The Truth: Uncertainty

One of the Virginia Breast Cancer Foundation goals is "to educate all Virginians on the truth about breast cancer." That's a difficult goal in a time when long held "truths" about breast cancer are being challenged. In the past year we have read studies questioning the effectiveness of breast self-exams and mammography, 2 of the 3 methods widely promoted for early detection of breast cancer. A May '02 study supporting preventive surgery for women with the BRCA gene mutation has already been challenged by an August '02 study. There has been much publicity about a multi-year study on Hormone Replacement Therapy that was halted early because of evidence that the HRT was violating a tenet of clinical trials: "do no harm."

Where is the "truth" in this shifting and conflicting scientific universe? The answer seems to be that the truth is uncertainty. Living with uncertainty is already something those affected by breast cancer are skilled at. That much is certain.

Included in this newsletter is a timeline on mammography that outlines the controversy. VBCF hosted a panel of experts for our annual meeting so we could educate ourselves about the controversy involving early detection methods. We've read the studies and we've taken a stand. (see Timeline, May, '02)

What we urge you to do is: educate yourself, talk with your medical provider about the pros and cons of any medical decision affecting you, join us by advocating for research for more effective tools for the detection, treatment and eradication of breast cancer. Educate. Advocate. Eradicate. It's what VBCF is about. Living with uncertainty while fighting for the truth is also what we're about.

A Timeline of Screening Mammography

1960s — Physicians begin using "soft tissue X-rays," or mammograms, to detect breast cancer. Until that time, most women went to a doctor when their tumors were the size of oranges.

1963 — Health Insurance Plan of New York, known as HIP, begins first mammography trial.

1971 — HIP reports that mammography reduces breast cancer deaths by 30%.

1977 - 1983 — Four randomized trials are begun in Europe; eventually, they find that mammography cuts the breast cancer death rate by up to 30%. However, two trials in Canada find no benefit for women in their 40's, and find a breast examination equally effective for women over 50.

1979 — A National Institutes of Health (NIH) conference recommends annual screening for women 50 and older. It supports screening for women in their 40's only if they have had cancer or a family history of it.

1980s — Mammography gains wide acceptance. After sharp debate, the National Cancer Institute (NCI), part of NIH, recommends routine screening for women in their 40's.

1989 — Eleven national health care organizations recommend an initial baseline mammogram for women age 35 to 39, and mammograms every one to two years for women over 40.

1992 — The American Cancer Society (ACS) drops its recommendation for baseline mammography for women 35 to 39.

"I've learned a lot through all of this, not the least of which is that there are no absolutes in life and medicine is as much an art as a science."

Marcia Stevens
Lately, I have been thinking a lot about change. Having breast cancer—or any life threatening illness—does that to a person. A year ago at this time, I was just trying to get through my treatment. Recovering from reconstructive surgery, working through the side effects of chemotherapy, dealing with life as a bald person—that was my Spring/Summer last year. This year has been quite different.

The first change I have to accept is with my appearance. The picture you see in the upper left-hand corner bears no resemblance to how I currently look. Gone is the long straight hair and its place is short, curly hair. As can be expected, my reconstructed body is also quite different. I am happy to say that I had my last procedure for my reconstruction several weeks ago. While pleased with the results, it is still quite a change from the body with which I spent the first 46 years of my life.

Dealing with the physical changes is easy, however, when compared to coping with the emotional changes. My first post-surgery mammogram in early April led to a needle biopsy. The pathology results were negative, but the five days until I received the report were understandably quite stressful. Patti Goodall, a VBCF founder and current Board member calls it “waiting for the other shoe to drop.” And learning to live with this uncertainty is probably the greatest challenge to anyone who has received the diagnosis of cancer.

It is ironic that I was attending the annual Advocacy Conference presented by the National Breast Cancer Coalition while I was waiting for my pathology results. I spent the whole weekend talking about breast cancer while I was once again worrying about whether or not I had breast cancer. Change was a topic much discussed during the conference. A year ago, it was generally accepted that early detection, through either monthly self-exams or mammography, greatly improved the overall mortality rates of breast cancer. Several recent studies have brought this into question. This newsletter discusses these issues, especially surrounding mammography in detail.

In June of this year, VBCF was proud to host “An Evening with Dr. Susan Love.” Given the overwhelming demand for tickets, it was necessary to change the location at the last minute to accommodate a larger audience. Dr. Love’s remarks regarding hormone replacement therapy (HRT) were especially timely given the halting of the study shortly after her talk due to the potential for adverse side effects from the use of this therapy. Given the limitations of current methods of early detection, Dr. Love’s discussion of ductal lavage was timely.

As we enter our 12th year, VBCF is again undergoing exciting changes. Our offices are undergoing extensive renovations in anticipation of hiring a Program Coordinator—our third full-time staff. We are also completing the organization of our in-house Speaker’s Bureau. Please contact the VBCF office if you would like to have someone from VBCF come and speak to your organization. October will again be a busy month for VBCF. There will be events at Chesterfield Towne Center, a walk with the Sitter-Network, Jazzercise and performance of “My Left Breast”. Please check our website for detailed information as to dates and time. I look forward to seeing you in October.

Barbara Dittmeier

Mammography screening does not prevent or cure breast cancer; however, it may detect the disease before symptoms occur. Breast cancer tumors can exist for six to ten years before they grow large enough to be detected by mammography. In addition, mammography is less effective in younger women than in older women. (from Facts about Breast Cancer in the US: 2002, NBCC)

The Virginia Breast Cancer Foundation is a grassroots organization committed to the eradication of breast cancer through education and advocacy.

Educate  Advocate  Eradicate
Congratulations Board member Becky Morris for being selected to serve as a consumer representative for the Department of Defense Breast Cancer Research Program.

Barbara Geisler, President of the Chester Tri-Cities Chapter, congratulates Chapter Volunteer of the Year Tiressa Moore for her outstanding service. Peninsula's awarded Bea Ware and the Richmond Chapter acknowledged Glo Barnes.

Congratulations to Peninsula members, especially chair Brooke Eure, for a successful fashion show that raised over $14000! Proud Chapter President Sally Taylor presents the check to VBCF Board President Barbara Dittmeier.

“Whether you're one-breasted, two-breasted, or no breasted, it's a two-fisted fight.”

—Bella Abzug

Congratulations to VBCF members Karin Nass and Beth Williams for being selected as Local Heroes for Susan G. Komen Foundation Ultimate Drive.

Melissa Dopp (l) presents VBCF's Nancy Dopp Volunteer of the Year Award named after her late mother - to VBCF volunteer Jennifer Robertson who was nominated by Board member Patti Goodall. Jennifer accepted the award in memory of her stepmother and in honor of her grandmother.
The Second Annual Conference for Young Women Affected by Breast Cancer

By Jeanine Salamone

More than 500 delegates gathered in Philadelphia

Four young women from Virginia joined more than 500 other young women, advocates and medical professionals from 29 states and Canada at the Second Annual Conference for Young Women Affected by Breast Cancer. Held in Philadelphia, “Living Well Today for the Promise of Tomorrow” was co-produced by the Young Survival Coalition (YSC, www.youngsurvival.org) and Living Beyond Breast Cancer (LBBC, www.lbbc.com).

The conference was underwritten by corporate sponsors Roche, Genentech, breastcancer.org, Bristol-Myers Squibb and GlaxoSmithKline Oncology.

“We were very excited to attend this conference, which brought our peers together to become educated about the issues that face our members,” commented Barbara Dittmeier, LBBC president. “It was gratifying to see that YSC and LBBC are reaching more and more young women, and we look forward to possibly presenting our own program in the future that will focus on issues important to young women with breast cancer.”

The day began with a panel of leading breast cancer specialists addressing medical issues. The panel was moderated by Marisa C. Weiss.

(continued on page 7)

Project Lead: Understanding the Science of Breast Cancer

By Becky Morris, VBCF Board member and Project Lead graduate

What do you know about breast cancer? Did you understand everything the doctor told you when you were diagnosed? Did you try to search for more information, not knowing where to begin? Have you been asked questions by friends and co-workers about the disease and weren’t sure you were giving the correct answers? Are you involved with the medical profession, other women and the VBCF in its education and advocacy? Are you concerned about the research process and where it is headed? Will we find a cure?

What do you want to know about breast cancer? Do you want enough scientific knowledge to participate as much as you can in public policy and decision-making on research priorities? When new treatment options appear, can you interpret the study results, the scientific paper abstracts and determine if the study was sound, based on appropriate scientific evidence and quality of life issues for the patient?

If you want to increase your understanding of the science behind breast cancer, there’s help — thanks to Project LEAD.

What is Project LEAD? Project LEAD (Leadership, Education, Advocacy, Development) is an innovative science-training program for breast cancer activists.

The four-day program prepares you to participate in a wide range of forums in which breast cancer research decisions are made. You will gain confidence to speak up, ask questions, and learn basic scientific concepts and the language of breast cancer. You will begin to think about issues that you might never have thought about before — and you will be empowered to aid scientists and researchers in considering issues they might not have if you and other activists were not involved.

Project LEAD began in Los Angeles in 1995, and since its inception more than 700 graduates have been trained in the curriculum. The faculty consists of professors, surgeons, researchers and doctors from across the United States who are on the cutting edge of the basic science of breast cancer and the latest innovative research and treatment. Sponsored by the National Breast Cancer Coalition (NBCC), the course is free once you’re accepted into the program. VBCF has sponsorships for lodging and encourages activists to participate.

“Money alone is not enough to end the breast cancer epidemic,” says Fran Visco, president of NBCC. “The perspective of consumers must be included in all breast cancer research decisions. Project LEAD empowers advocates with the scientific knowledge to influence the research process,” Visco adds.

After receiving my diagnosis of breast cancer, I realized I knew nothing about the disease, except that I believed it usually affected older women. When my doctor wrote down the prognostic indicator factors for me, I still had many questions, even after pouring through Dr. Susan Love’s Breast Book and other literature I could get my hands on. I learned a lot from my support group, from VBCF and the medical articles in One Voice, but I wanted to know more. I decided to enroll in Project LEAD, but I anticipated it would be extremely difficult.

The Project LEAD curriculum is difficult. However, it is geared toward non-scientists — survivors and advocates. What an extraordinary opportunity to learn about the growth cycles of cancer cells, the molecular structure, the genetic factors; how research is planned, documented, and funded; how scientists appreciate the patient/advocate’s viewpoint and how much more there is to do. The seminars, roundtable discussions, research presentations and motivational speakers were outstanding and have motivated me to continue fighting this disease.

Don’t miss the opportunity to further your understanding of the breast cancer. Become empowered to be an advocate for yourself and other women who have been diagnosed with breast cancer. What do you know about breast cancer? What do you want to know?

Project Lead will be offered in Washington, D.C. November 13-17, 2002. Deadline for applying is October 2. Go to www.stopbreastcancer.org to apply online or call NBCC at 1-800-622-2838 or VBCF at 804-285-1200 or 1-800-345-8223.
Needed: Revolution in Screening and Diagnostics

By Karin Noss, Vice-President, VBCF

Based upon the results of several large studies, we recently learned breast self-exam (BSE) practiced regularly once-a-month in a specific manner does not improve survival. When the news hit the press, researchers began debating the flaws of each others’ studies, and there was a large public outcry from women and clinicians who refused to believe the studies by citing examples of how many women they knew found their own lumps.

What became lost in the rhetoric was the issue of whether expending resources to teach thousands of women specific techniques would be more effective than encouraging women of all ages to know their own bodies and report any unusual changes.

More recently, we learned from other studies that mammography (the second part of the “early detection triad”) may not save lives either. Again we have researchers pointing fingers at flaws in studies and others swearing mammography works. Health and Human Services Secretary, Tommy Thompson, even made a public recommendation that women should continue to get mammograms at the previously specified ages and frequencies.

Mammography does find some cancers earlier than other methods, but researchers haven’t been able to show a survival benefit. Generally, the earlier we can find a cancer, the better the prognosis, but not always. I think the following highlights the real problem with mammography and what we don’t know about breast cancer.

There were two women. The first was diagnosed with stage I breast cancer and opted for chemotherapy even though her doctor wasn’t sure it was necessary. The second woman was diagnosed with stage III breast cancer and also had aggressive treatment that included chemotherapy. The first woman died within a year...the second was still alive 17 years later. So even though the first woman’s breast cancer was diagnosed “early” it did not save her life.

All this back and forth has caused us to lose sight of the real issue — that there is no “early detection” and even with the detection triad, breast cancers are missed.

What we really need is a revolution in breast cancer screening and diagnostics, not an evolution of current methods. More than 40,000 deaths a year from breast cancer provide evidence that our current methods are not enough. We need research into more reliable early-detection methods, and we need to get the message out to the public that the current triad fails all too often.

Let’s stop quibbling about what constitutes BSE and at what age women should start getting mammograms and start getting our lawmakers and scientists to approach the breast cancer epidemic in new ways.

Early Detection: Mammograms Are the Best Choice

By Carol L. Stanley, M.S., CPHQ, Project Manager, Virginia Health Quality Center

Recent debates highlighted in the media have raised concern among some women about the benefits of having mammograms. However, the truth remains that mammography is the best method for detecting breast cancer early when it is most treatable.

Scientific data has consistently demonstrated that early detection promotes earlier treatment, resulting in better prognosis and decreased deaths from breast cancer. Recently, Robert A. Smith, Ph.D., Director of Cancer Screening for the ACS, stated that the mammography screening studies published in 2001 by 2 Danish scientists contained some major flaws; therefore, their conclusion that mammography screening does not reduce breast cancer mortality is incorrect. As far back as 1990, another study found that screening mammography was shown to reduce mortality from breast cancer by 20-39% among women aged 50 years and older.

Based on Medicare claims data, the percentage of women in Virginia (with Medicare), aged 50-67, who have had at least one mammogram in a 2-year period (October 1999 to September 2000) is only 59.9%. This demonstrates a need for increased awareness and encouragement for women to seek mammograms as they age.

The Virginia Health Quality Center (VHQC), a health care quality improvement organization, works with health care professionals to promote mammography screenings for Virginia’s female Medicare recipients, a population at increased risk for breast cancer.

In addition, the VHQC has focused efforts within the Tidewater area of Virginia to reduce the disparity in mammography use between African-American and Caucasian women with Medicare. The “Sisters for Mammograms” project has demonstrated success in increasing the rates of mammography use among African-American women with Medicare and in reducing the disparity in mammography rates between the two races.

National health care recommendations continue to support mammography screening for all women over age 40. The U.S. Preventive Services Task Force stated, “The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age.”

Remember, Medicare covers most of the cost of a mammogram once every 12 months for its beneficiaries (there is a requirement of a $15 co-payment for the patient). Early detection through mammography continues to be the key to successfully treating breast cancer.

To find out about mammography resources and patient education materials from the VHQC, contact Carol L. Stanley at (804) 289-5320.
Childbearing and Breast-feeding Link

An Oxford study released in July links childbearing and breast-feeding to protection against breast cancer. Both the number of children a woman gives birth to and the length of time she breastfeeds can influence her chance of developing breast cancer according to the study involving 200 researchers examining 47 studies that investigated 150,000 women globally. If women in industrialized countries breast-feed each child 6 months longer than the current 3 month standard, they would reduce their chance of breast cancer by 5% even with a family history. Experts say the study results help explain some of the increase in breast cancer rates in industrialized nations where the birth rate has dropped.

Early Detection:
What works? What do we do now?

(R-L) Dr. Melinda M. Dunn, a radiologist with Williamsburg Radiology, Inc., Dr. Shawna C. Willey, Chief of Breast Surgery and Assistant Professor of Surgery at George Washington University Medical Center, panel moderator Karin Noss, Jean M. Lynn, R.N., B.S., O.C.N., an Adjunct Assistant Clinical Professor in the Department of Surgery and the Department of Health Care Sciences at The George Washington University (GWU) in Washington, D.C. and Program Director of GWU's Breast Care Center and Mobile Mammography Program and VBCF Advocacy Committee chair Beth Williams addressed concerns raised by questions surrounding the efficacy of widely used detection methods for breast cancer at VBCF's annual meeting. Dr. Willey used a PowerPoint presentation to talk about ductal lavage, a procedure she is testing at GWU through a grant from the Susan Love Foundation. For more information on trial accrual, call 1-202-741-3273.

Thanks to all the sponsors, volunteers and attendees who made Dr. Love's visit such a success.
Special thanks to Dr. Susan Love.

VBCF has donated 50 copies of Dr. Susan Love's Breast Book to the Virginia program - Every Woman's Life - that provides free mammograms and the follow up treatment needed if there is a breastAargets low income, uninsured, and underinsured women. The books will be given to newly diagnosed women.
A Timeline of Screening Mammography (continued from page 1)

1993 — Citing growing evidence from randomized trials, NCI drops recommenda-
tion for screening in the 40′s.

1997 — NCI concludes there is insufficient evidence to support mammograms for
women in their 40′s; under pressure from Congress, NCI reversed itself later that
year.
• The American Cancer Society (ACS) recommends annual mammography for all
women over 40, and clinical breast exams close to or, preferably, just before the
annual mammogram.

2000 — Journal of the National Cancer Institute publishes study stating that m-
mograms don’t appear to reduce the mortality from breast cancer any better than
a simple breast exam.

2001 — Danish researchers publish Lancet article, citing methodological flaws in
studies claiming to show the benefits of screening mammography. Their review
suggests mammography’s value may have been overstated.

JANUARY 2002 — After reviewing the research, an independent panel to NCI
supports the Danish study questioning the benefits of screening mammography.
The panel decides it can no longer make a recommendation on whether women
should be screened.
• Counterattack begins, led by ACS, claiming that “lives will be lost” if women are
“denounced from getting mammograms.

February 2002 — Tommy Thompson, secretary of the Department of Health and
Human Services, declares that the federal government clearly recommends that
women in their 40′s and older should be screened every 1 to 2 years with mam-
mography.
• The NCI issues a statement on mammography screening, stating it has reviewed
the recent Lancet article and the deliberations of its panel of scientific advisors, as
well as those of the U.S. Preventive Services Task Force (which recommends
screening mammography). The NCI continues to recommend screening for women
40 and older every 1 to 2 years.
• In the NCI’s statement, Dr. Andrew von Eschenbach, NCI director, emphasizes the
importance of research into more effective screening tools and strategies that
improve detection of breast cancer.
• Fran Visco, President of the National Breast Cancer Coalition, in testimony before
a U.S. Senate committee states “Precious time, resources and attention continue
to be diverted away from promising research and funneled into an oversold
panacea for breast cancer detection. The issue is about saving women’s lives, not
saving the institution of mammography. We must continue to look ahead of the
curve to see what more can be done regarding prevention and detection. Only then
will we be able to eradicate this disease.”

May 2002 — VBCF Board of Directors adopts the following policy statement:
“Recognizing the current limitations of early detection methods for breast cancer,
and until there is something better, VBCF urges all individuals to educate them-

selves and continue to have: mammograms, perform regular Breast Self Exams and
have Clinical Breast Exams. VBCF welcomes the controversy on detection
methods. We will continue to work toward aggressive research for prevention,
early detection and a cure for breast cancer.”

June 2002 — The New York Times reports on a study stating that mammograms
don’t detect breast cancer in 30-40% of the women who actually have the dis-

ease.

August 2002 — A study, funded by ACS, is published in the Journal Cancer and
states that routine mammography reduces breast cancer deaths by as much as
44%. Breast Cancer Action (BCA) criticizes the study and its funding source claim-
ing that ACS has a long-term investment in mammography screening. BCA argues
that breast cancer differs biologically from one patient to the next and that early
detection does not always save lives.

CONFERENCES (continued from page 5)

M.D., founder and president of LBBC and breastcancer.org. Dr.
Weiss introduced panel members Kevin Fox, M.D., from Foxchase
Cancer Center in Philadelphia, Jeanne Petrek, M.D., from
Memorial Sloan-Kettering Cancer Center, New York, and Bert M.
Petersen Jr., M.D., director of Family Risk Programs at Beth Israel
Cancer Center in New York.

The panelists provided an overview of the latest oncology news,
future research goals, breast reconstruction options and geneti-
c risk associated with breast cancer. At the conclusion of the
presentations, Dr. Weiss fielded audience questions on nutrition,
lymphedema, tamoxifen efficacy, pregnancy and fertility, and
complementary and alternative therapy.

Following lunch, participants selected two 90-minute special-
interest workshops. Topics included tamoxifen — risk vs. reward;
clinical trials and changing treatment options; managing prematu-
ture menopausal symptoms; and fertility and pregnancy after
breast cancer.

The conference concluded with remarks by Ernie Bodai, M.D.,
who successfully lobbied Congress to establish the breast can-
cer stamp, which has raised more than $20 million for breast
cancer research.

Tapes of the conference are available for purchase by calling the
LBBC at (610) 645-4567.

Percentage of women age 50+
who report having had a
mammogram in past 2 years:

1987 - 27%
1994 - 61%
1998 - 69%
VBCF advocates joined breast cancer activists from across the country for the National Breast Cancer Coalition's Lobby Day. We met with Senators John Warner and George Allen and with each of Virginia's congressional representatives or their health aides to discuss our legislative priorities. Current federal priorities are:

- Enact the Access to Cancer Therapies Act, which would extend prescription drug coverage for people with Medicare Part B, including oral or injectable cancer drugs.
- Enact the Breast Cancer and Environmental Research Act, which would make grants available for multi-institutional, multidisciplinary research centers to study the potential links between the environment and breast cancer. The centers would award grants based upon a competitive, peer-reviewed process that involves consumer advocates.
- Enact the Genetic Information Nondiscrimination in Health Insurance and Employment Act to prohibit health insurers and employers from discriminating based on genetic information.
- Enact the Bipartisan Patient Protection Act, which would give patients a comprehensive and enforceable bill of rights with (1) a right to sue, that includes coverage for routine health care costs associated with clinical trials, (2) access to the right providers, (3) involvement in treatment decisions that are based on good science (4) confidentiality of their health information and (5) the right to receive accurate information about their health plans.

Special thanks to those who took the time to visit Capitol Hill and thanks to all of you who respond to our legislative email alerts. We changed some minds and therefore some votes.

JOIN VBCF’S EMAIL ALERT FOR BREAKING NEWS ON LEGISLATIVE, MEDICAL AND HEALTH ISSUES. SEND AN EMAIL TO VBCF2@RICHMOND.INFI.NET OR CALL US AT 804-285-1200 OR 1-800-545-8223. FIVE MINUTES OF YOUR TIME CAN MAKE A HUGE DIFFERENCE.

"I lost a breast, and the world gained an activist"
— Matuschka, Artist, USA

Madison Williams stands beside Governor Mark Warner as he signs into law legislation making it illegal to discriminate in employment practices based on genetic information. The Virginia Chapter of the National Multiple Sclerosis Society worked to introduce this legislation that closely aligns with our interests and we were pleased to offer our support in getting the legislation passed. Standing with Madison are Senator Howell and Delegate Watts who co-sponsored the original bill. Special thanks go to Madison's mom & VBCF Board Secretary Beth, for helping to make this bill law. VBCF believes the law needs some strengthening and will work on that during the next General Assembly session.
The Virginia Breast Cancer Foundation gratefully acknowledges the individuals, companies and organizations whose generosity makes it possible for us to continue our fight against breast cancer.

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Emily S. & Coleman A. Hunter Charitable Trust
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Nine West Settlement Grant
The Moses J. Nunnally III Foundation
Richmond Gay Community Foundation

In honor of
In honor of Susan B. Allen’s "Special Birthday"
Richard J. November

In honor of Diana Barnett
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In honor of the Virginia Alpha Delta Kappa
Executive Board & Staff
Sylvia B. Massie

In honor of Betsy Wagner
Maria Gardner

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by Susan Miller
A Benefit for the Virginia Breast Cancer Foundation

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Joy Galloni

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Debra Neve

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Tidewater Health Science Library

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In memory of Bernice Cash Renn
Pauline Nagle

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Annette S. Tharrington

In memory of Frances Rothman
Sonia Zinder

In memory of Joan Rufleth
Virginia McIvor

In memory of Mary Dean Scott
Lynne M. Berkness

In memory of Jacqui Smith
William B. Smith

WOW!
The 16th Annual Women's Memorial Golf Tournament, organized by VBCF member Sharon Talarico and many devoted volunteers, raised a record breaking $23,000!!! Thank you to the sponsors, the donors, the golfers and all the volunteers who make this sold out event such a fun success. The tournament originated in 1987 as the first all-women's charitable golf tournament in the Richmond metro area. It has benefited VBCF since 1991. Check out our web site, www.vbcf.org, for pictures from past tournaments. It's thanks to the Women's Memorial Golf Tournament that VBCF has a web page.
In memory of Betty Stevens  
Erma L. Shledon

In memory of Fran Wheeler  
Judith Stephenson

In memory of Sallie Winter  
Sherry B. Porter

General Contributions

Jacqueline & James Batterson  
Charles E. Bear, Jr.  
Breast Care Specialists  
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Beblon Parks  
Mary J. Pendergraft  
Iris Petersiel  
Maud J. Reese  
Emerson G. & Delores E. Reinsch  
The Women’s Memorial Golf Tournament

Thank you to Chesterfield Towne Center for their Shop & Share Points, which benefits VBCF.

Susan Lahet  
Denise Laman  
Lykins Chiropractic Center  
Mayo’s Place  
Brenda L. Mueller  
Nationwide  
Sima S. Pandya  
Dalinda B. Reese  
The Bank of Richmond  
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Kimberly Walls, D.D.S  
Ward Properties  
Bobbie Wilton  
Windsor Upholstery  
David Word Automotive, Inc.  
Diane Wright  
Carl Zeiss Optical, Inc.  
Zorba’s Restaurant

Huge Thanks and Congratulations to Laura Wampler for successfully launching the First Annual Legends Hair, Nails & Tanning Salon Golf Classic in Yorktown. Laura, proud owner of Legends, donated the $2000 raised to VBCF in loving memory of her aunt who died from breast cancer. Peninsula chamber member, Ann Wilson, gratefully accepted this meaningful donation.

We got it!

Thanks to the more than 350 people who signed up for the special “pink ribbon” license plate, Virginia now is the second state in the nation (behind Illinois) to have a license plate promoting breast cancer awareness. Thanks also go to Del. Kirk Cox, whose district includes Chesterfield Co. and part of Colonial Heights, who sponsored the VBCF's request and shepherded its passage in the General Assembly.

Although the plate is primarily to promote breast cancer awareness, after 1,000 plates have been ordered, the VBCF will receive $15 per plate. So spread the word that breast cancer awareness rides on Virginia’s highways. Tell your friends to ask for the Virginia Breast Cancer Foundation plate at their local DMV.
MEMBERSHIP
Please fill out form(s) and return with your check to VBCF.

Annual Dues Information
☐ Basic $20  ☐ New  ☐ Renewal
☐ Family $25  ☐ Courtesy (available if unable to pay membership fee)
☐ Friend $100  ☐ Patron $500
☐ Benefactor $1000

NAME OR FAMILY MEMBERSHIP NAME
ADDRESS (INCLUDE APT.#, PO. BOX, ETC.)
CITY  STATE  ZIP
PHONE  FAX  E-MAIL

Contribution
A contribution of $__________ is enclosed

In Memory Of

or In Honor Of (If you would like an acknowledgment card sent, please include name and address of recipient.)

NAME
ADDRESS (INCLUDE APT.#, PO. BOX, ETC.)
CITY  STATE  ZIP

☐ Please send me information on Planned Giving

☐ Please contact me about becoming a VBCF volunteer.

This newsletter, published by the Virginia Breast Cancer Foundation, focuses on breast cancer issues and the activities of VBCF members. If you wish to join VBCF, or have any editorial comments, please call 1-800-345-VBCF or write to: Virginia Breast Cancer Foundation, 5001 W. Broad St., Suite 201, Richmond, VA 23230