



Community Educator Training Manual





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**NOTE TO PRESENTER:**

- It is possible to end at slide 41 (Questions slide) however, if continue with slide deck as is, please note the following: slide 42 (Biopsy and Diagnosis) and slide 43 (Breast Cancer Staging) must stay together. If want to talk about staging you must also talk about biopsy and diagnosis as it is the only way to find out the stage.






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**PRESENTER:**

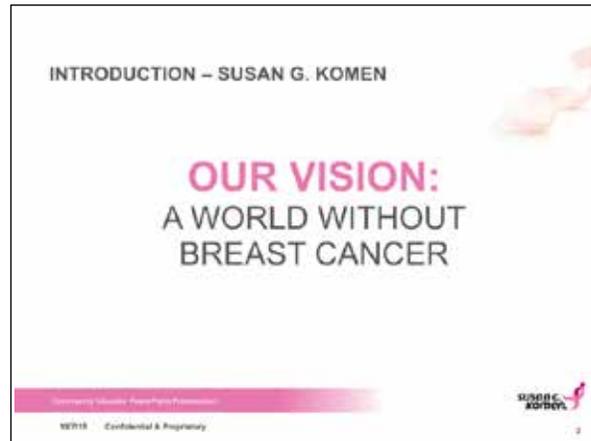
- “Good morning. My name is \_\_\_\_\_. I will be sharing some important information with you today about breast cancer. I am here because...”
- “Before we get started, please take a few minutes to complete the pre-test. No one is going to see this text but you. It will give you an idea about what we are going to be talking about today. At the end of the hour, I’ll ask you to take it again, so that I can see where I need to improve – or spend more time on certain topics.”
- “It looks like everyone has completed the test, so I will read the number of the question and the letter of the correct answer. We won’t discuss the answers themselves now, because that is what we will talk about for the next hour or so. So, number one is”... etc.

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**NOTES TO PRESENTER:**

Tell a personal story about why you are here. It can be about you, a family member, someone you know, or someone you heard about that motivated you to share this information. This pre-test is really for us (the educators) to see what knowledge the audience already has about breast cancer and, later the pre-test score can be compared to the post test score.

- Read objectives or ask member of the audience to each read one. Asking participants is a way of involving the audience from the start of your presentation.



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**PRESENTER:**

- “Susan G. Komen is the world’s largest breast cancer organization.”
- “In 1980, Nancy G. Brinker watched helplessly as her older sister, Susan G. Komen died after a three-year battle with breast cancer. Before Susan died, she asked Nancy to promise that she would do what she could to fight this terrible disease. Nancy promised.”
- “In 1982, Nancy founded Susan G. Komen® to fulfill that promise.”
- “The vision of Susan G. Komen is a world without breast cancer.”

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**NOTE TO PRESENTER:**

If you are representing another organization you can add introduction slides but the content of the Susan G. Komen slides should not be changed.

INTRODUCTION – SUSAN G. KOMEN

**Our Promise:**  
To save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing the science to find the cures.

Summary: Susan G. Komen's Promise

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**PRESENTER:**

- “Susan G. Komen’s Promise is to save lives and end breast cancer forever.”
- “Susan G. Komen believes that good information, along with thoughtful consideration and critical thinking equip people to advocate for themselves and on behalf of others.”
- “Today we are going to focus on the empowering of people part of this Promise.”



**INTRODUCTION – AGENDA**

**Breast Health/Cancer Information**

- What is breast cancer?
- Statistics
- Breast Self-Awareness Messages
- Treatment
- Support
- Clinical trials
- Resources

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**PRESENTER:**

- “Here are the topics I will cover today. Please feel free to ask questions as I go through the presentation.”



**INTRODUCTION – SESSION OBJECTIVES**

At the end of this session, you should be able to:

- Define breast cancer.
- Discuss breast cancer statistics in China.
- Name the Komen Breast Self-Awareness Messages.
- State at least one fact associated with each Breast Self-Awareness Message.
- Name at least one action item associated with each Breast Self-Awareness Message.
- Name at least two risk factors that increase breast cancer risk.
- Name other breast imaging tests.

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**PRESENTER:**

- “Here are the session objectives for today. At the end of this session, you should be able to...”
- “Are there topics that are missing from this list that you would like to add?”

---

**NOTE TO PRESENTER:**

Read objectives or ask member of the audience to each read one. Asking participants is a way of involving the audience from the start of your presentation.





**INTRODUCTION – GROUND RULES**

- Everyone's input is equally valued
- No idea is bad
- Only one conversation at a time
- No cell phones
- Are there other ground rules we should include?
- Have fun!

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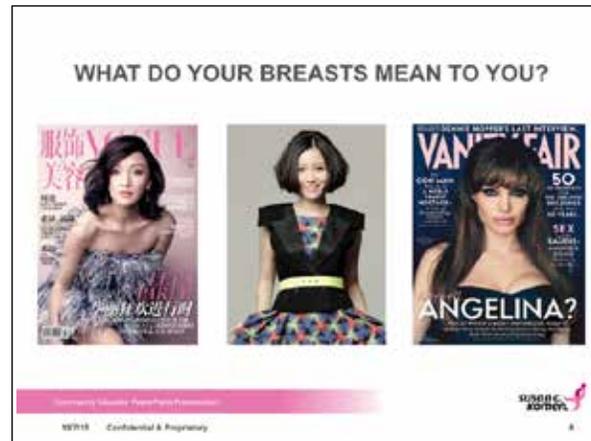
**PRESENTER:**

- “I would like to go over some ground rules before we start. Everyone’s input is equally valued...”

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**NOTE TO PRESENTER:**

Read the list or ask members of the audience to read each one. When you get to “are there other ground rules we should include?” Pause and give the audience a chance to respond.



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**PRESENTER:**

- “What do your breasts mean to you? They can mean different things to different people. For any woman, they may be linked to her identity as a woman, her sense of femininity, intimacy or to her roles as a mother or sexual partner.”

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**NOTE TO PRESENTER:**

Allow the audience the chance to respond.





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**PRESENTER:**

- “When you hear the term breast cancer, what does it mean to you?”

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**NOTES TO PRESENTER:**

Encourage a response from the audience. If they do not respond, prompt by asking questions. “Do you know anyone who has breast cancer?” “How did that experience influence or change the meaning of breast cancer for you?” Think about the responses on the previous slide about the meaning of breast in our society. Prepare for responses to the questions that you might hear based on what you know about the community. The important thing to remember is that breast cancer can mean different things to different people.

**THE GLOBAL BREAST CANCER CRISIS**

**Somewhere in the world...**

- A case of breast cancer is diagnosed every **19 seconds**
- A woman dies from breast cancer every **60 seconds**

**Over the next 25 years...**

- Another **42 million** new cases are expected worldwide
- Another **13 million** people worldwide will die from breast cancer.



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**PRESENTER:**

- “Breast cancer does not know geographic boundaries – it is the most frequent cause of cancer among women in the world and also the most common cause of cancer death in women in the world.”\*
- “In fact a case of breast cancer is diagnosed every 19 seconds – and a woman dies from breast cancer every 60 seconds.” (see note to presenter below to calculate the number of deaths during the presentation so far)
- “The number of cases is expected to continue to rise and at this rate, another 13 million people around the world will die from breast cancer over the next 25 years.”\*

**ADDITIONAL INFORMATION:**

- Due to economic and lifestyle differences, the incidence of breast cancer in the world varies from place to place.
- In 2012, Approximately 1.7 million new cancer cases of breast cancer were diagnosed around the world, and about 500,000 people die of the disease.\*
- In the United States, one in eight women will be diagnosed with breast cancer in her lifetime.\*\*
- Each year, in the United States more than 200,000 new cases of invasive breast cancer were reported and more than 40,000 women die of breast cancer each year, this figure becomes the second-largest United States women cancer mortality factor, after lung cancer,\*\*\* and is the first cause of cancer death in women aged 40 to 59 in the United States. \*\*
- There are more than 3.1 million breast cancer survivors in the United States.\*\*\*\*

**NOTES TO PRESENTER:**

- You can calculate how many women have died since you started the presentation by saying: “That means since we have been here this morning/afternoon, x-number (calculate one death per minute) of women have lost their lives to breast cancer.”
  - The source for the statistics is on the slide, at the link on the slide and down below.
- If more facts get added, make sure you add the source.

**SOURCES:**

- \*Globocan, 2012
- \*\*SEER Cancer Statistics Review 1975-2008
- \*\*\*Cancer Facts and Figures 2015, ACS
- \*\*\*\*Cancer Treatment and Survivorship Statistics, 2014

**Breast Cancer Statistics –  
Estimates in China & USA**

	China, 2012	USA, 2015
<b>New Cases:</b>	187,213*	231,840**
<b>Deaths:</b>	47,984*	40,290**

Every 60 seconds, somewhere in the world, someone dies from breast cancer

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**PRESENTER:**

- “Here are the estimates for new cases of breast cancer in China and in the USA, along with the estimates of the number of deaths.”

**NOTES TO PRESENTER:**

Note that the estimates are for different years, so can't be directly compared, but they do give you an idea about the numbers in each country.

**SOURCES:**

- Globocan 2012. Estimated cancer incidence, mortality and prevalence worldwide in 2012. Retrieved from <http://globocan.iarc.fr/Default.aspx>
- \*\*American Cancer Society. Cancer Facts & Figures 2015. Atlanta: American Cancer Society; 2015.

**PRESENTER:**

- “Breast cancer is the 2nd most common cancer in women in China, second only to lung cancer. Breast cancer is the 2nd in the USA, where skin cancer is the most common cancer in women.”
- “Research also suggests the mean age at diagnosis in Chinese women is only 40.6\* which is younger than the median age at diagnosis in American women – 61”\*\*\*

**NOTES TO PRESENTER:**

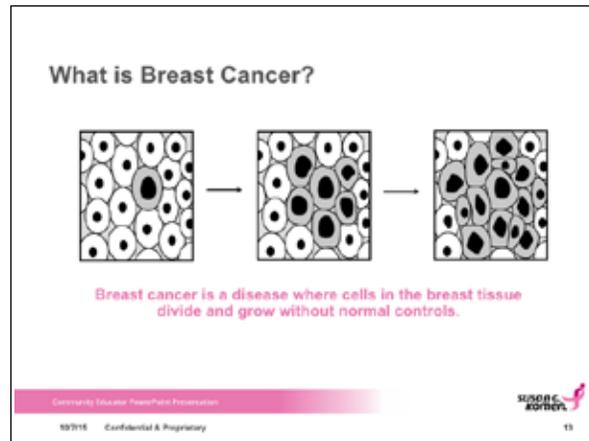
- The two resources calculated the age at diagnosis a bit differently. If asked, here is the difference between mean and median.
  - Mean - the sum of all the numbers in the set divided by the amount of numbers in the set – the same as “average”
  - Median - the middle point of a number set, in which half the numbers are above the median and half are below.
- National statistics regarding cancer cases in China are not available.

**SOURCES:**

\*Kantar Health Oncology (2012). Breast Cancer – a global view on standards of care and patient outcomes. Available at: [http://www.kantarhealth.com/docs/spotlights/kantar\\_health\\_breast\\_cancer\\_2012\\_noflash.pdf](http://www.kantarhealth.com/docs/spotlights/kantar_health_breast_cancer_2012_noflash.pdf).

\*\*American Cancer Society. Breast Cancer Facts & Figures 2013-2014. Atlanta: American Cancer Society, Inc. 2013.

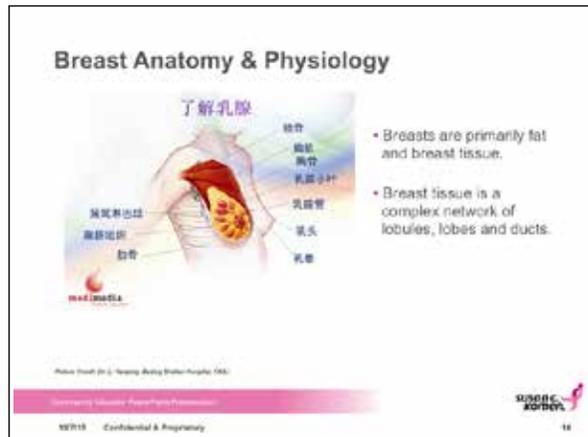
\*\*\*Globocan,2012.

**PRESENTER:**

- “What is breast cancer? It is a disease where the cells in the breast tissue divide and grow out of control.”

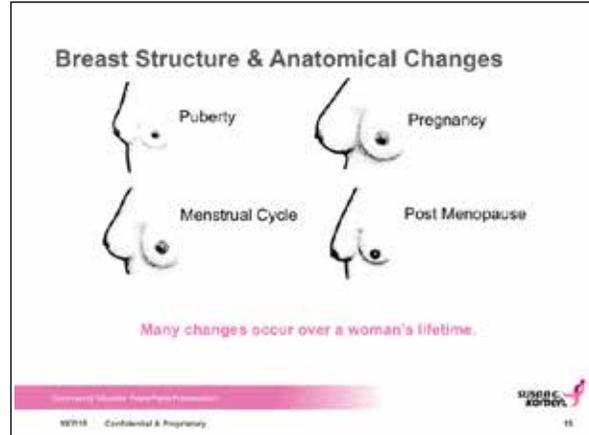
**ADDITIONAL INFORMATION:**

- Cells are the building blocks of every organ in the body. So, every day, cells in the body divide, grow and die in a very controlled and orderly process. But when cells grow out of control, this uncontrolled growth of cells forms a mass or lump called a tumor.
- Tumors are either benign or malignant. Benign tumors are not cancerous. When these tumors are removed, they typically do not reappear. Removing a benign tumor is usually the only treatment required. The cells of a benign tumor do not invade neighboring tissue or spread to other parts of the body.
- Malignant tumors, on the other hand, are cancerous tumors. Malignant tumor cells can invade neighboring tissue and spread to other parts of the body in a process called invasion or infiltration. A malignant tumor that develops in the breast is called breast cancer.
- Cells can also break away from the primary tumor and spread to other parts of the body by traveling through the blood stream and lymphatic system. This process is called metastasis.
- When malignant breast cells appear in a new location, they begin to divide and grow out of control again as they create another tumor. Even though the new tumor is growing in another part of the body, it is still called breast cancer. The most common organs for breast cancer metastasis are the bone, liver, lung and brain.
- It is metastasis that almost always causes death from breast cancer. So, finding and treating breast cancer before it has spread offers the best chance for survival.

**PRESENTER:**

- “This slide shows the anatomy of the breasts.”
- “Knowing a bit about the anatomy and physiology of breasts will make some of the information you will hear later today make more sense.”
- “Breasts are made up mainly of fat and breast tissue.”
- “The main chest muscle (the pectoralis muscle) is found behind the breast and in front of the ribs in the chest wall. You can see that in the picture.”
- “Breast tissue is a complex network of lobules, lobes and ducts in a pattern resembling bunches of grapes on their stems. The lobules are spherical-shaped sacs that produce milk, the milk is collected in the lobes, and the ducts carry milk from the lobules to the nipple openings when a woman is breastfeeding.”



**PRESENTER:**

- “Many changes occur over a woman’s lifetime.”
- “Throughout childhood, girls and boys have a small amount of immature breast tissue, which remains dormant until puberty.”
- “During puberty, breast growth is stimulated by hormones that cause the ducts to stretch out and become more branched; and eventually, the breast tissue develops to form the mature system of lobules and ducts.”
- “Though the breast is mature after puberty, the breast tissue remains essentially inactive until pregnancy.”
- “During pregnancy, and again under the influence of ovarian hormones, the lobules multiply and begin to produce milk, which is released into the ducts for breastfeeding when a baby is born.”
- “Cyclical changes occur monthly during the child-bearing years as the breast tissue responds to the fluctuation of hormones.”
- “After menopause, (post-menopause) when the ovaries stop producing hormones and a woman stops menstrual cycles, the number of lobules decreases and those remaining shrink in size. With the loss of breast tissue, breast density also decreases as women pass through menopause; in postmenopausal women, a larger proportion of the breast is made up of fat tissue compared to the breasts of younger women.”



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**PRESENTER:**

- “What causes breast cancer? The short answer is that we really don’t know. We don’t know what causes breast cancer to develop in an individual at a particular point in time.”
- “What we do know is that it occurs as the result of a gene mutation.”

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**NOTES TO PRESENTER:**

- After asking this question the conversation may jump to risk factors. Just re-iterate that we do not know what causes breast cancer and reserve the discussion about risk factors until later.
- You may say that some of the factors they mention may increase risk – and other factors may lower risk – and we will spend more time on that in a few minutes.

### Genetics and Breast Cancer

- Gene mutations are spontaneous or inherited.
- Several inherited mutations have been linked to breast cancer - *BRCA1* and *BRCA2*.
- Inherited mutations are associated with 5 – 10 percent of breast cancer in the U.S.



Most breast cancer diagnosed in women are not due to inherited genetic mutations.

Genetics: Spontaneous, Inherited, or Environmental

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**PRESENTER:**

- “Every cell in the body contains nearly 30,000 genes. Genes are the blueprints for the body; they determine the color of a person’s eyes or if their hair is curly or straight. They contain the blueprints to make proteins, which are important in cell regulation. Sometimes, genes do not work like they should. This is due to an error in one or more genes, called a mutation.”
- “Mutations may be spontaneous or inherited.”

**ADDITIONAL INFORMATION:**

- Spontaneous mutations are those that may occur during the course of a person’s life. There are many ways a spontaneous mutation can occur. Most breast cancer is due to spontaneous gene mutations. However, it is not yet known exactly how, or if, these mutations are related to a person’s lifestyle or molecular changes inside the body or if these mutations can even be prevented.
- Inherited mutations are those a person is born with — a defective gene that one parent (either the mother or father) passed on to the child.
- A number of inherited mutations have been linked to breast cancer.
- Of the genes linked to breast cancer, we know the most about the **BRCA1 and BRCA2** mutations - you will sometimes here the term **BRACA genes** or **breast cancer genes**.
- Inherited gene mutations, including mutations to BRCA1 and BRCA2, account for only 5–10 percent of all cases of breast cancer in the U.S. That means that 90-95 percent is due to spontaneous mutations.

**NOTE TO PRESENTER:**

It is important to remember that most breast cancer is not hereditary or genetic.

**Names of Breast Cancer Tumors**

- Tubular carcinoma
- Mucinous (colloid) carcinoma
- Papillary carcinoma
- Inflammatory Breast Cancer (IBC)
- Paget disease of the breast
- Triple Negative

Breast cancer is not one disease; it is a family of diseases.

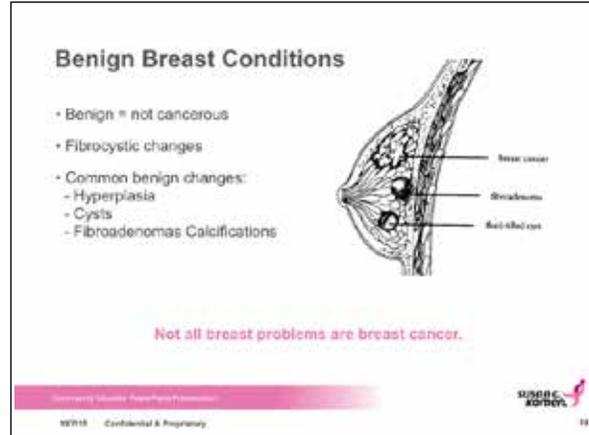
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#### PRESENTER:

- “These are the names of types of breast cancer that patients might hear if diagnosed. It is not important to know all the names of breast cancer subtypes. It is important to know not everyone has the same type of breast cancer. Breast cancer is not one disease. It is a family of diseases.”

#### ADDITIONAL INFORMATION:

- This slide shows examples of types of invasive breast cancers. For instance, mucinous, papillary and tubular carcinomas together account for about 5 percent of IBC and are noted for their good prognosis. Their names describe how they look under the microscope to a pathologist.
- **Inflammatory breast cancer** is a rare and aggressive form of breast cancer, accounting for about 1-5 percent of BC. Unlike other more common forms of breast cancer, it often lacks a lump or tumor. It grows in sheets or nests that spread through the breast. Clinically, because no lump is present, it can be hard to diagnose. Its main symptoms are swelling and redness of the breast and are often mistaken for mastitis or an infection. It may not be detected by mammography or ultrasound. If symptoms are present, treated with antibiotics for an infection, and last longer than a week, go back to a doctor.
- **Paget disease of the nipple** is another rare type of breast cancer that forms in or around the nipple. A tumor grows from underneath the nipple and then breaks out onto the outside of the nipple so that itching, burning, redness, scaling of the skin on the nipple or areola - bloody discharge from the nipple or flattening of the nipple may occur. Paget's can be associated with either in situ or invasive cancer. All of these types of cancers can be found in men; in fact, Paget disease of the breast is more common in men than in women.
- **Triple negative** about 15 to 20 percent of breast cancers are triple negative. They lack three proteins that are targets for treatment. Triple negative/basal-like tumors are often aggressive and have a poorer prognosis because of the lack of targets for treatment/more common among premenopausal women.

**PRESENTER:**

- “Not every sign or symptom noted in the breast is breast cancer. Some are benign breast conditions.”
- “Some benign breast conditions mimic breast cancer – some look like breast cancer, some increase risk of breast cancer, some cause discomfort and pain and some are of little or no concern. The problem is that we can’t know which is which without follow-up with a doctor. Additional tests and sometimes a biopsy may be required to diagnose breast cancer.”
- “The diagram shows the ribs to the far right, the pectoralis muscle resting on the ribs and a drawing of breast cancer at the top that shows it invading into surrounding breast tissue. The other smooth shaped structures represent a fibroadenoma and a cyst – both benign breast conditions.”

**ADDITIONAL INFORMATION:**

- Factors that can increase the risk of benign breast conditions include the use of menopausal hormones and a family history of breast cancer or benign breast conditions. Alcohol use in adolescence may increase risk. Eating foods that contain carotenoids (melons, carrots, sweet potatoes and squash) nuts and beans in adolescence may actually decrease risk. These topics are under active study
- **Fibrocystic breast changes** — lumpiness and tenderness or pain at certain times of the month is called fibrocystic changes. These changes are a normal part of a woman’s menstrual cycle. Fibrocystic changes do not increase a woman’s chance of getting breast cancer.

- **Hyperplasia** — a term describing an excessive accumulation (proliferation) of cells, inside of the lobules or ducts in the breast tissue noted on a biopsy. There are two main types of hyperplasia: usual and atypical. Both types increase a woman’s risk of breast cancer but atypical hyperplasia does so to a greater degree (1.5 – 2 vs. 4 – 5 times). You wouldn’t know you had this condition unless you had a biopsy where it was found.
- **Cyst** — a fluid-filled sac that feels like a soft (or firm) lump or tender spot; more common in premenopausal women, but typically is not cancerous. Cysts do not increase a woman’s chance of getting breast cancer.
- **Fibroadenoma** — a smooth, rubbery or hard lump that moves easily within the breast tissue; more common in younger women. Typically, fibroadenomas are not cancerous and not generally associated with an increased risk of cancer.
- **Calcifications** – tiny calcium deposits that form in the breast as a woman ages. Micro calcifications may be associated with breast cancer. They are seen on a mammogram.

**NOTES TO PRESENTER:**

- Refer back to slide 12 regarding the anatomy on this slide.
- Note that this list of benign breast conditions is not exhaustive, but is provided to illustrate that not all breast problems are breast cancer and that there are a number of benign breast conditions.



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**PRESENTER:**

- “What questions do you have for me?” If no response you could ask “What is the most surprising thing you have heard so far?”

---

**NOTES TO PRESENTER:**

- An open-ended question is more likely to generate a response, particularly if the audience is quiet and reluctant to ask a question. You can also ask the audience to talk to each other by giving these instructions: “Now it is your turn. Turn to your neighbor the person sitting to your right (make sure no one is left out). Nudge your neighbor and tell her/him the most important fact you heard in the last 10 minutes. Find out what your neighbor thinks is the most important fact. You have 60 seconds to talk to each other to exchange this information.” Then go back to your presentation.
- You can use this activity once or more than once during the presentation.

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**SUGGESTION:**

Each time you teach a class, make a note of the questions asked and add them here for future reference.

**Komen Breast Self – Awareness Messages**

1. Know your risk
2. Know what is normal for you
3. Get screened
4. Make healthy lifestyle choices

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KOMEN BREAST CANCER FOUNDATION

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**PRESENTER:**

- “These Breast Self-Awareness Messages are the things I want you to remember from today. “
- “The four messages are: know your risk, know what is normal for you, get screened and make healthy lifestyle choices.”
- “I am going to talk about each of these breast self-awareness key messages and the action items associated with each.”



### Key Message – Know Your Risk

- Talk to your mother's and father's families about your family health history
- Talk to a doctor about your risk of breast cancer



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#### PRESENTER:

- “The first key message is: **Know your risk**. The actions associated with this key message are:”
- “Talk to your mother’s and father’s families about your family health history.”
- “Sometimes families are private and quiet about their health histories. But, knowing this family history can be helpful in understanding your own risk of breast cancer.
- This history from both your mother’s and your father’s side of the family can be valuable – inherited mutations can be passed along from either parent.”
- “Who here already knows something about your family’s medical history?” See note to presenter below for guidance.
- “Talk to a doctor about what you have learned about your family medical history and how this might impact your risk of breast cancer.”
- Talking with a doctor about your family history can help him/her know how to advise you regarding your own risk and screening practices that may be right for you.

#### ADDITIONAL INFORMATION:

- While it is true that we don’t know what causes cancer, we know that having a family history of breast or ovarian cancer may increase your risk of breast cancer.
- And, as we learn more about the possible shared genetic components of breast cancer and other cancers or breast cancer and other health conditions such as diabetes and obesity, we may come to understand more about our risk of breast cancer.
- So, having this information may be helpful to us today or in the future.

#### NOTES TO PRESENTER:

- Acknowledge the responses, if any. If no responses, ask how comfortable they would be asking their families about their medical history. If they would not be comfortable, explore that feeling by asking what would keep them from asking – and ask for input from the group about what to think about /do that might increase the chance that they would actually ask the questions to gather this information.
- Know your community, there might be reluctance in some families to discuss personal health issues, female cancers may not be discussed openly, with the children or with the males in the family. Think about how these barriers could be addressed.



---

**PRESENTER:**

- Ask the question “What have you heard in your community about what increases the risk of breast cancer?” Pause; give the audience a chance to respond.

---

**NOTES TO PRESENTER:**

- Here are some common false statements and answers:
  - I’m only 35. Breast cancer happens only in older women.
    - While the risk of breast cancer increases with age, all women are at risk of getting breast cancer.
  - You can prevent breast cancer.
    - Because the causes of breast cancer are not yet fully known, there is no way to prevent it. However, making healthy lifestyle choices may reduce the risk of breast cancer. For women at a high risk of breast cancer, certain drugs or surgery may reduce the risk.
  - Bras increase your risk of breast cancer.
    - Scientific evidence does not support a link between wearing an underwire bra (or any type of bra) and breast cancer risk.
  - Trauma to the breast increases your risk of breast cancer.
    - There is no evidence to support a link between trauma or injury to the breast and risk of breast cancer.
- These are only a few of the factors that do NOT increase risk of breast cancer. More can be found at:  
<http://ww5.komen.org/BreastCancer/FactorsThatDoNotIncreaseRisk.html>

**Key Message – Know Your Risk**

**Risk Factors & Risk Reduction**

- Being female
- Having a family history of breast cancer
- Being overweight or obese after menopause
- Consuming alcohol
- Little or no breastfeeding
- Getting older

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**PRESENTER:**

- “This slide lists a few risk factors for breast cancer. The point is that there have been a lot of studies done to try to identify risks for breast cancer. I do not expect you to know all of these, but I will run through them to give you a chance to think about them and ask questions.”

**ADDITIONAL INFORMATION:**

- Risk factors do not cause breast cancer, but they increase the changes that you may get breast cancer. Factors with proven links to increased risk of breast cancer include:
  - Being female - All women are at risk. Not having any other risk factors aside from being female does not protect you against breast cancer.
  - Having a family history of breast cancer - is different from an inherited gene mutation - family history is possible even without known mutations
  - Being overweight or obese after menopause - has been linked to increased breast cancer risk in women. The weight a woman puts on before menopause will likely be carried into her postmenopausal years. In two very large studies, women were at increased risk of developing postmenopausal breast cancer if they had gained 20 or more pounds since age 18.
  - Alcohol consumption increases risk - and the risk is greater as more alcohol is consumed. Alcohol can change the way the body metabolizes estrogen. It can reduce blood levels of folic acid (results in errors in copying DNA as cells divide). For those at risk of heart disease may hear conflicting messages - each person to weigh risk-benefit for alcohol use and health benefits and risks.
  - Little or no breastfeeding offers protection from breast cancer. Data from 47 studies showed that the longer duration of breastfeeding, the greater the benefit.
  - Getting older - the older a woman, the more likely she is to get breast cancer. The older we get, the more likely abnormal changes will occur in our cells.
- Some of these factors increase risk a lot, others by only a small amount. Yet, we still do not know what causes breast cancer to develop. It's likely a combination of risk factors, many of which are still unknown. That is why it is so important to learn about risk factors and to talk to a doctor if you believe you are at higher risk.

**NOTES TO PRESENTER:**

This is not an all-inclusive list of risk factors. There are many more risk factors. More can be found here at: <http://ww5.komen.org/AboutBreastCancer/RiskFactors/FactorsAffectingBreastCancerRisk/FactorsAffectingBreastCancerRisk.html>



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**PRESENTER:**

- “What questions do you have for me?” If no response you could ask “What is the most surprising thing you have heard so far?”

---

**NOTES TO PRESENTER:**

- An open-ended type of question is more likely to generate a response, particularly if the audience is quiet and reluctant to ask a question. You can also ask the audience to talk to each other by giving these instructions: “Now it is your turn. Turn to your neighbor the person sitting to your right (make sure no one is left out). Nudge your neighbor and tell her/him the most important fact you heard in the last 10 minutes. Find out what your neighbor thinks is the most important fact. You have 60 seconds to talk to each other to exchange this information.” Then go back to your presentation.
- You can use this activity once or more than once during the presentation.

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**SUGGESTION:**

Each time you teach a class, make a note of the questions asked and add them here for future reference.

**Key Message – Know What is Normal for You**



- Know how your breasts look and feel
- It is ok to look at and feel your breasts
- Report changes to a doctor

Can you name the changes that you should report?

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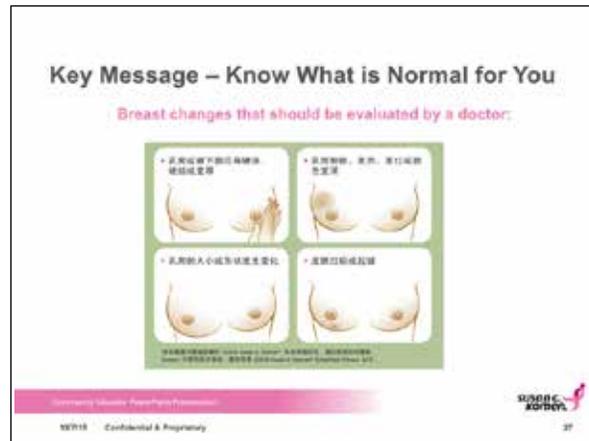
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**PRESENTER:**

- “The second key message is: Know what is normal for you. The actions associated with this key message are:”
  - “Know how your breasts look and feel. The signs of breast cancer are not the same for all women.”
  - “If you notice any change, see a doctor.”
- “Can you name the changes that you should report?”

**NOTE TO PRESENTER:**

- Pause after asking the above questions. Give the audience some time to respond. See what they say. You do not need to go into detail as you will do that on the next slide.



**PRESENTER:**

- (Depending on the responses on the previous slide [if lump was mentioned as a warning sign], can say...) “Generally, most people realize that having a lump in the breast could be a warning sign of breast cancer and should prompt women to follow up with a provider if they find a lump in their breast. However, visual changes can also be the first signs that something is going on in the breast and should also be checked. They include:

**TOP LEFT:**

Lump, hard knot or thickening inside the breast or underarm area- any changes that feel different from your other breast

**TOP RIGHT:**

Swelling, warmth, redness or darkening of the skin - a rare form of breast cancer, called inflammatory breast cancer can look like an infection- and there may not be a lump present- often these changes seem to appear overnight

**BOTTOM LEFT:**

Change in the size or shape of the breast - this is a change, not that one breast is normally slightly larger than the other.

**BOTTOM RIGHT:**

Dimpling or puckering of the skin- puckering is a dimple like you might have in your cheek - that occurs in your breast.

**ADDITIONAL INFORMATION:**

- Regarding breast self-exam: The largest and best-designed study was done in Shanghai, China where women who worked in two factories received their health care. The women in one factory were taught breast self-exam and follow up was done to promote compliance and proficiency while the women in the other factory received no special breast self-exam instructions. At the end of the study, there was no mortality benefit in the women who were taught breast self-exam. The key message is know what is normal for you. It’s okay to touch your breast, it’s okay to look, these warning signs are the things that you need to be watching for, if you notice any of these things you need to see a doctor.

**NOTE TO PRESENTER:**

Do not get into a debate about breast about breast self-examination (BSE). It is important to know the look and feel of your breast. It should be noted that research studies conducted over the years have not shown a decrease in mortality due to women performing monthly breast self-exam (BSE). If a woman says that she does BSE or that she found a lump doing BSE, just ignore the BSE, and reinforce that she knew what was normal for her and saw a doctor for follow-up (if she did).

**PRESENTER:**

- “These changes should be reported to a doctor:”

**TOP LEFT:**

An itchy, scaly sore or rash on the nipple. An unusual type of breast cancer forms under the nipple and erupts at the nipple and may look like a sore or rash or insect bite. This may be a sign of another rare type of breast cancer called Paget disease of the breast – or it may not, but a person wouldn’t know either way until it was checked.

**TOP RIGHT:**

Pulling in of your nipple or other parts of the breast. Again, some women have retracted nipples, so it’s normal that their nipples pull in. What we are suggesting is a change that should be reported.

**BOTTOM LEFT:**

Nipple discharge that starts suddenly. Some women may find that their clothing is damp or stained. This is unusual and should be reported.

**BOTTOM RIGHT:**

And finally, new pain in one place that does not go away. We generally think that breast cancer isn’t painful – that is why it can grow and grow before being detected. However, it is possible for a cancer to cause pain. This pain is different from the general discomfort that a woman experiences in both breasts just before her period. So, a focal area of pain that does not go away should be reported.

**NOTES TO PRESENTER:**

- Please notice that these changes shown in the pictures are all at full symptom and are illustrated so that you can easily see them.
- Realize that all changes happen over time and subtle changes should be reported.



---

**PRESENTER:**

- “What questions do you have for me?” If no response you could ask “What is the most surprising thing you have heard so far?”

---

**NOTES TO PRESENTER:**

- An open-ended type of question is more likely to generate a response, particularly if the audience is quiet and reluctant to ask a question. You can also ask the audience to talk to each other by giving these instructions: “Now it is your turn. Turn to your neighbor the person sitting to your right (make sure no one is left out). Nudge your neighbor and tell her/him the most important fact you heard in the last 10 minutes. Find out what your neighbor thinks is the most important fact. You have 60 seconds to talk to each other to exchange this information.” Then go back to your presentation.
- You can use this activity once or more than once during the presentation.

---

**SUGGESTION:**

Each time you teach a class, make a note of the questions asked and add them here for future reference.

**Get Screened**

**Screening tests:**

- Are offered to people who feel fine and who have no reason to suspect a breast problem
- Are different from tests that are done to evaluate a problem in the breast, which are called diagnostic tests

Breast Cancer Screening  
WHS - Confidential & Proprietary

**PRESENTER:**

- “The third key message is Get screened.”
- “Screening tests are tests that are offered to large numbers of people who feel fine and who have no reason to suspect a breast problem.”
- “They provide a real opportunity to find breast cancer when it is early before there are signs of a problem.”
- “These tests are different than tests that are done to evaluate a problem in the breast – a problem that may have been noted by you, a doctor, or on an imaging test done for screening. These tests that are done to follow-up on a problem are called diagnostic tests because they are done to try to learn more about the problem that has been noted.”
- “Breast cancer screening is important because the earlier stage at diagnosis, the more treatment options, the better opportunity to have easier treatment and possibly cheaper cost of treatment. There may be an opportunity to have a small part of the breast removed instead of the whole breast if found in the earlier stages.”

**NOTE TO PRESENTER:**

Even though the term diagnostic test is used here, these tests cannot confirm a diagnosis of breast cancer; a biopsy is required to diagnose breast cancer. However, these tests may confirm a diagnosis of a benign finding, such as a cyst.

**Get Screened**

**A Clinical Breast Exam, is a physical exam done by a doctor.**

In China, Dr. Jun REN (Professor of Medical Oncology, Executive Dean, Capital Medical University School of Oncology, Beijing, China. Director, Comprehensive Cancer Center, Beijing Shijitan Hospital, Capital Medical University, Beijing, China.) recommends a clinical breast exam as the primary screening test used for breast cancer.

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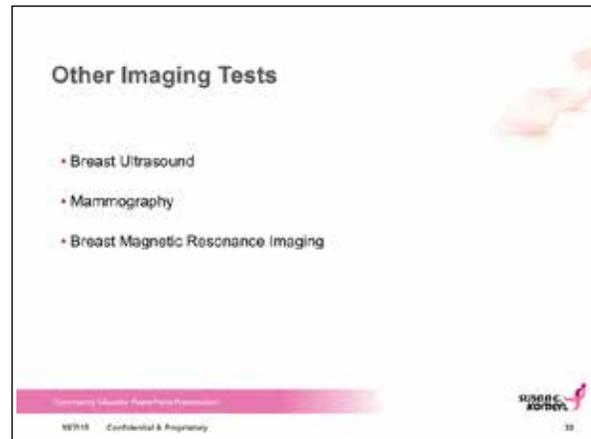
31

**PRESENTER:**

- “The third action step is: **Get screened**”
- “In China, Dr. Jun REN (Professor of Medical Oncology, Executive Dean, Capital Medical University School of Oncology, Beijing, China. Director, Comprehensive Cancer Center, Beijing Shijitan Hospital, Capital Medical University, Beijing, China.) recommends a clinical breast exam as the primary screening test used for breast cancer.”
- “Exams may include your personal health history and your family health history-to assess your risk for breast cancer. The doctor will check the appearance of your breasts, and then examine your breast and underarm areas.”

**ADDITIONAL INFORMATION:**

- A clinical breast exam offers a doctor the opportunity to identify a change in your breast that you may not have noticed otherwise.
- Screening offers the opportunity to find breast cancer early.
- Finding breast cancer early could save your life, give you more treatment options (including less invasive treatments) and could be less expensive.



---

**PRESENTER:**

- “Imaging tests are used to get a look at the inside of your body.”
- “Doctors use imaging tests to screen for breast cancer, which we have already discussed.”
- “They can also be used to evaluate a problem that has been found on a screening test. When used in this way they are called diagnostic tests.”
- “Imaging tests (these and others) can be used after diagnosis to learn more about the extent of the disease and to help determine if cancer treatment is working.”

---

**NOTE TO PRESENTER:**

This list is not all inclusive.



**Other Imaging Tests – Breast Ultrasound**



- Breast ultrasound uses sound waves to make images of the breast.
- Breast ultrasound may be used in addition to other tests.

Breast Ultrasound: Breast Health Foundation



BWHF - Confidential & Proprietary 33

**PRESENTER:**

- “Breast ultrasound (or sonogram) is a test that uses sound waves to create images.”
- “It is non-invasive and often used as a follow-up test after an abnormal finding on a clinical breast exam. If a woman has had a mammogram for either screening or diagnostic purposes, it can be used as a follow-up to a mammogram as well.”
- “If you need additional imaging, a doctor will discuss which test may be right for you.”

**ADDITIONAL INFORMATION:**

- It can distinguish between liquid-filled cysts and solid masses.
- Used for diagnostic purposes to follow-up an abnormal clinical exam.
- This test is safe, painless and uses no radiation.
- **Not** used for screening today, although companies have developed automated whole breast ultrasound and is considered an emerging technology.

### Other Imaging Tests – Breast Ultrasound

- Breast ultrasound uses sound waves to make images of the breast.
- Breast ultrasound may be used in addition to other tests.



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WHSB  
XDRBYL

18

**PRESENTER:**

- “Mammography is a test that uses X-rays to create images of the breasts. These images, called mammograms, can be used to find early signs of breast cancer.”
- “In China, in addition to ultrasound, mammography may be used.”
- “Mammography uses two or more X-rays to create images of the breasts. These images, called mammograms, are used to find early signs of breast cancer.”
- “It is non-invasive and may be used as a follow-up test after an abnormal finding on a screening test, such as clinical breast exam -or following a breast ultrasound.”
- “If you need additional imaging, a doctor will discuss which test may be right for you.”



**Other Imaging Tests – Breast Magnetic Resonance Imaging**

- Breast magnetic resonance imaging uses magnetic fields to create breast images.
- Breast magnetic resonance imaging may be used in addition to other tests.



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AMERICAN CANCER SOCIETY

**PRESENTER:**

- “The last imaging method we will talk about today is magnetic resonance imaging magnetic resonance imaging.”
- “Breast magnetic resonance imaging uses a large magnet and radio waves to measure the electromagnetic signals to form an image of the breast.”
- “It may also be used as a diagnostic test.”

**ADDITIONAL INFORMATION:**

- In some places, it is used as a screening test for women who are at very high risk of breast cancer.
- Magnetic resonance imaging can detect cancers in dense breasts that are not seen on mammograms.
- American Cancer Society and National Comprehensive Cancer Network recommend annual magnetic resonance imaging with mammogram if at 25 percent higher risk – not for women at average risk today.
- Magnetic resonance imaging is very sensitive, but not very specific. So, can have false positive results, which need follow-up, but may turn out to be benign (not cancer).



---

**PRESENTER:**

- “If you or your family or friends have not been screened, why not? What are the barriers that are preventing these tests?”

---

**NOTES TO PRESENTER:**

- You can facilitate a discussion to explore this question or you can design this as a group activity. If there are more than five participants, split participants into smaller groups to discuss their barriers to getting screened. If there are fewer than five participants, they can discuss barriers as one group.
- The first thing to do is to first identify the barriers (things that are preventing participation in screening).



---

**PRESENTER:**

- “Now that we have discussed the possible barriers to getting screened let’s brain storm and discuss how we can overcome these barriers.”

---

**NOTE TO PRESENTER:**

You can facilitate a discussion to answer this question or design this as a group activity in small groups. If there is enough time, have groups report to the larger group on both barriers and how they cope with barriers.





---

**PRESENTER:**

- “What questions do you have for me?” If no response you could ask “What is the most surprising thing you have heard so far?”

---

**NOTES TO PRESENTER:**

- An open-ended type of question is more likely to generate a response, particularly if the audience is quiet and reluctant to ask a question. You can also ask the audience to talk to each other by giving these instructions: “Now it is your turn. Turn to your neighbor the person sitting to your right (make sure no one is left out). Nudge your neighbor and tell her/him the most important fact you heard in the last 10 minutes. Find out what your neighbor thinks is the most important fact. You have 60 seconds to talk to each other to exchange this information.” Then go back to your presentation.
- You can use this activity once or more than once during the presentation.

---

**SUGGESTION:**

Each time you teach a class, make a note of the questions asked and add them here for future reference.

**Key Message – Make Healthy Lifestyle Choices**

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

Some risk factors can be controlled.

SEATTLE  
WOMEN

W1115 Confidential & Proprietary

**PRESENTER:**

- “The fourth key message is **Make healthy lifestyle choices.**”
- “You see the actions associated with this message listed on the slide.”
- “These actions are associated with overall health, but some may also help to reduce the risk of breast cancer.”
- “I mentioned earlier that some risk factors can be controlled. Some of those factors are listed on this slide.”
- “Maintain a healthy weight. Research has shown that gaining weight as an adult increases the risk of postmenopausal breast cancer, so one thing you can do to try to reduce the risk is maintain a healthy weight over your lifetime”. Body mass index (BMI) is a measure used to define body weight status (normal, overweight and obese) in research studies. BMI includes a measure of height and weight, so it is a better comparison of body weight status than weight alone.
- BMI 18.5 – 24.9 is normal. • BMI 25.0 – 29.9 is overweight • BMI 30.0 and greater is obese (See note to presenter to calculate BMI)
- “Add exercise into your routine. Research has also shown that being physically active can reduce the risk of breast cancer in both premenopausal and postmenopausal women. Add exercise into your routine. Women who do not engage in regular physical activity may have a higher risk of developing breast cancer.” (Note: if you have done the Exercise Activity, you can reinforce the message that physical activity is good for overall health and may also reduce the risk of breast cancer.)

- “Limit alcohol intake. Many studies have shown that the risk of breast cancer increases with alcohol intake. The risk is greater the more alcohol consumed. Limiting alcohol intake may reduce risk.”
- “Limit menopausal hormones. If a woman is considering taking postmenopausal hormones (specifically estrogen plus progestin), she should discuss the risks and benefits with a doctor. The use of menopausal hormones has been linked to increased breast cancer risk.”
- “Finally, studies show that breastfeeding protects against breast cancer (especially premenopausal breast cancer). So breastfeed if you can.”

**ADDITIONAL INFORMATION:**

- A recent study found that women who gained 55 pounds or more after age 18 had almost a 45 percent greater risk of postmenopausal breast cancer compared to those who maintained their weight. A gain of about 20 pounds or more after menopause was linked to an 18 percent greater risk.\*
- Findings have shown that women who have two to three alcoholic drinks per day have a 20 percent higher risk of breast cancer than non-drinkers.\* \*
- Mothers who breastfed for a lifetime total of two years got about twice the benefit of those who breastfed for a total of one year. Mothers who breastfed for a lifetime total of more than two years got even more benefit.\*\*\*

**NOTE TO PRESENTER:**

Go to the next slide for a Body Mass Index (BMI) table.





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**PRESENTER:**

- “What questions do you have for me?” If no response you could ask “What is the most surprising thing you have heard so far?”

---

**NOTES TO PRESENTER:**

- An open-ended type of question is more likely to generate a response, particularly if the audience is quiet and reluctant to ask a question. You can also ask the audience to talk to each other by giving these instructions: “Now it is your turn. Turn to your neighbor the person sitting to your right (make sure no one is left out). Nudge your neighbor and tell her/him the most important fact you heard in the last 10 minutes. Find out what your neighbor thinks is the most important fact. You have 60 seconds to talk to each other to exchange this information.” Then go back to your presentation.
- You can use this activity once or more than once during the presentation.

---

**SUGGESTION:**

Each time you teach a class, make a note of the questions asked and add them here for future reference.

**Biopsy and Diagnosis**



- In a biopsy, cells are removed from the area of the breast where an abnormality was found and studied in a lab.
- There are several ways a biopsy can be done – some with a needle and some in the operating room.
- The findings from a biopsy are reported on a pathology report.
- Not all breast cancer is the same.

Today, a biopsy is needed to make a diagnosis of breast cancer.

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**PRESENTER:**

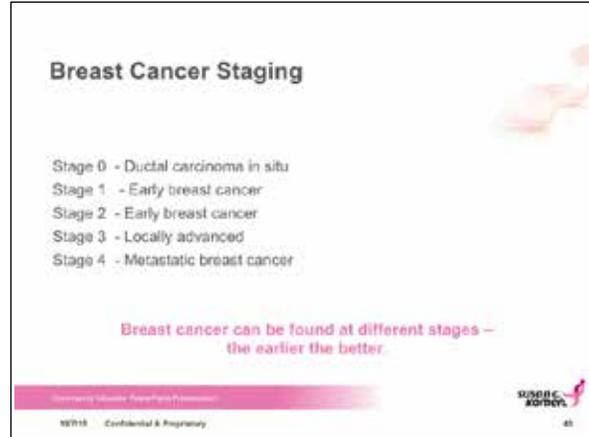
- “During their lifetimes, many women will have a breast lump or have an abnormal area show up on an ultrasound or during a clinical breast exam.”
- “These women will then have additional testing to make sure that the lump or abnormal area is not cancerous.”
- “In many instances, cancer can be ruled out with additional screening or other imaging techniques.”
- “However, if cancer can’t be ruled out, a woman will need to have a biopsy.”
- “In a biopsy, cells are removed from the area of the breast where an abnormality was found and studied in a lab.”
- “The cells are sent to a lab to be examined by a special doctor. The doctor writes a pathology report, and the report is sent to your doctor.”

**ADDITIONAL INFORMATION:**

Not all breast cancer is the same, and the pathology reports tell the doctor if breast cancer was found, and usually, more detail about the type of cancer.

**NOTE TO PRESENTER:**

This slide along with the following two slides may be deleted if time is a constraint or if you want to restrict your presentation to risk, screening and lifestyle topics only. However, if any one of these slides is to be presented, all three should be presented because the content is related. For instance, you should not be talking about stages of breast cancer without first talking about diagnosis – and then treatment.



**Breast Cancer Staging**

- Stage 0 - Ductal carcinoma in situ
- Stage 1 - Early breast cancer
- Stage 2 - Early breast cancer
- Stage 3 - Locally advanced
- Stage 4 - Metastatic breast cancer

Breast cancer can be found at different stages –  
the earlier the better.

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**PRESENTER:**

- “When breast cancer is diagnosed, additional information is gathered to understand how advanced the cancer is. Breast cancer stage is a way to communicate how advanced the cancer is at diagnosis.”
- “Breast cancer (and other cancers) is categorized into 5 stages as you can see on the slide.”
- “Stage 0 is as early as it can be detected today – and when detected at this stage the 5-year relative survival rate is 99 percent.”
- “Early stage cancers may be small, which means removing the entire breast may not be necessary – and additional treatment may not be required, which means lower treatment costs.”
- “Screening offers an opportunity to find breast cancer before you notice changes in your breast. The earlier the stage at diagnosis, generally, the better the outcome.”

**ADDITIONAL INFORMATION:**

Chances for survival are different for each stage of breast cancer. Early stage cancer (stages 1 and 2) has a better prognosis than later stage cancer (stage 3 and 4). In addition, cancer that stays in the breast has a better prognosis than cancer that has spread beyond the breast to the lymph nodes. This underscores the importance of early detection for breast cancer.

**NOTE TO PRESENTER:**

This slide in the power point presentation is optional, however if it is used must be used with slides 42 and 44.



**Treatment Options**



- Local treatments
  - Surgery—mastectomy, lumpectomy, reconstruction
  - Radiation
- Systemic treatments
  - Chemotherapy
  - Hormone therapy
  - Targeted biologic therapy

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**PRESENTER:**

- “There are different ways of treating breast cancer. Most treatment is given in combinations – and usually involves surgery and some other type of treatment. Treatments are listed on the slide in two categories:”
  - Local treatments are designed to remove the cancer from a limited (local) area such as the breast, chest wall and lymph nodes in the armpit to make sure it does not recur (come back) in that area. Local treatments are surgery (mastectomy, lumpectomy and radiation). Reconstruction may also be done.
  - Systemic treatments aim to get rid of the cancer cells that may have spread from the breast to other parts of the body. These include treatments such as chemotherapy, hormonal therapy and targeted biologic therapy. Treatment could include a combination of two or more. These treatments are generally given after surgery and may also include radiation therapy.

**ADDITIONAL INFORMATION:**

One of the purposes of screening is to find breast cancer early. The treatment options are less expensive and more easily tolerated if breast cancer is diagnosed early. If breast cancer is diagnosed earlier, local treatments can be done when breast cancer is found only in the breast (early stage) and systemic treatment is done when breast cancer has been found in lymph and other parts of the body.

Again, the most important message is that the earlier stage at diagnosis, the more treatment options, the better opportunity to have less extensive treatment, and a lower cost of treatment.

In the past, treatment decisions were made based on the stage of the tumor which is closely related to size and extent of the tumor spread.

However, today, while size and extent of tumor spread are still important, treatment decisions are being made on the molecular characteristics of the tumor itself – so treatment is “personalized” based on the tumor itself.

**NOTE TO PRESENTER:**

This slide in the power point presentation is optional to use or not. However if used must be used with slides 42 and 43.



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**PRESENTER:**

- “What questions do you have about anything I covered today?”





### Session Objectives

At the end of this session, you should be able to:

- Define breast cancer.
- breast cancer statistics in China.
- Name the Komen Breast Self-Awareness Messages.
- State at least one fact associated with each Breast Self-Awareness Message.
- Name at least one action item associated with each Breast Self-Awareness Message.
- Name at least two risk factors that increase breast cancer risk.
- Name other breast imaging tests.

© 2015 Komen Breast Self-Awareness Messages

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KOMEN BREAST SELF-AWARENESS MESSAGES

**PRESENTER:**

- “Now let’s go back to these objectives. When we started, I said that at the end of this session you should be able to do the following. So, can you define breast cancer?”

**NOTES TO PRESENTER:**

- When heads nod yes or someone says yes, say...
- “Great – so, what is breast cancer?”
- “Okay, who can state a breast cancer statistic for China?”
- “What are the Komen breast self-awareness messages?”
- “Who can name on fact associated with each breast self-awareness message?”
- “And one action item for each?”
- “Remember the illustrations we saw... who can name the 8 warning signs of breast cancer?”
  - Lump, hard knot or thickening inside the breast or underarm area
  - Swelling, warmth, redness or darkening of the breast
  - Change in the size or shape of the breast
  - Dimpling or puckering of the skin
  - Itchy, scaly sore or rash on the nipple
  - Pulling in of your nipple or other parts of the breast
  - Nipple discharge that starts suddenly
  - New pain in one place that does not go away

- “What are risk factors to increasing risk for breast cancer? We discussed factors that decrease risk. What were they?”
  - Maintain a healthy weight
  - Add exercise into your routine
  - Limit alcohol intake
  - Limit menopausal hormone use
  - Breastfeed, if you can
  - “Name other breast imaging tests that may be used in China.”

**NOTE TO PRESENTER:**

Coach and encourage the group during this review of objectives. It serves as a good review of the important information you delivered.

**To Review**

- Breast cancer is a problem in our community.
- Know your risk.
- Know what is normal for you.
- Get screened.
- Make healthy lifestyle choices.

Share something you learned today with someone you care about!

Community Health Assessment/Prevention  
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**PRESENTER**

- “To review....Breast cancer is a problem in our community. “
- “These key messages and actions associated with each can empower you to make important breast care decisions. Know you risk, Know what is normal for you, Get screened, and Make healthy lifestyle choices.”
- “After spending time with us today, talk about what you learned today with a family, friend or someone you care about.”





---

**PRESENTER:**

- “Here is a list of local and National resources.”

---

**NOTE TO PRESENTER:**

If local or provincial resources are available, please insert links to website or locations where participants can learn more about breast health and cancer in their local communities.



**PRESENTER:**

- “Complete the post-test and we will go over the correct answers in just a few minutes.”
- “Please complete the survey and add your pre and post scores to the bottom of the survey.”
- “At this time I would like to go over the Intent to Act: My personal Goals form. I would like you to review these intent to act statements and check the ones you plan to do this year regarding your breast health. This form is one you will take home to remind yourself of the health goals you have made.” (See note to presenter below.)
- “Thank you for your time and attention today. I wish you all the best.”

**NOTES TO PRESENTER:**

- This is another opportunity to review the information that you presented today.
- It is good to keep a record of the pre and post test scores so you can see how effective you were in presenting the material. One way is to include a place for each participant to record their pre and post test scores at the end of the evaluation form.
- It is important for the participants to take action to know their risk, talk to their doctor, get screened, know what is normal for them and make healthy lifestyle choices. The participants are asked to review and check what they intend to do with the breast self-awareness messages after the presentation. The intent to act statements are comparable to personal goal statements. We want participants to take the document home so they can feel accountable and successful in reaching these goals within the next year. Feel free to be creative on how this document is presented. You could print it on a thicker paper, colored paper, etc. to ensure it is eye catching and noticeable. Be sure to come prepared with enough Intent to Act: My Personal Goals forms for each participant.



THE END!

THANK YOU

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**NOTE TO PRESENTER:**

These slides are extra materials if time permits.



**Activity – Addressing Barriers**



- Brainstorm the barriers keeping women from early detection and write them down on the sticky notes!
- Classify the barriers you found in one of the following sections (psychological, economic or social and cultural).
- What other classifications would you add?

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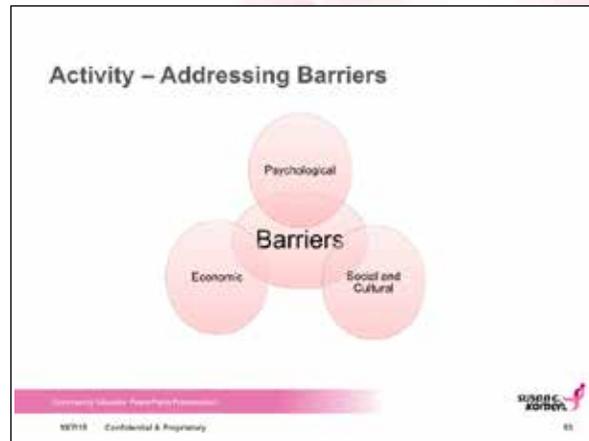
BRBC  
BOSTON

**PRESENTER:**

- “We will spend a few minutes to share our thinking on some factors that prevent women from having screening. We will divide into five groups. Then list all the obstacles you can think of on sticky notes. So, let’s begin and you have five minutes to complete this task.”

**NOTES TO PRESENTER:**

- Materials needed for this activity: sticky notes, writing pens, and three large white sheets of paper for presentation (draw circles on the paper, and in each circle, write psychological, economic, social and cultural).
- The purpose of this activity is to help trainees think about the reasons that prevent people from having screening, or telling their doctors their problems. First, let the participants say the obstacles, for example, either discuss the obstacles that prevent them from getting screening through your facilitation, or have the groups discuss on their own. Give them sticky notes and pen, and three to five minutes to complete this activity. If time allows, ask them to report their findings later.
- Then, let them divide their discussion results into different categories of psychological, economic, social and cultural. Then, they will discuss how to overcome these obstacles through your facilitation, or within the groups.



#### PRESENTER

- “Now look at your list and classify the barriers into one of the following groups: psychological, economic, or social and cultural.”
  - Psychological barriers are internal beliefs that can cause a person to feel he cannot complete a task - such as fear, and distrust
  - Economic barriers are obstacles that make it difficult to enter a given market - such as unaffordable costs, lack of health insurance, lack of transportation etc.
  - Social and Cultural barriers are barriers to entry which are created by the culture, beliefs and actions of the community - such as language, child care, etc.
- “Have you gotten some ideas about how you might overcome barriers to screening or how your friends or family might overcome barriers? What do you think you will do with this information?”

#### NOTE TO PRESENTER:

There could be additional categories. If others are named, include them in the classifying part of this activity. Post papers with the labels on the wall at the front of the room. Have participants walk up and place their sticky notes in the appropriate circle. If they thought of something that does not fit in one of these classifications, just have them put it outside the circles. Some common barriers may be: fear, transportation, financial, childcare, poor access to care, unaffordable costs. Once all barriers have been identified, go through them and brainstorm ideas to overcoming them. For example: “I don’t think I am going to get breast cancer”- A possible response could be “I’ve talked to some women who think that. The fact is there is no way to tell who will get breast cancer. All women are at risk.”



---

**PRESENTER:**

- “Have the participants stand and you (or a participant) can read the first sign, “I have heard that exercising 30 minutes five times a week is good for me.”
- “If you agree with this statement, walk over to and stand at the “Awareness” sign. If you don’t agree, stand at your seat.”

---

**ADDITIONAL INFORMATION:**

The purpose of this activity is to make a point that it is not enough to tell someone to do something – even if she/he believes the action is beneficial, that may not be enough to prompt people to take this action.

There is merit in delivering the same message over and over again. Our communication experts tell us that we often have to hear something repeatedly to really “hear” it – and then be able to act on it. The consistent repetition reduces confusion for the listeners, improves retention and hopefully moves people to action.

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**NOTE TO PRESENTER:**

You can print the awareness, understanding, and action slides before the presentation. Post the print-outs in the room on different walls so the participants have to walk to different locations during the activity based on their answers. Fold the papers up so that the sentences are not read before the activity.



**PRESENTER:**

- Have the participants stand and you (or a participant) can read the second sign, “I believe that exercising 30 minutes five times a week is good for me” “If you believe this statement, walk over to and stand near the “Understanding” sign.”
- “If you do not believe this statement, remain at the “Awareness” sign.”



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**PRESENTER:**

- “Have the participants stand and you (or a participant) can read the last sign, “I exercised five times for 30 minutes last week.” If you agree with this statement and exercised 30 minutes five times last week, then walk over to and stand near the “Action” sign.”
- “If you did not, remain at the “Understanding” sign.
- “Okay you can take your seats now: “What did you learn from this activity?””

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**NOTE FOR PRESENTER:**

That even if you have heard something and even believe that something is beneficial, you still may not act. This is important for us to realize this in ourselves, and understand that others will also express the same thing. This is important to make us think about the things that would make us take that action - exercise, get a breast cancer screening exam, contact a doctor if you notice a breast change, etc. and think about what may help prompt action in our audience related to breast care. It also may help us to understand that people often need more than just being told to do something.





