BREAST CANCER ACTION

100th Edition Source

The source for breast cancer news since 1990.

BREAST CANCER ACTION
P. O. BOX 460185
SAN FRANCISCO, CALIFORNIA 94146
415-285-3626

NEWSLETTER #1 - AUGUST 1990

The next general meeting is Sat., Sept. 8, 1 P.M. at the Cancer Support Community, 401 Laurel @ Sacramento, San Francisco. See you there.

MARCH for National Health on Sun., Sept. 2 under the banner of BREAST CANCER ACTION. Many groups will be participating, so it will be a good opportunity to make our presence known to other groups focussing on health issues. We meet at 12:30 at the Justin Herman Plaza on the east side facing the Villancourt fountain.

LEGISLATIVE UPDATE

The Mikulski bill to set up a program of breast and cervical cancer detection (S. 2283) has been signed into law.

Congress is currently on vacation so it is difficult to get up to date information on the status of pending bills. Congresswoman Oakar's bill, H.R. 3251 has become part of the funding package for NIH (National Institutes of Health). The entire funding package still has a long way to go, longer now with the events in the Middle East. It is therefore more important than ever to make our voices heard and heard quickly at appropriate times. Hence, the following...

HOW TO MAKE YOUR VOICE HEARD:

1. When a bill is proposed in Congress that is of interest to us, we need to write or telegraph the key people as quickly as possible. It is difficult - without a person on the scene in Washington representing our interests - to find out exactly what is happening to a particular bill. We do it by phoning the staff of the Congressperson who has proposed the bill.

Sometimes bills move very fast through committee and the floor of the Congress, sometimes very slowly; sometimes the changes in the bills are hard to follow. All this makes it urgent to write immediately upon being contacted and asked to respond, i.e., when we have accurate information.

2. All Congresspersons are addressed as "The Honorable ______. Their addresses are either: U.S. House of Representatives, Washington, D.C. 20515 or U.S. Senate, Washington, D.C. 20510.

BREAST CANCER ACTION

Newsletter #15 December 1992

TAMOXIFEN ON TRIAL: CONGRESSIONAL HEARING

MEETING DATES

Breast Cancer Action

Newsletter #20 October 1993

THE PERSISTENCE OF PESTICIDES: Women and Children First

CALENDAR

BREAST CANCER ACTION

Newsletter #37 August/September 1996

INSIDE

Washington Trip Gets Results

FDA and Senate Cancer Coalition Respond to Activists

CALENDAR

BREAST CANCER ACTION

INSIDE

Shopping for the Cure

CALENDAR

BREAST CANCER ACTION

INSIDE

Getting into Our Genes

Myriad Nails the BRCA-1 and 2 Testing Market

CALENDAR

BREAST CANCER ACTION

INSIDE

The Truth About Hormone Replacement Therapy

CALENDAR

BREAST CANCER ACTION

INSIDE

Struggling to Survive: African American Women and Breast Cancer

"The task ahead of us is never so great as the power behind us." —Audre Lorde

CALENDAR

BREAST CANCER ACTION Source

Hold the Chemo

Who Will Benefit and Who Won't

INSIDE

FROM THE EXECUTIVE DIRECTOR

The Challenges of Changing Breast Cancer Treatments

By Barbara A. Brenner

One of BCA's primary objectives is to make sure that everyone who needs breast cancer treatment has access to the most effective and least toxic therapies available. As we learn more about what treatments work for specific patients, it seems that many women and men diagnosed with breast cancer should soon be able to avoid some of the most toxic treatments that have been developed. But a double standard seems to be operating that means far too many people are getting treatments that are not only very aggressive, but are also unnecessary and of no benefit. The double standard has to do with how little evidence is needed to bring a new treatment into regular use versus how much evidence is needed to stop a treatment once it's been shown to be ineffective in a group of patients.

There are two recent good examples of how the rush to add new treatments for breast cancer contrasts with the delay in removing drugs from the list of therapy options. One example is anthracyclines and the other is Taxol.

The most commonly used anthracyline treatment for breast cancer is Adriamycin (generic name doxorubicin). Because the drug is both very toxic and red in color, it is referred to in the oncology community as the "Red Death." When I was first treated for breast cancer in the early 1990s, the drug was approved only for use in patients with metastatic disease but was quickly moving into the adjuvant treatment setting. Today, nearly everyone for whom chemotherapy is recommended is treated with Adriamycin. The drug has many serious side effects, including the risk of permanent heart damage.

For several years, Dennis Slamon, the person credited with the development of Herceptin, has been reporting on research that shows that women whose breast tumors overexpress the Her2/neu protein (HER2-positive) benefit from anthracyclines, but those whose breast tumors are HER2-negative do not. As Ralph Moss reported in his *Cancer Decisions Newsletter* in July 2007, a number of studies now support this conclusion and lead inevitably to the observation that women who do not overexpress Her2/neu (and an additional gene known as Topoll-2–topoisomerase II alpha) should not receive anthracyline treatment, because they won't derive any benefit from the drug.[1]

Yet doctors, including many who attended the San Antonio Breast Cancer Symposium in December, are not ready to drop this very aggressive treatment from cases where it clearly doesn't seem to work. (See my SABCS Reflections.)[2]

The Taxol (paclitaxel) story is quite similar. In 1998, as a result of a single study of Taxol in node-positive breast cancer patients that showed a small improvement in overall survival for patients treated with Taxol, treatment changed overnight. (For more information, read "Hope and Hype Dominate ASCO Meeting," in the *BCA Source* #49, August/September 1998.) Women who before 1998 would have received a two-combination chemotherapy regimen of Adriamycin and Cytoxan (cyclophosphamide) began receiving these two drugs followed by Taxol. Many people experience one of the side effects of this systemic chemotherapy drug, peripheral neuropathy—nerve damage to the feet and hands.

In a study published in the October 2007 edition of the *New England Journal of Medicine,* Daniel Hayes reported that women whose breast cancers were estrogen-receptor-positive and HER2-negative gained no benefit from the addition of Taxol to their chemotherapy treatment. And, while it took only one study to add Taxol to the treatment regimen, both Hayes and others urged against stopping the prescription of Taxol on the basis of this study alone.

Why does it take so little to add an aggressive therapy to treatment, but so much to remove one when evidence shows that it's not working? I think there are two reasons. One is that U.S. doctors in particular have been trained (as have many patients) to believe that hitting cancer as quickly and with as much treatment as possible is going to be more successful in saving lives than a less aggressive approach. Given this training, doctors probably fear giving up on a treatment that they think might help some patients. Making a mistake could have big consequences if it turns out that the indications for nontreatment are wrong, or if a patient has a recurrence that might not have happened with treatment and sues for malpractice.

The other is that there is a huge investment in these drugs, and a lot of money being made in producing and administering them. Financial interests stand in the way of many changes. They create a large ship that is very hard to turn in a new direction.

But patients who are well informed can demand that treatments change as new information becomes available about who benefits and who doesn't. It shouldn't be up to us, but it is. ⊛

1 Available online at www.bcaction.org/index.php?page=ralph-moss-article
2. Available online at www.bcaction.org/index.php?page=2007-sabcs-day-1.

FROM THE EDITOR

Carrying Your Voices

By Katrina Kahl

When I first came to BCA in 2006, as communications associate, one of the first things I did was read a brief history of the organization. From the first paragraph of that history, it was clear that providing information was an important part of BCA's mission:

> *For years, a San Francisco Bay Area woman with breast cancer had been seeking information about the causes and treatment of her disease. She consistently encountered an unresponsive group of government agencies and other organizations who provided inadequate, superficial information, not hard data. She grew angry and shared that anger with other women who had metastatic breast cancer. In the summer of 1990, they formed Breast Cancer Action (BCA), a grassroots organization of women living with breast cancer and their supporters.*

I later learned that the woman was Elenore Pred and that BCA was founded to ensure that women with breast cancer get the information they need to make decisions about their health and do something besides worry about the disease. And so, in 1990, BCA issued its first newsletter.

Since that time, the newsletter has grown in size and circulation. The cover of this issue shows just how much the newsletter has changed since its inception—from a two-sided leaflet to a substantive, 12-page publication. In 2007, BCA gave the newsletter a new name—the *BCA Source*—to reflect its position as the source for breast cancer information. It covers many different issues in breast cancer through opinion pieces, news clippings, profiles, book reviews, and other types of articles. The newsletter also gives our members ways to take action to end the breast cancer epidemic. Most important, the articles in the *BCA Source* provide a critical analysis of the politics and science behind breast cancer and the breast cancer movement.

“In 2007, BCA gave the newsletter a new name—the *BCA Source*—to reflect its position as the source for breast cancer information.”

As a communications professional, I am delighted to be part of an organization that understands the importance of providing useful health information to the public. It is a pleasure to celebrate the publication of the *BCA Source's* 100th edition with you and to thank you for the support that has made this celebration possible.

This 100th issue is a milestone for me personally as well. It is my final issue as editor. I have accepted a communications position in New York but will continue to support the work of BCA and its members. ⊛

STAY TUNED FOR BCA'S NEW DIRECTIONS

At BCA, we've been involved in an intensive review of our work, and the future of the breast cancer movement and BCA's role in it. We're looking seriously at how best to build on and advance our work as the leading watchdog organization in breast cancer. Stay tuned to these pages for upcoming details on our plans and priorities.

BREAST CANCER ACTION

55 New Montgomery St.
Suite 323
San Francisco, CA 94105

Phone: 415/243-9301
Toll free: 877/2-STOP-BC
Fax: 415/243-3996

info@bcaction.org
www.bcaction.org

BCA SOURCE
Editors: Mary DeLucco and Katrina Kahl
Editorial Board: Barbara Brenner, Mary DeLucco, Sarah Harding, Katrina Kahl, Pauli Ojea
Copyediting: Robert Gomez
Layout: Yvonne Day, Y. Day Designs

Reflections on the 2007 San Antonio Breast Cancer Symposium

By S. Lochlann Jain

The 2007 San Antonio Breast Cancer Symposium (SABCS) raised all of the fascinating questions around the disease and the politics of numbers. Of the many terrifying aspects of cancer, one is the way it forces people to inhabit statistics, that is, to live in that place defined by chance and prognosis. I learned this with my first research into chemotherapy treatments for breast cancer: the results of randomized controlled trials (RCTs) uniformly showed survival increases of about five to seven months with chemotherapeutic regimens. The question I had was, why would anyone spend six months in treatment for only five months of increased survival?

It turns out—unclear in the statistics about survival "increases" and "rates"—that five months present an average. Each individual will either be one of the few people for whom the treatment works or not. Thus, the politics of chemotherapy: how does an individual put herself into a population-based statistic? Of the approximately 65,000 node-negative women a year who receive chemotherapy for breast cancer, only around 5,000 will benefit from it.[1] Each person hopes to be in that number, but it's a gamble. In the terms of risk/benefit that oncologists by definition speak in (the profession has been guided since its inception by statisticians), it is a gamble that many consider worthwhile, although there have been notable exceptions, such as breast cancer activist Rose Kushner, who refused chemotherapy because she believed it was too toxic. Besides, it's really all there is. So, we are all busy and the oncologist just needs to know: do you want it, or not?

So how do patients, researchers, and physicians make sense of the kinds of information produced by RCTs? Despite the status of RCTs as the "gold standard" in evidence-based medicine, in most instances they are far from what many of us think of as unbiased. The lack of standardized definitions of such basic data points as "time to progression" or "relapse-free survival" means that trials are very difficult, if not impossible, to compare; people are not only analyzed in their groups as having received treatments, but also in terms of "intent" to treat; statistics are widely manipulated, and so on.[2,3] The faults and fluidity of RCTs are well known among scientists, and the recent book *False Hope,* on the failure of RCTs in the introduction of high-dose chemotherapy with autologous bone marrow transplant (HDC/ABMT) as a treatment for breast cancer clearly outlines these issues for a lay and professional reader.[4]

RCTs in medicine derived from an agricultural practice. How were fertilizers to be compared when patches of land had different exposures to rain, sun, and other environmental factors? When divided into narrow strips, the researcher could randomly decide which strips to fertilize. Thus, by statistically randomizing the other environmental factors, they could—at least in theory—isolate the fertilizer's effects. The more patches of land used, the more likely it was that factors other than the fertilizer were truly randomized.

Thus, RCTs turn up useful evidence only on large populations in which other factors really are randomized and in which similar groups are produced for comparison. The question remains very open in breast cancer research, as demonstrated at SABCS: how many factors can be included in a trial's eligibility requirements and still turn up useful information? Can useful evidence be gathered when a study includes both pre- and postmenopausal women, all hormonal statuses, and stages I to III? Judging from current trials, researchers apparently think it can be. But there is much evidence to the contrary, and this was demonstrated in spades in San Antonio.

When I asked oncologists in the conference center about what they found most exciting about the conference, several physicians said they would immediately start changing their practices around the use of anthracyclines because of a study showing that the majority of breast cancer patients received no benefit from this aggressive treatment. (See "From the Executive Director," on page 2.) One physician, for example, told me that he would stop giving anthracycline-based chemotherapy to his stage I and II cancer patients. When I asked about stage III, he said he would continue to use them because he would want to "shoot from both barrels." (I regret not asking what he meant: surely either a treatment is shown to work or it is shown not to work?)

There were many other presentations at the conference, and there are many excellent summaries of the conference (read, for example, BCA's conference coverage at www.bcaction.org). But because chemotherapy is at the heart of SABCS—indeed at the heart of oncology and the rise of this profession—let me give a bit of background to this "breakthrough" study on anthracyclines.

The Italian oncologist Gianni Bonadonna revolutionized breast cancer treatment in 1976 by demonstrating that the chemotherapy regimen known as CMF (as compared to nothing) reduced recurrence rates from 24 percent to 5 percent after 14 months of follow-up. Despite hot contestation of the statistical methods and the actual numbers (which some argued at the time were more like 16 percent, and that others argued, with longer follow-up, would show no significant difference), the study led to the nearly universal adoption of CMF in the United States. Debates in Europe included research into the use of hormonal therapies and questioned the universal use of CMF for women whose characteristics were different from those of the control groups. The ethical question of treating everyone when it would benefit perhaps 10-12 percent of those women

continued on page 5

2007 Symposium…

continued from page 4

remained hotly contested in both Europe and the United States. Because there were no other options and perhaps because of the financial incentive and/or fear of medical malpractice claims, CMF became the standard protocol.

Aside from the approval of tamoxifen in 1986, and the recent approvals of aromatase inhibitors (AIs) and Herceptin, the main improvement in early stage and locally advanced cancer since then has been the addition of anthracyclines to the chemotherapy "arsenal." Thus anthracyclines such as epirubicin and doxorubicin have been widely used as substitutes for methotrexate (one of the chemicals in CMF) and are now offered as the state-of-the-art treatment protocols. These have been found to give a 4-5 percent survival advantage over nonanthracycline-based therapies.

Back to San Antonio. The big news this year was that due to a systematic review of RCTs of chemotherapy regimens that differentiated between HER2 subtypes (HER2-positive versus HER2-negative), "the published data demonstrate a remarkably consistent finding. Specifically, the incremental efficacy benefit attributed to anthracycline-based therapies is restricted to the HER2-positive subgroup. … *The use of anthracyclines in the adjuvant treatment of all breast cancer is not supported by the existing data.* Given the known long-term cardiac and leukemogenic/MDS toxicities of anthracyclines and the lack of an incremental benefit in non-HER2/topoIIa coamplified cancers (which is 92 percent of the overall breast cancer population), other approaches to the adjuvant treatment of breast cancer should now be adopted."[5] TopoIIa is another tumor marker used to characterize an individual tumor. The FDA recently approved a genetic test to assess the TopoIIa status of breast cancer tumors.

In my role as a patient advocate, I found it curious that this would not have turned up sooner, and in my role as a researcher, I was curious about how the organization of evidence-based medicine would allow this seemingly large, seemingly egregious, and seemingly straightforward error to have occurred.

So, if we are basically back to the chemotherapeutic treatments of the 1970s (not to dismiss the AIs, tamoxifen, and the benefits of anthracyclines to HER2-positive subgroups), then we are back to early detection. In its efforts to avoid the politics of cancer causation, the American Cancer Society has been informing Americans about cancer since 1913 through campaigns focusing on early detection. Many other organizations are now doing likewise, and to this day their instructions take the form of: when you find a lump or have bleeding, go to your doctor. What we don't hear about in these campaigns is how your doctor should proceed and what you should do if your concerns are dismissed by your physician. At the various support groups I have attended, I have heard again and again that women with later-stage cancers have been told they were too young to have cancer, that lumps that are malignant don't hurt, and that they should come back in a year. (I am curious about why these experiences don't count as "evidence.") For this reason, breast cancer misdiagnoses are among the most common medical malpractice claims in the United States.

> "Of the many terrifying aspects of cancer, one is the way it forces people to inhabit statistics…"

But is this oversight inevitable? On the other end of the spectrum of presentations, that is, the small poster sessions, there were three of interest, one on cognitive dysfunction after chemotherapy, another on hemorrhages in the eye and changes in color recognition that seem to result from tamoxifen and AIs, and the third on "the missing exam." The last of these posters noted that over 30,000 breast cancers each year are missed by mammograms and that only about half of American doctors routinely complete breast exams. According to the posters, doctors who do these exams claim that they cut them short because they worry about their sexual implications.

What if we started taking this side of the equation seriously? In a recent article in the *New Yorker,* Atul Gawande argued that hospitals that used simple checklists (that included things like hand washing, patient draping, etc.) reduced infection rates literally to zero.[6] Surely, giving all women in the United States access to a high-quality breast exam each year would result in the early detection of the more than 200,000 diagnoses of all stages made each year. This alone might reduce the number of deaths by perhaps thousands each year at a fraction of the cost of sending people through years of chemotherapy and other treatments.

While everyone would like to think of the hypersexualization of breast cancer (through the pink ribbons, various ads, and so on)

continued on page 7

CALENDAR

April 10–12, 2008
American Society of Breast Disease 32nd Annual Symposium
San Diego, California

The ASBD's Annual Symposium brings information to health care professionals and patients about health care standards and controversies, including diagnosis and treatment of early stage breast cancer, risk assessment, screening, and management of invasive breast cancer. For more information, visit www.asbd.org.

May 30–June 3, 2008
44th American Society of Clinical Oncology Annual Meeting
Chicago, Illinois

ASCO holds one of the world's largest scientific cancer meetings for patients, advocates, researchers, and physicians to learn about the latest research in oncology. For more information, visit www.asco.org.

NEWS CLIPPING

Benefits of Taxol Questioned

By Katrina Kahl

Adding Taxol (paclitaxel) after adjuvant chemotherapy does not benefit women with the most common form of breast cancer, according to a study published in the October 2007 edition of the *New England Journal of Medicine*.[1] The study reports that the drug helps only women with HER2-positive breast cancer and not those with the more prevalent HER2-negative, estrogen-receptor-positive disease. According to the study, HER2-positive breast cancer accounts for as few as 15-20 percent of breast cancer cases.

The study was based on a retrospective analysis of the Cancer and Leukemia Group B (CALGB) 9344 trial. The original CALGB 9344 trial enrolled women with node-positive breast cancer and randomly assigned them to receive doxorubicin plus cyclophosphamide followed by either Taxol or observation. The researchers for the study presented their results at a 1998 meeting of the American Society of Clinical Oncology. They reported that adding Taxol after adjuvant chemotherapy improved both disease-free survival and overall survival for the women in the trial. Consequently, the use of Taxol for breast cancer increased even though the results were not published until 2003. Additionally, the researchers had not investigated whether the drug was effective across different forms of breast cancer.

Researchers for the current study hypothesized that HER2 status could help determine the effectiveness of Taxol for breast cancer patients. They established the HER2 status of 1,322 women from the original CALGB 9344 trial using stored tissue samples. Their results showed that women with HER2-positive breast cancer benefited from the addition of Taxol regardless of estrogen-receptor status. However, no benefit was observed for women with HER2-negative, estrogen-receptor-positive disease.

The results of this study suggest that fewer than 20 percent of women with breast cancer have benefited from adding Taxol to adjuvant chemotherapy. Because Taxol is an aggressive drug with toxic side effects, steps must be taken by the oncology community to incorporate this information into clinical practice. Let's hope it's done as quickly as the drug was embraced.

1 Daniel F. Hayes, et al., "HER2 and Response to Paclitaxel in Node-Positive Breast Cancer," *New England Journal of Medicine,* 2007; 357(15), November 27, 2007.

Two New Anemia Drug Studies Point to Problems for Cancer Patients

By Mary DeLucco

The Food and Drug Administration (FDA) announced in January that it is reviewing two new studies that provide further evidence that the anemia drugs known as erythropoiesis-stimulating agents (ESAs) could be dangerous to breast cancer patients who receive them for treatment of chemotherapy-induced anemia.

The studies showed that patients with breast or advanced cervical cancers who received Aranesp, Epogen, or Procrit died sooner or had more rapid tumor growth than similar patients who did not receive the anemia drugs.

The new studies arrived on the heels of six other studies—with similar findings—that prompted the FDA last November to order stronger label warnings about the use of ESAs in cancer patients.

The FDA says that taken together, all eight studies show more rapid tumor growth or shortened survival when patients with breast, non-small cell lung, head and neck, lymphoid, or cervical cancers received ESAs, compared to patients who did not.

"This new information further underscores the safety concerns regarding the use of ESAs in patients with cancer," said FDA chief medical officer Janet Woodcock.

The FDA's Oncologic Drugs Advisory Committee (ODAC) will meet in March to review the new data and assess the risks of using ESAs.

TAKE ACTION

If you are interested in communicating your opinions about ESAs to the FDA's ODAC, contact info@bcaction.org.

PROFILE

Zoë Christopher
BCA Office Manager

Zoë Christopher

By Mary DeLucco

Zoë Christopher came to BCA in February 2007 after spending more than 20 years working in crisis intervention, focused on drug and alcohol addiction, domestic violence, and psychotherapeutic alternatives. Her position as BCA's office manager, she says, gives her an opportunity to "finally be of service without being a first responder."

After earning a master's degree in psychology from the Institute of Transpersonal Psychology in Palo Alto, California, Zoë worked with adults and teens in crisis, directing a retreat facility in California's Carmel Valley for many years. After moving to the Sierra foothills to continue the work with a group of colleagues, she also worked in arts administration, serving as program manager for a regional arts council. She currently mentors for *First Exposures,* a San Francisco-based photography program for at-risk teens.

Zoë's interest in breast cancer in general, and BCA in particular, was sparked last year when one of her closest friends was diagnosed with breast cancer. It was Zoë's first exposure to the disease. "I had so much fear surrounding breast cancer, and I felt like I knew so little," she says. "It's my nature to investigate things that have such an emotional charge in my life."

BCA also attracted her because of its focus. "I wanted to be part of a team that's in the business of educating. Knowledge is power, and I wanted to contribute to the empowerment of others," she says.

Zoë lives in San Francisco. She has one son, Ethan, who lives in Seattle. ⊛

2007 Symposium…

continued from page 5

as separate from the "true science" of breast cancer, the "missing exam" makes it clear that they are two sides of the same coin.

And this is where San Antonio, for me, was utterly depressing. The hegemony of the RCT as a method in oncology meant that presentation after presentation reported studies of the same old agents with the most marginal differences in survival benefits. There were several studies that infinitely parsed the staging and grading of cancers (to what end, since there were no differences in treatments?). There was virtually no research on the side effects of the new and old drugs. When I asked the physician panel about this in the patient advocate meetings, I was told that more money is needed—that patient advocates need to raise more money. Other researchers said that we need more people signing up for trials, a claim I heard at least three times. Often I read that childhood leukemias are now virtually curable because such a high percentage of children were in trials during the 1960s and '70s, but only about 3 percent of people with breast cancer enter trials. Many reasons have been suggested for this discrepancy, including lack of support in hospitals for administrative oversight (such as linking patients with trials) and patient and physician compensation (time, side effects, and so on). However, no amount of patient flesh and no amount of money can improve cancer treatments if the trials are simply testing the same old things for fractions of increments of survival increases. As several doctors have been calling for at these meetings for many years, a paradigm shift is in order. ⊛

S. Lochlann Jain is a professor of medical anthropology at Stanford University, currently writing a book on cancer research and politics. She has published Cancer Butch *and* Living in Prognosis, *which are available at www.lochlannjain.typepad.com/lochlann. She was told twice in Texas that she looks like K.D. Lang. Lochlann welcomes correspondence of all kinds at: lochjain@stanford.edu (and there is nothing she would like more than to be wrong about certain parts of this article).*

1 Ralph Moss. "New Test May Help Patients Avoid Unnecessary Chemo," *The Moss Reports-Cancer Decision Newsletter,* July 1, 2007.

2 Time to progression is a measure of the time after a disease is diagnosed (or treated) until the disease starts to get worse. Relapse-free survival is a measure from the date of diagnosis to the date of any recurrence. Both measures are used as surrogates for overall survival, although this has not been validated.

3 Intent to treat analyses of clinical trial results include all data from participants in the groups to which they were randomized even if they never received the treatment.

4 Richard A. Rettig, et al., *False Hope: Bone Marrow Transplantation for Breast Cancer* (Oxford University Press, 2007). The book considers RCTs in relation to high-dose chemotherapy in part due to the inability to find human subjects, but it also gives a good critique of the method and its applications.

5 Dennis Slamon, et al., "Role of Anthracycline-based Therapy in the Adjuvant Treatment of Breast Cancer: Efficacy Analyses Determined by Molecular Subtypes of the Disease," presented at SABCS on December 13, 2007, abstract #13.

6 Atul Gawande. "The Checklist," *New Yorker,* December 10, 2007.

DONATIONS IN HONOR

BCA gratefully acknowledges donations made in honor of the following individuals between September 29, 2007, and January 7, 2008.

Kathrine A. Aderman
from Ronald Mraz

Judy Gumbo Albert
from Nadia Telsey

Alexis
from Anonymous

All at BCA and Especially Barbara Brenner, Our Amazing Advocate
from Betty Beier

All My Clients and Friends Who Are Fighting Breast Cancer
from Jeanni Lang

All Women
from Anonymous
from Anonymous
from Theresa Hoekstra
from Kathleen Meagher

All Women Who Suffer From This Disease
from Elizabeth Merck

Mary and Paul Anderson
from Betty Beier

Mary Jo Anderson
from Norma and Jeffrey Young

Athey Grandchildren
from Coral J. Fry

Babs Attard
from Mrs. Charles Attard

Barb's Bike Trip
from Linda M. and Russell E. Campbell
from H. Michael and Winona F. Kremser
from PennDot Club

Daphne Bateman
from Belle Shayer

Kathy Beebe
from Robin Germain

Erica Beenstein
from Victoria Rosenwald

Eve Borenstein
from Karen Strauss

Ruth Borenstein
from Karen Strauss
from Sheldon and Muriel Strauss

Alison Braverman
from Vicki Green

Brenda
from Anonymous

Barbara Brenner
from Joan E. Biren
from Sandra Blair
from Ronnie Caplane
from Carl and Gay Grunfeld
from Thelton E. Henderson
from Leonie and Glen Janken
from M. Anne Jennings
from Jane Kahn and Michael Bien
from Leah Kaizer and David Salk
from Barbara Lee
from Sara Markel and Lloyd Altman
from Deborah J. Marx
from Ellen Seeherman, Stuart and Joanna Sloame
from Karen Strauss
from Sandra Sohcot
from Karen Topakian

Barbara Brenner's Birthday
from Jane Sprague Zones and Stacey Zones

Barbara Brenner's Continued Leadership
from Mark and Mindy Brenner

Suzanne Benton Bria
from Tracey Lynn Brown and Allison C. Smith

Marsha Brown
from Jonathan Darr

Dorothy and Terry Burrows
from Betty Beier

Diane Carr
from Mary Anne McGuire-Hickey

Diane Carr's Work for BCA
from Franklin Zia

Rene CiriaCruz
from Karen Strauss

Nancy Colton
from Evelyn Gray

Darlene Cook, For Her Birthday
from Chiquita Somers

Sherrill Cornel
from Barbara Clark

Mary Cunningham
from Rebecca Krebs

Betsy Curran
from Jennifer Fishman

Cynthia Cutting
from Barbara Clark

Patricia Damstra
from Betty Beier

Gayle Dana
from Laurie Litman

Adele Dener
from Karen Strauss

District Governor's Visit
from Daughters of Penelope Chapter #160

Elaine Elinson
from Karen Strauss

May Elinson
from Karen Strauss

Dawn Elsbree
from Julie Ohnemus and Jenifer Pace

Christopher Esposito
from Susan Magley, Magley & Associates

Alice Fialkin
from Susan Fialkin

Casey Fisher
from Joan Gabriella Heinsheimer-Gesher and Kam McCallum-Gesher

Elizabeth Foy
from Mark Claycomb

Adrienne Frank
from Lisa Westerback

Tori Freeman
from Lenette Weishaar

continued on page 9

THANK YOU FOR MAKING 100 ISSUES OF THE SOURCE POSSIBLE!

We are deeply grateful for your support of BCA and for helping us carry the voices of those affected by breast cancer. The *BCA Source* is one of the most effective ways we have to tell the truth about our findings. As the only national breast cancer organization that does not accept funding from the pharmaceutical industry or from any corporations profiting from or contributing to the cancer problem, we rely primarily on support from individuals like you to help us fulfill our mission.

In 2007, over 18,000 copies of the *BCA Source* were disseminated on a bimonthly basis. Our goal for 2008 is to increase our distribution by 25 percent. **Your support is essential to this ambitious effort of informing more women in need of useful information related to breast cancer.**

One meaningful way to help is by joining the Susan Stone Circle and making a recurring monthly gift to BCA by credit card. Your continued commitment will help more people make informed decisions about treatment options, gain access to the facts about environmental links to breast cancer, and participate in crucial advocacy efforts.

Thank you for your generosity.

Questions or suggestions? Contact development director Amy Harris at 415/243-9301, ext.15, or aharris@bcaction.org and individual gifts officer Sarah Harding at ext.17 or sharding@bcaction.org.

DONATIONS IN HONOR…

continued from page 8

Tori and Zoe Freeman
from Christofer Carpenter and Karen Johnson-Carpenter
from Erin E. Farrell
from Melissa White

Roberta Gelb
from Sheley Kovar Becker and Martin Becker

Ginny Gelczis
from Lissy Abraham

Lori Leigh Gieleghem
from Karen Merritt

Lilo K. Goetzel
from Vivian Holley

Fran Goldie-Marcus
from Susan E. Rosen and Lance S. Raynor

My Mother, Betty Goldstein, and Myself
from Elise LaPaix

Nanci Grail's Birthday November 2007
from Nickie Hilbert

Vicki Green, Myself, and B.C. Surivors!
from Alison Braverman

Beatrice Grossman
from Beverly D. Robbins

Jennifer Hamm
from Angela Bottum and Marjorie Hamm

Mary Harms
from Kathleen and Ralph Harms

Patricia Hirose
from Cheryl Christensen

Jo Hoeper
from Ellen Shapiro and Meriel Lindley

Jeanne and Stark Hunter
from Philip and Sally Paris

Dr. Nurit Israeli
from Anonymous

Andree Joyaux
from Karen Crawford

My Three Sisters: Katy, Laura, and Susan
from Merrill Clarke Hunn

Carol Kahn
from Marcia Wexler Kerwit

Gail Kaufman
from Marci Rubin

Kayla
from Karen Littman

The Kerr Family
from Gail Stern and George Dirkes

Caroline Kettner
from Gail Phillips Bucher and Edward Bucher

Eileen Kirlin
from Anonymous

Jackie Kohl
from Dora Weaver

Karen Jo Koonan
from Marci B. Seville and Lisa Riordan-Seville

Liz Larew and Myself
from Dian Patrick

Mrs. Ruth Lewis
from Dr. and Mrs. William A. Lester, Jr.

Susannah Likins
from Jessica Likins

Rick and Phyllis Lingenfelser
from Betty Beier

Robbie Lipsman
from Paulee Lipsman
from Ellen W. Reath

JoAnn Loulan
from Dee Mosbacher and Nanette Gartrell

Jo Ann Madigan
from Anonymous
from Christine H. Grumm

Linda Malone
from Jo Ann Madigan

Mama Bear
from Trustin Clear

Judy Marks
from Joan Lefkowitz and Stacey Shuster

Ann McAllister
from Donna Brogan

Shirley McCarthy
from Margot and Valentine Chmel

Darlene McGriff
from Diana Hickson

Betty McMillen
from Marjorie Randolph

Kellea Miller
from Caitlin Stanton

Josie Mooney
from Anonymous

Rachel Morello-Frosch
from Karen Strauss

My Daughter-in-Law
from Patricia Ringeling

My Sister
from Guerri F. Stevens

My Sister Muggins
from Holly McGuiness

Myself
from Elissa Weindling

Myself, I'm a One-Year Survivor
from Joan Saba

Newsletter
from Eve and Daniel Langton

Darlene Nipper
from Katrina Maria Higgins

Of a Special Friend
from Boris T. Subbotin

Pauli Ojea
from Scott Herbstman

Lorrie O'Leary of Maple Grove, Minnesota
from Teri Moore

Carol Pepper
from Anonymous

Denise M. Poulos
from Jada Tullos Anderson and Tim Anderson

Joelle Prislin
from Jeanne and Robert Taylor

Ruth Reingold
from Jill C. Israel

Renata
from Vittorio Lombardo

Priscilla Rosenwald
from Julie Becker and Joshua Berlin

Marian Schiavo
from John Schiavo

Annette Schutz
from Kim Taylor and Graham Bell

Ellen Schwerin—Recovery
from Diana EtsHokin

Gladys Seisler
from Janette Sherman

Susan Senstad's Love & Support Group
from Susan Schwartz Senstad

Robin Snow
from Vicki and George Schober

Debbie Solomon
from Janet Yarrow

Barbara Spielman
from Merry Astor

Staff
from Anonymous
from Mira Fabian

The Hard-Working Staff
from Anonymous

Linda Stein
from Thomas R. Kline and Lindsey Bishop Lang

Rhoda Stein for Her 70th Birthday
from Lucille and Bernard Herr

Angela Stockman
from Katherine Heath

Fran Strauss's 90th Birthday
from Elaine Elinson and Rene CiriaCruz

Kyra Subbotin
from Laura Enriquez

Dade Thierot and Carol Pott's Marriage
from Duke and Barbara Robinson

Martha Threewit
from Jane Turney

Jane Tolar, Attorney
from Juliette C. McLennan

Peter Trist
from Brian McLean

The Woodard Family
from Gail Stern and George Dirkes

Jonae Kurtenbach Woodruff
from Anonymous

Rochelle Wunsch
from Barbara Wunsch and the Faison kids

Jane Sprague Zones
from Laurie Drabble
from Anne Salsbury and Jules Steimnitz

DONATIONS IN MEMORY

BCA gratefully acknowledges donations made in memory of the following individuals between September 29, 2007, and January 7, 2008.

Alexa Albert
from Susan Gotsch

Joyce Ambrosini
from Jan Ambrosini
from Margaret Geneva Langston

Mary Apple
from Barbara Clark

Gladys Arueson, Mother
from Regina A. Sneed

Anthony Attard
from Pauline Attard

Corrie Listenberger Bair
from Cathy and John Bair

Judi Bari
from Marc Gripman

Daphne Berdahl
from Anonymous

Sue (Martell) Bergman
from Anonymous

Phyllis Blaney
from Ferol Blaney

Sandy Gardiner Blevins
from Louise Galindo and Jeffrey Gardiner

Karen Brodine
from Merle Woo

Carol Cabell
from Noemi Levine

Krista Calegari
from Mary Lou Gooding

Reba Gilpin Canzana
from Tovia and William Freedman

Toni Carson
from Anonymous

Susan Claymon
from Audrey and Richard Sachs

Susan Cohen
from Brenda Eskenazi and Eric Lipsitt

Ingie Dajani
from Lorraine Burton

Ginna Davis
from Betty Lou Cook

Jean S. Davis and Karen J. Ennis
from Nancy Davis
from Donna Hitchens

Chris Doyle
from Alexandra Kutik

Linda Dyer
from Anonymous

Eleanor, My Mother
from Ronnie Sandler

Andrea Escobar
from W. Elizabeth and Norman Brown

Dave Fay
from Martha Fay Africa

Inez Buonodono Fisher
from Helen Fisher

Adele Friedman
from Edith Friedman
from Marcel Hawiger and Edith Friedman

Nina Gleekman—Who Died of Breast Cancer in 2003 at the Age of 42
from Adena Cohen-Bearak and Arnold Bearak

John W. Gofman, MD, PhD
from Egan OConnor

Karen Goodkind
from Jane Balkin Matz

Ursula Guidry
from Brenda Eskenazi and Eric Lipsitt

Karla Hansen
from Geneva M. Jones and Vernon Jones

Darla Harrington
from Anonymous

Catherine Hunt
from Lee and John Boerger

Molly Ivins
from Anne E. Thorkelson
from Evelyn Jo Wilson and Carol Bennett

Ellen Johnson
from Jack B. Dunn
from Goldie M. Haverly
from Sharon R. Haverly
from Elizabeth Inches
from Pat and Michael Muskrella
from Jan Reed

June Jordan
from Frances Reid and Deborah Hoffman
from Lee Ann Slinkard and Maria Morris

My Sisters, June and Elli
from Dorothy Washington

Kaile Girl—My Favorite Companion Who Healed Me with Her Love
from Adrian Bennett

Cathy Kavanaugh
from Anonymous

Nanette Kelley
from Anonymous

Christine Kitchel
from Anonymous
from James Hirabayashi

Beverly A. Knowles and Hazel Dunbar Knowles (Mother and Sister)
from Pat Rush

Patricia Kunz
from Anonymous

Gayla Lacatena
from Anonymous

Christine LaFia
from Carrie Metz Lukatch

Francine Levien
from Wendy Tanowitz

Ellen Lew
from Anonymous
from Rita K. Veideman

Marlene Love
from Alice Fialkin

Ellen Rice Lowery
from Margaret Lowery Walsh

Mary Jo Luck
from James Luck

Keith (Kay) Weeks Lyou
from Gwen S. Gary
from Anna L. Hing
from Angela Johnson Meszaros
from Alita and Curt Rethmeyer
from Russell G. Worden and Janette R. Lawrence

Keith (Kay) Weeks Lyou, Celebration of Life
from Jim and Jan Tamura

Jeannie MacGregor
from Stan Yogi

Lori Maynard
from Linda C. Bullock-Merrifield

Suzanne McGuinn
from Brian McGuinn

Laurel Medley
from Mary Hedley and Stephen P. Morrell

Miriam Messinger
from Steven and Gail Shak

Jane Mary Mikrut
from Linda Johnson

Jane Walker Davis Milburn
from Martha Evans

Nancy Mills
from Heather and Kitt Sawitsky

Gail Minsky
from Sara Jane Moss

Mary Ann Monk
from Jane Nielson and Howard Wilshire

Essie Mormen, An Internationalist Who Fought for Social Justice
from Rita Barouch

My Grandmother
from Melissa Rallis

WRITERS' VOICES

BCA is proud to announce Writers' Voices, an evening featuring Pulitzer Prize-winning author **Michael Chabon**, and internationally-recognized authors **Peggy Orenstein** and **Ayelet Waldman**. Authors will read excerpts from their current works and discuss BCA's critical place in the movement to end the breast cancer epidemic. Master of ceremonies is double Lambda Award-winning novelist **Jewelle Gomez**. Intimate Writers' Reception to follow.

April 3, 2008, at 6 p.m.
War Memorial and Performing Arts Center
San Francisco, California

For more information or to order tickets, please visit www.bcaction.org. All proceeds benefit BCA.

continued on page 11

DONATIONS IN MEMORY…

continued from page 10

My Left Breast
from Susan Pelletier

My Mother
from Jane Welch

My Mother
from Mary Siegfried

Mother
from Ingrid Zeman

My Mother, Who Died of B.C. When I Was 16
from Joan M. Friedland

Rebecca Nataloni, Our Daughter, 1955–1993
from Frances and John Nataloni

Barbara Neckel
from Mary L. Drinnon

Tanya Neiman
from Brett Mangels
from Coral Reiff and Isabel Francis
from Marci B. Seville and Lisa Riordan-Seville
from Karen Strauss

Barbara Novack
from Linda Novack

Terrence L. O'Brien
from JoAnn O'Brien

Kathaleen O'Donnell
from Barbara D. Krause and H. Alan Krause

Grace Paley
from Penny Rosenwasser

Albine Pavia
from Simona Ghirlanda

Mary Penycate
from Laura Potts

Norma Peterson
from Cynthia Dorfman

Mary Evelyn Prager
from Jane Nielson and Howard Wilshire

Elenore Pred
from Barbara Brenner and Suzanne Lampert
from Celia E. Callaway
from Julia Tower

Susan Putvin
from Pam and Richard Hoopes

Melissa Quan
from Margo L. Arcanin

Sherry Reinhardt
from Harriet Charney and Lawrence Sirott

Janet Richens of Cirencester, England
from Jennifer and Roderick Macleod

Ilene Rockman
from Fred Gertler

Anne Rosenbaum
from Neshama Franklin

Gina Ross
from Joan A. Del Medico

Brenda Roth
from Eleanor Barrett
from Miye Goishi and Dara Schur
from Peg Stone

Marion Rowe
from Laura and Terry LeDesky

Marian Saathoff
from Connie Hansen

Anne Sachs
from Marilyn and Morris Sachs

Emily Saxon
from Mary Saxon

Patricia Schlough
from Emily Hamilton

Sue Schroeder
from Linda Tilley

Alicia Sforza
from Jill Gallagher and Alicia Hasper

Lucy Sherak
from Ken Fischer and Carlyn M. Montes De Oca

Norine Smith
from Susan Dinkelspiel Cerny

Ruth Stephenson
from Heather Stephenson

Jennifer Jo Stickney
from Robert Acri
from Carma Anderson
from Michelle Bolling
from Frederick Buckner
from John Buckner
from Carol and Lewis Campbell
from Sten and Steph Carlson, Jaime, John, and staff
from Ida and Harold Cooley
from Sheryl Costanzo
from Linda and Hoddy Cunningham
from Allison Etnyre
from Carla Fugit
from Katrina Gerrits
from Belinda and Craig Gordon
from Gottlieb Family Foundation
from Janet Gugliotto
from Catherine Hobbs
from Michael Holder
from William Huber
from Barbara and Frank Hunter
from Karen Kline
from Margaret Porter Larson
from Nancy and James Lasater
from Karen and Steven Lepere
from Carol and Stanley Loge
from Peggy and Daniel Lotz
from Lexa and Garry Michael McDaniel
from Robert A. Miller Family
from Linda S. Mulalley
from Kristy, Ryan, and Kate Nelson
from Betty L. Noack and Mary Jo Martens
from Chad Parmenter
from Kathleen and Kevin Pazaski
from Mary and Eldon Poppe
from Lorene and Jim Schaffner
from Joanne and Jack Sigler
from J. Kaj Spencer
from Jo Ann and Philip Stevens
from Jon Stickney
from Heidi Stribley
from Candace Swayne
from Grace Tazuma and Bruce Brundige
from Nancy Tierno
from Karen and Rick Weaver

Susan L. Stone
from Diana EtsHokin

Marilynn Swaney
from Kim McGarvey

Stella Szterenfeld
from Helen Szterenfeld

Dr. Henry M. Tabachnick
from Ellen Judith Tabachnick

Marsha Tagami
from Anonymous

Christine Tamblyn
from Rebecca Tamblyn Pence and Emily Pence
from Ruth and James Tamblyn

Trudy
from Barbara and Howard Rood

Helen Toregato
from Mrs. Charles Attard

Marla Turskey
from Charlotte and Arthur Zitrin Foundation

Barbara Van Grofski
from Sarah Marxer and Lisa Wanzor

Katherine A. Vierra
from Lorna Maria Vierra

Dorothy Voige
from Judy K. Cohen

Micky Wolfe
from Virginia Wolfe

Noah Wolfson
from Alice J. Wolfson

Ortha Zebrosky
from Nancy L. Russell

Thanks

BCA extends a special thanks to:

- Our dedicated office volunteers and interns: Vincent Chua, Caren Cummins, Carol Fong, Lisa Henty, and Lois Pickett
- Kathy Comstock, Linda Feller, Sofia Grafton, Joan Kelley, and Sarah Lochlann Jain for volunteering for BCA at the 2007 San Antonio Breast Cancer Symposium
- Steve Lew for volunteering for BCA at the 1st Annual Cancer Survivorship Conference
- Alan Kleinschmidt and the SF Choral Society for offering performance tickets to BCA staff, board, and volunteers
- Carly Clemence and Kelly Dermody for donating office furniture

100th Edition

The source for breast cancer news since 1990.

BREAST CANCER ACTION

55 New Montgomery St., Suite 323
San Francisco, California 94105

Non-Profit Org.
U.S. Postage
PAID
San Francisco, CA
Permit No. 2500

Return Service Requested

INSIDE

BREAST CANCER ACTION

MISSION STATEMENT

Breast Cancer Action carries the voices of people affected by breast cancer to inspire and compel the changes necessary to end the breast cancer epidemic.

WHAT DOES BCA DO?

- Provides information to anyone who needs it via newsletters, web sites, and a toll-free number.
- Organizes people to do something besides worry.
- Advocates for policy changes directed at achieving true prevention through understanding and eliminating the causes of breast cancer; working toward a true cure with treatments that don't nearly kill people or cause other diseases; and assuring universal access to quality health care.

BCA is committed to the precautionary principle of public health: First, do no harm. We work with other organizations to encourage the use of environmentally safe alternatives to ways of doing business that we know—or have reason to believe—are harmful. BCA also sifts through the stacks of misinformation that now circulate about breast cancer. What you won't learn in the newspaper or on television—or sometimes even from your doctor—is in our highly acclaimed publication, the *BCA Source*.

CORE PRINCIPLES AND VALUES

1. We are a membership-based organization that values the involvement of grassroots activists throughout the country and around the world to further our mission.
2. We honor each person's commitment and energy to our mission.
3. We are not afraid to examine all sides of all issues.
4. We cannot be bought.
5. We tell the truth about what we discover.
6. We serve individuals while reaching the broader population.
7. We address the significance of environmental links to human health.
8. We encourage people to participate fully in decisions relating to breast cancer.
9. We believe access to information is vital.
10. We work for structural changes toward social justice to accomplish our mission.

DO SOMETHING BESIDES WORRY … JOIN BREAST CANCER ACTION!