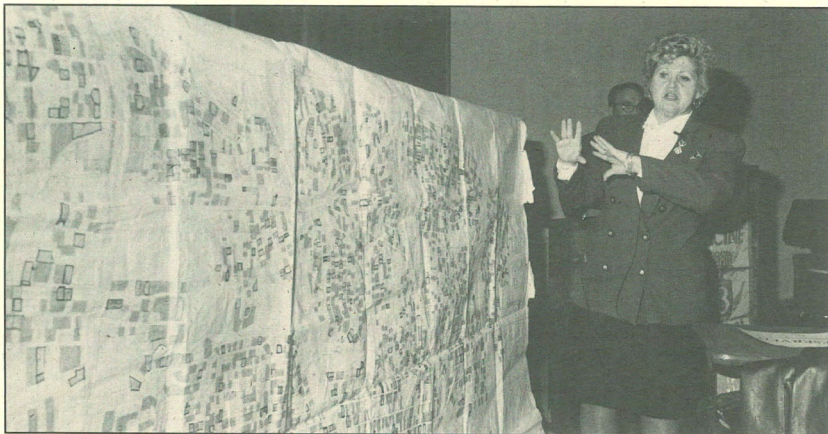




# BC Help news



## Mapping Breast Cancer At Home and Around the World

### Springboard To Action

by Antoinette Castiglie-Falciano

Five years ago, before it ever occurred to Lorraine Pace that she was destined to become a leading activist and founder of Breast Cancer Help, she got the bad news from her doctor that she had breast cancer. Up until then she was pretty much a "typical" suburban woman. Her life revolved around family and community. She and her husband had raised three children, she had a career in real estate, and she lived in a lovely home on the water.

But with the shock of that news, her life was transformed. While coping with the rigors of treatment, she reached out to her friends and realized that she was one of about twenty women in her neighborhood also afflicted with breast cancer.

These women were puzzled. They could tell that they did not fit any of the known risk factors. That is, they did not have a family history of

the disease, had not had first pregnancies at a late age, and most were careful about diet and exercise routines.

The only thing they had in common was that most of them lived in West Islip. This suggested some kind of environmental culprit. Lorraine was determined to get some answers, and thus was born her activism. Barely one month out of the hospital after surgery, she was making calls and making waves. She formed the West Islip Breast Cancer Coalition for



**Breast Cancer =  
Environmental  
Culprit?**

Long Island, Inc., and with the help and support of her oncologist, Dr. Michael Feinstein, she began an effort to track the incidence of breast cancer in her area so as to identify "hot spots" on a residential map.

### FIRST BREAST CANCER MAP

Lorraine's mapping project was the early focal point of her crusade to find answers, and she enlisted Good Samaritan Hospital, Suffolk County Health Commissioner Dr. Mary Hibbard, and Lou Grasso, editor of *Suffolk Life*, a local newspaper sent to all homes in our community.

Dr. Hibbard assisted with the formation of survey questions, and Grasso agreed to print a survey in his newspaper for free so that a wide

(continued on Page 4)

(above) Lorraine Pace with the original map showing the incidence of breast cancer in West Islip, on Long Island.



## How and Why Breast Cancer Help Got Started

In 1994, a small group of men and women living on Long Island came together to face the widespread national tragedy of breast cancer. They set out to find the correlation between breast cancer and the environment and to change the way the public thinks about this terrible disease. They also refused to accept the chronic under-funding of breast cancer research, and the silence and indifference surrounding a disease that now claims the lives of 46,000 American women each year, and that has become one of the leading killers of women between ages 35 and 52.

With vision and perseverance, these community-minded men and women formed Breast Cancer Help, Inc., an organization with a focus on action and advocacy to eradicate breast cancer.

Its founding President, Lorraine Pace, is a nationally known breast cancer survivor. Breast Cancer Help's current President, Reverend Thomas Arnao, who is currently a Vice Officialis for the Diocese of Rockville Centre, NY, has had the opportunity to counsel many women faced with the battle against breast cancer.

Breast Cancer Help has built a grassroots network of advocates across America and abroad. Breast Cancer Help is dedicated to:

*Increasing research into the cause, treatment, and cure of breast cancer*

*Improving access for all women to high-quality breast cancer screening, diagnosis, and treatment*

*Encouraging other areas in the United States and throughout the world to conduct mapping surveys to help better understand the relationship between our environment and breast cancer*

More than a dozen organizations have started on Long Island to continue the surveying and mapping of breast cancer in an effort to understand its relationship with our environment. They joined in to help those in need of early detection, and to assist those in need of support after they have become afflicted.

This network of advocates has changed for the better the way health

care providers, private industry, scientists, and government deal with breast cancer. And it has helped empower all those whose lives are touched by this disease.

The members of Breast Cancer Help are survivors, as well as the children, parents, spouses and friends of those who have survived... and those who have not. Our supporters and member organizations encompass the universe of groups that care about this issue, including physicians, nurses, scientists, legislators, and many others.

The organization is proud to be an active member of the Suffolk County Breast Health Partnership, the National Breast Cancer Coalition, the National Alliance of Breast Cancer Organizations, and the Carol M. Baldwin Breast Cancer Research Fund.

Among its many different activities, Breast Cancer Help advances change by disseminating information about how to do breast cancer mapping, which is now sought by our nation's lawmakers and prestigious medical research institutions, as well as grassroots community groups.

Indeed, Breast Cancer Help has initiated fundamental changes in our nation's deadly indifference to breast cancer.

Possibly the most significant change it has helped to bring about is acceptance of the idea that breast cancer survivors must have a say when research funding decisions are made and policies are formed.

### STRIVING TO REACH OUR GOALS FOR THE HEALTH OF ALL WOMEN

Breast Cancer Help has already made much progress with some very significant achievements.

Lorraine Pace originated the ever-expanding mapping project. Dr. Allen Meek, Chairman of the Department of Radiation Oncology and Director of the Cancer Center at Stony Brook's University Hospital and Medical Center (and now our Treasurer) provided invaluable help throughout the project.

Lorraine and Breast Cancer Help board member, Mary Ann Fox, along with the National Breast Cancer Coalition, recently petitioned President Bill Clinton with 2.6 million signatures which resulted in the

President's full commitment to a National Action Plan to fight breast cancer, and a \$250 million increase in federal funding for breast cancer.

Board member Alex Fezza (whose wife, Mary, died of breast cancer) was partially responsible for changing the regulations regarding insurance coverage for stem cell infusion for federal workers and their spouses. He accomplished this by organizing an aggressive letter-writing campaign to Congress and the President.

*In an effort to increase awareness of the growing national tragedy of breast cancer, Diane Sackett Nannery, former Vice President of Breast Cancer Help, spearheaded the national campaign to create a U.S. "Breast Cancer Awareness" postage stamp. The stamp was issued on June 15, 1996, as a happy result of the advocacy by Diane and Breast Cancer Help.*



### OTHER ACCOMPLISHMENTS OF OUR MEMBERS INCLUDE:

- Initiating the move to update and expand New York State's breast cancer registry
- Lobbying successfully for the establishment of New York State's pesticide registry [see page 10]
- Initiating the breast and testicular cancer education bill [see page 4]
- Helping to create the new "Give a Gift to Breast Cancer Research" check-off on the New York State income tax form
- Lobbying successfully for the current bill, introduced by Congressman Rick Lazio, to establish a toll-free federal hotline for public information about all the latest clinical trials related to breast cancer and other life-threatening illnesses
- Testifying at local, state, and federal hearings on the environment and its possible link to breast cancer
- Petitioning the Centers for Disease Control to explore the breast cancer epidemic on Long Island
- Helping to launch the five-year Long Island Breast Cancer Study
- Raising breast cancer awareness by generating extensive local, regional, and national media coverage—as well as by contributing to all kinds of public service programs, educational symposiums, and fund-raisers to help.

*For more information about Breast Cancer Help and its activities, please call (516) 661-7223.*



## An Interview With Dr. Roger Grimson

**R**oger C. Grimson, PhD, of the Department of Preventive Medicine, State University of New York at Stony Brook, has been collaborating with Lorraine Pace in doing community mapping projects since 1992 when they teamed up to do the first map in West Islip, NY. He served as scientific advisor to that survey of breast cancer's incidence and was instrumental in compiling data and interpreting results. He continues to assist various similar mapping projects.

*Dr. Grimson was kind enough to answer some questions posed by Breast Cancer Help advisory board member, Antoinette Castiglie-Falciano:*

### Q: Dr. Grimson, what is the value of creating a community breast cancer map?

A: The value to these mapping projects is threefold. First, they promote education and awareness. The survey questionnaire calls attention to the important issue of breast cancer. Notably, the questionnaires have prompted many women to obtain mammograms and in many instances this has led to early diagnoses of the disease.

Thus, the survey questionnaire and the promotion of it in each community conducting the survey, has had measurable benefits in the community.

Secondly, the survey data and resulting maps create a springboard for further study; particularly for more extensive studies of environmental factors.

The third benefit to creating maps is that maps provide a graphic demonstration of how widespread the problem of breast cancer is. This, in turn, galvanizes the community into taking action.

### Q: How was the data in the original West Islip project compiled, and how could you be sure that the results were reliable?

A: The survey questionnaire was completed by women in the West Islip area; the data was entered into a computer database and maps were developed in conjunction with the geography department at Hunter College in Manhattan. The maps were generated by means of a geographic information system or GIS.

With respect to reliability of results, it is important to note that the reliability is only as good as the response rate, which should not be less than 50%. In the West Islip area the response rate was 63%. In addition, the results were consistent with known risk factors for breast cancer, an additional indication that the data was not skewed.

### Q: What were the findings of the West Islip study?

A: The study revealed a gradient from north to south. That is, the incidence of breast cancer increases as you go from north to south on the map of the survey area, with the highest incidence occurring south of Montauk Highway.

The results do not pinpoint any specific causes of breast cancer, but they do provide a basis for further study. The new element is that, as a result of this study, it is possible to see geographic variability of breast cancer on the small scale; within

*(continued on Page 13)*

## President's Message



**I**t seems like just yesterday that I received a phone call from my friend, Lorraine Pace. "I need to speak with you," she said with a hint of urgency. "I've been diagnosed with breast cancer." The brief silence actually seemed endless. Thoughts raced through my mind, and all I could do was wonder aloud, "What can we do with this suffering?"

Pious encouragements coincided with fear, hurt, and confronting an unknown future.

The following day Lorraine called, and I was amazed at the almost effervescent tone of her voice. "I'm going to see what we can do as individuals to help scientists find the cause of this disease and then possibly a cure: will you help me?"

In the ensuing years, I encountered many young women with breast cancer, all too reticent to discuss their situation. The disease was often veiled in a mantle of secrecy, confusion, or shame. Early detection seemed like an unfamiliar expression, and too many children were left asking their fathers, "Why did mommy have to go to heaven?"

Breast Cancer Help has worked tirelessly for answers to the questions HOW and WHY does this disease take its toll on so many women on Long Island. We have put a face on the sickness and have sadly said farewell to some who once sat at a table with us to brainstorm new ideas. Most satisfying, however, is the hope and encouragement that Breast Cancer Help has sought to offer anyone in need.

I am preparing to leave for Rome, Italy, this September to pursue doctoral studies in canon law. I wish to thank all those who welcomed me to Breast Cancer Help, those who taught me and assisted me in my ministry to the sick, and those who continue to work with enthusiasm and perseverance. I have been truly blessed to share this good work!

*I have been delighted and honored to have served as the President of Breast Cancer Help for the past few years. I am awed by the dedication of the board members and survivors with whom I am associated, excited by the prospect of educating the public, especially the Long Island community where we live, and continually motivated by concern for the women in my family and my parishes.*

*Rev. Thomas V. Arnao*

Reverend Thomas V. Arnao, JCL  
President, Breast Cancer Help



## Cancer Education Bill Introduced into NYS Legislature

BREAST CANCER LESSONS SHOULD BE A MUST

**O**n April 15th, Breast Cancer Help celebrated another encouraging victory in our struggle to heighten breast cancer awareness; namely, the introduction into the New York State Senate of a new education bill, which we initiated. This bill (#S4536), introduced by Senator Kenneth P. LaValle, requires secondary schools to teach students how—and why—to perform self-examinations for breast and testicular cancer.

If passed into law, the State's education law will be amended by adding a new section to read (at present) as follows:

*All schools shall include, as an integral part of health education, instruction on breast and testicular self-examination to inform students of specific methods to possibly identify, at the very earliest stages, breast or testicular cancer.*

*Instruction regarding breast and testicular self-examination shall be included in the health education provided for all junior and senior high school students and shall be taught by teachers certified to teach health education and who have also received their certification from the American Cancer Society.*

*Such instruction shall be designed according to the needs and abilities of the*

Breast Cancer Help is pleased to have made such progress on the education front. The introduction of this bill was met with resounding support from breast cancer advocates throughout New York State. Now we have to do our best to lobby to see it passed into law—so that our children will be aware of their own health needs with regard to cancer, and carry this lesson with them into adulthood. This legislation will undoubtedly save lives through education.

*students with the purpose of developing desirable health behavior, attitudes, knowledge about the potential benefits of early detection, the importance of continued self-examination throughout the student's life, as well as self-reliance and self-responsibility in future life.*

*Instruction regarding breast and testicular self-examination in addition to continued health guidance, shall be an integral part of a required health education course at each of these levels in the high school's curriculum.*

*Related courses in the high school curriculum shall be taught in a manner supportive of health education regarding breast and testicular self-examination.*

*The Commissioner [of Education] may prescribe in regulation such additional health education courses which include instruction regarding breast and testicular self-examination as the Commissioner may deem necessary and desirable for the welfare of pupils and the community.*

*The contents may be varied to meet the needs of particular school districts, or portions thereof, and need not be uniform throughout the state, provided, however, that school districts shall utilize either the curriculum as provided by the Breast/ Tes-*

*ticular Health Education Advisory Committee and the American Cancer Society or a course approved by the Commissioner in accordance with criteria established by the Commissioner.*

*School authorities shall provide the needed facilities, time, and place for the instruction set forth herein and shall provide appropriate learning aids and curriculum resource materials which contribute to effective teaching methods and learning in health education regarding breast and testicular self-examination.*

*All pre-service training programs in the state for teachers that will teach breast and testicular self-examination shall include adequate preparation regarding the instruction in breast and testicular self-examination, as set forth herein, and no teacher shall be licensed to teach health education except upon satisfactory demonstration of the competencies included in the institutional proposals approved by the Department [of Education].*

On May 14th, Assemblyman Harvey Weisenberg introduced into the Assembly the companion bill (#A7949).

NYS residents who support the proposed cancer education bill should contact their state senators and assemblymen/assemblywomen.

## Mapping Breast Cancer

(continued from Page 1)

sampling of women could provide data for the project. In addition, there was a formal mailing to women in the West Islip zip-code area.

Lorraine and her friend Maria Diorio, whom she credits as a "hero," along with other friends, devoted countless hours to compiling the more than 6,000 responses received [see Diorio's story, "How I Got Involved," on page 5].

The Suffolk County Water Authority Chairman, Michael LoGrande, provided a map of every house in West Islip.

The survey data was pinpointed on the map with yellow designating incidence of breast cancer, pink indicating benign breast disease, and blue showing no breast disease.

The work was conducted in Lorraine's home with the ten-foot-long map spread out on her dining room table.

Dr. Roger Grimson, a biostatistician from SUNY-Stony Brook's University Hospital and Medical Center, oversaw the project as scientific advi-

sor and provided some interpretation of the results; namely, that most of the breast cancer tracked-occurred in women living south of Montauk Highway [see interview with Dr. Grimson on page 3].

The project attracted media attention. New York's Channel 7 (WABC) sent a reporter to cover the story for its nightly "Eyewitness News." In addition, Lorraine was featured on the cover of Long Island's daily newspaper, *Newsday*, and articles describing her work were featured in *The New York Post*, *Scientific American*, and many other local and national publications.

Clearly, the mapping project struck a chord with a public anxious about breast cancer and eager to find answers.

## EXPANDING THE MAP

The idea of mapping the incidence of breast cancer has taken hold. With the original project of the West Islip group as a model, other mapping projects have been completed or are being planned in communities on Long Island—such as Babylon, Southampton, Brookhaven, Gordon Heights, Huntington, Brentwood, Bay Shore, Great Neck, Garden City, and Manhasset, among others—and throughout New York State.

A major effort under the auspices of Southside Hospital has just begun in the Town of Islip.

Now Lorraine's crusade has extended beyond Long Island. She is actively engaged in assisting breast cancer activists from other states in their efforts to conduct community mapping projects. These states include California, Massachusetts, and Ohio, just to name a few.

*The effort has even become international. To date, mapping projects have begun or are planned in Poland, Japan, Australia, Germany, Iceland and Great Britain.*



## How I Got Involved

by Maria Diorio

One sunny morning, in 1992, I received a horrifying phone call from my friend Lorraine Pace. She began the conversation with a shaky voice and explained to me that she had found a lump on her breast and it might be cancer. This of course shocked me, because anyone at that time who had a breast removed felt shame, guilt and like a freak.

Unfortunately, these feelings stemmed from lack of knowledge. In our community in Suffolk County (the eastern half of Long Island), breast cancer was never a topic of conversation. It was considered taboo.

I promised Lorraine I would help her in any way I could.

After Lorraine's surgery, she became very angry. She wanted to know how and why she had to live through such a nightmare. Lorraine had always lived a healthy lifestyle, and thought that something like this would never happen to a woman like her.

She immediately realized the need for women and men to become aware that they were not alone with this disease. We wondered how many people in our community were living through it. This concern would eventually lead to the founding of our breast cancer organization, namely, Breast Cancer Help.

To start an awareness campaign, Lorraine sought help and suggestions from family, friends and anyone who would listen. We discussed what needed to be done to make it happen.

She and her oncologist, Dr. Michael Feinstein, came up with the idea to create a map based on a breast cancer survey of our town (Hamlet of West Islip). With her persuasive way, she got the Suffolk County Water Authority to give her a large map of all residences in West Islip.

This is where I took hold of the situation. I saw a need for organization and started delegating areas of responsibility. I went to work from 3 to 11 pm in the hospital, and in the morning I was caring for my granddaughter, Alyssa, who became our mascot.

There were about eight of us in the beginning—Lorraine and I and some of her other friends.

We would gather in Lorraine's kitchen. One woman, who had a mastectomy about ten years before, confided in us. She had never told anyone outside of her family about her surgery.

Two young women in their thirties who just had mastectomies hid when the media came to interview us. Lorraine and I convinced them to talk about themselves to the world to help others—and they did.

### DOING THE MAP

I would get to Lorraine's house about 10 am and the women there would be having coffee and discussing what needed to be done. I had to remind them that I only had until 2 pm, and that we needed to stop talking and start working.

We put together a survey questionnaire to collect a range of information related to breast cancer.

The first distribution of our survey was done for free by *Suffolk Life*, a local newspaper sent to all homes—thanks to its supportive editor, Lou Grasso. Our effort was further supported by the paper's Liz Tonis who wrote up-to-date and accurate articles on the incidence of breast cancer in our community.

We also did our own mailing of several thousand copies of the survey questionnaire. To follow up, we went door to door asking the people who

hadn't responded to please fill out the questionnaire we provided.

As we reviewed the responses sent to us, the ladies in the kitchen opened each one, transferred the information to index cards and filed them. A couple of the women and I were in the dining room working on the map. Our job was to color each residence on the map based on the particular response we got from it.

### COLOR CODE FOR THE MAP

Yellow	Someone at that residence had breast cancer
Pink	Someone there had benign breast disease
Blue	No one there had breast cancer/disease

A Stony Brook biostatistician, Dr Roger Grimson, who analyzed our work was very impressed. He computerized our information when we had completed our map. The results of our survey were overwhelming.

We couldn't believe how many yellow clusters were found in our town!

Like myself, there were some women helping who did not have breast cancer. Why did I work so hard, go to the Washington, DC, march holding a banner, and so forth? Never in my life did I fight so hard for any cause publicly.

Unfortunately, this dreadful disease has no conscience, and we can never say "NOT ME."

Research on breast cancer has come a long way since our first meeting in Lorraine's kitchen... And I am proud to say I helped open the gateway of awareness on breast cancer for women and men in our county, state, and nation, as well as the rest of the world.

## Radiotherapy Update

### EFFECT OF DELAYED RADIATION THERAPY ON LOCAL CONTROL IN BREAST CONSERVATION THERAPY\*

by Allen G. Meek, MD, Tae L. Park, MD, Tamara A. Weiss, MD, and Wynan A. Bethune, MD

Department of Radiation Oncology  
University Hospital and Medical Center  
Stony Brook, NY

**Purpose** To assess local control when radiation therapy is delayed to complete chemotherapy in breast conservation therapy.

**Materials and methods** Breast conservation therapy was performed in 310 cases in 297 patients (aged 24-85 years) with stage 0-II breast cancer. Adjuvant chemotherapy was used in 76 cases. The authors analyzed the time between diagnosis and radiation therapy and correlated these findings with local control of disease.

**Results** The time between diagnosis and radiation therapy in the 247 cases treated without chemotherapy-related delay was 2-59 weeks (mean, 8 weeks). The interval in the 63 cases with chemotherapy-related delay was 12-63 weeks (mean, 31 weeks;  $P < .001$ ). Ten of the 11 cases with an in-breast relapse were in the group treated without a delay ( $P = .57$ ).

**Conclusion** Delaying radiation therapy for chemotherapy does not compromise local control.

\* Published in *Radiology* 1996;200:615-9.



## Inquiring Reporter

# What Does The Shanghai Trial Mean?

by Bea De Lizio

I asked Dr. Steven Sugarman, an oncologist/breast care specialist at SUNY-Stony Brook, to comment on the recently publicized Shanghai study on breast self-exam, which devalues the usefulness of this health practice. And here is his response:

"Chinese women are statistically at lower risk for breast cancer, compared with American women. There is also disagreement that mammography is not as important or being done because of the lower risk.

"It is very important to do breast self-exams, have routine mammography and annual clinical exams. Other important risk factors for breast cancer to consider are diet, the environment and genetics.

"With the recent discovery of BRCA-1, and -2 genes for breast and possibly ovarian cancer detection, we may better understand genetics, staging and prognosis.

"Patients must pay for the genetics test (\$15,000-\$20,000)—insurance does not. The currently used test is imperfect, however, because of its rate of false positives and negatives.

"The early detection and treatment of breast cancer is still the best way to ensure the greatest chance for surviving it. And in light of my inquiry, I would agree that breast self-exams can still help save lives."

The Shanghai trial of breast self-exam (BSE) is a large randomized study to determine the effectiveness of BSE in reducing mortality from breast cancer.

The findings reported so far are preliminary, based on the first five years since women entered the study.

There is no conclusive evidence from this or any other scientific study to date that indicates BSE practice is not worthwhile—in fact, previous studies support its value.

If there is even the smallest chance that BSE may find cancer earlier than scheduled clinical exams and/or mammography, it is better to continue BSE.

Until longer term, more definitive studies prove BSE is absolutely not effective, then BSE is a "no cost" useful method and good health practice for all women.

Doris R. Weisman, NP, MS

# Researchers Find Cell "Switch" Is "On" In Breast Cancer

NEW DISCOVERY OFFERS HOPE

In April, a team of researchers at the School of Medicine, State University of New York at Stony Brook, announced the exciting new discovery of the key abnormality thought to trigger breast cancer. Their findings—detailed in the featured article in the April issue of *The Journal of Clinical Investigation*—could result in a fundamentally new approach to its diagnosis and treatment.

The four researchers—Drs. Vimala Sivaraman (Surgery), Hsien-yu Wang (Physiology and Biophysics), Gerard Nuovo (Pathology), and Craig Malbon (Molecular Pharmacology)—found that in patients with breast cancer, cancerous cells in the breast tissue have 5 to 20 times the amount of an enzyme called MAP kinase (mitogen-activated protein kinase) than in normal breast tissue cells.

These researchers say that elevated MAP kinase causes cells to proliferate, likely producing human breast cancer. By comparison, patients with benign fibrocystic breast disease or non-malignant fibroadenoma (fibrous tumor) show normal levels of MAP kinase, a level much lower than that found in patients with breast cancer.

The elevated level of MAP kinase in primary breast cancer was observed in lymph nodes of patients that went on to metastatic cancer.

Because abnormal cell growth is a major hallmark of cancer, scientists like the Stony Brook team are trying to understand the steps needed to convert a normal cell into a cancer cell that does not stop growing. The discovery made at Stony Brook sheds important new light on this cancer process.

It is not yet clear whether having excess amounts of MAP kinase is a cause, or a result, of cancer.

## THE HOPE OFFERED

If the findings of the Stony Brook team are borne out, as expected, by independent research and evaluation, MAP kinase could become an important, easily-measured marker for detecting primary breast cancer. The elevated MAP kinase may be treatable by crafting a molecule to turn off the MAP kinase signal and delivering it to the cancerous cell.

MAP kinase is part of a growth-control pathway regulated by a gene called ras, which is known to often be damaged in cancer cells. The prediction has been that the MAP kinase pathway would be altered in tumor cells.

The new discovery concerning MAP kinase in breast cancer demonstrates the alteration in the ras pathway, and thus identifies a viable target for new approaches to treatment.

At present, there are drugs in the very early phases of development that can inhibit this pathway. If the MAP kinase finding can be shown to be related to many cancer cases, new drugs could be very rapidly developed.

Treatment using anti-sense DNA/RNA approaches to target molecules for suppression—now experimental—has been developed at Stony Brook and is currently in early clinical trials for other human diseases. Such treatment for breast cancer would be subject to much further study and eventual FDA review, an application process that could progress rapidly in the next few years.

Stony Brook's researchers have also developed a technique that allows small numbers of metastatic cells to be detected in a patient's lymph nodes. If cells expressing excess MAP kinase are found in lymph nodes, it is a sign that the tumor is very dangerous.

Biologist Dawn Willis, Scientific Program Director of the American Cancer Society, in Atlanta, says that she sees the Stony Brook discovery "as offering a very good way to detect metastatic cells in lymph nodes and possibly elsewhere in the body."

Testing for such cancer cells, she added, might be "very important as a prognostic tool for metastatic breast cancer." In addition to spotting tumors that are very dangerous, such tests also could tell which are less threatening, and thus spare women from taking "very aggressive treatments that they may not need."

*Stony Brook's researchers have also developed a technique that allows small numbers of metastatic cells to be detected in a patient's lymph nodes. If cells expressing excess MAP kinase are found in lymph nodes, it is a sign that the tumor is very dangerous.*



## My OWN STORY ...

### I'm Sorry, It's Cancer

by Mary Ann Fox

The year 1996 was filled with happiness and sadness for my family. On January 2nd, my first grandchild was born and the happiness that I felt cannot be put into words. Tears still come to my eyes when I remember back to the first time we saw Ryan in the hospital. Such joy I have never experienced. All of my friends would tell me how wonderful it is to be a grandparent, but one really has to experience it firsthand to fully comprehend the happiness and pride it brings.

January 3rd, less than 24 hours after Ryan's birth, was undoubtedly the saddest day I can remember. It was the day that my surgeon confirmed my worst fear. Today it seems like an eternity ago that he said those words that no one should ever have to hear, "I'm sorry, it's cancer."

I remember the fear that set in at that moment. I tried to speak, but no words came. I wanted to cry, but couldn't. I wanted to scream, but didn't. After a second consultation, with the same results, my surgeon scheduled me for surgery on January 8th.

My husband and I decided that we would not tell our daughter our news since she and our son-in-law were so elated over the birth of their first child. For the next five days, we orchestrated all the necessary details and pre-admission testing, while still managing to stay with my daughter to help her out with the new little angel that entered our lives.

My days with her were filled with great joy and happiness, while my evenings with my husband were filled with fear and apprehension regarding my upcoming surgery.

Our son-in-law was the only one we took into our confidence, so he could arrange for his mom to assist our daughter when I entered the hospital for my surgery. Our son was already scheduled to fly from his home in Arkansas with his fiancée on January 13th, so we again made a conscious decision not to tell him until he arrived home and my surgery was all over.

I don't think I could have handled all the different emotions I felt during this time if it were not for the love and support of my husband. He was, and is, absolutely supportive.

We were worried about our daughter becoming suspicious as to why I couldn't be with her for the



*"Life is a mixed bag, to say the least. . . How ironic it is to experience a great blessing and a curse both at the same time. It's all the good things in my own life that gave me the strength I needed to survive this ordeal with courage, hope, and faith."*

Mary Ann Fox with grandson (#1) Ryan.

week of January 8th, so we devised a little white lie that I was having a boil lanced under my arm and probably would have a drain inserted and not feel up to lifting the baby for several days. Fortunately, she believed me, since she had no reason not to.

January 8th was the day of the Blizzard of '96—over two feet of snow fell after a series of storms throughout December.

With the assistance of a great friend, we managed to get to the hospital at 7 o'clock in the morning, and as it turned out, I was the only one having surgery performed in the hospital that day. Either the doctors or the patients couldn't get in. I was very lucky my entire operating team was there and ready for me.

My husband was by my side as they wheeled me off into the operating room and I think that is when I was the most fearful. We had been together since we were teenagers and were only two years away from retirement, and this turn of events seemed so unfair.

My surgery went as expected. A lumpectomy with axillary node dissection was performed. Our concern now turned to the pathology report on my lymph nodes to see if the cancer had spread beyond my breast.

It was at this point I think that my fear turned to genuine hope that the pathology report would come back negative and this is the mind set I proceeded with.

Upon checking out of the hospital, my husband and I immediately went to our daughter's home and I told my daughter where I had disappeared to for the past three days. As I expected, she was very upset and even though she was very angry that we did not tell her when we found out, I was convinced that we made the right decision in not initially advising her.

I made her promise not to tell her brother until he arrived home several days later. His reaction was basically the same as our daughter's. He

was upset that we didn't have the support of our children when we needed them, but we explained that sometimes you have to find the strength within yourself to deal with certain issues.

Now that our children knew, we all set our sights on the pathology report which would come any day.

Our prayers were answered: all of my nodes were clean. It was time to put the surgery behind me and move on to the next phase of my treatment. Three weeks after surgery, I started my first of eight chemotherapy treatments, followed by seven weeks of radiation therapy.

It was a very long nine months, but once I decided that I was going to be in control of this cancer and not let it get me, everything seemed to fall into place.

*(continued on Page 11)*

### In Memoriam

Mary Fezza

Gail Kurkjian

Liz LaRusso

Sue Rosenbaum



*And all other women  
lost to breast cancer,  
whose memory serves us  
like a battle cry*



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1) Discussing the possibilities of doing a map; 2) original members of Breast Cancer Help; 3) first recipients of Breast Cancer Help awards; 4) lending a helping hand to Breast Cancer Help; 5) most recent recipient of Breast Cancer Help award; 6) first Breast Cancer Help rally in Suffolk County; 7) women rally in Suffolk County; 8) discussing better screening for women with breast cancer; 9) Gordon Heights Breast Cancer Coalition; 10) hair stylists' fund raiser for Breast Cancer Help; 11) speaking at community fund raiser; 12) Marin County [California] Breast Health Watch; 13) celebrities supporting breast cancer awareness in Suffolk County; 14) Breast Cancer Help past Treasurer and current Treasurer; 15) California universities discussing the mapping project; 16) Walk for Beauty; 17) TV show regarding breast cancer (photo by James Edstrom); 18) supporting toll-free phone number for clinical trials; 19) NYS breast cancer and testicular education bill; 20) Town of Islip Breast Cancer Coalition; 21) breast cancer activists on national TV (Maury Povich); 22) supporting Race for a Cure; 23) Suffolk County Women's Health Day; 24) Breast Cancer Help sponsoring the Walk for Beauty; 25) first issuance of the Breast Cancer Awareness Stamp; 26) breast cancer fighters; 27) Brentwood/Bay Shore Breast Cancer Coalition; 28) Lobby Day for research funding; 29) activists unite; 30) supporting the NYS bill to end "drive-through" mastectomies.



A Guest Word . . .

## Sen. Owen H. Johnson, Vice President Pro Tempore, New York State Senate

STATE CAPITOL, ALBANY,  
NY, APRIL 1997

**C**ongratulations to everyone of Breast Cancer Help on this first issue of your newsletter. I am delighted to see this publication come to fruition as I believe it will further raise awareness about breast cancer, as well as keep readers up to date on all the important work that is being done to help find a cure for breast cancer.

I have been working with breast cancer survivors for several years, making changes at the state level to increase the survival rate for breast cancer patients by raising awareness and promoting early detection. As we all know, the ultimate challenge is to find a cure for breast cancer. However, we must also pursue efforts to reduce the incidence of new breast cancer cases.

We are working to achieve these objectives by promoting further research. The last few years have been marked by a great deal of progress at both the state and federal levels in reaching these goals.

### BREAST HEALTH FOR ALL WOMEN AND AWARENESS INITIATIVES

Uninsured and underinsured women have access to the same complete breast cancer screening and detection as insured women through Breast Health Partnerships, initiated by New York State to protect the health of underserved women. Each year I support funding for these partnerships which are vital to women's health.

New York has also been at the forefront in raising awareness about breast cancer and, in 1995, established the New York State Innovation in Breast Cancer Early Detection and Research Awards Program to recognize, reward and promote innovation in breast cancer prevention, early detection and research. These awards are given annually to a health professional, consumer, nonprofit organization or other candidate who best meets the award criteria in the opinion of the Breast Cancer Advisory Council.



Senator Owen H. Johnson with Long Island breast cancer activists—(from left to right) Virginia Regnante, Connie Baird, Lorraine Pace, Joan Hudson, and Marianne Varvato—celebrating this year's state tax form which includes the new "Give a Gift to Breast Cancer Research" check-off.

### OUR NEW PESTICIDE REGISTRY AND OTHER VITAL PROGRAMS

Perhaps 1996 will be remembered as the most productive year for breast cancer efforts because we came to an agreement on the establishment of pesticide registry in New York State. This registry will help researchers determine whether there is a scientific link between pesticide use and the onset of breast cancer.

To accomplish this, the new law creates a Health Research Science Board to oversee research; a computerized database in which pesticide information is entered and is made available to the public and researchers; a water quality monitoring program within the Department of Environmental Conservation; and a dedicated funding stream for breast cancer research through the creation of a "Give a Gift to Breast Cancer Research" check-off on state tax forms.

As one of the original sponsors of the legislation [along with Senators Caesar Trunzo and Kenneth LaValle and Assemblymen Paul E. Harenberg, Steve Englebright, and Robert Sweeney, among others] to create the check-off on state tax forms for breast cancer research, I was particularly pleased that it was included as a provision in the comprehensive pesticide registry bill.

To ensure that New Yorkers are aware that the check-off exists and know the importance of contributing to the fund, I recently teamed up with my good friend Lorraine Pace to do a Public Service Announcement aired on Long Island's cable news channel. Hopefully our joint efforts persuaded New Yorkers, who otherwise wouldn't contribute to breast cancer, to make a donation to the fund.

### LONG ISLAND BREAST CANCER STUDY AND MORE GOOD NEW LAWS

Similarly, also underway this year is the Long Island Breast Cancer Study Project. Created by a federal law passed in 1993, this project hopes to determine whether certain environmental contaminants increase the risk of breast cancer among women on Long Island. This case-control study, which will be conducted by Columbia University, will compare newly diagnosed breast cancer patients to persons without the disease to see if those with breast cancer have higher levels of past exposure than the controls.

*(continued next column)*

*In New York State, we have made early detection methods accessible to more women by enacting a law requiring insurance companies to reimburse for mammography screenings. Women in New York State should have peace of mind knowing that state law requires coverage for a regular program of mammography screening beginning at age 40, as well as provides for a baseline mammogram at age 35.*

The study should provide new insight into the causes of breast cancer and better help combat this disease.

On a final note, I'd like to alert you to a new law that ends the practice of drive-through mastectomies in New York State by ensuring that HMOs and insurance companies offer hospital coverage to mastectomy patients until each patient and her physician have determined the patient is ready for release. Now, insurers must cover *whatever length* of hospital stay the physician and patient agree is in the patient's best interest. Additionally, this law mandates that insurers provide coverage to mastectomy patients who choose to undergo reconstructive surgery, so as to remedy the problem of insurers' labeling such surgery as "cosmetic" and not "medically necessary" to avoid payment.

The law also mandates insurance coverage for second physician opinions for the diagnosis and treatment of *all* types of cancer. This law mirrors efforts being undertaken at the federal level by U.S. Senator Alfonse D'Amato and will go a long way toward upholding the health care rights of New York cancer patients.

With the continued help and support of groups like Breast Cancer Help, we will continue to make headway in finding a cure for breast cancer, while proceeding with our work to promote early detection and protect the health care rights of all New Yorkers.

## Major Research Study Seeks People With Family History of Cancer

In the last few years, a great deal of attention has been focused on genetic testing for cancer. Now that there has been some success with tests for genetic "markers" that may indicate cancer (or an increased chance of developing cancer), people with a history of cancer in their families are wondering if they should take these tests. Many people have expressed uncertainty over what genetic testing means, and what it can offer.

Since so much is still unknown about genetic testing, there is still great need for more research. Hence, University Hospital and Medical Center at Stony Brook is collaborating with Memorial Sloan-Kettering Cancer Center in New York on a new program: a "registry" of families with a history of breast or ovarian cancer.

This project is part of a larger international project, funded by the National Cancer Institute. With the cooperation of thousands of families across the world, the Registry will contain information about cancer patients and their families. Qualified researchers will use this information to study the genetic and environmental causes of breast cancer.

Called the Metropolitan New York Registry of Breast Cancer Families, the regional project is looking for people with a family history of breast or ovarian cancer—that is, two or more relatives who have had breast or ovarian cancer, one who has had either cancer at an early age, or a male family member who has had breast cancer. The Registry needs to include family members who have had cancer, as well as those who are free of the disease.

Participants will be asked to: complete questionnaires asking about demographics, health, diet, and family history; provide a small amount of blood and urine; ask other family members to join the Registry; and complete a brief follow-up questionnaire each year.

Names will be kept strictly confidential. Participants will receive a biannual newsletter and invitations to educational seminars about the latest information on breast cancer and genetic risk.

For more information please call Pamela Kurtzman, Registry Coordinator, University Hospital and Medical Center at Stony Brook, at (800) 867-3561.



Lorraine Pace with Libby Pataki, New York State's First Lady and a supporter of the breast cancer issue.

Just say  
Yes!

### LONG ISLAND BREAST CANCER PROJECT

If Columbia University researchers contact you to participate in this hard-won project, please say yes...

For more information call

**(212) 305-9392**

### Mary Ann Fox

(continued from Page 7)

Sure, there were days when I felt horrible and other days when I just wanted to cry for what seemed like no reason at all. Then there were days when I'd look at baby Ryan and thank God for letting me be a survivor and revel in every smile, burp and giggle that Ryan made.

My chemo schedule was juggled around so we could all travel as a family to Arkansas for our son's wedding. This was another day that I was very thankful for and was happy to be able to witness such a beautiful ceremony with the ones I love close by.

It's been fifteen months now and my treatments are complete. I've had a few setbacks but seem to be stabilized at this point. I appreciate every day and am much more conscious of what is important in my life and what is not. Cancer has a wonderful way of allowing you to set your priorities in order.

With the love of my husband, my children and my special angel, Ryan, whatever the future will hold for me medically, we will face together as a family. I am no longer consumed by the initial fear I felt when I heard those dreaded words, "I'm sorry, it's cancer."

Now I repeat the words that calm me and allow me to continue every day, "I survived breast cancer."



## Announcements

### July 13th

**Dinner honoring Nancy Kainzbauer** at the Knights of Columbus in Central Islip, NY, on Sunday, July 13, 1997, at 6:00 pm. Proceeds will benefit Breast Cancer Help. For more information call Michael Kainzbauer at (516) 232-0970 or Bonnie Lombardi at (516) 785-3795.

### August 23rd

**B103 Oldies Concert** at Smith Point Park in Mastic, NY, on Saturday, August 23, 1997, at 3:00 pm, featuring Tommy James and the Shondells and The Association. The concert is free with a suggested donation of \$1.03. Proceeds will benefit Breast Cancer Help and the Carol M. Baldwin Breast Cancer Research Fund. For more information listen to B103.

### September 11th

**Gala Vacation Fashion Show** at Villa Lombardi's Restaurant in Holbrook, NY, on Thursday, September 11, 1997, from 7:00 to 11:00 pm. Dinner tickets will be \$30 per person. Many exciting raffle prizes will be given away. For more information call Mary Ann Fox at (516) 585-7769 or Lorraine Pace at (516) 661-7223.

### September 21st

**Walk for Beauty** (4 or 6 K) breast cancer research fund-raiser in Stony Brook, NY, on Sunday, September 21, 1997. Registration is 8:30 am and the walk starts at 9:30 am. For more information call Deborah Schreifels at (516) 444-7880.

### October 4th

**Suffolk County Women's Health Day** at the Smithaven Mall in Lake Grove, NY, on Saturday, October 4, 1997, at 10:00 am; sponsored by the Suffolk County Women's Services, Suffolk County Breast Health Partnership and the Smithaven Mall. For more information call (516) 853-3762.

### October 5th

**Hair Asylum fund-raiser** in Lake Grove, NY, on Sunday, October 5, 1997, from 10:00 am to 5:00 pm. All proceeds of the day will benefit Breast Cancer Help and the Carol M. Baldwin Breast Cancer Research Fund. For more information call (516) 585-2550.



*"We are making this pledge so that our wives and daughters- and your wives, daughters, sisters and mothers- will someday be able to live secure in the knowledge that breast cancer has been eradicated."*

— Alec Baldwin

## Celebrity Cocktail Hour and Dinner Dance to Help Raise \$1 Million for Research!

"I am a Long Islander who is, unfortunately, aware of the devastation breast cancer can bring," actor Alec Baldwin said (pictured above, fourth from the left, with the executive board of the Carol M. Baldwin Breast Cancer Research Fund) at a press conference on May 29th. "My family is fortunate, though—our mother is a survivor. We are joining in the battle against breast cancer by pledging to raise \$1 million over the next year for the work being done at University Hospital and Medical Center."

The Carol M. Baldwin Breast Cancer Research Fund celebrity cocktail hour and dinner dance will take place at the Melville Marriott in Melville, NY, on Saturday, October 18, 1997, from 7:00 pm to midnight. Proceeds will benefit the Carol M. Baldwin Breast Cancer Research Fund at Stony Brook's University Hospital and Medical Center, to fund breast cancer research. For more information call Lisa-Beth Seaman at (516) 444-2899.



Lorraine Pace, Breast Cancer Education Specialist at University Hospital and Medical Center at Stony Brook, with Alec Baldwin, actor and breast cancer activist.



(l to r) Natalie Zaino of Breast Cancer Help, Karen Miller of the Huntington Breast Cancer Coalition, Alec Baldwin, and Mary Ann Fox of Breast Cancer Help.



## Stony Brook Is Testing Sentinel Node Biopsy in Patients With Breast Cancer

NEW CLINICAL TRIAL OF MINIMALLY-INVASIVE SURGERY SEEKS VOLUNTEERS

**B**reast cancer is clearly the most common malignancy facing American women today, accounting nationally for an estimated 215,000 new cases in 1997. Despite an increasing incidence, mortality rates have remained the same. More women with breast cancer, in other words, are surviving in the face of the growing number of cases — most likely as a result of earlier detection, treatment improvements, and an overall increase in breast cancer awareness.

*The hopeful news is that advances in the surgical treatment of this disease are being made by physicians with the help of patients themselves.*

Radical mastectomy used to be the only treatment for breast cancer. This operation, which involves removing the entire breast, lymph nodes, and chest muscles (pectoralis major and minor), remained the gold standard for treating breast cancer for the better half of this century. However, two carefully done clinical trials performed in the 1970's showed that modified radical mastectomy was equivalent to radical mastectomy in most patients with breast cancer.

This modified radical mastectomy preserved the pectoral muscles, resulting in less deformity. Modified radical mastectomy then became the procedure of choice for most patients with breast cancer.

More recently, breast conservation therapy has been used as an alternative to mastectomy in selected patients with breast cancer. When conservation is used, the tumor itself is removed with a surrounding rim of healthy breast tissue. The remainder of the breast remains intact.

This procedure is called lumpectomy. Radiation therapy is then used to reduce recurrence in the breast. As early as 1961, clinical trials were investigating the feasibility of breast conservation as an alternative to mastectomy.

Over the ensuing twenty years, thousands of women with breast cancer voluntarily enrolled in clinical trials designed to evaluate the safety of breast conservation. The voluntary

*(continued on Page 15)*

### Grimson Interview

*(continued from Page 3)*

communities as opposed to within counties or states. This could lead to some future discovery about residential patterns of breast cancer.

**Q: Is there any interrelation among the various mapping efforts that have been undertaken in different locations?**

A: Yes. It is planned that at some point the results of these projects will be reviewed collectively by scientists at Stony Brook to determine if there are any consistent patterns in the incidence of breast cancer.

**Q: What advice would you give to a community wishing to start a mapping project?**

A: The main emphasis in conducting a survey should be on achieving a high response rate. This requires multiple mailings with incentives for responding, advance publicity, the

support of volunteers, the backing of community leaders and health professionals and, if possible, the local hospital. In addition, project organizers need to be able to work with statisticians regarding data entry and analysis.

**Q: What do you see as future goals for community mapping efforts?**

A: The development of community breast cancer maps is a continuing and evolving process with no specific endpoint. As long as survey response rates are high, the maps have continuing interest as a basis for study. These efforts have become a social phenomena in that they have grown from the public's need to take some responsibility of its own in the fight against a serious disease.

# 1-800

## Helpful Numbers and Important Hotlines

**Breast Cancer Help  
(516) 661-7223**

**American Cancer Society**  
Atlanta, GA  
(800) 227-2345

**Breast Cancer Action**  
San Francisco, CA  
(415) 243-9301

**Breast Cancer Fund**  
San Francisco, CA  
(415) 543-2979

**Cancer HELPLINE**  
University Hospital  
and Medical Center  
Stony Brook, NY  
(800) 862-2215

**National Alliance of  
Breast Cancer Organizations**  
New York, NY  
(212) 719-0154

**National Breast  
Cancer Coalition**  
Washington, DC  
(202) 296-7477

**National Cancer Institute**  
Bethesda, MD  
(800) 422-6237

**New York State  
Breast Cancer Hotline**  
Adelphi University  
Garden City, NY  
(800) 877-8077  
Outside of NYS:  
(516) 877-4444

**Suffolk County Breast  
Health Partnership**  
Hauppauge, NY  
(516) 853-3765

**Susan G. Komen Breast  
Cancer Foundation**  
Philadelphia, PA  
(800) 462-9273

**UCLA Breast Center**  
Los Angeles, CA  
(800) 825-2144

**Women's Environment and  
Development Organization**  
New York, NY  
(212) 973-0325

**Y-ME Hotline**  
Chicago, IL  
(800) 221-2141



## A Fond Farewell

A farewell dinner honoring Father Tom Arnao was held at Mama Lombardi's Restaurant in Holbrook, NY, on June 18th. This dinner recognized the growing number of men who are becoming members of Breast Cancer Help and honored Father Tom for his uncompromising commitment to our mission.



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*"Father Tom has shown extraordinary kindness, compassion and dedication to the people with whom he has so tirelessly worked in the struggle against breast cancer . . . He will be missed by all of us until his return, but his leadership has left us on the right path, well-organized and focused."* — Lorraine Pace



1) Breast Cancer Help members; 2) the men of Breast Cancer Help . . . with honors/ recognition awards from federal, state and county officials; 3) Doris Weisman, Deb Meek, and Ellen Dunn; 4) Spirit of L.I. Award presentation; 5) Father Tom and friends; 6) Father Tom and Maria Diorio; 7) Father Tom with his parents, Joan and Victor.



7

## Sentinel Node Biopsy

(continued from Page 13)

participation by these women enabled these clinical trials to prove that lumpectomy plus radiation therapy is a safe alternative to mastectomy in most patients with small cancers. This finding was of enormous importance, in that it ushered in a new era of conservatism in the surgical treatment of breast cancer. Now, mastectomy can be avoided in many patients with breast cancer.

As the issue of the safety of breast conservation was laid to rest, breast cancer researchers shifted their focus to the treatment of the axillary (underarm) lymph nodes. These nodes, which are part of the lymphatic system that removes wastes from body tissue, may be the first place affected when breast cancer begins to spread.

Axillary nodes are routinely removed during breast cancer surgery in order to determine whether or not the cancer has spread to them. Additionally, removing the lymph nodes greatly reduces the chance of tumor recurrence in the underarm area. However, today as many as 70% of patients with breast cancer have nodes that are free of tumor. Clearly, in these patients, removal of the axillary nodes provides no benefit at all. In fact, removal of the axillary nodes is occasionally associated with some scarring, numbness, and swelling of the arm.

*In sentinel node biopsy, a small amount of radioactive dye is injected into the breast around the site of the cancer. This test helps to determine the location of the lymph nodes that are draining the breast cancer. The amount of radioactivity is very small, less than that used for a chest x-ray or a bone scan, and generally does not cause any problems.*

This dilemma has led researchers to develop a less invasive procedure that would accurately determine whether or not the axillary nodes are affected by cancer, without having to remove them all. The newly developed procedure is called sentinel node biopsy. It enables the surgeon to identify and remove the first draining lymph node—the “sentinel” node—in the underarm area. The status of this representative node is then used to assess the health of the remaining nodes.

Preliminary results from studies in Vermont and California are encouraging, and strongly suggest that senti-

nel node biopsy is an accurate predictor of whether or not the cancer has spread to these remaining nodes.

Early this year, breast cancer physicians at Stony Brook's University Hospital and Medical Center began a clinical trial to confirm that sentinel node biopsy is a safe and accurate alternative to full removal of the axillary nodes. Eligible patients with breast cancer have a sentinel node biopsy. In the current preliminary phase of this study, all patients also have the remaining axillary nodes removed and analyzed, so that the accuracy of the sentinel node procedure can be validated.

### IN THE OPERATING ROOM

In sentinel node biopsy, a small amount of radioactive dye is injected into the breast around the site of the cancer. This test helps to determine the location of the lymph nodes that are draining the breast cancer. The amount of radioactivity is very small, less than that used for a chest x-ray or a bone scan, and generally does not cause any problems.

A small amount of blue dye is injected around the tumor as well while in the operating room. Both the blue dye and the radioactive dye travel towards the patient's underarm via lymph vessels, helping the surgeon to find that first draining lymph node.

Next, the surgeon uses a geiger counter-like device (probe) to locate and count the small amount of radioactivity injected earlier, which is now trapped in the first draining axillary lymph node (sentinel node). An incision is then made in that location, and the sentinel node, identified by both the gamma probe and the blue dye, is removed.

*"We believe that sentinel node biopsy will indeed prove to be a safe and accurate alternative to full axillary surgery in patients with breast cancer, and thus will constitute an important new advance in breast cancer surgery."*

— Dr. Brian J. O'Hea, Director of the Stony Brook Breast Care Center



### THE PATIENTS ARE THE REAL HEROES

In recent years, tremendous strides have been made in the surgical treatment of breast cancer. These strides have brought us from an era of radical surgery towards more conservative procedures such as lumpectomy. Breast cancer physicians as well as the entire medical community are to be commended for this progress.

But the real heroes in the quest for a cure are the breast cancer patients themselves, who have voluntarily enrolled themselves in scientifically directed clinical trials.

These carefully designed clinical trials have answered some very important questions about the treatment of breast cancer. Although the patients in these studies may not derive any direct benefit themselves, their participation in these trials has clearly benefitted many women who are subsequently diagnosed with breast cancer.

## How You Can Help!

Your support helps bring us closer to understanding the possible cause of breast cancer...and closer to seeing a Healthy Environment for a Living Planet.

All supporters will receive our newsletter (planned for bi-annual publication) that will help to inform and unite us.

*Yes! I want to join Breast Cancer Help and be active in its work. Please contact me.*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_

(WORK) \_\_\_\_\_

(FAX) \_\_\_\_\_

*Yes! I want to stand up to the ignorance and indifference about breast cancer! Here is my (tax-deductible) contribution.*

\$10  \$20  \$50  \$100  \$500  \$1000  Other \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (FAX) \_\_\_\_\_

MY GIFT IS IN HONOR/MEMORY OF: \_\_\_\_\_

PLEASE SEND AN ACKNOWLEDGEMENT OF MY GIFT TO: \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

Please make your check payable to **Breast Cancer Help, Inc.**, and mail to:

**Breast Cancer Help, Inc.**  
400 Montauk Highway, Suite 100  
West Islip, New York 11795-4476

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