



CRAAB!

Capital Region Action Against Breast Cancer!

Vol. 12, No. 1 • Winter /Spring 2010

REPORT BACK

AICR Research Conference: Nutrition and Cancer

by Margaret Roberts and Joan Sheehan

Our attendance at the American Institute for Cancer Research (AICR) Annual Research Conference on "Food, Nutrition, Physical Activity and Cancer" in Washington DC, was made possible, in part, by a small grant from the Northeast NY Affiliate of the Susan G. Komen for the Cure Foundation. We are grateful for their support.

We met with attendees from the United States and many foreign countries (France, Italy, Germany, China, Korea, and more). We were surprised by the number of professionals from Texas and Florida working in innovative programs bringing healthy food and nutrition education to many hospitals and communities in their states. To us, it seemed New York is behind in integrating healthy food and exercise plans into comprehensive wellness programs for hospitals and communities. **The main overall message at this conference was that researchers, healthcare practitioners, educators and advocates essentially know what needs to be done to reduce cancer incidence rates in our country, which are some of the highest in the world, but their message is neither reaching the public nor convincing people to change their unhealthy behaviors, nor is it persuading governments and businesses to change their harmful policies.**

Ross L. Prentiss, M.D., Ph.D., from the Fred Hutchinson Cancer Research Center in Seattle, WA, spoke on **low-fat dietary pattern intervention trials for the prevention of breast and other cancers**. He reviewed the design and findings from the Women's Health Initiative Diet Modification Trial and the Women's Intervention Nutrition Study. Concerning the effects of a low-fat diet as a risk reduction strategy it was determined **that for ER+PR+breast cancer**

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At the first day's luncheon, we sat at a table with a representative from the French Health Ministry in Paris, a researcher from Italy, and an Indian researcher who now works in Pennsylvania.

USPS Task Force Changes Advice:

Mammography Screening Every Other Year And Only for Women 50-74

by Bonnie Spanier, Ph.D.

Skepticism about screening swirled in October and November 2009 fueled by new recommendations about mammograms, from the U.S. Preventive Services Task Force (USPSTF).¹ In a nutshell, the USPSTF reversed its prior position and recommended that women in their 40s, of average risk for breast cancer, NOT get regular annual mammogram screening—until age 50 (although it may remain an option depending on discussions with one's physician and one's view of benefits and harms from the procedure).

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CRAAB!

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Anticancer: A New Way of Life

By David Servan-Schreiber
Reviewed by CRAAB! Board Members
Michele Keleher, a therapist, and
Brenda Ginardi, a survivor

MICHELE

Anti-Cancer, A New Way of Life was written by David Servan-Schreiber, a neuroscientist who, in the prime of his research career, discovered the presence of a tumor in his own brain. As he launched into his medical journey, he experienced a sudden shift in focus from looking at disease from the outside as a physician to becoming a patient facing his own mortality. This revelation took him on a very different exploration in his personal life, his work and his quest to understand what cancer is.

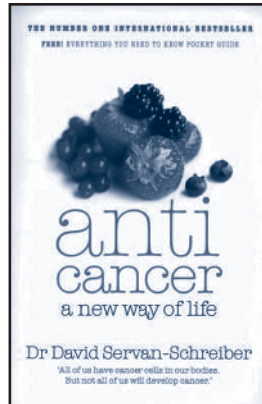
The author reduces the fear he feels by exploring the functions of the cell membrane, how it responds to cancer cells, the inflammatory process that ensues and the role of the immune system in preventing tumors from taking hold in the tissues. Servan-Schreiber describes in detail the process of angiogenesis, the proliferation of new blood vessels that feed the tumor, and explores alternative approaches to deter this process. He cites many laboratory studies that are being conducted to determine the effects of toxins and how changing the environment can alter what he calls the “terrain” of the body.

There is an extensive use of charts indicating anti-cancer choices in food, household products and exercise. Many anecdotal citations are given of people with cancer and other chronic diseases who have succeeded in prolonging their life expectancies well beyond that of medical predictions.

While admitting that western medical advances have made great strides in treating disease in a crisis, the inference throughout the book is that the perspective of such medicine is limited. Stressing diet, exercise and attention to ones own personal space, the author concludes with a call for revolution in our global awareness and emphasizes the responsibility for each of us to reduce pollution and work to balance the biological equilibrium to renew our land for the sake of regeneration.

BRENDA

I first heard about Anticancer: A New Way of Life by David Servan-Schreiber from a good friend who, like me, is a breast cancer survivor. The author is a fifteen-year survivor of two bouts of brain cancer, the first diagnosis occurring when he was just thirty-one. I was immediately



drawn into the book because the first three chapters were a compelling account of his initial reaction and his conventional medical treatment. As a physician, the author chose the best that western medicine has to offer, but he was also interested in other ways to enhance his treatments and prevent a relapse, especially through diet, exercise, and mental attitude and by detoxifying his environment. He posed questions to his oncologists about what steps he could take and was told, “There is nothing special to do.” Believing this to be true, the author continued living as he had before, including often consuming a lunch of

chili, plain bagel and a Coke (as he later learned, a toxic mix). After his second diagnosis of brain cancer and after availing himself of the conventional treatments of surgery and chemotherapy, he looked more deeply into what he could do to bolster his immune system, detoxify his “terrain” (body) and his environment. What he found out can benefit all of us.

His research focused on the environment, especially those factors which have changed since 1940, a period that covers my life span, and found three significant changes: 1. large quantities of refined sugar in our diet, 2. changes in farming methods, and 3. exposure to many chemicals non-existent prior to the 1940s. These changes, which can affect the appearance of initial cancer cells and their development into more aggressive tumors, cause inflammation and have

Continued on next page.

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Presidents' Corner



Bonnie Spanier
and Joan Sheehan

by Joan Sheehan

I want to thank the many supporters of CRAAB! who responded so generously to our Holiday Appeal letter. It is especially gratifying to know that in these very hard economic times you remembered CRAAB! with your donations. This year, a wonderful benefactor once again issued a challenge to our supporters, promising to match the total of donations. I am so pleased to report that your generous response to this challenge resulted in a total gift to CRAAB! of \$6500. Thank you, everyone, for your faith in our organization.

Our winter-spring classes are again very popular due to, I believe, the excellent instructors. Our heartfelt thanks go

out to Diane Kopecki, who introduced us to Healthy Steps (formerly known as Lebed) in 2004 and teaches it now for us at Gilda's Club, and to Mary Sloan, who has led Yoga and Meditation in Delmar since 2006. We also thank Dr. Meehan and Richard and Marilyn Betz, our yoga team in Amsterdam since 2009, for making classes popular in this location. Since 2007, Pilates in Clifton Park led by the dynamic Janice Pastizzo of Fit for Life has been the answer to any busy week's stress! Medical massage delivered in your own home by the skilled hands of Mary Beth Halayko, first offered in 2007, continues to be very popular. We are gratified to be able to continue to provide services that so many survivors find valuable.

Our 10th Annual Breast Cancer Awareness Event, held January 22, 2010, at Siena College was a huge success. Under the leadership of Coach Gina Castelli and Siena Marketing Manager, Laura Menty, a pre-game Pink Zone Reception was organized by a group of very talented women who joined together to form an effective steering committee. They, plus other representatives from Siena College and CRAAB!, helped to make this reception an extremely successful fundraiser for CRAAB! Our 10-year association with Coach Castelli and the women's

Continued on page 4.

Book Review *Continued.*

directly resulted in the increase in cancer cases. You'll need to read the book to find out how. His explanations are clear and understandable even to someone like me with limited medical knowledge.

Servan-Schreiber suggests many ways to improve our environment both within our "terrain" and outside of it. There is a long chapter about the foods that keep our immune system strong, help detoxify our body and create a synergy to act against cancer growth. In fact, there is a term for the foods that can be eaten to help prevent cancer, or if one is unlucky enough to get cancer, to improve the benefits of chemo or radio-therapies: nutraceuticals, a term new to me. In addition to discussions of foods, there are 16 pages of lists of helpful hints, such as: "Little Changes That Make a Big Difference," "Everyday Household Products to Avoid" and an "Anticancer Shopping List." One of the things I liked best about the book was the accessibility of the information.

When Servan-Schreiber was first diagnosed with cancer, more than fifteen years ago, there was very little in western medicine about nutrition, exercise or one's mental state as they enhance or hinder treatment for cancer (or, better yet, help avoid it). Yet this was common knowledge in other cultures. Since then, the health benefits of certain foods, spices and herbs, and drinks such as green tea are gradually becoming accepted. This book should go a long way in

educating people about the pro-active ways they can help themselves avoid illness or gain the most from conventional medical treatments through good nutrition and other means.

This author's personal cancer journey lends the book an authentic quality that resonated with me as a cancer survivor. I would like to have had this book to read at the time of my diagnosis. I find the advice and information still relevant, however, since cancer can always revisit and I would like to protect myself as much as possible.

Correction: *In the previous edition of the CRAAB! Newsletter (Vol. 11, No.4), the lead story, "Updates on Advocacy: BPA Restrictions and Re-evaluations," by Margaret Roberts, wrongly stated the New York State Breast Cancer Network supported the state bill to restrict Bisphenol A in children's products. While NYSBCN helped develop and did support the bill in its earlier version, the final bill, after many unfortunate changes and amendments, did not have their support. NYSBCN will support a bill only if it: 1) requires manufacturers to eliminate BPA from their products and use alternatives deemed safe according to up-to-date toxicology reports; 2) supports labeling to let the public know if products contain BPA. We continue to urge New York State legislators to pass a strong, comprehensive bill to protect our children from the adverse effects of BPA by banning or restricting the use of this toxic chemical in children's products.*

Presidents' Corner *Continued.*

basketball team has been an important alliance for us, allowing us to raise both awareness of breast cancer issues, especially with younger women, and funds to help support the many services and programs CRAAB! offers without charge in the Capital Region.

The most inspirational part of the evening for me was the game's opening ceremony with CRAAB! member and survivor, Sue Caputo, singing the National Anthem followed by the special recognition on court of the 20 wonderful honorees whose survivorship spanned from 5 months to 24 years. We truly thank them for representing the millions of women in our country living today as survivors of breast cancer. See their group photo on page 8. The players donned their pink and white uniforms for this game and played with heart to score a big win against Loyola. After the game, fans lined up to have a team picture autographed by the players, a wonderful sight to witness.

Speaking for the officers and Board members of CRAAB! I also want to express my thanks to our *Slam Dunk* sponsors – **Rumors, Key Bank, Hiscock and Barclay, The Ideal Move, Recovery Sports Grill, Sodexo and Anaconda Sports** – our *Lay-Up* sponsors, **Gina Castelli, Colonie Irish Social Club, The Niles and Carl Group at Morgan Stanley, Orange Motors, Saratoga Eagle and Teamsters Care Program** – and all the **Honorary Committee members**, who attended or supported the Pink Zone reception.

Also, our thanks go out to **Mary Beth Haleyko, of Massage to You**, for demonstrating her massage techniques, **Rumors** for selling pink hair extensions and **Addie's Trinkets** for selling her whimsical fashion pins to the fans, as well as to **FloydWarriors, Hope in the Boat, Beauty with a Cause, Fit for Life Wellness Center and Siena's Sister Thea Bowman Center for Women** for sharing information about their organizations. Thanks also to the **NENY Susan G. Komen for a Cure** for the loan of their Question Wheel for fan fact checking! Hundreds of children entered the **Kids Battle Back Bookmark Contest** and we are very grateful to them as well. All entries were on display at the game. The three winners will receive a free week of summer day camp at Siena compliments of the Siena Athletic Department. A photo of the winners is shown on page 8.

We are extremely proud to be partners with Siena College because they believe in building community partnerships, making an event like this possible.

Coming Events

Join us on **Wednesday, April 14**, at 6 p.m. for a program at Gilda's Club entitled ***Guardians of the Genome: Epigenetics & the Ghost in Your Genes***. Facilitated by CRAAB!'s Margaret Roberts, participants will have the opportunity to view a part of the NOVA program "Ghost in Your Genes" and discuss how genetic and epigenetic information and functions, including those that impact health, are passed down to our children and grandchildren. This is the perfect opportunity to become better informed about this important topic, which is regularly in the news.

Refreshments will be served.

Please mark your calendar for **April 20**, the start of our **2010 Walking Club** in the Crossings Park in Colonie. Call the CRAAB! office to register and then join a wonderful group of survivors and friends who enjoy being in this beautiful park setting sharing each other's company and the rebirth of the spring season. We meet in the parking lot by the children's playground at 5:15 and start walking at 5:30.

Then on **Thursday, April 22**, at 7 p.m. the Thea Bowman Center for Women at Siena College and the Women's Alliance will host **Lunafest** on campus in the Sarazen Student Union. At **Lunafest**, excellent, entertaining and thought-provoking short films for, by and about women are shown and sponsors designate local charities they wish to support. This year the sponsors chose to raise awareness and funds for CRAAB! and ToLife. Tickets for the program are available by calling us at 518-435-1055. Support CRAAB! and have a great evening for yourself!

Mark your calendar for the following dates!

**Guardians of the Genome:
Epigenetics & the Ghost in Your Genes
April 14 @ 6 p.m.
Gilda's Club**

**2010 Walking Club
Starts April 20 @ 5:30 p.m.
Crossings Park in Colonie**

**Lunafest
April 22 @ 7 p.m.
Sarazen Student Union, Siena College**

**2nd Annual Trap Shoot for the Cure
May 15
Iroquois Rod and Gun Club, Rotterdam**

**3rd Annual Take a Swing
at Breast Cancer Golf Tournament
June 21
Town of Colonie Golf Course, Colonie**

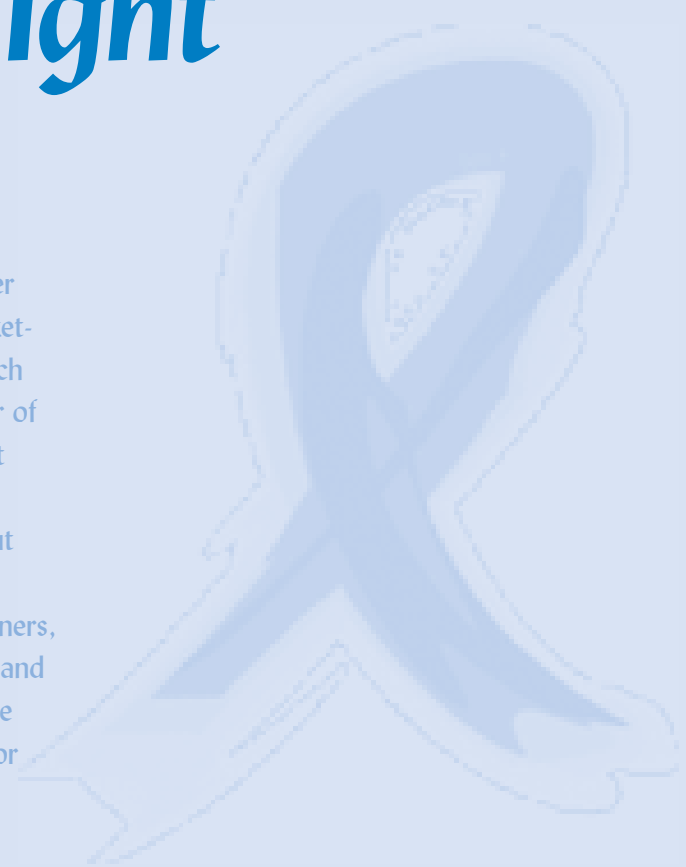
**4th Annual Action Against Cancer
Tennis Event
Mid-July (Date TBA)
Albany Tennis Club, Albany**

We look forward to greeting you at one or many of these community events! Look for more information in an upcoming flyer and at craab.org.

Pink Zone Night

Siena Women's Basketball and CRAAB! Join Forces in "A Battle for a Battle"

January 22, 2010, was the 10th Annual Breast Cancer Awareness Basketball Game that Siena women's basketball team has sponsored with CRAAB! In 1999, Coach Gina Castelli approached Patricia Brown, Ph.D., professor of biology at Siena, founder and president of CRAAB!, about collaborating on a breast cancer awareness event. Coach Castelli asked the late Dr. Brown to talk to her team about the issues surrounding breast cancer, especially for young women. This has evolved to include more community partners, displays, raffles, education tables, spectator participation and the introduction of local breast cancer survivors before the game tip-off. The event has become an annual highlight for Siena and CRAAB!



Siena junior guard Missy Ramsey escorts honorees Lynne Cuva (left) and Joanne Vyce (right) flanked by Siena cheerleaders in their Pink Zone t-shirts.

In The Zone ... The Pink

Pink Zone Steering Committee

Marri Aviza
Rumors
Gina Castelli
Siena College
Erin Conway
Regalo
Heather Ford '89
KeyBank, Business Banking
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The Leukemia & Lymphoma Society

Suzanne O'Connor
Siena College
Margaret Roberts
CRAAB!
Joan Sheehan
CRAAB!
Karen Zalewski-Wildzunas
Regalo

Honorary Committee Members

Marri Aviza
Kim Baker '83
James '62 and Cynthia Campbell
Lisa Cardone O'Connor '83
Mary Pat Devine
Eileen Daugherty
Jim Donsbach '68
Mike and Lynn Emery
Tara Estra
Angela Fedullo '83
Mary Beth Finnerty '85
Heather Ford '89
Francine Frank
Janet E. Gargiulo
Maryellen Gilroy
Brenda Ginardi
Betsy Gorman
Karen Greene
Nancy and Harry Guest
Heidi Harkins '84
Kathy Harkins
Chas and Sally Heritage

Michael '64 and Karen Hoblock
Tiara Howland & Paige Allen
Teresa Hughes '80
Cathy Hull
Emily Jones '08
Susan Kahler
Barbara Kappes
Michele Keleher
Dennis Kulzer
Claudia Longo
Liz Lops '94
Ruth Mahoney
Suzie Mansfield
Frank Marchesini
Staci and Joe Marcil
Lisa McMurdo
Norma Meacham
Martha Meader
Michael Menges
Laura Menty '08
Linda Menty
Susan Millstein

Jessica Norgrove
Lisa Norgrove
Suzanne O'Connor
Lauren Payne '03
Margaret Roberts & Ira Bloom
Courtney Remington
Linda Richardson
Elaine Rubenstein
Andrea Crisafulli Russo
Margaret M. Sanders
Shank & Falvey Insurance
Ilana Smith
Sr. Thea Bowman Center for Women
Sam Strasser
Mary Strunk
Paul Tenan
Maureen O'Brien Thornton
Renee' Walrath
Andrea Woodbury
Donald Zee, P.C.

Siena Women's Basketball Coach Gina Castelli addresses the attendees at the pre-game Pink Zone Reception held in the Serra West Room on campus. Listening are Frank Marchesini from Edward Jones and Suzanne O'Connor, Associate Director of the Siena College Career Center and member of the Reception Steering Committee.



Zone That Is!

Thank you to our Generous Sponsors

\$1,000 Sponsorship



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Gina Castelli
Colonie Irish Social Club
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Beth Pellegrino
Wine & Spirits of Slingerlands – Shelia McNeil, Owner/Operator

Silent Auction Items

1. Golf for four at Schuyler Meadows Country Club – Donated by John & Barbara Puig
2. Pink and white basketball signed by Siena women's basketball team – Donated by Siena College
3. One hour tennis lesson from SRS Tennis – Donated by Scott Stacey
4. One hour golf lesson from The Next Step Golf Instruction – Donated by Jack Thornton
5. Gift Basket – Donated by Rumors
6. Sylvan Learning Center basket including student assessment – Donated by Kathleen Schwartzbeck
7. Five piece luggage set – Donated by Joan Sheehan
8. Original oil painting – Donated by Michele Santoli
9. Three beautiful silk scarves donated by Pen & Palette

Pink Zone Night at Siena



TOP: 2010 Pink Zone Honorees. Back row: Lorelle Govoni, Susan Batchelder, Suzanne Reed, Susan Graves, Diane Mackey, Joanne Vyce, Mary Robinson, Henda Strasser, Brenda Ginardi, Linda Hess, and Diane Reed. Front Row: Lorie Kulzer, Anna Dicianni, Jean Bassett, Lisa Morahan, Julie Neidhamer Tenan, Dina Addario and Maureen Flynn. Also participating but not in this photo: Lynn Cuva, who is shown on page 5, and Angela Fedullo, who had to get back to the scorer's table.

MIDDLE LEFT: Girl Scout Troop 1351 were in charge of the Komen Breast Cancer Information Wheel.

MIDDLE RIGHT: Two of the three winners of the Kids Battle Back: Healthy Bookmark Contest, Nicole Scott, a 7th grader from Lisha Kill Middle School and Carleigh Werner, a 3rd grader from Roessleville Elementary School, join CRAAB! co-president, Joan Sheehan in front of one of the bookmark display boards. The third winner, who was not present, is Nicholas Sterge, a 5th grader at Sand Creek Middle School.

BOTTOM: Coach Mike Michele is extremely proud of his team of 3rd and 4th graders from the Guilderland Girls Basketball Club for turning foul shooting into a fundraiser as it shows that young students can be counted on to participate in community service, support a college team, and to promote healthy lifestyle choices. Their presence added a poignant and beautiful reminder that women of all ages, even young students, can assist cancer survivors and help find a cure. To CRAAB!, Mike and his team are true champions.

Second, the Task Force decided that there is not enough evidence to fully evaluate mammogram's benefits and harms for women over 74, but suggested that harms outweigh benefits, so women over 74 are no longer urged to get regular mammogram screening. Third, the Task Force changed the timing of "regular" mammograms (now for women aged 50 to 74) to every other year to cut in half the harms of mammogram screening without affecting benefits. Remember, the issue is regular mammogram screening for women of average, not high, risk for breast cancer—and not its diagnostic use after a lump or other suspicious sign is found.

Why these changes now? Experts have long disagreed about mammogram screening for women over 40.² Evidence for women under 50 is particularly murky not only because fewer women that age were included in studies, but also because of the increased murkiness of the mammogram X-rays themselves. Younger women's breasts tend to be denser and so harder to clearly "see" both normal and cancerous tissue. Mammograms miss 10-15% or more tumors in women in their 40s, and those missed tumors tend to be faster-growing and more deadly. That means more false negatives (missing a cancer that is there), as well as more false positives (spots that are not cancer but require more tests and/or biopsies, increasing the potential for overdiagnosis and overtreatment).

What's New? The Task Force cited two important studies published since their last report.³ Both studies, the Age trial and the updated Gothenburg data, found no statistically significant mortality benefit—no net saving of women's lives with mammograms! The very large Age trial of the United Kingdom is the most important new piece of data, with over 160,000 women aged 39 to 41 randomly put into either a group that was offered mammograms annually or a group given only "usual care" and then were followed for 10 years.⁴

The Task Force also took into account new information about "overdiagnosis," or the harm done to women of all ages as a result of finding and treating cancers that would not have affected or killed them in their lifetimes. Although harms as serious as death were suspected as far back as the 1980s, the idea that mammograms could be dangerous, even from repeated radiation exposure, was not generally accepted. The Task Force consulted a wide number of different sources about harms from screening: psychological stress, imaging tests and biopsies, "inconvenience due to false-positive screening results," radiation exposure, and actual cancer treatments such as mastectomies and chemotherapy.

Their estimates of overdiagnosis ranged widely from as low as 1% to as high as 30%, so they concluded harms were

difficult to quantify accurately. Surprisingly, they chose to highlight anxiety to individuals and their families and the financial costs of the high rate of false positives as the most significant adverse effects of mammography screening, rather than the increase in mastectomies and lumpectomies (30% higher) found in the groups screened with mammograms—in studies showing no mortality benefit, such as the Canadian National Breast Cancer Screening Study.⁵ Beyond that possible 30% overtreatment for breast cancer is the recent claim that 1 out of every 5 invasive breast tumors goes away spontaneously! That possibility was made by looking at breast cancers found in a very large group of Norwegian women *before* regular mammograms were used for screening compared to breast cancers found in a second very

large group *after* regular mammograms were done routinely. The authors expected to find many overlooked breast cancers in the non-mammogram group; instead, they found many—22%—more breast cancers in the routine mammogram group.⁶ For a discussion of this study see Recent Research from Winter 2009.

Despite underplaying some of the harms, the Task Force decided that the possible benefits of mammography for women in their 40s were not great enough to offset possible harms. They expressed it this way: It would take 1904 women in their 40s being screened to save the life of one woman, while the number for women in their 50s is much lower at 1339. But those numbers do not include the harm done to the other 1903 or 1338 women. The latest estimate of harm from screening mammography is that ten healthy women will be diagnosed and treated unnecessarily for breast cancer for every one woman saved.⁷

It should be said that some women, whose cancers were found in their 40s with screening mammograms, truly believe that their lives were saved as a result and that, therefore, the USPSTF recommendations must be wrong. A reasonable belief, but, as the studies suggest, not necessarily true in a large group of women. Large studies, like the Age trial, and meta-analyses of all studies tell us whether a treatment or screening technique makes a difference overall. What such studies are not able to tell us is whether some women *are* living longer because of the screening while some other women are *dying sooner* because of the screening, with a net benefit of zero.

Understandably, skepticism now is high about reversing previous strong advice to start getting mammograms at age 40. Yet experts have long known that mammography screening has limitations in detecting life-threatening breast cancer and that its harms have been downplayed. Perhaps our anger should be directed at those groups that chiseled their advice in stone when the evidence was incomplete and

"Mammography screening at any age is a tradeoff of a continuum of benefits and harms. The ages at which this tradeoff becomes acceptable to individuals and society are not clearly resolved by the available evidence."

Continued on page 15.

RECENT RESEARCH

CRAAB!

TIPS

Capital Region Action Against Breast Cancer



Winter/Spring 2010

From Jessica Werder, Ph.D.

This report is made possible through a grant from the NENY Susan G. Komen for the Cure, Northeastern. Please note that, while the studies listed below are both scientifically and methodologically sound, caution should be taken in drawing conclusions from any one study. You can access this column in previous newsletters at craab.org.

The Environmental Connection Passive Smoking and Breast Cancer Risk

Background and Recent Evidence:

In April 2009, a report was released by the *Canadian Expert Panel on Tobacco Smoke and Breast Cancer Risk*. The report concluded that enough epidemiological evidence existed to suggest a causal relationship between smoking and breast cancer, particularly among individuals with certain genetic risk factors.^[i] However, the panel decided that not enough evidence existed to determine such a link between second-hand or *passive* smoking and called for additional research on the matter.

In December, results were published from the California Teachers Study, an ongoing study that tracks incidence (new cases) of cancer among retired, female teachers in California.^[ii] Researchers looked at 1754 women, analyzing self-reported data on second hand smoke exposure at various points in life. They found a significant dose response among postmenopausal women who had been exposed to *moderate* or *high* levels of second hand smoke. This seems to indicate that, once a woman has accumulated a certain level of lifetime exposure, her risk for breast cancer increases.

Implications:

The dose-response relationship found is difficult to apply to everyday life. The exposure threshold is calculated in terms of *exposure years*, a complicated mathematical compilation of exposure levels, length of exposure and age at exposure. In addition, exposure levels were the result of self-reported data from memory of previous years, meaning that the exact exposure threshold is difficult to nail down. Much more

research is needed. What is important about this study is knowing that a relationship between second hand smoke and breast cancer may exist. This information, in light of the known chemical composition of cigarette smoke, and its status as a carcinogen, mean that all women should strive to avoid smoking and exposure to second hand smoke whenever possible.

Mammography Questioned

Background and Recent Evidence:

In July, researchers published a study that looked at the effect of the introduction of widespread mammography screening programs on the incidence (new cases) of breast cancer. The study, published in the *British Medical Journal* concluded, on the basis of evidence from 5 different studies in 5 different countries, that mammography leads to an over diagnosis of breast cancer in one of every three breast cancers diagnosed.^[iii]

In October, the *Journal of the American Medical Association* published an article analyzing the history of breast and prostate screening programs in the United States. Looking at numerous past studies and evidence, the authors concluded that screening for breast and prostate cancers in the United States has increased the number of cancers detected and treated, without effectively decreasing the incidence of aggressive or late-stage disease.^[iv] They cited statistics indicating that for every breast cancer death that is avoided through screening, 838 women must go through screening for an average of 6 years, resulting in hundreds of biopsies and treated cancers that never would have been life threatening.

Most recently, in November, the US Preventive Services Task Force changed breast cancer screening recommendations for the first time since 2002 (see article on page 1 for more explanation).^[v] As part of the rationale for the change, **the Task Force lists the harms often caused by detection and early intervention, including unnecessary imaging tests and biopsies, inconveniences of false-positives and the harm of treating cancers that never would have become a problem.**

Implications:

While a number of studies over the years have questioned the effectiveness of mammography in decreasing mortality (death from disease) and incidence of late-stage disease, only recently has the evidence been acknowledged widely. The implications are vast – while mammography appears to lead to over diagnosis and therefore to unnecessary biopsies and treatments, it is currently the most widely-used screening technique for breast cancer, leaving women with few other options. **Until better options are presented for detection and differentiation between high and low risk disease, patients and physicians must refer to the 2009 USPSTF screening guidelines and weigh the costs and benefits of treating detected cancers.**

CT Scans Raise Cancer Risk

Background and Recent Evidence:

Computerized Tomography scans (CT or CAT Scans) are powerful x-rays, coupled with computer programming that allows physicians to see individual bones, organs and internal structures. Conventional x-rays are not nearly as detailed, presenting overlapping images that are often difficult to discern.^[vi] Because of their utility, CT scan usage has increased from approximately 3 million US scans in 1980 to almost 70 million in 2007.^[vii] While they are extremely useful for medical diagnosis, CT scans also emit radiation, which itself poses a health risk. Two studies published in the December issue of *Archives of Internal Medicine* suggest that the risk may be higher than previously thought.

The first of the two studies collected information on 1119 patients that had undergone CT scans at medical centers and hospitals in the San Francisco Bay area over the course of one year. Using radiation exposure data registered on individual CT machines, and patient age at time of scan, researchers calculated additional cancer risk associated with computerized tomography.^[viii] **They estimate that for 40-year-old women, out of every 270 who undergo CT coronary angiography one woman will develop cancer as a result of the scan.**

The second study used data from Medicare claims and a large, commercial insurance database combined with new data in the National Research Council's report *The Biological Effects of Ionizing Radiation*, to project the estimated number of excess cancers associated with CT scans.^[ix] **They concluded that, from CT scans conducted in 2007, approximately 29,000 excess cancers will result, 60% or 17,400 of which will occur in women.**

Implications:

CT scans have become common practice for diagnosis for a variety of medical conditions. Their utility cannot be

questioned, but their safety can. Additional, large-scale, prospective studies (following exposed individuals forward in time) must be conducted to further evaluate the effects of exposure. Physicians must also consider the potential long-term effects of CT-scan use in their practice.

Cancer Incidence in the US

Background and Recent Evidence:

Every year, the American Cancer Society, CDC and the National Cancer Institute (NCI) collaborate to write their *Annual Report to the Nation*. The report from 2009 provides an overview of trends in cancer incidence (new cases of cancer) between 1975 and 2006. Analyzing data on incidence from the NCI's Surveillance, Epidemiology, and End Results (SEER) Program and the CDC's National Program of Cancer Registries (NPCR), they conclude that overall cancer incidence decreased by 0.7% during the years 1999 – 2006. They note that breast cancer incidence, while having increased during the 90s, began falling again at the beginning of this century. During the years 2002 – 2006, breast cancer incidence declined by 1.5% per year. Mortality (death) rates from breast cancer also fell 1.9% between 1998 and 2006.

Implications:

Decreases in incidence and mortality of breast cancer are a good thing. However, many people may be confused to hear that on one hand, breast cancer mortality has fallen, and on the other officials have changed screening recommendations due to "screening's limited effect on mortality."^[x] **While there is no doubt that screening has contributed to the detection of breast cancer, it does not always detect the most aggressive disease early enough for effective intervention, meaning that its effect on mortality has not been proven to be significant.**^[xi]

In addition, the fall in mortality can, in large part, be attributed to two other things: a fall in incidence and better treatment. Where there are fewer women with disease, fewer women will die of the disease. And where there is better treatment for existing disease, mortality will fall. **Drops in incidence of breast cancer in recent years have been attributed, in large part to a similar decrease in use of hormone therapy.**^[xii] **In addition, the authors of the report suggest that a decrease in risk factors (such as smoking) have contributed to lower incidence of disease.**

[i] The Ontario Tobacco Research Unit. **Canadian Expert Panel on Tobacco Smoke and Breast Cancer Risk**. April 2009. <http://www.otru.org/pdf/special/Expert%20Panel%20Executive%20Summary%20EN.pdf>

[ii] Reynolds P. **Passive smoking and risk of breast cancer in the California teachers study**. *Cancer Epidemiology, Biomarkers and Prevention* 2009, 18:3389-3398.

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The ACLU Asks: Are Patents on Breast and Ovarian Cancer Genes Unconstitutional?

by Kim Baker, M.S., R.N.

On May 12, 2009, the American Civil Liberties Union (ACLU) and the Public Patent Foundation, (PUBPAT), filed a lawsuit charging that patents on two human genes associated with breast and ovarian cancer, BRCA1 and BRCA2, are unconstitutional and invalid.¹ The lawsuit, *Association for Molecular Pathology, et al. v. U.S. Patent and Trademark Office, et al.*, was filed on behalf of breast cancer and women's health groups, individual women, geneticists and scientific associations representing approximately 150,000 researchers, pathologists and laboratory professionals. The lawsuit was filed against the U.S. Patent and Trademark Office (USPTO), as well as Myriad Genetics and the University of Utah Research Foundation, which currently hold the patents on the BRCA genes. On November 2, 2009, an important step was made when a federal district court ruled that patients and scientists can indeed challenge patents on human genes, allowing the lawsuit to move forward.

What are the BRCA genes?

Genes consist of molecules that contain "instructions" for the development and functioning of living organisms. They are the basic units of heredity. The BRCA genes – BRCA1 and BRCA2 – are human genes that belong to a class of genes known as tumor suppressors. Everyone has these genes and, when functioning normally, they suppress the growth of cancerous cells. If a mutation or a change along the gene has occurred, there is an increased risk for a woman to develop early breast or ovarian cancer because the ability for the two BRCA genes to suppress tumor growth has been reduced. Men with harmful BRCA mutations also have an increased risk of breast cancer and, possibly, testicular and early-onset prostate cancer.

The importance in knowing if you have a mutation in one of the BRCA genes

This information is helpful to these women in making a decision on a plan of treatment or prevention, including increased surveillance or preventive mastectomies or ovary removal. According to estimates of lifetime risk, about 12 percent of women (120 out of 1,000) in the general population will develop breast cancer sometime during their lives compared with about 60 percent of women (600 out of 1,000) who have inherited a harmful mutation in BRCA1 or BRCA2.^{2,3} This represents about a five times higher risk to develop breast cancer than a woman who does not have such a mutation.

What right does a Patent confer?

The U.S. Patent and Trademark Office (PTO) has granted thousands of patents on human genes – in fact, about 20 percent of our genes are patented. A gene patent holder has the right to prevent anyone from studying, testing or even looking at a gene. The patent grant confers the **right to exclude others** from making, using, offering for sale, or selling the invention in the United States or "importing" the invention into the United States.⁴ As a result, scientific research and genetic testing have been delayed, limited or even shut down due to concerns about gene patents.

The BRCA Patent: Myriad decides who gets genetic testing

The patents granted to Myriad give the company the **exclusive right** to perform diagnostic tests on the BRCA1 and BRCA2 genes and to prevent any researcher from even looking at the genes without first getting permission from Myriad.

The patent is on the gene itself, NOT the test, therefore Myriad has the right to control all research and testing on or involving the BRCA genes. Myriad's monopoly on the BRCA genes restricts women's access to alternate tests or to get a second opinion about their results and allows Myriad to charge up to \$3,000 for a test, which is too expensive for many women to afford and is often not covered by insurance. Until the patents expire in 2014 and 2015, its laboratory is the only place in the country where diagnostic testing for the BRCA genes can be performed.

The significance of this case

This case could have profound consequences for genetic research in general. Many are asking if the patent system has gone too far and if too much patent protection impedes our civil liberties. Because approximately 20 percent of all human genes are patented, including genes associated with Alzheimer's disease, muscular dystrophy, colon cancer, asthma and many other illnesses, the outcome of this case could have far-reaching effects beyond the patents on the BRCA genes.

On February 2, the Judge Robert Sweet held the first federal court hearing on the issue. At the end of more than two hours of oral argument, the judge complimented all of the attorneys on their clear and skillful arguments. He highlighted that this case is of great concern to the scientific community, the biotechnology industry, people concerned with the very serious issue of breast cancer, and those who provide

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there were no clear results; however, there was a greater reduction in risk for ER- breast cancer.

Susan T. Mayne, Ph.D., Yale Cancer Center spoke on critical considerations in designing and interpreting intervention trials. **Speaking about the numerous Vitamin D studies, she emphasized that the dose makes the difference, and that research shows Vitamin D can protect against colon cancer, but evidence is not as strong for some other cancers.** For breast cancer, studies are inconsistent at this time. The exact long-term safe dose of vitamin D is not known. The Food and Nutritional Board at the Institute of Medicine began reviewing the published studies in 2008 and is expected to publish new guidelines in spring of 2010. In the meantime, it's best for everyone to discuss daily dosage with their physicians since this can vary depending on one's health history, age, diet and sun exposure.

Margaret attended a session, on **"Phytochemicals in herbs, spices and fruits: Role in cancer prevention and treatment."** John M. Pessuto, Ph.D., from the University of Hawaii, spoke on **"Soliciting Nature's Help for the Prevention of Cancer"** and said that mortality rates from cancer haven't substantially changed since 1975, except in the case of lung cancer due to decreased smoking.

Chemoprevention — using drugs (e.g. tamoxifen), dietary compounds and exercise to prevent cancer — can, however, shift disease incidence to later ages, if it cannot offset or eliminate causes of the disease. **Several chemicals in foods have exhibited strong anti-cancer properties or show great promise:** brassinin (broccoli family); zapotin (flavonoids in fruit); physalis (tomatillos); deguelin (legumes); resveratrol (grapes, wine); and marine microorganisms show great promise as anti-cancer agents. However, there is a **"crisis of complexity"** in designing and implementing research studies because, for example, grapes contain at least 620 compounds and blueberries contain at least 722 compounds making it difficult to extract only the anti-cancer compounds which are needed at high levels to work as effective drugs.

Bharat B. Aggarwal, Ph.D., from MD Anderson Cancer Center in Houston, spoke on **"Targeting Inflammatory Pathways for Prevention and Treatment of Cancer."** He explained that **spices play a major role in reducing inflammation**, specifically: turmeric, fennel, red chili, cloves, fenugreek, basil, ginger and black cumin. There are over 3000 research papers on turmeric because it modulates many cell-signaling pathways. There are now 40 clinical trials in Phases I, II, and III investigating the uses of turmeric, which seems to shrink tumors of some cancers and can be used with standard chemotherapy agents.

Clarissa Gerhauser, Ph.D., from the German Cancer Research Center in Heidelberg, explained her studies on **"Apples, Apple Juice and Cancer."** Apple products have been shown to prevent skin, mammary and colon

carcinogenesis in genetic and chemically-induced cancer in rodents. The 35 polyphenols in apple juice are highly anti-oxidative, anti-inflammatory, and inhibit cell growth, as well as positively affecting epigenetic events and one's immune function. Cloudy apple juice (cider) is preferable — having been shown in studies to reduce genetic damage by 72% whereas clear apple juice reduced genetic damage by 21%. "An apple a day..." may still be good advice.

Joan attended the session on **"Nutrition, Health Behaviors and Cancer Survivorship: Evidence Base."**

Julia H. Rowland, Ph.D., from the office of Cancer Survivorship, NCI, talked about **"Lifestyle Behaviors after Cancer: What is the Role in Survivors' Health?"** She pointed out that in 1971 there were three million cancer survivors, today there are 12 million of whom **23% have had breast cancer. The point was emphatically made**

that health care professionals must listen to survivors and make sure that one professional is taking charge and coordinating a survivor's after-care plan. Doctors need to have frank discussions with survivors about treatment side effects at the time of diagnosis, about health promoting interventions during and after treatment, and about the benefits of peer support, because a growing body of evidence indicates improved survival when these things are addressed.

Melinda L. Irwin, Ph.D., M.P.H., Yale University, spoke about **"Lifestyle Factors and Cancer Survivorship: Observational Findings of Weight, Physical Activity and Diet on Survival."** Studies have shown that women who are overweight or obese at the time of breast cancer diagnosis have up to a 2-fold increase in risk of recurrence compared to leaner women. Physical inactivity and poor diet after breast cancer diagnosis have also been associated with a significant increase in breast cancer recurrence and death in women with early stage disease. Higher weight equals higher levels of circulating estrogen in the body's fat cells.

Diane Dyer, MS, R.D., the author of "A Dietitian's Cancer Story," spoke on **"Personal Perspectives from a Cancer Survivor."** Besides telling her own story she emphasized **the need to have an oncology dietitian involved in one's treatment plan** who can give a nutritional assessment and "separate the hope from the hype" surrounding dietary supplements and the power of plant foods. She believes strongly that "healing is possible even when a cure is not," to quote author Dr. Michael Lerner.

On Friday, in a session entitled **"From Policy to Action in Cancer Prevention,"** Dr. Shiriki K. Kumanyika, Ph.D., R.D., M.P.H., from the University of Pennsylvania School of Medicine, addressed the question: **"How do we rethink nutrition policy to prevent cancer?"** She strongly recommended that all countries must take on chronic disease prevention through a major focus on better nutrition. **Health and nutrition need to be our highest priority in a free market economy.**

"Health and nutrition need to be our highest priority in a free market economy."

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COMMUNITY PROFILE

The Community Profile is a place for survivors to reflect on personal choices they made on their journeys through cancer to healing, the lessons they learned, and how they are changed.

IT IS A MIRACLE!

by Lisa Morahan

I am writing this exactly one year to the day since I went into St. Peter's Hospital for a bilateral mastectomy. I had just turned 38 years old, was happily married and had a gorgeous 1 year old son. I have no way of sharing my experience with cancer without starting with my Mom's story. She was diagnosed at age 68 with stage 4 breast cancer that had spread to her bones. She would have 12 more joy-filled years. She dealt with her cancer like everything else in her life, with grace and style. My Mom was a true Warrior. She was my absolute best friend and near her final days, I was scared and an atheist. Here is what happened right before she passed away.



directly next to me. I was stunned, and my thoughts raced. "Was that a message? Did I just have an Angel tell me Mom is leaving today? Is she here for me?"

Looking out of her car, she leaned forward and, with a slight nod and smile, she waved to me. I got into my car realizing that was the answer to my questions. Mom was not going to be here very much longer, and this was my sign. I immediately broke down sobbing. My Mom died almost 8 hours later on Friday, October 17th, 2008. She

had nicknamed me "un-jul," the Hungarian word for angel and throughout her life called me her Guardian Angel. I know the Angel in white appeared to me so I would be prepared for Mom to leave me and would be ready to pass my baton to Mom's next angel when she came to take her away.

The night of my Angel encounter I told my husband Jim, "I know I'm taking this all as a way to cope with my Mom, but I had such a strange feeling the angel was coming for me. I can't say how or why, I just know deep down in my heart I felt like she was coming there for ME." "That's ridiculous," Jim retorted, "you're not sick!" "I know," I uttered under my breath. On December 23, 2008, a short 7 weeks later, I would be diagnosed with an 8 cm invasive cancerous tumor that had spread to 11 out of 16 lymph nodes.

The Angel

Mom was out of it and looked terrible, but she still managed to call by name each of us who came into the room. She even perked up with a slight smile and raised an eyebrow when the doctor came in. We worried and wondered if there was a magic potion we could give her to fix it all. The doctor said it was trial and error to get the pain killers just right. He counseled, "Let her rest."

Following the doctor's orders to take a break, I drove my son, Caden, to the mall for lunch and then walked around pushing his stroller. My eyes fell upon a beautiful woman with a model's sculpted face in the midst of busy mall shoppers. I looked directly at her and noted her perfectly clean white leather boots, gorgeous white pants, white cashmere sweater, and a white scarf tied to the back of her long, golden brown hair.

I bent down alongside Caden and whispered, "Do you see her, Caden? She's beautiful. She's an Angel!" I bought a couple more items and left for our car. After putting Caden in his car seat, I heard from behind me a voice say, "Hello." I slowly turned and looked up, almost knowing who it was. Sure enough, it was the Angel. She walked past me and I replied "Hi!" I had to say something else...speak to my Angel. "I love your outfit!" I blurted out as she opened her car door. "Thank you," she replied kindly. I was in utter disbelief that a woman so beautiful, dressed to the nines in white, whom I had called an Angel, would say "Hello" and be parked

Floydwarriors

I would say I was depressed, angry, and hateful upon hearing my diagnosis. I would say that, but I wasn't. Okay, maybe I was a little of each, but I didn't let those feelings consume me. I now knew there was a higher power at work. I truly believed the size of my tumor represented my lack of faith. I felt like I was given the gift of the Angel encounter and He chose me that fateful day knowing I could show others that there was a God. I put 110% of my energy into this belief. I prayed, "God, I will do what it is you intend for me to do so long as I can do it." I promised so long as my body would hold out, I would share the word of God and His greatness.

So on January 9, 2009, in my hospital bed at St. Peter's, I was inspired to start an organization that could help

Continued on next page.

Profile *Continued.*

families of mothers going through chemo by cooking, cleaning and taking care of their children. I asked my surgeon if such a group existed and he told me many resources were out there but nothing like that. "I'll have to start that organization!" I promised him. I did: <http://floydwarriors.com>. I chose *floydwarriors* (as strange as it sounds) because I'd heard the marching of the Hammers from the Pink Floyd movie *The Wall* in my head the week I was diagnosed. The Hammers were marching into war, like I was. I soon realized my dream would need funding so I created a line of cancer care cards to pay for it.

My website serves many roles. First and foremost, it provides an online scheduler for families on which they can post their needs by the day, week or month so loved ones can easily log in, volunteer help and see what is already being taken care of. It also enables people to donate funds to organizations that provide basic life necessities, such as *Simplifying Lives*, the free house cleaning service for families coping with the effects of cancer treatment. Hopefully, it serves too as a source of inspiration, showing others that despite cancer, they too can pursue their own dreams. Accomplishing this mission of creating floydwarriors.com and my line of cancer care greeting cards was the only way I knew to show non-believers (like myself once) there is a God and that was my true mission.

AICR Annual Research Conference

Continued from page 13.

Barbara J. Rolls, Ph.D., from Pennsylvania State University, spoke about **"Modifying the Food Environment: What do we want to change?" She discussed how the incidence of obesity is related, in part, to the food environment.** Population-based assessments indicate that, beginning in childhood, there is a relationship between consuming large portions of energy-dense foods and obesity. She discussed how studies have shown in both adults and children that dietary energy density can be reduced by increasing intake of water-rich foods such as vegetables and fruits, especially at the start of meals. Their high water content allows people to eat satisfying portions of food while decreasing caloric intake. **There is also a great need to get the US government to change policies and subsidies that encourage poor food habits.**

We found attendance at the AICR Conference extremely valuable as it inspired us to have CRAAB! bring in a speaker to address nutrition and/or exercise issues and to develop new exercise programs for breast cancer survivors in our community. Look for future community education programs and newsletter articles on the topics that were explored. In our next newsletter, we'll report on what we learned about Physical Activity and Cancer.

Recent Research *Continued from page 11.*

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Mammography *Continued from page 9.*

ultimately uncertain. Whatever our personal views, we would do well to heed the Task Force's conclusion: **"Mammography screening at any age is a tradeoff of a continuum of benefits and harms. The ages at which this tradeoff becomes acceptable to individuals and society are not clearly resolved by the available evidence."**

- [1] U.S. Preventive Services Task Force, "Screening for Breast Cancer: U.S. Preventive Services Task Force Recommendation Statement." *Annals of Internal Medicine*. Nov 17, 2009, vol 151(10): pp716-726, W-236. In addition, the Task Force decided that doctors should no longer encourage women to do regular self-exams (BSEs) because studies show no lives are saved and biopsies are increased.
- [2] Maryann Napoli of the Center for Medical Consumers provides a good history at <http://medicalconsumers.org/2009/11/18/latest-mammogram-uproar>; and the National Breast Cancer Coalition provides analysis of the major mammogram screening studies at http://www.stopbreastcancer.org/index.php?option=com_content&task=view&id=133&Itemid=180.
- [3] Heidi D. Nelson et al., "Screening for Breast Cancer: An Update for the U.S. Preventive Services Task Force." *Annals of Internal Medicine*. Nov 17, 2009, vol. 151(10): pp727-737, W-237-W-242. They found insufficient data to draw conclusions about Clinical Breast Exams, digital mammography, and magnetic resonance imaging.
- [4] S.M. Moss et al. "Effect of mammographic screening from age 40 years on breast cancer mortality at 10 years' follow-up: a randomised controlled trial." *Lancet*. 2006, vol 368: pp2053-60. [PMID: 17161727].
- [5] The Cochrane Collaboration created a furor in 2001 with its first meta-analysis of research, suggesting that the best studies did not show that women's lives were actually saved with mammograms. The most current 2009 update of that meta-analysis (<http://www.cochrane.org/reviews/en/ab001877.html>) is also supported by: K.J. Jørgensen and P.C. Gotzsche, "Overdiagnosis in publicly organised mammography screening programmes: systematic review of incidence trends," *British Medical Journal*. 2009, vol 339: ppp2587. www.bmj.com.
- [6] See "Recent Research" in Winter 2009 CRAAB! newsletter, "What would become of tiny tumors?" on Zahl et al., *Arch.Int.Med*. Nov.24, 2008, vol 168: pp2311-2316.
- [7] <http://www.cochrane.org/reviews/en/ab001877.html>.

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The ACLU *Continued from page 12.*

care, analysis and diagnosis to breast cancer survivors. He acknowledged the sharp difference of opinion expressed in the arguments. A ruling is expected sometime in the next few months.

Take Action

The ACLU wants to hear from you if your doctor or counselor has ever advised you to get the BRCA genetic test. If you are interested in sharing your experience (whether you have been tested or not), please visit www.aclu.org/brcasurvey. Please note "BCA" in the comment box.

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