

BREAST HEALTH EDUCATION FOR YOUNG WOMEN

FACILITATOR'S GUIDE

OCTOBER 2020



HConquers
UCancer
Howard University Cancer Center



HConquers **U**Cancer

Howard University Cancer Center

© 2020 by the Prevent Cancer Foundation and the Howard University Cancer Center.

Permission to duplicate portions of this publication is granted if reference is made to the publication and the copyright holders.

The activities offered in this guide can be used with in-person groups or adapted by facilitators for virtual groups.

CONTENTS

INTRODUCTION

Intended Audience	4
Facilitating Sessions	4
Overview of Activities	4
Breast Cancer Screening Guide for Women of Average Risk	6
Breast Cancer Risk Reduction	7
Learning Standards	8

PLANNING YOUR EDUCATIONAL SESSIONS

Using Assent or Consent Forms	9
Collecting, Analyzing and Using Data	10
A Note on Institutional Review Boards	10
Planning To-Do List	11
Planning Checklist	12

BASIC SESSION

Introduction to Basic Session	15
Myths + Facts	16
Activity Tool: Myth or Fact	19
HANDOUT: Breast Health Basics	31
My Story	33
One in Eight	34
HANDOUT: Your Family Health History	36
HANDOUT: Healthy Habits for Life	37
Summary + Closing	38
Basic Session Citations	39

ADDITIONAL ACTIVITIES

Role-Play: Talking about Breast Health	41
Activity Tool: Role-Play Scenarios	43
Critical Thinking Collage	44
Extension Activities	46

RESOURCES

Glossary	48
Frequently Asked Questions	50
OPTIONAL HANDOUT: You Can Protect Yourself Against Cervical Cancer and HPV	52

Sample Forms

Superintendent/Principal Letter	53
Parent/Guardian Assent Letter	54
Student Assent Form	55

Tests and Feedback Form

Pre-Test	56
Pre-Test Key	57
Post-Test	58
Post-Test Key	59
Participant Feedback Form	60

Bibliography	61
-------------------------------	-----------

Acknowledgments	64
----------------------------------	-----------



INTRODUCTION

The goal of this facilitator’s guide is to provide interactive group-based learning experiences to increase young women’s knowledge about breast cancer and to encourage their commitment to lifelong breast health. As envisioned, program participants will then 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 to broaden and deepen breast health education for young women. This easy-to-use guide provides facilitators with activities that may be used with in-person or virtual groups of young women.

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.

While the guide was originally written for an audience of cisgender (a person whose gender identity and assigned sex at birth correspond) young women, it contains important breast health education for all young people with breasts—transgender, gender-fluid and gender-nonconforming.

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 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.

OVERVIEW OF ACTIVITIES

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 additional activities.

Basic Session

The purpose of the Basic Session is to create a foundation in basic breast health and breast cancer facts and to provide an opportunity for participants to hear the story of a young breast cancer survivor. It is recommended that participants complete the Basic Session before moving on to other activities in this facilitator's guide. The basic session can be conducted over two class/group meetings if needed. The basic session includes:

- Myths and Facts
- My Story
- One in Eight

For additional learning, 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 several 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 health care providers, 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.

BREAST SCREENING GUIDE FOR WOMEN OF AVERAGE RISK

DISCUSS BREAST CANCER SCREENING WITH YOUR HEALTH CARE PROVIDER

Know your family history.

Your risk increases if you have several close relatives who have been diagnosed with breast cancer or if your mother was diagnosed with breast cancer before age 50.

THREE-YEAR CHECK-UP

From age 25 to 39, talk with your health care provider at least once every three years for risk assessment, risk reduction counseling and a clinical breast exam.

ANNUAL MAMMOGRAM and/or 3D MAMMOGRAM (TOMOSYNTHESIS)

HORMONE REPLACEMENT THERAPY

At menopause, talk with your health care provider about breast cancer risks associated with hormone replacement therapy.

Several organizations encourage beginning annual mammograms at age 40.

Using both mammography and 3D mammography improves accuracy; combining them still falls within FDA limits of radiation for standard mammography.

Many women have dense breast tissue, which may make it harder to see cancers with mammography; however, digital mammography has been shown to be more accurate (than film) in younger women with dense breasts. There is some evidence that adding ultrasound to mammography may improve accuracy.

Speak with your health care provider about which screening method is right for you.

ANNUAL CHECK-UP

Beginning at age 40, get screened annually if you are at average risk. Discuss the benefits and risks of screening tests with your health care provider.

AGE

25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 65

Source:
National Comprehensive Cancer Network

If you are at high risk, talk with your health care provider about beginning annual screening mammograms and magnetic resonance imaging (MRI) at a younger age.

Note to facilitator:

This page and the next page provide breast cancer screening and risk reduction information to be utilized when facilitating educational sessions.

BREAST CANCER RISK REDUCTION

What can you do to reduce your risk of breast cancer

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 in the 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 the nipple or other parts of the breast
- Nipple discharge that starts suddenly
- New pain in one spot that doesn't go away

Adopt these healthy habits:

- Maintain a healthy weight.
- Exercise at least 30 minutes, at least 5 days a week.
- Don't smoke. Don't vape. Many young adults start smoking after first vaping.
- Don't drink alcohol. Even drinking small amounts of alcohol may increase your risk of cancer.
- Breastfeed if you can.

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. What experts do agree upon, however, is the importance of knowing your body and talking to your health care provider right away if you notice any changes.

You Can Protect Yourself Against Cervical Cancer and HPV

Cervical cancer is caused by the human papillomavirus (HPV), a virus that may be spread through vaginal, anal or oral sex. 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. Use the handout, *You Can Protect Yourself Against Cervical Cancer and HPV*, in the Resources section to share information about cervical cancer screening and prevention.

LEARNING STANDARDS

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	BASIC SESSION	ADDITIONAL ACTIVITIES		
		ROLE-PLAY	CRITICAL THINKING COLLAGE	EXTENSION ACTIVITIES
HEALTH EDUCATION				
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				
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				
Communication and Collaboration				■
Research and Information Fluency				■
SOCIAL STUDIES				
Culture			■	
Individual Development and Identity			■	■
Time, Continuity and Change				■
Production, Distribution and Consumption				■
Science, Technology and Society				■



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. In this case, you will 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 Resources 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 Resources 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 is optional, there are several benefits in collecting feedback 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 feedback forms as written in the Resources 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 in diverse settings. Please send compiled results or scanned copies of student pre- and post-tests and feedback forms to pcf@preventcancer.org.

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 feedback 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 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.** You may adapt the sample Superintendent/Principal letter included in the Resources 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.
 - If consent forms are required, you will need to develop these to fit the needs of your setting and participants 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 additional activities if time allows.
- 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.](#)" which runs for a little more than three minutes.
- 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 Basic Session on page 14.
- 7 Make sure you have done the 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 responses 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 scanned copies to pcf@preventcancer.org.

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:	
<input type="checkbox"/> Chalkboard or whiteboard <input type="checkbox"/> Easel and easel pad <input type="checkbox"/> Computer with speakers, printer and internet connection	
ACTIVITY SELECTION	
<input type="checkbox"/> Group has had no basic breast health education or wants to review basic information. Basic Session Activities <ul style="list-style-type: none"> <input type="checkbox"/> Myths and Facts <input type="checkbox"/> My Story (choose one): <ul style="list-style-type: none"> <input type="checkbox"/> Tell your story if you are a breast cancer survivor <input type="checkbox"/> Recruit a survivor to share her story <input type="checkbox"/> Show YouTube video of a young survivor <input type="checkbox"/> One in Eight 	<input type="checkbox"/> Group has had some basic education, and now wants to focus on one or more topics: <ul style="list-style-type: none"> <input type="checkbox"/> Role Play: Talking About Breast Health <input type="checkbox"/> Critical Thinking Collage <input type="checkbox"/> Extension Activity or Activities
POST SESSION	
<input type="checkbox"/> Further session(s):	
<input type="checkbox"/> 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 pcf@preventcancer.org .	

*Checklist adapted from the American Red Cross Basic HIV/AIDS Program.



BASIC SESSION

The purpose of the Basic Session is to create a foundation in basic breast health and breast cancer facts and to provide an opportunity for participants to hear the story of a young breast cancer survivor. **It is recommended that participants complete the Basic Session before moving on to other activities in this facilitator's guide.**

Activities may take more or less time depending upon the facilitator and the group. 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	PREPARATION
<p>Introduction 5 minutes</p>	<p>Make copies of pages describing activities in Basic Session.</p> <p>Optional: Make one copy of the pre-test and assent form for each student.</p>
<p>Myths and Facts 15–30 minutes</p>	<p>Select and copy the “myth” and “fact” statements onto colored paper/cardstock and cut them out. (<i>See the Myths + Facts Activity Tool in this guide.</i>) We suggest you choose three myths and three facts for a 15-minute activity and up to five myths and five facts for a 30-minute activity.</p> <p>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.</p> <p>Make one copy per participant of the “Breast Health Basics” handout.</p> <p>If you decide to use the Optional handout: “You Can Protect Yourself Against Cervical Cancer and HPV,” make one copy per participant.</p> <p>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.”</p>
<p>My Story 10 minutes</p>	<p>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:</p> <ul style="list-style-type: none"> • 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,” which runs for a little more than three minutes.
<p>One in Eight 10 minutes</p>	<p>Make one copy per participant of the handouts “Your Family Health History” and “Healthy Habits for Life.”</p>
<p>Summary + Closing 10 minutes</p>	<p>Optional: Make one copy per student of feedback form and post-test</p> <p>Optional: Make a “goody bag” for each participant with the following:</p> <ul style="list-style-type: none"> • “Stop Cancer Before It Starts! A Guide to Preventing Cancer” • 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

INTRODUCTION TO BASIC SESSION

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

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. The group will:
 - Sort out myths about breast cancer from facts.
 - Hear the story of a young woman who had breast cancer.
 - Discuss risk factors, early detection, the importance of knowing your body and family history and the importance of making healthy lifestyle choices.

MYTHS + FACTS

This game is designed to reinforce facts and dispel common myths about breast health and breast cancer. By the end of this activity, participants will be able to distinguish myths about breast cancer from facts.

VIDEO: *Take a brief look at this activity in action...* [CLICK HERE](#)

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 the 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.)

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 correct columns and reinforce the correct information.

MYTHS + FACTS

TALKING POINTS

MYTH

If someone bumps or bruises their 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 cause breast and other types of cancer.

FACT

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

- Breast size and shape have nothing at all to do with breast cancer risk.

MYTH

Antiperspirants and deodorants cause breast cancer.

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

FACT

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.

MYTH

Having breast cancer surgery will spread cancer to other parts of the body.

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

FACT

It is important to know what is normal for you and see your health care provider if you notice any changes in your breasts:

- Changes may include a lump, dimpling or puckering of the skin or nipple discharge.
- 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.

MYTH**Wearing a bra can cause breast cancer.**

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

FACT**Mammograms can help find breast cancer earlier.**

- 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.

MYTH**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.

FACT**Breast cancer is easier to treat if you find it earlier.**

- The earlier breast cancer is found, the more likely that treatment will be successful.
- In the past 25 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 3.5 million survivors in the United States today.

MYTH**Carrying a cell phone in your bra will give you breast cancer.**

- There is no evidence of a connection between cell phones and breast cancer.

FACT**Men can get breast cancer.**

- It is true that men can get breast cancer. However, breast cancer is much less common among men than among women.



**If someone bumps or
bruises their breast,
it can turn into
breast cancer.**



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



Antiperspirants and deodorants cause breast cancer.



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



Having breast cancer surgery will spread cancer to other parts of the body.



**See your health
care provider if you
notice any changes
in your breasts.**



Wearing a bra can cause cancer.



**Mammograms
can help find
breast cancer
earlier.**



Healthy, cancer-free breasts are never lumpy.



**Breast cancer is
easier to treat
if you find
it earlier.**



**Carrying a
cell phone
in your bra
will give you
breast cancer.**



**Men can get
breast cancer.**



WHAT IS CANCER?

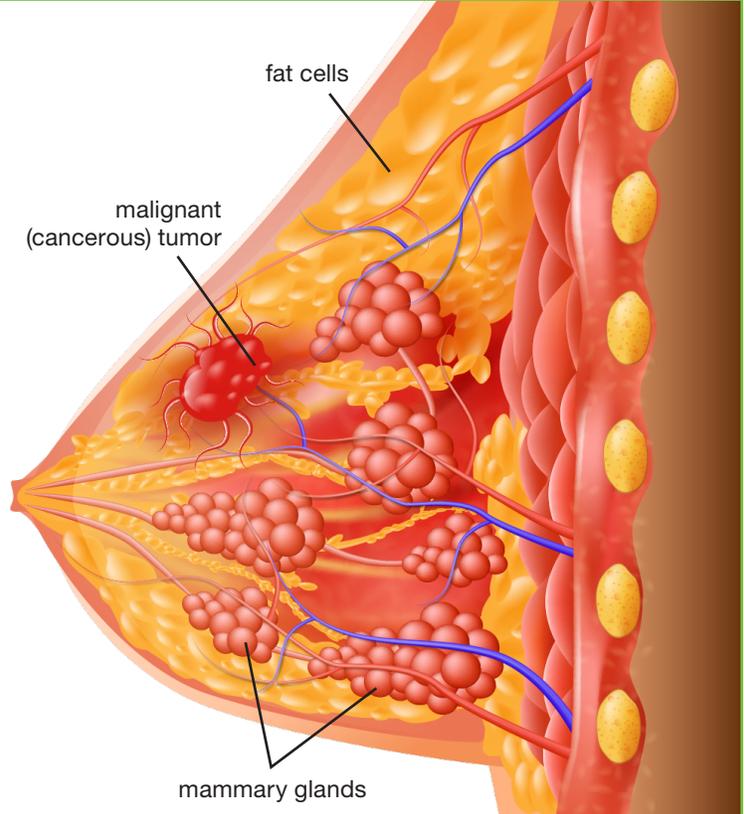
Cancer occurs when a group of cells grows and divides out of control.

WHAT'S INSIDE YOUR BREASTS?

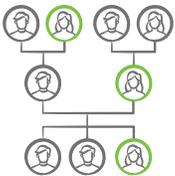
The breasts are made up of fatty tissue, glands that make milk and the ducts that carry the milk to the nipples. That's why breasts can feel lumpy.

WHAT CAN YOU DO TO REDUCE YOUR RISK OF BREAST CANCER?

Some risk factors can't be changed, such as getting older or being born female.



HERE ARE ACTIONS YOU CAN TAKE TO REDUCE YOUR RISK:



Know your family health history and talk to your health care provider about your personal risk for breast cancer.



Don't smoke. Don't vape: many young adults start smoking after first vaping.



Maintain a healthy weight.



Don't drink alcohol. Even drinking a little may increase your risk.



Exercise at least 30 minutes, at least 5 days a week.



Breastfeed, if you can.

BREAST HEALTH BASICS (CONTINUED)

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 in the 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 the nipple or other parts of the breast
- Nipple discharge that starts suddenly
- New pain in one spot that doesn't go away

WHAT CAN BE DONE TO DETECT BREAST CANCER?*

If you are at average risk:

- From age 25 to 39, talk with your health care provider at least once every three years for risk assessment to go over your personal and family health history and get risk reduction counseling and a clinical breast exam.
- Get a mammogram every year starting at age 40.
- Many women have dense breast tissue, which may make it harder to see cancers with mammography; however, digital (3D) mammograms have been shown to be more accurate (than regular mammograms) in younger people with dense breasts.

If you are at higher risk, talk with your health care provider about when to start screening, which screening tests to have and how often to have them.

**Source: National Comprehensive Cancer Network®*

WHAT CAN BE DONE TO TREAT BREAST CANCER?

The earlier cancer is found, the more likely it is that treatment will be successful.

Treatment depends on the type and stage of the breast cancer:

- The most common treatment is surgery to remove the cancer (lumpectomy), combined with radiation. In some cases, it is necessary to remove the breast (mastectomy).
- Chemotherapy, radiation therapy, hormone therapy or targeted therapy may be used alone or in combination before or after surgery.

For more information:

American Cancer Society. "Breast Factor Risks You Cannot Change." <https://www.cancer.org/cancer/breast-cancer/risk-and-prevention/breast-cancer-risk-factors-you-cannot-change.html>.

American Cancer Society. "Lifestyle-related Breast Cancer Risk Factors." <https://www.cancer.org/cancer/breast-cancer/risk-and-prevention/lifestyle-related-breast-cancer-risk-factors.html>.

National Cancer Institute, National Institutes of Health. "Breast Cancer Treatment (PDQ®) - Patient version." <http://www.cancer.gov/types/breast/patient/breast-treatment-pdq>.

National Comprehensive Cancer Network®. "NCCN Guidelines Version 1.2019: Breast Cancer Screening and Diagnosis." NCCN, 2019.

MY STORY

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

INSTRUCTIONS

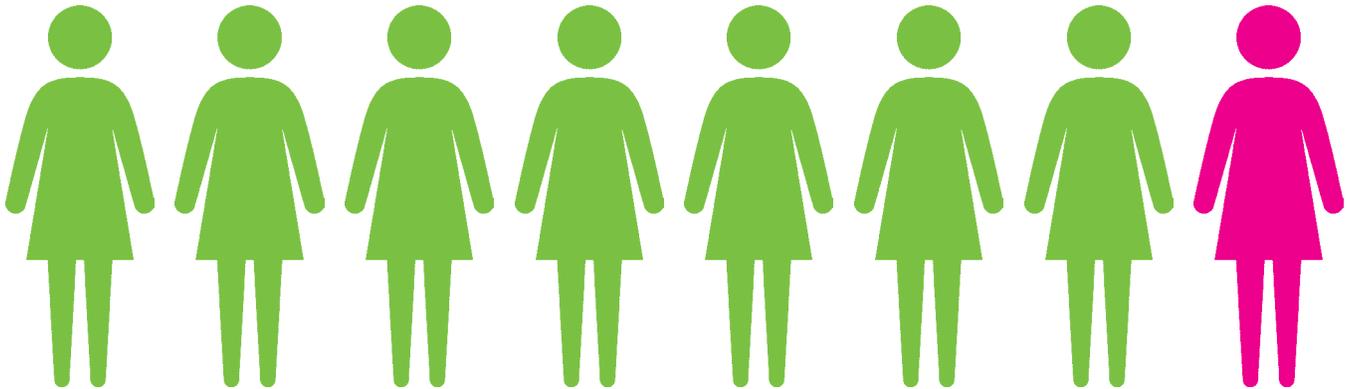
1. Tell your personal story about your breast cancer diagnosis and treatment, covering the following points:
 - Whether you thought you were at risk for breast cancer
 - How old you were when you were diagnosed
 - How you felt when you were diagnosed
 - Whether there is a history of breast cancer in your family
 - How you found out 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 this story have to do with you and your life?
 - How has hearing this story changed the way you think about breast cancer?
4. Emphasize that finding breast cancer earlier is one of the things that makes treatment much more successful.

**Note to
facilitator or
breast cancer
survivor:**

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.)

ONE IN EIGHT

This participatory activity is designed to help participants understand lifetime risk of breast cancer among American women. By the end of this activity, participants will be able to explain how many women in a group on average are likely to get breast cancer at some point during their lives and how important it is to know your family history.



INSTRUCTIONS

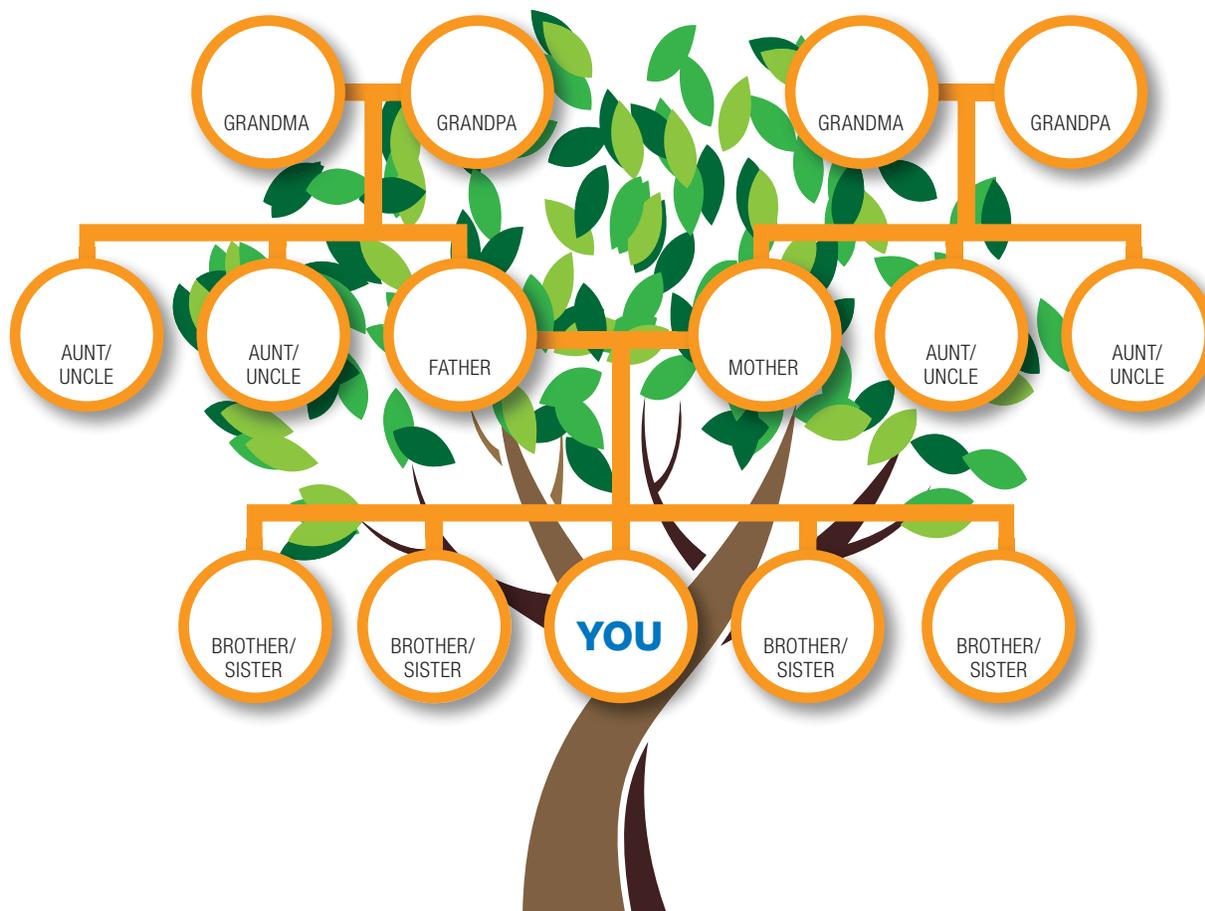
1. Explain to participants that this next activity and discussion will help them understand the risk of getting breast cancer.
2. Ask participants to count off from one to eight.
3. Ask all “Number 8s” to stand up.
4. Explain that the participants represent the proportion of women who will have invasive breast cancer (a type of breast cancer that spreads from the place where it first started) during their lifetimes.
 - What this means is that out of every eight women, on average one will 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.

ONE IN EIGHT (CONTINUED)

5. Share that being a woman is the main risk factor for breast cancer. As we discussed, men can develop breast cancer, but it is much 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.
 - However, younger women do get breast cancer. In fact, 1 in 3 women with invasive breast cancer is younger than 55.
7. Only a small number of breast cancer cases are thought to be hereditary, meaning that they're caused by gene defects or mutations that are inherited from a parent. Having one of these gene mutations can increase a woman's chances of getting invasive breast cancer greatly.
8. Share that having a mother, sister or daughter with breast cancer almost doubles a woman's risk. However, most 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.)
 - Your Family Health 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!

Most people who get cancer do not have a family history of the disease, which is one reason why screening is so important—but a personal or family history of cancer or certain other diseases may increase your risk.

Fill out this family health history chart and share it with your family and your health care provider to help determine health risks.



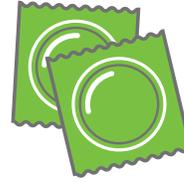
- For each blood relative, note in the circle any cancer or other chronic disease the person had and the age at which each was diagnosed.
- Note any surgeries related to cancer and the dates of the procedures.
- If you can, note the date of birth and date and cause of death for any family member who is deceased.

This information will help you and your health care provider decide which cancer screenings you may need, when to begin screening and how often you should be screened.

For some families, conversations about health history may be over dinner or at family gatherings. For others, one-on-one conversations may be the most effective. It may be helpful to create a list of questions and practice in advance how to say why talking about your family health history is important to you and your health.



Eat lots of fruits, vegetables, beans & whole grains, limit red meat & cut out processed meats. Drink more water and cut down on sugary drinks.



When you decide to have sex, use a condom the right way every time to protect yourself. (The only 100% protection is not to have sex.)



Don't smoke. Don't vape: many young adults start smoking after first vaping.



Get vaccinated against HPV and hepatitis B.



Move more and sit less, and exercise at least 30 minutes, at least 5 days a week.



Protect your skin from the sun.



Maintain a healthy weight.



Get routine cancer screenings.



Don't drink alcohol. Even drinking a little may increase your risk of cancer.

Up to 50% of cancer cases and about 50% of cancer deaths are preventable with what we know today.

Adopt these habits to reduce your cancer risk. Know your family health history, especially of cancer: it's important in assessing your risk of cancer.

For more information:

American Cancer Society. "Stay Healthy." <https://www.cancer.org/healthy.html>.

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. "Family History is Important for Health." <https://www.cdc.gov/genomics/public/file/print/FamHistFactSheet.pdf>.

Centers for Disease Control and Prevention. "How to Prevent Cancer or Find It Early." <https://www.cdc.gov/cancer/dcpc/prevention/index.htm>.

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

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

National Cancer Institute. "Obesity and Cancer." <https://www.cancer.gov/about-cancer/causes-prevention/risk/obesity/obesity-fact-sheet>.

Truth Initiative. "Quit Smoking and Vaping Tools." <https://truthinitiative.org/what-we-do/quit-smoking-tools>

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.

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 participants about the importance of knowing their risks, getting screened, knowing what is normal for them 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.

BASIC SESSION CITATIONS

- American Cancer Society.** “Breast Factor Risks You Cannot Change.” <https://www.cancer.org/cancer/breast-cancer/risk-and-prevention/breast-cancer-risk-factors-you-cannot-change.html>. Accessed April 2, 2020.
- American Cancer Society.** “Disproven or Controversial Breast Cancer Risk Factors.” <https://www.cancer.org/cancer/breast-cancer/risk-and-prevention/disproven-or-controversial-breast-cancer-risk-factors.html>. Accessed April 24, 2020.
- American Cancer Society.** “How Common is Breast Cancer?” <https://www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.html>. Accessed April 3, 2020.
- American Cancer Society.** “Lifestyle-related Breast Cancer Risk Factors.” <https://www.cancer.org/cancer/breast-cancer/risk-and-prevention/lifestyle-related-breast-cancer-risk-factors.html>. Accessed April 2, 2020.
- American Cancer Society.** “What Are the Risk Factors for Breast Cancer?” <http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-risk-factors>. Accessed April 1, 2020.
- 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.** “Family History is Important for Your Health.” <https://www.cdc.gov/genomics/public/file/print/FamHistFactSheet.pdf>. Accessed April 3, 2020.
- Centers for Disease Control and Prevention.** “Physical Activity and Health.” <http://www.cdc.gov/physicalactivity/basics/pa-health/index.htm>. Accessed April 1, 2020.
- Chen L, Malone K, Li C.** “Bra Wearing not Associated with Breast Cancer Risk: A Population-based Case-control Study.” *Cancer Epidemiology Biomarkers and Prevention*, 2014.
- 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 April 1, 2020.
- National Cancer Institute, National Institutes of Health.** “Antiperspirants/Deodorants and Breast Cancer.” <https://www.cancer.gov/about-cancer/causes-prevention/risk/myths/antiperspirants-fact-sheet>. Accessed April 2, 2020.
- National Cancer Institute, National Institutes of Health.** “Breast Cancer Prevention (PDQ®) — Patient Version.” <http://www.cancer.gov/cancertopics/pdq/prevention/breast/Patient/page3>. Accessed April 1, 2020.
- National Cancer Institute, National Institutes of Health.** “Breast Cancer Treatment (PDQ®) — Patient Version.” <http://www.cancer.gov/types/breast/patient/breast-treatment-pdq>. Accessed April 2, 2020.
- National Cancer Institute, National Institutes of Health.** “Oral Contraceptives and Cancer Risk.” <http://www.cancer.gov/about-cancer/causes-prevention/risk/hormones/oral-contraceptives-fact-sheet>. Accessed April 2, 2020.
- National Comprehensive Cancer Network®.** “NCCN Guidelines Version 1.2019: Breast Cancer Screening and Diagnosis.” NCCN, 2019.
- Susan G. Komen for the Cure®.** “Breast Cancer Risk Factors Table.” <https://ww5.komen.org/BreastCancer/BreastCancerRiskFactorsTable.html>. Accessed April 1, 2020.
- Susan G. Komen for the Cure®.** “Breast Cancer Statistics.” <https://ww5.komen.org/BreastCancer/Statistics.html>. Accessed April 2, 2020.
- Susan G. Komen for the Cure®.** “Factors That Affect Breast Cancer Risk.” <https://ww5.komen.org/AboutBreastCancer/RiskFactors/FactorsAffectingBreastCancerRisk/FactorsAffectingBreastCancerRisk.html>. Accessed April 2, 2020.

ADDITIONAL ACTIVITIES

If you plan to conduct additional activities, there are options from which to choose. The objectives of the activities below are to build skills related to communication about screening behavior and to encourage critical thinking. Your choice of activity will depend on a number of factors, including time available and the preferences of participants and school administrators or organizational sponsors. Choose from the options below:

ADDITIONAL ACTIVITIES	DESCRIPTION
Role-play: Talking about breast health 30 minutes	Role-play scenarios for participants to act out to practice talking about breast health with family, friends and health care providers
Critical thinking collage 45 minutes	An art project to help participants connect media with perceptions of their body and how they talk about breast health
Extension activities Varied times	A list of extra activities for facilitators to choose from; see list on Extension Activities page for details

Activities may take more or less time depending upon the facilitator and the group. 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. Refer to the individual activity descriptions that follow for a list of items and preparation for each activity.

ROLE-PLAY: TALKING ABOUT BREAST HEALTH

The purpose of this role-play is to help participants build skills to talk about breast health and breast cancer with health care providers, friends and relatives.

VIDEO: [Take a brief look at this activity in action...CLICK HERE](#)

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.

*Role-play instructions adapted from the American Red Cross Basic HIV/AIDS Program.

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 health care provider, 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 health care provider, friend or relative.
6. Debrief the role-play by asking the following questions and recording their ideas:
 - What did I say that helped me get my point across?
 - What else could I have said in this situation?
7. Switch roles and repeat the role-play with the same scenario.
8. Debrief the role-play, this time asking the questions about the volunteer's performance.
9. Have someone draw a new scenario from the container and read it aloud.
10. 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.
11. Debrief the role-play, getting feedback from the rest of the group.
12. Have the volunteers switch roles.
13. Debrief again.
14. 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 will you want to share?
15. Review the list of participants' ideas for talking about breast health and encourage them to use the strategies with health care providers, friends or relatives.
16. Ask participants to share what they will do differently as a result of what they have learned today.
17. **Optional:** Have participants complete feedback forms and/or post-tests.
18. 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 Tamika is afraid to use deodorant because she thinks it causes breast cancer. You want to explain the facts to her.

Your friend Yolanda saw something online stating that women who have small breasts don't have to worry about breast cancer. You want to explain to her that it is a myth.

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 friend Sonia tells you she's had a lump in her breast for about two months. She hopes it will go away on its own. You want to encourage her to see her doctor and get it checked out.

Your aunt says that she doesn't want a doctor touching her "boobs." You want to explain to her why it's so important for her to get screened for breast cancer.

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.

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.



CRITICAL THINKING COLLAGE

The purpose of this art project is to encourage critical thinking about how the media affect how girls and women feel about their bodies and how they feel talking about breast health. By the end of this activity, participants will be able to describe the relationship between media images and their own comfort with thinking and talking about breast health and getting screened.

EQUIPMENT + SUPPLIES

- Culturally and age-appropriate magazines or computers or tablets with internet access and a printer
- 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

PREPARATION

- If you will be using magazines for this activity, collect culturally and age-appropriate magazines (e.g., teen, fashion, entertainment or fitness magazines) that contain pictures of women.
- Collect the poster board, scissors, crayons or markers and glue.
- Decide how to divide the class into groups of four.

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 (or social media posts) 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.

Note to facilitator:

If you will have access to computers or tablets and printers, you may wish to have participants find posts or articles on social media sites and use those to create their collages and report back on them.

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 sexualized 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." <https://about-face.org/category/topics/body-image-2/>. Accessed April 3, 2020.

Media Smarts. "Body Image—Girls." <http://mediasmarts.ca/body-image/body-image-girls>. Accessed April 3, 2020.

Westminster College. "Female Body Image and the Mass Media: Perspectives on How Women Internalize the Ideal Beauty Standard." <https://celineanthology.wordpress.com/2015/06/08/female-body-image-and-the-mass-media-perspectives-on-how-women-internalize-the-ideal-beauty-standard/>. Accessed April 3, 2020.

EXTENSION ACTIVITIES

The purpose of these activities below is 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)
<p>Write an email to a female family member explaining what she can do to help keep her breasts healthy.</p>	<ul style="list-style-type: none"> • health/science • language arts
<p>Research a famous person who has had breast cancer and write a report and/or develop a presentation for the class.</p>	<ul style="list-style-type: none"> • language arts • social studies • technology
<p>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.</p>	<ul style="list-style-type: none"> • health/science • language arts • social studies • technology
<p>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.</p>	<ul style="list-style-type: none"> • language arts • social studies • technology
<p>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.</p>	<ul style="list-style-type: none"> • language arts • social studies • technology
<p>Develop a breast cancer awareness campaign for other students using one or more of the following elements:</p> <ul style="list-style-type: none"> • Video, skit or play • Song • Posters • Social media campaign 	<ul style="list-style-type: none"> • language arts • social studies • technology • music, art

RESOURCES

Keep the conversation going with these resources.

GLOSSARY

Benign	Describes a tumor that is not cancerous.
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.
Dense breasts	A term used to describe the amount of dense tissue compared to the amount of fatty tissue in the breast on a mammogram. More dense tissue in the breast may make it harder to find tumors.
Genetic mutation	<p>A permanent change or error in a gene (genes are “blueprints” for the body). Mutations may be inherited (passed from parent to child) or acquired (occur for other reasons). Certain inherited mutations (such as changes to the BRCA1 and BRCA2 genes) account for 5% to 10% of breast cancer cases.</p> <p>Some research has identified key types of BRCA mutations in women of Ashkenazi Jewish descent who have breast cancer. There is also evidence of other genetic mutations which affect their risk of breast cancer and other cancers. The BRCA mutations have been found in Black women who were diagnosed with breast cancer at an early age. Although more research needs to be done, there is some evidence for increasing referrals of Black women for genetic testing.</p>
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 cancers, 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. (This is also called hormone therapy, hormone treatment or endocrine therapy.)
Incidence	The number of new cases of a disease diagnosed during a particular time period, such as a 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	Describes a tumor that is cancerous.
Mammogram	An x-ray of the breast. Yearly mammograms are recommended for women age 40 and older. Digital (3D) mammograms have been shown to be more accurate (than regular mammograms) in younger people with dense breasts.
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.

FREQUENTLY ASKED QUESTIONS

If a person bumps or bruises the breast, will it turn into breast cancer?

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

Are cancerous lumps painful?

Not usually. Most breast cancer lumps do not hurt.

Is someone at risk for developing breast cancer even if no one in their family has had it?

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% 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.

How often should a woman get a mammogram?

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).

Can surgery for breast cancer spread cancer to other parts of the body?

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

I've heard that if someone is diagnosed with breast cancer when pregnant, the baby will get breast cancer. Is this true?

No, this is a myth. However, having a close relative such as a mother, sister or daughter with breast cancer increases the risk of breast cancer.

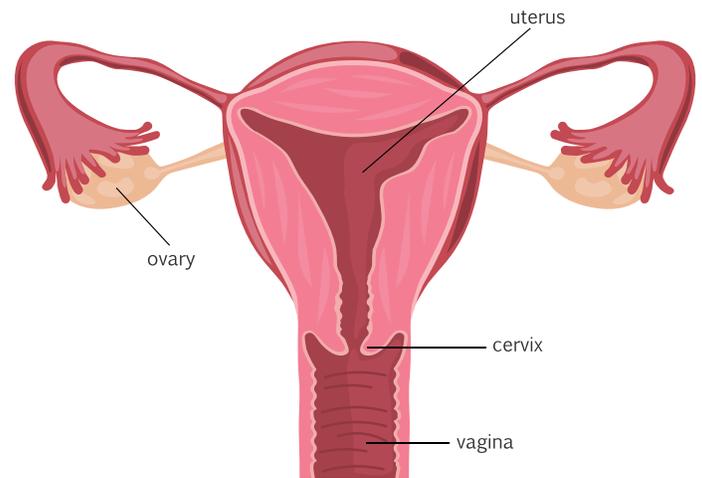
Are people with larger breasts at a higher risk for breast cancer than people with smaller breasts?

No. Breast size or shape has nothing to do with the risk of breast cancer.

<p>Can vegetarians get breast cancer? Can fruits and vegetables protect you from breast cancer?</p>	<p>There is some 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. Some 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. However, anyone can get breast cancer, including vegetarians.</p>
<p>Is it safe to use antiperspirants and deodorants?</p>	<p>There have been many rumors about the use of anti-perspirants or deodorants increasing the risk of getting breast cancer. There is no scientific evidence that this is true.</p>
<p>Does having an abortion increase the risk for getting breast cancer?</p>	<p>There is no scientific evidence to show that having an abortion increases the risk for breast cancer.</p>
<p>Does wearing a bra cause breast cancer?</p>	<p>No, there is no scientific evidence that wearing any kind of bra causes cancer.</p>
<p>Does sleeping in a bra cause breast cancer?</p>	<p>No. Abnormal cells that grow out of control cause breast cancer. Sleeping in a bra does not cause breast cancer.</p>
<p>Are there chemicals in the environment that increase the risk of getting breast cancer?</p>	<p>Many people are concerned about possible breast cancer risks in the environment, but there is not clear evidence of such risks at this time. More research is needed.</p>
<p>Does working out protect against breast cancer?</p>	<p>There is evidence that exercise can help to reduce the risk of breast cancer. There is also evidence that exercise after a diagnosis of breast cancer is associated with longer survival.</p>
<p>Where can I find out more information?</p>	<p>Go to www.preventcancer.org</p>

CERVICAL CANCER IS PREVENTABLE

Cervical cancer is usually caused by the human papillomavirus (HPV), a common virus that is spread through vaginal, anal or oral sex. (HPV usually goes away on its own; when it doesn't, it can cause cervical or other types of cancer.) Cervical cancer used to be one of the most common causes of cancer death in women in the United States; in many other parts of the world, it still is.



What you can do:

- **Get vaccinated against HPV.**

The HPV vaccine protects against types of HPV that are most likely to cause cancer. It is most effective when done before a person becomes sexually active. All young people age 11 to 12 (can start at age 9) should get 2 shots of the vaccine 6–12 months apart. (A third shot may be needed if vaccination is done at a later age.)

- **Have regular cervical cancer screenings from age 21 to 65.**

- + From age 21 to 29, have a Pap test every 3 years.
- + From age 30 to 65, have both a Pap test and an HPV test every 5 years (preferred), or have a Pap test alone every 3 years.
- + After age 65, women who have had regular screening with normal results can stop screening; women who have cervical pre-cancer should keep getting screened.
- + Women who have had a hysterectomy (uterus and cervix removed) and have no history of cervical cancer or pre-cancer do not need to be screened.

- **Never smoke. Don't vape: many young adults start smoking after first vaping.**

If you smoke, get help to quit: truthinitiative.org/what-we-do/quit-smoking-tools

- **When you decide to have sex, use a condom the right way every time to protect yourself. (The only 100% protection is not to have sex.)**

- **See your health care provider right away if you notice any changes, such as unusual bleeding or discharge.**



this information with your friends and family!

FOR MORE INFORMATION:

American Cancer Society. "New Screening Guidelines for Cervical Cancer". March 14, 2012. <https://www.cancer.org/latest-news/new-screening-guidelines-for-cervical-cancer.html>.

Centers for Disease Control and Prevention. "Condom Effectiveness" <https://www.cdc.gov/condomeffectiveness/>

Centers for Disease Control and Prevention. Meites E, Kempe A, Markowitz LE. Use of a 2-Dose Schedule for Human Papillomavirus Vaccination — Updated Recommendations of the Advisory Committee on Immunization Practices MMWR. 2016;65(49):1405-8; <https://www.cdc.gov/mmwr/volumes/65/wr/mm6549a5.htm>.

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 be adapted for use with organizations other than schools. An electronic version of this sample form may be downloaded [here](#).

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, D.C., 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 [here](#).

Date

Dear Parent or Guardian:

Your 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 designed to educate 10th, 11th and 12th grade girls in Washington, D.C., 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 telling their health care provider if they see 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 students 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 young women at an early 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 use code numbers that identify only the school, not the individual student. The quizzes are not graded and do not affect in any way her grade. 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 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 [here](#).

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 and screening for early detection 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

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 [here](#).

ID #: _____

Today's Date: _____

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

- The chance of getting breast cancer increases with age.**
 True False I don't know
- People with large breasts are more likely to get cancer than those with small breasts.**
 True False I don't know
- Bruising, bumping or injuring the breast can cause breast cancer.**
 True False I don't know
- If no one in a person's family has had breast cancer, they are not at risk for getting the disease.**
 True False I don't know
- Breast cancer treatment is more likely to be successful if the cancer is caught earlier.**
 True False I don't know
- If you are at average risk for breast cancer, you should have a mammogram every year starting at age 40.**
 True False I don't know
- I am comfortable speaking to my family members about our family history of breast cancer.**
 Strongly agree Agree Unsure Disagree Strongly disagree
- 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): _____
- What is your age?** _____
- What is your racial/ethnic background?**
 American Indian/Alaska Native Asian Black/African American Hispanic/Latinx
 Pacific Islander White Other (please specify): _____

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 [here](#).

ID #: _____

Today's Date: _____

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

- The chance of getting breast cancer increases with age.
 True False I don't know
- People with large breasts are more likely to get cancer than those with small breasts.
 True False I don't know
- Bruising, bumping or injuring the breast can cause breast cancer.
 True False I don't know
- If no one in a person's family has had breast cancer, they are not at risk for getting the disease.
 True False I don't know
- Breast cancer treatment is more likely to be successful if the cancer is caught earlier.
 True False I don't know
- If you are at average risk for breast cancer, you should have a mammogram every year starting at age 40.
 True False I don't know
- 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
- 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): _____
- What is your age? _____ *Answers will vary.*
- What is your racial/ethnic background? *Answers will vary.*
 American Indian/Alaska Native Asian Black/African American Hispanic/Latinx
 Pacific Islander White Other (please specify): _____

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 [here](#).

ID #: _____

Today's Date: _____

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

1. The chance of getting breast cancer increases with age.
 True False I don't know
2. People with large breasts are more likely to get cancer than those 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 person's family has had breast cancer, they are not at risk for getting the disease.
 True False I don't know
5. Breast cancer treatment is more likely to be successful if the cancer is caught earlier.
 True False I don't know
6. If you are at average risk for breast cancer, you should have a mammogram every year starting at age 40.
 True False I don't know
7. I am comfortable speaking to my family members about our family history of breast cancer.
 Strongly agree Agree Unsure Disagree Strongly disagree
8. I intend to share information about breast health with my female relatives.
 Strongly agree Agree Unsure Disagree Strongly disagree

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 [here](#).

ID #: _____

Today's Date: _____

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

1. The chance of getting breast cancer increases with age.
 True False I don't know
2. People with large breasts are more likely to get cancer than those 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 person's family has had breast cancer, they are not at risk for getting the disease.
 True **False** I don't know
5. Breast cancer treatment is more likely to be successful if the cancer is caught earlier.
 True False I don't know
6. If you are at average risk for breast cancer, you should have a mammogram every year starting at age 40.
 True False I don't know
7. 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
8. I intend to share information about breast health with my female relatives. *Answers will vary.*
 Strongly agree Agree Unsure Disagree Strongly disagree

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 [here](#).

Facilitator: _____

Date: _____

<i>Please circle your responses below.</i>	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:

BIBLIOGRAPHY

About-Face. “Body Image.” <https://about-face.org/category/topics/body-image-2/>. Accessed April 3, 2020.

American Cancer Society. “Breast Factor Risks You Cannot Change.” <https://www.cancer.org/cancer/breast-cancer/risk-and-prevention/breast-cancer-risk-factors-you-cannot-change.html>. Accessed April 2, 2020.

American Cancer Society. “New Screening Guidelines for Cervical Cancer.” March 14, 2012. <https://www.cancer.org/latest-news/new-screening-guidelines-for-cervical-cancer.html>. Accessed August 12, 2020.

American Cancer Society. “Disproven or Controversial Breast Cancer Risk Factors.” <https://www.cancer.org/cancer/breast-cancer/risk-and-prevention/disproven-or-controversial-breast-cancer-risk-factors.html>. Accessed April 24, 2020.

American Cancer Society. “How Common is Breast Cancer?” <https://www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.html>. Accessed April 3, 2020.

American Cancer Society. “Factors with Unclear Effects on Breast Cancer Risk.” <https://www.cancer.org/cancer/breast-cancer/risk-and-prevention/factors-with-unclear-effects-on-breast-cancer-risk.html>. Accessed April 24, 2020.

American Cancer Society. “Lifestyle-related Breast Cancer Risk Factors.” <https://www.cancer.org/cancer/breast-cancer/risk-and-prevention/lifestyle-related-breast-cancer-risk-factors.html>. Accessed April 2, 2020.

American Cancer Society. “Stay Healthy.” <https://www.cancer.org/healthy.html>. Accessed May 1, 2020.

American Cancer Society. “Breast Cancer Risk and Prevention.” <http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-risk-factors>. Accessed April 1, 2020.

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. “Condom Effectiveness.” <https://www.cdc.gov/condomeffectiveness/>. Accessed April 1, 2020.

Centers for Disease Control and Prevention. “Family History is Important for Your Health.” <https://www.cdc.gov/genomics/public/file/print/FamHistFactSheet.pdf>. Accessed April 3, 2020.

Centers for Disease Control and Prevention. “How to Prevent Cancer or Find It Early.” <https://www.cdc.gov/cancer/dcpc/prevention/index.htm>. Accessed May 1, 2020.

Centers for Disease Control and Prevention. “Jewish Women and BRCA Gene Mutations.” https://www.cdc.gov/cancer/breast/young_women/bringyourbrave/hereditary_breast_cancer/jewish_women_brca.htm?s_cid=byb_sem_020. Accessed June 8, 2020.

Centers for Disease Control and Prevention. “Physical Activity and Health.” <http://www.cdc.gov/physicalactivity/basics/pa-health/index.htm>. Accessed April 1, 2020.

Centers for Disease Control and Prevention. Meites E, Kempe A, Markowitz LE. Use of a 2-Dose Schedule for Human Papillomavirus Vaccination — Updated Recommendations of the Advisory Committee on Immunization Practices MMWR. 2016;65(49):1405-8; <https://www.cdc.gov/mmwr/volumes/65/wr/mm6549a5.htm>. Accessed April 1, 2020.

Chen L, Malone K, Li C. “Bra Wearing not Associated with Breast Cancer Risk: A Population-based Case-control Study.” *Cancer Epidemiology Biomarkers and Prevention*, 2014.

Common Core State Standards Initiative. “English Language Arts Standards” <http://www.corestandards.org/ELA-Literacy/>. Accessed March 19, 2020.

International Society for Technology in Education. “ISTE Standards Students.” http://www.iste.org/docs/pdfs/20-14_ISTE_Standards-S_PDF.pdf. Accessed March 19, 2020.

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 April 1, 2020.

Media Smarts. “Body Image—Girls.” <http://mediasmarts.ca/body-image/body-image-girls>. Accessed April 3, 2020.

National Cancer Institute, National Institutes of Health. “Antiperspirants/Deodorants and Breast Cancer.” <https://www.cancer.gov/about-cancer/causes-prevention/risk/myths/antiperspirants-fact-sheet>. Accessed April 2, 2020.

National Cancer Institute, National Institutes of Health. “Breast Cancer Prevention (PDQ®) – Patient Version.” <http://www.cancer.gov/cancertopics/pdq/prevention/breast/Patient/page3>. Accessed April 1, 2020.

National Cancer Institute, National Institutes of Health. “Breast Cancer Treatment (PDQ®) – Patient Version.” <http://www.cancer.gov/types/breast/patient/breast-treatment-pdq>. Accessed April 2, 2020.

National Cancer Institute. “Obesity and Cancer.” <https://www.cancer.gov/about-cancer/causes-prevention/risk/obesity/obesity-fact-sheet>. Accessed May 1, 2020.

National Cancer Institute, National Institutes of Health. “Oral Contraceptives and Cancer Risk.” <http://www.cancer.gov/about-cancer/causes-prevention/risk/hormones/oral-contraceptives-fact-sheet>. Accessed April 2, 2020.

National Comprehensive Cancer Network®. “NCCN Guidelines Version 1.2019: Breast Cancer Screening and Diagnosis.” NCCN, 2019.

National Curriculum Standards for Social Studies: A Framework for Teaching, Learning, and Assessment. <https://www.socialstudies.org/standards>. Accessed June 10, 2020.

Pal, T. et al., “A High Frequency of BRCA Mutations in Young Black Women with Breast Cancer Residing in Florida.” *Cancer*, 2015.

Palmer, JR. et al., “Contribution of Germline Predisposition Gene Mutations to Breast Cancer Risk in African American Women.” *Journal of the National Cancer Institute*, 2020.

Patel AV, Friedenreich CM, Moore SC, et al. American College of Sports Medicine Roundtable Report on Physical Activity, Sedentary Behavior, and Cancer Prevention and Control. *Med Sci Sports Exerc.* 2019;51(11):2391-2402.

Ricks-Santi, L. et al., “Next Generation Sequencing Reveals High Prevalence of BRCA1 and BRCA2 Variants of Unknown Significance in Early-Onset Breast Cancer in African American Women.” *Ethnicity & Disease*, 2017.

SHAPE America (Society of Health and Physical Educators). “National Health Education Standards.” <http://www.shapeamerica.org/standards/health/>. Accessed March 19, 2020.

Susan G. Komen For the Cure®. “Breast Cancer Risk Factors Table.” <https://ww5.komen.org/BreastCancer/BreastCancerRiskFactorsTable.html>. Accessed April 1, 2020.

Susan G. Komen For the Cure®. “Breast Cancer Statistics.” <https://ww5.komen.org/BreastCancer/Statistics.html>. Accessed April 2, 2020.

Susan G. Komen For the Cure®. “Factors That Affect Breast Cancer Risk.” <https://ww5.komen.org/AboutBreastCancer/RiskFactors/FactorsAffectingBreastCancerRisk/FactorsAffectingBreastCancerRisk.html>. Accessed April 2, 2020.

Walsh, T. et al., “Genetic Predisposition to Breast Cancer due to Mutations Other than BRCA1 and BRCA2 Founder Alleles among Ashkenazi Jewish Women.” *JAMA Oncology*, 2017.

Westminster College. “Female Body Image and the Mass Media: Perspectives on How Women Internalize the Ideal Beauty Standard.” <https://celineanthology.wordpress.com/2015/06/08/female-body-image-and-the-mass-media-perspectives-on-how-women-internalize-the-ideal-beauty-standard/>. Accessed April 3, 2020.

ACKNOWLEDGMENTS

The Prevent Cancer Foundation and the Howard University Cancer Center collaborated in the development of the original facilitator's guide released in 2008. Since then, several revisions have been made, most recently in 2020:

Karen J. Peterson, PhD, Prevent Cancer Foundation
Erica Childs Warner, MPH, Prevent Cancer Foundation
Hayley Berger, Prevent Cancer Foundation
Sarah Mahoney, Prevent Cancer Foundation
Lisa Berry Edwards, Prevent Cancer Foundation
Melissa Werner, MPH, MAT, Consultant to Prevent Cancer Foundation
Diane Tilton, Prevent Cancer Foundation
Emily Robinson, Prevent Cancer Foundation
Carla D. Williams, PhD, Howard University Cancer Center

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. PEA was implemented in 16 high schools and reached more than 6,000 high school students. It was also used in the community.

Sincere appreciation to No-Shave November for their generous support of the design and development of this guide.



[preventcancer.org](https://www.preventcancer.org)

1600 Duke Street, Suite 500 | Alexandria, VA 22314

1 (800) 227-2732

October 2020