

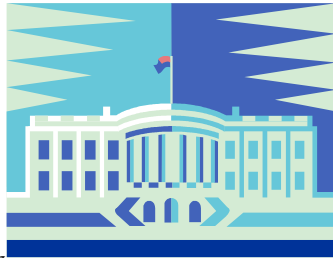
# New Attitudes

strength ... support ... Survivor ...  
hope ... research ...

• *A newsletter dedicated to the understanding and early detection of breast cancer* •

Greetings!

Well our year has been off to a very busy beginning with many changes, locally and nationally. Health care reform is a reality for our nation. For many individuals, it brings hope of guaranteed access to quality healthcare. It is still going to take a considerable amount of time before any of us will understand or see the "black and white" of the changes that are yet to come.



Between Women was, and still is very concerned with the State of California cut backs within the Cancer Detection Program, Every Woman Counts. The latter part of 2009 the State mandated a change in this program for women needing screening mammogram. Due to a funding issue, the minimum age requirement is now age 50, **not at age 40**. Unfortunately, the Every Women Counts Program is only continuing annual screening mammograms for the women age 50 and older that are **previously enrolled**. Meaning, there will be **NO** newly enrolled women. This also means women between 40 and 49 that were previously enrolled **will not** continue receiving annual screening. This means many women are now at a greater risk of a breast cancer diagnosis being diagnosed at a much later stage because they will not have access to annual screening until they are 50. This is very unsettling to Between Women and the women we serve.

Between Women will continue to work with our legislators. We want to ensure that all women 40 and older have access to breast healthcare.

If you would like to join Between Women in writing letters to our Legislators encouraging their support of the Assembly bill, **AB1640**, call the office today and we would be happy to give you the necessary information needed for that support of this very important bill. All women matter and this disease needs your voice to ensure access to basic breast healthcare for the uninsured and underinsured woman. Together we can and will make a difference.

On the lighter side, our office has moved. We are located in a building behind the hospital, directly west of the helicopter pad. We would love to have you visit!

Save the date on your calendar, the Annual Benefit is September 25th, 2010 at the Barcelona Event Center in El Centro. The theme is: **"Awareness ... Action ... Answers!"** You know we all need to be **aware**, we all need to take **action** and we all need **answers** to our questions about breast cancer!, So call and reserve your table. You will be glad you did!

Blessings,

Linda Cady

Executive Director/Founder

Survivors! Below is an article I thought you'd be interested in reading and possibly signing up to use. Not everyone has the time to attend support meetings. However, the article can be useful as well as beneficial. Take the action and sign up for this online support group!

### Online Breast Cancer Survivor Community

By: Cole Petrochko, Staff Writer Medpage Today (05/06/10)

The non profit Cancer Support Community has launched the first online breast cancer survivor registry to monitor and conduct research on the emotional and social needs of disease survivors.



The Breast Cancer M.A.P. (Mind Affects the Physical) Project offers an online support community that includes 90-minute weekly, live, and professionally monitored discussion sessions, an open discussion Web forum, private personal contacts, video and written blogs, and an instant messaging feature allowing members to communicate in real time.

The sponsors hope to sign up at least 1,000 survivors to answer questions about their emotional and social needs outside medical environments.

Prior research from the community has found that roughly 80% of breast cancer patients experience emotional distress, and that more than half felt their emotions were misunderstood.

These findings are supported by a number of evidence-based reports from the Institute of Medicine that noted breast cancer survivors need an outlet for emotional and social support and understanding.

A study published in *Cancer* similarly found survival rates and psychological health improved in survivors who had emotional support.

Although breast cancer survival rates are the highest ever, the online community will allow patients the opportunity to manage the postoperative distress that can often go untreated.

“By listening to the shared experiences of breast cancer survivors, we can bridge gaps in knowledge and help inform them of new resources that support their most critical needs,” said Joanne Buzaglo PhD, Cancer Support Community.

Interested survivors can find more information at the registry website (<http://www.breastcancerregistry.org>).

### Dr. Susan Love’s Army of Women Needs Your Help

Army of Women, Register today! [www.armyofwomen.org](http://www.armyofwomen.org)

Ladies! We need you to go online and sign up for the Army of Women. Army of Women is an online recruitment for women between the ages of 18 and 99! ALL women need to enlist! Whether or not you’ve been given a breast cancer diagnosis and whether you have wrinkles or not! All ethnicities are needed, African American women, Caucasian women, Latina women, Asian women!

Dr. Susan Love was the guest speaker for the Benefit last year. She was phenomenal! Those of you that heard her know what I’m talking about! She has to date, 28 different breast cancer studies going on. To those of you who have already enlisted, THANK YOU! The rest of you it’s easy and takes just seconds, please visit:

[www.armyofwomen.org](http://www.armyofwomen.org)

Remember when enrolling to mention that heard about Army of Women from Between Women Inc.

Thanks!



# CHEMICAL EXPOSURE LINKED TO BREAST CANCER

By Kristina Fiore, Staff Writer, MedPage Today April 01, 2010

Workplace exposure to organic solvents and certain other chemicals while a woman is still young can increase her risk of breast cancer after menopause, researchers say.

Those who were exposed at work to petroleum byproducts and synthetic such as acrylic and nylon appear to be at the greatest risk. France Labreche, MD, of the Institute Recherche Robert Sauve in Montreal, and colleagues reported online in Occupational and Environmental Medicine.

*And risks appear to be highest when a women is exposed before age 36, they added.*

Environmental and occupational agents may be contributing factors in the etiology of breast cancer, research has shown.

To further the understanding of that etiology, the researchers conducted a case control study in Montreal between 1996 and 1997. There were 556 cases of women with breast cancer who were between the ages of 50 and 75. They were matched with 613 women with other cancers who acted as controls.

Overall, the researchers found an increased risk of breast cancer with occupational exposure to several agents, which was highest when exposures occurred **before age 36**.

The authors acknowledged that the study was limited by its retrospective design, possible misclassification, and potential recall bias.

Exposure to synthetic fibers, common in the textile industry, carried a particularly **high risk of postmenopausal breast cancer**.

For each 10-year increase in duration of exposure **before age 36**, acrylic fibers were associated with a nearly **eight-fold risk of breast cancer** (OR7.69), while nylon fibers were associated with a doubled risk (OR 1.99).

Rayon and wool fibers also carried and increased risk of breast cancer associated with early exposures, the researchers said.

The researchers said synthetic fibers are typically treated with several chemicals such as flame retardants from the organophosphate family, delustering agents, and dyes, some of which have estrogenic properties and may be carcinogenic.

They also found associations with breast cancer for early exposure to polycyclic aromatic hydrocarbons (PAHs) from both petroleum sources and other agents.

There were no associations with aliphatic alcohols, aliphatic aldehydes, alkanes, ammonia, calcium carbonate, insecticides, leaded and unleaded engine emissions, pesticides, polyester fibers and toluene.

When they analyzed breast cancer by tumor status, the researchers found that exposure to PAH's from petroleum tripled the risk of breast cancer among those with estrogen and progesterone positive tumors.

For estrogen positive and progesterone negative tumors, risk of breast cancer more than doubled for each 10-year increase in exposure to acrylic fibers, rayon fibers and monoaromatic hydrocarbons, they found.

*The researchers said that overall, the findings are consistent with the hypothesis that breast tissue is more sensitive to adverse effects if exposure occurs when breast cells are still proliferating ~ before the fourth decade of life.*

**This study was supported by the Canadian Breast Cancer Foundation**



# ETHNICITY AFFECTS INFLUENCE OF BREAST CANCER RISK FACTORS

## **Medpage Today Action Points:**

- ESTABLISHED RISK FACTORS FOR BREAST CANCER HAVE BEEN IDENTIFIED PRIMARILY FROM STUDIES OF NON-HISPANIC WHITE WOMEN
- THIS STUDY FOUND THAT THE ESTABLISHED BREAST CANCER RISK FACTORS MIGHT NOT EXPLAIN AS MUCH OF THE RISK FOR HISPANIC WOMEN AS THEY DO FOR NON-HISPANIC WHITE WOMEN

Several established breast cancer risk factors are less informative for Hispanic women than for non-Hispanic white women, researchers found.

In contrast, 75.4% of breast cancers in premenopausal non-Hispanic white women were associated with traditional risk factors such as reproductive history, family history of breast cancer, menstrual history, hormone use, alcohol consumption, physical activity, height, and body mass index, reported Lisa Hines and her colleagues.

For postmenopausal non-Hispanic white women, these risk factors explained 62% of the observed cancers.

The results “may explain much of the observed differences in breast cancer incidence rates between non-Hispanic white women and Hispanic women,” reported Hines and her colleagues.

***“These findings reflect the need for additional studies to gain a better understanding of the factors that influence breast cancer development among Hispanics and in other ethnic and racial populations.”***

Little research has focused on how ethnic differences in the prevalence of established risk factors, which were identified from studies of primarily non-Hispanic white women and may explain differences in breast cancer incidence, according to the researchers.

So they turned to the population based, case-control Four Corners Breast Cancer Study, conducted in Arizona, Colorado, New Mexico, and Utah. A third of the nearly 5,000 women in the study were Hispanic. Information on potential risk factors was obtained in structured interviews with participants.

Overall, non-Hispanic white women had higher rates of breast cancer for all age groups, with a widening difference with increasing age.

A comparison of non-Hispanic white women with Hispanic women revealed differences in the prevalence of certain risk factors and in the magnitude and direction of their associations with breast cancer.

Among both premenopausal and postmenopausal women, Hispanics were more likely to report certain characteristic associated with lower breast cancer risk, including younger age at first birth, a greater number of children, shorter height, no oral contraceptive use, and less alcohol consumption.

***Premenopausal Hispanic women were more likely to report a higher BMI and postmenopausal Hispanic women were more likely to report menopause at age 50 or younger and no recent hormone therapy use, all factors associated with lower breast cancer risk.***

But, Hispanic women were more likely to report certain other factors associated with increased risk of breast cancer, including younger age at menarche, not breast feeding, and low physical activity.

For most of the factors evaluated among premenopausal women, the risk estimates (odds ratios) were in the expected direction for non-Hispanic white women, with ORs ranging from 1.23 for low physical activity to 1.97 for a positive family history of breast cancer, although not all were statistically significant.

Among Hispanic women, the associations were either attenuated or not observed. The only factor associated with a significantly increased risk of breast cancer was older age (OR 2.48, 95% CI 1.04 to 1.94).

Regarding the risk factors evaluated in the study, Hines and her colleagues wrote, ***“We recognize that it is presumptuous to make claims with respect to the proportion of breast cancers that truly are preventable by modifying these factors. Healthy behaviors, such as increased physical activity and decreased alcohol consumption, still should be recommended for Hispanic women.”***