

Breast Cancer Awareness & PREVENTION



New Data Confirms Breast Cancer Affects More Young Women

New statistics from American Cancer Society show a 1% annual increase in breast cancer diagnoses from 2012 to 2021, and a larger increase of 1.4% per year of breast cancer in women under 50, than a 0.7% increase per year in women 50 and older. The statistics also show women in their 20s experienced around a 2.2% increase per year in diagnoses during the decade, and a continued rise in breast cancer incidence among Asian American/Pacific Islander women of all ages.

“This data confirms the need for women of all ages to know their personal breast cancer risk so that they can have informed conversations with their health care providers about the screening plan that’s right for them,” said Victoria Wolodzko Smart, senior vice president of mission at Susan G. Komen. “Even though the average age at breast cancer diagnosis is 62, breast cancer affects people of all ages. We need to change the conversation around early detection so we’re doing more to find the young women who are at higher risk and ensure they get the care they need, without financial barriers.”

While women under age 40 previously accounted for about 4% of breast cancer cases in the U.S., even a modest rise in breast cancer incidence is a call to action for young women. Women under 40 are more likely to be diagnosed at later stages with more aggressive breast cancers than older women, when there are fewer treatment options available, and treatment can be more intensive and expensive than those diagnosed at earlier stages. For women whose breast cancer

presents in less straightforward ways, such as a rash or nipple discharge, rather than a lump, the path to receiving a diagnosis is even more difficult.

Risk is an important component that affects breast cancer screening and influences when screening should start, the appropriate type of breast imaging used and how frequently a person should be screened. Many things can impact someone’s personal risk of breast cancer, including race, a family history of breast cancer, inherited genetic mutations, lifestyle factors and socioeconomic factors.

In particular, young Black women ages 20-29 are 53% more likely to develop breast cancer than white women of the same age group. This is largely due to genetics and social factors that are out of their control.

There are several risk assessment tools, including the Gail model and the Tyrer-Cuzick model, which can help people better understand their personal risk of breast cancer.

Komen urges everyone, regardless of age, to have a conversation with their health care provider about their personal risk and to know what’s normal for their breasts so they can be aware of any changes that should be reported to a health care provider. Komen believes women at average risk of breast cancer should begin screening on an annual basis beginning at age 40, but this may not be appropriate for women at higher risk of breast cancer.

“Many people face barriers to accessing and affording the medical care they require, and Komen is committed to work-

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VICTORIA WOLODZKO SMART

Susan G. Komen

ing with state and federal policymakers to remove financial and insurance barriers to breast cancer screening, diagnosis and treatment,” Smart added. “We can save more lives from this disease when breast cancer is caught early, and treatment can begin right away. Insurance coverage should not determine who lives and who doesn’t.”

Anyone struggling with access to care, financial toxicity of breast cancer treatment and navigating the complex health care system can call Komen’s free Breast Care Helpline at 1-877 GO KOMEN to get connected to a patient navigator.

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BREAST CANCER AWARENESS & PREVENTION

Early Detection Saves Lives: Why Mammograms are Important and When to Get One

Breast cancer remains a significant concern for women, with one in eight women facing a diagnosis in their lifetime. It is the most commonly diagnosed cancer in American women, excluding skin cancer. While breast cancer can be life-threatening, early detection significantly increases the chances of successful treatment and recovery. One of the most effective methods for early detection is a mammogram, a screening tool that can identify breast cancer even before symptoms appear. Understanding when and how often to get a mammogram could make all the difference in your breast health.

THE POWER OF MAMMOGRAMS IN BREAST CANCER DETECTION

Mammograms are specialized low-dose X-rays that produce detailed images of breast tissue. These images allow doctors to detect changes in the breast, such as tiny calcifications or masses, that may be early signs of cancer. What makes mammograms so essential is their ability to find abnormalities long before they can be felt through physical exams or self-examinations. This advantage in early detection is key to improving survival rates and treatment outcomes.

Many women may feel apprehensive about mammograms, but the process is quick, non-invasive, and generally well-tolerated. It can provide peace of mind by offering an inside look at your breast health, which can detect issues even when there are no visible symptoms. If abnormalities are found, further testing may be recommended, but catching any potential problems early is always the best course of action.

MAMMOGRAM GUIDELINES BASED ON YOUR RISK LEVEL

Your individual risk level for breast cancer plays a crucial role in determining when to start

getting mammograms and how often to have them. Age, family history, genetic factors, and personal health history all contribute to your risk profile. Below are general guidelines to help you understand when to schedule your mammogram based on your risk:

FOR WOMEN AT AVERAGE RISK

According to the American College of Radiology, women at average risk for breast cancer should follow this guideline:

- **Ages 40 and Older:** Annual mammograms are recommended starting at age 40 and should continue as long as the woman is in good health. This consistent, annual screening approach is vital, as breast cancer risk increases with age, and regular screenings help detect cancer at its earliest and most treatable stages.

FOR WOMEN AT HIGH RISK

If you are considered high risk for breast cancer, your screening schedule may differ. Factors that place you in the high-risk category include having a BRCA gene mutation, a strong family history of breast cancer, a personal history of breast cancer, or having had radiation therapy to the chest before age 30. If you fall into this group, your doctor may recommend starting screenings earlier and incorporating additional tests.

- **Start at Age 30:** High-risk women are often advised to begin annual mammograms at age 30 or earlier, depending on individual risk factors. Early and frequent screening is crucial for catching any signs of cancer before they progress.

- **Consider Additional Screening:** In addition to mammograms, your healthcare provider may suggest complementary tests such as annual breast MRI scans. MRIs can provide detailed images of breast tissue and may detect abnormal-



Mammograms find abnormalities long before they can be felt through physical exams or self-examinations — improving survival rates and treatment outcomes through early detection.

ities that mammograms cannot. These screenings should be used in conjunction with mammograms for a more comprehensive assessment.

BEYOND MAMMOGRAMS: THE ROLE OF SELF-EXAMS AND CLINICAL EXAMS

While mammograms are the most reliable tool for detecting breast cancer early, it's also important to stay familiar with your body through regular self-exams and clinical breast exams. Conducting monthly breast self-examinations allows you to be aware of any changes in your breasts, such as lumps, thickening, or any unusual discharge, which should be brought to the attention of your healthcare provider immediately. Although self-exams and clinical exams performed by your doctor are valuable, they should not be considered substitutes for mammograms. Mammograms are capable of detecting cancers that are too small to be felt, making them an indispensable part of any breast

health plan.

TAKE CHARGE OF YOUR BREAST HEALTH

Maintaining a proactive approach to your breast health is essential. By scheduling regular mammograms, conducting self-exams, and staying informed about the risks, you can significantly lower the chances of advanced breast cancer. Remember, early detection is key. Don't wait for symptoms to appear—by following the recommended screening guidelines based on your age and risk level, you are taking the best possible steps to protect your health and your future.

Your health is in your hands, and early action can save lives.

To schedule a mammogram, visit PIHHealth.org/Mammogram or call (562) 906-5692. If you need a wellness checkup or want to find a PIH Health physician near you, visit PIHHealth.org/Doctors.

Air Pollution Associated with Increased Breast Cancer Diagnoses

NIH researchers combined historical air quality data with breast cancer data from large US study

Researchers at the National Institutes of Health found that living in an area with high levels of particulate air pollution was associated with an increased incidence of breast cancer. The study, published in the *Journal of the National Cancer Institute*, is one of the largest studies to date looking at the relationship between outdoor air pollution, specifically fine particulate matter, and breast cancer incidence. The research was done by scientists at the National Institute of Environmental Health Sciences (NIEHS) and the National Cancer Institute (NCI), both part of NIH.

The researchers saw that the largest increases in breast cancer incidence was among women who on average had higher particulate matter levels (PM2.5) near their home prior to enrolling in the study, compared to those who lived in areas with lower levels of PM2.5. Particulate matter is a mixture of solid particles and liquid

droplets found in the air. It comes from numerous sources, such as motor vehicle exhaust, combustion processes (e.g., oil, coal), wood smoke/vegetation burning, and industrial emissions. The particulate matter pollution measured in this study was 2.5 microns in diameter or smaller (PM2.5), meaning the particles are small enough to be inhaled deep into the lungs. The Environmental Protection Agency has a website known as Air Now ([link is external](#)) where residents can enter their zip code and get the air quality information, including PM2.5 levels, for their area.

"We observed an 8% increase in breast cancer incidence for living in areas with higher PM2.5 exposure. Although this is a relatively modest increase, these findings are significant given that air pollution is a ubiquitous exposure that impacts almost everyone," said Alexandra White, Ph.D., lead author and head of the Environment and Cancer Epidemiology Group at NIEHS. "These findings add to a growing body of literature suggesting that air pollution is related to breast cancer."

The study was conducted using information from the NIH-AARP Diet and Health Study, which enrolled more than 500,000 men and

women between 1995-96 in six states (California, Florida, Pennsylvania, New Jersey, North Carolina, and Louisiana) and in two metropolitan areas (Atlanta and Detroit). The women in the cohort were on average about 62 years of age and most identified as being non-Hispanic white. They were followed for approximately 20 years, during which 15,870 breast cancer cases were identified.

The researchers estimated annual average historical PM2.5 concentrations for each participant's residence. They were particularly interested in air pollution exposures during a period of 10-15 years prior to enrollment in the study, given the length of time it takes for some cancers to develop. Most previous studies have assessed breast cancer risk in relation to air pollution around the time of study enrollment and did not consider past exposures.

"The ability to consider historic air pollution levels is an important strength of this research," said Rena Jones, Ph.D., senior author and principal investigator of the study at NCI. "It can take many years for breast cancer to develop and, in the past, air pollution levels tended to be higher, which may make previous exposure

levels particularly relevant for cancer development."

To consider how the relationship between air pollution and breast cancer varied by the type of tumor, the researchers evaluated estrogen receptor-positive (ER+) and -negative (ER-) tumors separately. They found that PM2.5 was associated with a higher incidence of ER+ breast cancer, but not ER-, tumors. This suggests that PM2.5 may affect breast cancer through an underlying biologic pathway of endocrine disruption. ER+ tumors are the most common tumors diagnosed among women in the United States.

The authors noted that the study was limited in its ability to explore any differences in the relationship between air pollution and breast cancer across the different study areas. They suggest future work should explore how the regional differences in air pollution, including the various types of PM2.5 women that women are exposed to, could impact a woman's risk of developing breast cancer.

For more information about NIH and its programs, visit nih.gov.



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BREAST CANCER AWARENESS & PREVENTION

Spotlight on Tower Cancer Research Foundation

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[TowerCancer.org](https://www.towercancer.org)

ABOUT THE ORGANIZATION

Tower Cancer Research Foundation was established in 1996 by a driven group of physicians, patients, and volunteers with a personal stake in cancer to fund high impact research and survivorship support programs.

Inspired by the most promising science, Tower Cancer Research Foundation funds leading researchers, making it a launchpad for additional funding and scientific discoveries.

While the programs and funding are made locally, they are designed to maximize impact beyond the initial investment — so they not only benefit researchers, patients, and families today, they have the potential to lead to even greater impact tomorrow, transforming lives anywhere.

BREAST CANCER SPECIALTIES AND KEY SERVICES

Tower Cancer's programs and services support all cancer types. Many of the supporters and participants are survivors of breast cancer.

PATIENT RESOURCES & PROGRAMS

Tower Cancer's survivorship support program, Magnolia House, offers integrative health and wellness support and education that empowers people to develop a physical and emotional toolkit to meet the challenges of cancer — from diagnosis to survivorship

FUNDRAISING AND/OR VOLUNTEER OPPORTUNITIES

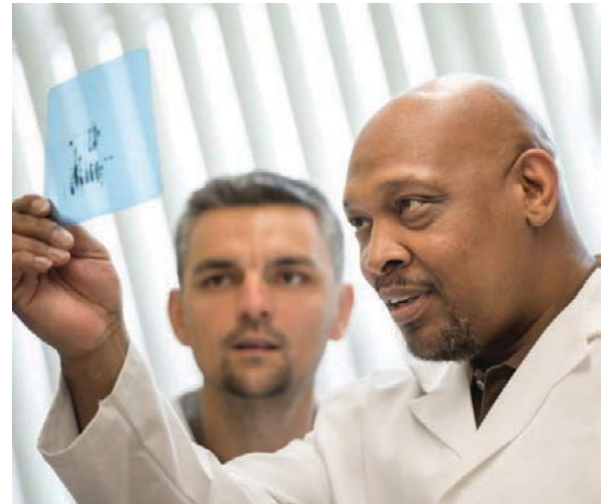
The Magnolia Council is a dedicated volunteer group of women who've been making a vital contribution to the mission of Tower Cancer, raising over \$5 million since its founding in 2010. The Magnolia Council's goals are simple: promote community awareness, generate critical support, and raise significant funding for Tower Cancer each year.

RESEARCH & INNOVATION

Tower Cancer Research Foundation's focus is on Southern California, the hub for some of the world's leading research institutions and home to our founding physicians.

Inspired by the most promising science, the organization funds leading researchers, making it a launchpad for additional funding and scientific discoveries.

The focus is on funding basic scientific research to uncover the mechanisms by which cancer develops and spreads, creating a path to effectively treating and preventing the disease.



John Carpten, MD is the director of City of Hope's National Cancer Institute-designated comprehensive cancer center, director of Beckman Research Institute of City of Hope and chief scientific officer. Dr. Carpten also holds the Irell & Manella Cancer Center Director's Distinguished Chair and the Morgan & Helen Chu Director's Chair of the Beckman Research Institute. Dr. Carpten is a member of both Tower Cancer's Board of Directors and Scientific Advisory Board and a recipient of our Senior Investigator Scientific Research Grants.

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Antoni Ribas, MD, PhD, is professor of medicine, surgery, and molecular and medical pharmacology at the University of California Los Angeles (UCLA), director of the Tumor Immunology Program at the Jonsson Comprehensive Cancer Center (JCCC) and director of the Parker Institute for Cancer Immunotherapy (PICI) Center at UCLA. He is a past recipient of Tower Cancer's Scientific Research grant and a member of the Scientific Advisory Board.

