



we can

Women's Empowerment
Cancer Advocacy Network

BREAST & CERVICAL CANCER ADVOCACY TOOLKIT

*Educate.
Advocate.
Share.
Reach out.*

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I. CANCER OVERVIEW

- What is cancer?
- What are risk factors?
- What is prevention, early detection and screening?

UNDERSTANDING THE BASICS

What is cancer?

There are many types of cancer, but they all begin when abnormal living cells in part of the body start to grow and multiply out of control. This abnormal cell growth differs from regular cell growth because instead of dying the cells continue to grow and form new abnormal cells, they also invade other tissues. The cells become cancerous due to damage to their DNA. When DNA are damaged in healthy cells the cell repairs the damage or dies, but in cancerous cells the DNA remains damaged and instead of dying it reproduces cells with the same damaged DNA. While damaged DNA can be inherited, most damage is caused during normal cell reproduction or is due to environmental factors. The cells often form lumps or tumors (but not all lumps or tumors are cancerous) and the cancer is often named after the part of the body where the tumor began. All cancers are caused by the out of control growth of abnormal cells, but there are many different cancers which behave differently and require different treatment.

What is breast cancer?

When abnormal cells form a malignant tumor in the breast it is called breast cancer. A woman's breast is comprised of *lobules* (milk-producing glands), *ducts* (tiny tubes that carry the milk from the lobules to the nipple), and *stroma* (fatty tissue and connective tissue surrounding the ducts and lobules, blood vessels, and lymphatic vessels). Most breast cancers are ductal cancers; they originate in the cells that line the ducts. There are also lobular cancers that start in the cells that line the lobules. One way cancers spread is via the lymph nodes, small immune system cells connected to the lymphatic vessels (like veins but they carry lymph instead of blood away from the breast). Breast cancer cells can enter these vessels and grow in the lymph nodes (under the arm, inside the chest or near the collarbone). If cancer cells are found in the lymph nodes there is a greater chance that the cells have spread to the blood stream and may have spread to other parts of the body. Still, not all breast lumps are cancerous.

What is cervical cancer?

When cancer forms in tissues of the cervix, the organ connecting the uterus (the womb, where a baby grows when a woman is pregnant) and vagina (birth canal), it is called cervical cancer. It is usually a slow-growing cancer that may not have symptoms but can be found with regular Papanicolaou tests (also known as Pap tests - a procedure in which cells are scraped from the cervix and looked at under a microscope). Cervical cancer is almost always caused by human papillomavirus (HPV) infection.

KNOW THE RISK FACTORS

What is a risk factor?

Different cancers have different risk factors. A risk factor is anything that affects your chances of getting a disease. It is important to understand that having one or more risk factors does not mean you will get cancer, and some people will get cancer without displaying any risk factors, but it is useful to be aware of the more common risk factors to know how you can lower your risk. There are different types of risk factors such as: behavioral, environmental, biological and genetic. Some factors you can change such as behaviors, others like age, you cannot.

What are the risk factors for breast cancer?

Research has found several risk factors that may increase your chances of getting breast cancer, including:

- Ageing
- Being younger when you first started your menstrual period (under 12)
- Starting menopause at a later age (over 55)
- Being older at the birth of your first child
- Never giving birth
- Never breastfeeding
- Personal history of breast cancer or some non-cancerous breast diseases
- Family history of breast cancer (mother, sister, daughter)
- Dense breasts
- High-dose radiation therapy to the chest (at a young age)
- Being overweight (increases risk for breast cancer after menopause)
- Long-term use of hormone replacement therapy (estrogen and progesterone combined)
- Having changes in the breast cancer-related genes BRCA1 or BRCA2
- Drinking alcohol (more than one drink a day)
- Sedentary lifestyle/not getting regular exercise

What are the risk factors for cervical cancer?

Research has found several risk factors that may increase your chances of getting cervical cancer, including:

- Cigarette smoking, both active and passive
- High parity (3 or more full-term pregnancies)
- Being young at first full-term pregnancy (under 17)
- Immunosuppression (HIV/AIDS)
- Chlamydia infection
- Being overweight
- Family history of cervical cancer
- Long term use of oral contraceptives (Note: It is important discuss with a provider whether the benefits of using OCs outweigh the potential risks. Also, research shows that the risk goes back down once OCs are stopped)

PREVENTION, EARLY DETECTION AND DIAGNOSIS

What is cancer prevention?

Prevention is an action taken to decrease the chance of getting a disease or condition. Cancer prevention includes avoiding cancer risk factors, increasing protective factors (quitting smoking, exercise, eating a healthy diet), participating in screening programs and in some cases vaccination (as with the HPV vaccine to prevent cervical cancer).

Avoidance of Human Papillomavirus (HPV) Infection

Based on solid evidence, the following measures are effective to avoid HPV infection, and thus cervical cancer:

- Abstinence from sexual activity
 - Magnitude of effect: abstinence prevents HPV infection
- Barrier protection and/or spermicidal gel during sexual intercourse
 - Magnitude of effect: total use of barrier protection decreases cancer incidence, relative risk of 0.4
- Based on fair evidence, vaccination against HPV-16/HPV-18 is effective to avoid HPV infection, and thus cervical cancer
 - Magnitude of effect: vaccination against HPV-16 and HPV-18 reduces incident and persistent infections with efficacy of 91.6% and 100%, respectively. Efficacy beyond 6 to 8 years is not known.

What is cancer screening?

Cancer screening means checking for disease when there are no symptoms. Since screening may find diseases at an early stage, there may be a better chance of treating or curing the disease. Examples of cancer screening tests are the clinical breast exam or mammogram (breast), colonoscopy (colon), and the Pap test, HPV test or Visual Inspection with Acetic Acid (cervix).

Early Detection and Screening

Breast cancer early detection is when breast cancer is detected in early stages of the disease. Screening means testing across an at-risk population to identify women who have breast abnormalities suggesting cancer before there are signs or symptoms of the disease. Three common methods used to help detect early breast cancer are mentioned below. Talk to your doctor about which tests are right for you, and when you should have them. Methods will vary depending on resources available.

- **Breast health awareness:** Breast health awareness includes knowing your family history and risk factors and what is normal for you with regard to your breasts or “know your normal”. This includes changes in size or shape of the breast, inverted nipples, swelling, redness, warmth, or pain that does not go away, new discharge, dimpling and puckering, or other changes in the skin or nipple.
- **Clinical breast exam:** A clinical breast exam is an examination by a doctor, nurse or other healthcare provider, who uses his or her hands to feel for lumps or other changes.
- **Mammogram:** A mammogram is an X-ray of the breast used to detect breast cancer early when it is easier to treat and before it is big enough to feel or cause symptoms (may not be available in many settings).

Cervical cancer screening is a way to detect abnormal cervical cells, including precancerous cervical lesions, as well as early cervical cancers. Cervical cancer screening includes two types of screening tests: cytology-based screening, known as the Papanicolaou or Pap test/Pap smear, and HPV testing. The Pap test helps detect abnormal cells that may develop into cancer if left untreated. The Pap test can also find noncancerous conditions, such as infections and inflammation. It can also find cancer cells. In regularly screened populations; however, the Pap test identifies most abnormal cells before they become cancer. An alternative to cytology-based testing is Visual Inspection with Acetic Acid (VIA).

- **Pelvic exam:** While a woman lies on an exam table, a health care professional inserts an instrument called a speculum into her vagina to widen it so that the upper portion of the vagina and the [cervix](#) can be seen. This procedure also allows the health care professional to take a sample of cervical cells. The cells are taken with a wooden or plastic scraper and/or a cervical brush and are then prepared for Pap analysis in one of two ways. In a conventional Pap test, the specimen (or smear) is placed on a glass microscope slide and a fixative is added. In an automated liquid-based Pap cytology test,

cervical cells collected with a brush or other instrument are placed in a vial of liquid preservative. The slide or vial is then sent to a laboratory for analysis.

- **Visual Inspection with Acetic Acid:** A health care provider swabs vinegar, i.e. acetic acid, on the cervix and looks for areas that change color. Normal cervical tissue remains unaffected by the acetic acid, but damaged tissue -- such as that found in pre-cancerous or cancerous lesions -- turns white. The provider can then remove the damaged tissue on the spot using cryotherapy or other techniques, or they can perform a biopsy for further follow-up.

Diagnostic Tests

There are a variety of diagnostic tests that can be used to examine any irregularities or suspicious lumps detected in breast screening. In addition to a diagnostic mammogram, your doctor may use the following (depending on availability):

- **Breast Ultrasound:** A breast ultrasound uses sound waves (this is not an x-ray and does not emit radiation) to take a picture of the inside of the breast and can help with examining changes in the breast that can be felt but not seen with a mammogram. It can also help distinguish between malignant and benign lumps.
- **Biopsy (breast or cervical):** A biopsy can be done using a needle or with surgery to remove part or all of a tumor, or tissue, for inspection under a microscope. The type of biopsy depends on the size and location of the area under question. A biopsy is the only way to tell for sure if the cells are benign or cancerous.

III. GETTING STARTED

STEP 1: Community Assessment

- If none exists, develop a comprehensive list of where women can access seek health care including cancer early detection services or screening in your community
- Assess gaps in information available in local languages
- Identify gaps in your community (below are some suggested questions):
 - What is the level of awareness regarding breast cancer?
 - Is there an early detection or screening program?
 - Are primary care providers engaged in early detection?
 - What treatment options are available? Are they accessible?
 - What is the referral process?
 - How does a patient navigate the healthcare system?
 - Are there survivor groups? Is there sufficient support for survivor groups?
 - Are there counseling and rehabilitation services for cancer patients?
 - What does existing medical legislation do to ensure patient rights, access to treatment and palliative care?

STEP 2: Brainstorm Advocacy Activities

What does it mean to be an advocate?

To be an advocate is to actively support or defend a cause. There are many ways to do this, both in public and in private. Advocacy is about making a difference and anyone who wants to make a difference can be an advocate.

There are numerous ways to be involved in cancer advocacy and the best option for you and your community depends on several factors including your interests, skills, community needs and more.

Personal Assessment:

- What are you most passionate about?
- What skills can you contribute?
- What skills would you like to develop?
- What type of role are you comfortable playing?
- Are you more comfortable with personal/private advocacy or public advocacy?
- How much time are you able to dedicate to breast cancer advocacy?

III. ADVOCACY ACTIVITY IDEAS

Below are some categories of advocacy. Each activity category is followed by questions to help you assess what makes sense for you. Review the activities and answer the questions, then discuss your answers in a group:

1. Patient Support Advocacy

As a breast cancer survivor you have a unique perspective and experience to share, if you desire. Sharing your story with other women on a one-on-one basis can help other women become more aware. You may also:

- Share your story informally with friends, family and neighbors on an informal or one-on-one basis to increase awareness about early detection and survivorship;
- Help establish or volunteer to be paired with newly diagnosed women to hear their concerns and talk about your experience with diagnosis, treatment and survivorship.

→Personal/Activity Assessment Questions:

- What do you wish you knew before diagnosis? After diagnosis? During treatment? Post-treatment?
- Who would you have listened to? Why?

- How might this have changed your experience?
- What surprised you along the way?
- Are you comfortable sharing your experience with a stranger? Family member? Friend?

2. Community Outreach/Education and Awareness Advocacy

If you are comfortable with a more public role and want to reach out to women you may not know to educate them about risk factors, prevention and early detection, you might consider a more community-oriented advocacy role:

- Help establish or strengthen existing breast cancer support groups;
- Write articles and or participate in presentations on breast cancer;
- Talk to community groups, churches and employers about providing education materials/sessions in the workplace;
- Find out what information about survivorship is available from your treatment center.

→Personal/Activity Assessment Questions:

- What support is currently available in your community?
- How did you find out about it?
- Is this adequate?
- What type of support is being offered?
- What type of support was most beneficial to you?
- How does the news/media cover breast cancer? How could this be improved?
- Does your workplace provide information about breast cancer and early detection?
- Is your primary care provider active in educating women about breast cancer?
- What information would you like to have received from your provider?
- How responsive was your provider to your questions?
- Was he or she aware of any post-treatment support for breast cancer patients?

3. Public Relations/Media Advocacy

If you are most interested in raising public awareness about breast cancer and building public awareness regarding the impact of the disease, consider contributing to existing public campaigns or starting new campaigns:

- Educate yourself
- Initiate or volunteer for a local event (Race for the Cure, Relay for Life, etc.);
- Coordinate with other organizations to create a united voice (collaborate for Cancer Awareness Month in October or for International Cancer Day on February 4).
- Talk to the media about breast cancer awareness.

→Personal/Activity Assessment Questions:

- Have you attended a cancer awareness event in your community? Why or why not?
- If you did, how did you participate?
- Do you feel your participation raises awareness?
- Do you want it to raise more awareness?
- How could your participation raise more awareness?
- Do you feel the public is aware of the event?
- How could the event be improved?
- Do you know other survivors who do not participate but might if you invited them?
- Do you know of other public events that raise awareness about breast cancer?
- How is the media covering women's health and breast cancer?
- Is there a media outlet you can write for?
- Is there a story you think they should cover?

4. Fundraising Advocacy

Fundraising, from both private individuals and companies, in your community to support breast cancer awareness, treatment and advocacy may not yet be a well-established practice:

- Research companies that might have an interest in women's health, or have a significant number of female employees or clients/customers and approach them with ideas.
- Learn about donor cultivation and see how you can help existing support groups or new support groups raise funds from private donors.

→Activity Assessment Questions:

- What are you most interested in seeking funding to support? (support groups, treatment, research, etc.)
- What companies or individuals might be interested in supporting this effort?
- How might they benefit?
- What message could you use to interest your potential donors in this cause?
- Is your organization or one you support prepared to receive donations?
- What does "donor cultivation" mean to you?
- What do you want to learn about fundraising and donor cultivation?
- How do you plan to recognize and follow up with these donors?

5. Policy Advocacy

Commonly there are multiple ministries (health, education, finance, etc.) and levels of elected officials engaged in cancer control planning, but are they hearing from people like you?

- Form or join a coalition of cancer organizations interested in policy change.
- Cultivate relationships with policy makers.
- Reach out to any relevant health councils and find out how you can engage in policy development.
- Contact your local, regional and state-level elected officials and let them know what you think about cancer care in your community.

→Activity Assessment Questions:

- Do you or your organization have a relationship with policy makers?
- Does your country have a Cancer Control Plan? Have you seen it?
- Are you familiar with the current healthcare legislation?
- Is this something you are interested in?
- Are there other organizations or coalitions that engage in cancer policy advocacy?
- Why would policy makers benefit from hearing from your organization or coalition?
- What is your message?
- Did you benefit from municipal or federal programs targeted at supporting women with breast cancer? If so, contact them and let them know. Is there a role for you?

6. Political Action Advocacy

Elections are an opportunity to put women's health on the political agenda.

- Ask elected officials where they stand on women's health and cancer
- Look for partner organizations that might be interested in raising political awareness regarding women's health and see how you can contribute.

→Activity Assessment Questions:

- Are elected officials or candidates talking about women's health or breast cancer?
- Have you ever contacted an elected official to talk about women's health?
- Why should elected officials or candidates care about women's health?
- How informed are elected officials regarding women's health issues?
- Who is active in women's health? (civil society and public policy)
- How might you join efforts?

You can make a difference. It is up to you to decide how you want to do it.

IV. DEVELOPING AN ADVOCACY PLAN

Now that you have reviewed several types of advocacy activities it is time to think about what is right for you and how to develop a plan. While the worksheets below are targeted toward larger-scale public activities, you can still benefit from thinking through some of the questions below even if you are only interested in a more private small-scale advocacy activity. Either way, it will help if you do your homework and have a plan that includes, but is not limited to: a mission, strategy, goals, activities, indicators, evaluation/monitoring, reviewing and reporting.

1. Getting Started: Defining the problem

Description of the Problem	Root causes of the problem	Who is affected and how (evidence?)	Potential Advocacy Issue and Activity

2. Stakeholder Mapping and Analysis

A stakeholder is any individual, group or organization that has an interest in a program or issue. Projects have multiple stakeholders, some have authority over the project, and some might be affected by the project, will contribute to implementation of the project, or can stand in the way of your project. Remember to think about who is affected and who will be involved. (See hypothetical example below)

Stakeholder Mapping Example

Stakeholder (supporters and opponents)	Key interest in the issue	Capacity (to influence decision makers) and motivation	Position (champion, supportive, opposed, undecided)	Influence	Possible strategies to engage stakeholder
Women with breast cancer	Personal health, Financial, information	Capacity varies, motivation high	Supportive	Low to medium	Share experiences, act as advocates, increase visibility of survivorship
Schools	Women in the workforce as teachers	Medium capacity and motivation	Undecided	Medium	Engage in education and awareness about early detection and early treatment
Grocery store	Women are primary customer	Medium capacity,	Supportive	Medium	Raise awareness and funding to support treatment
Ministry of Finance	Cost of screening and treatment	High capacity low motivation	Opposed	High	Provide evidence to policy makers regarding burden of disease and benefits/cost effectiveness of early detection vs. late stage treatment/palliative care.

Complete the table below to help you identify your stakeholders (you may need more pages)

Stakeholder	Interest in the issue	Capacity and motivation	Position	Influence	Possible strategies to engage

Potential Stakeholders

- Program managers and staff
- Coalitions interested in the issue
- Local & international advocacy partners
- Funding agencies, such as other governments and international organizations
- Ministry of Health
- Education agencies, schools & teachers
- Universities and educational institutions
- City, local and regional government
- Privately owned businesses and business associations
- Health care systems and the medical community
- Religious organizations
- Community organizations
- Private citizens
- Representatives of populations disproportionately affected by the problem

3. Developing Advocacy Goal and Objectives

Objectives should be SMART (Specific, Measurable, Attainable, Realistic, Timely). As you think about your objective, check to see how it measures up against the SMART criteria (you can start small).

Draft Advocacy Goal:
Draft Objective/Activity #1:
Draft Objective/Activity #2:
Draft Objective/Activity #3:

Complete the following table and then see if you need to revise your objective:

SMART	Advocacy Objective 1	Advocacy Objective 2	Advocacy Objective 3
Specific – Specify what it is you want to achieve			
Measurable – Can you measure whether you are meeting your objective or not? How?			
Achievable – Are the objectives you set achievable and attainable?			
Realistic – Can you realistically achieve the objective with the resources you have?			
Time – When do you want to achieve the objectives			

Revised Advocacy Goal:

Revised Objective/Activity #1:

Revised Objective/Activity #2:

Revised Objective/Activity #3:

4. Developing a Message

Before you begin to approach your stakeholders you will need to develop a message for your activity or program. Use the questions below to help you in formulating your message. Keep in mind that you may need to tailor your message to different types of stakeholders (supporters vs. detractors).

Message Development	
Description of the issue or problem	
Magnitude of the problem	
Negative impact of the problem on the population and stakeholder	
What can the stakeholder do to address the issue?	

In developing your message you should also think about the tone. Are you interested in an emotional or a rational appeal? Do you want it to be positive or negative? Remember to think about your audience in developing your message.

Message:

Now that you have your message it is time to think about message delivery. There are many ways to get your message out and you may want to use multiple approaches. Some methods include:

- Press release/press conference
- Fact sheets/background information
- Letters to newspapers (editorial, letters to the editor, op-eds)
- Public events
- High profile spokesperson/Champion

5. Developing your Action Plan

Now that you have identified and assessed your stakeholders, defined your objective and crafted your message, it is time to have a plan in place. Use the worksheet below to help develop a plan for 3 activities to meet an objective and ensure you have the basics covered.

Objective	Activity	Time Frame	Activity Director	Partners	Budget/Source	Intended outcome

6. Monitoring and Evaluation

Monitoring your activities and evaluating whether or not you are meeting your objectives is essential to keeping your activities on track and knowing when you need to make changes or look for areas for improvement. Use the table below to think about your plan for monitoring and evaluating your activity:

Objective/Activity	Indicators	Baseline	Goal	Means of Verification

V. DONOR CULTIVATION

If you are running, or thinking about starting an activity or project that requires funding, it is important to give thought to both diversifying your funding base and donor cultivation. While there may not be a culture of private donation to public causes where you live, that does not mean you can't give it a try. Below are some tips for developing a plan to attract and cultivate donors for your cause. Remember, never overlook the small donation, you can raise a lot of awareness, interest and funding from numerous small contributions. You must always have a plan:

- 1) Donor coordinator/point-person – even if your organization does not have a dedicated fundraiser or donor manager, you should identify a point person for coordinating efforts and donor cultivation.
- 2) Donor tracking – the donor coordinator should be responsible for tracking donors and keeping them informed of changes or upcoming events. Establishing a database (even if it is in a simple excel spreadsheet) of your donors is vital.
- 3) Events are key donor cultivation opportunities – don't let them go to waste. This means you must be strategic and prepared for the event and follow-up. If your organization has a board, be sure the board members are informed and have donor cultivation in mind. The donor coordinator should inform donors and know what donors will attend. Some donors may be interested in being event sponsors, so it is good to keep them informed of upcoming opportunities.
- 4) Educational opportunities – be sure that people who attend your events leave with more information than they came with.
- 5) Follow-up – contacting donors promptly (within a week) after an event or gift to express gratitude is essential. Periodic follow-up to let them know how the project or activity is progressing, either through a newsletter or informal updates is also key to keeping them involved and feeling appreciated.
- 6) Expect the unexpected – you never know who might become a new donor or what future benefits might come out of an unanticipated encounter, meeting or press coverage. Keep track of press coverage and individuals who express interest in your work (even if they don't give financially). Remember, they may be watching to see if you are reliable and a cause worth giving to.

VII. TIPS

Advocacy takes practice. Often you are asking someone to try something new or change a behavior – change takes a plan with determination, direction, motivation and hope. While the worksheets can help you think through the process, here are some tips from Chip and Dan Health* on making change happen:

- 1) Keep it simple: think about the core of your message, what are you about?
- 2) Look for the “Bright Spots” and find out why they are successful
- 3) Stay solution-focused not problem-focused
- 4) Identify a destination/goal
- 5) Tap into feelings, pride and emotion
- 6) Think about specific behaviors – be concrete
- 7) Shrink the change – Keep it simple and go step-by-step toward your goal
- 8) Look for short-term successes to keep people motivated
- 9) How will you know you are successful?
- 10) Practice
- 11) Use stories to inspire and motivate
- 12) Cultivate a sense of identity and positive change
- 13) Identify champions

VIII. RESOURCES

Women's Empowerment Cancer Advocacy Network

<http://www.womenscanceradvocacy.net/en.html>

National Cancer Institute Center for Global Health

<http://www.cancer.gov/aboutnci/organization/global-health>

Cancer Prevention Fellowship Program <https://cpfp.cancer.gov/summer/summer.php>

American Cancer Society

<http://www.cancer.org/Cancer/BreastCancer/DetailedGuide/breast-cancer-risk-factors>

Cancer Action Network <http://acscan.org/volunteer>

Centers for Disease Control

Breast Cancer http://www.cdc.gov/cancer/breast/basic_info/risk_factors.htm

Cervical Cancer http://www.cdc.gov/cancer/cervical/basic_info/index.htm

Centers for Disease Control Introduction to Program Evaluation for Public Health Programs

<http://www.cdc.gov/getsmart/program-planner/Step1.pdf>

Union for International Cancer Control (UICC)

<http://www.uicc.org/>

International Cancer Control Partnership

<http://www.iccp-portal.org/>

PATH

<http://www.path.org/>

RHO Cervical Cancer Website <http://www.rho.org/>

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VII. Appendix 1: Sample Op-Ed

SAMPLE Op-Ed

Georgia Can Do Better by its Mothers

Author: Allison Dvaladze [Sample Draft]

Women are the breadwinner in 39% of Georgia's families, compared to men at 36% and both in 20% of families. Yet too many of these pillars of economic stability are suffering and dying from breast cancer, the leading cause of mortality and morbidity among women in Georgia and the number one cause of death among women of reproductive age (15-49). Incidence rates in Georgia are higher than the East European average, and all age mortality rates surpass those of any other former Soviet country. The current 5-year survival rate for women diagnosed with breast cancer is a low 18%. This unnecessary loss of Georgia's mothers, wives, sisters and daughters has a ripple effect of social and economic loss throughout Georgian society that cannot be ignored and should not go unnoticed by Georgia's business community. Fighting breast cancer is also a battle against poverty reduction, as the loss of a woman in Georgia can plunge a family into poverty.

Local non-profit organizations, the National Screening Center, Tbilisi City Council, First Lady Sandra Roelofs and international donors must be commended for their work to initiate a screening program and increase awareness; however, early detection alone cannot stem this loss. It is time for Georgian businesses to recognize that it is in their own interest to join the fight against breast cancer in a meaningful, strategic and systematic manner that will save lives and contribute to the long-term goal of reducing breast cancer mortality in Georgia.

Treatment remains out of reach for too many women. Private insurance providers refuse to cover most treatments beyond surgery, so even women fortunate to be diagnosed early and be among the 30% of privately insured Georgians often cannot afford the necessary chemotherapy or radiation treatment. This leaves a majority of women without access to treatment, which decreases incentives for screening and perpetuates a cycle of late stage diagnosis requiring more expensive treatment resulting in poor outcomes. This cycle further supports the misconception that breast cancer is a death sentence. In addition, those women who do undergo surgery are again in the dark when it comes to recovery and often suffer debilitating lymphedema due to a lack of information, absence of palliative care and insufficient patient-provider communication.

In a 2007 poll on public perceptions of corporate social responsibility, respondents named "addressing the needs of economically vulnerable groups" and "supporting improvement in the health sector" as priority areas of responsible business practices in Georgia. As businesses in Georgia consider their own corporate responsibility strategies, they should not ignore the perceptions and priorities of their employees and consumers. Stepping

up in the fight against breast cancer will benefit Georgian women and this is in the interest of Georgian business. This is not a call for token donations, but commitment to a combined public-private partnership to save lives and families.

While the challenge may seem too great, specific needs can and must be addressed by Georgia's business community. As new hospitals and care facilities are constructed, support for cancer wellness centers providing support, information and a caring environment should be incorporated into cancer treatment wards. In addition to funding physical wellness centers, training is needed for providers and counselors to guide women through the aftermath of cancer and lower morbidity and unnecessary side effects such as lymphedema. A fund for supporting access to treatment for vulnerable populations will save lives, as will support for transportation and housing during treatment. Funding for support groups that bring women living with breast cancer together are key, yet without resources these groups are unable to provide the programs that save lives and lower morbidity. Supporting these groups to build skills that advance their advocacy efforts will leave a lasting impact.

The untimely loss of Georgia's mothers should be a concern for all. Georgia can do better. A comprehensive, well-developed corporate responsibility initiative will have a more meaningful impact and produce more sustainable results than sporadic donations to various organizations. Non-profit organizations such as HERA in Kutaisi and organizations involved in supporting women with breast cancer such as the Women's Winner Club, National Screening Center, UNFPA, Embassy of Poland, USAID and others have been involved in these efforts for several years and are excellent resources for investigating options for building public-private partnerships. The Global Compact Network in Georgia is another valuable resource for advancing responsible initiatives. A unified effort is needed in the fight against breast cancer to enable more women to celebrate a cancer-free life, raise future generations, support Georgia's economic growth and contribute to the country's prosperity.