2020 THE FUTURE WITHOUT BREAST CANCER

A Submission to the Conversation on Health

By

The Canadian Breast Cancer Foundation, BC/Yukon Region

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EXECUTIVE SUMMARY

The Canadian Breast Cancer Foundation (CBCF) is Canada's leading volunteer-based organization dedicated to creating a future without breast cancer. CBCF works collaboratively with private, public, and charitable sectors to realize its goal. With quality provincial leadership on its Board of Directors, CBCF has seen substantial changes in the delivery of breast cancer treatment, early detection, and health promotion initiatives.

Appendix I outlines key CBCF achievements over the past five years since the release of its Gap Analysis (2002). A particularly seminal moment in the work of CBCF was the Summit 2020: The Future Without Breast Cancer held in Vancouver March 2007. Over 100 professionals representing government, science, health, not-for-profit, labour, and breast cancer survivors convened to elucidate a plan for a future without breast cancer by 2020. The following day a public rally was held in which the Premier, The Honourable Gordon Campbell, signed a declaration to commit to this goal.

CBCF is proud of its work to date and the effective use of collaboration and partnerships to achieve its goals. There is still a lot of work to do before we reach our goal of a future without breast cancer by 2020. This submission concludes with a full report from CBCF’s Summit 2020. The following five recommendations summarize the commitment required by CBCF and all of its various multi-sector partners to reach its goal by 2020. CBCF intends to continue its conversation with the Government of BC as we all work together to realize a healthier province, a strengthened health care delivery system, and a future without breast cancer.
RECOMMENDATIONS:

1. Prevention
To see any future reduction in numbers will mean sharpening tactics on breast cancer prevention: unambiguous messages about personal risk reduction; advocacy for public policies that facilitate population-wide prevention and more answers from research about environmental impacts and risk factors.
   - Continued partnership with the Canadian Cancer Society’s Research Chair in Cancer Primary Prevention at UBC to uncover risk factors and prevention strategies for breast cancer
   - On-going work with partners like the BC Healthy Living Alliance to ensure community initiatives (e.g. Healthy Schools and Healthy Community Programs) to promote healthy lifestyle choices in British Columbia

2. Health Care Workforce
All related health occupations and organizations will need to become more strategic about workforce recruitment, education and planning to avert a potential future of high case loads in the midst of personnel shortages.
   - There is an urgent need to address the current and future shortages in the one hundred different specialized health disciplines that provide diagnostic, clinical and rehabilitation services in women’s health
   - Partnerships with the Province of British Columbia, BC Ministry of Health, Health Sciences Association of BC, and post-secondary institutions to increase recruitment and retention of health professionals

3. Early Detection
To see further participation than currently seen will require renewed focus on improving screening uptake: clearer messages about how often and why; targeted to more than mainstream groups of women; with the full involvement of primary care physicians.
   - Continued Government investment in on-going province-wide education through the GOHAVE1 Screening Mammography Campaign
   - Partnerships with the BC Ministry of Health, Health Authorities, and the Screening Mammography Program of BC to develop community initiatives to encourage and support women’s screening participation
   - Partnership with BCMA to ensure family physicians inform patients over the age of 40 to receive a regular screening mammogram
RECOMMENDATIONS:

4. Treatment
To see further advances in breast cancer survival will mean developing advanced clinical systems that bring more precision into cancer care—the right treatment, for the right woman, for the right disease.

- Continued commitment to work with the full range of health professionals from family physicians to oncologists, nurses to social workers, mammographers to palliative care workers, to develop better integrated treatment delivery across British Columbia

- Partnership with the BC Ministry of Health, BC Cancer Agency, and Canadian Cancer Society to review and improve treatment delivery models and guidelines in British Columbia

5. Research
To realize the potential survival gains to be made from matching treatments to women with specific diseases will require developing integrated cancer care—where research is embedded with treatment.

- On-going commitment to fund the best and most innovative research in British Columbia in the areas of basic science, breast cancer etiology, prevention, treatment, and cure of breast cancer

- Continued partnerships with the Province of British Columbia, BC Cancer Agency, Canadian Cancer Society, and the University of British Columbia to ensure adequate funding resources for research chairs

- Commitment to studentships and fellowships across British Columbia to encourage future researchers

No doubt, it will be a demanding program to implement, but now that the way forward is more visible, all the related forces can begin to align.
INTRODUCTION

CANADIAN BREAST CANCER FOUNDATION BC/YUKON REGION

The BC/Yukon Region of the Canadian Breast Cancer Foundation was established in 1992 by British Columbians determined to make a difference in breast cancer and breast health. While many cancer organizations existed, none were solely dedicated to breast cancer.

With offices in Vancouver and Victoria, the BC/Yukon Region is one of four regional offices of the Canadian Breast Cancer Foundation (CBCF) which includes the Prairies, Ontario, Atlantic, and a Central Office. This makes CBCF the leading, national volunteer-based organization dedicated to working towards a future without breast cancer.

VISION

A future without breast cancer.

MISSION

As the leading national volunteer-based organization dedicated to the fight against breast cancer, the Canadian Breast Cancer Foundation works collaboratively to fund, support and advocate for:

- Relevant and innovative breast cancer research
- Meaningful education and awareness programs
- Early diagnosis and effective treatment
- A positive quality of life for those living with breast cancer

The 2 greatest risk factors for developing breast cancer are being a woman and increasing age. A woman has a 1-in-8 chance of developing breast cancer in her lifetime simply due to the exposure of breast cells to estrogen over time.

A woman can reduce her risk by eating fresh fruits and vegetables, reducing fat intake, exercising daily, limiting alcohol consumption, and not smoking particularly during adolescence.
HOW WE WORK

The Canadian Breast Cancer Foundation, BC/Yukon Region is committed to creating a future without breast cancer.

It works towards this achievable goal through:

- fund raising activities such as its signature annual event The CIBC Run For The Cure
- providing annual grants to critical medical research in British Columbia that improve treatment delivery and outcomes while expanding our understanding of this complex disease. Breast cancer actually describes a number of different types of cancers that occur in the breast. By encouraging world class scientists in British Columbia through studentships, fellowships, and research grants CBCF ensures a future where a better understanding of the nature and functioning of breast cancer will result in improved prevention measures, earlier detection of targeted abnormalities, and less invasive treatments with fewer negative side effects.
- providing health promotion grants to develop education and supportive care programs across the province.
- establishing in partnership the CBCF Nan and Lorraine Robertson Chair in Breast Cancer Research at UBC and a recent $500,000 fellowship to its first appointment Dr. Samuel Aparicio.
- providing $750,000 to the Canadian Cancer Society for its Research Chair in Cancer Primary Prevention at UBC. This first-of-its kind research chair in North America is supported by its primary partner the Government of British Columbia.
- working in partnership with key leaders and organizations to ensure the delivery of best practice informed services from prevention and early detection programs to palliative care.
- delivering province-wide health promotion initiatives such as the TELUS Tour for the Cure and the GOHAVE1 Screening Mammography Campaign using a collaborative private/public/not-for-profit model.

Finding smaller tumours earlier saves lives. A woman can increase her chances of surviving breast cancer and experience less invasive treatment if her cancer is found early.

According to the World Health Organization (2002, IARC), if 70% of eligible women received a regular mammogram, mortality from breast cancer would be reduced by 30%.
The Canadian Breast Cancer Foundation, BC/Yukon Region is committed not just to the work it does but also how it works. Employing several simple guiding principles, CBCF has a history of working from an evidence-based outcome-driven model. CBCF is the voice of breast cancer, and as such considers itself a catalyst for change. It does not attempt to duplicate existing services. Rather, it works to assist partner agencies in delivering appropriate timely services aligned with their mandates. Where there is no clear leader for specific initiatives, CBCF will act as project lead engaging in a multi-disciplinary and multi-sector process.

- Evidence-Based
  - Relying on current findings in the field and conducting its own research such as The Gap Analysis (2002), Ipsos Reid Screening Mammography Study (2005), and the Breast Cancer Research Summit (2007) CBCF maintains its position as the voice of breast cancer with the best knowledge in breast health and cancer.

- Outcome-Driven
  - Working towards a future without breast cancer, CBCF expects results. In fact, it is so confident in the direction of current research and recent changes in the fields of prevention and early detection that in March 2007 CBCF stood with the Premier and other partners at a public rally following the Summit 2020 and announced The Future Without Breast Cancer by 2020. We know this is possible from current evidence and CBCF commits to being the catalyst for change that will achieve this goal.
  - Having done the research work in advance, CBCF is in a position to measure the outcomes of its various initiatives and partnerships against initial benchmarks. Working from sound quantitative and qualitative findings from within its own jurisdiction of British Columbia, CBCF is setting clear attainable measurable goals such as increasing participation in screening mammography from 49% to the World Health Organization minimum standard of 70%. Our end goal is full participation of all women over age 40 in the Screening Mammography Program of BC.

- Collaboration
  - CBCF has stayed true to its original mission of being the voice of breast cancer in British Columbia and Canada. This does not mean that CBCF is a competitor to other agencies and service providers. Rather, CBCF sees its job as ensuring that breast cancer is always in the forefront of new research, findings, and practices. In order to do this effectively, CBCF works in active partnership and collaboration with as many diverse cancer, health, private sector, public sector, labour and professional organizations, and provincial/federal networks as possible.

  - CBCF is proud of its ongoing work with organizations such as:
    - ACT Now BC
    - BC Cancer Agency
    - BC Healthy Living Alliance
    - BC Medical Association
    - BC Pharmacy Association
    - Canadian Cancer Society
    - Canadian Partnership Against Cancer
With unique private/public/non-profit breast cancer initiatives CBCF enjoys an on-going conversation with the Government of BC, the Ministry of Health, and the general public. A few examples of the results of our partnerships include:

**TELUS Tour For The Cure:** TELUS, Ministry of Health, Canadian Cancer Society, Health Sciences Association, BC Cancer Agency

**GOHAVE1 Screening Mammography Campaign:** Ministry of Health, Provincial Health Services Authority, BC Cancer Agency, Screening Mammography Program of BC, Canadian Cancer Society, Health Authorities

**CBCF Summit 2020: The Future Without Breast Cancer:** BC Cancer Agency, Canadian Cancer Society, Health Sciences Association, BC Women’s Hospital
THE EVIDENCE

THE GAP ANALYSIS

Released in 2002, the Canadian Breast Cancer Foundation Gap Analysis (2002) is rigorous quantitative and qualitative research developed to build a strategic picture of the status of breast cancer knowledge and services in British Columbia. Entitled “Uncovering the Gaps”, this study revealed the gaps in British Columbians’ knowledge of breast cancer prevention and detection techniques and the gaps in service delivery to women experiencing the disease.

CBCF discovered that despite citing breast cancer as their number one health concern, women in British Columbia are seriously misinformed regarding basic breast cancer facts, healthy living choices that can reduce their risk of developing breast cancer, and early detection practices that can greatly reduce mortality rates.

What We Found:

59% of women believe breast cancer is primarily inherited. In fact, only 5-10% of cases of breast cancer are due to inherited genes. This gap in knowledge provides women who do not have a family history of breast cancer with the false security that they do not have to be vigilant regarding healthy life choices and early detection practices.

Almost half of respondents thought they were most at risk of breast cancer in their 40s. In fact, a woman’s risk increases with each decade of her life. A woman needs to be informed and supported to continue healthy choices and early detection into her 70s.

The top 4 reasons women gave for not going for a regular screening mammogram were: not necessary at my age, my doctor hasn’t recommended it, not at risk for breast cancer, and, too busy.
From interviews and focus groups with two groups of British Columbians intimately aware of health care delivery - women who had recently received breast cancer treatment and a range of multi-disciplinary health care providers from researchers to clinicians – CBCF learned although British Columbia has the best treatment outcome rates in the country the system itself is still described as “a maze, a run-around, and a free-for-all.” Informants from both groups described “gaps everywhere” and “little perceived system at all.”

What We Found:

Barriers to Information
Difficult Decisions Under Stress
Loss of Control
Insensitivity of Providers
Excessive Waiting
Inconsistencies & Errors
Financial Issues
Rural Access Barriers

“We do a pretty good job of actually finding the abnormality in the mammogram. But after that it’s a free-for-all in my mind. I see a lot of that in my practice.”

Recommendations
Since the release of the Gap Analysis in 2002, CBCF has focused on 3 areas:

- Educating British Columbians on healthy lifestyle choices to reduce their risk of developing breast cancer and the need for regular breast cancer detection practices – monthly breast self exam, annual clinical breast exams by a health professional, and annual screening mammography after the age of 40
- Navigation systems and tools to assist women in making their way through breast cancer treatment
- Integrated breast health services to reduce the plethora of service delivery sites and information
BREAST CANCER AGENDA

Following the recommendations of the Gap Analysis, creation of a Health Promotion portfolio and the subsequent work in government relations, public education and community relations, a Breast Cancer Agenda, has emerged that provides the framework for the BC/Yukon Region’s work. The Agenda consists of four elements:

- Prevention
- Detection
- Treatment
- Cure

These four elements are the areas identified clearly and strongly by all the respondents in the Gap Analysis. Whether it was well-women telling us that breast cancer is their number one issue (prevention, early detection, and a future without breast cancer), or survivors telling us that they wanted better breast cancer care in BC and treatments that were more effective and less devastating, or health care professionals wanting a more organized care delivery system and focus on research for a cure – we were sent a very clear message that British Columbians want a future without breast cancer.

It is called an Agenda because it is a simple framework or “agenda” that sets the Region’s focus and provides a first principle formula for our work. All of our initiatives (whether research projects or programs) and fundraising events should address one of these 4 areas. It is a Breast Cancer Agenda because CBCF’s vision of a future without breast cancer includes a commitment to support British Columbians in living healthier lives to reduce their risk of developing breast cancer and improving treatment delivery and outcomes.
IPSOS REID SCREENING MAMMOGRAPHY STUDY

Three years after the release of the Gap Analysis, CBCF again worked with Ipsos Reid to uncover more information on why over half of eligible women in British Columbia are not going for a regular mammogram. CBCF wanted to test the earlier findings of the Gap Analysis, ensure it was still strategically planning from the most current data, and to test the efficacy of health promotion initiatives like the TELUS Tour for the Cure and the GOHAVE1 Screening Mammography Campaign by talking directly to women who self-identified as not getting regular mammograms.

WHAT WE FOUND

The bad news – women continue to carry misinformation about breast cancer.

The top 5 reasons for not having a mammogram:
- Not a high risk patient (including breast cancer is not in my family)
- Too old or don’t need one at my age
- Doctor has never recommended it
- Don’t think mammograms are effective
- Painful procedure (too afraid)

The good news – women are being impacted by current health promotion initiatives. The primary information in print and television at this time was the GoHave1 “orange & seed” campaign. GoHave1 remains the best message and medium for women in our target market of 40-79 years of age in BC.
- 64% of women recalled seeing, reading or hearing advertising for breast cancer or mammography
- 57% saw a television ad
- 33% saw a newspaper ad
- 26% saw a magazine ad
- Only 7% heard about screening through mail outs or their doctors’ offices

Recommendations:
- Maintain and expand the GOHAVE1 Screening Mammography Campaign proven to be the most effective way of communicating with the target audience.
- Continue to address identified reasons for not receiving a regular mammogram.
- Develop new strategies and partnerships to encourage family physicians to recommend screening mammography to all women patients over the age of 40.
COLLABORATION

As outlined in its mission statement and breast health agenda, the Canadian Breast Cancer Foundation works collaboratively to fund, support, and advocate for breast cancer research, education and awareness programs, early diagnosis and effective treatment, and a positive quality of life for those living with breast cancer. CBCF enjoys an on-going conversation on health with all relevant partners and in particular the Government of British Columbia and the Ministry of Health. Since its beginning, CBCF welcomed the support of provincial and municipal governments with their public presence at its CIBC Run for the Cure. In fact, the BC/Yukon Regional Office began when its founder, Judy Caldwell, secured her presence on a senatorial committee hearing on the status of women’s health in Canada. CBCF has been in active conversation on health with government ever since.

MLA BREAST CANCER AWARENESS DAY

Following the recommendations of the Gap Analysis and the development of the Breast Health Agenda CBCF took this conversation directly to the Provincial Legislature with its first MLA Awareness Day in 2004. CBCF took its message for the need for more specific breast cancer education in British Columbia, support for healthy living initiatives, and a focus on increasing the current rates of screening mammography participation in British Columbia from 49% to a minimum of 70%. This successful dialogue on health with elected officials resulted in the first announcement from the Premier at CBCF’s 2004 Awareness Day of an investment of $3 million in screening mammography. This was the beginning of a highly successful collaboration between CBCF, the Province of British Columbia, SMP, and the Canadian Cancer Society.

UBC BREAST CANCER RESEARCH CHAIR

Established in 1996 as a collaboration between CBCF, BCCA, UBC, and the Robertson Family, the CBCF Nan and Lorraine Robertson Research Chair in Breast Cancer at UBC successfully recruited the first incumbent to this position, Dr. Samuel Aparicio, an internationally renowned clinician/scientist from Cambridge University in England recognized widely for his contributions to genomics and translational medicine. Dr. Aparicio is leading a new era in breast cancer research using genetics and genomics to better understand the development of the disease, help devise improved detection methods, and identify new therapies.
CCS RESEARCH CHAIR IN CANCER PRIMARY PREVENTION

The Canadian Cancer Society's commitment to increasing its understanding of the ways to prevent cancer led it to the creation of a Cancer Primary Prevention Research Chair at UBC. CBCF welcomed the opportunity to partner with CCS, the Provincial Government, and UBC in order to expand our knowledge and activity in this priority area to:

- better understand the links between diet, exercise, body weight, stress, environmental carcinogens, etc. to specific types of cancer.
- provide an evidenced based framework to develop health promotion policies to benefit at-risk populations.
- ensure that knowledge is translated into practice.
- share knowledge on policy-based cancer prevention strategies to positively influence the reduction of other chronic diseases.
- support policy makers in identifying policies which have the greatest impact on disease reduction and improve the sustainability of the treatment based health care system.

CANADIAN STRATEGY FOR CANCER CONTROL

CBCF is a proud member of the Canadian Strategy for Cancer Control since its inception. Currently, Executive Director Jan Engemoen co-chairs the Early Detection Action Group with its focus on developing a provincial colorectal cancer screening program and a province-wide awareness campaign about this preventable and treatable cancer. As well, CBCF is member of the Healthy Living Action Group and the Provincial Steering Committee. These Action Groups are comprised of a diverse range of individuals and organizations such as the Ministry of Health, InspireHealth, the Canadian Cancer Society, the BC Healthy Living Alliance, and representatives from the BCMA and UBC.
BC HEALTHY LIVING ALLIANCE

CBCF was instrumental in the formation of the BC Healthy Living Alliance (BCHLA) beginning with a dialogue between CBCF, CCS, the Heart & Stroke Foundation, The Diabetes Association, and the BC Lung Association. Formed in 2003, BCHLA is a group of organizations who have come together to improve the health of British Columbians through leadership that enhances collaborative action to promote physical activity, healthy eating, and living smoke-free.

As one of the coordinating agencies for BCHLA’s 2006 Call To Action, CBCF is in clear alignment with the objectives of this Alliance. Regular physical activity, healthy eating, and tobacco cessation are 3 of the primary factors for decreased risk of developing breast cancer. As well, CBCF endorses the multi-pronged approach to addressing these issues through advocacy for consistent, comprehensive healthy living policies and legislation in BC; provincial and local health promotion programs to general and targeted populations based on sound social determinants of health; enhanced access to affordable physical activity resources and healthy foods.

CBCF will continue to be an active member of BCHLA until we reach our goal of being the healthiest jurisdiction in Canada and the world.
INITIATIVES

GOHAVE1 SCREENING MAMMOGRAPHY CAMPAIGN

Until there is a cure, a woman’s best way to protect herself from breast cancer is early detection. Breast cancer is not one of the easily preventable cancers, but with early detection through screening mammography, mortality rates can be reduced by over 30%. (World Health Organization, 2002)

The Screening Mammography Program of BC (SMPBC) is a recognized leader in breast screening. Despite its success, less than 50% of eligible women over the age of 40 are getting regular mammograms in British Columbia. CBCF is determined to increase the number of BC women getting their first screening mammogram. SMPBC has an impressive track record of retaining women once they enter the program. 80% of women return for a regular screening mammogram after their first appointment.

Following discussions with CBCF in 2004, Premier Gordon Campbell publicly announced the Province of British Columbia’s increased commitment to screening mammography. At the October 2004 CBCF Awareness Day Luncheon, Premier Gordon Campbell, accompanied by Health Minister Colin Hansen, announced a new investment of $3 million for screening mammography. SMPBC received $2 million to increase its annual screening capacity by 25,000 screens as well as the purchase of an additional mobile screening unit to service rural and remote communities in BC. CBCF received $1 million to produce a multi-media campaign to raise women’s awareness of screening mammography and increase the participation of women in the program.

Working in partnership with the Province of BC, the Ministry of Health, the Provincial Health Services Authority, the BC Cancer Agency, the Screening Mammography Program of BC, and the Canadian Cancer Society, CBCF BC/Yukon launched its GOHAVE1 Campaign in print, radio, and television in May 2005. Featuring a woman in the target age group, and using a familiar item as a metaphor, the campaign emphasizes the difference in size between detecting a tumor yourself and through screening mammography.
GOHAVE1 OUTCOMES:

SMPBC reported a 22% increase in screening mammography bookings during the 2005 GOHAVE1 Campaign over the number of new bookings made in the previous year, which amounts to over 7,000 British Columbian women booking mammograms (SMPBC Statistics).

SMPBC reported a 24% increase in screening mammography bookings during the second year of the GOHAVE1 Campaign 2006 over the number of new bookings made in the control year of 2004.

In total, there has been a 46% increase in new bookings due to the GOHAVE1 Campaign.

In 2006:

- CBCF negotiated more than double the media investment of $644,000 to $1.8M
- CBCF received five months of bonus television airtime from Global TV. Beginning in May, 2006, bonus spots ran through to the end of November 2006. A total of 632 airings of the “Orange” spot were negotiated as added-value.
- 94% of British Columbian women aged 35-69 viewed the commercial a minimum of 26 times each.
- Radio spots reached over 900,000 people
- There were 53 ads in the Vancouver Sun, The Province, 24 Hours and Victoria Times Colonist. The ads also ran in 44 different community and daily newspapers across the province, for a total of 261 ads. A translated ad appeared for four weeks in each of the following ethnic newspapers: The Voice (First Nations News), Sing Tao (Chinese), Ming Pao (Chinese), The Awaaz (Indo-Canadian Punjabi). Ads also ran in Northwest/Northeast (English).
TELUSS TOUR FOR THE CURE

In an effort to educate women across the province on the importance of breast health, healthy living and getting a regular screening mammogram, the idea for a first-of-its-kind province-wide interactive education exhibit was envisaged. Representing a unique partnership between the Canadian Breast Cancer Foundation, the Province of British Columbia, and TELUS, the TELUS Tour for the Cure was launched on September 20, 2004 with the Honourable Gordon Campbell, Premier of British Columbia and TELUS President & CEO Darren Entwistle.

Over the past three years, the TELUS Tour for the Cure has educated thousands of men, women and children across BC about breast health and cancer, and in particular, how women can detect breast cancer early by having a regular screening mammogram. The TELUS Tour for the Cure continues to spread a message of hope across the province. Building on the 2004/2005 TELUS Tour for the Cure, the TELUS Tour for the Cure 2006 was an immensely successful initiative. From April to November 2006, over 300,000 people viewed the exhibit – an increase of 100,000 over the first Tour. The exhibit was set up in shopping malls, community centres, libraries, airports, workplaces and grocery stores. It was also featured at the Vancouver location of the Canadian Breast Cancer Foundation CIBC Run for the Cure in BC Place Stadium on Sunday, October 1, 2006.

In total, the Tour made 37 stops in 34 communities across British Columbia with the highest number of visitors in Victoria (42,000), Vancouver (31,000) and Prince George (22,000). An awareness ceremony was held in each community, bringing together local government officials, corporate partners, community health care providers and breast cancer survivors, all committed to making a difference in the lives of women with breast cancer and their families. At the conclusion of each ceremony, the speakers placed a pink ribbon on a map of BC, indicating where the Tour had traveled to date. In addition to visiting 22 larger BC communities, the Tour visited 12 smaller locations, bringing valuable breast health information to communities like Ucluelet, Westbank and Castlegar. Feedback from these communities was extremely positive. Many were amazed that the Tour was stopping in their home town. Residents were grateful for the information and for the chance to talk about the people they knew whose lives had been impacted by the disease. The TELUS Tour for the Cure also received over $100,000 worth of publicity in the form of television, newspaper and radio coverage.
The Canadian Breast Cancer Foundation BC/Yukon Region held a one day cutting-edge discussion focused on the creation of a future without breast cancer by 2020. Held at the Wosk Centre for Dialogue in March 2007 it included many of British Columbia’s leading minds from the cancer research and care, women’s health, and healthy living fields. A round table of 120 people including experts, advocates, clinicians and patients looked into the potential contribution of Prevention, Early Detection, Treatment and Research towards a future without breast cancer. A full report from this Summit on Breast Cancer can be found in the Appendix. The one day Summit was followed by a public rally at the Sheraton Wall Centre hosted by Pamela Martin, CTV News Anchor, Deborra Hope, News Anchor Global Television, Cecilia Walters, News Anchor CBC Radio One, and Iris Tong, News Anchor/Reporter channel m. Premier Gordon Campbell was in attendance and endorsed the recommendations of the Summit that a future without breast cancer by 2020 is an achievable and necessary goal.

Keynote speakers were:

Virginia Greene, Past Chair, CBCF: The Future Without Breast Cancer

Barbara Kaminsky, CEO, Canadian Cancer Society, BC & Yukon Division: Prevention of Breast Cancer - The Ultimate Cure?

Cindy Stewart, President, Health Sciences Association: The People Behind the Screens - Health Care Staffing Needs for the Future

Dr. Lorraine Greaves, Clinical Professor, Department of Health Care & Epidemiology, UBC: Patient-Focused/Women-Focused Health Care Delivery

Dr. Moira Stilwell, Radiologist, Nuclear Medicine, BC Women's Hospital: Early Detection – The Future Is Clear

Dr. Simon Sutcliffe, President, BC Cancer Agency: Treatment & Research – Securing and Channeling Resources for a Future Without Breast Cancer

Dr. Samuel Aparicio, Department Head, Molecular Oncology, BC Cancer Agency Research Centre and Chair, Breast Cancer Research, BC Cancer Agency: Breast Cancer Research & Treatment
SUMMIT RECOMMENDATIONS:

1. Prevention
To see any future reduction in numbers will mean sharpening tactics on breast cancer prevention: unambiguous messages about personal risk reduction; advocacy for public policies that facilitate population-wide prevention and more answers from research about environmental impacts and risk factors.

2. Health Care Workforce
All related health occupations and organizations will need to become more strategic about workforce recruitment, education and planning to avert a potential future of high case loads in the midst of personnel shortages.

3. Early Detection
To see further participation than currently seen will require renewed focus on improving screening uptake: clearer messages about how often and why; targeted to more than mainstream groups of women; with the full involvement of primary care physicians.

4. Treatment
To see further advances in breast cancer survival will mean developing advanced clinical systems that bring more precision into cancer care—the right treatment, for the right woman, for the right disease.

5. Research
To realize the potential survival gains to be made from matching treatments to women with specific diseases will require developing integrated cancer care—where research is embedded with treatment.

No doubt, it will be a demanding program to implement, but now that the way forward is more visible, all the related forces can begin to align.
Appendix I

CANADIAN BREAST CANCER FOUNDATION BC/YUKON REGION

Five Successful Years

Since 2002, CBCF has successfully fulfilled its mandate through:

- 2002 release of CBCF’s Gap Analysis providing recommendations based on BC research on the gaps in women’s knowledge and practices of breast health and delivery of breast cancer treatment in British Columbia
- $1M increase to the Screening Mammography Program of BC budget
- The purchase of an additional screening mammography mobile unit
- $4M partnership with the BC Government for the GOHAVE1 Screening Mammography Campaign which in its first two years has seen an increase of 46% in new clients booked
- The TELUS Tour for the Cure visiting communities across British Columbia with a message of healthy living and early detection of breast cancer with over 500,000 British Columbians viewing this interactive multi-media traveling exhibit
- The appointment of Dr. Samuel Aparicio as the first Chair of Breast Cancer Research at the University of British Columbia
- Partnership with the Canadian Cancer Society and the BC Government on the establishment of a first-of-its-kind Cancer Primary Prevention Research Chair at UBC
- CBCF’s Summit 2020: The Future Without Breast Cancer. This first provincial summit on breast cancer held March 2007 to plan for a future without breast cancer by 2020 provides recommendations for a framework for future partnerships and work in all sectors involved in breast cancer.
2020: The Future without Breast Cancer...

Imagine a future without breast cancer. What would it take? More to the point, where would you start? The Canadian Breast Cancer Foundation, BC Yukon Branch proposed that one place to begin would be a cutting-edge discussion of the topic held at the Wosk Centre for Dialogue in Vancouver, early in the spring of 2007.

Many of British Columbia’s leading minds of the cancer care and women’s health fields were in attendance. The Wosk Centre’s unique high-tech conference-in-the-round facility offers a group of 120 people the ability to converse as if all are seated at the same table: expert or advocate; clinician or patient. The agenda was to look into the potential contribution of Prevention, Early Detection, Treatment and Research toward a future without breast cancer.

Virginia Greene, past chair of the CBCF board, moderated the discussion. Her opening remarks underlined the importance of the event as a critical milestone in the history of the BC Yukon Branch. She noted that the current population of 1.1 million women over forty—the primary age-risk group for breast cancer—will grow to 1.5 million by 2020. Population aging will exert even greater pressures on the health system than currently seen. It will also mean that many women involved in treating breast cancer will be retiring, leaving their jobs behind them at a time of greater need. “We believe a future without breast cancer is essential,” observed Ms. Greene. “We would like to end the day knowing it’s possible.”

Improvement in preventing the disease from starting in the first place would seem an obvious way to bring about a future without breast cancer. Barbara Kaminsky, CEO of the Canadian Cancer Society’s BC & Yukon Division presented the contribution that prevention could make toward reaching that goal by 2020. “It’s not a magic bullet,” she reflected. It may take 20 to 30 years to see results.” And even the concept of breast cancer prevention is a little misleading. “What we really mean is reducing the risk,” suggested Ms. Kaminsky.

One of the critical problems in seeing the potential in breast cancer prevention appears to be lack of investment. According to Ms. Kaminsky, a recent financial review of all cancer agencies in Canada, showed that less than 1% was being spent on prevention. The inference: if the health system fails to take prevention seriously, what can be expected of ordinary women?

Preventing breast cancer is not just about scientific knowledge because several key risk factors are known, according to Ms. Kaminsky. The challenge is getting the message out about the potential effectiveness of personal risk reduction.

Currently, public perception appears to exempt the majority of women from taking action on their breast cancer risks. An Ipsos survey in 2006 showed that 59% thought genetics was the greatest risk factor even though only about 10% of breast cancer is hereditary. Many women may feel breast cancer is unlikely for them due to their family history. In this way, mass perception works against personal risk reduction if it encourages women to be passive about their health. To complicate things further, some suspected risks like environmental contaminants remain scientifically unproven. According to Ms. Kaminsky, women should exercise the ‘precautionary principle’. “If it seems to be a risk—even without a body of hard evidence—doesn’t it make sense to avoid it?”

Whatever the case may be for the impact of environmental factors, action on
the proven risk factors, those with potentially large preventive gains, has been difficult to achieve. For example, it is now generally accepted that maintaining healthy body weight could effect significant breast cancer reductions among women. But many find it difficult to regulate the regime of diet and exercise required in the context of contemporary life.

Ms. Kaminsky noted that the changes needed for improved breast cancer prevention are also not just about individual choices. Some women may be trapped in unhealthy routines by poverty or culture and others by the environment they live in. For example, “we might advocate that women get out and go walking, but, in some places, that would be unsafe.” Public policies are needed to create environments for changes that encourage physical recreation. Laws against indoor smoking are an example of public policy supporting cancer prevention. Ms Kaminsky suggested the contribution of prevention toward a future without breast cancer depends on three main tactics in an overall strategy: public education to reach individuals; public policy to alter risk conditions; and supportive environments to encourage healthy living.

As a conversation topic breast cancer prevention seems to touch a collective nerve and the follow-up dialogue at the conference was no exception. Ms. Kaminsky noted that prevention is sometimes seen to blame the victim of breast cancer for their own illness, which is often why the subject is so difficult. However, “The longer you’ve lived with your hormones, the greater your risk.” observed Ms. Kaminsky. “And no one can be blamed for their hormones.”

Not surprisingly then, one of the first issues to come up in general discussion was the emphasis that breast cancer prevention messages seem to place on individual practices over environmental factors. Does the focus on individuals limit what we understand about the causes of breast cancer? As Sean Griffin, author of the Cancer Smart Guide put it, “If prevention is the poor cousin of the cancer issue, then occupational and environmental exposure prevention is an even poorer one.” Worse, the apparent lack of scientific attention to toxic exposure seems to lead some people to look for answers outside of conventional medicine, which only makes prevention goals even more difficult to achieve.

On the other hand, “Why focus on toxic exposure when science has already shown that such risks are much less associated with causing breast cancer than body weight, diet and exercise?” inquired Dr. Susan Harris, professor of physio-therapy at the University of British Columbia (UBC). “A potential 30% reduction of breast cancer could be achieved through physical activity alone while the effects of occupational and environmental risk reduction are unknown.” As Dr. Art Hister, a familiar local physician and medical broadcaster, pointed out, “Everyone can go home today and do a little better at living their lives without too much worry over environmental risks. Until we learn much more, women should focus on risks we know most about, such as lack of exercise.”

Even so, there are dilemmas around implementing personal health approaches. Since so many modern society illnesses such as heart disease and diabetes are affected by the same prevention strategy, would it be better to take a “disease specific” or “healthy living” approach? In summary Ms. Kaminsky offered, “We will make a huge leap forward when we all learn that health is not about what the health system can do for you
but about what you can do for your health and what communities can do to support it.”

What makes prevention so compelling for the future of breast cancer is the forecast for the health care system, given what is known about population aging. Greater numbers of women diagnosed with breast cancer can be expected as the age-risk population increases. While this effect alone will inevitably create additional pressures on the health care system, population aging will also reduce the numbers of available skilled health workers. Cindy Stewart, president and CEO of the Health Sciences Association presented an argument about why labour issues need to be taken in account in thinking about breast cancer’s future in 2020.

Ms. Stewart pointed out that thousands of health workers play critical roles in breast cancer care: mammographers, radiation therapists, pharmacists, social workers, dieticians, physiotherapists. “The shortage of skilled professionals by 2020 is not just about nurses and doctors. Many professions involved in the diagnosis and treatment of breast cancer are facing shortages.”

According to Ms. Stewart, Vancouver Coastal Health, BC’s largest health authority, projects significant shortages of health science professionals by 2015: shortfalls of 85% for laboratory technologists; 72% for diagnostic ultra-sonographers and; 34% for pharmacists. All of BC’s health authorities will be experiencing similar human resource pressures. While progress is being made to address doctor and nurse shortages, little is happening to address critical scarcities among other health professions, she claimed.

The impact of skill shortages will be felt directly in breast cancer control strategies like the BC Screening Mammography Program. According to Ms. Stewart, “Increasing mammography will mean increasing mammographers. Increasing technology will not help.”

It takes 3-6 years to train a health science professional which means that the education system needs to be taken into account. One solution is more training spaces and the money to support them. But most of all, realistic attention to human resource planning is needed. “When we plan for a future without breast cancer—in addition to the science, research, prevention and treatment—we really need to think about human resource planning, claimed Ms. Stewart. “We need to weave the staffing issue into everything we consider.”

Moderator, Virginia Greene, reflected on the health care staffing situation as a ‘a perfect storm’. Dialogue participants raised other signs of trouble ahead for the health workforce. “People are finding that work in the health system is not a joyful experience.” “It’s troubling when people say they would not encourage their children to enter health professions.” “We’re seeing a lot of burnout.”

Lorraine Greaves, medical sociologist from the BC Centre for Excellence on Women’s Health brought gender–based analysis into perspective with her vision of the future by 2020. “It’s amazingly easy to talk about a disease like breast cancer and forget to talk about women,” she said. “What can a gendered health lens cause us to ask about the future of breast cancer? We might ask how socioeconomic differences between women and men play in.”

“How would women’s health principles drive health planning processes? The medical frame is not the only one through which to look”, said Dr. Greaves. “We need to focus much more on primary prevention and some of the wider policies that would make a difference to prevention.
There is a lot to learn from other sectors, diseases and initiatives.” She pointed out that the link between breast cancer and tobacco has been used very effectively to advance both tobacco control and women’s health.

“It is to the credit of the breast cancer movement that the engagement of women in advocacy—self-advocacy and consumer advocacy—has happened in such a big way. The branding of this disease and the funding and sponsorships that have come to bear on it—we need to learn from all that, about how it might affect other women’s health issues, as well as the future of breast cancer.”

Moira Stilwell, radiologist and head of nuclear medicine at St Paul’s and Surrey Memorial hospitals, presented a view of how advances in early detection may contribute to a future without breast cancer. According to Dr. Stilwell, screening mammography currently detects about 85% of breast cancers. Yet, participation amongst BC women is only about 50% of those who are of screening age. “If BC was to meet the World Health Organization (WHO) suggested standard of 70% participation, we would achieve a 30-35% reduction in mortality,” she claimed.

There are jurisdictions where 85% participation has been achieved, according to Dr. Stilwell. But geography as well as cultural and linguistic differences are barriers to realizing such results in BC. “Women hold beliefs that seem to be stopping them from screening,” observed Dr. Stilwell. Anticipated discomfort, perceived risk from radiation, and lack of family history are the too often-heard excuses not to screen.

“How do we change that behaviour?” Dr. Stilwell suggested that breast screening promotional messages are themselves sometimes confusing. “Is it more important to be technically right or just to get them in?” Recent experience with the ‘GOHAVE1’ screening campaign, nonetheless, showed that participation increased by as much as 25% with advertising. “It’s an indication of what can be done.” observed Dr. Stilwell.

Nonetheless, screening participation seems to remain far from ideal. “We’ve already picked the low hanging fruit,” reflected Dr. Stilwell. “The next 50% is going to be small, targeted niches of women, which will be much harder to move.” The Screening Mammography program already uses an age-targeted invitation letter to prompt attendance when women reach 50. But overall, the recommendation of a family physician is the major reason most women go, observed Dr. Stilwell. “The question seems to be how to make sure that recommendation happens.”

The effectiveness of screening in breast cancer reduction appeared to be widely accepted among conference participants. “Mammograms are as effective as seatbelts,” observed one meeting participant. “The public vastly underestimates just how good modern medical care is.” suggested Dr. Ian Gardiner, a radiologist from a local diagnostic clinic. “Women who screen regularly are much less likely to die of breast cancer than those who don’t.”

Screening uptake remains the real thorny issue. Dr. Gardiner recounted an anecdote from his practice that seemed to illustrate the crux of the screening problem. “A 47 year old woman presented with a large cancer. When I asked her why she had not come in earlier, she said she thought screening was only required every 2 years after 50. It turned out she was a family doctor. So not only was she at risk, but she was also putting her patients at risk.” According to Dr. Gardiner, “Much clearer recommendations are needed. Every year
after 40. It doesn’t need to be any more complicated than that.”

Dr. Stilwell reflected that the problems with screening show how the health system has to be redesigned. “The funding system is out of line with the job,” she said. “We should really be asking what it costs to find breast cancer. Aligning and integrating resources to what we want to have happen, could then, turn things around pretty quick.”

Simon Sutcliffe, president of the BC Cancer Agency presented the treatment vision of the future. “If we want to increase the number of women who survive breast cancer we must do so on a population basis,” he proposed. “If we expect outcomes to be substantially different by 2020, then something has got to happen between now and thirteen years from now. Will it be more of the same, more of the same more quickly, or new things we’re not doing now?”

A strategic perspective, informed by evidence needs to be applied to decisions taken in health care planning, he advised. “A preferred route or routes will be made clear by evidence and the projection of our best intelligence, not by emotion,” suggested Dr. Sutcliffe. He presented three charts to illustrate existing evidence about what interventions on breast cancer have been working.

Breast cancer incidence (chart 1) shows a slight upward curve through the mid 1980’s to mid 1990’s which settles back to its starting point by 2004. “This shows that what we know about prevention has not actually impacted breast cancer in the last 25 years,” observed Dr. Sutcliffe. “If we believe that more investment in prevention is wise, it will not be more of the same but something different—with more teeth and more impact.”

Breast cancer mortality (chart 2) shows a well-defined downward curve. Something definitely has been working with reducing mortality,” suggested Dr. Sutcliffe. On average since 1979 there has been a 30% decrease in mortality, with about 40% in younger women. How to interpret this evidence? The combined improvements in adjuvant chemo-therapy, adjuvant hormones, early detection, metastatic care, radiation and breast conserving surgery have all contributed. “Based on this evidence it’s reasonable to expect such gains will continue. Potentially they could be accelerated, but not by more of the same,” claimed Dr. Sutcliffe. “We need more knowledge.”

Producing the kind of change that would bring an end to breast cancer in sight by 2020 will require a fundamental change in the way breast cancer is currently managed, according to Dr. Sutcliffe. The kind of knowledge needed has emerged from what is presently known about differences among types of breast cancer and, in particular, the risk of micro-metastatic disease: the early dissemination of cancer that is undetectable by any current form of screening. Though experts may believe a cancer is localized, it may indeed be generalized.

“To move forward, we need knowledge from research that can help us identify who has micro-metastatic disease, who will benefit from radiation therapy, who has predictions for recurrence and progression and who has aggressive disease,” observed Dr. Sutcliffe.

The future of breast cancer treatment lies in understanding the biology of the disease and what predicts outcome: how we tease apart the kind of breast cancer a woman has and what it means in terms of therapy, according to Dr. Sutcliffe. “The current state of knowledge can only get us so far by 2020,” he said.
Breast cancer survival (chart 3) shows curves representing increased expected survival gains between 1975 and 1985; a leap ahead by 1995; but little if any by 2000. “The 20% or more improvement in survival seen between 1975-1995 was much easier and less expensive to achieve, suggested Dr. Sutcliffe. “If we want more, it will be different science and medicine than the past. It will cost more and we will need to be more committed to the value of what we achieve.”

So if it has to be something new, what will it be, where is the potential for advancement? “If we are looking to accelerate gains, the health system will need to be redesigned to accommodate the integration of research with practice, in a ‘molecular medicine’ environment,” suggested Dr. Sutcliffe. “The integration of science with medicine will be the way we see new knowledge being created. Stem-cell and molecular oncology have demonstrated that breast cancer is more than one disease and understanding that is likely to have a profound impact on the way we treat individual women in the future.”

Currently, we don’t know who has good disease or bad disease, who has micro-metastatic disease or who will progress quickly,” explained Dr. Sutcliffe. “Because we don’t know, we use one-size-fits-all approaches to treatment—which is expensive and causes needless toxicity and morbidity. Understanding how we make rational allocations of the right treatment for the right reasons for the right woman is going to become very important,” he suggested. “And it’s all wrapped up in the biology.”

Significant investment will be necessary to accelerate cancer control, according to Dr. Sutcliffe. “What constitutes the gain we want and what magnitude of investment is worth it?” he inquired. “If it comes to a choice between prevention, early detection or treatment, what is our number one? We will need to put money where we want to see improvement take place. We have done remarkably well. But if we want to go to the next level and make a big change happen by 2020 we will need something more. That will move us to make the decisions about where to invest.”

Sam Aparicio, Canada Research Chair in Molecular Oncology and the Nan & Lorraine Robertson Chair of Breast Cancer research at the BC Cancer Agency and UBC, spoke on the contribution of research to the future of breast cancer. Dr. Aparicio began by showing what research has actually delivered in the last 20 years: knowledge of the impact of exercise, diet, weight and smoking on breast cancer incidence; the development of screening to detect smaller tumours earlier; the discovery of breast cancer (BRCA) genes and genetic testing; the introduction of breast conserving surgery (lumpectomy); the use of Herceptin to treat aggressive cancers; and the use of Tamoxifen and aromatase inhibitors to control estrogen responsive cancer. “These developments did not arrive out of thin air,” he explained, “but because of research into breast cancer.”

So what are the research challenges of the next 20 years? For prevention, Dr. Aparicio cited environmental risk factors and the mechanisms by which they cause cancer as one line of inquiry. “This is likely to have only a modest impact,” he offered, “because evidence suggests that breast cancer most often arises spontaneously from errors in chromosomal replication over time with aging.” Nevertheless, the risk of spontaneous errors may increase with exposure to carcinogens such as those arising from smoking. In this way, Dr. Aparicio suggested that studying the social influences on
behaviour related to breast cancer will remain a key area for preventive research.

For the research challenges of early detection, Dr. Aparicio suggested that future studies should investigate how to improve screening uptake; alternative detection methods such as serum-based markers; and targeted screening to high risk groups. “The success of screening means that many cancer tumours are being picked-up at smaller and smaller sizes. Some cancers may be more aggressive than they look because they are being caught so early. So it’s important to identify them to make the right clinical decisions."

The challenges for treatment research, Dr. Aparicio suggested, would be about defining which patients need what therapies. That would mean investigating how to predict the behaviour of individual disease, designing optimal interventions, more sensitive imaging methods and defining molecular targets for new therapeutic agents. “What we have to realize in a 2020 vision is that an observation made in the lab today will need 10 years to be converted to a drug on market and the gains may not be seen in the population for another 5 years beyond that. We also have to think in economic terms, because better targeting of increasingly expensive new treatments, may also be the means of achieving sustainability for the healthcare system overall."

What will it take to support new knowledge generation? “Integrated breast care is both the most effective treatment model and the most supportive of research,” suggested Dr. Aparicio. “The future of breast cancer research lies in support for clinically oriented, multi-disciplinary research platforms that tackle big questions programmatically, protecting time for research-oriented clinicians and funding participation in large-scale international initiatives.”

No-one at the conference debated the importance of research but some wondered about its direction. “If we explore only certain things then we will only know things in a certain way,” suggested one participant. “Some kinds of research have not had funding historically, like diet and exercise, but they are seen to be important now.” Another participant suggested, “Cancer research has been very conservative in the past—investigator driven rather than by research program.”

Greg D’Avignon, Chair of the BC Yukon Branch, brought the discussion to a close by acknowledging the difficult challenge that lies ahead for strategic planning. His review of the day’s highlights showed how many possibilities for action arise. “We will use today’s discussion to construct our plan for going forward,” suggested Mr. D’Avignon. “There appears to be real opportunity for collaboration and some of the direction is already forming.”

So, what will it take to realize a future without breast cancer by 2020? Summarizing the prospective agenda outlined over the day, all concerned will need to become even more strategic than ever before about channeling action and resources.

1. Prevention
To see any future reduction in numbers will mean sharpening tactics on breast cancer prevention: unambiguous messages about personal risk reduction; advocacy for public policies that facilitate population-wide prevention and more answers from research about environmental impacts and risk factors.

2. Health Care Workforce
All related health occupations and organizations will need to become more
strategic about workforce recruitment, education and planning to avert a potential future of high case loads in the midst of personnel shortages.

3. Early Detection
To see further participation than currently seen will require renewed focus on improving screening uptake: clearer messages about how often and why; targeted to more than mainstream groups of women; with the full involvement of primary care physicians.

4. Treatment
To see further advances in breast cancer survival will mean developing advanced clinical systems that bring more precision into cancer care—the right treatment, for the right woman, for the right disease.

5. Research
To realize the potential survival gains to be made from matching treatments to women with specific diseases will require developing integrated cancer care—where research is embedded with treatment.

No doubt, it will be a demanding program to implement, but now that the way forward is more visible, all the related forces can begin to align.
CHART 1 BREAST CANCER INCIDENCE RATES

Smoothed Age-Standardized Rates Relative to 1979

Breast Incidence

- All Adults
- Age 45-64
- Age 20-44
- Age 65+

Females

Relative Rate (% log scale)


0 50 100 150 200

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CHART 2 BREAST CANCER MORTALITY RATES

Smoothed Age–Standardized Rates Relative to 1979

Breast Mortality

- All Adults
- Age 45–64
- Age 20–44
- Age 65+

Females

Relative Rate (% log scale)

Year
CHART 3 BREAST CANCER SURVIVAL

Overall Survival

4 Cohorts

Distant Mets to Oct. 31/02 or Death (yrs.)