Proactive Steps After Breast Cancer:
Lymphedema, Exercise & Emotional Healing

Make plans now to join VBCF and Sentara Cancer Services on Saturday, June 26th for **Proactive Steps after Breast Cancer: Lymphedema, Exercise and Emotional Healing**. This FREE educational event will feature important workshops dealing with issues that can affect individuals newly diagnosed with breast cancer or diagnosed years ago. VBCF will hold our **annual meeting** during lunch and give the Chapter and Nancy Dopp Volunteer of the Year Awards.

Don't miss out! Take the right steps today for a better tomorrow – register TODAY!

**When:** Saturday, June 26, 10am – 1:30pm
**Registration begins at 9am.**
**Where:** Holiday Inn Executive Center
5655 Greenwich Drive
Virginia Beach, VA 23462

**Cost:** FREE (lunch included)
**How can you register?** Call 1-800-SENTARA or visit www.sentara.com/cancer and click “Events and Lectures”.

Personal Stories, Public Action

VBCF is collecting personal stories of individuals diagnosed with breast cancer as part of a national campaign to help the National Breast Cancer Coalition paint a picture of health care access in the United States. We are asking for personal stories about your experience fighting breast cancer and accessing healthcare.

Please **share with us** your experiences, including any problems you may have had in accessing quality care or any successes in receiving quality care. For example, perhaps you had trouble getting the care you needed when you needed it. Maybe you didn’t always get complete or correct information. Perhaps you didn’t have a choice about your doctors or your treatment, or there were times you weren’t treated with respect from someone in the health care system. Or, perhaps you received quality care at all levels.

Whatever your story, we want to hear about it! Please see the form enclosed in the back of the newsletter. You may send VBCF your story by visiting www.vbcf.org to download a story form, by calling us at (804) 258-1200 or (800) 345-8223, or by emailing Elisa@vbcf.org.

Our fall kickoff program will focus on these stories and the importance of accessing quality care. More details will soon come – please save the date for Sunday, September 26!
Every May, the National Breast Cancer Coalition "NBCC" holds its Advocacy Conference in Washington DC. The conference culminates with Lobby Day where breast cancer advocates from across the country meet with their Senators and Representatives. Given our close proximity to DC, VBCF always has an excellent showing at both the conference and Lobby Day. This year was no exception. Thirteen VBCF members attended the three-day Advocacy Conference — some on full scholarship. They were met on Lobby Day by another forty members, some of whom rode a bus that started in Norfolk (at the obscene hour of 4:30 a.m.) and continued to pick up groups in Yorktown and Richmond. During the Lobby Day meetings with the various legislators, VBCF members are quite noticeable as all wear the same pink and blue neck scarf.

The point of Lobby Day is to explain the current NBCC priorities to the various representatives and ask for their support. The success of this event was evident in our meeting with Senator John Warner. As the Chair of the Armed Services Committee, Senator Warner had just completed a fairly lengthy meeting on the Iraq war. Even though it was obvious he was quite busy, he still took ten minutes of his time to usher all of us into his Senate office, spent a couple minutes talking about his father who was a doctor, and then left us to explain our priorities to his legislative aide. He told us that our group makes a large impact on Senator Warner given the numbers that attend. This is evidenced by the Senator's voting record where he, and Senator George Allen, have shown consistent, strong support for the legislative priorities of NBCC and VBCF. My thanks to those who took time out of their schedule to attend Lobby Day this year and I hope many others will make the effort to attend next year. Our presence does make a difference.

The motto for VBCF is "Educate. Advocate. Eradicate." The above is an example of the success of our advocacy efforts. VBCF has also completed one successful educational event and is planning another. In March we held our first teleconference. Over 100 individuals from all over Virginia and the country heard INOVA Fairfax Hospital's Dr. Nicholas Robert talk about medical advances in the treatment of metastatic disease. Many thanks to VBCF's staff for their efforts in putting his slides on the VBCF website the day before the conference allowing the listeners to follow along. Our next educational event is on June 26 and will be held in Virginia Beach. This is a joint venture with Sentara Cancer Services. Additional information is presented in this newsletter. Also mark your calendars for Sunday, September 26 when we will kick off breast cancer awareness month in a special ceremony highlighting our personal stories with breast cancer and our experiences with the health care community.

Our final educational event for the year is still in the planning stages. On the weekend of November 12, we will participate in a holistic conference in Richmond. Exact topics are not yet known, but as one who has used holistic medicine (yoga and acupuncture) to help manage the side effects of my own cancer, I am quite excited about this event. More information will be forthcoming.

As you can see, VBCF is having another busy year. Our excellent Board of Directors, Chapters, Staff and members are working hard to fulfill the mission of VBCF - "The eradication of breast cancer through education and advocacy."

Barbara Dittmeier

The Virginia Breast Cancer Foundation is a grassroots organization committed to the eradication of breast cancer through education and advocacy.

Educate. Advocate. Eradicate.
Nancy Dopp Volunteer of the Year Award

The Nancy Dopp Volunteer of the Year Award is given annually to an inspiring VBCF volunteer nominated by a member. This year’s Award will be presented at our Annual Membership meeting on Saturday, June 26th. If you would like to nominate someone for this award please visit our website at www.vbcf.org to download a nomination form. The forms are also available by calling our office at 1-800-345-8223. The deadline for nominations is Friday, June 18th.

Chapters Merged

The Richmond Chapter and Chester Tri-Cities Chapter are excited to announce that they have now merged and become one chapter: The Central VA Chapter! Chapter members met recently to discuss new ideas, elect new officers and enjoy each other’s company. The Central VA Chapter is busy planning their annual events and educational programs - if you want to get involved, contact the chapter today! You may contact President Joy Galloni at (804) 861-0653 or Jgalloni@rbc.edu or Vice-President Gay Rudis at (804) 741-4147 or GRudis@fhsc.com.

Save the Date

Friday, November 12 - Sunday, November 14

Mid-Atlantic Holistic Health Conference 2004

VBCF is co-presenting the Mid-Atlantic Holistic Health Conference 2004

When: Friday, November 12 - Sunday, November 14
Where: Sheraton West Hotel in Richmond

VBCF members and supporters are encouraged to attend and participate! The conference will feature nationally known Holistic Healthcare Professionals, an expo with over 60 exhibitors showcasing Holistic Health Services & Products, and Free Community Workshops on a variety of topics. Certain workshops will focus specifically on holistic health and breast cancer. More details regarding workshops will be announced soon.

Call 804-358-7071 for more information or visit www.holistichealthconference.com

VBCF mourns the loss of Elizabeth (Betsy) A. Secrist

On Tuesday, March 23, 2004, VBCF lost a dear friend and devoted breast cancer advocate. Betsy was involved in many aspects of VBCF and most recently served as President and Treasurer of the Richmond Chapter and was a member of the Finance Committee. Betsy received the Richmond Chapter’s Volunteer of the Year Award in 2001. Betsy also actively participated in VBCF’s Speakers Bureau Program, taking our message to organizations throughout Central Virginia. VBCF will miss Betsy’s spirit and determination to win the war against breast cancer. Betsy is pictured above with her loving husband, Randy.

Members of every VBCF Chapter - Blue Ridge Chapter, Central VA Chapter, Hampton Roads Chapter, and Peninsula Chapter - met in Richmond for the 2nd All Chapters Meeting. The group learned more about the Every Woman’s Life Program and discussed how to advocate and do effective outreach on a local level.

Peninsula Chapter members modeled the latest trends from Dress Barn at the Peninsula Chapters' 11th Annual Fashion Show. This most successful fashion show ever raised $15,725 for VBCF!
VBCF Sponsors Every Woman's Life Participants for NBCC Conference

VBCF was proud to provide full scholarships for two participants of the Virginia Department of Health’s Every Woman’s Life (EWL) Program to the NBCC Advocacy Conference. Marjorie Grantham of Richmond and Doris Majette of Hampton participated in the three-day conference plus Lobby Day and learned about cutting edge breast cancer issues, advances, and news.

Marjorie Grantham’s breast cancer story began when she visited a Bon Secours health facility in Richmond for a flu shot. The nurse asked Marjorie if she would like more information about other free services offered, since Marjorie is uninsured. She took advantage of the EWL program and received a free mammogram.

At the conference Marjorie felt informed by the honest discussion on health care by staff members of the Bush Administration and Senator Kerry’s office. They reinforced her belief that the government’s help is inadequate at this point and both sides need to work together to resolve the healthcare crisis currently rocking the country. Marjorie was shocked to hear that the number of uninsured Americans, like herself, is so exorbitant and so many are unable to get the help they need.

Doris Majette’s story began when the EWL Coordinator at the Riverside Regional Medical Center in Newport News asked her if she would like to attend the conference, since she had participated in the EWL program. Doris, who is also uninsured, was eager for the opportunity to learn more about breast cancer.

Doris learned new information that she had not accessed at home. She attended “Race, Ethnicity and the Science of Breast Cancer” where one speaker discussed the use of clinical trials for examining race differences. The advantages of clinical trials for looking at race differences include uniformity of stage at diagnosis, similar diseases, uniform treatment and similar follow-up. However the limitations of clinical trials for examining race differences are that there may be a limited number of patients of origin other than Caucasian, absent to minimal socio-economic data, and participants who may be non-representative of their population.

Doris recommends other EWL participants attend the conference at least once; without participating and finding this network of support, an individual sees breast cancer as an isolated experience. Doris pointed out, “Somebody has to fight for a cure and for better healthcare – if everybody stayed at home, it would never happen.”

Tissue and Biobanks: Current Advocacy Issues - NBCC Conference Workshop

by Becky Morris, VBCF Board Member

Since the mapping of the human genome has been completed, the focus for the future will be individualized medicine. Specifically, as gene profiling evolves, and more targeted therapies emerge, we, as breast cancer survivors and advocates, need to be concerned about scientific, legal, and ethical issues dealing with our own tissue stored from surgeries and our discarded tissue.

Kathleen Zeitz notes in Biobanks & the Genomic Revolution: The Patient’s Perspective that “Biobanks are nothing more than repositories of tissue and blood samples that can be used for genetic research. They are trash barrels from surgeries and biopsies and are now very valuable commodities in the research field. Some large teaching hospitals have begun saving all tissues left over from surgeries, biopsies and blood samples. Materials that would once have simply been destroyed are now saved in biobanks. The institutions that control these biobanks can then use them in their own genomic research, or charge fees to pharmaceutical companies or commercial researchers to access the materials.”

Advocates need to get involved and influence the disposition, handling, and appropriate use of these resources. According to Mary Anderlik Majumder, author of Oversight of Biobanks: Banking Without Checks?” Biobanks are open to abuse, because there is no single set of standards and protections that binds them. We wish to avoid unnecessary bureaucratic obstacles in creating standards and protections, but the mere fact that biobanks appear in government, universities, and commercial settings complicates the issue.” While researchers’ motives may be excellent and in the interest of science, what rights do we have as tissue donors? While the advance toward a cure is dependent upon tissue samples and genomic research, how do we “bank”, without checks?

A major concern for advocates is privacy protection. Our specimens and data can be anonymous, coded (de-identified), or encrypted (someone has the key to decipher the code). Majumder states “Maintaining specimens without identifiers (links to us), especially if the identifiers were never collected, limits the risk of connection of research information with individuals, and thus the risk of psychological, social, or economic harms to them.”

Many of us, as survivors, want access to the results of the research (if appropriate). Also, if tests and treatments resulting from this research exist that could benefit our children or us, we should have the right to know the facts. Access to information by the scientist and the patient is an urgent concern. (con’t on page 7)
NBCC has Established the Following Legislative Priorities for 2004:

Priority #1: Guaranteed access to quality health care for all. We are not supporting any specific legislation but we do support the eight principles NBCC adopted as essential to achieving guaranteed access to quality care.

Priority #2: $150 million appropriation (level funding) for the Department of Defense (DOD) peer-reviewed Breast Cancer Research Program for fiscal year 2005.

Priority #3: Enactment of the Breast Cancer and Environmental Research Act (S. 983/H.R. 1746). It is generally believed that the environment plays a role in the development of breast cancer, but the extent of that role is not understood. The Breast Cancer and Environmental Research Act would create grants for the establishment of multi-institutional, multi-disciplinary research centers to study the potential link between the environment and breast cancer. Grants are awarded based on a competitive, peer-reviewed process that involves consumer advocates.

Priority #4: Enactment of the Genetic Nondiscrimination in Health Insurance and Employment Act (H.R. 1910). We have a strong law in Virginia. Let's make this a national priority – with strong enforcement mechanisms.

"Never doubt that a small group of thoughtful citizens can change the world: Indeed it is the only thing that ever has." - Margaret Meade
Imagine walking into a hotel lobby flooded with over 750 cheery women gathered to be empowered with information specific to the unique needs of young women with breast cancer. Now, imagine if almost half of the women have little or no hair and different women in the room keep fanning themselves due to a hot flash. Any woman faced with breast cancer would have felt SUCH a sense of community at the YSC’s 4th Annual Conference held in Philadelphia.

The conference targeted women under the age of 45 (pre-menopausal) living with breast cancer. A young woman’s medical and psychosocial issues are fundamentally different than those of a post-menopausal woman. The five-year relative survival rate is slightly lower for women diagnosed under the age of 45 because young women’s cancers tend to be more aggressive and less responsive to hormonal treatments. Breast cancer is the leading cause of cancer death in young women ages 15 to 40.

The workshop “An Up Close Look at the Doctor/Patient Relationship from Sickness to Health” featured Dr. Marisa Weiss, Founder of Living Beyond Breast Cancer. Dr. Weiss believes breast cancer patients should present themselves to the doctor as if their appointment is an important event. She gave tips on how to establish a healthy relationship with your doctor. (See adjacent table)

The workshop “Moving Toward Wellness: Managing Anxiety and Depression” featuring David K. Payne, Ph.D. pointed out that personality and coping do not affect the outcome of cancer; on the other hand, loss, bereavement, and depression also have no effect on cancer outcome. Strong evidence suggests that lifestyle, socioeconomic class, social support system, and treatment adherence affect the outcome of cancer.

Research shows that about 50% of women with breast cancer experience normal stress levels and the other 50% have symptoms suggestive of psychiatric diagnosis. Sixty-four percent of cancer survivors report anxiety and depression. About 10% of women on Tamoxifen will experience depression at some point. Cancer survivors should acknowledge that it’s okay to feel poorly some days, and it’s okay to seek help.

The speaker gave the quote from John Milton, “The mind is its own place and in itself can make a Heaven of Hell, a Hell of Heaven,” as an example of how our thoughts and perceptions can influence our situation. If we focus too much on the part that hurts, we forget about the part that is healthy.

People are wired to prepare for the next disaster or crisis in their life. According to the Zeigarnick Effect, people tend to vividly remember failures. When there is no crisis, people “sleep” and are on autopilot. As emotional beings, we tend to analyze what went wrong in a situation. In general, we can give six to eight reasons for why a bad event happened and only two to three reasons why a good event happened. It was stated that satisfaction in life deals with fighting the Zeigarnick Effect.

Dr. Payne recommended that individuals savor the moment and practice the art of mindfulness, which means paying attention in a particular way, on purpose, in the present time, and not judgmentally. For example, take any object and focus on all of its elemental properties for a few minutes – its texture, feel, taste, smell, shape, size, etc. Once you have focused deeply on the object, you will notice that all other thoughts do not exist. This simple form of meditation can be easily applied. Some other forms of meditation include focusing on your breath, walking meditation, or counting your breath. Meditation is a technique used to reduce heart rate and stress level.

To conclude, the YSC conference is the only national conference of its kind and everyone learned so much.

Establishing a Healthy Relationship with your Doctor
- Get dressed for the occasion instead of wearing sweats.
- Let the doctor know what information is sensitive and what can be shared with family or friends.
- Prepare yourself for the appointment, do your homework, and ask questions. Then listen for the answer. Listening, understanding, and remembering are important tasks at your appointment. Also, make eye contact with the doctor.
- Bring a friend along to take notes.
- Sit as close as needed to the doctor to feel comfortable with sensitive information.
- Clarify unknown medical lingo.

Newly Diagnosed?

If you would like to receive a free packet of information for the newly diagnosed call VBCF at 1-800-345-8223 or e-mail Lisa@vbcf.org.

VBCF is proud to provide partial to full scholarships to members to attend pre-approved conferences. Call 1-800-345-8223 for more information.
Expanding Horizons of Healthcare: Complementary and Alternative Medicine - NBCC Conference Workshop
by Linda Seeman, Ph. D, VBCF Board Member

Many of us are not aware there has been an organized effort to promote and support research regarding Complementary and Alternative Medicine (CAM) activities at the National Cancer Institute since 1998. There is also ongoing interaction with health professionals and researchers regarding CAM for cancer, as well as an attempt to collaborate with other cancer organizations on CAM.

What is CAM? CAM consists of medical and healthcare practices outside the realm of conventional medicine. These practices have yet to be validated using scientific methods. Complementary medicine is used together with conventional practices, while alternative medicine is used in place of conventional practices.

According to Richardson and Straus (Seminars in Oncology, 2002) patients who use CAM tend to be younger, more educated, in higher income brackets, women, and treated with chemotherapy. Patients' expectations vary - from hope for a cure, disease control for longer survival, improved quality of life, and symptom control to end of life care.

Anne Washburn presented four categories on measuring the level of research evidence for several CAM modalities that are being studied in people with breast cancer:

- Establishing: Several studies that have reflected scientific support.
- Promising: Few studies with small sample sizes that have reflected some promising results.
- Suggestive: One study that has strong results.
- Pending: Compelling studies that are not in the literature.

*Refer to table for ranking of different modalities.

Also, Chinese herbls, soy protein, black cohosh, garlic, acupressure and acupuncture are modalities being studied in CAM clinical trials for breast cancer.

It is important for patients to discuss the use of CAM with their medical team. It is also important for cancer patients to realize they may be physically and emotionally vulnerable; therefore, they must be cautious not to be taken advantage of by companies whose sole motive may be profit. Furthermore, some supplements may be dangerous, so check with your medical team before using anything.

Do we give “blanket” consent for research, without specification or limitation? Confidentiality, security, and ownership are ongoing concerns. Through VBCF’s efforts, Virginia has a genetic information privacy law protecting individuals from insurance discrimination based upon genetic testing. If your employer is a self-insured company, federal guidelines (none currently in place) govern this testing and the resulting genetic information. Many critical scientific, legal and ethical issues remain, related to biobanks and tissue use, that we need to address.
Book Review: *Take Charge of Your Breast Cancer*  
*A guide to getting the best possible treatment*  
reviewed by Mary J. Saunders, RN, MSN, OCN

If you look on the library shelf, you will find hundreds of books about breast cancer. Dr. John Link has added to this collection before, with "The Breast Cancer Survival Manual." His latest contribution is not the standard review of the disease and treatment options. This time, Dr. Link has chosen to focus on empowering the woman to be an advocate on her own behalf in order to receive optimal medical and supportive care.

It is obvious to this reader that Dr. Link, a practicing oncologist at a multidisciplinary breast center in Long Beach, California, is an expert in his field. He weaves stories from his clinical practice throughout the book that serve as examples of how this disease touches the mind, soul, and heart of its victims. His stories help to explain medical concepts and make "real" his patients through their struggles and successes.

Dr. Link does a very good job explaining the genetics of breast cancer. He presents a chapter on the development of new agents such as Herceptin. He reviews the process of how a new drug goes from the lab to patients via clinical trials. He advocates participation in clinical trials and legislative advocacy to support advancement in treatments.

The take-home message from this book is be your own advocate. Dr. Link encourages women to educate themselves about their disease and its treatments. He provides a list of online resources, books, and breast cancer organizations that will aid in this education. Dr. Link also recognizes the value of a second opinion, and gives practical tips as to how to obtain one. He provides a list of institutions across the United States that are designated by the National Cancer Institute as wonderful resources for second opinions.

His book is one of few to openly discuss the changes that breast cancer treatments can cause such as scarring, fatigue and change in sexual drive. He gives practical advice on how to help alleviate these changes. While psychological support and counseling are recommended by him, he also writes in support of western medicine such as acupuncture to help ease side effects like nausea and pain.

Overall this book is informative and upbeat. He advocates taking control of your cancer and your life and finding health care practitioners who will help you do this. He reminds us that most women will survive this disease but the choices they make for treatment can affect their outcome. I would recommend this book to women newly diagnosed or currently under treatment not necessarily to help them understand this disease and their treatment options, but to empower them to get the best possible treatment.
Understanding Lymphedema
by Kristen Koiro White, MS, PT, presenter at Proactive Steps After Breast Cancer

Lymphedema is swelling in the arm, torso, or leg that occurs as a result of an impaired lymphatic system. In relation to breast cancer, the lymphatic system may be impaired after lymph node dissection in the axillary, or armpit region, or following radiation therapy. The lymphatic system is responsible for draining fluid, bacteria, and protein from the body's cells, and returning the fluid to the venous system. The lymph nodes act as a filtering station. When the lymphatic system is impaired, fluid can back up in the arm or chest and cause swelling.

Diagnosis of lymphedema is based on a cluster of symptoms including: swelling in the arm/chest, fullness of pressure in the arm, tight arm sleeves on clothes, or inability to wear a watch or rings. In some people, swelling begins immediately after surgery or it can begin 5 to 15 years later. Additionally, other people do not develop lymphedema at all. The incidence of lymphedema in women has decreased over the past 30 years as surgical advancements have developed. In the past, radical mastectomies were the preferred method of treatment. Today, treatments include lpectomies and sentinel node biopsies, which reduce the number of lymph nodes removed.

The most effective treatment for lymphedema is prevention. Once a person develops lymphedema, treatment requires intervention from a professional trained in lymphedema therapy, usually a physical therapist or massage therapist. The key to success is commitment to self-treatment.

To learn more about steps you can take to prevent lymphedema and about treatment options, join us for Proactive Steps after Breast Cancer on Saturday, June 26th. See page 1 for details on how to register today or visit www.vbfc.org.

Coping with Breast Cancer
by Louise B. Lubin, Ph. D, presenter at Proactive Steps After Breast Cancer

Eleanor Roosevelt said, "You have to accept whatever comes, and the only important thing is that you meet it with courage." This quote can apply to any adversity or loss that one has to face. It is, however, a good thought for the 'tackling stance' that has been shown to be the most effective way to cope with breast cancer.

Breast cancer has different emotional meaning to each woman who receives the diagnosis. The overall impact is similar to what is experienced when one goes through any significant loss. Confronting one's illness, seeking information, feeling a sense of control over the events, and participating actively in rehabilitation enables a woman to adjust better emotionally to the diagnosis of breast cancer.

Society is changing in the way it approaches this kind of cancer. Women, who in the past had little participation in decision-making, are now actively involved in the myriad of choices available to them. However, being involved in treatment decisions has increased fears and anxiety about making the right choice, because this involves taking responsibility for the decisions one makes – a difficult process for us all.

Meeting the challenge of cancer strengthens one's sense of self. Learning to live in the present is one of the necessities of having a life-threatening disease. Experiencing the crisis and danger of breast cancer forces and allows one to live more fully and truly know the richness and intensity life holds.

To learn more about the importance of emotional healing and about the journey after a breast cancer diagnosis, join us for Proactive Steps after Breast Cancer on Saturday, June 26th. See page 1 for more information on how to register today or visit www.vbfc.org.

TELECONFERENCE A SUCCESS!

The March 16th teleconference, New Advances in Treating Metastatic Breast Cancer, was an overwhelming success! VBFC's first teleconference ever reached over 100 people in rural Virginia and nationwide -- from Virginia to Alaska to Utah. Held during lunchtime, participants were able to call in from the comfort of their home or during their lunch break from their office in order to receive essential information about metastatic breast cancer.

VBFC truly raised the bar with this teleconference. As far as I know, VBFC is the first statewide organization to hold a teleconference that drew participants from across the nation -- plus, we reached parts of Virginia we haven't reached in the past, pointed out Vice-President and Moderator Karin Noss.

New Advances in Treating Metastatic Breast Cancer featured Nicholas Robert, MD, of Inova Fairfax Hospital. A transcript of the call, along with Dr. Robert's informative slide presentation, is available online at www.vbfc.org. If you would like a copy of the transcript mailed to you, please call VBFC at (804) 258-1200 or (800) 345-8223 or email Elisa@vbfc.org. VBFC looks forward to holding more educational teleconferences in the future as a means of continuing to work toward our mission: Educate. Advocate. Eradicate.
The Virginia Breast Cancer Foundation gratefully acknowledges the individuals, companies, and organizations, whose generosity during calendar year 2003 made it possible for us to continue our work in the fight against breast cancer.

Donations

In honor of

In honor of Irene Alexander
Susan C. Marks

In honor of the 40th Wedding Anniversary of Carol & Tom Brown
Nancy Kindervater

In honor of Assistant Principal Rebecca Brown
Evergreen Elementary School

In honor of Alene Carter
Linda C. Strickland

In honor of Susan M. Cooksey
John & Brenda Miller

In honor of Betsy Crow
Beta Sigma Phi Perceptor Gamma Theta

In honor of Jennie Davies
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In honor of Herself
Lola Hambledon

In honor of the Hampton Roads Chapter
Beblon Parks

In honor of Linda Heavenridge
Oneita C. Enoch

In honor of her mother, Carrie Hill
Londie Lewis

In honor of Nola Huber
Oneita C. Enoch

In honor of Jason Kahn, Michelle Kahn, & Barbara Kahn
Mary Jo & Howard Kahn

In honor of Principal Joyce Lanier
Evergreen Elementary School

In honor of Becky Mayfield
Susan C. Marks

In honor of Becky Morris
Katharine K. Spiegel

In honor of Patricia K. Parker
Lisa K. Saintsing

In honor of Beblon Parks
E.C.W. of St. Philip's Episcopal Church

In honor of Ellen Powell
Beta Sigma Phi Perceptor Gamma Theta

In honor of Judy Putnam
Susan C. Marks

In honor of Jane Rothrock
Susan C. Marks

In honor of Elizabeth Saunders
Mary J. Saunders

In honor of Dr. George Silver
Melissa Silver

In honor of the 50th Wedding Anniversary of Mr. & Mrs. Lloyd Ware
Sue Anne Bangel

In honor of Gray Whitlow
Linda C. Strickland

In honor of Assistant Principal Anne Yamada
Evergreen Elementary School

In memory of

In memory of Paddy M. Bailey
Frances Drinkwater
Kenny Johnson

In memory of Kathy Barnes
Joanna Enoch
Judy Lee

In memory of Victoria Beam
Joy Galloni

In memory of Dee Dee Borum
Deborah T. Adams
Julian D. Adkins
Emily V. C. Allen
Frances A. Borum
James N. Boyd
Helen P. Blackwell
Nancy M. Burns
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Nancy C. Weakley
Carol H. Wells
Anne R. West
Helen G. Wilson

In memory of Shelton Burton
Ronne Jacobs

In memory of Marie Caftrey
Ashland Convalescent Center, Inc.
Bon Secours Home Care
Patti Carter Davidson
Nancy Lee Foley
Bessie Morse
Eugene Petras, DDS
Gay Rudis
Cindy Smith
F.C. Richmond Soccer
Gladys Tataryn
Thomas Yane
Frances Ziegler
NBCC Personal Stories, Public Action Campaign

We are asking individuals with breast cancer and others who have personal stories about problems with access to quality care to share their stories with us. For example, perhaps you had trouble getting the care you needed when you needed it. Maybe you didn’t always get complete or correct information. Perhaps you didn’t have a choice about your doctors or your treatment, or there were times you weren’t treated with respect from someone in the health care system or, perhaps you received quality care.

Whatever your experience, we want to hear about it. The Virginia Breast Cancer Foundation is collecting these stories as part of a campaign to help the National Breast Cancer Coalition Fund paint a picture of health care access in the United States. Thank you for sharing your story and participating in this very important campaign.

Fill out this form and use a separate sheet to give us a short summary (300-500 words) of your experiences in accessing quality health care. You may also access a form from our website at www.vbcf.org. Please send this information to VBCF by either mail: 5001 W. Broad St., Suite 201, Richmond, VA 23230; by fax: (804) 285-7735; or by email: Elisa@vbcf.org.

Please check the appropriate box below:

During the time of the experience you just described, were you:

- [ ] Full-time
- [ ] Part-time
- [ ] Unemployed
- [ ] Insured (includes both private and government programs, such as Medicare or Medicaid)
- [ ] Uninsured

Did your insurance cover your treatment?

- [ ] Entirely
- [ ] Part of it
- [ ] None of it

If your insurance only covered part or none of your treatment, please explain:

________________________________________________________________________

All stories that we gather are important to the campaign. A few will be highlighted in the media, print materials or other forums. If we want to use your story and identify you by name, we will contact you for your permission.

Completing the contact information below is optional. However, if you are willing to publicly share your story, please make sure to provide us with information so we can get in touch with you.

If you would like to be included in the VBCF and in the Personal Stories, Public Action database and receive campaign updates and alerts, please make sure you provide your e-mail address.

Name: ________________________________________________________________

Address: ________________________________

City: __________________ State: __________________ Zip: __________________

Day Phone: __________________ Evening: __________________ Mobile: __________

E-mail: ________________________________

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Educate. Advocate. Eradicate.
**Membership**

Please fill out form(s) and return with your check to VBCF.

☐ Please contact me about becoming a VBCF Volunteer.

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**Annual Dues Information**

- ☐ Basic $30
- ☐ Family $50
- ☐ Friend $100
- ☐ Sponsor $250
- ☐ Patron $500
- ☐ Benefactor $1000
- ☐ Courtesy
- ☐ Other $ ___

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**Contribution**

A contribution of $___________ is enclosed.

In Memory Of

[Space for name]

or in Honor Of (If you would like an acknowledgement card sent, please include name and address of recipient)

[Space for name and address]

Name

[Space for name]

Address (Include Apt. #, P.O. Box, etc.)

[Space for address]

City

State

Zip Code

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☐ Please send me information on Planned Giving.

This newsletter, published by the Virginia Breast Cancer Foundation, focuses on breast cancer issues and the activities of VBCF members. If you wish to join VBCF, or have any editorial comments, please call 1-800-345-VBCF or write to: Virginia Breast Cancer Foundation, 5001 W. Broad Street, Suite 201, Richmond, VA 23230

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