VBCF NEWSLETTER

Vol. 2, No. 1  February 1993

VBCF Member Invited to Clinton Inauguration

Sherry Kohlenberg, VBCF treasurer and co-founder, was one of 50 special invited guests - the “Faces of Hope” - invited to attend the 52nd presidential inauguration on January 20th. The 50 invitees, along with their guests, were scheduled to participate in a week of inaugural festivities. Sherry and her husband, Larry Goldman, were treated to a welcome dinner, a tour of Washington, fireworks, a “Faces of Hope” luncheon with the Clintons and Gores on January 18th, the inaugural parade, ceremonies, and, of course, a ball. The idea for the “Faces of Hope” was originally conceived by President Clinton to symbolize his desire to stay in touch with the American people.

President Bill Clinton, Hillary Clinton, Vice President Al Gore and Tipper Gore chose people “who touched and inspired them” during campaign stops across America. Sherry met Hillary Clinton in October when the Clintons stayed in Williamsburg on their way to Richmond for the presidential debate. The meeting with Ms. Clinton (originally scheduled with then Presidential candidate Clinton who decided to rest his voice for the debate) was arranged through the National Breast Cancer Coalition and Clinton campaign workers. A number of VBCF members from across the state participated by sharing their stories and educating Ms. Clinton about the issues of concern to breast cancer activists.

Sherry attended the meeting two weeks after being discharged from the Medical College of Virginia following a bone marrow transplant for recurrent breast cancer. (Editor’s Note: We are sorry to report that Sherry is currently undergoing chemotherapy in a Taxol trial for a second recurrence of her breast cancer.)

VBCF Announces New President

The Board of Directors of the Virginia Breast Cancer Foundation is pleased to announce the election of Kendra McCarthy as its second President. Ms. McCarthy has served as the Foundation’s Executive Director since 1992. She previously served as Executive Secretary. The Foundation feels extremely fortunate to have such a dynamic and experienced volunteer take over the office of Presidency.

Ms. McCarthy’s election followed the resignation of Mary Jo Ellis Kahn (see letter in this issue), who resigned in order to spend more time with her family. Ms. Kahn will remain on the Board of Directors and function as a consultant to the new President.

Please extend a warm welcome to our new President and feel free to contact Kendra with any thoughts, ideas or suggestions you may have. We all look forward to an eventful year in 1993!

Following the invitation and subsequent press release by Clinton’s staff, Sherry was bombarded with media requests. Throughout the flurry of publicity preceding the event (perhaps you saw her in the news paper or on the news!), Sherry was determined to keep the issue of breast cancer, and the VBCF, in the forefront. She has also said that she plans to use her connection with the Clinton administration to further the cause of breast cancer.

Dear Members,

"A season is set for everything, a time for every experience under heaven..." (Ecclesiastes 3:1).

The last two years have been an experience that was truly heavenly for me. Few people will ever have the opportunity of working with so many wonderful dedicated people on a cause that is so portentous. I have met some of the most centered, caring people I will ever hope to know. Women living with breast cancer and their families are never confused by the nonessential. They are never wasteful of their time or selfish with their love. They never forget about their mortality or the opportunity they may have to touch the future. They make wonderful friends.

It was also a very special time. It was an era when women, facing death and feeling powerless against an uncontrollable killer, found nearly limitless power by sharing their strengths. The real progress to be made against breast cancer lies somewhere in our future but there is no doubt that as a result of our joining forces, progress will be made.

Although it is a painful truth, we have new capable leaders (i.e., women or others affected by breast cancer) joining our efforts daily. There are more of us diagnosed, more of us angry, more of us watching our daughters grow closer to their own diagnoses. There are many of you who will replace me and I know you will find the work as rewarding as I did.

I will never really leave the advocacy movement, not as long as my daughters must live in fear. I do appreciate the opportunity to step back for a period of time and do what only I can do, mother my children. Thank you all for the most rewarding two years I have ever experienced and I will cherish your friendship forever.

Sincerely,

Mary Jo Ellis Kahn

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Dear Members,

To be selected to provide leadership to any group is humbling. To have been selected as the president of the Virginia Breast Cancer Foundation to work alongside so many intelligent, caring and courageous people who have been affected by the disease we seek to obliterate, is an amazing experience. You may count on my commitment and hard work in repayment for the confidence you have bestowed.

Bouquets and thanks to Mary Jo Kahn for her tireless service to this organization during her presidency; nothing could be enough to thank her for what she has done. Through our short history she dedicated herself to make a difference in the way Virginians and the nation think about the breast cancer epidemic. She has assembled the tools and artisans -- you, your board, your committee leaders and consultants -- who are eagerly working on the tasks she has framed. She started the weaving of the fabric that will be used to wipe this disease out of the lives of the future. She will remain the fine golden thread that will shine as the pattern takes form. Her presence and colors will ever be here, regardless of her role. Thank you, Mary Jo.

As I stand ready to take up the weaving, I look at the resources with which we will work. I am in awe of the talent in our membership and the accomplishments of our past. How far we have come! My goal is to obtain a rhythm to our work, a steady pace to activities, a dependable supply of resources with which to work, both human and financial, and a preparedness to rally around the issues that will take us to the cure. I will need your energy, your spirit and your creativity. I know that I can count on you to help.

Kendra McCarthy
RU 486: A Medical Breakthrough Held Back

RU 486 is probably best known as the "abortion pill"; the fact that it has broad medical applicability is rarely mentioned in the media. However, other uses for RU 486 are being studied and reported in the medical literature. The compound is useful wherever progesterone or corticosteroid blocking agents have clinical application, i.e., Cushings's disease, AIDS, meningiomas, endometriosis, bowel tumors and breast cancer. Of course, our main interest is breast cancer and I feel it is paramount that breast cancer activists are educated about the promise RU 486 holds for the treatment and possible prevention of breast cancer.

One of RU 486's actions is blocking the uptake of progesterone. It appears to function against breast cancer cells in a similar manner as tamoxifen, an anti-estrogen drug. In Phase I studies in France, women with metastatic breast cancer were given RU 486 after tamoxifen failed to slow the progression of their disease. In a significant number of patients, RU 486 not only increased survival time, it improved the quality of life by decreasing pain without the use of narcotics. Another potential use of RU 486 in the fight against breast cancer is to study its ability to prevent recurrence in women with progesterone receptor positive tumors.

As breast cancer activists we need to actively support research on all treatment options for breast cancer, including RU 486. Unfortunately, the chief of the National Cancer Institute's investigations section considers RU 486 "a political hot potato." Although Dr. Samuel Broder has approved projects studying RU 486 for meningioma and 12 other diseases, he has refused to approve RU 486 for breast cancer research because "there are a number of other treatment options for breast cancer." It is also unbelievable that researchers at Iowa State University are investigating whether RU 486 can ease the birthing process in cows! Don't the 1.8 million women living with breast cancer deserve to have all avenues of treatment explored?

The American Medical Association, the American Medical Women's Association, the Physicians for RU 486, the American Association for the Advancement of Science and the National Alliance of Breast Cancer Organizations support the import of RU 486 to the United States for research for breast cancer treatment and prevention. We need to convince the companies that manufacture RU 486 that there are people who support RU 486 research in this country. Write to:

Dr. Wolfgang Hilger
6230 Frankfurt am Main 80
Frankfurt, Germany

or

Dr. Edouard Sakiz
Roussel-Uclaf
35 Boulevard des Invalides
75007 Paris, France

Mary Frances Huff, R.N., is a member of the VBCF Tidewater District Executive Committee.

UPDATE: The Tamoxifen Trial

The National Cancer Institute's Tamoxifen drug trial is currently in the process of evaluating potential enrollees. "By August 31, over 28,000 women had completed the process of risk assessment, and 67% of these were found to be at sufficient risk to be enrolled. Over 2000 of these women have already been randomly assigned to either the group taking the drug, or to the control group." However, interest in entering the program has not been as strong as anticipated, particularly among non-whites. Side effects remain a concern, as does the advisability of exposing healthy women, even those at high risk of developing breast cancer, to such a "potent drug."

The purpose of the trial is, in part, to evaluate the role of Tamoxifen as a breast cancer preventative. The drug has been used in breast cancer treatment for over 20 years.

Breast Cancer Activities Planned in the Nation's Capital

Mark your calendar NOW for three days of National Breast Cancer Coalition sponsored events May 2 - 4, 1993 in Washington, D.C. On May 2nd, there will be a Mother's Day Rally. The theme this year will be children of women with breast cancer. (Bill Clinton's mother was diagnosed with breast cancer.) Breast cancer activists from all states will participate, but because of our proximity, VBCF is expected to be a major player in this national event. We need everyone's support! If you missed the Clinton inauguration, this is THE Capital event to attend! Catch a bus -FREE!- from Willow Lawn Shopping Center in Richmond, VA to Washington, D.C. and be a part of this momentous day. For information, call Susanne Newman at (804) 320-5166. Call Early!

Breast cancer activists who want to perfect their skills at advocacy and lobbying can attend the full day seminar on Monday, May 3rd. Topics will focus on effectively addressing the media, the public, and elected officials to best present the issues of breast cancer. Scholarship funds to attend this seminar are available on a limited basis. Contact VBCF for details.

On Tuesday, May 4th, VBCF members can put their advocacy skills to use by participating in pre-arranged appointments with Virginia senators and Congressional representatives. We will "keep the pressure on" regarding adequate funding for research into the causes, prevention, and treatment of breast cancer. We made a big difference last year by letting Virginia's elected officials know about VBCF and our concern about breast cancer. Join us again this year for one of VBCF's most important activities of the year. It was particularly memorable and educational experience for the children who accompanied their parents as we delivered our letters to the White House and to the Hill last year. Stay tuned for further details on these upcoming events.

Status of Increased Breast Cancer Research Funding

Fran Visco, President of the National Breast Cancer Coalition (NBCC), reports that meetings are going well with Department of the Army officials concerning the $300 million for breast cancer research. The Army will probably put together a blue ribbon panel to determine how the breast cancer money should be spent. The Army is committed to research and does not intend to use the money to purchase equipment. The NBCC is

Collecting the Bark of the Pacific Yew for Taxol

The bark of the Pacific yew is the only approved source of taxol, an anticancer drug discovered through research supported by the National Cancer Institute. The yew bark is collected from dead trees that are left behind after a harvest (i.e., trees that are cut down and sent to sawmills) and from living trees that are harvested and stripped. About 60 pounds of bark, equivalent to the bark from three average Pacific yew trees, is needed to produce enough taxol to treat one cancer patient for one year. It is generally recognized that future demand will outstrip the amount of taxol that can be produced from the bark.

The limited supply of Pacific yew bark, coupled with the existing and potential demand, necessitates that the bark be utilized to the extent practicable. However, in Fiscal Year 1991 agreements with Bristol-Myers Squibb, Co., and its yew bark collectors, neither the U.S. Department of Agriculture's Forest Service nor the Department of the Interior's Bureau of Land Management (BLM) established, as a goal or requirement, that all usable bark be collected. For a variety of reasons, not all of the usable bark that could have been collected from federal lands during the Fiscal Year 1991 harvest season was collected.

For the 1992 harvest season, both BLM and the Forest Service have taken actions to ensure increased utilization of yew bark. They have (1) incorporated strict utilization standards in their program plans and operational procedures; (2) required bark collectors to return to previously harvested sites to recover bark that was left behind; (3) established collection priorities requiring that, whenever practicable, yew bark be collected before it is destroyed during timber harvesting activities; and (4) required agency field managers to review bark collectors' compliance with the utilization standard, formally document the findings, and notify Bristol-Myers and its bark collectors of any problems.

Estimates of the number of cancer patients who could potentially benefit from the drug approach 60,000 a year. From Cancer Treatment: Actions Taken to More Fully Utilize the Bark of Pacific Yews on Federal Land, a report published by the U.S. General Accounting Office (GAO), Washington, D.C. August 1992.

very pleased with the relationship so far and with the Army's attentiveness to the concerns of breast cancer activists. VBCF will continue to report on the status of the Army's use of funds for breast cancer research.
It's Enough To Make You Sick...

...Japanese women living in Japan have about one-quarter the incidence of breast cancer as American women. However, when Japanese women move to America, by the second generation, their risk of breast cancer has risen to "normal" American levels. Does anyone doubt that something in the environment and/or food has anything to do with this?...

...during the period of 1973 and 1988, breast cancer deaths increased 11.3% among white women 65 and older, but among the same-aged black women the increase was 19.5%....

...women workers exposed to dioxin in an organochlorine pesticide plant in Germany had breast cancer rates more than double those of the general German population and those of a comparison group of working women not exposed to dioxin....

...38 percent of breast cancer tumors metastasize to the lymph nodes....

..."Health insurance has become a central factor in treatment. Several current surveys, including one from the government's General Accounting Office, show that insurance reimbursement policies are affecting medical treatment, and that a significant percentage of patients are not receiving optimal treatment because health insurers will not pay for it."[From Cancer Frontline, June 1992]...

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Mammography

Mammography is not prevention! Nor is mammography the answer to early breast cancer detection: if all women in the United States received mammography according to the recommended guidelines, only 35% of women with breast cancer could be diagnosed when their tumors are 95% curable. Nonetheless, mammography, breast self-exam, and physical examination by a health care professional remain our best tools for early detection. We urge all women to perform monthly breast self-exams, to visit a health care professional regularly, and to take advantage of mammography to decrease their risk of death.

For women who do not fall within the recommended guidelines for mammography; whose tumors cannot be detected through mammography (approximately 15% of mammograms miss breast cancer, usually due to a younger woman's denser breast tissue); or whose cancers have spread before they are detected, VBCF demands that a better method of detection be developed.

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**A Sincere Thanks to the Following, Who Gave Us So Much:**

**National Association of Women Business Owners (NAWBO) for their generous Christmas contribution.**

**Richmond Chapter of the American Society of Women Accountants (ASWA) for their generous holiday donation.**

**Ukrops for their contribution for the second year.**

**Corporate Copies for newsletter and a LOT of other copying!**

**Anonymous donor of $1,000.**

**All others who have generously shared during the holiday season.**

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**NEXT NEWSLETTER DEADLINE:**

**MARCH 5, 1993**

**SEND INFORMATION TO:**

Barbara Parker  
9309 Mooreland Road  
Richmond, VA 23229  
Phone: (804) 741-3807;  
FAX (804) 784-6333

**PLEASE NOTE:** Committee Chairs send your calendar dates!
BACKLASH: WE WELCOME IT!

By Mary Jo Kahn

There has been an interesting phenomenon taking place since October 1992 when breast cancer advocates won the increase in breast cancer research money. The phenomenon is backlash.

Within weeks after the money was signed into law, both the Washington Post and the New York Times ran editorials condemning the politicalization of research funds. There has been criticism from the highest levels of the National Institutes of Health that movements such as ours will surely destroy the fabric of the entire institution. Breast cancer researchers, whom we thought would be overjoyed, have decried the National Breast Cancer Coalition for improperly trying to influence the direction of breast cancer research. There have been media reports stating that women are hysterical about a disease that is “95% curable.”

For those caught off guard by this backlash, there is a sense of disbelief that anyone would openly attack the eradication of breast cancer. The breast cancer advocacy movement is comprised mainly of women living with breast cancer, their friends, and family members. It is hard to make us out as sinister. It is, however, an old and very effective ploy to call us “hysterical” and “overly fearful.”

If we understand that power and control always change hands reluctantly, we will recognize that our efforts are at last bringing about real change. There has always been more at stake with our movement than merely increasing the amount of dollars spent on breast cancer research. There is the need to bring about a renewed commitment to ending this epidemic. It is the knowledge that real change always meets resistance that makes backlash not a negative consequence but proof of our successes.

What are some of our successes? We have succeeded in greatly increasing the National Cancer Institute’s breast cancer research budget, as well as getting funds to the Department of Defense, which can look at breast cancer with a different eye and perhaps see new avenues of research that were simply not available before. There are always those who would prefer no progress at all to the threat of change, but there is no place in research for those who are not willing to explore new avenues and take risks.

Second, we have taken the epidemic of breast cancer out of the closet and it can never be stuffed back in again. There may be many media articles this year stating the misleading statistic that breast cancer is 95% curable. How can we believe this statistic as we continue to watch people we know and love fight this disease and die too young?

Finally, we have given a voice to the 1.8 million women living with breast cancer. There has always been a research budget for breast cancer and there have always been decision makers who decided how much to spend on what research projects. There has always been some controversy over how these decisions were made. What is now irrevocably changed is that those of us most directly affected by breast cancer will have a voice in these decisions, also. Women are not satisfied that almost all breast cancer research money in the past has gone into exploring different mixtures of chemotherapy, with little being spent on research into the causes and methods of prevention. Women are not satisfied that little is being spent on a detection method that will diagnose breast cancer in all women before it has had an opportunity to spread. Women are not satisfied that treatments continue to be disfiguring and disabling.

Breast cancer advocates desire a partnership with those who share our commitment for the eradication of breast cancer. In the short term, until our goals are more clearly understood and our abilities put to good use, our input will no doubt be viewed as irrelevant and a threat to the status quo. In the long term, our input into prioritizing research projects and making clinical trials more “user-friendly” will be a tremendous benefit to the research institutions, to the individual researchers, and most assuredly, to American women.

Change always creates resistance. Changing breast cancer is what we are about. We must be strong in the face of this first flurry of backlash. As we continue our successes and move closer to the eradication of breast cancer, the backlash will die down and all our enemies today will be claiming they supported us from the very beginning.
IN MEMORIAM

Pam Onder, NBCC Co-Founder, Dies at 42

I remember the first time I met Pam. As others that week ran around Washington talking philosophy, planning and having press conferences, Pam organized a dinner so that we could all get to know each other better. Pam always made us laugh. She could make the darkest subjects seem tolerable by launching into one of her long and hilarious stories. What I remember most about Pam, though, were her hugs. She gave long, tight hugs that were filled with love.

There are many of you who did not have the opportunity to meet Pam. She was important to all of us though. She was one of the earliest breast cancer advocates. Pam, along with five other women, organized the National Breast Cancer Coalition in January 1991. That year she appeared on the MacNeil/Lehrer Report and CNN News to speak out about the underfunding of breast cancer research. On a more personal level, she tolerated long and difficult treatments in the name of science at NIH. The new therapies may not have saved her life but she no doubt helped advance the level of knowledge that may influence our own treatments one day.

On the way to the October 1992 meeting with Hillary Clinton in Williamsburg when the bus broke down, it was Pam who first opted for hitchhiking as opposed to missing the meeting. She told Ms. Clinton about her youngest daughter touching her scarred chest and asking her how she could prevent herself from getting this terrible disease. Like all of us, Pam was afraid for her daughters and other loved ones.

I will miss Pam. Many will.

By Mary Jo Kahn

VBCF COMMITTEE REPORTS

Research Committee

- Susan Osborne, D.O., is doing research on a possible correlation between breast cancer incidence and toxic exposure. She is interested in occupation of subjects and spouses. Contact Dr. Osborne at (804)775-0886.

- The Research Committee is currently reviewing the research goals of the National Breast Cancer Coalition. Research committee aims are to: 1) make the introductory statement more “reader friendly” and 2) condense the areas under the areas of prevention, treatment and detection. Other state breast cancer organizations are reviewing the NBCC’s research goals, as well.

- At the December 3 meeting, Jill Thompson, Director of the Virginia Cancer Registry in the Virginia Department of Health, and her colleague, Melina Swingle, discussed the history of the Registry and its roles. The Virginia Cancer Registry is collecting data on carcinoma of the female breast.

Education Committee

The Education Committee is sponsoring a two-part seminar on March 6, 1993 from 9:30 a.m. to 12:30 p.m. at the Massey Cancer Center of the Medical College of Virginia in Richmond. The first part, an “Introduction to Breast Cancer,” will discuss the basics of the disease including early detection, treatment, and recovery. Patients, family members and others interested in becoming educated about breast cancer are invited.

Part Two, a “Breast Cancer: Train-the-Trainer” seminar, is aimed at people interested in presenting educational programs about breast cancer. Attendance at the “Introduction to Breast Cancer” is required for “Breast Cancer: Train-the-Trainer” participants. Contact Pat Horrell at (804) 530-2817 to register or for additional information.
VBCF Calendar of Events

(For more information, call 740-3446 unless another number is specified.)

2/20/93  VBCF Executive Committee meeting
2/24-2/25/93  National Cancer Institute Conference on Breast Cancer Screening (Washington, D.C.)
3/2/93  VBCF Central Virginia District meeting (Richmond)
3/6/93  "Introduction to Breast Cancer" and "Breast Cancer: Train-the-Trainer" seminar (Richmond) - Call Pat Horrell 530-2817
3/20/93  VBCF Executive Committee meeting
4/17/93  VBCF Executive Committee meeting
5/2/93  VBCF Mother's Day Rally Send-Off (Richmond, Va)
5/2/93  National Breast Cancer Coalition Mother's Day Rally (Washington, D.C.)
5/22/93  VBCF Executive Committee meeting
6/3 - 6/4/93  First National Congress on Women's Health (Shoreham Hotel, Washington, D.C. 212/996-5679)
6/19/93  VBCF Executive Committee meeting

VBCF Archives

It's official! Mona Thomas is VBCF's historian and archivist. Mona will be collecting, sorting, assembling, and displaying VBCF archival materials. Right now, before you forget about it, take a minute to sit down and send Mona any VBCF materials that should be stored in our archives. Materials include photographs, newspaper or magazine articles, and historical correspondence related to our founding.

Founding members, sort through your piles of old VBCF stuff and send it to Mona. (Anything related to official administrative business should be sent to VBCF corporate secretary, Tonia Mauck.) We plan to have an archival display at the send-off for the Mother's Day Rally at Willow Lawn Shopping Center on May 2, 1993.

Help us to make our archives complete by donating your VBCF materials (we will make copies if you want to keep something for yourself). Call Mona at (804) 353-2413.

New Study Gauges Chances of Breast Cancer Spreading

A new study shows that blood vessel density in breast cancer tissue correlates to the spreading of the cancer and to the survival rate of the patient. The study, results of which were published in the Journal of the National Cancer Institute, evaluated tissue of 148 Italian breast cancer surgical patients. "Dr. Weidner (of the University of California, San Francisco) said the test will be valuable in helping women whose breast cancer has not spread to the lymph nodes decide whether they should receive chemotherapy after their tumor has been removed."

From Associated Press article, December 16, 1992

"Isn't it time we found a cure for breast cancer...?"
Breast Reconstruction After Mastectomy

By I. Kelman Cohen, M.D.

A patient once said to me that, “The mastectomy saved my life, but the reconstruction made it worth living.” Every woman who is to undergo mastectomy and who is interested in breast restoration deserves to know the options of reconstruction. These should be presented to her by a knowledgeable general surgeon or by a reconstructive surgeon qualified to do any of the varied types of reconstruction available.

Reconstruction is often done at the time of mastectomy but may be delayed. Methods either use the patient’s own tissue (autologous) or prosthetic devices made of a silicone shell (tissue expanders and breast prosthesis).

Women under age 50 are often encouraged to have autogenous tissue reconstruction because this obviates the worry about prosthetic failure. The skin, fat and muscle of the belly wall are used commonly for this, in what is called a TRAM flap. This usually gives a soft natural appearing breast with good contour and matching of the opposite breast. Tissue from the back and buttock may also be used for autogenous reconstruction. Although the TRAM is the “gold standard of reconstruction”, many patients decide against it because it takes 3-5 hours to perform. The patient is normally transfused with her own blood, donated and stored prior to surgery. Many women in all age groups prefer reconstruction with prosthetic expanders followed by replacement with a permanent breast implant. Some are able to have mound reconstruction in one stage with an implant/prosthesis device.

We are now beginning to see patients who develop non-healing skin wounds from radiation damage. These patients are best reconstructed with autogenous tissue.

Most patients wish to have nipple/areolar reconstruction, which can be done as an outpatient under local anesthesia some time after the reconstruction.

In summary, breast reconstruction in expert hands is technically straightforward. The competent surgeon must collaborate with the patient to find the best procedure for her. Hopefully, within the next two decades, breast cancer will no longer be a disease treated by surgery and there will be no need for a discussion of reconstruction.

NOTE: We very much appreciate Dr. Cohen’s information on reconstruction. The VBCF, however, provides this article as information only, not as an endorsement.

Do you feel confused or rushed during a visit to your doctor? Be an ADVOCATE for yourself! Try these phrases at your next appointment:
- Please tell me more about what’s wrong.
- What does this mean in simple English?
- Could you explain that to me again?
- Could you repeat what you just said using different words?
- I still don’t understand.
- Where can I find more information about this subject?
- You seem rushed. When can I call you to talk about this in more detail?
- I don’t have questions now, but I know I will have questions later. When can I call you to get answers to these questions?

CENTRAL VIRGINIA DISTRICT

Anne Bays of the Central Virginia District, did an outstanding job coordinating the Ukrop’s campaign for VBCF. Her hard work and organization paid off - Anne anticipates that over $1800 will be given to VBCF from Ukrop’s receipts totaling $94,880! Wow! (Last year’s donation was $700.) Anne hopes that we can keep up the good work and expects everyone to help with the Ukrop’s campaign next year. Her goal is to more than double the amount in 1993, to $5000!!! We can do it! Sincere thanks to Ukrop’s. In addition to the Golden Receipts Program, Ukrop’s has been very supportive of VBCF since its founding. Thank you!

MASSEY CANCER CENTER SUPPORT GROUPS

The Massey Cancer Center of the Medical College of Virginia in Richmond sponsors several support groups for women with breast cancer. There is no charge for attendance at meetings, but registration is required. Call the individuals listed below for further information.

** ABMT (Autologous Bone Marrow Transplant) for Breast Cancer
Last Tuesday of each month, 6:30-8:30 p.m.
Call 225-4360
(Abbie Bruce, RN, MS or Paula Allocca RN, MS)

** Breast Cancer Support Group
Thursday evenings, 7-8:30 p.m., Days Inn, Chesterfield Towne Center Mall
Call 786-0450 (Ashby Watson)

** Cancer Support Group
Tuesday evenings, 7-8:30 p.m., Crestwood Presbyterian Church, Jahnke Road
Call 786-0450 (Ashby Watson)

LOOK GOOD ... FEEL BETTER

Cancer patients in the Richmond area can take advantage of a national program, Look Good...Feel Better that addresses another side of recovery -- the effect of one’s personal appearance on mental outlook. This free program includes selection, styling and fitting of wigs; makeup and skin care advice; and cosmetic application by volunteer cosmetologists and beauty advisors. It was founded by the Cosmetic, Toiletry & Fragrance Association Foundation, the American Cancer Society and the National Cosmetology Association. To arrange a group session with the Look Good...Feel Better program in the Richmond area, call Norma Rawls at the American Cancer Society, 527-3772. For information about Virginia support groups and literature on the Look Good...Feel Better program, call (800) ACS-2345. From an article, “Looking Good”, Faith Garrett Vosbrinck, Richmond Times-Dispatch 1/12/93.

VBCF, MCV, AND CAAA TEAM UP FOR MAMMOGRAMS

Two-thirds of breast cancer cases are women over fifty years old. Medicare will now help pay for screening mammograms for women over sixty-five. Yet many women have yet to get this test. The Medical College of Virginia mobile mammogram van is traveling to Capitol Area on Aging Association (CAA) meal sites and also to shopping malls in the Richmond area. The van performs screening mammograms and provides information on breast cancer and on the Virginia Breast Cancer Foundation. For cost information and appointments, call 225-3993. From Mature Life, October/November, 1992.

MAMMOGRAM FEES IN THE RICHMOND AREA

"The cost of a screening mammogram can range from $25 (if one registers for a health card at one area hospital), to more than $200 at the same hospital, without the card. More commonly, the prices run between $55 and $75, which includes radiologists’ fees for interpreting the X-rays." [For more details on this issue, including a list of facilities and their fees, consult the Richmond Times-Dispatch, Sunday December 27, 1992, page B6.]
HELP WANTED

You have a contribution to make as a breast cancer advocate! You can be VBCF's representative on the working board of the Virginia Cancer Pain Initiative (VCPI). Attendance at quarterly meetings held on a Saturday afternoon and a desire to represent VBCF's advocacy stance (i.e., patient empowerment!) are all that are needed. There are members from across the state, so car pooling is a possibility. Contact Patti Goodall at (804) 379-8331.

Office Space Needed

Do you know of a business that might be interested in donating office space for VBCF use? We're looking for a clean, safe space with 24-hour access to call our own. Call Kendra McCarthy (804) 740-3446 with any leads.

SUGGESTED READING:

Women's Health: FDA Needs to Ensure More Study of Gender Differences in Prescription Drug Testing, a report published by the U.S. General Accounting Office (GAO), Washington D.C., October 1992. (This study discusses the need for FDA studies to more adequately represent women in drug trials and to recognize the differences in physiological response.)

Editors for this issue:
Barbara Parker
Patricia Goodall

Design/Layout:
Veronica A. Powell

VBCF...Fighting for women's lives!

"Isn't it time we found a cure for breast cancer...?"
More than $100/year
$100/year
$25/year
$10/year
Sponsor:
Patron:
Supporter:
Basic membership:

Checks payable to "VBCF". Please make
Richmond, VA 23226 by March 1, 1993. Please make
Please send 1993 dues to VBCF, P.O. Box 17884.

1993 DUES ARE DUE!

Virginia Breast Cancer Foundation
P.O. Box 17884
Richmond, VA 23226
(804) 740-3446  FAX (804) 353-6481