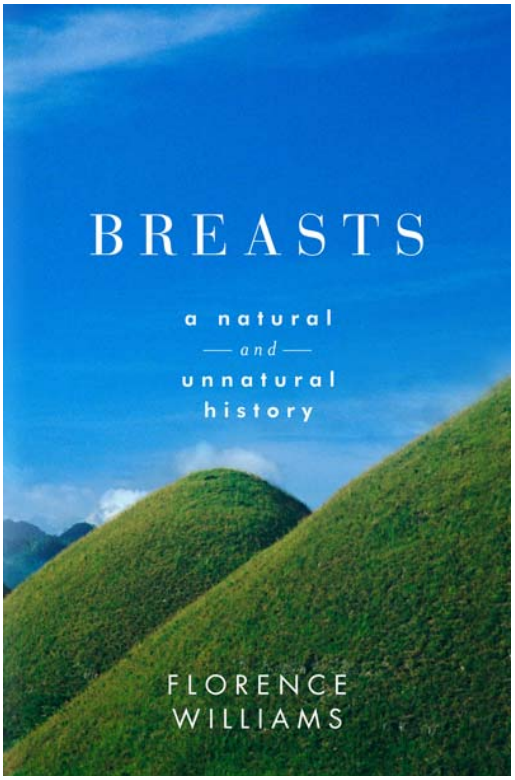
our babies needed an exterior shape that would protrude, allowing them to latch on and suckle.

The Milk Miracle



Williams proceeds to describe just how remarkable — and still poorly understood — human lactation is. We do know that lactation in animals is eons old. So far, biologists have found that we humans have about 6,000 genes devoted to lactation, and that, in essence, the primary purpose of lactation is to deliver fat-rich nutrition. Mammary glands work in highly sophisticated ways to produce milk that is individualized for each infant and confers immunity, to secrete contraceptive hormones to prevent pregnancy while mothers breast-feed, and to allow infants to develop physical and cognitive skills while they are feeding. Estrogen plays a key role in managing this remarkable process. Of necessity, breasts evolved the ability to absorb estrogen not only from other parts of our bodies, but from external sources, like the plants and animals we eat. Unfortunately, they did not develop the ability to avoid absorbing some nasty, artificial estrogen-like chemicals from our environment.

At puberty, estrogen and other hormones help girls develop the tree-like system of milk ducts that underlies the rounded structure of emerging breasts, by switching on a massive process of ductal cell proliferation. Understanding how humans start and stop this cell proliferation in puberty may lead to treatments for that other abnormal type of cell proliferation — breast cancer.

Is Bigger Really 'Better'?

According to the research Williams cites, there is no conclusive evidence that bigger breasts gave members of our species any evolutionary advantages back in the mists of time. Bigger breasts are no better at making milk than small ones, nor do they make more of it. No matter what size they are, the average new mother produces 16 ounces of milk in each breast in 24 hours. There is also no universal, cultural consistency in the average size and shape of breasts.

Yet this notion that 'bigger is better' has been around for a very long time, as have all manner of external breast enhancements, from corsets to 'cupcake' inserts. But the idea of making breasts bigger from the inside is fairly recent. According to the American Society for Aesthetic and Plastic Surgery, in 2011, almost 317,000 women had breast augmentation surgery, making it the most popular plastic surgery among women, followed by tummy tucks (almost 150,000)

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and contrasted with breast reduction surgery (about 113,000). The average breast augmentation surgery results in a C cup.

Boobstagrams

However ambiguous the motives may be for increasing breast size, the history of surgical augmentation is ugly, dangerous and driven by greed. In the past century, surgeons have inserted everything from paraffin to wood chips into women's breasts to make them bigger, usually with deadly or disfiguring results. In the late 1950's, the first implants came along. The early ones were something like sponges, made of polyvinyl and polyethylene, and containing formaldehyde. Then came silicone, which was initially used to insulate airplane parts and lubricate machinery, and later for paints, adhesives and medical tubing. By the early 1960's, the popularity of silicone breast implants was fostered by plastic surgeons who pathologized "limited" breast size by referring to "small" but normal breasts as "micromastia." Even in 1982, the American Society of Plastic and Reconstructive Surgery referred to small breasts as 'deformities.' By the early nineties, the health problems resulting from implants, and the carcinogenic ingredients some contained, exploded across the news, resulting in lawsuits and massive recalls. Despite the so-called safer implants now produced, they continue to result in health problems like capsular contracture, while quality control and manufacturing safety continue to be questionable.

Unhealthy Assets

The next several chapters are even more alarming. The adaptive marvel that is the ecology of our breasts turns out to be a barometer of the environmental pollution that saturates our lives. Pesticides, plastics, and some of the chemicals used to manufacture them contain substances that are artificial estrogens. Bisphenol A, aka BPA, is one of them. Then there are drugs that act on our endocrine systems, like the infamous DES. There are artificial growth hormones and antibiotics in cows' milk. There is mercury in our fish. There are phthalates in beauty lotions and shampoos. There are flame-retardants everywhere. The list is endless.

One of the scariest things about these substances is that we — and our breasts — absorb them even if we manage to avoid ingesting them in our food and drink. When they don't act like estrogen, some of these substances act like aromatase, an enzyme that converts other hormones into estrogen. Others can disrupt our endocrine systems and normal genetic signaling. Our furniture, our cars, our computers, our cellphones, the predominance of our product packaging, all contain these chemicals and polycarbonates. According to Williams' research, about "one thousand chemicals" in our everyday products have been found "to alter animal endocrine systems." In the U.S., new products can be manufactured without testing them for their effect on the human body.

When Williams had her own breast milk analyzed by a laboratory, she was shocked to find out how much flame retardant, among other things, turned up. Later, she and her seven-year-old daughter also submitted urine samples for toxicology analysis, both before and after a three-

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day attempt to avoid as many potential chemicals and plastics as possible. The results demonstrated just how ubiquitous these products are and how close to impossible it is to completely eschew them.

It's not easy to determine exact correlations between these environmental toxins and their precise effects on our biology. But research has documented that the onset of puberty in girls is occurring earlier and earlier. For decades, the average age of puberty in the U.S. had been about 13 or 14. In 1997, one study found that the mean age in American girls for breast development and pubic hair had lowered to 9.8 years in Caucasian girls, and 8.8 years in African American girls. Meanwhile, other researchers have scrambled to examine the relationship between early puberty and breast cancer risk, the carcinogenic effect of individual toxins on breast cancer development, and the relationship between all these artificial estrogens and obesity, puberty and breast cancer.

Mother and Child

Williams goes on to a frank discussion of our conflicting notions about breast-feeding. Its history, like many other areas of our female reproductive lives, has been fraught with controversy, needless medical interference, myth, misinformation and neglect. From wet-nurses to deadly recipes for infant formula to breast pumps; from the immunity conferred by breast milk, to the toxins passed along in it, breast-feeding today can seem both miraculous and dangerous. Breast milk as a substance is still far from thoroughly understood. And few scientists comprehend the mechanism by which we produce it. Nor does it always come 'naturally.' Not every woman can or wants to breast feed, and thousands of children, at least in modern times, have managed to grow up to be healthy adults without it. Baby formula, however, has its own unseemly history. But as researchers understand more about real breast milk, we may be able not only to produce better, safer infant formula, but develop some of its ingredients to help fight cancer.

Breast Cancer & the Bottom Line

The last chapters in the book address the myriad vagaries of breast cancer. A particularly moving chapter addresses male breast cancer, and the cluster uncovered among Marines at Camp Lejeune, "the largest cluster of male breast cancer ever identified." Other chapters are devoted to HRT, aging, and breast cancer incidence; to breast density, BRCA mutations, and the drawbacks of current screening tools. There is even an edifying revisit with formal breast self-exams, in which the author used a scientifically-engineered breast-model, with instructions that are very different from the old shower-card instructions with which many of us are familiar. Even with practice, Williams did not find it easy or necessarily helpful. But once again, the bottom line seems to be that, however we do it, we should spend some time getting to know our own breast geography.

The overriding theme of this informative book is to place human breasts in their evolutionary, ecological, social and biological context. And to outline an urgent call to action. The more we

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understand breasts, in all their complexity, the more we realize that the task of curing and preventing breast cancer has reverberations that affect all of society.

Yet, Williams writes, even when prevention is "broadly defined to include early screening," [a definition BCAction disagrees with, as screening does not prevent the development of cancer] only 7% of the National Cancer Institute's budget is spent on prevention. Our basic screening tool — mammography — has not changed in its essence in over half a century, while radiation, which mammography confers upon our breast tissue, itself is the one absolutely proven environmental factor that increases our risk of breast cancer.

Meanwhile, despite the fact that the bulk of the NCI's budget is spent on treatment research, the treatment of breast cancer still involves the old 'slash/burn/poison' protocol, with all its collateral damage. As the author discovered personally, better lifestyle choices can only take us so far. Until manufacturers make safer products, until corporate farms produce foods that are free of toxins, until the assessment and regulation of chemicals is more rigorous, we are all at risk.

Book Review: *How We Do Harm: A Doctor Breaks Ranks About Being Sick in America*

By Otis Webb Brawley, M.D., with Paul Goldberg

Review by Angela Wall, PhD., BCAction Communications Manager

There's a lot to like about this book: it's an easy-to-read chronicle of Dr. Otis Brawley's life as a practicing oncologist at Grady Memorial Hospital in Atlanta, Georgia, and researcher for the National Cancer Institute. Brawley offers a pull-out-the-stops critique of cancer care over the years in the United States. He's critical of the pervasive culture of over-everything in the current health care system: overdiagnosis, overtreatment, overscreening, overcompensation to doctors by pharma and device manufacturers, and the cultivation of overoptimism and faith among cancer patients that oncologists actually have their best interests at heart or, worse, are up to date with the most recent and current treatment literature. I loved all this whistleblowing. We need more truth telling.

And I appreciated Brawley's efforts to address the workings of the "cancer industry" and the ways in which it fails patients. This, to me, is the real strength of the book. Brawley writes

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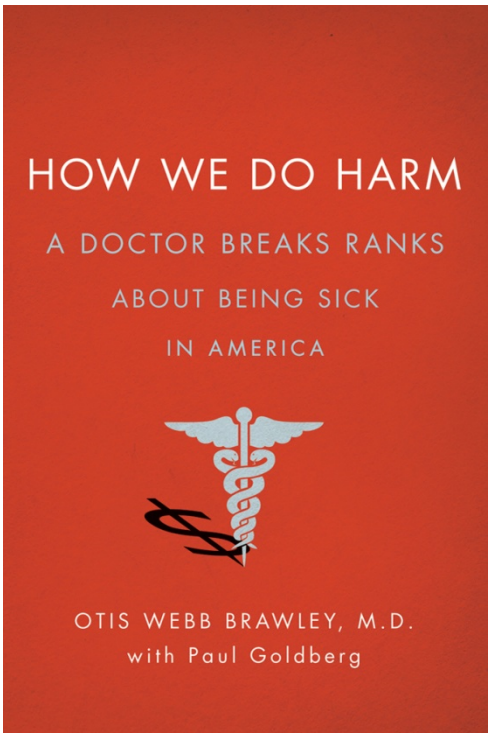

frankly: "I empathize with a patient who views an unproven procedure as her only hope for living longer, but I have nothing but contempt for a medical practitioner who labels bullshit "hope" and profits handsomely from it. It's possible to have innovation and quality and access and lower costs. There is no need to choose" (24). If he added "less toxic" to his list, his views would have a perfect match with BCAction's position on approval of new cancer drugs.

Brawley touches somewhat on health inequities in the US, and I wish he explored it more. Here at BCAction we know that health inequities aren't *just* about access to healthcare. Inequities in breast cancer incidence and outcomes are based on a complex interplay of social factors, including where we live, learn, work, and play. These factors embody the realities that explain higher cancer mortality rates for people in underserved communities. For Brawley, while "skin color, wealth, education, area of geographic origin, and family history are important" in any effort to understand health disparities, he argues that "we could improve dismal health outcomes on both ends of the socioeconomic spectrum if we were simply faithful to science, if we provided and practiced care that we knew to be effective" (12). Science alone won't do it. We need science, but we also need justice — economic, social, racial, and environmental justice.

Research data from studies that fail to include women and men from underserved communities or communities of color leads to science that doesn't reflect the specific pathology and lived experiences of a disease as it impacts communities. Staying faithful to science doesn't always improve the situation unless we are cognizant of whose cancers get studied and in relation to what causal factors. Adhering to science doesn't help if we don't understand the practical barriers to health maintenance in underserved communities.

The entire U.S. medical system is built around an economy motivated and driven by profits at great cost to patients. Brawley's book is a collection of 'buyer beware' stories. The book is worth the read for a solid dose of why we need independent research, why we need to shift the balance of power at the FDA away from big pharma toward patients, why we need a precautionary approach to environmental health, and why we must address and end health inequities. Too many lives are devastated by cancer. And between this book and films like *Pink Ribbons Inc.*, people can no longer claim ignorance. The truth is coming out.

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Advocacy and Education Update

Victory for our Raise a Stink Campaign! Another win for Think Before You Pink ®

Thanks to thousands of you joining together through our campaigns, we have another Think Before You Pink victory to report.

Pinkwashing reached a new low last year with Susan G. Komen for the Cure's commissioned perfume, Promise Me. The perfume contained unlisted chemicals regulated as toxic and hazardous — all wrapped in a pretty pink ribbon. Nearly 5,000 activists asked Komen leadership to immediately recall the perfume, and your messages made it clear you will not stand for pinkwashing.

As of May 2012, Komen has ended their partnership with TPR Holdings to produce Promise Me perfume. This is a huge victory for all of us working to make sure women's health comes before corporate profits, and that pink ribbon products do not harm our health. Thank you for raising your voice and demanding an end to pinkwashing. We look forward to continuing this important work with you — if you haven't yet, make sure to get your free Think Before You Pink Toolkit today.

Milking Cancer: Thank you for keeping the pressure on Eli Lilly!

In 2009, we launched our Milking Cancer campaign, demanding Eli Lilly stop making rBGH, an artificial growth hormone found in many dairy products and linked to an increased risk of breast cancer. Eli Lilly is the only company in the world making and distributing rBGH; Eli Lilly also manufactures drugs to "prevent" and treat breast cancer. That's a highly lucrative profit cycle we call pinkwashing. A few weeks ago, over 1,500 BCAction activists sent a letter to Eli Lilly's CEO demanding he sign our Pledge to Prevent Pinkwashing. Thank you for keeping the pressure on Eli Lilly to ensure everyone's food supply is free from synthetic hormones, whether they are able to buy organic milk or not. If you've not yet taken action, click here to take a stand for food that does not harm our health.

Our Legal Challenge to Myriad's BRCA 1&2 Gene Patents Moves Forward in the Courts

In July the Federal Circuit will re-hear our lawsuit with the ACLU against Myriad Genetics. BCAction joined the lawsuit challenging Myriad Genetics's patents on the BRCA1 and BRCA2 genes (the "breast cancer genes") in 2009. Myriad's monopoly prevents anyone else from even examining the genes and creates barriers to scientific research and medical care relating to breast and ovarian cancer. It also limits women's ability to get second opinions when they

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receive ambiguous genetic testing results, which happens disproportionately to women from ethnic minorities, including African Americans, Latinas and Asian Americans. We are the only national breast cancer organization named as a plaintiff in this historic lawsuit filed by the American Civil Liberties Union and the Public Patent Foundation.

The Federal Circuit is scheduled to rehear the Myriad case in July after the Supreme Court sent the case back to the Federal Circuit in light of new case law on gene patenting. We believe this is good news, and we will be working with partners and national activists to respond to the hearing. To learn more, read our testimony at a recent U.S. Patent and Trademark Hearing.

Safe Chemicals Advocacy

Recently BCAction members joined over 115,000 activists in the Safer Chemicals, Healthy Families Coalition to petition Congress for stricter regulation of toxic chemicals.
We are committed to stopping breast cancer before it starts through stronger regulation of toxins linked to breast cancer. We cannot shop our way to health and safety–our health and safety depend on stricter chemical regulation. The chemical industry is spending millions of dollars lobbying Congress to block meaningful progress in Washington. Last year alone they spent $52 million lobbying Congress to block protections from toxic chemicals, some of them linked to breast cancer.

But when people band together to demand change, powerful things happen. We are proud to join our partners in the Safer Chemicals, Healthy Families Coalition in working for the passage of the Safe Chemicals Act, which would create the common sense limits on toxins we need. You can take action for a safer world for all of us, right now - ask your Senators to sponsor the Safe Chemicals Act of 2012.

Safe Cosmetics Advocacy

A recent report out of California shows how badly we need meaningful health protections that prioritize the health of vulnerable people like children, teenagers, and women of reproductive age.

In April the California Department of Toxic Substances Control released a report showing how some nail care products sold in California – despite claiming to be free of the "toxic trio" (toluene, formaldehyde, and dibutyl phthalate or DBP) – actually contain high levels of toluene and DBP.

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We're outraged by this report that shows nail care manufacturers are blatantly lying about what's in their products. How can salon owners and workers know what's in the products that they are exposed to daily for long periods of time (8 hour shifts) if the labeling is incorrect? Meanwhile, cosmetics companies — including many that put pink ribbons on their products — are fighting to keep their products among the least-regulated in the country. But together with partners at the Safe Cosmetics Coalition, BCAction members are demanding change loud and clear. We're advocating for the Safe Cosmetics Act, which would create stronger regulation of chemicals in personal care products that harm our health. We've had enough of lying labels and carcinogenic products.

Take action right now for safer personal care products that don't increase our risk of breast cancer.

Education and Outreach

ICC's Biennial Symposium on Minorities, the Medically Underserved and Health Equity

Sahru Keiser, our Program Associate of Education and Mobilization, is currently at the Intercultural Cancer Council's Biennial Symposium on Minorities, the Medically Underserved and Health Equity. She is presenting a poster about our speakers' bureau pilot project, where women can learn useful advocacy tools and become skilled at motivating others to take action on breast cancer issues.

Communities of color bear a heavier burden of disease; African-American and Latina women are more likely to die from breast cancer than white women. Studies also show women of color having differences in disease presentation, with more aggressive breast cancers developing at earlier ages.

Through our speaker's bureau program, we seek to create space for conversations with underserved communities where their experiences and collective wisdom are highlighted to work on issues that are relevant and pressing to them. To learn more or get involved, contact Sahru at skeiser@bcaction.org.

Free Educational Webinars

Since we launched our free educational webinar series almost a year ago, thousands of you across the country—and world—have tuned in to learn about critical breast cancer issues. Together with terrific partner organizations and guest presenters, we've covered the politics of breast cancer, gene patenting, inequities in breast cancer, breast cancer screening, and a whole lot more. We've loved hearing from you via Twitter, Facebook, email, and phone about

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what you're learning and how the webinars are helping you think differently or more deeply about breast cancer advocacy. If you missed any of these webinars or loved them so much you want to view them again, click here to view past webinars.

Pink Ribbons, Inc.

Pink Ribbons, Inc., the new documentary about pink ribbon marketing, premiered in the United States a few weeks ago. It's exciting to see our former executive director, Barbara Brenner, and our Think Before You Pink® campaign on the big screen and to hear from members across the country about how this film is energizing and inspiring them. BCAction members, staff and Board members have been at a number of screenings across the country to answer questions, facilitate discussions, distribute materials and toolkits. Thank you to everyone who is getting out there to help people turn their outrage to action. Click here to see if the film is showing in a theatre near you. If not, or if you'd like to host your own screening, get in touch with Sahru Keiser at skeiser@bcaction.org.

Think Before You Pink Toolkit

And if you haven't already, make sure to download a free copy of our Think Before You Pink Toolkit, full of resources and information you need to challenge pinkwashers and make real change to address and end the breast cancer epidemic. Share the link with your friends and network! Help us put the power of change in thousands of activists hands by distributing 10,000 toolkits across the country.

Meet Our New Board Members

In May 2012, we welcomed two new members to our Board of Directors. We're excited to introduce them to you below. We're still recruiting new members for our Board – if you are interested, click here to learn more.

Lori Baralt

Lori is an assistant professor in the Department of Women's, Gender & Sexuality Studies at California State University, Long Beach where she teaches courses on women's health and sexuality, women and environmental justice, reproductive justice, and feminist methodology.

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"I lost my mom to breast cancer when I was 12, so my life has been significantly shaped by breast cancer. My academic work has focused on breast cancer and I have admired the work of BCAction for many years," Lori says.

Lori holds a Ph.D. in Sociology and her dissertation addressed the potential negative results of the global expansion of Susan G. Komen for the Cure and Avon Walk for Breast Cancer, which emphasize individual behaviors and corporate advocacy over disease prevention and health equity. Her current research focuses primarily on breast cancer and the environment. Lori is deeply committed to advocating for the prevention of breast cancer through the promotion of the Precautionary Principle and chemical policy reform.

"BCAction's priorities speak to my perspective on breast cancer perfectly. I am so fortunate to be joining the BCAction Board at such an important time in breast cancer advocacy history," Lori says. "I think, with the Komen/Planned Parenthood controversy this year and the release of the documentary, *Pink Ribbons Inc.,*people are seeking new ways to address the breast cancer epidemic and I'm so happy to join the Board of an organization that offers an inspiring alternative vision."

Ngina Lythcott

Ngina served as a dean of students at Dartmouth and Swarthmore Colleges, and Columbia and Boston Universities for more than 20 years, retiring in 2011. She holds an M.A. in Clinical Social Work, and an M.A. and Ph.D. in Public Health, and has done extensive community organizing for health promotion/disease prevention in African-American urban, Latino urban and rural white communities.

Ngina has a long history of dedication to social justice, particularly the healthcare needs and health disparities of disenfranchised communities in the U.S. She is especially concerned about how exposure to carcinogens has impacted the incidence, prevalence, specific diagnosis of, and premature mortality due to breast cancer.

"I am proud to join Breast Cancer Action's Board of Directors," Ngina says. "While I have been active in breast cancer advocacy for several decades, BCAction is an organization that has long appealed to me because of its history of breast

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cancer advocacy especially in the area of environmental exposures and for its commitment to diversity and equity."

Ngina's advocacy work currently includes breast cancer liaison for the Black Women's Health Imperative, founding member of Consumers Unified for Evidence Based Health Care, the Governing Board of the Intercultural Cancer Council, and the Integration Panel of the Department of Defense Breast Cancer Research Program. She is also on the Simmons College Board of Trustees.

Special Thanks

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

Vernal Branch for graciously representing BCAction at the *Pink Ribbons, Inc*. screening at the Washington DC International Film Festival.
Cindy Pearson – for your participation as a BCAction member at a Q&A panel after the screening of Pink Ribbons Inc. at the Washington DC International Film Festival.

Amanda Burgess-Proctor for generously directing donations to Breast Cancer Action.

Catherine DeLorey for your determined energy and organization of a speaking panel for the screening of *Pink Ribbons, Inc.* in Boston, in addition to representing BCAction on the panel.

Jeffrey Graham, for your generous donation of an Epson Photo Printer.
Alan Kleinschmidt and the SF Choral Society for complimentary concert tickets.

Andy Igrejas, National Campaign Director for Safer Chemicals, Healthy Families – for your participation in the March webinar, Protecting Our Health and Environment and your continued dedication to protecting the health and safety of consumers.

Samantha King, for being a guest speaker at our house party and donating 50 autographed copies of your fabulous book *Pink Ribbons, Inc: Breast Cancer and the Politics of Philanthropy*.

JoAnn Loulan, for organizing two wildly successful events benefiting Breast Cancer Action: 8th Annual Billie E. Loulan Memorial Luncheon and the Rockin' Dinner and Dance Party which together raised close to $200,000!

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Jennifer Nazareno for generously directing donations to Breast Cancer Action in lieu of birthday gifts.

Sharyle Patton, Director of Commonweal's Biomonitoring Resource Center – for your participation on the March webinar, Protecting Our Health and Environment and her time and expertise on documenting chemical pollution in our bodies.

Linda Thai, for your two years of enthusiastic and skilled volunteer work in our office. We miss you!

Irene Yen, Associate Professor at UCSF – for your participation on the May webinar, Inequities in Breast Cancer and sharing her research on how neighborhood environment influences health behaviors.
AnneMarie Ciccarella – for your enthusiastic and skillful participation representing BCAction at the Pink Ribbons Inc. screening in Huntington NY and on the radio.

Kyra Subbotin for welcoming BCAction members into your home and **Natalie Compagni-Portis** for co-hosting a gathering with *Pink Ribbons, Inc*. author Samantha King.

8th Annual Billie E. Loulan Memorial Luncheon

Event Committee Members for your hard work and dedication to making the event a success raising over $102,000! (see previous issue of the Source for complete list of committee members.)

Hosts: Julia and Jeff Shaw

Guest Speaker: Robert Carlson, M.D.

Graphic Design: Amber Raimes – AmberInvited

In-kind Donors:
Alice's
Mr. and Mrs. Daniel Bergeson
Complete Linens
Cool Café
Donna Dusse
Curtis and Christina Feeny
Lynn and Jim Fletcher
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Linda Rigas
Karen Samuels
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Kelly Stark
Bonnie Sterngold
Lisa Troedson
Jayne Mordell
Woodside Pub

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Volunteers:
Devon McKnight
Miriam Hidalgo
Jenn Meyer

Pink Ribbons Inc. Preview and Benefit

Guest Panelist: Peggy Orenstein

Emcee: JoAnn Loulan

Partners:
Catalyst – Tom Lockard and Alix Marduel
Champion- Claudia Cappio, Lee Ann Slinkard, and Neyhart, Anderson, Flynn & Grosboll
Advocate – Mecahnics Bank and Plumbline Coaching and Consulting
Ally- Nancy Painter and Coast Counties Property Mgmnt.

Graphic Design: Sunny Young Han

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Miriam Hidalgo
Monica Lopez
Julie Morgan

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Rockin' Dinner and Dance Party:
Event Committee Members for your hard work and dedication to making the event a success raising over $90,000!

Event Committee
Linda Benevento
Tracy Cowperthwaite
Lori and Deke Hunter
Jayne Mordell
Valerie Russell
Angela Schillace
Bonnie Sterngold
Lisa Troedson
Tam Turner

Hosts: Lori and Deke Hunter

Graphic Design: Amber Raimes – AmberInvited

Auctioneers: Brad Hall and Paul Barrosse

Bands: Riffmaster and the Rockme Foundation and Evolution Eden

In-Kind Donors:
Donna and Steve Andrighetto
Beth and Paul Bartlett
Mark Twain aka Ron Crawford
Natasha Dikareva
Melanie Dunea
Patty and Jerry Evans
Christine and Curtis Feeny
Linda Rigas and Jim Jones
Laure and Dave Kastanis
Suzanne and Jim Kohlberg
Ladera Garden and Gifts
Eric and Lori Lochtefeld
Julia Louis-Dreyfus
Kristi and Tom Patterson
Julia and Jeff Shaw
Spa in the Park
Tam Turner

Volunteers:
All the Young Adult Rockstars
Sinead Devine
Dorothy Geoghegan
Miriam Hidalgo
Mara Meaney-Ervin
Jenn Meyer
Jon Rogers
Armin Staprans
Amy Washburn

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DONATIONS IN HONOR

BCAction gratefully acknowledges donations made in honor of the following individuals between March 21, 2012 and June 25, 2012.

Debra Assefa
from Karen Johnson

Dorothy Baylin
from Melinda Dart

Cynthia Beck
from Jennie Skancke

Betty and John's Wedding
from Marian Feinberg

Joyce Bichler
from Arlene and Robert Stams

Joyce Bichler & Michael Kimbarow
from Rosey Rudnick

The Remarkable Barbara Brenner
from Ronnie Caplane

Barbara Brenner
from Ellen Crowley
from Judith Gedalia
from Sharon Jackson and Kathleen Haydel
from Leah Kaizer
from Kendra Klein
from Elaine Leitner
from Roberta Lipsman and Eric Wright
from Helen Love
from Eileen Purcell
from Noreen Vera Purcell
from Patricia Purcell
from Norman and Adrienne Schlossberg
from Ellen Shapiro and Meriel Lindley
from LJ Woodard

Rose Brown
from Linda Sue Johnson

Calling Out Susan G. Komen for the Cure Years Ago
from Barbara Cymrot and Dafna Wu

Betsy Cipriano
from Pat Donahue

Susan Cohen
from Lauren Coodley

Gail Cohen
from Ayelet Waldman and Michael Chabon

Stephanie Cross
from Thomas Juarez

Gaye Doner-Tudanger
from Joy Doner-Mazzeo

Ginny Dorris
from Ayelet Waldman and Michael Chabon

Ronita Edgar
from Nancy Schuepbach

Nancy Evans
from Mary and Doug Harmon

Rebecca Farmer
from Jonathan Darr

Mimi Ferraro
from Elizabeth Robinson

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Victoria L. Fischer, My Friend
from Jill Worrall Pomnichowski

Lisa Fuerst
from Anne Ashmead
from Laura and Mark Pitchford

Beth Gardner
from Thomas Gardner

Elizabeth Goldmann
from Sophie Heymann

Shirley Gordon
from Ruth Douglas

Gaby Grant
from Marie Marrs

Kathy Green
from Selene Green

Hilary Greene
from Lisa Griebel

Katie Harlow
from Renee Harlow

Karuna Jaggar
from Lucia Wade

Elisabeth Jay
from Jennifer Kern

JoAnne
from Linda Epley

Sallie Kelly
from Susan Mitchell

Andrew Kislik
from Marcia Ganeles-Kislik

Anne Klecan
from Julie Gottschalk

JoAnn Loulan
from Pamela Dorrell
from Adrienne Torf

Jeff Lyons
from Nancy Lyons

Colleen McDermott
from Lee Ann Slinkard

Donna Marie McMillan
from Judy Cohen

Me
from Anonymous

Donna Menne
from Heidi Wachter

Helen Merzel
from Cheryl Merzel

Kathy Lynn Moore
from Arlene Miracola

Myself
from Dian Patrick

Ruth Ogilvie
from Brianne Ogilvie

Mrs. Carol Pitcherello
from Sandra Walker

My Mother, Rhoda Fay Parrish
from Anonymous

Planned Parenthood
from Martha Swartz

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Judy Riis Williams
from Misha Klein

Dr. David Rose
from Anonymous

Julie Rossini
from Victoria Klein

Lisa Schneiderman
from Carrie Kasper

Alice and Mayet Schwartz
from Paul and Chris Kardon

Susan Schwartz Senstad
from Roberta Spieckerman

Katherine Shea
from Meryl Marshall-Daniels

Donald Sherak
from Gladys Sherak

Nina Sherak
from Gladys Sherak

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Tammy Spangler
from Naomi Glogower

Helen Sproull
from Miriam Rand

Lisa Staprans
from Rosalie Cornew

The BCAction Staff
from Mara Meaney-Ervin

The Warming Hut Hotties Team
from Linda Imlay

The Work You Do
from Lucero Barajas

Teri Thorowgood
from Elizabeth Thorowgood

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