

## MASTERS Audio Club, June 2015

Lindsay Avner  
Founder/CEO of Bright Pink



**Lindsay Avner** is the founder and CEO of Bright Pink, a national nonprofit on a mission to educate and equip women ages 18 to 45 years old, and the medical professionals who care for them, to reduce their risk for breast and ovarian cancer or to detect these diseases at early, non-life-threatening stages. Interviewed by **Winn Claybaugh**, Lindsay could very well be one of the most amazing spokespeople to champion cancer awareness, which in turn will save millions of lives.

WC: Hi everybody, Winn Claybaugh here. Welcome to this issue of MASTERS, and I just love the opportunity that I have nowadays to be able to use this platform and this listening audience to not only help people grow their business, help them to fix relationships, give them resources to become better human beings, have more self-esteem—whatever it is, we also get to educate people about very, very worthy causes. And I love brand-new charitable organizations. You know, not that I don't love the big ones, because we do, but I am, for some reason, much more motivated to get behind a startup, so to speak.

LA: Yeah.

WC: Because I love the grassroots effort.

LA: Awesome.

WC: When it's the person who started it is still involved on a regular basis and it's your passion and it's your vision—

LA: Totally.

WC: —and it's your personal story. And personal stories are always the best.

LA: Mm.

WC: And that's what today is all about. So I am sitting here with the amazing Lindsay Avner from Bright Pink. So Lindsay, welcome to MASTERS.

LA: Thank you so much for having me. Such a treat.

WC: I wish today were video 'cause people need to see how beautiful you are.

LA: Oh, no. *[laughs]*

WC: Oh my gosh. So we're gonna—we've got to get onto the social media stages here and post videos and photos of you, too, because it's not just that you're beautiful but the smile that radiates from you. And obviously you're doing something that you're passionate about, which is also the most attractive part of a person.

LA: Oh, that's so nice. I feel so blessed to have been able to marry my profession and my passion and have it all just kind of intervene as one. I mean, I think that's the greatest gift of all.

WC: That's the best life ever.

LA: Totally.

WC: You know, when people get to do what they love to do and make money at it or make a difference with that. That TGIF thing was invented by people who have different lives than you and I. *[laughs]*

LA: I love it. We're so blessed.

WC: Yeah, we are blessed.

LA: Truly.

WC: Which is why, because we're blessed, we need to talk about this stuff that we're going to talk about today.

LA: Awesome.

WC: So I'm just going to read this bio to make sure that I get it right. So Lindsay Avner is the founder/CEO of Bright Pink, a national nonprofit on a mission to save women's lives from breast and ovarian cancer by empowering them to live proactively at a young age. Bright Pink's innovative programs educate and equip women 18 to 45 years old, and the medical professionals who care for them, to reduce their risk for breast and ovarian cancer or detect these diseases at early, non-life-threatening stages. Their unique approach to educate young women and medical professionals is the first of its kind, effectively transitioning a national conversation from breast and ovarian cancer awareness to one focused on teaching tangible lifesaving action. Boy, that's a mouthful, huh?

LA: Mm.

WC: That's quite the mission statement.

LA: It's a lot of stuff we're trying to do but I think it just boils down to how can we get in front of a problem, right? Like, how do we not just sit back and wait until someone is diagnosed with cancer to start exerting influence and change? How do we get in front of it?

WC: Well, what was the age that people said, "Now you're at a certain age you need to become aware"?

LA: Gosh, well, I feel like for years, you know, the breast cancer awareness movement just continues to pick up momentum over the last several decades and yet I feel sometimes so frustrated because while we've been able to inundate the world with pink, right? And get women to run in 5ks and buy the pink product and what not, that awareness has not necessarily transitioned into action. So what you'll find sometimes is a woman who will say, "You know, I'll change my profile picture on Facebook and make it pink," has no idea that her breast tissue goes all the way up to her collarbone. Or, you know, she's willing to put a pink ribbon on her backpack for school but she doesn't realize that her father's side of the family history matters just as much as her mother's. And so I think for us it's how do you actually break this down in a way that's not scary and that's not making people feel bad about all that they're *not* doing, but instead encourages them to know what they are doing right—that's working in their favor—and then exert influence where they can to change some of those aspects that they can change.

WC: But, you say it here: you're looking to educate and equip women starting at 18 years old.

LA: Yeah.

WC: That was not the age before. The age was, "Well, when you hit 40—"

LA: You got it.

WC: "—maybe you might need to think about this."

LA: You got it.

WC: Why 18?

LA: Good question. Well, you know, as everything in life, in our 20s and 30s, that's the times when we're establishing our behaviors that are going to last a lifetime, right?

WC: Okay.

LA: So much happens in our lives. We turn 18, you know, some people go off to college, you go and you get your first career, you transition from that big kind of life movement of living at home into living on your own. People are meeting their life partner, they're starting families, they're evolving in their careers. All this stuff is happening and part of what we believe is that if you can get women talking about health as part of those changes—instead of cancer, right; health and cancer are two different things—if we can add health to that list of things that she's caring about and focusing on, that should there become a problem later on, and she's so used to knowing what her normal is, she's so used to being proactive that it just is, "Okay, something's not right. I need to take action." And I think the other thing I would say, Winn, is that this is really hard stuff. Like, creating urgency when there's not a problem is tough.

WC: Mm.

LA: Like, people—we're all so busy. We have a million things we're thinking about. Sometimes it's always the—what I always tell my team—it's the stuff that's the non-important urgent stuff that always seems to trump everything. And yet this is some really, really, really important stuff that we need to help women get in front of. And so it could take us 5, 6, 10 years before she actually resonates. That's why starting at 18 is so critical.

WC: Okay. Plus at 18 you're invincible. You're not thinking—

LA: Oh yeah.

WC: —that I'm at risk at this age.

LA: Yeah, but it's such an important moment. I think this is something where, again, if you're trying to get ahead of something, helping it become part of the dialogue at that age and helping people realize you're not being proactive with your health because you're going to get cancer. We don't know the fate of what will happen.

WC: Right.

LA: But what a perfect moment to say, "You know what? I *am* someone who is proactive with my health. I *am* going to the doctor once a year. I *am* talking to my family about my health history. I *am* practicing risk-reducing aspects of lifestyle." Like, that is absolutely the time.

WC: Okay. So, do you mind if I ask how old you are?

LA: Yeah, no, I'm 32.

WC: Okay, you're 32. And I'm going to ask you about your story but I want to give our

listeners a little bit more. So, among Lindsay's growing list of honors, in 2014 you were named one of *Crain's Chicago Business's* "40 Under 40". Congratulations. And you have worked and been profiled with reputable media including the *Chicago Tribune*, MSNBC, *Women's Health* magazine, *The Today Show*, and CNN. Through Bright Pink, Lindsay has sparked a national movement that empowers young women everywhere to put awareness in action. And I also like how you—and we'll expand on this—you said that it's health versus cancer.

LA: Yeah.

WC: Awareness versus cancer. So, okay.

LA: Yeah.

WC: So just tell us, what is Bright Pink and then we'll get into your own personal story.

LA: So we are a national nonprofit and our whole focus is that if we can reach women at a young age and empower them with the knowledge and the tools and the resources and the support, that's the way we're gonna be able to save their lives from breast and ovarian cancer. We also focus on reaching the doctors who care for them. One thing I think that was really surprising to me is there was a gap out there in what doctors were learning in med school and residency about how to best care for women as related to their health. And so Bright Pink had spent all this energy educating women, you know, "Get to your doctor," and women were going to the doctor and sometimes they knew more than their doctor knew. So we've actually separated the organization into almost a two-pronged approach for reaching young women but we're also reaching OBGYNs, internal medicine, family medicine residents, as well as nurse practitioners. So it's this beautiful equation that if you can empower a woman and she has a doctor who's ready to partner with her, that's how we can save lives.

WC: How difficult *[laughs]* is that second prong? I mean, how open are the doctors and medical practitioners to somebody like you—an organization—

LA: Yeah.

WC: —coming in and saying, "Hey, you guys. You don't know what you need to know"?

LA: It's a good question. Well, you know, and originally we had piloted this program at Northwestern and NYU for a couple years. And it's actually not me who's coming to deliver the talk. We actually have 40 trained physicians from around the country that Bright Pink has trained and we send them in to do the learning modules and the lecture. I originally thought that we can only educate the

residents because they're young and they're in the process of learning and that's the only way it's going to take. You can't teach an old dog new tricks, so to say.

WC: Right.

LA: We have been blown away that we were absolutely wrong. It's almost as though those that are practicing physicians are like, "Thank you so much for breaking it down in such an easy to comprehend way. You've actually helped me raise my game." And I think that's something that we're all after, right? Is how do we—if there's a problem and yet we know the solution—how do we go after the solution and not sit there and fuss about all that is wrong? I know you've been such a force in that way of, "How do we focus on the good and not the bad?"

WC: Mm-hm.

LA: And lean into that. So, the program's blowing our minds. I mean, we will be within 100 of the 240 OBGYN residency programs, and I think that one of the things I'm most proud of is that by 2018 there will not be an OBGYN in the United States who goes into practice without being trained by Bright Pink. Pretty spectacular.

WC: Wow. That's incredible.

LA: Yeah.

WC: Well, tell us your personal story because I think anybody who makes a difference, or most organizations that are making a difference, started with—

LA: Mm-hm.

WC: —someone's personal story.

LA: Yeah, so I guess my personal story starts actually way before I was even born. My grandma and great-grandmother—so my mom's mother and her grandmother—died a week apart, both from breast cancer at the ages of 39 and 58.

WC: Wow.

LA: And it was so upsetting to me that—my mom always tells me they were so close and yet neither one knew how sick the other one was. And it was like, my grandma Sandra went into a coma and then her mother, Lillian, was worried about Sandra and literally six days apart they died.

WC: Wow.

LA: And my mom was 18 at the time. And I think at that time, you know, people just

didn't talk about cancer. So we talk about the fact that we have evolved to a place where it's possible to talk about breast and ovarian cancer open. I think that's progress. I still think about what that must have been like for them. I mean, it's just—and for my mom, who, you know, comes home from her freshman year of college to six days apart losing the two people closest to her in her life. In addition to those two people, nine others on my mom's side of the family have lost their battles to breast or ovarian cancer.

WC: Wow.

LA: Pretty incredible. So 11 women total. When my mom was 41 she was diagnosed first with breast cancer. I was 12 years old at the time and I remember coming home from school and seeing my dad's car in the driveway. And I was like, "Something's not right."

WC: Mm-hm.

LA: Like, "Why is he home at three o'clock?" He just was never ever, ever home. And I had that sunken feeling in my belly where I was like, "Oh gosh. This isn't good." And it was interesting 'cause when I walked in and I saw my parents look at me, and my dad said, "Your mom has breast cancer," I almost flashed to this moment of like, at her funeral. Like what you had seen in the movies and the TV shows around what it's like to be at a funeral. I was 12 years old. It didn't even occur to me that anyone would fight breast cancer or ovarian cancer and actually survive. That had never happened in our family. She was pretty incredible. I have to just say, she was told by many doctors, "Oh, just come back once a year," and she was like, "You know what, I think I'm high risk." This is before we even knew about these genetic mutations or anything. She was so used to knowing what was normal for her body that she had a swelling on the side of her right breast and she demanded the doctors figure out what it was. And the doctors were like, "It's fine. It's nothing. It's a bug bite, whatnot." They went in and they hit something and it was early stage cancer. So my mom is pretty incredible in that way.

WC: Hm.

LA: Ten months after that, we thought she was in the clear. You know, her hair was growing back from chemo. At the time I was 13, very fun being a 13-year-old girl in the middle school years. And her stomach started getting bigger, bigger, bigger, and all the sudden she lost feeling in the top of her right leg and she went into the doctor and said, "Oh my God, look what the chemo did to me," and the doctor is like, "Get into the x-ray room." And they basically determined that she had a 21½-inch cancerous mass in her ovaries. The next night they pulled it out.

So at 13 I was told to say goodbye to her 'cause they're not going to be able to get this cancerous mass out of her.

WC: So this is happening again.

LA: Again and it felt like it was one of those tricks. You think like, *Oh, if we just got over the breast cancer—which we did—you can breathe a sigh of relief.* And yet there we were in a situation and it felt so—I think it felt so crappy to be on the side of things where it's like you're having to make decisions really quick and everything's moving so fast and there's so much at stake and we were literally playing defense not offense, right? I think that was something at a young age I was very thrown by was, like all of a sudden we have to do this. And miraculously, truly a miracle, the doctors in New York at Sloan Kettering say this was literally beyond their wildest expectations, she survived that surgery.

WC: Right.

LA: And so I grew up really young. I mean, at a young age I, you know, grew up and she went through more chemotherapy, and you have that moment where you start to plead with God and you're like, "God, if you can only save my mom, I'll feel—I'll do anything in my power to help other people." And I say that because I think everyone has that moment when something pretty powerful in their life hits them. Not only—I would say it wasn't as though a guilt feeling, this responsibility I felt. I think it was more that, through it all, my parents I just think had raised me to be somebody who was service oriented.

WC: Hm.

LA: They were always sitting on charitable boards. They were always—my dad tells this story of how they were living in government-subsidized housing and they would decide how much they wanted to give to charity in January and charge it on their credit card 'cause they didn't want to look back on that number. And they were like, "We'll pay it off over a year, but that's what the right thing to do is."

WC: Wow.

LA: I grew up in this environment where it was like, you know, "We are so blessed, no matter what you have or don't have. How are you going to leave a legacy for good?" And so that really inspired me to just say, "What can I possibly do to make it different?" That being said, there was the other side of me that was like, "Nonprofits are slow and clunky and it's not the sharpest people and I'm so attracted more to the business savviness of people who are pushing hard and aggressive and growing and changing and evolving." And so I started my career;



I went to the University of Michigan and started my career at Unilever in marketing and brand management, worked in a whole bunch of different personal care brands. And it was really interesting 'cause I always kind of thought—my parents were always integrating charity and philanthropy really nicely into their lives. I was like, “Yeah, yeah, yeah, yeah, yeah. I’ll do that like 20, 30 years from now.”

WC: Right.

LA: I should say, though, right after I graduated college my mom had said—my parents were moving to Florida—and she said, “You know what? I think you should come with me. I just got this genetic test done and I think it’d be interesting to you to find out all those little science—new discoveries.” I was always very interested in. To me, it didn’t even occur to me what was about to happen, which was my life was about to change forever. I—

WC: Wait, how long ago was this?

LA: This was—so I was 22, so ten years ago. I’d just graduated from college.

WC: How long ago did they start doing those genetic tests that would—

LA: Good question.

WC: —determine—

LA: It’s only in the last 15 years. So when my mom was—

WC: Right, so—

LA: —going through everything—

WC: So here your mom was still on the cutting edge.

LA: Always, always. I mean, she was so advanced that when she had her ovarian cancer before that, she goes, “I want you to bank my blood because if I get hit by a bus tomorrow I think they’re going to come up with stuff and I want my daughter to have access to my”—I mean, just that intuition blows your mind in some ways.

WC: Right.

LA: When I went into—but after I graduated college and I went in for this appointment, again, this has now been made so popular and famous by Angelina Jolie—

WC: Right, right.

LA: —who came out and said, “I tested positive for this genetic mutation.” I have to say, Winn, going into that testing appointment, I was convinced that I was doing this genetic test—this test that can indicate extremely increased likelihood for breast and ovarian cancer—I was undergoing this test basically to verify that I was more like my dad’s side of my family than my mom’s. And I say that because I was built like them. I, you know, skinny arms and legs, fat tummy *[laughs]* if I gained weight, small chest, flat butt. Everything in my life was more like my dad’s than my mom’s. And so when I did find out that I tested positive for this genetic mutation, basically indicating I had up to an 87% risk of breast cancer—

WC: Wow.

LA: —to a 54% risk of ovarian cancer, I was 22 years old. I was shocked.

WC: How do you process that news?

LA: Oh my God. Can I tell you the thing that just went through my mind, which was, *I’ve got to hurry up and get married and have kids and I’ve got to do all this before I get cancer.* And it’s—you know, in my family it struck 36, 39, 41. Like really, really young. I was really—almost upside down. I was crying hysterically. My colon had gone into spasms. I was in the emergency room that summer. I mean, it was like one of those things where you feel like you’re on top of the world, you’re graduating, you’re starting this dream marketing job, and then all of a sudden, it’s like cancer. I didn’t think I would have to deal with that for two more decades and here it was in front of my face. Originally I enrolled in a high-risk screening program at the University of Chicago and somebody had said to me, “You know, there’s options. You can have a double mastectomy.” And I said, “A double mastectomy? You’ve got to be kidding me. There was not one part of me—22 years old, I’m dating. How in the world would I make a decision? That’s off the table. I want to go in. I want to do the screenings.” So every six months I was going for a mammogram, an MRI, a clinical breast exam, a transvaginal ultrasound. I mean, crazy, crazy amount of screening. And it’s interesting, Winn, because it was interesting mentally what it does to you. ‘Cause here you are going through all these tests but you’re not sick, but you’re around all these people that are sick. So I think in some ways it was like—oh gosh, I was taking a half day at work every couple months to get these screenings. I’d go and I’d hold my breath and hope it would be okay, find out everything was fine, breathe that sigh of relief and know, okay in a couple months we’ve got to do this all over again.

WC: Hm.

LA: And I jumped into a serious relationship. I was like, you know, he's tall and he's nice enough, I guess, and he's kind and like—

WC: *[laughs]* He's nice enough.

LA: I can't like *[laughs]* —I don't have time.

WC: Right.

LA: I've got to move, right? And—which is so wacky because he was actually so—such, kind of a putz. But, anyway.

WC: Okay. *[laughs]*

LA: I take that—*[laughs]*. It was just like, you come—you look at yourself—

WC: Right.

LA: —at that age and you're like, "What was I thinking?" But it was interesting because I started—the anxiety continued to build. It was as though the relationship wasn't moving fast enough, my career wasn't moving fast enough. Every aspect, I had to move, I had to hurry up, I had to go, I had to go because I was going to get cancer. And so when I—I actually I had this incredible epiphany. I was getting dressed, like most 22-year-old girls when you're—I was with my college friends, one was in L.A. at the time, one was in New York, we're all in Chicago—and we were in our jeans and our bras and we were putting makeup on and we were about to go out for a really fun night. And I looked over and I realized, "Oh my gosh. Here these are friends from college of mine and they actually had had breast surgeries. They'd opted for them. One had had a breast reduction, one had had breast implants, one had had a breast lift. Like, here they are in this situation and I thought to myself, *I have all of this anxiety about cancer and all this is over a couple of scars? A couple of scars, really?* For some reason when I was able to not think about it as a mastectomy, which felt so afraid and scary and awful and not beautiful, and I was able to just think about it as just a couple of scars in the sides of my breast, much unlike other people who opt for scars for different reasons. All of a sudden I was like I can't do this screening. This is crazy. I can't keep holding my breath and breathing a sigh of relief and turning around and rushing into relationships that are not great for me. Like, that's not the reality I want for my life. And so it was kind of at that moment that I made this decision that I'm not gonna play defense. I'm gonna get one step ahead of this and I'm gonna have a risk-reducing double mastectomy. At the time, Winn, there had been no one my age who had made a decision like that. And so I remember going to the doctors in Chicago and them saying—one doctor

was like, “You know, you’re thin. Just keep running every day and come back and see me when you’re 30.” Which is crazy. And another doctor was like, “I will not do this on you because you’re not married. I don’t know how you’ll ever get married if you do this surgery.”

WC: What the heck did that have to—

LA: I mean—

WC: That was his decision.

LA: These were prestigious—

WC: Oh my gosh.

LA: —physicians at great institutions. So I ended up going back to the same doctor who had performed my mom’s surgery 14 years before, her breast cancer surgery. And he was the first person who was like, “Lindsay, you’re not crazy. This isn’t wishful thinking. This is scientifically proven and I think I can get a really good cosmetic outcome. I think we could actually just have literally a couple of scars and we can have implants. It will all be fine.” So I went into that surgery having really no idea what the outcome would be but I knew it couldn’t be worse than the anxiety I was feeling.

WC: How much did you tell people that you were going to do this? Did you—

LA: No one.

WC: You kept it a secret.

LA: Oh my gosh and I remember—

WC: So your friends—

LA: I mean—

WC: —didn’t know?

LA: Very few. I mean, I think five people total including my parents knew. And they—

WC: And did you get any grief from any of them or—?

LA: Well, I had my mom who was saying to me, “Honey, don’t tell anyone about this because it’s going to get around and it’s gonna travel and you’re still dating.” Like, if people are—it’s almost like you’re damaged goods in some ways, right?

WC: Right.

LA: Like here I am—

WC: Wow.

LA: —in that situation. So, not only was I carrying the weight of a big surgery but also the weight of feeling like I had this secret I couldn't talk about.

WC: It's interesting what you were saying before 'cause I never thought of it that way: other people are going under the knife—

LA: All the time! *[laughs]*

WC: And people are like, "Whoa, they look good. Good for you!"

LA: Exactly.

WC: Whereas you're going under the knife to save your life.

LA: You got it. And to say that I actually don't want to go through chemotherapy ever.

WC: Right, right.

LA: Like I don't want to just have to wait and get cancer and then deal with that. I want to one day, God willing, have a daughter who doesn't have a mom who's sick with cancer.

WC: Right.

LA: That's what I want to do. So when I originally made the decision, I was the youngest person in the country ever to opt for this surgery.

WC: You were 22.

LA: I was 23.

WC: Twenty-three.

LA: Yeah, at the time.

WC: Wow.

LA: Twenty-three years old and I will tell you, it almost flipped though. 'Cause after the surgery I was like, "Wait, this is crazy. All of that was for this?" Like, I have good breasts. I have two little scars on the outer quadrants. They look normal. I'm not this damaged person. And so a friend, a family friend, was like, "You know what? You need to share this story because there's got to be another person out there who's going through a similar situation." And it was almost as

though these scars became very powerful, like reminders to me of courage. And I actually was very more proud of them. I remember wearing a dress right afterwards and you could see a little bit of the scar and I'm like, "It's totally fine, totally fine." Like, "This is part of me. That's pretty cool that I made a decision like that." But I've got to tell you, when I originally—so I shared my story, they ran a front page article in the *Chicago Tribune* and the article of the story was "Weary of Cancer's Dark Cloud, Young Woman Strikes First." And the next day it was this media uproar but it was, you know, *The Today Show* and CNN and all this stuff. It wasn't because it was—it was the spectacle of it all, right? Like, do you remember the guy who turned blue or the person who got a fork stuck in their head? It was the weird story. Like, "Young woman chops off her breast." Like, "What do you think of her doctor?" Like, "What would you do? Could you ever do that?" And we didn't know any better. We were like, "Oh my God, we're helping to save people's lives. That's amazing." But I will tell you I was shocked at some of the negative response that started to unfold.

WC: Oh, I'm sure.

LA: I mean, people—I remember somebody posted on this blog on CNN, "Can someone tell Lindsay Avner that she's not God and she can't control everything." Or someone else was like, "Maybe you should cut your brain out because maybe that could cause a problem one day." And you're like, "What?!" Like, "You gotta be kidding me."

WC: *[laughs]*

LA: But I will tell you that was the negative side. The flip side of that was that more than 1,000 women around the country reached out to these writers and the producers and what they said—and I was so compelled 'cause I've seen so many touching stories in the news but I've never actually written the writer, called the producer, whatnot. But what they said is, they said, "Her story resonated with me." And it was not because all these people had strong family histories or may have the genetic predisposition, although some of them did. What they said was, "I don't even know what I should be doing to be in front of breast cancer. I don't even know what a family history actually means in my family 'cause we don't talk about stuff like that." And it became so evident to me that this was such a need on the heels of this awareness movement for an organization to come in and to say, "You are totally exactly where you should be but let me break down what the actual facts are." This isn't just getting your information off the news, hearing, you know, "Eat three pounds of broccoli every day and you're not going to get cancer." I mean, that's the way we were getting our health information instead of somebody saying, you know, "It's so important to maintain a healthy body weight

because, you know, when there's extra fatty tissue it can increase estrogen, which increases breast cancer risk." Or, "Did you know that a concerning breast lump would feel like a frozen pea? But don't automatically freak out because 80% of the time it's not cancerous. But if it grows or it worsens or it persists, get it checked out. Go to your doctor." You know, be an advocate. And that's the conversation, the way we started talking about it.

WC: How prepared were you at the age of 23 to be this target, so to speak? Let alone then have the facts and the information to be a good resource.

LA: Oh, I was not prepared at all. Like, to be fair—and I also didn't—keep in mind, I remember just thinking, *How would I ever email 1,000 people back?* I remember—I laugh now 'cause you and I both probably go through millions of emails—

WC: Mm-hm.

LA: —every single day but at the time I was like, "I'm just going to start a website that's a resource for information." But, again, I had no intention of starting—leaving my full-time job. I was working full-time at Unilever. I was so excited, actually, one of those rare people who is so excited about the corporate ladder. I was like, "I am going to dominate the corporate world." I was like, "It's fast, it's aggressive, it rocks. I love this." Nonprofits, oh nonprofits are slow and they're so nice but they're just so—

WC: *[laughs]*

LA: —ahhh, like tired. And it's funny 'cause when you talked about in the beginning of this conversation around the entrepreneurial, the startup feel, right?

WC: Yeah.

LA: And we consider ourselves so much more of a business than we do ourselves a nonprofit. We're just in the business of saving women's lives.

WC: Well I think that—I mean, a little sideline: nonprofits could learn a lot from for-profit companies and for-profit companies could certainly learn a lot from nonprofits about, you know, using your platform and your power for good things.

LA: Totally.

WC: Yeah.

LA: I couldn't agree more and I think that where we're moving is more in that intersection, right? So, part of what's allowed us to be really strong is partnering

with brands that get it, that really get it.

WC: Right.

LA: That are willing to kind of go out there and use the reach and the visibility and the credibility they have with consumers to say, “Hey, in addition to buying this product or engaging with us in this way, how about you also”—in our words—“brighten up on the breast and ovarian health basics?”

WC: Now, go back—you know, you said that you were—every couple of months you’re going in for more screening and just the anxiety of all of that.

LA: Yeah.

WC: What was that doing to your health and to your personality and to just trying to live with that?

LA: It’s a huge thing. I mean, anyone who’s been through any sort of health situation can probably relate. I actually started getting horrible, horrible migraine headaches. And what happened is it started off with like one or two migraines a week—

WC: Yeah, that’s attractive on a date. *[laughs]*

LA: Oh, I’m sure.

WC: That’s really good for dating. *[laughs]*

LA: And I remember actually that that ex-boyfriend of mine was like, “You used to be so fun and cool and now you just have headaches.” And I’m like—

WC: See, maybe he wasn’t the putz at all. Maybe he was just—

LA: “You’re still just nice enough. Like you’re not that nice, actually.” Right? *[laughs]*

WC: *[laughs]* Poor guy.

LA: I know.

WC: What you put him through. Oh my gosh.

LA: It’s so true.

WC: This poor guy.

LA: It’s so true. But I will say—



WC: Take it back, he wasn't a putz. He was a—

LA: I know. You know what?

WC: *[laughs]*

LA: I was probably a little bit of a putz, too.

WC: Okay.

LA: Let's be honest. But what I would say is that those headaches continued to get worse and worse, right?

WC: Right.

LA: Like your body, I believe—I mean, I think your body has this unbelievable ability to just say like, "Something's not right." And just—

WC: Yeah, what you're doing is not working.

LA: It's not working.

WC: Just listen to your body.

LA: You got it, you got it. And I actually—there was a point where I'd had a migraine headache consistently for, I think, like six weeks straight. I was in the emergency room trying to get the pain under control and I was like, "This is crazy." At what expense? At a couple of scars?

WC: Right.

LA: Really? So, it was powerful.

WC: How soon after the surgery did it just feel like you just came back to life?

LA: Immediately, immediately. My mom says that after I was being wheeled out of the operating room—I don't remember this 'cause I was obviously a little woozy—but she says that I said, "It's finally gonna be okay, Mom."

WC: Hm.

LA: And she said that she started to cry 'cause —you know, it's interesting, she had a lot of guilt. It took us about a year to repair our relationship because I remember that year between when I tested positive and decided to have the surgery, I would go into those appointments and I would leave and I would be crying and I'd call my mom and I'd be like, "This is so hard. I don't know what to do. Why is this happening to me?" And she would say to me, "Lindsay, I don't know what to tell

you. Lindsay, I don't know what you want from me." And I was like, "What?! Why is she acting like that?" And it was interesting because after the surgery—and she was amazing through the surgery—she said to me, she goes, "I couldn't cope with the guilt that I felt."

WC: Hm.

LA: "The guilt that I felt that I used to tell you when you were a little girl and you were 12, like, 'What happens if I get breast cancer?' And I was like, 'Honey, you'll never have to deal with cancer. They're gonna have a cure by then. You'll never—.' She's like, 'And here you were at 23 years old going through something that I felt so guilty about.'" And I was like, "How could you feel guilty? It wasn't your fault."

WC: Hm.

LA: Like, "You didn't do anything." But no one ever talks about that side of it, right?

WC: Mm-hm.

LA: Like the guilt you feel to passing something like that down.

WC: Right. Do you have sisters?

LA: I have one brother who's adopted.

WC: Okay.

LA: Yeah, so it was really amazing, though, after I shared my story and being able to finally find that network of other people who had similar situations.

WC: Okay.

LA: To kind of become that extended family, so to say, right? People who had that feeling of growing up with so much cancer looming in the air. 'Cause I think that anyone who's dealt with that, or illness of any kind, or adversity of any kind, there's—it humbles you and it makes you, I think, that much more kind and compassionate to other people.

WC: How important was the Angelina Jolie message to your whole movement?

LA: Amazing. It was one of the greatest things that could have happened. Here—you know, it's the world's sexiest movie star who is just so—I think people are fascinated by but also she's married to Brad Pitt, she's everything and she comes out and the way she was able to position her decision to both undergo testing and say, "I'm gonna make this decision and I'm still gonna be the sexiest

woman in the world.”

WC: Right.

LA: It was so huge for us. And it’s funny ’cause I remember I got that story embargoed the night before. I was out in L.A. for some meetings and I remember reading it at midnight and I went to sleep and I thought to myself, *Oh, that’s really awesome. That’s cool. She’s having the surgery, too.* It didn’t even cross my mind that it would become the whirlwind it was. And it’s funny ’cause at four o’clock in the morning, it’s Bright Pink and myself are called upon as the national experts. I think we did 19 interviews before noon that day.

WC: Wow.

LA: Across—you know, *USA Today* and *The Today Show* and NBC and all these different networks. But I’ll tell you, it didn’t occur to me ’cause to me I think it was like, it’s just another person going through this; people are starting to talk about. But never in our wildest dreams did we think it would be—you know, the Angelina Effect is what it was called—the cover of *Time* magazine, the hugest thing in that time.

WC: Have you had a chance to meet her?

LA: I haven’t. I hope I will at one point, one day.

WC: *[sings]* Angelina.

LA: *[laughs]*

WC: We’re calling you. So what else about your personal story do you feel like we need to know that then kind of sets us up for what your campaign is all about, what your organization is all about?

LA: I would just say—

WC: ’Cause, again, I love personal—I think the best teachers are storytellers.

LA: Mm-hm.

WC: And the best stories are personal stories.

LA: Always. Yeah, I think that the thing that’s actually interesting to me, the part of my story that sometimes—obviously we’re a breast-obsessed culture so the breast part gets a lot of play.

WC: Right.

LA: You know, ovarian cancer is the deadliest gynecologic disease. It's very rare but it's very, very, very deadly. And so for women who carry this BRCA gene—the breast cancer gene—people think often that's it's just the breast cancer when, you know, the recommendations—we don't have a good screening tool for ovarian cancer. The recommendations are, you know, get your ovaries out at 35, 40 at the latest, which is menopause, right?

WC: Mm-hm.

LA: Throwing yourself in there. The only part of my story that I would add that I just recently started talking about, about a year ago, is I, once again, was inching towards the big 3-0 and I started to, once again, find myself saying, "Oh gosh. I'm single. I've poured my heart and soul into growing this organization." Like, "My ovaries have to come out in five years." Like, "I really want to be a mom one day. What does that mean?" And so I actually made the decision to freeze my eggs.

WC: At what age?

LA: At 30. Very ironic and also, I think, quite beautiful: the exact same week I was choosing to freeze my eggs, my now fiancé was getting a consultation for a vasectomy because he actually is a widower. He lost his wife to breast cancer at the age of 30. I'm sorry, she died at 42. She was diagnosed at 35. And he had three kids and he was like, "You know, I'm—" And he decided to postpone it because he wanted to run another marathon. He's one of those ridiculously overachieving, "I'm gonna do everything in my life to the extreme," in a great way. And so it's so—we look back on that—I will tell you that was a powerful decision, as well: a chance to say like, "I'm not going to just settle. I'm not going to let—I'm going to take my own fertility into my own hands." And I think it's something that is just—all this medical technology advances married with the ability for women to make a decision—

WC: Mm-hm.

LA: —for good. Like, it blows my mind. I think it's just so awesome how many opportunities we have to take control of our lives and do things on our own terms.

WC: Hm. Do you still feel kind of vulnerable or exposed in telling your story over and over and over again because that's—obviously, it's your story that drives Bright Pink and the mission and the purpose. Does it—do you feel kind of vulnerable?

LA: Well, I think this is such a cool format to be able to actually tell the story, right? Usually I have like five sentences and I have to boil down really complicated issues into very, very compact sounds bites and to have a chance to really get in

there with it is actually really refreshing. I will say the one thing as you were just saying that, it made me think is it's crazy how I thought the story kind of stopped when I had the mastectomy. It was like, "Oh yeah, I conquered breast cancer." And yet, you know, obviously making the decision to freeze my eggs, meeting my fiancé—he has three kids that are 11, 14, and 17 that may or may not carry this gene as well, right?

WC: Mm-hm.

LA: And as we embark on kind of more kids and family and what does that mean for them? And also just this fact that my ovaries are going to come out in a couple years. So I feel like that's the part that is so cool is that—and it's about all of our lives and all of our stories is it's not like there's an ending point, right? Like it always keeps evolving.

WC: Mm-hm.

LA: No matter where you are today, two years from now you're going to look back and be like, "Whoa. That's crazy what's happened in the last couple years."

WC: Hm. So talk to us about Bright Pink. What do you do on a daily basis?

LA: Yeah, so we are—our whole focus is, I like to say, active education. So it's not just passing out fliers or, you know, saying the same thing over and over. It's having a conversation with women and giving them the tools and those little nuggets of things that they can do in their day-to-day life to be proactive with their health, to play offense. We host educational workshops. So we call them Brighten Up Educational Workshops.

WC: Brighten Up Workshops.

LA: Brighten Up Workshops. So they're 20-minute workshops. We go into companies, places of worship, sororities. We just started an incredible national partnership with Zeta Tau Alpha. So we're gonna be educating over 100—

WC: Wait, who?

LA: Zeta Tau Alpha. It's one of the larger sororities in the country.

WC: Okay.

LA: So we're going to be educating 150,000 collegiate members in the next two years—

WC: Wow.

LA: —through these workshops. So we train ambassadors, laywomen to actually go in and deliver—imagine like 20 minutes, everything you need to know, nothing you don't about being proactive with your breast and ovarian health. We also have a digital component. So [assessyourrisk.org](http://assessyourrisk.org) is the digital articulation 'cause we're trying to reach 52 million women, 52 million women in the U.S. between the ages of 18 and 45 that have the power to be proactive. And so it's this idea that you can reach them in person where they live, work, play but you also need to be reaching them online which is where she's at.

WC: So [assessyourrisk.org](http://assessyourrisk.org).

LA: You got it.

WC: So somebody goes there and what happens? It's like a series of questions that determines their level of risk or—?

LA: Yeah, so it basically is 15 or so questions but it's not just type in the answer. It's actually really fun. So it's going to ask you how many drinks do you have a week and you're gonna actually have to drag the wine glass over to show or—

WC: *[laughs]* Okay.

LA: —what your weight is and you're gonna move the scale once. It's very interactive but—

WC: Okay.

LA: —along the way it's actually giving you the explanation for why.

WC: Okay.

LA: So it's combining all of these different aspects. When it asks you questions about family history, if you don't know the answer, there's a button that says, "Help me ask" and it will pre-populate an email and all you have to do is type in to get that answer from a family member. And at the end of this—

WC: Wow. That's brilliant.

LA: It's really awesome. You can download a PDF to bring to your doctor. You can actually email the results to your doctor and say, "Hey, I just took this quiz and I want to strike up a conversation with you about what more I can do to be proactive with my health." So we're hoping to have 70,000 women complete this in 2015. In 2013 and 2014 combined—so in two years—we had 60,000 complete it. We're looking for 70,000 new women and some men to complete it as well. There's—it's funny, the first question is, "Do you have breasts and/or ovaries?"

And if someone says, “No”—if it’s a man that’s answering, it’s like, “Awesome. Then please forward this to a woman that you love that does have those.”

WC: Wow.

LA: So it’s very, very interactive. It’s cheeky, it’s playful. But it’s actually this beautiful ability to combine not only risk information but also educate you along the way. And then at the end it’ll tell you, you know, based on your responses, you’re actually either at average risk—so even being at average risk, though, every single woman out there has at least a one in eight lifetime risk of breast cancer. Meaning, you think of your seven closest girlfriends and you, statistically at least one of you will develop cancer in your lifetime.

WC: Wow.

LA: And so even whether you’re average risk or increased or even high risk—high risk like someone like myself or an Angelina Jolie—I love saying that, right? Like I love talking about me—

WC: Me and Angelina.

LA: Just me and Angelina. We’re—

WC: Me and Angelina.

LA: —we’re BFFs.

WC: Right.

LA: Hanging out. *[laughs]* It gives you what to do next. We’re very practical in that way. I don’t like education that just tells you information and you say, “Okay, so what?” I like when there’s an active component.

WC: I agree. It’s like people that do surveys and they, “Here’s the survey. Here are the results.” I’m like, “What does this mean? What are we supposed to do with this?”

LA: So now what? Totally, totally.

WC: I’ve got the facts but who cares?

LA: Totally.

WC: Okay.

LA: And then the other side is what we talked about before; so those medical professional workshops. So we go into programs where nurse practitioners or

OBGYNs are learning. Whether it's what's called grand rounds, when all of the department gets together to learn about a new topic. And these workshops and case modules are delivered and, you know, I have to tell you, it's been incredible. We've had the opportunity in the last just couple months to go deliver this workshop at Harvard and Hopkins and we were at University of Pennsylvania last week and the feedback we continue to get—you know, a little part of you is like, "Oh gosh. Do we have anything to teach people at Harvard?"

WC: Right.

LA: Like, "Don't they know everything?" And to get the feedback that, "No, this is absolutely what we've been all longing for" is just so gratifying.

WC: Now, how are you getting the information to then share with medical groups such as Harvard? You said that you have practicing medical practitioners who are part of Bright Pink.

LA: We do.

WC: Okay.

LA: Everything we do is evidence-based. So it's not—and sometimes I think we take some criticism because people—there are some environmental factors, for instance, that unfortunately we can't absolutely recommend until it's totally proven. So everything we're doing is very vetted: there's studies, there's data to back it up. And I think for us, being credible in that way and being unwavering in terms of the standards we hold for the information we're putting out there, is pretty important. I'll tell you, though, one of the greatest ways is through our cause marketing partnerships. I think what's unique about Bright Pink is it's—when we're working with companies all around the country—David's Bridal, Aerie by American Eagle Outfitters, eBay, Westfield malls, Paul Mitchell—all these different brands, it's not just about fundraising. To us, it's just as much about getting out there and educating the consumers, the constituents, the associates that take part in these brands.

WC: Well, because all of those brands have—you want their audience.

LA: I want their audience. And I want those same exact people that are engaging with those brands, that's who I want to be educating and I want to do it in the context of them taking part in day-to-day life: shopping for a bridal gown, picking up something at the mall, whatnot.

WC: Right. So you said—how many people have gone to your [assessyourrisk.org](http://assessyourrisk.org) to take that test? How many?



LA: Sixty thousand in the last two years.

WC: Wow. And how did you get to those people? How'd you get the word to those people?

LA: So a lot of it is digital; just absolutely talking about this on social media, influencers, different celebrities. Also, our cause marketing partners, right? So integrating with them and their communications has been powerful. The other thing is it's when somebody goes into those educational workshops—the Brighten Up Workshops—that's the call to action. So they leave and the next thing we say is, "Okay, go online."

WC: Now go onto this—

LA: "Go to [assessyourrisk.org](http://assessyourrisk.org)." Exactly. So we've had a chance to educate 20,000 women just in the last 18 months in those in-person workshops.

WC: In the 20-minute workshop.

LA: Which is pretty incredible, right? We've gotten 20,000 women to take 20 minutes of their day and listen to this workshop and engage with it. So, we're really proud of, I think, you know, obviously being a marketing savvy brand. I come from this more brand background. I've always believed that as a nonprofit you have to hold yourself to the same standards of excellence when it comes to marketing—

WC: Of course.

LA: —and brand positioning. I think a lot of nonprofits think if you have a good heart, you can just layer that on at the end. And for us, we see it as—I always tell—there's a sign in our office that says, "Aesthetics are an avenue of access." So I genuinely believe if something's beautiful and something brings you in with the imagery and the tone and everything, that's the difference between someone getting educated and not. So we invest in that. And sometimes people are saying, "Why is your stuff so pretty?" I'm like, "Is that a compliment or is that a criticism?"

WC: Right. *[laughs]*

LA: Like, "Where are you going with that?"

WC: It's like what we said earlier, that you need to run it like a business.

LA: You've got to run it like a business.

WC: You need to get the best deal on your office supplies—

LA: Absolutely.

WC: —the same as a for-profit would need to—

LA: Totally.

WC: Yeah.

LA: It's funny, right now at a lot of the Chicago airports—so O'Hare, Midway—we have, I think, there's 19 big signs up about Bright Pink in the airports. And I got an email the other day from someone who's like, "Why is Bright Pink spending their money doing that?" And I was like, "Actually, somebody who works at placing those in the ads lost his mother to breast cancer and so anytime someone—a brand—is not paying for them, he slaps Bright Pink in. So, we're not paying for it."

WC: Right.

LA: We're not paying a dollar for it. Actually, that's what I think is really cool, though, is when you can create something that other people feel a connection to. I've never wanted Bright Pink to be the Lindsay Avner show. I've never wanted to—because people are fickle, right? Like, they're going to outgrow me. This needs to be something that, Winn, you feel as connected and take ownership of as much as I do or any of the women or men that we serve out there.

WC: By the way, are men allowed to attend these workshops?

LA: Absolutely.

WC: Okay.

LA: And I will tell you, I've been so thrilled when men do attend the workshops. What they say to us is, "Thank you for giving me more credit. 'Cause you've asked me to wear pink socks and pink ties and do all this stuff."

WC: "And you want my money."

LA: "And you want my money and yet I actually could be a really powerful force for good in helping keep my sister, my wife, my daughter accountable, if you'd just teach me the information." So—

WC: So do you encourage—

LA: Totally.

WC: —women who come to this—

LA: Exactly. Or in—

WC: —bring a friend, bring a—

LA: —workplaces if we do like a lunch and learn—

WC: —spouse or—right.

LA: Oh my gosh.

WC: Right.

LA: Absolutely. The more the merrier and I actually think it's been surprising—I remember we went into—we do a lot with the WNBA and the NBA and we went into—you know, we go into a lot of, you know, male testosterone sports environments and the men are the ones who are saying, "Thank you so much. Thanks for letting me be a part of it." And we're like, "Of course." And I have some fun when I do those workshops, right? I'm like, "Okay—"

WC: I'm sure you do. *[laughs]*

LA: "—how hard is it going to be for us to stand here and talk about breasts and ovaries. I'm sure you're dreading this conversation." And people giggle and—

WC: Right.

LA: —it's fun.

WC: Good for you. So how—you said that you have these ambassadors who are—they're not paid.

LA: No.

WC: So they train. Tell us about the ambassador program. How does somebody become an ambassador?

LA: Yeah.

WC: What's the training look like?

LA: Good question.

WC: And then what are they supposed to go out and do?

LA: Good question. So these ambassadors are just passionate individuals who come to us and they say, "You know, I'm looking for more meaning in my life. I want to propel Bright Pink's mission forward." And what we do is we have a pretty strong

vetting process. So it's not just—we won't just take anyone: there's an interview, there's an application, there's reference checks. And then what happens is once they make it through that process they go through a Bright Pink University. And at Bright Pink University not only do they learn the basics on delivering this educational workshop, we're making sure that they're statistically sound, right? Like, you can't just say, "All women with the BRCA gene mutation are going to get cancer," 'cause that's not true. It's so important for us to make sure that these laypeople are describing medical information in a really accurate manner. But they also learn about community engagement. So they're really responsible—when they graduate from Bright Pink University, they're responsible not only for going out and delivering the talk but finding audiences to deliver it.

WC: Right.

LA: So sometimes through some of our partnerships we might be able to say, "Oh, this sorority here." We're setting it up but they're also bringing opportunities to us. And they have goals and they get reviewed. And, again, this is all in a volunteer capacity.

WC: Right.

LA: Everything with Bright Pink—I always say, "You can only improve what you can measure." We're very, very focused on measurement, on making sure that we're not just counting bodies in the room but how many people go on to take the risk assessment quiz afterwards.

WC: Right.

LA: Pretty important stuff, again, that for-profit measurement being brought into it.

WC: How I like to explain that is we're not just throwing pasta at the wall, we want it to stick.

LA: You got it. I love that.

WC: And there's a lot of organizations that create incredible information but if it's not reaching anybody or if it's not getting people to take action—

LA: Yes.

WC: —then what's the point?

LA: Yes. I mean, if someone attends a workshop but they don't go on to change one thing about their behavior then that was kind of a waste of time.

WC: Right, right.

LA: I think a lot of—also, you know, people are like, “Well, Lindsay, if you just save one life then it’s enough.” I’m like, “No, it’s not enough.”

WC: No, it’s not. *[laughs]*

LA: Are you kidding?

WC: Right.

LA: There’s millions—you know, Bright Pink is gonna be over a \$3 million organization this year. That’s responsibility—that’s—we better be saving and impacting thousands of lives.

WC: Right.

LA: That’s not enough.

WC: Good for you.

LA: And I think that we have to hold ourselves—I think donors, I think people on the nonprofit side—we’ve got to hold ourselves to higher standards than “at least we saved one life.”

WC: So how long does it take to become an ambassador? How many hours of training or what does that look like?

LA: Yeah. It’s just about 18 hours of training, but again, there’s that process—

WC: Is that face-to-face or can somebody do this online or—?

LA: Digitally, yeah.

WC: Okay.

LA: So some of it’s independent learning, some of it we pair people up. Skype and the world of kind of allowing us to work—you know, we used to bring everyone together in person and do Bright Pink University but we realized from a cost—we’re always trying to look at how can we make every dollar go further.

WC: Right.

LA: Why don’t we just do it digitally? Also, this is hard stuff to learn. It’s hard to pack it into one weekend. Now it’s over a three-week span.

WC: Mm-hm.

LA: It's in evenings and some weekends.

WC: Mm-hm.

LA: But if people are interested, definitely visit [brightpink.org](http://brightpink.org) because, you know, we run Bright Pink University quarterly so they're always recruiting.

WC: So how many ambassadors do you have?

LA: One hundred and thirty-five right now.

WC: Are they in every state, pretty much?

LA: Every state, I think it's like we're in 60 different communities—

WC: Okay.

LA: —around the country. And it's really incredible people, right? These are people who are working full time. They have families, they're doing that or not. But they're so passionate about this.

WC: Right.

LA: We have a bunch of even survivors who are ambassadors who are saying, "Gosh, had I received this information it could have been different." And so I feel like for them it becomes this really powerful way of saying like, "This is my responsibility to get in front of it for someone else."

WC: Right. Do most of them, you find, have a personal story?

LA: They have a personal story but it might not be for themselves. So it could be a friend of theirs—

WC: They might have lost a mother.

LA: —a neighbor or a family member. And we all have a personal story, right? Like I did just meet someone a couple of weeks ago who was like, "I don't know anybody who's ever had breast cancer, ovarian cancer." I was like, "Where have you been living?"

WC: Right.

LA: That is remarkable. I mean, that's amazing. I'm so happy for you but that's incredible.

WC: Okay. So I want to make sure that we've covered all of the key programs and the tools—

LA: Yeah.

WC: —that Bright Pink offers.

LA: Great.

WC: So tell me what they are. *[laughs]*

LA: Okay. So the first one we talked about: [assessyourrisk.org](http://assessyourrisk.org). So, so, so important. It combines family health history with lifestyle factors.

WC: How long would it take somebody to take that test?

LA: Six minutes.

WC: It's that fast?

LA: That fast.

WC: Okay.

LA: And it's fun, right? Like, I mean, it's not that fun when you're—if you've had a couple too many cocktails and you're dragging that wine bottle across the glasses.

WC: *[laughs]*

LA: But it's interactive and it's engaging and you'll learn something, I promise you that.

WC: Okay.

LA: We also have a program we call Breast Health Reminders. And as you know, women, it can be so incredibly hard to remember to just check in with your body and know your normal. So we created this program. It is as easy as texting the word pink, P-I-N-K, to the number 59227. So once again, PINK to 59227. You'll have to just click Y back to confirm—Y for yes—to say, “Yes, I’m opting into this.” Standard text messaging rates apply but what we love about this program is that it's a once-a-month text message reminder that is encouraging you to treasure your chest.

WC: Wow.

LA: Or to be proactive with your health and just check in but it's a chance for you to just keep this top of mind. This is not something we should just be talking about in October. This is something that we should be talking about all year long. And

so it's a once-a-month text message and, you know, we'll say things like, "Your boyfriend's not the only one who should be feeling you up this month."

WC: *[laughs]*

LA: Like, make sure you can—you know.

WC: Right.

LA: We have fun with what—we talk about second-base Saturdays.

WC: Right.

LA: The second Saturday of the month. All that stuff. So, you know, this doesn't have to be a dreary, depressing conversation.

WC: Right.

LA: You can have some fun with it. You can have some personality. So Breast Health Reminders, [assessyourrisk.org](http://assessyourrisk.org), and I would just encourage everyone just to visit [brightpink.org](http://brightpink.org). I mean, we just went through a big re-launch and it's chock-full of so much information that's practical that won't bore you. And share it with a woman you love. I think that there's something about when you accumulate knowledge, it comes with a deep responsibility to share it.

WC: Mm-hm, yep.

LA: And to make sure that it's not just you but you start to ask yourself, *How can I be a force for good for other women in my life.*

WC: Wow. Kind of a sideline question: so what's your personal routine like now? Meaning, are you still going in for screenings and—?

LA: Oh, good question. So I actually just was at the doctor on Wednesday. So they basically—since they've removed over 95% of my breast tissue—

WC: Right.

LA: —there's a small exam they do once a year but it's more—it could happen. Like something could pop up but they say that because of the implant it would almost like kind of hit to the surface. I need still be aware from a breast perspective. From an ovarian cancer perspective there's not a good test out there. All these tests are very, very, very—they're fine, they're not good. So they don't diagnose cancer early. There's nothing routine about it. So I see the doctor, I stay on oral contraceptives or birth control pills. Birth control pills—a lot of people don't realize from a purely health perspective—five years in your 20s or 30s can reduce your



risk for ovarian cancer by up to 50%.

WC: Wow.

LA: Slash your risk for the deadliest gynecologic disease by up to 50%. And that's all just 'cause we like to think of the pills as keeping your ovaries quiet for a little bit. So I'm still on those and the protocol is that I'll have my ovaries out at 35 or 40. I laugh with my fiancé. I was like, "No pressure. Let's—you know, we're getting married in a couple months, let's just pop out two kids and get the ovaries out at 35." *[laughs]*

WC: *[laughs]*

LA: Rock and roll.

WC: No pressure, no pressure.

LA: There you go.

WC: He's done it before. He's cool. Okay. Have we covered all the programs and—

LA: Yeah.

WC: —tools that you—

LA: I think that's good.

WC: —offer at Bright Pink?

LA: 'Cause I feel like if they can get those three, that's the biggest.

WC: Okay. So I think I already know the answer to this but—'cause you say that somebody could take this test on [assessyourrisk.org](http://assessyourrisk.org), take the results of that, send them to their doctor, and what if they have a doctor that's not open to this conversation?

LA: Such a good question. I think it's so incredibly important to find a doctor that you trust, that you feel like you can talk to and one that actually is going to engage with you in this conversation. If not, you've got to find a different doctor. I always say it's like you can't be afraid to date around before you commit a little bit.

WC: Right.

LA: And you should never be afraid of having a second opinion. I will say, something pretty incredible is through the Affordable Care Act—which a lot of people know as Obamacare—every woman in this country is entitled to what they call a well-

woman's exam. So this is huge for us 'cause we used to go into a lot of underserved communities and we would educate women about how important it is to see a doctor once a year and they would say to us, "Yeah, yeah, yeah. That's fine but my insurance won't cover it or I don't have anyone to pay for it." It is now mandated that women should be able to go in, talk about risk, have a chance to get a clinical breast exam—which means the doctor will actually feel their breast. I think that's important. Women need to know that should be happening. A lot of women will say, "Sometimes my doctor doesn't exam." They should be. You should find a doctor that does. They're gonna have a conversation. They're gonna actually do a pelvic exam and feel your ovaries, amongst other things. Big misconception out there is a lot of people think, *Oh, when I get a pap smear they're testing for ovarian cancer.* They're not. They're testing for cervical cancer, which is far less deadly, far less open. It's just been a—I would argue a better-marketed test in some ways that's very accurate in one way. But it's really important, even when you feel well, to go to the doctor once a year. Have a doctor you can trust but then think of that—that's one day; there's 364 other days where you should be doing and engage with your health constantly.

WC: Okay. Well, let's talk about that, then. What should you be doing the other 364 days a year?

LA: Good. Good, good, good. Well, the first thing is to—I would argue is to know your family's health history. And I think, keep that conversation alive. Sometimes holidays present a really good opportunity to bring up this conversation. Sometimes in some families that don't want to talk about it, I've heard women say, "You know, I brought an article." Or like, "I talked about someone else and that allowed me to get in to have the conversation with my family." So, first and foremost, making sure that as that evolves, changes, if people are diagnosed, you're sharing with your doctor. The other thing I would say is to know your normal. And when I say know your normal what I mean is everyone's breasts are different. Like some people have—one's bigger, one's smaller, smaller areolas—all these different things and whatever's normal for you—it's actually far more normal, a lot of that stuff, than not normal. Here's the thing, though, is you need to know what the lay of the land is, so to say. Because if you know what's normal and you're so used to checking in with your body, if something ever appears that's not normal, you'll be able to monitor it and speak up.

WC: Got it.

LA: If you notice any changes. So, really important on an ongoing basis and that's why I think Breast Health Reminders are such a great tool. So again, texting

PINK to 59227. The other thing I would say is practicing risk-reducing behavior. So, you know, we want women to maintain a healthy body weight, limit fat, exercise for 30 minutes on most days, limiting alcohol intake to one drink a day or eliminating entirely, not smoking, breastfeeding if it makes sense for your family planning. Breastfeeding doesn't have to be done all at once: one to two years nonconsecutively has the power to reduce your risk. And then for ovarian cancer risk reduction it's all about understanding the symptoms. Ovarian cancer, the symptoms are really vague. They're things like feeling bloated, or pain when you urinate. Things like, as women, we feel all the time so it's not about, "I ate too much Chinese food last night. I'm bloated." This is about, you know, the bloating's not going away, it's been two to three weeks. And we encourage women to go to their doctors and say, "Could it be my ovaries?" And then obviously exploring oral contraceptives if it makes sense for you.

WC: Wow, wow. So what would a salon—not that the entire audience here is the beauty industry because it's not—so what advice do you have for businesses and individuals to get the word out?

LA: That's great.

WC: In addition to just talking to their own friends, and everybody has one or two or 20 or 30 women in their lives that they need to take responsibility for with getting this information to them.

LA: Yeah.

WC: What can businesses do?

LA: Well, there's a lot. One of the things—the first thing I would say is keep the conversation alive. I think that is so important, especially in different businesses that are touching consumers on a day-to-day basis. Think about how can you be using that platform to integrate health information and just—the consumer builds such trust and credibility with them. The other thing I would say is they have the opportunity to participate, you know, whether it's—we have a new platform that we just launched this week. It's called VIPink. And what it is—

WC: I like that. VIPink.

LA: VIPink.org.

WC: Okay.

LA: V-I—and we are looking for VIPs who want to VIPink their salon or their business of any kind. And basically what that means is you make a commitment to both

educate on behalf of Bright Pink and fundraise. So it's really cool to have a chance to, you know, whether it could be a pink Friday or a weeklong campaign or a month-long campaign where you can get health information. Bright Pink has all these different things you can download, we can send people materials, and it's all through this portal VIPink.org. You can set up a fundraising page. But then also you're making the commitment to educate women.

WC: Right.

LA: And I think that is such a great, easy way—whether it's an individual or a business. This tool is so fantastic. So, again, it's VIPink. And it's only for the VIPs, which we know there's a lot of out there. *[laughs]*

WC: *[laughs]* Congratulations. Well, you know, everybody thinks that, *Well, I don't have money to give*. But, you know, awareness and education is just as important as giving the money.

LA: It is.

WC: Of course, you need the money.

LA: And it even—

WC: We need the money, you guys. We need the money.

LA: It could be as simple—I know there were some of our ladies in Cleveland who, you know, said, “We want to do a campaign that's super easy.” So what they did is for a whole month they did swap your drink for Bright Pink. So instead of going to get a coffee in the morning, that \$2 that they were going to give, they were like, “Well, let's give it to Bright Pink.” Swap your drink for Bright Pink.

WC: That's great.

LA: They're—whatever. So it could be as small as that.

WC: That's great. Can you believe it's been well over an hour already?

LA: No. You are way too much fun to talk to, though.

WC: Well, you talk really fast.

LA: I hope I'm not—

WC: So you took—

LA: Oh.

WC: —which is great. No, trust me 'cause we got a lot of information in a very short period of time. *[laughs]* But—

LA: I do talk—I get really excited, too. You're like, "Don't slam the table! It's screwing up the audio."

WC: *[laughs]* It's okay. So—'cause I have some other questions sort of unrelated to this, but not.

LA: Yeah, I'd love to.

WC: But do you have any final messages about Bright Pink that you want to share with our audience?

LA: I would just say there's so many things in life that you can't control and there's so many diseases out there that we know nothing about: autism and Alzheimer's. And we're still trying to figure it out. We're just—pancreatic cancer even, right? And I look at breast cancer and ovarian cancer as we're so fortunate to know so much. Like, how do we get ahead of it? How can we make sure that women stop dying of these diseases needlessly? And how can we change this conversation from one around cancer into health? I think that's my biggest challenge out there. And, again, just encouraging people to visit [brightpink.org](http://brightpink.org) where all of this content, conversation lives.

WC: Wow, wow. 'Cause it is, for the most part, needless.

LA: It's not necessary.

WC: No.

LA: I get really upset sometimes when I find out someone's diagnosed stage III or stage IV. It's hard because people in my life are like, "You can't get so upset about that." And what I always say is, "Had Bright Pink been stronger, bigger, in front of them like a couple months before, a couple years before, how could that have been different?" And it's not just about that person; it's about their family, like their son and daughter, their husband. I'm sick of it. I don't want it anymore and it doesn't need to be. And so I think, you know, that's what this is all about ultimately.

WC: Now, because you are in front of a lot of young people—mostly young women I'm sure—I'm sure they ask you all kinds of questions about not just this—

LA: Yeah.

WC: —but career advice and—

LA: Totally.

WC: So what are some of the things that come up and what do you like to share?

LA: Well, a couple things. I would say there's three main things that I love that have just been very influential to me, which is: some advice I got early on in my career was, "Fail fast." And have the right kind of failures. And I was like, "What's a good failure?" Like, "How does that even exist?" And the idea is that if you're actually gonna be doing something that's not been done before, it's gonna be hard. So expect it to be hard but when you fail, like catch it in the front. So, you know, put things in beta tests, get it out there. Don't get everything so perfect before you just push it out into the market and figure it out. Be on a constant learning journey. But fail fast and don't make the same mistake twice. So in my team, all the time we talk about great failures. We actually are known to celebrate our failures.

WC: Right.

LA: When there's an awesome failure it's like let's open a bottle of wine and celebrate it.

WC: Right.

LA: And people laugh at that but I think as women—and men—we just seem to get a little more comfortable talking about that. I love when I talk to major donors of ours, a lot of people will sit there and say everything that's working right. I like to also talk about what's not working right.

WC: Right.

LA: Because I think that if we can be more honest about that, I think it shows vulnerability and it shows that we're trying to crack a really hard problem and it's gonna take a lot of effort, money, smarts, resources to do it. A second piece of advice I got from a movie that was out a couple years ago, and I laugh at this because it's the weirdest movie title ever. So I don't know if anyone saw that movie, *We Bought a Zoo*. With—

WC: I did! With—

LA: Matt Damon.

WC: —Matt Damon.

LA: Yes.

WC: That was a great movie. Yeah.

LA: I love that movie.

WC: That's a cute movie.

LA: You know what? Anyone who ever says that movie is not good is so—

WC: It was a great movie.

LA: —awful.

WC: Yeah.

LA: 'Cause that is an amazing movie. I love that movie. Well, so there's a line—Winn, you're probably gonna remember this—where he's talking about his son who wants to ask out a girl and what he says to him is, he goes, "Sometimes all it takes is 20 seconds of courage. Twenty seconds of courage for something really, really amazing to happen." I don't know if I'm getting the lines as perfect as handsome Matt Damon did but the idea of 20 seconds of courage has become so powerful to me in my career. That it's so interesting that if you can actually take the fear away and sometimes just think, *Okay, I need to ask this person for money, or I need to talk about this hard discussion with a significant other, or I need to make a big change in my life.* Sometimes it's literally the difference between you sitting with 20 seconds of courage—crazy, insane courage that's really, really hard but if you can summon it something great is on the other side. And so I just love, love, love that. And anytime I come to those junctures where I'm like, "Ooh, it's so much easier not to go there," all I think is, *20 seconds of courage, that's all it takes.*

WC: Wow, that's great advice.

LA: Which I really love. And then I guess the third thing I would say is in your career early on, I would say, get to know the norms of wherever you're working and be someone who is always setting your boss up for success.

WC: Hm.

LA: Make other people look good. And if you spend your time and your careers not thinking about yourself but you're thinking about, *How am I elevating my boss, my team, my peers?* You have no idea the power that has in terms of making you look good yourself.

WC: Hm.

LA: And it also keeps you focused on the right stuff, which is focused on the business, and keeps your ego, I would say, in check. So it's not all about, "Okay, how much more can I get? What do I want?" It's not about you, it's about that. Also, I think, just looking at the idea that we can go to work, especially early on in our careers, and someone is paying us to go to work and be on this learning journey. That is such a blessing, and looking at that as a blessing versus, "Oh, I've got to trudge to work." Have a good attitude. It makes such a difference and I always tell people, "Try and be that breath of fresh air." Don't ever be that person that people like, "Oh gosh. I have to meet with that one?" Be the person that brings it but be authentic and be sincere. Don't force it. If it's not in your DNA to be really enthusiastic, don't do that, right? But just show up in a way where you're really looking out for other people; that you're showing up in the right way.

WC: That should be in everybody's DNA.

LA: Yeah.

WC: You don't have to be the life of the party. You don't have to be the—

LA: No, not at all. And I would say find ways to—just, like, focus on others. I think that our society today can be so focused on the immediate and the self and it's all about me and what I want in my life. Like, you know, God willing, we'll all have really long careers. There's gonna be decades ahead of us to do different things. In the beginning, make other people look good. It will never, ever, ever let you down.

WC: Yeah. Somebody gave me that advice a long time ago that don't ever assume that you're the smartest person or the most talented person because you never will be.

LA: Ever.

WC: But you can be the most positive person.

LA: You—I love that.

WC: Yeah.

LA: And that's—and think about—you know we talked about all that, the stuff related to Bright Pink. Think about what you have control over and what you don't have control over. And when you have the power to exert influence, do it in a way that's for good.

WC: Yeah. Hm. I'm just picturing you speaking and you're done and you're just mobbed—



LA: Oh no.

WC: —by young girls.

LA: Well, I think that's something, though, that I wish our society more taught: the concept of service across the board. Not just service in the context of business but service in the context of life. Like helping women see—sometimes what I'll tell people is—you know, someone will say, "I'm thinking about a career change. I really don't know what I should do. What do you think?" And I'll say, "Go get involved in an awesome nonprofit that you're really passionate about and roll your sleeves up, get dirty in that way." What a great trial ground—

WC: Right.

LA: —to try and figure it out in the concept of service. I think the other thing I would just say, Winn, is any time you have an opportunity—you go to work every day, you deliver at work and your boss is obligated to pay you, or your company's obligated to pay you. The real magic happens when someone takes you under their wing and they mentor you and they say, "I'm really looking out for you." But no one is obligated to do that.

WC: Mm-hm.

LA: So if you can be that person that other people want to be pushing for and they want to be cheering on your success, you'll always, always, always be on the right side in your career.

WC: That advice you give of just rolling up your sleeves and getting down and dirty with a nonprofit—because the best people you're gonna meet are other people who are volunteering their time and talent for a nonprofit.

LA: You got it.

WC: Yeah.

LA: I mean, I think that today—

WC: The best place to network is not at a bar.

LA: No!

WC: It's not at a networking event. It's working at a nonprofit.

LA: You got it. And just—

WC: Volunteering.

LA: —and volunteering and service. And I laugh because I think there's been a couple relationships and marriages that have happened through Bright Pink and I laugh. My fiancé says, "It's made you a little cocky 'cause you keep saying, 'I'm so good at it. I'm so good at—.'" Meanwhile, I bombed so many setups lately that I don't know how good I am at it.

WC: Well, we work with Habitat for Humanity and it's incredible how many people—

LA: Come together.

WC: —come together.

LA: Yeah.

WC: I mean, so on one build there's a doctor, there's a lawyer, there's a successful this person, there's—

LA: I love that.

WC: I mean, all together for the same cause.

LA: And I like—anytime you can strip that power dynamic.

WC: Yeah.

LA: And that's where I think nonprofits can play—you know, we do these concepts where we host dinners. Maybe, Winn, I can even convince you at some point to host a dinner. Really, just interesting people from all walks of life.

WC: Mm-hm.

LA: And we have a conversation related to, you know, talk about a time in your life when you made a change, personally or professionally, and impacted your future. And naturally eventually leads to the conversation around Bright Pink and what we love about it is it's just 10 people sitting around a dinner table, right? It's just 10 people. It doesn't matter who has more money, who has more influence, who has more clout. It's just 10 souls who believe in a lot of good—

WC: Hm.

LA: —and have hope and possibility.

WC: That's great. Lindsay, do you have a final message for our listeners?

LA: I would just say thank you for the opportunity and I hope that all of your journeys are filled with a lot of learning and failing fast and ultimately just a lot of

brightness.

WC: Wow. You're adorable. Wow.

LA: *[laughs]*

WC: That man is marrying up.

LA: Thank you. Oh, he's pretty awesome himself.

WC: Thanks, sweetheart.

LA: Thank you so much. That was awesome.