Reflections of a First-Timer

NBCCF Annual Advocacy Conference – April 29 – May 2, 2006 Washington, D.C.

by Kathi Hansen, 2006 Sherry Kohlenberg Scholarship Recipient

What an amazing, energizing, thought-provoking, and exhausting experience it was to attend the NBCCF Annual Advocacy Conference! I am grateful to NBCCF and WBCC for the opportunity to be involved in this year’s Conference and Lobby Day, and especially to the women of the Wisconsin delegation who helped me feel so welcome and included me in many of their activities.

Each day’s events began with a moment of silence to honor the memory of an advocate who had lost her life in the past year. This was quite moving for me personally on Sunday morning—one of the women honored was a close friend of a friend of mine—and reminded me of the many women I know who have lost their lives to breast cancer.

The plenary sessions provided an impressive array of expertise in science, the media, policy and politics. Being a Project LEAD® graduate helped me immensely with the science presentations, but some of them were still a bit dense with information. I regret that I didn’t take more complete notes during the plenary sessions—I mistakenly thought that the CD-ROM provided in my registration packet included the PowerPoint presentations for the plenary sessions.

The plenary session “Do Media Get the Breast Cancer Story Right?” was probably the most interesting to me because I read a lot of breast cancer stories online through various subscriptions. The panelists discussed the reporting of health care news, specifically breast cancer stories and research announcements, in print media like newspapers and magazines and in broadcast media like radio and television. One of the panelists, Gary Schwitzer of the University of Minnesota, introduced the conference attendees to an excellent new source of reviews of health reporting, www.HealthNewsReview.org. This website is an attempt to help improve the accuracy, balance and completeness of news stories that make claims about new ideas in health care, and I now have it bookmarked on my computer so I can better evaluate what I am reading and hearing regarding breast cancer and other health news.

I also found the series of sessions on access to quality health care and health care in the 21st century to be particularly fascinating. One view of how to reform our system to provide affordable health care to all was discussed by Dr. George Askew from the Center for American Progress. After listening to him and reading more on the website (www.americanprogress.org, click on Health Progress), I actually feel hopeful that reform of our health care system is possible. Special guest speaker Newt Gingrich shared the work of his Center for Health Transformation and his view of the key aspects in an effective 21st century health care system, including the need for individual change, institutional and provider change, and scientific change. One interesting point he made was that in terms of scientific change, the years 2005-2030 (25 years) will be equivalent to 1905-2005 (100 years), especially in the areas of information technology, communications, nano-scale science & technology, quantum mechanics, and biology.

NBCCF executive vice president, M. Carolina Hinestrosa, then spoke about the Personal Stories, Public Action Campaign and how it is helping build a base of information on the current status of access to quality care in breast cancer and form the vision needed to achieve that goal. Since I have attended the WBCC event in April 2006 and have promoted this campaign in my local breast cancer support groups, I found her comments to be very informative.
President’s Letter

Advocate. This is a word I have been thinking a lot about lately. It is defined as “one who lends vocal support for a cause, one who speaks for another.” I define it as the core of what we do in the Wisconsin Breast Cancer Coalition. Members and supporters of WBCC—we are advocates for every person in Wisconsin who has been, or will be, affected by breast cancer.

We are advocates for research and clinical trials, helping to educate patients on the clinical trials process. We are advocates in teaching women to be advocates for themselves with regard to their own health. We are advocates for the people of Wisconsin in making sure that routine care for cancer patients is covered by their insurance when they participate in a clinical trial. We are advocates for establishing a state Breast Cancer Research Fund to fund more innovative breast cancer research right here in Wisconsin.

As advocates sometimes our most important work goes unnoticed. Because we don’t have the big fundraising events or host support groups or hold other public awareness events doesn’t mean that we are not out there everyday fighting for an end to this disease. In fact, as I write this there are representatives from WBCC in Washington, DC lobbying, virtually at the eleventh hour, for the passage of the Breast Cancer and Environmental Research Act. Earlier this year we hosted an educational event encouraging breast cancer survivors to share their personal stories so that we may use them to join with thousands of others across the country to help establish best practice recommendations in screening and treatment for breast cancer.

In this issue, you will read a story about a survivor from the Fox Valley area who traveled with us to Washington, DC to increase her knowledge on the latest in breast cancer research, the legislative process, and how to be a better advocate for herself and others.

I am proud to call myself and advocate with the Wisconsin Breast Cancer Coalition.

Ellen Vander Heyden
WBCC President

WBCC Hires Program Coordinator

On August 1, a longtime volunteer for the Wisconsin Breast Cancer Coalition began a new “career” with us as our part-time Program Coordinator. Dawn Anderson has been a member and volunteer since 1996, shortly after her mother and grandmother’s deaths from breast cancer. “I’m thrilled to be able to continue my involvement with the WBCC in this meaningful way,” says Dawn. “It’s been such an important part of my life for 10 years and I believe the experience I’ve gained as a volunteer will be invaluable to me in my new position.”

Dawn may be reached in our office 4 days a week or by email at wbcc@standupandspeakout.org.

Events

WisconsinMade.com, an Internet-based specialty food and gift store, is donating 10 percent of its Internet sales to the Wisconsin Breast Cancer Coalition during the first week of October (Oct. 1-10), to commemorate Breast Cancer Awareness Month and support the fight against breast cancer. Customers who place an order at www.wisconsinmade.com will have a portion of their purchase donated to help fund breast cancer research and lobbying efforts.

“The Wisconsin Breast Cancer Coalition has contributed so much to raise breast cancer awareness and advocacy in the State of Wisconsin,” said Linda Remeschatis, WisconsinMade.com owner and breast cancer survivor. “I’m pleased to be able to support this great Wisconsin organization and help them fight breast cancer.”

WisconsinMade.com sells exclusively Wisconsin products, made with pride and passion by the artisans of Wisconsin. Offerings include award-winning quality books, music, food, apparel and more. For more information, visit www.WisconsinMade.com. The WBCC thanks Linda for her continued support of our mission!

The Bavarian Inn, in Glendale, is hosting a Halloween Party benefit and raffle in honor of the WBCC! Thursday, October 26 will find gals and ghouls enjoying drink specials, a costume contest, karaoke and of course, delicious German fare. More information will be available soon, but mark your calendars and start thinking about your costumes now! Call us at 963-2103 for details.
Reports and Highlights from 2005 Era of Hope (Part 2)
by Kathleen Harris (Article continued from Collective Voice Vol. 7, No. 2)

Other Unique Features of Era of Hope
There were 8 plenary sessions, 2 innovator sessions, 38 symposia that featured 226 research projects and more than 1000 poster presentations at the Era of Hope meeting. Acceptance of Department of Defense Breast Cancer Research Program funding requires reporting of all findings, whether they are positive, negative, or inconclusive. This is an important feature because it ensures that more efficient use of resources can be made when researchers are able to learn from the mistakes and false starts of others who are investigating similar questions; it fosters development of collaborative relationships, when, for example, a researcher with a new idea is able to identify and join forces with a researcher who has already started down a related path; and it provides accountability to the public in terms of how research money is being spent.

This meeting maintains a strong focus on the broad vision of preventing and curing breast cancer, rather than on narrow and esoteric questions, and this focus was clear in all plenary sessions. One researcher noted, for example, that she has worked in the field of metastatic breast cancer for over 20 years and has given hundreds of presentations, but before this meeting she had never been asked to speak on what it will take to prevent breast cancer metastasis.

The conference structure fostered an atmosphere and provided stimulation for collaborative thinking by offering educational sessions that were presented by well-established experts in diverse fields. The format allowed microbiologists, epidemiologists, clinical researchers, radiologists, statisticians, consumers and any other specialists present to learn from one another. There were poster tours for consumer advocates to give them a sense of the breadth of the research funded and to explain the substance of the science.

Unusual approaches were spotlighted with presentations by, for example, nano-technologists, mathematicians, and a wave physicist. It included information on technical approaches such as gene silencing systems and phase contrast imaging that is based on ultrasonic vibration potentials of cellular components.

Controversial issues were confronted head-on. For example, one panel included developers of the Oncotype DX test, the Mammaprint test, and critics of too-fast adoption of gene-profiling approaches in clinical settings.

There was a constant reminder of the value of innovation in breast cancer research. This included the plenary presentation by Rosabeth Kanter, an expert on change and out-of-the-box thinking; eight presentations by innovation award winners; and two extended panel discussions on the nature and challenges of innovation in scientific research.

The quality of the material and the interest of the attendees can be illustrated by the following observation: even though scheduled presentations began at 7:00 a.m. every day, there were still well over 100 enthusiastic people in some of the five concurrent sessions ending at 8:30 p.m.

Cancer Patient Protection Bill Signed by Governor
by Dawn Anderson, WBCC Program Coordinator

As reported in our winter 2005 issue, the WBCC was collaborating throughout the year with over 20 other Wisconsin organizations on legislation that would improve access to clinical trials in Wisconsin. We are pleased to now report that the Cancer Patient Protection Bill became law in March when it was signed by Governor Doyle.

The new law, which prohibits health care plans from denying coverage for routine patient care in a cancer clinical trial, will open up more treatment options to patients who previously may not have considered a clinical trial because of lack of coverage and will encourage more patients to consider the possible benefits of participation in trials.

Clinical trials often offer the best chance for a response to treatment because they are often testing cutting edge drugs or protocols. The WBCC also believes strongly in the importance of quality clinical trials in bringing new research to the market and the bedside. We are proud to be among the many health-based organizations in Wisconsin who share that belief and worked together to make the legislation a reality. Wisconsin now joins 22 other states that currently have agreements with insurers to cover routine care costs, or who have similar legislation pending.

Wisconsin Breast Cancer Research Fund

The 2003 Wisconsin Act 176 established an income tax check-off for breast cancer research in Wisconsin. The WBCC was a driving force behind its passage and continues to monitor its success. This year (for 2005 tax year) the tax check-off box yielded approximately $290,000 in donations from Wisconsin residents. This is down a bit from last year, likely due to the growing number of other causes and funds being added to the form – giving tax payers more choices to donate. Even more choices will be on the 2006 form as a result of legislation passed in this last session, so it is going to be very important for breast cancer activists to get the word out about this easy donation option. The research money stays right here in Wisconsin, shared equally between The Medical College of Wisconsin and The University of Wisconsin Comprehensive Cancer Center for new breast cancer research. We will be following up with them both in January, when they are required to provide a report to the governor and legislators detailing how the money from 2005 was spent this year. Watch for news on this, and a reminder to use YOUR tax check-off option in early 2007!
WBCC Hosts NBCCF “Personal Stories, Public Action” Campaign
by Donna Johnson


Over one hundred Wisconsin women and men attended the event to listen to various speakers and to participate in break-out sessions to write and/or narrate their own experiences about their breast cancer diagnosis.

WBCC is one of the member organizations of NBCC, and was founded in 1994 as an advocacy organization that has partnered with and worked independently on many programs on behalf of the people of Wisconsin to improve access to quality care and treatment. The organization continues to be concerned about the increasing numbers of individuals being diagnosed, with and dying of, breast cancer here in Wisconsin.

The NBCC is a “grassroots advocacy group that lobbies for breast cancer research funding and legislation that will help eradicate breast cancer”. Their campaign to collect the stories from women and men who are willing to tell about their diagnosis, and what they’ve learned in the process, will be shared with others to help them navigate treatment options and care access. According to NBCC, “the goal is to eventually realize a quality health care system for women with breast cancer every step of the way, from prevention through detection, diagnosis and treatment” and “this campaign will shed light on the flaws of the U.S. health care system: little or no access to quality care and lack of respect for individuals seeking treatment”.

The event was planned and arranged by the Milwaukee Personal Stories Committee. It was, free and open to the public. This forum allowed for the collective gathering of Wisconsin survivors and gave them an opportunity to share their stories about their experiences in the health care system.

Speakers at this event included: Gwen Darien, Director, Survivor and Patient Advocacy Program, American Association for Cancer Research and Editor in Chief, CR magazine; Dr. Sandra Underwood, Nursing Professor at UW-Milwaukee; Oza Holmes, RN, Breast Care Coordinator, Aurora-Sinai; Bonnie Anderson, LPN, WBCC Board Director; Kathleen Harris, NBCC Field Coordinator; and Ellen Vander Heyden, WBCC Board President. The Honorable Gwen S. Moore, Member, U.S. House of Representatives had been scheduled as the keynote speaker, but last minute changes in her schedule precluded her appearance. Ms. Moore's staff member, Sara Spence, spoke on her behalf. A luncheon followed the program and break-out sessions. Other participating organizations were in attendance and included ABCD (After Breast Cancer Diagnosis), The Breast Cancer Recovery Foundation, the Wisconsin Breast Cancer Coalition, Women and Men Supporting Each Other African American Support Group, the University of Wisconsin-Milwaukee, and AstraZeneca.

Donate Your Old Office Equipment to WBCC

Have any old laptops, filing cabinets or other office equipment lying around? The WBCC office needs these things to continue expanding our operations. We need:

- Laptops to use at our fundraisers or off-site meetings.
- Filing cabinets or other office storage cabinets.
- Trade show booth equipment, display boards, or brochure holders for use at health fairs and medical conferences.
- LCD projectors to use for educational presentations.

If you have one or more of these items and would like to see if we could use them, please contact our office at: 414-963-2103 or wbcc@standupandspeakout.org.

Volunteers Needed

Ever thought about volunteering for a nonprofit organization, but aren’t sure what you could do? Do you have a few extra hours every once in a while and wonder if there is something you could do to help the fight against breast cancer? We have lots of exciting volunteer opportunities that are fun and easy and take only an hour or two of your time. WBCC is in need of volunteers to stuff envelopes, contact and schedule other volunteers, enter data, distribute brochures, join a committee, etc.

In addition to usual volunteer activities like stuffing envelopes, making phone calls, and handing out information, we are in need of individuals with the following skills to lend their talents and some of their extra time to the organization:

- Accounting/Finance/Investments
- Computers/Technology
- Fundraising/Development
- Advertising/Marketing/Public Relations
- Government
- Legal
- Research/Evaluation
- Written Communications
- Administration/Management
- Education
- Human Resources
- Retail
- Advocacy

If you are interested in volunteering please email wbcc@standupandspeakout.org or call our office at 414-963-2103.
We'd love to hear from you.
Era of Hope
Continued from page 3

Scientific themes that were present at the heart of several presentations

Breast cancer as a heterogeneous disease:
Gene expression profiling technologies have allowed researchers to identify several breast cancer “types” that include those dubbed Luminal A and Luminal B (tumors that are positive for hormone receptors and arise from luminal cells); HER2 (tumors that test positive for HER2 and negative for hormone receptors); BRCA (tumors that arise from mutations of the BRCA1 or BRCA2 genes); and Basal (tumors that are negative for estrogen and progesterone receptors and for HER2/neu). Recognition of the heterogeneous character of breast cancer will allow for better selection of patient subgroups for clinical trials testing targeted therapies. Without taking this into account, we dilute risk among our test populations, and we obscure recognition of real risk factors and effective treatments.

Tumor progenitor cells:
Several researchers presented on their investigations of the role of tumor progenitor or breast cancer stem cells. This line of investigation hypothesizes that a tumor is an abnormal organ growing within the breast from abnormal progenitor cells. The implications of this research are that the cancer cannot be finally arrested unless and until the stem cells underlying it are killed. Choosing stem-cell specific targets for future treatments may therefore prove far more effective in stopping cancer from progressing. This type of hypothesis could explain: why tumor regression does not correlate with survival if chemotherapy is killing differentiated cells but sparing cancer stem cells; why the real disease is carcinogenesis, not cancer; why some micro-metastatic cells never develop into metastasis and others - the ones that are stem cells - do; how negative environmental exposures during late puberty (such as atomic bomb fallout after World War II) can lead to breast cancer 20, 30, or 40 years later; and why a small percentage of ER positive tumors - those that arise from ER negative stem cells - remain refractory to tamoxifen treatment, while others - those that arise from ER positive stem cells are completely arrested.

In addition, this model could explain why even early diagnosis is, in fact, late diagnosis. It opens the door for more biologic, rather than chemotoxic treatments - leading to fewer side effects for women with breast cancer.

Nanotechnology applications:
Because biological systems are well defended, more sophisticated means of defeating them will be required in order to interrupt cancer processes and pathways. Nanotechnologies that involve ultra-small particles can be used to move drugs across membranes or into intracellular spaces that would otherwise not be accessible. For example, nanotechnology can deliver drugs directly to the target without exposing other body tissues to cytotoxic effects; nanotechnology methods can be exploited to visualize and to ablate (destroy) tumor cells without impacting surrounding tissue.

Re-thinking clinical trials:
Several sessions and presentations dealt with issues of adapting and improving clinical trial design and analysis in the age of targeted therapies, when there are more targeting agents to be tested than there are patients. One problem is keeping ahead of fast-changing technologies so that trial results are not obsolete before they are released. The need for collection of more and more samples, more and more data from each patient must not interfere with the priority of delivery of quality cancer care. Also discussed in several contexts was the expectation that new treatments will be added to old treatments, while finding simpler and less toxic treatments to replace the toxic ones is rarely considered. Careful pharmaco-diagnostics and patient selection will help ensure that beneficial treatments are not lost to noise in the analysis phase.

Individual presentations
Scientific abstracts summarizing the individual research projects funded by the Breast Cancer Research Program can be accessed online at http://cdmrp.army.mil/bcrp/era/default.htm. A few of the projects presented at the meeting are summarized below:

Without treatment, about 50% of DCIS will progress to invasive breast cancer. This means that 50% of the women treated with radiotherapy for breast cancer do not benefit from the treatment. This presenter proposes that we abandon the one-size-fits-all approach to DCIS treatment, and start tailoring treatments based on ER and HER2 status.

A ratio of two-gene genes (HOXB13 and IL17BR) can be used to predict tamoxifen resistance in ER positive tumors. The method was developed by comparing gene profiles of tumors from women treated with tamoxifen alone who had or had not recurred. Accuracy of this prediction method was reported to be 78%.

One presenter proposed chronic treatments that target biomarkers tied to angiogenesis to produce long-term inhibition of cancer progression. This would lead to management of cancer as a chronic disease, analogous, perhaps, to the use of statin drugs against cardiac disease.

Levels of two estrogen metabolites (4-hydroxyestradiol and estrogen-3,4-quinone conjugates) were found to be nearly four times higher in women with breast cancer than in women who did not have the disease, suggesting that problems in estrogen metabolism that may lie at the root of breast cancer. Specifically, the researchers hypothesize that catechol estrogen quinone reacts with DNA to produce specific mutations that may trigger cancer in breast, prostate, and other common forms of human cancer.

The Rare Chair Affair - A Survivor’s Story
by Galina Tash

The Rare Chair Affair is an annual fund raising event for the WBCC. This year’s event will be held on Friday, September 15, 2006. Having been involved with WBCC for a long time, 2005 was my first time as a Survivor Artist. It was an unbelievable experience with happiness and disappointments, with worries and achievements.

When I found out that I could paint a chair for the Rare Chair Affair I got excited. I didn’t know what form or shape my chair would take, but in my head I was already drawing the pictures I wanted to put on the chair. I wanted my chair to speak to everyone on a very personal and emotional level: “I had Breast Cancer and got sick. The important thing is I’m ALIVE and I am strong and I will survive. Life is Worth Fighting For.” I wrote a poem: FOR THE LOVE OF LIFE. It is about Breast Cancer and the fight for life.

Four of the survivors – Sofia Waite, Ina Kasper, Linda Kennell and myself – worked with professional artists Ruth Seider and Madeline Huston, to create the beautiful chairs that would soon be auctioned off at the Rare Chair Affair. Each of us had our own ideas on how we would like to paint our chairs. We discussed these ideas with Ruth, listening to her suggestions and wise advice. I had never painted a chair before.

The start of the project was easy and exciting. However, when I decided to write a poem on the back of my chair using calligraphy – I saw that I needed to have help. My handwriting isn’t very good so I tried persuading one of the teachers to write it for me: no such luck - I have to do it by myself. I worked very hard to finish writing on the chair. It was finally done. It looked nice, and I was very proud of my work. I now had to put on the finishing touch, varnish. When I started spraying the back of the chair the paint started running: right in front of my eyes. I couldn’t believe it – all my hard work was reduced to a black mess. I started crying like a baby, I couldn’t believe, all my hard work was gone. I can’t believe that after everything I went through, fighting for my life after getting cancer, I’m capable of crying about something as simple as a chair. Ruth and Madeline tried to calm me down. They said that even the most famous painters have problems, make mistakes, and sometimes just have to cover it up with new layer of paint.

It was Thursday. The following Monday a volunteer would come to pick up our chairs for the event. For the next two days, I worked rewriting my poem and putting the finishing touches on the chair. I wanted my chair to be perfect, but I know there is nobody and nothing perfect in the world. My body isn’t perfect after breast cancer and my chair isn’t perfect, but it was very good and I was proud of it. My chair represents hope for the better – a beautiful life for everyone. I dedicated this chair to every woman who has ever had breast cancer.

My special thanks to Ruth Seider and Madeline Huston for their help, support, advice, and more importantly their encouragement. Thank you, from the bottom of my heart.

If you would like more information or would like to participate in the Rare Chair Affair, please contact our office at 414-963-2103 or email info@rarechairaffair.org.

Sherry Kohlenberg Scholarship Program

Breast cancer is a life changing disease and we need to ask ourselves, what can I learn from my journey? How can I make a difference? You can learn how to bring awareness to others. You can share your experience of living with the disease. You can gain strength and courage from hearing others’ stories.

We stand up and speak out about breast cancer research funding and access to quality care for all women. It only takes one voice to make a difference. Imagine the effect of 500+ voices in our nation’s capitol and yours being one of them.

The Sherry Kohlenberg Scholarship, which helps with the expenses, affords you this opportunity. Knowledge is power. You are needed to bring your voice with the Wisconsin delegates to Washington to help in the fight against breast cancer. We are accepting applications now for 2007.

If you would like to apply for a scholarship, contact the WBCC office at 414-963-2103 or email wbcc@standupandspeakout.org.
I also attended three workshops. In the first workshop, Mauro Ferrari, a founder of the field of biomedical micro/nanotechnology especially pertaining to drug delivery and other therapeutic modalities, talked about nanotechnology. Nanotechnology deals with structures or particles that are 30–200 cells in size—very, very tiny! Dr. Ferrari sees nanotechnology advances as transformational in the field of cancer imaging and treatment. Scientists can design and create nanoparticle structures with a particular composition, shape, size, charge, etc. that can deliver treatments more effectively and efficiently with fewer side effects.

The second workshop was on the Institute of Medicine Report on Cancer Survivorship. Mary McCabe, director of the Cancer Survivorship Program at Memorial Sloan-Kettering Cancer Center, presented information about the current focus on survivorship and the challenges faced by survivors related to quantity and quality of life. She also talked about essential components of survivorship care and evolving models of care. Hester Hill Schnipper, chief of Oncology Social Work at Boston’s Beth Israel Deaconess Medical Center, author of After Breast Cancer: A Commonsense Guide to Life After Treatment (one of the best books I read during my treatment!), and two-time breast cancer survivor, talked about recovery as a process: physical recovery, emotional issues, sexuality and fertility issues, professional and occupational issues, and existential issues. She emphasized the need for support from the beginning of the diagnostic process through treatment and into long-term survivorship. She talked about the need for research into the psychosocial and physical issues of survivorship, especially the medium and long-term risks and effects of treatment, as well as research focusing on quality of life issues. Yes, we all want to see a cure, but given how many women are living after breast cancer or living with metastatic disease, we need survivorship research as well.

The final workshop I attended was called “Strategies for Effective Lobbying”, presented by current and former Congressional staff workers, some of whom are now paid lobbyists. They shared very practical tips on what to do and not do when meeting with a member of Congress and/or his/her staff. I was able to put at least a few of these tips into practice on May 2, when the Wisconsin delegation spent the day on Capitol Hill, meeting with Congressional staffers and members of Congress to promote the legislative priorities of NBCC. I also learned a lot by watching our Wisconsin Team Leaders in action, and found the entire day very empowering.

In conclusion, I would say that the entire conference experience was very valuable. I had the opportunity to get to know my fellow breast cancer advocates from Wisconsin and to renew my relationships with fellow Project LEAD® graduates. I got to see breast cancer advocacy in action and know that I am an important part of that process.

If you would like to learn more about attending the conference as a Wisconsin delegate or how to apply for a Sherry Kohlenberg Scholarship, please contact WBCC. You may also read the article on page 6 of this issue about the scholarship.

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Test Your Breast Cancer IQ What you know can make all the difference in your health by Camille Noe Pagán

Breast cancer statistics can be scary. After all, one in eight women will get the disease in her lifetime, making it the most common form of female cancer after melanoma (skin cancer). But here’s the good news: the majority of women diagnosed with breast cancer will survive it — the key is early detection and proper treatment. That’s why it’s so important to know all you can about what your risk factors are (and aren’t), as well as how you can stay healthy. What’s your breast cancer IQ? Take this quiz and find out.

1. Which of the following increases a woman’s risk of breast cancer?
   (A) Having a family member who has had it
   (B) Never conceiving or having your first child until after the age of 30.
   (C) Getting older
   (D) All of the above.

2. Breast cancer can be prevented by:
   (A) Eating a low-fat diet.
   (B) Exercising.
   (C) Avoiding alcohol.
   (D) None of the above.

3. Breast cancer can be completely cured if an individual receives the appropriate treatment:
   (A) True.
   (B) False.

4. Which of the following is true about mammograms?
   They can detect some types of breast cancer before a lump is ever felt.
   (A) They’re 100% effective in finding all types of breast cancer.
   (B) They’re extremely painful
   (C) They’re not necessary unless a lump is felt

5. The majority of women with breast cancer:
   (A) Have a mother or sister with the disease
   (B) Have a distant relative with the condition.
   (C) Don’t possess any identifiable risk factors.
   (D) Are younger than 45.

6. A woman diagnosed with breast cancer will generally lose at least one breast.
   (A) True.
   (B) False.

7. Most lumps in a woman’s breast:
   (A) Turn out to be cancerous.
   (B) Are caused by hormonal changes.
   (C) Are the result of wearing badly fitted bras.
   (D) Don’t need to be evaluated by a physician
WBCC MISSION
The Wisconsin Breast Cancer Coalition brings Wisconsin voices together to Stand Up and Speak Out about breast cancer with:
- Education – spotlighting critical breast cancer issues
- Collaboration – empowering through strategic alliances
- Legislation – influencing policy making.

TO CONTACT WBCC
414.963.2103
888.295.2622
wbcc@standupandspeakout.org

STAND UP and speak out

☐ I’d like to become a member of WBCC.
☐ I’d like to donate* to WBCC.
☐ I’d like to become a WBCC volunteer.
☐ I’d like to join the WBCC Alert Network. (Please be sure to enter your email.)

Annual Membership: $30

Please enter the amount you would like to donate*: 

Total Amount: 

Name: 
Address: 
City, State, Zip: 
Email: 

☐ Please find my enclosed check made payable to the Wisconsin Breast Cancer Coalition.
☐ Please charge my credit card: ☐ VISA ☐ MasterCard

# 
Expiration Date: 
Signature: 

*All donations are tax-deductible to the extent provided by law.