Breast Cancer Now: supporting cancer prevention

Eluned Hughes

Head of Public Health and Information







United in 2015 to form the UK's largest breast cancer charity, dedicated to funding research



Our approach

We bring together everyone affected by the disease and all those working to stop it:

- Supporting nearly 400 of the UK and Ireland's brightest researchers
- Public health campaigns that reach millions
- Hard-hitting policy work and campaigning on behalf of patients and their families
- Incredible fundraisers make sure our work can continue





Risk and prevention

The Breast Cancer Now Generations Study

- Over 113,000 women
- 40 year study
- Launched in 2004
- Searching for genetic, environmental and





Being part of the **Generations Study** means I'm helping **Breast Cancer Now** find new ways of understanding and preventing the disease. Having watched my beautiful daughter Becs lose her life to this

disease, I'm determined to do all I can to stop breast cancer.









Risk and prevention

The Breast Cancer Now Generations Study

Achievements so far

- Over 90 genetic markers found
- Found direct links between hormone levels and breast cancer risk
- Recent results on HRT and stress
- Years of discoveries to come!





Health information

Risk booklet + factsheets



Brisk



Family history guide



Family history of breast cancer Managing your risk











Introduction
Most aware in the IX have a one in eight chance of developing.
Most aware in IX have a family history of breast concer, you and sooms other members of your family may have a higher than a family may have a higher than the chance of the provided and members of your family may be a family a to help reduce that risk and make sure the disease is spotted early if it does occur.



Support and information ▶ Talking to relatives

▶ Getting support



Howell et al. Breast Cancer Research 2014, 16:446 http://breast-cancer-research.com/content/16/5/446



REVIEW

Risk determination and prevention of breast cancer

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Abstract

Breast cancer is an increasing public health problem. Substantial advances have been made in the treatment of breast cancer, but the introduction of methods to predict women at elevated risk and prevent the disease has been less successful. Here, we summarize recent data on newer approaches to risk prediction, available approaches to prevention, how new approaches may be made, and the difficult problem of using what we already know to prevent breast cancer in populations. During 2012, the Breast Cancer Campaign facilitated a series of workshops, each covering a specialty area of breast cancer to identify gaps in our knowledge. The risk-and-prevention panel involved in this exercise was asked to expand and update its report and review recent relevant peer-reviewed literature. The enlarged position paper presented here highlights the key gaps in risk-and-prevention research that were identified, together with recommendations for action. The panel estimated from the relevant literature that potentially 50% of breast cancer could be prevented in the subgroup of women at high and moderate risk of breast cancer by using current chemoprevention (tamoxifen, raloxifene, exemestane, and anastrozole) and that, in all women, lifestyle measures, including weight control, exercise, and moderating alcohol intake, could reduce breast cancer risk by about 30%. Risk may be estimated by standard models potentially with the addition of, for example, mammographic density and appropriate single-nucleotide polymorphisms. This review expands on four areas: (a) the prediction of breast cancer risk, (b) the evidence for the effectiveness of preventive therapy and lifestyle approaches to prevention, (c) how understanding the biology of the breast may lead to new targets for prevention, and (d) a summary of published guidelines for preventive approaches and measures required for their implementation. We hope that efforts to fill these and other gaps will lead to considerable advances in our efforts to predict risk and prevent breast cancer over the next 10 years.

incidence is rising in most countries and is projected to

in obesity, alcohol consumption, inactivity, and hormone Breast cancer remains a major public health problem. The replacement therapy (HRT) [4]. The impact of hereditary breast cancer has also increased. For example, it is estirise further over the next 20 years despite current efforts mated that the penetrance of the breast cancer 2 (BRCA2) to prevent the disease [1-4]. The increased incidence is founder mutation in Iceland increased fourfold over the not surprising since there has been, in most countries, an last century, and the cumulative incidence of sporadic increase in numbers of women with major breast cancer breast cancer by age 70 also increased fourfold, from 2.5% risk factors, including lower age of menarche, late age of to 11% of the population, over the same period [5]. Birth first pregnancy, fewer pregnancies, shorter or no periods cohort effects have also been seen for both BRCA1 and of breastfeeding, and a later menopause. Other risk factors BRCA2 in other countries [6,7]. These data suggest that which add to the burden of breast cancer are the increase both familial and non-familial risks have increased. The Collaborative Group on Hormonal Factors in Breast Cancer (2002) estimated that the cumulative incidence of breast cancer in developed countries would be reduced by more than half, from 6.3 to 2.7 per 100 women, by age 70 if women had on average more children and breastfed for

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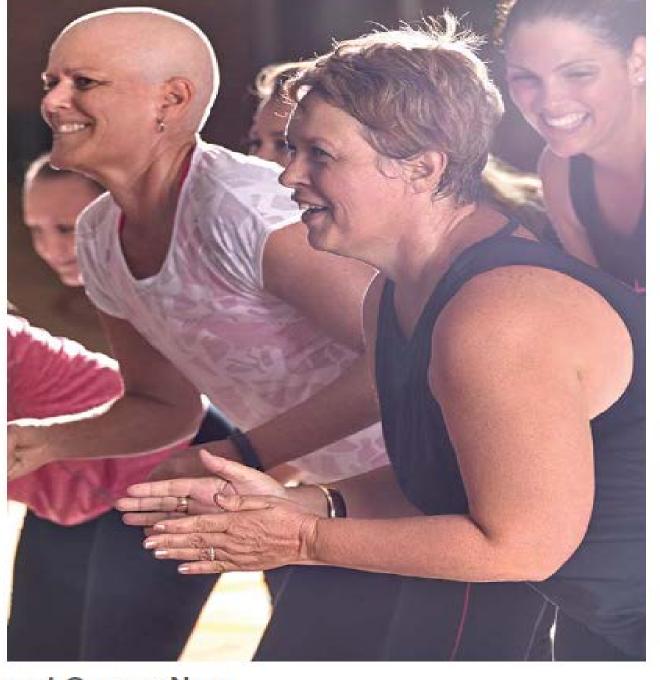
What we will achieve, together

Reduce number of cases of breast cancer

to make healthy changes

Understand and implement interventions that work

Happier, healthier M&S employees



M&S and Breast Cancer Now

I'M DOING DRY JANUARY FOR BREAST CANCER NOW OFFICIAL DRY JANUARY® CHARITY 2018

Helping women to cut down on alcohol and reduce their risk of breast cancer.



WE KNOW THAT REGULARLY DRINKING ALCOHOL INCREASES YOUR RISK OF BREAST CANCER. TAKING PART IN DRY JANUARY IS A SIMPLE FIRST STEP TO MAKING A POSITIVE HEALTH CHANGE FOR 2018.

Baroness Delyth Morgan, CEO, Breast Cancer Now





















ActWELL Lifestyle Coaches







What's next for Breast Cancer Now?

- Influencing adoption of risk stratification models into NHS
- Commissioned research prevention
- Increased investment into Public Health and Information
- Public health prevention campaigns and interventions
- Volunteering opportunities
- Roll out of ActWELL?

