



## President's Message

Dear Advocates,

For years medical professionals and cancer patients have focused on treatment of the disease. But what happens when treatment ends? Most people are left on their own, struggling to deal with the psychological, health, insurance and employment consequences of having had cancer.

While undergoing treatment, we often feel like warriors, actively fighting for our health; but when treatment ends and we're told to get back to normal, we feel scared and powerless. It's much easier to be doing something than just waiting for the proverbial "other shoe" to drop. Every time we feel a pain in our back or have a cough that lasts more than a day, the feeling of dread takes hold. At least when undergoing treatment, there are cancer specialists paying close attention to our health; after treatment, we're often left with our primary care physician who has little knowledge of our particular diagnosis, treatment, and prognosis.

Now, a major study from the Institute of Medicine, an arm of the National Academy of Sciences, has documented what so many cancer survivors know from experience. The committee's findings are spelled out in a 500 page book, "From Cancer Patient to Cancer Survivor - Lost in Transition." The report lists the needs of cancer survivors which, up until now, have been unrecognized and therefore unmet. They include:

- A need to know about and cope with the physical and emotional consequences of cancer and its treatment, including current challenges to quality of life and delayed health effects.
- A need to know when to worry and when not to worry about symptoms that could signal a recurrence or a new cancer.
- A need for reliable information and assistance on matters of diet, exercise, smoking cessation, and other behaviors that could improve survival chances.
- A need to deal with employment and insurance problems related to their medical histories.

In short, patients need to have a "survivorship care plan" that provides information regarding treatments received, long-term care, and potential physiological, psychological, and social consequences of the treatment. Unfortunately, it often seems that busy oncologists' priority is to treat the patient, with little time or interest in the survivor. And doctors who don't specialize in cancer care often do not know the special needs of survivors. "There is currently no organized system to link oncology care to primary care," explained Dr. Sheldon Greenfield, who led the study. Therefore, the study recommends that:

- Specialists and primary care providers coordinate to ensure that survivors' needs are met.
- Health insurers pay for a customized plan for each patient which summarizes drug and radiation dosages, guidelines for detecting recurrence or new malignancies, explains long-term consequences of treatment, prevention of future cancer, and cites available psychosocial services and legal protections on employment and insurance.
- Scientists improve guidelines on what screenings are needed.
- Congress fund research of survivorship care to assess needs and provide evidence for quality care.<sup>1</sup>

The American Society of Clinical Oncology endorsed these recommendations, and as advocates, we are already working to see that they are implemented. The National Breast Cancer Coalition, together with FBCCRF, has made access to quality health care its number one priority for the past two years. In addition, last year as well as this grant cycle, FBCCRF has requested proposals for education grants that target health care professionals. Potential education programs could, among other topics, address the need for specialists to provide "survivorship care plans" and educate physicians on the need to coordinate survivorship care.

<sup>1</sup> Miami Herald November 8, 2005, pg. 7A "Study: Cancer survivors need follow-up care"

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**Introducing...**

**Our New Executive Director**

The Board of the Florida Breast Cancer Coalition Research Foundation is pleased to announce the appointment of Marjorie Epstein Aloni as the organization's first full time Executive Director. With over twenty five years experience in the non-profit sector, her areas of expertise include fundraising, advocacy, media relations and organizational development.

Marjie, as she likes to be called, is a dynamic and passionate individual who is enthusiastically working together with our Board to help move our organization into the next level of development. Marjie began working for FBCCRF on December 1, 2005 and has already been quite busy. We are pleased to report that through Marjie's efforts, our organization has obtained additional donated office space in Broward County, which opened for business at the beginning of February. Review and recommendations are being made for the next cycle of education and scientific grants. We are also entering a new phase of development with the creation of a fundraising committee and a new nominating committee. Plans are underway to increase dramatically our public relations efforts, as well as opportunities to collaborate with other organizations and groups to help spread the word about our mission.

Previous positions held by Marjie include Executive Director of the Alzheimer's Association-South Chapter; Director of Development, Public Relations and Member Services of the Aventura Turnberry Jewish Center; Executive Director of Take Stock in Children of Broward County; and Director of Community Relations for the Jewish Federation of Broward County. Prior to moving to Florida, Marjie served as Director of Administration for the United Jewish Appeal in New York and Executive Director of National Tay Sachs and Allied Diseases Association. She also served for eight years as Director of Public Policy for the Jewish Community Relations Council of Greater Boston.

Like so many of us, breast cancer has touched Marjie's life personally. She lost a close relative to the disease and looks at this position as an opportunity to make a real difference in the battle against breast cancer.

I know you will join our Board in welcoming Marjie and pledging our support and increased efforts as we join forces to end breast cancer now. Give Marjie a call and let her know of your willingness to help – she will be delighted to hear from you.

**ANOTHER ANNOUNCEMENT**

Our new mailing address and phone number:

1835 East Hallandale Beach Blvd #191, Hallandale, FL 33009 • 954-454-4156

**Wish list**

If you can assist us with any of the following items, please call 954-454-4156. Thank you.

- ✓ Digital Camera
- ✓ Fax Machine
- ✓ Small Copy Machine

**President's Message** *continued from page 1*

In the meantime, cancer survivors can become their own advocates, taking steps to enhance their knowledge of their particular disease and treatments together with potential long-term side effects, as well as recommended follow-up care including diet, exercise, and where to get emotional and practical advice. As always, we must be advocates for ourselves and our loved ones while also working toward the systemic and legal changes that will ensure access to quality care for all without fear of discrimination. Please join with us.

*Jane Torres, President*

**BEYOND RIBBONS TO REVOLUTION**

***Theme of Conference Marking Coalition's 15th Anniversary***

***National Breast Cancer Coalition Fund's Advocacy Training Conference  
Promotes a Revolution to End Breast Cancer  
April 29 - May 2, 2006 Washington, D.C.***

Hundreds of women and men from around the United States and the world will gather in Washington, D.C. for the National Breast Cancer Coalition Fund's Annual Advocacy Training Conference from April 29 - May 2, 2006. "We will learn together, help each other, and re-charge our batteries to keep up our motivation and inspire our activism," says Fran Visco, president of NBCCF. Attendees will participate in three days of plenary sessions and interactive workshops on cutting edge breast cancer research, quality health care efforts and public policy developments. The breast cancer advocates will hear from more than 70 dynamic and influential speakers who are among the leading researchers and policy makers in the country. Among the plenary speakers are:

- Leslie Bernstein, PhD, professor of preventive medicine, Keck School of Medicine, University of Southern California; on exercise, nutrition and breast cancer.
- Mauro Ferrari, PhD, Edgar Hendrickson professor of biomedical engineering, Ohio State University; on nanotechnology research.
- George Askew, M.D., senior fellow, Center For American Progress, Washington, D.C.; on access to quality health care.

In workshop sessions, attendees will learn how to work effectively with the media, use the internet to engage new activists, and be as influential as possible wherever breast cancer decisions are being made. Many also accompany Team Leaders on the journey to Capitol Hill for Lobby Day. The hundreds of advocates spend the days leading up to Lobby Day learning about pressing breast cancer issues and new scientific developments, as well as how to lobby to further NBCC's legislative priorities.

To learn more about the conference, go to [www.stopbreastcancer.org](http://www.stopbreastcancer.org) and click on the Annual Advocacy Training Conference icon on the home page or call (866) 640-0969. Those who register before April 17 get the low \$100 member or \$140 non-member rate.



*Left:  
Jane Torres  
and Bob  
DerHagopian*



*Right:  
Jane Torres  
and Ileana  
Ros-Lehtinen*



*Left to right: Minthra Moodley, Sheila Freeman,  
Clara Felsher, Barbara Bronfman, and  
Gayle Jacobs*



*Teresa and  
Carlos  
Menendez*



**ANNUAL EVENT  
10th Anniversary  
Celebration**

Although Hurricane Wilma caused a delay in October, the FBCCRF came back strong in January when so many of us attended our annual event to thank our supporters and to celebrate our tenth anniversary.

The chic Chispa Restaurant in Coral Gables sponsored the party, providing savory hors d'oeuvres, mojitos, and a wine tasting table. The atmosphere was truly splendid.

We were honored to have in attendance Congresswoman Ileana Ros-Lehtinen, who spoke on behalf of breast cancer and joined us in the festivities. Educational grants were awarded in honor of Nancy Fishman; and Barbara Hartstein received an award as the outstanding volunteer.

A special thanks to Chispa, to Jorge Anaya who arranged for the catering, and to the wonderful staff who kept the food and drinks flowing. Also, thank you to Bacardi USA, for donating the rum.

Most importantly, thanks to our all supporters who continue to be strong in our fight to end breast cancer.

*Barbara Bronfman, Event Co-Chair*

## RACE FOR LIFE

It was a simply beautiful sunny Saturday in February when the third annual Race For Life, benefiting the Florida Breast Cancer Coalition Research Foundation, took place in Palmetto Bay. Sponsored by the Christ Fellowship (formerly the First Baptist Church of Perrine), this year's race was the largest to date with over 200 men, women, and children participating in the 5K race/walk. Among the participants were several wheelchair-bound individuals and numerous breast cancer survivors, members of Christ Fellowship along with individuals and families from the general area. FBCCRF members who participated included Jane and Onofre Torres, Barbara Hartstein, Gayle and Eric Jacobs, Barbara Bronfman, Minthra Moodley, and Marjorie Aloni.

Along with the 5K race/walk, the day also featured a tot run for the younger children, live music, organizational booths and delicious refreshments. An awards ceremony took place following the conclusion of the race. Winners in various age groups received first, second, and third place medallions to much applause.

The FBCCRF is grateful to Pastor Sammy Flores, the dynamic clergyman at Christ Fellowship who together with his dedicated volunteer committee organizes the race each year. The church began the Race For Life in 2004 when one of its own members was diagnosed with breast cancer. Pastor Flores believes the Race will help increase awareness of the disease and has pledged his support to hold the Race yearly until a cure is found.

FBCCRF gratefully acknowledges the generosity of the following sponsors of the Race For Life:

-  **Gold Sponsors:** Village of Palmetto Bay Florida; Costa Farms
-  **Silver Sponsors:** Kendall Advanced Life Imaging, LLC; Genesis Products & Services, Inc.
-  **Bronze Sponsors:** The Redland Company, Inc.; Baptist Health of South Florida; Pan American Grain
-  **Corporate sponsorship:** Coral Reef Chiropratic Center; Ludovici & Ludovici, Attorneys at Law, PA; Signs R Us
-  **Partners who provided generous contributions:** Publix Supermarkets, Inc.; David and Laura Charlton; Andrew Bennet; Inge Sengelmann; Parell and Peter Schmidhofer

We thank all of the sponsors and participants for their caring. Together we will make headway in the battle against breast cancer.

*Marjorie Aloni, Executive Director*

## Palmetto Bay Race for Life 2006 Supports FBCCR



What a rush! My first race after breast cancer treatment and I won a first place medal and a survivor recognition trophy, all while supporting the search for a cure by helping raise funds for the Florida Breast Cancer Coalition Research Foundation. On February 18, 2006, I felt like a true survivor. My body was strong enough to run a 26-minute 5K. I am back and training to ensure a long life without recurrence!

I was diagnosed with Stage II breast cancer in April 2005 at the age of 43. Having a mother who had survived early stage breast cancer at the same age 20 years earlier, this did not come as a complete shock. However, I did fear the worse because, unlike mom, my cancer had spread to the lymph nodes and would have to endure aggressive chemotherapy. Like everyone else, I had to deal with the emotional aspects of uncertainty.

At the time of diagnosis, I had recently run my third marathon and was training arduously for a series of sprint triathlons while finishing my first semester of graduate school at FIU. In fact, I was in the best shape of my life and had never felt healthier. All of a sudden, everything had to be put on hold. At least, that's what it felt like. All my energy had to go into understanding my diagnosis, evaluating treatment options, and finally undergoing surgery, chemotherapy and radiation to be followed by long-term hormonal treatments with aromatase inhibitors.

Receiving eight-cycles of dose-dense chemotherapy was infinitely more strenuous than training for and running a marathon. I had never felt so sick and weak in my life. My biggest distress came from both the mental and physical fatigue. I had always relied on my intellect, and now I had difficulty thinking straight. I had depended on exercise for emotional and physical wellbeing, and I was now unable to do little more than walk (some days not even that).

Reading Lance Armstrong's books and watching him win a 7th Tour de France last summer fueled my hope for a comeback, however humble my athletic goals were. Despite bone-crunching pain (from Neulasta) and fatigue, I pushed myself to walk between 20 and 60 minutes on most days of the week. This helped me to remain optimistic, keep my heart healthy, maintain some muscle tone and prevent bone loss. I did not begin running until after radiation was over December 15th, and everything hurt (especially the soles of my feet). I could only run under 20 minutes and barely above a jogging pace. Then my port was removed February 3rd and I had to take a week off. I never expected to run as fast as I did at the Race for Life, but I wanted to prove to myself that, indeed, I had survived breast cancer treatment almost unscathed.

I am a great believer in the power of nutrition and exercise, which coupled with mind-body techniques like yoga, prayer, meditation and mindfulness helped me maintain quality of life through what I can only term "brutal" treatment. Now, I rely on healthy eating and exercise to support health of body and mind and prevent the recurrence of disease. Placing in this race was my own personal Tour de France, and the next step is to continue the fight for health and to support and advocate for a cure through organizations like FBCCRF.

According to a recent study published this year in the journal *Cancer Epidemiology Biomarkers & Prevention*, women who engaged in five or more hours of vigorous physical activity per week had a 38% lower risk of breast cancer than women who reported no regular physical activity. You can run to keep breast cancer at bay and at the same time raise funds to find a cure.

The Palmetto Bay Race for Life raises funds for a great cause. With everyone's support, the FBCCRF can continue their fight for sufficient government and public funding for breast cancer research, quality health care for all and an environment free of carcinogens. Thank you for the hope!

*Inge Sengelmann*

## National Breast Cancer Coalition Fund (NBCCF) Strategic Consensus Conference

The National Breast Cancer Coalition Fund gathered a group of 50 leading researchers from academia, government, and industry; key representatives from government agencies; leaders in the breast cancer advocacy movement; and representatives from other public arenas for a Strategic Consensus Conference focused on the question: *What is needed to ensure that biomarker research efficiently answers clinically relevant questions about breast cancer?*

The specific goals of the Conference were:

1. To develop consensus among key stakeholders on the most important strategic steps necessary to ensure that basic biomarker research translates into useful and valid clinical applications as quickly as possible;
2. To mobilize conference participants and others to implement the strategic plan developed in the consensus process; and
3. To demonstrate a unique model for strategic consensus building that is both rigorous and led by consumer advocates.

In preparation for this meeting, NBCCF engaged a multidisciplinary working committee and conducted two survey projects to further refine the conference framework. First, a series of formal interviews with key leaders from diverse disciplines helped define the broad categories of biomarkers of interest and identify critical cross-cutting factors that influenced their discovery, development and clinical application. Second, a team of leading consumer advocates and researchers worked together on a “Lessons Learned” project to review areas where development of several biomarkers – selected for their instructive potential – had been successful, and to suggest how these examples might inform strategy moving forward. Preliminary findings from this project were presented at the conference.

NBCCF President Fran Visco, JD, Dennis Slamon, MD, PhD<sup>1</sup>, and Richard Pazdur, MD<sup>2</sup>, chaired the Strategic Consensus Conference. The panelists, who were carefully selected for their expertise and contributions to their respective fields, engaged in multidisciplinary interactions and were encouraged to challenge assumptions, be willing to look at this issue differently, and ultimately reach consensus on a set of key recommendations to help move this field forward toward the goal of ending this disease.

The conference began on November 13 with a set of overview presentations covering consumer, clinical, methodological, and regulatory perspectives on biomarkers in breast cancer, followed by an animated discussion among panelists on key issues in the field.

On November 14, the consensus panel split into three separate groups that focused on biomarkers for:

- Determination of risk and screening;
- Differential diagnosis, prognosis and prediction; and
- Monitoring of disease course.

Each group was co-chaired by a consumer advocate and a researcher, and was supported by a facilitator and a science writer. The groups met in three discussion sessions in which they addressed the following questions:

- What is clinical utility? When is a biomarker clinically validated?
- How do we develop effective filtering systems to move from discovery to clinical validation and application?
- Which methodologies are optimal for the validation of biomarkers?

The entire panel met for general discussion after each group-discussion session to share central points and recommendations with other panelists, take questions and comments, and identify overarching themes leading to consensus.

On November 15, the entire panel re-convened to consider and comment on a presentation of overarching recommendations that had emerged from the two days of deliberations. The panel reached consensus on a set of preliminary principles for the field and key strategic steps that include setting standards and guidelines, and specific recommendations to optimize resources leading to the development of clinically relevant applications to prevent, diagnose and treat breast cancer to save women’s lives.

NBCCF staff will continue to work with the panelists to refine the consensus recommendations and key next steps, and to develop a plan to mobilize its network to ensure that the recommendations are implemented.

### Footnotes

<sup>1</sup> Dennis Slamon, MD, PhD, professor and chief of the Division of Hematology/Oncology, Department of Medicine, UCLA School of Medicine; director of the Revlon/University of California at Los Angeles (UCLA) Women’s Cancer Research Program at UCLA’s Jonsson Cancer Center; executive vice chair for Translational Research for UCLA’s Department of Medicine; director of the Medical Advisory Board for the National Colorectal Cancer Research Alliance

<sup>2</sup> Richard Pazdur, MD, director of oncology drug products, U.S. Food & Drug Administration

## Family Doctors Provide Appropriate Follow-Up Care for Early Breast Cancer

A large randomized trial of women who had completed treatment for early-stage breast cancer found that primary care physicians and cancer specialists provide follow-up care of equal quality. The findings suggest that, in general, women who prefer to see their family doctor for follow-up care do not have to worry about decreased quality of life or an increased risk of a serious clinical event due to an undetected recurrence.

After treatment for early-stage breast cancer, women need regular follow-up visits to monitor their health and check for a recurrence. Follow-up care in most Western countries has traditionally been provided by oncologists. However, preliminary studies have suggested that patient satisfaction increases when follow-up care is handled by a primary care physician, with no reduction in quality of life or increase in time to diagnosis of recurrence. The authors designed the current study to address this question more definitively.

Nine hundred and sixty-eight women who had completed chemotherapy or radiation therapy after surgery for early-stage breast cancer participated in the study at six regional cancer centers in Ontario, Canada. The women were randomly assigned to receive follow-up care from either a cancer center doctor or from their own family doctor.

Participating family doctors received one-page guidelines that recommended the timing for follow-up visits and required tests. The investigators measured the incidence of recurrence-related serious clinical events in both groups and assessed health-related quality of life.

The study's lead author is Eva Grunfeld, M.D., D. Phil., of the Dalhousie University Division of Medical Oncology in Halifax, Nova Scotia, Canada.

Participating women were followed for a median of 4.5 years after diagnosis, the period in which most relapses occur. No statistically significant differences were found between the two groups in either the quality of life issues or the number of serious clinical events (for example, uncontrolled local recurrence or spinal cord compression).

In an accompanying editorial, James Khatcheressian, M.D., and Thomas Smith, M.D., of the Massey Cancer Center of Virginia Commonwealth University in Richmond, Va., writes that the study "shows conclusively that the health outcomes for women after primary treatment of breast cancer are the same if they are followed by their family physicians or cancer center specialists."

The study's authors note that reliance on family doctors for follow-up breast cancer care is "likely to be more convenient...and potentially less costly" to the patient. However, they emphasize that if family doctors do assume more responsibility for follow-up care, the oncology community must make an effort to keep them informed about the most up-to-date standards of treatment.

This sentiment is seconded by Jo Anne Zujewski, M.D., a medical oncologist and breast cancer specialist with the National Cancer Institute's Cancer Therapy Evaluation Program: "If changes in practice do occur, the information needs to go out to primary physicians."

*Reprinted from [www.cancer.gov](http://www.cancer.gov). Originally published in the Journal of Clinical Oncology online Jan. 17, 2006; in print February 20, 2006.*

The 28th Annual San Antonio Breast Cancer Symposium took place December 8-11, 2005 in San Antonio, Texas. This international scientific symposium is designed for interaction and exchange among basic scientists and clinicians in breast cancer. Information on some of the studies presented at the conference can be found at <http://www.medscape.com/viewprogram/4840#News>, as well as at <http://www.stopbreastcancer.org/bin/index.asp?strid=804&depid=20>.

# LEGISLATIVE

## Priorities for the current session

# UPDATE

The legislative priorities established by the National Breast Cancer Coalition for the current legislative session are:

1. Guaranteed access to quality healthcare for all. We will not end breast cancer until all women have guaranteed access to quality health care regardless of their ability to pay.
2. \$150 million appropriation for the Department of Defense (DoD) peer-reviewed Breast Cancer Research Program (BCRP) for fiscal year (FY) 2006.
3. Passage of legislation that would authorize funding for the National Institute of Environmental Health Sciences (NIEHS) to research links between breast cancer and the environment.
4. Preservation of the Medicaid Breast and Cervical Cancer Treatment Program.
5. Enactment of legislation to mandate registration of clinical trials.

NBCC advocates have done it again! We are pleased to announce that the House and Senate passed a separate earmark of \$127.5 million for the Department of Defense Peer Reviewed Breast Cancer Research Program (DoD BCRP) in the Defense Department appropriations bill. This is considered a big victory.

Team leader training was held in March to prepare for Lobby Day at the Annual Advocacy Conference in April/May.

FBCCRF has a new Legislative Committee working to help see that our legislative agenda moves forward. Please welcome Nan Van Den Berg, Jan Lisnoff, Ann Fonfa, and Sandi McGuinness.

On behalf of FBCCRF, we want to express our sincere appreciation to all of you who have taken the time and effort in using your advocacy skills to promote our Legislative Priorities.

*Susan Moreno, Legislative Committee*

### E-MAIL ACTION ALERT NETWORK

We invite you to join the E-Mail Action Alert Network to receive information on our legislative agenda, updates on specific issues, and alerts when immediate action is needed from our network. The alerts provide background information on each issue, a sample of the message to be sent to the Member of Congress, as well as telephone and fax numbers.

Sign up on our website ([www.fbccrf.org](http://www.fbccrf.org)) and become part of a grassroots network of men and women who care deeply about this cause and are willing to stand up and make their voices heard.

## Scientific Committee Report

The Scientific Committee of the FBCCRF is charged with the review and awarding of grants based upon a very organized peer review process. The Committee employs a process where grants have been reviewed and deemed meritorious but not funded by the Department of Defense Breast Cancer Research Program. The FBCCRF is charged with selecting innovative scientific research work to be done by researchers in the State of Florida, specifically in breast cancer. The DoD BCRP uses a two-tier peer review process recommended by the National Academy of Sciences. Research grants that are deemed meritorious but not funded by the DoD are then referred to the FBCCRF. These grants are reviewed, graded and funded if thought to be meritorious and worthy of support.

Members of the Scientific Committee have, in the year 2004, awarded a grant to Vijaya Iragavarapu-Charyulu, Ph.D., Assistant Professor in the Department of Biomedical Sciences at Florida Atlantic University. This research grant was selected for its innovative approach to the study of apoptosis of breast cancer cells. This is the death of breast cancer cells and how it occurs.

Another research grant went to Rebecca Sutphen, M.D.,

Director of Clinical Genetics at the H. Lee Moffitt Cancer Center and Research Institute in Tampa, Florida. This investigation looked at the protonomics of breast cancer cells.

The third grant went to the University of Miami School of Medicine and to Catherine Welsh, M.D., Associate Professor in the Department of Medicine. Her research project looked at gene-expression profiling of responsiveness to neoadjuvant chemotherapy and locally advanced breast cancer.

These current research grants are ongoing and promise to be exciting and innovative approaches.

The Scientific Committee's grants for 2005 will be released shortly.

In the coming years, the Scientific Committee, in addition to using the peer review process of the Department of Defense, may begin its own individual peer review process in an attempt to select new or innovative approaches toward cancer prevention and research into environmental issues.

*Robert P. DerHagopian, M.D., Co-Chair of Scientific Committee and member of FBCCRF Board*





## Digital vs. Film Mammography in the Digital Mammographic Imaging Screening Trial (DMIST)



### How is digital mammography different from film mammography?

Both digital and film mammography use X-rays to produce an image of the breast.

In film mammography, which has been used for over 35 years, the image is created directly on a film. While standard film mammography is very good, it is less sensitive for women who have dense breasts. Prior studies have suggested that approximately 10 percent to 20 percent of breast cancers that were detected by breast self-examination or physical examination are not visible on film mammography. A major limitation of film mammography is the film itself. Once a film mammogram is obtained, it cannot be significantly altered; if the film is underexposed, for example, contrast is lost and cannot be regained.

Digital mammography takes an electronic image of the breast and stores it directly in a computer. Digital mammography uses less radiation than film mammography. Digital mammography allows improvement in image storage and transmission because images can be stored and sent electronically. Radiologists also can use software to help interpret digital mammograms. One of the obstacles to greater use of digital mammography is its cost, with digital systems currently costing approximately 1.5 to 4 times more than film systems.

### How was DMIST conducted?

The Digital Mammographic Imaging Screening Trial (DMIST), begun in October 2001, enrolled 49,528 women, who had no signs of breast cancer, at 33 sites in the United States. On the appointment day, women provided background health information and filled out brief questionnaires. They also had both digital and film mammograms taken on that day, each with a minimum of two views of each breast.

### Why was DMIST important?

For women, breast cancer is the most common non-skin cancer and the second leading cause of cancer-related death in the United States. Death rates from breast cancer have been declining since 1990, and these decreases are believed to be the result, in part, of earlier detection and improved treatment.

DMIST was performed to measure relatively small, but potentially clinically important, differences in diagnostic accuracy between digital and film mammography. While any differences that were detected might be relatively small, they could improve breast cancer detection for all or some groups of women.

### Do the trial results indicate that ALL women should get digital mammograms instead of film mammograms for breast cancer screening?

No. The study results indicate that only women who fit in ANY of these three categories would benefit from digital mammography instead of film mammography:

- under age 50 (regardless of level of breast tissue density),
- of any age, with heterogeneously (very dense) or extremely dense breast tissue, or
- pre- or perimenopausal women of any age (defined as women who had a last menstrual period within 12 months of their mammograms).

According to the results, women who fit ALL of the following three categories would not benefit from digital mammography instead of film mammography:

- over age 50,
- those who do not have dense or heterogeneously (very dense) breast tissue, and
- those who are no longer menstruating.

At present, only 8 percent of the mammography units in the United States have digital systems, whereas approximately 40 percent of women undergoing screening mammography have dense breasts. It will be impossible for all women who have dense breasts to receive digital mammograms, at least for the near future. As more digital mammography systems become available, more women in the groups who are likely to benefit from digital mammography will have access to this technology.

### What does NCI recommend for screening mammograms?

NCI recommends that:

- Women in their 40s should be screened every one to two years with mammography.
- Women aged 50 and older should be screened every one to two years.
- Women who are at higher than average risk of breast cancer should seek expert medical advice about whether they should begin screening before age 40 and the frequency of screening.

### Where can I find more information about this trial?

Additional information about DMIST is available at <http://www.cancer.gov/newscenter/pressreleases/DMISTQandA> or by calling the NCI's Cancer Information Service at 1-800-4-CANCER (1-800-422-6237).

*Prepared by Martha Oliveros, Cancer Information Service.*

A report published in the December 17, 2005, issue of *The Lancet* found that certain women who underwent radiation therapy post-surgery significantly reduced their chances of breast cancer recurrence, and in some instances mortality, versus women who did not have radiation therapy.

### How was the study done?

The Early Breast Cancer Trialists' Collaborative Group (EBCTCG) carried out systemic meta-analyses of individual patient data from 42,000 women who had collectively taken part in 78 randomized trials comparing different breast cancer treatments. The EBCTCG's purpose for carrying out this study was to help predict the effects of different treatment strategies on long-term survival.

### What were the results?

#### Radiation therapy in post-lumpectomy patients

A significant reduction in local breast cancer recurrence was found among women who had received radiation therapy versus those who did not (7% local recurrence risk within 5 years of treatment versus 26%, respectively;  $p=0.00001$ ). The 15-year risk of death from breast cancer was 30.5% for those who received radiation therapy versus 35.9% for those who did not, corresponding to an absolute risk reduction of 5.4%.

## The Sister Study

The Sister Study is the only long-term study of women aged 35 to 74 whose sister had breast cancer. It is a national study to learn how environment and genes affect the chances of getting breast cancer. Over a period of 3 years ending in 2007, 50,000 women whose sister had breast cancer, and who do not have breast cancer themselves will be asked to join the study. To date, over 26,000 women have enrolled in the study.

The study is funded by the National Institute of Environmental Health Sciences, one of 25 Institutes and Centers of the National Institutes of Health.

To join or get more information, women can call 1-877-4SISTER or visit [www.sisterstudy.org](http://www.sisterstudy.org).

Information in Spanish is available at [www.estudiodehermanas.org](http://www.estudiodehermanas.org).

## Radiation Therapy Shown to Decrease the Risk of Local Recurrence and Mortality in Some Breast Cancer Patients

### Radiation therapy in post-mastectomy patients

The results among post-mastectomy patients receiving radiation therapy differed depending on whether or not they had node-negative or node-positive disease. For women with node-negative disease, the local risk of recurrence was marginally reduced to 2% with radiation therapy versus 6% without ( $p=0.0002$ ). There was no significant difference in breast cancer mortality for women with node-negative breast cancer with or without radiation therapy. In contrast, women with node-positive disease saw an absolute reduction of 17% in local recurrence risk (6% with radiation therapy versus 23% without). Breast cancer mortality was also significantly decreased among node-positive women, 54.7% who underwent radiation therapy versus 60.1% who didn't, resulting in an absolute reduction of 5.4% ( $p=0.0002$ ).

### The relationship between local recurrence and breast cancer mortality

A collective comparison of all the relevant trials<sup>1</sup> found that the local recurrence risks were 7% in patients who received radiation therapy versus 26% among those who did not (an absolute reduction of 19%), and breast cancer mortality risks were 44.6% for patients who received radiation therapy versus 49.5% for patients who did not (a 5% absolute reduction;  $p=0.00001$ ).

### What are the implications of this study?

We have known for some time that radiation therapy decreases local recurrence. This is the first time that we observe a mortality reduction due to this treatment. The lowered risk of breast cancer mortality attributed to radiation therapy was substantial for both women in the post-lumpectomy trials and women in the post-mastectomy trials with node-positive disease. The overall reductions in local recurrence risk and breast cancer mortality were similar between these two types of treatment, suggesting that avoiding recurrence in a conserved breast<sup>2</sup> or to

local sites<sup>3</sup> are comparably relevant to long-term survival. The authors conclude that differences in local treatment that substantially affect local recurrence could avoid about one breast cancer death for every four such recurrences avoided (in the absence of other causes of death).

Among women who received systemic therapy (tamoxifen or chemotherapy or both) in addition to radiation therapy, the average absolute reduction in local recurrence risk was 20% and the reduction in breast cancer mortality was 5.9% compared to women who did not receive systemic treatment ( $p<0.00001$ ), indicating that better local treatment adds to the effects of systemic therapy on local recurrence and on breast cancer mortality.

Continued follow up of these trials beyond the 5-year local recurrence mark and 15-year mortality point is necessary in order to determine whether these results will hold up over the longer-term, and to also clarify the risks and benefits associated with radiation therapy.

### What are the limitations of this study?

This study does not investigate the extent to which the long term adverse effects of local treatment (various types of surgery or radiation therapy, or both) can be avoided by the substantial changes that have taken place over the past few decades with evolving technologies.

While more precision in radiation therapy treatment appears to have decreased harmful effects on heart and lungs, it is still too early to fully assess the effects of the newer technologies. Long-term follow up should be continued to 20 or more years, or even to 30 or more years in order substantially clarify the longer-term risks and benefits of the radiation therapy regimens in these trials. For instance, this overview confirms previous evidence that radiation therapy can increase the incidence of contralateral breast cancer more than 5 years later.

### Footnotes

<sup>1</sup>Relevant trials included treatment comparisons that showed a >10% absolute difference in the 5-year local recurrence risk and 15-year breast cancer mortality.

<sup>2</sup>post-lumpectomy

<sup>3</sup>e.g. chest wall or lymph nodes

Reprinted from *Breaking News on NBCC's website*, posted December 2005.



**YOUR FINANCIAL SUPPORT  
CHANGES EVERYTHING**



*Money raised by FBCCRF goes directly to educational programs  
and important research that may eventually lead to the cure of breast cancer.*

*Thank you for making great things happen!*



**Shop for Hope:** There is a way to donate to the Florida Breast Cancer Coalition Research Foundation (FBCCRF) that won't cost you a thing! Through igive (www.igive.com), a safe and secure online shopping mall, up to 26% of every purchase you make online will be donated to the FBCCRF.

Here is how igive works:

- (1) Visit www.igive.com and register, using just your e-mail address.
- (2) Choose Florida Breast Cancer Coalition as your charity.
- (3) Enter the virtual mall and make online purchases at more than 400 participating stores such as J. Crew, Barnes and Noble, Ann Taylor, Circuit City, EBay, Bath and Body Works, Expedia and Amazon.

A percentage of your purchase (determined by store, usually between 2 and 26%) will be credited to your designated charity. You can even register for wedding or baby gifts at stores such as Linens 'N Things, Mikasa, JC Penney and Babies R Us, with portions of sales benefiting the Florida Breast Cancer Coalition. It's that simple. Register for free today at www.igive.com and start shopping 'til you drop and support the Florida Breast Cancer Coalition Research Foundation.

Make a general donation, a memorial donation, or a donation in honor of someone or something. A memorial donation is a meaningful way to pay tribute to the life of a loved one. Or, you can commemorate a loved one's birthday, holiday or special achievement with a donation to the Florida Breast Cancer Coalition Research Foundation. All gifts will be acknowledged by letter to the person who is being honored. For memorial gifts, an acknowledgement letter will be sent to the family member whom you designate to receive notification.

Send your check, payable to the Florida Breast Cancer Coalition Research Foundation, to:

FBCCRF  
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your gift, request a matching gift form from your company, complete it, and send it to our office at the address above.

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**Non-cash contributions:** You can contribute securities or other non-cash assets to our organization. Call our office 954-454-4156 for details.



**Ballet, Fundraising  
and FBCCRF  
are Synonymous with  
the Name Judy Drucker**

**W**hen you hear the name Judy Drucker you immediately think of the Florida Concert Association, extraordinary performances, exhilarating ballet and her generosity to the community and to FBCCRF. It was Saturday evening, February 4, 2006 that set the stage again for another successful fundraiser sponsored by the Concert Association of Florida with Julio Bocca and the Argentino Ballet in "Bocca Tango." The donation of ballet tickets to FBCCRF by Judy Drucker for the eighth marvelous year was a sold-out success bringing 100 + FBCCRF supporters to an evening they could only rave about. For those of you who attended, you know how fantastic it was as American Ballet Theatre icon Julio Bocca brought his original style and impressive talent to South Florida. Bocca shared the stage with dancers, an orchestra and singers mixing classical tango vocabulary with contemporary choreography and brilliant tangos.

We want to thank all of our supporters who helped make this fundraiser successful and continue to be there for this organization, working donating, supporting our cause. Without your help, our accomplishments would be minimal. Thank you all for sharing this important commitment. We look forward to next year's ballet performance and to reaching out to more FBCCRF supporters.

*Gayle Jacobs, Event Co-Chair*

## Thank You to our Supporters

FBCCRF gratefully acknowledges the generosity of all our supporters. Listed below are the names of new supporters and those who made gifts between November 22, 2005 and February 18, 2006.

### *Donations made by Supporters*

<u>In Honor of</u>	<u>Donor</u>	<u>In Memory of</u>	<u>Donor</u>
All FBCCRF Board members	Marjie Aloni	Clara Felsher's father,	Jaime and Carol Suchlicki
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FBCCRF Members	Greta Shulack		Marjorie Aloni
Charis Pielson	Angela Hackett	Jerry Wolfson's mother	Joanne Katz
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			Arlene Fried

#### In Celebration of

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Jo Ann Tomlin	Unique Mortgage Services, Inc.
Beverly Kasulve	Barbara Sandager
The on-going life and good	Phil Croyle
works of Eileen Olivia	
Tammy	Frankie & Jonathan Abel

**When making a donation to FBCC please ask your employer if they offer matching funds. We'll be happy to file the paperwork.**

#### **A Special Thank You to:**

- Esther Epstein and friends for helping to put together and mail our Year End Appeal Letter.
- Rev. Sammy Flores and Christ Fellowship congregation for organizing their third annual Race for Life event in Palmetto Bay benefiting our organization.
- Judy Drucker and the Concert Association for donating Ballet tickets.
- Jorge and Carlos de Cespedes, Mike Tomas, and Dr. Sergio Gonzalez-Arias, owners of Chispa; and Jorge Anaya, restaurant manager, for hosting our Annual Event at their restaurant.
- Doug Radebauth, General Manager of the Miami International Airport Hotel, for providing lodging for our out of town board members on a continuing basis.
- Mindy Karp and David Aloni for moving furniture to our offices.
- The many individuals who have donated office supplies to help us get up and running in our new office spaces.

We apologize if we inadvertently omitted your name from this list.

#### ***Welcome New Supporters!***

Vicky Gayle & Brenda Barry, MD  
Coral Gables Junior Women's Club  
WomenCare, P.A.  
Maxine Goldworn  
Beverly Shapiro  
Judith Squillante  
Claudia Ochatt  
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Judy Rakestraw

*Keepsake Floral, Inc. proudly introduces the "Breast Cancer Awareness" keepsake designed to help support the mission of the Florida Breast Cancer Coalition Research Foundation. The cubes are available throughout 2006 for \$10 with \$7 of the proceeds going directly to the FBCCRF.*

*For more information, please contact Keepsake Floral, Inc at 1.800.616.5337 or visit their website at [www.keepsakefloral.com](http://www.keepsakefloral.com).*



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## Calendar

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### April 29-May 2

NBCC's 2006 Annual Advocacy Training Conference will be held in Washington, D.C. See article on page 3.

### August 2-6

Quality Care Project LEAD will be held in San Jose, California. The deadline for registration is June 2. For further information or to download an application, go to NBCC's website at [www.natbcc.org](http://www.natbcc.org).

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### 10th Anniversary Celebration



*Left to right, are Deb Haggerty, Bob DerHagopian, Barbara Hartstein, Jill Lawrence, and Ileana Ros-Lehtinen. See page 3 for more photos and the story.*

### ***"End Breast Cancer" license plate is now available online.***



Show your support and order your "End Breast Cancer" plate now. Buying the license plate is a simple and powerful way to help fund the research that will eradicate breast cancer. Go to any tag agency to purchase in person, call 1-888-END IT NOW to order by telephone, or click on the license plate at [www.fbccrf.org](http://www.fbccrf.org), to order online. For more information on becoming involved in the fight to end breast cancer, contact us directly at 954-454-4156 or visit our redesigned website at [www.fbccrf.org](http://www.fbccrf.org). To those of you who have already purchased your "End Breast Cancer" license plate, THANK YOU!

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**Check out FBCCRF's website: [fbccrf.org](http://fbccrf.org) • Call us at 954-454-4156**

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