Recent headlines have highlighted a decrease in cancer mortality. The breast cancer death rate alone has decreased by 40% since 1989. One big thing we have learned now that fewer people are dying from their initial cancer is that we need to have a better understanding of the effects of cancer treatment on the rest of the body, particularly the heart. Cardiovascular disease is responsible for the deaths of 1 in 10 cancer survivors, and this information has encouraged the formation of a new specialty: cardio-oncology.

Breast, prostate, and bladder cancer survivors make up the largest portion of deaths from cardiovascular disease in cancer survivors. For breast cancer survivors, some of this effect could be due to the frequency of the diagnosis (most commonly diagnosed cancer in women), but there are some aspects of breast cancer treatment specifically that can have a major impact on the heart.

The landmark drug for people with HER2+ breast cancer, trastuzumab (brand name Herceptin), which has drastically improved survival for people with this type of breast cancer, brings with it an increased risk of heart failure. If a breast cancer patient doesn’t have this type of breast cancer or even doesn’t have chemotherapy at all, they are still likely going to have radiation treatment. With radiation, particularly if the tumor is located in the left breast (the side where the heart is located), there is an increased chance of the survivor having a heart attack.

Often after surgery, and possible chemotherapy and radiation, the breast cancer survivor is placed on tamoxifen and/or an aromatase inhibitor in order to shut down estrogen production and decrease the chance of recurrence. Unfortunately, those can all increase a breast cancer survivor’s chance of stroke and blood clots. Risk of death from cardiovascular disease after breast cancer treatment is highest in the first year after diagnosis, but breast cancer survivors continue to have an elevated risk for the rest of their lives compared to the average population.

A special note for the younger survivors: the cardiovascular effect is greater for those diagnosed below the age of 35. Though breast cancer is much less frequently diagnosed in women Continues on Page 7

**COVID-19**

Virginians affected by breast cancer are our priority, and we know that this current public health crisis is a challenging time. Please know that we continue to work for you.

VBCF staff are working remotely and transitioning any in-person meetings to phone calls or virtual meetings. Staff are still available for all Virginians affected by breast cancer, as well as our board members, donors and community partners via email, phone, and if interested, virtual meetings.

Visit vbcf.org/covid-19 for more information.
MORE THAN A PINK RIBBON AWARDS LUNCHEON

On October 1, 2019, VBCF kicked-off National Breast Cancer Awareness Month with a celebration of accomplishments in breast cancer education and advocacy right here in Virginia at our inaugural More Than a Pink Ribbon Awards luncheon presented by Genomic Health (now Exact Sciences) held at Lewis Ginter Botanical Garden in Richmond.

We were honored to present the Lifetime Achievement in Healthcare Award to Dr. George Knaysi, Jr., the Community Champion Award to WTVR Buddy Check 6, and the Legislative Impact Award to Speaker Kirk Cox.

Dr. George Knaysi, Jr. established a practice in Richmond, which became known as the Richmond Surgical Group in 1973. From the beginning, he focused primarily on surgical and medical diseases of the breast, which eventually became his sole area of endeavor. His practice was on the cutting edge of breast cancer diagnosis and treatment. When he retired in 2014, he had performed more than 20,000 operations, caring for thousands of women and men.

Dr. Knaysi gave a fascinating overview of changes in the diagnosis and treatment of breast cancer since the 1960s.

“We’ve moved from breast cancer being treated primarily with surgery, to it being a medically managed disease where surgeons play a smaller role. We now know that not all breast cancer is the same, and there are so many more options available for treatment. Looking to the future, I think promising new drug regimens and immunotherapy may be important new advances,” said Knaysi.

Buddy Check 6 is a monthly segment that airs on WTVR 6 on the 6th of each month. These segments focus on breast cancer and educate the public and encourage central Virginians to be their own
Breast health advocates. The stories inform viewers about the latest medicines and technology in the efforts to end breast cancer. They also connect patients with resources, support groups, and other survivors.

Buddy Check 6 reports began airing 19 years ago on CBS 6 when anchor Stephanie Rochon began telling these impactful stories. Stephanie’s mother was a breast cancer survivor, and this connection gave Stephanie a passion for this reporting. Unfortunately, Stephanie lost her battle with cancer in 2015, but her work carries on. Anchor Reba Hollingsworth has the privilege of continuing Stephanie’s legacy.

“What we do at Buddy Check 6 matches up so well with what VBCF does. We can all work together to get the message out about breast cancer,” said Stephen Hayes, WTVR 6’s General Manager.

“Stephanie was not only my colleague; she was my best friend. I know she would be smiling right now! I’m wearing her breast cancer awareness pin,” added Hollingsworth.

**Speaker Kirk Cox** has represented the 66th District in the Virginia House of Delegates since 1989. In 2018, he was elected as Speaker of the House and became the first Speaker in state history from Colonial Heights. He was also the first Speaker to represent a portion of Chesterfield County since the 1800s, and the first Speaker whose profession was that of a public school teacher.

In 2000, Speaker Cox sponsored legislation to create the Virginia Breast Cancer Foundation pink ribbon license plate in Virginia. Virginia was the second state, after Illinois, to have a breast cancer awareness plate. There are more than 9,000 plates on the road today, and it has raised more than $1.7 million to support VBCF’s mission and programs. We are so fortunate to have this source of funding to continue and expand our work each year.

“Sponsoring a piece of legislation that impacts so many people’s lives is great. Our charge is to keep pushing. We’ve had great progress, and we will eradicate this disease,” said Speaker Cox.

We were excited by the success of this inaugural event and are thankful for the support of our sponsors: Presenting Sponsor Genomic Health (now known as Exact Sciences); Virginia Cancer Institute (Champion Sponsor); H. W. Blankenship & Sons, Inc.; Ms. Stuart Laughon; Myriad; Pfizer - (Ambassadors); HCA Virginia’s Sarah Cannon Cancer Institute; Virginia Physicians for Women - (Friends); and Dominion Energy; Genworth; Orthopedic Physical Therapy Inc; PhRMA; Richmond Surgical; and Margaret Wade Real Estate - (Supporters).

Thanks to the generosity of our sponsors and donations from day-of-event attendees, we raised more than $58,000 to assist Virginians affected by breast cancer – from symptoms to survivorship. These funds provide advocacy at the local, state, and national levels, care packages for newly diagnosed patients, and free educational materials and programs across the state.

Judith Ellis, VBCF Co-Founder, remarked, “VBCF has become what we could only dream of in Mary Jo Ellis Kahn’s living room all those years ago!”
NEW ADVOCACY ENGAGEMENT OPPORTUNITIES

VBCF’s volunteer advocates make all the difference when we take up policy issues important to the breast cancer community. This year, VBCF is embarking on new ways to help train and support all who want to be more involved in advocacy work.

VBCF will offer enhanced advocacy learning opportunities through webinars, conference calls, blog posts, and in-person training. Using these methods, we will provide more background on policy issues important to the breast cancer community and offer additional training and preparation for our state and national advocacy days. Our goal is to empower our volunteer advocates to take action!

To receive notices of these learning opportunities, as well as updates about the latest state and federal breast cancer legislation, sign-up for VBCF’s Advocacy Action Alerts by visiting: https://vbcf.wufoo.com/forms/vbcf-advocacy-alerts-registration.

VBCF’s “Advocacy Task Force” is made up of our most active, and committed volunteer advocates who attend state and national advocacy days and take action when requests are made to contact legislators. Task Force members are eligible for VBCF’s Karin Decker Noss Scholarship to attend national, in-depth educational conferences and bring this knowledge back to Virginia.

If you would like to get more involved or want to learn more, contact Kirsta Millar, Policy and Development Manager at kirsta@vbcf.org.
The 2020 Virginia General Assembly session wrapped up in early March. We are happy to report that several of VBCF’s priority bills were passed this session. The list includes:

Ending “surprise” medical billing

“When an individual needs medical care, that person needs to feel confident they can access that care without going bankrupt. This has been a long time coming,” Senator Barbara Favola, D-Arlington, sponsor of the Senate bill (SB 172) on surprise billing.

Too many Virginians receive surprise medical bills for out of network charges that they did not know about and therefore could not avoid. A compromise bill was passed in early March to take patients out of the middle of these billing issues between health insurance plans and hospitals/doctors. Under the new law, patients who receive out-of-network care at a hospital covered by their plan can only be charged the in-network rate required by their plan (plus their copay or deductible). The law applies to both emergency services and non-emergency, out of network services. This inclusion is important since it means that patients receiving procedures related to cancer, such as mastectomies, will be covered. This is wonderful news!

Nondiscrimination in health insurance coverage for transgender individuals. (HB 1429)

Under this new law, transgender individuals will have guaranteed access to all health care services they need, including breast cancer screening and treatment, regardless if those services are ordinarily or exclusively available to covered individuals of one gender.

Unfortunately, a few bills that VBCF supported were left on the table this year:

Paid Sick Leave (SB 481)

VBCF is disappointed that the Senate failed to pass legislation that would have created a paid sick day standard in Virginia. The Senate let the bill die (or “passed by”) when lawmakers opposed the bill citing concerns that it did not include an exemption for part-time workers. Approximately 1.2 million workers in Virginia have no paid sick days or paid time off. VBCF believes workers should not have to choose between getting paid or taking the time off to get needed medical care, including treatment for breast cancer.

At the time of publication, discussions are underway at both the state and national level to provide paid sick leave as a result of the COVID-19 outbreak.

Expanded coverage for mammograms (HB 579)

This bill was passed over until the 2021 General Assembly Session. The bill aimed to provide additional coverage for screening mammograms for individuals with a family history of breast cancer: coverage for annual mammograms from age 30 through 49; biannual mammograms starting at age 50; and annual mammograms starting before age 30 if the covered individual’s mother was diagnosed with breast cancer at an age earlier than 40. VBCF believes individuals should have access to screening mammograms and other early detection tools when needed, based on family history and/or their doctor’s recommendation, and we plan to work on this issue for next year.

We appreciate all who helped advocate for VBCF’s priority bills this session. Thank you to our dedicated volunteer advocates who attended State Breast Cancer Advocacy Day and/or took the time to contact their legislators about these important issues.

To learn more, subscribe to VBCF’s Advocacy Alerts by visiting: https://vbcf.wufoo.com/forms/vbcf-advocacy-alerts-registration.
VBCF participates annually in the National Breast Cancer Coalition’s Summit and Lobby Day, scheduled virtually this year in early May. VBCF volunteer advocates will continue to take action in support of NBCC’s priorities. In addition to advocating for funding for the Department of Defense Breast Cancer Research Program (BCRP), volunteers are encouraging more Virginia legislators to support the Metastatic Breast Cancer Access to Care Act (H.R. 2178 and S.B. 1374). This law would waive the 24-month waiting period for Medicare eligibility and the 5-month waiting period for Social Security Disability Insurance benefits for individuals with metastatic breast cancer. The median life expectancy for patients with metastatic breast cancer is 26 months, so these waiting periods create an undue burden on the patient and their families trying to receive timely access to quality health care services. As of March 30th, Representatives Gerald Connolly (D-11th), Donald McEachin (D-4th) and Abigail Spanberger (D-7th) are the only two Virginia legislators signed on in support.

Congratulations to our new, incoming 2020 Board Officers:

- Salud Astruc, President
- Kim Jennings, Vice President
- Wendy Blankenship, Treasurer

Dr. Clifford Deal will continue his service as our Immediate Past President. Salud and Kim are breast cancer survivors, and Wendy has served as an active VBCF volunteer in honor of her loved ones. We are excited to have a fresh leadership perspective to guide us!

We also want to welcome our new 2020 Board members:

- Tara Daudani
- Catina Jones
- Suzy Schaffer, DO

Tara is a breast cancer survivor, freelance journalist/TV producer, and adjunct professor with VCU. Catina is a breast cancer survivor with a strong family history of the disease and the Founder and Principal Broker of ICON Realty Group. Suzy is a medical oncologist serving metro RVA breast cancer patients with Bon Secours Richmond Community Hospital Cancer Institute. We’re so excited to have their expertise and enthusiasm in support of our mission!

A huge thank you to our departing Board Members who will continue to be Community Ambassadors and volunteer extraordinaires for VBCF - Lisa DeFerrari, Jackie Ford-Condelli, and Susan Siegel. They have offered their wisdom, wealth, and hard work, volunteering countless hours for VBCF. We are grateful for their many and varied leadership contributions!

VBCF’s education program relies on volunteers to get information on breast health to Virginians across the state. Whether you want to make a breast health/cancer 101 presentation in front of a group, table at a community health fair, or write a blog post, we could use your help!

If you are interested in becoming an education volunteer, please visit our website and select “Volunteer Program” from the “Take Action” menu, and Erin Steigleder, our Education Manager, will be in touch with you. If you have any questions, please email erin@vbcf.org.
under 50, we are learning more and more about the outsized effects of breast cancer on this population. For breast cancer survivors diagnosed under 35, there is an increased risk of stroke and death from cardiovascular disease. Some of this increased risk can be explained by the fact that those who are younger generally, by definition, have a longer time left to live, and therefore more time for the cardiovascular effects of treatment to show up.

So, where’s the good news?

A positive is that there are more people surviving their initial cancer, and some living a long time after diagnosis, and that’s how we are learning about these cardiovascular effects. This initial disease survival improvement offers survivors longer survival rates, and the doctors and researchers have more time to figure out what life looks like medically after cancer treatment. We are seeing the same thing in pediatric cancer; there are more survivors who are living longer so we are learning more about long term effects of treatment.

Another positive is that there is now more conversation happening around how dosages for medication are determined. Currently, the standard is based on the maximum tolerated dose, which is the highest dose of the medication possible with the least amount of side effects. The new conversation happening more and more is: what if more treatment isn’t necessarily better? Instead of asking what is the highest possible limit of medication we can give a patient, why aren’t we asking what is the lowest amount we can give a patient and still reap the maximum benefit of the treatment? Surgeries are moving in this direction with the shift away from complete mastectomies and towards lumpectomies (when possible), and there are some relatively new, smaller area, radiation techniques as well.

Important disclaimer here: we would not have seen these decreases in breast cancer deaths if we did not have these medications and treatments. Period. These medications and treatments are important and necessary, so even with the potentially harmful side effects, they are still worth doing if prescribed by your doctor. However, now that we have medications and treatments that work, why not find out if there are ways for them to work better for the patient’s quality of life and not just quantity of life.

If you are being treated for breast cancer or are a breast cancer survivor, what do you take away from this? The biggest thing is to talk to your oncologist about your personal and your family’s health history. Those who have the biggest negative cardiovascular effects already had some signs of cardiovascular disease, so make sure you and your oncologist know what’s going on with your heart throughout your treatment. It is being recommended that cancer patients be followed by a cardiologist throughout their treatment as well, or if possible, a cardio-oncologist. Cardio-oncology is still a new specialty, and there aren’t a lot of them, but ask and find out if there is one in your area and if you would benefit from being under their care.

Lastly, it is important to know the signs and symptoms of a heart attack and stroke. Heart attack symptoms can be different in women. Yes, there is usually chest and arm pain, but also pay attention to shortness of breath, lightheadedness, nausea, and pain in the back or jaw. If you experience these symptoms and end up in the emergency room, do not let them ignore your heart just because you may not be showing classic symptoms! Be sure to share your cancer history and make sure they consider your heart.

When it comes to women and strokes, know to act F.A.S.T. You have heard the acronym FAST before in regard to strokes, and the letters stand for Face (facial drooping), Arms (can’t raise one arm in front of you, or not as high as the other), Speech (slurring of speech or inability to talk or understand words), and Time (meaning the faster you get help, the more likely the person is to recover). Like with heart attack, there are signs that are more common in women.

How about a final piece of good news? A study examining over 1.5 million incidences of a patient’s first heart attack found that breast cancer survivors did better overall when compared to women who had not been diagnosed with breast cancer. The researchers concluded that this could be based on patients’ improved lifestyle choices: lowering their risk factors such as obesity, type 2 diabetes, and smoking, and perhaps improving their general health knowledge due to the fact that they had been through cancer.

Having more people survive breast cancer is always good news, now we just need to learn more about what it means medically to be a long-term breast cancer survivor. Do you have a heart health story to tell? Do you have any suggestions for policies that might help breast cancer survivors and their doctors take better care of their heart health? Let me know at erin@vbcf.org.
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