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Welcome! Special Conference Edition

by Sue Friedman

"Welcome to YOUR conference!"

With these words I welcomed more than 200 people from 28 states, five countries and three continents to the first *Joining FORCEs* conference on hereditary breast and ovarian cancer. After eight months of planning, promoting, worrying, and working diligently, the conference came to fruition in February at the Moffitt Cancer Center in Tampa.

Our objective was to provide a balanced mix of information, networking, support, and fun from beginning to end. Judging from conferee's reports, we exceeded our intent. With this event, we made history—the first national conference devoted to hereditary breast and ovarian cancer. The turnout and enthusiasm demonstrates the need for future conferences and resources like FORCE.

In the Family

by Joanna Rudnick

When I tested positive for a BRCA1 mutation five years ago, I never imagined I would be sharing my story with millions of people. I went through great lengths to keep it a secret; I tested anonymously, my screening appointments became "routine gynecological visits," and my boyfriend at the time thought I was avoiding him. I lied to the only friend who knew I was getting tested, telling her I was negative.

I moved home to Chicago in 2003 to be closer to my family and to come to terms with my BRCA status. I slowly revealed my results to those around me and sought information to help make decisions about how to protect myself.

I am a filmmaker by trade. As I learned more about BRCA mutations, it became clear what my next project would be: *In the Family*, a film chronicling the lives of women at high risk for hereditary breast and ovarian cancer. In searching for these women I found FORCE. I immersed myself in their stories on the FORCE website. Then I contacted Sue Friedman and put out my first post on the message board—a call for women to share their stories for the film.

After numerous conversations with FORCE women, I realized I could no longer ask them to open up if I could

Our stellar cast of speakers included respected physicians, international researchers, and women who graciously shared experiences and gave insight about living under the shadow of a BRCA mutation. Conferees asked questions; they found answers—all within a comfortable, communal atmosphere.

Feedback after the conference was quite positive: 92 percent of respondents rated it "outstanding" or "excellent;" 100 percent of respondents felt the conference met or exceeded their expectations.

We salute everyone who helped make our first conference such a success. If you weren't able to attend, we look forward to seeing you next year. In the meantime, visit www.facingourrisk.org/webcast for audio and PowerPoint presentations from the conference.

not do it myself. In June of 2005, I attended my first FORCE support group in Philadelphia and filmed the experience. It was my first shoot for the documentary and my first time going public with my story. Twelve women attended the meeting and shared openly. One of the women, Linda Pedraza, told her compelling story. Diagnosed with ovarian cancer, she completed treatment only to be diagnosed with breast cancer less than a year later. Four months after the shoot Linda was diagnosed with recurrence to her brain. I spent time filming her in her final struggle with cancer and documenting its devastating impact on her family.

I was honored, but nervous when Sue asked me to premiere a sample of the film at the first FORCE conference. Not only was I telling the stories of women like Linda, I was also revealing myself, my relationships, and my gravest fears. Would it be too difficult to watch Linda just weeks after she passed away? Would the women in the room feel I was representing their story with accuracy, integrity, honesty, and compassion?

The first good sign was the laughter. The next was a comment from an audience member who could see

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Ovarian Cancer Detection Research Study

Dr. Sutphen was awarded a \$3.5 million grant from the National Institute of Health to analyze preoperative blood samples from women with suspected ovarian cancer. The study, which is being performed in collaboration with community physicians, involves collecting blood samples from approximately 1,000 women throughout the Tampa Bay region who are undergoing surgery for suspected ovarian cancer. The goal is to identify proteomic patterns and biomarkers that can distinguish between ovarian cancer patients and healthy controls toward the development of a blood test for ovarian cancer detection. ∞

References

R Sutphen, Y Xu, GD Wilbanks, J Fiorica, EC Grendys, Jr., JP LaPolla, et al. Lysophospholipids Are Potential Biomarkers of Ovarian Cancer. *Cancer Epidemiology Biomarkers & Prevention*, July 2004; volume 13, no. 7: p. 1185-1191.

T Pal, J Permeth-Wey, J Betts, J Krischer, J Fiorica, R. Sutphen, et al. BRCA1 and BRCA2 Mutations Account for a Large Proportion of Ovarian Carcinoma Cases. *Cancer*; November 2005; vol. 104, no.12: p. 2807-2816.

CAM Resources

Dr. Myers suggests the following websites for more information about CAM, how to find a mind-body practitioner, and how to evaluate the safety and efficacy of a particular CAM practice.

National Center for Complementary and Alternative Medicine
(www.nccam.nih.gov)

MD Anderson Complementary Integrative Medicine Education Resources
(www.mdanderson.org/departments/CIMER)

Dr. Herbert Benson's Mind/Body Medical Institute (www.mbmi.org) ∞

Ovarian Cancer Prevalence and Early Detection

by Sue Friedman

Presenter: Dr. Rebecca Sutphen, Associate Professor, Departments of Interdisciplinary Oncology and Pediatrics, H. Lee Moffitt Cancer Center & Research Institute, University of South Florida College of Medicine

Dr. Sutphen summarized results of the Tampa Bay Ovarian Cancer Study (TBOCS), which examined the prevalence of BRCA mutations in ovarian cancer patients. TBOCS demonstrated that BRCA carriers account for about 14 percent of the most common type of ovarian cancer; certain forms of the disease were unlikely to be due to a mutation. A review of TBOCS appeared in the Winter 2006 issue of *Joining FORCEs* and is available on our website.

Dr. Sutphen's ovarian cancer detection talk focused on her research studying

Lysophosphatidic Acid (LPA), a substance found in the pelvic fluid of women with ovarian cancer. LPA is produced by ovarian cancer cells and promotes the growth of tumors, establishing a direct association between this biomarker and ovarian cancer. In her study, 93 percent of the women with ovarian cancer had elevated LPA levels in their blood, compared with healthy women. LPA was elevated in women with early stage cancer, encouraging optimism for use in early detection.

Dr. Sutphen emphasized the need for near 100 percent accuracy when screening for ovarian cancer in the general population. In contrast, current recommendations for screening of BRCA carriers and other high-risk individuals include CA125, a less accurate blood test than LPA.

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Facing Our Risk of Cancer Empowered and Relaxed

by Drea Thew

Presenter: Cynthia Myers, PhD, LMT, Director of the Integrative Medicine Program, Moffitt Cancer Center & Research Institute, University of South Florida College of Medicine

Dr. Myers discussed mind-body medicine: hypnosis, yoga, biofeedback, meditation and other techniques that promote health and well-being by enhancing the mind's capacity to affect bodily functions and symptoms. These techniques fit into the NIH's complementary and alternative medicine (CAM) domains. Relaxation is also a type of mind-body medicine.

Dr. Myers spoke of evidence that mind-body medicine can be helpful in many healthcare situations, including coronary artery disease, post-surgical outcomes, and managing the side effects of cancer treatment. Clinical trials at Moffitt are investigating mindfulness-based stress reduction in early stage breast cancer, and massage for young cancer patients.

and how to manage it. This natural response is a series of autonomic nervous system changes that occur when we perceive a physical threat. The goal, she said, is to replace the fight-or-flight response with the relaxation response—a physical state of deep rest, including reduced heart rate, blood pressure and rate of breathing—and an increased subjective state of physical well-being. This can be accomplished with many techniques, including bio-feedback, progressive muscle relaxation, meditation, hypnosis, and guided imagery.

In closing, Dr. Myers led the audience through a simple relaxation exercise. Afterward, when participants agreed they were relaxed, Dr. Myers commented, "It's so simple, and yet there's something reassuring about it. Instead of perceiving a threat, which we can do with our minds, by choosing a word that is very relaxing, very nurturing perhaps, you are getting into the driver's seat of your own body-mind connection." ∞

Drea Thew is a FORCE Help-line volunteer.

The heart of Dr. Myers' presentation was a discussion of the fight-or-flight response

Breast Reconstruction Options

by Kathy Steligo

Presenters: Andrew Salzberg, MD; Jeffrey Friedman, MD; Frank DellaCroce, MD

Breast reconstruction is an issue of interest to many BRCA women, whether they're considering mastectomy as a prophylactic measure or as a breast cancer treatment. Many women came to the conference looking for answers about reconstruction: What procedure is best? What is recovery like? Is it practical or possible to spare their nipples?

Conferees came to the right place. Plastic surgeons introduced different reconstructive methods, while women in various stages of reconstruction happily answered questions, shared personal perspectives, and displayed their results (impromptu show-and-tell sessions occurred at any given moment in the ladies room).

The Breast Reconstruction Options session began as three FORCE members told why the procedure they chose was right for them. Elaine described having hybrid saline/silicone implants for 24 years before replacing them. Sharon explained how pleased she was to have an AlloDerm® implant reconstruction that didn't require the discomfort and awkwardness of traditional expansion. Joan talked about her satisfaction with delayed bilateral GAP reconstruction and later revision surgery.

Three plastic surgeons then spoke about various reconstructive techniques. Dr. Andrew Salzberg elaborated on the AlloDerm implant procedure, which uses patches of acellular tissue (donated human tissue that has been stripped of its epidermis and genetic material) to support and hold an implant in place. This helps define the shape and contour of the new breasts and provides a cushion between the breast skin and the implant. More importantly for the patient, it often eliminates the need for expansion (gradual stretching of the chest

muscle and breast skin to accommodate an implant). Dr. Salzberg also clarified subcutaneous prophylactic mastectomy, a procedure that spares a woman's nipple and areola.

Dr. Jeffrey Friedman discussed the difference between attached (pedicled) transverse rectus abdominis myocutaneous (TRAM) flaps, which sacrifice all of a woman's abdominal muscle, compared to a free TRAM, which produces similar cosmetic results but preserves most of the muscle. Dr. Friedman explained how abdominal flaps can rebuild breasts to be smaller or larger than a woman's natural breasts, but the size of the new breasts are limited by the amount of excess skin and fat in a woman's tummy. "You can't make a D-cup breast with an A-cup abdomen," he said.

"You can't make a D-cup breast with an A-cup abdomen."

Dr. Frank DellaCroce spoke about the cosmetic advantages of immediate reconstruction, and presented two micro-surgical muscle-sparing flap procedures: the deep inferior epigastric perforator (DIEP) and,

for women who don't have sufficient abdominal tissue or who can't have abdominal surgery, the gluteal arterial perforator (GAP). Dr. DellaCroce explained that perforator flap surgeries are labor intensive and lengthy, but they produce superior cosmetic results and require a shorter hospital stay and recovery than older flap methods. He also described how breast improvements and new nipples are accomplished with revision surgery.

Later roundtable discussions set the stage for personal question-and-answer sessions, as women directed their individual concerns and questions about reconstruction to the surgeons. At the end of the day, the women, some with spouses or partners, felt better equipped to make their own decisions about reconstruction. ♡

For More Information

For more information, see "An Introduction to Breast Reconstruction" in the Fall 2005 issue of *Joining FORCEs* or visit our website.

Prophylactic Mastectomy

Prophylactic mastectomy is the most extreme action a woman can take to minimize her risk of breast cancer. It's also the most effective, reducing the risk in BRCA carriers by 90 percent.

When immediate reconstruction is performed with prophylactic mastectomy, skin-sparing surgical techniques can provide emotional and cosmetic advantages. Implants or tissue from a woman's own back, abdomen, or buttocks can be used to rebuild new breasts through her mastectomy incisions.

FORCE recommends women who believe they are at high risk consult with a genetics specialist before pursuing prophylactic mastectomy. Know your personal risk for breast and ovarian cancer, and understand your risk management options before you decide prophylactic mastectomy is right for you.

Sentinel Node Mapping

Sentinel node biopsy is a procedure to determine whether invasive breast cancer cells have spread beyond the breast into the lymph system. By injecting a blue dye or radioactive material into the breast, the surgeon can find the underarm node most likely to contain cancer cells. If this sentinel node is found to be free of cancer, a more extensive "axillary dissection" surgery can be avoided. Prophylactic mastectomy does not always include either sentinel node biopsy or axillary dissection because the woman is assumed to be free of breast cancer. However, because breast cancer is occasionally found in high-risk women during prophylactic mastectomy, some breast surgeons perform sentinel node biopsy as a precautionary measure. Women considering prophylactic mastectomy should discuss the benefits, risks and limitations of sentinel node biopsy with their surgical team. ♡

Voices of FORCE

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

Understanding Choices, Making Decisions about BRCA

Finding you have a BRCA mutation or inherited risk for breast and ovarian cancer can be unsettling and confusing. But you're not alone. FORCE offers a wealth of information and support. We can point you in the right direction if you're looking for a genetic counselor, put you in touch with others of similar background and choices, or give you encouragement and a hug (either the cyber or in-person variety) when you need it the most.

Being "at high risk" means you have choices about your risk management options:

- Chemoprevention (medications to lower your risk for breast cancer and/or ovarian cancer)
- Surveillance for breast and/or ovarian cancer
- Prophylactic surgery to reduce the risk of breast cancer and/or ovarian cancer
- Participation in research studies looking at risk-management options

Conference Webcast

A free webcast of the audio and PowerPoint slides from our *Joining FORCEs* conference is now available at www.facingourrisk.org/webcast.

Understanding Choices, Making Decisions about BRCA *(continued)*

Making an informed decision about these choices requires understanding of what each involves. The following five steps will help organize your actions to put you on the decision-making path.

1. Let FORCE help (visit our website or call our Help-line)
2. Consult with a genetic counselor to sort out your risk for breast and ovarian cancer
3. Involve gynecologic and breast specialists who are knowledgeable about hereditary cancer risk
4. Weigh the benefits and limitations of each option
5. Choose the risk management option that is best for you

See the FORCE website (www.facingourrisk.org) for information, links, and resources for breast and ovarian cancer survivors and pre-vivors (survivors of a predisposition to cancer). No matter where you are in the high-risk journey, FORCE is here to help and support you. ♡

Considering Reconstruction?

If you're sorting through your reconstructive options, we recommend *The Breast Reconstruction Guidebook* by FORCE member Kathy Steligo. Order at Amazon, www.breastrecon.com, or call 800-431-1579,

Two Days of Information, Inspiration, and Answers

by Drea Thew



FORCE's first national conference could not have come at a better time. I have known about my BRCA2 mutation for five years, since I was 29. After a lot of consideration, I chose to manage my breast cancer risk with aggressive surveillance until age 35 or so, and then reassess my options. In January of this year, however, I was diagnosed with DCIS. I knew that if this day ever came, I would choose bilateral mastectomies with immediate reconstruction, but I had no idea what type of mastectomy or reconstruction would be best for me. Because my healthcare team recommended surgery within six weeks, I had a lot of research and important decisions to make in a relatively short period.

Two weeks after my initial diagnosis, I was in Tampa. Nearly 200 attendees and almost 20 presenters, including three plastic surgeons and an unknown number of reconstructed breasts! Talking to real women about their experience with bilateral mastectomies and reconstruction, and seeing (even feeling) their results in person gave me more information in a few days than I could have found in months of reading or looking at pictures. The generosity and openness of these women was breathtaking. The Breast Reconstruction Options presentation was very valuable, opening my eyes to three different procedures and what they entailed.

Although reconstruction was front and center in my mind, that was certainly not all the conference was about for me. I was inspired and moved by Joanna Rudnick's screening of *In the Family*, and I learned a great deal from many of the presenters. I thought I knew a lot, for a layperson, about this BRCA business. I was fascinated and amazed by some of the new information and insights I got from these researchers. Dr. Rebecca Sutphen, a researcher at Moffitt Cancer Center, will always hold a place in my heart for finally explaining proteomics to me in a way I could almost comprehend! I was especially interested in ovarian cancer risk management for BRCA2 mutation carriers who don't have breasts (I will soon be in that category). I came away from the conference feeling like I have a good sense of the best way for me to proceed in terms of this very scary cancer.

As much as I learned from the experts, it was invaluable to connect with and learn from so many women who understand what living with hereditary breast/ovarian cancer risk means. And it was just plain fun hanging out for a few days with such intelligent, compassionate people.

"...gave me more information in a few days than I could have found in months of reading or looking at pictures."

On March 13, I had bilateral areolar-sparing mastectomies with sentinel node biopsies on both sides. I had immediate expander placement with AlloDerm®. Later, I will be getting silicone cohesive gel implants. I am still recovering from surgery, and am far from completing the process, but I

am happy with my decision and thrilled to have the fear of breast cancer behind me. Although the surgery choices I made aren't quite like any of those of the women I met in Tampa, I can honestly say I wouldn't be as comfortable without the privilege of attending this conference at such a crucial time in my life. FORCE to the rescue, once again! ♡

Drea Thew lives with her partner, Jennifer, and their daughter in central Vermont.

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 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.

Overview

Dr. Narod discussed the daily supplements and their dietary equivalents listed below. (Editor's note: some experts believe there is not sufficient data to support these recommendations, especially selenium):

Nutrient	Supplement
DIM <i>Dietary Equivalent:</i> 3.5 lb cabbage or Brussels sprouts	100 mg
Selenium <i>Dietary Equivalent:</i> None recommended (levels in food vary greatly by region)	200-300 mcg
Antioxidant <i>Dietary Equivalent:</i> 10 8-oz cups (decaf)	2.5 g green tea extract
Antioxidant <i>Dietary Equivalent:</i> 1 whole pomegranate or 4 oz pomegranate juice	not yet available
Lycopene <i>Dietary Equivalent:</i> 2 glasses tomato juice (approx. 16 oz)	30-40 mg

Dr. Narod's risk management recommendations for BRCA1 and BRCA2 carriers:

- Weight control age 18-30
- Selenium from age 20
- DIM from age 30
- Breast MRI annually from age 25
- Breastfeeding for at least one year (cumulative)
- Three years of oral contraceptives starting at age 30
- Oophorectomy at age 35 followed by ERT (estrogen only)

Optional:

- Bilateral mastectomy
- Tamoxifen or Raloxifene for 5 years

Subcutaneous Mastectomy

Dr. Narod noted that prophylactic mastectomy was chosen by about 25 percent of BRCA carriers in the US. The surgery lowers breast cancer risk by at least 98 percent—a standard that other risk management options simply can't match. At Narod's center, nipple-sparing mastectomy is recommended for its superior aesthetic results. This removes some of the objection for women who wouldn't otherwise consider mastectomy, with a minimal increase in risk compared with simple mastectomy. ☺

Reference

K Metcalfe, J Semple, S Narod. Time to Reconsider Subcutaneous Mastectomy for Breast-Cancer Prevention? *The Lancet Oncology*, June 2005; vol. 6, no 6: p. 431-434.

Modifiers of Risk in BRCA Carriers

by Drea Thew

Presenter: Steven Narod, MD, Director of the Familial Breast Cancer Research Unit at the Centre for Research in Women's Health, Toronto

Esteemed researcher Steven Narod, MD, the world's most cited breast cancer researcher between 1994 and 2004, opened the conference with a presentation on "Modifiers of Risk in BRCA Carriers." He presented findings from his recent research on the risk-modifying influences of several factors on breast and ovarian cancer risk. His study population included 7,211 women from 11 countries over the age of 25 who had either a BRCA1 or BRCA2 mutation. Dr. Narod noted the effect of the following factors on breast and ovarian cancer risk.

Menarche

For both BRCA1 and BRCA2 carriers, the later the age of onset of menstruation, the lower the risk for breast cancer.

Oral Contraceptives

Oral contraceptives didn't appear to increase breast cancer risk in BRCA2 carriers. Studying the age and duration of use of oral contraceptives on breast cancer risk in BRCA1 carriers, Dr. Narod found risk increased only in women who began taking the pill before age 30 or women who continued on contraceptives for three years or more. BRCA1 and BRCA2 carriers who took contraceptives for three years after age 30 had a substantially lower risk for ovarian cancer.

Pregnancy

Pregnancy affected BRCA1 and BRCA2 carriers differently. In BRCA2 carriers, more pregnancies were associated with higher breast and ovarian cancer risk. However, the increased breast cancer risk was statistically significant ONLY after four births, and for ovarian cancer, significant ONLY after three births. In BRCA1 carriers more pregnancies were associated with lower risk for breast and ovarian cancer.

The decreased risk was statistically significant for breast cancer ONLY after four births and for ovarian cancer ONLY after three births.

Breastfeeding

BRCA1 women who breastfed for at least 12 cumulative months had a lower risk for breast cancer and ovarian cancer. In women with BRCA2 mutations, breastfeeding was not associated with lowered risk for breast cancer. Although there was a lower risk for ovarian cancer in BRCA2 carriers who breastfed for at least a year, it was not statistically significant.

Oophorectomy

Oophorectomy performed before age 40 was associated with about a 60 percent reduction in breast cancer risk, in both BRCA1 and BRCA2 carriers. Oophorectomy between 40 and 45 was associated with a decreased breast cancer risk, but to a lesser degree than in the younger group. Estrogen-only replacement therapy (ERT) in pre-vivors following oophorectomy did not counteract the protective effects of oophorectomy.

"BRCA1 and BRCA2 carriers who took contraceptives for three years after age 30 had a substantially lower risk for ovarian cancer"

Tamoxifen

Although there is limited data on tamoxifen preventing a first breast cancer in BRCA pre-vivors, BRCA1 and BRCA2 carriers diagnosed with breast cancer who took tamoxifen had a decreased risk for a new diagnosis in the opposite breast.

Diet and Supplements

Dietary and supplement factors mentioned included coffee; DIM (diindolylmethane), an ingredient in cruciferous vegetables (broccoli, cabbage, Brussels sprouts, etc.); selenium, an essential trace element (Brazil nuts are the only reliable natural source); lycopene, found primarily in processed tomato products; and other sources of antioxidants such as pomegranates and green tea. Dr. Narod emphasized the lack of sufficient data to unequivocally state, "this is going to prevent cancer." ☺

Managing Menopause in Women with an Inherited Risk of Breast Cancer

by Sue Friedman and Drea Thew

Presenter: Noah Kauff, MD, Clinical Genetics and Gynecology Services, Memorial Sloan-Kettering Cancer Center

Dr. Kauff discussed findings from the much-publicized Women's Health Initiative (WHI) study on hormone replacement therapy (HRT) in post-menopausal women:

- The WHI study was stopped early when participants who were taking HRT (estrogen plus progestin) had an increased incidence of breast cancer.
- The HRT study group also had significant increases in other diseases, such as coronary heart disease, stroke and pulmonary embolism.
- The estrogen-only arm of the study (women with no uterus) showed no statistically significant change in breast cancer or coronary heart disease over women on placebo.

Conclusions drawn from the study included:

- HRT in naturally post-menopausal women should be used at the lowest dose for the shortest period of time to relieve symptoms.
- HRT should not be given to asymptomatic women who are 60 or older to prevent chronic disease.

The WHI study focused on women of average breast cancer risk who went through natural menopause. Dr. Kauff emphasized that it is unclear whether the results apply to high-risk women in their 30s and 40s

Advocacy: Uniting for Change

by Sue Friedman

Presenter: Sue Friedman, DVM, Executive Director of FORCE: Facing Our Risk of Cancer Empowered

Advocacy by definition means, "To plead or argue in favor of a cause." To me, advocacy means making a difference. I outlined how people can get involved in advocacy: they can submit their personal stories to the media, help agencies decide which research projects to fund, volunteer for the FORCE Help-line, distribute educational brochures, and encourage elected officials to pass laws that benefit our community (for example, laws to prohibit genetic discrimination).

I emphasized that some advocacy groups

who experienced surgical menopause.

Dr. Kauff explained data from other studies regarding HRT including:

- HRT safety is questionable for women with a history of hormone-receptor-positive breast cancer
- Good evidence shows HRT after ovarian cancer does not affect survival.
- HRT may be reasonable for BRCA carriers who haven't had breast cancer or whose breast cancer was hormone-receptor-negative after careful discussion of risks and benefits.
- One study found a 60 percent reduction in breast cancer risk among BRCA1/2 carriers who had oophorectomy, even when they also took short term HRT.

Dr. Kauff introduced some non-hormonal options for managing menopausal symptoms:

- *Selective serotonin reuptake inhibitors* (SSRIs), commonly prescribed as anti-depressants, effectively treat hot flashes in 60-70 percent of women and likely have no impact on breast cancer risk.
- Non-medical interventions such as paced respirations and aerobic exercise can help mitigate menopausal symptoms.
- Water-based lubricants and Vitamin E-based moisturizers can improve vaginal dryness. If vaginal lubricants are ineffective, low-dose vaginal estrogen may help. Vaginal estrogens increase estrogen levels slightly and should be used only after weighing the benefits and the risks. ∞

believe our high-risk community is too small and insignificant to matter, and that too much money goes to hereditary cancer research. However, for so many reasons—because high-risk women tend to develop cancer at a younger age, because we are more likely to be diagnosed with multiple cancers, because our families carry more than an average risk for cancer and we can pass that risk on to our children—I expressed my belief that our community shoulders a disproportionate and unfair cancer burden. We are all stakeholders. It is up to us to advocate for more resources and research on hereditary cancer.

To learn more about advocacy opportunities at FORCE, visit our website. ∞

Menopause Resources

Several resources for managing menopause are shown below. See the FORCE website for additional information and helpful links to related published studies.

Websites

Fertile Hope (www.fertilehope.org)
A nonprofit organization providing information and support for cancer patients whose medical treatments may affect their fertility.

Hyster Sisters (www.hystersisters.com)
An online support site for women facing hysterectomy or gynecologic surgery.

North American Menopause Society (www.menopause.org)
A scientific organization devoted to promoting women's health and quality of life through an understanding of menopause.

Books

Dr. Susan Love's Menopause and Hormone Book by Susan Love

I'm Not in the Mood: What Every Woman Should Know About Improving Her Libido by Judith Reichman

Ovarian Cancer: Your Guide to Taking Control by Kristine Conner and Lauren Langford

Restore Yourself: A Woman's Guide to Reviving Her Sexual Desire and Passion for Life by James A. Simon, MD and Victoria Houston

Menopause the Musical

On the last day of the conference, attendees were treated to a lunch-time sing-a-long version of Menopause the Musical®. The live performance celebrates the mental and physical challenges of The Change through cleverly rewritten lyrics to 25 well-known Baby Boomer songs. Visit www.menopausethemusical.com for ticket information and details about performance locations and scheduling. ∞

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If you'd like to learn more about sponsoring FORCE, visit 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 or mail to FORCE, 16057 Tampa Palms Blvd. W. #373, Tampa, FL 33647.

FORCE: Facing Our Risk of Cancer Empowered

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In the Family *(continued)*

her daughter's story in Linda's daughter, Nicole. Then attendees shared personal accounts and suggestions for making the documentary stronger. I left the room with a powerful circle of women around me. Through the film, I had found a community.

I recently received the following e-mail from a FORCE member: "I'm happy you decided to become a major part of the piece and tell

your story. It's very important."

And to think it was a story I was afraid to tell. ☺

Joanna Rudnick is the Director of Development at Kartemquin Films. She is making her directorial debut with In the Family. She lives in Chicago.

Ovarian Cancer *(continued)*

Dr. Sutphen discussed the limitation of taking a purely "proteomic fingerprint" approach to screening, which only looks at protein patterns in the blood of cancer patients without determining the actual substances and their role in cancer. Her research strategy includes a combination of proteomics, protein identification, and nanotechnology to increase

the ability to detect small amounts of LPA and other biomarkers. She presented a simplified overview of MALDI-TOF, the sophisticated proteomics process used in her research. Despite encouraging preliminary results, Dr. Sutphen believes a reliable blood test for early detection of ovarian cancer won't be available for at least three years. ☺

What's New @ FORCE

Joining FORCE's Conference Webcast

A webcast of the Joining FORCE's conference is available through our website at www.facingourrisk.org/webcast. Hosted by Moffitt Cancer Center and sponsored by Brighthouse Networks, the free webcast includes audio and the video of the PowerPoint slides. Our next newsletter will feature recaps of sessions not covered in this issue.

Welcoming New Staff

FORCE welcomes Debbie Sokolov, our

new Associate Director of Development. Ms. Sokolov has extensive fundraising experience for the Jewish Federation of Pinellas County.

FORCE Co-Presents Session At OCNA Conference

FORCE will co-present a genetics session at the Ovarian Cancer National Alliance (OCNA) annual conference in Washington DC, September 7 and 8, 2006. For more information, visit the OCNA website at www.ovariancancer.org.

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