



BC Help news

News Flash —
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Senator Owen Johnson
escorting Antoinette
Castiglie-Falciano.

Our First Major Fund-Raiser Celebrates the Spirit of Survival

\$10,000 for Research
by Antoinette Castiglie-Falciano

Last September, Breast Cancer Help hosted a Gala Vacation Fashion Show at Villa Lombardi's Restaurant in Holbrook, NY. This event marked the first major fund-raising effort that we have undertaken, and with over 600 tickets sold, the evening was a resounding success.

Royal Caribbean International and Walt Disney Attractions were sponsors for the evening. Travel prizes were donated by Super Clubs, Air Jamaica, and Pan American Airways. Fashions were provided by The Disney Store, Jones of New York Country, August Max Woman, Eva Boutique, and Rogers Tuxedos. Shear Instincts donated make-up artists. Flo Federman of B103 Radio volunteered her services as MC. Also volunteering his services was DJ Eddie Ness whose "Music on the Move" added a musical highlight.

To promote the theme of the evening, "Celebrate the Spirit of Survival," special recognition in the form of a small gift of cosmetics from Estee Lauder was given to all breast cancer survivors present. In addition, a number of breast cancer survivors including Breast Cancer Help members Bea De Lizio, Antoinette Castiglie-Falciano, Lorraine Pace and Advisory Board member Carol Baldwin, served as models in the Fashion Show.

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Summing up the spirit of the evening, an oncology nurse in the audience commented, "It was so nice to see breast cancer patients in such a happy and playful mood. It's something we don't usually get to see. It was a lovely evening."

Mapping Cancer Statewide in New York

WHAT WE NEED TO HELP

Assembly Speaker Sheldon Silver made it clear in mid-March that environmental funding is a high priority. Topping the Assembly's one-house list of budgetary additions for the environment is a proposal for a \$1 million appropriation for cancer mapping across the state—using the approach to understand breast cancer that we have pioneered on Long Island.

Silver said that the \$1 million would be used to collect and analyze data for production of a comprehensive map of cancer incidence in New York.

Information collected would then be examined to determine the environmental factors, including use of pesticides, that may be at the root of cancer in particular regions. Richard Brodsky, Chair of the Assembly Environmental Conservation Committee, said that with such knowledge clean-up of carcinogenic sites could be "more focused, efficient and thorough."



"Mapping is the only way to find out where the possible environmental causes of breast cancer and other cancers are located," says Lorraine Pace, pictured above with Dr. Michael Feinstein.

According to Silver and Brodsky, the map should be very detailed and include a cancer victim's

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How We Started Mapping Breast Cancer

by Michael Feinstein, MD

I first met Lorraine Pace in March 1992, when she saw me as a patient with breast cancer. During my discussion with Lorraine at that time, it came out that 17 friends and acquaintances of hers living in West Islip, LI, had breast cancer, and shortly thereafter three other women got the same diagnosis. All of these women lived south of Montauk Highway and several in close proximity to the water.

I thought that what Lorraine told me was quite interesting and could be used as a springboard in undertaking an epidemiologic investigation. Within three weeks of my encounter with Lorraine, we, along with Michael LoGrande, CEO of the Suffolk County Water Authority, met with the Suffolk County Health Commissioner, Dr. Mary Hibbard.

At that meeting, the concept of "the map" in defining the incidence of breast cancer in the community was developed. Subsequent to that meeting, I developed a questionnaire to be used in the West Islip breast cancer survey.

No hospitals took part in any way in the early development of the epidemiologic study; only after the study got underway was there such help.

It was our feeling that by using West Islip as a pilot study, this format could eventually be taken to other areas on Long Island and elsewhere.

Early on, we saw that not only would the mapping define incidence and possibly a relationship of breast cancer to environmental factors, but it would also be part of the educational process.

We felt that women could be made more aware of breast cancer by the publicity that this map brought forth as well as the questionnaire necessary to define the incidence of breast cancer on the map.

And early on, we saw more women having mammograms with new cases of breast cancer appearing—something we felt to be related to our study.

This issue is dedicated to the memory of

Bella Abzug

1920-1998

Champion of Women's Rights
And Fighter for Our Health

Breast Cancer Help Walks For Beauty in Stony Brook

by Antoinette Castiglie-Falciano



Breast Cancer Help members participated in the 4th annual "Walk for Beauty... in a Beautiful Place" which took place in the Village of Stony Brook on Sunday, September 21, 1997.

The Walk for Beauty was the inspiration of Breast Cancer Help founding president, Lorraine Pace, who conceived the idea as a means of raising funds for a program to supply breast cancer patients with the special products they need such as wigs and prostheses. She enlisted the assistance of Deborah Schreifels, Director of Community Relations at SUNY-Stony Brook's University Hospital and Medical Center, and Gloria Rocchio, President of the Ward Melville Heritage Organization.



Members and friends of the Unique Boutique.

Their combined efforts resulted in the formation of the Unique Boutique. Agreeing to cooperate in this endeavor, Stony Brook Village merchants received special training so they could begin offering the necessary products and services to cancer patients in a private and comfortable setting.

Today, the Cristie Lingerie proprietor is a qualified fitter of breast prostheses. Visage Beauté Centre can provide wigs, and offers the services of a cosmetologist to assist cancer patients. The Wholistic Health Center, offering massage therapy, AMMA therapy, acupuncture, herbal medicine, as well as chiropractic, biofeedback, nutritional and psychological counseling, is an important new participant. The Unique Boutique numbers twelve merchants in all.

Participating stores display the swan decal in their window.

When it started in 1994, the Walk for Beauty attracted only 500 walkers. This year there were 2300 participants in the 6K/4K walk, thus underscoring the community's commitment to make a difference in the fight against breast cancer.

The 1997 Walk for Beauty netted over \$56,000 which will be donated to the Carol M. Baldwin Breast Cancer Research Fund (dedicated to support breast cancer research at Stony Brook's University Hospital and Medical Center) and the Walk for Beauty Fund which assists cancer patients who do not have the financial means to purchase wigs, prostheses, and other select items.



A few of us, filled with positive energy, after the beautiful walk.

HELPING CANCER PATIENTS IN NEED

The Walk for Beauty Fund—established in 1995 by the Ward Melville Heritage Organization, Stony Brook University Hospital and Medical Center, and Breast Cancer Help—is dedicated to helping cancer patients with financial needs to purchase special self-image items they need to foster healing. For more information, please call (516) 751-2244.

Lorraine Pace And the Cancer Research Improvement Act

STRENGTHENING THE
STATE CANCER REGISTRY



CONGRATULATIONS, MEGHAN CURRAN!

Breast Cancer Help would like to congratulate Meghan Curran of West Islip (in photo above with her proud mom), an 8th-grade student who recently attended the Future Homemakers of America State Convention, where she won a gold medal for her illustrated talk, "Fighting Breast Cancer in West Islip." She is now eligible to compete on the national level in New Orleans. And we wish her the best of luck!



CONGRATULATIONS, LIZ TONIS!

Breast Cancer Help would like to congratulate Liz Tonis (center in photo above) who was recently honored by the Town of Islip during Women's History Month. Liz, news editor of *Suffolk Life*, was recognized for her contribution in the media field. She worked her way up from general assignment reporter and has been a fixture at Islip's town hall, covering news events through four administrations. She has received numerous awards for community service and for her reports on breast cancer... And we are especially grateful for all her help in raising the public's awareness about it, too.

BC HELP NEWS WINS AWARD

The first issue of our *BC Help News* won an Awareness Achievement Award given last fall by the Board of Sponsors of National Breast Cancer Awareness Month—and, together with the positive responses of so many readers, this special recognition encourages us to keep at it... to help us spread the word about—and gain support for—efforts to bring us closer to understanding what causes breast cancer and how to cure it.

Over one year ago, Lorraine Pace of Breast Cancer Help, together with Audrey Behrens, retired Tumor Registrar of Stony Brook's University Hospital and Medical Center, met with Governor George Pataki's aide, Doreen Williams, at the Governor's New York office.

Lorraine is an appointee to the New York State Division for Women/Advisory Council of Suffolk County. Lorraine and Audrey went there to give testimony to the vital need to certify all tumor registrars, and to include occupational and residential history in tumor registry notification on each newly diagnosed case of cancer. As a consequence of their meeting, Governor Pataki's aide agreed that these steps were needed.

Following this meeting, Lorraine brought Dr. Roger Grimson, an epidemiologist and bio-statistician at SUNY-Stony Brook, to the office of NYS Senator Kemp Hannon of Nassau County. There they again discussed the need to upgrade tumor registrars and registry information, and how important the information is to accurate research on environmental exposure.

Senator Hannon also had received letters in support of this effort from Audrey and also from Kathy Porchia, Tumor Registrar at Winthrop-University Hospital, in Mineola, NY.

Senator Hannon also agreed with the two recommendations, and in February 1997 he and Senator William Larkin of Orange and Ulster counties sponsored a bill which included these important issues. The bill was approved by both houses during the summer, and was signed into law by Governor Pataki this past September.

Again, through five years of outstanding effort by Lorraine Pace and the experts working with her, another important step has been taken to help unravel the mystery of breast cancer.

HOW THIS NEW LAW WILL HELP

The Cancer Research Improvement Act of 1997 amends New York State's public health law to improve cancer data reporting to the State Cancer Registry. This new law recognizes that cancer is a profound statewide health problem in New York, and that research must be a priority to realize mortality rate declines.

The law requires enhanced timeliness, quality and completeness in health care provider cancer data reporting to the current New York State Cancer Registry, and requires a report on the functioning of the registry as a research tool.

Research is the single-most effective tool in the fight to conquer cancer.

The National cancer Institute reports that because of advances from research, the national cancer mortality rate, after decades of continuous rise, has steadily declined between 1990 and 1995 for a total mortality rate reduction of 31% - the first ever sustained decline in cancer mortality rates.

We the people owe it to ourselves and our loved ones to support such research aimed at curing cancer.

The measures in this law will foster New York's continued research endeavor to learn more about how to accelerate the progress toward preventing, detecting and successfully treating cancer. As such, the improved cancer data reporting required by this law will play a portentous role in New York's fight against cancer, which is the second leading cause of death in the state.

Indeed, health care providers are diagnosing cancer, especially breast cancer and prostate cancer, at an ever-increasing rate throughout New York, and Long Island has one of the highest breast cancer rates in the nation, with a breast cancer mortality rate which is significantly higher than the national breast cancer mortality rate.



Geri Barish, Senator Kenneth LaValle, and Lorraine Pace in Albany, after meeting about the cancer education bill.

Rhoda Schaefer of One-In-Nine/LI Breast Cancer Action Coalition and Lorraine Pace—in Albany lobbying for laws that help—announce their support for Assemblyman Paul Harenberg's new legislation creating a Breast and Prostate Cancer Research and Education Board that would distribute state funds to find the causes, better treatment options, preventive measures, and, it is hoped, a cure for breast and prostate cancer.

Lobbying for Laws That Help

Lorraine Pace of Breast Cancer Help and Geri Barish of One-In-Nine/LI Breast Cancer Action Coalition went to Albany in January to meet with elected officials to discuss NYS legislation regarding breast cancer issues.

During this year, Lorraine and Geri are working together to lobby for passage of the following legislation:

- ❖ The education bill in the Senate (the Assembly passed it in March) sponsored by Senator Kenneth LaValle, that would mandate the teaching of breast and testicular cancer self-exam as part of the curriculum in high school health classes.
- ❖ The tax/public health bill, sponsored by Assemblyman Paul Harenberg and Senator Caesar Trunzo, that would dedicate a two-cent tax on the sale of cigarettes to breast and prostate cancer research.
- ❖ The "Neighbor Notification Law," sponsored by Assemblyman Thomas DiNapoli, that would compel people who have pesticides applied to their lawns to notify their neighbors about it.



"There is an epidemic of both breast and prostate cancer in this state. Breast cancer is taking our wives, our mothers, our daughters. Prostate cancer is taking our husbands, our fathers, our sons. To stop these tragic diseases, we must invest in scientific research and enlist the concerted scrutiny of the best medical investigators."

—Assemblyman Paul Harenberg

We need your help—in order to help everyone! Please call/write your state legislators today to support passage of these laws.

WE NEED TO LEARN BREAST SELF-EXAM

by Margie Fezza
Junior at St. Anthony's High School
South Huntington, NY

As a teenage girl I think it is very important that everyone of us be educated in all aspects of our health. Many people feel that we are too young to understand some of the issues. That is just not the case. We may be young, but we do see what is happening around us.

It may seem that we put a deaf ear to the seriousness of much of this. I can only say that in most cases we are just trying to ignore the fearful facts that face us.

All of us are well aware of the health problems that lie ahead for us as we grow older. We try to put them aside, so we seem disinterested. But the real truth is that we fear the prob-

pects, and hope that medical science can defeat the dreaded diseases like cancer before they affect us.

One of the most important health-related topics that seems to be overlooked by high school health courses is that of breast self-examination. I know too well how very important this is. Early detection and treatment is the best defense we have now against breast cancer.

I am sure that the issue of self-examination must be very difficult for high schools to address. With all the sexual harassment and sexual misconduct charges being brought against teachers, school administrators must be very wary of making breast self-examination part of the regular curriculum.

I only know that this issue should be given serious thought. If educators are fearful, they might con-

sider having a health care professional visit them to teach them about the exam.

My hope is that the educators of today begin to see the need for this type of training—and that they act positively on it. If such training had been available when my mother was in high school, she might still be alive today. She is an unfortunate victim of having her lump found during a routine annual physical.

How many months went by with that lump detectable? Because she was unaware of breast self-examination, she never found it! Did those months cost her her life? We will never know the answer to that question... we can only wonder.

I do know that if the proper training can save just one life, it would be a valuable investment. One that no price tag can be put on.



Cancer Clinical Trials At Stony Brook

LEADING THE WAY TO A CURE

by Patricia Hentschel, RN, MS, NP
Cancer Center Clinical Trials Coordinator
Stony Brook University Hospital and
Medical Center

For patients who are diagnosed with cancer, survival is more hopeful than it was in the past. One of the most important reasons for better cancer survival is better cancer treatment. Surgical techniques have improved and radiation treatment is stronger and more exact. New drugs are working for many patients and new combination treatments are giving better results.

Ultimately, this progress in cancer treatment can be attributed to the outcomes of clinical trials.

WHAT ARE CLINICAL TRIALS?

Clinical trials are systematic studies that use a formal study plan, called a protocol, to evaluate new methods such as surgery, drugs, or radiation techniques. Methods of prevention, detection, or diagnosis also may be the subject of such trials.

Each study, or trial, is designed to test a scientific question about a new cancer treatment or procedure that will identify its worth when compared to what is considered standard treatment. Many new treatments are also evaluated in certain types or stages of cancer where there is no standard therapy which offers new hope to cancer patients.

Most clinical trials are conducted at large medical centers nationwide through funds provided by the National Cancer Institute (NCI). In this way, new cancer drugs, supplied by the NCI, are evaluated by participants all over the country. This process enables the collection of a large amount of information about a new agent which can lead to approval by the Food and Drug Administration (FDA). Once a drug is approved by the FDA, it can be made available to help all cancer patients.

Clinical trials are carefully planned to safeguard the medical and psychological health of participants. Thus, patients who choose to participate in trials are given the most up-to-date care and benefit from extensive medical attention. They are carefully monitored by a specialized research team of doctors and nurses who have expertise in cancer care.

When deciding which cancer treatment to recommend, doctors often base their choices on the out-

comes of the latest clinical trials. A number of promising new cancer treatments are currently being studied in clinical trials that may turn out to be better than the ones now being used. Participants may have the first chance to benefit, and they may also be helping future patients.

BREAST CANCER: A HIGH PRIORITY IN CLINICAL TRIALS

In regard to breast cancer, the magnitude of this disease cannot be overstated. Over the past decade, its incidence has risen, most notably on Long Island, and it has become a major health problem in the United States. Today, one in eight women has a lifetime risk of being diagnosed with breast cancer. By the end of this decade, nearly two million women will be diagnosed with breast cancer and 460,000 women will have died of this disease.

Thanks to the lobbying efforts of breast cancer advocates and supporters, the NCI has allocated greater research funding for breast cancer which has led to the development of numerous new treatments available in clinical trials today.

BREAST CANCER TRIALS AT STONY BROOK

In collaboration with the NCI and pharmaceutical companies, Stony Brook is investigating a wide variety of new agents for breast cancer such as retinoids, hormonal therapy, chemotherapy which can be given orally, and biologic immune modifiers. Many of these agents represent novel approaches to the treat-

ment of breast cancer based on new knowledge about the biology of breast tumors.

Recently, Stony Brook has initiated trials with new drugs known as matrix metalloproteinase inhibitors. By targeting certain proteins, these drugs may stop the spread of cancer. More than ever before, clinical trials today offer the most optimal treatment for breast cancer and the greatest promise for cure.

For more information about cancer clinical trials, please call Stony Brook's Cancer Clinical Trials Office at (516) 444-7913, or call the NCI's Cancer Information Service at (800) 4-CANCER.

The Patients Are The Real Heroes

In recent years, tremendous strides have been made in the treatment of breast cancer. 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 benefited many women who are subsequently diagnosed with breast cancer.

— Brian J. O'Hea, MD
Director, Carol M. Baldwin Breast Care Center
Stony Brook University Hospital
and Medical Center



WORKING FOR PESTICIDE-FREE GOLF COURSES

Breast cancer activists including members of Breast Cancer Help have testified for pesticide-free golf courses in Suffolk County. In response to growing public concern we helped to generate, Suffolk County Executive Robert J. Gaffney has approved and signed two legislative resolutions:

"Establishing Honest County Golf Course Program Consistent with True Environmental Protection" and "Authorizing County Department of Parks, Recreation and Conservation to Develop Organic Parks Maintenance Plan for County Parklands and County Golf Courses."



Inquiring Reporter

What Is The "Ceprate SC" System?

by Bea De Lizio

To learn more about the much publicized Ceprate SC system now used in treating cancer, I interviewed Nabil Hagag, PhD, who is the Scientific Director of the Bone Marrow Transplant Laboratory at SUNY-Stony Brook's University Hospital and Medical Center, and also a member of the faculty there in medical oncology.

Q: What is the Ceprate SC system made by CellPro, the Seattle-based manufacturer of this new technology?

A: This system is a device that allows us to positively separate out the stem cell, or progenitor cell, residing in bone marrow and peripheral blood. The stem cell is the mother of all cells, generating white, red, and platelet cells. The stem cell has a marker, CD34 antigen, which allows the cell to facilitate antibody recognition.

Q: What are the benefits of the Ceprate SC system compared to other methods?

A: The system's benefit is its ability to separate the stem cells from the non-target cells, which results in a more focused yield with reduced side effects associated with transplant infusion volume and preservatives.

Q: Who is the best type of patient for utilization of this blood filtration device?

A: Patients who are suffering from breast cancer, non-Hodgkin's lymphoma, Hodgkin's, multiple myeloma, neuroblastoma, sarcoma, ovarian cancer and peritoneal cancer.

Q: What do you see as a future application of the Ceprate SC system?

A: Future use may include the removal of cancer cells from bone marrow and/or blood of patients who have evidence of this disease. Another potential application may be the selection of cells other than stem cells—for example, HIV cells—by using other appropriate cell markers.

Important Information!

**S.C. Breast Health Partnership
No-Cost Mammograms
For Uninsured/Underinsured
Low-Income Suffolk County
Residents
For More Information Call:
(516) 853-3765**

My Story—And God's Hand in It

by Carmen Imbo

My "medical history" began on December 31, 1993. Until that date, I had been disgustingly healthy. A year before, I had a baseline mammography which was read as negative. I was told to return in two years. The only times I was ever hospitalized were to have my two children.

On that date I had a mammography to confirm what I already knew—that the lump on my right breast was the result of an injury. You see, a few months prior, a 20-pound box of laundry detergent fell off a shelf in our garage, and the corner hit me in my right breast. This was God's first intervention in my case.

When the inflammation did not go away, I decided to have it checked out. I was not worried in the least. I knew what had caused the lump.

Imagine my surprise when the radiologist burst into the room, saying, "Mrs. Imbo, you must see a surgeon immediately. I am very worried about you." Apparently, my baseline mammography had been misread. And the lump I felt was an inflammation due to the injury—it just happened to be directly over a tumor!

I am very lucky. I work for a doctor. Within days I was having a biopsy. Then, exactly one month after my 40th birthday, I heard those dreaded words, "It's cancer."

Somehow with the help of my terrific husband, children, siblings, mother, and other extended family, I got through chemotherapy (on which I insisted) and radiation after my lumpectomy and axillary node dissection.

I rallied.

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WORRIES ON WORRIES

Everyone believed that I had beaten it and come out stronger for it—that is, everyone except those closest to me. They knew that I worried non-stop that the cancer wasn't gone. My wonderful supportive husband talked, cajoled, and pleaded with me to remain positive that it was gone. I couldn't.

I just knew it wasn't gone.

My tests came back fine, and still I worried. Now I will admit, I am a worrier by nature. Not just a plain-old worrier, I am the queen of worriers.

In January of 1996, a tiny lump appeared at the base of my neck on my right side. It was extremely painful to touch. My family doctor (and boss) said not to worry.

After a month, I saw my surgeon, who said, "Let me guess, you think it's metastasized. It's a reactive lymph node, so stop worrying." This turned out to be God's second intervention, since my doctors do not know why that lymph node reacted as it did.

By March it was time for my four-month bloodwork. When my tumor markers came back slightly elevated, I lost it. I was hysterical. I called my oncologist (I had not contacted him prior to this, probably because I didn't want to hear what he would say) who said to redo the blood tests—it could be a lab error.

Thus, three days after the first blood test, I had a second set redrawn. Incredibly, the results of that set came back within normal limits, although on the higher end of the parameter.

Scientific Mutation

by Doris R. Weisman, NP, MS

The major target of bone marrow transplant, the stem cell, is found in the bone marrow, peripheral blood, and umbilical cord blood. Bone marrow is a complex tissue containing stem cells, and other supporting cells such as stromal cells and connective tissue cells.

Recent advancements in cell biology have led to the identification of several cell markers that allow us to locate subpopulations of these blood cells.

An example of this is the identification of the CD34 antigen, a unique marker present only on the surface of the stem cell (the terms CD34 and stem cell are now used interchangeably). This marker, therefore, allows us to identify and isolate the stem cell from the bone marrow.

CellPro's Ceprate SC system, utilizing a technology known as immunoadsorption, separates the stem cells from harvested bone marrow or peripheral blood. The stems cells are then concentrated and readied for transplant infusion.

Bone marrow cells are very susceptible in chemotherapy or radiation therapy, and are the first to die upon administration of such therapy.

The principle of transplant is to collect (harvest) the bone marrow or peripheral blood stem cells before therapy. Once therapy is completed, the stem cells are then rescued (transplanted) to restore the patient's bone marrow.



Radiotherapy Update

BREAST RADIOTHERAPY AND LYMPHEDEMA*

by Allen G. Meek, MD
Department of Radiation Oncology
University Hospital and Medical Center
Stony Brook, NY

Background

Breast radiotherapy has a low incidence of long-term complications. Lymphedema, the most commonly reported complication, adversely affects the quality of life of the breast cancer patient. Though its incidence is decreasing, lymphedema still remains a significant concern for patients and their physicians. With the indications for radiotherapy in breast cancer management broadening, current strategies to prevent radiation related lymphedema should be applied and new strategies developed.

Methods

A review of the literature addressing lymphedema as a complication of radiotherapy in breast cancer management was performed.

Results

Arm, breast and truncal edema occur after primary breast cancer management. The literature supports the view that radiotherapy contributes to arm and breast edema. Lymphedema occurs most commonly in patients who have both axillary radiotherapy and surgery. It is often triggered by a soft tissue infection and is more common in obese patients. The incidence of arm edema is decreasing as a result of more conservative surgical treatment of the axilla and possibly as a result of more conservative management of the breast. Trends in breast edema are less discernible. Single modality treatment of the axilla is associated with a very low incidence of arm edema.

Conclusions

Lymphedema continues to be a problem in the care of the breast cancer patient. More conservative surgery combined with careful patient selection for nodal radiotherapy reduces its incidence. Radiotherapy technique, prompt treatment of soft tissue infections and weight loss in obese patients each can contribute to prevention. The risk of lymphedema is greatly surpassed by the benefits of radiotherapy in the care of the breast cancer patient.

* Presented in part at the American Cancer Society Lymphedema Workshop, February 1998, New York, NY.

IN MEMORY OF

Helen Lengua, Rosaria Romano, Edward Vlaun

A DONATION WAS MADE TO BREAST CANCER HELP

The Sooner the Better FOR BREAST CONSERVATION AND SURVIVAL

We think it is important that women understand how the treatment of early breast cancer has changed for the better.

Today an increasing number of women are being diagnosed with early breast cancer, in part because of increased breast cancer awareness and also advances in medicine.

The majority of women diagnosed with early breast cancer can now receive a lumpectomy, which is removal of just the tumor with some surrounding normal breast tissue. Sometimes an axillary dissection, which is the removal of some lymph nodes under the arm, is followed by radiation therapy to the breast.

Indeed, lumpectomy followed by radiation therapy is now the treatment of choice for early breast cancer.

The fear of losing a breast should no longer be a reason why women delay their breast exams. The early detection/treatment of breast cancer is the best way to ensure the greatest chance for not only surviving it, but having conservative surgery for it.

Radiation oncologists work closely with the surgeons and medical oncologists to ensure that women may have the option of breast conservation. The radiation oncologists speak with many women prior to their final surgical decisions so that women with early breast cancer understand fully that there are other options to mastectomy.

With careful planning, radiation treatments can be well tolerated; and many women are able to resume their daily activities with little difficulty.



PSA at Cablevision of Happaugue

On behalf of Breast Cancer Help, Lorraine Pace (left) extends thanks to Lynn Zawacki, Sr. Public Affairs Administrator, Cablevision of Happaugue, at the taping of a public service announcement at Cablevision's television studio.

Cablevision's PSA Day Program, established three years ago, is a free community service offered to local nonprofit organizations to help them with their advertising needs. Cablevision donates production assistance and cable television air time worth approximately \$7,000 to each participating group.

Breast Cancer Help's 30-second video spot was cablecast throughout February 1998 on a variety of cable networks including A&E, CNN, Discovery Channel, ESPN, Lifetime, News 12, Nickelodeon, TNT, and USA Network.



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(1) Breast Cancer Help meeting; (2) at the Walk for Beauty; (3) Shear Instincts donating help at our Gala Vacation Fashion Show; (4) at screening of The Edge; (5) Hair-Asylum's haircutters; (6) presenting awards to Senator Caesar Trunzo (second from left) and Assemblyman Paul Harenberg (right) for their support; (7) breast cancer support group at Stony Brook; (8) thanking Rue McClanahan for her support; (9) Alex Fezza getting award for all his help; (10) at the dedication of the Carol M. Baldwin Breast Care Center; (11-16) at the celebrity fund-raiser for the Carol M. Baldwin Breast Cancer Research Fund; in Albany (17) at Governor George Pataki's State-of-the-State Address—with (18) Senators Joseph Bruno and Kemp Hannon, (19) Assemblyman Robert Sweeney, and (20) Attorney General Dennis Vacco; (21/22) members of the NYS Division of Women; (23) with breast-cancer activists from California and Idaho; (24) US Department of Defense—Era of Hope; (25) presenting award to Lou Grassio (right) for helping to initiate breast cancer awareness in Suffolk County; (26) First Ladies Breast Cancer Luncheon at the Waldorf; (27) at Dowling College with supporters; (28) folks at the Optimum Health Institute; (29) with Dr. Raymond Damadian at unveiling of MRI operating room; (30) National Breast Cancer Coalition Lobby Day in Washington; (31) graduates of Project Lead; (32/33) in Syracuse, NY, supporting the Race for the Cure.

Young Women Can Get Breast Cancer Too

A SURVIVOR'S STORY

by Pamela Diorio

"Pam, you have lobular and ductal carcinoma." Those were the words that began my battle with breast cancer.

I am a 33-year-old mother, wife, daughter, sister, teacher, and friend. I truly didn't understand what was in store for me at the time of my diagnosis. It was June 1997 and I was ready to embark on yet another Long Island summer when those words were etched in my mind forever.

I recall not understanding exactly what the doctor was saying to me. I asked her what she meant and that's when it all became too clear. She said, "Pam, you have breast cancer." I looked at my husband and we both couldn't believe we were sitting there.

Women from all around the Breast Health Center were swarming me with words of comfort, but quite honestly, I cannot remember one. I just remember the sea of faces. There were so many faces.

I went from there to pre-surgical testing and felt like my head wasn't attached to the rest of my body. I needed to make arrangements to have my left breast removed. It was all set for that Monday morning at 7:00 am.

Many choices were put in front of me: do I reconstruct at time of surgery? what type of reconstruction? Chemotherapy had to be scheduled, insurance pre-certifications . . . it seemed endless.

As all this was going on around me, somewhere in the pit of my stom-



Pamela Diorio with her husband Edward at the Baldwin Gala last October.

ach I was screaming, "I can't have a mastectomy, I can't do anything! I have CANCER! I AM GOING TO DIE!"

I thought my 4-year-old daughter would hardly remember me when she grew up, and that was a thought too crushing to sustain for more than an instant.

Now 10 months later, I look back and realize I've accomplished so much.

I had surgery in June, one week later I began my chemotherapy of Adriamycin and Cytosan. I had completed my chemotherapy with Taxol in November. I had free-flap reconstruction in December, and started radiation in January of this year.

As the warm weather returns I realize I've watched all the seasons pass from my bedroom window, and I have come full circle.

The best accomplishment comes from the awareness that I am a very courageous woman, and with this piece of knowledge, the rest of my life will be so much more fulfilling.

I Had No Idea

by Maria Diorio

Sitting down to put this on paper is very hard to do. When I wrote my last article for *BC Help News*, I had no idea what was in store for my family.

Two weeks prior to Thursday, June 5, my daughter-in-law Pam showed me a lump on her breast that was protruding about the size of a small pickle. She asked what I thought it was. I told her I didn't know, but that she should get to the doctor and have it checked.

Pam said that her mother had told her the same thing. She then made an appointment with her gynecologist for June 5. Pam called saying that her husband would meet her at the surgeon's office right away. A biopsy was done that night. A mammography and bone scan were done on Friday morning.

Three days later, a complete mastectomy was performed. She has gone through extensive chemotherapy and reconstruction, and now is undergoing radiation.

Most important, Pam and her husband Edward are survivors. They are two beautiful people who have experienced more than you know. They are full of life. They radiate love and happiness—and their daughter Samantha is proof of it.

First Major Fund-Raiser

(continued from Page 1)

Also participating as models were NYS Senator Owen Johnson, NYS Senator and Mrs. Kenneth LaValle, and other friends, family members and supporters of Breast Cancer Help.

The event was chaired by Breast Cancer Help Board member Mary Ann Fox, who worked with tireless enthusiasm to ensure the success of the evening. She was assisted in her efforts by all of the board members of Breast Cancer Help who contributed by selling tickets and soliciting donations for raffle prizes. Together, they raised \$10,000.

In keeping with its mission as a grassroots organization dedicated to increasing research into the cause, treatment and cure of breast cancer, Breast Cancer Help donated the entire amount to the Carol M. Baldwin Breast Cancer Research Fund, which directly supports breast cancer-related research projects at SUNY-Stony Brook's University Hospital and Medical Center.

A GUEST WORD

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

STATE CAPITOL, ALBANY,
NY, JANUARY 1998

I am pleased to congratulate Breast Cancer Help on this second issue of *BC Help News*. The beautiful first issue generated a great deal of interest and surely achieved its goal of raising awareness about breast cancer and educating women about the importance of early detection.

As the first Long Island senator to secure start-up funds for grassroots breast cancer groups on Long Island, I know that it takes a great deal of time and effort, backed by significant financial resources, to help find a cure for this disease.

That's why I have continually secured funding in the state budget for Breast Cancer Help, so that the wonderful work that is being done on Long Island to fight breast cancer can continue. My efforts have also included raising awareness about breast cancer by sponsoring the Women's Health and Cancer Rights Act of 1997, hosting Suffolk County Mammovan at my district office twice a year, and working behind the scenes to see the breast cancer postage stamp come to fruition.

RAISING FUNDS FOR RESEARCH

Knowing that funding for research is critical, I insisted that a check-off on state tax forms for breast cancer research be included in the final agreement on the Pesticide Registry Law we passed in 1996.

I believe that we should ensure that a steady stream of funding be made available—not just for one year, but for years to come. The check-off on state tax forms achieves this goal. Last year, New York State reissued \$675,000 for breast cancer through this check-off, and I'm hopeful that we'll exceed this figure in 1998.

In addition to the generous contributions state taxpayers have made to breast cancer, the Governor and Legislature committed more than \$2 million in this year's state budget for breast cancer detection and education services and another \$1 million for the state's breast cancer research and education account. This is in addition to the special funding received by many breast cancer groups across the state.

NEW LAWS THAT HELP

On the legislative front, I am pleased that new laws were enacted in 1997 to ensure that breast cancer patients who undergo mastectomies have peace of mind in knowing that they won't be forced out of the hospital before they are ready.

The new law, which I co-sponsored, makes it clear that the length of hospital stay is a decision to be made by the patient and her doctor. Further, state law now provides for a second opinion on cancer test results.

Last year, my colleagues and I approved legislation, sponsored by Senator Dean Skelos and Assemblyman Phil Boyle, to protect those who undergo genetic testing to see if they have a predisposition or higher than average risk of developing breast cancer at sometime during their lives.

Specifically, the bill would protect these individuals from being denied life or disability insurance based solely on the results of these tests. As you may know, New York already has a law that prohibits insurers from denying coverage to women whose cancer has been in remission for three or more years.

With the new technology we now have for genetic testing and its increasing popularity, it is time to expand the protections offered under current law to protect those who opt for these tests. Although the Assembly did not approve this measure last year, I am hopeful that they will see the prudence in passing the bill during the upcoming session.



Senator Owen Johnson receiving a Breast Cancer Help Recognition Award for all his support regarding breast cancer issues, presented by Lorraine Pace at dinner honoring him for his 25 years of service as State Senator.

As the 1998 legislative session quickly approaches, I am optimistic that our fight against breast cancer will continue to move forward. With our joint efforts to raise money for breast cancer research and education, and our continued support of laws that are sympathetic to those who are affected by breast cancer, we will someday find a cure so that future generations won't have to live with the fear of this disease that exists today.

Metropolitan New York Registry

Why does breast cancer travel in families?

Are genes to blame?

Do other factors play a role?

Only research can answer these questions. You can play an active role by providing information on family history of cancer, family and personal health history, and samples of blood and urine.

For Registry information at Stony Brook, please call

1-800-867-3561

*MY OWN STORY***I'm Still Here and Doing Fine, Thank You**

by Bea De Lizio

Hello, my name is Bea. I'm a widow in my sixties and started over again, back to work and a brand-new exciting show biz career.

While in the shower one day, I did a breast exam and found a lump. I didn't think too much of it as I had a mammography six months earlier, and everything was fine. Other lumps on my other breast which were biopsied years earlier were also fine. For peace of mind, I made an appointment with my GP. He told me that my mammography from six months prior was good, but suggested I see a surgeon anyway, which I did. A few days later the call came that it was breast cancer.



Bea De Lizio,
former Ms.
Senior New
York State
(1992).

I called my daughters in California and New York City, and we cried together on the phone. The feelings were anger and confusion, but I knew that I had made it through the death of my husband and my mom and selling my house (all within a few years), and that this too could and had to be handled. My daughter from California gave me a book of poetry titled *One Step Further*.

After two medical consultations, a lumpectomy was performed with some lymph nodes removed and then radiation at Stony Brook's University Hospital. They had to go back in for three excisions as it was too close to the margin. The medical terminology was "non-invasive ductal carcinoma in situ."

This was four years ago, and now I'm doing fine. I could not have done this alone, without my daughters' love and help, and a gentleman I was dating at the time.

Through our trials, tribulations and challenges in life we gain courage and strength. I personally believe divine intervention was—and is—with me. Thanks to Stony Brook's University Hospital for such good care and Lorraine Pace for her guidance and friendship.

With love, prayers and best wishes to everyone else who faces the same diagnosis.

Town of Islip Breast Cancer Coalition Update

The Town of Islip Breast Cancer Coalition recently held their annual meeting and elected a new slate of officers: President, Claire Gia; Vice President, Virginia Hilderandt; Secretary, Connie Baird; and Assistant Secretary, Adele Foray. Past President, Mary Ann Varvaro, has become a director.

In its ongoing collaboration with Southside Hospital in Bay Shore, the coalition's breast cancer mapping survey has now been distributed to the towns of both Oakdale and Sayville. Brightwaters and Great River have been very responsive to the two mailings, and responses continue to be received.

The survey must achieve a response rate of at least 70% in order to be considered scientifically adequate, and the coalition is working hard to achieve this.

The Town of Islip Breast Cancer Coalition is very proud of maintaining its mission of increasing breast cancer education and awareness in the community while providing services to cancer patients.

Mapping Cancer Statewide

(continued from Page 1)

age, sex, occupation, along with the form of cancer, residence when diagnosed, and the length of time at the present address and prior addresses.

Under the Assembly plan, the State Health Department in conjunction with other agencies would conduct the investigation. The targeted information can ultimately assist in research which could significantly reduce the number of future cancer victims.

In early April, Senate Republicans who had thought the mapping project would duplicate an existing program were persuaded to agree to the proposed budget allocation.

Phone calls from Breast Cancer Help members and other breast cancer activists helped win the support of key senators for the mapping project... Yes, our voices can make a difference!

[Based in part on Marilyn Hipp's article, "Assembly Dems Seek Cancer Study," The Legislative Gazette, March 23, 1998.]

Recent meetings with Dr. Florence Wood, Principal of the Gardner Manor School, have begun a collaborative effort of education of the elementary school students in regard to proper health habits.

Director Pat Lazio with Secretary Connie Baird are presenting "Dr. Health'nstein's Body Fun," a CD-ROM program developed by the Cancer Research Foundation of America which specifically targets young children to begin establishing habits to prevent cancer.

The coalition's goal is to distribute these programs with an educational outreach to all of the schools in Islip.

On another front, the coalition has been working intensively to serve cancer patients in our community, and have set aside specific funds to assist patients undergoing treatment.

The coalition continues to serve patients through a support group at Southside Hospital, and expects to initiate a CanSurmount program in collaboration with the American Cancer Society this spring.

For more information about the Town of Islip Breast Cancer Coalition, please call (516) 968-7424.

**Two Documentary Films We Highly Recommend**

Members of Breast Cancer Help and the Town of Islip Breast Cancer Coalition appear in two recent documentaries, *Rachel's Daughters* and *Say It, Fight It, Cure It*, both of which focus on the experience that women and their families have with breast cancer.

Announcements UPCOMING EVENTS

July 25th

Row for a Cure at Montauk Point, on Saturday, July 25, 1998, starting at 12:00 pm. For more information call Lorraine Pace at (516) 661-7223 or Mary Ann Varvaro at (516) 968-5672.

August 10th

Carol M. Baldwin Celebrity Golf Tournament at St. Andrews Golf Course in Westchester, NY, on Monday, August 10, 1998. For more information call the Carol M. Baldwin Breast Cancer Research Fund at (516) 444-7663.

September 20th

Walk for Beauty (4 or 6 K) breast cancer research fund-raiser in Stony Brook, NY, on Sunday, September 20, 1998. Registration is at 8:30 am and the walk starts at 9:30 am. For more information call Deborah Schreifels at (516) 444-7880.

Wash-A-Thon to Help Fight Breast Cancer: Sunday, July 26, 1998

RAIN DATE IS AUGUST 2ND



(From left to right) Roger Ryan, Jessie Singh, Lorraine Pace and Mike Abizeid.

Breast Cancer Help, who is working together with us to make this day a success. Ask Mike and Jessie why they have decided to do this and they will tell you that they feel there is an obvious need to find a cure for this dread disease—and they want to help.

Mike's Car Wash does detailing of vehicles, regular car washes, and car washes that include wax, rust inhibitors, armor alling and hand waxing. In addition, they just started a new business that takes scratches off cars by use of a computer to match the paint properly.

Mike's Car Wash is located at 208 Higbie Lane in West Islip, just north of the LIRR crossing. They are open daily from 7 am to 7 pm.

Mike and Jessie, along with Breast Cancer Help, welcome any volunteers for this event. Volunteers may be asked to serve coffee and cake, sell raffle tickets, or help with the other festivities which will include clowns, magicians, balloons, and more! **For more information, volunteers may call the Mike's Car Wash at (516) 587-1010 or Breast Cancer Help at (516) 661-7223.**

September 24th

Breast Cancer Help Fashion Show at Villa Lombardi's Restaurant in Holbrook, NY, on Thursday, September 24, 1998, starting at 7 pm. For more information call Lorraine Pace at (516) 661-7223.

September 27th

Prostate Cancer Walk at Jones Beach (Parking Lot 5) sponsored by Cancer Care, Inc. of Long Island, on Sunday, September 27, 1998. Registration is from 10:00-10:30 am, and the walk starts at noon. Bring a picnic lunch for a picnic at 1:00 pm. For additional information call (516) 364-8130.

October 3rd

Suffolk County Women's Health Awareness Day at the Smithaven Mall in Lake Grove, NY, on Saturday, October 3, 1998, from 10:00 am to 5:00 pm. For more information call Joan Hudson at (516) 853-8285.

October 24th

Carol M. Baldwin Breast Cancer Gala at the Grand Hyatt in New York City, on Saturday, October 24, 1998. For more information call the Carol M. Baldwin Breast Cancer Research Fund at (516) 444-7663.

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

Marin Breast Cancer Watch
Ross, CA
(415) 458-3200

**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



My Story—And God's Hand in It

(continued from Page 6)

However, my oncologist's suspicions had already been aroused. I was sent for all sorts of tests, which were mostly all right, but not 100% negative. He insisted I have that lump biopsied.

So, on April 7, 1996 (my parents anniversary—so how could anything bad happen?), I had another biopsy.

Once again, I heard those dreaded words, "It's cancer," but I already knew that. In fact, I told my surgeon in the operating room that I knew it was cancer.

It was decided by my doctors and myself that my best option for treatment was a stem cell transplant, and I asked a million questions.

I was very disturbed by the answer to my question about what was done to the stem cells removed from me to eliminate cancer cells. I was told that nothing was done to them.

It didn't make sense to me.

HOPE FROM CELLPRO

My boss (remember he's a doctor) went on the Internet and told me of the existence of a machine which, although unproven, could, in theory, separate the cancer cells from the healthy blood cells, allowing for the stem cells to be rescued.

I found out that this machine was called the Cellpro Ceprate Column, also known as the Ceprate SC system. It was nowhere in the tri-state area. If I wanted to use it, I would have to have my stem cell transplant done at Johns Hopkins University in Baltimore.

That meant being away from my 14-year-old daughter, Alexandra, 12-year-old son, Jonathan, my husband (at least part of the required three-week hospital stay), and the rest of my family.

I was really upset. My husband, Ralph, and I decided to raise money to buy the Ceprate Column and donate it to Stony Brook University Hospital so I could have my transplant done there, as had been originally planned.

I cannot tell you why the use of this machine was so important to me. I had been told numerous times by many doctors that there is no proof that it improves your chances of having a successful transplant. I only knew that I felt very strongly about using it for me.



I called Lorraine Pace during one of my brainstorming sessions and she promised to help raise money for the cause. My husband's union organized a raffle. Fireworks by Grucci, Inc. (my husband works part-time for them as a pyrotechnician) made a generous donation.

I left a message on Newsday's Ed Lowe's answering machine, and he called me back. In fact, he wrote about my story ("One Step Closer to New Odds"). I also called the President of CellPro, Rick Murdock, who himself had undergone a stem cell transplant the previous year, and had been the first human to use the Ceprate Column.

When he heard of my plight, he had the machine donated to Stony Brook University Hospital. All of this happened in less than two weeks. Tell me, that wasn't Divine intervention!

MY STEM CELL TRANSPLANT

I had my stem cell transplant in July to August of last year. I am in remission. A few weeks ago, I had a scare when my bone scan showed something on my hip, and I had to have a bone biopsy.

Thank God, it was negative. Yes, I thank God every single day. Not only for my health, but also for my wonderful family and friends.

Yes, I am scared a lot of the time. Yes, I pray to God constantly that I remain in remission. But whatever happens in the future, I know that God has taken care of me until then, and that he will continue to be with me. For that I am most thankful.

We need to keep asking questions. We need more research. We need more funding. We need to find answers. Please, don't stop asking—no, demanding—these things until we wipe out this disease. We owe it to our ourselves and especially to our children.

Special Thanks To the Hair Asylum And B103 Radio

Breast Cancer Help would like to thank the Hair Asylum for their support of breast cancer awareness and research. For the past two years they have held fund-raisers for our organization, and this past year they also helped the Carol M. Baldwin Breast Cancer Research Fund.

In 1996, the Hair Asylum raised \$1700 for Breast Cancer Help, and in 1997 they raised about \$2000.

Not only did the Hair Asylum have fund-raisers for Breast Cancer Help, but they also showed their support by participating in the Walk for Beauty [see page 2]. All of the members of Breast Cancer Help would like to take this opportunity to express their appreciation to the Hair Asylum for their dedication to this cause.

The Hair Asylum is located at 2791 Middle Country Road in Lake Grove, NY, and the phone number there is 585-2550.

Breast Cancer Help would also like to thank B103 Radio for their continued support regarding the breast cancer issue. This past summer B103 held a fund-raiser at Smith Point Park which netted about \$2400. The proceeds were divided equally between Breast Cancer Help and the Carol M. Baldwin Breast Cancer Research Fund.

All of us would like to take this opportunity to express our special appreciation to B103. (And we wish to congratulate Flo Federman of B103 on her recent engagement!)

In Memoriam

Kathy Driscoll

Mary Fezza

Gail Kurkjian

Liz LaRusso

Linda McCartney

Sue Rosenbaum



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



Carol Baldwin Receives Award from *Self* Magazine

Last October, during Breast Cancer Awareness Month, Carol Baldwin of Breast Cancer Help was honored by *Self* magazine, which gave her its "Pink Ribbon Pioneer Award" for her contributions to the establishment of the Carol M. Baldwin Breast Cancer Center at Stony Brook.

Self magazine, creator of the internationally recognized pink ribbon symbolizing breast cancer awareness, presents its annual Pink Ribbon Awards to outstanding individuals and organizations in recognition of their initiatives in the fight against breast cancer.

The other 1997 award recipients were General Motors Corporation, the Women's National Basketball Association, and KENAR Enterprises, Ltd. The presentations took place in New York City during a luncheon held at the Rainbow Room hosted by *Self* Publisher Beth Brenner and Editor-in-Chief Rochelle Udell. ABC-TV's Meredith Vieira emceed the event.

Carol, who as a member of our Advisory Board, is Chair of the Board of the Carol M. Baldwin Breast Cancer Research Fund.



Congress Passes Lazio's Breast Cancer Initiative

Last November, Congress passed legislation containing a provision authored by Congressman Rick Lazio of Long Island that will establish a toll-free federal hotline providing the public with the latest information about scientific research efforts designed to combat cancer and other life-threatening illnesses.

Congressman Lazio's proposal to create a "one stop" information hotline came at the suggestion of Lorraine Pace. It won the approval of the House of Representatives in October of last year.

While the National Cancer Institute's Cancer Information Service provides information on publicly-funded clinical trials, information from more than 300 privately-supported clinical studies is not included.

Thus, Lorraine advocated for public access to more comprehensive information. The newly passed law will make this a reality.

In addition to providing information on breast cancer, Congressman Lazio's measure would give the public access to information about other critical illnesses, such as Parkinson's disease, cystic fibrosis, multiple sclerosis, and chronic fatigue syndrome.

Specifically, callers will be able to obtain the eligibility requirements, research sites, and a contact person for each research project; and all calls will be kept confidential.

"While we are beginning to make progress in understanding breast cancer, we have yet to learn how it is caused, how it is cured, and how it can be prevented," Lazio said after the House vote. "I commend my colleagues for passing important legislation providing breast cancer victims and their families with access to the latest scientific findings that will bring them one step closer to potential life-saving treatment."



Lorraine with Assembly members supportive of the statewide cancer map.



News Flash!

Late April, as this issue was about to go to press, we learned that less than 24 hours after Governor Pataki vetoed the \$1 million approved by the Legislature for the statewide cancer map, his health commissioner announced she will fund it out of her existing budget—and this is good news!

More about this vital landmark project in our next issue.

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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400 Montauk Highway, Suite 100
West Islip, New York 11795-4476

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