

EARLY DETECTION SAVES LIVES

Breast Health Resource Guide

Information, Support and Resources to Use and Share

7th Edition



AVON
FOUNDATION

BREAST
CANCER
CRUSADE



Reese Witherspoon presents a grant for \$2.74 million to Johns Hopkins Medical Center for its Avon Breast Care Center at the Avon Walk for Breast Cancer, Washington, DC. Accepting are Dr. Nancy Davidson, Director, Breast Cancer Program; Deborah Stewart, Patient Navigator; Lillie Shockney, Breast Center Administrative Director; and Dr. Sara Sukumar, professor and breast cancer researcher

“As Honorary Chairperson of the Avon Foundation, I know firsthand what important progress we are funding in both breast cancer research and access to patient care. Avon and the Avon Foundation support leading researchers, major medical centers, safety net public hospitals, local breast cancer organizations, outreach programs, patient navigators and advocacy groups — and together they form a global network committed to the vision of a world without breast cancer. I’m so proud that Avon is the leading corporate supporter of the breast cancer cause, and I am honored to add my voice to this important effort.”

Reese Witherspoon
Honorary Chairperson,
Avon Foundation

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What everyone should know about breast cancer

Breast Cancer Facts:

- Approximately 240,510 total cases of breast cancer will be diagnosed in 2008, including more than 178,480 cases of invasive breast cancer and 62,030 cases of in situ breast cancer.
- 40,460 women and 450 men in the U.S. will die from the disease in 2008.
- There are over 2.4 million breast cancer survivors in the U.S. who have been treated for breast cancer.
- One person is diagnosed approximately every 3 minutes, and one person dies of breast cancer approximately every 14 minutes.
- People over the age of 50 account for 76% of breast cancer cases.
- The majority of breast cancers found today are “hormone receptor positive,” and excellent treatments exist. Nearly 1 out of 5 breast cancers diagnosed will be HER2-positive breast cancer, a form that tends to grow and spread more aggressively than other breast cancer.

Risk Factors for Breast Cancer:

All are at risk of getting breast cancer, but there are some factors that affect your risk:

- **Gender** – men can get breast cancer and account for about 1% of cases, but breast cancer is about 100 times more common among women.
- **Age** – only about 5% of breast cancer diagnoses are in people under age 40 and approximately 18% are in their 40s, while more than three-quarters of new cases are diagnosed after age 50.
- **Menstruation and reproductive history** – risk is increased by onset of menstruation before age 12, menopause after 50, first child after 30 or no children.
- **Family history of breast cancer** – risk is increased by any family member with breast cancer, especially if close relatives are diagnosed before the age of 50. A first-degree relative (mother, sister, daughter) with breast cancer at any age approximately doubles the risk of breast cancer.
- **Diet and weight** – being overweight is linked to a higher risk of breast cancer, especially after menopause. It is best to stay at a healthy weight and limit consumption of alcohol and red meats, especially those high in fat or processed.
- **Routine exercise reduces risk** – brisk walking for 1 hour a day can reduce risk by more than 15%. The American Cancer Society recommends that you engage in 45 minutes to 1 hour of physical activity at least 5 days each week.

Symptoms, Abnormalities and Changes:

Early breast cancer usually does not cause pain. In fact, when breast cancer first develops, there may be no symptoms at all. If you have any concerns or find even a small change, call your doctor or health care provider. Some symptoms that may indicate breast cancer include, *but are not limited to*:

- Lumps in breast/underarm area
- Nipple discharge or tenderness
- Visual change, including:
 - Size of the breast, including swelling
 - Inverted nipple (which looks as though it has caved in)
 - Pitting (the skin looks like the skin of an orange) or scaling of the breast skin

Breast Health and Early Detection:

Early detection and treatment can help save lives. There is a 97% 5-year survival rate when breast cancer is caught before it spreads to other parts of the body.

Follow the recommended guidelines to aid in early detection of breast cancer. If there is a history of breast cancer in your family, consult your doctor or health care provider as you may be advised to start earlier than noted below.

Steps to Aid in Early Detection:

Breast Cancer Screening Guidelines

The American Cancer Society recommends that women at average risk get annual mammograms and breast exams by a physician beginning at age 40. New guidelines in 2007 encourage women at high risk, including those with BRCA mutations or strong family history, to get MRIs and/or mammograms beginning at age 30. For the latest medical guidelines, visit www.cancer.org.

Mammogram: a specialized X-ray of the breast to help detect breast cancers, even when they cannot be felt by a health care professional.

- At age 40 begin getting annual mammograms by a licensed technologist.
- A mammogram will take approximately 20 minutes total, but each compression lasts a few seconds.
- Avoid wearing deodorant, powder or cream under your arms — it is not harmful in any manner, but may interfere with the quality of the mammogram image.
- You may feel discomfort, but it should not be painful. To reduce the amount of discomfort, schedule your mammogram when your breasts will be less tender, such as the week after your period.
- Facilities are required to send results within 30 days. You should be contacted within 5 business days if there are any concerns with the mammogram.
- It is important that mammograms are compared year-to-year, so be sure to know where your mammogram film or digital record is held — by your doctor or a mammogram facility. You may request your previous mammogram be sent to a medical professional.

Clinical Breast Exam (CBE): an examination of the breasts by a health care professional.

- Women in their 20s and 30s should have a clinical breast exam by a health professional at least every 3 years, and women 40 and older should have an exam every year.
- The examiner will first inspect your breasts for changes in size and shape.
- Using the pad of the fingers, the examiner will check for lumps in the breasts and under the arms and will also note texture and shape.
- During the CBE, a woman should ask her health professional to teach breast self-examination or review her technique.

Breast Self-Exam (BSE): a method of checking one's own breasts for lumps or suspicious changes.

- Starting at age 20, women should discuss BSE with their doctors or health care provider. The goal is to become familiar with your breasts and report any change to a health professional. Women who choose to do BSE should have their technique reviewed during their clinical exam by a health professional. For more information, visit www.breastcancer.org.

Sources: American Cancer Society and the National Cancer Institute

Possible Treatment Options:

Surgery

- For many types of cancer, surgery is the best option. It is typically used to remove a tumor, decrease its size or limit discomfort. Two common surgical procedures are a lumpectomy and mastectomy.

Chemotherapy

- Chemotherapy is treatment with cancer-killing drugs that may be given intravenously (injected into a vein) or by mouth. The treatment(s) travel throughout the body by the bloodstream to reach and destroy cancer cells and other locations where the cancer may have spread.

Radiation Therapy

- Radiation is high-energy rays aimed at the area surrounding the tumor to kill or shrink cancer cells. Radiation is applied to the area where the cancer started or another part of the body to which the cancer has spread.

Hormone Therapy

- Hormone therapy is used to treat cancer tumors that are identified as hormone receptor positive. It is most often used after surgery to help reduce the risk of cancer recurrence, although it may also be used for more advanced breast cancers.

Targeted Therapy

- Targeted therapies are designed to target specific functions of a cancer cell, such as a protein or blood vessels attached to the cancer cell. Compared to chemotherapy, targeted therapy typically does not harm healthy cells. Herceptin[®] (trastuzumab) is an example of an approved targeted therapy for HER2-positive breast cancer. Avastin[®] (bevacizumab), another targeted therapy, works by targeting and blocking a specific protein and effectively then "starves" the cancer of the oxygen and nutrients needed for it to grow and spread.

Sources: American Cancer Society and breastcancer.org

Breast Cancer Recurrence:

Breast cancer can recur (return) after a first diagnosis. Patients at a higher risk of recurrence include those whose cancers had previously spread to the lymph nodes and whose tumor was larger in size. Estrogen receptors status, HER2 status, menopausal status and family history are also factors.¹

Approximately one-third of women with estrogen-receptor positive early breast cancer experience a recurrence, and over half of those recurrences occur more than 5 years after surgery.² Those diagnosed with HER2-positive breast cancer are at increased risk of recurrence after initial treatment with surgery and/or radiation therapy.

Reducing the Risk of Recurrence:

Guidelines from the American Society of Clinical Oncology (ASCO), a leading physicians' association, recommend that post menopausal women diagnosed with early breast cancer use an aromatase inhibitor (Femara[®] or Arimidex[®]) as up-front therapy or following tamoxifen treatment, even if tamoxifen has been given for 2-3 years (Aromasin[®]) or 5 years (Femara[®]).^{3,4}

In addition, guidelines from the National Comprehensive Cancer Network (NCCN) suggest two treatment recommendations based on the stage at which a HER2-positive breast cancer is diagnosed:⁵

1. For women diagnosed with early stage HER2-positive breast cancer that is greater than 1 cm in size, NCCN recommends a HER2 targeted agent Herceptin[®] (trastuzumab) be given along with other treatments for breast cancer to reduce the risk of recurrence. Herceptin[®] has been shown in clinical trials to reduce the risk for cancer recurrence by approximately 50%.

2. For women diagnosed with later stage or metastatic HER2-positive breast cancer, ASCO recommends a HER2 biologic, targeted therapy Herceptin[®] (trastuzumab) be given either alone or in combination with other treatments for metastatic breast cancer. Use of Herceptin[®] in individuals with metastatic breast cancer has been shown in clinical trials to improve overall survival.

Whether surgery was recently completed or undertaken several years ago, women concerned about a relapse, and what options may be available to them, should talk to their doctor.

1. Saphner T. Annual Hazard Rates of Recurrence for Breast Cancer after Primary Therapy. *J. Clin. Oncol.* 1996; 14: 2738-2746.
2. Introduction and methods sections reproduced from: Early Breast Cancer Trialists' Collaborative Group "Treatment of Early Breast Cancer, Volume 1. Worldwide Evidence 1985-1990." Oxford University CTSU. <http://www.ctsu.ox.ac.uk>. Accessed: August 21, 2004. Goss PE, Ingle JN, Martino S, et al. Updated Analysis of the NCIC CTG MA. 17 randomized placebo (P) controlled trial of *Clin Oncol.* 2004;23:87 [Abstract 847].
3. Winer E. American Society of Clinical Oncology Technology Assessment on the Use of Aromatase Inhibitors As Adjuvant Therapy for Postmenopausal Women With Hormone Receptor-Positive Breast Cancer: Status Report 2004. *J. Clin. Oncol.* 2004; 23: 1-11.
4. Prznato P. American Society of Clinical Oncology Factors influencing the switch from Tamoxifen (TAM) to Aromatase Inhibitors (AIs) as adjuvant therapy in early breast cancer (EBC) patients (pts). Results from the NORA study. *J. Clin. Oncol. (Meeting Abstracts)* 2006; 24: 10633 [Abstract]
5. Breast Cancer: NCCN Clinical Practice Guidelines in Oncology, 2008. www.nccn.org

Resources Listings:

Do you need help, support or guidance? These selected organizations funded by the Avon Foundation offer lifesaving information and direct services. For more information on these and other organizations, visit www.avonfoundation.org.

National Programs

- **Avon Foundation Breast Care Fund.** 145 community breast cancer screening programs nationwide. 212-244-5368, www.avonbreastcare.org
- **AVONCares program at CancerCare.** Support services nationwide. 800-813-HOPE (4673), www.cancercares.org
- **Breast Cancer: Network of Strength.** Community education and support. 800-221-2141, www.networkofstrength.org
- **"Cancer and Careers" Web site for working women with cancer.** 212-685-5955, www.cancerandcareers.org
- **"Look Good...Feel Better" program offering free seminars to help overcome the appearance-related effects of cancer and cancer treatment.** 800-395-LOOK, www.lookgoodfeelbetter.org
- **National Breast Cancer Coalition Fund/Project LEAD training for breast cancer advocates on legislative and medical developments.** 800-622-2838, www.stopbreastcancer.org
- **Young Survival Coalition for women 40 and under with breast cancer.** 877.YSC.1011, www.youngsurvival.org

Northeast

- **BayState Medical Center,** Springfield, MA, 413-794-2727, www.baystatehealth.com/bmc
- **Bellevue Hospital Center,** New York, NY, 212-562-1000, www.nyc.gov/html/hhc/html/facilities/bellevue.shtml
- **Boston Medical Center,** Boston, MA, 617-638-7970, 617-414-5951, www.bmc.org
- **Cambridge Health Alliance,** Cambridge, MA, 617-665-2300, www.challiance.org
- **Community Hospital of Dobbs Ferry,** Dobbs Ferry, NY, 914-693-0700, <http://www.riversidehealth.org/body.cfm?id=152>
- **Community Servings,** Roxbury, MA, 617-445-7777, www.servings.org
- **Dana Farber Cancer Institute,** Boston, MA, 877-332-4294, www.dana-farber.org
- **God's Love We Deliver,** New York, NY, 212-294-8100, www.glwd.org
- **Jacobi Medical Center,** Bronx, NY, 718-918-5000, www.nyc.gov/html/hhc/jacobi/
- **Kings County Hospital Center,** Brooklyn, NY, 718-245-2923, www.nyc.gov/html/hhc/html/facilities/kings.shtml
- **Lincoln Medical & Mental Health Center,** Bronx, NY, 718-579-5000, www.nyc.gov/html/hhc/html/facilities/lincoln.shtml
- **Lutheran Family Health Center Network,** Brooklyn, NY, 718-630-7000, www.lutheranmedicalcenter.com
- **Massachusetts General Hospital Cancer Center,** Boston, MA, 617-726-5130 or 877-726-5130, www.massgeneral.org/cancer
- **Metropolitan Hospital Center,** New York, NY, 212-423-6262, www.nyc.gov/html/hhc/html/facilities/metropolitan.shtml
- **New York Presbyterian Columbia University Medical Center,** Herbert Irving Comprehensive Cancer Center, New York, NY, 212-305-9335, www.ccc.columbia.edu

- **New York University Cancer Institute/Bellevue Hospital Collaborative,** New York, NY, 888-769-8633, www.med.nyu.edu/nyuci/
- **Newark Beth Israel Medical Center,** Newark, NJ, 973-926-7000, www.sbhcs.com/hospitals/newark_beth_israel/
- **Northern Westchester Hospital,** Mount Kisco, NY, 914-666-7611, www.nwhc.net
- **Rhode Island Hospital/Miriam Hospital,** Lifespan, Providence, RI, 866-401-0002, www.lifespan.org
- **Silent Spring Institute,** Newton, MA, 617-332-4288, www.silentsspring.org
- **St. Mary's Regional Medical Center/Sisters of Charity,** Lewiston, ME, 207-777-4445, www.stmarysmaine.com/womens-health/breast-health/
- **St. John's Riverside Hospital,** Yonkers, NY, 914-964-4330, www.riversidehealth.org/body.cfm?id=18

Mid-Atlantic

- **Adventist HealthCare,** Rockville, MD, 301-315-3030, www.adventisthealthcare.com
- **Antietam Healthcare,** Hagerstown, MD, 301-790-8631, www.antietamhealthcare.org
- **Capital Breast Care Center,** Washington, DC, 202-675-2099, <http://lombardi.georgetown.edu/clinicalcare/cbcc/index.htm>
- **Food and Friends,** Washington, DC, 202-269-6825, www.foodandfriends.org
- **Franklin Square Hospital Center,** Baltimore, MD, 877-715-HOPE, www.franklinsquare.org/
- **George Washington University,** Washington, DC, 202-994-2449, www.gwumc.edu/
- **Georgetown Medical Center, Lombardi Comprehensive Cancer Center,** Washington, DC, 202-444-4000, <http://lombardi.georgetown.edu/>
- **Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins,** Baltimore, MD, 410- 955-5222, www.hopkinskimmelmccancercenter.org/
- **Thomas Jefferson University Hospital,** Philadelphia, PA, 800-JEFF-NOW, www.jeffersonhospital.org/
- **University of Maryland Baltimore,** Baltimore, MD, 800-492-5538, www.umm.edu/
- **Winchester Medical Center,** Winchester, VA, 540-536-8000, www.valleyhealthlink.com/Default.aspx?tabid=469

Southeast

- **Blumenthal Cancer Center,** Carolinas Medical Center, Charlotte, NC, 704-355-2884, www.carolinas.org
- **Duke University,** Durham, NC, 888-ASK-DUKE, www.cancer.duke.edu/
- **Medical University of South Carolina,** Hollings Cancer Center, Charleston, SC, 843-792-9300, hcc.musc.edu
- **North Broward Hospital District,** Fort Lauderdale, FL, 954-759-7400, www.browardhealth.org/
- **North Carolina Baptist Medical Center,** Wake Forest University, Winston-Salem, NC, 336-716-2255, www.wfubmc.edu/cancer
- **Palmetto Health,** Columbia, SC, 803-296-8888, www.palmettohealth.org
- **Presbyterian Cancer Center,** Charlotte, NC, 704-384-4177, www.presbyterian.org
- **University of Miami/Sylvester Comprehensive Cancer Center,** Miami, FL, 800-545-2292, www.sylvester.org
- **Winship Cancer Institute of Emory University School of Medicine and Grady Memorial Hospital,** Atlanta, GA, 404-778-1900 or 888-WINSHIP (888-946-7447), www.winshipcancerinstitute.org

“Because of Avon Patient Navigators, I was not alone in my breast cancer diagnosis. They helped me apply for healthcare coverage, schedule appointments for exams, diagnostic procedures and surgeries, arrange transportation assistance, and referred me to other resources according to my specific needs. Their dedication and assistance gave me courage, comfort and hope.”

Rosalie, Breast Cancer Survivor

Midwest

- Advocate Trinity Hospital, Chicago, IL, 773-967-2000, www.advocatehealth.com/trin/services/diagnostic/mammography.html
- City of Chicago / Department of Public Health, Chicago, IL, 312-747-9155, www.cityofchicago.org/Health/
- The Cleveland Clinic, Cleveland, OH, 216-444-3024, www.clevelandclinic.org/breastcenter
- Cook County Bureau of Health Services, Chicago, IL, 312-864-4436, www.cchil.org
- John H. Stroger, Jr. Hospital of Cook County/Hektoen Institute for Medical Research, Chicago, IL, 312-633-6000, www.cchil.org
- Marion General Hospital, Marion, IN, 765-662-4000, www.mgh.net/skins/ServicesRadiology.aspx?ID=113
- Mercy Hospital & Medical Center, Chicago, IL, 312-567-2273, www.mercy-chicago.org/mercyCMS/
- Mount Sinai Hospital, Chicago, IL, 773-542-2000, www.sinai.org
- Robert H. Lurie Comprehensive Cancer Center of Northwestern University, Chicago, IL, 866-587-4322, www.lurie.northwestern.edu
- Rush - Copley Medical Center, Aurora, IL, 630-978-4950, www.rushcopley.com
- Siteman Cancer Center, Washington University St. Louis, St. Louis, MO, 800-600-3606, www.siteman.wustl.edu
- Southern Illinois Hospital Services, Carbondale, IL, 618-457-2281, www.memorialhospitalofcarbondale.org/home.nsf/mhc/thebreastcenter?Open&type=mhc
- St. Francis Hospital, Milwaukee, WI, 414-647-5000, <http://stfrancishospitalmilwaukee.globalyp.net>
- Truman Medical Center, Kansas City, MO, 816-404-1000, www.trumed.org

Southwest

- Alamo Breast Cancer Foundation, San Antonio, TX, 800-692-9535, www.alamobreastcancer.org
- Baylor College of Medicine, Houston, TX, 713-798-4951, www.bcm.edu
- The Children’s Treehouse Foundation, Denver, CO, 303-322-1202, www.childrenstreehousefdn.org
- Denver Health & Hospitals Corp, Denver, CO, 303-436-6000, www.denverhealth.org
- LBJ Hospital / MD Anderson Cancer Center, Houston, TX, 877-MDA-6789, www.mdanderson.org/
- Memorial Hospital Foundation, Colorado Springs, CO, 719-365-2900, www.memorialhealthsystem.com
- Nevada Cancer Institute, Las Vegas, NV, 702-821-0000, www.nevadacancerinstitute.org
- Project Angel Heart, Denver, CO, 303-830-0202, www.projectangelheart.org
- The Rose, Houston, TX, 281-484-4708, www.the-rose.org
- University of Colorado Cancer Center at the University of Colorado Hospital, Denver, CO, 720-848-0300, www.uccc.info
- University of Texas MD Anderson Cancer Center, Houston, TX, 877-MDA-6789, www.mdanderson.org/

West

- Alameda County Medical Center, Oakland, CA, 510-437-8366, www.acmedctr.org
- Antelope Valley Community Center, Lancaster, CA, 661-949-5000, www.avhospital.org
- Cancer Resource Center of Mendocino, Mendocino, CA, 707-937-3833, www.crcmendocino.org
- Charlotte Maxwell Complementary Clinic, Oakland and San Francisco, CA, 510-601-7660, www.charlottemaxwell.org
- Clinica Msr. Oscar Romero, Los Angeles, CA, 213-989-7700, www.clinicaromero.com
- Contra Costa Health Services, Martinez, CA, 800-495-8885, www.cchealth.org
- Council of Community Clinics, San Diego, CA, 800-640-1662, www.ccc-sd.org
- Fred Hutchinson Cancer Research Center, Seattle, WA, 206-667-5000, www.fhcrc.org
- John Wayne Cancer Institute, Santa Monica, CA, 800-262-6259, www.jwci.org
- Northridge Hospital, Northridge, CA, 818-885-8500, www.chw.edu
- Olive View UCLA Medical Center, Los Angeles, CA, 800-427-8700, www.ladhs.org
- Project Angel Food, Los Angeles, CA, 323-845-1800, www.angelfood.org
- Project Open Hand, San Francisco, CA, 415-447-2300, www.openhand.org
- San Mateo Medical Center Foundation, San Mateo, CA, 650-573-2655, www.sanmateomedicalcenter.org
- Sharp Chula Vista Hospital, San Diego, CA, 619-482-5800, www.sharp.com
- UCLA Jonsson Comprehensive Cancer Center, Los Angeles, CA, 310-825-5268, www.cancer.ucla.edu
- University of California, San Francisco General Hospital/San Francisco Comprehensive Cancer Center, San Francisco, CA, 415-885-7777, www.cancer.ucsf.edu
- Valley Medical Center, San Jose, CA, 408-885-5299, www.vmcfoundation.org
- Women’s Cancer Resource Center, Oakland, CA, 888-421-7900, www.wcrc.org
- Zero Breast Cancer, San Rafael, CA, 415-507-1949, www.breastcancerwatch.org

Breast cancer information and resources are also available from:

- American Cancer Society, 800-ACS-2345, www.cancer.org
- Breastcancer.org, www.breastcancer.org
- HER2 Support, www.HER2support.org
- Living Beyond Breast Cancer, www.lbbc.org
- Metastatic Breast Cancer Network, Inc., www.mbcnetwork.org
- National Cancer Institute, 800-4CANCER, www.cancer.gov
- National Institute of Environmental Health Sciences, Breast Cancer and the Environment Research Centers, www.bccerc.org
- For information on clinical trials, www.clinicaltrials.gov

Glossary of Terms:

- **Adjuvant Therapy:** Adjuvant therapy is used after primary treatments, such as surgery or radiation, to decrease the chance that your cancer will return. Extended adjuvant therapy can further improve the chance of staying cancer free after completing standard therapy, an example of which is tamoxifen.
- **Anti-angiogenesis:** Anti-angiogenesis is the blocking of angiogenesis, which is the development of blood vessels by cancer cells to provide oxygen and nutrients the cancer needs to grow and spread. Targeted therapy such as Avastin® can stop the growth of new blood vessels, thereby starving the tumor.
- **Aromatase Inhibitor:** A class of drugs that can slow or stop the growth of cancer that requires estrogen to grow by lowering the amount of estrogen made in the body. These drugs also can reduce the risk of cancer coming back. Brand names of this type of drug include Arimidex®, Femara® and Aromasin®.
- **Biopsy:** The removal of cells or tissue with a needle or incision (surgery) for examination under a microscope.
- **Calcification:** Tiny calcium deposits within the breast, singly or in clusters, often found by mammography. Macrocalcifications are large and not associated with cancer. Microcalcifications are much smaller, and sometimes can be the earliest changes on mammography of a cancer.
- **Carcinoma:** Cancer that begins in the skin or in the tissues that line or cover the internal organs. Carcinomas are the most common form of cancer, accounting for 80–90% of all cancers.
- **Chemotherapy:** Treatment with drugs to destroy cancer cells. Often used in addition to surgery or radiation if cancer has spread, has come back (recurred) or when there is a strong chance that it could recur.
- **Core Biopsy:** A type of biopsy utilizing a needle to remove cells from a tumor for examination under a microscope. This method obtains a larger sample than the Fine Needle Aspiration Biopsy.
- **Cyst:** A sac or capsule filled with fluid. Because a doctor cannot always tell if a lump in the breast is a cyst, fluid may be removed through a procedure called a needle aspiration.
- **Digital Mammography:** A technique similar to standard film mammography; however, the image is recorded directly onto a computer so it can be transmitted and shared electronically.
- **Ductal Carcinoma In Situ (DCIS):** Abnormal breast cells that involve only the lining of a milk duct and that have not spread outside the duct into the surrounding normal breast tissue. Also called intraductal carcinoma.
- **Estrogen:** A primary female hormone; one of a group of hormones found in both men and women.
- **Fine Needle Aspiration Biopsy:** A type of biopsy utilizing a thin needle to remove cells from a tumor for examination under a microscope.
- **FISH (Fluorescent In Situ Hybridization):** A test used to detect the increased expression of the HER2 gene on the inside of a tumor cell, making the tumor HER2-positive.
- **HER2/neu:** A gene involved in how cells grow and multiply. In breast cancer cells that express HER2/neu, the drug Herceptin® (with a chemical name of trastuzumab) is an effective treatment.
- **HER2-Positive Breast Cancer:** An aggressive form of breast cancer caused by too much of a gene called HER2 in tumor cells (overexpression). Women with breast cancer whose tumors test positive for HER2 overexpression are potential candidates for Herceptin® (chemical name trastuzumab).
- **Hormone Receptor Positive:** Breast cancer cells that have receptors (proteins) that bind to the hormones estrogen and/or progesterone and depend on estrogen or progesterone to grow. Anti-estrogen therapies, such as tamoxifen or aromatase inhibitors, work effectively against this type of cancer cell.
- **IHC (ImmunoHistoChemistry):** The most common test used to detect the overexpression of the HER2 protein on the outside of a tumor cell, making the tumor HER2-positive.
- **Inflammatory Breast Cancer:** Occurs in sheets or nests rather than in a solid, confined tumor. Mammograms or ultrasounds often cannot detect inflammatory breast cancer. Women should monitor their breast for skin changes, lumps, discharge and notify their doctor of any changes.
- **Invasive Breast Cancer:** Cancer that has spread beyond the layer of tissues in which it developed into surrounding, healthy tissues. Also called infiltrating cancer.
- **Lumpectomy:** Surgery to remove the breast tumor and a small amount of surrounding normal tissue. A lumpectomy is almost always followed by radiation to reduce the risk of recurrence.
- **Lymphedema:** An accumulation of lymphatic fluid in the interstitial tissue that causes swelling, most often in the arm(s) and leg(s), often caused by surgery for breast or other cancer when lymph nodes are removed.
- **Lymph Node:** Small, bean-shaped organs that make and store the cells that fight infection; they are found in many places in the body, including under the arms and behind the ears.
- **Mastectomy:** Surgery to remove all or part of the breast and sometimes other tissue.
- **Metastasis:** The spread of cancer cells from the original site to other parts of the body.

- **MRI:** Magnetic Resonance Imaging uses magnetic fields and computers to make detailed pictures of the body that can then be analyzed by a radiologist.
- **Needle Aspiration:** Removal of fluid from a cyst in the breast using a thin needle. The fluid is sometimes sent for examination under a microscope.
- **Paget's Disease:** Paget's disease of the nipple starts in the breast ducts and spreads to the skin of the nipple and then to the areola, the dark circle around the nipple. It is rare, accounting for only 1% of all breast cancer cases.
- **Radiation Therapy:** Treatment with high-energy rays (such as X-rays) to eliminate or shrink cancer cells, given before or after surgery, or, in some cases, as the main treatment.
- **Reconstructive Surgery:** Procedure to replace the breast that is removed (mastectomy) with tissue that is symmetric with the other breast. Reconstruction can be done with an implant, or with tissue moved from another part of the woman's body. The reconstruction of the breast can frequently be done during the same operation when the breast is removed, and is done by a specialist in plastic and reconstructive surgery.
- **Sentinel Lymph Node Biopsy:** A diagnostic tool to determine if cancer has spread. Dye is injected near the cancer cells to trace the nearest lymph node. The lymph node is removed to reduce the risk of the cancer cells spreading, and it is examined to determine if there are any cancer cells present.
- **Stereotactic Needle Biopsy:** A method of needle biopsy that is useful in cases in which a mass can be seen on a mammogram, but cannot be found by touch. A computer maps the location of the mass to guide the placement of the needle.
- **Tamoxifen:** A drug that can reduce the risk of a new breast cancer and delay the return of breast cancer. It blocks estrogen receptors on breast cancer cells, and this can stop or slow the progression of cancers that require estrogen to grow.
- **Targeted Therapy:** A type of therapy that targets and attacks specific types of cancer cells, causing less harm to healthy cells. Herceptin® (trastuzumab) is an example of an approved targeted therapy for HER2-positive breast cancer.
- **Triple Negative:** Breast cancer cells that do not express the hormone estrogen or progesterone receptors or HER2/neu and do not respond well to anti-estrogen therapy, tamoxifen or aromatase inhibitor, nor to anti-HER2 therapy, trastuzumab.
- **Tumor:** An abnormal lump or mass of tissue. Tumors can be benign (not cancerous) or malignant (cancerous).
- **Ultrasound (Ultrasonography):** A procedure in which sound waves (called ultrasound) are bounced off tissues and the echoes produce a picture (sonogram). Ultrasound can be used to evaluate lumps or masses to determine if they are solid (tissue) or cysts (filled with fluid).



What is the Avon Breast Cancer Crusade?

The *Avon Breast Cancer Crusade*, launched in 1992, includes breast cancer programs in more than 50 countries advancing access to care and finding a cure, with a focus on the medically underserved. Funding supports 5 areas: awareness and education; screening and diagnosis; access to treatment; support services; and scientific research. Beneficiaries range from leading cancer centers to community-based, non-profit breast health programs, creating a powerful international network of research, medical, social service and community-based organizations focused on defeating breast cancer and ensuring access to care.

Through 2007, the Avon Breast Cancer Crusade has raised and awarded \$525,000,000 worldwide through a wide range of year-round fund-raising programs, including the sale of special Crusade "pink ribbon" products by Avon Independent Sales Representatives; concerts, races, walks and other special events around the world; direct individual and corporate donations; the U.S. *Avon Walk for Breast Cancer* series; and the global *Walk Around the World for Breast Cancer*.



What is the Avon Foundation?

The Avon Foundation was founded in the U.S. in 1955 to improve the lives of women and their families. Today the Avon Foundation is a 501(c)(3) public charity that brings this mission to life through two key initiatives: the Speak Out Against Domestic Violence program and the Avon Breast Cancer Crusade. The Foundation also supports disaster relief in times of national and international emergencies. Through 2007 Avon philanthropy has raised and awarded more than \$580 million worldwide. Many initiatives are supported by Avon Independent Sales Representatives, and Avon Products, Inc. provides generous direct resources and support to the Avon Foundation. Other major sources of support include:

- **Avon Walk Series** – To walk, crew, volunteer, or to pledge financial support for the Avon Walk for Breast Cancer, visit www.avonwalk.org or call 888-541-WALK.
- **Direct Donations** by supporters of Avon's causes, visit www.avonfoundation.org.
- **Pink Ribbon Products** – Call your local Avon Representative (or find one at 800-FOR-AVON) or visit www.avonfoundation.org.
- **Other Events** – For additional special events and opportunities to get involved, or details on our beneficiaries, visit www.avonfoundation.org.

Help make us obsolete.

I want to make a difference in the fight against breast cancer!

Enclosed is my tax-deductible (Tax ID# 13-6128447) gift of:

\$250 \$100 \$50 \$25 \$_____

My company will match this gift.

Enclosed is my completed matching gift form.

Please make checks payable and mail to:

Avon Foundation

Attn: Donations

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Rye, NY 10580

Credit card donations may also be made on www.avonfoundation.org.

Please charge my: VISA MasterCard Discover American Express

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