Breaking News From San Antonio’s Symposium
by Karin Noss, VBCF Board

In its 25th year, the San Antonio Breast Cancer Symposium has grown so large that it had to move from the Marriott Rivercenter Hotel to the Henry B. Gonzales Convention Center. More than 5,000 scientists, clinicians, pharmaceutical representatives, and advocates from all around the world gathered to hear about the latest in breast cancer. The 4-day conference was packed full of plenary speakers, poster sessions, and industry-sponsored satellite meetings. Following are just a few of the highlights from the December 2002 conference.

Hormonal Therapies
A major focus of the symposium was aromatase inhibitors (AIs) and other hormonal therapies. At last year’s symposium, Dr. Buzdar of MD Anderson Cancer Center presented interim results of the Arimidex, Tamoxifen, Alone or in Combination (ATAC) trial. With an additional year of data, Arimidex remains superior to tamoxifen in disease free survival (89 percent vs. 86.1 percent) and reduction in risk of contralateral breast cancer. It is interesting to note there was no difference between the two drugs for those who also had chemotherapy. Data presented by Per Loring of Norway also suggest that Arimidex may work better in women who have a lower body mass index (BMI) whereas tamoxifen may work better for those with a higher BMI.

Dr. Ellis from Duke University highlighted the differences in side effects of the two drugs. Arimidex users have a higher risk of osteoporosis/fracture, cognitive problems, hyperlipidemia, and possibly heart disease. By contrast, tamoxifen users have an increased risk of deep vein thrombosis, stroke, and endometrial cancer. Dr. Ellis also cautioned that (continued on page 5)
Last Spring, one of my husband’s childhood friends, Dave, was diagnosed with pancreatic cancer. As can be expected, given the typical prognosis for this cancer, all of Dave’s family and friends are quite devastated by this diagnosis. Prior to Dave’s diagnosis, my knowledge of cancer treatment, understandably, was pretty limited to breast cancer. Through e-mail, Dave has done an excellent job of keeping everyone informed as to what treatment he is currently undergoing. At first, his treatment was limited to fairly traditional cancer therapies, i.e., chemotherapy. However, pancreatic cancer is a type that does not respond well to chemotherapy - and Dave’s did not. Lately, he has been working with a doctor who takes a more holistic approach. Dave has attempted to remove all toxins from his body (even to the point of having his teeth with metal fillings pulled) and has modified his diet completely. Will this work? I don’t know, but for the sake of Dave’s beautiful seventeen year old daughter - I certainly hope so.

I relate this story about Dave because it has again brought to my attention the many ways in which individuals cope with a cancer diagnosis. Dave has sought alternative therapies and become an advocate for increased funding for pancreatic cancer. In many ways, what he has done parallels my own approach following my diagnosis. At first, I relied solely on Western medicine. However, since my mastectomy and reconstructive surgery of almost two years ago, I find myself looking more to alternative medicine to both assist me in my recovery and to provide, hopefully, long term health benefits. To get my strength and arm flexibility back, I have become an avid devotee of yoga. An added benefit, I hope, comes from the positive effects of yoga on the lymph system. My thought is that if any of the cancer is still roaming around my body looking for a home, that a strong lymphatic system will help my own natural defense mechanisms destroy the cancer.

To help with the menopausal side effects, primarily hot flashes, I have been seeing an acupuncturist since last summer. Since then, my night sweats have completely disappeared and the frequency and magnitude of my hot flashes has severely diminished. I am also taking Chinese herbs three times a day. My oncologist had prescribed an anti-depressant, effexor, for my hot flashes, but I did not like the way I felt while taking this medicine. With his blessing, I sought out alternative treatments - and have been quite pleased.

What to do as a follow-up to any cancer diagnosis, whether you are just beginning the journey (as is the case with my husband’s friend Dave) or, like me, you are a couple of years out is on the mind of everyone who has received this diagnosis. To help those who have been diagnosed with breast cancer answer this question, VBCF in joint venture with VCU’s Massey Cancer Center and the National Cancer Institute is holding a conference on June 14th, entitled “Life After Breast Cancer”. This will be an all day event held at “The Place” in Innsbrook - which is near Richmond. Additional information is located in this newsletter.

The Spring is always a busy time at VBCF. Many of our members are attending Team Leader Training in Washington DC in early March. This is in anticipation of the Advocacy Conference and Lobby Day which are always held in early May. VBCF has sponsorship funds available for those who might like to attend the Advocacy Conference. Please contact the VBCF office for additional information.

I look forward to seeing you at one of our upcoming events. Educate. Advocate. Eradicate.

Barbara Dittmeier

Support the drive against breast cancer.

Visit your local DMV.
BCF Welcomes New Chapter

The newest addition to the Virginia Breast Cancer Foundation, the Hampton Roads Chapter, held an inaugural ceremony on Sunday, January 19th, to install its officers and energetically celebrate its creation. The well-organized event took place at I.C. Norcom High School in Portsmouth, Virginia, in front of a crowd of the chapter’s new members and supporters, including VBCF President Barbara Dittmeier and members of the neighboring Peninsula Chapter.

After the chapter welcomed attendees and handed them pink carnations, Pearl Harmon, Hampton Roads Chapter President, led the ceremony, which included a fun round of “Shoutouts” by Charlotte Bungey and the installation of the chapter’s new officers by Barbara.

Pearline and Eunice McMillan, Hampton Roads Chapter Vice President, both attested to their excitement in reaching their goal of officially forming a chapter in the Hampton Roads area. They thanked VBCF Board Member and longtime friend, Beblon Parks, for her invaluable assistance and support in bringing the group together. As proof of her continued support, Beblon presented new President Pearl with a “goody bag” of president necessities, such as VBCF pink ribbons, literature, and goods. Beblon also served as the featured speaker for the event.

VBCF welcomes its newest chapter with open arms and is thankful for the chance to continue our fight to eradicate breast cancer with the help of these brave and dedicated women in Hampton Roads.

A BIG WELCOME to VBCF’s two new board members for the 2003/05 terms - Beth Edwards and Rita Handley.

Beth lives in Glen Allen and works as Director of Logistics and Operation Support for Virginia Road Services. She has done volunteer work with the Richmond Race for the Cure and Fashions for the Cure, a fundraiser sponsored by Zeta Tau Alpha Fraternity of which Beth is a member. Beth has served on VBCF’s Program Committee for the past year. In addition to her experience in educational programming Beth also brings budget management and public speaking skills to the Board.

Rita lives in Stuart’s Draft and works as a Registered Nurse II Supervisor at Woodrow Wilson Rehabilitation Center - Student Health Services. She was diagnosed with breast cancer in 1997 and again in June 2001. Rita has witnessed 30 years of change in the medical/surgical treatment of breast cancer. In addition to medical knowledge Rita brings a lifelong familiarity with Augusta County and other areas in the Valley as well as public speaking and organizing skills to the Board. She has been associated with the Virginia Nurses Association, is active with Basom Buddies, the PTA, and with her United Methodist Church.

New Hampton Roads Officers: from left to right, Lynn Briely, Charlotte Bungey, Board Member Beblon Parks, Eunice McMillan, and Pearl Harmon.

Members of Las Amigos, a community service organization, continue their tradition of helping VBCF spread the word about breast cancer awareness through the pink ribbon campaign.

Congratulations and Thanks to Effie Terry for receiving the James Cash Penney Award for Community Service. Effie is a valued member of VBCF’s Peninsula Chapter. JC Penney made a donation to VBCF in Effie’s honor.
**VBCF's Pink Ribbon Internet Connection**
By Joy Galloni, VBCF Board Member and Pink Ribbon Internet Connection Creator

Yes, we are all “almost” in the Internet generation! We send and receive email, enjoy singing greeting cards and write letters on our computers. As a college librarian newly diagnosed with breast cancer, I turned to the Internet to research Ductal Carcinoma In Situ. The Internet information I found was not what I really needed to know. Much of the information was confusing or, more frighteningly, unreliable. To illustrate how much information or misinformation is available, the search engine, Google, will net 2.3 million results for "breast cancer." Fortunately, now every Virginian has access to the most reliable medical information on the Internet through **Find It Virginia**, www.finditva.com, a State-funded initiative that makes Internet research accessible to all Virginians with a library card.

VBCF has designed an educational outreach program - the Pink Ribbon Internet Connection - to instruct individuals on how to use Find It Virginia to access reliable medical information and research.

One of the lessons VBCF’s training teaches is to look for the Health on the Net Foundation (HON) symbol. HON’s mission is to guide laypersons or non-medical users and medical practitioners to useful and reliable online medical and health information. HON provides leadership in setting ethical standards for Web site developers. When you see the HON symbol, you can rest assured that the website has been deemed reliable and valid by a respected organization. (http://www.hon.ch/)

Through a Power Point Presentation VBCF will show your group some of the key facts on using the Health and Wellness Resource and Alternative Health Module of Find It Virginia. VBCF also has information on evaluating web sites and answers to a few of the tricks for using the Internet.

---

**VBCF Volunteers Trained to Expand Educational Initiative**

VBCF was proud to partner with the Mautner Project for Lesbians with Cancer to offer the Train the Trainer "Removing the Barriers: Providing Culturally Competent Care to Lesbians and Women Who Partner with Women." The two day January training in Richmond served as the first time "Removing the Barriers" has been offered in the Southeast.

The training focused on barriers faced by lesbians as they try to access healthcare services and showed the trainees the tools that healthcare providers need to dismantle those barriers within their practices and/or institutions. Although lesbians experience health concerns similar to those of heterosexual women, they also have some unique issues, such as a fear of negative responses from healthcare providers, increased risk factors for certain diseases, including breast cancer, and a tendency to not receive routine health screenings.

The training group consisted of competent and interesting trainers from Mautner, Lauralynn Jansen and Susan Thorne, along with seven trainees representing VBCF. After two lively days of learning, discussion, and practice, these trainees are now ready to focus on presenting this important seminar to groups throughout the state. "Removing the Barriers" will allow VBCF to continue its educational mission by teaching healthcare providers how to give quality healthcare to this underserved population of Virginia.

---

VBCF welcomes Elisa Romans as our first Program Coordinator. Elisa, a Nashville native, comes to us from the University of Florida where she received a Master of Arts in Philanthropy and Public Relations. Elisa brings a combination of education and experience in organizational service. She is excited to have the opportunity to enhance and strengthen our educational outreach. Welcome, Elisa!

---

"...after cancer you understand that you're mortal...it's inscribed in your body...the inscription is positive...you are reminded that time is limited and you must make the most of it." - Dr. Ernestine Bradley

---

**VBCF's "Stay Abreast" Speakers Bureau Launched**

McGuire VA Hospital’s Beverly Ross (l) thanks Stay Abreast Speaker Kathy Funk. "Stay Abreast's" slide presentation helps us achieve our goal of educating Virginians on the truth about breast cancer. "Stay Abreast" has received rave reviews including this one excerpted from a letter to Joy Galloni: "...this by far was the best educational meeting that we have had."
Tamoxifen may actually have a stimulatory effect in the presence of the HER2 gene.

In a related study, researchers compared the AI Femara to tamoxifen in 907 patients. Again, the AI worked better than tamoxifen. Since the long-term effects of AIs are unknown, tamoxifen generally remains the first line hormonal therapy, but researchers continue to try to determine the optimal sequence of hormonal therapies. Results to date suggest that tamoxifen can be effective when used either before or after an AI, and now clinicians also have Faslodex (an estrogen down-regulator) they can use as part of the hormonal therapy sequence.

For premenopausal women, the choices are more difficult, but there is renewed interest in ovarian function suppression (OFS) as a treatment choice. Earlier trials demonstrated that Zoladex (which turns off the ovaries chemically) was equivalent to Cytoxan, Methotrexate, and 5-FU for premenopausal women who were ER+.

Researchers also found that chemotherapy plus Zoladex was superior to Zoladex alone and that tamoxifen plus Zoladex was superior to CMF alone for ER+ patients. There are a couple of new trials focused on this approach. One is looking at what is now considered standard chemotherapy (Adriamycin and Cytoxan plus/minus 5-FU) with Zoladex, and the second is looking at OFS with tamoxifen or Aromasin compared with tamoxifen alone. The answers from this research may provide premenopausal women who are ER+ with additional treatment options.

Chemotherapy
There were numerous presentations and posters at the symposium concerning the use of different chemotherapies in various schedules, combinations and doses neoadjuvantly, adjuvantly, and for metastatic disease. We may even be on the brink of being able to determine for whom chemotherapy will be effective and for whom it won't.

Professor Harbeck from Technical University in Munich, Germany reported results from a study of urokinase-type plasminogen activator (uPA) and plasminogen activator inhibitor (PAI)-1 levels in tumors from 3424 patients with breast cancer. Patients with high levels of uPA/PAI-1 showed a trend from chemotherapy but not from hormonal therapy, whereas those with low levels of uPA/PAI-1 had a high probability of cure without chemotherapy. What remains to be seen is if this knowledge will translate into different treatment decisions for patients.

Pathologic complete response (pCR) has been associated with improved survival in patients with early stage breast cancer treated with pre-operative chemotherapy and has therefore become useful in determining new treatment regimens.

Dr. Limentani, Carolinas Medical Center, reported the results of a neoadjuvant trial using Taxotere and Navelbine every 2 weeks for 6 weeks with and without Herceptin weekly for 12 weeks in patients with HER2/neu overexpression. Of significance, the pCR was 36 percent using only 3 months of chemotherapy and no anthracyclines. These preliminary data suggest this regime was well tolerated and safe.

Another group achieved similar results with a different combination of Taxotere and Navelbine without Herceptin, but a third study of neoadjuvant treatment with dose dense Adriamycin and Taxotere did not achieve a better pCR than with the more standard Adriamycin and Cytoxan followed by Taxotere.

One of the most significant findings of chemotherapy treatment in the adjuvant setting came from Dr. Citron, Memorial Sloan-Kettering, who described the results of a sequencing and dosing trial. Dr. Citron and other researchers asked two questions in Trial CALGB 9741 involving 2,005 women with node-positive breast cancer. The first asked whether it made a difference to give chemotherapy sequentially or in combination. The second question was whether giving chemotherapy every 2 weeks (dose dense) instead of every 3 weeks would make a difference. There were no significant differences whether chemotherapy was given sequentially or in combination. There was, however, improved disease-free (82 percent vs. 75 percent) and overall (92 percent vs. 90 percent) survival with the dose dense schedule compared to the conventional schedule. Plus, the course of treatment in the dose dense group was 1/3 shorter. All patients received the same drugs and overall doses of Adriamycin, Cytoxan, and Taxol, and the patients in the dose dense group also received growth factor support (Neupogen).

One of the high points for chemotherapy in the metastatic setting was the report by Dr. Robert, U.S. Oncology, on a phase III trial of Herceptin and Taxol with and without Carboplatin. The addition of Carboplatin was based upon preclinical data suggesting a synergistic effect between Herceptin and Carboplatin. Although overall survival data are not yet available, there is a statistically significant improvement in disease-free survival with the addition of Carboplatin (11.2 months vs. 6.9 months without Carboplatin).

In the metastatic setting we are also seeing other new treatment combinations and dosing schedules, many of which include Xeloda (oral 5-FU), Gemzar, and Navelbine. One trial of Herceptin, Taxol, and Gemzar showed an overall response rate of 67 percent and a median time to treatment failure of 9 months even in patients who were not strongly HER2 positive. Of note, treatment with Herceptin beyond progression has an overall response rate of 11 percent, and results of one trial show that Herceptin every 3 weeks is equivalent to the standard weekly administration.

Screening and Diagnosis
One study of particular interest in this category (continued on page 7)
VBCF's Position on Brachytherapy

Brachytherapy has been available in various forms for treatment of different cancers for some time. Until recently, the most common use in breast cancer was for the "boost" at the end of standard radiation treatments. More recently radiologists in the U.S. and Europe have been investigating brachytherapy as an alternative modality of radiation treatments for women after lumpectomy. Not all women who have a lumpectomy are candidates for brachytherapy. To be eligible, the tumor must be less than 3 cm, there can be no cancer at the surgical margins, and there must be no positive lymph nodes containing cancer.

Most of the large studies of women who have received brachytherapy involve the use of interstitial brachytherapy, which is the insertion of 9-15 catheter probes that place radiation seeds in the breast. The new FDA-approved MammoSite device, approved in May 2002, delivers brachytherapy into the breast via a balloon type catheter device into a fluid-filled seroma where the tumor used to be, and a single radiation seed is placed in it twice a day for 4-5 days (HDR). If there is no seroma or it is not the correct size or shape, then traditional breast brachytherapy may also be possible. After the last treatment, the balloon is deflated, and the device is pulled out.

The advantage of brachytherapy over traditional radiation is that treatment takes 5 days instead of approximately 6 weeks, less of the breast gets treated (not the entire breast), and less of the skin, ribs, lung and heart gets treated. Since the vast majority of local recurrences of early stage breast cancer occur very close to the original tumor site, brachytherapy, with no increase in radiation, targets this site.

Another advantage is that chemotherapy can be started (if required). "There is an 8 week delay in chemotherapy if external beam radiation is given first and there is typically a 3.5 month delay if external beam radiation is given after chemotherapy," noted Dr. Robert R. Kuske of the Univ. of Wisconsin at Madison when presenting 10 year follow-up data on more than 300 women he has treated with brachytherapy following lumpectomy since 1991. (Reuters Health 10/14/02). If this treatment proves to be as effective as traditional radiation, women who might have otherwise chosen a mastectomy over lumpectomy because of access to treatment and time issues may opt for a lumpectomy with brachytherapy.

CONCLUSION: Initial results from ongoing trials of brachytherapy as an alternative modality after lumpectomy are promising, and VBCF hopes the final trial data will prove this is an equally effective option to traditional radiation therapy. We look forward to the peer-reviewed results of phase III trials.

Sherry H. Kohlenberg Award

Dr. Andrea Pozz, recipient of VBCF's 2002 Sherry H. Kohlenberg Healthcare Service Award, is congratulated by Sammny and Larry Goldman, Sherry's son and husband. This special award, given to recognize individuals in the healthcare field who "exhibit a deep and abiding commitment to the fight against breast cancer," also honors the memory of Sherry Kohlenberg, a healthcare administrator and co-founder of VBCF, who died from breast cancer in 1993. Dr. Pozz was nominated by VBCF members and chosen by VBCF's Board for the award. She is a cosmetic, reconstructive and plastic surgeon at the Medical College of Virginia.

"Cancer makes a woman out of you. After that you become a warrior. Survival is not so much about the body, but rather it is about the triumph of the human." - Donita Vance

A new Breast Cancer gene - named BASE (Breast Cancer and Salivary Gland Expression) - discovered by scientists at the National Institute of Health might help diagnose the disease earlier and treat it more effectively. The next step is to develop an antibody that can detect the protein secreted by the gene so breast cancer specific proteins can be used as a diagnostic marker.

Be Alert! Join our email list for breaking news on legislative, medical and health issues related to breast cancer. Send an email to lisa@vbcf.org or call us. Five minutes of your time can make a huge difference.
(Breaking News, continued) was that of researchers at Eastern Virginia Medical School who are working on development of a blood test for breast cancer. The research is based on the concept that serum protein profiling can be used to identify detection profiles. In this study of 139 female sera (along with clinical and pathologic data), 4 protein peaks on spectroscopy correctly predicted 93 percent of the blinded test samples. The sensitivity and specificity of this technique approaches that of mammography. If confirmed in a large study, this blood test may be available as an additional diagnostic tool.

In the meantime, we are left with clinical breast exam, self-exam, and mammography. Dr. Feig of Mount Sinai in NY and Dr. Henderson from University of California at San Francisco discussed various aspects of the mammography controversy. Dr. Feig's bottom line was that breast cancer screening is better with mammography than without it. He reviewed results of previous analyses and highlighted the problems with them. Dr. Henderson provided the conclusions of an Institute of Medicine consensus panel on the issue. The panel determined that routine mammograms can decrease breast cancer mortality, mammograms have significant and important limitations, new technologies may improve screening and diagnosis but must be tested in clinical trials, and a greater understanding of breast cancer biology is needed.

Quality of Life
The symposium did not overlook the important area of quality of life, and the presentations in this area were quite varied. One presentation by Dr. O'Shaughnessy had to do with "chemo brain." Dr. O'Shaughnessy stated that cognitive dysfunction, especially impairment of verbal fluency, short-term memory, and concentration, may persist for as long as 5 years after completion of chemotherapy in a subset of patients. A pilot study demonstrated that weekly treatments of Epoetin Alfa improved hemoglobin levels and cognitive function. This validates what many advocates have suspected for some time.

In another fascinating study, Dr. Goodwin and colleagues at Mount Sinai Hospital in Toronto evaluated quality of life (QOL) and psychosocial status of 378 women with early stage breast cancer. The objective was to determine if any of 32 factors (e.g., a "fighting spirit" or depression) affected disease outcome. Surprisingly, none of the factors studied had any impact on recurrence or survival. These findings are good news for those who worried that their state of mind might affect their survival chances.

Summary
There was so much interesting data at the symposium, it is impossible to touch upon every area here. For that reason, I highly recommend this conference to anyone interested in learning more.

The Richmond Triangle Players (RTP) celebrated their 10-year anniversary by producing the one-woman show "My Left Breast" and donating the proceeds to VBCF. The play won critical acclaim thanks to the direction of Tim Ireland and superb acting by Mary Sue Carroll. It was truly a theatrical treat. Mike Gooding, President of RTP, proudly presents a check for $2,500 to VBCF Board President Barbara Dittmeier in the presence of Mary Sue Carroll and Tim Ireland.

Welcome to Kathy Heise, RD, MPH, the new Director of Every Woman’s Life, Virginia’s Breast and Cervical Cancer Early Detection Program that provides screening and treatment as needed for breast cancer for uninsured and underinsured women. Kathy brings a strong administrative background to this position and has almost 10 years experience with management of large-scale public health programs within the Virginia Department of Health. We are excited about the strengths she brings and look forward to working with her to expand and strengthen this vital program.

Corrections: In our last issue, we listed our 2001 donors. Beblon Parks' donation was made in memory of Margaret Goodall.

The list of contributions from the Women's Memorial Golf Tournament were from 2001, not 2002.
Contribution

A contribution of $__________________ is enclosed

In Memory Of

________________________________________

or In Honor Of (if you would like an acknowledgment card sent, please include name and address of recipient)

NAME

________________________________________

ADDRESS (INCLUDE APT.#, P.O. BOX, ETC.)

________________________________________

CITY ..............................................STATE ..............................................ZIP

☐ Please send me information on Planned Giving

☐ Please contact me about becoming a VBCF volunteer.

Annual Dues Information

☐ Basic $30  ☐ New
☐ Family $50  ☐ Renewal
☐ Patron $500
☐ Friend $100
☐ Benefactor $1000
☐ Courtesy
☐ Other $_____

NAME OR FAMILY MEMBERSHIP NAME

________________________________________

ADDRESS (INCLUDE APT.#, P.O. BOX, ETC.)

________________________________________

CITY ..............................................STATE ..............................................ZIP

PHONE ..............................................FAX ..............................................E-MAIL

The Virginia Breast Cancer Foundation is grateful to the Moses D. Nunnally Jr. Foundation and the Emily 5 and 6 Coleman A. Hunter Charitable Trust for their generous grants to the VBCF Newsletter.