Thanks to earlier detection—through screening and increased awareness—and better treatments, a woman’s risk of dying of breast cancer dropped 38 percent between the late 1980s and 2014, translating into 297,300 fewer breast cancer deaths during that time.

However, there’s much more to be done. Breast cancer is still the second leading cause of cancer death in women. Only lung cancer kills more women each year. And there remains a large racial gap in mortality, with African-American women having 42 percent higher death rates compared to whites. The chance that a woman will die from breast cancer is about 1 in 37 (about 2.7 percent).

If you or someone you love is concerned about developing breast cancer, have been recently diagnosed, are going through treatment, or are trying to stay well after treatment, the American Cancer Society can help you find the answers you need.

THE FACTS

The American Cancer Society’s estimates for breast cancer in the United States for 2017 are:

• About 252,710 new cases of invasive breast cancer will be diagnosed in women.
• About 63,410 new cases of carcinoma in situ (CIS) will be diagnosed (CIS is non-invasive and is the earliest form of breast cancer).
• About 40,610 women will die from breast cancer.
• While black and white women get breast cancer at roughly the same rate, black women are more likely to die from it.

At this time, there are more than 3.1 million people with a history of breast cancer in the United States. (This includes women still being treated and those who have completed treatment.)

RISK FACTORS

• Limited but accumulating research indicates that smoking may slightly increase breast cancer risk, particularly long-term, heavy smoking and among women who start smoking before their first pregnancy.
• Obesity increases the risk of postmenopausal breast cancer. Risk is about 1.5 times higher in overweight women and about 2 times higher in obese women than in lean women.
• Growing evidence suggests that women who get regular physical activity have a 10%-25% lower risk of breast cancer compared to women who are inactive, with stronger evidence for postmenopausal than premenopausal women.
• Numerous studies have confirmed that alcohol consumption increases the risk of breast cancer in women by about 7%-10% for each one drink of alcohol consumed per day on average. Women who have 2-3 alcoholic drinks per day have a 20 percent higher risk of breast cancer compared to non-drinkers.

WHAT YOU CAN DO TO HELP

From investing in research, providing free rides to treatment, giving insurance advice and providing a free place to stay during chemotherapy, the American Cancer Society is attacking cancer from every angle.

Join ACS and help save lives from breast cancer: Fundraise and participate in one of more than 250 Making Strides events or participate virtually at makingstrideswalk.org.

Take action with The American Cancer Society’s nonprofit, nonpartisan advocacy affiliate, the American Cancer Society Cancer Action Network (ACS CAN) and help make fighting breast cancer a national priority at acscan.org/making-strides.
A report reveals trends in breast cancer statistics. Over the past three decades, the breast cancer death rate has remained stable. However, mortality rates are no longer declining for black women in Colorado and Wisconsin and for white women in Nebraska, Texas, and Virginia. Meanwhile, the breast cancer incidence rate has continued to slow by 0.3% per year since 2004, largely because of rising rates of local stage and hormone receptor-positive (HR+) disease. The increase in rates of HR+ breast cancer is likely driven in part by increasing prevalence of excess body weight and declining fertility rates – risk factors that are more strongly associated with this subtype. In contrast, incidence rates have decreased for hormone receptor-negative breast cancer, which is associated with poorer survival.

During 2016-2017, breast cancer was the leading cause of cancer deaths among black women in six states (Arizona, Colorado, Florida, Georgia, Mississippi, and South Carolina), as well as among white women in Utah. In four other states (Alabama, Massachusetts, New York, and Texas), the numbers of breast and lung cancer deaths among black women were similar.

We can’t say for sure what the reasons are for the slowing of the decline in breast cancer mortality. It could be due in part to the slight increase in incidence since 2004, as well as a sign that optimal breast cancer treatment has become more widespread, particularly among white women,” said Carol DeSantis, MPH, lead author of the report. “However, more can and should be done to ensure that all women have access to quality care to help eliminate disparities and further reduce breast cancer mortality.”

Other findings from the report:

• During 2012 through 2016, breast cancer incidence rates increased among Asian/Pacific Islanders (1.5% per year), American Indian/Alaska Natives (0.8% per year), and blacks and whites (both 0.5% per year), but were relatively stable among Hispanic/Latina women.

• The lifetime risk of a breast cancer diagnosis is now rounded to 13% (12.8%; previously 12.4%), which still equates to about 1 in 8 women diagnosed with breast cancer in her lifetime.

• The 10-year probability of a breast cancer diagnosis is highest for women in their 70s (4%), whereas the 10-year risk of breast cancer increased from 29% in 1987 to 70% in 2000 and has since declined slightly.

• As of January 1, 2019, there were more than 3.8 million women with a history of breast cancer living in the United States. This estimate includes more than 135,000 women living with metastatic disease, three-quarters of whom were originally diagnosed with stage I, II, or III breast cancer.

• Higher breast cancer death rates in black women reflect a combination of factors that are difficult to parse, including later stage at diagnosis, unfavorable tumor characteristics, higher prevalence of obesity and pre-existing medical conditions, and less access to timely and high-quality prevention, early detection, and treatment services.

Breast cancer is the most common cancer (excluding skin cancers) diagnosed among U.S. women and is the second leading cause of cancer death among women after lung cancer.

Access to quality care to help eliminate disparities and further reduce breast cancer mortality.

Some things just go together. What’s Laurel without Hardy? Together, they become extraordinary.

When you partner with Valley Community Healthcare, the underserved men, women, and children of the San Fernando Valley receive vital healthcare services they would otherwise go without.

Together, we become extraordinary!

Interested in learning more? Please contact Judi Rose at 818.301.6321 or jrose@vchcare.org.

Valley Community Healthcare, a private, non-profit 501(c)(3) charitable agency providing a medical home to almost 25,000 low-income men, women, and children in 2018.
A Closer Look at Breast Cancer Numbers in the U.S.

While great strides have been made to combat breast cancer, it remains an ongoing battle, and prevention and early screening is key. In fact, the facts and numbers behind the fight to stop this inidious disease:

- About 1 in 8 U.S. women (about 12%) will develop invasive breast cancer over the course of her lifetime.
- In 2019, an estimated 266,602 new cases of invasive breast cancer are expected to be diagnosed in women in the U.S., along with 63,930 new cases of non-invasive (in situ) breast cancer.
- About 2,610 new cases of invasive breast cancer are expected to be diagnosed in men in 2019. A man’s lifetime risk of breast cancer is about 1 in 883.
- Breast cancer incidence rates in the U.S. began decreasing in the year 2000, after increasing for the previous two decades. They dropped by 7% from 2002 to 2003 alone. One theory is that this decrease was partially due to the reduced use of hormone replacement therapy (HRT) by women after the results of a large study called the Women’s Health Initiative were published in 2002. These results suggested a connection between HRT and increased breast cancer risk.
- About 41,760 women in the U.S. are expected to die in 2019 from breast cancer, though death rates have been decreasing since 1989. Women under 50 have experienced larger decreases. These decreases are thought to be the result of treatment advances, earlier detection through screening, and increased awareness.
- For women in the U.S., breast cancer death rates are higher than those for any other cancer, besides lung cancer.
- Besides skin cancer, breast cancer is the most commonly diagnosed cancer among American women. In 2019, it’s estimated that about 30% of newly diagnosed cancers in women will be breast cancers.
- In women under 45, breast cancer is more common in African-American women than white women. Overall, African-American women are more likely to die of breast cancer. For Asian, Hispanic, and Native-American women, the risk of developing and dying from breast cancer is lower.
- As of January 2019, there are more than 3.1 million women with a history of breast cancer in the U.S. This includes women currently being treated and women who have finished treatment.
- A woman’s risk of breast cancer nearly doubles if she has a first-degree relative (mother, sister, daughter) who has been diagnosed with breast cancer. Less than 15% of women who get breast cancer have a family member diagnosed with it.
- About 5-10% of breast cancers can be linked to gene mutations inherited from one’s mother or father. Mutations in the BRCA1 and BRCA2 genes are the most common. On average, women with a BRCA1 mutation have up to a 72% lifetime risk of developing breast cancer. For women with a BRCA2 mutation, the risk is 69%. Breast cancer that is positive for the BRCA1 or BRCA2 mutations tends to develop more often in younger women. An increased ovarian cancer risk is also associated with these genetic mutations. In men, BRCA2 mutations are associated with a lifetime breast cancer risk of about 6.8%; BRCA1 mutations are a less frequent cause of breast cancer in men.
- About 85% of breast cancers occur in women who have no family history of breast cancer. These occur due to genetic mutations that happen as a result of the aging process and life in general, rather than inherited mutations.
- The most significant risk factors for breast cancer are being female and age (growing older).

Information for this article was provided by BreastCancer.org. Donations from individuals make it possible for BreastCancer.org to publish the most reliable, complete, and up-to-date information about breast cancer. You can make a donation online today or text HELPBCO to 243725 to donate via your mobile device.

NIH Grant Aims to Reduce Effects of Chemotherapy

A nursing researcher received the new National Cancer Institute grant to study whether home exercise can reduce chemo symptoms.

University of South Florida (USF) College of Nursing researcher has been awarded a $2.2 million grant from the National Institutes of Health’s National Cancer Institute to study whether a home-based exercise regimen can help improve gait and balance and strengthen muscles can lessen adverse neuromuscular effects many breast cancer survivors face after chemotherapy.

In a five-year study titled “Home-Based Physical Activity Intervention for Taxane-Induced CIPN,” principal investigator Constance Visovsky, PhD., RN, ACNP, FAAN, will examine whether the 16-week exercise program can decrease the severity of adverse and long-term symptoms from chemotherapy-induced peripheral neuropathy (CIPN).

The research is significant because it is the first to test the home delivery of an exercise intervention aimed at cancer patients who continue to suffer from CIPN - an irreversible condition characterized by pain, numbness, tingling in the extremities, and impaired gait and balance related to receiving the common class of cancer drugs called taxanes.

“If successful, it will provide the only evidence-based intervention for patients suffering from persistent neuropathy from chemotherapy,” said Visovsky, an associate professor of nursing at USF Health. “And it can be delivered in the home, so it’s easily translated to clinical practice.”

Visovsky and her interdisciplinary team will recruit 312 women with breast cancer who have completed their taxane chemotherapy treatments for at least a year, but who still report CIPN.

Half of the women will undergo the home-based resistance strength training plus a gait and balance exercise program while keeping an exercise journal. The remaining 156 will receive an attention control program of educational materials on cancer survivorship.

The study will assess each participant’s lower extremity muscle strength, gait and balance, nerve conduction, neuropathy symptoms and quality of life every four weeks for 16 weeks.

Specifically, participants will undergo a sophisticated gait and motion analysis at the USF-Health School of Physical Therapy and Rehabilitation Sciences. Researchers in the USF Health Department of Neurology will perform nerve conduction studies to measure peripheral sensory and motor functions. Researchers will also collect different variables that may confound the results, such as a patient’s age, body mass index, the number of chemotherapy cycles received, and any medications taken to treat neuropathic pain, Visovsky said.

Visovsky has conducted research on the neuromuscular effects of cancer chemotherapy for over 20 years, and is hopeful this intervention could help lessen the painful symptoms, reduce the risk of falls and injury, and ultimately improve a breast cancer survivor’s quality of life.

She will work with a team of USF Health researchers who specialize in biostatistics, neurology, physical therapy and rehabilitation sciences.

For more information, visit health.usf.edu.
Study Explores Number of U.S. Women Living with Metastatic Breast Cancer

A new study shows that the number of women in the United States living with distant metastatic breast cancer (MBC), the most severe form of the disease, is growing. This is likely due to the aging of the U.S. population and improvements in treatment. Researchers came to this finding by estimating the number of U.S. women living with MBC, or breast cancer that has spread to distant sites in the body, including women who were initially diagnosed with metastatic disease, and those who developed MBC after an initial diagnosis at an earlier stage.

The researchers also found that median and five-year relative survival for women initially diagnosed with MBC is improving, especially among younger women.

The study was led by Angela Mariotto, Ph.D., chief of the Data Analytics Branch of the Division of Cancer Control and Population Sciences at the National Cancer Institute (NCI), with collaborators from NCI, the Metastatic Breast Cancer Alliance, and the Fred Hutchinson Cancer Research Center. The findings appeared online on May 18, 2017, in Cancer Epidemiology, Biomarkers & Prevention. NCI is part of the National Institutes of Health.

In documenting the prevalence of MBC, the findings point to the need for more research into how to address the health care needs of women living with MBC, or breast cancer that has spread to a distant organ site, either as a progression or a recurrence after being first diagnosed with an earlier stage of breast cancer, has been lacking because U.S. registries do not routinely collect or report data on recurrence. To develop a more accurate estimate of the total number of women living with MBC, researchers used data from NCI’s Surveillance, Epidemiology, and End Results (SEER) Program to include women who developed MBC after diagnosis. The researchers estimated that, as of Jan. 1, 2017, more than 150,000 women in this country were living with MBC. The researchers estimated that, as of Jan. 1, 2017, more than 150,000 women in this country were living with MBC, data on the number of women whose cancers spread to a distant organ site, either as a progression or a recurrence after being first diagnosed with an earlier stage of breast cancer, has been lacking because U.S. registries do not routinely collect or report data on recurrence. To develop a more accurate estimate of the total number of women living with MBC, researchers used data from NCI’s Surveillance, Epidemiology, and End Results (SEER) Program to include women who developed MBC after diagnosis. The researchers estimated that, as of Jan. 1, 2017, more than 150,000 women in this country were living with MBC. The researchers estimated that, as of Jan. 1, 2017, more than 150,000 women in this country were living with MBC.

These findings make clear that the majority of MBC patients, those who are diagnosed with non-metastatic cancer but progress to distant disease, have never been properly documented,” said Dr. Mariotto. “This study emphasizes the importance of collecting data on recurrence at the individual level in order to foster more research into the prevention of recurrence and the specific needs of this growing population."

NCI leads the National Cancer Program and the NCI’s efforts to dramatically reduce the prevalence of cancer and improve the lives of cancer patients and their families, through research into prevention and cancer biology, the development of new interventions, and the training and mentoring of new researchers. For more information about cancer, please visit the NCI website at cancer.gov or call NCI’s Cancer Information Service at 1-800-4-CANCER.
CancerCare has announced the publication of a patient manifesto, declaring the fundamental importance of including patients’ values and priorities in cancer treatment planning. This manifesto will be used to inform and advocate with legislative policymakers, insurers, healthcare administrators, electronic medical record developers and clinicians regarding the inherent challenges in shared decision-making between patients and physicians. It also provides a roadmap to guide the development of resources and tools that will help integrate what is important to patients into their treatment decision-making process.

The manifesto was developed as part of CancerCare’s Patient Values Initiative (PVI), a multi-pronged effort aimed at reframing the national healthcare policy dialogue to ensure that including patients’ priorities in treatment decision-making becomes the true standard of care.

The CancerCare Patient Values Manifesto was developed by a working group of diverse stakeholders (patients, caregivers, clinicians, advocates) based on their real-world experiences as well as the findings from surveys of physicians, nurses, social workers and patients.

The central premise of the CancerCare Patient Values Manifesto is that people with cancer and their clinical care teams have a fundamental right to relationships rooted in mutual respect, where communication is open and culturally competent, plain language information is exchanged, goals are shared and patients’ priorities are acknowledged throughout the continuum of care.

Treatment plans should reflect a shared understanding of the patients’ goals and personal priorities, while including physicians’ judgments that optimize treatment for the individual and their family. Equally important is a shared understanding that the physical, emotional and financial challenges of cancer diagnosis and its treatment can be felt by patients and families for years to come. Historically, an uneven balance of power between people with cancer and their physicians has limited the two-way flow of information and made it difficult for patients and caregivers to partner with their physicians in making informed treatment decisions. Though this dynamic has started to shift in recent years, there is the need for more widespread adoption of patient-centric care models, where care is delivered that is meaningful and appropriate to the individual patient’s circumstances and goals.

The manifesto includes a roadmap to support CancerCare’s Patient Values Initiative:

- Establish a relational partnership that fosters shared decision-making where patients and physicians acknowledge their responsibility to contribute to the treatment plan;
- Recognize that the patient experience is fluid and patients’ priorities may shift; and
- Create an environment that fosters trust and mutual respect through plain language information exchange and culturally competent care tailored to the needs of patients and families.

“The oncology community is learning that integrating patient priorities into treatment decision-making is a fundamental part of delivering the right care at the right time to each individual patient,” said Ellen Miller-Sonett, CancerCare’s Chief Strategy and Policy Officer. “It’s particularly appropriate that we are disseminating the CancerCare Patient Values Manifesto at the 2019 ASCO meeting, as it embodies the theme of this year’s gathering, ‘Caring for every patient, learning from every patient.’

The manifesto builds on a body of research led by the PVI and its Advisory Board of experts from across the oncology community. Recent publications include two white papers. The first publication, Many Voices of Value, discusses the findings from focus groups with oncology social workers and patients, and highlights the value of including what’s important to patients in their treatment plans, before treatment begins.

Its second PVI white paper, Decision Making at the Point of Care: Voices of Oncology Providers, reports on in-depth interviews with 15 oncology providers. The notable finding is that while many oncology providers want to learn more about their patients’ quality of life priorities, there are significant barriers to ensuring that what is important to patients becomes part of treatment decision-making.

Learn more about the CancerCare Patient Values Initiative at cancercare.org/patientvaluesinitiative.

Founded in 1944, CancerCare is the leading national organization providing free, professional support services and information to help people manage the emotional, practical and financial challenges of cancer. CancerCare services are provided by oncology social workers and world-leading cancer experts. To learn more, visit cancercare.org or call 1-877-GO KOMEN (877-465-6636).

Susan G. Komen Partners with CancerCare to Help Breast Cancer Patients with Financial Assistance

Susan G. Komen, the world’s leading breast cancer organization, is continuing to bridge financial gaps for underserved individuals coping with breast cancer across the country with the Susan G. Komen Treatment Assistance Program. This program stems from the partnership with CancerCare, the leading national nonprofit organization providing free support services to anyone affected by cancer. The Komen Treatment Assistance Program is open to low-income, uninsured or underserved women who are actively undergoing treatment for breast cancer.

The Komen Treatment Assistance Program can help with the following at any stage of breast cancer:

- An assessment by an oncology social worker
- Financial assistance for:
  - Oral chemotherapy
  - Oral hormone therapy
  - Oral anti-nausea medication
  - Oral pain medication
  - Palliative care
  - Financial assistance
  - Lymphedema care/supplies
  - Durable medical equipment
  - Psychosocial support
  - Information about local resources

“For 75 years, CancerCare has been committed to providing free support services to cancer patients, and we are excited to continue expanding our services through partnerships with incredible organizations like Susan G. Komen,” said Patricia J. Goldsmith, CEO of CancerCare.

For more information about the Komen Treatment Assistance Program, call Susan G. Komen’s specialized breast care helpline at 877-GO KOMEN (877-465-6636).

ABOUT SUSAN G. KOMEN
Susan G. Komen is the world’s leading breast cancer organization, funding more breast cancer research than any other nonprofit outside of the federal government while providing real-time help to those facing the disease. Komen has set a Bold Goal to reduce the current number of breast cancer deaths by 50 percent in the U.S. by 2026. Since its founding in 1982, Komen has funded more than $1 billion in research and more than $2.2 billion in funding to screening, education, treatment and psychosocial support programs serving millions of people in more than 60 countries worldwide. Komen was founded by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy’s life. That promise has become Komen’s promise to all people facing breast cancer. Visit komen.org or call 1-877-GO-KOMEN. Connect with us on social at www5.komen.org/social.

ABOUT CANCERCARE
Founded in 1944, CancerCare is the leading national organization providing free, professional support services and information to help people manage the emotional, practical and financial challenges of cancer. Our comprehensive services include counseling and support groups over the phone, online and in-person, educational workshops, publications and financial and co-payment assistance. All CancerCare services are provided by oncology social workers and world-leading cancer experts.
in general, women who have had children have a lower risk of breast cancer compared to those who have not given birth. However, new research has found that moms don’t experience this breast cancer protection until many years later and may face elevated risk for more than 20 years after their last pregnancy.

Scientists at the National Institutes of Health, along with members of the international Premenopausal Breast Cancer Collaborative Group, found breast cancer risk increases in the years after a birth, with the highest risk of developing the disease about five years later. The findings, which appeared online in the Annals of Internal Medicine, suggest breast cancer protection from pregnancy may not begin until as many as 30 years after the birth of the last child.

According to senior author Dale Sandler, Ph.D., head of the Epidemiology Branch at the National Institute of Environmental Health Sciences (NIEHS), part of NIH, a few prior studies reported an increase in breast cancer risk after childbirth. However, most of what researchers knew about breast cancer risk factors came from studies of women who have gone through menopause. Since breast cancer is relatively uncommon in younger women, it is more difficult to study.

Researchers combined data from approximately 20,000 women from 15 long-term studies across three continents, to understand the relationship between recent childbirth and breast cancer risk in women age 55 and younger.

“We were surprised to find that an increase in breast cancer risk lasted for an entire 24 years before childbirth became protective,” said Sandler. “Before this study, most researchers believed that any increase in risk lasted less than 10 years.”

The scientists also found that the association between recent childbirth and breast cancer risk was stronger for women who were older at first birth, had more births, or had a family history of breast cancer. Breastfeeding did not appear to have any protective effect, even though it is generally thought to reduce breast cancer risk. Many of these additional factors were not addressed in earlier studies, underscoring the statistical power of this larger project.

Sandler and first author Hazel Nichols, Ph.D., of the University of North Carolina Lineberger Comprehensive Cancer Center, started the study when Nichols was a research fellow at NIEHS. Nichols explained that childbirth is an example of a risk factor that is different for younger women than older women.

“This difference is important because it suggests that we may need to develop tools for predicting breast cancer risk that are specific to young women,” Nichols said. “Doing so would help women talk to their health care providers about when they should start mammography screening.”

Nichols and Sandler both stressed the importance of keeping these findings in perspective. Breast cancer is uncommon in young women. An increase in the relative risk of breast cancer in women under age 55 translates to a very small number of additional cases of breast cancer per year.


NIEHS supports research to understand the effects of the environment on human health and is part of the National Institutes of Health. For more information on NIEHS or environmental health topics, visit niehs.nih.gov.

**New Federal Bill Tackles Cosmetics Product Safety**

Legislation is first to focus on the environmental injustice of beauty and require disclosure of fragrances in cosmetics products

R epresentative Jan Schakowsky (D-IL) introduced a landmark bill last month—the Safe Cosmetics and Personal Care Products Act of 2019—the only federal cosmetic safety legislation that would immediately ban more than a dozen of the worst toxic chemicals from cosmetics, fund research into safer alternatives, address the over-exposure of communities of color to toxic chemicals, require full fragrance ingredient disclosure, and ban animal testing.

The $84 billion cosmetics industry can and does use toxic chemicals linked to serious health harm in the beauty and personal care products we bring into our homes and workplaces daily. The average American uses roughly 12 personal care products a day, resulting in exposure to roughly 168 unique chemicals. These chemical exposures have been linked to cancer, infertility, miscarriage, poor infant and maternal health outcomes, birth defects, learning disabilities, obesity, asthma, and many other serious health concerns.

It’s been over 50 years since Congress last enacted federal cosmetic safety legislation. With no state or federal oversight of the safety of these ingredients, consumers and workers are exposed to unacceptable buyer beware situations when they shop for beauty or personal care products.

The Safe Cosmetics and Personal Care Products Act of 2019 is the only federal bill that holds cosmetic companies accountable for the safety of the ingredients in their products, requires supply chain transparency and industry sharing of safety data to help level the playing field for small, clean cosmetic companies; closes the federal labeling loophole that allows secret – often toxic fragrance chemicals – to hide in cosmetic products; bans in cosmetic testing; and tackles the profuse exposure to toxic chemicals experienced by communities of color and professional salon workers.

“I am proud to introduce the Safe Cosmetics and Personal Care Products Act of 2019 today with support from over 50 of the nation’s leading clean cosmetics companies and most respected NGOs representing women’s health, environmental health and justice, occupational health, and children’s health,” said Congresswoman Jan Schakowsky (D-IL). “I first introduced this legislation in the 111th Congress, and have remained committed to passing a progressive, robust regulatory framework for cosmetics and personal care products. My bill will provide cosmetics safety that consumers and workers want and deserve; address the over-exposure to toxic chemicals that communities of color and professional salon workers experience every day; and hold companies accountable for the safety of the ingredients in their products. We should restore consumer confidence in the safety of beauty and personal care products by making safe cosmetics the new normal.”

“We consider the Safe Cosmetics and Personal Care Products Act to be the ‘gold standard’ of cosmetic safety.”

“We applaud Congresswoman Jan Schakowsky’s commitment to bring the Food and Drug Administration’s guidance for the beauty and personal care market into the 21st century with the Safe Cosmetics and Personal Care Products Act,” said Kerene N. Taylor, Esq., Director of Federal Legislative Affairs at WE ACT for Environmental Justice. “We support her effort to hold the FDA accountable to ensure that millions of women and men, particularly those of color, are protected from unsafe products and toxic work environments that oftentimes lead to increased risk for cancer and other endocrine disrupting ailments.”

The Safe Cosmetics Act dismantles the self-regulated $84 billion cosmetic and $70 billion fragrance industries which have created a buyer beware situation for consumers and given the FDA the statutory power and resources it needs to more strictly regulate these industries. Her legislation is first to focus on the environmental injustice of beauty and requires disclosure of fragrances in cosmetics products. We should restore consumer confidence in the safety of beauty and personal care products by making safe cosmetics the new normal.”

“With consumer and worker health first, by prioritizing the health of vulnerable populations like kids, pregnant women, workers and communities of color and aggressively phasing out the worst of the worst cancer-causing, hormone disrupting and other toxic chemicals from personal care products.”

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Another regulation that has been in the works for over a decade is the proposed Toxic Exposure Prevention Act, which would require supply chain transparency and industry sharing of safety data to help level the playing field for small, clean cosmetic companies; close the federal labeling loophole that allows secret – often toxic fragrance chemicals – to hide in cosmetic products; ban in cosmetic testing; and tackle the profuse exposure to toxic chemicals experienced by communities of color and professional salon workers.

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Better regulation of beauty and personal care products is not only urgently needed in our homes, it’s necessary for safer workplaces,” said Amber Garcia, Executive Director for Women’s Voices for the Earth. “Salon professionals repeatedly handle solvents, polishes, straighteners, dyes and other beauty care products containing known carcinogens like formaldehyde, or toluene, a neurological and a developmental toxicant. No one should have to sacrifice their health for their paycheck, and the Safe Cosmetics and Personal Care Products Act will help ensure products are safe for both salon workers and their clients.”

“This bill is a great example of updated regulations needed by industry. Personal care products want to provide safer products but are hampered by 80-year-old regulations,” said Jeffrey Hollender, CEO of the American Sustainable Business Council, which has a member network representing over 250,000 businesses. “This bill clarifying rules for known toxic chemicals will push bad actors to up their game and help responsible companies invest more in the safe alternatives that consumers are demanding.”

Breast Cancer Prevention Partners (BCPP) is the leading national science-based, policy and advocacy organization focused on preventing breast cancer by eliminating exposure to toxic chemicals and radiation. Learn more at bcpp.org.