



From the Executive Director: We Are Angry for Good Reason

By Karuna Jaggur, Executive Director

Breast cancer sucks, and so does the current attack on any collective progress we've made over the past few decades—progress that's moved the needle on gender equality, civil rights, LGBTQ rights, environmental protections, and healthcare. The backlash feels unrelenting. Breaking news hits with a near-physical force that's increasingly exhausting. The words "I don't even know what to say anymore" are uttered often and reveal overwhelming and deep fatigue. It feels like we've all lost a lot of ground over the past few months.



The thing is, working for health justice, like we are at Breast Cancer Action, has always been an uphill push. But we are in it for the long haul. We get back up when we're knocked down. We pick ourselves up, extend a hand to our friends and allies, and get busy and creative with bold resistance strategies. And that's what we've been doing since our last newsletter.

We're focused on healthcare coverage right now because that's where we're currently getting hit the hardest. And, we've asked you to get involved and take action often—to help us defend the gains made under the ACA, and uphold a vision of universal coverage. That's because we know that when we raise our collective voices, we can make change that's not only important for women at risk and living with breast cancer, but that will benefit our health and well-being more generally. In this issue, you can read our position on universal healthcare, our letter of support for The Healthy California Act (SB 562) and watch our webinar—The Case for Universal Healthcare.

Because breast cancer is a public health crisis and social justice issue, we know it can't be looked at as a *stand-alone* issue, separate from everything else that's going on in this country. The disease is connected to healthcare access and corporate control of our regulatory and protection systems, and to environmental justice and unequal exposures to communities. In other words, the forces behind the breast cancer epidemic are also behind systemic racism, deregulation, corporate profiteering, and other oppressions.

If we, as an intersectional cancer activist organization that understands that injustices are connected, hope to address and end the breast cancer epidemic, we have to address other inequities along the way. Now is the time to push back hard against oppressive systems. Now is the time to push against the corporate interests that put industry profit before public health. Against entrenched systems that

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focus on detecting disease rather than preventing it. Against distractions that ask women to just “fight hard” and stay positive. We are angry for good reason!

Injustice and oppression aren't new concepts ushered in by the current administration, but at a time when attacks on progress come in rapid succession, we have to keep in mind how oppressive systems work. One way they work is by isolating people, breaking them down into distinct groups and positioning them against each other. We saw this when woman's suffrage was pitted against the black vote. We see it now when trans issues are set in opposition to more traditional gay/lesbian issues and when the need to create jobs is set in opposition to the need for environmental protections.

Breast Cancer Action is made for times like these. We have always been a social justice organization that connects the dots between issues. And we are focused on systemic solutions that get to the roots of the breast cancer epidemic and demand true system changes that will benefit all our health.

In this issue, you'll also read about the people who make this work possible (see our *Judy Brady tribute*, *JoAnn Loulan spotlight*, and *Welcome to New Staff and Board Member*) and our analysis of treatment issues (*Pembrolizumab* and *When Less Medicine Leads to Better Health*).

Thank you for your activism and all the ways you make Breast Cancer Action a strong force for radical change.

Universal Healthcare

At Breast Cancer Action, we envision a healthcare system in which everyone has access to healthcare that is compassionate, culturally competent, evidence-based, supports patient decision-making, and devotes adequate resources to prevention. We believe the United States healthcare system should guarantee affordable healthcare to everyone in this country, and that everyone should have comprehensive coverage which supports their health and well-being.

In the U.S., our health system is controlled by institutions which are beholden to investors and profit motive above patient health—including drug companies, hospitals and insurance companies. The impacts of our profit-driven healthcare system are dire: millions of people lack basic healthcare coverage; treatment costs are set unmanageably high by for-profit companies; medical bills often lead to bankruptcy, even when people *do* have health insurance; and tens of thousands of people die of treatable medical issues simply because they cannot afford medical care.



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In sharp contrast to the current reality, our vision is a healthcare system that is affordable and accessible to everyone, where no one is discriminated against for having health problems, or for their gender, age, race, genetics, or income, where the rich and the poor alike have access to excellent, affordable medical treatment. Access to affordable healthcare often means life or death for people facing health problems, including women at risk of and living with breast cancer.

The U.S. is the only wealthy, industrialized country in the world that does not guarantee healthcare to everyone. There are ways to make our system more efficient and affordable AND provide healthcare to everyone. To do so, we need to prioritize people's health over corporate profits and tax breaks for the wealthy.

Healthcare is not a privilege or a luxury, reserved for the wealthy and most powerful; healthcare is a human right. As the independent watchdog for the breast cancer movement, Breast Cancer Action has always been, and continues to be, committed to universal access to affordable, high quality healthcare.

Check out our free webinar: The Case for Universal Healthcare:
<https://bcaction.org/resources/webinars/the-case-for-universal-healthcare/>

Read our letter of support for The Healthy California Act (SB 562):
<https://bcaction.org/2017/04/20/we-support-the-healthy-california-act-sb-562/>

Pembrolizumab Does More for the Pharmaceutical Industry than Cancer Patients

By Leslie Riddle, Program Officer

Last week, the Food and Drug Administration (FDA) granted accelerated approval to pembrolizumab (*pem-broe-li-zoo-mab*), (brand name Keytruda), a cancer immunotherapy manufactured by Merck & Co. for the treatment of adults and children with advanced cancers that have the microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) biomarkers. Tumors with these biomarkers are commonly found in colorectal, endometrial and gastrointestinal cancers and less commonly in breast, prostate, bladder and thyroid cancers. This marks the first time the FDA has approved a cancer treatment based on a common genetic feature rather than a tumor's location of origin (such as in the breast, colon, lung, etc.).



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Pembrolizumab is a PD-1 inhibitor, which boosts the immune system's ability to attack tumors by blocking a protein called PD-1. It previously received breakthrough therapy designation for the treatment of certain cancers. This newest approval based on molecular features of the cancer was based on data from five uncontrolled, single-arm Phase I-II trials, which means all of the study participants received the drug and there were no control groups. A minority of the 149 total patients across the trials experienced partial or complete response, 32% and 7% respectively, which was defined as tumor shrinkage. Approval was also based on the durability of response, with continued approval subject to confirmatory trials. 78% of patients had a response lasting six months or greater, with treatment administered until disease progression, unacceptable toxicity, or for a maximum of 24 months without disease progression.

Researchers have long classified breast cancers based on their genomic characteristics and adjusted treatment accordingly. Five years ago, researchers reported that some basal-like breast cancers (the majority of which are triple-negative) have more in common with ovarian cancer than other breast cancers, and there has been interest in grouping cancer types that may respond to similar treatments. While some have celebrated pembrolizumab's approval as a "modernization" of FDA's long-standing approach to approving drugs based on a tumor's location in the body, there is cause for caution.

First, not all marker-based approaches have been successful at treating multiple cancers with the same mutations. Studies of vemurafenib (*vem-u-raf-e-nib*), which targets B-RAF mutations, worked in nearly half of melanomas with that mutation, but **showed a dismal 5% response** (<http://bit.ly/2u5O7zd>) among patients with colon cancers identified to have these mutations. This case has been regarded as the "poster child" for the importance of location in cancer immunotherapy and calls into question whether the findings from the latest pembrolizumab studies are generalizable to other types of genetically linked cancers.

Breast Cancer Action has long held that new treatments should be proven to do at least one of the following: Improve overall survival (meaning patients live longer); reduce side effects; or if it does neither, cost less than therapies already available and therefore increase accessibility for patients. If a drug cannot be shown to do at least one of these things, there is no benefit for patients and it should not receive a new approval.

Pembrolizumab does not meet these standards. Rather, its approval was based on surrogate endpoints that may or may not correlate with overall survival—a 7% complete response rate is less than encouraging—and adverse reactions, which are important indicators of quality of life and safety issues, were common in the trials. 20% or more of patients across the trials experienced fatigue, itchy skin, diarrhea, decreased appetite, rash, fever, cough, difficulty breathing, musculoskeletal

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pain, constipation, and nausea. Other serious side effects included inflammation of healthy organs like the lungs, liver and kidneys. In extreme cases, patients who took pembrolizumab died.

Finally, while recent media reports have not included current cost estimates, the drug's hefty price tag of **\$150,000 a year in 2015** (<http://nyti.ms/2sXTGR0>) means that it is likely to remain out of reach for many. The staggering cost of cancer, aptly termed "financial toxicity," is all the more exploitative for a treatment that has not been shown to extend or improve life for patients.

Unfortunately, the drug's accelerated approval does more for the pharmaceutical industry than it does for cancer patients. The data show that just a fraction of patients—out of an already small sample size—will experience any response on pembrolizumab; some will die from toxicity; and even though few will live longer or better, most will certainly be faced with exorbitant financial costs just to give it a try.

Judy Brady on My Mind

By Zoe Christopher, Resource Liaison & Office Manager

On May 14, 2017 a lioness of a woman died—and with her death we lost a fierce, passionate and brilliant voice in the feminist environmental and breast cancer movements. That voice belonged to Judy Brady.

Born in San Francisco, Judy was a writer, editor, mother, environmentalist, breast cancer activist, and a self-described "cancer victim," a label she used to emphasize the injustice of the cancer industrial complex. She played an active role in the feminist movement of the late 1960s, and was well-known for challenging conventional stereotypes of the "good" wife and mother with her now famous essay "I Want a Wife," which was first printed in the premiere issue of Ms. Magazine in 1972. She also co-founded San Francisco-based GreenAction for Health and Environmental Justice and published essays in Greenpeace Magazine and Women's Review of Books.



Judy Brady

Judy's life and the history of Breast Cancer Action are intricately intertwined. And it was Judy's and Barbara Brenner's (our first Executive Director) work with the Toxic Links Coalition (TLC) that infused Breast Cancer Action with its spirit and uncompromising commitment to health justice. Judy was "...relentless. Relentless in her drive to make a difference, to never stop, never settle, always pushing for a cleaner, more honest, safer world," according to former Breast Cancer Action Communications Director, Angela Wall.

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In 1994, Breast Cancer Action was only four years old when we joined with Greenpeace, the West County Toxics Coalition, and the Women's Cancer Resource Center (WCRC) to form the TLC. The coalition brought together the feminist cancer and environmental movements and is perhaps best known for its Toxic Tour of the Breast Cancer Industry—an annual tour that drove home the message of collective rage against a corporate cancer industry that destroys public health and promotes environmental racism.

Judy worked with the TLC to call out the powerful behemoths that were misinforming, misleading and poisoning the public—such as Monsanto, Dow Chemical, PG&E, Chevron. She also went after the American Cancer Society, accusing them of the miseducation of the public, ignoring the importance of prevention, hiding scientific evidence of environmental links to cancer, and climbing into bed with corporate stakeholders. In the early 1990s, the TLC countered the industry's new obsession with fluff and pink by marching with disturbing images of disfigured women, huge puppets with bloody mastectomies and hands carrying barrels of toxic chemicals, tiny coffins lettered with the names and lifespans of victims, and images of ruptured breast implants. They called attention to the realities of the disease and demanded accountability from the powerful.

Judy and the TLC also took on corporate-sponsored races. Early on, they recognized that The Komen Foundation was taking attention and much-needed resources away from the issue of environmental links to breast cancer. Problems faced by the medically uninsured, and the political influence of mighty corporations on women's health, were, and continue to be, swept under the rug. "There's no talk about prevention, except in terms of lifestyle...No talk about ways to grow food more safely. No talk about how to curb industrial carcinogens. No talk about contaminated water or global warming," she wrote in a WCRC newsletter, 16 years ago. "What's missing is the truth." Judy recognized that business as usual in a society dominated by corporate corruption is the greatest toxic predator of all. "What they (the Komen Foundation) don't see is that 'business as usual' is why we have cancer." (<http://bit.ly/2u66Yds>)

She was tireless in her drive to save the environment for the sake of public health and justice. A few years ago, at a screening of the documentary, Pink Ribbons, Inc., she made it pointedly clear that we don't need more research that distracts from what really needs to be done. "We've done all the research. We need to end this damn epidemic," she bellowed. Judy wanted to flat out eliminate toxins from the environment and to reduce cancer everywhere for everyone.

Judy was a powerful voice for the disenfranchised and marginalized. She was tough and sometimes intimidating. She didn't suffer fools and she didn't have time for idealism. And she had a heart of gold.

That's why we're heartbroken by the news of her death.

We will, of course, continue to do the work to which Judy and Barbara Brenner tirelessly dedicated their lives. And that's because it's at the core of what we do and has been, since our humble

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beginnings in a living room back in 1989. We'll continue to speak out about the link between involuntary exposure to environmental toxins and breast cancer. We'll keep pushing the conversation so more people talk about how prevention is closely associated with the health of the environment. We'll continue to push back against corporations that claim to value women's health while simultaneously manufacturing and distributing cancer-causing chemicals and products. And we'll keep calling out pharmaceutical companies for dumping carcinogens into the environment while profiting from the exorbitant and skyrocketing cost of the drugs used to treat the disease.

We'll keep doing the work because that's what Judy would do. She was right. We need to end this damn breast cancer epidemic and change the conversation because we're just as sick of the fluffy pink images associated with breast cancer today as she was nearly 20 years ago.

A while back, we invited Judy to our office to discuss her long history of environmental and breast cancer activism. Sitting around the table, one of my younger co-workers innocently asked, "Can we win this fight (to clean up the environment and end the breast cancer epidemic)?" Without any hesitation, Judy barked, "Hell no! But you must never stop fighting."

It's the fight that keeps the ship erect at sea and I think that's my definition of winning. Without those willing to continue that fight through the generations, the ship will capsize and we'll all go down.

Safe journey, Judy.

80% of Patient Advocacy Groups = Funded by Big Pharma. Not Us.

By Karuna Jaggar, Executive Director

A new report (<http://bit.ly/2u0TYpY>) reveals that 80% of patient advocacy groups are funded by pharmaceutical companies. We're not one of them and never will be.

Our long-standing independence from industry funding means we don't ever have to choose between loyalty to our funders and taking a stand for women's health.

Will you sign up right now to support our independence with a monthly donation?



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Why does industry funding matter? Here's one example: you don't see a lot of big patient advocacy groups speaking out about the high cost of drug prices because they get money from the pharmaceutical companies making millions off our medications.

Breast Cancer Action is different.

We refuse funding from the pharmaceutical, biotech, and chemical industries, as well as hospitals and insurance companies, so that you can trust we'll ALWAYS put your health front and center, without hesitation or apology.

We will never be silent on the high cost of cancer drugs, unsafe or ineffective cancer treatments, environmental toxins linked to breast cancer, or any other issue critical to addressing and ending the breast cancer epidemic.

Our monthly donor program is called the "Susan Stone Circle" for Susan Stone, a passionate and fierce member of our Board of Directors who died of breast cancer in 2002. Your monthly donation to Breast Cancer Action is an investment in social change, and is an important form of grassroots activism. Will you sign up for a monthly donation right now?

Yes! I want to help fund an independent watchdog not beholden to Big Pharma.

Thank you so much for your support.

Sign up to make a monthly donation here:

<https://bcaction.secure.nonprofitsoapbox.com/susanstonecircle>

When Less Medicine Leads to Better Health: Access is Essential but More Doesn't Always Mean Better

By Karuna Jaggar, Executive Director

The mantra "early detection saves lives" has been the driving force behind the mainstream breast cancer movement. But increasingly, the data has shown that many small, slow-growing tumors don't endanger a woman's life. And patients and providers increasingly view the harms of medical treatment to be an important part of decision-making.

The harms of breast cancer treatments are wide-ranging and common. Of course, many people have long known about immediate toxicities of treatment, like



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pain, scarring, disfigurement, radiation burns, digestive problems, hair loss, etc., But there is growing concern about the longer term health harms of breast cancer treatments—things like physical disability and lymphedema, secondary cancers, heart disease, and more. The term “financial toxicity” has also been coined recently to refer to the devastating financial impact of medical treatment in an era of exorbitant costs.

There can be an understandable reluctance to consider scaling back on treatment—particularly at a time when Republicans in Congress are proposing a plan that would strip millions of people to life saving healthcare access. Breast Cancer Action has long worked to ensure access to evidence-based, affordable, culturally competent health care for all. At the same time, we have worked since our founding to ensure that women have unbiased information in order to make their own treatment decisions, including revealing the prevalence and true impact of overdiagnosis and overtreatment.

Identifying Breast Cancers That Don't Need Extensive Treatment

Many people associate the term “precision medicine” with the development of innovative, new therapies to successfully treat disease. However, another goal of precision medicine should also be to better understand and identify which patients will *not* benefit from treatment and can safely forego treatments that may be physically and/or financially toxic.

Several genomic tests have been used for more than a decade to inform breast cancer treatment decisions by predicting the benefit of systemic therapy after surgery, as well as estimating the risk of recurrence. Oncotype DX was the first of these tests to be widely used. MammaPrint was the first genomic test to seek FDA approval for its use to predict the risk of recurrence after a breast cancer diagnosis and was approved by the FDA in February 2007.

MammaPrint measures the activity of 70 genes associated with breast cancer recurrence from a sample of a surgically removed breast tumor. Women with a low-risk score can safely forego chemotherapy without decreasing likelihood of disease free survival. It should be noted that the test is better at predicting low-risk than high-risk of recurrence. Even within the low-risk group, researchers have found a sub-set of patients that they are calling “ultralow risk” breast cancers for which “death from breast cancer after surgery alone is exceedingly low.”

A new study published in JAMA (<http://bit.ly/2u628wK>) builds on prior studies by identifying women with this “ultralow risk” of recurrence and whose risk of death from breast cancer a full 20 years after surgery alone is exceedingly low. The study looked at 652 postmenopausal women whose early stage breast cancer had not spread to any lymph nodes and randomized them after surgery to either receive no further treatment or the standard hormone therapy tamoxifen. The majority (377 or 58%) of these early stage breast cancers were categorized as low-risk, while 275 (or 42%) were MammaPrint high-risk. Of the low-risk group, 98 (or 15% of the total) were deemed to be “ultralow risk.”

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In the ultralow-risk group that was treated with tamoxifen, there were no deaths at 15 years, and these patients had a 20-year disease-specific survival rate of 97%. By comparison the survival rate for the untreated group was 94%, demonstrating that even without systemic therapy the long-term risk of dying from breast cancer for these women is exceedingly low.

Even with the advances in identifying which patients may not need extensive treatment, there are inevitably some cases of overtreatment. The use of a genomic test, like MammaPrint, to evaluate individual breast cancers may help to reduce, but cannot fully eliminate, this harm. Each woman should have the opportunity to weigh the harms and benefits of treatment options and the treatment decision that is right for her based on her values, priorities, and individual life circumstances.

Mammography Screening May Result In Overtreatment

Overtreatment stems in part from detection of non-life threatening breast cancers, which is increasingly recognized as a significant harm from widespread mammography screening. Another research letter was published in JAMA (<http://bit.ly/2t6CjbO>) this month that shows women are much more likely to know about the potential benefits of mammography screening than the harms associated with it. This imbalance in perceived benefit flies in the face of the “growing scientific consensus that mammography has a modest impact on averting deaths from breast cancer, while exposing women to a number of harms.” And the imbalance makes it difficult, if not impossible, for women to make informed, evidence-based medical decisions.

Researchers present 2016 data on women’s beliefs about mammography screening and found that few women know about the potential harms from routine mammography screening, and most of the women who do know, don’t view these as “very important.” In contrast to the underestimation of the harms, more than 90% of women knew the 4 benefits of mammograms listed in a recent study. Women who recently had a mammogram in the last year were significantly more likely to view the benefits as “very important.”

And yet a Cochrane review of breast cancer screening (<http://bit.ly/2slflfO>) published in June 2013 estimates that a woman who undergoes 10 years of routine screening for early signs of breast cancer is 10 times more likely to undergo unnecessary treatment than to have her life saved. In addition to the risk of overtreatment—that is the treatment of a cancer that never would have grown and is therefore unnecessary—more than 10% of women who are screened will “experience important psychological distress including anxiety and uncertainty for years because of false positive findings.” The skewed perception of the benefits of breast cancer screening are a result of simplistic, paternalistic messaging and corporate marketers who are focused on selling pink ribbon “solutions” to the breast cancer epidemic.

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Informed-Decision Making

All treatments, tests, and procedures come with both potential harms and potential benefit. The benefits may be seen to outweigh the harms when they are rare and not serious. But for breast cancer treatments, the side effects are extremely common and are often life altering, with both short and long term tolls. Many women when presented with balanced information decide that the rarity of the benefits don't outweigh these harms of routine screening.

Informed consent is considered to be an essential part of our modern health system. Whether women are considering routine screening or making treatment decisions after a diagnosis, we all need full information about the harms and benefits. None of this is possible if lack of access constrains our choices. Which leads us right back to what we've been fighting for the past several months—access to healthcare.

Still have questions about mammography? Check out our brochure:
<https://bcaction.org/our-take-on-breast-cancer/screening/>

Spotlight: JoAnn Loulan

By Kira S. Jones, Communications Officer

When I emailed JoAnn Loulan to find a time to chat about this spotlight, she replied that she was on vacation, but still available to talk. I wrote back, telling her we could connect another time so she didn't have to work while she was away. She responded, "this isn't working, this is supporting Breast Cancer Action."

And that's what JoAnn has been doing for the past 13 years – as a former member of our Board of Directors, as a passionate and committed member of the Breast Cancer Action community, as a two-time cancer survivor, and as a fierce activist for health justice. JoAnn is nothing short of super human. And every year, for the past 13 years, she raises vital funding for our work by hosting the Billie Gardner Loulan Memorial Benefit.



JoAnn began hosting the benefit in honor of her mother, Billie Gardner Loulan who died of breast cancer when she was 53 years old, 13 years after her diagnosis. Driven to do something besides worry, and inspired by her mother's bravery and activism, she began hosting a luncheon around Mother's Day. In the beginning, news of the benefit spread by word of mouth and through hand delivered invitations that were designed, for the first three years, by Nancy Favier and her husband, Ed Nielsen. There were parties where a small group of women came together to assemble the

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invitations. Then, they would each take 20 invitations and personally deliver them. JoAnn invited friends and asked them to invite their friends.



The benefit was originally about community—and it still is. According to JoAnn, there are some women who have been at the event every year it's been hosted—others have come almost as often. The benefit is as much a part of the community as the community is a part of it. Each year, it's hosted by a different person at a different home in Portola Valley, CA. Most years it's still a luncheon, but it's also been an evening event from time to time, and, this year, a dance party. The benefit has not only changed a little over time, it has also grown! It's now too large for JoAnn and her friends to personally deliver invitations.

But regardless when or where or what time of day the benefit is hosted, it's always an informative event that introduces someone to Breast Cancer Action and raises money for our organization so we can stay a grassroots funded organization. There's always a silent auction for beautiful, intriguing, and heartfelt artwork, opportunities for people to fund a Breast Cancer Action need, and a program that makes a personal connection to women at risk of or living with breast cancer in JoAnn's community.

It's no surprise that JoAnn's enthusiasm and ability to bring together family and friends has played a tremendously important part in making the event a success year after year. She brings her community together, and her community, in turn, brings other communities together. It's a kind of ripple effect that has generated lasting change.

JoAnn's passion, determination, and joy have changed this world. And, her support of Breast Cancer Action is appreciated so much more than she will ever truly understand.

JoAnn wanted to acknowledge people who have helped make the event possible over the last 13 years by either hosting, supporting, or donating their time, energy or art. Thank you. And to those of you not on this list, thank you, too.

Bonnie Sterngold
Karen Mobley
Gayten Harmon
Debbie Rachleff
Susie Fox



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Lisa Troedson
Tam Turner & James Horn
Laure Woods
Lynn Cornish
Lori Hunter
Susan Evans
Linda Benevento
Donna Dubinsky
Jennifer & Bill Youstra
Ronny Crawford
Ron Crawford
Cynthia Hamilton
Angie and Sam Schillace
Dorothy Polash
Diana Bergeson
Tracy Cowperthwaite
Ronny's family, who always come from NY
JoAnn's family, her sister, her niece, and her son

Welcome to Our New Staff

We're excited to introduce several new members of the Breast Cancer Action team, Kira S. Jones, our Communications Officer, Chantelle Thomas, our Development Events Coordinator, and Tony Van Houten, our Membership & Database Coordinator. Learn more about them below!

Kira S. Jones, M.A. *Communications Officer*

Kira works closely with the program, development, and communications teams to keep BCAction members up to speed on breast cancer news and action and manages BCAction's social media, newsletter, e-alerts, and blog. She believes that working at the intersection of an issue is where meaningful systemic progress happens and she brings a strong commitment to social and environmental justice to her work at BCAction. Kira has spent the past 10 years working in women's health and holds a Bachelor's degree in Mass Communication and a Master's degree in Communication Studies. Kira's academic research and activist writing have primarily focused on how the rhetoric of National Breast Cancer Awareness Month emphasizes personal responsibility over social context, thereby obscuring the need for social justice, environmental protection, and collective responsibility to address and end the breast cancer epidemic.



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Tell us a little about yourself and what brought you to Breast Cancer Action.

I don't fit easily into a particular category and neither do my politics or the issues I care about. I'm a passionate and committed advocate for policies that ensure and protect the quality of women's health, access to complete and accurate health information, and an environment free from toxic chemicals that cause health problems and harm communities. My commitment to this work grew out of my graduate research. During grad school I focused my research on both the discourse of National Breast Cancer Awareness Month and how Breast Cancer Action pushes back against pink ribbon culture and marketing and complicates the story we hear over and over about the root causes of breast cancer. As a result, I developed a commitment to environmental justice, the precautionary principle, and an interest in how everyday chemical exposure impacts our health. As a former intern with Breast Cancer Action in 2007, I am thrilled to be back working with the organization.

What most inspires/excites you about Breast Cancer Action's work?

I really believe that knowledge is power, and Breast Cancer Action works hard to ensure that all women at risk of and living with breast cancer have the information they need to make educated decisions about their health. That's the kind of thing that makes change in this world. I've seen first-hand over and over again how the information this organization provides changes people's understanding of breast cancer as a disease and helps to bring into focus what actually needs to be done to end the breast cancer epidemic.

What are you looking forward to working on/what do you think are the most pressing things in breast cancer?

The Think Before You Pink® campaign was the first Breast Cancer Action campaign I was introduced to, so I'm excited about the opportunity to be a part of creating this year's campaign. I'm also really looking forward to being a part of the work on root causes of breast cancer; it is a topic I'm incredibly passionate about.

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Chantelle Thomas
Development Events Coordinator

Chantelle is part of the Development team and works on planning and implementing BCAction's annual fundraising events. While working for the Haight Ashbury Free Clinic over 20 years ago, managing educational events for addiction medicine service providers, she was inspired by the guiding principle that "healthcare is a right and not a privilege." Since then, she has



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produced philanthropic events for notable Bay Area organizations such as the San Francisco Ballet and UC Berkeley Alumni Association. She recently worked at California Pacific Medical Center organizing academic conferences for the Longevity Consortium, a group of scientists and researchers investigating the genetic factors of human longevity. Chantelle holds a BA in Psychology from San Francisco State University. When she's not working, she enjoys reading anything she can get her hands on, fantasizing about home décor projects, camping with her family, and trying to keep up with her energetic 8-year-old son.

Tell us a little about yourself and what brought you to Breast Cancer Action.

I limited my recent job search to organizations with a vital and important mission. Breast Cancer Action attracted me because my mother has been living with breast cancer for nearly 20 years and my Aunt Pat died from breast cancer twelve years ago. It's personally meaningful that my time and efforts are contributing to ending the breast cancer epidemic.

What most inspires/excites you about Breast Cancer Action's work?

Breast cancer is political! Under the current administration, it's hard to know where to direct your efforts so I love that we challenge our members to take action.

What are you looking forward to working on/what do you think are the most pressing things in breast cancer?

The Think Before You Pink® campaign resonates deeply with me – like most of us, I have limited dollars to contribute so I'm thoughtful about where my money goes and try to donate to organizations that are transparent and responsible. I remember going to the grocery store in October just a few days after my aunt's funeral. None of the pink plastic crap on display had any connection to my traumatic experience of seeing my aunt on the day before she died or her family's grief and pain.

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Tony Van Houten
Membership & Database Coordinator

Tony supports the Development team through management of BCAction's donor database. Tony brings many of years of experience to the team, having served for 14 years as the Membership Manager for California Trout, a San Francisco-based environmental NGO. As BCAction's Membership and Database Coordinator, he is focused on raising the capacity of the



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organization to gain more donors and supporters. In his spare time he reads, walks and works on his disc golf game. Tony holds a BA in Political Science from San Diego State University.

Tell us a little about yourself and what brought you to Breast Cancer Action.

I'm a long-time San Francisco resident who previously worked at an environmental nonprofit in the city. I was instantly drawn to Breast Cancer Action because I wanted to work for a real no-holds-barred activist organization. And like a lot of people, health justice has sprung onto my radar.

What most inspires/excites you about Breast Cancer Action's work?

The most gratifying is offering people a place to turn for information and resources when they are newly diagnosed. I also really like that we talk about the connection between the environment and the breast cancer epidemic. It's not just genes and lifestyle that contribute to the development to the disease, and it's important that people know that. A lot of people still assume women develop breast cancer mostly because of their genetics and lifestyle, but I now know that only 10% of breast cancer cases are genetically linked. We live in a society that's constantly blaming people genes or lifestyle, but in fact a lot of companies and corporations that are responsible for contributing to our poor health and rising rates of cancer. Breast Cancer Action works to point this out, and I'm glad to be part of an organization doing this kind of work.

What are you looking forward to working on/what do you think are the most pressing things in breast cancer?

I'm working on growing our fundraising capacity so that we can expand our programmatic reach!

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Welcome to Our New Board Member: Sharon Barrett

Our all-volunteer Board of Directors is a remarkable group of people who set the vision for BCAction and lead the organization by determining organizational policy, assuring the organization's financial security, and representing BCAction's views to the world at large. In May 2016, we welcomed Sharon E. Barrett to our Board of Directors and are excited to introduce you to her here. For information about our Board of Directors, click: <https://bcaction.org/about/board-of-directors/>

Sharon E. Barrett, DrPH, MS, has over forty years of leadership in public, nonprofit and private sectors in the areas of program development, administration and public health practice. In her last Federal Public Health Service position, Dr. Barrett created and served as the Director of Minority and Women's Health in the Health Resources and Services Administration's Bureau of Primary Health Care. Retired since 2003, she is the founder and principal of S.E.B. and Associates, LLC, and currently consults on and provides training to health professionals on a wide range of issues including: public health, primary care and oral health, minority and women's health disparities, health literacy, language access and cultural competency. Her clients have been both global and domestic including government, nonprofit associations and NGOs. In Australia, Dr. Barrett provided consultation to the Centre of Culture, Ethnicity and Health on an initiative to develop health literacy curriculum and provide training to service providers in Victoria. Before rotating off of the Institute of Medicine's (IOM) Roundtable on Health Literacy, after being an active member for six years representing safety net providers, Dr. Barrett spearheaded the development of the IOM's Oral Health Literacy Workshop.



She is currently serving on the technical working group that created the revised SOAR curriculum that was sponsored by two Public Health Service entities, the Agency for Children and Families and OASH's Office on Women's Health. Dr. Barrett also participated in the development of the PHS ACF/OWH *Look Beneath the Surface Campaign* on human trafficking. Dr. Barrett continues to serve on a number of committees and boards. She is a Board member and Secretary for the Intercultural Cancer Council (ICC) and serves as the organization's Mid-Atlantic ICC Regional Leader. She is also a Board member of the Gaston and Porter Health Improvement Center. She received her Masters of Science at Columbia University's School of Social Work in New York and her Doctorate in Public Health at Morgan State University's School of Community Health and Policy. Dr. Barrett also serves as an adjunct professor in the Public Health Sciences Program at the University of Maryland-CP at the Shady Grove, Maryland campus.

She was compelled to serve on the Breast Cancer Action Board of Directors because women are being diagnosed with breast cancer at earlier ages and the disease often goes undiagnosed because they believe they are too young, plus doctors often tell patients they are too young to have

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breast cancer — a paradigm that needs to shift. She also believes there is a direct link between breast cancer and the environment. Therefore, she's most interested in exploring environmental factors that may impact women's susceptibility to breast cancer. Being part of Breast Cancer Action's board allows her to reengage in her advocacy and grassroots activities.

Our Executive Director in Action

It's been a busy couple of months, and if you're not friends with us on [Facebook](#) or following our Executive Director, Karuna Jaggar on [Twitter](#), there are a few things you might have missed—as she's been busy sharing Breast Cancer Action's work and analysis at events across the country:

- April 10-14, 2017: Karuna was a presenter on nine panels at the The 69th Conference on World Affairs at the University of Colorado Boulder, in Boulder, CO. (<http://bit.ly/2sXC4Vb>) Here are just a few of the panels on which she presented:
 - Watchdogs, Whistleblowers and Wikileaks (<http://bit.ly/2u1s39x>)
 - Thou Shalt Not Mess With Women's Reproductive Rights: Fallopian 20:17 (<http://bit.ly/2t6VhPx>)
 - Body Image: Mirror, Mirror, On the Wall... (<http://bit.ly/2tBdq0>)
 - When We Rise-Starting a Social Movement (<http://bit.ly/2tHqBG1>)
 - Future of Medicine: Combating Disease (<http://bit.ly/2tHqBG1>)
- April 13 & 14, 2017: Karuna was an activist-in-residence through the CU-Boulder Women and Gender Studies Activist-in-Residence Program. Karuna presented at a lunch titled, "Lunch with an Activist: Why and How to Think Before You Pink©" and spoke about the "corporatization" of social movements and causes, using the breast cancer movement and the ubiquitous pink ribbon as a case study.
- Wednesday, May 17, 2017: Karuna was a panelist at the *Oil Money Out, People Power in: The Science Behind the Movement in California* event in Oakland, CA. Many thanks to Rootskeeper for organizing the event in conjunction with their partners. Dr. Sandra Steingraber, acclaimed ecologist, environmental activist and author of *Living Downstream: An Ecologist's Personal Investigation of Cancer and the Environment*, presented on the science behind this "Oil Money Out, People Power In" campaign. Karuna Jaggar was joined on the panel by Martha Dina Argüello, Executive Director, Physicians for Social Responsibility – Los Angeles and Barbara Sattler, Professor, Public Health Program, University of San



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Francisco, and Alliance of Nurses for Healthy Environments were also panelists.
<http://bit.ly/2sauH8H>

- Wednesday, June 21, 2017: Karuna and board member, Beverly Canin, were on the ground representing Breast Cancer Action and live tweeting from a two-day colloquium presented by the NYU School of Medicine the New York Academy of Science titled “The Need to Accelerate Therapeutic Development — Must Randomized Controlled Trials Give Way?” in New York, NY. (<https://www.nyas.org/>)
- June 22 & 23, 2017: Karuna was an invited guest and panelist at the conference titled “Ensuring Safety, Efficacy and Access to Medical Products in the Age of Global Deregulation” at Yale University in New Haven, CT. She brought Breast Cancer Action’s voice to the conference and presented on a panel titled, *Are patients caught in the middle, needing access and answers?* Want to know more? Watch for our forthcoming blog about the conference.

Special Thanks

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

- Thank you to **Ngina Lythcott, Bylye Avery, and their families** for throwing a house party in Provincetown, MA and introducing their community to Breast Cancer Action.
- Thank you to **Dr. Elissa Arons** for again hosting a house party and fundraiser at her lovely home in Cambridge, MA.
- Thank you to **Roberta Gelb** for hosting a gathering for Breast Cancer Action’s community in NYC.
- Thank you to **Alison and David Jaggar** for hosting a house party in Colorado for Breast Cancer Action.
- Thank you to **Renato Almanzor**, for bringing his visionary leadership and discussion of “the nonprofit industrial complex” to our annual Board meeting.
- Thank you to **Kirstin Arnold, Meenakshi Kumar, and Kristen Taylor** for sharing your valuable time addressing hundreds of envelopes for our spring appeal.
- Thank you to **Alan Kleinschmidt and the SF Choral Society** for complimentary tickets to their exquisite concerts for our board, staff & volunteers.
- Thank you to **Carol Fong** for her ongoing help in our office.



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- Thank you to **Ben Manning** for photographing our 13th Annual Billie Gardner Loulan Benefit this year, plus all the graphic design work he did to update our Mammography brochure and make the information and numbers more accessible.
- Thank you to **Casey Hunt** for sharing her talents to create a fresh new power point template for Breast Cancer Action.
- Thank you to **Briann DeOrnellas** for ongoing assistance to the Program team.
- Thank you to **Dr. Diljeet Singh and Wendi Dennis** for sharing their time and expertise on our webinar: The Case for Universal Healthcare.
- Thank you to **Alex Parkin** for his pro bono design work.
- Thank you to **Emily Sippola** who encourage people to donate to her Don't Pink for Me© page for her birthday.
- **Lori Gibson** for fundraising on our behalf.
- **Ashley Chin-Mark** for volunteering her time and communications skills to Breast Cancer Action.
- Thank you so much to everyone who helped **13th Annual Billie Gardner Loulan Benefit** a success:

Volunteers

Tam Turner and James Horn for welcoming us into their home
JoAnne Loulan for her energy and dedication
Emcees extraordinaire Victoria Zielinski and Paul Barrosse
Dr. Sigmund's 100% All Natural Good Time Family Band for rockin' the house
Dina Balatti for her event expertise before and during the event
Amy Firman for designing a beautiful invitation
Ben Manning for his beautiful photographs
Joey Richards for his help throughout the event

In Kind Donors

Breadworks Bakery & Café
Tracy Cowperthwaite
Ron Crawford
Curran Theater
Julia Louis-Dreyfus
Steve Dunne
Nancy Freire/Vidovich Vineyards
Cynthia Hamilton
James Horn
The Hungry Toad Pub & Restaurant
Pekoe Sip House
Pharmaca
Marian Roth and Mary Deangeles
Valerie & Michael Russell

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Karen Samuels
Scotts on Alpine Restaurant
Sprouts Farmers Market
Tom Thayer & Monica Nester
Vic's
Weir & Associates

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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

BCAction gratefully acknowledges donations made in honor of the following individuals between April 1, 2017 – June 15, 2017.

50th Anniversary of Barbara and Michael Donsky
from Joanne Donsky and Stuart Oremland

Carolyn J. Fraser
from Carrie Whitney

Alice Wolfson
from Judith Norsigian

Cat Warren
from Dr. Sherryl Kleinman

All women scourged by breast cancer who cannot pay for treatment
from Ms. Diane Curlette

Chryse Glackin
from Bella August

Alma Warner
from Kathryn Davis

Cristina and Richard Roman
from Kristin Funk and Marc Bouvier

Angela Bryan
from June Gruber

Dr. A
from Jonathan Zaikowski

Betty Frain
from Fran Danoff

Eva Sorman
from Magdalena Rydberg

Carole Gold
from Judi Jaeger

Ewa Buttolph
from Alastair Norcross

Gloria Rosenthal
from Robin Toews

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Janine Braak Peregrine, Cindy Ward
from Mr. Douglas Braak

Mimi Ezray
from Lea Goldstein

Jeanne de Zutter and Janie Gilges
from Emily Watson

Myself stage 4 in my spine
from Susan Nash

Jeanne de Zutter and Janie Gilges
from Ms. Peggy Gilges

Ngina Lythcott & Byllye Avery
from Nan Dumas

JoAnn Loulan
from Cindy and David Russell
from Jane Sprague and Stacey Zones
from Robin Carlisle

Rita Reeves
from Donna Reeves

Joyce Bichler
from Ms. Sue Tobachnik and Arnie Berman

Rose Brown
from Linda Sue Johnson

Karuna Jagger for continuing to fight the
good fight
from Deb Colden

Sheila Arens, Brandi Dawson, Rebecca Reber,
from Sabrina Elizondo

Kelly Karandjeff
from Ernest Karandjeff

Sheryl
from Mr. Alan Pogue

Marilyn Swenson
from Carol Swenson

The wonderful BCA staff
from Ms. Adrienne Torf

Zoe Christopher
from Steven Abbot and James Stephens

DONATIONS MADE IN MEMORY

BCAction gratefully acknowledges donations made in honor of the following individuals between April 1, 2017 – June 15, 2017.

Anna Wildesmith
from Patricia Miller

from Gudrun Kemper
from Helen Love

Barbara Brenner
from Beth Chapman
from Diana Oswald

from Mr. Jeffrey Goldberg
from Phyllis Hatfield
from Tom Reilly and Kevin James

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Billie Gardner Loulan
from Leslie AirolaMurveit

Margaret Mann Wuebker
from Debra Wuebker

Ellen Palmer
from Anne Brennan
from Marianne Sargent

Marlette Marasigan
from Marnelle Marasigan

Anne Brennan
from Isabella Quoyeser
from Ms. Alison Quoyeser

Marlyn Geisert
from Leslie Doyle

Joyce Ambrosini and Sara V. Allison
from Margaret Langston

May Elinson
from Eileen Goldman and Robert Gabriner

Judith Simmons
from Mollie Hart

My sister, Marybeth Gallagher
from Miss Barbara Maher

Judy Brady
from Leonore Tiefer
from Tanya Sufers

Rita Arditti and Barbara Brenner
from Estelle Disch

Laurette Lyle
from Sandra Blair

Rosey Rudnick's mother- Ruth Berman
from Dr. Beth Friedman

Laurie Mercer
from Monica Mercer

Suzanne Michaels
from Marisa Natale

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