At the onset of the COVID-19 pandemic, elective medical procedures, including cancer screening, were largely put on hold to prioritize urgent needs and reduce the risk of the spread of COVID-19 in healthcare settings. One consequence of this has been a substantial decline in cancer screening.

As states re-open businesses and ease restrictions, many healthcare facilities are starting to offer elective procedures again, including cancer screening. Restarting cancer screening requires careful consideration of the risks and benefits of screening, along with ensuring safety for both patients and healthcare personnel.

Decisions about restarting screening depend on many factors, and they may not be the same for every person. They will likely vary by community while the pandemic continues.

If an appointment was made for screening that was postponed or canceled, patients should talk to their healthcare team about when to reschedule. Providers can discuss balancing the risks and benefits of being screened now or postponing for a later date, considering personal and family history, other risk factors, and the timing of the last screening test.

“Finding breast cancer early and getting high-quality cancer treatment are the most important strategies to prevent deaths from breast cancer. Getting regular screening tests is a critically important part of finding breast cancer early,” said Dr. Laura Makaroff, Senior Vice President, Prevention and Early Detection for the American Cancer Society. “Breast cancer screening disparities are already evident and without focused attention, are likely to increase as a result of the COVID-19 pandemic. Efforts to promote breast cancer screening and overcome barriers for populations with low screening prevalence must be at the forefront of our focus,” said Makaroff.

Many women get an annual mammogram for breast cancer screening. However, leading organizations that issue screening guidelines recommend that average risk women ages 55 and older be screened every two years. Women 55 or older who had a normal mammogram within the last year could choose to have their next mammogram up to 24 months after your last one.

As your regular facility for health care returns to providing cancer screening, it’s important that it is done as safely as possible. The US Centers for Disease Control and Prevention (CDC) has recommendations for healthcare facilities to reduce the risk of COVID transmission:

• Screening centers should be available to answer questions from patients via phone or web portal before and/or after the screening procedure.
• Patients should be pre-screened for COVID-related symptoms before screening appointments.
• Scheduling of appointments should allow for physical distancing between patients, and longer appointment times, if needed, to avoid crowding in waiting rooms and patient care areas.
• There should be limitations on visitors other than patients and/or their caregivers into the screening facility.
• If not done in front of the patient, the screening center should be able to explain how often equipment and surfaces are disinfected and cleaned.
• Everyone, including patients and staff, should wear a face covering or face mask, where appropriate. There should be frequent handwashing and use of hand sanitizer by staff, patients, and visitors.

Information for this article was provided by the American Cancer Society. Learn more at cancer.org.

Breast Cancer Screening is Still Important During the COVID-19 Pandemic

October is Breast Cancer Awareness Month and the American Cancer Society is urging women to talk to their doctors to find out what screening options and treatments are best for them.
This year has been an unusual and extraordinary time for all of us.

Screening and early detection are key to successfully treating breast cancer, so putting off annual mammograms can have negative consequences.

COVID-19 has had a significant impact in our lives, but it still doesn’t change the fact that 1 in 8 women will get breast cancer in their lifetime. Identifying breast cancer early is key to a woman’s prognosis, and when found early can allow for less aggressive treatment options.

It is estimated that cancer diagnoses are down as much as 48% due to COVID-19. At Sheila R. Veloz Breast Center, we believe as many as 80 “unknown patients” may have missed early cancer detections, based on the lower number of patients we saw earlier this year, compared to previous years.

Please don’t delay your annual mammogram.
To learn more, call 661.200.1099, or visit sheilarveloz.com.
Older Biologic Age Linked to Elevated Breast Cancer Risk

NIH scientists use epigenetics to help predict disease development.

Biologic age, a DNA-based estimate of a person’s age, is associated with future development of breast cancer, according to scientists at the National Institutes of Health. Biologic age was determined by measuring DNA methylation, a chemical modification to DNA that is part of the normal aging process. The study showed for every five years a woman’s biologic age was older than her chronologic or actual age, known as age acceleration, she had a 15 percent increased chance of developing breast cancer. The study was published online in the Journal of the National Cancer Institute.

Scientists from the National Institute of Environmental Health Sciences (NIEHS), part of NIH, speculate that biologic age may be tied to environmental and genetic risk factors for breast cancer. They used three NIH-funded studies to assess whether this process can be reversed. “We found that if your biologic age is older than your chronologic age, your breast cancer risk is increased. The converse was also true,” said senior investigator Jack Taylor, M.D., Ph.D., head of the NIEHS Molecular and Genetic Epidemiology Group. “However, we don’t yet know how exposures and lifestyle factors may affect biologic age or whether this process can be reversed.”

Lead author Jacob Kresovich, Ph.D., a postdoctoral fellow in the Taylor group, had read studies that used epigenetic clocks to predict age-related mortality. Since age is the leading risk factor for breast cancer, he hypothesized that age acceleration may be associated with higher breast cancer risk. “If you look at a group of people who are all the same age, some may be perfectly healthy while others are not,” Kresovich said. “That variability in health may be better captured by biologic age than chronologic age.”

Kresovich suggests that using DNA methylation to measure biologic age may help scientists better understand who is at risk for developing cancer and other age-related diseases. This research is an example of epigenetics, a field that studies how biochemical processes turn individual genes on or off, without affecting the DNA sequence.

The Taylor group plans to continue using epigenetic data, along with information on genetics, environment, and lifestyle to better understand how these factors interact and contribute to disease risks.

The National Institutes of Health (NIH), the nation’s medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit.nih.gov.

Young Women with Breast Cancer: A Distinct Population Characterized by Specific Needs

Breast cancer patients under age 40 generally present with a characteristic profile—later stage, more aggressive tumors with poorer prognosis—found in a new study analyzing one of the largest patient datasets compiled to investigate age-related breast cancer differences, particularly for HER2 status. The research, which also shed light on how patients receive more aggressive therapies compared to older patients, was published online in the American Society of Breast Surgeons (ASBS) 2020 Virtual Scientific Session Official Proceedings and in the Annals of Surgical Oncology. Investigators concluded that younger patients should be viewed as a unique breast cancer population with many common characteristics and emphasize the importance of developing individualized treatments to meet this group’s needs.

“In today’s age of precision medicine and ever-evolving breast cancer treatments, understanding tumor biology and optimizing therapeutic interventions based on this is a reality and critical to improving outcomes,” said resident researcher Kelly Krapa, M.D., Allegheny General Hospital. “A consistent body of research finds breast cancers in younger patients share many common attributes. With its large patient sampling and comprehensive examination of tumor features, treatments, and outcomes, this study adds to the growing body of research on tumors characteristic of a younger population.”

Researchers analyzed data in the National Cancer Database from 26,262 women under age 40 and 28,517 women 40 years of age or older. Younger patients presented with a higher clinical stage breast cancer compared to older patients with 37.16% vs. 6.17% at stage 1, 45.92% vs. 29.50% at stage 2, 12.79% vs. 6.17% at stage 3 and 4.13% vs. 2.55% at stage 4. Pathologic stages for these women were also significantly higher.

In the study, 44.48% of women under 40 and 68.95% of older patients had grade I and II tumors, while 55.52% of those under age 40 and 31.06% of older patients had grade III and IV tumors, meaning that significantly more young women had poorly differentiated cancer cells correlating with more aggressive disease. Of the 26,262 cases examined, 22.63% of younger women were HER2 positive compared to 13.41% of older women. HER2 positive also signals more aggressive disease. Likewise, 19.82% of younger women had difficult-to-treat triple negative breast cancer, compared with approximately half that number in older patients.

In a comparison of therapeutic intervention, patients under 40 were more likely to have been treated with chemotherapy, while radiation therapy was more common among those ages 40 and over. Rates of surgical treatments showed no statistical difference.

“Breast cancer presents physicians and patients with a host of challenges and choices,” said Dr. Krapa. She points out that these patients also are at a very different point in their lives than older patients. For example, some therapies may come with difficult side effects that younger women will have to manage for years to come. Patients in this age group may suffer from pregnancy-related cancer or they may be concerned with family planning after treatment. They may be more focused than older patients on the implication of their disease on siblings and young relatives.

Dr. Krapa noted that typically women under 40 do not undergo screening mammography, which may account in part for their later stage at presentation. Given this and the more aggressive nature of their disease, younger women with a family history of breast cancer or other risk factors should talk to their doctors about cancer risk assessment. Risk assessment profiles may suggest a need for earlier breast cancer screening. This, in turn, can potentially lead to earlier disease diagnosis, as well as more precise therapies and better outcomes.

“The more data available about the nature of a woman’s breast cancer and the impact of specific treatment of their tumor type, the better a physician’s clinical decision-making and the more they can empower patients to make informed choices about disease management and survivorship.”

Information for this article was provided by the American Society of Breast Surgeons.
Valley Community Healthcare Presents

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A VIRTUAL CONVERSATION

OCTOBER 15, 2020
7:00 PM

Supporting Valley Community Healthcare’s front-line COVID services and expanding its desperately needed Mental Health services.

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For more info contact Judi Rose at 818-301-6321 or jrose@vchcare.org
COVID-19 Safety Tips from Susan G. Komen Los Angeles County for Those Diagnosed with Breast Cancer

Susan G. Komen Los Angeles County takes the health and safety of breast cancer patients and their caregivers very seriously. Here are some safety tips to consider:

- **Maintain social distance:** Use video calls and emails to stay in touch with friends and family who can’t come over. Keep a safe distance while grocery shopping or running errands.
- **Stay at home if you are sick:** Avoid spreading the virus if you have symptoms like coughing, sneezing, or a fever.
- **Wash your hands:** Use soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer.
- **Avoid touching your face:** Limit physical contact with others to prevent spreading the virus.
- **Protect vulnerable populations:** Those who are older or have pre-existing conditions may be at higher risk. Be mindful of these factors when helping others.

While times may be uncertain, Susan G. Komen is committed to supporting and helping patients every day. They are here for you, they care about you, they are here to support you. If you have any questions or need assistance, please contact the Komen helpline at 1-877-GO-KOMEN or email helpline@komen.org.

For more information, visit [komenlacounty.org](http://komenlacounty.org).

COVID-19 SAFETY TIPS

Susan G. Komen Los Angeles County offers the following safety tips:

**WHAT CAN YOU DO TO PROTECT YOURSELF AND YOUR FAMILY?**

To avoid being exposed to coronavirus, the CDC recommends everyone:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Wash your hands often with soap and water for at least 20 seconds. This is especially important after going to the bathroom, before eating, before touching your face and after blowing your nose, coughing or sneezing. If soap and water are not available, use hand sanitizer.
- Ask people who come to your home to wash their hands or use hand sanitizer when they arrive.

**IF YOU HAVE BREAST CANCER, IS THERE ANYTHING ELSE YOU SHOULD DO?**

- Older people and people of all ages with severe underlying conditions – like heart disease, lung disease and diabetes, for example – seem to be at higher risk for developing serious COVID-19 illness.
- Breast cancer patients are among those who are at high risk of serious illness because their immune systems are often weakened by cancer and its treatments – particularly chemotherapy.
- There are no additional precautions for people with cancer or their caregivers. If you don’t have symptoms, you don’t need a facemask. The CDC recommends facemasks only be used by people who have symptoms of COVID-19 to help prevent the spread of the disease to others.

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California First State To Ban 24 Toxic Chemicals in Personal Care Products and Cosmetics

In a major victory for the movement for safer cosmetics, California Gov. Gavin Newsom last month signed the Toxic-Free Cosmetics Act, Assembly Bill 2762, into law. This is the nation’s first state-level ban of 24 toxic ingredients, a first for personal care products. Ingredients that research shows are linked to breast cancer, including mercury and formaldehyde, are already prohibited from cosmetics and other personal care products sold in the European Union and some other countries, but are still used in personal care products sold throughout the U.S. The banned chemicals are linked to harmful impacts on health, such as cancer, birth defects, damage to the reproductive system, organ system toxicity and endocrine disruption.

The Toxic-Free Cosmetics Act was introduced by Asamblememben Al Muratsuchi (D-Torrance), Bill Quirk (D-Hayward) and Buffy Wicks (D-Daly). “California is the first in the nation to ban 24 ingredients from the personal care products people use every day,” said Susan Little, EWG’s senior advocate for California government affairs. “The Toxic-Free Cosmetics Act gives consumers the healthier products they are demanding and deserve.”

**GROUNDBREAKING BILL**

California consumers will join those of 40 other countries who are protected from harmful chemicals. “Formaldehyde in bubble bath?” said Janet Nudelman, director of program and policy at Breast Cancer Prevention Partners, one of the bill sponsors. “Mercury in skin lightening creams?” Congress has been asleep at the wheel for 82 years when it comes to cosmetic safety, which is why we so appreciate the important leadership Gov. Newsom took today when he signed the Toxic-Free Cosmetics Act into law.”

“Given that the majority of the chemicals banned by the bill are linked to breast cancer, this historic bill also takes us one step closer to preventing this devastating disease by removing a major source of women’s ongoing exposure to some of the most toxic substances on the planet,” added Nudelman.

Some of the most toxic ingredients are being aggressively marketed to Black women.

The U.S. cosmetics industry is notoriously underregulated. For more than 80 years, Congress has neglected to increase the scope of the Food and Drug Administration’s authority over cosmetics, limiting the agency’s ability to ensure the safety of cosmetic products. Ingredients that research has shown to be unsafe are legally permitted in the products sold to consumers in the U.S.

“Some of the most toxic ingredients are being aggressively marketed to Black women,” said Natasha Flora, policy director at the Los Angeles-based Black Women for Wellness.

“Levels of formaldehyde that could be used to embalm a body are being used in hair straighteners, and Black women who dye their hair are 60 percent more likely to develop breast cancer. That’s why we demand safe cosmetics now. This law means we can finally protect women from the toxic exposures they currently face on every trip to the salon.”

The list of banned chemicals includes the toxic fluorinated chemicals known as PFAS, mercury and formaldehyde, as well as endocrine-disrupting phthalates and long-chain parabens, preservatives used in skincare products.

“Every day, Californians use soaps, shampoos, makeup and other personal care products without realizing that those products could contain chemicals that present serious health risks,” said Emily Rusch, CALPIRG executive director. “By banning some of the most toxic ingredients found in modern personal care products, the Toxic-Free Cosmetics Act will finally start to give consumers the protections they deserve. We applaud the authors for their hard work and dedication.”

By contrast, the EU has performed rigorous research to identify the chemicals that are not safe for use in cosmetics and other personal care products. By following Europe’s science on chemical bans, Californians will be safer while also creating a more global standard for cosmetic safety.

“This marks a momentous milestone in the history of cosmetics regulation,” said EWG President Ken Cook. “California is the first state to ban 24 ingredients from personal care products. And for the first time, groups like EWG and the industry trade association, the Personal Care Products Council, came together to pass legislation to modernize the rules governing these everyday products. Thank you, Gov. Newsom, for signing this absolutely necessary legislation into law, and thank you, Asambleymemben Muratsuchi, Quirk and Wicks, for authoring it.”

California has long been considered a bellwether state, leading the way for the rest of the country in many areas of health and safety. If a manufacturer is required to satisfy California standards, it will likely adhere to the same high standards with the products it sends to the rest of the country.

The Toxic-Free Cosmetics Act was cosponsored by EWG, Black Women for Wellness, Breast Cancer Prevention Partners and CALPIRG.

**The Environmental Working Group** is a nonprofit, non-partisan organization that empowers people to live healthier lives in a healthier environment.

Learn more at ewg.org/californiacosmetics.

Black Women for Wellness is committed to the health and well-being of Black women and girls through health education, empowerment and advocacy.

Learn more at bw4w.org.

Breast Cancer Prevention Partners (BCPP) is the leading national science-based policy and advocacy organization working to prevent breast cancer by eliminating its exposure to toxic chemicals and radiation.

Learn more at bcpp.org.

CALPIRG, the California Public Interest Research Group, is a statewide nonprofit organization that works to protect public health and consumers.

Learn more at calpirg.org.

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BREAST CANCER AWARENESS

Susan G. Komen Los Angeles County takes the health and safety of breast cancer patients and their caregivers very seriously. Social support is so important for people with breast cancer. Things such as a video call with a friend or family member or swapping emails with your support group can help minimize anxiety, stress, depression, fatigue and feelings of being alone. Remaining in touch with the people around you will help keep you connected, even if there are physical limitations in place.

Patients should also think in advance about getting medications from a pharmacy near your home, so they don’t have to go out and come into contact with crowds. Meal delivery services, errands by mail and friends who can drop off items are all ways to minimize contact. If these aren’t an option, patients can think about going out when crowds are smaller – such as first thing in the morning.

And the Susan G. Komen Breast Care Helpline is open and taking calls and responding to emails from patients and those loved ones needing support. The trained staff are providing tips and coping strategies for managing emotions and concerns. The Helpline can be reached by phone at 1-877-GO-KOMEN or by email at helpline@komen.org.

While times may be uncertain, Susan G. Komen is committed to supporting and helping patients every day. They are here for you, they care about you, they are here to support you. Susan G. Komen is the world’s largest breast cancer organization, funding more breast cancer research than any other nonprofit 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, Komen was founded in 1982 by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that took her sister’s life. Komen Los Angeles County is working to better the lives of those facing breast cancer in the local community. Through events like the MORE THAN PINK Walk Komen Los Angeles County has invested $10,535,590 in community breast health programs in Los Angeles County and has helped contribute to the more than $920 million invested globally in research. For more information, call (310) 575.3011 or visit komenlacounty.org.

The Susan G. Komen Los Angeles County is working to better the lives of those facing breast cancer. This includes funding more breast cancer research than any other nonprofit 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, Komen was founded in 1982 by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that took her sister’s life. Komen Los Angeles County is working to better the lives of those facing breast cancer in the local community. Through events like the MORE THAN PINK Walk Komen Los Angeles County has invested $10,535,590 in community breast health programs in Los Angeles County and has helped contribute to the more than $920 million invested globally in research. For more information, call (310) 575.3011 or visit komenlacounty.org.