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## Welcome!

by Sue Friedman

Welcome to the first edition of *Joining FORCEs*, the quarterly newsletter of Facing Our Risk of Cancer Empowered (FORCE). If breast or ovarian cancer runs in your family or if you worry about your risk for these cancers, this newsletter is for you.

From our humble beginning six years ago, we've seen our team of one blossom into a network of committed volunteers and supportive sponsors. What began as a single website is now a robust array of services. We remain the only national nonprofit organization devoted to people affected by hereditary breast and ovarian cancers. *Joining FORCEs* is a continuation of our efforts to inform, educate and support this high-risk community.

This inaugural issue focuses on the art of detection. We bring you promising results of studies using MRI as a breast cancer surveillance tool, and information about using proteomics for ovarian cancer screening. You'll learn how the Lynne Cohen Foundation for Ovarian Cancer Research is

revolutionizing cancer prevention and care by combining breast and ovarian cancer screening and services under one roof. We also introduce two collaborations of which we are quite proud: our toll-free helpline and our efforts to improve participation in the Family Cancer Genetics Network—a registry for research on hereditary cancers. FORCE member Lauren Dubin rounds out this issue with her heartfelt account of discussing breast cancer with children, accompanied by Dr. Paula Rauch's excellent commentary.

Future issues will feature more personal stories and details of FORCE services and programs. We'll track down the latest research of interest, and introduce individuals who are making a difference.

This publication is for you and about you. It should reflect your concerns, your interests and your ideas. So don't be shy telling us what you want to read. Our goal is to inform, support, and empower our readers, and ultimately to make you feel less alone. ♡

## New Collaboration Supports Prevention Research

by Kathy Steligo

FORCE is collaborating with the prestigious H. Lee Moffitt Cancer Center & Research Institute in Tampa to improve research and care for families affected by hereditary breast and ovarian cancers. The three-year project encourages individuals with a personal or family history of cancer to enroll in the Family Cancer Genetics Network Registry (FCGN), a national centralized communication link between high-risk individuals and the research community.

The registry is a win-win situation: scientists get the clinical study data they need, while participants receive regular updates and study results. Ultimately, this work will lead to better prevention, treatment and surveillance options, and improved care.

Registry information will be used to answer questions about hereditary cancers, including:

- How common are inherited genetic changes that cause cancer?
- Why do some people with inherited genetic changes develop cancer and others do not?

- How does a person's lifestyle interact with genetic changes to cause or prevent cancer?
- How can this research help prevent cancer?
- How can we improve cancer treatments?
- How can people cope better with cancer and cancer risk?

Rebecca Sutphen, MD, Director of the Family Cancer Genetics Network and Director of the Clinical Genetics program at Moffitt, has high expectations for the collaboration. "We expect this partnership to propel cancer prevention research forward in a way that has never been possible before," she said.

Visit [www.fcgn.org](http://www.fcgn.org) or call 1-800-456-3434, extension 4990 for more information. ♡



H. Lee Moffitt Cancer Center

## Professional Perspective

Dr. Mark Robson of Memorial Sloan-Kettering Cancer Center, suggests women interested in MRI surveillance research facilities carefully. "Ask how many breast screening MRIs the facility has performed, what their biopsy recommendation rate is, and whether or not they can perform MRI-guided biopsies, so that an abnormality can be sampled if detected," he recommends.

If you have a BRCA mutation, speak to your doctor about adding MRI and ultrasound to your repertoire of screening tools. While not yet recognized as standard care, some insurance companies now consider MRI screening medically necessary for women with high hereditary breast cancer risk. ☺

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# MRI Screening for High-risk Women

by Kathy Steligo

Hearing that you're BRCA positive can be quite a shock. Sometimes it's even tougher to figure out what to do about it.

Deciding how to address risk management can be frustrating and difficult at best. Prophylactic mastectomy is the most effective action, reducing overall breast cancer risk by about 90%. But for many women, it is simply too drastic, both physically and psychologically.

While many women prefer increased surveillance, they worry that monthly self breast exams, semi-annual clinical breast exams, and annual mammograms may not identify breast cancer at an early, treatable stage. Two recent studies show magnetic resonance imaging (MRI) to be an effective adjunctive breast cancer surveillance tool for women with high hereditary risk.

The two studies found MRI, particularly when combined with ultrasound, more effectively detects early stage breast cancer than traditional screening methods. In a Canadian study of 236 women with BRCA mutations, participants were monitored with mammography, clinical breast exam, ultrasound and MRI. While traditional screening tools would have identified less than half of the breast cancers present, MRI found 77%. Mammography identified 36 percent, ultrasound detected 33 percent, and clinical breast exam found just 9 percent. When all four modalities were utilized, 95% of cancers were successfully identified.

A Dutch study of 1,909 women, including 358 with BRCA mutations, had similar results, reinforcing the efficacy of MRI compared to other methods.

In both studies, MRI reliably found both *in situ* and stage I lesions. The ability to identify these early stage cancers is critical

for high-risk, premenopausal women, whose younger, denser breast tissue often obscures mammography. Consequently, their tumors are more frequently high-grade and fast-growing, and are often detected by mammography only after they are advanced.

Although the study results are encouraging, questions remain. MRI appears to offer more sensitive screening of women with BRCA mutations than mammography alone, but we don't know whether that will ultimately lead to a decrease in breast cancer deaths in this population. Because MRI is more sensitive than mammography, it can pick up abnormalities that aren't cancer, leading to more biopsies and anxiety.

There are practical issues as well. What combination of screening techniques provides the most effective surveillance? MRI and ultrasound? MRI and mammography? In both studies, MRI and mammography appear to be complimentary; both found *in situ* cancers missed by the other, and ultrasound found a few additional cases missed completely by MRI. And at what intervals should the different screening procedures be applied? In both studies the MRI screening was performed annually. Cancers developed in some women in the period of time between screenings. These "interval cancers" were detected as lumps found either by the woman or by her physician.

Another issue: like so many other technologies, MRI is only as good as the technician's experience and the protocol used. And breast imaging is just half of the MRI equation. Lesions identified by MRI that cannot be palpated or detected by mammography or ultrasound require a biopsy using MRI-guidance; traditional methods cannot be used. ☺

## Callers Give Helpline High Marks

by Kathy Steligo

“Lifesaving.”  
“Comforting.”  
“Excellent, informative.”

That’s how callers describe the support and information they received from our confidential, toll-free telephone Helpline during its first year of operation.

A collaboration between FORCE and the Abramson Cancer Center of the University of Pennsylvania, the volunteer-staffed program was launched in December 2003. It is the first and only helpline devoted to providing support, resources and referrals for anyone concerned with hereditary breast and ovarian cancers.

A recent survey showed 95% of individuals who called the Helpline were satisfied with their overall experience, while 89% were “highly” satisfied.

The Helpline’s success reflects the commitment and abilities of the volunteer staff, as well as their comprehensive training. All twenty-five volunteers are primed to actively listen, understand the feelings callers express, and gently probe to discover how they can best serve and support those who call.

Most callers are women concerned with the risk of breast and ovarian cancers because of their family history. Many are unaware of genetic counseling or confused about genetic testing. Others are anxious or fearful about their potential cancer risk because they’ve just discovered they carry a BRCA gene mutation, or want to know about options for increased surveillance.

“Many people call because they don’t have a cancer center nearby and don’t have access to the Internet,” explains Pamela Shapiro, Ph.D., who manages the Penn research effort.

Callers are often matched to a volunteer with similar history. The power of this

peer counseling is the core of the Helpline experience. “All of our volunteers have been through genetic counseling. Because they’ve lived through the fear and uncertainty of increased risk, they impart a sense of trust that comes from shared experience,” says Shapiro.

For some, Helpline contact evolves into a personal discovery process. Conversations that begin as a quest for information often lead to an outpouring of emotional issues as women respond to the understanding voice on the other end of the line. Frequently individuals who have no other outlet to express their fears actually acknowledge their concerns for the first time.



*Nancy Faidley  
Helpline Volunteer*

“Often people don’t know where to turn. They tell us they feel so alone with the issue of risk. I listen to each one’s concerns and assess how I can best help that individual,” says Nancy Faidley, a volunteer since the Helpline began. “I’m a 411 information service for people who are curious or fearful about hereditary cancers. But in equal measure, I provide kindness and understanding, an emotional warm blanket.”

Beyond a sympathetic ear, callers receive practical information as well. While volunteers stop short of offering medical advice, they share experiences and answer general questions about genetic counseling and testing. They also refer women to health professionals who can help them make informed decisions about their own health care.

The caller satisfaction expressed in the survey is shared by the volunteers. “At the end of the day, I’m drained from the calls, but I’m also fulfilled,” says Faidley. “It’s an amazing feeling to know you’ve helped someone else.”

## How to reach the Helpline

866-824-RISK  
(866-824-7475)

Monday:  
Noon-2:00 p.m. (Eastern)

Tuesday-Friday:  
10:00 a.m.-noon  
7:00-9:00 p.m.

Callers may leave contact information during out-of-hours.

## How to Become a Helpline Volunteer

contact  
Sue Friedman  
954-255-8732  
or [info@facingourrisk.org](mailto:info@facingourrisk.org)

## Helpline Study

The University of Pennsylvania and FORCE presented a poster at the Society of Behavioral Medicine’s annual conference in April 2005. The poster reported responses from a survey conducted on callers to the helpline. The majority of callers (89%) reported complete satisfaction with the outcome of their call, 93% reported that they would recommend the Helpline to others, and 30% reported contacting a health care specialist related to risk management following their Helpline call. You can view the poster on the FORCE website at: [www.facingourrisk.org/docs/helpline\\_poster.ppt](http://www.facingourrisk.org/docs/helpline_poster.ppt)

# Voices of FORCE

## Commentary on a Legacy of Silence

by Dr. Paula Rauch

Lauren's childhood experience matches what we often hear through Parenting At a Challenging Time (PACT), the Massachusetts General Hospital Cancer Center Parenting Program. When parents exclude children from dialogue to protect them, children often feel alone with their worries. The imposed silence—an "error of kindness"—indicates a topic is too scary to discuss or that the child is not important enough to be included in the conversation.

### Starting the conversation

What does a child really understand about cancer? How much is too much to tell? At what age is it appropriate to talk about risk? Using the word "cancer" is the prerequisite for inviting an open discussion. By teaching a child what cancer is, parents begin a positive education process. Euphemisms such as "bump", "lump" or "boo-boo" are confusing; children are likely to have bumps and lumps themselves and may imagine they have a serious problem.

Preschoolers (ages 3-6) mix fantasy and reality in their understanding of the world, imagining things from their own egocentric positions. They are too young to understand risk. If you have breast cancer, discuss this with your child. Allay his fears that he did something to cause your cancer or change your mood.

Elementary school children (ages 7-12) expect the world to follow clear rules. They need

Each quarter, we'll invite a FORCE member to share an insightful perspective, a valuable experience, or a touching story to help others who are dealing with issues of hereditary breast and ovarian cancer

## Confronting a Legacy of Silence

By Lauren Dubin



For women with BRCA mutations, creating appropriate and comforting dialogue with our children can be a difficult challenge. How we as mothers cope with the fear and uncertainty of our high-risk status trickles down to them.

Cancer has shrouded my own life since childhood. My mother never discussed her breast cancer with me. She never talked about her radical mastectomy or her feelings. Only when I was 44 and facing my own breast cancer—33 years later—did she share the details with me. As a child, I recall hushed conversations and seeing her wave to me from her hospital window as I stood outside feeling left out and afraid. Later, I remember sitting silently in the kitchen together, while she did her creepy crawly exercises up the wall. I was no longer invited to sit on her bed to watch her dress. The bed was replaced with a closed door. I would sneak peeks at her satin prosthesis; it scared me to pieces. It was the language of her cancer. It spoke the words that she couldn't or wouldn't say.

As a teenager, I desperately needed reassurance my mother would be all right. I hated her silence. I wanted to talk about her cancer; to ask my many questions. I wondered about my own risk, even then. I vowed to never keep my children in the dark about our family's cancer legacy. Now, it's my turn. I must find the right words to tell my children about others in our family who have developed cancers: my aunt, my cousin, my sister, and me.

I appreciate now what my mother attempted through her silence: to protect me. What she didn't know was that her silence made the situation much worse. The unspoken fear of recurrence haunted me for years. So I am doing it differently. Not perfectly, perhaps, because being open isn't as easy as it sounds and sharing is a work in progress.

Cancer, with its increased doctor appointments and hushed phone calls, can fill children with fear. But which details should I share with my daughter and which should I hide? Too much and she might obsess over her own cancer risk. Too little and she might feel left

out. I know my daughter understands that my BRCA status inexorably links her to a legacy of women fighting and coping with cancer. She's heard me discuss our family's risk and listened as I struggled with medical decisions. When she was only 11, she cared for me as I recovered from a prophylactic oophorectomy. And at 15, she heard the words I heard so many years before: her own mother has breast cancer.

*I appreciate now what my mother attempted through her silence: to protect me. What she didn't know was that her silence made the situation much worse.*

It's never too early to talk. We may share a hereditary cancer legacy, but I'm doing everything I can to break the legacy of silence. ∞

*Lauren Dubin recently completed treatment for early-stage breast cancer. An active member of FORCE, she is particularly interested in the impact of genetic cancer on the mother-daughter relationship. Lauren lives near Washington, DC with her husband and two teenage children.*

## Share Your Story

Do you have something to say that may inform our readers or ease their experience? We invite you to share your reflections or personal story about dealing with the issues of hereditary breast or ovarian cancer. Tell us how you feel, how you cope, or what you've learned. E-mail stories of 500-550 words to [info@facingourrisk.org](mailto:info@facingourrisk.org) or mail to FORCE, 16057 Tampa Palms Blvd. W. #373, Tampa, FL 33647. Please include your name and daytime telephone number so we can contact you if we decide to publish your story in a future issue.

## Commentary

(continued)

simple explanations—cancer is made up of cells that grow too fast and must be slowed down. Discuss what you are doing to treat the cancer or watch for its appearance; at this age, kids understand preventative actions, like wearing seat belts or bike helmets to be safe.

Adolescents think complicated thoughts like adults, but their problem solving and behavior is influenced by emotion. Encourage them to share their worries and feelings. It is also normal for teens to become close to adults other than their parents. If you can, make sure these adults understand your medical situation and provide your child with accurate, caring support.

If your children ask whether you might die from cancer, answer honestly; but let them know you have good doctors and you are taking actions to live a long time. Assure them you are not worried about dying from breast cancer now and that if it becomes a concern, you will be honest about it.

Responding to your children's questions with open honest dialogue is the best way to help them feel safe and loved in this uncertain world. ∞

*Paula K. Rauch, MD, is chief of the Child Psychiatry Consultation Service to inpatient pediatrics, and founder/director of PACT, the Massachusetts General Hospital Cancer Center Parenting Program. She and her husband live in Brookline, MA and are the parents of three children, ages 16, 18 and 27.*

## The Language of Science

Scientists use the following criteria when considering the utility of a screening test:

- **Sensitivity** is the probability of a positive test among those who have the disease (true positives). If two women in a group of 100 have ovarian cancer, for example, a highly sensitive test would find positive results in both women.
- **Specificity** is the probability of a negative test among those who do not have the disease (true negatives). If only two women in the group of 100 have ovarian cancer, but 10 falsely test positive, the test is not very specific.

The ideal test is both sensitive and specific. If someone tests positive, they likely have the disease; if they test negative they likely don't. It is difficult to develop a test that is highly sensitive and highly specific. Usually one quality is compromised at the expense of another.

- **Reproducibility** refers to the key ability to achieve consistent results with the same test at different times and/or different facilities.

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# Proteomics: New Hope for Finding Ovarian Cancers in High-Risk Women

by Sue Friedman and Dr. Janiel Cragun

Genetics involves the study of genes, the body's master code that determines how individual cells evolve into skin, muscle, bone and nerve. By understanding genetics, we can recognize changes to genes—BRCA mutations which lead to hereditary breast and ovarian cancers, for example—and take actions to manage the risk for these cancers. Which genes are present and “switched on” in a particular cell affects which proteins the cells make. Proteins are the chemicals of life that distinguish different cells from each other, allowing a skin cell to cover our body, a muscle cell to move parts of our body, and a nerve cell to conduct electrical impulses. The science of proteomics identifies the thousands of proteins produced by the body, and how they function in health and illnesses such as cancer.

Until recently, scientists were capable of studying only very large proteins in small volumes, and identifying just one or two proteins at a time. The application of these proteins towards cancer screening is limited. Some may be present in non-cancerous conditions, such as inflammation or infection, or are specific to more than one cancer type. This is the case with CA125, a protein test commonly used with transvaginal ultrasound and rectal-pelvic examination to diagnose gynecologic cancers, follow ovarian cancer progression, or screen for ovarian cancer in high-risk women. The test produces less than optimal results: CA125 is elevated in only 80% of patients with advanced disease and 50-60% of women with early stage ovarian cancer; CA125 can be elevated in some women without cancer, thus making the test difficult to interpret.

Advances in proteomics are improving our capability to identify both smaller proteins and larger numbers of proteins in a single mass analysis. These advances allow us to search for “protein patterns” that might indicate specific cancers more accurately, previously an impossible task. In an article published in 2002 in *The Lancet*, investigators conducting preliminary research in protein pattern recognition were able to distinguish blood samples

from ovarian cancer patients from patients who didn't have ovarian cancer. Based on this study, many researchers are optimistic that proteomics can help in ovarian cancer detection. An elusive disease to date, ovarian cancer is often discovered in later stages.

Development of a screening test for ovarian cancer faces challenges. To be considered clinically useful, a screening tool for a disease as rare in the general population as ovarian cancer must be highly sensitive (having a high true positive rate) and specific (having a high true negative rate). Considering the fear and anxiety caused by a falsely positive test, and the resulting potential for invasive surgery, some experts believe that unless a test with near-perfect specificity and sensitivity to cancer is developed, the benefits of ovarian cancer screening in the general population don't outweigh the risks.

“There is always a balance between making something available because we need it right now and making sure it stands up to the rigors of good scientific research,” says Dr. Tim Rebbeck, researcher of epidemiology at University of Pennsylvania Abramson Cancer Center. “The medical community needs to have confidence in any screening test before it becomes a standard of care.”

But what are the consequences of not detecting ovarian cancer? The ovaries are naturally hidden, tucked away in the body cavity, obscuring tumors from study. If ovarian cancer is caught in early stage, the cure rate can reach 90%. Currently only 23% of ovarian cancers are diagnosed in stage I.

Women with BRCA mutations have a higher prevalence of ovarian cancer than the general population. How does the standard for a near-perfect test translate for this high-risk population? According to Dr. Rebbeck, the answer may depend on a woman's individual circumstances,

*continued on page 8*

# The Lynne Cohen Foundation Programs: Many Services Under One Roof

by *Sophie Roell*

If finding out I had a BRCA1 mutation wasn't already stressful enough, it got even worse when I tried to do something about it. I was 30 years old, and because I wanted to preserve my option to have children, my only solution was surveillance. But figuring out how to go about it wasn't easy.

The breast surgeon with whom I consulted at a local New York breast cancer center seemed brilliant, but took little interest in my worries about my ovaries. One doctor told me I needed to be on the Pill to reduce my risk of ovarian cancer, while another suggested quitting the Pill because it raised my breast cancer risk. It all seemed random. I had the feeling if I walked out the door and never returned, no one would even notice.

The Lynne Cohen Foundation for Ovarian Cancer Research is changing this frustrating type of experience, revolutionizing early detection and screening of women's cancers with their comprehensive, multidisciplinary programs for breast and ovarian preventive care. In clinics at four major cancer centers across the country (see sidebar), women who worry they are at high risk have all their concerns and questions addressed in one place. Here oncologists specializing in breast and gynecologic cancers, and counselors (who provide genetic counseling, life-style counseling and psycho-social counseling) are available under the same convenient roof. "The breast and gynecologic specialists communicate with each other," says Trudy Harris, the Foundation's Co-Executive Director. "This multidisciplinary concept is important to us but right now most medical institutions aren't set up that way."

While the clinics address patient care, they also facilitate research under the aegis of The Lynne Cohen Consortium. Pooling data from the high-risk community served by the programs will

link women at risk with the science of screening and prevention. A data bank and tissue repository including other biological samples from Lynne Cohen Clinic patients is in development and will vastly improve early detection efforts for both breast and ovarian cancers.

At a Lynne Cohen Consortium meeting I saw the Foundation's vision at work: doctors and researchers from each of the sites sharing information and discussing their various research protocols. Topics ranged from the highly technical (reduction of false positive MRI screenings) to public health issues (how to communicate cancer risk issues to minority women). One study will examine the potential for using aromatase inhibitors, used widely for breast cancer treatment, to prevent the disease in high-risk women. At a Foundation-sponsored symposium, *The Emerging Role of Screening and Prevention in Women's Cancers*, medical specialists from around the world presented their ideas, research and hopes for future improvements. Most promising is the use of MRIs for early breast cancer detection (see "MRI Screening for High-Risk Women" on page 2) and research into blood proteins (see "Proteomics: New Hope for Finding Ovarian Cancers in High-Risk Women" on page 6).

Harris is excited and encouraged by all the progress. "Screening and prevention is a new scientific frontier, an emerging field, and we're making strides." I hope she's right. I watched my mother die painfully of ovarian cancer when I was nine years old. With my lifelong dread of the disease, I sometimes forget the simple point driving the Lynne Cohen Foundation's work: breast and ovarian cancers are curable diseases when found in early stages. ♡

*Sophie Roell is a freelance writer in New York.*

## All-in-One Centers

Established in 1998, The Lynne Cohen Foundation is dedicated to the life, character and strength of its namesake, who died of ovarian cancer. Although Cohen didn't carry a genetic mutation, she was concerned her three daughters might be at risk. Since then, through preventive care programs at major cancer centers throughout the country, the Foundation created by Cohen's daughters focuses on the emerging role of screening and prevention in women's cancers.

Lynne Cohen Preventive Care Sites:

Lynne Cohen at Bellevue Hospital Center in New York (212-263-3198) \*

Lynne Cohen Breast Cancer Preventive Care Program at NYU Cancer Institute in New York (212-731-5452)

Lynne Cohen at USC/Norris Comprehensive Cancer Center in Los Angeles (323-865-0800)

Lynne Cohen at MD Anderson Cancer Center in Houston (713-563-4546)

Lynne Cohen at University of Alabama in Birmingham (open 2006)\*

\*Focus on providing excellent medical care to underserved, uninsured minority women.

Call 877-682-7911 or visit [www.lynnecohenfoundation.org](http://www.lynnecohenfoundation.org) for more information about available services, clinical trials, conferences, research and related events. **KICKIN' CANCER!**, the non-profit's annual 5K walk/run and women's healthcare expo will be held on September 18th in Brentwood, California and October 9th in New York City. Proceeds fund the Foundation's Preventive Care Programs.

For a list of other facilities that offer care for high-risk women, see the FORCE website.

## Our Sponsors

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If you'd like to learn more about sponsoring FORCE, visit [www.facingourrisk.org/sponsorship](http://www.facingourrisk.org/sponsorship) or call 866-288-RISK, extension 1.

## We Want to Hear From You

What's on your mind? What would most help you understand or cope with issues of prevention, diagnosis or treatment? Perhaps you've recently tested positive for a BRCA gene mutation and don't know where to turn. Maybe you're dealing with breast or ovarian cancer, or care about someone who is. Send your input, ideas and comments to [info@facingourrisk.org](mailto:info@facingourrisk.org) or mail to FORCE, 16057 Tampa Palms Blvd. W. #373, Tampa, FL 33647

### **FORCE: Facing Our Risk of Cancer Empowered**


16057 Tampa Palms Blvd. W. #373  
Tampa, FL 33647

## Proteomics *(continued)*

including factors such as her age, whether she carries a BRCA1 or BRCA2 mutation, and her tolerance for the potential for false positives. For example, a woman who is already considering prophylactic oophorectomy may be willing to trade specificity for increased sensitivity; she might worry more about missing an ovarian cancer that is already present than a receiving a false positive test. A 37-year-old woman with a BRCA1 mutation who is undecided about having a child might be willing to risk a one percent chance false positive rate in exchange for the certainty that a negative test will mean she doesn't have ovarian cancer.

Until a proteomic test is commercially available these are largely speculative concerns. Proteomic research, however, is advancing rapidly. There's growing optimism it will lead to improved ovarian cancer detection for both the general and high-risk populations. Efforts are focusing on improving reproducibility of these tests. Recent studies in prostate cancer have shown encouraging reproducibility

between institutions, giving hope of standardizing this process for screening purposes. New studies on LPA, a lipid that is elevated in ovarian cancer, are showing promise. Meanwhile research to validate protein patterns for use in detection of ovarian cancer in BRCA carriers is continuing. While near-perfect sensitivity and specificity may be the ultimate goal, any improvement over our current ability to detect ovarian cancer in high-risk patients would be embraced by this community.

To learn more about screening tests currently available for ovarian cancer, and more about research studies enrolling women for ovarian cancer detection, visit the FORCE website. 

*Dr. Janiel Cragun is a post-doctoral fellow studying ovarian and endometrial cancer at the H. Lee Moffitt Cancer Center and Research Institute in Tampa, Florida.*

## What's New @ FORCE

Something good is getting better.

We're giving our website ([www.facingourrisk.org](http://www.facingourrisk.org)) a complete makeover. We're sprucing up the information categories—resource lists; information about risk management, genetic testing, breast reconstruction, privacy, insurance and other issues; and our

popular message board. You'll find new items too: FORCE happenings, current research regarding hereditary breast and ovarian cancers, an online version of this newsletter (including response and comment forms), information on gathering family history and much more.