From the Executive Director: Breast Cancer Action is Made for Times Like These

By Karuna Jaggar, Executive Director

It’s been an incredibly busy year with non-stop rapid response since the Trump administration took office. After the election results were in, I wrote about what the administration would likely mean for our work and our members. We knew we’d be up against efforts to repeal or roll back the Affordable Care Act and that for cancer patients this could mean a return to denial of coverage based on pre-existing conditions, lifetime payment caps, and the inability to access healthcare. We knew we’d be facing an even more pro-industry Food and Drug Administration (FDA) and a weakened Environmental Protection Agency (EPA). And we knew we’d be confronting a hypermasculine culture where women are too often reduced to breasts and anything less than mainstream standards of beauty are mocked and ridiculed.

Everything we anticipated and more has descended in what often feels like a tsunami of threats to women’s health and wellbeing. Our healthcare system is under relentless attack by the current administration at every turn, most recently through the tax bill. The Food and Drug Administration is not only beholden to Biotech and Big Pharma, now industry executives hold key decision making positions. And agencies like the Environmental Protection Agency are being run by appointees who seek to undermine the very mission of the agency. The administration is waging an assault on our deepest social justice values. Real people are suffering the consequences of bad policies. And many oppressed communities are even more severely impacted.

But we’re not backing down from the fight because we’re at a critical moment in history, when what we do—or don’t do—will not only define who we are as a country, but also whether—and how—we as a country will work to address and end the breast cancer epidemic.

As a radical cancer activist organization, Breast Cancer Action has worked since our founding in 1990 to make sure that women's health doesn’t get sidelined. Breast Cancer Action was made for times like these. Our role as an independent rapid-response watchdog is an essential part of the larger movement working to address the current threats from an administration that’s targeting women and vulnerable communities, challenging established science, and bolstering corporate control of our regulatory protection agencies.
We’ve never been more urgently needed than at this critical time. Our work is centered on breast cancer, but our impact goes far beyond the disease because we:

- Uphold the highest standards for treatment approvals—which protects everyone who uses any medication or medical device and also promotes innovation—by pushing back on the sale of expensive drugs and devices that haven’t been shown to benefit patients
- Work to eliminate exposures to toxic chemicals that can increase the risk of breast cancer and other diseases and may even interfere with cancer treatments.
- Uplift women’s diverse voices in the face of narratives that exclude marginalized communities as well as push back on corporate profiteering off women’s bodies.

We knew a year ago that our work would be much harder—but even more urgent—and we are that much more committed to creating a just and equitable world for all of us. We’ve spent the year defending access to healthcare and calling for universal healthcare, resisting the appointment of industry executives to regulatory and protection agencies, and calling out the dominate culture that exploits women’s bodies and their breast cancer as a way to boost sales. We have our work cut out for us in the year ahead, but trust that we won’t stop:

- Insisting that social justice is at the forefront of the breast cancer movement.
- Pushing for healthcare standards that are evidence-based and patient centered so women have the information they need to make their own health decisions.
- Working for a healthcare system that provides everyone with access to compassionate, respectful, inclusive, evidence-based, and affordable care.
- Demanding that public health comes before corporate profit in all regulatory agencies and that the precautionary principle is followed.
- Calling for accountability and transparency in breast cancer fundraising and challenging mainstream pink ribbon narratives and culture.

In this issue of our newsletter, you’ll learn how you can join our work with our new Legislative Advocacy Toolkit (Amplify Your Activism with Our New Legislative Toolkit), which provides tools and information for our members to make their voices heard on key breast cancer issues. Read about our 2017 Think Before You Pink® campaign, Knot Our Pink Ribbon, which called on Estée Lauder to stop the betrayal and stop pinkwashing on the 25th anniversary of the pink ribbon (Thank YOU For Pushing Back This Pinktober).

You’ll also find our rapid response to the media on breaking news on treatment issues (When Data Doesn’t Tell the Whole Story: Breast Cancer Death Rate Report; Neratinib’s Approval is a Win for Puma, but not for Patients; and No Surprise: New Study Confirms Five-Year Survival is a Flawed Measure for Hormone Positive Breast Cancer).

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And, be sure to listen to my interview for the inaugural Crooked Conversations podcast (by the folks who do Pod Save America), “When did Breast Cancer Awareness Become a Business,” which you’ll find in our new section “Breast Cancer Action In The News.”

Your involvement, activism and support is more important than ever. When we raise our voices together, we can hold the powerful accountable and make meaningful change. With so much on the line right now, we have a moral imperative to fight with everything we have for justice.

Thank you for continuing to stand with us and for all the ways you make Breast Cancer Action a strong force for radical change.

When Data Doesn’t Tell the Whole Story: Breast Cancer Death Rate Report

By Karuna Jaggar, Executive Director

Anyone who has ever been diagnosed with breast cancer or any other major health issue knows the strange feelings of being both part of and apart from the diagnosis. On one hand, it feels so uniquely personal and individual, an attack on self. And on the other, there is the feeling of suddenly being reduced to a statistic.

Numbers can never tell the whole story of public health, but they are an essential piece of the picture. Last week the American Cancer Society (ACS) came out with updated breast cancer statistics, pointing both to a significant drop in death rates and deep racial inequities in death rates. What do these numbers tell us about the experiences of women diagnosed with and dying from breast cancer? Not as much as we might think at first glance.

The ACS reports that between 1989 to 2015 breast cancer death rates dropped by 39 percent—which sounds like incredible news! And it has a lot of people thinking we might be on the cusp of winning the 40+ year “war” on cancer.

But, the truth is not as rosy as the headlines suggest. And even if the progress isn’t as impressive as it first sounds, the report makes clear that not all women are benefiting equally. Although a reduction in death rates was documented for all racial/ethnic groups, women of color and Black women in particular continue to experience higher breast cancer death rates than white women. Black women are more likely to die from their breast cancer in every state, but the
disparity varied dramatically by state. This geographic variance shows that it is not some inherent biology that leads women of color to have more deadly breast cancers, but these disparities are the result of social and structural factors, including access to care and discrimination.

The ACS attributes any reduction in breast cancer deaths to “both improvements in treatment (e.g., adjuvant chemotherapy and hormonal therapy in the 1980s and targeted therapies in the 1990s) and early detection by mammography.”

While there is no question that the introduction of Herceptin as “standard of care” for aggressive Her2+ breast cancers has had an impact on mortality rates, the role of screening is more dubious. Routine screening for average risk women without symptoms does not change all-cause mortality. That means, there is no difference in the overall death rates (not just breast cancer-specific deaths), whether or not women participate in mammography screening.

How then can we understand the nearly 40 percent reduction in the breast cancer death rate in less than 30 years? The breast cancer doctors and researchers I’ve reached out to about this new report agree that the ACS data doesn’t tell the whole story.

There is a growing recognition that mammography screening results in high rates of overdiagnosis and overtreatment. Even with the endless “debate” about screening and disagreements about how to approach andslice and dice the data, the National Cancer Institute concludes that well conducted studies find “at least 20 percent of screen-detected breast cancers are overdiagnosed.” This means that tens of thousands of women are being diagnosed with and treated for a breast cancer that is not and never would become life threatening. By including these overdiagnosed and overtreated breast cancers as a result of screening makes it appear that fewer women die from breast cancer.

Here is what we do know. Too many women are diagnosed. Too many women die. And women of color fare worse than white women. Whatever the precise gains, we have a long way to go. The ACS reports that, “approximately 252,710 new cases of invasive breast cancer and 63,410 cases of in situ breast carcinoma are expected to be diagnosed among US women in 2017.” Surely we deserve more for all the awareness, the focus on screening, and the billions spent on research.

Correction: October 21, 2017
An earlier version incorrectly referenced how the ACS conducted their 5 year statistical analysis. The ACS data looks at survival data, assessing how death rate compares using 5 year specific age categories and seeing if death rates changed over the time periods.
Thank YOU for Pushing Back This Pinktober

By The Breast Cancer Action Team

For 15 years, Think Before You Pink® has been pushing back on corporate pinkwashers and calling out pink ribbon culture and marketing. This year, we went after the corporation that started it all—global cosmetics giant, The Estée Lauder Companies. And on the 25th anniversary of the pink ribbon, together we put a knot in theirs. Thank you for taking action to tell this pinkwasher enough is enough!

Our powerful voices, actions, and stories said loud and clear that Estée Lauder’s pink ribbon campaign is “Knot Our Pink Ribbon.” In total, more than 1,100 people sent letters to the CEO and the Executive Chairman of Estée Lauder demanding they stop the betrayal and be honest about the harmful impact of their pink ribbon campaign. Your actions reached more than 20,000 people on social media and Estée Lauder’s Breast Cancer Campaign page was flooded with comments demanding they stop the betrayal. We went beyond pinkwashing this year and shifted the conversation to the broader harms of pink ribbon marketing and culture.

Together, we’re changing the way people think about breast cancer—and the media are paying attention. Outlets like The Daily Beast reported on our campaign, and we had an op-ed published on Common Dreams that was shared on a number of sites, including Salon, Crooked Conversations, a new podcast from the people behind Pod Save America, interviewed us about our “Knot Our Pink Ribbon” campaign for one of three inaugural episodes. People are loving these articles, and you can check them out too by clicking the links above.

This is what culture change looks like and there’s proof it’s working. One such example is that Estée Lauder removed the word awareness from their campaign name this year. But our work isn’t done. Our “Knot Our Pink Ribbon” campaign is a small part of our work to protect all women from chemicals linked to increased breast cancer risk and challenge the underlying systems of oppression. This work takes time. But thanks to outspoken activists like you, we’re making a difference.

Last month, you were critical in putting pressure on the original pinkwasher and standing up against pink ribbon marketing and culture that’s harmful to women. We are truly a grassroots organization and your support makes our work possible. Help us spread the word and strengthen our base by
asking your family and friends to sign up for our action alerts and donate so we have the resources we need to continue this critically important work.

We can’t do it without you.

Get Our New Legislative Toolkit

By Kate Frisher, Campaigns Coordinator

Congress works for you, and we can’t let them forget it!

Now is the time to hold them accountable and demand health justice for all women at risk of and living with breast cancer! It’s time to step up the grassroots pressure, and we’ve got a new free toolkit to help you take action.

Download Activism For All: Breast Cancer Action’s Legislative Toolkit for step-by-step advice on how to find your representative and senator, what to include in a letter to your lawmakers, how to set up a meeting with your legislator, and much more. From experienced lobbyists to first-time activists, if you want to make your voice heard on critical issues related to breast cancer this resource is for you.

Our free toolkit is a practical guide designed to equip you with the tools you need to take action and engage your elected officials about issues you care about. Download Activism For All: Breast Cancer Action’s Legislative Toolkit today and share on social media to let others know about the resource. We’re stronger when we raise our voices together.

Feel free to reach out with any questions or requests for additional resources at: kfrisher@bcaction.org
Neratinib’s Approval is a Win for Puma, but not for Patients

By Karuna Jaggar, Executive Director

Last week the FDA approved neratinib as a so-called “extended therapy” for early-stage HER2-positive (HER2+) breast cancer to be used after the standard of care, which includes surgery and treatment for a year with trastuzumab (brand name Herceptin). Despite the fact that neratinib comes with additional side effects and women treated with the drug have not been shown to live longer, Puma Biotechnology, Inc. is reportedly planning to sell the drug (brand name Nerlynx) for $10,500 a month.

Rather than marking a breakthrough in breast cancer treatment, the approval of neratinib marks an eroding of FDA standards. Puma received accelerated approval for neratinib based largely on a single phase III clinical trial, which showed that women with early stage HER2+ breast cancer were slightly less likely to experience a recurrence of their disease. But this minimal reduction came at a cost of high rates of severe diarrhea.

The ExteNET trial, which was the basis for the FDA’s approval, randomized 2,840 women to receive either neratinib or a placebo after receiving the standard of care (surgery plus a year of trastuzumab) for early-stage HER2+ breast cancer. Researchers hoped to lower the risk of disease returning after standard treatment and were able to show a minor improvement in the length of time before a recurrence (what the researchers term “invasive disease-free survival”) by giving neratinib to patients who had completed treatment. More than nine in ten patients in the ExteNET trial, regardless whether they received the experimental treatment, did not have a breast cancer recurrence after two years: 91.6% of patients were free of disease after two years on the placebo group, compared to 93.9% on the neratinib group.

Neratinib’s ability to slightly reduce the risk of recurrence by half in just a month is not the same as showing that women live longer with treatment. A so-called “surrogate endpoint” like invasive disease free survival that is not clinically significant may be useful in guiding the development of experimental treatments, but it cannot replace the outcome that patients and doctors ultimately care about: women actually living longer, or at least living better with fewer side effects.

Meanwhile, 40% of patients taking neratinib experienced grade 3 diarrhea, which led 17% of patients to stop taking the experimental drug. Grade 3 diarrhea can require treatment in a hospital or clinic. With such severe side effects, and no demonstrated overall survival benefit, it is hard to
justify adding neratinib to treatment protocols for a group of patients who are just as likely to do well with the existing standard of care. Survival rates for early stage HER2+ breast cancer patients are fairly high with current treatments, with 84% of patients with mostly node-positive disease living 10 years after treatment.

Often described as “controversial,” neratinib’s approval was viewed as a long shot by many journalists covering biotechnology who predicted that Puma’s request would not be approved by the FDA. After following fewer than 3,000 women for just two years, the drug has been shown to have a small possible benefit through a surrogate endpoint and comes with known toxicity. Neratinib’s approval is a win for Puma, but not for patients.

Desperately needed breakthroughs in treatment are all too rare. The last one for breast cancer was nearly twenty years ago in 1998, when the Food and Drug Administration (FDA) approved trastuzumab for use in women with metastatic HER2+ breast cancer. Several years later, the FDA also approved the use of trastuzumab for early-stage HER2+ breast cancer. Despite the risk of heart problems associated with the drug, trastuzumab can help reduce the risk of recurrence and death for the 20-30% of women diagnosed with this aggressive subtype of breast cancer.

Unfortunately, trastuzumab doesn’t always work for all patients, and some HER2+ breast tumors are either inherently resistant or develop resistance to trastuzumab. Researchers have attempted to overcome this barrier by combining treatments in an effort to block multiple pathways and prevent resistance through drugs like neratinib.

This landmark approval of a targeted therapy for a specific (HER2) cancer-related molecular marker sparked a lot of excitement that we are on the cusp of a new era of targeted life-saving therapies. But the reality is, subsequent drugs developed to treat breast cancer have not been shown to clearly benefit patients by extending overall survival or improving quality of life. And yet companies are selling these add-on treatments for well over $100,000/year.

At Breast Cancer Action, we believe the best way to ensure more truly breakthrough treatments is to incentivize innovative research by preserving approval standards. If drug companies know their treatments must do one of the following three things in order to get approved, they’ll focus on developing treatments that:

- Help patients live longer (improving overall survival)
- Help patients live better (reducing side effects and lowering toxicity)
- Help people access treatment (lowering costs)
Too often, the FDA puts speed before safety and efficacy, allowing companies to sell drugs that have not been proven to do just one of these things to benefit patients. In recent years, a majority of cancer drugs have been approved by the FDA based on surrogate endpoints and follow up studies in subsequent years have shown that half of these do not help patients live longer.

With the approval of neratinib, the FDA has once again approved an experimental drug that has not been shown to lengthen or improve breast cancer patients’ lives—either by helping them live longer or live better, with fewer side effects. The decline of standards at the FDA over the last decade is alarming and means that thousands of cancer patients each year are exposed to expensive, toxic treatments that don’t actually help them live longer.

After two decades of waiting for the next breast cancer breakthrough, many of us in the breast cancer community are frustrated and fatigued. And the reality is we haven’t actually gotten a breakthrough by lowering approval standards. Instead of letting drug companies profit from our desperation, let’s call on the FDA to uphold high standards of safety and efficacy that incentivize true innovation.

No Surprise: New Study Confirms Five-Year Survival is a Flawed Measure for Hormone Positive Breast Cancer

By Karuna Jaggar, Executive Director

We’ve long known that five-year survival is not a useful measure for the most common hormone positive breast cancers. And we’ve challenged major breast cancer organizations, like Susan G. Komen, for spreading misinformation about breast cancer using “5 year” data in the service of fundraising off overly positive statistics. A new meta-analysis published in the New England Journal of Medicine confirms, again, that women with estrogen-positive breast cancer cannot be considered cured after just five years.

The risk of these breast cancers recurring elsewhere (or metastasizing) remains constant from years five to 20—unlike for triple-negative breast cancer, for which 5 year data is meaningful. The new study shows that while risk of the cancer spreading is highest for women with the most lymph nodes involved, even for women with no lymph involvement, the annual rate of distant recurrence remained steady at about 1 percent for a period of five to 20 years.
The question about how long to continue hormone therapy treatment is an important question for women. While extending hormone therapy an additional five years reduces the risk of distant recurrences by a small percent, it comes with both health harms and quality of life issues that must be weighed by each individual woman, based on her preferences and priorities.

Breast Cancer Action’s past blogs can provide some more information on this topic:

- The Trade-offs of Ten Years of Aromatase Inhibitors
- SABCS 2016: Progress (and Lack Thereof) In Treating Hormone Positive Breast Cancer
- SABCS 2014: Ovarian Suppression and Tamoxifen for Hormone Positive Breast Cancers
- SABCS 2013: The Best Treatment May Be Less Treatment

If you have questions or need information, email our Resource Liaison Zoë Christopher at info@bcaction.org or call toll free: 877-2STOPBC

Writing the History of Breast Cancer Action

By Grazia De Michele, Researcher, University of Genoa

Note: Grazia De Michele was diagnosed with breast cancer in 2010 and splits her time living in Italy and England. She has degrees in Political Science and Italian Studies. She is currently a Ph.D. student in History at the University of Genoa (Italy).

In a riveting 2009 TED talk Nigerian novelist Chimamanda Ngozi Adichie warns against what she refers to as the danger of a single story. Reducing reality to a monotonous narrative can make us miss the multifariousness and richness of our experiences and ultimately of the world we live in. This happens, Adichie explains, every time we expect African people to behave in accordance with our preconceived ideas about them and the continent they are from.

Adichie’s words resonated so much with me in the aftermath of my breast cancer diagnosis in 2010. Aged only 30 at that time, I found myself thrown into a vortex of mutilating, toxic and prolonged treatments with no guarantee of survival. The clash between my anger and despair and the upbeat attitude that I was expected to have, based on what’s typically recommended by the well-known European breast cancer organizations, resulted in a feeling of inadequacy that only the virtual encounter with U.S. breast cancer advocate AnneMarie Ciccarella would change. Following AnneMarie’s blog and tweets I found out that the breast cancer movement was much more complex than I thought. The big non-
profits and their approach to breast cancer, symbolized by the ubiquitous pink ribbon, were only a part of the story. An equally important part was constituted by a small and feisty organization called Breast Cancer Action that in only two decades of history had managed to gather tens of thousands of members and claimed the role of watchdog of the breast cancer movement.

I started to read everything I could find about Breast Cancer Action, from their newsletter to the scholarly books and articles, mostly written by sociologists, analysing the particular kind of activism the organization embraces. The more I learned about Breast Cancer Action, the more questions I had: Why wasn’t there a similar group in Europe, where I lived? How did a handful of mostly metastatic women start the organization? How did Breast Cancer Action reach international prominence and when did that happen? Who were the early members and the members that came later? Were they all radical feminists or a more diverse group of people?

In December 2014, I had the chance to visit Breast Cancer Action’s office in San Francisco. I was warmly welcomed by the staff and executive director, Karuna Jaggar, who told me about some boxes containing old pictures and documents stored in their basement. My first thought was that those boxes could provide me with the answers to my questions. The second, that I desperately wanted to open them and that the chance to do so was wrapped up in going back to school to complete a second Ph.D.

On November 1, 2017, I officially started to work on my research project titled “The Bad Girls of Breast Cancer: A History of the Breast Cancer Organization Breast Cancer Action, 1990-2010” as part of a doctoral programme in History at the University of Genoa (Italy). The project will last 3 years and I’m looking forward to splitting my time between my home in Europe and the U.S. as I conduct my research. My goal, when all is said and done, is to publish a book that dives into the history of Breast Cancer Action in order to add another, critically important, piece to the mosaic that makes up the history of the breast cancer movement. There’s real danger in simplifying the history of the movement to a single narrative. Making sure Breast Cancer Action is known internationally for their important role in the movement is an incredible responsibility, and one I’m honoured and excited to take on.

I welcome contributions from members and former staff. If you have memories, documents or pictures to share please contact me at: grazia.demichele@edu.unige.it
Making it Count: Why Board Member Sarah Douglas is So Committed to Breast Cancer Action

Interviewed by Kira Jones, Communications Officer

In September 2015, we welcomed Sarah Douglas to our Board of Directors. Sarah is a Professor Emerita of Computer and Information Science at the University of Oregon. She has done pioneering work in human-computer interaction and the development of effective support for scientific discovery through bioinformatics.

What brought you to Breast Cancer Action?

My personal experience with breast cancer began when a former partner died from the disease in 1996 and a younger sister was diagnosed with breast cancer in 2002 when she was 54 years old. In 2007, I joined the National Institute of Health (NIH) Sister Study to contribute to the on-going research effort to understand environmental and genetic risk factors of breast cancer. Then in 2013, at age 69, I was diagnosed with breast cancer. When I talked to my sister about my diagnosis, the first thing she said was, “Remember cancer treatment is big business.” Later I became very aware of the politics of breast cancer, particularly the social injustice around healthcare delivery and the lack of reliable evidence-based medical information.

Breast Cancer Action addresses both issues and also speaks out against the environmental chemicals that contribute to the breast cancer epidemic, which is an issue I’m especially concerned about. My sister and I grew up on Navy bases in Bermuda and the Philippines, where DDT was sprayed every week from a truck. The truck would pump the chemical into the air as a fine spray. We would run through the mist for fun as we played, not knowing that chemicals were coating our bodies and being absorbed into our skin. Though we’ll never know for sure, I strongly believe that my sister and I developed our breast cancer because of this exposure to DDT. I now live in Oregon, but am still faced with regular exposure to chemicals in the environment. The timber industry regularly sprays herbicides that contain known endocrine disruptors and carcinogens on the newly planted forests in the state. It’s no wonder that where this spraying occurs, breast cancer rates are higher, which is the case for Oregon and Washington state.

Why did you decide you wanted to join Breast Cancer Action’s board of directors?

I retired a few years ago and was looking for an opportunity to share my skills and experience. I donated money to Breast Cancer Action for many years, but I wanted to give more than money. I
wanted to be really engaged in political activism around breast cancer. Breast Cancer Action had impressed me for years with our Think Before You Pink® campaign and our participation (and win) in the Supreme Court case against Myriad's patenting of the BRCA genes.

What made you decide to give to Breast Cancer Action?

I love this "bad girls" organization and its commitment to truth-telling and health justice with a focus on women. I first began by giving small annual donations. Then in 2014, I started giving a larger amount of money from my retirement IRA.

What made you decide to give to Breast Cancer Action through your IRA?

The IRS requires that all people who have an IRA must withdraw a minimum percentage when they reach 70 1/2 years old. This is called a Required Minimum Distribution (RMD). When I reached that age, I realized that I didn’t need all the money and instead decided to transfer it directly to Breast Cancer Action. This form of giving from your IRA is called a Qualified Charitable Distribution (QCD). And because you can only give this money directly to a charitable 501(c)3 organization, for me, Breast Cancer Action was an obvious choice.

What advice would you give to someone who is thinking about donating to Breast Cancer Action and specifically giving to the organization through their IRA?

Giving to Breast Cancer Action is a great way to safeguard what makes our organization unique and effective. And giving directly through a QCD is easy and uncomplicated. The IRA custodian writes a check directly to Breast Cancer Action and neither you nor Breast Cancer Action pays the taxes that would normally be due because the money is going to a charitable 501(c)3 organization. Everyone benefits. If you have questions about how a QCD can be used to satisfy your required withdrawal, you can check with your accounting or tax professionals or contact your IRA custodian to help answer your questions.

What are other ways you plan to give to Breast Cancer Action?

Another way I plan to invest in Breast Cancer Action’s breast cancer advocacy is through Planned Giving. In other words, I plan to include them in my estate plans through the Elenore Fred Legacy Circle. I’ve named Breast Cancer Action as a beneficiary of my IRA and other retirement funds. Of course, this is not an immediate donation, but it’s how I plan to leave my personal legacy of taking action to end the epidemic once and for all. If this is a way to give that feels like a good option for you, it is important to realize that the named beneficiary does not have to be a person. It can be a charitable organization (501(c)(3)). And, the distribution is excluded from estate taxes in this case.
live in Oregon, which has an estate tax in addition to the Federal estate tax, unlike most other states, so be sure to look into the process in your own state.

Welcome to Staff Member Kate Frisher

We are very happy to introduce you to Kate Frisher, who joined Breast Cancer Action staff as our Campaigns Coordinator in July.

Tell us a little about yourself and what brought you to BCAction.

I’m originally from the Bay Area and have spent the last seven years in Boston where I completed my B.A. in International Affairs and Political Science. My first internship was at a public relations firm where I was working with nonprofit healthcare clients at the height of the Affordable Care Act implementation. This sparked my interest in health policy, which I continued to pursue in my first job working at Health Care For All, a Boston-based nonprofit focused on state-level progressive health reform. During that time, I developed my passion for social justice and feminism as an anti-sexual violence organizer working on college campuses.

When I decided to move back to California after my mom was diagnosed with breast cancer, I knew I wanted to continue working in social justice advocacy with a focus on healthcare and health policy. It was kismet that the Campaigns Coordinator role opened up at Breast Cancer Action at the same time. I’d first learned about Breast Cancer Action when one of my college professors screened Pink Ribbons, Inc. in her class. I’ve respected the organization ever since. I was attracted to Breast Cancer Action’s strong commitment to social justice and their radical, unwavering activism – so few organizations are willing to call it like they see it. It’s what makes Breast Cancer Action unique. Plus, I was really excited about doing campaigns work for an organization that not only creates space for anger, but encourages it and turns it into action.

What most inspires/excites you about BCAction’s work?

I’m excited to work at an organization that applies such a strong social justice lens to their work and has an unapologetic feminist praxis. Breast Cancer Action really takes an intersectional approach to the issues and is unafraid to address and name root causes of breast cancer, including racism and other systems of oppression. One of the most inspiring things about Breast Cancer Action is how the organization is able to tie all of the threads together to explain how and why breast cancer is a social justice issue.
What are you looking forward to working on/what do you think are the most pressing things in breast cancer?

Coming from a health policy background, I’m new to the breast cancer movement and environmental advocacy, but I’m passionate about our anti-fracking work because of the unique role Breast Cancer Action plays in that field. Few breast cancer advocacy organizations are working on environmental degradation, despite the fact that it’s a huge contributor to breast cancer risk and development. Similarly, few anti-fracking organizations are centering on breast cancer. I’m excited by our anti-fracking work because of the opportunity it provides to build strong, cross-sector coalitions and elevate the voices of women living with and at risk of breast cancer in environmental advocacy while showing the broad-based support for environmental protections.

I’m also excited to continue our work on ethnic and racial health inequities. As breast cancer diagnosis rates rise for women of color, the gap in treatment and outcomes widens. I believe addressing this issue by naming underlying systems, like racism and white supremacy, and working with racial justice advocates/allies is critical to breast cancer advocacy.
Breast Cancer Action in the News

Breast Cancer Action is a nationally recognized voice for putting patients before profits, regulating cancer-causing toxins, and eliminating health inequities. Our campaigns and advocacy work have received extensive media coverage. We’ve included media highlights from June 23, 2017 – November 16, 2017 below.


Huffington Post (op-ed): Why We’re Not Celebrating The 25th Anniversary Of The Pink Ribbon (October 30, 2017)

Philadelphia Inquirer: U.S. Mint unveils a pink-hued gold coin to benefit breast cancer cause (October 23, 2017)

NPR: Many Breast Cancer Patients Receive More Radiation Therapy Than Needed (October 21, 2017)

The Daily Dot: Black women are dying from breast cancer—here’s how we can stop that (October 16, 2017)


Common Dreams (op-ed): Putting a Knot in Pinkwashing (October 14, 2017)

PR Daily: Why some breast cancer ‘awareness’ campaigns are getting flak (October 11, 2017)

Your Call (NPR Affiliate KALW): 25 years after the pink ribbon’s debut, what’s been accomplished? (October 10, 2017)

Global News: Pinkwashing breast cancer: Are the pink items you’re buying actually benefiting charity? (October 9, 2017)

HealthNewsReview.org: Breast Cancer Awareness Month: How do we end up pink-washed every October? (October 4, 2017)

The Daily Astorian: Breast cancer? Think more than pink (September 29, 2017)

KQED: The Painful Side of Positive Health Care Marketing (July 21, 2017)

OZY: Could Air Pollution and Racism be Hidden Causes of Breast Cancer? (July 7, 2017)

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- Thank you to artist Marian Roth for her donation of pinhole photographs to those making gifts over $250 at our event in Provincetown, MA last summer.
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- Thank you to Amber Mott for generously providing us with much-needed graphic design assistance for this year’s Food For Thought.
- Thank you to Lucy Marshall for her skill in designing our 2017 Think Before You Pink® campaign, Knot Our Pink Ribbon, logo.
- Thank you so much to our fearless Don’t Pink For Me online fundraisers for collectively raising over $6,000: Barbara Gersh, Beth Blevins, Kelli Pallansch, Kris Hoehler, Laura Mandel, Lynn Edwards, Melina Adler, Meridith DiMola, Nava Brahe, Rachael Cooper, Yvonne Watterson. Thank you for sharing your stories on behalf of Breast Cancer Action.
• Thank you so much to everyone who helped make the 7th Annual Action Speaks Louder than Pink –Food For Thought such a success:

Emcee
Lauren Schiller

Chefs
Eric Tucker
Kevin Clancy
Charlie Ayers
Bernard Hong
Suzanne Stampke
Sascha Weiss

Volunteers
Lori Anders
Dina Balatti
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Margaux Joson

Stephanie McBride
Joey Richards
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Donations in Honor and Memory

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

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

DONATIONS MADE IN HONOR

Breast Cancer Action gratefully acknowledges donations made in honor of the following individuals between June 16, 2017 – November 9, 2017.

Abigail and Elissa Arons
from Yvette and John Dubinsky

Abigail Arons
from Diane Wexler
from Katherine McCall
from Mary Joyce Perskie
from Rebecca Widiss and Rajesh Nayak

Beth Branch Frisher
from Gerry Cobb

Byllye Avery and Ngina Lythcott
from Elizabeth Gawron

Chloe and Charles Lauer
from Matt Lauer

David Helfant’s special birthday
from Susan Marx

Eleni Calista Grandy
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from Marcia and Alan Kimbarow

June Jordan
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Karuna Jaggar’s 45th birthday
from Angela Wall, Andrew Rivera and Frances Wall
from Jane Horine
from Ron and Rebecca Yee

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from Sharon Hallsworth

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from Robert Stevenson

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from Sanjay Ranchod
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from Kassie Siegel

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from Mary Marino

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from Lauren Meltzer

Lisa Marks
from Linda Marks and Rafael Lopez

Lissy Abraham
from Virginia Gelcizis

Madeline Severein
from Judith Goldberger

Malia Espinda
from Stephanie Shipton

My sister and me — both BC survivors
from Alison and Phil Braverman

Ngina Lythcott
from David Moulton

Ravi Ahuja
from Rajat Ahuja

Sandy Freiwald
from Heather Silverberg and Fred Cobey

Staff and Volunteers of BCAction
from Mrs. Susie Brain

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from Jay Rehbein
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from Lisa O’Connell
from Ms. Keira Armstrong

Sylvia Thompson and Erich Rehbein
from William Sullivan

The Dedicated BCA Board
from Belle Shayer

The political work of Nginia Lythcott
from Jacqueline Fein-Zachary

Tiffany C. Conner
from Mary Beth Murray

Zahara Hecksher
from Amy Wyeth

DONATIONS MADE IN MEMORY

Breast Cancer Action gratefully acknowledges donations made in honor of the following individuals between June 16, 2017 – November 9, 2017.

Barbara Brenner
from Estelle Disch
from Heather and Kitt Sawitsky
from Jane Kahn and Michael Bien
from Laurie Woodard
from Linda Hunt
from Tom Reilly and Kevin James

Barbara Sacker
from Jackie Weissman
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from Ms. Sandra Morris

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from Joan and Steve Goldblatt

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Sue B. James Stuart
from Richard and Dorothy Harvey

Sue Brownlee James
from Sam and Audrey Detrick

Susan G. Komen Foundation
from Ms. Ann Livengood

Susan Terry
from Sharon Dowler