Giving Virginians a Voice in the Fight Against Breast Cancer

VBCF Presents Free Teleconference

Sexuality & Intimacy:
A Breast Cancer Survivor's Perspective

If Dr. Ruth isn't a member of your Breast Center, who talks about this subject? Learn about the issues of importance that need to be discussed (and rarely are) regarding breast cancer and its impact on sexuality, self image, sexual activity, and intimate relationships.

Sexuality and Intimacy will feature Lillie Shockney, RN, BS, MAS with Johns Hopkins Breast Center. A graduate of St. Joseph's College and Johns Hopkins University, Mrs. Shockney is a Registered Nurse and has been employed at Johns Hopkins since 1983. While working at Johns Hopkins, Mrs. Shockney was diagnosed with breast cancer at age 38 in 1992. She began to volunteer for the Breast Center where she conducted patient satisfaction surveys, developed quality of care measurement methods, and worked with the clinical team to improve patient care for those diagnosed with breast cancer.

In 1997 she joined the Breast Center staff as the Education and Outreach Director. Mrs. Shockney is a nationally recognized public speaker and a published author on the subject of breast cancer, including Breast Cancer Survivor's Club - A Nurse's Experience. In 2000 she became a Member of the National Consumer Advisory Council, and was appointed to the Board of the National Women's Health Research Center.

She has won numerous awards, including the Outstanding Women of America Award.

Mary Saunders, RN, MSN, OCN, will moderate and is an Oncology Clinical Nurse Specialist for the Massey Cancer Center at Virginia Commonwealth University. Mrs. Saunders is also a support group facilitator and Board Member of the Virginia Breast Cancer Foundation.

Participate in this free educational program and get important information from the comfort of your home or office. An interactive Question and Answer Session will follow the presentation. You will have the opportunity to ask questions important to you!

To register, contact VBCF at (804) 285-1200 or (800) 345-8223 or email Elisa@vbcf.org.
Hello VBCF readers! You may notice the President’s picture has changed. I am Karin Noss, and I am honored to have been elected to serve a 3-year term as the VBCF President. I have big shoes to fill as our outgoing President, Barb Dittmeier, did an outstanding job of keeping us focused on our mission and keeping us viable as an organization. These past few years have been challenging ones for non-profit organizations, several have closed their doors. I believe VBCF has survived because we have remained true to our mission and our motto of "Educate. Advocate. Eradicate." and because we have the support from our community – you our readers and all concerned about breast cancer in the state of Virginia.

In February of 1994, a doctor at the National Naval Medical Center failed to diagnose my breast cancer because he decided my breast lump “was nothing to worry about” and he failed to follow appropriate medical guidelines for ruling out cancer. When doctors finally determined I had breast cancer in July of 1995, I became angry and determined to learn as much as I could about it, so that what happened to me would not happen to others. I went in search of a breast cancer organization with like-minded goals.

I first found Y-ME of the National Capital Area, which provides one-on-one support for those diagnosed with or concerned about breast cancer. I became a HOPEline counselor and later President and then Information Resources Director. Y-ME is a terrific organization, but I felt the need to find an organization that was focused more on systemic change – more research, evidence-based decision making, scientific education, etc., and I found that in VBCF. I joined the Board of Directors in September 1997 and am proud of what we have accomplished as an organization.

We encourage all our members to become educated on the science of breast cancer through programs such as the National Breast Cancer Coalition (NBCC) Fund’s Project LEAD and the San Antonio Breast Cancer Symposium among others. VBCF’s Sponsorship Committee reviews and approves applications for funding to help defray costs of this education. VBCF also works to educate our community about the real facts of breast cancer as you can see in this issue on highlights from the 27th Annual San Antonio Breast Cancer Symposium. In past years VBCF has held various educational conferences around the state and we will continue to use this venue. However, VBCF realizes it is difficult for some people to travel to these educational conferences, so we have established a teleconference series. Our first was on metastatic breast cancer. Our next teleconference March 22nd, from 7:00 – 8:30 p.m., will feature Lillie Shockney discussing relationships, sexual health and intimacy after breast cancer.

I am also very proud of VBCF’s advocacy efforts – both medical and legislative. We do our homework and take positions on issues surrounding breast cancer such as whether women should have mammograms every year. Every May a group from VCBF travels to Washington DC for NBCC’s annual Advocacy Conference and Lobby Day. Here we have pressed our legislators to enact legislation that will make a difference for those with breast cancer such as gaining more funding for research or providing treatment for those who can’t afford it. This year national Lobby Day will be May 24th. In addition, VBCF has established a state Lobby Day, traditionally held on February 14. We encourage anyone interested in national Lobby Day to join us. Check our website or call the office for more information, and mark your calendars next year for state Lobby Day.

I very much look forward to serving you and VBCF over the next 3 years.

Karin Decker Noss

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

Educate. Advocate. Eradicate.
VBCF Welcomes New Board Members (l-r)

Evelyn Cooley lives in Colonial Heights and has been a member of the Tri-Cities Chapter for 5 years. She was diagnosed with breast cancer in 1995, the same year she retired from Reynolds Metals. She is a volunteer for the Reach for Recovery Program and serves on the Southside Regional Medical Center’s Cancer Board. She has volunteered at McGuire Veterans Hospital and is active with her church, Shiloh Baptist.

Brenda Martin lives in Richmond and works with Divaris Real Estate as a Retail Sales and Leasing Associate. She has not been diagnosed with breast cancer but lost her mother to breast cancer. Brenda served on VBCF’s 10 year Gala Committee and has been on the Program Committee since its inception. She was awarded VBCF’s Nancy Dopp 2004 Volunteer of the Year Award. Brenda recently became Chairperson of VBCF’s Program Committee.

Phyllis Rubinstein lives in Richmond and is a lawyer with McCandlish Holton law firm. She has been a VBCF member since our founding. She was diagnosed in 1984 and again in 1990. She has previously served a 6 year term on the Board of Jewish Family Services.

Jennifer “CJ” George lives in Richmond and works as a Financial Analyst for Infineon. She is a Certified Public Accountant. While not diagnosed with breast cancer herself, CJ has an aunt who is a survivor. CJ has participated for over 10 years in the Women’s Memorial Golf Tournament, a benefit for VBCF and for the past 5 years she has been one of the primary organizers of the tournament.

Linda Rose (not pictured) lives in Palmyra and works at the University of Virginia Medical Center as Manager of the Breast Care Program. She has not been diagnosed with breast cancer but her mother was diagnosed at age 78. Linda was instrumental in coordinating with VBCF to bring Susan Love to UVA in 2002. She is a member of the Blue Ridge Breast Cancer Coalition and has volunteered with Relay for Life, the Zeta Tau Alpha Sorority’s Run For Life and has worked closely with the American Cancer Society on in-services in the Charlottesville area.

The Blue Ridge Chapter held their First Annual Pink Ribbon Hi Tea on February 5, 2005 in Fishersville. The tea brought ladies together for refreshments and entertaining tales of Victorian Teas by Historian and Chapter Member Carol Guyre.

From left to right: Joan Campbell, Chapter VP; Pat Roys; Yvonne Eisenberg; Ann Thompson; Myrtle Kite, President; Rita Handley, Chapter Secretary and VBCF Board Member; Robert Tedesco; Ken Guyre; Ann Groah; Maggie Powers, Chapter Treasurer; and Carol Guyre.

The Peninsula Chapter welcomed new officers this year to help lead the chapter as it continues its important work in the community. Pictured from left to right are: Ann Wilson, Secretary; Eunice Fenwick, President; Kathleen Myrick, Vice-President; and Barbara Mathews, Treasurer.

Save the date for the Peninsula Chapter’s Annual Fashion Show! The show will be held Saturday, March 19th in Newport News. Contact Chapter President Eunice Fenwick at (757) 253-2929 for details and tickets.
News from VBCF

We want to grow!! The Board of Directors has approved seeking funding for a full time Grassroots Coordinator, responsible for overall management and coordination of VBCF’s state and national level advocacy efforts. Job responsibilities include working with state and chapter volunteers to plan, promote, implement and evaluate advocacy efforts in support of VBCF’s mission: the eradication of breast cancer through education and advocacy. If you know of a funding source we should contact, please call Chris at 800-345-8223 or 804-285-1200.

We’ve got a TV ad that will be coming soon to stations across Virginia to run it as a Public Service Announcement. The ad promotes our Pink Ribbon license plates. Thank you to video producer Sherri McKinney, Lighting Cameraman Rick McKinley (Sherri’s husband), grip Mike Koplin, editor Ray Votts, the Glen Allen Cultural Arts Center, sports car owners Jim and Linda Cox, license plate owners Libby Gatwood, Cheryl Crawford, Becky Morris and Robin Troubleshield and a fantastic cast of women diagnosed with breast cancer who really should get top billing. They were Talna Kirby, Lisa Monteleon, Liz Marks, Sudie Stultz, Linda “Tina” Turner, Oletia Winfield, and Karen Savage – a friend of Sherri’s and the inspiration for the ad. Bravo!

What an honor!! Thank you to Kate Kirby for donating a day’s promotion on the National Public Radio (NPR) in honor of her mom, Talna. We’re grateful and honored and we know Talna is rightfully proud.

VBCF Elects New Officers! Congratulations to VBCF’s newly elected officers: Karin Noss, President; Gay Rudis, Vice-President; Linda Strickland, Treasurer; and Becky Morris, Secretary. We are fortunate to have such a depth of leadership. And we were very fortunate to have had such strong leadership these past 4 years from our Immediate Past President Barbara Dittmeier. We extend a sincere thank you to her for her guidance and unwavering commitment to those diagnosed with breast cancer. We’re grateful she will continue to serve on the Board and Executive Committee.

Interview with Erin Briggs, a VCU Pharmacy Student who is planning SPOKES, a bike trip fundraiser for VBCF:

Why did you decide to organize a bike trip fundraiser?

I biked from Richmond to Virginia Beach last summer and decided that I would like to bike to New York. Then my mother was diagnosed with breast cancer in July. After seeing her go through surgery and radiation, I felt like if I’m going to bike to New York, I should wait until the next summer and make it a fundraiser – it gave me something to work towards.

How did you hear about VBCF?

I knew that I wanted to do something for a local organization. So, I searched for local nonprofits using the Internet and found VBCF.

How many riders are participating in SPOKES?

Originally, I thought it would just be me, my sister and a good friend of mine – but then I realized it was a good way to get people involved and active. It’s amazing how many people want to support the cause. I decided to make it open and invite anyone who would like to come, and at this time, 20 participants are signed up.

To help raise awareness and money for the ride, we have set up booths in the MCV Hospital Lobby, put on a dance competition, sold SPOKES t-shirts to my classmates, and a fraternity, Phi Delta Chi, held a poker night, which was really successful. We’re planning an art auction in April, and a friend is organizing a fashion show in May. She plans to buy fabric and have teams of volunteers make their own outfits, which will be auctioned off to raise money.

When do you leave? We’ll be gone June 1st – June 9th.

What is the one thing you will miss the most while out on the bike trip? Air Conditioning! I think the sun will be brutal, but at least we’ll have a spandex tan.

Thank you to the plate owners who helped us earn $28,000 from the Pink Ribbon Plate in 2004.

VBCF receives $15 for each plate purchased or renewed.

If you would like to order a plate visit your local dmv or log onto their website at www.dmv.state.va.us.
Save the Date for NBCC’s National Lobby Day!

Join us Tuesday, May 24th, as VBCF advocates ride a bus to Washington D.C. and meet with our national Senators and Representatives to advocate for national breast cancer priorities. Details will be forthcoming but mark this important date on your calendar today.

NBCC’s Annual Advocacy Training Conference will be held May 21-24 in Washington D.C. and end with joining us at Lobby Day. If you are interested in attending and learning more about the latest on breast cancer science, research and public policy, call VBCF at (800) 345-8223 or visit www.vbcf.org. Sponsorship is available to help defray costs.

First Come, First Serve

We have a limited number of magnetic ribbons available for purchase. The ribbons are 8” x 4” and are printed with our motto: Educate. Advocate. Eradicate.

The ribbons are $5.00 each and are available on our website, www.vbcf.org, or by calling 800-345-8223.

NBCC Has Established the Following Legislative Priorities for 2005:

Priority #1
Guaranteed access to quality health care for all. We will not end breast cancer until all women have guaranteed access to quality health care regardless of their ability to pay. The National Breast Cancer Coalition (NBCC) has established eight principles that are essential to achieving guaranteed access to quality care. The new health care system should also incorporate NBCC’s vision of quality care and reflect the following values: access, information, choice, respect, accountability and improvement.

Priority #2
$150 million appropriation (level funding) for the Department of Defense (DOD) peer-reviewed Breast Cancer Research Program for fiscal year 2006.

Priority #3
Enactment of the Breast Cancer and Environmental Research Act (to be introduced). 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. This 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
Preservation of the Medicaid Breast and Cervical Cancer Treatment Program (BCCTP). In 2000, after years of NBCC grassroots lobbying, Congress enacted a Medicaid expansion to treat women with breast cancer. This expansion, the BCCTP, provides enhanced matching funds to states to provide Medicaid coverage for treatment of breast and cervical cancer to low-income women screened and diagnosed through a federal program-expanding access to care for thousands of underserved women. To date, all 50 states and the District of Columbia have opted into the program, but efforts to reduce funding for Medicaid or dramatically alter the program threaten BCCTP’s future.

Priority #5
Enactment of legislation to mandate registration of clinical trials (legislation to be introduced). NBCC supports legislative proposals to mandate clinical trial registration and public disclosure of research. Under the current system, there is no requirement for the registration of clinical trials and dissemination of results. This impedes scientific advancement, allows unnecessary duplicative research that wastes federal resources, stands in the way of prevention and cures for breast cancer and creates an obstacle to patient access to care. NBCC will work with legislators to design and enact legislation with strong enforcement mechanisms to address this problem.

Breast Cancer Awareness Posters Now Available.

If you would like a free 11” x 17” poster please call us at (804) 285-1200 or (800) 345-8223.
News from The 27th Annual San Antonio Breast Cancer Symposium - Overview By Karin Noss, VBCF President

Four VBCF members had the opportunity to attend the 27th annual San Antonio Breast Cancer Symposium in December 2004 and learn about the latest in breast cancer research and clinical practice. They also had an opportunity to experience the festive Christmas lights along the Riverwalk when not in the conference. All VBCF attendees highly recommend this conference to others who want to learn more about the science of breast cancer.

The conference opened with several presentations on aromatase inhibitors (AIs). Data on improved disease-free survival with the use of AIs continues to mature. AIs cause less thromboembolic events and hot flashes than tamoxifen, but we don’t know the long-term effects of AIs – especially on the bones or the best sequence or duration of these agents with or without tamoxifen. Another major focus of the conference was on risk assessment through examining methylated genes (genes with an additional methyl group), mammographic density, endogenous (within the body) hormones, and use of risk prediction models. One presentation and several posters provided data on the use of bisphosphonates to treat or prevent bone metastasis. A few presentations focused on specific molecular pathways as targets of therapy and protein profiling to predict response to therapies. Our attendees provide more details below on many other interesting findings from the conference.

New Way to Study Breast Cancer in a Mouse Model

A plenary session entitled “Stromal-Epithelial Interactions in Normal Human Breast Development and Cancer Promotion” by Dr. Charlotte Kupperwasser of Tufts University generated high interest because it talked about a mouse in which both the stromal and epithelial components of the reconstructed mammary gland are of human origin. Stroma is the connective tissue in the breast and the epithelium are cells covering all free surfaces in the breast. The study asked several important questions about the function of the stroma.

Researchers will use this model to look at overexpression of Her2 and p53 as well as to understand the functions of human growth factor (HGF) and transdermal growth factor – beta (TGF-β). The implications of Dr. Kupperwasser’s research are that tumor progression can be suppressed by normal stromal fibroblasts and that these fibroblasts may be future therapeutic targets. Future uses of this mouse model will likely be to investigate genetic requirements for cancerous transformation and the actual breast cancer progression spectrum from atypical ductal hyperplasia to ductal carcinoma in situ to infiltrating ductal cancer.

Oncotype Dx Genetic Test

Dr. Soong Paik of the National Surgical Adjuvant Breast and Bowel Project (NSABP) presented new data from a Kaiser Permanente study in California confirming the findings by NSABP that the Oncotype Dx gene assay can help predict which breast cancer patients with ER+, node-negative early breast cancer will benefit from chemotherapy and which should do well with tamoxifen alone. The New England Journal of Medicine also published Oncotype Dx study results in its December 10th online version.

The Oncotype Dx assesses 16 genes in a woman’s tumor and classifies the woman as being at low, medium, or high risk of recurrence. According to the NSABP and Kaiser data those at low risk will benefit most from tamoxifen alone and not benefit from the addition of chemotherapy. Similarly, those classified as high risk don’t benefit from tamoxifen but will have a significant risk reduction from chemotherapy. Less clear is what women classified as medium risk should do and even those at low or high risk will have to make the decision on whether they are willing to accept the risk.

Genomic Health, Inc. developed the test in conjunction with National Cancer Institute and is the only laboratory licensed to perform it. The test costs about $3,500 and Genomic Health is working to secure insurance coverage for those women for whom the test is appropriate (ER+, node negative). Future plans of the NSABP and others are to develop gene assays like Oncotype Dx for other populations such as those who are node positive or who are ER+ and Her2 negative.
What's on the Horizon for Younger Women?
By Frank Poynter, VBCF Board Member

It was fifty years ago this past December that my mother lost her flight with breast cancer. She was 47 years old and I was 15 with 3 younger siblings. This was on my mind as I attended the 27th San Antonio Breast Cancer Symposium. I was looking for what was new in detection and treatment for pre menopausal women.

I heard one paper that has promise for detection in women younger than 40. It dealt with Electrical Impedance Scanning (EIS) and was based on a prospective, multi-center trial. This trial was limited in size (1105 women), and the sample was not representative of the general population. Patients reported high satisfaction with the screening method and investigators concluded that EIS is a powerful screening tool. However, it is not yet viewed as a stand-alone method. I hope to hear more about EIS in the near future.

Another study dealing with women under 40, German researchers utilized a protein technique known as surface-enhanced laser desorption/ionization time-of-flight mass spectroscopy (SELDI-TOF MS) to detect ductal carcinoma in situ (DCIS) and invasive ductal carcinoma in human serum. This technology relies on readily available body fluid analysis rather than invasive biopsy. The investigators obtained serum samples from 112 women (27 with benign breast lesions, 25 with DCIS, and 32 with invasive ductal carcinoma of the breast). Serum and samples from 28 women with no breast-related lesions were also included as a control group. The results indicate that the SELDI technique may become an important screening tool for discriminating between pre-invasive lesions such as DCIS and early invasive ductal carcinoma.

Bone loss is frequent in pre menopausal women receiving 3 years of adjuvant therapy. Research was presented that zoledronic acid stabilizes bone mineral density and prevents bone loss in patients with HR+ breast cancer. This report came from the Austrian breast colorectal cancer study group in a phase 3 clinical trial.

Many papers were presented on aromatase inhibitors, which work for postmenopausal women but not for pre menopausal women.

Sentinel Lymph Node Biopsy. Interpreting cancer cells in the lymph nodes?
By Sharon Goodrich, VBCF Board Member

The sentinel lymph node biopsy (SLN) is becoming the surgical technique of choice for early stage breast cancer with no clinical evidence of axillary node involvement. According to results from the UK ALMANAC Trial, SLN was associated with less arm morbidity (pain, lymphedema, loss of range of movement), better quality of life, and was cost effective compared to standard axillary treatment.

A meta-analysis study by Lyman et al of 69 trials of SLN in early stage breast cancer reported that out of 8,059 patients, 7,765 were successfully mapped (the sentinel lymph node was identified). Sentinel lymph nodes were reported positive in 38% of these patients, while axillary node involvement was found in 42% across studies after full axillary lymph node dissection in all patients (the verification method of accuracy). Measures of SLN test performance vary greatly depending upon study size, risk, technique, and study quality. Guidelines are under development to aid clinicians in the application of SLN in the management of early stage breast cancer.

On average, 58% of the patients’ biopsies were negative. But how should we interpret a positive result, meaning that cancer cells were found in the lymph nodes?

Newman et al noted that due to SLN, pathologists are able to test and find practically invisible minuscule traces of metastases (distant cancer cells resembling the primary tumor). This has resulted in an increased rate of detection, compared with standard axillary lymph node dissection. Several reports suggested that factors related to the biopsy of the primary tumor may contribute to the increased detection rate. Using a retrospective and prospective database to identify patients with invasive breast cancer who underwent SLN, it was found that the method of biopsy used to diagnose breast cancer, whether it left residual tumor behind or not, did not appear to be associated with increased metastasis. It is unlikely that mechanical factors related to manipulation of the primary tumor are related to the increased rate of metastases detected on SLN.

Bleichweiss et al reported immunohistochemical (IHC) stains for cytokeratins (CK) are common practice in the evaluation of sentinel lymph nodes. Such IHC positivity typically indicates metastasis. Mechanical factors related to the biopsy of the primary tumor may displace cells, sending some downstream to the sentinel lymph node and even further. The culprit may be a core biopsy (a biopsy where some cells from the primary tumor are taken via a large needle through the skin). The image offered was of a tree whose dried up leaves, broken into small pieces, were carried by water downstream. Researchers indicated that some positive SLN were in reality caused by such displacement, and not by metastases, a false positive result. (Continued on page 10)
For Patients with Early Breast Cancer: Are we making progress in the field of adjuvant chemotherapy?

By Becky Morris, VBCF Board Secretary and Susan Moreno, Florida Breast Cancer Coalition

For the purpose of this article, early breast cancer is defined by Dr. Peter Ravdin as “potentially curable, i.e., without metastatic disease or such extensive local disease as to not be surgically resectable. It is a term used when talking about women who might consider adjuvant or neoadjuvant therapy and who can be either node positive or node negative.” DCIS (Ductal Carcinoma in Situ) is not included in the topics discussed.

Over the years adjuvant therapies have increased the options for treatment of breast cancer and trials continue to explore new agents and regimens. Implementing a regimen is more than looking at the improvement and survivorship of a patient. Knowing the side effects of the treatment is as important as the therapy in the patient’s decision-making process. The following are our summaries of the findings presented at the San Antonio Breast Cancer Symposium related to adjuvant chemotherapy:

1. Trial shows advantage of sequential chemotherapy for women over 50 with node positive breast cancer.

This is based on a five years analysis of the PACS 01 trial: 6 cycles of FEC 100 (fluorouracil epirubicin and cyclophosphamide) vs. 3 cycles of FEC100 followed by 3 cycles of docetaxel for the adjuvant treatment of node positive breast cancer. The study was held in 83 French and Belgian centers between June 1997 and March 2000, with 1,999 patients recruited to Dr. Henri Roche’s study.

Patients in study arm A received 6 cycles of FEC100, while patients in study arm B received three cycles of FEC100 followed by three cycles of docetaxel. Four weeks after the completion of chemotherapy in both arms, patients were given radiotherapy then tamoxifen for 5 years after completing chemotherapy. At five years, there was a significant difference in disease-free survival between the two study arms. Additionally there was a correlation with the patient’s age. When substituting 3 cycles of docetaxel for 3 cycles of FEC100 following 3 cycles of FEC100, with regards to disease free survival and overall survival, women over 50 had an advantage but no advantage was seen in women younger than 50 (younger premenopausal patients).

The study concluded that women over 50 had significant benefits from docetaxel and that additional studies of subgroups according to age need to be analyzed. Also, it found that there was a significant benefit for the patients who had 1-3 positive nodes but no benefit to those with more than 3 pos. nodes in study arm B.

2. Patients with hormone receptor negative cases derive more benefit than hormone receptor positive cases.

While many ER-pos patients have a positive outcome from hormone therapies, ER-neg patients have no specific targeted therapies. In this meta-analysis, Dr. Don Berry examined whether the impact of chemotherapy is larger in patients with ER-neg tumors in the most recent CALGB & U.S. Intergroup node-positive trials.

A new look at hazard reduction was defined as: of the patients who are a risk each year, how many will recur each year? Patients have an enormous ‘hazard’ at the beginning of their treatment and if they recur, they are removed from the statistical set. If a patient is able to survive for 4-5 years, their risk then becomes the same as a node-neg patient. The greatest benefit of chemotherapy is in the first few years following treatment for each of the 3 trials.

3. Use of long acting hematopoietic growth factors yields results in support of dose-dense adjuvant chemotherapy.

The purpose of Dr. H.J. Burstein’s study was to determine the role of long-acting hematopoietic (blood cell production) growth factors in facilitating dose dense (every 2 week) adjuvant chemotherapy treatment schedules. Filgrastim (Neupogen) has been shown to improve survival when given to patients receiving dose dense (2 week) treatment vs. (3 week) treatments. However, the role of long-acting hematopoietic growth factors in facilitating dose dense treatments and minimizing hematological toxicity had not been previously established.

Evidence that using the longer acting drugs, pegfilgrastim (Neulasta) and darbepoetin (Aranesp) gives women with early breast cancer the opportunity to complete their chemotherapy more quickly with less frequent dosing, is an important consideration for women who have access to treatment, employment and child-care issues that require them to complete treatment as soon as possible. Also, by using the longer acting drugs, the patient’s number of injections is reduced from about 10 or 11 per complete cycle of chemotherapy to 5, a quality of life treatment consideration.

4. Anthracyclines improve long-term outcome for poor prognosis patients with 10 or more positive lymph nodes.

Breast cancer patients with 10 or more positive lymph nodes generally have a poor prognosis and the majority will recur within 5 years. This retrospective study by Dr. A.J. Montero looked at the long-term disease free survival and overall survival of 882 patients treated with adjuvant anthracycline chemotherapy between 1994-1998. Previous studies showed the DFS rates at <20% but these studies were done prior to the use of anthracyclines.
Keep a Lemon in Your Kitchen . . . and Other Ways to Reduce Nausea

Nausea can be very unpleasant and unsettling. Nausea is a direct side-effect for many on chemotherapy or radiation, but there are ways to reduce it. Try these tips:

1. **Take Nausea medication.** Only take what your doctor prescribes, and work with him or her to find the most effective medication for you. The right medication will help you eat better, eat more and stay well hydrated.

2. **Keep citrus fruits around.** Keep a lemon in your kitchen or at your desk, and pick it up and sniff it every once in a while. For more citrus power, cut the lemon and squeeze a few drops of juice into your water glass. Add ice and water. Every time you take a sip of water, you will feel refreshed! Don't have a lemon? Try a lime or an orange.

3. **Eat foods that smell good to you.** Aroma is directly linked to taste. If a certain food smells good, it will most likely taste good to you, too.

4. **Sip or drink liquids slowly and often throughout the day.** Extra liquids are important, and if you drink them slowly, they can help ease the nausea and relax you.

5. **Eat dry toast or crackers.** Even before getting up, nibble on crackers from your bedside table if you have nausea in the morning.

6. **Wear loose-fitting clothes.** Anything too tight, particularly around your tummy, may worsen or trigger nausea.

7. **Avoid eating for 1 to 2 hours before chemotherapy or radiation.**

8. **Eat small amounts and more frequently.** Eating mini-meals or snacks more often throughout the day instead of three large meals may lessen feelings of nausea.

9. **Eat before you get hungry.** Hunger can actually make the nausea feel much worse. Try to keep something small in your stomach, even if it's just a cracker.

10. **Sit up for about an hour after meals.** Lying down too quickly after a meal can increase nausea or discomfort and interfere with digestion.

From Betty Crocker's Living with Cancer Cookbook.
Breast Cancer Husband: How to Help Your Wife (and Yourself) during Diagnosis, Treatment, and Beyond by Marc Silver

Reviewed by John Noss, Husband of VBCF President Karin Noss

OK, I'll be the first to admit that most men, by genetic imperative, do not like to seek or take advice. When we want information, we go and find it ourselves. When something is wrong, we fix it. When we cannot fix it, we panic. Almost ten years ago, when my wife Karin was first diagnosed with breast cancer, I threw myself into the search for medical facts, and did my best to be supportive and avoid being a bonehead. Author Marc Silver, a veteran journalist, walked that same path a few years ago, and has captured many of the most important "lessons learned" in his book Breast Cancer Husband. I wish this book had been around when my wife was first diagnosed, and that somebody had put it in my hand the same day.

The book is well-written, well-organized, and well-focused. It should appeal to any man who wants the facts, needs good advice, and will probably need to read it a piece at a time. It's a good mixture of medical science, practical psychology, and a touch of much-needed humor. Marc Silver did a lot of homework in putting this together. This is far more than just his personal accounting of what he went through — he conducted lots of interviews with medical experts, with women living with breast cancer, and with breast cancer husbands, and those stories are threaded throughout the book with great impact. The first half of the book, as the subtitle hints, deals with the information overload that comes with initial diagnosis, discusses how to handle the emotional impact, and helps to sort out options for treatment. The second half of the book deals with life after surgery, to include chemo and radiation, prostheses, and recurrence/metastasis. There is no fluff — I didn't find anything that wasn't worth my time.

I'm serious about my comment that this book belongs in the hands of any husband or partner of a newly diagnosed woman with breast cancer. I wish there were a good way to do that, but shopping for books is usually low on the list of priorities when the news first hits. As a start, I have sent ten copies of the book to VBCF office, in hopes that they might make it to the hands of the next "breast cancer husband"... 

Sentinel Lymph Node Biopsy - Cont'd from page 7

The cells in both cases are different: epithelial cells (skin in the case of displacement, and cancer cells matching the cells in the primary tumor in the case of metastasis. Everything that is keratin positive is not micrometastatic. Bleiweis et al concluded, "Positive results in SLB should be interpreted with great care, particularly in cases of pure ductal carcinoma in situ to avoid automatically concluding that they represent metastasis." SLB can be "false positive". Using IHC stains for routine SLB evaluation may not be wise since it is not discriminatory, and can result in the patient needlessly being treated too aggressively.

Bolster et al asked whether the detection of isolated tumor cells and micro-metastasis increased due to the introduction of SLB procedure and whether axillary lymph node dissection is justified in patients with isolated tumor cells or micro-metastases in the sentinel lymph nodes. They studied 556 breast cancer patients who underwent a SLB prospectively and 127 breast cancer patients who underwent conventional axillary lymph node dissection retrospectively. Patients who underwent a SLB had higher percentages of isolated tumor cells and micro-metastases when compared to the retrospective database (17.1% vs. 4.7%). This study was not able to identify a specific group of patients with a "positive" SLB in which the incidence of positive non-sentinel lymph nodes could be reliably predicted to be less than 5%. Although there was a significant association between presence of non-SNB metastases and size of metastasis, lymph nor primary tumor size, it is still recommended that completion of axillary lymph node dissection be performed on all patients with isolated tumor cells, micro-metastases or macro-metastases.

Conversely, Imoto et al concluded that detection of isolated tumor cells and micrometastases in SLB has little impact on the prognosis of breast cancer patients. This study detected isolated tumor cells in 19 sentinel lymph nodes of 18 out of 96 patients (18%) during the period July 1999 to Dec. 2000. As of March 2004 these patients had no metastasis. By contrast, 17 out of 147 patients with negative SLN had experienced a recurrence. Axilla surgery had no impact on the recurrence-free survival of the breast cancer patients.

Srivastava et al investigated whether second echelon nodes accurately predict involvement of additional axillary nodes. They studied 40 patients with invasive breast cancer who underwent SLB followed by complete axillary lymph node dissection in the same operation. Results showed that Station II nodes accurately predicted the status of the remaining axilla in 12 out of 13 (92%) of the patients.

Estourgie et al concluded that excisional biopsy of the primary tumor modifies lymphatic drainage. Twenty patients scheduled for excisional biopsy of a breast lesion without need for axillary treatment were investigated using lymphoscintigraphy before and 2 weeks after the biopsy. Comparing the 2 sets of images, a discrepancy was seen in 70% of the patients. Post-excisional lymphoscintigraphy showed a different drainage pattern in 45% of the patients with axillary sentinel nodes and in 80% of patients with internal mammary sentinel nodes. This implies that SLB is best performed prior to excisional biopsy.
VBCF Board Member Reappointed to National Cancer Institute Director’s Consumer Liaison Group

Congratulations to Vernal H. Branch who was recently reappointed to the NCI Director’s Consumer Liaison Group (DCLG). The DCLG is NCI’s first and only all-consumer advisory body. It makes recommendations to the director of NCI from the consumer advocate perspective on a wide variety of issues, programs, and research priorities. As a high-level advisory body, the DCLG works with NCI to help the institute increase its involvement with the cancer advocacy community. Together they ensure that those who experience the burden of cancer also help to shape the course of NCI’s efforts.

Vernal Branch was diagnosed with stage I breast cancer in 1995 at the age of 45 while living in California. She found her cancer through her monthly breast exam although a mammogram two months earlier did not reveal anything unusual. Immediately after recovering from surgery, Vernal got involved in helping other women diagnosed with this devastating disease. Her impact has been felt on a national and local level. In addition to serving on VBCF’s Board, Vernal is currently involved in implementing a program for health professionals for African American outreach materials for newly diagnosed patients and is working for the Sister Study/NIENHS (National Institute of Environmental Health Sciences) as its minority recruiter. Vernal has received several awards including the National Breast Cancer Coalition Outstanding Advocacy Award, Honorary Survivor Chair for the Susan G. Komen Breast Cancer Foundation “Race For The Cure,” and the Komen Foundation Hero Award.

Statistics You Should Know...

- According to a Harvard University study, costly illnesses trigger about half of all personal bankruptcies, and most of those who go bankrupt because of medical problems have health insurance. The study estimates medical-caused bankruptcies affect about 2 million Americans each year, counting debtors and their dependents, including 700,000 children.

- The number of uninsured in the U.S. reached 45 million in 2003, a 3.2% increase over the 43.6 million people without insurance in 2002, according to the U.S. Census Bureau. The rate of uninsured among the population rose to 15.6% last year.

- Did you know that although breast cancer in men accounts for less than one percent of the disease, in the United States the incidence has increased by 25% in the last 25 years? An estimated 1,600 men were expected to be diagnosed with breast cancer in 2004.

This information provided by Breast Cancer Action.

VBCF Offers a Fond Farewell and Thanks to Departing Board Members

Beth Edwards lives in Glen Allen and works as Director of Logistics and Operation Support for Virginia Blood Services. Beth joined the Board in 2002 after having served on the VBCF Program Committee. We’re pleased that Beth will remain active with the Program Committee. She had previously done volunteer work with the Richmond Race for the Cure and Fashions for the Cure, a fundraiser for the local race sponsored by Zeta Tau Alpha Fraternity of which Beth is a member.

Joy Galloni, Founding Chairperson of VBCF’s Program Committee and first President of the Tri-Cities Chapter, has moved to her childhood hometown in North Carolina to take the position of head librarian. Joy was the featured volunteer in our last newsletter. Her contributions to VBCF were numerous and included spearheading the organizing of our Speaker’s Bureau, the Pink Ribbon Internet Connection, and the I’m in! In the Pink Day.

Beblon Parks, a longtime VBCF Board Member and Director of Leadership Development & Human Resources for the Virginia Education Association, recently celebrated her 18 year anniversary as a warrior in the fight against breast cancer by creating Beb’s Buddies through VBCF. Beb’s Buddies is a fund to provide VBCF Pink Ribbon cards to all who request them but especially to education associations and organizations, churches, temples, synagogues, mosques and other places of worship and spirituality with a focus on African-American groups/congregations.

Sponsorship Available

VBCF offers educational sponsorship to numerous conferences throughout the year, including the NBCC Advocacy Conference (May 21 – 24), Project LEAD and more. Visit www.vbcf.org for more information on sponsorship opportunities and how you can apply.

Newly Diagnosed?

Have you recently been diagnosed with breast cancer or do you 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. Call (804) 285-1200 or (800) 345-8223 or email Elisa@vbcf.org.
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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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