From the Executive Director: Conflict Free, So We Can Tell the Truth

By Karuna Jaggar, Executive Director

My introduction to breast cancer was more than 20 years ago, with the shocking diagnosis of a beloved family member. I jumped into the deep end. I learned everything I could about the disease, traveled out of state to attend medical appointments with her, and eventually took time out of graduate school to help my loved one navigate her diagnosis and treatment plan. When she had a recurrence several years later, I was lucky to have time off work that I could use to travel again and provide in-person support.

In between those two diagnoses, another loved one was diagnosed with breast cancer. Someone for whom I’d trade my life. And once again, I got to work setting up and going to medical appointments with them. This time, I learned the intricacies of a different breast cancer subtype. Because I knew my job was to make sure my loved one had the information necessary to make a series of deeply personal and life-changing decisions.

By the time I came to Breast Cancer Action in 2011, I knew the necessity of unbiased, balanced, accessible information—and I knew how hard it can be to find. I also knew that when you’re choosing between what can feel like a host of bad options when it comes to breast cancer treatments, there really is no single “right” answer.

The best statistics can’t predict with certainty what will happen for any of us individually. There are always people who do better or worse than the statistics. But we all need balanced, unbiased, and understandable information so we can make the decision that’s right for us. And our choices deserve respect—because no one knows what’s best for someone else, and we each have the right to decide for ourselves.

That’s where Breast Cancer Action comes in. Making sure everyone has balanced information needed to make fully informed decisions about breast cancer is at the core of our work, and can be traced all the way back to when our founders spent countless hours on the phone providing one-on-one information and resources to women living with a breast cancer diagnosis or grappling with the side effects of treatment.
We aren’t doctors, and we don’t give second opinions. But here at Breast Cancer Action we do provide essential tools and information to help support people in making their own informed decisions. And because we don’t take industry funding, we always tell the truth about breast cancer, and we can always provide balanced information about both potential benefits and potential harms. Because the truth is, there’s no one size fits all when it comes to breast cancer.

Anyone who’s been through a breast cancer diagnosis knows there are so many choices to make and things to consider, in addition to the tradeoffs of different treatments, like what kind of surgery to choose, and how quickly to move through the process of making decisions. Deeply personal choices.

It’s why we provide balanced information about treatment options, including ways to manage and mitigate side effects, through our 1-800 line, our webinars, factsheets and brochures, and our analysis of breast cancer research.

Our independence and our ability to provide unbiased information is what sets us apart in the breast cancer movement. You can trust Pharma and biotech aren’t behind the scenes influencing what we say. And this matters because, unfortunately, the influence of industry extends to virtually every aspect of medicine and health care: from funding research, medical journals that publish studies, universities, nonprofits, and everything in between.

This isn’t to say there aren’t well-intentioned, dedicated, compassionate individuals who devote their lives to providing amazing care and doing important research. But these people work within a system where the influence of industry is outsized, and even corrupting. And Biotech and Pharma representatives are not only filling key decision making roles in our regulatory agencies, they’re even turning up in operating rooms at the shoulder of surgeons.

You may have seen the recent scandal that began at Memorial Sloan Kettering in New York, one of the most prestigious cancer centers and research institutions. The chief medical officer and leading breast cancer researcher, Dr. José Baselga, didn’t disclose millions of dollars in payments from drug and healthcare companies in dozens of published articles in prestigious medical journals. This matters.

As the New York Times reported, Dr. Baselga received more than $3 million from the drug-company Roche, which is interesting given he also publicly promoted and hyped two breast cancer drugs made by Roche that others considered disappointing. In a stark example, Dr. Baselga encouraged oncologists to treat some patients by adding a newer, more expensive drug called Perjeta to the established standard of using Herceptin. This despite the fact that when Perjeta’s results were presented at a conference, they were so underwhelming that Roche’s stock fell five percent.

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Dr. Baselga isn’t the only doctor to sit on a corporate Board. But Board positions require that their members be responsible for and work to protect the financial interests of those companies—even while those same people, doctors, are treating patients.

You can see the tension.

The truth is data looks different from a patient perspective. When researchers say a drug is “well-tolerated,” but more than a third of patients in a study stop taking it, this speaks volumes.

Again, this isn’t to suggest that most physicians are corrupt. Far from it. But the influence and power of industry is enormous. And Dr. Baselga’s isn’t an isolated case. Often, these are the so-called “thought leaders” who have the power to grant research funds, tenure, a new job, or otherwise flex their muscle. And it’s the reason industry pays them. Recent reporting about other doctors’ previously undisclosed financial relationships with healthcare companies have highlighted concerns about potential bias in medical practice.

And now we’re learning that industry has also begun to pay individual breast cancer patients who have a large following on social media, so called “influencers.” It’s one thing for celebrities to push fashion or products on social media, but the stakes are so much higher when trusted peers in online forums cash in on their personal experience and relationships—and then don’t disclose their financial ties. Too often, there’s no way to know if someone on social media is being paid to promote a particular treatment or approach.

No one likes to think they can be bought. But money is power. And industry wouldn’t pay up if it didn’t pay off for them.

Breast Cancer Action isn’t under corporate influence, financial or otherwise, and we’ll continue to speak out. Our voice matters. And I’m often struck by the number of doctors, academics, and nonprofit staff who come up to me to thank me for saying what they felt they couldn’t.

Thank you for standing with us and funding our work so we can always provide patient-centered analysis and information. Thanks to you, we are the watchdog for the breast cancer movement.
First Immunotherapy Approval for Breast Cancer Doesn’t Mark a Win for Patients

By Karuna Jaggar, Executive Director

The U.S. Food and Drug Administration (FDA)’s recent approval of the first immunotherapy drug for breast cancer has been hailed as “exciting” and “revolutionary” by some in the medical field.

At Breast Cancer Action, we’re less impressed.

Atezolizumab (brand name Tecentriq) was approved for a subset of women with metastatic triple-negative breast cancer with PD-L1-positive tumors. These are aggressive and hard to treat cancers, for which we urgently need effective treatments.

Unfortunately, while initial data shows potential promise, the approval is premature as there is not yet clear evidence that atezolizumab helps these women live longer or improves their quality of life.

The experimental drug also ranks among the most expensive breast cancer treatments, with a list price of $13,400 a month.

The FDA’s accelerated approval of atezolizumab was based on the 902-patient Phase 3 IMPassion130 trial, which showed that the tumors of patients who took the drug in combination with chemotherapy grew more slowly—what’s known as longer progression-free survival—than patients who had chemo alone.

We previously blogged about the Impassion130 trial here and here.

The median progression-free survival among the entire study population was 7.2 months with the combination and 5.5 months with chemotherapy alone, at just over a year of follow up. In the PD-L1-positive group, which was around 40 percent of the enrolled patients (369 of 902), the median
progression-free survival was 7.5 months with the combination and 5.0 months with chemotherapy alone.

An interim assessment found a trend toward improved overall survival, but relied on “some statistical shenanigans with addition of a second trial endpoint and enrollment of more patients,” noted Elaine Schattner. According to a subset analysis, median overall survival for patients with PD-L1–positive tumors was 25.0 months with the combination treatment, compared to 15.5 months with standard chemotherapy alone.

While researchers described the treatment as “well tolerated,” women who took atezolizumab did experience more serious side effects, and three deaths were attributed to the immunotherapy treatment.

At Breast Cancer Action we’ve long argued that drugs should receive FDA approval only if they extend overall survival, improve quality of life, or cost less than therapies already available. Because people with metastatic breast cancer want to live longer. Or if the treatment won’t help extend life, it should at least be less toxic than existing treatments, with reduced side effects. And if a new drug doesn’t do either of those things, the only other way it’s a benefit to patients is if it costs less than existing therapies.

The length of time with no tumor growth while on a specific treatment is called Progression Free Survival (PFS). But surrogate endpoints, such as PFS aren’t always associated with improved overall survival or improved quality of life. While these endpoints may be useful, indicating an experimental drug appears to have some positive effect on the tumor, it’s not enough to show true clinical benefit.

We have opposed the FDA’s approval of other drugs that have not met this standard, including:

- **Nerlynx (neratinib)**, a so-called “extended therapy” for early-stage HER2-positive breast cancer
- **Ibrance (palbociclib)**, to treat metastatic hormone positive, HER2-negative breast cancers in post-menopausal women
- **Lynparza (olaparib)**, to treat HER2-negative metastatic breast cancer in patients with a BRCA gene mutation who have previously been treated with chemotherapy.

Roche, the company that makes atezolizumab, has pointed out that the FDA could yank the drug’s approval for triple-negative breast cancer if further studies don’t prove there’s a meaningful benefit for patients. But it took more than three years for the toxic drug Avastin (bevacizumab), which was similarly fast-tracked based on progression-free survival, to be pulled after better data.
failed to show it helped women with breast cancer. In the meantime, Roche stands to make millions without having proven that the treatment really helps patients.

Women with triple-negative breast cancer deserve and urgently need drugs that work. But because these cancers don’t express estrogen receptor, progesterone receptor or HER2 genes, there are currently fewer treatment options for these aggressive cancers. Triple-negative breast cancer accounts for a higher number of breast cancer deaths and is more likely to affect African-American and young women (only about 6.5 percent of women in the phase 3 trial were African-American).

But lowering the bar in order to approve a drug doesn’t save lives if that drug doesn’t work. Setting the approval bar too low for breast cancer drugs also diverts resources from efforts to spearhead real innovation. The reality is that as of now, atezolizumab can’t be counted as an exciting advance.

Once again, we’re calling on the FDA to tighten its drug approval standards in order to incentivize real progress in breast cancer treatment. With this latest approval of yet another expensive drug without proof of any benefit, the FDA is allowing a drug company to profit from an unproven drug, subjecting women to physical and financial toxicity without demonstrated benefit.

**Before You Walk for Breast Cancer**

By Karuna Jaggar, Executive Director

Even though it’s been raining here in California—or snowing where you are—across the country people are beginning to register for breast cancer walks or runs in anticipation of sunnier days. Every spring, breast cancer industry giants like Komen kick off their annual fundraising walks and runs.

Before you lace up your sneakers or pull out your checkbook, be sure to exercise your mind by asking these four questions.

Komen says they’re making changes this year, but the truth is they’re just painting a new color over their worn out pink. Komen’s two iconic marketing tools, the pink ribbon and Race for the Cure®, are getting a makeover. The event
will now be called the “More than Pink Walk” and instead of pink shirts, participants can choose from a rainbow of colors!

The color pink itself was never the problem. **Komen’s new rainbow of color solves nothing if their walk expenses exceed their program spending, if they continue to promote misleading statistics that falsely reassure people, and if they continue to include simple narratives that exclude anyone who isn’t a cheerful “survivor.”** These events have long been multi-million dollar marketing bonanzas that too often benefit corporate reputations more than women living with and dying from breast cancer.

As part of our Think Before You Pink® campaign, we created a set of questions to help you decide whether your participation in or donation to a breast cancer walk will have the impact you want:

1. How much of the money raised from the walk will go to breast cancer programs?
2. What breast cancer programs or research will the walk fund?
3. Do the walk’s sponsors increase women’s risk of breast cancer?
4. Does the walk present a one-sided picture of breast cancer that leaves some women out?

Learn more about why it’s important to **ask these questions and read about alternatives to breast cancer walks.** Print and share our questions to help spread the word!

Want to make sure money raised for breast cancer goes to meaningful change? Ask your friends and family to donate to your “Don’t Pink For Me” fundraising page. Spread the word about Breast Cancer Action’s work to address and end the breast cancer epidemic and help fund our people-powered activism.
Now Walgreens Wants us to Battle Beautifully

*If you’ve seen the new Walgreens video targeting people living with cancer, chances are you also had a rush of anger, starting with the cringe-worthy title of the video: “Feel More Like You: Battle Beautifully.”*

Read Brandi McFarland’s scene-by-scene breakdown of everything that’s wrong with the video, which she originally posted on Walgreens Facebook page. Brandi has been living with breast cancer for four years (stage 3), has had 24 surgeries, and 12 infections. She is a member of Breast Cancer Action and Bay Area Young Survivors.

Dear Walgreens,

Scene One in your “Battle Beautifully” commercial was familiar to me. I put music on, popped open some bubbly, and braided pig tails, then chopped them off to save them as a joke – or pin on my beanies. With right-handed Walgreens scissors, I sawed and sawed – I’m left handed, which caused a blister on my left thumb. I reached into my vanity cabinet and applied a Band-Aid and some Neosporin from your store in Alameda. Then I gave myself a mohawk and promptly buzzed that off (with Walgreens men’s clippers) because I felt it didn’t fit my mood or the situation I was in.

Most women don’t do that… they wait for some of their hair to fall out and are traumatized from it. Not smiling like your model. Losing your hair is not summarized by a wry smile in a mirror. A few days later in the shower, I applied some black cherry Carol’s Daughter conditioner cream bought at your store and screamed to my fiancé, “I DON’T CARE WHAT THE DOCTORS SAY… GET THE RAZOR!!” (At stage 3 during chemo you are not supposed to floss, or get your teeth cleaned, get massages or use razors). My hands were covered in ¼” peach fuzz… what was left of my two-foot-long hair. So we used a four blade men’s Gillet with some 3-in-1 “Comfort Advantage” shaving cream (also yours). My fiancé was so nervous about cutting me it took 30 minutes. Then I applied some lotion – also from your store, but I forget what kind because I have chemo brain.

Scene Two of your promo: Yoga. Really? I’d say a small portion of breast cancer patients can do yoga for a short time during active treatment, but even stage 0 or 1 women have stitches, and catheters and bandages and restrictions on how much they can use their arms and lift things. YOGA??? Why not feature napping with a face mask, or relaxing on one of your heating pads, or reading a magazine… all from your store. That’s far more realistic if the intent of this video is to sell
more things or seem sympathetic. Most of us experience bone pain from treatment. Not blissful relaxation and peace.

Scene Three: Support groups. A group of women hugging and jumping up and down? In colored wigs? Wigs are uncomfortable, hot and itchy. Not only that, but the only ones you sell are Elvira witch ones [wigs] during Halloween... which aren’t super appropriate for the produce aisle in the morning, or at church. Some recent topics from my last support group aren’t even NC-17 rated, and might classify as horror. We do not hold hands and sing Kumbaya. We dish on pus, menopause, infections, losing husbands, best friends, jobs, insurance. We talk about lack of lubrication (which your KY can’t even fix), dryness (which your Refresh can’t touch), and creams like your Estrogen ones we aren’t even allowed to take. Do you have Band-Aids we could put in our vaginal walls when they tear after sex? I didn’t think so. Induced menopause means we no longer buy your Midol or tampons or pads. If you want to make up that money in a respectful way, see my list at the bottom of this email, and poll other patients.

Scene Four: Makeup, eyebrows and lashes. I lasted 3 months of still trying to live according to society’s notion of what I should look like, but I cry when I throw up, which smears my makeup, then I get blotchy and broken blood vessels in my face, and I generally don’t give a crap about what other people think about me at that time. By 6 months in, I was in sweats and eyeing those electric scooters in the grocery store because of pulmonary embolisms and low blood pressure causing fainting. (YOGA?). I have always had to draw in my eyebrows and put a dark tint in my lashes — always mascara and powder bought from your store. I look like a ghost without makeup — and I was so sick I didn’t care anymore. I was more vain than most women, but this experience has robbed me of it — so imagine what it does to less superficial women. Imagine how off the mark your commercial is. You want to encourage us to try and look like we don’t feel and expend energy, time, and money we DON’T HAVE. Red lipstick is not a cure all. If Barbies are now transgender and having prostheses... why the heck can’t one of your models be portrayed as a normal cancer patient?? Catch up with the times.

Scene Five: The cancer patient hugging the Walgreens employee. I’ve hugged several. But they have all been in your pharmacy. They know me on sight and what medications are new to me, but they are always so rushed they can’t chat. I will, however say your other employees couldn’t care less, and standing in line is embarrassing. I was discharged from a week in the hospital 4 days ago with bruises from IV’s all over my arms, a rash on my neck, 5 bracelets on my wrist, and in a UCSF sweatshirt I bought because all my clothes were dirty. I went from the hospital to your store and 4 very large white bags were placed on the counter stapled shut, each containing a few Rx’s. I think it was 10 new drugs in total. People took steps back from me. I filled 7 Rx’s the week before and 2 new ones today. The Rx counter is where cancer patients spend their money at your store. I have no idea who consulted you to make this commercial but here is what it should have included if you wanted more money from us:
Aquaphor, Aloe, Imodium, Calcium, Vitamin D, Gauze, Tape, Tegaderm, Travel Size bottles of everything you’d need for a week in a hospital, Laxatives, Anti-nausea meds, Benadryl, Cortisone, Biotene, Chapstick, Lotions, Candy, and Crosswords and magazines to keep our minds as healthy as possible while we have chemo brain. Maybe have prepackaged multivitamins or meds endorsed by oncologists or nutritionists especially for cancer patients – and different cancer types. There are DOZENS of other ways to go about this besides glossing over the messy aspects of cancer. We literally come to your stores for the MESSY aspects… so be honest with yourselves, and us.

I have been an avid Walgreens customer my entire life, but this commercial is offensive, triggering and insulting. It’s minimizing and demeaning one of the hardest things anyone can go through in their life, implying I should somehow have the energy to do yoga and wear makeup when I’m on the edge of death. I would appreciate an apology.

Editor’s Note: Walgreens partners with the Look Good, Feel Better campaign, which was the target of Breast Cancer Action’s 2015 Think Before You Pink® campaign Poison Isn’t Pretty. Read more about our take on pink ribbon culture and the harms of many mainstream breast cancer campaigns.

Testimony to the FDA on the Safety of Breast Implants and the Right of Patients to Know the Risks

By Kira Jones, Communications Manager

Our concerns about breast implants have long been dismissed, but last week the Food and Drug Administration (FDA) decided to take another look at the safety of breast implants during two days of hearings. We’re proud to be a part of the Patient, Consumer, and Public Health Coalition that delivered testimony during the hearings. Read the full statement Dr. Varuna Srinivasan made on behalf of the coalition during the public comment period:

I am Dr. Varuna Srinivasan, a physician with an MPH from Johns Hopkins, speaking on behalf of members of the Patient, Consumer, and Public Health Coalition, a group of nonprofit organizations representing millions of Americans. We have no conflicts of interest.

The FDA has been slow to recognize the full impact of BIA-ACL (Breast Implant-Associated Anaplastic Large Cell Lymphoma) and needs to do more to protect women from it.
Dutch scientists first reported the association between breast implants and ALCL in 2008, but patients didn’t hear about it. It was another 3 years before the FDA and the media first acknowledged the possible association between breast implants and ALCL.

The link was strengthened in 2013 with the MD Anderson Cancer Center study of 60 women with BIA-ALCL. The next year, the NCCN (National Comprehensive Cancer Network) released a worldwide oncology standard for physicians to test and diagnose BIA-ALCL. In 2016, the World Health Organization added BIA-ALCL to its classification of lymphoid neoplasms.

The FDA website did not acknowledge that implants sometimes cause ALCL until 2017. Before that, the vast majority of women considering breast implants were not informed about the risk of ALCL from implants, especially textured implants.

We now know that BIA-ALCL is more common than first believed. Australia’s superior surveillance system has estimated it as high as 1 in 1,000 women with breast implants.

The delayed intervention of the FDA and surgeons everywhere on this matter is too serious to ignore. For those women who were barely informed of these severe risks, it has had terrible and sometimes fatal consequences.

What should the FDA do to help protect women from ALCL?

#1: Research indicates that at least some textured implants should be banned because they are most likely to cause ALCL. The FDA should conduct or require research to determine if the benefits outweigh the risks for any textured implants.

#2: The FDA should require training for physicians and informed consent studies with breast implant patients to evaluate its success in explaining the risks. As a condition of approval, the FDA should mandate that a 2-page checklist explain all the local complications, adverse outcomes, and frequently reported symptoms associated with implants in an unbiased manner at least a week before surgery. This checklist should be written by ALCL patients, researchers, and plastic surgeons. Doctors should also monitor their patients regularly for signs of ALCL.

#3 The ASPS (American Society of Plastic Surgeons) registry should include UDI (Unique Device Identification) numbers, and to maximize useful information the FDA should require UDIs be printed on breast implants. In addition to reoperations and ALCL, the registry should also include information about other adverse events provided by patients, oncologists, and other physicians.
Cancer patients and augmentation patients deserve to know the risks of breast implants, and the FDA needs to ensure that happens.

A Day of Activism in Motor City

By Kira Jones, Communications Manager

Last week, I was in Detroit putting pressure on Ford Motor Company with a day of action, building on our 2018 Think Before You Pink® campaign, “Put the Brakes on Breast Cancer.” In case you missed our real time reporting on social media, we delivered more than 45,000 petition signatures to Ford’s world headquarters and joined our friends in the Clean Cars Coalition in turning attention to Ford’s hypocrisy during the North American International Auto Show in Detroit.

On Thursday morning, I layered up for a day of outdoor ruckus-making because, as a fellow activist noted, “sometimes the resistance is freezing cold”—and so is Detroit in January.

We kicked off our day of action at Ford Motor Company’s world headquarters in Dearborn, Michigan. We delivered more than 45,000 petition signatures that our friends at CREDO Action collected from people across the country who joined our call to Ford to “Go Further” than their pinkwashing “Warriors in Pink” program. If Ford really wanted to make a difference in the breast cancer epidemic, the giant automaker who first brought the famous Model-T to the mass market would be a true leader and stop making vehicles that produce cancer causing-exhaust.

At noon, I spoke at a press conference outside the auto show at the Cobo Center in downtown Detroit, joining our Clean Cars Coalition partners: Public Citizen, Sierra Club, Interfaith, Power & Light, and Safe Climate Campaign. While our partners pointed out that the annual pollution emitted from the Ford Explorer is said to be 9 tons, the equivalent weight of a T-Rex, I urged Ford to help put the brakes on breast cancer, and to clean up their cars.

But the day wasn’t over and in the afternoon, I participated in a direct action during Executive Chairman Ford’s speech, “The Final Word,” at the auto show. Every time Bill Ford talked about “electrification” or building a better future, we stood in protest to let him know we weren’t fooled.
Last October, tens of thousands of people joined us in telling Ford we've had enough of their "Warriors in Pink" program, positive platitudes, and pinkwashing. The campaign was broadly supported by 20 health and environmental justice organizations, all of which endorsed our "Put the Brakes on Breast Cancer" campaign and joined us in calling on Ford to do more. And 46,050 people raised their voices to challenge Ford's pinkwashing and sent letters to the executives of Ford telling them to help put the brakes on the breast cancer epidemic.

Ford tells us they're "dedicated to helping" those touched by breast cancer for decades. It's part of the pink smoke screen they use to try and cover up the truth—that the cancer-causing exhaust spewing out of the tailpipes of Ford's vehicles is actually helping drive up the risk of breast cancer.

Ford's clearly feeling the heat, otherwise why would they have purchased a full-page ad in the New York Times in November complaining about people "pointing out what's wrong with the world" and asserting "pride" is more important because "without pride, there is no progress." We think Ford should be ashamed of their pinkwashing.

Thanks to everyone who spoke up and spoke out against pinkwashing by signing the petition, sending your letter to Ford executives, and joining us in Michigan. Our health is not for sale, and we'll continue to keep the pressure on pinkwashers to clean up their act and put our health before corporate profits.
SABCS 2018 & Other Updates

By Karuna Jaggar, Executive Director

Kira and I are back from a week in San Antonio for the largest breast cancer conference in the world—the San Antonio Breast Cancer Symposium (SABCS). It’s always great to catch up with old friends and make new ones. This year, there was an unprecedented run on our Cancer Sucks buttons and we were down to our last few buttons in just two days!

Breast Cancer Action attends SABCS every year to both bring patient perspectives to researchers and report back to you on what’s new in breast cancer research. In case you missed our reporting, here’s a digest of our 2018 SABCS coverage:

- 41 Years of SABCS and Cancer Still Sucks
- Sleepless in San Antonio? Standard of Care May Change After Wednesday
- Gene Sequencing and Genetic Testing
- Happy and Hopeful about Less Hormone Therapy
- Hormone Therapy Before or Even Without Surgery?
- Changes with Radiation Treatment on the Horizon
- The Hardest Things Matter Most: Disparities and Inequities in Breast Cancer

Since our founding in 1990, we’ve worked to center breast cancer research on the needs of patients. We’ve called for more effective, less toxic treatments that truly make a difference in the lives of people who need them. And we provide anyone who needs it free, unbiased information to make their own deeply personal decisions about breast cancer screening and treatment.

And because we don’t take a dime of corporate funding from pharma or biotech, or any other industry that profits from or contributes to cancer, you can trust that our analysis, which we share on social media and in the blogs we publish, is always unbiased and patient-centered.
In addition to our updates from SABCS, I want to take this opportunity to let you know that after 10 years of sharing her wide-ranging talents with Breast Cancer Action as our Deputy Director, Joyce Bichler will retire at the end of December. Please join me in congratulating Joyce on this milestone and in celebrating her innumerable contributions and accomplishments.

You may have also seen we’re hiring for two positions. Learn more here. And, as always, we welcome hearing from you and welcome your questions and feedback about our work.

Follow us on Twitter and Facebook and Like, Retweet, and Share our content with your friends to help amplify our work.

Welcome to Our New Deputy Director Rebecca Saltzman

We’re very happy to introduce you to Rebecca Saltzman, who joined the Breast Cancer Action staff as our Deputy Director in March.

Rebecca has spent the past two decades as a policy advocate, coalition builder, grassroots organizer, and manager with local, state, and national issue-based organizations. She’s also managed, worked on, and advised several local candidate campaigns, various public transit ballot measures, and a statewide initiative. Rebecca is an elected member of the BART Board of Directors, representing District 3 in the East Bay.

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

I’ve worked in a variety of roles at non-profit organizations that focus on social and/or environmental justice for most of my career. And I’m inspired by Breast Cancer Action’s activist, watchdog, and educational work. Most recently, I served as the Interim Executive Director of the California League of Conservation Voters (CLCV), the non-partisan political action arm of California’s environmental movement. Prior to taking on this role, I managed CLCV Education Fund’s Green California program, a network of more than one hundred organizations with a common environmental, health, and justice agenda, working collaboratively to speak to the California legislature with one voice. It’s great that I’m able to continue to work with many of these organizations, as partners of Breast Cancer Action, in our work to eliminate involuntary exposures to toxic chemicals present in our daily lives that put people at increased risk of breast cancer.
Earlier in my career I worked at Americans for Safe Access, a medical marijuana advocacy organization, starting off as an organizer and moving on to become chief of staff. I worked with activists throughout the country to gain safe access to medical marijuana, through policy and legal advocacy, and at the time this was difficult, controversial, and often emotional work. Americans for Safe Access also worked with medical professionals to provide accurate information to medical marijuana patients and doctors because, at the time, this information was often difficult to access and was not included in medical training. It’s one of the many things I appreciate about Breast Cancer Action—we offer information that other organizations don’t, and it’s information people know they can trust.

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

This is a hard one for me because each day I come to work here at Breast Cancer Action, I get inspired by or excited about a different part of the organization’s work! What most inspired me initially though was Breast Cancer Action’s conflict of interest policy and commitment to not take contributions from corporations that profit from or contribute to breast cancer. This policy allows the organization to provide factual information about breast cancer and to be an effective watchdog, without worrying about what corporate funders might think.

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

I’m really excited about working with the Breast Cancer Action team – the staff, Board members, volunteers, and partners. I’ve been inspired by the dedication and hard work of everyone at the organization, and every day I’m amazed at how much our small and mighty team accomplishes. I look forward to working with everyone to grow the capacity of Breast Cancer Action so we’re able to make even greater impacts in the future.

Welcome to Our New Board Members

By Kira Jones, Communications Manager

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 March 2019, we welcomed Gail Kaufman and Channte’ Keith to our Board of Directors and are excited to introduce you to them. For information about our Board of Directors, click here.
Welcome to new Board member Gail Kaufman

Gail Kaufman has more than 50 years of experience as an educator and civil and women’s rights organizer and activist, and she will be re-joining Breast Cancer Action’s Board of Directors after a hiatus.

For the past 18 years, Gail worked with the University of California, Berkeley as the Deputy Director of the Center for Educational Partnerships. She led the Center’s work on building and strengthening college- and career-going culture in K-12 and community college. This work focused on systemic change in schools and districts, curriculum development and professional learning, as well as creating schools to increase access and success in higher education for low-income, first generation students of color and their families.

Gail’s extensive women’s rights organizing began when she became a member of the Coalition for the Medical Rights of Women (CMRW) and co-director of the Committee to Defend Reproductive Rights (CDRR). In 1982 Gail became the first Associate Director of Equal Rights Advocates (ERA), a national public interest law firm based in San Francisco, whose mission is to protect and expand economic and educational access and opportunities for women and girls. As a leader in CMRW and CDRR, and her more than a dozen years’ with ERA, Gail was at the forefront of fighting for equity and justice in work and healthcare spaces.

Gail began her career teaching social studies in Brooklyn, New York, and rural Massachusetts. She moved from teaching to developing alternative educational programs in higher education, and returned to K-12 as the Director of Communications and Public Relations with the San Francisco Unified School District. During this time, she received a Master’s in Curriculum at Brooklyn College and a Master’s in Counselor Education at Washington University in St. Louis.

Recently retired, Gail is pleased to bring her energy, experience and expertise (focusing on coalition building, communications/media and fundraising) to Breast Cancer Action and to learn from staff, board, and members about how best to reach Breast Cancer Action’s health justice mission.

What first brought you to Breast Cancer Action and what brought you back?

In the 1990s a colleague of mine, Rachel Morello-Frosch, at Equal Rights Advocates got a diagnosis of breast cancer when she was in her early thirties and it just blew me away. I was completely ignorant of the fact that women that young could get breast cancer! Rachel became very involved with Breast Cancer Action, eventually becoming Chair of the Board. In
the meantime, I had left Equal Rights Advocates and swore that my fundraising days were over. Then Rachel called, told me about Breast Cancer Action and asked if I would join the Development Committee. There was no way I could say no to Rachel and given my history with women’s health issues that started what has become a long and continuing relationship with the organization. I also had a long-time working relationship with both Barbara Brenner and Suzie Lampert that grounded me in the organization’s perspective and work.

I decided to seek a position to re-join the Board because we live in a time where there is so much promise and so much threat and there is still so much more work to do. I need to be on the front lines of the fight and Breast Cancer Action offers an excellent first row seat.

**What do you love about Breast Cancer Action?**

I love that Breast Cancer Action calls out cancer for what it is....*Cancer Sucks* is a favorite slogan of mine. I wore the button proudly to the infusion unit when my husband was being treated for lymphoma, allowing me to express my feelings as well as being a catalyst for many conversations about the politics of the disease. Simply said, Breast Cancer Action embodies the values I cherish while standing strong with astounding integrity to reach its health justice mission.

**What are you most looking forward to as a new board member?**

I feel Breast Cancer Action is at an important time in its development. We need to make sure that Breast Cancer Action, primarily focused on one issue, is engaged with and partnering with other organizations whose work relates to the breast cancer epidemic, for example, access to health care, environmental connections, and competition for money and attention (e.g. the abortion rights fight). I am interested in using my experience in working in many of these spaces to help Breast Cancer Action figure out the most strategic agenda to ensure that breast cancer remains a top priority and one we can utilize to uncover the inequities in the healthcare system as it specifically impacts all women, but specifically low-income and women of color. I am looking forward to bringing my energy, experience, and expertise in coalition building, communications/media and fundraising to Breast Cancer Action and to learn from staff, board, and members.
Welcome to new Board member Channte’ Keith

Channte’ is a Public Health activist, administrator, trainer, motivational speaker, a health equity champion and a self-described breast cancer survivor. For 15 years, Channte’ has worked on issues that impact African American health ranging from diabetes, tobacco use, cancer disparities, and HIV/AIDS. She currently serves as the Director of Programs for NAATPN, Inc., a national organization that addresses tobacco use, cancer, and HIV within the African American community. She has traveled across the country to provide training and technical assistance to federal and state agencies, faith-based institutions, appointed and elected officials, volunteer organizations, and Historically Black Colleges and University (HBCU) about how to reduce health challenges that impact communities of color and how to mobilize communities to influence policy change.

Channte’ serves as a co-organizer for the State of Black Health National Conference, an event that provides feasible solutions to solve the most complex health challenges in the African American community. She also serves on the African American Leadership Council for Compassion and Choices, a national organization that addresses end-of-life care, and on the Board of the Community Advocacy Committee (CAC) for Wake County, North Carolina.

Channte’ has served as an Adjunct Professor in the Department of Public Administration for seven years at North Carolina Central University, where she focused primarily on public policy, personnel administration, and organizational theory and behavior. She received a degree in Communications from North Carolina Agricultural and Technical State University and a Master’s in Public Administration from North Carolina Central University.

What first brought you to Breast Cancer Action?

I first heard of Breast Cancer Action last year through one of the organization’s current board members, Laura Hamasaka. Based on her enthusiasm for the group, I began to research the incredible work of the organization. I was blown away by the immense effort to raise awareness of the hard truths of breast cancer and the courageous approach to tackling breast cancer disparities through a social justice framework. After researching the organization, I knew that I wanted to join Breast Cancer Action and support however I could.
What do you love about Breast Cancer Action?

Breast Cancer Action is a dynamic organization that’s not afraid to tell the truth about the breast cancer epidemic. I’m proud that their messages provide the most accurate information for women to make informed decisions about their healthcare. Their willingness to promote health justice at all levels—individual, environmental, corporate and public health systems—is inspiring and I’m excited to join this fearless team.

What are you most looking forward to as a new board member?

Breast Cancer Action has a message that needs to be heard broadly and by diverse groups of people and stakeholders across the country. I’m excited to support Breast Cancer Action by introducing their messages and great work to NAATPN’s network and strategic partners. I’m looking forward to continuing and expanding efforts to promote health equity and tackle breast cancer disparities among vulnerable populations.
Who Can You Turn To?

By Karuna Jaggar, Executive Director

A breast diagnosis comes with a lot of decisions, opinions, and way too much information. And a simple Google search can call up conflicting pieces of information, because each source has their own agenda. It’s understandably hard to digest all this information, let alone know who to trust in order to make an informed decision.

Breast Cancer Action’s Information and Resource service helps by suggesting a starting point to begin sorting through and making sense of all the information swirling around. Whether you need help understanding the tradeoffs of hormone therapies, surgery choices, the role of watchful waiting for DCIS, or managing side effects, we’re here to give you evidence-based information you can trust when you and those you love are affected by breast cancer. But we need your help to raise $25,000 by the end of the month to ensure that we can continue to provide these services.

Please make a donation to Breast Cancer Action today!

Nearly 30 years ago, our founders spent countless hours on the phone providing one-on-one information and resources to women dealing with a breast cancer diagnosis and grappling with the side effects of treatment. And to this day, when you call our 1-800 line, you’ll speak to a real person who’s committed to providing balanced information about breast cancer, so you have what you need to make fully informed decisions.
Because we don’t take industry funding, you can trust that Pharma and biotech aren’t behind the scene influencing what we say. But don’t take our word for it. Here’s what just a few people have to say about our Information and Resources Service.

“Breast Cancer Action was my first stop when I got diagnosed because I knew the information would be research based and independent. Thank goodness there’s an organization that truly advocates for women with zero interference from corporate interests.” –Laura Sideman Rissman

“Thank you for being a responsible, trustworthy voice of reason and information in this terror shitstorm of breast cancer and breast cancer information” – Lydia Langford

Breast Cancer Action is the most trusted source for current information on breast cancer health. Their information is easy-to-follow, they are unabashed about their integrity to the public, and they stretch every dollar to the max. No other organization working in this field can match them in impact. —Heidi Gider

Donate now! Help us provide unbiased, evidence-based information to anyone who wants it.

Your support makes our work possible. Thank you.

Want to Join Our Team?

By Karuna Jaggar, Executive Director

Are you looking to be a part of an integrity-filled, gritty, hard-working, activist community? Are you a bold, outspoken, and compassionate truth-teller?

Want to join our team? Check out what jobs and internships we have open.

We’re seeking a Development Associate and a Program Officer to join our team, which is based in San Francisco. Breast Cancer Action is an equal opportunity employer. Women and people of color are strongly encouraged to apply.
We’re also looking for interns who are eager to bring their talents to Breast Cancer Action to support our work. In return, we’ll provide opportunities for you to strengthen your skills in fundraising, communications, and strategic planning while you learn about our programs, the politics of breast cancer, and grassroots health activism.

Want to get involved, but need something with a little more flexibility? We’re always looking for volunteers. Sign up to be a volunteer, and as needs arise for which you might be the perfect fit, we’ll be in touch!

Learn more about our work. Check out our most recent annual report. You’ll find highlights about our success resisting the relentless attacks on healthcare, how we helped mount a broad national campaign calling on California Governor Jerry Brown to put an end to fracking and dangerous drilling that harms frontline communities and threatens to increase breast cancer risk across the country, and more.

And if you know someone who would be a great fit with our lean and feisty organization, one that achieves what might often seem like insurmountable accomplishments, send them our way!

We’re hungry for change. We don’t sit on the sidelines, and we don’t sit around and worry. As activists, we do what’s necessary to bring about the changes that will ensure health justice for all women living with or at risk of breast cancer. And we believe in our bones that change happens when we, working together, demand it.
Special Thanks

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

- Thank you to Carol Fong for her ongoing assistance in the office.
- Thank you to Alan Kleinschmidt and the San Francisco Choral Society for complimentary tickets for our staff, board & volunteers to their wonderful performances.
- Thank you to Megan Blattspieler, Cat Brennan, Joyce Bichler, Sahru Keiser, Julie Goldman, Abigail Arons, Karen Klein, Peggy Huston, and Yamin Ranchod for their invaluable help getting our mailings out on time.
- Thank you and Happy Birthday to the following members who made a fundraiser on Facebook in honor of their birthdays, and to everyone who gave in their honor:

  Amy Stewartson
  Anje Vela
  Anne Convery
  Angela Snow
  Bree Wilber
  Cathy Ritter
  Charlie Martinez
  Denise Coleman
  Dennis Cantieni Jr.
  Devin Paquette
  Donna Smith
  Gina Lezzi and Danielle Marie
  Edwin TrapesMark Vaquilar
  Elizabeth Berry Polash
  Erica Madrigal
  Gerri Koktavy Specken
  Janice Byram
  Jennifer Howarth
  John Diaz
  Julianna Clark-Wronski
Karen Klein
Katherine Effendi
Kimberly Kelly Jacob
Kristen Vinther Watson Vistalli
Lehua Mertens-Mingram
Laura Matlock
Lorena Galindo
Lizette Flores
Marjolyn Aquino
Michele Kind
Mila Fang
Nancy Butterfield Dornenburg
Nancy Hagen Goldstucker
Natasha Gullickson
Nikki Harris
Nina Sorro
Nisha CuellarRobert Freeman
Roz Florence Mendiola
Sarah Thompson
Stephanie K. Plaskoff
Susan Ventura
Yvonne Watterson
Vivian Tsai

- Thank you to everyone who made our 15th Annual Billie Gardner Loulan Memorial Benefit a huge success:

Our Event Sponsors:
Karen Tate & Charlie Krenz
Marjel & Todd Scheuer
Lori Rae & Deke Hunter
Peggy Huston
Dorothy Polash & Kevin Edwards
Tracy Sherman

Special Thanks to Angela & Sam Schillace, Debra and Andrew Rachleff, and Laure Woods for matching all donations made to the Stop the Epidemic Fund.

Thank you to our powerful event speaker, Julie Morgan.
Count Me In Donors:
Antonio Cremona Salon
Mike Armsby
Ronny Crawford
Anna Nalick
Nicole Perkins (Devi Yoga & Health)
Karel Urbenk
Weir Catering & Events

Donation Drawing Donors:
Book Passage
Chandan Allen & Melange
Joshua Ets-Hokin Photography
Pyrrha Jewelry
SF Electric Company

Our fabulous event volunteers:
Dina Balatti
Joey Richards
Joyce Bichler
Marie Bautista
Sahru Keiser

Many thanks to the Karen Tate Community Hall at the Windmill School and Laurel Education Center for their hospitality.

And a very special thank you to JoAnn Loulan who has championed such loyal support for Breast Cancer Action!
Donations in Honor and Memory

Every day, Breast Cancer Action receives gifts honoring those who are living with or are 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 October 31, 2018 – April 4, 2019.

Abigail Arons
from Diane Wexler
from Doreen Joslow
from Joy Riskin
from Rebecca Brown
from Rebecca Widiss and Rajesh Nayak
from Terry Holzman
from Yvette D and John Dubinsky

Alexis Lieberman
from Shelley Alpern and Marjorie Kelly

Alia Ruppanthal
from Dr. Sara Katz

Alice Butler
from Molly Butler

Alison Braverman
from Vicki Green and Robert Curry

All the doctors, nurses, and staff everywhere
from Julie Lynn Goldman and Robert Rosner

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Amy Finke’s birthday
from Mimi and Joshua Klane

Anne Marie Barber
from Patricia Cronin

Barbara Chapin Babbott
from Margaret Babbott

Beverly Canin
from Breast Cancer Coalition of Rochester

Brenda Safer
from Edith Kaplan

Chitra Pal
from Lopa Pal

Cynthia Jameson
from Charlotte Jurehn-Lewis

Dorian Solot
from Suzanne Miller and Walter Vom Saal

Dorothy Geoghegan
from Joseph Conway

Healing Cancer Journey for Amazing Moms
from Jackie Extrand

Hilde Meislin
from Barbara Meislin and Stuart Kaplan

Holly Michaelson
from Holly Cookis Michaelson

Janet Rachel
from Sandra Morris
Karen Tate
from Jami Worthington
from Joan Barksdale
from Katherine Gilpin
from Susan and Mike McLaughlin

Karuna Jaggar
from Dr. Alison and David Jaggar

Katie Borcz
from Janet Phillips

Kay Anne Pluta
from Stephen and Margaret de Lorimier

Kerri Geary
from Kerri J. Geary

Kira Jones
from Charlea Massion

Lila Hope-Simpson
from Joan Hutchinson

Lori Leigh Gieleghem
from Mildred Donoghue

Lucy Sherak
from Hannah and Don Sherak

Lynda Gilgun
from Thomas Mitchell

Marti Massey
from Matthew Massey

Mary
from James Madison
Mary Cunningham
from Rebecca Krebs

Mary-Helen McMahon
from John McMahon

Michael Kimbarow
from Frank and Nancy Markowitz
from Joyce Bichler and Dr. Michael Kimbarow

Mickie Anderson
from Eleanor Noe
from Ingbrit Christensen
from Laura and Hugh Cornish
from Nancy Stagliano
from Patricia and Ray Williams
from Yvonne and Mike Deggelman

Pamette Bartosic
from Mark Bartosic

Paula Gordon
from Diane Neary

Pauline Peele
from Tori Freeman

Peggy Huston
from Rex Huston

Psychedelic assisted treatment – Bye bye big pharma
from Deborah Servetnick

Quinn Baralt-Moyer
from Rachael Shwom

Rachael M.
from Herbert van den Bergh

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Rachel Silvers
from Jessica Silvers

Richard Pietras MD
from Maureen McGee

Rochelle Wunsch
from Barbara Wunsch

Shirley Miils
from Indivisible Valley

Stephen A Levin
from Stephen Levin

Susie Lampert and Barbara Brenner
from Elizabeth Plapinger and John Berger

Susie Lampert
from Haidee Reyes

The Athey Grandchildren
from Coral Fry

Tori Freeman
from Greg Freeman and Pauline Peele

Wave Geber
from Mitchell Gillman

DONATIONS IN MEMORY

Breast Cancer Action gratefully acknowledges donations made in memory of the following individuals between October 31, 2018 to April 4, 2019.

Babs Attard
from Barbara Attard
Barbara
from Laurie Woodard

Barbara Brenner
from Beth Chapman
from Carl and Gay Grunfeld
from Elaine Elinson and Rene Ciriacruz
from Estelle Freedman and Susan Krieger
from Helen Love
from Karen, M.C., & Jerene
from Lisa Westerback
from Ronnie Caplane

Barbara Salk
from Leah Kaizer and David Salk

Barbara Vandeborne
from Kelly Safreed Harmon

Bettina Hajagos
from Ann Eisenberg

Bev Stolker Drake
from Evelyn and Albert Kowitz
from Lynn Rigney Schott and Stephen Shott
from Thomas Drake

Billie Loulan
from Gardner Loulan and Liz Miracle

Bonnie Heit
from Herva Bunny Schwartz

Carol Cabell
from Noemi Levine

Cathy Hester
from Jan Adrian
Clara Diana
from John Tostanoski

Connie Harms and Judee King
from Dona Santo
from Mary K. Harms

Deb Mosley
from Tina Connelly

Deborah Schultz
from Juli and Ralph Kline

Dolores Rhodes
from Julie Rivera

Elemore Pred
from Julia Tower

Elemore Pred
from Jesse Gottschalk

Ellen Palmer
from Anne Brennan

Ellen Rice Lowery
from Margaret Walsh

Erin Mckenney
from Gael, James and Dax Treible

Gloria Fulwider
from Leticia Adams

Hazel Dundas Knowles
from Patricia Knowles-Rush
Helen Tonegato
from Barbara Attard

James Tamblyn
from Ruth Tamblyn

Jan Stecher
from Audrey H. Webb

Janis
from Carla DeRasmo

Jessica Loch
from Rachelle Weight

Joan Bachand
from Edward Bachand

Joyce Ambrosini
from Margaret Langston

Judy
from Judith Lesner

Kate Pittard
from Laurie Hessen Pomeranz

Kathy Goldmark
from Lopa Pal

Katie Durand
from Jeanette Millard

Kate Ocean
from Margaret Corkery

Katie Pluta
from Diane Middaugh
from Joine and Chip Campion
from Kathleen and Dale Thompson
from Millie and Robert House
from Nancy and Clifford Corda
from Shirley and Gregory Gorman
from Winoma and Greg Plasket
from Hillis A Phelps
from James and Darlene Flickner
from Nancy J. Skager

Linda
from Donna Brogan

Lois M. Goldsby
from Sharon Barnett and Victor M. Barnett

Margaret Miller
from Lisa Wanzor and Sarah Marxer

Marianne Locacio
from Stephanie George

Marilyn Geisert
from Leslie Doyle

Marilyn Zivian
from Robert Shalit

Martha Price
from Jennifer and Janis Abbingsole

Mary Beth Johnson
from Dennis Fong

Mimi Gray
from Mimi and Victoria Gray

My Mother
from Tine and John Normann-Badger
Susan Cohen
from Andi Gladstone
from Brenda Eskenazi and Eric Lipsitt

Susan Stone
from Diana L. Etshokin
from Lee Sider

Tamara Mugalian
from Alicia Garey

Val Eckles
from B Eckles

Vera Berlin
from Renee Kaplan

Wendy Repass Suizzo
from Elizabeth Peck Repass Holmes