

**BCERC Conference**  
**Poster Abstract**  
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**Title:** Marin Women's Study

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**Background:** Marin County has one of the highest rates of invasive breast cancer in the world. Despite these historically high rates, no research had been done to examine individual-level risk factors and breast cancer outcomes in women in Marin County. In 2005 the Marin County Department of Health and Human Services (MCDHHS) partnered with concerned community members and successfully lobbied and received the first of three CDC grants to explore the excess incidence in the County.

**Hypothesis/Objectives:** The research to be conducted aimed to examine known and suspected breast cancer risk factors in Marin County residents to increase our understanding of the etiology of breast cancer and the reasons for excess cancer rates in the County. In addition, an overarching aim of the research was to develop a resource-efficient infrastructure for collecting and storing data in this community.

**Methods/Work Performed:** The Marin Women's Study was structured to ensure ongoing liaison with the local community through formation of the Community Involvement Group (CIG), and with researchers and providers through formation of a Steering Committee. The CIG represents 15 community based organizations in Marin County plus community members at-large. This group provided input and feedback throughout the development of all components Marin Women's Study including but not limited to questionnaire development, biospecimen collection, website development and community campaign assistance. The Steering Committee comprises local oncologists, surgeons, researchers including those from the MCDHHS, and advocates. This committee helps guide decision-making on the design, structure, and conduct of the study.

With feedback from the CIG and Steering Committee, MCDHHS designed the Marin Women's Study (MWS). The MWS is a cross-sectional study of the Marin mammography population, with cohort follow-up on cancer diagnoses and deaths. The MWS primary data collection includes risk factor data gathered from women by questionnaire distributed at the time of mammography and biospecimen data in the form of saliva, collected from consenting women via mail. Secondary data collection of radiology data, cancer registry data, death data, and additional personal risk factor information is done through linkage to the San Francisco Mammography Registry

(SFMR), one of seven registries in the National Cancer Institute Breast Cancer Surveillance Consortium.

A community campaign was developed in collaboration with the CIG to raise awareness in the community regarding the Marin Women's Study. The goal of the campaign was to ensure that women obtaining mammograms were aware that they would be invited to participate at the mammography appointment.

To date, 14,000 women have enrolled in the MWS through completion of a questionnaire. 8,000 women have given saliva samples, 2100 of which have been assayed for estradiol, testosterone, DHEA, and progesterone. Response rates varied by site and by the method of distribution of the questionnaire and enrollment materials, but were over 80% at the primary site .

**Conclusions/Next Steps:** This resource will continue to grow in usefulness as continued linkages are performed annually to cancer, death, and radiology data. In addition, plans are currently underway to collect longitudinal risk factor and possibly other biospecimen data that could be used to examine factors that we cannot examine using saliva, including environmental toxins. Analyses of data are underway, including examinations of factors such as reproductive history and hormone therapy utilization.