NEW BREAST CANCER SCREENING GUIDELINES

By Erin Steigleder, MSW, Education Manager

Just when you thought you had a handle on the latest breast cancer screening guidelines, a new one is offered. But, there is a new twist to these guidelines of which we are big fans. The American Society of Breast Surgeons (ASBrS) recently released their take on breast cancer screenings, and the shining star is that women over the age of 25 should receive a formal risk assessment for breast cancer in order to develop an individualized screening plan.

We LOVE this because, in our community work, we hear a lot of stories like “My cousin was diagnosed with breast cancer at 28. Why don’t we start mammograms earlier?” or “My breast cancer was caught at my first mammogram at 40. I had no symptoms, and I hate to think what would have happened if it hadn’t been caught as early as it was.” People are concerned that screening recommendations come “too late,” and this issue is being addressed in the ASBrS recommendations.

Starting a conversation about breast cancer risk about 25 years before a person reaches the average age of diagnosis reduces the chance of someone who is high risk of falling through the cracks. If a 25-year-old has this conversation about risk with their doctor, they likely will have time to make decisions regarding genetic testing, any risk reduction methods they want to use (such as surgery, medication, or increased monitoring), and any relevant fertility decisions (like egg freezing) before their risk for breast cancer increases with age.

The rest of the ASBrS recommendations are in line with what we have seen in the past: after the formal assessment, women of average risk should begin receiving annual mammograms at the age of 40, those with higher than average risk should begin screening earlier (exact age based on the nature of their increased risk) and perhaps have screening more than once per year. The last recommendation is that a person shouldn’t continue receiving screening mammograms if their life expectancy is less than 10 years. While it is not new, it warrants some additional explanation.

Some people are upset by the thought that their doctor might suggest they no longer need to get screening mammograms, and others make that decision on their own, perhaps prematurely. People are living longer and are more likely to develop

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Making a Difference One Conversation at a Time

“*My doctors have been trying to get me to go for a while, but they never told me what you told me,*” said Bettie*, a Remote Area Medical Clinic attendee.

Sometimes people need to hear a message more than once, or in a few different ways, or at the right time for it to sink in. This is why it is important to get out in the community to educate on breast health.

For people without access to routine primary care, knowing what warning signs to look out for can literally be a lifesaver. On June 27th and 28th, Erin Steiglede, VBCF’s Education Manager, went to Wise, VA for the annual Remote Area Medical (RAM) Clinic. At RAM, VBCF hosts “Becky’s Place” our cancer education tent. Becky’s Place has become a trusted resource in this community for cancer and health information.

This year, we partnered with UVA Cancer Center at Wise, Mountain Empire Older Citizens, and a volunteer lung health advocate. We educated clinic attendees about breast cancer, lung disease and cancer, tobacco cessation, colorectal cancer, and general cancer screening and prevention, including HPV vaccines.

Our education tent is typically located next to the UVA Mammogram Van, so we get many people coming by and telling us they just had their mammogram, or if they haven’t had one recently, we can send them right over.

Many people tried their hands at feeling for lumps in the breast models we brought – even some nursing students who were attending as volunteers. We had some amazing conversations with those who visited our tent like Bettie, who we mentioned earlier. She was experiencing symptoms, but at age 70, she thought she was too old to get a mammogram. I asked her if she was generally healthy and thought she had a good ten years left, and because she said “yes,” to those questions, she was absolutely not too old for a mammogram!

Thank you for supporting VBCF so we can continue this important work.

*Name changed for privacy.*
Breast cancer treatment today is no longer “one size fits all”—what is best for one woman may not be right for another. It's important to learn as much as possible about your individual breast cancer diagnosis when making a treatment decision. For some patients, a genomic test can help determine whether chemotherapy is necessary in addition to hormone therapy to treat breast cancer and help prevent future recurrences. Numerous studies, including the landmark TAILORx trial of over 10,000 women using the Oncotype DX® genomic test, demonstrate that the vast majority of women with early-stage breast cancer* do not need chemotherapy.\(^1\) These types of tests have been available for more than a decade, but some breast cancer patients aren’t offered this important tool.

A recent study from the National Cancer Institute’s (NCI) Surveillance, Epidemiology, and End Results (SEER) Registry looked at how often early stage breast cancer patients were receiving a genomic test to help guide their treatment decisions. With more than 44,600 patients in the SEER study, results revealed that age was a factor influencing whether or not a woman received a genomic test. In fact, genomic testing rates decreased 1.5-fold in younger (under 40) patients and 3-fold in older (over 70) patients when compared to the “typical” age breast cancer patient (ages 40-70).\(^2\)

Traditional assumptions about age, breast cancer aggressiveness and health may have impacted these patient’s treatment plans – assumptions that all younger breast cancer patients have more aggressive disease and that older breast cancer patients either can’t tolerate or don’t need chemotherapy – resulting in the potential over-treatment or under-treatment of a patient’s breast cancer.

It is important to recognize that not all cancers are the same. The website NoMatterMyAge.org was created to help educate and raise awareness about the need for all breast cancer patients – regardless of their age – to get as much information as they can before making a treatment decision. This means learning how to self-advocate and to ask questions about care options, including whether a genomic test may help determine the best treatment plan. To learn more, visit NoMatterMyAge.org.

*Patients with early-stage, hormone receptor-positive, HER2-negative breast cancer
  2. Adapted from Petkov et al. npj Breast Cancer. 2016.
VBCF is excited to announce that its first annual More Than A Pink Ribbon Awards Luncheon will kick-off breast cancer awareness month in metro Richmond on October 1st at Lewis Ginter Botanical Garden. Our awards will honor accomplishments in state and local breast cancer education and advocacy for Virginians and recognize a Community Champion, Legislative Impact, and the Sherry Kohlenberg Lifetime Achievement in Healthcare. We are pleased to announce that attendance sold out thanks to our event sponsors with three months to go. We are especially grateful to our Presenting Sponsor - Genomic Health - for making this event possible, and to our Champion Sponsor - Virginia Cancer Institute. Learn more about this event and our wonderful sponsors at www.vbcf.org/more-than-a-pink-ribbon-awards-luncheon.

METASTATIC BREAST CANCER ACCESS TO CARE ACT

VBCF is working with the National Breast Cancer Coalition (NBCC) to enact federal legislation (H.R. 2178 and S.B. 1374) that would waive the 24-month waiting period for Medicare eligibility and the 5-month waiting period for Social Security Disability Insurance benefits for individuals with metastatic breast cancer. The median life expectancy for patients with metastatic breast cancer is just 26 months, so these waiting periods create an undue burden on the patient and their families trying to receive timely access to quality health care services.

VBCF advocates discussed this bill during visits with members of Virginia’s Congressional delegation on National Breast Cancer Lobby Day in May 2019 and have continued contacting legislator offices asking them to sign-on to support these bills. As of August 30th, only U.S. Representative Donald McEachin (D. 4th) has signed on. For more information on how you can take action: www.vbcf.org/action-needed-metastatic-access-to-care-act
State Legislative Win: Step Therapy

VBCF was thrilled to have a legislative win during the 2019 General Assembly session on an issue our advocates have been working on in recent years: Step Therapy.

The new law (HB 2126 - effective January 1, 2020) will put fair limits on step therapy or “fail first” practices. Step therapy occurs when a doctor prescribes a medication, but the insurance company requires the patient to try one or several other drugs first, usually based on financial, not medical considerations.

For cancer patients, step-therapy can mean an unnecessary delay in access to medication and could cause health deterioration.

The new law will:

- Ensure that step therapy programs are based on clinical guidelines developed by independent experts
- Create an exceptions process for step therapy that is efficient, transparent and accessible to patients and health care providers
- Establish a basic framework for when it is appropriate to exempt patients from step therapy

We appreciate our volunteer advocates and their ongoing efforts. To learn more and become an Advocate, visit www.vbcf.org/advocacy to sign up.
GIRL SCOUT TRAINING

On April 13, VBCF partnered the Girl Scouts of the Commonwealth of Virginia to offer a breast health education program for Scouts grades 9-12 to earn their Women’s Health badge. The session taught the young women about breast health, breast cancer myths, and how to advocate for themselves and others when it comes to their health.

This age group is an important audience for us because educating younger women and girls about their breast health can set them up to be more informed and effective advocates for their health in the future. Breast cancer may not be on their radar now, but they will remember at least some of what they learned with us and be able to use that information to check in with family and friends. They also have a better chance of beginning healthier habits now that could potentially prevent future disease.

Now that we have developed this curriculum, we would love to expand our reach! If you know a Girl Scout in this age group, we’d love to connect with troop leaders across Virginia about our program. To learn more, please contact Erin Steigleder, Education Manager, at erin@vbcf.org.

LGBTQ HEALTH TRAINING

On April 18, VBCF co-hosted an LGBTQ Health Conference for Providers. This conference was the culmination of 6 months of planning with national, state, and local organizations: the American Cancer Society – Central Virginia, the Cancer Action Coalition of Virginia, Diversity Richmond, Massey Cancer Center, the National LGBT Cancer Network, the Virginia Department of Health and the Women of Essence Breast Cancer Support Group.

Talking to providers about the challenges that LGBTQ patients face when seeking health care is a critical need. Many LGBTQ patients report having negative medical experiences in the past, which can lead to them delaying or not seeking medical care at all in the future.

If we can give providers the tools and education they need to provide more affirming care to all of their patients, we can begin to address the breast cancer health disparities that exist in the LGBTQ population.

Attendees left the conference eager to bring what they learned back to their health systems and workplaces, and many requested that this be an annual event. VBCF was excited to help educate providers so they can better serve their patients, and we hope to continue this important outreach in the future. Learn more: www.vbcf.org/lgbtq-breast-cancer
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cancer as they age, but as people get into their 70s and 80s, it is more likely that someone will die with breast cancer rather than from breast cancer.

If you are in your 70s and 80s and in good health (like my grandmother, who bragged about driving her 90-year-old friend to bridge every week), then it makes sense to continue screening mammograms because if you are diagnosed, you are a good candidate for surgery, treatment, and recovery. But with dementia or complications of heart disease, stroke, or lung disease in one's 80s and beyond, screening, testing, and even treatment for breast cancer that is likely very slow-growing (due to the person's age) can place unnecessary physical and emotional stress on someone who will likely not receive long-term benefits. In either case, it's good to make these kinds of decisions with your health provider, so everyone is on the same page.

All of this being said, ASBrS is the latest organization making these recommendations, and there are others out there. For the most part, insurance companies follow the screening recommendations from the US Preventive Services Task Force (USPSTF) when deciding what to cover, except, by law, they are required to start covering screening mammograms at 40 rather than the USPSTF recommended age of 50.

The American Cancer Society, American College of Radiologists and Society for Breast Imaging, American College of Obstetricians and Gynecologists, and National Comprehensive Cancer Network all have their own breast cancer screening recommendations, too. What really makes the ASBrS recommendations stand out is the formal call for an early initial conversation and assessment of breast cancer risk. Hopefully, other organizations will follow their lead and encourage doctors to have early conversations on breast cancer with their patients.

If you are over 25 and have not yet had a conversation with your doctor about your breast cancer risk, ask for an assessment. To help guide this discussion, take the 5 minute risk assessment created by the organization Bright Pink (www.brightpink.org) and bring those results to your doctor to kick start the conversation.

*Cisgender women, or people who identify as women who were also assigned the female sex at birth

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- Find help for yourself or a loved one
- Get involved as an education volunteer or become an advocate
- Learn more about VBCF's programs and mission

While you are there check out our blog at www.vbcf.org/blog and sign up for notifications!
Sponsors of VBCF’s More than a Pink Ribbon Awards Luncheon will help provide VBCF with the resources necessary to assist Virginians affected by breast cancer—from symptoms to survivorship. The support of our generous sponsors provides advocacy at the local and national level, care packages for newly diagnosed patients, and free educational materials and programs across the state.