VBCF Reacts to New Mammography Screening Guidelines

In January, the VBCF Board of Directors endorsed the following statement:

The U.S. Preventative Services Task Force has issued new recommendations on screening mammography, clinical breast exam and self-examination. The recommendations have caused confusion, anxiety and lively discussion for many, including health care providers. VBCF is carefully reviewing the research and the recommendations, including the on-going hearings and testimony. At this time, VBCF recommends the following:

- Yearly mammograms are recommended starting at age 40.
- Clinical breast exams by your doctor or nurse should be a part of periodic health exam, about every three years for women in their 20s and 30s, and every year for women 40 and older.
- Women should know how their breasts normally feel and report any breast change promptly to their doctor or nurse.

It should be noted that the Task Force is a group of scientists and physicians who consider many issues, not just breast cancer screening. These recommendations are part of a process that began in 2006. Beginning in 2006, the Task Force established a process, reviewed research, and involved stakeholders in reviewing and giving input which resulted in the final vote in 2007. The report was submitted to a journal, went through peer review, and was finally published. Congress is now holding hearings to understand the process and the recommendations and decide what further action might be taken. The scientific and medical community is carefully reviewing the research recommendations. What we do know through this process is that some screening technologies work better for some than others. VBCF will continue to provide information to you as it is available and we will continue to advocate for the most effective screening technologies and procedures.

In order to help you better understand both sides of this controversial issue, we have included two informational pieces in this newsletter. One is an opinion piece by Dr. Ellen Shaw deParedes which originally appeared in the Richmond Times Dispatch. The second is a statement by the National Breast Cancer Coalition, found at www.stopbreastcancer.org. We hope that these articles will help to better explain some of the controversies surrounding the new mammography screening guidelines. They can be found on page 6.
As we begin a new year, we reflect with gratitude on all that we were blessed with in our lives in 2009. We embrace the New Year with thoughts of our future, personal improvement and hopes for positive influences in our lives and for those we meet. While I am not a new advocate and volunteer for VBCF, the role of being your President comes with a strong belief in what we can accomplish together.

My many goals include expanding our advocacy role, making a difference in the lives of women diagnosed, improving access to care for the uninsured women of Virginia and extending our outreach via our chapters across our state. As volunteers, we are the core of this organization and I value each of you as the strength and core of VBCF.

I first joined VBCF in 1995, after being diagnosed with Stage III IDC breast cancer, with no family history and no detection by mammography, even though the tumor was large enough to certainly be felt by the doctors and myself for over 2 years. I was visited in the hospital by my dear friend, Kendra McCarthy, who was President of VBCF at the time, who said “we need you”! After attending my first board meeting while still in treatment, I was hooked; hooked on the vision of making changes in our legislative and medical system, making a difference in women’s lives and learning from these incredibly passionate women who founded VBCF.

Their commitment continues to inspire me. My pledge to Kendra, upon her passing, and my pledge to my two daughters remains at the core of my values as your President: “Educate. Advocate. Eradicate.” this disease which to this day, strikes, kills, devastates, bankrupts, and hurts our families and loved ones. The losses remain the same, 1 in 8. The passion remains the same until we win this battle with prevention methods and cures for this horrible disease.

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This newsletter, published by the Virginia Breast Cancer Foundation, focuses on breast cancer issues and the activities of VBCF.

Jaime Strohhacker,
Content Editor
Lisa Boudreaux,
Layout Editor

If you wish to join VBCF or have any editorial comments please call 1-800-345-8223 or write to: Virginia Breast Cancer Foundation, 5004 Monument Avenue, Suite 102, Henrico, VA 23230.
Generations of Hope & Healing

A conference for healthcare providers, survivors & family

Saturday, April 17, 2010 in Weyers Cave, VA
Generations of Hope & Healing

Presented by:

Augusta Healthcare
Every Woman's Life
Virginia Breast Cancer Foundation

SCHEDULE OF EVENTS

ALL PARTICIPANTS
8:00am - 8:30am: Check-In and Breakfast
8:30am - 8:45am: Welcome
8:45am - 9:45am: The Challenge of Triple Negative Breast Cancer

A conference for healthcare providers, survivors & family
Make Your Voice Heard! Sign Up for National Lobby Day

Sign up today for VBCF's National Lobby Day – **Tuesday, May 25** — in Washington, D.C. VBCF will charter a bus from Hampton Roads to Yorktown to Richmond to Washington, D.C. where advocates will break into teams to visit our Representatives and Senators and lobby for important national legislative issues related to breast cancer. If there is enough interest transportation will also be coordinated from the Blue Ridge area. Last year VBCF brought over 100 advocates to Washington for National Lobby Day, and this year we're aiming to bring even more! Your participation matters! Visit www.vbcf.org/advocacy.htm or call 800-345-8223 to register.

Annual Advocacy Conference

The National Breast Cancer Coalition (NBCC) will present the Annual Advocacy Conference in Washington, D.C. from Saturday, May 22 – May 25. Join hundreds of breast cancer advocates and learn the latest about breast cancer science, research and public policy. Find out how to become an effective activist in the fight to end breast cancer and finish up the conference by attending the National Lobby Day with VBCF. To register for NBCC's Annual Advocacy Conference, contact NBCC at 866-861-4492 or visit www.stopbreastcancer.org. VBCF offers sponsorships for volunteers to attend this conference, which reimburses up to 2/3 the cost of the hotel and transportation for approved applicants. Thanks to a grant from NBCC, this year VBCF will also be able to offer 100% sponsorship for first-time conference attendees! For more information and to request a sponsorship application, contact jaime@vbcf.org.

Volunteer Spotlight: Eunice Fenwick

Eunice grew up in Seaford, VA, and graduated from York High School, Yorktown, VA. She immediately went to work at Ft. Eustis in a civil service job at Post Headquarters. While there she met her husband-to-be (Jim) who was serving in the military from “The Bronx,” NY. They were married at the Ft. Eustis Headquarters Chapel in September, 1961. Jim’s career as a pharmaceutical salesman led them to Pennsylvania, Virginia, New Jersey and Wisconsin. Eunice was a stay-at-home mom for many years to their two daughters and son before starting her career with General Electric Medical Systems. After moving to Chester, NJ, she took an early retirement. Five years later Jim retired early and they moved back to Virginia.

In 1997, while on a vacation in Phoenix, she discovered a sizable lump in her right breast. On her return home she immediately had a mammogram, ultrasound, biopsy, then followed a lumpectomy, chemo and radiation. Fourteen lymph nodes were removed and tested negative. Since her cancer was estrogen negative, no drugs were used as follow-up. Her mother was a three time breast cancer survivor who passed away last April at the age of 91 from another cause. After her diagnosis Eunice became involved with VBCF and is currently starting her sixth year as President of the Peninsula Chapter. She is very active in all areas of the chapter, including their annual fashion show and golf tournament.

Eunice resides in Williamsburg with her husband of 48 years, 2 cats and a Papillon dog. They have a daughter and son living in Phoenix with one granddaughter and one daughter and 2 granddaughters living in Richmond. Eunice enjoys playing golf and she and her husband enjoy spending time together and cruising on their boat. She also attends a weekly Bible Study group and belongs to two book discussion clubs, an investment club, an antique club, and a social club in her community. Since moving back she has been busier than when she worked full time participating in community activities. She volunteered at the Humane Society on Saturdays for six years and has volunteered as a Medical Assistant at the Lackey Free Medical Clinic every Monday for the last six years. In 2004 Eunice was appointed a “Marriage Commissioner” for the Virginia State Courts, formerly called Justice of the Peace. She currently has performed over 700 weddings.

THANK YOU Congressman James Moran

Representative Moran has been a tremendous resource and ally in helping VBCF with our legislative priorities. Most recently, he listened to our concerns over language that would impact advocates' participation in the Department of Defense Breast Cancer Research Program. Representative Moran worked with the Chairman, Representative Murtha, to delete this language. This important program can now continue with advocates at the forefront of implementation of the program. Virginia Breast Cancer Foundation will continue to work with all our legislators on behalf of all Virginians. Thank you again to Representative Moran.
VBCF recently introduced you to a newly created group of scientific advisors whose role is to help our organization with understanding the science behind breast cancer and to help continue with our education and outreach in Virginia. We will be spotlighting one or two of our scientific advisors over the next several issues of One Voice.

**Joann N. Bodurtha, M.D., M.P.H.**

Dr. Bodurtha is a Professor in the Department of Human Genetics at VCU/Massey Cancer Center. She received her undergraduate degree from Swarthmore College in 1974, and then went to Yale University to receive her medical degree, along with a Masters in Public Health. She has been at Virginia Commonwealth since 1987 with her research on genetics dealing with birth defects, obesity, and breast cancer. Dr. Bodurtha is at present working on Human and Molecular Genetics, Pediatrics, Obstetrics/Gynecology, Epidemiology and Community Health. Dr. Bodurtha has had many honors throughout her career and was honored in 2006 to receive the Sharon H. Kohlenberg Healthcare Service Award from VBCF. She has over 12 peer-reviewed publications to date, with 7 of these being cancer related.

**Diane Baer Wilson, EdD, MS**

Dr. Wilson is a tenured Associate Professor with appointments in the Department of Internal Medicine and the Massey Cancer Center at Virginia Commonwealth University School of Medicine. Her research emphasis relates to developing and testing primary prevention interventions for cancer risk reduction with particular focus on diet and exercise in breast cancer survivors. Dr. Wilson served as interventionist on the Women’s Intervention Nutrition Study (WINS), a national multi-site trial that tested the effect of a low-fat dietary intervention on breast cancer recurrence. Since arriving at MCV, she continues her research on health behavior change, obesity, and physical activity in breast cancer survivors and other populations. She has successfully designed and pilot-tested a funded low-impact exercise intervention for African American breast cancer survivors in the Richmond community and is currently assessing an innovative program for daughters of mothers with breast cancer. Dr. Wilson also serves as a scientific investigator with the Department of Family Medicine, the Department of Epidemiology, and she is an active member of the VCU Center for Health Disparities steering committee. Her research is published in scientific medical journals and she speaks nationally and internationally on evidence-based cancer risk reduction recommendations. Prior to her arrival at VCU, she was a faculty member at the Medical University of South Carolina where she also conducted cancer prevention research in underserved populations.

**VBCF Welcomes New Board Members and Officers**

VBCF is pleased to introduce five new board members. Each began their three-year terms in January. We received a record number of applications for board member slots for this year. While we were sorry to have to turn down many talented, energetic and knowledgeable applicants, we are very excited to welcome our newest members, who represent Virginia’s diversity on many levels and bring varied skills and interests to VBCF.

**Lisa Branner** is a Manager for Qdoba Mexican Grill in Richmond. When she was working as Qdoba’s marketing manager, Lisa volunteered to coordinate a community fund-raiser for VBCF — soliciting silent auction items and door prizes from artists as well as Qdoba. She has been interested in VBCF ever since. Lisa is the granddaughter of a breast cancer survivor and although she has not experienced breast cancer directly, she has had several “scares” as a young woman — which has made her more dedicated to VBCF’s mission of eradicating breast cancer. She realizes that each person’s journey is personal and unique. Lisa majored in Speech Communication at James Madison University and looks forward to becoming more active with VBCF.

**Carla Finkielstein, PhD** is an Assistant Professor in Cellular and Molecular Biology at Virginia Tech in Blacksburg. Her laboratory work focuses on understanding how environmental factors contribute to breast cancer initiation and progression. A graduate from the University of Buenos Aires, her native language is Spanish, and she is fluent in English. Carla joined VBCF for National Lobby Day last year and found it to be one of the most moving experiences she has participated in as a scientist. She brings with her a wealth of knowledge and experience related to the science of breast cancer.

**Jennifer Staas Gorey, DDS**, a dentist in the Richmond area, has two children, ages 5 and 7, and is a breast cancer survivor. Jen came to VBCF as a committee member for the upcoming Aces for Awareness/Dr. Susan Love event, but quickly became interested in doing more. While in dental school, Jen coordinated fund-raising for the Jamaica Project — raising funds so that dental students could travel to Jamaica and provide much needed dental services. Jen has much to offer related to science, advocacy, and fund-raising for VBCF.
Tuwanna Okafor is a breast cancer survivor who has had many friends and family members touched by breast cancer. She works as an elementary school teacher for Norfolk Public Schools and lives in the Hampton Roads area. Tuwanna has been involved with VBCF since the inception of the Hampton Roads Chapter. She is President of the Chapter and has been involved in many VBCF activities—including personally delivering school supply bags for children through Becky’s Place at RAM in far southwest Virginia. Tuwanna loves to meet people and hear of their experiences with breast cancer. She looks forward to becoming even more knowledgeable in order to better share knowledge with others.

Meg Shrader, RN, initiated the breast health navigator program at Rockingham Memorial Hospital several years ago and is currently a Breast Navigator at Augusta Health. She lives in Staunton. Meg is a breast cancer survivor who has been active with the Blue Ridge Chapter for several years, most recently as President. She was awarded the 2008 Sharon H. Kohlenberg Healthcare Service Award from VBCF. She has attended state and national lobby days and represented VBCF at the 2009 ASCO convention in Florida. Prior to her breast cancer diagnosis, Meg was involved in the Staunton-Augusta Jr. Women’s Club and Virginia Federation of Women’s Clubs.

VBCF welcomes Becky Morris as our newest President. Becky has served on the VBCF Board for many years, returning most recently in 2009. Becky began serving as Vice-President in June of 2009. Becky has been actively involved in breast cancer education, service and advocacy since her diagnosis with breast cancer in 1995. She served as President of the Women’s Cancer Advocacy Network (WCAN) and has coordinated a multi-state group of women’s cancer education volunteers to the Remote Area Medical (RAM) Clinic for uninsured women in Southwest Virginia each year. Becky is a graduate of the National Breast Cancer Coalition Project LEAD and Clinical Trials LEAD courses, and has been instrumental in several successful legislative initiatives. She volunteers for a variety of breast cancer organizations and research programs. She will serve a two year term as President.

Gay Rudis, Immediate Past President, will fill in as Vice-President for this year.

VBCF would also like to extend a big thank you to our outgoing board members; Sharon Goodrich, Mary Saunders, and Linda Seeman; whose terms ended in December 2009!

Thank You!

A hearty thank you goes out to the following individuals and businesses that hosted events to benefit VBCF during the last quarter of 2009. These events serve an important education and awareness purpose as well as contributing financially.

- Shoppes at Westgate in Short Pump held an October event for the second year in a row. The event, which included Maggie Moos Ice Cream, Tweed, Jingles, Baby Stuff, By Invitation Only, and Hair Perfection, among others, raised $885.
- Patrice Steininger hosted a Pink Ribbon Tea and Fashion Show that raised $130.
- Books-a-Million throughout Virginia hosted events in May and October that raised $2,887.
- LaBella Hair Design in Mechanicsville raised $264.
- Heart of the Community donated Virginia State Fair booth space and coordinated activities that raised $250.
- Wells, Coleman & Co held a Denim Day that resulted in a $400 to VBCF.
- Mainstreet Bar & Grill in Stafford hosted an event which yielded $200.
- Brighton Collectibles at Stony Point Fashion Park in Richmond hosted a month long awareness campaign and donated a portion of sales of special items designed for Breast Cancer Awareness Month.
- McGuire VA Hospital hosted its annual Awareness Walk which raised $1,235.
- Diane Hooker, Avon Representative, has included VBCF in some of her exhibits and also donated $143 as a portion of Avon sales.
- Terry Lynn Smith hosted a breast cancer art show exhibit with donations to VBCF.
- Visual Art Studio hosted a First Friday Breast Cancer Benefit which benefited VBCF.

Once again our amazing chapter volunteers have not only worked tirelessly throughout the year to educate and advocate on the local, state and national level, but they have also helped raise funds for VBCF’s education and advocacy programs. Thank you to the following chapters for their 2009 financial contributions!

- Central Virginia - $34,900
- Peninsula - $18,930
- Hampton Roads - $5,500
- Blue Ridge - $2,000
New Recommendations Reflect Poorly by Ellen Shaw de Paredes, M.D., VBCF Scientific Advisor

Reprinted with the permission of the Richmond Times Dispatch. This article originally appeared on the Editorial Page of the Richmond Times Dispatch on Tuesday, November 24, 2009.

Mammography screening is one of the major health care advances of the past 40 years. With the onset of routine mammography screening, the death rate from breast cancer has decreased by 30 percent since 1990, even though it was unchanged for the preceding 50 years. Mammography screening means that cancers can be detected sooner, allowing women to choose less invasive treatments that helps to preserve the quality of their lives as well.

Newly revised U.S. Prevention Services Task Force (USPSTF) recommendations could reverse this decline in breast cancer morbidity and mortality, causing undue suffering to women facing breast cancer. In a decision that dismisses many scientific studies and data analyses, the Task Force ignores the physical and psychological harms of more aggressive treatments required for advanced cancers, and is not prioritizing saving lives.

The federally supported U.S. Preventive Services now recommends against the following routinely accepted procedures:

- Routine screening mammography in women age 40-49;
- Teaching breast self-examinations;
- Clinical breast examinations;
- Screening for women 75 years or older; and
- Annual screening mammograms for women age 50-74 (recommending screening every other year).

USPSTF is recommending against all commonly accepted routine breast cancer screening methods for women in their 40s despite its statement that the 10-year risk for breast cancer in a 40-year-old-woman is 1 in 69. It also rescinds its previous recommendation providing for screening beyond 74 because “the shortened life among women 75 and older” makes it more likely that she could die from another cause before the cancer kills her.

As acknowledged in the research of the task force, if regular mammography screening does not begin until 50, more women will die of breast cancer. The task force also acknowledges that more lives will be lost if screening is not performed annually after 50. What then is the value of human life?

The USPSTF estimates that the mortality reduction for screened women aged 40-49 is 15 percent and for women 50-59 is also 15 percent. However, according to the USPSTF, approximately 1,900 women need to be screened to save one woman in her 40s, 1,300 women need to be screened to save one woman in her 50s, and 600 women need to be screened to save one woman in her 60s. They reason that because more screenings for women age 40-49 are needed to save one life than in the other age groups, the harms of screening mammography are too great to justify screening beginning at 40, despite similar mortality reduction. The impact of screening-detected cancer on a younger patient’s life and her family by saving her from dying from breast cancer cannot be overstated.

USPSTF selectively reviewed the literature and used computer models, ignoring hundreds of well-regarded scientific studies on the subject. This is not based on direct data or a new clinical trial.

The scientific basis for the value of screening mammography has been proven previously in numerous evidence-based clinical trials that clearly show a major benefit for all populations who were screened, including the 40-49 year group.

Swedish clinical trials showed a decrease in mortality from breast cancer of greater than 40 percent for the 40-49 year group. In Malmo, Sweden, there was a 35 percent mortality reduction for women 40-49, and in the Gothenburg trial, a 44 percent reduction in breast cancer deaths in the screening group.

It is unscientific to compare a 40-49-year-old.

What does the National Breast Cancer Coalition say about the new guidelines?

The National Breast Cancer Coalition commends the release of the new guidelines, and hopes that these new guidelines will put screening and its limitations into proper perspective. The public has increasingly put their faith in screening and early detection, though we have never had good evidence that this would have a significant impact. Focusing on screening as the answer prevents us from looking for what we really need. For over ten years, NBCC has reviewed and analyzed each newly published trial on mammography screening. After each analysis, NBCC has continued to take the position that mammography screening has significant limitations and should be a personal choice rather than a public health message.

For more information, go to www.stopbreastcancer.org and click on FAQ for mammogram guidelines.
Volunteer Opportunity!

**Pink Ribbon Campaign**: Each year VBCF distributes thousands of pink ribbons to raise awareness of breast cancer. Last year, VBCF distributed 75,000 pink ribbons statewide in the month of October. This year our goal is to distribute 100,000 ribbons across the Commonwealth. Each pink ribbon is attached to an information card that contains basic breast health information. We need volunteers to assist us with attaching the pink ribbons to the information cards and placing them in packages of 100 for distribution. The ribbons are already cut and pinned.
Applications now accepted for Karin Decker Noss Scholarship!

Karin Decker Noss was a dedicated board member and past president of the Virginia Breast Cancer Foundation. A retired Air Force Lieutenant Colonel, Karin served in the military for over 20 years. When she was diagnosed with Stage IIIB breast cancer in July 1995, her life changed forever. Karin quickly dedicated her life to breast cancer advocacy—working tirelessly in both the legislative and medical communities and dedicating herself to furthering knowledge of scientific issues associated with breast cancer. She wanted people to know the truth about breast cancer. Karin began serving on VBCF in 1997 and represented VBCF on the National Breast Cancer Coalition (NBCC) Board of Directors as well as numerous committees beginning in 1998. She was a graduate of both the Project LEAD and Project LEAD Clinical Trials programs. She served as president and committee chair on the Y-ME National Breast Cancer Organization Board and served the Y-ME National Capital Area Affiliate in several roles, including president. Karin also served on several peer review panels for both the Department of Defense (DoD) and California Breast Cancer Research Programs and was a member of the DoD Breast Cancer Research Program Integration Panel.

Karin lost her battle with breast cancer on February 16, 2008, but many will benefit from the work that she did and the trials in which she participated. In her memory, VBCF has established a scholarship program to assist individuals in attending conferences and trainings that strengthen knowledge and understanding of the science of breast cancer.

The Karin Decker Noss Scholarship is provided to fund training for the selected participant in medical research and legislative advocacy to carry on the work that Karin began. This scholarship program aims to encourage increased knowledge and education related to breast cancer resulting in stronger breast cancer advocacy and more involvement in VBCF’s breast cancer advocacy program. A $5,000 award will be available to the recipient for a 24 month period. The funds may be used for expenses, such as travel, lodging, meals, and registration fees for approved conferences and educational courses. More information on the scholarship is available online at www.vbcf.org.

John Noss, Karin’s husband, has generously donated $5,000 this year to ensure that the scholarship is fully funded in its first year. Applications may be submitted online at www.vbcf.org. If you would like to receive an application form by mail or fax please call VBCF at 800-345-8223. The deadline for applications is Monday, March 15, 2010.

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group to women who are 50-74, as done by the Task Force. Breast cancer incidence increases per decade and the incidence in women in their 40s is very similar to those in their 50s. In women in their 80s, breast cancer incidence is higher than in women in their 70s. As far as risk is concerned, only 10 percent to 25 percent of breast cancers occur in high-risk women. Not screening the others would miss 75 percent to 90 percent of breast cancers.

Other professional and scientific organizations, including the American Cancer Society, have not changed their guidelines — which are to screen women with mammography yearly beginning at age 40.

The Ellen Shaw de Paredes Breast Cancer Foundation bases its recommendations on scientific data which have clearly shown that women’s lives are saved by performing screening mammography annually beginning at age 40. Women at high risk may need earlier screening and screening with additional modalities, such as breast MRI.

We are strongly opposed to the proposed change in screening guidelines by the U.S. Preventive Services Task Force. Changing the guidelines would be a major set-back in the advancement we have made in improving women’s lives through early detection.

Ellen Shaw de Paredes, M.D., FACR is a Richmond radiologist specializing in breast imaging. She lectures internationally on mammography, wrote the textbook “Atlas of Mammography,” and is founder of the Ellen Shaw de Paredes Breast Cancer Foundation. Contact her at paredes@paredesfoundation.org.

Call for Nominations!

Nominations are now being accepted for the Sharon H. Kohlenberg Healthcare Service Award and the Nancy G. Dopp Volunteer of the Year Award.

The purpose of the Sharon H. Kohlenberg Healthcare Service Award is to recognize Virginians employed in the healthcare field who “exhibit a deep and abiding commitment to the fight against breast cancer.” The award also honors the memory of Sherry Kohlenberg, a healthcare administrator and co-founder of VBCF, who died from breast cancer in 1993.

The Nancy G. Dopp Volunteer of the Year Award is a statewide award that recognizes a volunteer whose contributions of time, energy or talents has had a significant impact for VBCF. The award is given in memory of Nancy Dopp, a VBCF member who selflessly gave her time and efforts to help VBCF for many years, until she lost her battle with breast cancer in 1998.

Nominations may be submitted online at www.vbcf.org. If you would like to receive a nomination form by mail or fax please call VBCF at 800-345-8223. The deadline for nominations is Monday, March 15, 2010.
Blue Ridge Chapter

Tickets are now available for the **Blue Ridge Chapter’s Pink Ribbon Hi Tea**! The chapter fundraiser will take place **Saturday, March 13** at 2:00 pm in the social hall at Linden Heights Baptist Church in Staunton. Two silent auction items and other unique items will be offered in a raffle-like drawing. Tickets are $20 per person and must be purchased in advance. For tickets or more information, call 540-942-4586.

Central Virginia Chapter

All Central Virginia Girl Scouts ages 14 and older are invited to attend the **Breast Health Awareness Workshop “More than a Pink Ribbon”** on **Saturday, May 1** at Johnston Willis Hospital. Mothers and other adults are encouraged to attend. The event will be coordinated through the Richmond Girl Scout Office and registration will be available at the Girl Scout Commonwealth Council of VA, Inc. Contact Mary S. Elmore at 804-746-0590, ext. 329 or 800-4SCOUT4, ext. 329 for more details and to register.

Hospital Hospitality House Cookie Walk

On December 6th Central Virginia Chapter members, families and friends met at the Hospital Hospitality House (HHH) for their annual “Cookie Walk.” They met the new Volunteer Director, Katie DeMayo. She was most gracious and made everyone feel welcome and expressed the gratitude of the staff and volunteers for the annual event at the holidays. The guests each year are happy to enjoy the many cookie bags that the chapter provides. Chapter members also brought many items from the HHH wish list.

The chapter held a brief meeting followed by a tour of the facility which helped everyone to see the scope of the service which is given by charity donations only. They were able to see “Kendra’s Room” which is dedicated to one of the founders of the VBCF as well as the Day Resters room that is dedicated and supported by the Central Virginia Chapter for patients needing a comfortable place to stay for the day after treatment in Richmond hospitals.

This year we had a special presentation. Joy Galloni obtained a latch hook wall hanging which was presented to the chapter. The hanging was designed and made in honor of Michelle Delano, an art professor at Richard Bland College. She had been taking breast cancer treatment over last summer. She, Linda Pittman (the designer), and Allie (the student who made the hanging), were all on hand for the presentation. The chapter will decide the best way to use the beautiful piece of art.

The chapter also had snacks and leftover cookies, met with guests, and socialized. Everyone had a great time while doing a great activity where we can share the joy of the holidays with others.

Hampton Roads Chapter

Norfolk State University’s Breast Cancer Awareness Night

Hampton Roads Chapter members participated in Norfolk State University’s Breast Cancer Awareness Night at the women’s and men’s basketball games versus Howard University on January 18. The chapter participated in a Celebration of Life at halftime of the men’s game, with chapter members Duke Garner and Kierra Sewell speaking.

Peninsula Chapter

The Peninsula Chapter’s **Seventeenth Annual Fashion Show/ Luncheon, The Finishing Touch**, will be held **Saturday, April 10, 11:30 am** at the Omni Hotel Newport News. Fashions will be provided by Dillard’s. Tickets are $25 each and available by contacting Sally Taylor at twotaylors@cox.net. The annual event also includes a silent auction and quilt raffle.

Prince William Chapter

A VBCF Chapter is in the works in the Prince William County area of Northern Virginia! If you’re in the Northern Virginia area and are interested in becoming more involved with VBCF - now’s the time to act! For more information, contact Lydia Stewart at princewilliam@vbcf.org or the VBCF office at 800-345-8223 or jaime@vbcf.org.
My first trip to this world wide event was overwhelming. The plenary topics, presentations and poster sessions in addition to a host of activities scheduled for advocates on scholarship filled each day. Exciting news, reconnecting with fellow Project LEAD graduates and the opportunity to hear the foremost breast cancer experts in the world speak on their areas of expertise all made for an experience I will never forget.

Over 9,000 people attended the conference from all over the world. The conference support staff is mostly volunteers, unbelievable. Courteous, helpful, it all seemed to run effortlessly.

As a long time (13 year) breast cancer survivor that has lived with bone metastasis for over 8 years there were many subjects that were of particular interest to me. The first were some of the acronyms that are used in some of the studies. DFS means “Disease Free Survival” and PFS means “Progression Free Survival.”

The subject that intrigued me most was the findings on Bisphosphonates. Part of my ongoing treatment involves an infusion of this sort every 3 months to offset the effects of the aromatase inhibitor I have been taking for 8.5 years. Following is an article from the Daily Newsletter issued from the SABCS about these findings for your review. All of these newsletters are available online at www.sabcs.org. Enduring Materials, Newsletters.

Bisphosphonates: Multiple Layers of Efficacy?

Bisphosphonates are used for the prevention and treatment of osteoporosis and the skeletal lesions of malignant metastatic disease. Recent data have suggested that they might also have a direct effect on cancer. Papers presented last year at SABCS and at the annual meeting of the American Society of Clinical Oncology indicated that the bisphosphonate zoleodronic acid may be effective in reducing tumor burden or relapse rate in early breast cancer. Two papers presented on Thursday afternoon discussed this new application of bisphosphonates. A third assessed the bone-preserving efficacy of zoledroncic acid compared with the investigational monoclonal antibody denosumab, which inhibits RANKL, a key mediator of osteoclast activity.

Rowan Chlebowski, MD, PhD, Professor in Residence and Chief of the Medical Oncology/Hematology Department at the University of California, Los Angeles, presented data from an observational cohort study designed to evaluate the association between oral bisphosphonate use and breast cancer incidence in the Women’s Health Initiative cohort of 154,768 postmenopausal women. The main analyses considered baseline information on bisphosphonate use, collected by questionnaire or interview. A conceptual problem in the analysis was that, while women with low bone mineral density (BMD) have a lower risk of breast cancer, low BMD is an indication for bisphosphonate use. To correct for this, an algorithm-designed hip fracture risk score was used to adjust for potential BMD differences between women who used bisphosphonates and those who did not, while Cox proportional hazards models that accounted for factors known to affect breast cancer risk were used to compute hazard ratios for breast cancer. This analysis showed a significant reduction in breast cancer incidence in bisphosphonate users vs nonusers (HR=0.68, P<.01). This advantage was not affected by differences in cancer stage or grade. Dr. Chlebowski pointed out that use of bisphosphonates has been increasing while the use of hormone replacement therapy has been decreasing, suggesting that the lower incidence of breast cancer seen during this time may be influenced by both factors. Interestingly, the incidence of ductal carcinoma in situ (DCIS) was increased in bisphosphonate users compared with nonusers (HR=1.59; P=.002). In the discussion following the presentation, it was suggested that this phenomenon, also seen in the STAR trial with raloxifene, may mean that in situ lesions are being arrested, preventing them from developing into invasive disease.

The Breast Cancer in Northern Israel Study (BCINIS) is a population-based, case control study of breast cancer cases and age/clinical/ethnic/resident group-matched controls. Gad Rennert, MD, PhD, from the Technion–Israel Institute of Technology, used subjects from this study to examine the association between bisphosphonate use and the risk of developing breast cancer. Bisphosphonate use was determined by patient report or by pharmacy record. Data were available for 2368 cases and 2207 controls. There was a 30% reduction in breast cancer incidence in patients who self-reported using bisphosphonates for 5 or more years (OR=0.66); this result was confirmed by pharmacy records of bisphosphonate prescriptions (OR=0.72). Bisphosphonate use for <1 year was not associated with a change in breast cancer risk; the reduced risk started in year 2 and persisted over longer periods, reflecting the stability of the drug in the body. Considering the results of the study presented by Dr. Chlebowski, it is interesting that Dr. Rennert and colleagues observed no increase in rates of DCIS in patients receiving bisphosphonates. A limiting factor in interpreting these analyses is that breast cancers detected in bisphosphonate users had better prognostic markers, with a significantly higher proportion of strongly ER-positive tumors, a significantly lower proportion of poorly differentiated tumors, and a lower (but not significant) proportion of HER2-positive tumors. As in the previous study, it is difficult to separate the drug effects from baseline patient conditions.

RANKL is the primary mediator of osteoclast formation, function, and survival and plays a vital role in physiologic and cancer-induced bone resorption. Metastatic tumor cells stimulate RANKL activity, leading to a self-reinforcing cycle of bone destruction. Denosumab is a fully human monoclonal antibody administered by monthly subcutaneous injection that binds and inhibits RANKL, interfering with bone resorption. Alison Stopec, MD, from the Uni-
versity of Arizona, presented the results of a study comparing denosumab with zoledronic acid for the prevention of skeletal-related events (SREs) in patients with advanced breast cancer with bone metastases. At the primary analysis cutoff date, 1020 patients in the zoledronic acid arm and 1026 patients in the denosumab arm remained in the study and were available for analysis. Denosumab use resulted in an 18% reduction in the time to first on-study SRE (HR=0.82, P=.01), an 18% reduction in the time to first on-study SRE or hypercalcemia (HR=0.82, P=.007), and a 23% reduction in the time to first and subsequent on-study SREs (rate ratio=0.77, P=.001) compared with zoledronic acid use. Skeletal morbidity rate (number of SREs per subject divided by time at risk) showed a relative reduction of 22% in the denosumab arm (P=.004). Other end points (time to first radiation to bone, time to experiencing moderate or severe pain) showed a similar benefit for denosumab use. However, there was no difference in overall survival or overall disease progression between the treatment arms. Denosumab was also associated with fewer side effects: of 20 selected adverse events, 18 were less likely in patients receiving denosumab, including a significant reduction in adverse events related to renal toxicity. Rates of osteonecrosis of the jaw were similarly low in patients receiving either zoledronic acid or denosumab (1.4% and 2.0%, respectively).

**Developments in Metastatic Breast Cancer Management**

The last day of the conference included a review and a well-attended presentation on metastasis. The final presentation of the symposium was given by Clifford Hudis, MD, from Memorial Sloan Kettering, who summarized the year’s developments in metastatic breast cancer management. The four areas Dr. Hudis chose to emphasize all involved targeted therapies:

1. **Anti-HER2 therapy.** There is still no consensus on exactly how trastuzumab works. It is known to be active as a single agent, show a treatment benefit when added to first-line chemotherapy or hormonal therapy, and to be effective after progression on chemotherapy. Lapatinib, also active as a single agent, provides additional benefit when added to trastuzumab. There are multiple new agents in development, including new tyrosine kinase inhibitors, monoclonal antibodies, and Hsp90 inhibitors. In normal cells, Hsp90 is present in a latent state, associated with low-affinity binding. Under stress conditions, it is present in an activated, high-affinity state, in which it helps to hold HER2 at the cell surface. The Hsp90 inhibitor 17-AAG has shown response rates equivalent to pertuzumab, neratinib, and trastuzumab-DM1 after progression on trastuzumab. The growing availability of these targeted agents increases the likelihood that the overall direction of breast cancer treatment will soon be shifted away from chemotherapy.

2. **Bevacizumab.** Bevacizumab added to paclitaxel or docetaxel improves progression-free survival (PFS) in patients with metastatic breast cancer compared with either taxane alone. Several recent trials pairing bevacizumab with different drugs demonstrate that it does not have a specific affinity for certain drugs, but can be effective across multiple drug families. A problematic issue in some of these studies is that, while certain drug combinations may result in a significant improvement in PFS, they do not have an effect on OS. PFS was originally accepted as a surrogate endpoint for OS in clinical trials so that trial length and cost could be reduced. It has come to be accepted as a legitimate endpoint in its own right, and we are perhaps overdue for a discussion about whether this is appropriate.

3. **Tyrosine kinase inhibitors: Sorafenib.** Several papers were presented at the symposium with results from the phase 2 trials of the Trials to Investigate the Efficacy of Sorafenib in breast cancer (TIES) program (see next article), showing that this multikinase inhibitor is effective when used in combination with a variety of drugs. The main disadvantage of sorafenib is that it is associated with a high incidence of high-grade hand-foot skin reaction (HFSR), which has become a main cause of treatment discontinuation. In order to pursue use of this promising agent, clinicians will need to formulate a good strategy for preventing or managing this adverse event.

4. **PARP inhibitors.** Poly(ADP ribose) polymerase (PARP) is critical for DNA repair in patients with BRCA1-positive breast cancer. For these patients, the normal homologous recombination pathway is not available, and other repair processes, which require PARP, become critical for survival. Olaparib, a PARP inhibitor, has shown a remarkable response rate in patients with BRCA-deficient metastatic breast cancer (22% at 100 mg BID, and 41% at 400 mg BID). Prior therapy did not affect the response. Now in question is whether PARP inhibitors will be effective in other types of breast cancer, or even in other cancers.

Nearly 3,000 meeting attendees remained until the end of this exciting and informative session. Dr. Osborne remarked that, given a favorable response from attendees, this review session might become a regular feature at SABCS.

I encourage anyone with an interest in breast cancer issues to learn all you can. Attending Project LEAD and learning the science of this very complex disease is an endless journey that has taken me many places and given me untold opportunities to really make a difference in the fight for so many lives.

**Newly Diagnosed?**

Have you recently been diagnosed with breast cancer or know someone who has? Contact VBCF to receive a Newly Diagnosed Information Packet, which contains information on how to understand your pathology report, emotional healing, treatment options and more. To order a packet visit www.vbcl.org or call 804-285-1200 or 800-345-8223 or e-mail Lisa@vbcl.org.
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