WELCOME
Wellness Where You Are
Mammogram 101
Dr. Cheryl Ewing, MD
May 15, 2021
Partner

Language Interpretation provided by:

San Mateo County-Behavioral Health & Recovery Services, Office of Diversity & Equity [www.smchealth.org/bhrs/ode](http://www.smchealth.org/bhrs/ode)
Acknowledgements

• May is Mental Health Month [https://www.smchealth.org/post/mental-health-month]

• May is Asian Pacific American Heritage Month, to learn more: [https://asianpacificheritage.gov]

• The increase discrimination and violence to our AAPI community [www.stopaapihate.org]
Housekeeping

• Appreciate your patience and flexibility as BACHAC continues to navigate the virtual world
• BACHAC’s steps to protect privacy
• Everyone is on mute
• Spanish interpretation available
• Write questions in the Chat or Q&A
• Session is being recorded
• Recording and slides to be posted on BACHAC website
BACHAC

• A 25-year grass roots community health organization
• Address health disparities in diverse communities across generations
• Through awareness, education, access to resources, advocacy
• In partnership/collaboration with a diverse groups
• Supporting a culture of Equity, Innovation and Inclusion
WWUR Session Purpose

• Support community with relevant information, resources & tools during this challenging time (Started May 6, 2020, 15 sessions, 400+ attendees)

• Address unique needs of the community during this pandemic

• Provide a safe forum to address questions, hear perspectives

• Increase awareness, access to important information, tools, resources - not a substitute for professional advice
Meeting Agreements

• Be engaged
• Be curious and open
• Challenge ideas, not the person
• Seek to understand
• Stretch yourself
• Speak your truth, respect others’ truths
• Help us….Help you (Please complete the evaluation)
UCSF Breast Cancer Surgeon Dr. Cheryl Ewing
WHO IS AT Risk for Breast Cancer?

“What to do with that risk”

CHERYL EWING, MD
UCSF CLINICAL PROFESSOR of Surgery
MAY 15, 2021
Breast Cancer Statistics

• About 1 in 8 U.S. women (about 13%) will develop invasive breast cancer.

• In 2021, an estimated 281,550 new cases of invasive breast cancer are expected to be diagnosed in women in the U.S.

• 49,290 new cases of non-invasive (in situ) breast cancer.

• About 2,650 new cases of invasive breast cancer are expected to be diagnosed in men in 2021. A man’s lifetime risk of breast cancer is about 1 in 833.

• About 43,600 women in the U.S. are expected to die in 2021 from breast cancer.
Male Breast Cancer

- Usually present at a more advanced stage
- Earlier invasion into the chest wall
- M:F ratio is 1:130. 4% of breast cancers.
- Almost always invasive ductal, ER(+) 
- Risk factors:
  - Radiation to chest wall
  - BRCA2
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All sites</td>
<td>49</td>
<td>55</td>
<td>68</td>
</tr>
<tr>
<td>Breast (female)</td>
<td>75</td>
<td>84</td>
<td>91</td>
</tr>
<tr>
<td>Colon</td>
<td>51</td>
<td>60</td>
<td>65</td>
</tr>
<tr>
<td>Leukemia</td>
<td>34</td>
<td>43</td>
<td>60</td>
</tr>
<tr>
<td>Lung &amp; bronchus</td>
<td>12</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>Melanoma of the skin</td>
<td>82</td>
<td>88</td>
<td>93</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>47</td>
<td>51</td>
<td>71</td>
</tr>
<tr>
<td>Ovary</td>
<td>36</td>
<td>38</td>
<td>45</td>
</tr>
<tr>
<td>Pancreas</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Prostate</td>
<td>68</td>
<td>83</td>
<td>100*</td>
</tr>
<tr>
<td>Rectum</td>
<td>48</td>
<td>58</td>
<td>68</td>
</tr>
<tr>
<td>Urinary bladder</td>
<td>72</td>
<td>79</td>
<td>79</td>
</tr>
</tbody>
</table>


*99.9%
Source: Surveillance, Epidemiology, and End Results (SEER) Program. National Cancer Institute, 2014.
Breast Cancer Risk

Who is at Risk?
OUR FRIENDS
OUR FAMILY
The Puzzle of Breast Cancer

- Being a Woman
- Advancing Age
- Family History
- Age at First Birth
- Physical Activity
- Atypical Hyperplasia
- Alcohol
- Environmental Chemicals
- Overweight
- Unknown Factors
- Ionizing Radiation

Cornell University Program on Breast Cancer and Environmental Risk Factors • www.cfe.cornell.edu/bcelf/
Genetic Risk

<table>
<thead>
<tr>
<th>ETHNICITY/RACE</th>
<th>BRCA1 PREVALENCE, ALL AGES</th>
<th>UNDER 35 YEARS IN AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian-American</td>
<td>0.5 %</td>
<td>2.4 %</td>
</tr>
<tr>
<td>African-American</td>
<td>1.3 %</td>
<td>16.7 %</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>2.2 %</td>
<td>7.2 %</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3.5 %</td>
<td>8.9 %</td>
</tr>
<tr>
<td>Ashkenazi Jewish</td>
<td>8.3 %</td>
<td>66.7 % (*)</td>
</tr>
</tbody>
</table>

(*) based on three patients tested

BRCA1 mutation rates vary by race and ethnicity, age

Researchers have found that a gene mutation linked to breast cancer is more common in some ethnic or racial groups of breast cancer patients than others. In all groups, a larger percentage of younger breast cancer patients had the mutation than older patients.
Breast Cancer Risk

• Genetic Risk
• Non Genetic Risk, combination Genes and environment.
Breast Cancer Risk-Genetics

Mutations in the DNA that lead to the development of breast cancer.
Breast Cancer Risk-Genetic

BRCA 1 and 2
**BRCA1-Associated Cancers:**

**Lifetime Risk**

- **Breast Cancer:** 85%
- **Second Primary Breast Cancer:** 3% per year
- **Ovarian Cancer:** 30-54%
- **Male Breast Cancer:** ?%
- **Prostate Cancer:** 30 to 50%
BRCA2-Associated Cancers: Lifetime Risk

breast cancer (56%–85%)

ovarian cancer (20%–30%)

male breast cancer (6-8%)
Who Should get tested for BRCA 1 and 2 Mutations?
Breast Cancer Risk

Special Risk for being a mutation carrier for the BRCA 1 and 2 gene.

1. Any women diagnosed with breast cancer under the age of 40 years or multifocal, bilateral breast cancer under the age of 60 years.

2. Any women under the age of 60 and triple Negative ER(-), PR(-), HER-2 (-).

3. Any women of Jewish Ancestry (Ashkenazi), Hispanic, Mediterranean, Norwegian diagnosed with breast cancer under the age of 60 years.


5. Family history with two 1st degree relatives with breast cancer and any one 2nd degree relative with ovarian cancer.
Breast Cancer Risk

All men with a breast cancer diagnosis should be tested for the BRCA 1 and 2 gene.

Special attention for TP53 mutation in melanoma families and colon carcinoma.

Others to screen are Cowden’s and Li Fraumeni families. Li-Fraumeni strong family history of Leukemia, brain cancer, sarcoma, skin cancers.

Cowden’s Disease (multiple hamatomas) multiple hamatomas on nose by age 20 and in nasal and oral mucosa. Lifetime risk for breast cancer is 81%. Other associated cancers are thyroid, renal, pancreatic cancer. Benign disorders multi-nodular goiters and fibroadenomatosis.
Breast Cancer Risk

OncoGeneDx: BRCA1/2 Sequencing and Del/Dup Analysis

Genes Evaluated: BRCA1, BRCA2

Test indication

Results Summary: POSITIVE

<table>
<thead>
<tr>
<th>Gene</th>
<th>Results</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRCA1</td>
<td>c.68_69delAG(p.Glu23ValfsX17)</td>
<td>PATHOGENIC</td>
</tr>
</tbody>
</table>

This individual is heterozygous for a mutation in the BRCA1 gene, consistent with Hereditary Breast and Ovarian Cancer syndrome.

No additional reportable variants were detected by sequencing or deletion/duplication analysis in the BRCA1 or BRCA2 genes.

Lifetime Cancer Risks

* Lifetime cancer risks due to a BRCA1 mutation include: approximately 57-84% risk for breast cancer in women and 24-54% risk for ovarian cancer. See interpretation. **

** Only the most commonly associated cancer risks are listed.
# Genetic mutations

<table>
<thead>
<tr>
<th>Mutation</th>
<th>Absolute breast cancer risk - lifetime</th>
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<tbody>
<tr>
<td>BRCA1</td>
<td>Up to 65%</td>
</tr>
<tr>
<td>BRCA2</td>
<td>Up to 50%</td>
</tr>
<tr>
<td>TP53</td>
<td>Up to 80% (Li-Fraumeni syndrome)</td>
</tr>
<tr>
<td>CDH1</td>
<td>40-50%</td>
</tr>
<tr>
<td>STK11</td>
<td>30-55%</td>
</tr>
<tr>
<td>PTEN</td>
<td>Up to 85% (Cowden syndrome)</td>
</tr>
<tr>
<td>CHEK2</td>
<td>37%</td>
</tr>
<tr>
<td>PALB2</td>
<td>30-35%</td>
</tr>
<tr>
<td>ATM</td>
<td>33%</td>
</tr>
</tbody>
</table>

High penetrance

Moderate penetrance

Antoniou Am J Hum Genet 2003
Valencia JAMA Surgery 2017
http://www.ncbi.nlm.nih.gov/books/NBK1236
Breast Cancer Risk

Non genetic mutation-Genetic and environmental factor.
Risk Factors for Breast Cancer

• Family History
• Age of Menarche
• Age of Menopause
• Age of first parity/parity status
• Previous diagnosis of breast cancer
• ADH/LCIS
Risk Factors for Breast Cancer

• Early radiation exposure
• Exogenous Estrogen
• Previous Biopsy (atypia/LCIS)
• Alcohol factor
Breast Cancer Risk

How Much Risk?

Risk Assessment Models to help determine your risk.

Your primary doctor or NP can help you with this assessment. Self-Assessment online.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Relative risk at extremest</th>
<th>Gail</th>
<th>Claus</th>
<th>BRACPRO</th>
<th>IBIS</th>
<th>BOADICEA</th>
<th>Jonker</th>
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<td><strong>Personal information</strong></td>
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<td></td>
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<tr>
<td>Age</td>
<td>30</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>Yes</td>
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<td>Body mass index</td>
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<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<td>Alcohol intake</td>
<td>1.24</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<td><strong>Hormonal and reproductive factors</strong></td>
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<tr>
<td>Age at menarche</td>
<td>2</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Age at first live birth</td>
<td>3</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<td>Age at menopause</td>
<td>4</td>
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<td>No</td>
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<td>Hormone replacement therapy use</td>
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<td>No</td>
<td>No</td>
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<td>Oral contraceptive pill use</td>
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<td>No</td>
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<td>No</td>
<td>No</td>
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<td>Breast feeding</td>
<td>0.8</td>
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<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<td>Plasma estrogen level</td>
<td>5</td>
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<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<td><strong>Personal history of breast disease</strong></td>
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<tr>
<td>Breast biopsies</td>
<td>2</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Atypical ductal hyperplasia</td>
<td>3</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Lobular carcinoma in situ</td>
<td>4</td>
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<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Breast density</td>
<td>6</td>
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<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Family history of breast and/or ovarian cancer</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>First-degree relatives with breast cancer</td>
<td>3</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Second-degree relatives with breast cancer</td>
<td>1.5</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Third-degree relatives with breast cancer</td>
<td>1.3</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Age of onset of breast cancer in a relative</td>
<td>3</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Bilateral breast cancer in a relative</td>
<td>3</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Ovarian cancer in a relative</td>
<td>1.5</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Male breast cancer</td>
<td>2.5</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Seek Genetic Counseling and risk prevention program
What to do if you are BRCA 1 or 2 Positive?

• Consult with a breast surgeon.
• Consult with a genetic counselor.
• Consult with a Gynecologist.
Breast Cancer Risk

Surveillance Tools

◆ Recommend clinical breast examination every 6 months.

◆ Annual Mammogram and Bilateral Breast MRI.

◆ If indicated consultation with a genetic counselor.

◆ Chemoprevention with Tamoxifen or Raloxifene.

◆ Discuss risk reducing prophylactic surgery, mastectomy or BSO.
Breast Cancer Prevention Framework

Women at risk for breast cancer

- Family History
  - Genetic Counseling and/or Testing
    - Genetic Mutation
      - Risk Management Plan
        - Surveillance
        - Mastectomy
        - Oophorectomy
        - Tamoxifen
    - No Genetic Mutation
      - Risk Management Plan
      - Surveillance

- No Family History
  - Standard Risk Assessment
    - Considered to be at high or unknown risk
      - Risk Refinement
        - Atypia/ADH/LCIS
        - Density
        - Risk Management Plan
          - Surveillance
          - Tamoxifen
          - (Mastectomy)
    - Considered to be at low risk
      - Risk Management Plan
      - Surveillance

Ozanne et al, TBJ 2006
TOOLS FOR PREVENTION

- Know you maybe at increase risk for breast cancer due to your family history or history of atypia/LCIS on a breast biopsy.
- Screening mammogram or if appropriate breast MRI.
- Annual breast examination by an experience provider.
- Early Genetic Testing.
TOOLS FOR PREVENTION

• Maintain healthy weight.
• Exercise regularly.
• Mini dose Aspirin, 81 mg daily.
• Reduce stress.
TOOLS FOR PREVENTION

Eat fresh fruit and vegetables, Kale, spinach, blueberries, apple, pears, tomatoes.
Breast Cancer Screening

• Mammograms
• Breast ultrasound
• Breast MRI
What to watch out for:

- Breast lump
- Nipple discharge
- Nipple inversion
- Skin dimpling
- Change in size of breast
The Goal of Screening:

• Accurate
• Test is well tolerated
• Reduces morbidity of disease
• Low number of false positive results
  • Minimizes morbidity of additional procedures
  • Prevents ANXIETY
Breast Cancer Screening Guidelines
America Cancer Society

- Annual mammograms beginning at age 40

- Clinical breast exam:
  - Ages 20-39, as part of a periodic health exam at least every 3 years
  - Ages 40+, prior to mammogram as part of a periodic health exam annually.

- Breast self-exam:
  - Optional; beginning in their early 20s, women should be told about the benefits and limitations of breast-self examination. Women should know how their breasts normally feel and report any breast changes promptly to their health care providers.
Mammogram MLO and CC views
Breast Ultrasound
Magnetic Resonance Imaging (MRI)

- Extremely sensitive.
- Helpful in treatment planning.
Breast MRI
Breast MRI
Mammography with Tomosynthesis
Ultrasound

- Better Resolution
- 3-D capability
- Evaluate blood flow patterns
- Used to determine if a palpable or mass detected on mammogram is cystic or solid.
Magnetic Resonance Imaging (MRI) patient wants breast conservation. Indications:

- Young women with breast cancer or high risk for breast cancer.
- Mammographically occult breast cancer.
- Neoadjuvant chemotherapy.
- Lobular cancer diagnosis or known multifocal disease if
- Evaluate extent of disease for breast conservation or a re-excision lumpectomy.
Biopsy-Fine Needle Aspiration or Core

- Stereotactic biopsy.
- Ultrasound guided biopsy.
- MRI directed biopsy.
- Percutaneous biopsy.
Diagnostic Work-Up: Imaging

- X-ray
- MRI (magnetic resonance imaging)
- CT scan (computed tomography)
- PET scan (positron emission tomography)
- Bone scan
UCSF Innovations

• Total skin sparing mastectomies.
• Wisdom Trial-assess the use of mammogram and define risk in a more tailored fashion
• ISPY2 Neoadjuvant Trial
• TARGIT Trial with intra-operative radiation.
• Senti-mag seed localization for lumpectomies.
• Same Day Assessment Clinic
• Observational only trial for DCIS.
Clinical Problem
Same Day Assessment Clinic

Collaborative clinic with a breast surgeon, nurse practitioner, breast imagery teams to resolve a clinical problem in one clinic visit.
WISDOM Study
Women Informed to Screen Depending On Measures of Risk

Study Compares:

➢ Personalized breast screening
➢ Standard (annual) screening
<table>
<thead>
<tr>
<th>Professional Society</th>
<th>Screening Age</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>USPSTF</td>
<td>40 – 49</td>
<td>Shared decision on whether to screen</td>
</tr>
<tr>
<td></td>
<td>50 – 74</td>
<td>Biennially (for avg. risk)</td>
</tr>
<tr>
<td>ACS</td>
<td>45 – 55</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>55 – until life expectancy &lt; 10 yrs.</td>
<td>Biennially</td>
</tr>
<tr>
<td>ACR / SBI</td>
<td>40 – until life expectancy &lt; 5-7 yrs.</td>
<td>Annually</td>
</tr>
<tr>
<td>NCCN</td>
<td>40 – until life expectancy &lt; 10 yrs.</td>
<td>Annually</td>
</tr>
<tr>
<td>ACOG (new: July 2017)</td>
<td>40 – 49</td>
<td>Shared decision on whether to screen</td>
</tr>
<tr>
<td></td>
<td>50 – 74</td>
<td>Shared decision: Annual or biennial</td>
</tr>
</tbody>
</table>
Participation is critical to develop new risk tools

- Most polygenic risk scores have been developed in women of European ancestry, and the performance and clinical utility of the PRS in women of non-European ancestry is unclear
  - This will be a major limitation to the current clinical implementation – companies currently don’t return results for women of color
- PRSs are being evaluated in large trials (WISDOM!!!) that will examine their clinical utility and how to effectively communicate this risk to women
- WISDOM is developing a PRS that is race and ethnicity specific—this has not been done before.
- The more women of color who contribute to the WISDOM study, the more accurate this race and ethnicity PRS will become. This will help transform breast cancer screening tools and ultimately improve the health of women of color!
How do you participate in WISDOM?

Women enroll and participate online
- Women age 40-74
- Live anywhere in US
- Who have never had breast cancer
- No requirement to travel to a recruitment center
- Study website [thewisdomstudy.org](http://thewisdomstudy.org)

What's involved:
- Annual questionnaire online about your health
- “personalized arm”: complete a saliva spit kit to test your genetic risk
- Receive and follow recommendations on when to screen
- We tell you if you are high risk, and if so, provide personal risk reduction strategies with a free, private, MD consult

All study services are rendered virtually
- Breast Health Specialist available telehealth
- No additional visits

Provide information back to participants
- Deliver screening assignments and reports to personal participant account

Personal and Confidential
Help us transform women’s health

➢ Join WISDOM!
  ➢ www.wisdomstudy.org

➢ Attend our webinar on 5/20 to learn more about the science and “why” of WISDOM (link in chat)

➢ Connect with us on social
  ✔ Facebook
  ✔ LinkedIn
  ✔ Twitter
  ✔ Instagram

➢ Connect us with your networks (send e-blast about WISDOM)

➢ Be a WISDOM ambassador
  ➢ Connect us with your networks
  ➢ send e-blasts about WISDOM
  ➢ Post on your social

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Next Webinar: 5/20, 12pm PST

Learn more about WISDOM at our upcoming webinar!

The WISDOM Study: Bringing Breast Screening & Prevention into the 21st Century

Thursday, May 20, 12pm PST / 3pm EST

Register at: https://bit.ly/3aNeMWa

Ricki Fairley
CEO of TOUCH, The Black Breast Cancer Alliance
Survivor/Thriver
Breast Cancer Advocate
Panelist

Laura Esserman, MD, MBA
Founder - WISDOM Study, Director - UCSF Carol Franc Buck Breast Care Center, Personalized Medicine
Visionary
Presenter

Nola Hylton, PhD
UCSF Dept Radiology & Biomedical Imaging
Director - UCSF Breast Imaging Research Group
Panelist

Wisdom
(www.wisdomstudy.org)
Contact us with any questions!

Visit us: www.thewisdomstudy.org
Contact us: info@wisdomstudy.org
October is Breast Cancer awareness month!
Thank you.
Remember to get your mammogram and take a friend.
Thank You!
Dr. Cheryl Ewing,
SMC-BHRS-ODE, Elvia, Memo &
The BACHAC Team
Please remember to complete your evaluation
For more information about Bay Area Community Health Advisory Council go to www.bachac.org
BACHAC has a Community Mammogram for uninsured residents of San Mateo County, for more details go to: www.bachac.org/community-mammogram-program

To learn more about the WISDOM Study, go to:
Drawing for $50 Gift Card