NO DEFINITE ANSWERS YET ON THE BREAST CANCER-HORMONE REPLACEMENT QUESTION

By Phyllis Tyzenhouse

Don’t look for the final word yet on whether postmenopausal hormone replacement therapy contributes to breast cancer, because another study, following on the heels of the Harvard Nurses’ Health Study, shows contradictory findings. The new study, reported in the July 12, 1995 issue of the Journal of the American Medical Association (JAMA), found that women between the ages of 50 and 64 who had ever taken combined estrogen-progesterin replacement hormones (HRT), were not at increased risk of breast cancer compared with the nonusers of HRT. This is opposite to the conclusion reached in the Harvard Study.

The two studies differ in a number of ways, making comparison a bit difficult. The Nurses’ Study was a prospective study of 121,700 nurses initially drawn from membership lists of the American Nurses’ Association in 11 states. They were sent questionnaires to fill out every two years until 1992, covering health habits, diet, use of various medications, and occurrence of various diseases. When a nurse indicated that she had been newly diagnosed with one of a list of diseases, the investigators sent questionnaires to her physicians for confirmation. About 2000 cases of breast cancer were reported. The new study, conducted in King County, Washington, was a case-control study that began by identifying 537 patients with breast cancer diagnosed between January 1, 1988 and June 30, 1990, in women aged 50 to 64. For comparison, controls were found by random-digit dialing in the same county, and women who were

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REMINDER: IF YOU HAVE NOT YET SENT IN YOUR DUES, PLEASE DO SO. ALSO DON'T FORGET TO FILL OUT THE SURVEY. THANKS!!!
PRESIDENT’S FAREWELL

The time has come for me to step back and take a break for awhile so as of June 1, 1995 you have a new president. After parenting my two sons, the most meaningful accomplishments of my life have been those which have resulted from my work on behalf of VBCF. I thank you for the opportunity and the support you have given me as your leader.

I leave at a time when VBCF is maturing, successful and vigorous. To build upon this, we need fresh new leadership with energy and the commitment to continue toward our vision of a world without breast cancer. There is no one more able or more dedicated than Margaret Borwhat, the woman your VBCF board recently elected to be your president.

When you are young, you do not know that you cannot possibly do the things that you are doing.

As I look back to our Foundation infancy in 1991 and see the tremendous things we have done — delivering 25,000 letters to President Bush and Congressmen in 1992, delivering over 85,000 petitions to President Clinton in 1993, producing newsletters, staging rallies, presenting conferences, giving speeches, advocating for women, growing to a membership of hundreds, saving and prolonging lives — I realize that we never would have believed these things were possible in so short a time. We collectively have accomplished the impossible. I know that will continue — while the Foundation has aged a bit, our spirit is still young and we don’t know that we can’t do what we are doing!

Keep in touch! Kendra McCarthy

No Definite Answers Yet... Cont.

Aged 50 to 64, but who did not have breast cancer, were compared with the breast cancer patients. All were sent questionnaires to collect data on diet, smoking, height and weight, menstrual history, HRT use, family history, and other factors. Results showed that neither the women who used estrogen alone or estrogen with progestin, had an increased risk of breast cancer.

Although the number of women in the Nurses’ Study was larger than in the Washington Study, the study lacked some of the statistical power needed to detect increased risk of breast cancer, giving the latter study greater weight for clinical decision making. The Nurses’ Study does show agreement with two Scandinavian studies, that adding progestin to estrogen does not eliminate the risk of breast cancer. In the JAMA editorial based on the Washington study, the writers conclude that for now, greater evidence supports the benefits of HRT use in preventing osteoporotic fractures and coronary heart disease. As always, there is dissent: Dr. Louise Brinton, chief of the environmental studies section of the National Cancer Institute continues to believe that hormones do increase breast cancer risk. Dr. Nanette Wenger, a foremost cardiologist from Emory University who has studied cardiovascular disease in women, believes that many women can reduce their risk of heart disease and osteoporosis without taking hormones and exposing themselves to known and unknown risks. She points out that, after menopause, a woman’s chance of developing heart disease is 31%, compared with 3% chance of developing breast cancer and 3% for developing osteoporosis.

While we all await the most convincing data, we can only nod in agreement with most of the scientists that more research is needed.


IM MEMORIAM

VBCF SYMPOSIUM, PRIMARY CARE PERSPECTIVES, TO BE HELD IN WILLIAMSBURG

Submitted by Bert Aaron, Symposium Chair

Dates: November 10, 11, 12

Place: Cascades/ Woodlands at Colonial Williamsburg

Honorary Chairperson: Ms. Susan Allen, the First Lady of Virginia

Session Chairs: Dr. Milford Maloney and Dr. Les Dubnick

Many of you have heard rumblings about a VBCF symposium in November. It's true! Kendra felt that the time was here to offer a course in State of the Art Diagnostics for the Primary Care Practitioner. The reception by the profession has been very positive.

The first order of business in preparing this symposium was to obtain the cooperation of the Virginia Medical Societies. It did not appear to me to be doable without their cooperation. We were successful. Eight Virginia medical societies have joined with us as partners, giving us the necessary prestige to address the physicians. These societies include: The Virginia Medical Society, Family Physicians, Internal Medicine, Ob/Gyn, Nurses, Nurse Practitioners/Physicians Assistants, SE Oncology Nurses Association, Doctors Insurance Reciprocal, and Williamsburg Community Hospital. We expect the possibility of several more groups lending support.

The VBCF Symposium Committee has finalized its program, and has been told that it is exceptional. Our choice of subjects is pertinent and our presenters are impressive. Dr. Milford Maloney, former president of the American Society of Internal Medicine, through his personal contacts was extremely helpful, along with Dr. Les Dubnick, whom many of you know. We have presenters such as Dr. Fahey, Chairman of Medicine of Memorial Sloan Kettering, Dr. Elizabeth Snyderwine of the National Cancer Institute, and others of similar stature. Topics include (among others): Managed Care; Special Needs of Women; Legal and Ethical Issues: The Liability Dilemma and the PCP; and a Critique of Treatment Modalities by specialists in various fields.

We have arranged for The Cascades at Colonial Williamsburg to provide rooms from $52 up to suites for $82 per night. Tuition for the physicians is $225 and for other health care professionals, $125. This includes two breakfasts, three refreshment breaks, one lunch and a cocktail party.

There will be exhibits, very interesting spouse activities, golf, tours, discount shopping, special discounts with Colonial Williamsburg, special events and other Historic Triangle history tours and Peninsula attractions.

WE NEED YOUR HELP. Advise your physicians and others to call 1-800-296-5625 for professional registration. We request that you approach your local physicians to attend and approach your hospitals, HMOs and PPOs for educational grants. $1000 or even $500 per hospital would be helpful. We have a $60,000 budget, which we will not recoup from tuition. We are soliciting grants and have received money form Medifacts Ltd. in Washington, D.C. and the S.E. Oncology Nurses Association. We have also been promised money by Crestar, Lexus and a well known foundation. In addition, Doctors Insurance Reciprocal, the Virginia malpractice carrier, has offered attendees up to a full 10% risk management discount for full attendance at our program.

THIS IS GOING TO BE A BENCHMARK SYMPOSIUM. IF WE ALL PULL TOGETHER, IT WILL WORK JUST FINE!!

PAIN CONTROL

Two-thirds of North Carolina Pharmacists surveyed by researchers at Campbell University School of Pharmacy reported that their cancer patients receive inadequate treatment for pain, according to an article published in the Annals of Pharmacotherapy last year. The respondents, 40% of whom work in retail pharmacies, pointed to physicians' conservative prescribing practices as well as pharmacists' discomfort in dispensing high dose of narcotics as barriers to adequate pain control.

Kendra McCarthy
TO SCREEN OR NOT TO SCREEN WOMEN UNDER AGE 50?

By Phyllis Tyzenhouse

The matter of who and when to screen healthy women for breast cancer is still hotly debated. In 1989, the American Cancer Society (ACS), the National Cancer Institute (NCI), and 11 other national organizations established consensus guidelines for breast cancer screening. Then in February 1993, the ACS reviewed the screening guidelines in an open meeting, and confirmed that in addition to practicing breast self-examination beginning at age 20 and having a clinical breast exam every three years from age 40, women should have a mammogram every 1 to 2 years between 40 and 49, and annually after age 50. The ACS has not changed its recommendations, but other scientific and medical organizations have modified their positions in light of recent research. Therein lies the source of much of the controversy. One pivotal study, the Canadian National Breast Screening Study (NBSS), was designed and headed by a physician-epidemiologist, Dr. Anthony B. Miller, and his team, with recommendations from radiologists within and outside of the project, who have criticized Dr. Miller for not heeding their advice ever since. Some of the radiologists believe that many NBSS flaws are due to the fact that radiologists did not have more input into the study design, and epidemiologists criticize the radiologists whom they believe lack the statistical expertise to assess the technicalities. Much of this discussion has been aired in articles in scientific journals, newspapers, and letters to the editor columns.

After ACS announced its recommendation in February 1993, a separate, international workshop sponsored by the NCI concluded that breast cancer mortality was only marginally reduced by screening between 40 and 49, but that mortality was reduced by about 30% among women aged 50 to 69 who were screened. NCI then withdrew its endorsement of the 1989 consensus guidelines that women begin having routine mammograms in their 40s and advised women to consult their health professionals about when to have the test. Their conclusions were issued in the Fletcher report in October 1993, which summarized the findings of the NCI International Workshop. The report, based on meta-analysis of European studies, stated that screening should not be offered to women under 50 on a regular basis but over 50, one screening every three years is sufficient.

The U.S. Breast Cancer Detection Demonstration Project (BCDDP) report, first published in 1979, included an observation that little benefit was to be gained from screening women aged 40 to 49, and recommended that a trial be done to evaluate the efficacy of screening. However, this was not a randomly controlled study. Neither the BCDDP nor any other U.S. study has evaluated breast screening, but the NBSS was designed for that purpose. Announcement of the NBSS conclusions in 1992 has generated considerable heat because it recommended that screening target only women aged 50 and older since there was no evidence that screening women 40 to 49 reduced breast cancer mortality significantly, after seven years of follow-up.

No study disputes the efficacy of screening women from age 50 to 70 or younger women at high risk to breast cancer, but controversy flares over the age when screening younger women should begin. The American Medical Association (AMA), the American Women’s Medical Association, the American College of Radiology, and others, challenge the NCI recommendation, and the AMA even recommends that women have their baseline mammogram at age 35. Liberman’s study of 5,105 women aged 35-39 in the Be SMART!

Continued on Page 5
program, reported finding 1.6 breast cancers per 1000 screenings, compared with 3.8 per 1000 for women aged 50 and over, and 1.4 per 1000 in women aged 40-49. The authors conclude that the cancer rates are very similar for women 35-39 and 40-49, and suggest that screening younger women is valuable, although other studies have not supported this finding nor did the Liberman study have sufficient statistical power to permit strong conclusions. Curpen et al reported that, in a larger study of 44,301 screenings, the cancer detection rate was 3.0 per 1000 examinations in women aged 40-49, and 5.5 per 1000 examinations in women 50-64. This report agreed that although screening of women 40-49 is somewhat less cost effective that at 50-64, screening is important because about 30% of the years of life lost due to breast cancer occurs in the 40-49 age group.

Hesitancy to screen younger women also stems from the fact that younger women tend to have denser breast tissue, making it more difficult to interpret mammograms and requiring more additional tests to validate findings. A second reason is that false-positive results occur more frequently among the 40-49 age group than in the 50-70 group.

One of the prominent critics of the NBSS and of the NCI’s revised screening recommendations is Daniel Kopans, an associate professor at Harvard Medical School and director of breast imaging at Massachusetts General Hospital. He had been invited by Dr. Miller, along with Dr. Myron Moskowitz, a radiologist at the University of Cincinnati, to be independent external reviewers of the NBSS. They claim that Dr. Miller disregarded their advice; Dr. Miller claims that they were overstepping their bounds. Since the NBSS report was published in 1992, Dr. Kopans has written numerous letters to editors criticizing the study and claiming that some journals have not published his letters. He states that about 35% of the breast cancers detected in his radiology practice are in women under 50 although he has not conducted any rigorous studies of his own to test this observation.

Conflict over the age at which to begin screening bubbles to the surface when two health paradigms meet: first, screening and treating individuals who present themselves to health providers (the medical model) works well for those who can afford to pay for their own care, or whose insurance covers the cost. However, not everyone has a personal health provider and there is no mechanism for ensuring that all women receive screening, so the public-health based approach would allocate funds to screen all women at and above a certain age. This is the public-health paradigm. It has not yet demonstrated that wide screening of women under age 50 would yield very many cases of breast cancer.

Swanson proposes three models to use in establishing breast-cancer screening guidelines: the public-health based model, the research-based model, and the economics-based model. So far the economics-based model has not shown that screening younger women is cost-effective because many must be screened to benefit the few.

However, from the human and personal points of view, the sparing of these lives cannot be overlooked. Harris’ study of 10,000 women aged 50-70 who were screened annually, found that 2 to 6 lives were extended each year through screening. On the other hand, only 1 to 2 lives would be extended by screening 10,000 women 40-49 annually. Eddy, a physician-economist at Kaiser-Permanente of Southern California (KPSC), calculated that if the use of annual mammograms at KPSC were decreased for women younger than 50 and older than 75, and increased for women 50 to 75, the number of breast cancer deaths in the target age group could be reduced 33%, saving about $150 million. Not to be overlooked is the fact that the sheer numbers of women reaching age 50 is growing as the baby-boomer generation matures. So even though only about 8% of breast cancer patients are under 40 and about a third are under 50, the actual numbers of women having breast cancer will increase in the next few years. The research-based approach would base screening guidelines on research, such as the NBSS, HIP Study, and others. Research has the best potential for yielding objective data, but it is also open to quibbling over research methods and interpretation. Dr. Kopans believes that the policy to screen only women aged 50 and older is influenced by political and cost-containment concerns. He has applied the term “bias” to those who do not agree with his viewpoint. On the other hand, one could wonder if those who have a financial stake in providing mammograms have a bias toward their protecting own interests.

What to do? In the face of conflicting advice about when to begin screening, women are encouraged educate themselves and watch for new evidence, which should be weighed critically. A new randomized, controlled trial is underway in the United Kingdom to study the efficacy of screening women in their early forties, and efforts are being made to open it to subjects from other countries. Until more study results are in, mammography remains the best screening tool that we have in spite of its
BREAST CANCER FACTS AND FIGURES, 1995

- An estimated 182,000 new cases of invasive breast cancer will be diagnosed among American women in 1995, and 1400 new breast cancers will be found in men.

- Breast cancer incidence rates for women increased about 2% per year since 1975, but have leveled off at about 110 annual new cases per 100,000, 73 per 100,000 for women under age 65 and 445 per 100,000 over 65.

- An estimated 46,000 women and 240 men died of breast cancer in 1995. Data suggest that mortality is falling for white women, but not for black women. The mortality for black women increased between 1973 and 1990, especially among those age 75 and over, for an increase of 48.38%. Among white women during the same period, mortality rates increased for women under age 60, especially among those aged 45-49 (17.3% increase).

- The five-year survival rate for women with localized breast cancer (“node negative”) has risen from 78% in the 1940s to 94% today. The survival rate includes all women living five years after diagnosis, whether disease free, in remission, or under treatment. If the cancer had spread to regional lymph nodes (“node positive”) at the time of diagnosis, the 5-year survival rate is 73%; for those whose cancer had spread to distant sites at the time of diagnosis, the rate is 18%.


To Screen or Not...Cont.

flaws. A number of prominent women physicians, including Susan Love and Nancy Dickey, and leaders, such as Fran Visco and Amy Langer, support mammography for younger women. Dr. Swanson says, “As an epidemiologist, a public health professional, and a woman, I would choose the public-health guideline and screen all women aged 40 years or older. This approach ensures that women most likely to choose breast conservation (those in their 40s) will have a greater probability that breast cancer will be detected at an earlier and more appropriate stage for this treatment option.” She adds that all of the screening methods are no substitute for prevention of breast cancer. But that is another story.

Appreciation is extended to Christine Llewellyn, MD, a mammographic radiologist, for suggesting a response to the article in the March-April, 1995, Newsletter, “Making Decisions About Breast Cancer”, and for submitting some of the materials used in this article.

BREAST CANCER: 
A GROWTH INDUSTRY

by Phyllis Tyzenhouse

Several recent news items about the huge profits being made from breast cancer cause concern. The first one relates to one drug company's activities in breast cancer prevention. For a long time, many people have been asking for more federal money devoted to prevention, including breast cancer. Now we hear that a good share of the money designated by the National Cancer Institutes for prevention goes into the corporate pockets of the drug industry. This year, $11 million of NCI's budgeted $32 million breast-cancer prevention budget goes to fund the Breast Cancer Prevention Trial (BCPT), also known as the BSABP B-06 trial. It was designed to determine whether tamoxifen can prevent the development of breast cancer in healthy, but high-risk women. The sole U.S. manufacturer of tamoxifen is Zeneca, a British Company with U.S. headquarters in Wilmington, Delaware. In 1992, Zeneca took in $265 million from the thousands of American women who pay about $1.56 per 10 milligram tablet of tamoxifen, about double the price charged 10 years ago. The drug is provided at no charge to those of the 16,000 subjects allocated to the treatment, paid for by Zeneca and the taxpayers. The trial opened in the spring of 1992 with 300 participating sites.

The second item is about profits being made by opportunists who took advantage of the reported hazards of silicone breast implants. In 1992, publicity about reported ailments and symptoms attributed to the implants led to lawsuits and surgical removal of many of the implants. Recent data raise questions about the extent of reported ill effects from the implants. Now that panic has subsided, the large profits are coming to light. A New York Times article claims that the legal fees of the $4 billion class-action suit against Dow Corning and other implant manufacturers, leaves $1 billion to be divided among a group of 21 lawyers and thousands of referring attorneys. About 7,000 more women who were not part of the class-action suits will generate millions more dollars in legal fees. The financial drain on Dow Corning has driven the company to bankruptcy. In addition to profits for lawyers, some doctors have developed lucrative practices diagnosing and treating silicone-related cases. One doctor said in court that he made $2 million in one year, mostly from breast-implant patients.

Although this issue has been addressed in previ-ous VBCF newsletters, the patenting of the BRCA1 gene, which is linked to breast and cervical cancer, ensures that the patent holders, Myriad Genetics, University of Utah, and NIH, stand to reap large gains from future sale of vaccines and other gene-related products.

And yet another example: now that caring for cancer patients has become lucrative, 13 leading cancer hospitals are creating an alliance, called the National Comprehensive Cancer Network, to compete for patients in a health-care marketplace that is becoming dominated by health maintenance organizations and managed-care agencies. The members of this network include Dana Farber Cancer Institute, Fred Hutchinson Cancer Research Center, M.D. Anderson Cancer Center, Fox Chase Cancer Center, Johns Hopkins Oncology Center, City of Hope National Medical Center, and cancer centers at Northwestern University, Ohio State, Stanford, University of Michigan, and University of Nebraska. Although each center will set its own prices, the network will develop standards and guidelines for services and treatments. Some of the centers feel ill-used by the current practice of patients coming in for second opinions, then leaving to get treatment elsewhere, such as in their managed care facilities. Joseph V. Simone, a physician at Sloan-Kettering, said, "If the trend of financially based medical care continues to its logical extremes, our missions are threatened". He believes that the quality of care for cancer patients and research into new treatments will also be threatened.


ART WORK DONATED

VBCF member Beatrice Klein of the Richmond area donated a piece of artwork that she did shortly after her mastectomy in 1986. The "Collage" is a wonderful expression of what Bea was feeling during her experience with breast cancer. Thank you, Bea, for this donation to the foundation -- it is greatly appreciated.
VBCF MEMBER ATTENDS STATE ABMT HEARING

By Patti Goodall

Patti Goodall, notified by VBCF member Phyllis Katz, attended a VA Senate Finance Subcommittee hearing on Tuesday, June 27, 1995 regarding Autologous Bone Marrow Transplant (ABMT) health coverage for state employees. Dr. Chris Desch, a professor of oncology from the Medical College of Virginia Hospitals, testified that ABMT was an effective treatment for women with advanced breast cancer. He also said that as more is learned about the treatment, the cost of administering the treatment is being reduced and is coming into line with other types of treatment under similar circumstances. (At MCV, for example, the cost of high dose chemotherapy and ABMT for a woman with breast cancer is now around $75,000; only a few years ago, the cost was $150,000.)

For the new fiscal year starting July 1, 1995, state employees were able to select one of two types of health insurance that included coverage of ABMT for breast cancer. However, the options were actually insurance “riders” which required the state employee to “opt in.” (In fact, one of the options cost extra and the other option forced a choice between dental coverage and ABMT coverage. In addition, originally there was a one year waiting period before the coverage could be used, which frightened and enraged many of us - can you imagine being diagnosed with a recurrence and having to wait for days or months before you could receive the only known treatment that might prolong and save your life? Thankfully, state employees received notification prior to July 1 that there would be no waiting period.)

Senator Clarence A. Holland (D-7th), addressing the subcommittee, stated that an insurance “rider” covering ABMT for state employees was not the intent nor the spirit of the General Assembly which passed a bill in March 1995 making ABMT coverage available to all state employees. Sen. Holland declared that all state employees should have ABMT coverage and that it not be an “opt in” arrangement. Under the current “opt in” arrangement, individuals with a particular state health care plan who are diagnosed with breast cancer would not be covered for this treatment. Following Sen. Holland’s presentation, Charles James, Director of the Department of Personnel and Training (DPT), addressed the subcommittee. (DPT is the state agency which negotiates and selects the state employees’ health benefits package.) Mr. James stated that as of July 1, 1995, every state employee would have ABMT coverage at no extra cost. He said that he had not completely understood the subcommittee’s intent at the time the benefits package was negotiated. However, since becoming fully aware of the General Assembly’s intent that ABMT coverage be made available to all state employees, DPT had taken action to insure that every state employee would be covered for ABMT for breast cancer at no extra cost. Mr. James stated that state employees were not yet aware of the change, but that all employees would automatically have the coverage. (Note: I am a state employee who is paying extra for the coverage under an expanded benefits plan. As of 7/10/95, I have not yet received any “official” communication regarding the change that Mr. James spoke about, but I assume that we will hear something soon.)

Following the hearing, Sen. Holland and I were interviewed by a reporter from the Virginia News Network (VNN). Later, I thanked Sen. Holland for his support, particularly on behalf of state employees. Sen. Holland recalled the efforts of VBCF over three years ago at the first insurance hearing - one of the earliest official acts of our organization. We all share in the satisfaction of achieving an important goal: insurance coverage of high dose chemotherapy and Autologous Bone Marrow Transplant for every state employee.

VBCF Members Barbara Howley of Madison and Caz Phelps of Winchester present artwork "Beauty without Hair" to Senator John Warner.
PRINCIPAL CARE PERSPECTIVES  
November 10 - 12, 1995  
Colonial Williamsburg  
Honorary Chairperson: Susan Allen, First Lady of Virginia  

State of the Art Breast Cancer Diagnostics

The Virginia Breast Cancer Foundation is sponsoring a symposium featuring state of the art breast cancer diagnostics and treatment team management for the PRIMARY CARE PROFESSIONAL. The conference being held at Williamsburg Woodlands will offer primary care providers with the newest information that will help them assure their patients receive appropriate breast health care.

Among the noted speakers:
- Dr. Thomas J. Fahey, Jr., Chief of Medicine of Memorial Sloan Kettering Cancer Center
- Dr. Elizabeth Snyderwine, National Cancer Institute
- Dr. James Taylor, University of Southern California
- and other noted speakers from University Centers

Topics include:
- State of the Art Diagnosis of Breast Cancer
- Clinical Decision Analysis
- Implications of the BRCA Genes
- Specialists Critique Treatment Modalities
- The Information Highway and Medicine
- Special Needs of Women
- Managing the Treatment Team
- Legal and Ethical Issues: The Liability Dilemma

*Medical Societies:
- Medical Society of Virginia
- Virginia Society of Internal Medicine
- Virginia Academy of Family Physicians
- Virginia Obstetrical and Gynecological Society
- Virginia Academy of Physician Assistants
- Virginia Council of Nurse Practitioners
- Virginia Nurses Association
- Southeast Oncology Nurses Society

The weekend will include a number of special events, spouse program, and shopping opportunities. Extremely attractive hotel and tuition cost.

For more information, contact VBCF conference information/registration at (800) 296-5625.

**Doctors Insurance Reciprocal approved up to 10% full risk management discount on annual malpractice premium. CME's, CEU's pending.
Virginia Breast Cancer Foundation members and friends...

Please tell your primary health care provider about our medical conference to be held at Colonial Williamsburg on November 10, 11, 12, 1995. Information is provided on the other side. If you would like more information sheets to distribute to primary health care providers, or would like to insure that your health care professional receives our brochure, please call VBCF conference information/registration at:

800 296-5625

Thank you!
GROUNDWATER

By Sandra Steinraber
Dedicated to E. Susan Burt, 1937-1989

Why your picture in the morning paper surprises me I don’t know. I was the one who drove from the hospital to your mother’s house, let myself in with a borrowed key, rummaged through the figurines and plants and china cups like a thief until I found the family album. I was the one who turned each plastic-coated page. I was the one who noticed there were no pictures of you by yourself, how you positioned yourself in the middle of the rest of us, as if you had planned to stay with the living always, how impossible you made this choosing.

And I was the one who said, “Here is one that might work.” Your son sat next to me on the couch. “They’ll have to crop it. What do you think?” Whatever he said was inaudible. And I was the one who peeled that photograph from the gummy adhesive, aware that the dead are always culled from the living like this. And I was the one who handed the picture to the funeral director. Someone else correctly spelled the names of the survivors. That was last night.

This morning -- as though night and day were any different -- you are the one who smiles alone above your obituary, and I, who saw the sun rise five times from your hospital window, am surprised. I buy a second copy of the newspaper, and then a third. I want to buy all the copies of the newspaper, but I know you are already lying on a thousand porches, stacked beside a thousand counters, locked inside a thousand metal boxes that even now the coins are dropping into.

You are the one who taught me that an aspirin dropped in the water of cut flowers will preserve them. I have done this now for years.

Smash the vase named “survivor.” Let the funeral flowers be flung from the water.

Let the half-dissolved tablet eat a hole in the floorboard. As the dead evaporate, the living behave like water. We want to fall. We want to run through gutters to the bottom lands, mingle with dirt, lie down with roots and worms, turn paper back to pulp, leach through rocks, be pulled underground.

Under the earth, a thousand rivers flow.

On the far banks, the dead are massing, wrapped in white hospital blankets, waving arms encircled with plastic name tags, their faces unsurprised, indivisible.

"Groundwater", by Sandra Steinraber. Reprinted from Post-Diagnosis, by Sandra Steinraber. ($12.95, including shipping and handling. Firebrand Books, 141 The Commons, Ithaca, New York 14850, (607) 272-0000)

FINDING A CERTIFIED MAMMOGRAPHY FACILITY

by Phyllis Tyzenhouse

As part of the Federal Drug Administration’s (FDA) implementation of the Mammography Quality Standards Act of 1992, women may now call the Cancer Information Service at 1-800-4-CANCER to find the name and location of a quality mammography facility in their area. The service operates every weekday from 9 a.m. to 8 p.m. Eastern Time. If calling from a rotary phone, the hours are 9 a.m. to 7 p.m. local time. This service is offered to enhance early detection of breast cancer. To date, nearly 8,700 of the approximately 10,300 facilities have been fully certified by FDA, and 1,600 have been provisionally certified while undergoing accreditation review.

DRUG SIDE EFFECTS

By Kendra McCarthy

According to a survey of 70,000 subscribers published by Consumer Reports, 25% of physicians don’t discuss the side effects of drugs they are prescribing for their patients. The survey also found that patients whose doctors don’t communicate well are less likely to follow the doctors’ instructions, and that patients who had chronic, bothersome ailments, such as backache and headaches, were least satisfied with their medical care.

Be an informed consumer, don’t leave the office with a new prescription until you have had your physician explain your medication thoroughly. Pharmacists, too, are required to provide counselling when they fill prescriptions, so you can get additional information there.
VIRGINIA WOMEN HAVE LOW RATES OF MAMMOGRAPHY SCREENING

by Phyllis Tyzenhouse

Various state and national organizations have launched campaigns to increase the number of women who obtain mammograms. Data show a dire need for these programs and all of us should urge women to have periodic mammograms, especially those at highest risk. Even when insurance covers a major portion of the cost, women still do not take advantage of the opportunity. For example, Medicare pays 80% of the allowable cost of a screening mammogram for women beneficiaries aged 65 and over, every two years. In spite of this, only 37% of the 361,172 eligible women in Virginia had mammograms paid for by Medicare in 1992-93. Of these, 29% were black and 38% white. Mississippi ranked lowest of the 50 states, with 29% screened; Michigan was highest with 47%, and the national average was 37%. In all but six states, the ratio of black women screened to white women was low; however, in Massachusetts, North Dakota, South Dakota, Pennsylvania, Wyoming, and Rhode Island, the ratio of black to white women was equal or higher. (Data from HCFA.) Studies show that women are more apt to have screening mammograms if their insurance covers the cost or if there are no copayments. Women whose physicians urge them to be screened are more apt to do so than those whose physicians do not mention it.

According to the Virginia Department of Health, 61.04% of Virginia women aged 50 or older obtained a mammogram in 1993. This ranks Virginia 40th out of 50 states. The national median is 65.97%. Virginia ranked even lower, 48th out of 50, for women aged 50 and over who had both a mammogram and a clinical breast exam in 1993.

Among the organizations sponsoring breast cancer awareness campaigns this year are the Health Care Financing Administration (HCFA), that administers Medicare, the American Cancer Society, National Education Association, American Association of Retired Persons, Centers for Disease Control, Virginia Department of Health, VBCF, American Association of University Women, Food and Drug Administration, Council of Black Churches, Virginia Women's Medical Association, and many more.

THE PINK BADGE OF COURAGE: WARRIORS WITH RIBBONS

The Virginia Breast Cancer Foundation invites you to a reception on Friday, October 6th from 6:30 - 9:00 p.m. at The Jefferson Hotel to highlight Breast Cancer Awareness Month and to honor VBCF's past president, Kendra McCarthy. Drop by for scrumptious munchies, a cash bar, and information on breast cancer and VBCF. Special guest Robin Thompson, Richmond's own singer/songwriter and co-author or Virginia's proposed state song, "Sweet Virginia Breeze", will perform at 8:00 p.m. Tickets will be available September 1 at $25 per person or $42 per couple. Proceeds to benefit VBCF. Space is limited, so mark your calendar now and plan to get your tickets early! More information will be mailed in August. Contact VBCF at (804) 285-1200 for further details.

BREAST CANCER POSTAGE STAMP

Diane Sackett Nannery of Manorville, NY, a postal worker and breast cancer survivor and activist, is asking for support in her crusade to have the US Postal Service issue a breast cancer awareness postage stamp. The design that she is hoping for would simply be a pink ribbon bow, similar to the AIDS stamp.

Please send your suggestion for the breast cancer awareness pink ribbon stamp to: Citizens' Stamp Advisory Committee, c/o Market Development Branch, 475 L'Enfant Plaza, SW, Room 4474-E, Washington, DC 20260-6756.

UNITED WAY REMINDER

The United Way's Combined Virginia Campaign will be in the fall. Let your friends and co-workers know that you'd like them to support VBCF! Contact the VBCF office for information.
Seven Peninsula Chapter members attended the NBCC Conference and Lobby Day on May 1 and 2 in Washington, D.C. We learned a lot at the conference on Monday and Tuesday mornings. Vivian Phillips, Ann Wilson and Sudie Stultz attended the Congressional Breakfast held at the Rayburn Building. Then it was off to visit congressmen, senators and representatives to lobby for the DOD funds to remain intact. Six of our members lobbied.

Our golf tournament fund raiser, held on May 6th, was very successful. We netted $2181. Thanks to all chapter members who helped staff this event, for without you it would not have happened. We solicited sponsorship for this event: Gold, $300; Silver, $200; and Bronze, $100. We had one Gold sponsor, Suzette Reed, who solicited friends, family and co-workers at Newport News Shipbuilding and raised $351. Suzette's mother, Daisy B. Reed, passed away on June 4, 1993 (her birthday) from breast cancer. Suzette asked if we would dedicate this tournament in memory of her mother which we did. Suzette is to be commended for her energy, time and effort put into this tournament.

Special thanks to Smithfield Downs Golf Course and the Newport News Shipbuilding Mariners Club for their support. The following are sponsors who donated food, prizes and funds:


On June 16 we staffed the Friday After Work Party at Mill Point Park in Hampton. Our chapter also participated in staffing the Colonial Homes Magazine Home Tour in Williamsburg May 27th through June 11th. We are very grateful to the Junior Woman's Club of Williamsburg for choosing the Virginia Breast Cancer Foundation as the recipient of proceeds from this fund raiser.

We do not have regular monthly meetings during July and August. I wish you all a safe, happy summer '95 and look forward to seeing you on September 12th.
<table>
<thead>
<tr>
<th>Date</th>
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<tr>
<td>August 14, 1995</td>
<td>VBCF newsletter deadline (Special October Bca Awareness issue)</td>
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<tr>
<td>August 19, 1995</td>
<td>Peninsula Chapter Appreciation Picnic</td>
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<td>August 25, 1995</td>
<td>“Strawberry Banks” Friday Night</td>
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<td>September 18, 1995</td>
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<td>October 1 - 30</td>
<td>Breast Cancer Awareness Month</td>
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<td>October 7, 1995</td>
<td>“Race for the Cause” (Petersburg)</td>
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<td>October 8, 1995</td>
<td>“Jazzercise”, a fund drive for VBCF</td>
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<td>November 8, 1995</td>
<td>Massey Cancer Center Advisory meeting. Annual retreat</td>
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<td>November 10 - 12, 1995</td>
<td>Physician Conference (Williamsburg)</td>
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