



NEW YORK CITY *Benefit*

COCKTAILS | DINNER | MUSIC | AUCTION

Thursday, November 21, 2024 | 6:30PM
IAC Building, 555 W. 18th St, NYC



Honoring Dr. Melissa Frey

Director of the Genetics and Personalized Cancer Prevention Program, Weill Cornell Medicine



Hosted by

Kim Kushner



Music by

Ramin Abrams



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Sharsheret improves the lives of Jewish women, men and families living with or at increased genetic risk for breast cancer or ovarian cancer through personalized support and saves lives through educational outreach.

Jewish Women Should Get Mammograms at 40, Experts Say. Here's Why.

By Sara Ivry/JTA

When Yaffa Leah Field was in her late 20s, she decided to undergo genetic testing. Her grandmother had had breast cancer and Field wanted to know whether she was among the one of every 40 Jewish women of Ashkenazi descent with either the BRCA1 or BRCA2 genetic mutations, which make them extra susceptible to breast cancer.

If she did have one of those mutations, her chances of developing breast cancer by age 70 would be roughly 50% in her lifetime, according to the Centers for Disease Control.

"The test came back negative," said Field, now 43 and the mother of three boys. Though temporarily relieved, she knew that breast cancer risk is not limited to those with the genetic mutations. Roughly one in eight women will develop the disease in their lifetime, and men, too, can have breast cancer.

Close monitoring, therefore, is essential. For women, that means not only regularly checking their breasts themselves for lumps or abnormalities, but getting mammograms. The question is when to start.

Field, who now works at Sharsheret, the national Jewish nonprofit that offers education, counseling and support to women facing breast and ovarian cancer, got her professional start as a physician's assistant, so she knew how important it was to "do my screening on time."

But what exactly "on time" means has been the subject of much debate and disagreement. The question came to the fore again this spring when a panel of experts serving on the United States Preventive Services Task Force (USPSTF) revised earlier guidelines and changed the recommended age that women get their first mammograms to 40, from 50, and suggested that they continue to have mammograms done once every two years. It's not the first time the recommendation has changed.

"In 2016 the U.S. Task Force changed the guidelines from 40 to 50," said Dr. Caryn Gamss, a radiologist at Murray Hill Radiology in Manhattan. Gamss is also a member of Sharsheret's Medical Advisory Board. In her practice, Gamss adheres to guidelines from the American College of Radiology that recommend starting yearly screenings at age 40 provided a person has no risk factors. Even waiting until age 40 can be risky, as recent studies have shown high breast cancer mortality rates for women in that age group, she noted.

Her recommendation is that all women undergo a breast cancer risk assessment by age 25. That entails answering a panel of questions that covers one's family and medical history. Among other things, the assessment inquires whether a person had "a biopsy and a high-risk lesion; breast density; if someone has lymphoma and was treated

under the age of 25; if someone got upper abdominal radiation before age 25."

The responses to these questions help doctors determine when and how individual patients should be screened — including whether to do MRIs and ultrasounds to supplement mammograms, for example. At-risk women should start their 30s armed with information and a plan.

Short of that, there is what Peggy Cottrell, Sharsheret's genetics program manager, calls a general rule of thumb: "If breast cancer has been diagnosed at a particular age, you want to start screening 10 years before that. So if someone's mother was diagnosed with breast cancer at 45, that person is going to start screening at 35."

Many women delay getting mammograms out of fear of the results, nervousness about the process or just general anxiety. This is another area where Sharsheret provides women with help and guidance — even in the waiting room.

In order for doctors to interpret mammograms properly, they require two specific views of each breast. Sometimes, technicians need to take more than four photos to ensure they get those views.

Even if you're asked to come for a follow-up mammogram — what's known as a diagnostic mammogram — it just means that more imaging is required. Sometimes doctors observe a change in appearance from the prior year or a fold in the skin; other times the original image failed to capture the necessary view. Likewise, for some younger women and those with dense breasts, a mammogram may not suffice; doctors may require an ultrasound or MRI to examine the breast adequately.

Adina Fleischmann, a social worker who serves as Sharsheret's chief services officer, recommends that each individual discuss their own circumstances with their healthcare provider. Sharsheret tries to promote awareness of the importance of getting breast cancer risk assessments and to provide guidance to women about what to ask.

"We want to make sure that each woman who reaches out is able to ask the right questions: How often should I be screened? What's the most appropriate screening method for me? Questions about what breast density means and how it can impact them," Fleischmann said.

Sharsheret also offers peer-to-peer support, programs to guide cancer patients on how to talk about their illness with their children, and support to people who have a family member with breast cancer, including financial assistance for non-medical services critical to women's quality of life and body image, such as acquiring wigs. Sharsheret also hosts live events such as barbecues, online yoga classes, family

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