

What's Inside

Weight loss	2
ASCO highlights	2
Celebration Health collaboration	3
Pelvic rehabilitation	3
Voices of FORCE	4
New BROCA test	7
What's new?	8

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Welcome

Between our 7th annual conference, a new *Show & Tell* photo book, HBOC week, and several promising new collaborations and initiatives, 2012 has so far been a busy year.

In the midst of all that is going on, the good news is that we have an abundance of news, research, and resources to share. The bad news is that we can't fit it all into a single newsletter. Sign up at www.facingourrisk.org to make sure you receive all of our electronic updates.

This issue focuses on the latest research of interest to our community. We bring you a review of hereditary cancer highlights from the 2012 ASCO conference, new information linking diet and exercise to survival, and an important test for ovarian cancer risk in people who test negative

for BRCA. If you've ever wondered how to dig up facts about your ancestors to understand how their medical history affects you and your family, you won't want to miss Jennifer Davis' excellent Voices of FORCE article. I'm sure you'll find the story of how her family traced their mutation using genealogy tools to be both interesting and educational. Jennifer, a FORCE volunteer in the Washington D.C. Metropolitan area, will be sharing additional information about genealogy at the Joining Forces conference.

See you all in Orlando!

Be empowered and be well.

Sue

Conference Time is Just Around the Corner

by Sue Friedman

The agenda is set, the speakers are booked, and our rooms are almost sold out. These are the makings of another successful conference, and the numbers tell the story: 48 sessions, 55 speakers, 6 after-hours events, and 8 support and networking sessions add up to a weekend filled with sharing, research and relaxation, focus and fun.

We are most appreciative of our generous sponsors and supporters—including our title sponsor, Komen for the Cure—for allowing us to once again bring an unparalleled educational program to our community at a nominal cost. Our collaborative health care partner, Celebration Health, will staff a booth to provide free health and well-being assessments for conference attendees, including evaluation of body mass index, fat distribution, nutrition and micronutrition, physical activity, and overall wellness. Representatives will also offer tips and resources for staying in shape. (See more information about our work with Celebration Health on page 3.)

As always, research is one of our major conference themes. Catch up on the latest results, enroll in a study or registry, gather information to use or share about new clinical trials, and find out about the latest theories that scientists are

examining more closely. Thanks to feedback from prior conferences, this year we've added sessions to help attendees understand the basics of research and how to interpret research articles. We have more topics on holistic care, including sessions on integrative medicine, diet and nutrition, and long-term wellness issues. Workshops will provide psychosocial support for decision-making, communicating with family, and coping with body image concerns. Learn about your medical legal rights and tips for appealing insurance denials. Our agenda also includes yoga, cardio tennis, and other activities to keep you active and energized. The entire program is designed to help participants live the best lives they can.

Networking and after-hours events are uplifting, inspiring, and designed to nurture your spirit. Visit *Show & Tell* where women share their post-mastectomy experiences and outcomes.



Atmosphere © Francis Falk, 2001.

continued on page 6

Research on Diet and Exercise in Ovarian Cancer

Emerging research suggests that exercise and weight control can play a role in breast cancer survival. But similar studies for ovarian cancer survival have not yet been done. A new study from the Gynecologic Oncology Group—a cooperative organization of the National Cancer Institute—will investigate whether women treated for ovarian cancer benefit from a program to control diet, nutrition, and weight. Researchers hope to recruit over 1,000 women at study sites around the United States. The study is open to women who:

- have ovarian, primary peritoneal, or fallopian tube cancer in stages Stage II, III, or IV;
- have completed all primary chemotherapy and consolidation therapy (if administered) between six weeks and four months prior to enrollment;
- are in complete remission;
- have achieved a documented complete response (no clinical evidence of persistent or recurrent disease) to treatment based on a normal CA-125 test and CT scan.

Participants will be randomized to one of two groups. One group will receive a diet and physical activity plan to control weight and increase activity. Participants in this group will also receive educational materials and coaching on reading food labels, and frequent lifestyle coaching by telephone. These women will also maintain a fat gram diary and a step diary at least three times a week. The other group will receive educational materials and telephone contact every six months. Blood tests of a subset of participants will be performed at the beginning of the study and at 6-, 12-, and 24- month intervals.

Visit the **FORCE** featured research study page for more information.

References

Ligibel JA and Goodwin PJ. "NEW and RENEW: Building the case for weight loss in breast cancer." *Journal of Clinical Oncology* vol. 30 no. 19 (2012): 2294-96.

Denmark-Wahnefried W, Morey MC, Sloane R, et al. "Reach Out to Enhance Wellness home-based diet-exercise intervention promotes

continued on page 3

The Importance of Weight Loss Before and After Breast Cancer

by Tracy M. Diaz, PhD

Several studies have linked obesity to poor breast cancer outcomes. Among women with early-stage breast cancer, some research has found that obese women have an increased breast cancer mortality risk as high as 33% compared to non-obese women. Other studies link exercise with increased survival. One project demonstrated that weight loss using a low-fat diet after diagnosis could reduce risk of recurrence. While these studies show a connection between weight and breast cancer risk, none have involved women who purposefully lost weight as part of their breast cancer treatment. A recent editorial written by Dr. Jennifer Ligibel, a professor of medicine at Harvard Medical School, examines the connection between obesity and breast cancer, and summarizes the implications of the Reach Out to Enhance Wellness (RENEW) and Nutrition and Exercise for Women (NEW) studies, projects that looked into the potential effects of weight loss for breast cancer risk.

The RENEW study tested the efficacy of telephone-based intervention to implement long-lasting changes in diet, physical activity, and weight in 641 survivors of colon, prostate, and breast cancers. Eligibility included having a sedentary life style and a cancer diagnosis at least five years before enrollment. Participants were assigned to a one-year lifestyle intervention performed over the phone, supplemented by print materials that were designed to increase physical activity and improve dietary quality. Subjects were randomized to begin immediately or to delay receiving the materials for one year. Researchers looked for change in physical functionality. The results showed that favorable changes in physical activity, dietary behaviors, and weight were maintained in the immediate intervention group for up to one

year after finishing the program.

The NEW trial evaluated the impact of different lifestyle interventions on hormones that are linked to breast cancer risk and prognosis. This study randomly assigned 439 postmenopausal, sedentary, and overweight women to groups with different regimens. The first regimen consisted of dietary weight loss, while the second focused on exercise alone. A third group practiced dietary weight loss with exercise. The control group did not change their diet or exercise habits. Researchers looked for changes in hormones including estrogen, testosterone, and insulin that have been linked to breast cancer risk. Women assigned to the weight loss groups saw favorable changes in hormones compared to the controls. Patients assigned to the exercise regimen saw smaller but still significant changes in some, but not all of the same hormones as the diet group. This observation is consistent with the beneficial effects of weight loss for breast cancer patients. One important note is that this study was performed in postmenopausal women at risk for breast cancer, and did not include cancer survivors.

The RENEW study demonstrates how implementing a safe and inexpensive program can have a positive impact on cancer survivors, while the NEW study shows that weight loss, especially through dietary changes, can reduce hormones that are associated with breast cancer risk in postmenopausal women.

Tracy Diaz received her Ph.D. in Cancer Biology from the UT Southwestern Medical Center in Dallas. She is currently employed as a medical writer and volunteers her expertise and time to FORCE. She is a BRCA2 mutation carrier.

ASCO Annual Meeting Highlights

by Clayton Boldt

This year's annual meeting of the American Society of Clinical Oncology (ASCO) featured many presentations, including research of hereditary breast and ovarian cancer.

Prostate cancer risk is increased and may behave more aggressively in men with BRCA mutations, especially men with BRCA2 mutations. The Institute of Cancer Research in London is looking for new biomarkers to improve early screening for prostate cancer in high-risk men. Preliminary research using

samples collected in the international IMPACT study (ongoing research looking at the benefit of PSA screenings in men with and without mutations) indicated that levels of the protein EN2 could help to detect prostate cancer in patients with mutations; higher levels appear to be associated with more aggressive cancers. Additional research is needed to see if these findings will lead to a better method of prostate cancer screening.

continued on page 6

A Collaboration to Improve the Continuum of Care

by Sue Friedman

A frequent theme at FORCE meetings, conferences, and on our message boards is concern about what health care professional should follow high-risk women over the course of their lives. Little is known about the long-term health issues faced by members of our community, many of whom have undergone mastectomy, BSO, menopause, and in some cases, chemotherapy and radiation at a young age. In addition to an excessively high cancer risk, research suggests that our population may also face issues of fertility and cardiac health. Many FORCE members are frustrated when they are directed to their primary care providers for follow-up care after surgery or treatment, because few primary physicians have the experience or expertise to manage the specific concerns of mutation carriers.

FORCE is happy to be collaborating with Celebration Health to better understand and address these issues. The Florida Hospital Nicholson Center, located at Celebration Health, is recognized internationally for advanced robotic surgical training, while the

Center for Hereditary and Genetic Syndromes offers patients a “circle of care” that is essential to long-term health and survival. The team’s holistic approach to wellness combines experts from many specialties, including breast, gynecologic, reconstruction surgery, medical oncology, and internal medicine. Women who have undergone surgical menopause, chemotherapy, or radiation benefit from a patient care program that addresses long-term cardiac, bone, and overall health care, and other issues that many health care providers don’t address, including metabolism, fitness, weight, sexuality, and emotional health.

Our collaboration will include the first survey to assess the long-term follow-up health behaviors, concerns, and needs of women who have hereditary cancer risk. A series of in-depth focus groups and support groups will help us further identify gaps in care as we begin to shape the vision of comprehensive long-term care that will help us live our best lives.

For more information visit celebrationhealth.com.

What is Pelvic Health Rehabilitation?

by Tracy Sher, MPT, CSCS

Postoperative adhesions, also known as scar tissue, occur in a large percentage of patients who have hysterectomy, oophorectomy, or other types of major gynecologic surgery. Pelvic health rehabilitation is a conservative approach to restoring normal function and improving quality of life after gynecological surgery to help:

- relieve scar tissue
- improve painful intercourse and vaginal dryness
- decrease urinary or fecal leakage
- address urinary urge or frequency issues
- provide proper exercises for core muscles

Pelvic health physical therapists combine manual therapy techniques, state-of-the-art technology, and extensive patient education. We use specialized hands-on skills that are more extensive than massage alone to treat joints, bones, muscles, tendons, and ligaments that affect the pelvic and abdominal regions and spine. Customized treatments may include pelvic floor biofeedback with sensors to help

strengthen the muscles or teach them how to relax. Ultrasound reduces inflammation, improves local blood flow, and decreases scar tissue. Electrical stimulation of the lower back, buttocks, legs, or abdomen may be used to “trick” the nerves and decrease pain perception. Treatments are usually not painful. Pelvic rehabilitation specialists also provide individualized exercise programs that help core muscles rather than cause more strain. Therapists also provide education for the patient’s support system. A patient may bring her husband to learn about how she will use vaginal dilators to help restore pain-free intercourse, or bring a family member or caregiver to learn how to help with scar tissue massage.

To locate a pelvic therapist in your area, visit www.womenshealthapta.org/find-a-physical-therapist/index.cfm.

Tracy Sher manages the Pelvic Health Rehabilitation Program for Florida Hospital Sports Medicine and Rehabilitation. For more information on this program, visit fhsportsmed.com/PelvicHealthRehabilitation or call 407-303-4003.

Who Cares About Follow-up Care?

by Sue Friedman

Time and again we hear from FORCE members on our message boards, at meetings, in chats, and in emails who say, “What follow-up care should I be having?” and “What type of doctors should I see?”

As more people test positive for a mutation, and as many mutation carriers are surviving or preventing cancer, there is a growing awareness of the need to focus on long-term health and wellness issues for our community. In addition to the health challenges from having a mutation, we must also deal with the health consequences of treatment and prevention of cancer. Our collaborative survey with Florida Hospital Celebration Health is designed to provide information about these issues. Our goal for this survey is to use the results to:

- **assess our community’s attitudes about long-term health issues and follow-up care;**
- **determine what type of practitioners people are consulting;**
- **identify the screening tests and preventive services members are accessing.**

Results of the survey will be shared with our members and used to help design programs that better address the long-term health needs of the hereditary cancer community.

Visit the FORCE website research survey page to take the survey or go to surveymonkey.com/s/hbocsurvey.

Weight Loss References *continued*

reproducible and sustainable long-term improvements in health behaviors, body weight, and physical functioning in older, overweight/obese cancer survivors.” *Journal of Clinical Oncology* vol. 30, no. 19 (2012): 2354-61.

Campbell KL, Foster-Schubert KE, Alfano CM, et al. “Reduced calorie dietary weight loss, exercise, and sex hormones in postmenopausal women: Randomized controlled trial.” *Journal of Clinical Oncology* vol. 30, no. 19 (2012): 2314-26.

DIY Guide to Genealogy

by Jennifer Davis

The first step of your research involves gathering any information you can about your family members (family histories, photographs, family Bibles, etc.) that your older relatives may be able to provide. Document those findings, because facts may otherwise become diluted over time. Once you have collected what you can, organize your findings by category. If you are more of a visual learner, you may want to begin by creating a family tree. My own research involved both methods, beginning with a binder divided in sections labeled “birth,” “marriage,” “census and death,” etc. I then created a family tree on a white erase board to give me a visual reference—very useful as your tree begins to rapidly expand. An additional tool would be a “family group sheet” on which you can record the facts about family members. (A blank family group sheet is available at <http://c.mfcreative.com/pdf/trees/charts/famgrec.pdf>.) Be sure to include the maiden names of females, as this will be the key to working backward during your search.

When you have gathered and organized what you can from outside resources, begin to collect vital records of births, marriage, census, and deaths from online sources. My own search began with what I knew about Ethel, who was living in Ohio when she died in 1930, so I began with census records. Ancestry.com is a tremendous tool to view census information and references to other suggested census years for

Voices o

In each issue, we'll invite a FORCE member to share a valuable experience, or a touch of wisdom dealing with issues of hereditary health.

Discovering Our Past Through Genealogy

by Jennifer Davis



Jennifer and Susan Davis

Have you ever wondered where your family comes from, what unique traits you share with your ancestors, or pondered clues that might reveal your relative's BRCA journey? My maternal great-grandmother sparked my interest because of her short life span and what little we knew about her. That, in combination with my mother's breast cancer diagnosis and positive BRCA1 result, initiated a quest to trace our family's shared mutation. Years ago when my mother discovered she had inherited the mutation, we developed a pedigree that reflected our family members' health history. We began with my great-grandmother Ethel, whose heritage was German. We only knew ourselves to be Methodist, but with one of the three founding BRCA mutations known to be prevalent among those of Ashkenazi or Eastern European descent, would we find that we were actually Jewish? We had no doubt that Ethel had the mutation—both of her children died from breast or ovarian cancer, and according to her death certificate, she died at age 32 with “carcinoma of breast.” Uncovering the secrets about my family's past decades later was amazing. I quickly discovered that death certificates offer a goldmine of information about ancestors, providing tips that lead to their past. This established a starting point about my family's origin and provided valuable information about my own health history.

Sharing the BRCA results with family members led to mixed responses. While some did not pursue testing immediately, all of the males initially hesitated. Interestingly, a set of identical female twins chose opposite paths—one wanted to test, while the other did not (they eventually both tested positive). In all, 19 family members have been tested: Thirteen females and three males were positive for a BRCA1 mutation, including my only sibling, and three tested negative. Three of the positive females, including me, have had prophylactic surgery. One who delayed planned testing and prophylactic surgery was then diagnosed with breast cancer one month later. We have lost four family members to breast or ovarian cancer, and we now have three BRCA1-positive breast cancer survivors in our family. Several are involved in ongoing studies.

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ber to share an insightful perspective,
ing story to help others who are
ary breast and ovarian cancer

To say that my family's BRCA journey has been an eye-opener would be an enormous understatement. The path leading to BRCA testing has in many ways opened the door of communication between us and brought us closer. Without a doubt, those who tested positive now realize they have tools to make educated decisions about their future medical care. Looking ahead as a 27-year-old woman with a mutation who has already undergone bilateral mastectomies and reconstruction, I know that once I have had my children, I will face a prophylactic bilateral salpingo-oophorectomy when the time is right.

"To say that my family's BRCA journey has been an eye-opener would be an enormous understatement."

My ever-evolving search included a trip to Ohio where my ancestors immigrated, and eventually I will travel to Wurttemberg, Germany where they once lived. It has been fascinating so far to visit the home where my great- and great-great grandmothers once lived, and to find a relative who fought and was captured in the Civil War.

Looking into your own past can be equally rewarding. Your research provides a wonderful gift that can be passed down from one generation to the next.

Jen Davis underwent a bilateral prophylactic mastectomy at age 23. She is a senior at George Mason University and will graduate with a major in Psychology and a minor in Women's Studies. Her goal is to provide psychological support to individuals facing cancer and treatment, specifically those affected by BRCA mutations. She has been involved with FORCE in the Washington D.C. Metropolitan area since 2006.

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., 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.

which an ancestor might also be listed. Although the website requires a fee, I highly recommend it for your research.

A free alternative is www.familysearch.org, a website with records from 132 countries, with information about birth, census lists, military service, death, probate, and others. This site requires more precise search text, and it doesn't automatically provide other potential links to your family's information. On other websites you can view headstones of your ancestors and gain exact names, birthdates, and death dates. Illiteracy was very common 100 years ago and earlier, so the spelling of your ancestor's names may differ slightly from one record to the next. Another clue is to view the neighbors listed, as immigrants tended to remain grouped together within communities. Additionally, some homes included multiple generations under one roof, and some homes offered rooms to boarders.

Now that you have begun to collect, record, and verify your information, you may find yourself at a roadblock, but don't give up. Reviewing newspaper articles and obituaries is useful in obtaining clues; my favorite site for this is www.genealogybank.com. You may also find valuable information here from immigration and naturalization records, war records, pension records, and even records maintained and available from other countries.

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And many individuals from our community who generously donated to help provide scholarships for people who could not otherwise attend.

Conference Time is Just Around the Corner *continued*

by Sue Friedman

Show & Tell sponsoring surgeons will answer questions about the procedures they perform.

If you are looking to add spice to your romantic life, attend Girls' Night In, sponsored by Pure Romance. First-time attendees can connect with volunteers and conference veterans for an ice-breaking meet-and-greet party on Thursday night. Later, enjoy desserts prepared by the Hyatt's award-winning chef and a signature cocktail at our elegant welcome reception. Cap off the conference on Saturday night with our wrap-up gene pool and Jacuzzi party.

The Hyatt Regency Grand Cypress offers many activities, including four full Jack

Nicklaus-designed golf courses; an executive pitch-and-putt; lighted clay tennis courts; a full gym; walking, running, and biking trails; and free bicycles available for guests. The hotel's private lake offers kayaks, sailboats, and paddleboats. And hotel spa services are also available for extra pampering.

If you will not be attending this year, stay tuned to our website for session summaries and exciting announcements about our next Joining FORCES conference.

ASCO *continued*

Representatives from Moffitt Cancer Center presented the results of their pilot study of survey data from FORCE members, suggesting that mutation carriers may be at higher risk for cardiac complications following anthracycline (a type of chemotherapy that includes Adriamycin) treatment. Researchers plan more comprehensive studies to better learn about this risk.

The large GOG-199 collaborative study investigated tumor incidence in women undergoing risk-reducing bilateral salpingo-oophorectomy (BSO), a standard option to prevent ovarian cancer in women who have BRCA1/2 mutations; the actual prevalence of ovarian cancers in this risk group is unclear. Among BRCA mutation carriers undergoing BSO, unsuspected ovarian, fallopian tube, or primary peritoneal tumors were found in 3.2% of women at the time of surgery, compared to 0.5% among non-carriers. This data is critical for advising BRCA1/2 carriers contemplating this surgery as a risk-reduction strategy.

Several presentations focused on studies of therapeutic options, including platinum-based chemotherapy and PARP inhibitors. Individuals with BRCA mutations carry an increased risk for pancreatic cancer—patients with this disease have limited response to standard

chemotherapy, and platinum-based treatments do little to improve prognosis. A Toronto research team conducted a small retrospective study that showed improved response and survival in mutation carriers who received platinum chemotherapy for pancreatic cancer compared to other therapies. PARP inhibitors have also shown promise in treating cancers deficient in BRCA1/2, and several related studies were presented this year. Preliminary research on one PARP inhibitor, veliparib, suggests it may be effective in treating BRCA-related cancers and some sporadic cancers. Veliparib seems to improve response when combined with the platinum-based therapy, carboplatin, but not when combined with cyclophosphamide. Another PARP inhibitor, olaparib, may effectively treat breast and ovarian cancers. These therapies appear to be tolerated well, and additional trials are ongoing.

Visit www.asco.org to view or download the abstracts.

Clayton R. Boldt is a doctoral graduate student in the Genetics and Development program at UT Southwestern Medical Center in Dallas. He is interested in cancer biology, and researches pediatric germ cell tumor development in his thesis work.

The BROCA Test: A New Way to Detect Mutations that Cause Ovarian Cancer

by Clayton Boldt

We have long known that women with a family history of breast and/or ovarian cancer are at higher risk for developing cancer in the ovaries, fallopian tubes, and the peritoneum. This knowledge dates back to the 19th century, when French physician Pierre-Paul Broca became one of the first to describe inherited breast and ovarian cancers. Now, he is honored as the namesake of a new test for identifying cancer-causing mutations.

Dr. Tom Walsh and colleagues at the University of Washington designed the BROCA test to detect mutations in 12 tumor-suppressor genes that cause inherited breast and ovarian cancer. When tumor-suppressor genes work correctly, they help our bodies repair damage to DNA that occurs over time due to aging or other factors. Several of these genes are part of an enzyme "pathway" in our cells called the Fanconi Anemia pathway, which cooperates with BRCA1/2 genes to regulate DNA damage repair.

In a recent study, Dr. Walsh used the test to determine the percentage of ovarian cancers caused by hereditary mutations in those genes. The research involved 360 women who were diagnosed with ovarian, primary peritoneal, or fallopian tube carcinomas. Researchers reported that 24% of the women carried loss-of-function mutations in at least one of the genes analyzed; 18% of these women had mutations in BRCA1 or BRCA2, a prevalence that is slightly higher than reported in previous research. However, of the remaining women, 6% had mutations in at least one of the other genes, including six new genes that had never before been implicated in hereditary ovarian cancers.

Interestingly, despite the high proportion of women in this study with inherited mutations,

participants were not selected for age or family history. In fact, over 30% of patients with mutations had no personal or family history of breast or ovarian cancer. More than one-third of the women were over 60 years old at diag-

"BROCA can simultaneously detect any type of mutation in multiple genes from a single sample..."

nosis, and there was no significant association with age and likelihood of carrying a mutation. Based on this research, selecting patients for genetic testing by age and/or family history would exclude a tremendous number of women carrying potentially cancer-causing mutations.

BROCA can simultaneously detect any type of mutation in multiple genes from a single sample, for a lower cost than Myriad Genetics' two tests that assess BRCA1/2 mutations. Unfortunately, the patent held by Myriad Genetics prohibits other labs from reporting BRCA gene mutation results, so BRCA testing must be conducted separately from the BROCA test. (A legal challenge to Myriad's patent, which expires in 2015, is expected to reach the Supreme Court this year.) However, the University of Washington is offering BROCA as a clinical test for 40 genes in patients who test negative for BRCA1/2 mutations. BROCA testing includes all known colon, pancreatic, and melanoma cancer genes, in addition to all known breast and ovarian cancer genes, making it even more powerful.

As technology improves, the need to create and implement improved genetic testing approaches such as BROCA becomes apparent. Adopting this and other more comprehensive tests will dramatically improve the ability to identify and help those with inherited cancer risk.

BROCA Reference

Walsh T, Casadei S, Lee MK, et al. "Mutations in 12 genes for inherited ovarian, fallopian tube, and peritoneal carcinoma identified by massively parallel sequencing." *Proceedings of the National Academy of Sciences* vol. 108, no. 44 (2011): 18032-37.

Recruiting for Research: Other Inherited Factors in BRCA-Negative Families with Ovarian Cancer

Dr. Mary-Claire King and other researchers at the University of Washington are looking for genes beyond BRCA that may be associated with ovarian cancer risk. Families that have ovarian cancer and no identified mutation may participate in this important research. To be eligible, individuals must:

- be BRCA1/BRCA2 mutation negative;
- have a cancer diagnosis;
- have either:
 - four or more cases of breast/ovarian cancer in the family
 - a personal history of ovarian cancer with at least one additional invasive (not borderline) ovarian cancer in the family
 - a personal history of breast cancer or ovarian cancer at age 40 or younger.
 - a triple-negative breast cancer (negative for estrogen and progesterone receptors and Her2/neu)

Contact Jessica Mandell, CGC (jmandell@mail.sluc.edu or 540-389-5328) for more information.

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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., Tampa, FL 33647.

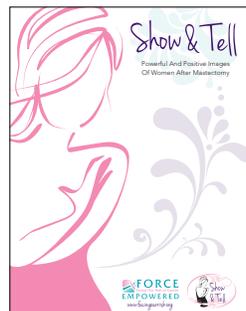
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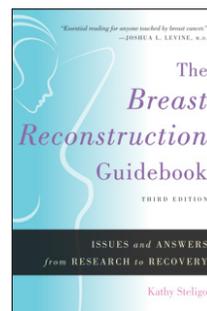
What's New @ FORCE

New Books About Mastectomy and Reconstruction

Our new *Show & Tell* book is now available in our FORCE online shop. Featuring 29 post-mastectomy models, this book is designed to empower women and take the fear out of mastectomy and reconstruction. Powerful and positive post-surgical images, descriptions of each model's procedures, and personal stories offer a realistic and helpful reference for anyone who is facing mastectomy. All photos are referenced to corresponding chapters in the new 3rd edition of *The Breast Reconstruction Guidebook* that describe the various procedures in detail (read the full Table of Contents at www.breastrecon.com and pre-order now at Amazon).



Show & Tell Photobook



The Breast Reconstruction Guidebook

Collaboration Will Promote Hereditary Cancer Research

FORCE is partnering with the Basser Research Center, which is dedicated solely to the pursuit of research and provision of care relevant to BRCA1 and BRCA2. Located within the Abramson Cancer Center of the University of Pennsylvania, the Center emphasizes outreach, prevention, early detection, treatment and survivorship, and contributes to all stages of research on BRCA1/2 cancers and cancer risk. Through our collaboration, FORCE will promote research participation, and further expand our role in guiding research that impacts the hereditary breast and ovarian cancer community. We have worked closely with Basser's research team members over the years, and we are elated to establish a formal partnership that will enhance our ability to further research and provide support and education to our community. Visit the FORCE website for more information.