

Breast Cancer Awareness

PREVENTION & TREATMENT

Breast Cancer Risk in Younger Women May Be Influenced by Hormone Therapy

Scientists at the National Institutes of Health (NIH) found that two common types of hormone therapy may alter breast cancer risk in women before age 55. Researchers discovered that women treated with unopposed estrogen hormone therapy (E-HT) were less likely to develop the disease than those who did not use hormone therapy. They also found that women treated with estrogen plus progestin hormone therapy (EP-HT) were more likely to develop breast cancer than women who did not use hormone therapy. Together, these results could help to guide clinical recommendations for hormone therapy use among younger women.

The two hormone therapies analyzed in the study are often used to manage symptoms related to menopause or following hysterectomy (removal of uterus) or oophorectomy (removal of one or both ovaries). Unopposed estrogen therapy is recommended only for women who have had a hysterectomy because of its known association with uterine cancer risk.

"Hormone therapy can greatly improve the quality of life for women experiencing severe menopausal symptoms or those who have had surgeries that affect their hormone levels," said lead author Katie O'Brien, PhD, of NIH's National Institute of Environmental Health Sciences (NIEHS). "Our study provides greater understanding of the risks associated with different types of hormone therapy, which we hope will help patients and their doctors develop more informed treatment plans."

The researchers conducted a large-scale analysis that included data from more than 459,000 women under 55 years old across North America, Europe, Asia, and Australia. Women who used E-HT had a 14% reduction in breast cancer incidence compared to those who never used hormone therapy. Notably, this protective effect was more pronounced in women who started E-HT at younger ages or who used it longer. In contrast, women using EP-HT experienced a 10% higher rate of breast cancer compared to non-users, with an 18% higher rate seen among women using EP-HT for more than two years relative to those who never used the therapy.

According to the authors, this suggests that for EP-HT users, the cumulative risk of breast cancer before age 55 could be about 4.5%, compared with a 4.1% risk for women who never used hormone therapy and a 3.6% risk for those who used E-HT. Further, the association between EP-HT and breast cancer was particularly elevated among women who had not undergone hysterectomy or oophorectomy. That highlights the importance of considering gynecological surgery status when evaluating the risks of starting hormone therapy, the researchers noted.

"These findings underscore the need for personalized medical advice when considering hormone therapy," said NIEHS scientist and senior author Dale Sandler, PhD. "Women and their health care providers should weigh the benefits of symptom relief against the potential risks associated with hormone therapy, especially EP-HT. For women with an intact uterus and ovaries, the increased risk of breast cancer with EP-HT should prompt careful deliberation."

The authors noted that their study is consistent with previous large studies that documented similar associations between hormone therapy and breast cancer risk among older and postmenopausal women. This new study extends those findings to younger women, providing essential evidence to help guide decision-making for women as they go through menopause.



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KATIE O'BRIEN, PhD NIEHS

BREAST CANCER AWARENESS

AI May Help Identify Breast Cancers Missed by Mammograms, But Clinical Benefit Remains Uncertain

UCLA-led review finds there is not yet enough real-world evidence to determine whether using AI in routine screening actually reduces the number of breast cancers diagnosed between screenings

Artificial intelligence may help radiologists identify subtle signs of breast cancers that are missed during routine mammograms, and some AI systems may even identify patterns associated with an increased risk of cancer before it becomes visible on a mammogram, but there are still many significant limitations, according to a review led by investigators at the UCLA Health Jonsson Comprehensive Cancer Center.

The review, published in the *Journal of Breast Imaging*, examines the current landscape of commercially available AI tools used to assist with the interpretation of screening mammograms and summarizes research on their potential to detect and predict interval breast cancers.

Interval cancers are breast cancers diagnosed after a negative screening mammogram but before a woman's next scheduled screening. They are an important measure of how well a mammography screening program is working and are often more aggressive than cancers detected through routine screening.

"The ultimate goal of screening mammography is to eliminate these interval cancers and catch as many of them as we can earlier, at the point of screening," said Tiffany Yu, MD, assistant professor of radiology at the David Geffen School of Medicine at UCLA and senior author of the paper. "As AI tools become increasingly commercially available, we wanted to provide readers with a timely overview and foundational understanding of interval cancers and potential ways AI can help detect them, because ensuring these tools are safe and clinically effective is paramount."

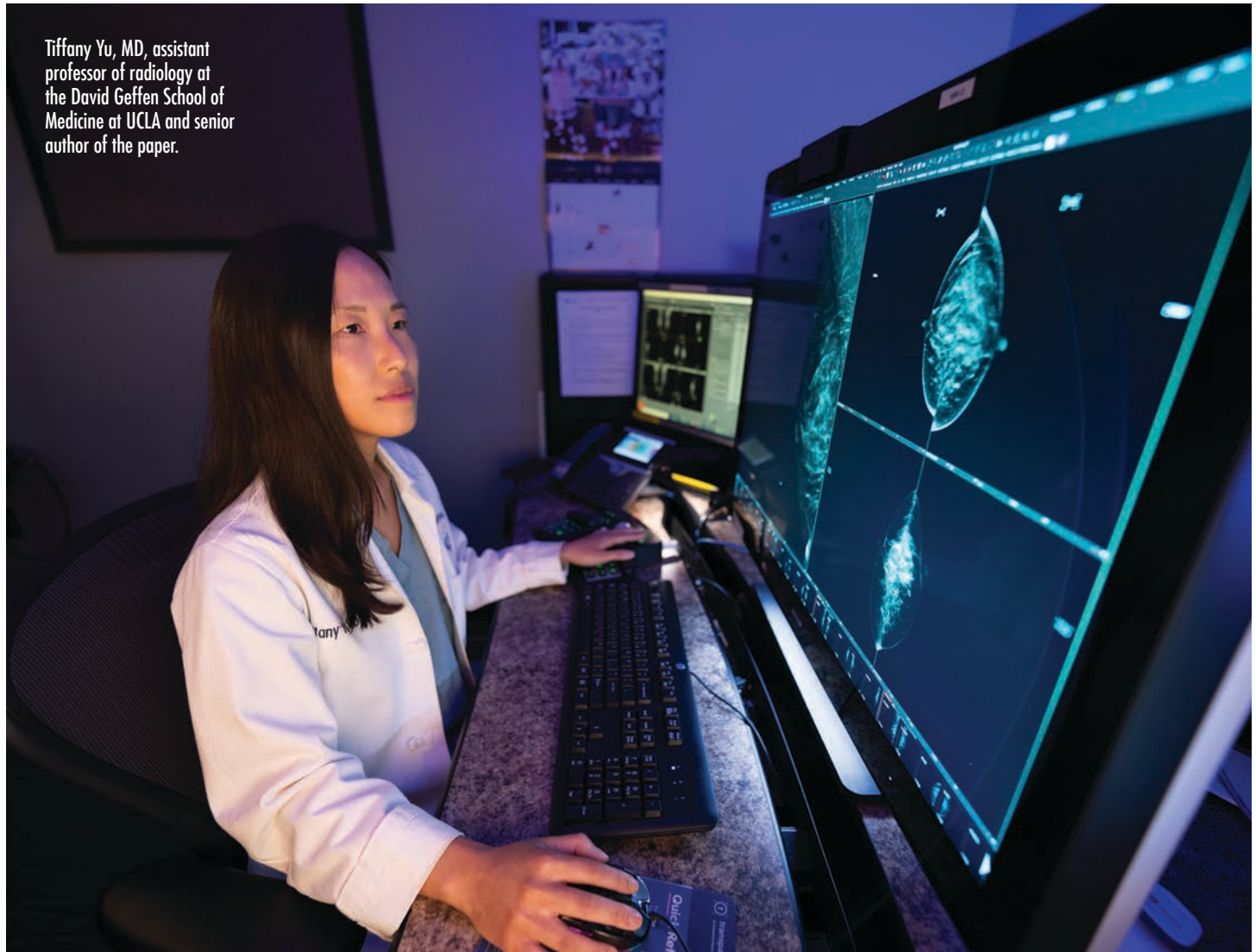
Some interval cancers develop rapidly and are not visible on the previous mammogram. Others, however, leave subtle signs that were present on the earlier mammogram but were not recognized at the time of screening. The latter group may represent an opportunity for AI to help radiologists identify cancers earlier.

The researchers reviewed studies evaluating two potential applications of AI. The first was whether AI could identify interval cancers that were retrospectively visible on a previous mammogram. The second was whether AI could identify subtle patterns on a mammogram that appeared normal but were associated with an increased risk of developing breast cancer in the future.

Across retrospective studies, AI was able to identify a substantial proportion of interval cancers that had subtle signs visible on the prior mammogram. Estimates varied widely, ranging from about 5% to 78%, depending on the study, AI system and methodology.

However, the researchers emphasize that these findings represent potential detection, not proven reductions in interval cancer rates. Most of the studies were retrospective, meaning researchers went back to previously collected mammograms from women who were later diagnosed with breast cancer and determined whether AI could have identified signs of the cancer.

"Finding a cancer retrospectively is very dif-



Tiffany Yu, MD, assistant professor of radiology at the David Geffen School of Medicine at UCLA and senior author of the paper.

ferent from demonstrating that using AI during routine screening would have led to an earlier diagnosis," said Hannah Milch, MD, associate professor of radiology at the David Geffen School of Medicine at UCLA and co-author of the study. "We need prospective evidence showing that AI actually changes patient outcomes."

Some studies also suggest AI may be able to identify women at increased risk of developing breast cancer even when the mammogram appears normal. In one study, AI assigned its highest risk scores to 23.1% of women who later developed an interval cancer three screening rounds before diagnosis, increasing to 39.4% on the mammogram immediately preceding diagnosis.

While these findings raise the possibility that AI could provide an early warning signal before a cancer becomes apparent, it is not yet clear how clinicians should respond to a high AI risk score when no abnormality is visible on the mammogram. Additional imaging could potentially identify cancer earlier, but it could also result in false positives, unnecessary procedures and overdiagnosis.

The review also highlights a large 2026 prospective randomized controlled trial involving more than 105,000 women that compared AI-supported screening with standard double reading, a routine practice commonly performed in Europe where two radiologists interpret a single mammogram. The interval cancer rate was 1.55 per 1,000 women in the AI-supported group compared with 1.76 per 1,000 in the standard screening group. AI-supported screening also had higher sensitivity, 80.5% compared with 73.8%, while specificity was the same at 98.5%.

The AI-supported approach reduced screening workload by 44.3% without reducing the overall cancer detection rate.

The authors say the trial provides some of the strongest prospective evidence to date for AI-assisted mammography, but caution that it was designed to assess non-inferiority rather than definitively demonstrate a reduction in interval cancer rates. The screening setting also differed from many US programs, including the use of 2D mammography, longer screening intervals and double reading.

ly compare results because of international screening program differences, and the lack of studies applicable to US programs," said Yu. "This also highlights important areas where more research is needed before these tools can be fully integrated into everyday care."

The researchers say future studies should follow patients prospectively and evaluate whether AI-assisted screening reduces interval cancer rates, as well as recall rates, false positives, radiologist workload and downstream testing. Long-term patient outcomes and post-market

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TIFFANY YU, MD
David Geffen School of Medicine, UCLA

More broadly, the researchers found substantial differences among studies evaluating AI and interval cancers. Studies use different definitions of interval cancer and different screening technologies, intervals and radiologist workflows. Most research also evaluates a limited number of AI algorithms, making it difficult to determine whether findings from one system apply to others.

"These differences make it difficult to direct-

surveillance of commercially available AI systems will also be important to determine their safety and effectiveness.

The study's first author is Javier Galvan, MD, from the department of Radiological Sciences at UCLA. The other author is Niki Nourmohammadi, DO, MPH, a radiology resident at Larkin Health System.

Learn more at uclahealth.org/cancer.



See the Difference Early. Choose a 3D Mammogram.

At PIH Health, we offer advanced 3D mammography for clearer images, greater accuracy, and earlier detection—even before symptoms appear. Because when it comes to breast health, early detection can save lives.

Take control of your health today.

Schedule your mammogram at
PIHHealth.org/Mammogram

Be sure to choose our Los Angeles location adjacent to PIH Health Good Samaritan Hospital.



PIHHealth.org



The power of early detection in breast cancer care

Sade Wilson's persistence saved her life. When she felt pain in her breast at age 36, she wasted no time asking her doctor for a screening. At first, she was turned down because of her age. But Wilson didn't give up, and she finally got an MRI, followed by a standard mammogram and ultrasound. The diagnosis: stage 1A, HR-positive, HER2-negative breast cancer, the most common subtype of the disease.

It was a daunting diagnosis, but Wilson was determined to find care right for her. That search led her to City of Hope, among the nation's largest and most advanced cancer research and treatment organizations. Unlike most health systems, City of Hope's sole focus is cancer, which shapes every part of the patient experience, from access to breakthrough treatments to the depth of expertise aimed at each patient's case.

That expertise is exactly what Wilson found in Veronica Jones, M.D., Chief of Breast Surgery at City of Hope Los Angeles. "As a

Black woman with cancer who watched my grandmother and my great-grandmother struggle with it, I really wanted to get to doctors who I felt had my best interest at hand," Wilson said.

"Breast cancer care looks so different than it did five years ago," Dr. Jones said. "We have better blood tests, better therapies and better ways to manage side effects. That's what City of Hope's commitment to breast cancer research makes possible: patients living longer, healthier, more fulfilling lives."

At City of Hope, patients benefit from a network that includes more than 2,000 cancer experts and more than 700 active clinical trials system-wide — over 100 for breast cancer alone.

Wilson's treatment plan began with a lumpectomy followed by radiation and an aggressive chemotherapy drug called doxorubicin. More than three years past her first chemotherapy session, Wilson is



"Our commitment to breast cancer research leads to patients living longer, healthier and more fulfilling lives."

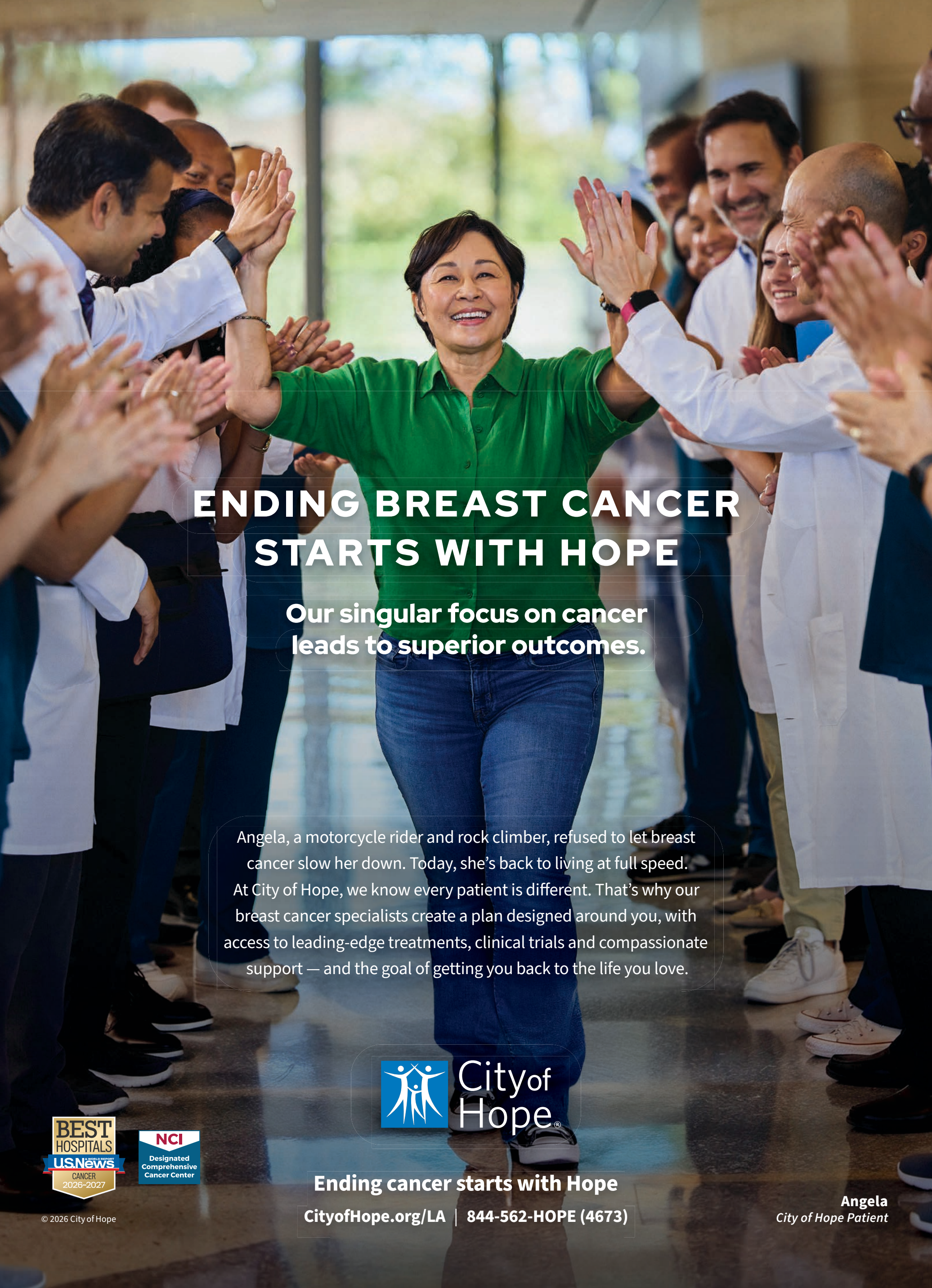
—**Veronica Jones, M.D.**
Chief of Breast Surgery, City of Hope

cancer-free and, in her words, finally in a celebratory phase. While she's happy to share her story to help others, Wilson doesn't dwell too much on her diagnosis. "It's part of my story, but it's not who I am," Wilson said. "I'm not just the cancer patient. I am Sade, who went through something, and I'm on the other side of it. I'm just doing my best to spread hope and awareness."

For patients like Sade Wilson, a more hopeful future starts with a team that's with them every step of the way. Learn more about breast cancer care at City of Hope Los Angeles at CityofHope.org/Breast-Cancer.

City of Hope is the #1 cancer hospital in Southern California in the U.S. News & World Report Best Hospitals 2026-27 national cancer rankings.





ENDING BREAST CANCER STARTS WITH HOPE

**Our singular focus on cancer
leads to superior outcomes.**

Angela, a motorcycle rider and rock climber, refused to let breast cancer slow her down. Today, she's back to living at full speed. At City of Hope, we know every patient is different. That's why our breast cancer specialists create a plan designed around you, with access to leading-edge treatments, clinical trials and compassionate support — and the goal of getting you back to the life you love.



City of
Hope®

Ending cancer starts with Hope

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BREAST CANCER AWARENESS

Preventive Care Is Reshaping Women's Health

Breast screening is leading the way

Healthcare is changing. Across the country, providers are investing more heavily in prevention, recognizing that identifying disease before symptoms appear often leads to better outcomes, lower costs, and healthier communities. Few areas illustrate that shift more clearly than breast health.

While breast cancer remains one of the most common cancers affecting women, advances in screening and diagnostic technology have dramatically changed what early detection can accomplish. When breast cancer is identified in its earliest stages, treatment options are often less invasive, recovery can be shorter, and survival rates improve significantly.

That reality has transformed the mammogram from a routine screening into one of the most important preventive tools in modern medicine.

For healthcare organizations, the challenge is no longer simply encouraging women to schedule an annual exam. It is creating an experience that makes preventive care accessible, coordinated, and centered around the patient's long-term health. At PIH Health, that philosophy has become the foundation of its breast health program.

LOOKING BEYOND SYMPTOMS

Many women associate breast health with finding a lump or noticing a physical change. Physicians know the timeline is often very different.

Breast cancer can develop without pain or visible symptoms. In many cases, abnormalities are first detected through routine imaging years before they can be felt. That is why physicians consistently encourage women to remain current with recommended screening guidelines, even when they feel perfectly healthy.

Preventive care succeeds because it identifies concerns before they become larger problems. In breast health, that approach gives physicians more options and patients greater confidence.

Routine mammography is not simply about finding cancer. It is about finding it when treatment is most effective.

BUILDING A COMPREHENSIVE APPROACH TO WOMEN'S HEALTH

Technology plays an important role in breast imaging, but effective care depends on much more than equipment.

Successful screening programs bring together primary care physicians, radiologists, imaging specialists, and women's health experts who work collaboratively to evaluate findings and determine the most appropriate next steps.

At PIH Health, breast imaging is part of an integrated care model designed to support patients from preventive screening through diagnosis and follow-up when necessary. Rather than viewing a mammogram as an isolated appointment, clinicians see it as one component of a broader commitment to long-term wellness.

"Breast health is part of overall health," said Winston Lai DO, a family medicine physician at PIH Health. "When patients stay up to date with screenings like mammograms, we are often able to identify concerns early, sometimes before they become serious problems. That proactive approach can truly save lives."

That philosophy reflects a broader trend



across healthcare. Preventive medicine is becoming a central strategy for improving patient outcomes while reducing the burden of advanced disease.

INVESTING IN EARLIER ANSWERS

Breast imaging technology has evolved considerably over the past decade.

Today's mammography systems provide highly detailed images that help physicians identify subtle changes in breast tissue earlier than ever before. Improved imaging quality, combined with experienced radiologists and coordinated clinical review, gives patients faster answers and clearer recommendations.

Equally important is what happens after the exam.

If additional imaging or evaluation is recommended, patients benefit from having an established team already in place. Communication between physicians, imaging specialists, and patients becomes more efficient, reducing unnecessary delays and helping patients understand each step of the process.

That continuity of care has become an increasingly important measure of quality across healthcare.

MAKING PREVENTION MORE ACCESSIBLE

Even with growing awareness about breast cancer, many women continue to postpone mammograms.

Work responsibilities, caregiving obligations, and busy schedules often push preventive care to the bottom of the list. Others delay because they worry about discomfort or fear receiving unexpected news.

Healthcare providers recognize those barriers and are working to make screening easier to access and easier to navigate.

At PIH Health, mammography services are designed with patient convenience in mind. The examination itself is relatively brief, and clinicians emphasize patient comfort while delivering accurate, timely results. The goal is to remove obstacles that discourage women from staying current with routine screening.

Regular mammograms also provide physicians with valuable baseline images that allow them to monitor changes over time. Having



that history often helps distinguish normal changes from findings that require additional evaluation, reducing unnecessary anxiety while supporting better clinical decisions.

A LONG-TERM INVESTMENT IN COMMUNITY HEALTH

Preventive care benefits more than individual patients. It strengthens communities.

When diseases are detected earlier, patients are more likely to remain active in their careers, care for their families, and avoid the physical and financial challenges associated with advanced illness. Healthcare systems also benefit by shifting resources toward prevention rather than crisis intervention.

As healthcare continues to evolve, organizations that invest in coordinated preventive care will play an increasingly important role in improving public health.

Breast health represents one of the clearest opportunities to make that investment.

At PIH Health, the focus extends beyond

diagnosing disease. It includes educating patients, coordinating care across specialties, and helping women make informed decisions about their health before symptoms appear.

That commitment reflects a simple but powerful principle. The best time to protect your health is before something feels wrong.

For women who are due for a screening or have postponed a mammogram, taking that first step today can provide reassurance, establish a valuable health baseline, and, in some cases, detect disease when treatment is most effective.

Because when it comes to breast health, prevention is not simply a recommendation. It is one of the most important investments a woman can make in her future.

Visit MakingStridesWalk.org/GreaterLosAngeles to learn more on resources and local ACS breast cancer awareness events at Citadel Outlets on October 17 and the Santa Monica Pier on October 24. Or call the ACS helpline at 800-227-2345.



Winston Lai DO

KEEP ON DISCOVERING LIKE LIVES DEPEND ON IT

At the UCLA Health Jonsson Comprehensive Cancer Center, breakthroughs change lives. From Herceptin, which targets HER2-positive breast cancer, to Keytruda, which helps the immune system recognize and fight cancer, discoveries made here have helped transform how cancer is treated, and what's possible for patients everywhere.

UCLA

Health

Jonsson Comprehensive
Cancer Center

Raising the Standard of *In-Home Care* in California

How an RN-led model is bringing clinical rigor, discretion and bespoke care plans to the families LA's advisors serve

BY JASON KIDUSHIM
FOUNDER AND CEO, LEGACY CONCIERGE



In Los Angeles, we expect excellence from every advisor we trust with what matters most. We vet our wealth managers, our attorneys and our physicians. Yet when a parent, a spouse or we ourselves need care at home, many accomplished families discover that the standard they expect is nowhere to be found.

For decades, in-home care has been treated as a staffing transaction: a schedule to fill, a shift to cover, a checklist to complete. Families are left to coordinate between agencies, physicians and caregivers on their own, often during the most stressful moments of their lives. The result is fragmented care, uneven quality and a quiet erosion of trust.

Legacy Concierge was built to change that.

WHY WE EXIST

I started Legacy Concierge after watching my grandfather navigate Alzheimer's through a fragmented system, with no one steering his care. What my family lacked was a single, clinically trained professional accountable for the whole picture. I made a promise then that became our founding principle: this should never happen to another family.

Today, Legacy Concierge is an RN-led private-duty nursing and concierge home care company headquartered in Santa Monica, serving clients across six Southern California regions and expanding to the Bay Area. More than 1,000 families have trusted us to help their loved ones live better at home. Many of our leaders joined us from traditional home care agencies because they refused to keep watching patients be treated as a checklist.

NO TWO CARE PLANS ARE ALIKE

That is not a marketing line. It is an operating discipline. Each engagement begins with a clinical assessment led by a registered nurse, who looks beyond the diagnosis to the whole person: medical history, medications, mobility, cognition, nutrition, home environment, family dynamics, daily rhythms and personal preferences. A retired executive recovering from joint replacement in Bel Air and a mother managing a progressive neurological condition in Newport Beach do not need the same care, and they should never receive it.

From that assessment, we design care around one person, not a shift. Our services span companion caregiving through complex skilled nursing. Care may intensify after a hospitalization, shift during recovery or expand as a condition progresses. The plan moves with the client, not the other way around.

ONE REGISTERED NURSE, ACCOUNTABLE FOR THE ENTIRE CASE

What most distinguishes Legacy is structural. Every client is assigned a dedicated RN Ambassador: a registered nurse who oversees the entire case from the first assessment forward.

The RN Ambassador leads the care plan, monitors health trends, supervises the care team and communicates directly with the client's physicians. When something changes, a nurse sees it, interprets it clinically and acts on it. Families have one trusted point of contact who knows their loved one personally and speaks the language of medicine.

This brings a level of clinical oversight and rigor that is rare in home care. In a traditional agency model, a caregiver may arrive with little context and less supervision. In ours, every caregiver and nurse works within a plan designed and overseen by a licensed clinician. We measure ourselves by our clients' outcomes, not by hours billed.

"We measure ourselves by our clients' outcomes, not by hours billed."

EMPLOYED, NEVER OUTSOURCED

EMPLOYED, NEVER OUTSOURCED

Quality in care is ultimately a people decision. Every Legacy caregiver and nurse is a W-2 team member, never an outsourced contractor, recruited deliberately, trained to our clinical standards and supervised by our nursing leadership.

That matters for reasons that are easy to underestimate: consistency, accountability and discretion. Many of the families we serve value privacy as highly as clinical excellence.

In 2026, Legacy Concierge earned Best of Home Care Provider of Choice and Employer of Choice awards and was named Top 100 in Experience, and the families we serve have given us a 5.0 rating on Google.

ALLOWING FAMILIES TO BE FAMILIES

There is a quieter benefit families mention most often. When a loved one needs support, adult children and spouses frequently become de facto care managers.

They coordinate schedules, chase physician updates and manage a rotating cast of providers, often while running companies of their own.

Legacy handles scheduling, coordination and physician communication so loved ones can simply be present. A daughter can be a daughter again. A husband can sit with his wife instead of managing her care. For many families, that is the most valuable thing we provide.

A PARTNER TO THE ADVISORS WHO SERVE LA'S FAMILIES

For the wealth managers, estate planning attorneys, fiduciaries, family offices and physicians who read this journal, health is increasingly part of the planning conversation. Longevity, aging in place and the quality of long-term care now sit alongside tax, estate and liquidity planning. Clients want to know that when the moment comes, there is a plan and a trusted partner ready to act.

We built Legacy to be that partner, working alongside a client's existing advisors with the discretion and responsiveness they expect from every member of their circle.

That belief in partnership is also why our business development team launched Nexus in September at our newly expanded Santa Monica flagship at Wilshire and Lincoln. Nexus is a networking hub for leaders in healthcare, wellness and advisory services, and its opening gathering welcomed more than 115 guests.

STANDING TOGETHER THIS OCTOBER

During Breast Cancer Awareness Month, we are reminded that breast cancer touches so many of our colleagues, families and communities, and the journey rarely ends at the hospital door. Treatment and recovery often continue at home, where clinical oversight, comfort and dignity matter most. Legacy Concierge is proud to stand with LA's business community this month in support of everyone facing this disease and the people who stand beside them.

THE STANDARD CALIFORNIA DESERVES

More Californians than ever are choosing to age, recover and live fully at home. That future demands a higher standard: clinically led, personally designed and accountable from day one.

That is the standard Legacy Concierge is building, one family and one bespoke care plan at a time. We are changing the landscape of in-home care in California.

LEGACY CONCIERGE
Your Health, Our Purpose.

ABOUT LEGACY CONCIERGE

Legacy Concierge is an RN-led private-duty nursing and concierge home care company headquartered in Santa Monica, serving families across six Southern California regions and expanding to the Bay Area. Every client receives a bespoke care plan overseen by a dedicated RN Ambassador.

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Where Clinical Excellence Begins with Human Understanding

BREAST CANCER AWARENESS

New Virtual Space Delivers Digital Tools for Navigating Breast Cancer

Breastcancer.org, a nonprofit providing free access to expert medical information and navigated community support, has announced the launch of The Greenhouse, a new innovation space dedicated to developing practical, compassionate digital solutions for people facing breast cancer. The first three tools developed in The Greenhouse — the Breast Cancer Experience Log, Side Effects Discussions Finder, and Conversational Search — are available today at [Breastcancer.org/the-greenhouse](https://www.breastcancer.org/the-greenhouse).

The Greenhouse reflects Breastcancer.org's over 25-year commitment to helping people make informed decisions about their breast health and breast cancer care. At every point — from screening to survivorship to life with metastatic disease — Breastcancer.org offers original, medically reviewed, and up-to-date content alongside the compassionate guidance of community care professionals. Every tool “grown” in The Greenhouse is sourced from real community needs, then evaluated, tested, and reviewed by a dedicated product team, medical advisors, and patient advocates before it reaches the people who need it most.

“For 25 years, our mission has been to help people understand their diagnosis, weigh their options, and make decisions that are right for

them,” said Hope Wohl, Chief Executive Officer of Breastcancer.org. “The Greenhouse is how we're amplifying that commitment going forward — by turning what we hear directly from our community into practical tools that help people navigate their real-time needs.”

THREE NEW SOLUTIONS

The Breast Cancer Experience Log is a personal tracking tool that captures day-to-day experiences. Whether managing side effects, sleep, mood, activity, or overall well-being, the Experience Log surfaces patterns over time to support insight, reflection, and more informed conversations with care teams.

The Side Effects Discussions Finder connects people with community discussions related to specific symptoms and treatments. By making shared experiences easier to discover, the tool helps people feel less alone and better equipped to navigate their diagnosis with the support of those who've been there.

Conversational Search offers a new way to explore Breastcancer.org using full questions and plain language — no keyword guessing, no struggling with complex medical terminology. Rather than generating information independently, Conversational Search navigates

‘For 25 years, our mission has been to help people understand their diagnosis, weigh their options, and make decisions that are right for them. The Greenhouse is how we're amplifying that commitment going forward.’

HOPE WOHL
Breastcancer.org

Breastcancer.org's existing library of medically reviewed content, helping people find trusted answers the way they naturally think and speak. Every result draws from material written and reviewed by Breastcancer.org's medical team.

AN OPPORTUNITY FOR MISSION PARTNERS

The Greenhouse represents a distinctive model in the breast cancer space — one

grounded in community trust, clinical rigor, and over 25 years of patient-centered expertise. Breastcancer.org maintains a strict editorial and operational firewall between corporate supporters and the tools and content it produces. The Greenhouse is driven entirely by community need and organizational mission, ensuring that partnership support expands what's possible without influencing what gets built.

Breastcancer.org welcomes mission-aligned supporters to help expand The Greenhouse, bring its next generation of tools to life, and deepen its impact on the millions of people affected by breast cancer each year.

Breastcancer.org is a patient-focused resource dedicated to providing reliable, up-to-date information and support to those affected by breast cancer. Founded in 2000 by chief medical officer Marisa C. Weiss, MD, it empowers people with research, expert information, and a dynamic peer support community to help them make the best decisions for their lives. Since its inception, the nonprofit organization has reached 256 million people worldwide.

To learn more about Breastcancer.org, its mission, and The Greenhouse initiative, visit [Breastcancer.org/the-greenhouse](https://www.breastcancer.org/the-greenhouse).

Survey Reveals Significant Gaps Between Awareness and Action for Risk Factors

Understanding what affects breast cancer risk can empower women to take charge of their health with everyday choices that help reduce risk

The American Cancer Society has released the findings of a survey of approximately 33,000 US women, assessing awareness of modifiable breast cancer risk factors and whether women are meeting American Cancer Society recommendations for risk reduction and prevention. The survey found risk-factor awareness is generally high but that significant gaps exist between awareness and taking positive action to lower risk.

Some breast cancer risk factors are within our influence, and awareness can be a powerful starting point for action. In fact, it's estimated that more than 30% of breast cancers are considered preventable through healthy behaviors that can reduce risk, including exercising regularly, maintaining a healthy weight, avoiding alcohol and tobacco, and breastfeeding.

“Knowing your risk factors isn't the same as acting on them, and this gap is the real story here,” said Alpa V. Patel, PhD, senior vice president of population science at the American Cancer Society. “It's not enough to raise awareness — we have to understand whether awareness translates into action, and how we can help women close the distance.”

The survey's key findings include:

- **Women already know what they can't control.** 99% are aware that a family history of



cancer raises risk, but it's also important to know that family history alone doesn't predict most breast cancer cases. More than 85% of women diagnosed with breast cancer have no family history of the disease.

- **Physical activity shows the widest gap.** 91% of women know that low activity levels raise cancer risk, yet only 27% meet the American Cancer Society's recommended 150 to 300 minutes of moderate-intensity activity (or 75 to 150 minutes of vigorous-intensity activity) each week.

- **Alcohol shows the second-largest gap.** 85% of women know that alcohol use raises risk, but 69% report drinking to some extent.

- **Breastfeeding (for women who have children and can breastfeed) is the least-known**

protective factor. Only 55% of women know that breastfeeding can help lower cancer risk.

In addition to a family history of breast cancer, other risk factors that you cannot change include being born female, age (most breast cancers are found in women aged 55 and older), race and ethnicity, inherited genetic changes, dense breast tissue, and prior radiation to the chest area.

The American Cancer Society encourages women to take the ACS CancerRisk360 free assessment to learn more about the factors they can change to improve their health and lower their cancer risk.

The survey highlights substantial opportunities to improve awareness of modifiable risk factors for breast cancer and to encourage women to make informed choices that can lower their

risk. These findings can strengthen public health awareness efforts as well as guide conversations between healthcare providers and their patients. The survey results also highlight the importance of initiatives to expand access to safe, walkable communities and affordable, healthy food.

The 33,000 survey respondents were drawn from the American Cancer Society's Cancer Prevention Study-3 (CPS-3), a large, geographically and racially/ethnically diverse sample of 300,000 participants who were cancer free when they enrolled between 2006 and 2013 and who continue to be studied. Likely because of respondents' long-term engagement with cancer research, their awareness levels for cancer risk factors are significantly higher than those demonstrated by the general population in previous studies.

Breast cancer is the most common cancer in women in the US after skin cancers, accounting for about one in three new cancer cases in women each year. About one in eight women in the US will develop breast cancer during their lifetime, and the incidence rate is rising 1% per year overall and at a faster rate (1.4%) for women aged under 50. In 2026, an estimated 321,910 new cases of invasive female breast cancer will be diagnosed in the US and 42,140 women will die from the disease. In the same period, an estimated 2,670 men will be diagnosed with invasive breast cancer and 530 men will die from the disease.

Visit [MakingStridesWalk.org/greaterlosangeles](https://www.makingstrideswalk.org/greaterlosangeles) to learn more on resources and local ACS breast cancer awareness events at Citadel Outlets on October 17 and the Santa Monica Pier on October 24. Or call the ACS helpline at (800) 227-2345.