BREAST CANCER ACTION Source
www.bcaction.org

From the Executive Director: Cancer Didn't Make Me Wiser—Just More Committed

By Karuna Jaggar, Executive Director

In March, I came back to work after being out on medical leave for cancer treatment. I am returning with a renewed commitment to the work and mission of Breast Cancer Action. I'm more inspired than ever by the dedicated and passionate people who combine their talents, creativity, grit, and vision to make a meaningful difference in addressing and ending the breast cancer epidemic.

As I return to the helm of this incredible organization, I am particularly grateful for the tireless efforts of the staff, along with the support of our amazing Board, which has given me the time I needed to focus on treatment and healing. It is truly a privilege and an honor to lead this organization, alongside so many phenomenal people, doing this important work.

I spoke about my recent diagnosis at our annual Acting Out variety show last month and I wanted to share a shortened version with you here:

Even though breast cancer is the most common cancer for women in the U.S., I wasn't diagnosed with breast cancer. Instead of the cancer popularly associated with pink, I was told I had an "exceedingly rare" primary vaginal cancer.

I have none of the handful of risk factors that have been identified with vaginal cancer. I don't have HPV. I wasn't exposed to the hormone DES as a fetus. I've never smoked. I don't even drink very much. But I work in cancer. And I know all too well that one in three people will get cancer in their lifetime.

I was under no illusion that my "healthy lifestyle" made me somehow immune from cancer. So I did not wonder "why me" or what I might have done differently.

But I did worry about whether the cancer had spread. It hadn't.

I worried about my prognosis. It's good.

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And I worried about the impacts of treatment, which I'm still experiencing—and will for the rest of my life.

Cancer did not make me wiser. It did not give me profound insights. And it didn't make me a better person. But it did make me more committed than ever to my work at Breast Cancer Action.

Because Cancer Sucks! It sucks time, money, energy, health—and too many lives.

Breast Cancer Action's work for health justice has always been part of a broad and powerful call for social justice on multiple fronts. Since the beginning, when Breast Cancer Action was founded 28 years ago, we have been an intersectional activist group, and have been influenced by—and also influential to—environmental justice, feminism, HIV/AIDS activism, racial justice, and so many other movements.

During the recent months that I was in cancer treatment, I gained new hope from all of the people across the country who are raising their voices to demand change. The #MeToo movement is pushing back on patriarchy and entrenched misogyny. #BlackLivesMatter continues to shine the spotlight on police violence and racism. The #NeverAgain movement is changing the conversation about gun violence.

Breast Cancer Action's work has never been more important than right now, with an administration that is devaluing women's bodies, defunding federal agencies, and deregulating everything. There is a lot of work to be done. Work that matters for the millions of people who are diagnosed with breast cancer. Work that cannot be separated from the larger push for social justice. Work that is bigger than any one of us and is successful when we join together.

Women's bodies and women's health have always been about social justice. And I can assure you, we are in this for the long haul—until lives and communities aren't threatened by breast cancer.

Thank you for being part of the cancer resistance!

In solidarity,

Karuna

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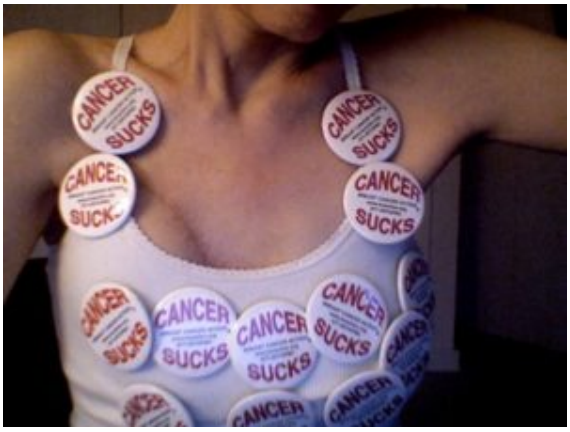
Right To Try Is False Hope

By Karuna Jaggar, Executive Director



This piece was originally published on Cancer Health

There is no right way to deal with the devastating news that you've run out of treatment options as a dying or desperately ill patient. And opposing so-called Right to Try (RTT) legislation isn't about passing judgment on how patients and their loved ones respond when modern medicine fails them.

On the surface, the right-to-try debate appears to be about whether seriously and terminally ill people, for whom no effective treatments remain, are allowed access to experimental drugs that have not been approved by the Food and Drug Administration (FDA).

Framing the issue as "right to try" tugs at the heartstrings and suggests that the failures of medicine are not scientific, but rather regulatory. But behind the appealing how-could-anyone-not-support-it name, RTT is a libertarian effort by the Goldwater Institute and some Republicans to deregulate the drug market and weaken the FDA. It promises a quick fix for a problem that doesn't exist. The implication is that the cure is out there, but it's being kept from patients by government bureaucrats.

In reality, medical advancement is painfully slow. Yet the FDA approves new treatments faster than any other developed country. As for desperately ill patients, the FDA already has a compassionate use program that offers a pathway to obtain experimental drugs. The FDA approves 99 percent of compassionate use requests, usually within a few days—or just 24 hours in emergency situations.

Instead of the FDA, it's almost always drug companies that have limited access to experimental treatments. Companies may deny requests for experimental therapies outside a clinical trial because there isn't enough of a limited-supply investigational drug or because they decide the benefits don't outweigh the risks.

Nothing about proposed federal RTT legislation changes that. But it may make companies more reluctant to provide experimental drugs without FDA oversight. As one biotech CEO explained at a congressional hearing, "no ethical company will provide drugs under right to try." PhRMA, the main drug industry trade group, isn't supporting the pending RTT proposal, and that speaks volumes.

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The heartbreaking truth is that even when patients get access to experimental treatments, they're not necessarily lifesaving, and potentially toxic drugs with no proven benefit can harm more than help. Worse, these deregulatory efforts don't include protections against unscrupulous doctors or companies charging as much as they want for unproven experimental drugs.

Experimental drugs are just that: experimental. We don't yet know if they work or if they're safe. And as any pharma or biotech executive is quick to tell you when explaining the high cost of medications, the vast majority of drug candidates that enter clinical trial don't make it to market, either because they don't work or because their side effects are too dangerous.

Most people agree that researchers should learn from real-world experience with experimental drugs. But pending RTT legislation would remove reporting requirements and could undermine the clinical trial model at a time when many trials are already struggling to enroll patients.

I just completed treatment myself for an exceedingly rare cancer. I run a breast cancer watchdog organization. I understand as well as anyone the urgent need for more effective, less toxic treatments. I have wholeheartedly supported a loved one who chose an experimental protocol that went far above the standard of care and a loved one who opted for less treatment than the standard of care.

We should all demand more from the billions spent on medical research as well as a health care system that prioritizes patient interests and wellbeing. But RTT bills attack the one agency tasked with verifying the safety and efficacy of medications and ensuring that the promises being made do not amount to nothing more than false hope.

Taking the FDA out of the picture is not the way to promote and protect public health—and it won't save lives. Far from giving patients new rights, the so-called Right to Try bill before the House actually takes away essential safeguards that protect patients. Join Breast Cancer Action in standing against this bill. Tell your Representative to vote no today: (202) 224-3121.

At-Home Breast Cancer Test Nothing to Celebrate

By Karuna Jaggar, Executive Director

This piece was originally published in the San Francisco Chronicle.

I am not celebrating that the Food and Drug Administration just approved, for the first time, an at-home genetic testing kit to predict the risk of breast and

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ovarian cancer. It might seem as if direct-to-consumer genetic testing, which doesn't require a doctor's prescription, would give more people access to potentially life-saving information about their cancer risk. But the FDA's approval of 23andMe's new genetic test is anything but an historic step forward for women at risk of and living with breast cancer.

The FDA's decision allows the company to report on just three out of the more than 1,000 known BRCA gene mutations. This means that a negative result does not tell a person if they are in the clear and or if they have one of the hundreds of other BRCA mutations that elevate the risk of breast and other cancers. It only means they don't have one of the three mutations 23andMe looked for.

This is not a minor problem.

The vast majority of people will get a negative result from 23andMe. After all, some 799 out of 800 people in the United States do not have an inherited risk of breast cancer. For those who do carry a genetic mutation, the chances are 23andMe's test won't catch it. Most people will get an utterly meaningless result, making the test worse than useless for people who want to know if they are at increased risk of breast cancer.

This biotech company has gotten rich (and in trouble with the FDA in the past) with overblown claims about its genetic testing.

The original BRCA test was developed with Ashkenazi (Jews of Eastern European descent) families and companies have struggled to predict cancer risk for people from other ethnic backgrounds. Women of color are disproportionately likely to be told that a mutation was found, but doctors don't know if it is harmful or not. 23andMe's over-the-counter test deepens these existing problems by only looking for the three mutations most common to people of Ashkenazi ancestry — but these are not the most common for people of other backgrounds.

To use a crude analogy, the 23andMe test is like taking your car to your mechanic for a safety inspection. But instead of a comprehensive review of known safety concerns, the mechanic only tests for three specific things, which are common for only one car model but not your model. Even if you learn your car doesn't have one of the three specific problems, you still don't know if your car is safe.

The FDA's press release states: "Consumers and health care professionals should not use the test results to determine any treatments, including anti-hormone therapies and prophylactic removal of the breasts or ovaries. Such decisions require confirmatory testing." The terrifying reality is that 23andMe's test may very likely mislead people about their breast cancer risk.

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What then are we to think with the FDA's approval? Is the product safe and effective and do the benefits outweigh the harms? Unfortunately, the FDA's approval does more for 23andMe's bottom line than it does for women at risk of and living with breast cancer.

The gaping limitations mean 23andMe's test cannot effectively provide meaningful information about breast cancer risk. And the high likelihood that some consumers will not understand the results of the test arguably renders the product unsafe.

This represents a step backward. The FDA has given the green light to 23andMe to provide less information than existing tests, and in doing so it has put corporate enrichment above public health.

We Moved!

By The Breast Cancer Action Team

It's an exciting time for Breast Cancer Action. **Last week, we moved to our new offices,** just a few blocks from the space we called our home for the past four years.

We've got a new home, but our work hasn't changed. And as we unpack our boxes and settle in, we want to share this exciting news with you and let you know where you can find us.

Our phone number and email are still the same, but **here's our new address**:

275 Fifth Street, Suite 307
San Francisco, CA 94103

You know how much work it is when you move. But when you work with an incredible group of humans who enjoy and support each other, together you meet challenges head on. Our move brought us closer together and we had some fun along the way—as you can see from these fabulous photos! **When you're in the neighborhood next, be sure to stop by for a visit**!

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FDA Grants Expanded Approval to AstraZeneca's Lynparza (Olaparib)

By Joyce Bichler, Deputy Director

Today the Food and Drug Administration (FDA) expanded the approved use of the drug olaparib (brand name Lynparza). Olaparib is the first drug of its class (PARP inhibitor) approved to treat HER2-negative metastatic breast cancer in patients with a BRCA gene mutation and who have previously been treated with chemotherapy.

The approval of this drug was based on a randomized clinical trial of only 302 patients. Tumors in patients taking the drug did not have significant growth for a somewhat longer period of time (7 months vs. 4.2 months) than in patients not taking the drug. While extending someone's progression free survival when they have metastatic breast cancer, even for 2.8 months is absolutely significant, we still don't know if patients actually live any longer on this drug or not. There was no overall survival data reported.

Olaparib is a drug that also comes with significant side effects, including blood or bone marrow cancers. Other side effects include a list of symptoms that can severely impact a person's general quality of life—like nausea, fatigue, headache, and anemia. Thirty-six percent of the olaparib patients had grade 3 or higher adverse effects, which was slightly lower than the standard therapy group.

The cost of treatment is not insignificant—estimated to be about $14,000. We absolutely want to see more innovative treatments that focus on women with metastatic breast cancer—because that's what women die from—and treatments that are matched to genetic types like BRCA mutations. However, we can't be content or call this a big breakthrough when the impact on patients will be measured in days, while the advantage to the pharmaceutical company will be measured in millions of dollars.

Breast Cancer Action has long held that the FDA should only approve therapies that have been shown to improve overall survival (which means women live longer), improve quality of life (which

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means they live better), or cost less (so that more women have access and/or aren't bankrupted by treatment).

By approving a treatment that has not been shown to extend life, significantly reduce side effects, or increase access, the FDA is giving license to AstraZeneca to make millions of dollars on a drug before its benefit to patients has been adequately demonstrated.

At best, let's call this a small step forward. Let's stop lowering the bar for what we call "big breakthroughs." We want to celebrate the day when we have them. Today is not that day.

Our Free Webinar: Right to Try vs. False Hope

Learn about the alarming and controversial drug access legislation known as "Right to Try."

Some breast cancer patients seek experimental drugs and treatments when they've exhausted conventional options. Clinical trials are one way to access new treatments, but sometimes there can be barriers due to geography or eligibility requirements.

The phrase "Right to Try" may sound great because the legislation is pitched as breaking down "barriers" for the terminally ill. But in actuality Right to Try would make it easier for companies to exploit desperate patients by charging as much as they want for drugs that may actually hasten their death—while also depriving others from learning whether a drug is effective or not. Plus, patients can already access experimental drugs quickly through an existing FDA program. The truth is Right to Try laws are really false hope laws and—making things worse, not better.

Watch the webinar here:
https://www.youtube.com/watch?time_continue=1&v=4ml6JgQbEcM

Alison Bateman-House, MPH, PhD

Erica Lessem, MPH

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SABCS 2017: Progress, Yes. But it's Too Soon to be Celebrating

By Joyce Bichler, Deputy Director

This year is the 40th anniversary of the San Antonio Breast Cancer Symposium (SABCS) and symposium leaders are using the occasion to call for celebration. But as I prepared to attend the conference, celebrating was certainly not on the list of things I planned to be doing.

Breast Cancer Action staff have attended this conference for years, with the purpose of gathering and decoding the latest news on breast cancer research and treatment and sharing that information with our members. The goal is the same this year. And as I wade through the science of the first few days of the conference, I keep thinking about one thing I wasn't prepared for—the realization that the more we know about the complexities and the differences in breast cancer screening, diagnosis, and treatment the more we don't know. When are we going to get to a point where we have more answers than questions and have meaningful break throughs that make a real difference for women living with and dying from breast cancer?

As we've come to understand receptor statuses, almost infinite genomic variabilities, and characteristics of different types of breast cancer, it's gotten to the point, as one presenter said, that each person's breast cancer is almost its own unique entity. And because of this, we have a lot more treatment options and choices to make. So why then does it still feel that we're deep in the mud and that actually addressing and ending the breast cancer epidemic is further out of reach than anyone is letting on?

Having myself been around the "cancer world " for a whole lot of decades, I've also been struck by how far (in some ways) our understanding of breast cancer has come. During the Opening and Welcome Remarks at SABCS, attendees were shown a 40 year retrospective video that encouraged us to think back to the 1970's, when all breast cancer was pretty much treated the same – you were diagnosed, you had a radical mastectomy, maybe primitive chemotherapy, and then you hoped you didn't die.

According to Dr. C. Kent Osborne of the Baylor College of Medicine who spoke during the Welcome and Opening Remarks, all breast cancers used to be treated exactly the same because we

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thought so differently about breast cancer itself. Over the years the scientific advances have totally changed our understanding of the differences and complexities of breast cancer—and for many women this has led to a de-escalation of treatment. For some women, this means they get only what they need for their breast cancer, and for others it has meant an increase in the amount and array of treatment they receive for their disease. How we treat breast cancer today is almost unrecognizable from how it was treated 40 years ago.

It's good to see where we've been, and that we're no longer living with the standard of care being radical mastectomies, but the truth is women are still dying of breast cancer. We still need to be doing more, we need to be doing it faster and we need to be doing it better.

We still have to figure out the resistance pathways of breast cancer cells. Treatment resistance remains a real issue—when pathways are blocked by one therapy we know primary pathways can get reactivated or alternative pathways take over. Research is focusing now on how we block all the pathways and how to keep them blocked. I'm looking forward to where we are a year from now on this work.

And while we can acknowledge the progress made in the approaches being used to prevent or delay metastatic breast cancer, we still don't have the tools we need to know how to truly manage it once it occurs—more needs to be done to figure out how to decrease the number of women dying from metastatic breast cancer each and every year. And how to prevent the disease from even starting.

It's true. How we think about and treat breast cancer today is unrecognizable from 40 years ago. But it's also true that every year at SABCS the attendees include advocates who know that this may very well be their last conference. As we meet people who stop by Breast Cancer Action's booth in the exhibit hall, we talk about people who are no longer alive. There is hope for a better future and anger that we're still not there yet.

Wednesday, I spoke to an advocate who told me she has Triple Negative Breast Cancer and probably won't live to be here next year. As I think of her, I can't help but feel "celebrating" our wins and progress is premature.

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SABCS 2017: Optimal Duration and Dosing of Adjuvant Chemotherapy is Still Unclear

By Joyce Bichler, Deputy Director

Dosing and the duration of adjuvant chemotherapy was a prominent theme in the first two days of the San Antonio Breast Cancer Symposium (SABCS). Adjuvant chemotherapy is a very common treatment for breast cancer patients—it's what patients are given after primary treatments, such as surgery or radiation. There's been a lot of discussion in the past few years about how much and how long adjuvant therapy should continue. There is still surprisingly limited data on what's the optimal duration time. And because every treatment has some sort of risk or adverse effect, finding the most effective dose/duration is crucial. This year, several presentations focused on the issue.

Wednesday's General Session included a presentation on a large meta-analysis of 21,000 women in 16 randomized trials looking at early breast cancer and the use of adjuvant chemotherapy. Dr. Richard Gray of the Early Breast Cancer Trialist's Collaborative Group (a collaboration of data from researchers around the world) reported on a study that has significant treatment implications.

But first, some relevant background. Adjuvant chemotherapy with anthracycline and taxane-based combinations for early breast cancer is known to reduce the risk of death from breast cancer by about one-third. Certain models suggest that increasing the dose of this chemotherapy may enhance its efficacy. But there are really only three ways to increase dosing for patients: 1) use higher doses of the medication in each chemo cycle; 2) reduce the time between each treatment cycle; or 3) give drugs sequentially rather than concurrently.

The researchers found that there was no benefit in outcome by just increasing the doses of the drugs—and of course we know there are likely to be more adverse effects with higher doses. But looking at shortening intervals between doses (giving them every two weeks rather than every 3 weeks) had a highly significant impact on the reduction in risk of recurrence, and ten year breast cancer mortality rates were 3.0 percent lower (16.7 percent vs.19.7 percent). Similarly sequential versus concurrent drug administration showed 10 year breast cancer mortality was 2.3 percent lower.

This is intriguing. If how chemotherapy is administered makes even the smallest of improvements in mortality, then these are changes that can be made for patient benefit. Of course, the big question

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is: How does this impact how well a patient tolerates the treatment? There was no data presented on tolerability. If changing how this treatment is given makes it more difficult for patients to tolerate it, due to an increase in adverse effects, then more patients will stop treatment—and that defeats the whole purpose. Clearly, we need more data on tolerability and the effects of the treatment.

In another presentation Wednesday morning, Dr. Wolfgang Janni from the University of Ulm presented on the results of the SUCCESS trial on the use of adjuvant bisphosphonate treatment in high risk early breast cancer patients. Bisphosphonate treatment has been shown to reduce the risk of breast cancer recurrence in the bone, especially in postmenopausal women. However, there is no data showing what the optimal treatment duration should be.

The study randomized 3,754 patients post chemotherapy to either 2 or 5 years of bisphosphonate zoledronate treatment. The study looked at Disease Free Survival (DFS) and Overall Survival (OS). The researchers found that there was no significant difference in either DFS or OS between patients, irrespective of menopausal status, that received 2 or 5 years of zoledronate after adjuvant chemo for early breast cancer. However, there was an increased frequency of adverse effects associated with 5 years of treatment vs. 2 years (37 percent vs. 6.4 percent). This included a range of adverse effects, from bone and joint pain to fatigue and even jaw necrosis. A significant limitation of the study is that the follow-up observation time was limited to 2-4 years. So it's hard to know if over time there will be any benefit to a longer time on zoledronate, but until more data comes in, the results indicate that extended treatment with zoledronate does *not* improve DFS or OS in high-risk early breast cancer patients and does *not* warrant the increase in adverse effects.

On Thursday, there was a presentation about another study that looked at the optimal length of time on adjuvant therapy—this time regarding adjuvant endocrine therapy for hormone receptor positive postmenopausal women. Dr. Michael Gnant, Medical University of Vienna, presented the study. For women who have recurrences, 50 percent of the recurrences happen 5 years or more after their initial follow-up. This fact has prompted recommendations for prolonged (more than 5 years) treatment with tamoxifen or Aromatase Inhibitors (AI's). But what is the optimal duration of extended adjuvant AIs? This study enrolled 3,469 patients who were followed for 10 years and looked at the outcome effects of an additional 2 years vs. additional 5 years of anastrozole, after 5 years of adjuvant endrocrine therapy. The findings showed that in postmenopausal hormone-receptor positive patients receiving 5 years of standard adjuvant endocrine therapy, (tamoxifen or an AI), an additional 5 years of anastrozole did *not* improve DFS or OS compared to just an additional 2 years of anastrozole. However, the women who were on the additional 5 years of anastrozole had

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more bone fractures. This study seems to indicate that there may be less benefit to continuing endocrine therapy beyond 7 years.

This was just a sampling of studies presented on dose and duration issues. Understanding who benefits from which therapies and for how long are critical questions for patients. More is not always better. Understanding the risks vs. the benefits of duration and dose of therapy is essential for patients and their health care providers in making the best treatment decisions for survival and for retaining the best quality of life.

Welcome New Board Member: Amy Cho

Our all-volunteer Board of Directors is a remarkable group of people who set the vision for Breast Cancer Action and lead the organization by determining organizational policy, assuring the organization's financial security, and representing Breast Cancer Action's views to the world at large. In January 2018, we welcomed Amy G. Cho to our Board of Directors and are excited to introduce you to her here. For information about our Board of Directors, click here.

Amy G. Cho, MSCS, SPM, is a native of the San Francisco Bay Area and has worked in the tech industry for more than 10 years across enterprise, startup, and homegrown companies. Her roles have included software engineer, product strategist, adviser, and entrepreneur. Much of her work involves leveraging technology to advance social justice causes. She is currently a startup adviser for the edtech company Qalaxia, which connects mentors to classrooms on a charitable learning platform. More recently, she is bringing her technical leadership skills to HireKind, a company focused on boosting diversity and inclusion in the tech sector. She holds a Bachelor of Science and Master of Science in Computer Science from San Jose State University.

Amy was drawn to Breast Cancer Action's strong mission to uproot breast cancer at the systemic level. She was inspired to see firsthand how the organization, powered by its dedicated staff and board, support the community and each other by providing practical education, thoughtful programs, and a fearless voice. Amy's mother and maternal grandmother both live with breast cancer. Most of all, Amy is honored to represent her immigrant Chinese-American family and share their experiences with breast cancer with Breast Cancer Action. She believes that addressing the issues of underrepresented communities, which are disproportionately affected by breast cancer, is an important piece of the puzzle in the fight for systemic solutions and true system change that will address and end the breast cancer epidemic.

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Spotlight: Our Amazing 3rd Party Fundraisers

By Lopa Pal, Development Manager

Every donation to Breast Cancer Action is an investment in health justice for all women at risk of and living with breast cancer, and an important form of grassroots activism.

We're grateful to have so many people all across the country who raise money in their communities for our work each and every month. We call them our 3rdParty Fundraisers, and they're amazing.

This group of activists spreads the word about our work, grows our community, amplifies our voices, and raises the funds we need. Whether they're launching a fundraiser on Facebook, promoting a hike or a run using our Don't Pink for Me page, or hosting a house party, this awesome group of people helps power our work.

We deeply appreciate the support and generosity of our 3rd Party Fundraisers. In honor of their commitment to our mission and our work we want to share why, in their own words, a few of them raise money for Breast Cancer Action.

Thanks to all of you!

I raise money for Breast Cancer Action because….

"It's a way to honor my mother who was first diagnosed at the age of 38 as a mom of an 8 and 6 year old. Working with Breast Cancer Action and fundraising for them each year around the anniversary of losing my mom is my way of honoring her life as well as showing my gratitude for the work that Breast Cancer Action does to advocate for ALL women with breast cancer, including metastatic disease."

Lori Baralt on her Annual Turkey Trot fundraiser for Breast Cancer Action
Don't Pink for Me
Long Beach, CA

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"It's a way for me to recognize the patients who are often ignored by other organizations because these are people who, if they don't die because of their cancer, will die with their cancer. It's hard to reconcile the relentless pink positivity of many breast cancer orgs with women who are actively dying."

Hannah Weaver
Facebook fundraiser
Seattle, WA

"It's how I honor my patients, friends, family, and colleagues who have dealt with breast cancer in some way. If you donate or take the time to read (my) page, I'm running for you too."

Kelli Pallansch
Don't Pink for Me
San Francisco, CA

"We cannot allow health policy to be determined by (predominantly male-run) entities that benefit financially from harming or ignoring us."

Kris Hoehler
Don't Pink for Me
Seattle, WA

"After seeing the ad by jewelry store, Icing, featuring Lacey Claire Rogers, wearing star-shaped pasties over her nipples in a see-through top I was angry and really sad that we are STILL having this conversation about how breast cancer has been sexualized and sanitized and minimized, so I was excited to actually DO something."

Yvonne Watterson
Don't Pink for Me
Phoenix, AZ

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Articles on detection and treatment do not constitute endorsements or medical advice but are intended solely to inform.
Requested annual donation is $50, but no one is refused for lack of funds.

"They are the only organization doing this critical work to educate, advocate, and address the epidemic from a patient-first perspective and with a social justice lens. For everyone like me, who is living with breast cancer, and for everyone who is at risk of the disease, Breast Cancer Action is our watchdog."

Abigail Arons
Houseparty Host
Cambridge, MA

"It is a rare progressive voice advocating for social justice in health and environmental policy."

Shobita Parthasarathy
Houseparty Host
Ann Arbor, MI

"The truth-telling and policy work that BCAction does is an essential part of ending the distractions from and finding a cure for breast cancer. I've held house parties (second one this coming summer) in order to expand the number of friends and family who know about our important work, who will tell their friends, and to expand our donor base."

Ngina Lythcott, Dr.Ph.
Houseparty Host
Provinceton, MA

"I held a house party for Breast Cancer Action so that more people in our community can join up with us, more can raise money for us, and more can spread the word. That is what being a grassroots organization is all about — and we have vital work to support."

Karen Klein
Houseparty Host
San Francisco, CA

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Special Thanks

We could not do this work without the support of so many members and volunteers.

- Thank you to our **Board of Directors** for bringing our first (and incredibly yummy) group lunch and beautiful flowers to our new office!
- Thank you to **Stephanie McBride** for all her help in the office and with fundraising projects. Thanks for your willingness to tackle the big or the small projects and for doing it with such a warm heart and a sense of fun.
- Thank you **Carol Fong** for her invaluable and ongoing help in the office.
- Thank you to **Jannat Bey** who always jumps in when we need her help with our mailings.
- Thank you to **Alan Kleinschmidt and the San Francisco Choral Society** for complimentary tickets to their wonderful performances for our staff, board & volunteers.
- Thank you **Kathleen Agonoy** for helping us with our year-end mailing.
- Thank you to the two volunteers that helped with the year-end appeal mailing in November were **Matt** and **Sophie** from HandsOn Bay Area.
- Thank you so much to everyone who helped make the **6th Annual Acting Out for the Health of It** such a success!

Emcee – Luna Malbroux for stewarding the evening with humor and grace

Performers – For their amazing performances:
Kelly Annekan
Abigail Arons
Caelyn Casanova
Aireene Espiritu
Kate Holcombe
Yumiko Krupenina
Anastasia Lattanand
Mad Mama and the Bona Fide Few (Janette Lopez, Paul Monteiro, Steve Egelman, and Tony Litwak)
Grazia De Michele
Julie Morgan

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Volunteers – For tireless work to make the night a reality:
Barbara Carberry
Amy Cho
Alyssa Figueroa
Margaux Kara Joson
Kristen Keller

Event Sponsors
Opening Act Sponsors ($1000)
Peggy Huston
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Kazan McClain Partners' Foundation
Lee Ann Slinkard & Maria Morris
Mechanics Bank
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Supporting Act ($500)
Amy Cho
Anonymous
Phone2Action

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Dina Balatti

The Event Committee
Abigail Arons
Amy Cho
Karen Klein
Julie Morgan

Community Partner – For supporting us in so many ways
Brava For Women in the Arts

In-Kind Donors
Adventure Cat Bay Sail
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Centered Body Pilates
The Chapel
Dandelion Chocolate
Delfina Restaurant
Edible Excursions
Farm Fresh to You
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Plow Restaurant
Rainbow Grocery
San Francisco Bay Area Theater Company
Smuin Contemporary American Ballet
Samanta Tello
Three Twins Ice Cream
Urban Putt
Vanessa Verlee – Soul Oriented Coaching
Helayne Waldman

- Thanks to **our successful peer-to-peer, online fundraisers** for raising over $16,000!

Fundraisers on our **Don't Pink For Me Platform:**
Lori Baralt for her annual Turkey Trot
Julia Nelson-Gal for her birthday

Everyone who made a fundraiser on Facebook in honor of their birthdays. Happy birthday to you all! And a big **thanks to all who gave to Breast Cancer Action through these fundraisers:**
Andrew Bichler
Kira Jones

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Mo Kirk
Ashley Lovins
Susan McClanahan
Mindy Peters
Lisa Rutigliano
Sarah Thompson
Hannah Weaver

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 November 10, 2017 – April 2, 2018.

Abigail Arons
from Eva Bonime
from Joanna Pozen
from Lily Dorment
from Terry Holzman
from Wendy and Jim Mnookin
from Yvette and John Dubinsky

Abigail Arons and Matthew Bennett
from Dr. Elissa Arons

Akhtar Mohajer
from Seyfollah Bazarjani

Alicechandra Fritz
from Margaret Conkey

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Alison Braverman
from Vicki Green and Robert Curry

All of the wonderful oncology nurses who make life better for women and men with breast cancer!
from Dianne Romanos

All the women
from Lynne Wittenberg

All the women who go through breast cancer diagnosis and treatment
from E. Frances Hamilton and Libby Langston

Amy Finke's birthday
from Mimi Klane

Anna
from Kathryn Davis

Anne Demers
from Christina Goette

Babs Attard
from Theresa Attard

Barbara Brenner and Karuna Jaggar
from Angela Wall, Andrew Rivera and Frances Wall

Betty Emerson
from Lauren Westreich and Bob Emerson

Beverly Canin
from Breast Cancer Coalition of Rochester

Blonnie Brooks
from Lindsey Beckwith

Bosom Buddies of Lincoln Hills
from Mary and Douglas Brown

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Carmella Masi
from Kaitlin Walker

Carol Dilworth
from Lauren Owens

Carol Teltschick
from Nina Smith

Debbara Dingmon
from Barbara Thomason and Anna Crawford

Deborah Mendelsohn
from Carole L. Mendelsohn

Debra Chasnoff
from Lisa Honig and Dale Schroedel

Diane Ziff
from Barb Lando

Dolores Taylor
from Loco Lindo

Dorian Solot
from Suzanne Miller and Walter Vom Saal

Dorothy Geoghagen
from Joseph Conway

Drew and Tamar Fleming
from Matthew McCormick

Elana Silver
from Annette Silver

Elissa Arons
from Jane Weingarten

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Ellen Schwerin
from Lee Sider

Ellie Prentice
from Rebecca Krebs

Erica Fielder
from Linda Jupiter and Linda Trus

Erin Black
from Molly Kranovich

Erin Wise
from Elaine and Mr. Matthew Norton Wise

Ernie Werlin
from Anonymous

Felicia Toni
from John Luipold

For all the hard work of BCAction
from Claudia Cappio and Peg Stone

Frances Lando
from Barb Lando

Fred Gertler
from Karin Rumstedt

Gladys Sherak
from Claire Bernstein

Gladys Sherak
from Vera Sandronsky

Hilde Meislin
from Barbara Meislin and Stuart Kaplan

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from Judith Giardina

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from Dora Weaver

Jackie Hinckley
from Jeanette Millard

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from Gail Kaufman

Janine Braak Peregrine and Cindy Ward
from Douglas Braak

Jeanne Cordova
from Susan Sexton

Jennifer Eyl
from Linda Carucci and Allen Rehmke

Jill Van Siclen/Dalton
from Tara Dalton

Joan Massey
from Kimberly Massey

JoAnn Loulan
from Gardner Loulan and Liz Miracle

Joyce Bichler and Mike Kimbarow
from Denise and Todd Helfstein
from Sonny and Donne Davis
from Sue Tobachnik and Arnie Berman

Julie Morgan
from John and Jo Ann Morgan
from Tracie Hakkinen

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from Bill Hirsh
from China Brotsky and Daniel Roth
from Michelle Mercer and Bruce Golden

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from Barry Zuckerman, Marcy Darnovsky and Morissa Zuckerman
from Dylan Jaggar
from Judith Norsigian
from Lee Ann Slinkard and Maria Morris
from Marj Plumb and Tracy Weitz
from Susie Brain

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from Sahru and Joe Keiser

Kate Frisher
from William Mcaneny

Kate Holcomb
from Anh Oppenheimer
from Kareen Donegan
from Robert Appel

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from JoAnna Scandiffio

Kay and Frank
from Margaret Wood

Kelly Karandjeff
from Ernest Karandjeff

Laura Hamasaka
from Julie Moed

Laura Rodman Mori
from Kazuo Mori

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from Marilyn Levin

Lee Price
from Dr. Ziadee Cambier

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from Kelly Donoghue

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from Nancy and Phillip Newfield

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from Jennifer Morris

LIsa Troedsen
from Lori Rae and Deke Hunter

Lori Baralt
from Olga DeGuenther

Lori Leigh Gieleghem
from Karen Merritt

Lori, her mama, Dolores, and Lesa
from Katina Joncich

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from Meave O'Connor

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from Nina Birnbaum

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from Jennifer and Janis Abbingsole

Mary Dunlap
from Katie Dunlap

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from Forest Calvin Read

Melissa Peacock
from Dr. Devon Webster

My Beloved Aunt Grace
from Anne Friedman

Nancy Markowitz
from Joyce Bichler and Dr. Michael Kimbarow

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from Sandra L Wisenberg

Norma Litman
from Laurie Litman and Dale Steele

Oncology Support Program
from Barbara Sarah

Patty Lynne Campomizzi
from Carol Campomizzi

Peggy Huston
from Ann Nordin

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Stephanie Appell
from Jessica Cohen

Stephanie O.
from Dena Taylor

Susan Stocking
from Dr. Bonnie Spanier

The Athey Grandchildren
from Coral J. Fry

The team at BCAction- for all they do
from Kate-Madonna Hindes

Victoria Brady, Susan Thompson, Joan Caravalho
from Margot McFedries

Woon Gee Cho
from Amy Cho
from Nicholas Feinberg

Your own Kira Jones!
from Charlea Massion

Zein and Zeina Mikati Murib
from Tom Pryor

DONATIONS MADE IN MEMORY

Breast Cancer Action gratefully acknowledges donations made in honor of the following individuals between November 10, 2017 – April 2, 2018.

Alexandra Crossland (My Mum)
from Emma Crossland

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Ann Emmons
from Dr. Rebecca Weigel

Ann Lieber
from Rose Katz

Anna Blum
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from Stephen Kobasa

Anne Rosenbaum
from Neshsms Franklin

Anne Somsel
from Ellen Rubin

Annie Southworth
from Heather Lind

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from Mayuresh Saoji

Babs Attard
from Barbara Attard

Barbara Brenner
from Adriane Fugh-Berman
from Carl and Gay Grunfeld
from Carmen Ortiz
from Cathy Tennant and Virginia Bassi
from Deborah Marx
from Elaine Elinson and Rene Ciriacruz
from Ellen Reath
from Gerald Epstein and Fran Deutsch

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from Heather and Kitt Sawitsky
from Jan Sobieraj
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from Nancy Pemberton and Jeff Parker
from Penelope Cooper and Rena Rosenwasser
from Richard and Amanda Brenner
from Sara Gould
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from Tom Reilly and Kevin James

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Carol Alexander
from Katherine Mattes

Carol Sheinfeld
from Susan Sheinfeld

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from Joyce Bichler and Dr. Michael Kimbarow

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from Ruth Tamblyn

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Eleanor Morrison
from Susan Morrison

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from Julia Tower
from Julie Gottschalk

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from Meredith Slater

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from Reed Petak

Florence Lessler Siebeck- my mom
from Marcia Heaney

Gladys Sherak
from John Foley

Heidi Sommer
from Tina Eshaghpour and David Silberman

Helen Tonegato
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from Christopher Burrows
from Robert Shalit

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frim Barbara Lewis

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from John Powell
from Kelly and Jim Polisson
from Shirley Jacobs

Mary Elizabeth Johnson
from Dennis Fong

Mary J Leslie
from Gail Sweeney

Melissa Quan and Cynthia Jameson
from Charlotte Jurehn-Lewis

Moms
from Margaret Babbott

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from Mitchell Coon

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from Catherine Teare and Christine Lahey

Nancy Swegles
from Laura Decker

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from Angela Peck

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