



Breast Health Education for Young Women

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FOUNDATION



1867
HOWARD
UNIVERSITY
Cancer Center

Facilitator's Guide

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INTRODUCTION

BREAST HEALTH GUIDELINES

Know your risk.

- Talk to both sides of your family to learn about your family health history.
- Talk to your health care provider about your personal risk of breast cancer.

Get screened.

- Ask your health care provider which screening tests are right for you if you are at a higher risk.
- Get a mammogram every year starting at age 40 if you are at average risk.
- Get a clinical breast exam at least every 3 years starting at age 20, and every year starting at age 40.

Know what is normal for you, and see your health care provider right away if you notice any of these breast changes:

- Lump, hard knot or thickening inside the breast or underarm area
- Swelling, warmth, redness or darkening of the breast
- Change in the size or shape of the breast
- Dimpling or puckering of the skin
- Itchy, scaly sore or rash on the nipple
- Pulling in of your nipple or other parts of the breast
- Nipple discharge that starts suddenly
- New pain in one spot that doesn't go away

Make healthy lifestyle choices.

- Maintain a healthy weight.
- Add exercise into your routine.
- Limit alcohol intake.
- Limit postmenopausal hormone use.
- Breastfeed, if you can.

As part of a comprehensive approach to breast health, it is important that women become familiar with their own bodies, play an active role in their own health, know their family histories, and develop close partnerships with their health care providers.

The source of these guidelines is Susan G. Komen®.

BREAST HEALTH EDUCATION FOR YOUNG WOMEN

The goal of this facilitator's guide is to increase young women's knowledge about breast cancer and to encourage their commitment to lifelong breast health. As envisioned, program participants will in turn educate their female relatives and encourage them to have routine screening for breast cancer.

Breast Health Education for Young Women is an expansion of Project Early Awareness (PEA), a breast health education program for girls in District of Columbia public high schools. First implemented in 2001, the Prevent Cancer Foundation funded Howard University Cancer Center to develop the program. Educational sessions for high-school boys covering breast and other cancers were added in 2004.

Beginning in 2006, PEA materials were expanded with the addition of new interactive, skills-based activities into the program now called *Breast Health Education for Young Women*. The program is designed for use in high schools and out-of-school settings across the country to broaden and deepen breast health education for young women. This easy-to-use guide provides facilitators with activities that may be used with groups of young women.

Why isn't monthly breast self-exam (BSE) recommended anymore for breast cancer detection?

BSE seemed promising when it was first introduced. However, it is not clear that it offers a benefit as a screening test. Results of studies on its effectiveness at finding early-stage tumors and improving chances for survival have been mixed. However, BSE may help women know how their breasts normally look and feel so that they can see or feel any changes.

INTRODUCTION CONTINUED

INTENDED AUDIENCE

Breast Health Education for Young Women is designed for high school girls in school and out-of-school settings, including community centers, clubs, youth groups and group homes, among others. The program has also been used with college-aged women.

FACILITATING SESSIONS

Breast Health Education for Young Women is designed for use by facilitators with a foundation in breast health and breast cancer facts. In addition, facilitators should have skills and experience in facilitating interactive activities for diverse groups of young women. Facilitators are encouraged to learn as much as possible about breast health and breast cancer. The most frequently asked questions about breast cancer are answered in the Resources section of this guide. Facilitators also need to be ready to acknowledge the limits of their knowledge about breast health and breast cancer and to say that they will share further information after they find it. Facilitators may also wish to bring someone who is more knowledgeable about breast health and breast cancer to the *Breast Health Education for Young Women* sessions.

BREAST HEALTH EDUCATION + NATIONAL STANDARDS FOR TEACHING AND LEARNING

Breast Health Education for Young Women is designed so that it can be integrated into existing school units, lessons and activities. Depending upon the activities chosen, *Breast Health Education for Young Women* addresses many national standards for teaching and learning, as shown in the table below.

LEARNING STANDARDS		OPTIONAL FOLLOW-UP ACTIVITIES			
		BASIC INFORMATION	ROLE PLAY	CRITICAL THINKING COLLAGE	EXTENSION ACTIVITIES
HEALTH EDUCATION^a	Students will comprehend concepts related to health promotion and disease prevention to enhance health.	●	●		●
	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behavior.	●	●	●	●
	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.		●		●
	Students will demonstrate the ability to advocate for personal, family, and community health.		●		●
ENGLISH LANGUAGE ARTS^b	Reading: Integration of Knowledge and Ideas				●
	Writing: Production and Distribution of Writing				●
	Writing: Research to Build and Present Knowledge				●
	Speaking and Listening: Comprehension and Collaboration			●	●
	Speaking and Listening: Presentation of Knowledge and Ideas		●		●
	Language: Vocabulary Acquisition and Use	●			●
TECHNOLOGY^c	Communication and Collaboration				●
	Research and Information Fluency				●

^a **SHAPE America.** "(Society of Health and Physical Educators) National Health Education Standards." <http://www.shapeamerica.org/standards/health/>. Accessed May 20, 2016.

^b **Common Core State Standards Initiative.** "English Language Arts Standards" <http://www.corestandards.org/ELA-Literacy/>. Accessed May 16, 2016.

^c **International Society for Technology in Education.** "ISTE Standards Students." http://www.iste.org/docs/pdfs/20-14_ISTE_Standards-S_PDF.pdf. Accessed May 16, 2016.

PLANNING YOUR EDUCATIONAL SESSIONS

USING ASSENT OR CONSENT FORMS

Depending upon the setting in which you are offering *Breast Health Education for Young Women* sessions, you may need to secure parent/guardian consent or assent for students to participate. In some settings, assent is sufficient. You need to notify parents/guardians about an upcoming *Breast Health Education for Young Women* session and have participants sign assent forms indicating that they have the permission of their parents/guardians to participate. In other settings, consent may be needed. Check with the administrator or other contact person at the setting where you will conduct *Breast Health Education for Young Women* sessions to determine if assent or consent forms will be necessary. A sample parent/guardian assent letter and a student assent form are included in the Sample Forms section of this facilitator's guide. If consent forms are necessary, you will need to develop a form to fit the needs of your setting and participants.

COLLECTING, ANALYZING AND USING DATA

Included in the Sample Forms section of this facilitator's guide are sample pre-test, post-test and participant feedback forms to be used in conjunction with *Breast Health Education for Young Women* sessions. While use of these items is optional, there are several benefits in collecting data about each *Breast Health Education for Young Women* session you conduct.

Comparing participants' scores on the pre- and post-tests provides you with an indication of how much they learned in *Breast Health Education for Young Women* sessions. Data collected through the participant feedback forms provide information that can be used to improve future sessions. Test and feedback data can be summarized in funding proposals, reports to existing funding sources, supervisors, and administrators of potential *Breast Health Education for Young Women* sites, among others.

If you choose to use the sample evaluation forms as written in the Sample Forms section, the Prevent Cancer Foundation and the Howard University Cancer Center would appreciate it if you would share your data with us so we can gain a better understanding of the usefulness of this facilitator's guide across the nation. Please send compiled results or copies of student pre- and post-tests and feedback forms to:

**Programs Division
Prevent Cancer Foundation
1600 Duke Street, Suite 500, Alexandria, VA 22314**

A NOTE ON INSTITUTIONAL REVIEW BOARDS

Depending upon the type of organization for which you work, you may need to seek approval from an institutional review board (IRB) before collecting data in a *Breast Health Education for Young Women* session. IRBs are tasked with protecting human subjects in research studies. Some IRBs may consider collecting data through the use of pre- or post-tests or feedback forms to be research. Universities and health departments are two work settings likely to require IRB approval for this type of data collection. Check with an administrator or research specialist in your organization to see if IRB approval is required for *Breast Health Education for Young Women* data collection in your work environment.

PLANNING TO DO LIST

TAKE THESE EIGHT EASY STEPS TO PUT TOGETHER A BREAST HEALTH EDUCATION SESSION.

- 1** Choose a setting (school or school system, community center, youth group, etc.) in which to conduct your *Breast Health Education for Young Women* session. Use the Planning Checklist on the next page.
- 2** Contact the administrator in charge of the venue by telephone, letter and/or e-mail. You may adapt the sample Superintendent/Principal letter included in the Sample Forms section of this facilitator's guide for this purpose. Work with appropriate staff at the training site to:
 - Choose time, date and specific location for the *Breast Health Education for Young Women* session.
 - Determine if parental consent or student assent forms will be needed. If assent is required, you may use the sample assent letter and form in this guide. If consent forms are required, you will need to develop these with the organization's representative and send them out as appropriate.
 - Determine availability of equipment and supplies.
 - Recruit participants for the session.
- 3** Plan to conduct a Basic Session as the first session with each new group and then consider offering optional follow-up activities.
- 4** If you are not a breast cancer survivor, recruit a survivor to tell her story during the Basic Session. Confirm her availability and go over the "My Story" activity with her.

As an alternative, you may choose to show the YouTube video, "A Young Breast Cancer Survivor Shares Her Story." The segment runs for a little more than three minutes and is available at:
<https://youtu.be/dpHe2IEwM5Y>
- 5** Read the step-by-step instructions included in this facilitator's guide several times until you feel comfortable facilitating the activities.
- 6** Gather all necessary equipment and supplies and make any copies needed for the activities. These items are listed in the detailed instructions for each activity.
- 7** Make sure you have covered necessary preparation for each activity in advance of the session.
- 8** Facilitate the *Breast Health Education for Young Women* session. Have fun!

OPTIONAL STEPS

- Administer pre- and post-tests and feedback form during the *Breast Health Education for Young Women* session.
- Review data to identify ways in which to improve future sessions.
- Consider offering additional sessions using other *Breast Health Education for Young Women* activities.
- Share data from pre- and post-tests and feedback forms with the Prevent Cancer Foundation and the Howard University Cancer Center. Send compiled results or copies to:

Programs Division
Prevent Cancer Foundation
1600 Duke Street, Suite 500, Alexandria, VA 22314

PLANNING CHECKLIST

Fill in this checklist to get ready for a *Breast Health Education for Young Women* session.

BACKGROUND INFORMATION

Name of group: _____ Date: _____

Contact person: _____ Phone: _____

E-mail: _____ Location of session: _____

Approximate number of participants: _____ Language(s) spoken: _____

Reason for requesting breast health education at this time:

SESSION PLANNING

Dates and times for session: _____

Check your choice of activities to see what you need:

- Chalkboard or whiteboard Easel and easel pad
- Computer with speakers, printer and internet connection

ACTIVITY SELECTION

- Group has had no basic breast health education, or wants to review basic information.**
- Group has had some basic education, and now wants to focus on one or more topics:**

Basic Session Activities

- Myths and Facts
- My Story
Choose one:
 - Tell your story if you are a breast cancer survivor
 - Recruit a survivor to share her story
 - Show YouTube video of a young survivor (link on page 25)
- One in Eight

Optional Follow-up Activities

- Role Play: Talking About Breast Health
- Critical Thinking Collage
- Extension Activity or Activities

POST SESSION

- Further session(s): _____
- Thank you letter to session sponsors
- Optional: Share data from pre- and post-tests and feedback forms with the Prevent Cancer Foundation and the Howard University Cancer Center, send compiled results or copies to:**
Programs Division
Prevent Cancer Foundation
1600 Duke Street, Suite 500, Alexandria, VA 22314

Adapted from **American National Red Cross**. *Basic HIV/AIDS Program: Fundamentals Instructor's Manual*. Falls Church, VA: 1995.

OVERVIEW

Breast Health Education for Young Women is designed to allow flexibility in scheduling. Included below are brief descriptions of activities for the Basic Session and for the optional follow-up activities.

BASIC SESSION

The purpose of the Basic Session is to create a foundation in basic breast health and breast cancer facts. In addition, the Basic Session provides an opportunity for participants to hear the story of a young breast cancer survivor and to learn the four elements of breast self-awareness. It is recommended that participants complete the Basic Session before moving on to other activities in this facilitator's guide. If additional time is available for the Basic Session, consider including role-plays. Directions for role-plays can be found in the "Optional Follow-up Activities" section of this guide.

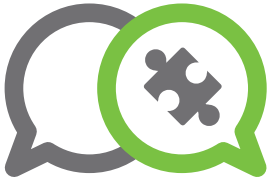
OPTIONAL FOLLOW-UP ACTIVITIES

If you plan to conduct follow-up activities, you have a variety from which to choose. The activities described below are designed to build skills related to communication and screening behavior and to encourage critical thinking. Your choice of activities will depend on a number of factors, including available time and the preferences of participants and school/organization sponsors.



ROLE PLAY: TALKING ABOUT BREAST HEALTH

This role play will help participants build skills in talking about breast health and breast cancer with doctors, friends and relatives.



CRITICAL THINKING COLLAGE

This art project encourages critical thinking about how the media influence the way girls and women feel about their bodies and their comfort level in talking about breast health.



EXTENSION ACTIVITIES

These activities may be used to extend learning about breast health, breast cancer and other health topics.

BASIC SESSION OVERVIEW

The purpose of the Basic Session is to create a foundation in basic breast health and breast cancer facts. In addition, the Basic Session provides an opportunity for participants to hear the story of a young breast cancer survivor and to learn the four elements of breast self-awareness. It is recommended that participants complete the Basic Session before moving on to other activities in this facilitator's guide.

Times listed below are approximate. Activities may take more or less time depending upon the facilitator and the group. The pages that follow have detailed activity descriptions. Make copies of these pages to help you facilitate the sessions. If participants complete a pre-test, post-test, participant feedback form and assent form, you will need to allot 15 minutes more for the session.

OVERVIEW	APPROXIMATE TIME
Basic Session: Introduction	5 Minutes
Myths and Facts	15-30 Minutes
My Story	10 Minutes
One in Eight	10 Minutes
Basic Session: Summary+Closing	10 Minutes

NOTE: Please refer to the individual activity descriptions that follow for a list of items and preparation needed for each activity. You will need copies of the pages for the activity option you have chosen, and of the role play Activity Tool (if appropriate).

EQUIPMENT + SUPPLIES

- Masking tape
- Prepared myth and fact statements
- A chalkboard, whiteboard or easel pad, and chalk or markers (depending on writing surface)
- Optional: Laptop with speakers if you will be showing "A Young Breast Cancer Survivor Shares Her Story"
- Copies of the pages of the instructions for the activities and the Activity Tools and Handouts
- Optional: Pre-test, post-test or participant feedback form (one copy of each form per participant)
- Optional: Assent form (one for each participant)
- Optional Flyer: What You Need to Know about Cervical Cancer (one for each participant)
- Optional: A "goody bag" for each participant with the following:
 - Prevent Cancer Foundation "Breast Cancer Fact Sheet"
(<http://preventcancer.org/wp-content/uploads/2015/06/Breast-Cancer-Fact-Sheet-2013.pdf>)
 - Prevent Cancer Foundation "Stop Cancer Before It Starts! A Guide to Prevent Cancer."
(<http://preventcancer.org/learn/store/>)
 - Pink-ribbon trinkets or donated items such as drawstring bags, t-shirts, pens and notebooks
 - Information about local breast health programs, such as organizations in the National Breast and Cervical Cancer Early Detection Program
(<http://www.cdc.gov/cancer/nbccedp/screenings.htm>)

BASIC SESSION INTRODUCTION

The introduction provides an opportunity for participants to meet the facilitator and to preview the material that will be covered in the session.



APPROXIMATE TIME

5 minutes (up to 10 minutes if participants complete a pre-test and assent form)



EQUIPMENT + SUPPLIES

- Copies of pages describing Basic Session activities
- Optional: pre-test and assent form (if appropriate)



LEARNING OBJECTIVE

Not applicable



PREPARATION

- Optional: Make one copy of the pre-test and assent form for each student.



INSTRUCTIONS

1. Introduce yourself to participants and thank them for coming. If a breast cancer survivor will share her experiences as “My Story,” introduce her too.
2. Ask participants to raise their hands if they know people who have been diagnosed with breast cancer.
3. Share the following information:
 - *Breast Health Education for Young Women* is based on Project Early Awareness, a breast health education program in Washington, D.C., developed by the Howard University Cancer Center with support from the Prevent Cancer Foundation.
4. This program focuses on breast health and breast cancer, and that the group will:
 - Sort out myths about breast cancer from facts.
 - Hear the story of a young woman who had breast cancer.
 - Discuss risks, early detection, the importance of knowing your body and your family history and making healthy lifestyle choices.

BASIC SESSION ACTIVITY

MYTHS + FACTS

This game is designed to help reinforce facts and dispel common myths about breast health and breast cancer.



APPROXIMATE TIME

15–30 minutes



LEARNING OBJECTIVE

By the end of this activity, participants will be able to distinguish myths about breast cancer from facts.



EQUIPMENT + SUPPLIES

- Prepared Activity Tool: “myths” and “facts” statements
- Masking tape
- A chalkboard, whiteboard or easel pad
- Chalk, dry-erase markers or chart pad markers (depending on the writing surface you will use)
- One copy per participant of the “Breast Health Basics” handout



INSTRUCTIONS

1. Shuffle the prepared myths and facts statements.
2. Go through the statements one by one and ask participants whether each is a myth or fact.
3. Place the statement in the correct column and reinforce information by sharing the “myths” and “facts” talking points included in this guide.*
4. Distribute the “Breast Health Basics” handout to participants, and read through it to reinforce basics facts about breast health and breast cancer. (You may wish to have volunteers take turns reading it.)
5. Answer questions from participants.
6. Summarize activity by asking participants to share one new thing they learned through this activity.
7. Explain that the breast cancer survivor who will be sharing her story next is living proof that early detection and treatment can save lives! (If you, the facilitator, are the breast cancer survivor, say that you are a breast cancer survivor and that you’re going to share your story. If you are using the YouTube video segment with the survivor’s story, explain that you will show it now.)



PREPARATION

- Select and copy the “myth” and “fact” statements onto brightly colored paper or cardstock and cut them out. (See the “myths” and “facts” Activity Tool in this guide.) Depending on the amount of time you have allotted for this activity, you may want to choose three myths and three facts for a 15-minute activity and up to five myths and five facts for a 30-minute activity.
- Review the talking points for each “myth” and “fact” that are included in the Activity Instructions. It may also be helpful to review “Frequently Asked Questions” in the Resources section of this facilitator’s guide.
- Make one copy per participant of the “Breast Health Basics” handout.
- If you decide to use the Optional Flyer: What You Need to Know about Cervical Cancer, make one copy per participant (pg 41.)
- When you get to the room where you are holding the session, make two columns on a chalkboard, whiteboard or easel pad. Label one column “myths” and the other “facts.”

*Note to facilitator: As an alternative, you may hand out cards to volunteers and have them place the statements in the column they believe is correct. If there are any misplaced statements, move the statements to the right columns and reinforce the correct information.

MYTHS + FACTS TALKING POINTS

MYTHS

If a girl or woman bumps or bruises her breast, it can turn into breast cancer.

- Bumps or bruises on a person's breast **DO NOT** cause breast cancer.
- Abnormal cells growing out of control causes breast and other types of cancer.

Antiperspirants and deodorants cause breast cancer.

- There have been a lot of rumors that the use of antiperspirants or deodorants increases a woman's risk of getting breast cancer—but they are only rumors.
- There is no scientific proof that this is true.

Having breast cancer surgery will spread cancer to other parts of someone's body.

- Cancer does not spread through the air or during surgery.

Wearing a bra can cause breast cancer.

- There is no evidence of a link between bras and risk of breast cancer.

Healthy, cancer-free breasts are not lumpy.

- Most breasts feel lumpy because the breast is made up of fatty tissue, glands that make milk and the ducts that carry the milk to the nipple.



Sources:

American Cancer Society. "What Are the Key Statistics about Breast Cancer?" <http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-key-statistics>. Accessed May 16, 2016.

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Susan G. Komen for the Cure.® "Breast Self-Awareness Messages." <http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>. Accessed May 16, 2016.

FACTS

When it comes to breast cancer, breast size doesn't matter.

- Breast size and shape have nothing at all to do with a woman's risk of breast cancer.

Taking birth control pills may slightly increase the risk of breast cancer.

- Several scientific studies suggest that current use of birth control pills may slightly increase the risk of breast cancer, especially among younger women.
- However, the risk level goes back to normal 10 years or more after a woman stops taking the pill.

Know what is normal for you, and see your health care provider if you notice any changes in your breasts.

- It is recommended that you get to know what your breasts are like so that you can notice any changes, such as a lump, dimpling or puckering of the skin or nipple discharge, to name a few.
- We will go over other types of changes to look for a little later in today's session and will give you a handout you can keep.

Screening tests can help women find breast cancer early.

- Screening tests help women find breast cancer early, before symptoms appear.
- Clinical breast exams (CBE), which are exams performed by a medical provider, are recommended at least every 3 years starting at age 20, and every year starting at age 40.
- Mammograms, which are x-rays of the breast, are recommended every year starting at age 40 for women of average risk.
- Women at higher risk, such as women with a mother, sister or daughter with breast cancer, should ask their health care providers about which tests are recommended for them.

Breast cancer is easier to treat if you find it early.

- The earlier breast cancer is found, the more likely it is that treatment will be successful.
- The earlier breast cancer is found, the more likely it is that treatment will be successful.
- In the past 20 years, great progress has been made in the early detection and treatment of breast cancer. As a result, the number of breast cancer survivors continues to rise. In fact, there are more than 2.8 million survivors in the United States today.

If a girl or woman bumps or bruises her breast, it can turn into breast cancer.

MYTH or FACT

Antiperspirants and deodorants cause breast cancer.

MYTH or FACT

Having breast
cancer surgery
will spread
cancer to
other parts of a
person's body.

MYTH or FACT

Wearing a bra can cause cancer.

MYTH or FACT

Healthy, cancer-free breasts are never lumpy.

MYTH or FACT

When it comes
to risk of breast
cancer, breast
size doesn't
matter.

MYTH or FACT

Taking birth control pills may slightly increase the risk of breast cancer.

MYTH or FACT

Know what is
normal for you,
and see your
health care
provider if you
notice any changes
in your breasts.

MYTH or FACT

Screening can
help women find
breast cancer
early.

MYTH or FACT

Breast cancer is
easier to treat if
you find it early.

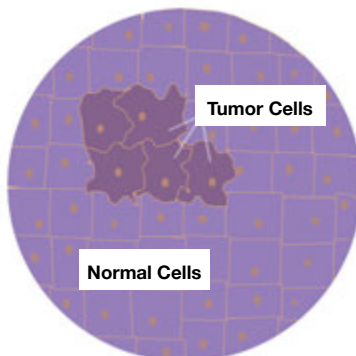
MYTH or FACT

HANDOUT

BREAST HEALTH

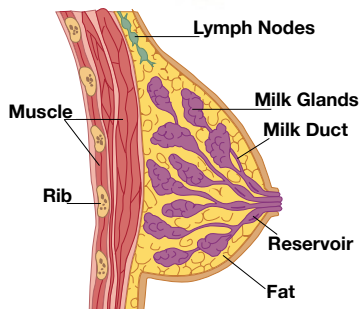
BASICS

WHAT IS CANCER?



Cancer occurs when a group of cells grows out of control.

WHAT'S INSIDE YOUR BREASTS?



The breast is made up of fatty tissue, glands that make milk and the ducts that carry the milk to the nipple. That's why breasts feel lumpy.

WHAT CAN BE DONE TO DETECT BREAST CANCER?



Have a mammogram every year starting at age 40 if you are at average risk. Also, a clinical breast exam at least every 3 years starting at age 20, and every year starting at age 40. Know what is normal for you and see your health care provider if you notice any changes in your breasts.

WHAT CAN BE DONE TO TREAT BREAST CANCER?



LUMPECTOMY

The earlier a cancerous tumor is found and the earlier the treatment is done, chances of survival and for a cure are better. If the tumor is small enough, a lumpectomy can be done to remove just the tumor. If the tumor is sizeable, then the whole breast may be removed. This procedure is called a mastectomy.



MASTECTOMY

Sometimes after surgery, chemotherapy (treatment with drugs) is needed to kill any cells which might still be around. Sometimes radiation (the use of high-energy radiation to kill cancer cells and shrink tumors) may be used. Some women may need both.

BASIC SESSION ACTIVITY

MY STORY

Hearing a young woman's story about surviving breast cancer can help make breast cancer seem more "real" to participants.



APPROXIMATE TIME

10 minutes



LEARNING OBJECTIVES

By the end of this activity, participants will be able to:

- Describe how the story of a young breast cancer survivor relates to them and their own lives.
- Explain how hearing a survivor's story affects how they think about breast cancer.



EQUIPMENT + SUPPLIES

- Optional: Laptop with speakers if you will be showing "A Young Breast Cancer Survivor Shares Her Story" instead of having a live speaker

The video can be accessed at <https://youtu.be/dpHe2IEwM5Y>



PREPARATION

- If you, the facilitator, are a breast cancer survivor and will be telling your own story, practice telling your story in front of the mirror or in front of friends or colleagues.
- If you, the facilitator, are not a breast cancer survivor, you may choose to do one of these:
 - Recruit someone to share her story. Ideally, she will be someone who was diagnosed as a teenager or in her 20s. Prepare her by telling her something about those who will be participating in the session. You may also want to encourage her to cover the points listed in Activity Instructions as she tells her story.
 - Show the YouTube video, "A Young Breast Cancer Survivor Shares Her Story." The segment runs for a little more than three minutes, and is available at: <https://youtu.be/dpHe2IEwM5Y>



INSTRUCTIONS

1. Tell your personal story about your breast cancer diagnosis and treatment, covering the following points:
 - Whether you thought you were at risk for breast cancer.
 - How old you were when you were diagnosed.
 - How you felt when you were diagnosed.
 - Whether there is a history of breast cancer in your family.
 - How you discovered that you had breast cancer.
 - The kind of treatment you went through and its side effects.
 - Other treatment options.
 - What you have learned from the experience and how you feel about it now.
2. Answer questions from participants.
3. Lead a discussion using the following questions:
 - What does my story have to do with you and your life?
 - How has hearing my story changed the way you think about breast cancer?
4. Emphasize that finding breast cancer early is one of the things that makes treatment much more successful.

*Note to facilitator: Make sure to define terms such as tumor, benign, malignant, radiation therapy and chemotherapy — and any other medical terms — as you tell your story. If you are unsure about how to answer a specific question, say that you will look into it and get back to participants with the answer. (Then be sure to get back to them.)

BASIC SESSION ACTIVITY

ONE IN EIGHT

This participatory activity is designed to help participant understand lifetime risk of breast cancer among American women.



APPROXIMATE TIME

5 minutes



LEARNING OBJECTIVE

By the end of this activity, participants will be able to explain how many women in a group are likely to get breast cancer at some point during their lives and how important it is to know your family history.



INSTRUCTIONS

1. Explain to participants that this next activity and discussion will help them understand the risk of getting breast cancer.
2. Ask participants to count off from one to eight.
3. Ask all “Number 8s” to stand up.
4. Explain that the participants represent the number of women with the chance of having invasive breast cancer, a type of breast cancer that spreads from the place where it first started.
 - What this means is that out of every eight women, one may develop invasive breast cancer at some time in her life.
 - This does not mean that the girls who are standing are more likely to get breast cancer.
 - This also does not mean that any individual woman has a one in eight chance of getting breast cancer.
 - An individual woman’s breast cancer risk may be higher or lower, depending on a number of things.
 - Some risk factors for breast cancer are things that we can’t change, like being a woman, getting older, the genes we inherited from our parents, and our family history.
 - Many people are concerned about possible breast cancer risks in the environment. Unfortunately, there is not clear evidence of such risks at this time, and more research is needed.
5. Share that being a woman is the main risk factor for breast cancer. Men can develop breast cancer, but the disease is 100 times more common among women.
6. Share that women are more likely to get breast cancer as they get older.
 - 2 out of 3 women with invasive breast cancer are 55 and older. It is also true that younger women do get breast cancer.
 - 1 in 3 women with invasive breast cancer are younger than 55.
7. Share that 5 to 10 percent of breast cancer cases are thought to be hereditary, meaning that they’re caused by gene defects or mutations which are inherited from a parent. Having this gene mutation can increase a woman’s chances of getting invasive breast cancer by up to 80 percent.



EQUIPMENT + SUPPLIES

One copy per participant of handouts:

- Breast Self-Awareness
- Your Family Medical History
- Healthy Habits for Life



PREPARATION

- Make one copy per participant of the handouts listed above.

INSTRUCTIONS CONTINUED ON NEXT PAGE

BASIC SESSION ACTIVITY

ONE IN EIGHT CONTINUED



INSTRUCTIONS CONTINUED

8. Share that having a mother, sister or daughter with breast cancer almost doubles a woman's risk. However, most women—more than 85 percent—of women with breast cancer do not have a family history of the disease.
9. That may sound scary, but there are things girls and women can do to maintain a healthy lifestyle and to find breast cancer as early as possible, when it's easier to treat.
10. Distribute these handouts, and read them with participants.
(You may wish to have participants take turns reading.)
 - Breast Self-Awareness
 - Your Family Medical History
 - Healthy Habits for Life
11. Ask each participant to say one thing from the handouts that she can commit to doing.
12. Congratulate participants on their commitment to staying healthy!

Sources:

American Cancer Society. "What Are The Key Statistics About Breast Cancer?"

<http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-key-statistics>. Accessed May 16, 2016.

American Cancer Society. "What Are the Risk Factors for Breast Cancer?"

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http://www.cdc.gov/genomics/famhistory/resources/fs_web.htm. Accessed May 16, 2016.

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Mayo Clinic. "Cancer Prevention: 7 Tips to Reduce Your Risk".

<http://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/cancer-prevention/art-20044816>. Accessed May 16, 2016.

National Cancer Institute. National Institutes of Health. "Breast Cancer Prevention (PDQ®) - Patient Version."

<http://www.cancer.gov/cancertopics/pdq/prevention/breast/Patient/page3>. Accessed May 16, 2016.

Susan G. Komen for the Cure.® "Breast Self-Awareness Messages."

<http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>. Accessed May 16, 2016.

HANDOUT

BREAST

SELF-AWARENESS

1 2 3 4

Know your risk. Get screened.

- Talk to your family to learn about your family health history.
- Talk to your health care provider about your personal risk of breast cancer.
- Ask your health care provider which screening tests are right for you if you are at a higher risk.
- Have a mammogram every year starting at age 40 if you are at average risk.
- Have a clinical breast exam at least every 3 years starting at age 20, and every year starting at age 40.

Know what is normal for you, and see your health care provider right away if you notice any of these breast changes:

- Lump, hard knot or thickening inside the breast or underarm area
- Swelling, warmth, redness or darkening of the breast
- Change in the size or shape of the breast
- Dimpling or puckering of the skin
- Itchy, scaly sore or rash on the nipple
- Pulling in of your nipple or other parts of the breast
- Nipple discharge that starts suddenly
- New pain in one spot that doesn't go away

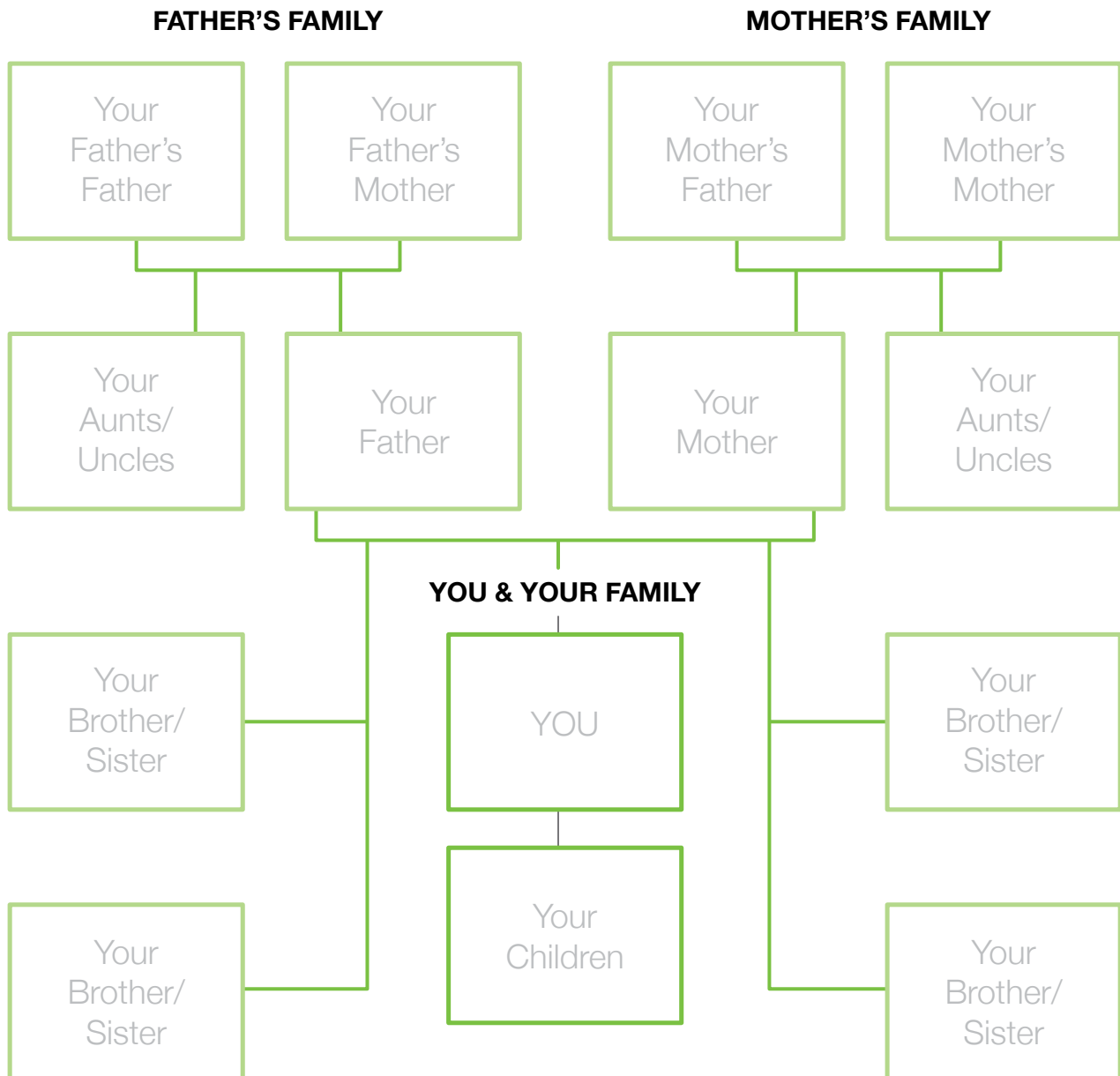
Make healthy lifestyle choices.

- Maintain a healthy weight.
- Add exercise into your routine.
- Recent studies show that eating lots of fruit as a teenager and fruits and vegetables rich in alpha carotene (e.g., carrots, apples, red bell peppers, dark leafy greens) as a young adult may lower risk of breast cancer later on.
- Limit alcohol intake.
- Limit postmenopausal hormone use.
- Breastfeed, if you can.

HANDOUT

YOUR FAMILY MEDICAL HISTORY

For each blood relative that has had cancer, mark in the box the type and age that he or she had it. This will help you and your health care professional decide which cancer screenings you may need and when to begin them.



You may be at greater risk for some cancers if you have a personal or family history of cancer or certain diseases. To help determine your risk, complete this family history chart and share it with your health care professional and other family members.

HANDOUT

HEALTHY HABITS FOR LIFE

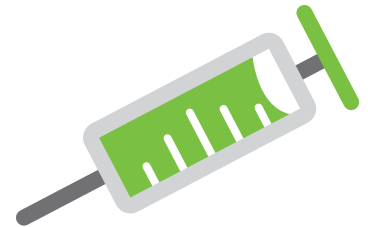
1 Eat lots of vegetables, fruits & whole grains



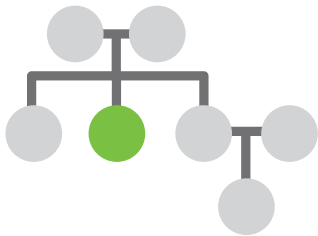
2 If you have sex, practice safer sex & avoid risky behaviors



3 Get HPV & Hepatitis B vaccinations



4 Know your family medical history



5 Protect your skin from the sun



6 Get regular cancer screenings



7 Maintain a healthy weight



8 Move more & sit less



9 Don't smoke



GO TO WWW.PREVENTCANCER.ORG FOR MORE INFORMATION

Sources:

Calle, L. et al., "Overweight, Obesity, and Mortality from Cancer in a Prospectively Studied Cohort of US Adults." *New England Journal of Medicine*, 2003.

Centers for Disease Control and Prevention. "Fact Sheet: Family History is Important for Health." http://www.cdc.gov/genomics/famhistory/resources/fs_web.htm. Accessed May 16, 2016.

Centers for Disease Control and Prevention. "Physical Activity and Health." <http://www.cdc.gov/physicalactivity/basics/pa-health/index.htm>. Accessed May 16, 2016.

Mayo Clinic. "Cancer Prevention: 7 Tips to Reduce Your Risk". <http://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/cancer-prevention/art-20044816>. Accessed May 16, 2016.

BASIC SESSION SUMMARY + CLOSING

The summary and closing provides an opportunity for participants to share what they have learned and make a commitment to talk with friends and family members about breast health.



APPROXIMATE TIME

5 minutes (up to 15 minutes if you are having participants complete feedback forms and/or post-tests)



LEARNING OBJECTIVES

By the end of this activity, participants will be able to:

- List one new thing they learned in today's session
- Commit to discussing what they learned with older female relatives



EQUIPMENT + SUPPLIES

- Optional: Participant feedback form and/or post-test
- Optional: A “goody bag” for each participant with the following:
 - a. Prevent Cancer Foundation Breast Cancer Fact Sheet (<http://preventcancer.org/wp-content/uploads/2015/06/Breast-Cancer-Fact-Sheet-2013.pdf>)
 - b. Prevent Cancer Foundation Guide to Prevent Cancer (in English or Spanish) (<http://preventcancer.org/learn/store/>)
 - c. Pink ribbon trinkets or donated items such as drawstring bags, t-shirts, pens and notebooks
 - d. Information about local breast health programs, such as organizations in the National Breast and Cervical Cancer Early Detection Program (<http://www.cdc.gov/cancer/nbccedp/index.htm>)



PREPARATION

- Optional: Make one copy per student of feedback form and post-test



INSTRUCTIONS

1. Ask for volunteers to name one new thing they learned and share the name of a female relative with whom they will discuss breast cancer this week.
2. Remind each participant about the importance of knowing her risks, getting screened, knowing what is normal for her and making healthy lifestyle choices.
3. Optional: Have participants complete feedback forms and post-tests.
4. Thank participants for their time and attention. Preview additional activities if appropriate.

FOLLOW-UP ACTIVITIES OVERVIEW

If you plan to conduct follow-up activities, there are a variety from which to choose. The activities listed below are designed to build skills related to communication about screening behavior and encourage critical thinking. Your choice of activities will depend on a number of factors, including time available and the preferences of participants, and school or organization administrators.

CHOOSE FROM THE OPTIONS BELOW:

FOLLOW-UP ACTIVITIES	APPROXIMATE TIME
Role-play: Talking about breast health	30 minutes
Critical thinking collage	45 minutes
Extension activities	varied

Times listed above are approximate. Activities may take more or less time depending upon the facilitator and the group. You will need to make copies of the activity instructions you choose and the role-play Activity Tool (if applicable). If your participants complete a pre-test, post-test, feedback form or assent form, you will need to allot an additional 15 minutes for the session.

EQUIPMENT + SUPPLIES

Please refer to the individual activity descriptions that follow for a list of items and preparation for each activity. You will need copies of the pages for the activity you have chosen and the role-play Activity Tool (if applicable).

FOLLOW-UP ACTIVITY

ROLE PLAY: TALKING ABOUT BREAST CANCER

This role play will help participants build skills to talk about breast health and breast cancer with doctors, friends and relatives. Consider including this activity in your Basic Session if time allows.



APPROXIMATE TIME

30 minutes



LEARNING OBJECTIVES

By the end of this activity, participants will be able to:

- List tips for talking with others about breast health.
- Engage in role play about breast health.



EQUIPMENT + SUPPLIES

- Prepared Activity Tool: Role-Play Scenario slips
- Container for drawing role-play scenarios
- A chalkboard, whiteboard or easel pad
- Chalk, dry-erase markers or chart pad markers



PREPARATION

- Review the Role-Play Tips on this page and think about how to use them in this activity.
- Photocopy the Activity Tool: Role-Play Scenarios in this guide. Select the scenarios you wish to use and cut each out separately, then put them in a container for a drawing.
- Choose a scenario that you will use as a demonstration.
- Recruit a volunteer for the role-play demonstration and explain to her the role she will be playing.



ROLE-PLAY TIPS

- Create a safe climate for the role play by setting ground rules.
- Give clear, detailed instructions before putting participants into roles.
- Set aside a special place in the room for people to do their role play. This helps emphasize when participants are — and are not — in role.
- Give participants a chance to ask questions before starting their role play.
- Have participants switch roles so that each person gets to play both parts.
- Circulate and listen carefully during the role play.
- If participants slip out of role, help them get back into role. Gently remind them that this is a chance to act like someone else and that they will have a chance to talk about their experiences after the role play is over.
- Release participants from their roles.
- Use open-ended questions to encourage participants to share their experiences in the role play.

*Based on **American National Red Cross.**
*Basic HIV/AIDS Program:
Prevention Skills Guide for Training
Instructors.* Falls Church, VA, 1997.

INSTRUCTIONS ON NEXT PAGE

FOLLOW-UP ACTIVITY

ROLE-PLAY: TALKING ABOUT BREAST CANCER CONTINUED

INSTRUCTIONS

1. Welcome participants to the activity.
2. Ask participants to review what they learned from previous activities.
3. Explain that this activity will give participants a chance to practice what it may be like to have a one-on-one conversation with someone else about breast health.
 - The other person may be a doctor, a friend or a female relative.
 - It can be embarrassing and can make people nervous to talk about breast health.
 - That's why it's important to practice what you may say ahead of time. That way, you may feel less nervous and embarrassed when you have a conversation about breast health.
4. Create a brief role play of the scenario you chose to demonstrate with the preselected volunteer, using two chairs in the center of the room.
5. As the facilitator, you will first play the young woman, and the volunteer will play the doctor, friend or relative.
6. Debrief the role-play by asking the following questions:
 - What did I say that helped me get my point across?
 - What else could I have said in this situation?
7. Ask for the participants' ideas about what you did effectively and what you may have done better. Record their ideas.
8. Switch roles and repeat the role-play with the same scenario.
9. Debrief the role-play, this time asking the questions about the volunteer's performance.
10. Have someone draw a new scenario from the container and read it aloud.
11. Ask for two more volunteers to role play: Repeat the role play process with as many pairs and as many scenarios as time allows. One plays the young woman and the other the doctor, friend or relative.
12. Debrief the role play, getting feedback from the rest of the group.
13. Have the volunteers switch roles.
14. Debrief again.
15. Lead a discussion using the following questions:
 - How will this practice help you talk with others about breast health?
 - Who will you commit to talking with about breast health?
 - What message do you want to get across to him or her?
16. Review the list of participants' ideas for talking about breast health and encourage them to use the strategies with doctors, friends or relatives.*
17. Ask participants to share what they will do differently as a result of what they have learned today.
18. Optional: Have participants complete feedback forms and/or post-tests.
19. Thank participants for their time and attention.

***Note to facilitator:** You may want to ask for a student volunteer to write or type the list of ideas and make copies for participants in the school or organization office.

ACTIVITY TOOL

ROLE-PLAY SCENARIOS

Your grandmother and aunt both had breast cancer. You want to ask your doctor if you're at risk and what you can do to stay healthy.

Your friend Yolanda saw something online stating that women who have small breasts don't have to worry about breast cancer. You want to set her straight.

Your friend Sonia tells you she's had a lump in her breast for about two months. She thinks it will go away on its own.

Your mother is 55, and you know she has never had a mammogram. You want to explain to her why it's so important to get a mammogram every year.

Your friend Alicia is afraid to use deodorant because she thinks it causes breast cancer. You explain the facts to her.

Your grandmother won't let you play sports, because she thinks that if you bump your breast it will turn into breast cancer. You really want to play soccer, so you decide to talk to her.

Your aunt says that she doesn't want a doctor touching her "boobies." You want to explain to her why it's so important for her to have a clinical breast exam.

While looking in the mirror yesterday, you noticed a red area on your left breast. You want to see a doctor about it, but you're nervous and embarrassed.



FOLLOW-UP ACTIVITY OPTION

CRITICAL THINKING COLLAGE

This art project encourages critical thinking about how the media affect how girls and women feel about their bodies and how comfortable they are talking about breast health.



APPROXIMATE TIME

45 minutes



LEARNING OBJECTIVE

By the end of this activity, participants will be able to describe the relationship between media images and their own comfort level with thinking and talking about breast health and participating in screening.



EQUIPMENT + SUPPLIES

- Glue
- Culturally and age-appropriate magazines
- One sheet of poster board for every four participants
- One pair of scissors for every four participants
- Enough markers or crayons and regular glue or glitter glue for small groups of four
- Printer and computer with access to the internet if needed



PREPARATION

- Collect culturally and age-appropriate magazines (e.g., teen, fashion, entertainment or fitness magazines) that contain pictures of women and girls and/or images from the internet.
- Collect the poster board, scissors, crayons or markers and glue.
- Decide how to divide the class into groups of four.

INSTRUCTIONS CONTINUE ON NEXT PAGE

FOLLOW-UP ACTIVITY OPTION

CRITICAL THINKING COLLAGE

CONTINUED

INSTRUCTIONS

1. Welcome participants to the activity.
2. Ask participants to review what they learned in previous activities.
3. Tell participants that they are going to complete an art project that will get them thinking and talking about effects of the media on how girls and women feel about their bodies and how comfortable they are talking about breast health.
4. Give the following instructions:
 - Participants will work in small groups to create collages from magazine pictures that show girls and women.
 - You can use the materials (scissors, markers/crayons, glue/glitter glue) provided.
 - You will have 20 minutes to create your collages.
 - You will be sharing and discussing your collages with the rest of the class.
5. Divide participants into groups of four and allow 20 minutes for small group work.
6. Bring the class back together and have each group present its collage.
7. Lead a discussion using the following questions:
 - What do the pictures say about girls and women?
 - What do these pictures have in common?
 - How do you think growing up with images like these all around you affects how you feel about your body and your breasts?
 - How do these images affect our willingness to talk about our breasts and about breast health and breast cancer?
8. Review themes or ideas that came out during the discussion.
9. Emphasize the following points:
 - Images like the ones we saw today are all around us. Images of female bodies are everywhere. Women—and our body parts—sell everything from food to cars.
 - Even if we don't realize it, these images affect the way we think and feel about our bodies and ourselves.
 - Breasts are featured in a lot of pictures and images all around us—in a sexy way. We don't have many chances to talk about our breasts and what we can do to keep them healthy in a more matter-of-fact way.
 - We hope that this session provided an opportunity to move beyond the pictures. We hope the session helps you talk more openly and honestly about what girls and women can do to keep their breasts healthy.
10. Lead a brief discussion using the following questions:
 - What did you learn through today's session?
 - What will you do differently as a result of what you have learned?
 - Which female relatives will you talk with about what you have learned? What will you tell them?
11. Optional: Have participants complete feedback forms and/or post-tests.
12. Thank participants for their time and attention.

Sources:

About-Face. "Body Image." <http://www.about-face.org/educate-yourself/get-the-facts/facts-on-body-image/>. Accessed May 16, 2016.

Media Smarts. "Body Image—Girls." <http://mediasmarts.ca/body-image/body-image-girls>. Accessed May 16, 2016.

Neurotic Physiology "Magazine, Media, and Teen Body Image." <http://scientopia.org/blogs/scicurious/2011/04/25/magazines-media-and-teen-body-image/>. Accessed May 16, 2016.

Westminster College. "Female Body Image and the Mass Media: Perspectives on How Women Internalize the Ideal Beauty Standard." <http://www.westminstercollege.edu/myriad/index.cfm?parent=...&detail=4475&content=4795>. Accessed May 16, 2016.

FOLLOW-UP ACTIVITIES

EXTENSION ACTIVITIES

Listed below are activities that teachers and other group leaders may use to extend learning about breast health. Descriptions are intentionally general so that teachers can tailor them to the needs and interests of students and local or state content standards.

ACTIVITY	SUBJECT(S)
Write a letter to a female family member explaining what she can do to help keep her breasts healthy.	health/science, language arts
Research a famous person who has had breast cancer and write a report and/or develop a presentation for the class.	language arts, social studies, technology
Interview a member of a young survivors' group (e.g., youngsurvival.org , stupidcancer.org) about her experience with breast cancer and ways to promote cancer prevention and early detection; write a report and/or develop a presentation for the class.	health/science, language arts, social studies, technology
Write a report and/or develop a presentation for the class on how to judge the credibility of sources of information about breast cancer on the internet.	language arts, social studies, technology
Research a new technology for breast cancer detection or a new breast cancer treatment; write a report and/or develop a presentation for the class	language arts, social studies, technology
Develop a breast cancer awareness campaign for other students using one or more of the following elements: <ul style="list-style-type: none"> • Video, skit or play • Song • Posters • Facebook page • Social media campaign 	language arts, social studies, technology, music, art

RESOURCES

GLOSSARY

Benign — A word that describes a tumor that is not cancerous.

Breast self-exam (BSE) — A tool that may help you become familiar with the way your breasts normally look and feel. BSE is not recommended as a screening tool for breast cancer. However, BSE may help you know what is normal for you and help you see or feel changes in your breasts.

Cancer — A disease in which abnormal cells divide without control.

Chemotherapy — A treatment with drugs to kill cancer cells.

Clinical breast exam (CBE) — A breast exam done by a health care provider to check for lumps or other changes.

Genetic mutation — A permanent change or error in a gene (genes are “blueprints” for the body). Mutations may be inherited (passed from parent to child) or spontaneous (occur for unknown reasons). Certain inherited mutations (such as changes to the BRCA1 and BRCA2 genes) account for 5 to 10 percent of breast cancer cases.

Hormonal therapy — A treatment that adds, blocks or removes hormones. For certain conditions, such as menopause, hormones are given to adjust low hormone levels. To slow or stop the growth of certain cancers, such as prostate and breast cancer, synthetic hormones or other drugs may be given to block the body’s natural hormones. Sometimes surgery is needed to remove the gland that makes a certain hormone. (Also called hormone therapy, hormone treatment or endocrine therapy.)

Incidence — The number of new cases of a disease diagnosed each year.

Invasive breast cancer — A cancer that has already grown beyond the layer of cells where it started.

Lumpectomy — Surgery to remove a cancerous tumor (“lump”) in the breast and a small amount of normal tissue around it.

Lymph node or lymph gland — A rounded mass of lymphatic tissue that is surrounded by a capsule of connective tissue. Lymph nodes filter lymphatic fluid called lymph and store white blood cells called lymphocytes. They are located along lymphatic vessels.

Malignant — A word that describes a tumor that is cancerous.

Mammogram — An x-ray of the breast. Yearly mammograms are recommended for women age 40 and older.

Mastectomy — Surgery used to remove a breast or as much of the breast tissue as possible.

Metastasis — The spread of cancer from one part of the body to another. A tumor formed by cells that have spread is called a “metastatic tumor” or a “metastasis.”

Radiation therapy — The use of high-energy radiation from x-rays, gamma rays, neutrons and other sources to kill cancer cells and shrink tumors.

Risk factor — Something that may increase the chance of developing a disease. Some examples of risk factors for cancer include age, a family history of certain cancers and lifestyle choices.

Tumor — An abnormal mass of tissue that results when cells grow and divide without control.

RESOURCES FREQUENTLY ASKED QUESTIONS

Q. Why isn't monthly breast self-exam (BSE) recommended anymore for breast cancer detection?

A. BSE seemed promising when it was first introduced. However, it is not clear that it offers a benefit as a screening test. Results of studies on its effectiveness at finding early-stage tumors and improving chances for survival have been mixed. However, BSE may help women know how their breasts normally look and feel so that they can see or feel any changes.

Q. If a girl or woman bumps or bruises her breast, will it turn into breast cancer?

A. No. Abnormal cells that grow out of control cause breast cancer. Bumps and bruises on someone's breast do not cause breast cancer.

Q. Does sleeping in a bra cause breast cancer?

A. No. Abnormal cells that grow out of control cause breast cancer. Sleeping in a bra does not cause breast cancer.

Q. Are cancerous lumps painful?

A. No. Most breast cancer lumps do not hurt.

Q. Is a woman at risk for developing breast cancer even if no one in her family has had it?

A. Yes. Having a close relative such as a mother, sister or daughter with breast cancer increases a woman's risk of getting breast cancer; however, it is important to remember that more than 85 percent of women with breast cancer do not have a close relative with breast cancer. This means that *most* women with breast cancer *do not* have a close relative with it.

Q. How often should a woman get a mammogram?

A. A woman beginning at age 40 should have a mammogram (an x-ray of the breast) every year unless a health care provider advises her to have one at a younger age or more often (because of a family history or a problem).

Q. Can surgery for breast cancer spread cancer to other parts of someone's body?

A. No. Cancer does not spread through the air or during surgery.

Q. I've heard that if a woman is diagnosed with breast cancer when she's pregnant, her baby will get breast cancer. Is this true?

A. No, this is a myth. However, having a close relative such as a mother, sister or daughter with breast cancer increases a woman's risk of breast cancer. It doesn't matter when the relative was diagnosed, even if it was during a pregnancy.

It is important to remember that more than 85 percent of women with breast cancer do not have a close relative with breast cancer. This means that *most* women with breast cancer *do not* have a close relative with it.

Q. Are women with larger breasts at a higher risk for breast cancer than women with smaller breasts?

A. No. Breast size or shape has nothing to do with a woman's risk of breast cancer.

Q. Can vegetarians get breast cancer? Can fruits and vegetables protect you from breast cancer?

A. There is scientific evidence that a diet filled with a variety of plant foods such as vegetables, fruits, whole grains and beans helps lower the risk of many cancers. Recent studies show that eating lots of fruit as a teenager and fruits and vegetables rich in alpha carotene as a young adult may lower risk of breast cancer later on.

Q. Is it safe to use antiperspirants and deodorants?

A. There have been many rumors about the use of antiperspirants or deodorants increasing a woman's risk of getting breast cancer. There is no scientific proof that this is true.

Q. Does having an abortion increase a woman's risk for getting breast cancer?

A. There is no scientific evidence to show that having an abortion makes a woman more likely to develop breast cancer.

Q. Does wearing a bra cause breast cancer?

A. No, there is no scientific evidence that wearing any kind of bra causes cancer.

Q. Are there chemicals in the environment that increase the risk of getting breast cancer?

A. Many people are concerned about possible breast cancer risks in the environment, but, unfortunately, there is not clear evidence of such risks at this time. More research is needed.

Q. Does working out protect women against breast cancer?

A. There is evidence that exercise can help to reduce the risk of breast cancer. Some researchers are now studying how the amount of exercise affects risk of breast cancer.

Q. Where can I find out more information?

A. Go to www.PreventCancer.org

OPTIONAL FLYER WHAT YOU NEED TO KNOW ABOUT CERVICAL CANCER

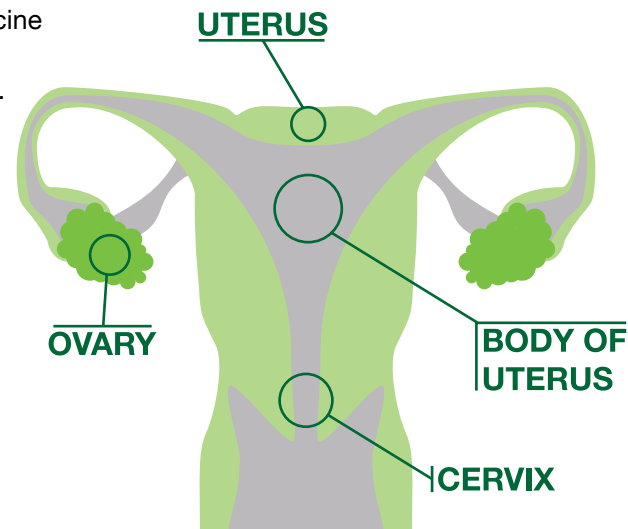
This is information about how you can protect yourself from cervical cancer.

Cervical cancer is caused by the human papillomavirus (HPV), a sexually transmitted virus. Cervical cancer used to be one of the most common causes of cancer death in women in the United States, and in many other parts of the world, it still is. Today, lives are saved because of regular screening with a Pap test (also called a Pap smear).

You can reduce your risk by getting the HPV vaccination, having regular screenings and practicing healthy habits.

RISK REDUCTION AND EARLY DETECTION FOR YOUNG WOMEN

- Talk with your health care provider about the HPV vaccine. The HPV vaccine protects against the types of HPV that are most likely to cause cancer. It's most effective if you are vaccinated before becoming sexually active. The vaccine is recommended for girls who are age 11 or 12. Young women age 13 to 18 who have never been vaccinated may get the vaccine. Boys may also get the vaccine.
- Wait until you are older to start having sex.
- When you have sex, avoid HPV by using condoms the right way every time. (Condoms can't give complete protections against HPV because the virus can infect areas that aren't covered by a condom.)
- Talk with your health care provider about limiting how long you use birth control pills.
- Don't smoke. If you do smoke, quit.
- Maintain a healthy weight.
- Start cervical cancer testing at age 21. Women age 21 to 65 should receive a Pap test every 3 years. Between the ages of 30 and 65 however, women can choose to have a Pap test plus an HPV test every 5 years.
- Women at high risk (including family history of cervical cancer) or with a weakened immune system may need to be screened more often.



SYMPTOMS

Precancerous conditions in the cervix usually don't cause symptoms and are not detected unless a woman has a pelvic exam and a Pap test. Talk with your health care provider right away if you notice any changes such as unusual bleeding or discharge.

Go to www.PreventCancer.org for more information about cervical cancer.

Sources:

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SAMPLE FORM SUPERINTENDENT/PRINCIPAL LETTER

This letter may be sent to a school system superintendent to introduce the *Breast Health Education for Young Women* program. It may also be used with individual school principals. In addition, it may also be adapted for use with organizations other than schools. An electronic version of this sample form may be downloaded from: <http://preventcancer.org/our-work/programs/breast-health-education-guide/>

Date

Dear _____:

The Prevent Cancer Foundation and Howard University Cancer Center developed Project Early Awareness: A Breast Health Education Program for High School Girls. Since 2001, the program has been implemented in 16 Washington, DC, public high schools, where it has been offered to 10th, 11th and 12th grade students.

Early education and other new strategies are needed to combat the high breast cancer mortality rate in the nation's capital, which has one of the highest death rates from breast cancer in the U.S. In [name your state], the breast cancer rate is [add rate]. I am asking your permission to offer Breast Health Education in your high school. Through this important educational program, the girls will learn good breast health habits. The program will also help to dispel myths and fears that prevent women from being screened for breast cancer at the appropriate age.

In addition to learning the basics about breast health, the girls are provided with information to take home to their mothers and other female relatives. These take-home packets contain breast health education information, details on free screening programs in the community and brochures to aid in dispelling myths and reducing fears about breast cancer.

Your support for this project is appreciated.

I can be reached at (phone number) should you have questions or concerns.

Sincerely,
Name
Title

SAMPLE FORM PARENT/GUARDIAN ASSENT LETTER

This letter may be sent home to inform parents or guardians about upcoming *Breast Health Education for Young Women* sessions and used in conjunction with the Assent Form. An electronic version of this sample form may be downloaded from: <http://preventcancer.org/our-work/programs/breast-health-education-guide/>

Date

Dear Parent or Guardian:

Your teenage daughter is being offered a classroom session on breast health and breast cancer topics, including information about risks for breast cancer, mammograms, and myths and facts about breast cancer.

This information will be provided as part of the Project Early Awareness program, which was originally designed to educate 10th, 11th and 12th grade girls in Washington, DC, where women die from breast cancer at a high rate. This program will help students understand breast cancer and the importance of knowing what is normal for the individual and recognizing any changes. Also, the girls will be given take-home packages for their mothers and other female relatives to provide them with information on local mammography programs and help dispel myths and fears about breast cancer and mammograms.

There are no anticipated risks in the program. There is an unlikely risk that your child may experience some anxiety or fear about her own breasts after the session. The girls will be instructed during a regular class, depending on which class is considered appropriate by your daughter's high school. Classes generally last between 45 and 60 minutes. Most likely, the breast health session will be held during gym, English or health class. A health educator will teach about breast cancer risks and breast health awareness.

By educating girls at a young age, Project Early Awareness will serve to instill good breast health habits, alleviate fears about breast cancer and encourage them to get mammograms when they are older.

You can be assured that information collected on this project will not be linked to individual students. The quizzes that your child will take uses code numbers that identify only the school, not the individual student. The quizzes are not graded and do not affect in any way her high school graduation. Your daughter will not receive any money for participation

If you agree to have your teenage daughter participate in the program, she is still free to withdraw consent and not participate in the session without jeopardizing her relationship with (name of high school).

To address comments or questions, please contact (name) at (phone number) or (email address).

Sincerely,

Name

Title

SAMPLE FORM

STUDENT ASSENT FORM

The assent form may be used in situations in which parental or guardian consent is not required for participation in the *Breast Health Education for Young Women* program. Through the use of this form, participants acknowledge that their parents or guardians have been informed about the program and have given them permission to participate. An electronic version of this sample form may be downloaded from:

<http://preventcancer.org/our-work/programs/breast-health-education-guide/>

Informed Assent Form for Minors

I, _____, have been informed that my parent(s) or guardian(s) have given permission for me to participate in a program about breast health, which includes learning about risks for breast cancer, learning breast self-awareness and taking a short quiz before and after the breast health sessions under the direction of the Prevent Cancer Foundation in cooperation with the Howard University Cancer Center.

My participation in this program is voluntary and I have been told that I may stop at any time without affecting my relationship with the Foundation, Howard University or [name of high school]. Also, if I choose not to participate, it will not affect my grade in any way.

Signature

Date

SAMPLE FORM PRE-TEST

This optional pre-test may be administered before *Breast Health Education for Young Women* sessions to assess participants' initial understanding of breast cancer facts. An electronic version of this sample form may be downloaded from:

<http://preventcancer.org/our-work/programs/breast-health-education-guide/>

ID # _____

Today's Date: _____

Mark the answer you think is correct for each question or statement.

1. A woman's chance of getting breast cancer increases as she gets older.

True False I don't know

2. Women with large breasts are more likely to get cancer than women with small breasts.

True False I don't know

3. Bruising, bumping or injuring the breast can cause breast cancer.

True False I don't know

4. If no one in a woman's family has had breast cancer, she is not at risk for getting the disease.

True False I don't know

5. Breast cancer is easier to treat if it's caught early.

True False I don't know

6. Women 40 and older at average risk should have a mammogram (x-ray of the breast) every year.

True False I don't know

7. It is recommended that women get to know what is normal for their breasts, and that they tell their health care provider if they notice any changes.

True False I don't know

8. At age 20, women should start having a clinical breast exam (exam by a health care professional) every three years. At 40, they should have them yearly.

True False I don't know

9. I am comfortable speaking to my family members about our family history of breast cancer.

Strongly agree Agree Unsure
 Disagree Strongly disagree

10. Do you know anyone who has ever had breast cancer? (Please check all that apply.)

Mother Grandmother Sister
 Aunt Cousin Friend
 No one I don't know
 Other (please specify):

11. What is your age?

12. What is your racial/ethnic background?
 Black/African American White/Caucasian
 Latina/Hispanic Asian/Pacific Islander
 American Indian/Alaska Native
 Other (please specify):

SAMPLE FORM PRE-TEST KEY

The key below shows the correct answers to the optional pre-test, that may be administered before *Breast Health Education for Young Women* sessions to assess participants' initial understanding of breast cancer facts.

An electronic version of this sample form may be downloaded from:

<http://preventcancer.org/our-work/programs/breast-health-education-guide/>

ID # _____

Today's Date: _____

Mark the answer you think is correct for each question or statement.

1. A woman's chance of getting breast cancer increases as she gets older.

True False I don't know

2. Women with large breasts are more likely to get cancer than women with small breasts.

True False I don't know

3. Bruising, bumping, or injuring the breast can cause breast cancer.

True False I don't know

4. If no one in a woman's family has had breast cancer, she is not at risk for getting the disease.

True False I don't know

5. Breast cancer is easier to treat if it's caught early.

True False I don't know

6. Women 40 and older at average risk should have a mammogram (x-ray of the breast) every year.

True False I don't know

7. It is recommended that women get to know what is normal for their breasts, and that they tell their health care provider if they notice any changes.

True False I don't know

8. At age 20, women should start having a clinical breast exam (exam by a health care professional) every three years. At 40, they should have them yearly.

True False I don't know

9. I am comfortable speaking to my family members about our family history of breast cancer. **Answers will vary.**

Strongly agree Agree Unsure
 Disagree Strongly disagree

10. Do you know anyone who has ever had breast cancer? (Please check all that apply.)

Answers will vary.

Mother Grandmother Sister
 Aunt Cousin Friend
 No one I don't know
 Other (please specify):

11. What is your age? **Answers will vary.**

12. What is your racial/ethnic background?

Answers will vary.

Black/African American White/Caucasian
 Latina/Hispanic Asian/Pacific Islander
 American Indian/Alaska Native
 Other (please specify):

SAMPLE FORM POST-TEST

The optional post-test, which contains most of the pre-test questions, may be used in conjunction with the pre-test to assess changes in knowledge as a result of *Breast Health Education for Young Women* sessions. An electronic version of this sample form may be downloaded from:

<http://preventcancer.org/our-work/programs/breast-health-education-guide/>

ID # _____

Today's Date: _____

Mark the answer you think is correct for each question or statement.

1. A woman's chance of getting breast cancer increases as she gets older.

True False I don't know

2. Women with large breasts are more likely to get cancer than women with small breasts.

True False I don't know

3. Bruising, bumping, or injuring the breast can cause breast cancer.

True False I don't know

4. If no one in a woman's family has had breast cancer, she is not at risk for getting the disease.

True False I don't know

5. Breast cancer is easier to treat if it's caught early.

True False I don't know

6. Women 40 and older at average risk should have a mammogram (x-ray of the breast) every year.

True False I don't know

7. It is recommended that women get to know what is normal for their breasts, and that they tell their health care provider if they notice any changes.

True False I don't know

8. At age 20, women should start having a clinical breast exam (exam by a health care professional) every three years. At 40, they should have them yearly.

True False I don't know

9. I am comfortable speaking to my family members about our family history of breast cancer.

Strongly agree Agree Unsure
 Disagree Strongly disagree

SAMPLE FORM POST-TEST KEY

The key below shows the correct answers to the optional post-test. An electronic version of this sample form may be downloaded from:

<http://preventcancer.org/our-work/programs/breast-health-education-guide/>

ID # _____

Today's Date: _____

Mark the answer you think is correct for each question or statement.

1. A woman's chance of getting breast cancer increases as she gets older.

True False I don't know

2. Women with large breasts are more likely to get cancer than women with small breasts.

True False I don't know

3. Bruising, bumping or injuring the breast can cause breast cancer.

True False I don't know

4. If no one in a woman's family has had breast cancer, she is not at risk for getting the disease.

True False I don't know

5. Breast cancer is easier to treat if it's caught early.

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6. Women 40 and older at average risk should have a mammogram (x-ray of the breast) every year.

True False I don't know

7. It is recommended that women get to know what is normal for their breasts, and that they tell their health care provider if they notice any changes.

True False I don't know

8. At age 20, women should start having a clinical breast exam (exam by a health care professional) every three years. At 40, they should have them yearly.

True False I don't know

9. I am comfortable speaking to my family members about our family history of breast cancer. **Answers will vary.**

Strongly agree Agree Unsure
 Disagree Strongly disagree

SAMPLE PARTICIPANT FEEDBACK FORM

The feedback form provides an opportunity for participants to provide feedback (their likes and dislikes) about the *Breast Health Education for Young Women* sessions. An electronic version of this sample form may be downloaded from:

<http://preventcancer.org/our-work/programs/breast-health-education-guide/>

Facilitator: _____

Date: _____

Please circle your responses below.

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1. I was interested in the activity.	1	2	3	4	5
2. I learned a lot from the activity session.	1	2	3	4	5
3. The survivor's personal story made an impact on me.	1	2	3	4	5
4. Information was presented clearly.	1	2	3	4	5
5. The presenter(s) seemed knowledgeable.	1	2	3	4	5

6. What did you enjoy most about the activity?

7. What did you enjoy least about the activity?

8. Additional comments:

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Emily R. Turk edited the manuscript and David Dao provided design + formatting.

This project has many roots, none more significant than Project Early Awareness (PEA), a breast health education program begun in 2001 at Howard University Cancer Center in partnership with the Prevent Cancer Foundation. Rosemary Williams, who started PEA, always described the program as a “long-term solution to reducing breast health disparities in Washington, D.C.,” which has one of the highest state-level breast cancer mortality rates. Until PEA, there was no structured breast health education in the D.C. public schools. Since inception, PEA has been implemented in 16 high schools and has reached more than 6,000 high school students. It has also been used in the community.



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