LEGISLATIVE ALERT

Breast cancer research program may be canceled. Congress is attempting to take away money from the Department of Defense (DoD) Army Breast Cancer Research Program, an innovative, highly successful program, that has won acceptance by scientists, the Department of the Army, and breast cancer consumers. One hundred fifty million dollars was appropriated for the breast cancer research program for Fiscal Year 1995. The 104th Congress may rescind the DoD breast cancer research appropriation. The staff of the Defense appropriations subcommittees of the 104th Congress has specifically targeted the breast cancer research as a program that can be eliminated. The Army Breast Cancer Research Program has been in existence longer than the breast cancer advocacy effort. It has established a link between Defense technology and breast cancer diagnosis, such as in the development of digital mammography. Since 1993, when DoD-breast cancer research funds were dramatically increased, much time and money have been spent on developing a mechanism for evaluating research proposals, awarding funding based on merit and relevance, and evaluating the program. To disband this program in its infancy would be to waste much of the money spent over the last few years. Researchers, currently receiving DoD money, need to have confidence that as they make important discoveries there will be money to pursue these findings in the future.

WE CANNOT LET THIS HAPPEN - WOMEN’S LIVES DEPEND ON IT!

Make a phone call, fax a letter, or mail postcards. Contact both Chairmen of the Senate and the House subcommittees on Defense Appropriations, Senator Ted Stevens, and Congressman Bill Young. We must inundate both of the Congressmen with the message that we will not tolerate the loss of the $150 million for this vitally important research program. This program funds research that will benefit not just breast cancer, but all cancers and other diseases. Preprinted postcards are available. If you can distribute a number of postcards to friends, members of support groups, etc., contact the VBCF office at (804) 285-1200.

Contact the following Congressmen:

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(202) 224-3004 Phone
(202) 224-2354 Fax

Honorable Bill Young
U.S. House of Representatives
Washington, DC 20510
(202) 225-5960 Phone
(202) 225-9764 Fax

PROMISING RESEARCH ON BETTER BREAST IMAGING

By Phyllis Tyzenhouse

Present state-of-the-art mammograms are said to detect 85% of breast tumors, which means that they miss about 15%. Several recent articles describe advances that may narrow this gap and improve cancer detection rates. When mammogram films are read by radiologists, they are placed in a light box, which illuminates the films from behind and allows scrutiny of light and shadowy contrasts. Researchers at the University of North Carolina School of Medicine are experimenting with digital mammography that allows the breast images to be projected onto a television screen that can be adjusted to produce clearer, sharper views. At the University of Chicago, scientists are working on a computer system to analyze the scan and point out tumors, in addition to displaying the images. All of the work is still in the confines of laboratories and needs to be formally tested and approved before being made available for general use. Elsewhere, a technique known as optical biopsy or laser spectroscopy is being developed for use in operating rooms and doctors’ offices to test breast and gynecological tissue for cancer.

(continued on page 3, column 1)
President’s Message:

On January 11, 1995, Health and Human Services Secretary Donna Shalala announced that the death rate for breast cancer in American women declined 4.7 percent between 1989 and 1992. This short-term decline is the largest in the United States since 1950. While it is good news, we would be premature to start celebrating now.

Researchers speculate that there are several factors which have influenced this recent decline. In late 1988, the NCI strongly recommended adjuvant therapy for women with negative nodes but who were at high risk of recurrence. Adjuvant therapy is thought to be a key factor; the breast cancer awareness programs and screening mammography were also cited as possible factors that influenced the decline.

The fact is, we still don’t know what causes this disease. Until we find the cause, everything else will be a shot in the dark.

Researchers experiment with chemicals and radiation to find the best killer, carefully narrowing in on the one that kills the most cancer without destroying the body in which the cancer thrives. So, by shooting into that dark, we’ve gotten better at finding treatments that can help women live longer with the disease. Okay, perhaps the news of fewer deaths can move us toward cautious optimism. Maybe we are in the twilight of treatment—no longer totally in the dark.

But we need to remember the costs associated with the treatments too. Young women often sacrifice their ability to reproduce. Others suffer permanent scarring, lymphedema, arthritis, neuropathy, depressed immune systems and other debilitation because of the treatment they received to obliterate the breast cancer. There are those who experience premature menopause due to their treatment, which puts them at higher risk of osteoporosis and heart disease. What a shame to be required to select from among undesirable options the one that will do the least amount of harm.

Before we can plan any celebrations, we need to move abundantly closer to finding the cause of the disease. Finding the cause will allow us to develop prevention. Finding the cause will be the key to treatment that will be precise as well as effective. We have recently taken several very tiny steps forward, but when it comes to finding the cause, we are still very much in the dark.

Carpe diem.

Kendra McCarthy

Breast Cancer Tests Save Dollars As Well As Lives

Clinical breast exams, along with mammography, saved $21,717 to $83,830 (in 1991 dollars) per year of life saved for women aged 55-65.

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RESEARCH ON BETTER BREAST IMAGING
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Suspicious tissue is exposed to ultraviolet and visible light (lamp light), causing substances naturally present in the body to fluoresce. The fluorescence spectra are measured and compared at different intensities and wavelengths, cancerous tissues showing different patterns from normal tissues and benign tumors. The researchers, at Mediscience Technology Corporation of Cherry Hill, NJ, and the Ultrafast Spectroscopy and Lasers Institute of the City College of New York, report a high accuracy for the technique and predict that it has potential for quicker PAP tests using specimens taken during routine examination. This test also awaits testing and approval before it can be widely used.

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Dr. E. Michael Henry of the Lockheed Marietta Corporation, together with the Rose Health Care System, both in Denver, are applying a method of converting optical pattern recognition technology developed to detect military targets, such as tanks and missile launchers, from aircraft. In the mammography application, an optical processor (equivalent to radiologists’ eyes) picks out any areas of suspicion from the mammogram and sends those features to a computer program (equivalent to radiologists’ brains) to make a decision on whether further clinical evaluation is needed. The optical processor uses a low-power laser and lenses.

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1995 LEGISLATIVE AGENDA
Submitted by Margaret Borwhat

Our national agenda includes working to secure $485 million for breast cancer research in the National Cancer Institute budget for Fiscal Year 1996. We are seeking an additional $100 million from other federal agencies including the Environmental Protection Agency, Veterans Administration, and the National Institute of Environmental Health Sciences to expand the research they are already conducting into the cause and cure of breast cancer. We will request $210 million for the continuation of the Department of Defense (DoD) Army Breast Cancer Research Program (see Legislative Alert on page 1).

Legislative initiatives at the federal level include student loan debt forgiveness, the purpose of which is to increase the number of qualified scientists in the field of breast cancer research. This legislation would waive federally guaranteed student loan debt for scientists, medical doctors and nurses who commit to two years in research and devote two additional years to breast cancer research.

The Virginia Breast Cancer Foundation (VBCF) will support legislation that will require that all research funded with federal dollars require consumer participation in the decision making process. The results of all federally supported research projects must be reported in a database that is available to the public.

VBCF will provide input in the development of legislation on pesticide use and chlorine phaseouts. The Foundation will follow the Environmental Protection Agency's recently announced plans to review the potential health risks posed by three pesticides known as triazines, that may cause cancer.

We are requesting a report to be provided by the General Accounting Office (GAO) of the standard of care given to breast cancer patients within the Veterans Administration and within the Department of Defense. We would also like the GAO to report on SEER Data (Surveillance Epidemiology and End Results). The validity of the data from a nonrandomized sample has been questioned by scientists and consumers.

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The next Virginia Breast Cancer Foundation Newsletter will provide information on the disposition of the proposed state legislation relating to breast cancer.

MAKING DECISIONS ABOUT BREAST CANCER
By Phyllis Tyzenhouse

With serious discussions about health care reform and the content of basic benefit packages likely to resume, decisions will be required about kinds of care to include and criteria for limiting access to care based on the costs and benefits of treatments. Studies are being done to supply arguments for making these determinations. In the matter of breast cancer, there are conflicting opinions but no final answers to questions about who should obtain mammograms and how often, the best type of primary surgery for early breast cancer, preferred adjuvant therapy to follow primary surgery for women at risk of recurrence, and the best follow-up for metastatic disease. In order to shed light on these questions, the authors of an article in the January 11, 1995 issue of JAMA analyzed data from articles reported in Medline from 1960 to 1993 to evaluate the effectiveness and costs of screening mammography, primary surgery, adjuvant therapy, and follow-up care. Their summaries are presented below.

Screening Mammography has been shown to reduce mortality from breast cancer, but at a price. The benefit is expensive, especially for women younger or older than 50 to 69. When pooled data are analyzed (meta-analysis), no benefit can be shown for screening women 40 to 49. The Canadian study, reported last year, and the recent study from Nijmegen in the Netherlands, also support this. Only a 1993 Swedish study found a slight but not statistically significant benefit to screening women aged 40 to 49. Based on these reports, the authors suggest that a cost-effective approach would be to restrict mammography to biennial screens for women aged 50 to 69. This would save one to three billion dollars nationally. The National Cancer Institute continues to recommend screening only women aged 50 and older, but the American Cancer Society and the American Medical Association recommend screening for all women older than 40.

A separate article in the same issue of JAMA, reporting on a literature-review and meta-analysis of 13 articles drawn from a Medline search between 1966 and 1993, reaches similar conclusions. It reported that there was a 20% to 39% reduction in breast cancer mortality among women 50 to 74 years old, regardless of screening interval, number of mammographic views, duration of screening or follow-up, or addition of clinical breast exam. They found no statistically significant reduction in mortality for women 40 to 49 and therefore recommend that only women aged 50 to 74 be screened regularly.

Primary Surgery. None of the Studies reviewed showed any survival advantage of mastectomy, an extensive surgical procedure, over breast-conserving surgery. There were more local recurrences of cancer following conservative surgery unless radiation therapy was used post-operatively. Using other measures of post-surgical (continued on page 6, column 1)

Virginia, Women's Issues
and State Representation

As of 1992, Virginia ranked 43rd nationally in the number of women serving in our state legislature. Increasing the number of women representing us could help us to educate and influence policymakers about breast cancer. A bipartisan, grass-roots political action organization in Virginia that has been established to help preserve and increase women representatives is Make Women Count. For more information about this organization, call 804-644-7450.
DECISIONS ABOUT BREAST CANCER
(continued from page 5, column 2)

health, the authors found that patients who underwent breast-conserving surgery had better body image than those who had mastectomies, although there was no difference in fear of recurrence between the two groups.

Adjuvant Therapy, or therapy administered to women at risk of recurrent cancer following primary surgery, was evaluated using a meta-analysis of the Early Breast Cancer Trialists’ Collaborative Group. The analysis considered overall survival, but lacked sufficient data to include the impact of adjuvant therapy on quality of life. This omission is understandable because it is easier to count the number of women who survive breast cancer therapy and the number of extra years of life gained than to examine and measure quality of life. The researchers concluded that adjuvant polychemotherapy (using several antineoplastic drugs together) for those aged 50 and younger reduced relative mortality by 25%; for those aged 50 years or more, relative mortality was reduced by 12%. Tamoxifen used alone for two years reduced relative mortality by 20%, and if used in combination with polychemotherapy, the relative mortality was reduced 30%.

Follow-up. The effectiveness of follow-up testing for women with early breast cancer was evaluated by using data from recent Italian randomized clinical trials that compared intensive with routine surveillance. The results of the Italian study and other similar studies showed that routine follow-up testing did not improve survival or apparently influence quality of life after treatment for early breast cancer.

The authors who addressed mammographic screening and care of breast cancer patients applied their conclusions to decision making for the care of entire groups of women, rather than for the care of specific individuals. Nowhere was there discussion of including women’s preferences and choices or individualizing the treatment decisions. Gina Kolata, in her article, "Their Treatments, Their Lives, Their Decisions", argues that traditional doctor-made decisions sometimes steer women into treatments that may not be as beneficial to them as another choice would have been. As an example, women over 65 in Kentucky who develop breast cancer are as much as seven times more likely to have mastectomies than women in Massachusetts. Now, surgeons at some medical centers show interactive videotapes showing the benefits and drawbacks of various procedures, enabling women to make informed decisions about treatment choices they are willing to undergo.


The Virginia Breast Cancer Foundation recently elected Wanda Bruce to serve on the Board of Directors. We are grateful for her acceptance and look forward to having her do even more than she already does for VBCF!
VBCF Hosts Educational Seminar

Submitted by Patti Goodall

As part of its Annual Membership Meeting on Saturday, January 14, 1995 at the Virginia Museum of Fine Arts in Richmond, VBCF offered an education seminar attended by about 75 members and other interested individuals. The seminar began at 10:00 a.m., following President Kendra McCarthy’s status report on VBCF activities during the past year. Several expert speakers participated in the seminar entitled, Current Trends in Breast Cancer: Research, Treatment, and Advocacy; including Dr. Tom Smith, an oncologist from Medical College of Virginia who spoke about the most recent breast cancer research and treatment approaches; Michelle Bennett, Ph.D., a member of the research team that discovered the breast cancer gene; Dr. Janette Sherman, a nationally recognized toxicologist who discussed how environmental factors may be a primary cause of breast cancer; and Karen Raschke from Planned Parenthood, who shared advocacy strategies for breast cancer activists. Each session was followed by a question and answer period that allowed audience participation. Finally, Anne Chandler, Ph.D. from Virginia Commonwealth University conducted an afternoon workshop on grief and loss that combined lecture and experiential activities.

During lunch in the Virginia Museum Members Dining Room, Director Mary Jo Kahn and Vice President Margaret Borwhat provided an overview of VBCF’s activities to date and plans for the future. Director Patti Goodall then awarded Member of the Year certificates to Wanda Bruce (1993) and Ann Wilson (1994). Patti also announced Wanda Bruce’s election to the VBCF Board of Directors, filling a vacancy created by Pat Horrell’s resignation. To Wanda, Ann, and Pat, VBCF extends its sincere appreciation for all of the time, energy, and effort you have devoted to our cause.

Another exciting aspect of the seminar was the fact that a Japanese television crew was present throughout most of the morning sessions. The Japanese television station is producing a special on breast cancer activism in the United States featuring VBCF officers Kendra McCarthy and Mary Jo Kahn. They were on hand to record selected portions of the seminar and to interview many of the attendees. The feedback from those who attended the seminar was very positive, owing largely to the knowledgeable and talented speakers who donated their time and expertise. We are indeed fortunate to have such dedicated and generous researchers, practitioners, and advocates committed to the cause of breast cancer.

Inflammatory Breast Cancer

One of the less common types of breast cancer, accounting for one to four percent of all cases, is inflammatory breast cancer. One third of these patients are premenopausal and the average age of onset is 52. This type of cancer invades and blocks the lymph vessels of the skin of the breast, causing a reddened appearance, swelling, and a feeling of breast enlargement. The skin may appear pitted, resembling the rind of an orange (peau d’orange). Some women have a discharge from the nipple of the affected breast.

Since inflammatory breast cancer grows rapidly and may metastasize, early diagnosis and treatment are imperative. A surgical biopsy confirms the diagnosis, and treatment consists of some combination of chemotherapy, surgery, radiation, and hormone therapy. Chemotherapy often precedes surgery.

Women with inflammatory breast cancer may wish to participate in one of the clinical trials, now in progress, to study improvements in therapy, (PT)

(NCI Cancer Facts, 12/94)
UR STUDENT PROJECT

The VBCF is working closely with six University of Richmond students on several projects. Some of the projects include genetics, environmental issues and possible corporate scholarship. A lot of time is being dedicated by the students as they work toward researching these issues. We asked the students why they selected VBCF as part of their study group. Here is what they said:

My name is Justin Spain — I am the only male in the group that decided to address the Breast Cancer issue. I am interested in the movement because I am a child of divorce. My mother married a widower who lost his first wife to breast cancer at the young age of 32. I became interested and aware of the problems and movements because I have grown up in a household where the awareness level has been high. Having four sisters, I feel like I am quite familiar with some of the issues. I hope that I can further increase my knowledge and self awareness to women's issues, in particular breast cancer, and I hope I can assist or make a difference in the future!

Heidi Gottschalk: I personally became interested in working with the Va Breast Cancer Foundation because I honestly knew very little about the women’s movement (especially breast cancer) and I'm very curious to learn about it. I think this issue touches me personally obviously because I and my mother and many of my friends may be susceptible to this disease -- I would like to learn and educate myself on this topic and then share what I’ve gained with everyone else. Also, my grandfather just recently passed away due to cancer and I don't want to live my life in the dark. Through working with this foundation, I hope not only to educate myself, but also to witness the methods, arguments, opinions, etc. which are being used to protect women against breast cancer.

Coleen Lynam: I chose to get involved with the Virginia Breast Cancer Foundation because this past fall, my mother's best friend (our family friend) was diagnosed with breast cancer and had a double mastectomy. Her younger daughter and my youngest sister are best friends, too. Pam is going through chemotherapy now, and my family spends a lot of time helping her out. I guess I want to expand my involvement beyond an individual level to a broader level. As a female, the issue of breast cancer is something I am very aware of. My awareness is increased by the fact that I am a pre-med student.

More on Preventing Breast Cancer

By Phyllis Tyzenhouse

Since breast cancer claims the lives of over 40,000 American women each year, there is great interest in finding ways to keep it from occurring in the first place. Researchers are busy looking at various interventions and from time to time, the media announce encouraging breakthroughs. One of these is the finding that consumption of olive oil, instead of other kinds of shortening, may reduce the risk of breast cancer. It has been known that olive oil, a monounsaturated fat, is protective against coronary heart disease, and now, dietary studies show that Greek and Spanish women, who typically use more olive oil than American women, have a lower risk of breast cancer.

Dr. Dimitrios Trichopoulos of the Harvard School of Public Health analyzed self-reported diets of 820 women in Greece, newly diagnosed with breast cancer, and diets of 1,548 cancer-free Greek women. They found that women who consumed olive oil more than once a day had a 25% lower risk of breast cancer. A possible explanation is that olive oil is less easily oxidized than polyunsaturated fats and contains antioxidant vitamins, such as vitamin E.

A similar study of Spanish women was reported last year by Martin-Moreno and colleagues, including an American, Dr. Walter C. Willett of Harvard. The diets of 762 women with newly-diagnosed breast cancer were compared with 988 randomly selected controls. Again, higher consumption of olive oil was significantly related to a lower risk of breast cancer. The researchers reported a 44% decreased risk of breast cancer between the highest and lowest quartiles of olive oil consumption, showing a definite dose-response relationship. No relationship was found between total fat consumption nor for specific types of fat and breast cancer in either pre- or postmenopausal women.
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NCI FY96 Budget for Breast Cancer and Women's Health

The FY96 Bypass budget for breast cancer includes $485.6 million for NCI; $70.2 million is for the Trans-NIH Breast Cancer Initiative for a total of $555.8 million. This proposed amount increases the funding for breast cancer research by $161.8 million over the President's 1995 budget proposal. The increased amount is intended to fund an increase in research into imaging technologies and the funding of more SPOREs, which are special centers for breast cancer research. Basic research, clinical trials, screening, prevention and detection research is also funded within the NCI bypass funding.

NCI proposes $100 million to be used toward cancer prevention and nutrition research and $140 million for Vaccine research which expands fundamental molecular biology and immunology research and the development of vaccines with cancer applications. $615 million is proposed for Clinical Trials, including an increase in accrual to breast cancer trials, and $60 million is proposed to expand rehabilitation and pain therapy research.

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House Joint Resolution 583 will continue the joint subcommittee study of laws and policies related to acute and cancer pain management.

House Bill 2043, sponsored by George Heilig, affects limitations on preexisting conditions provisions for individual insurance policies. Individuals who purchase insurance directly from a carrier would have a reduced waiting period of 12 months for preexisting conditions instead of the previously stipulated 24 months. Individuals with previous coverage under a group plan or individual plan that move to new individual plan with a different insurance carrier receive credit for the time they carried the previous policy. This is similar to what is provided for small group coverage with two to 50 people enrolled.

The next Virginia Breast Cancer Foundation Newsletter will provide information on the disposition of the proposed state legislation relating to breast cancer.

MAKING DECISIONS ABOUT BREAST CANCER
By Phyllis Tyzenhouse

With serious discussions about health care reform and the content of basic benefit packages likely to resume, decisions will be required about kinds of care to include and criteria for limiting access to care based on costs and benefits of treatments. Studies are being done to supply arguments for making these determinations. In the matter of breast cancer, there are conflicting opinions but no final answers to questions about who should obtain mammograms and how often, the best type of primary surgery for early breast cancer, preferred adjuvant therapy to follow primary surgery for women at risk of recurrence, and the best follow-up for metastatic disease. In order to shed light on these questions, the authors of an article in the January 11, 1995 issue of JAMA analyzed data from articles reported in Medline from 1960 to 1993 to evaluate the effectiveness and costs of screening mammography, primary surgery, adjuvant therapy, and follow-up care. Their summaries are presented below.

Screening Mammography has been shown to reduce mortality from breast cancer, but at a price. The benefit is expensive, especially for women younger or older than 50 to 69. When pooled data are analyzed (meta-analysis), no benefit can be shown for screening women 40 to 49. The Canadian study, reported last year, and the recent study from Nijmegen in the Netherlands, also support this. Only a 1993 Swedish study found a slight but not statistically significant benefit to screening women aged 40 to 49. Based on these reports, the authors suggest that a cost-effective approach would be to restrict mammography to biennial screens for women aged 50 to 69. This would save one to three billion dollars nationally.

The National Cancer Institute continues to recommend screening only women aged 50 and older, but the American Cancer Society and the American Medical Association recommend screening for all women older than 40.

A separate article in the same issue of JAMA, reporting on a literature-review and meta-analysis of 13 articles drawn from a Medline search between 1966 and 1993, reaches similar conclusions. It reported that there was a 20% to 39% reduction in breast cancer mortality among women 50 to 74 years old, regardless of screening interval, number of mammographic views, duration of screening or follow-up, or addition of clinical breast exam. They found no statistically significant reduction in mortality for women 40 to 49 and therefore recommend that only women aged 50 to 74 be screened regularly.

Primary Surgery. None of the Studies reviewed showed any survival advantage of mastectomy, an extensive surgical procedure, over breast-conserving surgery. There were more local recurrences of cancer following conservative surgery unless radiation therapy was used post-operatively. Using other measures of post-surgical

(continued on page 6, column 1)
DECISIONS ABOUT BREAST CANCER (continued from page 5, column 2)

health, the authors found that patients who underwent breast-conserving surgery had better body image than those who had mastectomies, although there was no difference in fear of recurrence between the two groups.

Adjuvant Therapy, or therapy administered to women at risk of recurrent cancer following primary surgery, was evaluated using a meta-analysis of the Early Breast Cancer Trialists’ Collaborative Group. The analysis considered overall survival, but lacked sufficient data to include the impact of adjuvant therapy on quality of life. This omission is understandable because it is easier to count the number of women who survive breast cancer therapy and the number of extra years of life gained than to examine and measure quality of life. The researchers concluded that adjuvant polychemotherapy (using several antineoplastic drugs together) for those aged 50 and younger reduced relative mortality by 25%; for those aged 50 years or more, relative mortality was reduced by 12%. Tamoxifen used alone for two years reduced relative mortality by 20%, and if used in combination with polychemotherapy, the relative mortality was reduced 30%.

Follow-up. The effectiveness of follow-up testing for women with early breast cancer was evaluated by using data from recent Italian randomized clinical trials that compared intensive with routine surveillance. The results of the Italian study and other similar studies showed that routine follow-up testing did not improve survival or apparently influence quality of life after treatment for early breast cancer.

The authors who addressed mammographic screening and care of breast cancer patients applied their conclusions to decision making for the care of entire groups of women, rather than for the care of specific individuals. Nowhere was there discussion of including women’s preferences and choices or individualizing the treatment decisions. Gina Kolata, in her article, “Their Treatments, Their Lives, Their Decisions”, argues that traditional doctor-made decisions sometimes steer women into treatments that may not be as beneficial to them as another choice would have been. As an example, women over 65 in Kentucky who develop breast cancer are as much as seven times more likely to have mastectomies than women in Massachusetts. Now, surgeons at some medical centers show interactive videotapes showing the benefits and drawbacks of various procedures, enabling women to make informed decisions about treatment choices they are willing to undergo.

Researcher Requests Information from VBCF Members

Janette Sherman, M.D., a speaker at VBCF’s educational seminar on January 14, 1995, would like seminar participants and others to provide her with a consumer perspective and information that will assist her in writing the final chapter of a book on breast cancer and environmental causes. Dr. Sherman seeks advice about ways to effectively bring the message about environmental issues to women with breast cancer and others at risk, without causing confusion and alienation. In particular, Dr. Sherman would like feedback regarding her book, Chemical Exposure and Disease: Diagnostic and Investigative Techniques, which was made available at the seminar.

VBCF supports research into the environmental causes of breast cancer, an area that has been ignored and scorned by researchers and the cancer establishment for decades. This is an opportunity for VBCF members to play a role in highlighting this critical area of research. Please send one or two paragraphs (or more, if you wish) describing your reaction to the seminar session on January 14 and/or to the book on chemical exposure and disease to Janette Sherman, M.D. at P. O. Box 4605, Alexandria, VA 22303. You may sign your name or submit anonymously. Do your part, help our cause. Share your thoughts and feelings!!


The Virginia Breast Cancer Foundation recently elected Wanda Bruce to serve on the Board of Directors. We are grateful for her acceptance and look forward to having her do even more than she already does for VBCF!
VBCF Hosts Educational Seminar

Submitted by Patti Goodall

As part of its Annual Membership Meeting on Saturday, January 14, 1995 at the Virginia Museum of Fine Arts in Richmond, VBCF offered an education seminar attended by about 75 members and other interested individuals. The seminar began at 10:00 a.m., following President Kendra McCarthy's status report on VBCF activities during the past year. Several expert speakers participated in the seminar entitled, *Current Trends in Breast Cancer: Research, Treatment, and Advocacy*, including Dr. Tom Smith, an oncologist from Medical College of Virginia who spoke about the most recent breast cancer research and treatment approaches; Michelle Bennett, Ph.D., a member of the research team that discovered the breast cancer gene; Dr. Janette Sherman, a nationally recognized toxicologist who discussed how environmental factors may be a primary cause of breast cancer; and Karen Raschke from Planned Parenthood, who shared advocacy strategies for breast cancer activists. Each session was followed by a question and answer period that allowed audience participation. Finally, Anne Chandler, Ph.D. from Virginia Commonwealth University conducted an afternoon workshop on grief and loss that combined lecture and experiential activities.

During lunch in the Virginia Museum Members Dining Room, Director Mary Jo Kahn and Vice President Margaret Borwhat provided an overview of VBCF’s activities to date and plans for the future. Director Patti Goodall then awarded Member of the Year certificates to Wanda Bruce (1993) and Ann Wilson (1994). Patti also announced Wanda Bruce’s election to the VBCF Board of Directors, filling a vacancy created by Pat Horrell’s resignation. To Wanda, Ann, and Pat, VBCF extends its sincere appreciation for all of the time, energy, and effort you have devoted to our cause.

Another exciting aspect of the seminar was the fact that a Japanese television crew was present throughout most of the morning sessions. The Japanese television station is producing a special on breast cancer activism in the United States featuring VBCF officers Kendra McCarthy and Mary Jo Kahn. They were on hand to record selected portions of the seminar and to interview many of the attendees. The feedback from those who attended the seminar was very positive, owing largely to the knowledgeable and talented speakers who donated their time and expertise. We are indeed fortunate to have such dedicated and generous researchers, practitioners, and advocates committed to the cause of breast cancer.

**Inflammatory Breast Cancer**

One of the less common types of breast cancer, accounting for one to four percent of all cases, is inflammatory breast cancer. One third of these patients are premenopausal and the average age of onset is 52. This type of cancer invades and blocks the lymph vessels of the skin of the breast, causing a reddened appearance, swelling, and a feeling of breast enlargement. The skin may appear pitted, resembling the rind of an orange (peau d’orange). Some women have a discharge from the nipple of the affected breast.

Since inflammatory breast cancer grows rapidly and may metastasize, early diagnosis and treatment are imperative. A surgical biopsy confirms the diagnosis, and treatment consists of some combination of chemotherapy, surgery, radiation, and hormone therapy. Chemotherapy often precedes surgery.

Women with inflammatory breast cancer may wish to participate in one of the clinical trials, now in progress, to study improvements in therapy, (PT)

( NCICancer Facts, 12/94)
UR STUDENT PROJECT

The VBCF is working closely with six University of Richmond students on several projects. Some of the projects include genetics, environmental issues and possible corporate scholarship. A lot of time is being dedicated by the students as they work toward researching these issues. We asked the students why they selected VBCF as part of their study group. Here is what they said:

My name is Justin Spain -- I am the only male in the group that decided to address the Breast Cancer issue. I am interested in the movement because I am a child of divorce. My mother married a widower who lost his first wife to breast cancer at the young age of 32. I became interested and aware of the problems and movements because I have grown up in a household where the awareness level has been high. Having four sisters, I feel like I am quite familiar with some of the issues. I hope that I can further increase my knowledge and self awareness to women's issues, in particular breast cancer, and I hope I can assist or make a difference in the future.

Heidi Gottschalk: I personally became interested in working with the Va Breast Cancer Foundation because I honestly knew very little about the women's movement (especially breast cancer) and I'm very curious to learn about it. I think this issue touches me personally obviously because I and my mother and many of my friends may be susceptible to this disease -- I would like to learn and educate myself on this topic and then share what I've gained with everyone else. Also, my grandfather just recently passed away due to cancer and I don't want to live my life in the dark. Through working with this foundation, I hope not only to educate myself, but also to witness the methods, arguments, opinions, etc. which are being used to protect women against breast cancer.

Coleen Lynam: I chose to get involved with the Virginia Breast Cancer Foundation because this past fall, my mother's best friend (our family friend) was diagnosed with breast cancer and had a double mastectomy. Her younger daughter and my youngest sister are best friends, too. Pam is going through che-motherapy now, and my family spends a lot of time helping her out. I guess I want to expand my involvement beyond an individual level to a broader level. As a female, the issue of breast cancer is something I am very aware of. My awareness is increased by the fact that I am a pre-med student.

More on Preventing Breast Cancer

By Phyllis Tyzenhouse

Since breast cancer claims the lives of over 40,000 American women each year, there is great interest in finding ways to keep it from occurring in the first place. Researchers are busy looking at various interventions and from time to time, the media announce encouraging breakthroughs. One of these is the finding that consumption of olive oil, instead of other kinds of shortening, may reduce the risk of breast cancer. It has been known that olive oil, a monounsaturated fat, is protective against coronary heart disease, and now, dietary studies show that Greek and Spanish women, who typically use more olive oil than American women, have a lower risk of breast cancer.

Dr. Dimitrios Trichopoulos of the Harvard School of Public Health analyzed self-reported diets of 820 women in Greece, newly diagnosed with breast cancer, and diets of 1,548 cancer-free Greek women. They found that women who consumed olive oil more than once a day had a 25% lower risk of breast cancer. A possible explanation is that olive oil is less easily oxidized than polyunsaturated fats and contains antioxidant vitamins, such as vitamin E.

A similar study of Spanish women was reported last year by Martin-Moreno and colleagues, including an American, Dr. Walter C. Willett of Harvard. The diets of 762 women with newly-diagnosed breast cancer were compared with 988 randomly selected controls. Again, higher consumption of olive oil was significantly related to a lower risk of breast cancer. The researchers reported a 44% decreased risk of breast cancer between the highest and lowest quartiles of olive oil consumption, showing a definite dose-response relationship. No relationship was found between total fat consumption nor for specific types of fat and breast cancer in either pre- or postmenopausal women.
More On Preventing Breast Cancer
(continued from page 8, column 2)

Both of these studies show a clear indication that the use of olive oil as a substitute for some or all of the fats used in cooking is protective against breast cancer. This readily-available product is not unpleasant to most consumers and it offers a painless way to reduce cancer risk. Another health-wise step women can take is to avoid saturated fats, which induce estrogen production. Additionally, increasing consumption of broccoli, cauliflower, brussels sprouts, and cabbage, all of which contain an anti-cancer substance, is beneficial.

The Women's Health Initiative (WHI) that was launched in 1993, is the first major randomized controlled trial to test the hypothesis that 10 years of a diet low in fat and high in fruits and vegetables will reduce breast cancer incidence in postmenopausal women. A separate WHI investigation will study whether postmenopausal replacement hormones will prevent coronary heart disease and osteoporosis. This WHI project was a high priority of Dr. Bernadine Healy, former Director of the National Institutes of Health (NIH), beginning at the time of her confirmation in 1991 until she guided the project into being before leaving office in June of 1993. This research study, involving more than 160,000 women over age 50 at 45 clinical centers, is the largest project ever conducted by NIH. The women will be tracked for 14 years at a cost of over $625 million. Dr. Robert Wallace of the Vanguard Clinical Center at the University of Iowa, Iowa City, is the principal investigator. The project has attracted more political interest than most research because it is seen as a corrective device for the years of health research that did not include women.

An Institute of Medicine report criticized the WHI study's primary hypothesis that a low-fat diet will reduce the occurrence of breast cancer. They pointed out that in countries such as Japan, where lower breast-cancer rates have been attributed to low-fat diet, the claim is based on total fat sales and consumption rather than on the actual fat content of women's diets. A further criticism is that the WHI study will also look at American women's intake of fats, fruits, and vegetables, and it will be difficult to determine which, if any, of these dietary factors correlate with lowered risk of breast cancer. Some critics believe that the investigators should look at the relationship between fat intake and risk of coronary heart disease in women, which has never been studied, but this is not one of the WHI hypotheses.

The title of another research project, the Breast Cancer Prevention Trial (BCPT), may suggest that it is a trial to study various ways to prevent breast cancer, but it actually studies only the effect of Tamoxifen on reducing invasive breast-cancer occurrence in women aged 35 to 59, over the next 5 years. Women eligible to participate in the study must have specified risk factors for breast cancer, as well as a diagnosis of lobular carcinoma in situ, a type of noninvasive breast cancer that greatly increases chances of developing invasive breast cancer. This trial is funded by the National Cancer Institute and is being conducted by the National Surgical Adjuvant Breast Cancer Project (NSABP) in medical centers across the United States and Canada.

Sources:
"Olive Oil May Cut Cancer Risk", Associated Press, 1/18/95.
Franklin Hoke, "NIH Women's Health Researchers Rebut Criticism of Their Study", The Scientist, 8(2), January 24, 1994.

INFORMED CONSENT

Attention is drawn to a report from the National Cancer Institute that 18 states have enacted statutes mandating that physicians disclose treatment options and define medical information on which treatment decisions are made, to women with breast cancer. Virginia is listed among the 18 states with statutes requiring preoperative consent forms, but that is all. There is no required definition of the content of information to be disclosed or the format of the presentation. Interested persons may wish to review the Virginia statute, passed in 1984 and found in Va Code Ann 54.1-2971. Virginia Senator Jane Woods (R-34th District) is heading a study group to consider the issue of informed consent, and VBCF would like to participate in this study as it pertains to breast cancer.

Sources:
Cancer Pain Prevention

Expect medications for relieving cancer pain to be prescribed more freely in the future, thanks to new guidelines issued on cancer pain by the Agency for Health Care Policy & Research. The federal group found that cancer pain is all too often undertreated because of unwarranted fears of addiction to drugs. Separately, Purdue Frederick Co. has launched a Partners Against Pain program. The program offers a patient-education video, patient journal, and treatment guidelines for health professionals to distribute to patients to help relieve their pain.

Some pain, however, prevents a clinical management challenge. Neither narcotic nor nonnarcotic analgesics provide relief in many cancer patients with painful bony metastases. Physicians responding to a survey said narcotic analgesics were prescribed for 70% of their patients, but almost 30% did not benefit. Nonnarcotic analgesics fared worse: only one half of the 40% of their patients using nonnalgesics achieved pain relief.

(Source: Hosp Pharmacist Report)

It has been reported that Dr. Samuel Broder announced his resignation as NCI Director on December 21, 1994. He served in that role for six years and leaves to take the top scientific post at IVAX Corporation of Miami. IVAX is a pharmaceutical company that, among other products, is developing an equivalent of the drug, Taxol. Taxol is now produced exclusively by Bristol-Myers Squibb who controls the market until December 29, 1997. (PT)

Associated Press release, January 11, 1995

A SPECIAL THANKS to Lincare for their recent donation. Thanks to their generosity, the VBCF has been able to put together a computer network. Lincare, Inc., a national home medical equipment provider headquartered in St. Petersburg, Florida, has branch offices throughout Virginia. It was the Richmond, Va. Branch that orchestrated the gift to the VBCF.

Isn't It TIME We Found A Cure?

From Tires to Tumors

A noninvasive breast cancer detection system that avoids the pinching and X rays of mammography is the subject of an unusual cross-disciplinary collaboration in Ohio between breast cancer researchers at Akron City Hospital and tire defect engineers at Akron-based Goodyear Tire and Rubber Company. As a quality-control step at Goodyear, a tire is placed in a vacuum chamber to create a slight stress, after which lasers scan its surface and reveal, via holographic interferometry, minute surface irregularities that indicate interior imperfections. "Any defect, any loose spot, will be different at that point," says Goodyear holographic engineer Surendra Chawla. Itturns out breast tumors also behave like tire imperfections and cause slight skin surface irregularities that the highly sensitive holographic technique can pick up.

Copied from The Scientist: 6(9), April 27, 1992, (Copyright, The Scientist, Inc.)

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BREAST CANCER EDUCATION GRANT

A $60,000 grant from the Virginia Health Care Foundation will help African-American hairdressers in Richmond to educate their clients about breast cancer detection.

The hair salon-based breast cancer education program was developed by Virginia Commonwealth University's Department of Family Practice, on the Medical College of Virginia campus.

"Given both the rising death rate among black women and the fact that the early detection is essential to defeating breast cancer, the Virginia Health Care Foundation is excited to be able to help fund this new program, 'Looking Good Inside and Out'," said Mark R. Warner, the foundation's chairman.

The foundation is a nonprofit organization formed to improve access to care for Virginia's uninsured and medically underserved populations. Its grant will be used to fund the program's nurse coordinator and underwrite the cost of 125 mammograms.

Reprinted verbatim from the Richmond Times Dispatch.

NSABP Trails Reopen

Two National Surgical and Adjuvant Breast and Bowel Project (NSABP) breast cancer treatment clinical trial studies have been reopened since the controversial fraud exposure early last year. Patients have been slow to enter the trials and this is not expected to improve until leadership of the project is stabilized under its newly elected chairman, Norman Wolmark, a surgeon, whose leadership has not yet been formally recognized by the National Cancer Institute. Dr. Wolmark replaces Dr. Fisher, who was removed as chairman because of the fraudulent data incident. Dr. Fisher has been encouraged to rejoin the project as a scientific contributor. The two trials include: B-23, systemic adjuvant therapy using Adriamycin, Cytoxan, with or without tamoxifen; and B-26, a comparison of 3 hour versus 24 hour infusion of Taxol. If you are interested in investigating either of these trials, speak with your physician or contact NCI at 1-800-4-CANCER.

Several NSABP Breast Cancer Prevention Trials have reopened as well, though approximately 20 percent of the initial 11,000 women on the trial have discontinued participation, either because they have completed that phase or have become fearful because of the controversy.

SUGGESTED READING:

Alternative Medicine: The Definitive Guide.
Burton Goldberg Group.

"This massive volume is quickly becoming the indispensable reference book on all types of alternative medicine."

MANY, MANY THANKS TO WANDA BRUCE FOR THE PHOTOS IN THIS ISSUE.
CALENDAR

March 2
VBCF Computer Tutorial - Learn how to use CompuServe for BCa activism - VBCF Office 7 p.m. & 8 p.m. repeat -- Kendra McCarthy to lead session

March 10
Newsletter Article Deadline

March 16
VBCF Committees and Planning: Open Meeting for potential volunteers 7 p.m. at VBCF Office McCarthy/Nowell. Anyone may participate.

April 8
VBCF Board Meeting

May 12
Proposed May Event with Susan Allen

May 12
VBCF Board Meeting (after event)

Editor: Barbara Parker

Margaret Borwhat and Renee Nowell working to get information out to members about annual membership meeting. Wanda Bruce (photographer) also helped. With non-profit bulk mail, it takes more work, but saves VBCF on postage.

Research Articles: Phyllis Tyzenhouse

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