SPRING 2006

Women At Risk

In this issue:

Letter from the President

By Lynda Wertheim

In 2006 Women At Risk celebrates its 15th year. During the past decade and a half, Women At Risk has developed carefully thought-out programs for women and their families, all of whom deserve to benefit from the work we do. This issue of the newsletter focuses on a number of questions surrounding risk and breast cancer. The following questions—that all women ask themselves at some time in life—are posed and answered:

- What defines high risk?
- What are my screening options for risk assessment and monitoring?
- What risk-reductions strategies are available to me?

Breast cancer risk is the principle on which Women At Risk was founded. But WAR takes no risks in the programs we offer nor the research we fund. Rather we place sure bets, as our vital services are not worth risking, nor are the women we serve.

No risks are taken in laying out plans for the future. Women At Risk's strategic plan has led us on a path of focused growth both in the research we seek to fund and the programs we present. This past fall, we partnered with The Young Survival Coalition to present our Annual Symposium, "Breast Cancer in Young Women, It's the Same, but Different" (see p. 5). Panelists addressed topics unique to young women, such as having a child after breast cancer treatment and navigating social situations faced by young breast cancer survivors. Eliciting the most "wows" was the photograph of a newborn whose mother had undergone treatment for breast cancer. Laurie Bass Sklaver, a past president of Women At Risk and in whose honor the Symposium is named, would have been especially proud of this program.

Funding "The Last Saturday in October" was another sure bet. This program provides free mammograms, colorectal exams and Pap exams for uninsured women over 40. With the leadership and energy of Karen Schmitt, Columbia University's Screening Partnership Director and a member of our Hospital Advisory Council, more than 100 women were screened (in a single day!), helping them reduce their health risks.

We were not risk takers when we encouraged Jennifer Chun MPH, our High Risk and Research Coordinator, to use data from our High-Risk Registry to pursue research which revealed that certain elements of risk reduction are within the control of women themselves.

Finally, the Women At Risk Board has placed another sure bet in inviting Susan Howard, Susan Wiseman and Carole Scherzer to join our Board. These distinguished women are wonderful additions to our leadership, and we welcome their energy, creativity and support as we continue our work of enhancing the lives of women who are at high risk for developing breast cancer and women with breast cancer through research, education and support. ■

Mark Your Calendars

Fifteenth Annual Luncheon

MONDAY, MAY 15, 2006

LUNCHEON CHAIR
Bonnie Pressman

HONORING
Vera Wang

KEYNOTE SPEAKER
Cokie Roberts

Waldorf-Astoria Hotel, NYC • Grand Ballroom

For more information, please call (212) 305-9525.

April 8, 2006
Free Screening Day

Saturday, April 8, 2006
10th Floor, Herbert Irving Pavilion
161 Fort Washington Ave.
For more information call (212) 851-4516
Child care and refreshments provided.

Helping Women Help Themselves

October 2005
"Last Saturday in October" Screening Stats

• 86 Women received mammograms, 14 of which required follow-up (resulting in one biopsy).

• 128 Women received cervical exams, 4 of which required follow-up.

Children enjoying the crafts table at the 2005 "Last Saturday in October" Free Screening Day.

With your support, Women At Risk is able to help provide these life-saving services free of charge.

What Defines High Risk?

By Dr. Adora Fou
WAR Breast Surgery Fellow, Columbia University Medical Center/NYPH

1. Age
Age is the most universal of risk factors. As a woman's age increases, so does her risk of developing breast cancer. One in nine women will develop breast cancer in the course of her lifetime (up to age 85). But that number may be a bit misleading. Age-related risk can be further broken down as follows:
• 1 in 200 women under 40 will develop breast cancer
• 1 in 25 women between the ages of 40 and 60 will develop breast cancer
• 1 in 13 women over 60 will develop breast cancer.

2. Personal History
A previous history of breast cancer indicates an increased risk of developing an independent primary new cancer in either breast. Certain types of cancer may have a higher risk of developing in the opposite breast than others.

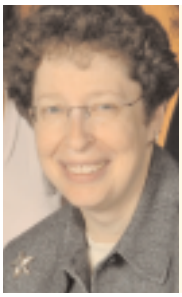
3. Family History and Genetics
A first-degree relative (mother, aunt, daughter) with breast cancer also increases a woman's risk of developing the disease. The age at which that relative developed breast cancer is very important. The highest risk is transmitted when the relative developed breast cancer at a young age (e.g. below 40), especially if she had bilateral breast cancer. In some families, there may be an inherited predisposition to breast cancer that is a result of a mutation in the BRCA1 or 2 genes. Being a carrier of the BRCA1 or BRCA2 genes greatly increases a woman's risk of developing breast and ovarian cancer. A woman with these genetic markers has a 50 to 85% risk of developing breast cancer in her lifetime.

4. Benign Breast Disease
There are two types of benign breast disease that are associated with an increased risk for breast cancer. They are atypical ductal and lobular hyperplasia (ADH and ALH) and lobular carcinoma in situ (LCIS). If a woman has a history of these conditions she is at increased risk for developing breast cancer. These diseases can only be diagnosed if a woman has had a biopsy of the breast tissue.

5. Reproductive Factors
An early first menstrual period (before age 12) and a late menopause (after age 52) increase the risk of breast cancer. Never having children, or having a first child after age 30, also increases the risk of the disease. Taking estrogen after menopause is also associated with an increased risk for breast cancer. These associations reflect the relationship between estrogen exposure and breast cancer risk.

Breast cancer is an important health concern for women. You may see and hear news about this disease frequently. If you are concerned about your risk of developing breast cancer, or think you are at high risk for developing the disease, talk to your doctor. With so many independent risk factors, breast cancer risk assessment is a very individual process. Accurately assessing one's risk empowers women to be more health-conscious and consider suitable risk-reduction strategies. ■

What are my screening options for breast cancer risk assessment and monitoring?



By Dr. Freya Schnabel
Medical Director, Women At Risk
Chief, Division of Breast Surgery, CUMC, Vivian Milstein Associate Professor of Surgery, Columbia's College of Physicians and Surgeons

Screening for breast cancer leads to earlier detection and an improved prognosis for the disease. Early detection leads to improved survival from the disease. Also, treatments for breast cancer in its early stages are generally less invasive and interfere less with normal activities.

1. Clinical Breast Exam/Breast Self-Exam
Between the ages of 20 and 39, most women (unless otherwise classified as being at increased risk for developing breast cancer), should have a

clinical breast exam every three years. This exam is done by a health professional who feels for lumps and looks for changes in the breast.

Breast Self-Exam, learned from a health professional, is a monthly exam a woman may perform on herself, feeling for lumps and/or changes in her own breast.

2. Mammography

Mammograms are x-rays of the breasts. The purpose of mammography is to detect breast cancer in its earliest stages, before it can cause any symptoms. Women over 40 should have annual mammograms. Women with a strong family history of breast cancer or who have mutations in the BRCA1 and BRCA2 genes should consider annual mammograms before the age of 40. High-risk women should consult their doctors regarding the time to begin regular mammography.

3. Ultrasound

Ultrasound does not require any breast compression and is performed with the patient lying down. This procedure produces a picture of the breast tissue by bouncing high-energy sound waves off internal tissues. The picture produced is called a sonogram, which is often used if something is detected on a mammogram that warrants further investigation. Ultrasound is being increasingly integrated into the regular screening of high-risk women, particularly if their breasts appear dense on mammography.

4. MRI

MRI (magnetic resonance imaging) makes detailed pictures of specific areas inside the body using a magnet, radio waves and a computer. A small percentage of invasive breast cancers may be seen on MRI when they cannot be seen on mammography or ultrasound. MRIs are very helpful in delineating the extent of disease in the breast for women who have newly diagnosed breast cancers. MRIs are also being used at present to screen women at highest risk for breast cancer because of inherited mutations in the BRCA1 and 2 genes.

5. Ductal Lavage

Through ductal lavage, fluid is aspirated via a catheter directly from the ducts of the breast, through the nipple. This aspirated fluid is analyzed for abnormal or atypical cells, which may be an important indicator of risk. This procedure helps stratify a woman's risk of breast cancer and may be a helpful piece of information for her to discuss with her doctor as they explore strategies to reduce her risk of developing breast cancer. ■

What Risk Reduction Strategies are Available to Me?

By Dr. Mahmoud El-Tamer
Associate Professor of Clinical Surgery, CUMC

Risk reduction strategies range from the radical to simple life-style changes. There are three categories of risk reduction for breast cancer and they are explored in more detail below.

SURGERY:

1. Total Mastectomy (removal of the breast tissue)
This procedure—only recommended for women at extremely high risk for breast cancer—involves removal of all breast tissue (both breasts), including the nipple and areola. This procedure is often immediately followed by reconstructive surgery, though the patient loses all sensation in the breast. This reduces a woman's risk of breast cancer by 90%—95% over her lifetime.

2. Oopherectomy (removal of the ovaries)
This surgical option for women at high risk for developing breast cancer is viable only if the patient is younger (premenopausal). Removal of the ovaries before menopause reduces the amount of estrogen the woman is exposed to, thus reducing her overall risk of developing breast cancer. This procedure however, will induce early menopause.

(continued)

This issue of Women At Risk's newsletter is made possible through the generous support of

The Larry and Jane Scheinfeld Foundation.

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Please visit WAR's Website:
www.breastmd.org/war.html

Women At Risk Resource Library
Columbia University Medical Center

Herbert Irving Pavilion
Tenth Floor, Room 1035
161 Fort Washington Ave.
New York, NY 10032

HOURS OF OPERATION:

Monday
10:00 a.m.–4:30 p.m.

Tuesday
10:00 a.m.–4:30 p.m.

Wednesday*
1:00 p.m.–4:30 p.m.

Thursday
10:00 a.m.–4:30 p.m.

Friday
10:00 a.m.–4:30 p.m.

**Bilingual (English/Español)*

Staffed by breast cancer survivors offering confidential one-to-one support.

CHEMO-PREVENTION:

There are a number of medications that decrease the risk of developing breast cancer.

- Tamoxifen—effective even for premenopausal women. It has shown to reduce breast cancer risk by 50%. Some of the major side effects include uterine cancer and pulmonary embolism or blood clots that travel to the lungs.

- Evista/Raloxifen—so far only used by post-menopausal women. It is a medication currently used for bone loss and is limited to post menopausal women. We are awaiting the results of the STAR trial, which is comparing Raloxifen to Tamoxifen and their relationship to breast cancer risk reduction and potential side effects. The FDA has not yet approved this drug as a chemo-preventive agent.

- Aromatase Inhibitors/Arimidex—only effective for post-menopausal women. Long-term side-effects are unclear but early studies show aromatase inhibitors to be extremely effective in reducing risk (more effectively than Tamoxifen).

LIFESTYLE CHANGES:

1. Alcohol
Women who have more than one drink per day are at higher risk for breast cancer that those who do not drink. Reducing your alcohol consumption can lower your risk.

2. Obesity
A study recently conducted using the WAR Registry Database (see the back page for more details), looked for predictors of breast cancer in high-risk women. Obesity emerged as a distinct commonality among a group of high-risk women who developed breast cancer. A high-risk woman who is obese (Boby Mass Index of 30.0 or more) can reduce her risk for breast cancer by losing weight.

3. Physical Activity
Most of the data available have demonstrated that physically active women have a lower chance of developing breast cancer when compared to sedentary women. Physical activity is defined as exercise, physically demanding professions, and may include housecleaning, taking the stairs instead of the elevator, walking or engaging in an enjoyable sport. A woman should be physically active for 3–4 hours per week if she wants to reduce her risk.

4. Diet
This topic is currently surrounded by a lot of debate. To include monitoring your diet as a risk-reduction strategy is no longer as simple as following a low-fat regimen. It is becoming clear that only certain types of fat may increase a woman's risk for breast cancer. And there is some evidence to suggest that certain types of fat (omega 3, found in fish, and omega 9, found in olive oil) may actually reduce a woman's risk of developing breast cancer. ■

Call for Survivor Stories

Women At Risk is accepting personal accounts of breast cancer diagnosis and treatment. If you are a survivor and are interested in reaching out to others by sharing your story—please send your written "Survivor Story" to Women At Risk, 601 W. 168th St., #7, NYC 10032 or email it to WAR's Assistant Director, Crate Herbert at cratelet@yahoo.com.

"Breast Cancer in Young Women: It's the Same but Different…"

By Rita Litchfield

At the 2005 Laurie Bass Sklaver Annual Symposium WAR Medical Director Dr. Freya Schnabel began by discussing the challenges of breast cancer screening and diagnosis in young women. She emphasized the importance of accurate risk assessment, early screening for breast cancer for those at high risk and that early detection gives an improved prognosis. The different imaging methods currently available to screen young women for breast cancer include:

• **Mammography**—There are certain difficulties in screening young women as the breast tissue is denser, making a mammogram much harder to read.

• **Ultrasound**—Ultrasound is used more frequently on denser breasts because it is easier to read, although the technician must be highly trained and meticulous to ensure accuracy.

• **MRI**—A method of imaging most recently applied to breast cancer screening, MRI has many variables that reserve this method only for those at highest risk for developing breast cancer.

Breast cancer screening in young women is different than in older women and each method of imaging used to screen for breast cancer has its own set of difficulties, underscoring the significance of finding the right method of imaging for the patient.

Dr. George Raptis spoke about the special considerations in the treatment of young women. He discussed the impact of chemotherapy on fertility, the unique decisions that face young women with breast cancer regarding preserving fertility, childbearing, lumpectomy vs. mastectomy, and the role of genetic counseling to determine what course of action to take, given family history.

Dr. Laurie Stevens spoke about "Adjusting to the New You: Sexuality, Body Image and More." She talked about how to address some of the big issues that confront young women concerning work, dating, children and spouse. She also addressed the psychological issues related to physical changes such as reduced libido or menopausal symptoms, as well as the importance of paying attention to and treating depression and anxiety as they inhibit healing and recovery.

Dr. Kutluk Oktay gave a fascinating presentation on fertility preservation after chemotherapy using Orthotopic Human Ovarian Transplantation.

This procedure gives renewed hope to women in chemo-induced menopause. It involves removing and preserving ovarian tissue before treatment. After treatment, the ovarian tissue is thawed, sewn together and transplanted under the skin of the abdomen or forearm. Soon the patient feels the eggs growing under the skin, which can be extracted and transferred for IVF and implanted in the uterus. Dr. Oktay presented one case in which the transplanted tissue growing eggs under the skin re-stimulated the menopausal ovary, and the patient became pregnant on her own—twice. These developments have tremendous implications for the future of fertility treatment for cancer survivors. ■

Breast Cancer: Survive & Conquer

This Komen-sponsored symposium presents an opportunity for survivors and individuals with a personal and/or professional interest in breast cancer to engage in a provacative discussion on the latest information on the subject with state, regional and national experts.

Distinguished speakers include WAR Medical Director Dr. Freya Schnabel.

THURSDAY, APRIL 27, 2006

Connecticut Convention Center, Hartford, CT
8:00 a.m.–4:00 p.m.

$50 registration fee
$75 fee if social worker or nurse receiving CEU or CEC credits
Registration includes breakfast and lunch.

For information or to register, go to www.komenct.org, or call (860) 728-4955

The difference is you…

Thanks to all our volunteers who make a difference every day in Women At Risk's Resource Library:

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Thanks to our Donors

Women At Risk would like to thank all of its donors for their generous support. While lack of space precludes us from acknowledging each person individually, we would like to give special mention to the individuals and companies whose cumulative gifts to WAR totaled $500 or more in 2005.

A gift to Women At Risk is a thoughtful way to honor a friend, family member or care-giver. Your contributions enable us to continue to provide vital services and fund research initiatives that benefit women at high risk for and women with breast cancer.

For stock or wire transfers or to make a donation, please use the enclosed envelope or call Kitty Silverman at (212) 305-9525.

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Included in this list are donations to WAR received between January 1, 2005 and December 31, 2005. We apologize for any inadvertent omissions.

Giving to WAR in Creative Ways

Many of our donors have found remarkable, innovative ways to give to WAR. We would like to highlight some of these donors, and to express our utmost gratitude to each of them.

Dare 2 Diamond donated 30% of proceeds of a pink diamond necklace to Woman At Risk. The necklace is still available at www.dare2diamond.com, and the proceeds continue to benefit WAR.

Special contributions to WAR's Fourteenth Annual Luncheon were made by **Ethel and Bernard Garil**, who contributed flowers for the event, and by **Pitney Bowes Management Services**, who donated the printing of the programs.

Jill Heller designated Women At Risk to be the beneficiary of the White + Warren and Wolford shopping event held at her store, "On the One" in October, the proceeds of which totaled a generous $3,000.

Lynda Jackson and **Susan Melizan** from Relais Knitwear made a generous contribution of a knit poncho to each of the women screened for breast and other cancers at "The Last Saturday in October" free screening day.

Donna Karan New York hosted a private shopping event featuring her 2005 fall collection and a book-signing by Lynn Kohlman featuring her book, "Front to Back." 25% of proceeds, $5,000, went to benefit WAR's programs.

Lazaro Jewelry in SoHo hosted a holiday shopping weekend in December, featuring a special appearance by expert platinum jeweler, Deirdre Featherstone, with her collection. 20% of the proceeds were donated to WAR.

Michelle Ruth collected nearly $2,000 in her community to help fund WAR's groundbreaking Research Program. Contributions were collected in memory of our past Board President, Laurie Bass Sklaver.

Ben Sabloff raised nearly $3,000 for WAR through the "Sabby Speedo Run to Fight Breast Cancer" which he ran in honor of his late mother, Donna Sabloff, a long-time friend of Women At Risk. Donations for the race were coordinated through the Active Network, www.theactivenetwork.com.

Strategic Workforce Solutions continues to donate a part-time assistant to the WAR offices, directly reducing administrative costs, and providing much needed help in the day-to-day running of the organization. Strategic has also donated the time and expertise of two outstanding professionals, Michelle Kerzhner and Patrick Lyons, to assist the WAR office in specific areas.

White + Warren directed 50% of proceeds from the sale of selected items during Breast Cancer Awareness Month (Oct.) to Women At Risk. The proceeds totaled $4,000.

Adam Chernichaw, Sarah Gordon and **Howard Wettan**, two White & Case lawyers, donated their services to Women At Risk.

For more information about creative ways of giving to Women At Risk, please call (212) 305-9525.

Support Groups

The Women At Risk Support Group for Women with Breast Cancer
Every Other Thursday
10:00 a.m.–11:00 a.m.
For location and more information, please call Angie Lloyd, LMSW at (212) 305-2347
Co-sponsored by Women At Risk and Social Work Services, CUMC/NYPH.

Grupo de Apoyo para las Mujeres Latinas con Cancer del Seno
Every Other Thursday
10:00 a.m.–11:00 a.m.
For location and more information, please call Lola Ruz-Curry at (212) 305-9894
Co-sponsored by Women At Risk, SHARE and Social Work Services CUMC/NYPH.

SIGN ME UP for the fight against breast cancer!

☐ Add me to the mailing list ☐ Please send me information about WAR's High-Risk Program

☐ I would like to join the fight against breast cancer with the following contribution of $_____.

YOUR NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

Payment method: ☐ Check Please charge my: ☐ Amex ☐ Visa ☐ MC

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Mail to: Women At Risk, 601 West 168th Street, #7 & #8, New York, New York 10032

WAR-Funded Research Using Data from High-Risk Registry to be Presented at American Society of Breast Surgeons Annual Meeting

INVESTIGATORS:
Jennifer Chun MPH, Mahmoud El-Tamer MD, Kathie-Ann Joseph MD, MPH, Beth Ann Ditkoff MD, Freya Schnabel MD

SIGNIFICANCE:
Factors that increase a woman's risk for developing breast cancer are well established in medical literature. However, little information is available regarding the interaction among these factors in a high-risk population.

The purpose of this study was to investigate the strongest predictors of breast cancer in a high-risk population and to increase our understanding of the possible interactions among risk factors.

METHODS:
The Women At Risk (WAR) High-Risk Registry, established in 1991, provided the study population. Participants were defined as high-risk if they met the following criteria: one or more first-degree relatives (mother, daughter, or sister) with pre-menopausal breast cancer; two or more first-degree relatives with post-menopausal breast cancer; a history of five or more breast cysts which have required aspiration; a biopsy-proven history of Lobular Carcinoma in Situ (LCIS); a biopsy-proven history of Atypical Ductal Hyperplasia (ADH) or Atypical Lobular Hyperplasia (ALH). Chi-square tests for categorical variables and t-tests for continuous variables were used to compare women with breast cancer to women without breast cancer with respect to the following variables of interest: age at enrollment, presence of LCIS, ADH, ALH, family history of breast cancer (FHBC), body mass index (BMI), and Gail scores (5 year high-risk 1.7%). Univariate and multivariate analyses were conducted with the Cox proportional hazards regression model, using years of follow up as the time scale.

RESULTS:
The results of this study will be presented this April at the American Society of Breast Surgeons 7th Annual Meeting. ■

New York-Presbyterian Hospital
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