“Life After Breast Cancer” Conference a Sold Out Success!

The “Life After Breast Cancer” Conference met a need individuals living with breast cancer have for the most accurate and up-to-date information available on the unique issues they face due to their diagnosis. Attendees - who wore different colored leis to signify their time since diagnosis - ranged from 25 years out to the day before.

Many participants wore more than one lei to mark recurrences. Dr. Charles Loprinzi from the Mayo Clinic, and Drs. Harry Bear and Doug Arthur from VCU’s Massey Cancer Center received stellar reviews for the plenary presentations. The numerous and diverse workshops received excellent ratings from attendees. A “Huge Thanks” to all who made the “Life After Breast Cancer” conference possible, with special thanks to co-hosts Massey Cancer Center and NCI’s Cancer Information Service, generous sponsors, hardworking volunteers and the attendees who were a testament to the reality that there is life after breast cancer and whose presence made it such a special day. See inside for more information.

Reclaim the Pink Ribbon Rally

Kick off Breast Cancer Awareness Month!

The Virginia Breast Cancer Foundation joins other breast cancer-related organizations to present:

Reclaim the Pink Ribbon Rally!

featuring Lieutenant Governor Tim Kaine

Sunday, September 28 at 3:00 pm

VaMAC will lead a motorcycle parade to the rally. Call VBCF today if you would like to ride.

The rally will feature speakers, songs, presentation of the Sherry H. Kohlenberg Healthcare Service Award, and a reception to follow the rally.

For more information, contact VBCF at 800-345-8223 or www.vbcf.org.

Why reclaim the pink ribbon? See page 3.
In March of 2001 I began my treatment for my second diagnosis of breast cancer. Many reading this letter know the routine as you have been through the same. At that time, I had a mastectomy, a TRAM flap reconstruction and shortly thereafter began four rounds of chemotherapy. My surgery/reconstruction took up almost 9 hours of an operating room and I stayed in the hospital for six days following the surgery. Completing all of the reconstruction took many more doctor visits - one necessitating out-patient surgery. During 2002 I saw a total of 8 different doctors - for everything from follow-up to the above, a new breast biopsy and bursists in my hip. However, I believe that if I added up my out-of-pocket expenses for the past two years, I spent less than $1000.

Both my husband and I work for major corporations where we have superb healthcare plans. I am extremely grateful for this fact because, given my breast cancer history and the fact that my husband is a diabetic, we would be virtually uninsured if we did not. I am 48 and my husband is 50. As we plan our future, we know that one of us must always work for a large company until both of us are in our mid-60’s and eligible for Medicare.

Not too long ago, I read an article about a woman who had been diagnosed with breast cancer. Her husband had lost his job during the current recession. It had been a well-paying job, but he was having difficulty finding a new one and money was running out. Their health insurance had stopped and they were having difficulty paying for the necessary chemotherapy. I cringed when I read this article as I compared her healthcare situation with my own. I personally believe there is something inequitable when whether or not you receive adequate healthcare is a function of where you happen to be employed. This newsletter addresses these issues in greater depth.

In June of this year, VBCF held its first conference focused on some of the issues of those that have been diagnosed with breast cancer. Although a family commitment did not allow me to attend, I understand it was a great success. Over 152 individuals registered for the full day event. Many thanks go to our partners in this event - Massey Cancer Center and National Cancer Institute’s Cancer Information Service - for helping make this event a success.

Unbelievably, October is almost once again upon us. This year, VBCF’s kick-off event for Breast Cancer Awareness month will be held on Sunday, September 28th. We will once again be on the steps of the State Capitol with a rally. Details are currently being planned so check the VBCF website (VBCF.org) for additional information.

I look forward to seeing you all in September. Educate. Advocate. Eradicate.

Barbara Dittmeier

P.S. In my last president’s letter, I wrote about my husband’s friend Dave who was fighting pancreatic cancer. Unfortunately, Dave lost his battle and in April we attended his funeral.
Central Virginia Breast Cancer Coalition

VBCF was proud to join with the American Cancer Society to launch the Central Virginia Breast Cancer Coalition. The Coalition has focused on strengthening and supporting Virginia's Every Woman's Life Program for uninsured and underinsured women. Coalition members include the Bon Secours Health System, Chesterfield Health District, CJW Medical Center, Greater Richmond Susan G. Komen Affiliate, Laburnum Diagnostic Imaging Center, Richmond City Department of Health, Sisters Network, VCU's Massey Cancer Center, Virginia Department of Health BCCEDP, and the Virginia Health Quality Center.

Richmond Chapter members Carol Snyder, Becky Morris, and Gay Rudis staff a tabling event at Chesterfield Towne Center to thank shoppers for donating to VBCF through the malls Shop and Share program. We were the #1 charity for donations.

Nancy Dopp's children, Melissa and Jeffrey, congratulate VBCF's 2002 Nancy Dopp Volunteer of the Year recipient Eunice McMillan (2nd from the left). Eunice's tireless advocacy work with breast cancer started when her friend Beblon Parks (standing next to Eunice) was diagnosed. Most recently, Eunice was instrumental in co-founding the VBCF Hampton Roads Chapter.

Why Reclaim the Pink Ribbon?

The pink ribbon is the universal symbol for breast cancer awareness. The pink ribbon represents an epidemic that threatens and takes lives. An estimated 39,800 women and 400 men in the United States alone will die in 2003 from breast cancer. In Virginia, 1,000 women and men will die from breast cancer in 2003. Their loss and the need for better detection and treatment of breast cancer is what the pink ribbon symbolizes. It's not a feminine, non-threatening catchy "logo" for marketers. The pink ribbon is about lives forever changed and lost. Let's reclaim the pink ribbon. Let's advocate harder for more and new types of research. Let's remember those who have lost the battle against breast cancer as we continue our efforts to educate, advocate, and eradicate. Please join us on Sunday, September 28th at 3 p.m. at the State Capitol. Let's remember and reclaim.

Check out VBCF's redesigned website! Log on to www.vbcf.org to access resource information, learn more about VBCF's programs, request a "Stay A Breast" Speakers Bureau presentation or sign up for our legislative e-mail alerts. You can also view VBCF's position on brachytherapy, early detection methods, or genetic counseling and genetic testing. Plus you can also become a member, renew your dues, make a donation or shop online!

Congratulations!

Congratulations to VBCF co-founder Patti Goodall for being a first time consumer advocate for the Department of Defense Breast Cancer Research Program. Patti served on a panel reviewing proposals involving cell biology. Other VBCF members serving this year on the various panels for model programs (legislative priority #2) are Vernal Branch, Becky Morris and Karin Noss.
Hot Flashes, “Chemo Brain” and Lymphedema
Charles Loprinzi, MD, Plenary Presentation

Dr. Charles Loprinzi, Chair of Medical Oncology, Mayo Clinic in Rochester, MN opened VBCF’s Life After Breast Cancer conference with his presentation on “Non-estrogenic Hot Flash Management in Cancer Survivors.” Attendees learned about the latest research and treatment for hot flashes as well as “chemo brain” and lymphedema - conditions that affect so many with breast cancer, but that doctors don’t talk about enough. Dr. Loprinzi began by polling the audience on what hot flash treatments they were using. He then talked about treatments like Vitamin E and Mecage and about newer anti-depressants that he and others have studied in clinical trials. He showed the results of several clinical trials and spoke of some of the potential side effects of the newer anti-depressants. Loprinzi indicated that if an anti-depressant is going to work, it should be evident within a week of starting the drug and that if one drug didn’t work, maybe another would.

Two other areas of high interest to the audience were “chemo brain” and lymphedema. He advised that preliminary data on “chemo brain” strongly suggests a problem, but there is really no good baseline data or randomized trials. He described a study of Gingko Biloba that looks at “chemo brain” in more detail. He concluded the formal presentation with some comments about sentinel lymph node biopsy and lymphedema including a protocol he led evaluating the use of coumarin for alleviating upper extremity lymphedema. Dr. Loprinzi then spent over an hour answering participants’ questions.

Thank you to Karin Noss, Frank Poynter, Jeannine Salamone and Patti Goodall for contributing articles about the conference.

What Cancer Cannot Do
“Cancer is so limited ... it cannot shatter hope, it cannot corrode faith, it cannot destroy peace, it cannot kill friendship, it cannot suppress memories, it cannot silence courage, it cannot invade the soul, and it cannot conquer the spirit.”
Author Unknown

The Cancer Numbers Game
Lynne Penberthy, MD, MPH, Workshop

Dr. Penberthy, Director of the Massey Cancer Center Information Center, which includes the VCU Hospital System Cancer Registry, provided a basic overview of cancer registries: definition, purpose, and uses. A cancer registry is a data system for the collection, management, and analysis of information on persons diagnosed with cancer. The now federally mandated Virginia Cancer Registry (VCR) has been collecting demographic and clinical information on cancer patients since 1970. If you were diagnosed with cancer in Virginia, your name and information about the type of cancer, treatments you received, etc. were reported to the VCR.

Dr. Penberthy stated that registries must be longitudinal and maintain personal information but she emphasized that the law strictly protects the confidentiality of mandated registry information: only the Virginia Commissioner of Health may give permission to release personal identifiers under special circumstances. Registry information is used to identify cancer trends and risk factors. It forms the foundation of cancer control programs, for research, epidemiological analysis, and educational activities.

Dr. Penberthy defined several key terms that helped explain the purpose of registries, such as the difference between cancer surveillance, cancer incidence, and cancer mortality. She also described the three types of cancer registries: 1. hospital-based registries collect information about cancer patients treated at their own hospital; 2. central registries collect information on all patients who are residents of a particular area (for example, Virginia Cancer Registry is a central registry) and 3. special purpose registries collect information on only one type or aspect of cancer.

Dr. Penberthy was a very knowledgeable and enthusiastic presenter who responded patiently - and thoroughly - to the many questions put forth by participants. She provided the following website information for further information:

Virginia Cancer Registry
http://www.vdh.state.va.us/epi/cancer/index.asp

and

Centers for Disease Control Cancer Control

Virginia Breast Cancer Incidence Rates by Top 10 Health Districts

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<thead>
<tr>
<th>District</th>
<th>Rate</th>
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<tbody>
<tr>
<td>Chesterfield</td>
<td>152.5</td>
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<tr>
<td>Thomas Jefferson</td>
<td>138.5</td>
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<tr>
<td>Prince William</td>
<td>135.7</td>
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<td>Fairfax</td>
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<td>Alexandria</td>
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<td>Loudoun</td>
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<td>Peninsula</td>
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<td>Henrico</td>
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<td>Norfolk</td>
<td>129.4</td>
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<tr>
<td>Roanoke</td>
<td>129.3</td>
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Virginia Cancer Registry 1995-1999 Age-Adjusted Rate per 100,000 People by the 2000 U.S. Standard.
New Approaches to Radiation
Douglas Arthur, MD, Plenary Presentation

Dr. Arthur, Radiation Oncologist at Massey Cancer Center, presented an overview of the evolution of radiation treatment of the breast. After showing the disadvantages of radiation of the whole breast, Dr. Arthur talked about brachytherapy, which is partial or local radiation. This technique is not new, having been used for other cancers such as prostate. The technique involves placing irradiated needles or seeds (pellets) at the site of the tumor. This technique has many side effects.

Dr. Arthur then showed current techniques being tried at different medical centers around the world including accelerated partial breast irradiation. There are many advantages to this treatment. First, it is more localized, so that only the tumor site and surrounding tissue receives the radiation and for a much shorter time - typically twice a day for 5 days. Dr. Arthur presented a rather convincing case for using this approach. However, not all breast cancer patients are candidates for brachytherapy. It is not yet accepted in the USA as standard of care, but Dr. Arthur says it is quickly gaining acceptance and some insurance companies are covering this technique. In conclusion, accelerated partial breast irradiation bears watching as an option for radiation treatment, especially for patients who must travel some distance to receive it.

What Should You Do After Breast Cancer Surgery?
Charles L. Loprinzi, MD, Workshop

Dr. Loprinzi has conducted extensive research on quality of life issues associated with chemotherapy, primarily the management of menopausal symptoms associated with breast cancer treatment. His presentation focused on how he helps his patients make decisions once a baseline prognosis has been determined. He talked about how to communicate the benefits of breast cancer adjuvant therapy to patients. Dr. Loprinzi shared his research on 10-year disease free survival estimates with locoregional therapy alone (i.e. no systemic adjuvant therapy). His "mathematical formula" is based on the number of positive lymph nodes and tumor size, which translates into 10-year disease free survival probabilities. It is an easy to use tool for accessing understandable information about survival rates and treatment options. He directed us to the Mayo Clinic's website for further information: www.mayoclinic.com, search: adjuvant breast cancer.

Newly Diagnosed?
If you would like to receive a free packet of information for the newly diagnosed call VBCF at 1-800-345-8223 or e-mail Lisa@vbcf.org.
Advances in Surgery and Treatment
Harry Bear, MD, PhD, Plenary Session

During Dr. Bear's informative plenary session on recent surgical advances, he provided an overview of cutting edge approaches to treating breast cancer. Most interesting was the research being conducted on newer techniques for ablation (elimination) of breast tumors: radiofrequency and laser hyperthermia (heating), cryotherapy (freezing), and large biopsy instruments that allow a surgeon to remove the tumor and surrounding tissue. Dr. Bear indicated that there are still important unresolved issues surrounding these newer techniques, such as skin damage, completeness of tumor removal (and risk/rate of recurrence), and loss of valuable prognostic information. Research is ongoing to establish the effectiveness of these approaches, particularly compared to lumpectomy which, combined with chemotherapy, was studied extensively and found to be as effective as mastectomy.

Dr. Bear also described the increased use of breast conserving surgeries using the techniques just listed, as well as lumpectomy and skin-sparing mastectomy. Even women with very large tumors may benefit from pre-surgery chemotherapy to shrink the tumor, allowing the surgeon to perform a lumpectomy rather than a more extensive and disfiguring mastectomy. The use of sentinel lymph node (SLN) biopsy means that the extensive removal of axillary lymph nodes is eliminated along with the accompanying long-term side effects. Dr. Bear indicated that the use of sentinel lymph node biopsy with and without injected dye is 90-95% accurate. SLN appears to be a reliable and less invasive method of determining if breast cancer has spread to nearby lymph nodes. In fact, according to Dr. Bear, 60-70% of patients with negative nodes (i.e., it has not spread) do not benefit from axillary lymph node dissection but suffer all of the negative side effects.

Along those same lines, Dr. Bear said of 10 women with node negative breast cancer who receive chemotherapy following surgery, seven of them didn't need the chemotherapy. Determining who will benefit from chemotherapy, and which chemotherapeutic agents will be effective, is a primary issue facing those who are diagnosed with breast cancer and those who are treating the disease. Fortunately, researchers are working hard to unravel the mysteries of breast cancer cells so that surgical and chemotherapy treatments can be individualized for each person. Dr. Bear's presentation contained a wealth of information reflecting that breast cancer research is progressing, albeit slowly, in the areas of predictive tumor markers (such as Her-2/neu amplification, gene expression profiles, tumor cells in bone marrow, etc.), surgical techniques, and chemotherapy regimens.

Diet, Exercise and Breast Cancer
Diane Baer Wilson EdD, RD, Workshop

Dr. Wilson spoke about known breast cancer risk factors, those that are non-modifiable and those that are modifiable. While we can't do much about age, family history, or estrogen exposure, we can certainly focus on environmental exposure, alcohol intake and, especially, diet and exercise. Nutrition is a confusing issue for many of us because of the sometimes contradictory information disseminated by the media. Dr. Wilson emphasized that a simple approach to nutrition is best. She advocated a plant-based diet that reduces intake of red meat and increases fish, along with the daily consumption of 5-10 servings of fruits and vegetables. Dr. Wilson advised that individuals work with their physicians and/or a registered dietitian to make sure that specific supplements are safe to use. And, she said, be wary of any herbal product or supplement that is promoted with outrageous health claims.

Many women diagnosed with breast cancer are concerned about weight gain following treatment. According to Dr. Wilson, this appears to be more prevalent among women who received chemotherapy and were pre-menopausal at the time of diagnosis. African American women are also at a greater risk of weight gain following a breast cancer diagnosis. What to do? Dr. Wilson recommended two approaches. First, improve the "quality" of your food (avoid fast food, focus on whole foods with lots of fiber) while decreasing the "quantity" of food that you consume (smaller portions, less frequency, fewer snacks).

Second, Dr. Wilson strongly encouraged everyone to exercise. She emphasized that exercise was "multi-beneficial" in terms of mental, physical, and emotional well-being. Incorporating a daily brisk walk into your routine is one of the best forms of exercise. We need to supersize exercise!

Taxol Settlement
If you were treated with Taxol or its generic equivalent Paclitaxel from January 1, 1999 through February 28, 2003, and had out of pocket expenses, you can make a claim for a cash recovery by calling 1-800-659-7609 or visiting www.taxolsettlement.com.

Abortion, Miscarriage, and Breast Cancer Risk

The National Cancer Institute (NCI) accepted the conclusions based on scientific data of an "Early Reproductive Events and Breast Cancer Workshop" it had convened. Those findings stated that having an abortion or miscarriage does not increase a woman's subsequent risk of developing breast cancer. For more info on their findings, go to www.cancer.gov/cancerinfo/ere.
Confessions of a First Time Team Leader

Gay Rudis, VBCF Board

It was a dark and stormy night. Oh wait, that is the beginning of Snoopy’s novel in the comic strip Peanuts. And breast cancer happens in real life, not just in novels and comic strips. Hi, my name is Gay Rudis. I am the daughter of a breast cancer victim and was diagnosed 7.5 years ago. Currently, I serve as the Central Virginia District Representative on the VBCF board and am active in the Richmond Chapter.

Prior to this year, I had attended three of the National Breast Cancer Coalition (NBCC) lobby day events in Washington D.C. The team leaders that presented our legislative priorities to our Congressional Representatives and Senators always impressed me with their knowledge of the issues. So I figured that you had to be really smart and good at talking with public figures to be successful at this task. Personally, I am an introvert so being a face in the crowd is my general preference.

I also had not attended the annual advocacy conferences that precede lobby day. But this year was different and I decided to apply for team leader training. The training took place in March in D.C. With 90 plus folks in attendance, this was their largest group yet for the training. Many had previous experience and knew the issues when they arrived. This was a little intimidating, but the training led us all through the priorities several times and everyone was very helpful. There was even training specifically designed for the first time team lead. And, we were provided with lots of background information on each priority.

After the training, NBCC continued to keep us updated on the legislative priorities via email, regular mail, and conference calls. To help prepare, I reviewed the information several times and even did an extract of the key items and presented this to some of my team members. That way they could help support me if I forgot some key point or could not answer a question. And, of course, the advocacy conference just helped to solidify all the information. Again, there were special updates just for the team leads.

Then it was lobby day. I was fortunate that Vernal Branch did the first meeting of the day with Representative Cantor’s legislative aide, as I was able to observe her flow and presentation. I was nervous on my first solo performance, which was to Sara Hamlett, Representative Schrock’s aide. I even skipped one of the priorities, which my team told me later. But I felt more confident on my next presentation to Representative Forbes’ legislative director Andrew Halataei. The team said that I did okay on that one.

Would I do it again? Yes, in fact in being accepted as a team leader this year, I committed to NBCC that I would be involved throughout this 108th Congressional Session. Can anyone do it? Yes. If I can, then so can you. It does take a commitment of your time for preparation. And it helps to remember that Congress works for us.

If you are unsure if being a team leader is right for you, attend the advocacy conference. In fact, I strongly recommend this for anyone who is interested in advocacy.
Federal Legislative Priorities

VBCF’s Board of Directors voted to support the following legislative priorities as presented by the National Breast Cancer Coalition (NBCC) for the 108th Congress.

PRIORITY #1 Guaranteed access to quality healthcare for all. We will not end breast cancer until all women have guaranteed access to quality healthcare regardless of their ability to pay.

PRIORITY #2 $175 million dollar appropriation for the Department of Defense peer-reviewed Breast Cancer Research Program (BCRP) for fiscal year (FY) 2004.

UPDATE: $150 Million was appropriated. This matched the appropriation for 2003. Virginia Representatives who supported the funding were Senators John Warner and George Allen and Representatives Jo Ann Davis, Bobby Scott, Randy Forbes, Eric Cantor, James Moran, Rick Boucher, Frank Wolf and Tom Davis as a lead signer.

PRIORITY #3 (Senate Bill 983; House Bill 1746) Breast Cancer and Environmental Research Act. It is generally believed that the environment plays a role in the development of breast cancer, but the extent of that role is not understood. This legislation would give the National Institute of Environmental Health Sciences funding to award competitive peer reviewed grants for multi-institutional, multi-disciplinary research centers to study the potential links between the environment and breast cancer.

UPDATE: Currently has 35 Senate sponsors and 148 House sponsors. Virginia Representatives who are co-sponsors of this bill are Senators John Warner and George Allen and Representatives Jo Ann Davis, Bobby Scott, James Moran and Frank Wolf.

PRIORITY #4 (Senate Bill 1037; House Bill 1288) The Access to Cancer Therapies Act extends coverage under Medicare Part B to all cancer drugs, whether oral or injectable. UPDATE: Congress is considering legislation that would provide prescription drug coverage for Medicare beneficiaries. The House and Senate versions differ so it’s not clear what the final outcome will be or what the need for the Access to Cancer Therapies Act will be. Virginia Representatives who are co-sponsors of the Act are Senators John Warner and George Allen and Representatives Jo Ann Davis, Edward Schorock, Randy Forbes, Virgil Goode, Bob Goodlatte, James Moran, Frank Wolf and Tom Davis.

PRIORITY #5 (HR 1910) Genetic Information Nondiscrimination in Health Insurance and Employment Act.

UPDATE: The enforcement component was eliminated and NBCC is not supporting the legislation as proposed. Congressional Representatives who signed on to the original bill were Representatives Jo Ann Davis, James Moran and Frank Wolf. Please note, there was no Senate bill this session.

“Every Woman’s Life” Provides Screening and Treatment for Uninsured Women

Becky Morris, VBCF Board

VBCF has long supported the Breast and Cervical Cancer Early Detection Program (BCCEDP), better known in Virginia as “Every Woman’s Life”. The National Breast Cancer & Cervical Cancer Mortality Prevention Act of 1990 authorized the Center for Disease Control (CDC) to support the states’ BCCEDP programs in screening and educating women for breast and cervical cancer. The CDC funded the program in 1995 and Virginia began screening eligible women in 1997.

Prior to the enactment of the Breast and Cervical Cancer Treatment Act of 2000, low income, uninsured women who were diagnosed with breast cancer through the program, many of whom are the working poor, found themselves without vital follow-up treatment. It took 3½ years and a tremendous amount of work by the National Breast Cancer Coalition (NBCC), its members and VBCF to add the treatment component to the screening program. VB met with then Congressman Tom Billey and gained his support, which was critical for passage of the Treatment Act on the national level. The treatment component was added to the Virginia program in July of 2001. Since then, 118 women have been diagnosed and treated for breast cancer.

Priority is given to low income or underinsured women at 200% of the poverty level. Currently, due largely to economic conditions as well as inadequate marketing of the program, Virginia is screening only 15-20% of the approximately 150,000 eligible women in our state. To be eligible for treatment in the program, a woman must:

- be screened in the program initially;
- be under the age of 65;
- have no other creditable coverage for treatment.

Current state guidelines mandate that 80% of these women must be age 50-64 and 20% can be age 40-49.

VBCF has been proactively working with the new Director of the Every Woman’s Life Program, Kathy Heise. Under Kathy’s expert guidance, Virginia’s program is being analyzed and revamped. Managing the program in 26 enrollment sites and 230 screening sites across Virginia is a huge task. But her efforts and those of her staff are producing marked improvement in the many facets of the program. Continued on page 11.
First Annual Governor's Conference on Covering the Uninsured
Becky Morris, VBCF Board

The theme for Virginia's conference, which took place during Cover the Uninsured Week in March, was "Tools for Building Solutions for Virginia's Uninsured." Governor Mark R. Warner in his welcome letter stated: "The purpose of this conference was to identify and tackle the issues which have led to so many Virginians being uninsured, to develop real tools that will make a difference in the lives of our uninsured citizens."

There are approximately one million Virginians, and 41 million Americans who do not have health care coverage. This accounts for 1 in 7 people in Virginia without insurance, according to Jane Wood, Secretary of Health & Human Resources for the State. "We must take BOLD STEPS to correct this situation and make it seamless for this population to enroll in some type of health care."

For those of us who have known a cancer diagnosis and who are fortunate enough to have insurance coverage, think about what the lack of coverage can mean. It means fewer cancer screenings, or none at all, a delayed diagnosis, going to the emergency room when a lump is felt. With less access to preventive care, acute and chronic care becomes the norm and leads to higher costs when diagnosed and to a higher death rate.

"Does death save dollars? Does going to the emergency room as the only means of access save dollars? No, what we end up with is the loss of valuable lives who can contribute to society," one speaker noted.

This conference was the first step in identifying barriers to health care access, defining the role of the public health systems and energizing those in attendance to develop plans for coalition building in solving this important health care problem. In 1993, only 41% of those uninsured were employed full time. That number has grown to 67% of those uninsured who were employed full time in 2001!! Employment is no longer the gateway to health insurance. Combine this dilemma with the rural health ethic of being proud and self-reliant, of not seeking preventive care, and of believing "if I can work, I'm well," we see a very high hospitalization rate for medical crisis. We realize that coalitions must be built to address this issue, which affects our entire Commonwealth. As one speaker noted, "when you lose health insurance coverage, you can get it: by being elected to Congress, going to jail, or moving to Canada."

"VCF was privileged to be a part of this conference, attended by standing-room only interested parties. We will continue our collaboration with the Virginia Department of Health's "Every Woman's Life Program" (BCCEDP) to ensure that uninsured and underinsured women in the state are receiving screening and treatment for breast cancer."

Some Facts

Nearly 15% of Virginia's population is uninsured, ranging from 20% of those in Southwest Virginia to 11% of those in the northern part of the state.

Almost ¾ of uninsured Virginians are children.

But lack of health insurance is not just a problem for the "poor." Nearly half of those without health insurance have household incomes of $30,000 a year or higher.

Two-thirds of the uninsured are employed full time; 80% are from working families, and 70% are not offered health insurance through their employers.

Minorities are at a significantly greater risk of being uninsured.

Those employed in small businesses are less likely to be insured.

Lack of insurance affects males and females equally.

Because they lack insurance, many Virginians forego necessary medical care, prescriptions and dental care. *

Maine will be the first state to guarantee health coverage with a 5-year implementation starting in 2004.

The #1 cause of bankruptcy is health care costs.

Mortality rates for uninsured women with breast cancer are significantly higher compared to women with insurance.

*From Virginia Health Care Foundation's Virginia Health Access Survey.
The 17th Annual Women's Memorial Golf Tournament

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A Record Breaking Year for Women’s Memorial Golf Tournament!

The 17th Annual Women's Memorial Golf Tournament, held on July 26th, broke yet another record, raising over $23,000 to help us continue our work on behalf of Virginians affected by breast cancer. Thank you to Sharon and all of her volunteers for their countless hours of hard work and dedication. VBCF would also like to thank all of the sponsors and donors listed below whose generosity makes this tournament so successful.

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- Bon Air Seafood
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- Dyke Tire & Battery
- Einstein's - Stony Point, Libbie Place
- First National Brokerage Corp.
- Fairway Hills Golf Club
- Lucille Flanigan
- In Memory of Elmarie Marie Flanigan
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- In Memory of Sherree Turpin
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- In Honor of May E. Morgan
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- Grapevine II Restaurant
- Green Top Sporting Goods
- Guardian Investor Services
- Hair Perfection
- Honda's
- Highland Springs Golf Course
- Homemades by Suzanne
- Nelle Hotchkiss
- Hunting Hawk Golf Course
- Hecht's/Prescriptives
- In Memory of Mary W. Smothers
- Mary Gay Hutcherson
- In Memory of Barbara Edwards
- Independent Lighting
- The Iron Horse Restaurant
- Jackson National Life
- The Jefferson Hotel
- Betty D. Johnson
- In Memory of Helen Johnson
- Joe's Inn of Bon Air
- Julian's
- Keener Communications
- Keyser's Seafood
- Cynthia Kubat
Thank you to Richmond based "Diversity Thrift" for their $5000 grant to fund the continuation of VBCF's Lesbian Outreach Project. This project targets a high risk underserved community as well as educating medical professionals about removing barriers to access for women who partner with women.

Thank you for your United Way and Combined Virginia Campaign donations. Your support helps us as we work to eradicate breast cancer.

Here's how you can give to the Virginia Breast Cancer Foundation through the Combined Virginia Campaign and the United Way:

- For the CENTRAL VIRGINIA UNITED WAY (Corporate Campaign), use Code #3562.
- For the COMBINED VIRGINIA CAMPAIGN (CVC), use Code #3787. This is for State Employees.
- For the CENTRAL VIRGINIA COMBINED FEDERAL CAMPAIGN (CFC), use Code #9049.
- For the CENTRAL VIRGINIA LOCAL SCHOOLS AND GOVERNMENT CAMPAIGN, use Code #0149.
- For the VIRGINIA PENINSULA COMBINED FEDERAL CAMPAIGN (CFC), use Code #6218.
- For the VIRGINIA PENINSULA UNITED WAY CAMPAIGN, use Code #6613.
- For the SOUTH HAMPTON ROADS UNITED WAY AND COMBINED CHARITIES CAMPAIGN, use Code #8200.
- For the COMBINED FEDERAL CAMPAIGN OF SOUTH HAMPTON ROAD (CFC), use Code #8200.
- For the COMBINED FEDERAL CAMPAIGN, THOMAS JEFFERSON AREA, use Code #4037.
- For ALL OTHER CAMPAIGNS, call us at 1-800-345-8223 and we will find out how you can designate your charitable contribution to VBCF.

Thank you!!!
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. #, P.O. BOX, ETC.)

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☐ 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

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