Early Detection of Breast Cancer
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I. Introduction

Around the world, over 1.1 million cases of breast cancer are diagnosed each year. This figure represents 10 percent of all diagnosed cancers and 23 percent of cancers diagnosed in women. The World Health Organization estimates that each year, more than 500,000 women die from breast cancer worldwide.

In the countries of Soroptimist International of the Americas, women are affected by breast cancer at varying degrees. In the United States, one out of eight women will be diagnosed with invasive breast cancer in her lifetime. In Canada, breast cancer is the most common cancer among women: one in nine Canadian women will be diagnosed with breast cancer in her lifetime and one in 27 will die of the disease. In Brazil, breast cancer is the leading cause of cancer-related deaths in women of all ages. The Philippines has the highest incidence rate of breast cancer in Asia, and the 9th highest incidence rate in the world. While breast cancer rates have traditionally been lower in Japan, since the late 1990s breast cancer has been the most common form of cancer diagnosed in Japanese women.

Breast cancer impacts millions of women around the world. Access to information, screening processes, proper medical treatment and emotional support should be provided to each and every one of them. Unfortunately, low-income and uninsured women are not guaranteed this access. It is for this reason that Soroptimist has chosen to take action, by aiding women who need help the most.

Taking Action

Soroptimist is not the only organization concerned with the accessibility of breast cancer information and treatment, in addition to improved methods of breast cancer detection. Around the world, women are joining together and becoming more vocal in their demands for recognition of this disease and increased funding for breast cancer research. Many countries, including the United States, Japan, Mexico and the Philippines, have designated October as Breast Cancer Awareness Month and pink as its identifying color. For the past 25 years, numerous communities throughout the United States (and a few worldwide) sponsor the Susan G. Komen Global “Race for the Cure,” a fundraiser for breast cancer research. Instructional pamphlets on self-examination for breast cancer are distributed annually on Mother’s Day by members of Akebonokai, a Japanese breast cancer patient’s association. In the Philippines, official government agencies sponsor National Cancer Consciousness Week during the month of January. The Philippines Breast Cancer Network, which argues that the government is not doing enough to cure breast cancer or to support its victims, also holds an annual conference on breast cancer awareness and treatment. The National Breast Cancer Coalition has been raising breast cancer awareness internationally and providing advocacy resources for activists since the mid-1990s.

Even with increased funding of breast cancer research in the 21st century, the causes of breast cancer remain largely unknown. Although some genetic and environmental factors have been identified (see page 6), 70-75 percent of women who develop breast cancer have no identifiable risk factors. Until researchers identify the causes of breast cancer more definitively, the best hope for saving a woman’s life is early detection and proper treatment. Breast self-examinations, clinical breast examinations and mammograms are the optimal screening tools available to help women survive this disease. Breast MRI is also emerging as a new form of examination enabling breast cancer to be detected at an early stage.

The Early Detection of Breast Cancer Model Program Kit

This model program kit offers information about breast cancer including who gets it and why; early detection procedures highlighting the importance of mammography and breast self-
examination; and what Soroptimists can do to help. Specifically, this model program kit describes a club project that helps low-income and uninsured women gain access to mammograms, which remain expensive procedures. In all countries of SIA, there are thousands of women excluded from this diagnostic tool due to a lack of resources. This model program kit will include information needed to make breast health and mammograms available to women in your community, while simultaneously forming new community partnerships and identifying potential new club members. It will also provide guidance on how to implement outcomes-based project evaluation.

II. Breast Cancer Information

What is breast cancer?
Cancer causes cells in the body to change and grow out of control. Most cancerous cells form a lump or mass called a tumor. The cancer is identified by the part of the body where the tumor starts. Thus breast cancer originates in breast tissue, which is comprised of glands called lobules (milk-producers) and ducts that connect the lobules to the nipple. Cancer arising in the lobules is called lobular carcinoma. Cancer occurring in the ducts that carry the milk to the nipple is called ductal carcinoma, which is the most common type of breast cancer.

Most tumors found in the breast are benign, or not cancerous. The diagnosis of cancer as in situ or invasive depends on whether the cancerous cells have spread beyond their originating location. In situ cancer is defined by the absence of cancerous cells in surrounding tissues. In other words, the diagnosis of in situ breast cancer means that the cancer is confined to the ducts or lobules in the breast. When in situ breast cancer is detected, with proper medical treatment it is more than 90 percent likely to be completely curable. The type of breast cancer more difficult to cure is known as invasive or infiltrating. Invasive breast cancer has begun breaking through the ducts or lobules into the fatty tissue of the breasts. The spread (metastasis) of the cancer to other organs, resulting in organ failure, is what causes death from this disease.

What causes breast cancer?
Unfortunately the precise cause of breast cancer is not known. Certain risk factors have been linked to the disease, but they are not causal in nature. In fact, 70-75 percent of women diagnosed with breast cancer have few or no identifiable risk factors. The following traits and characteristics have been identified by the American Cancer Society as increasing the risk of breast cancer.

Gender: Although men do get breast cancer, it is about 100 times more common in women.
Age: In all countries of the world, breast cancer occurrence increases with age. Nearly eight out of ten breast cancers are found in women age 50 or older. About two out of three women with invasive breast cancer are 55 and older when diagnosed.
Race and Geographic location: The incidence of breast cancer is significantly lower in Eastern Europe, Africa and most Asian countries, including Japan and China, than it is in North America, South America and Western Europe. Studies conducted by Cancer Research UK have also found that migrants who travel from low to high-risk countries acquire the risk of the host country within two generations. Thus Japanese migrants to the United States acquire an increased breast cancer risk as compared with the population in Japan.

According to the World Health Organization, the incidence of breast cancer is increasing in the developing world due to an increase in life expectancy, urbanization and westernization including but not limited to reproductive rights and later age at first childbirth, high alcohol and tobacco use, obesity, and physical inactivity. Also, a majority (69 percent) of all breast cancer deaths occur in developing countries due to a lack of early detection programs.
White women in the United States have a slightly higher risk of getting breast cancer than African-American, Hispanic or Asian-American women.

**Previous history of breast cancer:** A woman who has had cancer in one breast is at a greater risk of developing cancer in the other breast or in another part of the same breast.

**Significant family history:** It is often thought that there is only an increased breast cancer risk when there is family history on the mother’s side; this is untrue. Relatives from either the mother’s or the father’s side of the family increase a woman’s risk of breast cancer. Having a first degree relative (mother, sister, or daughter) with breast cancer doubles a woman’s risk. The risk increases as the number of first degree relatives with breast cancer increases. It is important to note, however, that 70 to 80 percent of women who get breast cancer do not have a family history of the disease.

**Dense Breast Tissue:** Women with dense breast tissue have more gland tissue and less fatty tissue. As a result, they are more at-risk for breast cancer. Dense tissue also makes breast cancer harder to detect through mammograms.

**Lobular carcinoma in situ (lobular neoplasia):** The name of this condition is misleading because it is not really cancer, but a noninvasive condition that increases the risk of breast cancer. It can more simply be thought of as stage 0 breast cancer. It occurs when abnormal cells accumulate in the breast lobules. Women with lobular carcinoma in situ have a seven to 11 times greater risk of developing breast cancer.

**Menstrual periods:** Studies suggest that reproductive hormones influence breast cancer risk by affecting cell proliferation and DNA damage. Early menarche (younger than 12 years) and late menopause (older than 55 years) increase a woman’s risk of breast cancer because she has had more exposure to the hormones estrogen and progesterone.

**Earlier Breast Radiation:** Women who have treated another cancer by having chest radiation under age 40 are at an increased risk of breast cancer. The risk from chest radiation is highest if the radiation was performed during a woman’s teenage years, when her breasts were still developing.

**Treatment with DES (diethylstilbestrol):** Studies have shown that there is a 30 percent increased risk for breast cancer among women prescribed DES while pregnant than among women who weren’t prescribed DES. DES was thought to lower the chances of miscarriage between 1938 and 1971; therefore, women prescribed DES while pregnant or born to DES-prescribed mothers during that time have an increased risk of breast cancer.

**Pregnancy:** Women who have not had children, or had their first child after age 30, have a slightly higher risk of breast cancer. Being pregnant more than once and at an early age reduces breast cancer risk.

**Birth control pills:** Studies have found that women who take birth control pills have a slightly greater risk of breast cancer than women who have never taken birth control pills. The risk diminishes over time once the pills are no longer being taken.

**Alcohol:** Use of alcohol is linked to a slightly increased risk of breast cancer. Women who have one drink a day have a very small increased risk. Those who have two to five drinks daily have about one and a half times the risk of women who drink no alcohol.

**Tobacco:** The majority of studies have found no definitive link between active cigarette smoking and breast cancer. However, in studies where active smoking and exposure to secondhand smoke
are controlled, the comparison study groups show a suggestive link to breast cancer risk. Regardless, refraining from smoking cigarettes and avoiding exposure to secondhand smoke has significant health benefits.

**Obesity:** Obesity is linked to a higher risk of breast cancer, especially if the weight gain took place during adulthood. The risk seems to be higher if the extra fat is in the waist area.

**Lack of Exercise:** Experts have found that exercise reduces the risk of breast cancer, though to what extent is still undetermined. One study found that one hour and 15 minutes to two hours and 30 minutes of brisk walking per week reduced the breast cancer risk by 18 percent. However, another study found that walking ten hours per week reduced the risk only a little bit more.

**Environmental Factors:** Exposure of the breast/s to ionizing radiation, such as radiation therapy for Hodgkin’s disease, is the best-established environmental factor associated with an increased risk of breast cancer.

A 2006 edition of a study co-published by the Breast Cancer Fund and Breast Cancer Action suggests that exposure to chlorinated chemicals and xenoestrogens, which are present in many pesticides, fuels, plastics, detergents and prescription drugs, can cause breast cancer. This study also found that exposure to certain solvents used in electronics, fabricated metal, furniture, printing, lumber, chemical, textile and clothing industries may increase the risk of developing breast cancer. This research was expanded and is supported by two studies conducted in 2009 by the University of Copenhagen and the Children’s Environmental Health Center at the Mount Sinai School of Medicine in New York.

The University of Copenhagen study, published in April 2009 in the journal *Pediatrics*, tracked breast development among 2,100 girls between ages five and 20 between 1991 and 1993 and 2006 and 2008. The study found that the average age for breast development decreased by a year among the girls studied in the 2000s. The University of Copenhagen attributed this decreased age in breast development to numerous chemicals like bisphenol-A and phthalates. These chemicals are used respectively to make clear plastic containers and personal care products and can act as endocrine disruptors, having estrogenic effects. These estrogen-mimicking compounds can disrupt normal cell communications about growth and metabolism, causing earlier hormonal changes in behavior and reproduction. Researchers fear an earlier onset of puberty might increase a woman’s risk of breast cancer due to the likelihood that she is exposed earlier to high-risk behaviors such as alcohol and drug use.

The Children’s Environmental Health Center at Mount Sinai School of Medicine has come across similar findings. Philip J. Landrigan, Chairman for the Department of Preventive Medicine at Mount Sinai is one of the leaders of the National Children’s Study funded by the United States Congress under the Children’s Health Act of 2000. It is the largest epidemiical study of children’s health and the environment ever launched in the United States. The study will examine the effects of environmental influences on the health and development of 100,000 children across the United States, following them from before birth until age 21. This study will provide the most thorough evidence for or against the link between environmental factors, such as endocrine disruptors, and breast cancer risk.

Previously, endocrine disruptors and their link to breast cancer risk had been considered a fringe theory, but now they are being studied in depth by the Endocrine Society. Though there is cause for concern, the National Cancer Institute and the American Cancer Society stress that research has not yet definitively established a link between breast cancer risk and environmental pollutants.
**Genetics:** About five to ten percent of breast cancers are believed to be linked to inherited mutations in certain genes. Recent research has shown that defects in one of two inherited genes, called BRCA-1 and BRCA-2, are linked to an increased risk of breast cancer. Defects in these genes carry a lifetime risk as high as 85 percent, but are rare in the global population. A faulty TP53 gene, which is even rarer than BRCA-1 and BRCA-2 defects, also can increase the risk of breast cancer. In May 2007, researchers released a study claiming to have found four new sites in the human genome that increase the risk of breast cancer. The findings do not point to any new forms of treatment, and have not been verified by enough research teams to be widely accepted. However, they provide critical information needed to understand the biology of breast cancer and develop future treatments.

**Post-Menopausal Hormone Therapy (PHT):** After years of prescription, the United States Preventive Services Task Force recommends against women using hormones to help relieve symptoms of menopause and to help prevent bone thinning (osteoporosis). However, if a woman and her doctor decide that PHT treatment is necessary, the lowest possible dose should be prescribed for the shortest possible duration. There are two types of PHT treatments; one causes a significantly greater risk of breast cancer. Combined PHT, estrogen and progesterone, is prescribed to women with a uterus. This treatment is the riskier of the two as it not only increases the risk of breast cancer, but it increases the risk of detection at a later stage and therefore the risk of dying from breast cancer. Estrogen replacement therapy, or ERT, is the second type of PHT treatment that is prescribed to women without a uterus. ERT only increases the breast cancer risk when used for over ten years.

Clearly, more research needs to be done to identify the causes of breast cancer. Arguably most controversial is the identification of lifestyle choices as possible risk factors. For instance, since having fewer children later in life is identified as a risk factor, it may appear as if women who choose not to reproduce (or to reproduce later in life) are responsible for getting breast cancer. Studies today tend to focus on issues dealing with nutrition and hormone intake. Diet and fat intake have long been suspected as contributing to the risk of breast cancer, because the difference in worldwide rates appears to correlate with variations in diet. However, a causal role has not been firmly established.

**What are the symptoms of breast cancer?**
At first, breast cancer may not cause any symptoms. Mammograms are often the first indicator of any unusual changes in the breast. However, some signs of breast cancer can be detected before testing. The most common of these symptoms is a new lump or mass in the breast. When a lump has uneven edges, is painless, hard, and immobile it is more likely to be cancerous. When a lump is tender, soft, and round it is less likely to be cancerous. However, it is important to have any unusual lump checked out by a doctor.

Other symptoms of breast cancer may include:

- Swelling of all or part of the breast
- Skin irritation or dimpling
- Breast pain
- Nipple pain or the nipple turning inward
- Redness, scaliness, or thickening of the nipple or breast skin
- A nipple discharge other than breast milk
- A lump in the underarm area (sometimes breast cancer can spread to the lymph nodes under the arm before a breast tumor is large enough to be felt)
What is a woman’s chance of surviving breast cancer?
Surviving breast cancer depends largely on the type and stage of the cancer when it is detected, in addition to the treatment pursued. Screening can flag breast cancer at an earlier, more survivable stage, and treatment determines how and whether the cancer will be eradicated. Long-term prognosis is based on a variety of different factors including the stage, estrogen-receptor status and biological aggressiveness of the cancer. The stage of breast cancer is determined by the size of the tumor, whether it is in situ or invasive, how many lymph nodes are affected, and if it has metastasized (spread outside of the breast). Therefore, it is one of the most important factors used by physicians to determine prognosis and treatment options. Estrogen-receptor status refers to whether or not the tumor is sensitive to estrogen. The more estrogen or progesterone receptors present on cancer cells, the more likely that hormonal therapy will work against the particular cancer. Finally, the biological aggressiveness of breast cancer refers to the rate of tumor growth, based on the genetic makeup of the tumor (not the person), and the probability of metastasis. Factors such as time of first period, race, or weight increase the likelihood of developing cancer but do not predict how aggressive it will be.

Other medical advances have significantly increased the rate of survival for women with breast cancer, as evidenced by the emergence of chemotherapy and the usage of digital mammography and breast MRIs. As a result of such advances, according to the American Cancer Society, the current five-year survival rate for women in the United States with in situ breast cancer—as long as they receive proper treatment—is 98 percent.

What are the treatment options for breast cancer?
If a woman is diagnosed with breast cancer, she and her doctor need to discuss various treatment options. Breast cancer treatments fall into two categories: local treatment (designed to eradicate cancer in the breast) and systemic treatment (designed to eradicate all cancerous cells in the rest of the body). Choices in treatment options are therefore decided based on whether the cancer is localized or metastasized.

Local Treatment: This normally involves two processes. First, surgery is performed to remove the cancer cells from the breast. Second, radiation is employed to remove any cancer cells left behind. In the past the only surgical option was a mastectomy, or removal of the entire breast. Now there are a number of breast conserving options depending on the size and location of the tumor.

Studies published in the 1980s proved that lumpectomy or partial mastectomy and radiation therapy are equally as effective in curing early stage or small breast cancers as radical mastectomy. Lumpectomy is the local removal of a tumor and a surrounding margin of tissue. Partial mastectomy is like a lumpectomy except more marginal tissue is removed. Radiation therapy is often used in conjunction with lumpectomies or partial mastectomies to shrink early stage cancer, to prevent the cancer from coming back or to lessen the pain and other negative symptoms of more advanced breast cancers.

Systemic Treatment: If the cancer has metastasized, systemic treatments are necessary. These include chemotherapy, hormone therapy, targeted therapy, and neoadjuvant therapy.

Since the 1950s, chemotherapy has been helping people fight cancer. It interrupts the process in which cells divide, resulting in cell death. Chemotherapy may be given intravenously (injected into a vein) or by mouth. Because it targets all cells that divide, not only cancerous ones, it often causes side effects including hair loss, mouth sores, loss of appetite, nausea, increased chance of infection, and fatigue. Chemotherapy is given in cycles, to allow for recovery periods.
Another name for hormonal therapy is “anti-estrogen therapy,” as its goal is to starve the breast cancer cells of estrogen, which they thrive on. Since the 1980s, the hormone drug tamoxifen has also been used to decrease cancer cell growth in estrogen-receptive tumors in patients with advanced invasive breast cancer and to treat women at high risk of developing breast cancer. Research has also shown that tamoxifen can be used as adjuvant therapy for early breast cancer, reducing the risk of recurrence and of developing new cancers in the other breast. Adjuvant therapy for breast cancer is any type of treatment given after primary therapy to increase the chance of long-term cancer-free survival.

Based on these findings, the National Cancer Institute (NCI) funded a large research study in 1997 known as the Breast Cancer Prevention Trial (BCPT) to further determine the preventative nature of the drug. This study found a 49 percent reduction in diagnoses of invasive breast cancer among high-risk women of all ages who took tamoxifen. Women who took tamoxifen also had 50 percent fewer diagnoses of noninvasive breast tumors, such as ductal or lobular carcinoma in situ. In 2007, the Journal of the National Cancer Institute published two follow-up studies that reaffirmed the previous data on tamoxifen, while also introducing new developments. It found that high-risk women continue to benefit from tamoxifen even years after they cease taking it. Previously, there were great risks associated with tamoxifen use, including increased risk of developing endometrial (gynecological) cancer and uterine sarcoma. However, the 2007 follow-up studies determined a significantly lessened risk of tamoxifen’s adverse effects like blood clots and endometrial cancer. The National Cancer Institute maintains that the benefits of taking tamoxifen are “firmly established and far outweigh the potential risks.”

Another type of hormone therapy is aromatase inhibitors. Aromatase are enzymes that convert to estrogen. The inhibitors help lower estrogen levels in the body by blocking aromatase. This type of hormone therapy is newer than tamoxifen and more time is needed to weigh its long-term risks and benefits.

Targeted therapy, unlike chemotherapy, kills cancer cells with little impact on healthy cells because it attacks specific molecular agents or pathways that help develop cancer. Therefore, targeted drugs have different and less severe side effects than chemotherapy.

Neoadjuvant therapies are prescribed to patients before breast cancer surgery as a way to improve the type of surgery needed. For example, neoadjuvant chemotherapy can shrink a tumor so that only a lumpectomy rather than a mastectomy is necessary.

Because of the number of options available and the controversies surrounding them, it is important for a woman to be as informed as possible when discussing treatment options. Decisions do not need to be rushed. There is time to read, do research, explore options and get a second opinion. Women need to be involved in the decision-making about their treatment and follow-up care, and the best way to do this is to be as informed as possible.

**Recent Studies on Early Detection**

At the beginning of the 21st century, traditional methods of early detection of breast cancer came under fire. A controversial study published in the October 20, 2001 issue of *The Lancet* called into question the benefit of yearly mammograms as a way to decrease breast cancer deaths and avoid mastectomies. The study, conducted by Ole Olsen and Peter C. Gotzsche at the Nordic Cochrane Center in Copenhagen, reviewed the seven largest mammography trials conducted in recent decades and found that five of the seven did not meet standards for reliable research. Other researchers similarly argued that the traditional methods to detect tumors (including mammography and BSE) were too fallible to be reliable. It is certainly true that mammography carries such risks as false-positive diagnosis (cancer is diagnosed but the woman does not have it).
and false-negative diagnosis (cancer is not diagnosed but the woman does have it). The difficulty in obtaining quality images in mammography, which occurs primarily when the breast is particularly dense, contributes to such misdiagnoses. In addition, there is also the possibility for human error when interpreting the images, arguably making mammography more of a risk than a benefit. According to a study published in the New England Journal of Medicine (NEJM), the emergence of digital mammography (also known as full-field digital mammography, or FFDM) helps to significantly lower the false-positive and false-negative risk resulting from poor quality images.

Breast cancer researchers and awareness advocates reacted differently to such studies, with most calling for new research to be done on the efficacy of mammograms in particular. In March 2002, the available evidence on breast cancer screening was evaluated in Lyon, France by a Working Group convened by the International Agency for Research on Cancer (IARC) of the World Health Organization (WHO). The group, comprised of 24 experts from 11 countries, concluded that their trials provided “sufficient evidence” for the efficacy of mammography screening of women between 50 and 69 years. Specifically, this study found a 35 percent reduction in mortality from breast cancer for women participating in mammography screening. A study conducted in August 2005 by the Journal of the National Cancer Institute (JNCI) also found evidence that women whose breast lumps are detected by mammography have a better prognosis than those whose lumps are not. In 2006, the Medical Journal of Australia affirmed that mammography is capable of detecting breast cancer two to three years before it becomes a palpable lump, and is the only screening test shown to reduce breast cancer deaths in randomized trials.

In November 2009, the debate over mammograms continued. A United States Federal advisory panel appointed by the Department of Health and Human Services made three main declarations: most women should begin breast screening by mammography at age 50, not 40; most women should receive mammograms biennially rather than annually between ages 50 and 74; and doctors should stop teaching women how to perform breast-self examinations (BSE). The reasoning behind these declarations was similar to that of the 2001 mammography study done in Copenhagen. The advisory panel, consisting of an independent panel of experts in prevention and primary care, concluded that the harms of mammograms to women in their 40s are greater than the benefits. Women in their 40s are less likely to have breast cancer than women in their 50s, yet mammograms are 60 percent more likely to cause women in their 40s unnecessary false-positive and false-negative results, further tests like biopsies, and anxiety. Also, the panel found that the harms women experience from mammograms biennially are cut in half every year, but the benefits are almost unchanged. Finally, the advisory committee found that routine, monthly breast self-examinations offer no distinct advantage to women and their breast health.

These declarations were received with stark criticism by the general public and a variety of national cancer organizations, such as the American Cancer Society and the American College of Radiology. However, as demonstrated above and as the Susan G. Komen for the Cure’s Scientific Advisory Board points out, there has been an on-going mammography debate for the past decade and none of these findings are entirely new. Susan G. Komen for the Cure stresses that there is more agreement than disagreement in the national mammography debate. There is a consensus among researchers and physicians that despite overdetection and underdetection, mammography screening leads to an overall reduction in breast-cancer mortality among women aged 40-74 years of age. Additionally, experts in the field agree that women who fail to regularly screen themselves for breast cancer are at a significant disadvantage for detection and survival. Finally, it is also agreed among experts that mammograms, and CBE and BSE, are highly imperfect tests. The main disagreement among experts is not whether women should engage in breast cancer screening, but when and how often.
The majority of the current studies on breast cancer detection demonstrate that mammography remains a critical component of screening and diagnosis to which all women should have equal access. Mammography is still the procedure most effective at early detection, and is furthermore the one procedure proven to reduce mortality rates in randomized tests. Each woman should weigh the harms and benefits of breast cancer screening methods for herself with the guidance of her physician. Soroptimist believes that the timing of breast cancer screening is less important than guaranteeing all women’s access to it.

III. The Importance of Early Detection

As stated earlier, early detection of breast cancer is one of the best ways to save a woman’s life. Mammograms in particular have been proven effective at identifying breast cancer at a stage when it is still localized and thus treatable. Women around the world can be responsible for their breast health by conducting monthly breast self-examinations, and having annual or biennial clinical breast exams and mammograms. The recommended starting age for mammography screening is between 40 and 50 years, depending on the woman’s risk factors and her physician’s opinion.

Breast Self-Examination

All women should be encouraged to do monthly breast self-examinations (BSE), which are quick and effective means of familiarizing women with the healthy state of their breasts thus enabling them to detect palpable lumps in the breast. By examining her own breasts each month at the same time, a woman is likely to notice any changes, including dimpling, swelling and nipple discharge. The best time for BSE is about a week after a woman’s period ends, when breasts are not tender or swollen. Women who do not have regular periods should do BSE on the same day every month. Women who are pregnant, breast-feeding, or have breast implants also need to do regular breast self-examinations. Some women find BSE difficult as they think their breasts are “too lumpy” or they don’t know what they are supposed to be feeling. This can be overcome if examinations are done at the same time each month. Women will become familiar with what is “normal” and will notice any changes that might occur. The characteristics of a malignant tumor include a hard, immobile, fixed to the skin lump, and/or skin dimpling and nipple retraction. Any new breast lumps, regardless of the characteristics, should be examined by a doctor. The American Cancer Society (ACS) suggests the following instructions for conducting a BSE:

1. Lie down with a pillow under your right shoulder and place your right arm behind your head.
2. Use the finger pads of the three middle fingers on your left hand to feel for lumps in the right breast.
3. Press firmly enough to know how your breast feels. A firm ridge in the lower curve of each breast is normal. If you’re not sure how hard to press, talk with your doctor or nurse.
4. Move around the breast in a circular, up and down line, or wedge patterns. Be sure to do the exam the same way every time, check the entire breast area, and remember how your breast feels from month to month.
5. Repeat the exam on your left breast, using the finger pads of the right hand. (Move the pillow to under your left shoulder.)
6. Repeat the examination of both breasts while standing, with one arm behind your head. The upright position makes it easier to check the upper and outer part of the breasts (toward your armpit), where about half of breast cancers are found. You may want to do the standing part of the BSE while you are in the shower. Some breast changes can be felt more easily when your skin is wet and soapy.
7. For added safety, you can check your breasts for any dimpling of the skin, changes in the nipple, redness, or swelling while standing in front of a mirror right after your BSE each month.

If you find any changes, see your doctor right away.

**Clinical Breast Exams**

Clinical breast exams (CBE) are similar to BSE but are conducted by a trained professional. CBE is a promising method of detecting breast cancer in those parts of the world where mammography is not readily available. If CBE proves to be as effective as mammography, it could therefore be an ideal screening test for the global control of breast cancer. In addition to reducing the economic costs of mammography, CBE would also eliminate human costs such as anxiety. The vast majority of women could be reassured on the spot, eliminating the waiting periods before mammography test results are known.

**Mammograms**

Mammography consists of a low dose x-ray of the breast. This process lasts only a few seconds, and can result in the detection of cancers too small to be felt by even the most skilled examiner. For example, the average size of a tumor discovered by a woman practicing BSE is 2.5 cm (1 inch). A tumor this large has likely already metastasized. Mammography is able to detect tumors as small as 0.50 cm (1/4 inch), up to three years before the tumors are palpable and therefore less likely to have metastasized. Approximately ten percent of women who have a mammogram will find an abnormality, which may or may not be a cancerous tumor. Eight to ten percent of those women will need a biopsy to determine this, and 80 percent of those biopsies will not discover cancerous cells. Although the efficacy of mammograms has been challenged in recent years (see page 9), only mammography has been proven capable of reducing breast cancer mortality in women over 50. Notwithstanding the purported benefits of mammography, physicians continue to report that many women find mammograms to be uncomfortable or even painful.

Unfortunately, cost and the requirement of technical expertise puts both types of mammography financially out of reach for 3/4 of the world’s women, including women in the United States. A May 2007 study published by the National Cancer Institute found that mammography rates fell by as much as 4 percent in the U.S. between 2000 and 2005. Dr. Michele Blackwood, a breast cancer surgeon and medical director of the Connie Dwyer Breast Center in Newark, NJ, calls this trend “scary” and attributes it in part to the closing of roughly 10 percent of mammography centers in the United States due to lower insurance reimbursement rates for the procedure. The researchers who conducted the study also attribute it to the increased number of women without health insurance, higher co-payments for office visits, and a “lack of emphasis on mammography in health-promotion campaigns.” Although it is also important that researchers continue to look for less expensive and more dependable types of breast cancer prevention, Soroptimist’s focus is on providing mammography to low-income women around the world, who otherwise would not have the financial resources to access it.

**Breast MRI**

Emerging studies suggest that breast MRIs could be superior to mammography. Since 2000, several studies evaluating breast MRI for breast cancer surveillance in high-risk women have been published. In these studies, breast MRI was found to be superior to mammography in detecting early breast cancers. Combination screening (mammography and breast MRI screening together) has shown to be particularly effective at correctly diagnosing breast cancer. However, no study has yet established a mortality benefit with breast MRI screening. The test is also expensive, often not covered by insurance, and frequently unavailable in small communities and developing countries. There is currently not enough evidence to replace mammography with breast MRI, and
future studies are needed to confirm the suggested association between radiation exposure and breast cancer risk.

**Breast ultrasound**
Another form of breast cancer detection is a breast ultrasound. An ultrasound uses sound waves to evaluate a part of the body. The echoes of the sound waves are received by a computer to create a picture on a computer screen. Like breast MRIs, breast ultrasounds are best used in conjunction with mammograms. Unlike breast MRIs, breast ultrasounds have low costs and are widely available.

**Ductogram or Alactogram**
This test is a special kind of x-ray that can be helpful in detecting the cause of nipple discharge. Dye is injected through a thin, plastic tube into the nipple duct. If there is a tumor inside the duct, the dye will outline it in an x-ray image and the nipple discharge can be tested for cancer cells.

**Biopsy**
In order to confirm breast cancer after other tests have detected it, a doctor will perform a biopsy. Biopsies extract cells from the areas of concern to be studied in a lab. There are several types of biopsies: fine needle aspiration biopsy (FNAB), core need biopsy, vacuum-assisted biopsies, and surgical biopsies.

**IV. Project Planning and Getting Started**

Women in your community are at risk of getting breast cancer. Many Soroptimist clubs have already started educating women about breast cancer and supporting efforts to provide women with early screening tests. These clubs have wonderful breast cancer projects in place from which many of this kit’s suggestions are drawn (see page 22). There are a number of different projects to consider, including:

- Creating a flyer with breast cancer information and handing it out to women in your community.
- Establishing a fund at a women’s health center to be used to help low-income women receive mammograms or other breast health services.
- Planning a workshop to educate women about breast cancer risks, the controversies surrounding the issue, and BSE.
- Joining with Friendship Links to hold simultaneous workshops where participants would learn about breast cancer in their community and in another country.
- Organizing a health fair where women would be able to receive free mammograms or clinical breast exams on site.
- Holding a workshop for women to learn about breast cancer and offering the opportunity to sign up for free mammograms at a supporting facility.
- Plan a workshop for women specifically designed to discuss emerging issues surrounding mammography, BSE and hormone therapy.

The club will need to decide as a whole what level of commitment, of both time and financial resources, they are willing to give a breast cancer project. The aim of this model program kit is to provide information on making mammograms available to low-income or uninsured women. It will provide the information to establish a fund to provide women with free mammograms, and/or to host an educational workshop about breast cancer. For both projects, the kit contains information on community assessment, outcomes-based project evaluation, creating community partnerships, fundraising and attracting participants.
You may find that there are a number of organizations that subsidize mammograms in the community, but there is a lack of breast cancer education. It may also be necessary to investigate possible partnerships before making a final decision. You may discover that there are not enough technicians, physicians and mammogram facilities willing to give you discounts on services to make it financially feasible to launch an effective program. Or you may find an organization that has a program in place but could use the club’s assistance. This kit was designed to be helpful regardless of the type of project. The kit can and should be adapted to fit the needs of the community and the club.

V. Community Assessment

The goal of the community assessment is to determine what services are offered, what services are most needed and to compile a list of potential partners for your project. For the breast cancer project, you will want to pay close attention to:

- medical services available for low-income or uninsured women
- medical services offered for older women
- women’s health clinics
- other community organizations focusing on women’s issues
- physicians and technicians that are sympathetic to women’s health issues
- businesses that support women’s issues or are supportive of community service
- mammography facilities that offer discounts to needy women

The following page lists questions to guide the community assessment. The assessment will take time and research but is a necessary component to being a good partner in the community. It would not be beneficial for the club to launch a program that is similar to one being offered by another organization. Involve as many club members as possible in the assessment. Perhaps different questions or subjects could be divided among club members. This is an information gathering exercise and the more information compiled the better. This is also a time to make initial contacts with people who work for, or are associated with, each type of organization. Always try to make a personal contact. This will save time and effort during the partnership activity.

Use the information attained in the community assessment to shape the program. What services are needed for women in your community? Should the club support an existing program instead of starting a new one? Is there a gap in breast health services in the community that the club could fill? After conducting the assessment, defining the project is a matter of balancing the needs of the community with the resources of the club. For example, if it is difficult in your community to entice women to attend workshops, launch the mammogram part of the project only. If there are organizations that are providing mammograms but they are underutilized, perhaps a partnership would work, with the club holding an educational workshop and advertising the mammogram service. Finally, if breast cancer services are lacking in the community and the club is very committed to the breast cancer project, hold the workshop and offer free mammograms.

Community Assessment Questions

1. Are there organizations and agencies providing breast cancer information, including risk factors, BSE and mammogram services in the community? List them, including names, contact information and a short description of the program.
2. Do the educational programs focus on a certain issue or area? For example, do they focus on mammograms and not mention BSE?

3. What medical assistance is there for low-income, uninsured and/or older women in the community?

4. Are there organizations providing free or discounted mammograms to needy women in the community? List them with contact information and a brief description of the project.

5. Are there existing programs in the community that are in need of assistance?

6. Are there needs in the community that are not being met?

7. Would it be possible, convenient or beneficial to partner with another organization to provide breast health programs?

8. Are there organizations that fundraise for breast cancer in your community?

9. Identify and list club members with any ties to the medical/health care profession or other women’s organizations.

10. What businesses in the community are supportive of women's issues or community service in general? List them, including names and contact information.

VI. Outcomes-Based Project Evaluation for Soroptimist Clubs

After your club has collected information about breast cancer and mammogram services in its local community, you can begin thinking about outcomes-based project evaluation for your project. One of the most crucial factors to consider when planning a project is the intended outcomes. It is therefore important for clubs to understand outcomes-based project evaluation before setting goals and objectives, and before designing the project.

What is project evaluation?
Simply put, outcomes-based project evaluation is the assessment of how well a project is meeting its goals. Outcomes-based evaluation is the regular, systematic tracking of the extent to which project participants experience benefits or changes to their lives as a result of the project. This type of evaluation:

- allows clubs to verify accomplishment of their goals.
- ensures that the correct activities are being conducted to bring about the impact needed by project beneficiaries.
- measures the benefit or change to beneficiaries as a result of the project.
- allows clubs to state the impact of its projects;
- enables clubs to make well-informed decisions about continuing, ending or revising a project.

Clubs that conduct outcomes-based evaluation are able to speak more specifically about the impact of their work in the community to improve the lives of women and girls. Outcomes-based evaluations do not need to be complex or lengthy. The scope of the evaluation should match the complexity of the project.

Why do Soroptimist clubs need to institute outcomes-based evaluation?
Today many not-for-profits claim their projects are making a difference in the lives of others. Non-profits are facing increased scrutiny and the most successful organizations are those that can
demonstrate a measurable impact on their beneficiaries. The needs of the women and girls SIA serves are increasing at the same time that funding and support is decreasing. Clubs must be able to demonstrate the local-level impact on project beneficiaries. Outcomes-based evaluations are needed to ensure that Soroptimist clubs are serving their targeted beneficiaries efficiently and effectively. Evaluations will also serve as a feedback loop and can be used for project improvement.

For frequently asked questions, detailed instructions for implementing outcomes-based evaluation, and an example evaluation, please read Outcomes-Based Project Evaluation for Soroptimist Clubs available in the program section of the members’ area of the SIA website: [http://www.soroptimist.org/members/program/SoroptimistLocalClubProjects.html](http://www.soroptimist.org/members/program/SoroptimistLocalClubProjects.html).

VII. Creating Partnerships

Once you have decided what type of project the club will undertake, hold a brainstorming session with the committee responsible for the project and create a list of organizations and people in the community who could support the project by donating any of the following:

- Facilities for mammograms
- Services as technologists and radiologists to perform and evaluate the mammograms
- Services as clinicians to perform clinical breast examinations or to instruct how to perform self-breast examinations (SBE)
- Services as physicians to do follow-up visits with women as needed
- Time as speakers at the workshop
- Space in which to hold the workshop
- Assistance organizing, planning and executing the workshop
- Funds for mammograms, printing costs, advertising costs or any other expenses involved with the project

Remember to utilize all club members when creating partnerships. There may be members in the club who are physicians or healthcare professionals, or who have contacts with other people or organizations that could help. Now is the time to practice professional networking skills and contact these organizations, explain your plan, and solicit assistance. Making these types of contacts should not be difficult and you may have all the resources you need right inside your club. In addition to club contacts, contact the people you spoke to during the community assessment.

Decide what you want to gain from other organizations. Are you concerned about costs and would like a full-time partner to help offset expenses? Perhaps there is another organization in town whose work is particularly impressive and would be a suitable partner. Once these issues have been decided, start making contacts. In addition, during this partnership exercise, be aware of women who might be interested in joining your club. A good time to solicit new members is while you are launching exciting new projects.

For more information, read Effective Partnerships for Soroptimist Clubs available in the program area of the Members section of the SIA website or by clicking here: [http://www.soroptimist.org/members/program/SoroptimistLocalClubProjects.html](http://www.soroptimist.org/members/program/SoroptimistLocalClubProjects.html).

VIII. Mammograms and Follow-ups
 Thousands of uninsured and low-income women throughout the world are in need of free or low-cost mammograms. Even some women who do have health insurance do not get mammograms because deductibles make the cost prohibitive. In the Philippines, because mammography facilities are not widespread, mammograms are recommended only for women over 50. Clearly, resources should not determine who has access to this test. The purpose of this project is to make it available and accessible for all women.

Two Project Options
There are two different options to organize this project. The one your club chooses will probably be determined by the facility with which you are partnering. The two options are:

A. Women contact the club to express interest in having a mammogram. The club then arranges the mammogram with a nearby facility. For example, one Soroptimist club has set up a message service where interested women can call and leave a message to get further information. A club member responds to determine what time she is available and how much funding would be necessary, sets up an appropriate time and cost with the hospital/radiologist, and calls the woman back to inform her when to come in for her scheduled mammogram.

B. Women call the facility directly to make arrangements, and the facility later bills the club for the mammogram. In this case, the club would be responsible for advertising the program, but the facility would handle the scheduling arrangements. In this case, the club should create a card that is distributed by the facility to the women so they know who funded the mammogram.

Finding Facilities
The key to providing mammograms to needy women is finding facilities, technologists, radiologists and physicians willing to support the project. For most clubs, it will be necessary to find facilities that offer discounts, and health care professionals willing to donate their time. Because of the cost of the equipment, few facilities will be willing to waive the cost entirely. Instead, focus on obtaining substantial discounts. Identify all those places in your community (or nearby) that offer mammograms and contact each one. For those facilities where you do not have a personal contact, design a letter explaining your project and why it is so important. Be sure to address the letter to a specific person at the facility, and follow up with a call on a certain date and time. Be persistent. Always ask if it is a good time to talk and, if not, arrange a more suitable time. If one facility turns down your request, ask if they can recommend a different facility. You might uncover a new source. When looking for facilities to support the project, be as flexible as possible. For example, if the facility is willing to discount mammograms but does not want to participate in the planning, set up a phone number for interested women to call and leave messages. If the facility is already handling requests for discounted mammograms, they may want to handle the paperwork and bill the club.

Getting Technologists, Radiologists and Physicians Involved
You will also need to find radiological technologists, radiologists and physicians who are willing to donate their time to conduct and examine the mammography exam and, if necessary, discuss the results with the woman. Approach this in a similar way to finding facilities. Start with technologists, radiologists and physicians you know, and those you met during your community assessment. If this does not yield results, write a letter to technologists, radiologists and physicians in your area and solicit their support. Again, remember to follow-up with a telephone call. The films can be forwarded to the woman’s physician, if she has one. If she doesn’t have a physician, have her films forwarded to one of the physicians who agreed to follow-up for you. If an abnormality is found during the mammogram, the physician should contact the woman. If there are not any follow-up issues, design a form letter (or postcard) to send, letting her know everything was fine and reminding her of the importance of having a mammogram every year.
Screenings
It is important to discuss the issue of screening women who call for mammograms. Some clubs have developed forms for women to fill out to discover if they might be eligible for club funding or if they have health insurance that sufficiently covers mammograms. The purpose of this is not to turn away women who want mammograms, but rather to ensure that club resources are going to women who truly cannot afford them. In order to screen effectively, several club members would need to familiarize themselves with available medical assistance and insurance policies. However, some Soroptimist clubs do not screen and instead offer their service to anyone who asks for it. They fear that if they turn a woman away, for whatever reason, she may not have a mammogram. It is up to the club to decide how to handle this issue.

Clinical Breast Exams (CBE)
If there is not mammography available in your community, schedule CBE. Since there is no equipment needed for CBE, it may be best for the club to plan an educational workshop and have trained clinicians at the workshop perform the exams. Your club would then need to have physicians available to follow-up if any suspicious findings were discovered during the CBE.

The crucial aspect of this project is finding women who need breast examinations to take advantage of whatever services you are offering. For information on recruiting participants, see page 21.

IX. Educational Workshop

In addition to arranging free mammograms, there are a number of reasons to hold an educational workshop on breast cancer. The most basic reason is to disseminate information about breast health. Another is the ability to target women of all ages. While mammography is most important for women over 40, learning about BSE, CBE and other breast health issues is important for women of all ages. The most important reason to hold a seminar may be to educate older women about the importance of mammograms. Cost is not the only reason women do not have mammograms. Some women have misconceptions about breast cancer, believing, for example, that if no one in their family has ever had breast cancer that they will not get it. An educational workshop allows you to share important information about breast cancer and mammograms. This is also a good opportunity to share the latest studies about mammograms and BSE.

The workshop can be as extensive or as simple as you would like. Remember to make it appealing to your prospective audience and convenient for women to attend. Consider holding it on a Saturday morning. Depending on your target audience, try to provide childcare and/or transportation. Consider having some sort of memento for each participant, such as stickers to put on their calendar each month to remind them to do their BSE. Some clubs incorporate a luncheon, while others hold the workshop in the evening.

Find a Location
The first step should be to find a location. Perhaps there is a place in the community where you have held similar events. If not, contact colleges, hotels, community centers and/or religious organizations. It is a good idea to think about the number of participants you are targeting. If you would be happy with 50 versus 200, it will affect the size of the space you will need. Try to find an organization that will donate the space. When you are approaching places, explain to them you need the space donated because the resources you have for the program are going to support mammography for low-income women. Offer to set up and clean the space, and to advertise the donation on your flyer or program.
Plan the Workshops
Next, plan the workshops or presentations. There can be one workshop every 45 minutes or so, or simultaneous ones from which participants can choose. The number of workshops you offer may be dictated by the size of your facility or the speakers you can find. Approach your partners and physicians about leading workshops. Also approach nutritionists, college professors, and other health care professionals. Try to locate a breast cancer survivor who would be interested in sharing her story. A survivor lends not only reality to the subject, but also hope. Consider the following topics:

- Breast Cancer Facts All Women Should Know
- The Importance of BSE, CBE and Mammograms
- Controversies Surrounding Breast Cancer
- The Latest Information about BSE and Mammograms
- Good Health for Menopausal and Post-Menopausal Women
- Negotiating the Health Care System
- Important Questions to Ask Your Doctor about Your Breast Health
- Health Services Available to Women in the Community
- Treatment Options for Breast Cancer
- Alternative Medicine and Breast Cancer

Design a Program
Design a workshop program. It doesn’t need to be fancy—perhaps just one piece of paper folded over, or a tri-fold pamphlet. List the workshops being offered, the speakers and a brief description of what will be discussed. On one panel give a description of how to do a BSE. On another panel, explain the mammogram service you are offering and why. List your club information and a general description of Soroptimist. Finally, remember to give equal time in the program to any partners. List all supporters and contributors.

Organize a Health Fair
Consider holding a health fair during or after the workshop. Different organizations could set up tables with displays and information about other health issues facing women, such as heart disease or cervical cancer. Invite other local women’s organizations. Invite a local bookstore to set up a display and sell books about women’s issues. Have the club set up a table and advertise other projects, including the Women’s Opportunity Awards. Have applications available. You may also want to have clinicians available to give CBE and to teach BSE methods.

Provide Mammograms
Because the goal of this project is to provide free mammograms, follow the instructions in the previous section and advertise your program at the workshop. Depending on the arrangement you have made with the medical facility, this may involve explaining the program and providing women with all the resources they need to schedule their free mammogram. Perhaps you will need to schedule the mammograms at times you have pre-arranged with the facility. Make this process as easy as possible for participants. They might already be wary of having a mammogram and you will want to make the process as stress-free as possible. Perhaps invite someone from the mammogram facility to the workshop to speak with women so that the process does not seem so intimidating. The women can then expect a familiar face when they arrive at the clinic. Or have club members volunteer to go with women who do not have transportation or who are frightened to go by themselves.

X. Ensuring Success
The committee responsible for this section needs to focus on making the event a success by ensuring there are funds available for the mammograms and/or workshop; participants to take advantage of the program; and that the event is publicized in the local media. Each of these tasks may be interrelated. For example, the more publicity you receive, the more participants you will have. The more funds you raise, the more mammograms you can offer. If there are enough interested members, there could be three separate sub-committees.

**Raising Funds**

Because there will be expenses involved in paying for the mammograms, raising funds is a crucial part of the program. Also, because it is a new program, it may be hard to predict just how much money will be needed. When creating a budget, estimate your expenses based on the size of your community, how much each mammogram will cost and how much advertising you will do. It is better to overestimate the number of participants so that you do not have to turn any women away. Your club has probably done fundraising events before and knows what works best in your community. Because this is a new project, you may need to investigate new sources of funding. Consider the following ideas:

- Send a fundraising letter to businesses or corporations in your community. Always follow up with a phone call.
- Investigate local grant projects. Again use club members and club member contacts to explore this option. Look at large and small businesses. Large corporations that are headquartered in your community might have local funding initiatives.
- Apply for a Soroptimist Club Grant for Women and Girls. These Soroptimist grants enable clubs to receive funding for community service projects benefiting women and girls. Applications are available here in the member’s section of the SIA website here: [http://www.soroptimist.org/members/program/Program_ClubGrants.html](http://www.soroptimist.org/members/program/Program_ClubGrants.html)
- Have each club member donate one discounted mammogram to a woman in need. Try to find other women interested in doing the same.
- Partner with other organizations as a way to share expenses.

Whatever is decided, remember that if you solicit funds for the breast cancer project, all money raised must go to that project. For other fundraising ideas, contact <siahq@soroptimist.org>.

**Recruiting Participants**

You can plan the greatest project with unlimited funds, professional workshop speakers and free breast health opportunities but unless you get the information to women who need it and convince them to participate, your project will not be a success. The mammograms need to be targeted to women over 40, but if you are having a workshop, you may want to target women of all ages. The following are suggestions for recruiting women to participate in the mammography project and/or the workshop. Combine the ideas to come up with what would be best in your community.

**Flyer**

No matter what your program will be, create a simple, one page flyer to advertise it. Give the project a catchy name that will make it readily recognizable. Include the Soroptimist logo on the flyer so people will recognize it as a Soroptimist project. List pertinent information: What is the project? When is it taking place? Where is it? Be sure to provide a contact name, phone number, email address, and links to your social media tools so someone can get more information or ask questions. Use this flyer in as many ways as possible including:

- Partner with local newspapers and use the flyer as an insert.
Hang the flyer in places in your community where you would expect to find the women you are targeting. Consider placing the flyer in grocery stores, community centers, government agencies, nursing homes, women’s health centers, and charitable organizations, especially those working with older and low income women.

Send the flyers to everyone you made contact with during your community assessment and anyone with whom you discussed possible partnerships. Include a letter asking for their help in sharing the information. Ask them to copy the flyer (or call you for copies) and distribute it. Also ask them to mention it in any newsletters they might produce.

Place an advertisement in a local newspaper, magazine, or website about the upcoming workshop or screening.

Include a printable electronic version of the flyer through one of your club’s social media tools.

For advice on creating the flyer, see the Graphic Identity and Style Manual, available in the library of the Members Only section of the SIA website or by clicking here: <http://www.soroptimist.org/members/publicawareness/publicawarenesshome.html>.

Tabling
Tabling is a simple way to make one-on-one contact with women who could avail themselves of your project and share the information with other women. Set up a table with information about your project, breast health, Soroptimist and your club. Have members take turns staffing the table. Place tables in areas you think would attract the audience you are trying to reach. One Soroptimist club has had success tabling in front of a grocery store. Also consider tabling at:

- health, employment and street fairs
- community centers
- shopping malls
- nursing homes
- religious organizations

Social Media
Embrace social media tools such as blogs, personal or club websites, Facebook, and/or Twitter. If your club has a website, link to it on any promotional materials you post or hand out in your community. Post statistics on breast cancer and event information on your websites, Facebook page or Twitter account. Social media is a fast and effective way of communicating and spreading information—use it to help raise awareness of early detection of breast cancer.

Recruit Younger Women
Finally, in an effort to attract older women, focus on younger women. Women today are growing up at a time when breast cancer is no longer unmentionable but this was not always the case. One club stated that they found the majority of older women who came to their workshop did so at the urging of a younger family member. Create a flyer that asks “Has your mother had a mammogram?” If you are having a workshop, make it a family affair, invite younger women and ask them to bring their mothers, aunts, and grandmothers. If the program is just for mammograms and does not include a workshop, urge them to bring the women in their family to have a mammogram. This avenue may prove to be the most productive as it may be easier for young women to convince their relatives about the importance of breast health than it is for a stranger to do so. Target women by distributing flyers or tabling at local universities, shopping malls, bookstores and other places young women congregate in your community.

Attracting Attention
If your club has a public relations committee, it would be the most qualified for handling the public relations for this project. You will want to generate publicity before the event, during the
event and after the event. Advertising before the event can help recruit participants and create a buzz about the event that could help with future media coverage and funding. Remember to invite members of the media to the event. For more information about generating publicity, please use the resources available in the public awareness section of the library of the member’s only section of the SIA web site. In addition, Soroptimists who have questions about their publicity efforts can contact Public Relations Manager Kamali Brooks at <kamali@soroptimist.org> for advice and suggestions on news releases, letters to the editor, public service announcements, media kits and other time-sensitive media materials.

XI. Club Projects

As stated earlier, many SIA clubs are already engaged in breast cancer projects. The following are a sampling of some of those projects culled from program focus reports, Soroptimists Celebrating Success!, and Soroptimist Club Grants for Women and Girls.

SI/Stuart, FL (Southern Region): <sistuart@soroptimist.net>
Using $10,000 from a 2009-2010 Soroptimist Club Grant for Women and Girls, SI/Stuart will continue its signature Save Our Selves: Save our Sisters Breast Cancer Awareness Program that it launched in 1998. The program provides free mammograms to women, regardless of age or ethnicity, in the community who have no insurance, Medicare, Medicaid or other means of funding the breast cancer screening. Mammograms are offered year-round through their club’s mammography certificate program and semi-annually with SI/Stuart’s sponsorship of H.O.P.E. Project’s mobile mammography program offered in October and May. Additionally, a few of SI/Stuart’s members serve as certified Triple Touch II instructors for the American Cancer Society and offer free breast cancer education to women in the community.

SI/Oak Harbor, WA (Northwestern Region): <sioakharbor@soroptimist.net>
In 2009, SI/Oak Harbor partnered with a local hospital foundation to coordinate a community wide campaign to raise a goal of $240,000 to purchase a digital mammography machine for their community. SI/Oak Harbor is in a rural area of Washington where distance and availability are barriers to healthcare accessibility. The club held multiple fundraisers including raffles, dinners, garage sales, and selling breast cancer scarves. Club members also adapted a video about breast cancer and inserted their “community survivors” into the film, screening it anywhere they could to get donations. After one year, the club raised $257,000 which was $17,000 over their goal. The club purchased a digital mammography machine and installed it in a convenient location, freeing the only other local mammography machine to ensure its availability for diagnostic testing, decreasing wait times for anxious women. Throughout the campaign, the club received frequent coverage in their local newspaper and numerous community awards.

SI/Manhattan Beach, CA (Camino Real Region): <simanhattanbeach@soroptimist.net>
In 2008, club members did extensive research with the help of medical and cancer specialists to determine what type of items women undergoing chemotherapy for breast cancer might need for medical, emotional and physical support. Then, the club spent time procuring donations and discounts to purchase and fill specially-designed tote bags. The club was successful and received a $3500 Soroptimist Club Grant for Women and Girls and a $5000 grant from New York Life Insurance. Club members ensured that each bag contained messages of encouragement and fellowship from the club and then donated them to two local breast cancer clinics for distribution. The club received local publicity which generated even more donations.

SI/Eugene, OR, SI/Junction City, OR and SI/Emerald Empire, OR (Northwestern Region): <sieugene@soroptimist.net>; <sijunctioncity@soroptimist.net>; <siemeraldempire@soroptimist.net>
In partnership, SI/Eugene, SI/Junction City, and SI/Emerald Empire planned and facilitated the 17th Annual Walk for Life in 2009 which raises money for women battling breast cancer or cancer of the reproductive organs. The women helped have nowhere else to turn because they cannot afford to pay for cancer treatment in addition to their household bills. In order to prepare, club members met with potential sponsors such as business or medical clinics, approached radio and TV stations requesting promotional spots and live interviews, distributed brochures and posters to libraries, businesses, medical clinics, and hospitals while listing promotional information on Community Calendars of various websites. About 300 people participated in the walk and $18,500 was raised to support female cancer patients with non-medical bills. Funds were distributed from the Soroptimist Breast & Gynecologic Cancer Assistance Fund through Willamette Valley Cancer Institute social workers.

XII. Sources for this Model Program Kit

Information for this model program kit was gathered from the following sources:

American Cancer Society, USA: <http://www.cancer.org/docroot/CRI/CRI_0.asp>.
Centers for Disease Control and Prevention: <http://www.cdc.gov>.
National Alliance of Breast Cancer Organizations, USA: No longer active.
National Cancer Institute, USA: <http://www.cancer.gov>.

XIII. Breast Cancer Resources

Akebonokai Higashiyama 3-1-4-701 Meguro-ku
Tokyo, 153-0043  
Japan  
Tel: 03-3792-1204  
E-mail: <akebonoweb@m9.dion.ne.jp>  
Web: <http://www.akebono-net.org/contents/e_index.html>

American Cancer Society:  
The Breast Cancer Resource Center  
Tel: 1-800-ACS-2345  
Web: <http://www.cancer.org/docroot/CRI/CRI_0.asp>

Associação Paulista Feminina de Combate ao Cancer (APFCC)  
Rua Oscar Freire 2396 – 48 andar  
Sao Paulo 05409-012  
Brazil  
Tel: 55-11-280-3480  
E-mail: <vivavida@carpa.ciagri.usp.br>  
Web: <http://www.apfcccmao.org.br/index.php?id=2>

The Breast Cancer Fund  
1388 Sutter Street, Suite 400  
San Francisco, CA 94109  
Tel: 415-346-8233  
E-mail: <info@breastcancerfund.org>  
Web: <www.breastcancerfund.org>

Breast Cancer Network of Strength  
135 S. LaSalle St.  
Suite 2000  
Chicago, IL 60603  
Tel: 312-986-8338  
Fax: 312-294-8597  
Web: <http://www.networkofstrength.org/>

Breast Cancer Society of Canada  
National Office  
118 Victoria St N  
Sarnia, ON N7T 5W9  
Canada  
Tel: 1-800-567-8767  
E-mail: <bcsc@bcsc.ca>  
Web: <http://bcsc.ca/menu.php>

The Breast Health Global Initiative  
Fred Hutchinson Cancer Research Center  
PO Box 19024, M4-B814  
Seattle, WA 98109-1024  
Tel: (206) 667-2545  
Fax: (206) 667-7959  
E-mail: <lsulliva@fhcrc.org>  
Web: <http://www.fhcrc.org/science/phs/bhgi/>

Canadian Breast Cancer Research Alliance  
375 University Avenue  
6th floor  
Toronto, ON M5G 2J5  
Canada  
Tel: 416-596-6598  
E-mail: <info@cbra.ca/>  
Web: <www.breastcancer.ca/>

Canadian Women’s Health Network  
Suite 203, 419 Graham Ave.  
Winnipeg, Manitoba  
R3C 0M3  
Canada  
Tel: 204-942-5500  
E-mail: <cwhn@cwhn.ca>  
Web: <www.cwhn.ca/>

Cancer Net Japan  
c/o Nagumo Clinic  
Gatecity Osaki East Tower 1F  
1-11-2 Osaki, Shinagawa-Ku  
Tokyo, 141-0032  
Japan  
Web: <http://www.cancernet.jp/>

Grupo de Apoio Viva a Vida  
Rua Das Maravilhas 501  
CEP 09250-000  
Santo Andre SP  
Brazil  
Tel: 55-194-33-0660  
E-mail: <vivavida@carpa.ciagri.usp.br>  
Web: <www.cancernet.jp/>

Grupo de Estudios Clinicos Oncológicos Peruano  
Pasaje Pablo Luna 104  
San Borja, Lima  
Peru  
Web: <http://ggecoperu.org/>  
Grupo de Recuperacion Total RETO, A.C.
International Breast Cancer Research Foundation, Inc.
4230 East Towne Boulevard, #173
Madison, WI 53704
Tel: 608-268-3077
E-mail: <sreynolds@ibcrf.org>
Web: <www.ibcrf.org/>

International Breast Cancer Study Group (IBCSG)
Effingerstrasse 40
3008 Bern
Switzerland
Phone: +41 31 389 93 91
Fax: +41 31 389 92 39
E-mail: <ibcsgc@ibcs.org>
Web: <www.ibcs.org>

International Union against Cancer
62 route de Frontenex
1207 Geneva
Switzerland
Tel: 41-22-809-1811
E-mail: <info@uicc.org>
Web: <www.uicc.org>

Japanese Breast Cancer Society
3-8-31 Ariake, Koto Ward
Tokyo 135-8550
Japan
Tel: + 81-3-3570-0433
Fax: + 81-3-3570-0430
E-mail: <office@jbcgs.jp>
Web: <http://www.jbcgs.jp/index.html>

Journal of Clinical Oncology
330 John Carlyle Street, Suite 300, Alexandria, VA 22314
Tel: 703-797-1900
Fax: 703-684-8720
Web: <http://jco.ascopubs.org>
E-mail: <jco@asco.org>

Journal of the National Cancer Institute
National Cancer Center
5-1-1 Tsukiji, Chuo-ku,
Tokyo 104-0045
Japan
Tel: 81-3-3542-2511
E-mail: <www-admin@ncc.go.jp>
Web: <www.ncc.go.jp>

Philippine Breast Cancer Network
29 Nicanor Reyes St.
Loyola Heights, Quezon City 1108
Philippines
Tel: 632-426-3197
Fax: 632-426-3202
E-mail: <pbcn@iname.com>
Web: <www.pbcn.org>

The National Breast Cancer Coalition
1101 17th Street, NW, Suite 1300
Washington, D.C. 20036
Tel: 800-622-2838/202-296-7477
Fax: 202-265-6854
Web: <http://www.stopbreastcancer.org/>
XIV. Reporting on Activities

Reporting
Once the club has completed the Soroptimist Early Detection of Breast Cancer Program for women and girls, share the success with Soroptimist headquarters and other Soroptimist clubs by submitting a:

- Program Focus Report.
- Soroptimists Celebrating Success! entry
- Best for Women magazine article.

Program Focus Report
In an effort to track the effectiveness of model program kits, go to the online reporting option listed on the home page of the Soroptimist International website <http://www.soroptimistinternational.org/>; fill out the Program Focus Report online; and submit it directly into the database. For access to the database, the username is: sia, and the password is: philadelphia. Please note that both the username and password must be in lower case characters. This is a way not only to report on the use of the model program kit, but also to keep Soroptimist International aware of the important club projects undertaken in this federation.

Submit a Soroptimists Celebrating Success! Entry
Successful projects should be sent for judging in the Soroptimist Celebrating Success! award program. Instructions for submitting an entry are in the program section of the members’ area of the website: <http://www.soroptimist.org/members/program/programhome.html>.

Submit an article to Best for Women Magazine
Inclusion in the Best for Women magazine is an excellent way to share the success of the club’s campaign. Remember to include action photos. The magazine submission form is in the public awareness section of the members’ area of the website: <http://www.soroptimist.org/members/bestforwomen/bestforwomen.html>.

Questions, Concerns, and Suggestions
If the club has any questions or concerns about breast cancer or this model program kit, please contact the program department at. We also welcome any comments or ideas for improving this resource for members.

Soroptimist International of the Americas
1709 Spruce Street
Philadelphia, PA 19103-6103 USA
Phone: 215-893-9000
Fax: 215-893-5200
E-mail <program@soroptimist.org>
Web: <www.soroptimist.org>