

# BREAST CANCER AWARENESS



**T**HE PAST COUPLE OF YEARS HAVE POSED CHALLENGES TO JUST ABOUT EVERYTHING, AND BREAST CANCER prevention is no exception. After an extended period where the number of screenings taking place – so critical to the process of early detection – were down dramatically, the good news is that more and more women are getting back into the routine of regular breast health checks.

It is important to remember to rise to the challenge of preventing breast cancer together and encourage screenings of our friends, family and colleagues.

All women need to be informed by their health care provider about the best screening options for them. When you are told about the benefits and risks of screening and decide with your health care provider whether screening is right for you—and if so, when to have it—informed and shared decision-making can take place which is the most powerful weapon against the onset of breast cancer.

Although breast cancer screening cannot prevent breast cancer, it can help find breast cancer early, when it is easier to treat. The CDC asks all women to talk to their doctors about which breast cancer screening tests are right for them, and when they should have them.

In honor of October being Breast Cancer Awareness Month, we have gathered a collection of articles and information to help keep our readers apprised of the latest movements in the fight against breast cancer.

## BREAST CANCER AWARENESS

# Breast Cancer Survivor Promotes Benefit of Early Screening and Detection

Meet Jennifer Yorke, director of nursing, perioperative services at the Kaiser Permanente Panorama City Medical Center. In 2008, working as an emergency room nurse, Yorke was a young vibrant mother with a newly born son when she was diagnosed with breast cancer. This is her story of how early detection helped in her fight against breast cancer.

## AWARENESS – KNOW YOUR FAMILY HISTORY

“My mother was diagnosed with breast cancer when she was in her 40s while I was still in high school. Because of my mother’s diagnosis at an early age, I was told to begin mammogram screenings at age 30 instead of 40,” said Yorke. This advice stayed with her while growing up, and during a routine physical just weeks before her 30th birthday, she told her doctor of the history of breast cancer in her family and asked for an early screening.

## EARLY SCREENING – KEY FOR SURVIVAL

Yorke’s primary doctor requested approval to perform an early mammogram screening. “I knew something was wrong when after the screening they wanted to do a biopsy,” she said. “That’s when I was told I was positive for the most common form of breast cancer, invasive ductal carcinoma (IDC), which starts in the milk ducts and spreads to the surrounding breast tissues.”

With three different tumors in her right breast, she was diagnosed at grade three, meaning the cancer was aggressively growing.

## TREATMENT

Once diagnosed, the doctors quickly sched-

uled Yorke for a mastectomy, recommending chemotherapy. In a state of shock, she had a rush of emotions and was filled with questions, having previously cared for cancer patients. She began to think what would be her side effects of chemo.

“How soon will I lose my hair? How tired will I be? I thought about losing my confidence and not feeling like a woman anymore,” said Yorke.

*‘Screenings saves lives. I encourage women to have all the appropriate screenings for your age. While there is a fear of what if I have cancer, awareness and early screenings are so important to surviving it.’*

After the mastectomy, Yorke went through a year of treatment, undergoing chemotherapy for the first six to seven months, followed by two medications targeted for her kind of breast cancer.

## IMPORTANCE OF ONGOING OBSERVATION

“The need for screenings and follow-up monitoring does not end after chemo,” said Yorke. Post-chemo she continued with blood tests that checked for an elevation of tumor markers every other month. “Because of the possible side effect to my heart I also received echocardiograms and

I saw my gynecologist frequently. Unfortunately, four years later I felt a lump on my left breast. While the biopsy was negative, I chose to have a mastectomy on my left breast to eliminate any cancer growth. As a result, I went through multiple surgeries for breast reconstruction.”

## SEEK A SUPPORT SYSTEM

“I received so much support. The endless prayers and blessings from family and friends is what helped me stay positive and strong. Without that and the people around me, I do not believe I could have made it through everything,” continued Yorke. She joined a cancer support group to help manage stress and when she started chemotherapy her coworkers created a volunteer schedule supporting her by going with her to infusions. “Everyone was so supportive but having my mother who went through her own breast cancer journey available, along with other family members was truly a blessing. It was that support that really helped me get through the treatment.”

## REMISSION

Today, now more than 10 years in remission, you can find Yorke advocating for women diagnosed with breast cancer at an early age, serving as a mentor or volunteering to talk to family, friends, and others battling breast cancer.

“Screenings saves lives. I encourage women to have all the appropriate screenings for your age. While there is a fear of what if I have cancer, awareness and early screenings are so important to surviving it,” concluded Yorke.

Visit [kp.org](http://kp.org) for more cancer care stories and to learn about Kaiser Permanente’s 360-degree approach to cancer care.



# Survey Finds Alarming Number of Young Women Don’t Get Mammograms

About 42,000 women die of breast cancer each year, and while strides are being made in medical treatments, the best tool for preventing cancer deaths continues to be screening and early detection. A new national survey commissioned by Orlando Health finds far too many women are skipping lifesaving mammograms and many young women have no plans to get screened at all.

Recently updated guidelines by the National Comprehensive Cancer Network state that women of average risk should begin annual mammograms at age 40, and earlier for those with risk factors like a family history, prior biopsies, atypical cells and dense breast tissue. Yet the survey found 22 percent of U.S. women ages 35 to 44 have never gotten a mammogram and have no plans of getting one.

“Mammograms can pick up tumors that are extremely small and result in a diagnosis at a stage zero or one, versus waiting for a patient to feel a lump and then by then it’s probably a stage two or three,” said Nikita Shah, MD, medical oncology team leader for the Breast Care Center at the Orlando Health Cancer Institute. “That’s the difference between a lumpectomy and possibly a short course of radiation and more extensive treatments that involve chemotherapy, radiation



and surgeries. Survival also goes from nearly 100 percent at stage zero to 50 to 70 percent for those diagnosed at stage two or three.”

The survey found that less than half of U.S. women (43 percent) know their family history of breast cancer and only about a third (32 percent) know their individual risk factors for breast cancer. Knowing your risks and when to begin screenings is critical to early detection, something that is especially important for those who are disproportionately affected by the disease such as Black women, who are more likely to be diag-

nosed at a younger age and are 40 percent more likely to die of breast cancer than white women.

“African American women tend to have a more aggressive disease course, and we want everybody, regardless of their race, to be aware and get their recommended mammograms,” Shah said. “Breast cancer is one of the few cancers where the survival rate is very high when caught early, and we know that early detection is where we can really make a difference.”

Terlisa Sheppard was just 31 years old and eight months pregnant when she was diagnosed

with breast cancer after noticing a lump under her arm that was growing as her pregnancy progressed.

“I am so glad that I made the decision at that point to go in because my life changed instantly. I know for sure that that mammogram saved my life and my baby’s life,” Sheppard said. “I had a healthy daughter six weeks early and immediately began treatment to try to save my life.”

Her two daughters are now 23 and 25 and have joined their mother to advocate for breast cancer risk awareness and the importance of early detection.

“You know your body better than anybody. If you notice something, have it checked out,” Sheppard said. “I’m a clear example that age doesn’t matter. After my diagnosis, I had to fight for my life and the opportunity to be there for my daughters. If I can help someone else avoid that hardship through early diagnosis, I’m going to do everything I can.”

Women should begin talking to their primary care physician or gynecologist in their twenties to assess their risks and determine when mammograms should start. Monthly self-breast exams are also important to help women understand what is normal for them, so they can recognize any changes and bring them to their doctor’s attention.

# Philanthropy will always be at the Center of our great outcomes.



Amanda Kasahara with Anjali Date, MD, Lead Interpreting Physician, Sheila R. Veloz Breast Center



The Kasahara Family

*"I have dedicated 24 years of my life to being a nurse at Henry Mayo, and this hospital and the Sheila R. Veloz Breast Center have given me the rest of my life back."*

*— Amanda Kasahara, RN*

*2022 Breast Cancer Testimonial Speaker & Survivor*



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## BREAST CANCER AWARENESS

# Personalized Immunotherapy for Breast Cancer Studied

An experimental form of immunotherapy that uses an individual's own tumor-fighting immune cells could potentially be used to treat people with metastatic breast cancer, according to results from an ongoing clinical trial led by researchers at the National Cancer Institute's (NCI) Center for Cancer Research, part of the National Institutes of Health. Many people with metastatic breast cancer can mount an immune reaction against their tumors, the study found, a prerequisite for this type of immunotherapy, which relies on what are called tumor-infiltrating lymphocytes (TILs).

In a clinical trial of 42 women with metastatic breast cancer, 28 (or 67%) generated an immune reaction against their cancer. The approach was used to treat six women, half of whom experienced measurable tumor shrinkage.

"It's popular dogma that hormone receptor-positive breast cancers are not capable of provoking an immune response and are not susceptible to immunotherapy," said study leader Steven A. Rosenberg, M.D., Ph.D., chief of the Surgery Branch in NCI's Center for Cancer Research. "The findings suggest that this form of immunotherapy can be used to treat some people with metastatic breast cancer who have exhausted all other treatment options."

Immunotherapy is a treatment that helps a person's own immune system fight cancer. However, most available immunotherapies, such as immune checkpoint inhibitors, have shown limited effectiveness against hormone receptor-positive breast cancers, which are the majority of breast cancers.

The immunotherapy approach used in the

trial was pioneered in the late 1980s by Dr. Rosenberg and his colleagues at NCI. It relies on TILs, T cells that are found in and around the tumor.

TILs can target tumor cells that have specific proteins on their surface, called neoantigens, that the immune cells recognize. Neoantigens are produced when mutations occur in tumor DNA. Other forms of immunotherapy have been found to be effective in treating cancers, such as melanoma, that have many mutations, and therefore many neoantigens. Its effectiveness in cancers that have fewer neoantigens, such as breast cancer, however, has been less clear.

The results of the new study come from an ongoing phase two clinical trial being carried out by Dr. Rosenberg and his colleagues. This trial was designed to see if the immunotherapy approach could lead to tumor regressions in people with metastatic epithelial cancers, including breast cancer. In 2018, the researchers showed that one woman with metastatic breast cancer who was treated in this trial had complete tumor shrinkage, known as a complete response.

In the trial, the researchers used whole-genome sequencing to identify mutations in tumor samples from 42 women with metastatic breast cancer whose cancers had progressed despite all other treatments. The researchers then isolated TILs from the tumor samples and, in lab tests, tested their reactivity against neoantigens produced by the different mutations in the tumor.

Twenty-eight women had TILs that recognized at least one neoantigen. Nearly all the

neoantigens identified were unique to each patient.

"It's fascinating that the Achilles' heel of these cancers can potentially be the very gene mutations that caused the cancer," said Dr. Rosenberg. "Since that 2018 study, we now have information on 42 patients, showing that the majority give rise to immune reactions."

**'The findings suggest that this form of immunotherapy can be used to treat some people with metastatic breast cancer who have exhausted all other treatment options.'**

For the six women treated, the researchers took the reactive TILs and grew them to large numbers in the lab. They then returned the immune cells to each patient via intravenous infusion. All the patients were also given four doses of the immune checkpoint inhibitor pembrolizumab (Keytruda) before the infusion to prevent the newly introduced T cells from becoming inactivated.

After the treatment, tumors shrank in three of the six women. One is the original woman reported in the 2018 study, who remains cancer free to this day. The other two women had tumor shrinkage of 52% and 69% after six months and 10 months, respectively. However, some disease returned and was surgically removed. Those women now have no evidence

of cancer approximately five years and 3.5 years, respectively, after their TIL treatment.

The researchers acknowledged that the use of pembrolizumab, which has been approved for some early-stage breast cancers, may raise uncertainties about its influence on the outcome of TIL therapy. However, they said, treatment with such checkpoint inhibitors alone has

not led to sustained tumor shrinkage in people with hormone receptor-positive metastatic breast cancer.

Dr. Rosenberg said that with the anticipated opening early this year of NCI's new building devoted to cell-based therapies, he and his colleagues can begin treating more individuals with metastatic breast cancer as part of the ongoing clinical trial. He noted that this new immunotherapy approach could potentially be used for people with other types of cancer as well.

"We're using a patient's own lymphocytes as a drug to treat the cancer by targeting the unique mutations in that cancer," he said. "This is a highly personalized treatment."

For more information, visit [nih.gov](http://nih.gov).

# New Movement Aims to Advance Science for Black Breast Cancer

TOUCH BBCA and Breastcancer.org earlier this year announced the launch of When We Tri(al), a movement dedicated to empowering and educating Black women on the importance of clinical trial participation. The movement aims to change the devastating breast cancer mortality rates for Black women, who are 41% more likely to die from breast cancer than white women.

Black women are drastically underrepresented in clinical trials; only 3% of clinical trial participants leading to FDA approval of cancer drugs between 2008 and 2018 were Black. The consequences are dire: too many Black women are missing out on access to newly emerging and often life-extending treatments. Until more Black women are included in the research, they will continue to face worse breast cancer outcomes. When We Tri(al) is focused on the urgent need to end these disparities.

"Black breast cancer isn't about a month, it's about a movement. When We Tri(al) aspires not only to save Black lives but also educate and motivate clinical trial participation among our Black Breasties," said Ricki Fairley, CEO of TOUCH, The Black Breast Cancer Alliance. "The current drugs are not working hard enough for Black women. I'm on a mission to empower our community with the necessary knowledge to advocate for ourselves within a medical system that too often fails us. We must advance the science. Our When We Tri(al) launch will serve as a moment to hear firsthand how clinical trials can change the game for breast cancer and



Black women."

"We must end the disparities in breast cancer care that cost Black women their lives. When We Tri(al) will provide essential tools and information for Black women to confidently take an active role in their care, and seek out clinical trial opportunities that could be life-changing," said Hope Wohl, CEO of Breastcancer.org. "Breastcancer.org is committed to eliminating barriers to health equity, including coming together with our advocacy partners to improve representation in research. The When We Tri(al) launch is an exciting start to a move-

**'Black breast cancer isn't about a month, it's about a movement.'**

ment that will lead to crucial change."

"Advancing inclusive research in breast cancer requires putting the experience and wisdom of Black women at the center of our strategies. That's why we're thrilled to support this move-

ment so that Black women can access the cutting-edge healthcare they deserve," said Rajni Dronamraju, senior director, charitable giving at Genentech.

This unprecedented initiative is made possible by the generous support of Genentech, a member of the Roche Group, Bristol Myers Squibb, AstraZeneca, Novartis, Pfizer, Seagen, Daiichi-Sankyo, and Eisai.

TOUCH, The Black Breast Cancer Alliance drives the collaborative efforts of patients, survivors, advocates, advocacy organizations, health care professionals, researchers, and pharmaceutical companies to work collectively, with accountability, towards the common goal of eradicating Black breast cancer. Though there are numerous breast cancer advocacy groups and stakeholders, there is a dire need to bring all patients, survivors, advocates, advocacy organizations, health care professionals, researchers, and pharmaceutical companies together to serve as allies to fight Black breast cancer.

Breastcancer.org is a leading patient-focused resource for breast health and breast cancer education and support. Their mission is to engage and empower people with research, expert information, and a dynamic peer support community to help them make the best decisions for their lives. The nonprofit organization, founded in 2000 by chief medical officer Marisa C. Weiss, M.D., has reached 174 million people worldwide since its inception.

Visit [whenuetrial.org](http://whenuetrial.org) to learn more.



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# The Fight for Safety of BPA in Food Packaging

Earlier this year, the Food and Drug Administration (FDA) agreed to reconsider the safety of using bisphenol A (BPA) in polycarbonate plastics, metal can coatings, and other materials that contact food, potentially setting the stage for strict new limits on the harmful chemical. The FDA's decision comes in response to a food additive petition filed by a coalition of physicians, scientists and public health and environmental organizations. The law requires that the FDA make a final decision by October 31, 2022.

Since the coalition submitted the petition in January, a groundbreaking new study has added to the already compelling new evidence that BPA triggers children's immune systems. The study of more than 3,000 mothers and their children linked BPA exposure in the womb to higher rates of asthma and wheezing in school-age girls. The research reinforces last year's unanimous findings by a panel of experts convened by the European Food Safety Authority (EFSA).

"Based on studies not previously considered by the FDA, the EFSA expert panel found that harmful effects from BPA exposure can occur at levels tens of thousands times lower than previously thought," said Maricel Maffini, coauthor of the petition who holds a doctorate in biological sciences. "These studies show that extremely low exposures to BPA can lead to an overactive immune system likely producing out-of-control inflammation. This inflammation can then trigger wheezing and asthma-like effects."

"Most Americans get 5,000 times more BPA in their daily diet than the EFSA expert panel

says is safe," said Tom Neltner, Environmental Defense Fund's senior director, safer chemicals. "It is imperative that FDA take action to limit BPA contamination of food. And given the significant risks, industry should not wait for FDA to act. They need to find safer alternatives to BPA or drastically reduce the migration of the chemical into food to protect children from harm."

The January petition and an April supplement were submitted by the Environmental

Defense Fund (EDF), Breast Cancer Prevention Partners (BCPP), Clean Water Action/Clean Water Fund, Consumer Reports, Endocrine Society, Environmental Working Group (EWG), Healthy Babies Bright Futures (HBBF), EDF consultant Dr. Maricel Maffini, and Dr. Linda Birnbaum, former director of the National Institute of Environmental Health Sciences and National Toxicology Program. The FDA will be requesting public comment on the petition soon.

it's time for the FDA to take immediate action to protect the public from food-based exposures to this hormonally active chemical that increases our risk of breast cancer, and of other serious health problems," said Lisette van Vliet, senior policy manager from Breast Cancer Prevention Partners.

"FDA needs to act immediately to get BPA out of plastics that contact food, adhesives, and coatings in order to protect people's health.

health problems, such as limiting brain development in children and negatively impacting reproductive health."

"These findings are extremely concerning and prove the point that even very low levels of BPA exposure can be harmful and lead to issues with reproductive health, breast cancer risk, behavior and metabolism," said Endocrine Society BPA expert Heather Patisaul, Ph.D., of North Carolina University in Raleigh, N.C. "The FDA needs to acknowledge the science behind endocrine-disrupting chemicals and act accordingly to protect public health."

"It's unacceptable that the FDA is allowing Americans to be exposed to BPA at levels over 5,000 times above what's safe," said Scott Faber, senior vice president of government affairs for the Environmental Working Group. "The Food and Drug Administration must heed EFSA's warnings and take immediate and decisive action to lower our exposures to this dangerous chemical."

"EFSA's findings expand on our knowledge of BPA including data generated by the NTP-FDA joint CLARITY project. And the results are sobering, indicating that the harmful effects from BPA can occur at minuscule levels, far below what we're exposed to. The scientific evidence is now more than enough to require strict limits on the use of BPA in packaging and plastics that come in contact with our food," said Dr. Linda Birnbaum, former director at NIEHS and NTP.

Learn more at [bcpp.org](http://bcpp.org).

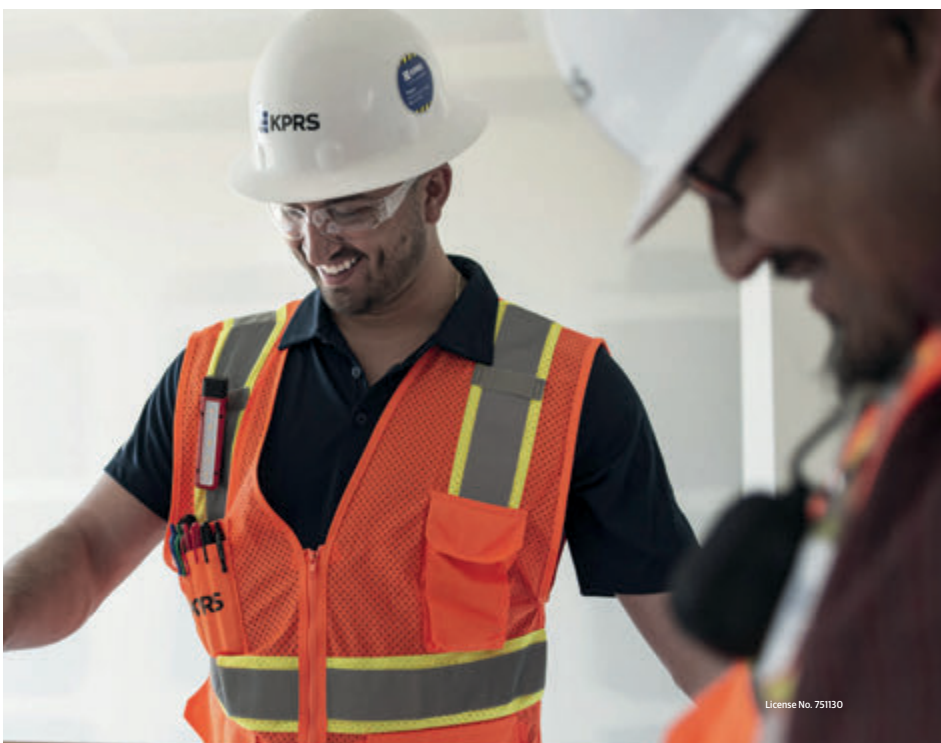
**'Most Americans get 5,000 times more BPA in their daily diet than the EFSA expert panel says is safe.'**

Defense Fund (EDF), Breast Cancer Prevention Partners (BCPP), Clean Water Action/Clean Water Fund, Consumer Reports, Endocrine Society, Environmental Working Group (EWG), Healthy Babies Bright Futures (HBBF), EDF consultant Dr. Maricel Maffini, and Dr. Linda Birnbaum, former director of the National Institute of Environmental Health Sciences and National Toxicology Program. The FDA will be requesting public comment on the petition soon.

"Now that the European Food Safety Authority has found harm at levels vastly lower than our typical daily exposures to Bisphenol A,

Early action to curb BPA use will also prevent ongoing release of BPA into the environment, including into water bodies used as drinking water sources," said Lynn Thorp, Clean Water Action/Clean Water Fund national campaigns director.

"Given this new data pointing to significant health risks associated with exposure to BPA at low levels, it is critical that FDA set a maximum limit of BPA in food that is safe for consumers," said Michael Hansen, senior scientist, Consumer Reports. "The constant exposure consumers have to BPA in food could pose an unacceptable danger and increase the likelihood of serious



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