Susan Allen declares October as Breast Cancer Awareness Month

VBCF receives donation from Williamsburg Women’s Junior League at Press Conference

First Lady of Virginia Susan Allen proclaimed October as Breast Cancer Awareness Month in a press conference in Richmond, attended by VBCF members, public health officials, American Cancer Society members and representatives of cancer care facilities.

The Williamsburg Junior Women's League presented a check for over $12,500 to VBCF raised from Colonial Homes Magazine House Tour at Governor's Land in Williamsburg. The tour was part of the magazine's twenty-fifth anniversary and the house was featured in October's issue. Janet Mottinger, the Junior League's chair of the House Tour, presented the check to VBCF President Margaret Borwhat. Also attending the event were Williamsburg Junior Women's League President Judy Wood and Governor's Land President Jerry Moore, whose organization dedicated the proceeds to VBCF. Margaret Borwhat, recognizing the contributors stated, "The generosity of Governor's Land and efforts of the Williamsburg Junior Women's League will help us continue our mission to eradicate breast cancer."

First Lady Allen read the proclamation signed by Governor Allen and presented it to Dr. Ellen DeParedes, Director of Breast Imaging at the Medical College of Virginia. In her remarks, she noted that breast cancer is the second leading cause of cancer death in the state. She recognized state employees and VBCF members, Kendra McCarthy and Phyllis Katz, for their tireless efforts to educate women of Virginia about breast cancer.
As the year comes to a close, members of Virginia Breast Cancer Foundation have much success to share. VBCF has continued many programs and added new ones. *Primary Care Perspectives* was the first-of-its-kind conference answering the need to inform primary care professionals with the latest on breast cancer. We hope it will serve as a model for other states’ breast cancer organizations.

VBCF successfully urged members of the Virginia General Assembly to consider breast cancer related issues: genetic discrimination and patient information. We were able to immediately respond to the publication of an article on breast cancer susceptibility genes by offering an educational program and rapidly disseminating information across the state.

Our annual membership meeting to be held in the beginning of ‘96 is an opportunity to learn of all our projects and progress. Please come. It’s a great occasion to meet one another and become more involved in particular breast cancer issues of concern to you.

I would like to wish each and every one happy holidays and cherished times with family, loved ones and friends. Please make a New Year’s resolution to renew your commitment to help VBCF fight breast cancer. Although we had many accomplishments in ’95, we need to continue working toward our goal to eradicate breast cancer and look forward to the year when breast cancer is no longer a threat to any woman.

I especially want to thank you for your gifts to the Virginia Breast Cancer Foundation—your generous donations of resources, your many talents and valuable skills, and most importantly, your precious time. I look forward to working with you in 1996.

Barbara Parker

Barbara is described by friends as intelligent, kind, caring, sensitive and interested in women’s health issues. She has served on the board of directors for Retreat Hospital, which gave her an excellent perspective for a newly organized health organization. Barbara, along with Phyllis Tyzenhouse, realized the importance of medical and scientific information to VBCF members. Under her direction the newsletter became a viable instrument of communication to inform and unite VBCF members in their fight against breast cancer.

Married to Jim Parker with three children, Barbara is an voracious reader and avid golfer. During her tenure as editor she commuted two or three times a week to Lake Gaston in North Carolina, where she worked as a real estate agent. She generously gave hours and hours of her valuable time producing the newsletter.

One of Barbara’s dreams was to take the VBCF newsletter from an in-office photocopy to a publication of substance and style. She immediately started pushing to include photos and better quality printing. When there was no money to make the publication prettier, Barbara beat the streets to find the cheapest way to distribute the news she assembled.

“There is no one better than Barbara to keep us working,” praised one board member. “If there was a publication deadline looming, Barbara would push to make sure our members got all the news and information they needed.”

At the Pink Badge of Courage Reception honoring outstanding individuals in the fight against breast cancer, Barbara Parker was acknowledged in a speech by Patti Goodall for her contributions as editor of the newsletter from 1991 to 1995. Unfortunately, she was unable to attend due to a prior commitment. We’d like to take this opportunity to express our appreciation and thank Barbara for a job well done.
Northwest District—Shenandoah

Caz Phelps and Toni Caggiano held the first meeting of the Shenandoah Chapter of VBCF in Winchester. The goal was to bring together breast cancer survivors, family and friends in order to help educate other women about breast cancer and to encourage membership in VBCF. A support group has been formed so women who have already dealt with breast cancer can help other women with diagnosis. We hope to have a men's group available in the future. Christie Yates has been taking photos for an album that also contains quotes from local survivors.

Margaret Borwheat spoke to us for Breast Cancer Awareness Month. At the meeting it was announced that Caz Phelps will replace Toni Caggiano as Northwest District Representative for VBCF. We owe Toni many thanks for her years of service, including countless phone calls dealing with the legislative side of the organization and acting as liaison for the local Medical Alliance. Toni got involved in VBCF because she had friends who had breast cancer and wanted to support them. She has not had breast cancer. She helped with the letter writing campaigns as well as the phone tree when calls needed to be made. She also attended one of the National Breast Cancer Coalition conferences in Washington, DC. We all appreciate Toni's hard work and devotion to the cause. She will continue to be involved with the local group and will work on the legislative end when necessary. Thanks, Toni, for giving your time and effort to VBCF.

We are pleased with our progress as a chapter and are thinking of a possible fundraiser for 1996. We are also looking for a sponsor for a "Survivor's Dinner" to be held in October. We've all made new friends and look forward to a productive future in the fight against breast cancer. Happy and Healthy Holidays to all of you.

Margaret Borwheat and Maria McKendry

Northwest District—Charlottesville

Although we haven't organized yet for meetings, several VBCF members in the Charlottesville area participated in activities for Breast Cancer Awareness Month. Mary Huff gave a public education presentation at the GE Fanuc Automation plant in Charlottesville in September and asked employees to designate their United Way contributions be given to VBCF. Mary and new member Gail Shepard distributed literature and pink ribbons at GE Family Day. Margaret Borwheat and Maria McKendry staffed a booth at Fashion Square Mall in conjunction with the "Cut for the Cure" campaign offered by Regis Hair Stylists to benefit the Susan G. Komen Breast Cancer Foundation. Margaret Borwheat, Mary Huff and Barbara Stoner attended the Breast Cancer Awareness Month Proclamation press conference and reception. If you live in the Charlottesville area and would like to be involved in VBCF activities, call Mary Huff at 804-973-0763.

Saving for Ukrop's Golden Gift Program will be easier than ever!

Each time you shop at Ukrop's from September 25 through January 6, 1996, present your "Valued Customer" card at the checkout. Your purchases will be electronically recorded in your Valued Customer account. Customers who don't have a Valued Customer card will not be able to participate. To get a card, stop by any Ukrop's store or call 379-7361.

In February your Valued Customer newsletter will include a golden certificate of your total purchases for the Golden Gift period. Submit this golden certificate to Wanda Bruce by March 1 so it can be included in the VBCF Golden Gift packet. All packets must be submitted to Ukrop's by March 16, 1996. If you have any questions about the electronic Golden Gift Program, call Wanda Bruce at 672-1500 or 285-1200. Thanks for saving your statements for this valuable VBCF fundraising program.

A Central Virginia fundraiser for Breast Cancer Awareness month was the "Dance for the Cure" Jazzercise event. During October, Jazzercise students collected donations for VBCF. On October 22, 47 people attended a special Jazzercise session to celebrate their success. Over 30 door prizes donated by local businesses were given away at the event to Jazzercise students who collected donations. The top prize, a $100 gift certificate for Circuit City, was awarded to Joan Charles, a VBCF member and six-year survivor, who collected $1,037 in memory of her friend Betty Brown. Jazzercise Tote Bags were given to 27 dancers who had collected over $100 each. Not all donations had been collected but the current total is $6,317. Thanks to Becky Morris, Wanda Bruce and Gloria Bames for coordinating and organizing this energetic event for the benefit of VBCF.

Another fundraising event was the Race for the Cause sponsored by the Colonial Heights Rotary Club and the TriCities Road Runners. Approximately 200 people participated. The money raised will be divided between VBCF; the American Cancer Society, the John Randolph Hospital Indigent Mammogram Fund and Southside Regional Hospital.

Central Virginia District
Tidewater District—Peninsula

Over 5,000 pink ribbons were made by the Peninsula Chapter and placed in local businesses during October. We also passed out pink ribbons at our Community Awareness booth in the Coliseum Mall. One church had a “Pink Ribbon Sunday,” we provided the ribbons for them to distribute. We presented programs at Old Dominion University, Langley Air Force Base, Riverside Hospital, Denbigh Senior Citizens Center and Hampton United Methodist Church. Many thanks to the Pink Ribbon Committee: Jessie Barrack, Sudie Stultz, Brenda Forbes, Joyce Campbell, Nancy Hopkins and Pauline Riley; and to Gene Stultz for painting the pink baskets. Eight of our members attended the Breast Cancer Awareness Proclamation press conference held at the Governor’s Mansion in Richmond. Jennie Davies, Susan Calver, Betsy Bishop, Judy Weatherly, Doris Harris, Vivian Phillips, Mary Fox and Ann Wilson were inspired by their visit.

Margaret Borwhat, VBCF president, spoke October 10 at our meeting.

Our fund raiser at Oyster Point Park netted VBCF $1,407. Thanks to everyone who came out and worked this event.

Vivian Phillips, Ann Wilson, Jennie Davies, Judy Weatherly, Susan Calver, Betsy Bishop and Doris Harris with First Lady Susan Allen

Editor’s Note: If you have an active VBCF group in your community or if you individually are working in the fight against breast cancer and would like to submit a report, call Mary Huff at 804-973-0763. Let us hear from you!

Virginia Breast Cancer Foundation cofounder Sherry Kohlenberg’s picture will be added to the National Breast Cancer Coalition’s Faces of Breast Cancer exhibit. Sherry Kohlenberg died from breast cancer July 14, 1993. The exhibit of portraits travels nationwide.

VBCF President Margaret Borwhat gave a presentation to the Women Law Students Association (WLSA) at the University of Richmond on September 26. Two members of WLSA spoke to a Virginia General Assembly subcommittee on the legal and public policy implications of genetic testing for breast cancer. WLSA is also working on a fund raiser for VBCF.

Former VBCF president Mary Jo Kahn gave a presentation on Breast and Ovarian Cancer: What Women Need to Know About Their Hereditary Risk, on October 18, 1995. Mary Jo is co-chair of the National Action Plan on Breast Cancer Hereditary Susceptibility Working Group. She spoke at the Medical College of Virginia Women’s Health Care Center with Joann Bodurtha, MD, MPH, who is with the Department of Human Genetics at MCV.

Tidewater District—Southside

The Southside Chapter had several displays in local malls during the month of October. Thanks to Sandy Baggett for working at Lynnhaven Mall on October 7 in Virginia Beach; Pat Phelam, Kathe Bynees, Ginny Diezel, Marilyn Wakeman and Corina Zalles for working at Pembroke Mall in Virginia Beach on October 14; and Deb Goof and Alice Johnson for working at Chesapeake Square Mall in Chesapeake on October 21.

Alice Johnson participated in a panel discussion on “The Therapeutic Relationship,” which was part of a first-year medical school Introduction to the Patient course at the Eastern Virginia School of Medicine.

Health advocates have formed the Hampton Roads Breast and Cervical Cancer Coalition. Alice Johnson represents VBCF, which is one of nine members of the Coalition.

Initial plans are being made for a General Membership Meeting in February. Look for more information in future mailings.

The kickoff event for the Coalition for Every Woman’s Life was held at the Virginia Museum of Fine Arts in Richmond on November 1. The event was part of the Virginia Department of Health’s efforts to promote the early detection of breast and cervical cancer. The keynote speaker was Zora Brown, a 14-year breast cancer survivor and founder of the Breast Cancer Resource Committee in Washington, DC.

If you see stars next to your name on the mailing label of this newsletter, it means you still need to pay your 1995 VBCF dues of $15.00. For any questions about membership and/or dues, call the VBCF office 1-800-345-VBCF. Remember that Family Memberships are available for $20.00 when family members reside at the same address.

The American Cancer Society collects data on all types of cancer; such information as number of people affected, age at diagnosis and cause of death, just to name a few. ACS recently noted that breast cancer is unlike many other cancers in that long term survival does not level off after five years. Survival after a diagnosis of breast cancer continues to decline, with 63% of all women diagnosed with breast cancer alive at 10 years and 56% alive at 15 years after diagnosis. The good news is that the five year survival rate for all women diagnosed with localized breast cancer has risen to 94%.

Researchers are studying the possible connection between the BRCA1 gene and pregnancy. Its been observed for years that pregnancy early in a woman’s life seems to have a protective effect against breast cancer. Scientists are investigating whether combinations of estrogen and progesterone similar to pregnancy can trigger an “ever activity” in the protective effect of the BRCA1 gene by studying the rodent version of BRCA1 in laboratory mice breasts.
To Our Virginia Breast Cancer Foundation Members and Supporters

Occasionally, Virginia Breast Cancer Foundation (VBCC) members and others inform us that they have made contributions to the National Breast Cancer Coalition (NBCC) and therefore assume they have paid VBCC dues or otherwise financially supported VBCC. NBCC and VBCC are not the same organization and contributing to NBCC does not automatically make you a member of VBCC. To clarify the relationship—VBCC is one of over 350 grass roots advocacy organizations that make up NBCC along with individual NBCC members. VBCC is one of 25 organizations that has a seat on the working Board of Directors and has held this position since NBCC's inception in 1991. In fact, VBCC financially contributes to NBCC through annual membership fees.

VBCC and NBCC have the same goal—to eradicate breast cancer—and we work together to accomplish this. We encourage and facilitate our members participation in activities at the national level where NBCC focuses its attention. For example, we administered the “Do the Write Thing” letter writing campaign in 1991, and the 1993 campaign for a National Action Plan collecting signatures throughout the state of Virginia and delivering them to Washington. We are proud that VBCC members always have a significant presence at rallies in Washington and a strong showing at NBCC’s annual Advocacy Conference and Lobby Day. We often arrange transportation to Washington. We have cultivated a relationship with our national representatives, believing as former Speaker of the House, the late Tip O’Neill, stated, “All politics is local.” In fact, when scheduling appointments on Capitol Hill, our Congressional representatives are much more inclined to visit with their constituents and are very familiar with the Virginia Breast Cancer Foundation.

There are breast cancer related issues that are most effectively addressed at the state level, including insurance issues, that are primarily the domain of state legislatures and state commissioners. For example, VBCC has been effective at the state level advocating for insurance coverage for autologous bone marrow or stem cell transplant as a treatment for breast cancer. We are presently working to affect policy on genetic testing as it relates to breast cancer susceptibility genes and to ensure that women diagnosed with breast cancer are informed of their treatment options. We hope that genetic policy will proceed more rapidly at the state level and may serve as a model for the country and other states’ statute.

We encourage you to fight breast cancer in any manner you can. However, we do wish to clarify VBCC’s relationship to NBCC and remind you VBCC depends heavily on membership dues, honorary and memorial contributions, and the contribution of time from many selfless, dedicated volunteers.

Thank you for your continued generous support, both financially and personally. We can not exist without it.

New Findings Link the BRCA1 Gene to Noninherited Cancers

The breast cancer susceptibility gene, BRCA1, is felt to be responsible for only a small portion of all breast cancer. It is postulated that only 5–10% of breast cancer is inherited via the mutated BRCA1 gene. But University of Texas researchers now believe BRCA1 also plays a role in the development of noninherited breast cancer.

Noninherited breast cancer is much more common. The Texas researchers found the normal BRCA1 protein in the cytoplasm of breast cells and not in the nucleus. They believe the protective effect of BRCA1 can only be exerted if the protein is in the nucleus. They also think that their findings support the theory that BRCA1 abnormalities play a role in the beginning or progression of most breast cancers.

Another interesting finding suggests that the misplaced protein may indicate which breast cancers are more likely to metastasize and deserve more aggressive chemotherapy at the time of diagnosis.

Why the protein gets lost in the cell and does not find its way to the nucleus is unknown. Scientists at the University of Washington and Vanderbilt University are currently conducting similar studies, but they will not be ready to publish their findings for another six months.
Pink Badge Reception held to honor service in breast cancer crusade

VBCF’s Past President Kendra McCarthy honored and
Drs. Harry Bear and Tom Smith receive
Kohlenberg Healthcare Service Award

Nearly 100 people attended a reception held October 6 at the elegant Jefferson Hotel in Richmond in recognition of Breast Cancer Awareness Month and to honor individuals of outstanding achievement in the fight against breast cancer.

Harry Bear, MD, PhD, and Tom Smith, MD were named as the inaugural recipients of VBCF’s Sharon H. Kohlenberg Healthcare Service Award. The award was established recently by the VBCF Board of Directors to honor the memory of co-founder Sherry Kohlenberg, a healthcare administrator, by recognizing individuals in the healthcare field who exhibit a deep and abiding commitment to the fight against breast cancer.

Larry Goldman, Sherry’s husband, presented the award on behalf of VBCF.

Harry and Tom have devoted their professional careers to the fight against breast cancer. Both are affiliated with the Massey Cancer Center of the Medical College of Virginia. Harry is professor and chair of the division of surgical oncology in the department of surgery as well as the medical director of the Breast Health Center. Tom is associate professor of medicine and health administration at MCV as well as chair of the American Society of Clinical Oncology Health Service Research programs. Both have contributed personal time and energy to VBCF and to the cause. It is noteworthy that Harry and Tom assisted Sherry during her diagnosis, treatment, and finally, her death from breast cancer. The award in Sherry’s honor to Harry and Tom is testament to their genuine and ongoing concern for women and families affected by breast cancer. We are sure Sherry would have applauded the selection of these worthy health care professionals as the first recipients of the award which bears her name.

Kendra McCarthy, immediate past president of the Virginia Breast Cancer Foundation, was honored for her outstanding contributions to the Foundation and to breast cancer activism. Kendra was one of the founding members of VBCF. Since 1991 she has served as secretary, treasurer, executive director and president (1993–1995). She was a board member of the National Breast Cancer Coalition and served as treasurer. Under Kendra’s leadership, VBCF grew from a model grass roots advocacy group to an organization that is consulted frequently on both national and state levels. Kendra was the recipient of the Richmond Professional Women’s Network 1994 Pathfinder Award, given to a woman in the Richmond community who has overcome difficulties to become a leader in her field and a role model to others.

Artist Barbara Hawley, a VBCF member from Charlottesville, created a work of art accompanied by a letter describing Kendra as a catalyst for breast cancer activism and an inspiration for all of us. VBCF President Margaret Borwhat read the letter and presented the framed picture to Kendra. Margaret also expressed the gratitude of the Board of Directors and our many members for Kendra’s unflagging efforts devoted to the fight against breast cancer.

Dr. Harry Bear, recipient of the Kohlenberg Healthcare Service Award

Dr. Tom Smith, recipient of the Kohlenberg Healthcare Service Award

Kendra McCarthy, founding member and past president of VBCF
October 1995

Dear Kendra,

Let me tell you a story: a story about you and me.

When I first heard you speak, my heart listened.

I have learned well.

I have learned the importance of sharing my story: the story of my life with all its sorrow and happiness forever moored together.

I have seen by your example in speaking out that there is strength in numbers.

Together, we are not alone.

Together, we can endure our pain and move forward.

You have encouraged me to tell my story for the lives it might save through awareness and action and for the life it saves with the telling.

You have shown me that my anger over my mother's death is valid. And that my anger about having my life threatened by the same disease is a reasonable emotion.

Breast Cancer!

I can say it out loud now and I often do.

Since I heard you speak, I have recognized and expressed my eternal grief at the losses of my mother and myself, as well as those of many, many other women and all the members of their families.

I no longer expect to "get over it."

My feelings are real and I am finally true to them.

By your example, I have found that the words "breast cancer" can and should be spoken in public.

I have learned that being motherless, having had cancer, and having one breast are facts of my life.

I should no longer be embarrassed or ashamed to talk about them.

I carry in me the joy and fear of being a survivor, the beauty and appreciation of being alive, and an abundance of compassion.

Because I know what a gift it is to receive,

I now openly express my love to others.

Thank you for being a positive example of a woman who lives her life with purpose, direction, and determination.

I appreciate the special opportunity you have given me to share my story about breast cancer with others.

And, finally, thank you for helping me find my voice so I can continue to tell the stories.

With love,

Barbara Hawley

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In Memoriam

The Virginia Breast Cancer Foundation extends its deepest sympathies to the families and friends of the following members who died this year.

Rita Becker
Jan Kaltenbach
Rosann Peck
Barbara Grossman
Sandra O'Connell
Candy Price
Patricia Rendahl

May we all continue to remember the dead and fight for the living.

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The theme of the event was "A Pink Badge of Courage: Warriors with Ribbons," inspired by the play The Red Badge, an adaptation of Stephen Crane's novel The Red Badge of Courage. The pink ribbon is worn to show support for the fight against breast cancer. Playwright and director Randy Strawderman discussed the theme of courage in the face of battle, including the battle against breast cancer. To further emphasize the connection to The Red Badge, Richmond singer/songwriter Robbin Thompson performed three original songs he wrote for the play.

As Randy introduced each song, he described the scene from the play and drew a connection to the fight against breast cancer. The result was a powerful and moving experience for the audience as they listened to "Henry's Epiphany" and Henry's mother's song, "Don't Catch Your Death of Cold, Son." To create a lighter mood, Thompson ended his performance with the ever popular Sweet Virginia Breeze and other songs he has written.

Door prizes included original posters from the Lexington, Virginia, premiere of The Red Badge, signed by Robbin Thompson and Randy Strawderman.

The original poster from the Lexington,
Biological Therapy joins the Cancer Treatment Therapeutic Family

Biological therapy looks promising as a new addition to the cancer treatment options, along with surgery, chemotherapy, and radiation therapy. Biological therapies use the body’s immune system, directly or indirectly, to fight cancer or lessen side effects caused by some cancer treatments. The body has systems to protect itself against foreign invaders (antigens) and unwanted, internally generated substances by producing antibodies to counteract them. Sometimes the body fails to recognize its own substances and will, in a sense, attack itself.

Fighting Cancer Cells

Cancer cells are recognized as foreign invaders by scavenger cells that travel through the bloodstream looking for bacteria, viruses, and even cancer cells, and activate the phagocytes to destroy them by “eating” them. Other mechanisms mediated by the immune system include producing plasma cells that generate immunoglobulins that attach to the antigens. Other lymphocytes, T cells, directly attack targeted invaders. The NK cells, or “natural killer” cells, destroy cancer cells by producing chemical substances that bind to and kill foreign invaders. All of that is cellular immunity, one mechanism of defense. The immune system can become overwhelmed or incompetent after chemotherapy, for example, and biological therapies are being designed to repair, stimulate, or enhance the immune system’s natural anticancer function.

In another function of the immune system, the cancer cells and foreign invaders (antigens) normally trigger the immune system to go into action and produce antibodies or cytokines, called BRMs or Biological Response Modifiers. These occur naturally in the body, but are also being made in laboratories to inhibit tumor cell growth, make cancer cells more susceptible to destruction by the immune system, regulate or suppress body responses that permit cancer growth, promote cancer cells growth patterns so that they function like normal cells, block or reverse the process that changes a normal cell into a cancerous or precancerous cell, prevent a cancer cell from spreading to other sites, and enhance a cancer patient’s ability to repair normal cells damaged by chemotherapy and radiation.

Interferon

Several types of cytokines are produced by the T cells, including an array of different kinds of interferons that improve a cancer patient’s immune response to cancer cells, acting directly on cancer cells to inhibit their growth. So far the FDA has approved the use of interferon alfa for treating certain types of cancer, as well as Kaposi’s sarcoma that affects some AIDS patients.

TNF

Tumor Necrosis Factor (TNF) is another type of cytokine under study that stimulates the body’s immune cells to fight cancer by damaging cancer cells and the blood vessels that supply them. Unfortunately, the dose necessary to achieve this is quite toxic, unless the TNF is directed at a specific tumor site, rather than administered throughout the body.

CSF and MOAB

 Colony-Stimulating Factors (CSFs), referred to in “An Alternative to Bone Marrow Transplantation,” in this Newsletter, do not directly affect tumor cells. Instead, G-CSF and GM-CSF stimulate stem cells in the bone marrow to divide into red and white blood cells and platelets. Monoclonal Antibodies (MOABs), another form of biological therapy, were discussed in a previous issue of this Newsletter. MOABs are made by injecting human cancer cells into mice, stimulating the mice to produce antibodies against the cancer cells. The mouse cell producing these antibodies are removed and fused with a laboratory-grown immortal cell to create a hybrid cell, called a hybridoma. Hybridomas act like factories to continue producing large quantities of pure antibodies (MOABs), indefinitely. The MOABs, when injected into a human cancer patient, enhance the patient’s immune system to fight the cancer.

MOABs may help destroy any cancer cells in a patient’s bone marrow before autologous bone marrow transplantation. MOABs can also be linked to anticancer drugs, radioisotopes, BRMs, or other toxins. When the antibodies attach to cancer cells, they then deliver these poisons to the tumor, helping to destroy it.

Vaccines

Tumor vaccines against breast cancer, prostate cancer, melanoma, multiple myeloma and colorectal cancer are being studied. The vaccine enables the patient to develop acquired, lasting immunity to the cancer. The body can then recognize future cancer cells and reject them, the way that people vaccinated against measles are protected because the body rejects the measles organism. In the multiple myeloma trial, the selected bone marrow donor was successfully vaccinated against the patient’s cancer cells, and then transferred the immunity to the patient by way of the bone marrow transplant. Just as some people develop reactions to certain vaccines, some may react adversely to a cancer vaccine and need to be closely monitored.

The National Cancer Institute can provide information about clinical trials for biological therapies through PDQ, or by telephoning the Cancer Information Service at 1-800-4-CANCER.

Oncologic Drugs Advisory Committee meets
New Drugs Approved For Breast Cancer

The Oncologic Drugs Advisory Committee (ODAC) of the Food and Drug Administration met in Silver Spring, Maryland, on October 16 and 17. Each day the session began with testimony from breast cancer advocates urging the committee members to approve more drugs for metastatic breast cancer. "I always get vanilla at an ice cream stand," said one advocate. "But it's reassuring to know there are 32 other choices available. We need more choices when faced with advanced breast cancer."

Three new drugs for breast cancer were approved by the committee for treatment of breast cancer: Fareston, Arimidex and Taxotere.

Fareston (toremifene, Orion Corp.), an anti-estrogen similar to tamoxifen, was given to half of over 1500 postmenopausal women with metastatic breast cancer; the other half received tamoxifen. Two apparent benefits of Fareston administration are an absence of ocular events such as retinopathy and stable metabolites (less carcinogenic). Unfortunately, the common adverse side effects of tamoxifen--hot flashes, sweating and nausea--are also common with Fareston. Response rates seem to be equal in both groups.

Arimidex (anastrozole, Zeneca Pharmaceuticals) was approved for the treatment of postmenopausal women with advanced breast cancer who develop progressive disease while receiving tamoxifen. Two randomized, prospective studies that enrolled approximately 750 women compared Arimidex to megestrol acetate (Megace).

There are several benefits in Arimidex usage. Arimidex is given in one dose per day, compared to four doses of megestrol acetate per day, making it easier for patients. Weight gain frequently seen with megestrol acetate is not a problem or limited with Arimidex. Nausea and vomiting may be less frequent. And, although objective response rates were low, several patients in the trials with soft tissue tumors had durable responses. ODAC approved Arimidex as an alternative to megestrol acetate that may be more beneficial for some patients.

The presentation on Taxotere (docetaxel, Rhone-Poulenc-Rorer) was controversial and complex. The French drug company had initially presented data to ODAC in August 1994 that was criticized as being incomplete and demonstrated dangerous side effects. (See "Taxotere--A New Version of Taxol Creates Controversy" in the VBCF Newsletter, May/June 1995, pg. 11.)

Taxotere is a semisynthetic form of Taxol that is used in women whose tumors do not respond to conventional chemotherapy (anthracycline-resistant). These women have few options. Adverse reactions to Taxotere include severe fluid retention, decreased white blood cell count (neutropenia), asthenia (debility, weakness, loss of strength, fatigue), stomatitis (inflammation of the mouth), infections and skin toxicity.

Several physicians involved in the clinical trials treating patients with Taxotere testified that the severe fluid retention seen early in the use of Taxotere can be significantly reduced and controlled by giving steroids before administration of the drug. Pre-medicating with steroids also decreased the incidence of neutropenia with fevers (febrile neutropenia) and decreased the need for hospitalization in patients with neutropenia. Patients with liver function abnormalities should either not receive the full dose or not be given the drug at all.

The drug company claims that of 134 patients with anthracycline-resistant breast cancer treated with Taxotere, 41% responded favorably, 43% survived at least one year after initiating Taxotere treatment and none reported a deterioration of their baseline performance status (the ability to perform routine activities of daily living, pain levels, etc.; a subjective assessment by the patients).

Based on several hours of testimony and the limited to nonexistent options for anthracycline-resistant cancer patients, the committee did approve the use of Taxotere for treatment of anthracycline-resistant breast cancer in patients with normal liver function.

Many breast cancer advocates asked the committee to approve more drugs for the treatment of breast cancer. One member of ODAC thanked the women for their words and efforts but asked them to help the FDA advisory committee by encouraging our sisters with active disease to enroll in clinical trials. He stated that only with large randomized trials can sufficient data be collected to ensure the efficacy and safety of breast cancer treatment for all women stricken with this dread disease.
Peripheral Blood Stem Cell Infusion

Autologous bone marrow transplantation (ABMT) was the first technique developed for removing and saving a cancer patient's own bone marrow, and then reintroducing it back into the patient after treating it with high-dose chemotherapy to kill cancer cells. ABMT, originally used to treat selected patients with Hodgkin's disease, leukemia and non-Hodgkin's lymphoma, is becoming an accepted treatment for advanced-stage or high-risk breast cancer. As a result of intensive lobbying by breast cancer advocates, including members of the VBCE, this high cost procedure is now covered by many insurance plans.

Peripheral blood stem cell (PBSC) reinfusion is a newer procedure with some advantages over ABMT. PBSC, although promising, is still experimental and all patients are either in NCI clinical trials or other investigational research studies in the United States and abroad.

High-dose chemotherapy is an effective treatment for advanced breast and high-risk breast cancer because it affects cells that are rapidly dividing. Unfortunately, certain other body cells also divide rapidly and are destroyed along with the cancer cells. Bone marrow, blood cells and gastrointestinal epithelial cells are especially vulnerable to chemotherapeutic drugs and radiation. Epithelial cells replenish rapidly by simple cell division, but the blood cells must rely on undifferentiated, progenitor or stem cells, found mainly in bone marrow, to reproduce. When a cancer patient undergoes chemotherapy without stem cell transplantation, the bone marrow and blood cells are severely impaired, rendering the patient vulnerable to infection until regeneration takes place. However, when healthy stem cells are removed and saved, the patient can tolerate a higher dose of chemotherapy, since the reserved stock of the patient's own stem cells are available to fight infection.

Stem cells can be transplanted by using either bone marrow or peripheral blood stem cell reinfusion. Most stem cells are located in the bone marrow, but some migrate into the blood. This makes it possible to separate them from the blood and hold them in storage before giving high-dose chemotherapy and infusing them back into the patient.

One Treatment Plan

The information below does not reflect the practices of any one PBSC center, but is intended to be general. The eligibility criteria for PBSC vary somewhat from center to center and depend in part on whether the patient is a high-risk adjuvant breast cancer patient with four or more positive axillary lymph nodes at diagnosis or has metastatic breast cancer with a primary breast tumor of two to five centimeters. All patients must have chemotherapy-sensitive disease demonstrated by an induction phase of chemotherapy, good performance status (mobility, independence, and acceptable laboratory values), are between 18 and 65, and have a 24-hour caregiver available. Informed consent is required.

Stem Cell Mobilization

The next phase is the mobilization, (or induction or intensification) of stem cells by the administration of certain chemotherapeutic drugs for 3-5 days, followed by one or two hematopoietic growth factors to stimulate the stem cells to move from the bone marrow into the blood. This step is necessary because the concentration of stem cells in the circulating blood is at least ten times lower than that found in the marrow. Growth factors are either the granulocyte colony stimulating factor, G-CSF, or G-MSF; granulocyte macrophage stimulating factor. One or both are administered through a catheter surgically placed in a large vein in the chest. Usually the patient goes home for the next two weeks while the stem cells multiply to as much as 25 times higher than usual.

Leukapheresis

Once the white blood cells reach a specified level, the patient is ready for the next phase—leukapheresis.

Leukapheresis is the separation of white blood cells, including stem cells, from whole blood. The patient goes to the apheresis center to have blood drawn off through the catheter in a large chest vein into a machine at the bedside that separates the stem cells from the other blood components. All but the stem cells are pumped back into the body. This takes three to four hours a day for two to five days, until a sufficient number of stem cells are harvested. The cells are processed, and after a preservative, dimethyl sulfoxide (DMSO) is added, stored in a computer programmed liquid nitrogen chamber (cryopreservation) at minus 190°C (minus 312°F).

Reintroduction of Stem Cells

With the stem cells safely stored, it is possible to give the patient much higher doses of chemotherapy. Two or three antineoplastic drugs, such as thiopeta, cisplatin and cyclophosphamide, are administered over the next three to five days to destroy cancer cells. Patients are in the hospital and generally feel some side effects from the treatment. After a week, when the white blood cell count is
Screening Mammography and Public Health Policy

Two Canadian surgeons call for a balanced look at the research on the benefits of screening mammography. They feel there has been little publicity about the studies showing that screening is not beneficial. The authors are not referring to diagnostic mammography, which is appropriate to do when there is reason to suspect an abnormality of the breast. Instead, the question concerns the expenditure of an ever shrinking supply of health care money that can be spent on screening. No one disputes that breast cancer is a devastating disease with an annual death rate of around 8% among survivors, even 20 years after diagnosis.

The point that mammographic screening results in a 30% decrease in mortality from breast cancer has been incorporated into public messages in awareness campaigns that the authors believe are overly optimistic. With increased awareness has come an increased demand for mammography without acknowledging the limited value of screening. The authors state that breast cancer has usually been present for many years before it is diagnosable by any means. A lethal tumor is formed after about 40 doublings of breast cancer cells, but mammography cannot detect a mass until 25–30 doublings have occurred.

The authors estimate that four women out of 10,000 screened will benefit from screening. If 10,000 women are screened over seven years, 1500 would have a positive mammogram. Of the 1500, 137 would actually have breast cancer: 11 deaths would occur among the screened and 15 among 10,000 unscreened controls. Based on a 30% reduction in mortality for women over 50, four of the original 10,000 would have benefited from the screening. Using the Ontario study to estimate, if each mammogram costs $60, the cost of each life is $1.2 million. Similarly, a 1995 RAND Corporation study reported a range of $165,000 to $1.48 million for the annual cost per life saved in the United States. These figures cover the cost of medical and surgical treatments to save the woman’s life.

The Canadian surgeons listed the harmful effect of mammography: false negatives that leave women with inappropriate reassurance, and the potentially harmful effects of radiation. They also point out the time, anxiety and money that is expended when there is a false positive on screening. About one in 20 women screened have a mammographic abnormality; between one in five and one in 14 of the women with a positive screen will be found to have cancer. Those with positive or suspicious mammograms require further diagnostic studies, such as needle biopsy and fine-wire needle localizations that have become major growth industries in some areas. Ultimately many women come to open biopsy. Since many of the “positives” who undergo these procedures are false positives, there is an emotional cost to the aftermath of screening, not to mention travel time, missed work, and other disruptions to the woman’s life. For many women whose breast cancer is detected by screening, the outcome is not changed by having been screened.

The authors call upon those making decisions about the allocation of health care dollars to evaluate the evidence carefully and consider the four studies that do not show benefit from mass population screening. More benefit from screening could be derived by targeting high risk women (those with a first degree family history of premenopausal breast cancer) where the ratio of benefits to harm would be greater. At present, research does not show that screening younger women delays death from breast cancer, but everyone hopes for better screening technology to make publicly funded expenditures for mammography more beneficial.

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Calendar

December
2  VBCF Board Meeting
5  Third Annual Freedom from
Cancer Pain Day Seminar
   (804) 527-3704
12  Peninsula Chapter Meeting
13  Northwest District Meeting
30  Deadline for article
    submission to newsletter

January
10  Northwest District Meeting

February

General Membership
Meeting
   (date to be announced)

it is time we found a cure!
virginia breast cancer foundation

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