An Agenda to Stop Breast Cancer Before it Starts

Last week, Breast Cancer Prevention Partners (BCPP) released the groundbreaking Pathways to Prevention: the California Breast Cancer Primary Prevention Plan, an action plan offering societal-level policy changes, rather than individual actions, to reduce breast cancer rates. Developed by BCPP with input from a wide range of stakeholders, Paths to Prevention provides a unique blueprint for action that uses a social justice lens to weave together science and community wisdom. 23 breast cancer risk factors are addressed, including topics such as exposures to toxic chemicals, workplace exposures, exposure to ionizing radiation, structural barriers to a healthy diet and physical activity, and the impact of racism and poverty. Paths to Prevention offers a strategic and forward-thinking agenda of local, regional, and statewide actions to prevent breast cancer for all.

Nancy Buemeyer, Senior Policy Strategist of Breast Cancer Prevention Partners explained, “We were privileged to lead the process of developing Paths to Prevention and deeply appreciate the wisdom and commitment of so many contributors. Now begins the hard work to turn this extraordinary Plan into action to benefit ALL Californians.”

Including community wisdom in the development of Paths to Prevention gave voice to the experience of people typically under-represented and under-valued in science and public policy and provides the Plan a richness and relevance to communities highly impacted by breast cancer. The interventions were developed with leadership from those communities and reflect the ethos of “Don’t do anything for me without me.”

“Although Black women die at some of the highest rates from breast cancer, there is rarely a justice-centered approach to tackling the intersectional issues that contribute to the morbidity and mortality of breast cancer,” said Janette Robinson Flint, Executive Director of Black Women for Wellness. “This new initiative is working to look upstream and tackle how issues such as environmental factors like toxic chemicals in our beauty and personal care products as well as historic institutionalized racism in our society are inexorable factors in working to end breast cancer. I’m excited that I could contribute to this innovative project.”

With one in eight women facing breast cancer, this groundbreaking California Plan, funded by the California Breast Cancer Research Program, will serve as a model for the whole country and beyond. And while the focus of Paths to Prevention is breast cancer, the policy recommendations can reduce risk for numerous other cancers and life-threatening diseases.

“Breast Cancer Prevention Partners is presenting California with a gift that draws from the best of science, advocacy and community voices,” said Marion (Mhel) H. E. Kavanagh-Lynch, MD, MPH, Director of California Breast Cancer Research Program. “This gift is a remarkable blueprint to make California a state where breast cancer is a rare occurrence. By implementing this plan, California will save lives and lead the rest of the country to systemic breast cancer prevention.”

Isis Pickens, Women of Color Breast Cancer Survivors’ Support Project explained, “Finally, a plan that takes seriously prevention as a critical part of the social and health justice work for breast cancer eradication.” The process of re-imagining the role of research and treatment will demand a commitment to continued inclusion and cross-sectional interventions. Pathways to Prevention is the prototype to what is essential if we are to move beyond a world of breast cancer disease and disparity.”

Caroline Farrell, Executive Director, Center on Race, Poverty & the Environment said, “The Pathways to Prevention report provides an overview of the cumulative impacts that lead to breast cancer. It is particularly important that the report not only looks at behavioral issues, but also political and socio-economic factors that affect health. Including pesticides and toxic exposures as part of people’s lived experience is key to achieving better outcomes.”

Scarlett Lin Gomez, PhD, MPH, Professor of University at California San Francisco explained, “Sometimes people do not have the means or the power to engage in individual behaviors that reduce risk. The really exciting thing about Paths to Prevention is that it focuses on systemic and structural factors and is likely to have a much more profound and sustained impact, not only on breast cancer but also many other diseases that disproportionately affect communities of color and low income communities.”

Maggie Robbins, MPH, Occupational & Environmental Health Specialist of Worksafe said, “The links between occupation and breast cancer have been downplayed in policy and public health for too long. If we want to reduce the burden of breast cancer in California, we must address working conditions — things like chemical exposure, job stress, and schedule instability. This important report combines hard science and community wisdom to bring much-needed attention to the role of the workplace in breast cancer health inequities.” Joanne Hild, Executive Director, River Scientist of Sierra Streams Institute added, “Sierra Streams Institute and our community have been honored to be included in the development of Paths to Prevention. We hope that our studies about the possible influences of mining contaminants on our community’s health will contribute in some way to others in the state and country. I know that many people will benefit from what you created in this comprehensive and thoughtful Plan.”

Learn more at BCPP.org.
Transmission of COVID-19 from mother to baby during pregnancy is uncommon, and the rate of infection is no greater when the baby is born vaginally, breastfed or allowed contact with the mother, according to a recent study.

The research also found that babies that did test positive for COVID-19, were mostly asymptomatic. The findings are published in BJOG: An International Journal of Obstetrics and Gynaecology.

Many early reports in the literature on COVID-19 in pregnancy suggested that in order to reduce the risk of transmission of COVID-19 from mother to baby, it was safer to have a caesarean, to isolate the baby from the mother at birth and to formula feed, but there was very little evidence to support these guidelines.

To conclusively look at the risks associated with COVID-19 and pregnancy, experts from the School of Medicine at the University of Nottingham have undertaken a systematic review of 49 studies looking into this much talked about topic.

The studies reviewed included 666 neonates (newborn babies) and 655 women (as some women delivered twins). Of the women who delivered their babies vaginally, only eight out of 292 (2.7%) had a baby which tested positive for COVID-19.

Of the 364 women who had a caesarean, 20 (5.3%) of those had a baby which tested positive for COVID-19.

These findings show that neonatal COVID-19 infection is uncommon, and also commonly asymptomatic in those babies who are affected.

The data also showed that the infection rates to be no higher when the baby was born vaginally, breast fed or allowed contact with the mother immediately after birth.

The systematic review was an international effort carried out by Dr. Kate Walker, Clinical Associate Professor in Obstetrics, and Jim Thornton, Professor of Obstetrics and Gynaecology, from the University of Nottingham, as well as experts at Dalhousie University, Canada and Monash University, Clayton, Australia, and University College Cork, Cork University Maternity Hospital, Ireland.

Dr. Walker said, “There has been a lot of concern around whether pregnant women should be concerned for the health of their babies if they contract COVID-19. We wanted to look at the outcome for babies whose mothers contracted the virus and see if the route of birth, method of infant feeding and mother/baby interaction increased the risk of babies contracting the virus. From our results, we are satisfied that the chance of newborn infection with COVID-19 is low.”

“We would also stress that a vaginal birth and breast feeding are safe for mothers who find themselves in these circumstances,” added Dr. Walker.

Dr. Jeannette Comeau, a Pediatric Infectious Diseases Physician at Dalhousie University, said, “I am happy to see that the data continues to be reassuring, supporting keeping the mother/infant pair together after birth, underlining that while occasional postnatal infant infection is detected, clinical course tends to be mild. From the cases of infection in the newborn we do not have confirmatory evidence that this infection was acquired in the womb or during birth.”

Information for this article was provided by the Royal College of Obstetricians and Gynaecologists.
New Frictionless Technology Makes Endometrial Biopsies Easier on Patients

CrossBay Medical, Inc., a health technology company focused on improving the delivery of women’s healthcare, recently announced that it received clearance from the Food and Drug Administration (FDA) to market its CrossGlide ETS Endometrial Tissue Sampler. The CrossGlide ETS, the third product to utilize the frictionless CrossGlide technology platform, enables medical providers to perform an office-based endometrial biopsy procedure gently, effortlessly and without a tenaculum. The product is designed for simpler access to the uterine cavity than currently available modalities.

Endometrial biopsy is a common tissue-sampling procedure performed in women’s health offices worldwide. In today’s typical practice, a medical provider will try to push a pipelle across the cervical canal to access the uterus. If they’re unable to advance the pipelle by more forceful pushing, they will use a tenaculum to grasp, pull, and manipulate the cervix to assist in pushing the pipelle into the uterine cavity. This can be uncomfortable for the patient. The CrossGlide ETS is uniquely designed to require no grasping or manipulation of the cervix to allow for easy, dependable access into the uterine cavity regardless of the complexity or variability of the patient’s specific anatomy.

There are approximately four million endometrial biopsies performed per year in the European Union and United States for gynecological indications, and there are an additional two million endometrial biopsies performed globally for infertility reasons. “The FDA’s approval of CrossBay ETS not only marks another step in our company’s development,” said Push Vidyarthi, CrossBay Medical’s CEO, “it also ushers in the next step in the movement to make women’s care a comfortable experience for patients. Uterine access in the office doesn’t need to be difficult and painful for the patients. It is tremendously rewarding to be able to make CrossGlide ETS available to US clinicians and their patients, and further our mission to address the all-too-common discomfort associated with biopsy performed in the diagnostic work-up of abnormal uterine bleeding disorders and infertility. We look forward to bringing this to more physicians’ offices in the coming months.” In addition, Vidyarthi noted that CrossBay plans to develop products for other office-based gynecology procedures using CrossGlide wherever cervical access is required, including products for IUD insertion and hysteroscopy.

CrossBay is a health technology company driven by its singular mission to modernize the delivery of women’s healthcare on a global level. CrossBay also serves as a strategic innovation partner to large medical device firms interested in incorporating the company’s game-changing CrossGlide technology into their suites of patient-friendly product offerings. Learn more at crossbaymedicalinc.com.