

Check on the GIRLS

**A free breast cancer detection
foundation**



CheckontheGIRLS.org

Executive summary

Check on the GIRLS (COG) is a breast cancer detection system with a mission of saving lives through at home breast exam education. We utilize the power of the Clinical Breast Exam (CBE) and teach this to patients in a fun, easy to replicate format. We are fundraising with a goal of \$3,000,000; a level that will allow the foundation to run off interest alone. COG is the only at home breast cancer detection system that is currently available.

This program was designed by myself in 2020 after the unfortunate death of my 32 year old pregnant patient from breast cancer. 2 weeks after that tragedy I came up with the "GIRLS" technique. I personally teach this yearly to all of my patients and universally they are impressed with how easy the technique is. They also state that this has "never" been taught to them. This foundation and fundraising effort's goal is to turn my grassroots program into a nationally reaching education program to all women over 30.

Every year 42,000 women in the United States will die from breast cancer. 40% of these women will discover this cancer at home. The original Home Breast Exam (HBE) was studied and never reduced the cancer death rates so most physicians and cancer societies stopped recommending it. The CBE is better than a mammogram at detecting aggressive breast cancer and is what we teach physicians. The logical step I take with my patients is bypass the HBE and teach them exactly what we teach physicians; the CBE. There are no large studies in this area but it's not much of a leap of faith to assume that a well trained woman will find breast cancer more often than the current untrained 40% at home rate. Early detection increases survival rates so we can easily save thousands of lives per year simply with COG education. No fancy drugs, no expensive machines; simply once a month follow the at home COG program.

My main drive for starting this foundation is the reaction I have received from thousands of patients. The name alone causes them to giggle. I thought I was so smart when I came up with this mnemonic; then my wife told me "that's what we call them" when women are chatting in private! After teaching the GIRLS technique my patients are floored that no one has ever taught them the breast self examination. 5 years later I have had multiple patients return to the office with breast cancer they would have never caught at home. One of my nurse

patients came in with tears of joy because she caught it early and knew she would survive because of early detection.

Mission

Save lives through breast exam education

Vision

Every woman over 30 performs a monthly at home clinical breast exam

Goal

Save 5000 lives per year in the United States

Background

Each year in the United States, about 240,000 cases of breast cancer are diagnosed in women and about 2,100 in men. About 42,000 women and 500 men in the U.S. die each year from breast cancer. Black women have a higher rate of death from breast cancer than other women. (CDC, 2023)

Approximately 1 in 8 women (13%) will be diagnosed with invasive breast cancer in their lifetime and 1 in 39 women (3%) will die from breast cancer. At the time of diagnosis, approximately 64% of breast cancer patients have local-stage breast cancer, 27% have regional stage and 6% have distant (metastatic) disease.

Stage at diagnosis is one of the most important factors affecting prognosis. (ACS 2020)

- Localized disease 99% survival
- Regional disease 86% survival
- Metastatic disease 27% survival

Product

A simple 7 x 4 inch card handed to the patient at the time of examination. Printed on heavy stock and waxed so that it will last. Front of the card is the “GIRLS” technique, the back is a monthly reminder and an opportunity for a sponsor's logo.



Target Audience

By targeting doctors (the source of information for patients) we can get this technique into offices all over the country. The average physician encounters around 2000 women per year. Traveling to an individual doctor office or mammogram clinics is labor intensive and hard to find time with the doctor to teach the program. I have tried this for years and results are marginal.

Our direction is to target the physician at their yearly training sessions. Every year tens of thousands of physicians fly off to different locations and for one week get a medical refresher course (CME, continuous medical education). These are mandated by law. At the entrance to each of them is usually a drug company or someone selling a medical product. We will set up a booth at these locations. CME companies are excited to have COG present because we are not selling anything, just offering higher quality care to patients. One of the CME companies that doesn't allow advertising has agreed to a COG booth because we are free and unbiased. We would be the ONLY booth at this CME. Cost is minimal and the CME company gladly rents out booths for more income.

Each CME has 200-500 physicians. The average doctor encounters around 2000 women per year. A normal meeting of 250 physicians would reach out to 500,000 patients. We would give the first 100 cards out for free to the physician and then more cards would be available for an optional donation.

Structure

This foundation is set up as a 501c3 to incentivise investors to donate. Initially all of the work has and will be done by Dr Holtrop but as we grow the bylaws have a well detailed corporate structure. We should rapidly grown into a standard corporate structure as defined in the by-laws (CEO, CFO, Treasurer, CMO ect)

Financials

1. Income

The largest source of income will be through philanthropy. We will be performing fundraising with a goal of 3 million dollars. This is a level where the foundation can perform all of its functions on interest and not dip into the principal investment. The foundation will function at any level of income, it's just a matter of how long and how far reaching.

The next source of income will come from sponsorship. A sponsor's logo would be printed on the back of the card for \$1000/100 cards. This card is usually kept in the patient's room and reviewed monthly providing excellent exposure for the sponsor.

The final source of income will be interest on initial investment. This account will be professionally managed in a "risk averse" type of portfolio. The overarching goal is to survive and grow off interest alone and never dip into the principle.

2. Expense

The largest expense will be travel and salary. The Chief Medical Officer will always be an MD and be expected to travel extensively promoting the foundation. This salary will start and cap at whatever the current national average is for the position (per Ziprecruiter.com) This cap will extend to all members of the board and officers who in the future may be given a salary. Any future raises will be tied to inflation, as in no more than 3% per year. We are here for lowering death rates in women; not providing lavish salaries to our executive team.

Travel will be the next largest expense. In general the foundation will send the CMO to physician meetings to promote COG. These one week meetings usually have 200-1000 physicians resulting in exposure to

millions of women when the physician returns to their practice. The travel will be reimbursed at business class rates.

Merchandise will be the final expense. The card itself can be printed currently for 25 cents but that will drop as volume increases. We have a small wood display case for the exam room that holds COG cards, business cards and wristbands. Some form of reasonable swag will be offered at the medical conferences.

3. Oversight

Multiple levels of oversight are built into the foundation. Transparency is first with all of the minutes and accounts balances uploaded to the website for anyone to view. The investment account will be independently overseen by Northwestern Mutual and the Treasurer on the board of directors. We will hire an independent fractional CFO to oversee the books and tax issues. All of these check and balance steps are written into the bylaws.