

Breast Cancer Help

SUMMER 2008
ISSUE 13



Left to Right: Susan Piccininni, Dottie Survilla, Robert Conforte, Fred Snyder, Islip Town Supervisor Phil Nolan, Adriane Toscano, Barbara Foster, John Pace, Lorraine Pace, Maria Eckert, State Senator Owen H. Johnson, State Senator Caesar Trunzo, Phil Yankovich, New York State Assemblywoman Ginny Fields, Reverend Thomas Arnaro, Dr. Allan G. Meek, Congressman Peter King, Alex Fezza, Suffolk County Legislator Cameron Alden, Mary Forte R.N., Michael J. Sacca, Kathy Giamo

In May Breast Cancer Help, Inc. celebrated the Grand Opening and Dedication of its new Long Island Cancer Help and Wellness Center located at 1555 Sunrise Highway, Suite #7 & 8 in Bay Shore.

The event was designed to honor the elected officials that have supported our efforts in raising awareness about breast cancer and providing programs for cancer survivors. In attendance were Southside Hospital administrators, elected officials, cancer survivors, and residents of the Bay Shore community. They all joined Breast Cancer Help board members, staff, and volunteers in the dedication of the facility and ribbon cutting ceremony. Congressman Peter King was honored by having the lobby dedicated to him for all of the effort he has put forth in support of Breast Cancer Help. State Senators Owen H. Johnson and Caesar Trunzo were honored with the dedication of our programs room for their continued support of our mission. County Executive Steve Levy, Babylon Town Supervisor Steve Bellone, Islip

Town Supervisor Phil Nolan, New York State Assemblyman Philip Boyle, New York State Assemblywoman Ginny Fields, New York State Assemblyman Philip R. Ramos, Suffolk County Legislator Cameron Alden (a breast cancer survivor), Suffolk County Legislator Thomas F. Barraga, Suffolk County Legislator Vivian Viloría-Fisher, and Suffolk County Legislator Wayne R. Horsley were all honored by Breast Cancer Help with a plaque that will be a permanent part of Breast Cancer Help's administrative office.

Lorraine Pace, founder and Co-President, thanked all in attendance at the new Long Island Cancer Help and Wellness Center. "We are so excited to start a new chapter in the fight against breast cancer and other cancers. When I look back and realize how far we have come, it just amazes me. Not only have we come into our own as an organization, but we are now able to help more men and women than ever before."



Inside This Issue

Clothing Bin Program	2
Digital Mammography System	2
Messenger Of Hope	3
'07 Fund Raisers	3
Wellness Center Programs	5
Accomplishments	6
Research Center Breakthroughs	8
Photo Gallery	9
Debunking Breast Cancer Myths	12
Medscape	14

BREAST CANCER HELP, INC.

A non-profit 501(c)(3) corporation

1555 Sunrise Highway
Suite #7

Bay Shore, NY 11706-6027

631-675-9003

631-675-9006 fax

www.breastcancerhelpinc.org

Clothing Bins Help The Cause

One way Breast Cancer Help, Inc raises funds is through our clothing recycling programs. Large pink collection bins have been placed throughout Long Island. The clothing bins are emptied regularly and the clothing is sold.

A portion of the proceeds from the sale of the recycled clothing is returned to Breast Cancer Help, Inc. The program is two fold working toward our goal of creating a healthier environment by keeping unwanted clothes out of landfills and providing much needed clothing for the disadvantaged.

Breast Cancer Help, Inc. is directing the proceeds collected from Bay Shore area bins to help fund a new digital mammography system at North Shore LIJ Southside Hospital. The plan works in conjunction with



Breast Cancer Help, Inc.'s partnership with the hospital and in accordance with our mission statement. Digital mammography systems work differently from traditional analog machines. They record a digital x-ray image in a digital file, instead of an image on film.

According to the National Cancer Institute's study, this digital technology is "significantly better" in screening for cancer in premenopausal women and women with dense breast tissue.

This will be the second digital mammography system on Long Island funded by Breast Cancer Help, Inc. The first, at Stony Brook University Hospital Medical Center, was purchased with funds primarily raised through our pink clothing bins and from a grant procured by State Senator Caesar Trunzo.

We are proud to support North Shore LIJ Southside Hospital with the Purchase of a Digital Mammography System

The introduction of the Selenia full field digital mammography system signals the beginning of a new era in the world of digital mammography. This elegant and innovative system combines the latest advances in technology with sophisticated information management capabilities to bring you total solutions for your digital mammography needs.

- **Revolutionary DirectRay Direct Conversion Detector**
- **Largest digital detector in the industry**
- **Exclusive Smart Paddge System allows accurate, easy positioning**
- **Renowned High Transmission Cellular Grid significantly reducing radiation scatter for higher contrast images**
- **Exclusive Smart Paddge System allows accurate, easy positioning**
- **Custom designed softcopy workstation streamlines workflow and provides flexible user configurability.**
- **Flexible image management capabilities: DICOM compatible connectivity solutions for any clinical setting.**
- **Remarkably small footprint**

Selenia's Softcopy Workstation provides automatic image processing functions that optimally enhance each digital mammogram based on breast tissue compositions. The

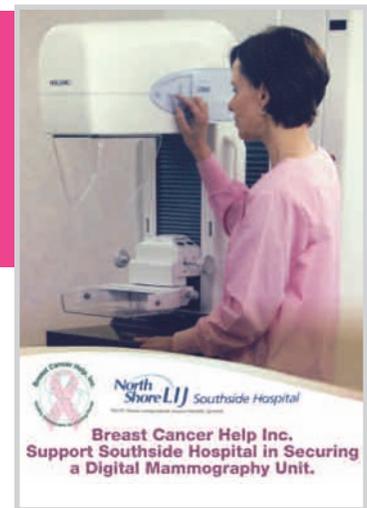
SoftCopy Workstation also utilizes an exclusive image processing feature. The Selenia is a remarkably versatile system designed to meet the unique connectivity and bandwidth requirement of digital mammography.

Built with a flexible architecture and incorporating DICOM open standards, this system is configured to interface with a wide variety of information management components connecting you to the benefits of digital mammography and enabling seamless integration of workflow functions.

In addition, the Selenia Softcopy Workstation is fully configured to support Computer Aided Detection (CAD) technologies.

Advanced technology and sophisticated information management capabilities in a remarkably small footprint. Its flexible architecture allows incorporation of system enhancements to support emerging applications such as tomosynthesis, digital subtraction angiography and dual energy imaging.

The Selenia was designed to accommodate future advances in breast imaging technologies.



MESSENGER OF HOPE By Wes Isley

photo: Candid Like Life Photography

If you're stuck in traffic on the New Jersey turnpike and a woman hands a brochure through your window, it may be Susan Piccininni. She and her sister Linda did so to raise awareness about The Sister Study, a National Institute for Environmental Health Sciences breast cancer research project supported by the American Cancer Society. Linda signed up for the study after Susan's Stage 3 diagnosis in 2003. That turnpike moment illustrates both Susan's commitment to breast cancer education and how it has inspired her family. When Susan received her diagnosis, she wasted no time in

gathering second opinions, doing her own research and taking action. "I remained very positive through everything," says Susan, a married mother of two from Deer Park, New York. "I was exercising and I took the best care of myself that I could." The diagnosis was a wake-up call for Susan, who had let three years pass since her last mammogram. But her instincts kicked in after a 45-pound weight loss revealed a size difference in her breasts. Facing a mastectomy, chemotherapy and radiation, Susan decided to use every available resource. "I was willing to take advantage of everything that was offered." Many of those resources turned out to have a Society connection. With the help of her sister, a nurse, Susan discovered a clinical trial of trastuzumab (Herceptin). Her treatment regimen also included paclitaxel (Taxol). Both drugs were developed by past Society grant recipients. She joined a patient support group through her surgeon's office where she learned more about how the Society

could help. Eventually, Susan benefited from Look Good...Feel Better, the "tlc"™ catalog, Reach to Recovery® and the Cancer Survivors NetworkSM. "At each stage of diagnosis and treatment, there is a program to help you through your troubles. Now cancer-free, Susan has participated in Relay For Life®, signed up for Reach to Recovery training and works part time for a local breast cancer support and advocacy group. "I'm ready to give back." Susan's approach to cancer has inspired her oldest daughter to join Colleges Against CancerSM, and her brother Paul actively supports the Society's pink phone faceplate fundraising campaign (www.avaya.com/projectpink) through his job in product management for Avaya. "Awareness!" says Susan. "That's what it's all about." For details about Society programs and services, call 1-800-ACS-2345 or visit www.cancer.org. **Susan Piccininni is an active member of Breast Cancer Help, Inc.**

©Reprinted from *Triumph* magazine, with permission of Pace Communications, Inc. and the American Cancer Society.



OYSTERMAN'S Restaurant & Pub "Band Together to Beat Breast Cancer"



Once again Oysterman's Restaurant & Pub hosted 'Band Together to Beat Breast Cancer' a charity band concert to benefit Breast Cancer Help, Inc. The event was held on Sunday September 30 and featured more than 10 bands, featuring **The Fugitives, Three Cord Monty, The Neighborhood Band, Blues Box.** Also performing for a second year in a row was **Stanton Anderson Band**, which Good Times Magazine said is "Long Island's greatest live act ever!" This family friendly concert, offering complimentary buffet, raffles, door prizes and other giveaways, raised more than \$9,100. In the 2 years that Oysterman's has hosted this fund raiser they have raised \$17,625..

Battle of the BBQ Brethren Battle Breast Cancer

Alex Fezza and William Breakstone at the **1st Annual Battle of the BBQ Brethren**, held at Gillett Park, Sayville, NY in October 2007. The Sayville Chamber of Commerce helped make the day a pleasant and memorable one. This KCBS sanctioned event raised over \$6,000 toward the purchase of the Digital Mammography System for North Shore LIJ, Southside Hospital.



Lend a Hand to Fight Breast Cancer!

We at Breast Cancer Help, Inc. have been blessed with a multitude of fundraising opportunities and can only function at our very best with the support and dedication of a very special breed of people called...

Volunteers

Please take part in one or more of our events and be prepared to have fun, meet new friends and see new places while making a tremendous difference in the lives of those you have never met!!!!

PLEASE CALL OR E-MAIL YOUR AVAILABILITY ASAP

Contact our volunteer coordinator at 631-675-9003 / adrianet@breastcancerhelpinc.org

Save These Dates

September 8, 2008 **Breast Cancer Awareness Night Long Island Ducks at Citi Park Field**

September 18, 2008 **11th Annual Gala at Port Jefferson Country Club at Harbor Hills**

September 28, 2008 **Oysterman's Restaurant and Pub's 3rd Annual Band Together to beat Breast Cancer**

October 2, 2008 **1st Annual Bill Evans Celebrity Golf Outing at Middle Island Country Club**

October 5, 2008 **Michael and Barbara Taub Motorcycle / Sweepstakes at Katie's of Smithtown**

October 12, 2008 **Special Effects Cut-A-Thon at Special Effects hair Salon of East Hampton**

October 25th & 26th **2nd Annual Battle of the Barbeque Brethren at the Sayville Fall Festival**

LONG ISLAND CANCER HELP AND WELLNESS CENTER

Proudly Presents Our Complimentary Programs and Services



In 2003, Breast Cancer Help, Inc. launched its Long Island Cancer Help and Wellness Center. Its goal is to provide increased cancer awareness to promote early detection, while providing patients and survivors with needed support. The Center has held numerous lectures to increase early detection and inform Long Islanders about medical advances and how to live healthier. It has also developed programs to provide cancer patients and survivors with the assistance they need to overcome cancer through complementary integrative modalities that meet their psychosocial needs. The Center has established one of the region's most active cancer support and wellness programs and has served as the focal point of Breast Cancer Help, Inc.'s ongoing efforts to combat breast cancer and other cancers through advocacy, increased awareness, supporting cutting edge research and ensuring that Long Islanders have access to the best possible medical diagnosis and treatment.

Breast Cancer Help, Inc., Long Island Cancer Help and Wellness Center, offers an array of programs and services that provide support to cancer patients and survivors at no charge. Programs are offered at the Long Island Cancer Help and Wellness Center, 1555 Sunrise Highway, Suite 7, Bay Shore, NY.

Breast Cancer Help, Inc. offers Reiki

Reiki is a holistic healing therapy whereby practitioners channel energy in a particular pattern to heal and harmonize individuals. Reiki focuses on wholeness and stimulates one's total natural healing process ~ physically, mentally and spiritually, thereby creating many beneficial effects that include relaxation and feelings of peace, security and well-being. The method seeks to restore order when a body's vital energy has become unbalanced. The practitioner places their hands on or above the individual, allowing the recipient to draw energy as needed through the practitioner to encourage energy flow and healing. Reiki reduces stress, fosters deep relaxation, destroys energy blockages and detoxifies the system. It also works in conjunction with all other medical or therapeutic techniques to relieve side effects and promote recovery

Breast Cancer Help, Inc. offers Reflexology

Reflexology is a gentle form of therapeutic treatment applied to the feet. The nerve endings in the feet are stimulated by specific massage techniques to effect changes in another part of the body. Stimulating these nerve endings thereby helps promote relaxation, improve circulation, stimulate vital organs in the body and encourage the body's natural healing processes. Reflexology is considered to be a holistic healing technique that aims to treat the individual as a whole, in order to induce a state of balance and harmony in the body, mind and spirit, and therefore promote good health.

Breast Cancer Help, Inc. offers Yoga

Yoga classes are for beginners as well as for more advanced students on Monday and Tuesday evenings. The classes are small; no more than eight students per class and are well attended. Yoga reduces stress, fatigue, insomnia, eases pain and increases a feeling of well-being. All classes incorporate music, aroma therapy and imagery to create an environment of relaxation. The classes will utilize gentle moving and breathing techniques, allowing participants to achieve a sense of control over their bodies.

Breast Cancer Help, Inc. offers Lymphatic Drainage Therapy

Lymphatic drainage therapy is applied to facilitate the removal of stagnant toxins, reduce swelling associated with lymphedema and achieve drainage of areas affected by surgery. This program is designed for those interested in learning how to achieve lymphatic system drainage maintenance and self drainage. Sessions will offer clients an opportunity to experience a treatment, learn about their lymphatic system, preventive maintenance and self-care practices to help control and prevent lymphedema. Clients will be eligible for two one-hour sessions on a rotating basis. This program is designed to meet the needs of clients with mild lymphedema, clients that are experiencing a flare-up or suspect the onset of lymphedema, and clients that are interested in practicing preventive maintenance. This program is not for individuals whose lymphedema is advanced.

Breast Cancer Help, Inc. offers Monthly Support Group sessions for cancer patients and survivors

Support Group sessions, facilitated by a certified social worker, are offered on the fourth Wednesday of each month year round. Sessions include complimentary chair massage.

New Program Spring 2008 - Breast Cancer Help, Inc. will offer a Monthly Support Group session for the families/care givers of cancer patients and survivors

These Support Group sessions are facilitated by a certified social worker and will be offered once a month.

Breast Cancer Help, Inc. Accomplishments

Originated the ever-expanding breast cancer mapping project in 1992. This original mapping project spearheaded the breast cancer environmental movement.

Helped more than 25 breast cancer coalitions form and map locally, nationally and abroad, including minority coalitions at Sisters for Sisters with Beth El AME Church in Copiague and another in Coram. These included the Marin County Breast Cancer Watch in 1995 with Chris Mason, Francine Levien and Dr. Roger Grimson.



Lorraine Pace at Beth EL AME Church, helping to form Sisters for Sisters

The Mapping Project also led to the first rally in Suffolk on the steps of the H. Lee Dennison Building in 1993.

This resulted in the formation of Suffolk County Breast Health Partnership, of which Lorraine Pace is a charter member.

Initiated the Walk for Beauty in a Beautiful Place held annually in Stony Brook, resulting in the Unique Boutique.

Helped change federal regulations to provide insurance coverage for stem-cell infusion therapy for federal employees.



Former Senator Alfonse D'Amato with Lorraine Pace at the dedication of the D'Amato Federal Courthouse.

Spearheaded the first-ever Breast Cancer Awareness Stamp through the efforts of Congressman Peter King, former Senator Alfonse

D'Amato and Congressman Mike Forbes.

Initiated breast cancer centers at Good Samaritan Hospital through the West Islip Breast Cancer Coalition and another at Stony Brook University Hospital through Breast Cancer Help.

Supported passage of the NYS law that ends the practice of drive-through mastectomies by ensuring that HMOs and insurance companies offer hospital coverage to mastectomy patients until each patient and her physician have determined they are ready for discharge. The law also mandates insurers to cover mastectomy patients choosing reconstructive surgery.

Initiated the move to update and expand the NYS Breast Cancer Registry and to require, through the efforts of NYS Senator Kemp Hannon, hospital registrar certification for medical records to ensure the completeness and accuracy of the

Breast Cancer Registry. These efforts helped the NYS Cancer Registry receive the top ranking gold certificate from the North American Association of Central Cancer Registries. For more information on the zip code registries go to the website at www.health.state.ny.us.

Supporting the petition resulting in President Clinton's full commitment to a National Action Plan to fight breast cancer and a \$250 million increase in federal funding for breast cancer research.



Governor Signs bill to provide matching funds for 'Give a Gift to Breast Cancer' Income Tax Check-Off program

Led the movement, along with then Breast Cancer Help Vice President, Diane Nannery, to create the "Give a Gift to Breast Cancer" check-off on the NYS income tax form, enabling taxpayers to make a contribution to the NYS Breast Cancer Research and Education Fund, and supporting the subsequent legislation, introduced by NYS Assemblyman Steve Englebright, authorizing the state to provide a dollar-for-dollar match for each contribution made to the Breast Cancer Research and Education Fund.

Obtained \$80,000 in 1994 from NYS Assemblyman Paul Harenberg to improve prostate and breast cancer care in the Dept. of Radiation Oncology at Stony Brook University Hospital Medical Center.

Successfully supported DOD surplus funds for breast cancer research.

Supported the second Breast Cancer Research Stamp, which donates funds to breast cancer research.

Initiated the move to establish the toll free Cancer HELPLINE at Stony Brook University Hospital Medical Center.

Advocated the establishment of a toll free hotline for the latest clinical trials for breast cancer and other life-threatening diseases.

Supported passage of the NYS Neighborhood Notification law that requires 48-hour notice to immediate neighbors before the spraying of any pesticide. Supporting the bill to create the NYS Pesticide Registry signed into law by Governor Pataki and supporting the Suffolk law that bans pesticide use on new golf courses.

Initiated the NYS breast/testicular education law, introduced by NYS Senator Ken LaValle.

Helped form the Carol M. Baldwin Breast Cancer Research Fund with Joan Hudson, Dr. Michael Maffetone, Dr. Allen Meek, serving as Treasurer, and John Pace performing the legal work, pro bono. Initiated the naming of the Carol M. Baldwin Breast Care Center at Stony Brook.

Testified at hearings on the environment and its link to breast cancer and petitioning the CDC to explore the breast cancer epidemic on Long Island and helping to launch the five-year Long Island



Executive Robert J. Gaffney and County Legislator Cameron Alden presents Stony Brook University Medical Center a check for \$250,000 for second of three modules for Novalis Radio Surgery system.

Contributed \$100,000 in 2001 and procured an additional \$250,000 through the help of Suffolk County Executive Robert Gaffney and Legislator Cameron Alden to allow

Stony Brook University Hospital to purchase the first two of three modules for the Novalis Radio Surgery system.

Guaranteed a 63-month lease for the GE Digital Mammography System beginning in 2001 and began making lease payments exceeding \$7,000 per month.

In March of 2003, opened the Long Island Cancer Help & Wellness Center in Lindenhurst to provide increased awareness and promote early detection, while providing cancer patients and survivors with support.

Contributed half of the funds to purchase a new CAD stream MRI reader for Stony Brook University Hospital.

Procured \$5 million for the L.I. Cancer Center at Stony Brook through former U.S. Congressman Michael Forbes.

Successfully obtained \$1 million with the assistance of former U.S. Congressman Felix Grucci for the Long Island Cancer Database Project at Stony Brook University Hospital.

Supporting legislation signed into law in 2003 by Governor Pataki requiring clinical breast exams by a physician when a mammography is performed.



Launched a "Cut-A-Thon" fund raising campaign with Special Effects Hair Salon of East Hampton, raising over \$103,000 in 5 years, including over \$73,000 for the Cold Spring Harbor Laboratory.

In 2005, teamed with the Sons of Italy to donate \$10,000 to Stony Brook University Hospital, allowing the purchase of a frameless head immobilizer to be used with stereotactic radiotherapy.

Launched a study of organic pesticide and herbicide usage in the Village of Lindenhurst, in conjunction with the Village and Cornell Cooperative Extension of Suffolk County. The study, launched in the Summer of 2005, compared the use of potentially harmful chemical weed and pest killers and those composed of relatively benign organic materials.

In February 2006, author Joan Swirsky released "Map of Destiny," a book chronicling Lorraine Pace's journey from breast cancer patient to advocate.

The Long Island Cancer Help & Wellness Center moved from the Rainbow Center in Lindenhurst to its new home at Southside Hospital's Health Institute Building in Bay Shore., in April 2006.



A Generous donation by Michael and Barbara Taub of two custom Motor Cycles to be raffled this spring has made a great contribution to our cause.



July 2007, the staff of Southside Hospital's Health Institute Building visits the Long Island Cancer Help and Wellness Center at their new location in Bay Shore.



Adriane Toscano and Alex Fezza accept a check in the amount of \$5,000.00 from Suffolk County Police Office Billy Judge.

Suffolk County Police Officers, along with officers from other law enforcement agencies participate in the Strong Cop Save Lives weight lifting

competition held at the Suffolk County Police Academy in August 2007. They raised \$5,000.00 toward the Digital Mammography System at North Shore LIJ Southside Hospital.

Second Annual "Cut-A-Thon" October 14, 2007, held at Spa 85 Salon in Bay Shore raised over \$1,000.00 that was donated to the fund for the Digital Mammography System at North Shore LIJ Southside Hospital.



The Staff of Spa 85 Salon along with Alex Fezza and Adriane Toscano wait for the customers to arrive for the fund raiser on October 14, 2007

Knights of Columbus Bishop McDonnell Council 2324 presented a \$30,000.00 check toward the purchase of the Digital Mammography Unit for North Shore LIJ Southside Hospital. They also gave a check in the amount of \$30,000.00 to Southside through Breast Cancer Help, Inc.

The Arbors at Islandia East visit our new location. We thank the staff of the Arbors for their continued support of Breast Cancer Help, Inc and the Long Island Cancer Help and Wellness Center. They have contributed their time and furnishing for our new facility, which has helped us become a better organization helping our clients become whole.



West Islip's Youth Enrichment Services raises funds for Cold Spring Harbor Laboratories for 2nd year. Executive Director of YES, Mary Ann Pfeiffer, and the young members of YES once again made an effort in raising funds necessary in helping Cold Spring Harbor Laboratories continue with research in the fight against breast cancer. Breast Cancer

Help, Inc. agreed to match the funds raised. The YES members presented a check to Cold Spring Harbor Laboratories and were given an informative talk on how the money has been used and on the progress the lab has made in their research.

Sons of Italy present Cold Spring Harbor Laboratories a check to help them continue their research in the cause and cure of Breast Cancer. Carlo Matteucci of the Sons of Italy along with the Matching funds from Breast Cancer Help, Inc. presented Cold Spring Harbor Laboratories a check in the amount of \$4,000.00. Members of the Sons of Italy were invited to Cold Spring Harbor Laboratories to tour the facility and had an opportunity to learn more about the many research initiatives underway at Cold Spring Harbor Laboratories regarding cancer research.

The Long Island Ducks held the 2nd Annual Breast Cancer Awareness Night at Citi Park on September 6, 2007. The Ducks hosted this special event to assist raising awareness about breast cancer. During the game, the Ducks wore pink jerseys and played with special pink bats. The jerseys were auctioned immediately after the game. All of the proceeds of the auction were donated to the breast cancer awareness organizations in attendance, through the Quackerjack foundation, the charitable arm of the Long Island Ducks.



John and Lorraine Pace With their dog Maggie

On November 18th 2007 Doggie U hosted the 1st Annual Pet-Pourri Holiday Photo and gift Fair. The event had vendors of all types of pet products along with a professional pet photographer, Richie Schwartz of Pets Photography Studio, www.PetsPhotography.com . He took photos of over 100 pets and their owners. The owners were then able to pick out the best photo and turn them into holiday cards. The event was a tremendous success raising over \$1,500.00.

...and more to come



Meeting with the Congressman at his office
Peter King, Lorraine Pace, Alex Fezza



Adriane Toscano and Lorraine Pace meet with Elaine Hayes and
Staff of Special Effects after a successful fundraiser



Susan Piccininni and Lorraine Pace attend Conference
at San Rafael, CA in 2005



Adriane Toscano, Susan Piccininni, John Pace, Alex Fezza,
Lorraine Pace present \$20,000 check from Special Effects to
CSH President Bruce Dillman



Alex Fezza, John Pace, Lillian Meek, Lorraine Pace, Dr. Allen Meek,
Attend the 2005 Suffolk County Woman of the Year Awards



Breast Cancer Help, Inc. attend 2007 Ward Melville
Association Dinner to honor Dr. Allen Meek



John and Lorraine Pace are joined by Assemblywoman Ginny A. Fields
and Councilwoman Pam Greene to thank the staff of Oysterman's
Restaurant and Pub-2006 Band Together to Beat Breast Cancer



Breast Cancer Help, Inc honors Peter King and John Pace at
the 10th Annual Gala held at Chateau La Mer . John Pace,
Fr. Tom Arnao, John Pace Jr. and Peter King



Adriane Toscano, Susan Piccininni, John Pace, Alex Fezza, Janet
Rogers and Lorraine Pace present a check from Sons of Italy to
CHS President Bruce Dillman



League 2006 Lorraine Pace accepts a donation raised
by Silver Bullets Girls Softball



At a luncheon held on Long Island for Hillary Clinton in 2005
pictured are Lynda Distler, Lorraine Pace, Hillary Clinton,
Dorothy Benjamin and Kathy Giamo



Seated Dave Bennett, John Pace, Kelsey Pace, 1st row Marion
Lewis Lauralee Bennett, Lorraine Pace, Fr. Tom Arnao, John Pace Jr.
Lisa Pace, 2nd row- Tom Rogers, Janet Rogers



Hillary Clinton and Lorraine Pace attending "Town of Babylon
Honors Maxine Postal"



Breast Cancer Help, Inc. Supports Stony Brook University
Hospital at their Annual Dinner 2006



State Senator Caesar Trunzo, Lorraine Pace, State Senator Owen
Johnson present Lorraine Pace with 1st NY State Senate Award



Suffolk County Cancer Awareness Task Force
Seated are Commissioner Dr. Humayun J. Chaudhry
and Chairperson Carrie Meek Gallagher



Assemblywoman Ginny A. Fields, Lorraine Pace, and
Legislator Vivian Vilorio-Fisher at 2005 Volunteers Luncheon



Breast Cancer Help, Inc. Board Member Ed Diorio, Southside
Hospital Executive Director, Winnie Mack, and Breast Cancer
Help, Inc Executive Director, Alex Fezza together at Hospital
Fundraiser 2007



State Senator Owen H. Johnson, Lorraine Pace, and Alex Fezza Meet at the Senators office in Babylon 2007



Seated Dr. Meeks Mother, Dr. Allen Meek, Lillian Meek Tom Gallagher and Carrie Meek Gallagher



Board of Directors and Advisory Board summer meeting at Ocean Beach 2007



Marsha Hausman, Robert Conforte, Lauralee Bennett, Beth Treckman, Lorraine Pace, Susan Piccininni, Adriane Tuscano, and Carole Lucca at Cabaret fundraiser in October



Lorraine Pace testifies at environmental hearing about Cadmium in our drinking water in late 90's



Lorraine Pace and Lynda Distler stand with Suffolk County Exec, Steve Levy during Environmental Awareness Conference



Breast Cancer Help, Inc. attends the 1st Annual Walk for Beauty Walk For Life at Stony Brook, NY 1994



Janelle Coviello, Greg Pace, Margie Fezza, Gloria Rocchio, Vanessa Diane Nannery and Alex Fezza at the September 30, 1995 Walk for Beauty Walk for Life at Stony Brook, NY



Steve Bellone, Dr. John Kovich and Lorraine Pace meet with the Sisters of the Witness Program at Bethel AME Church, Copiague



John Pace, Maria Diorio, Tom DiNapoli, Lorraine Pace Fr. Tom Arnao meet to discuss breast cancer and the environment



Dr. Allen Meek, Lorraine Pace and Dr. Steven Strongwater at the dedication of the Woman's Center Stony Brook University Medical Center



Lillian Meek, Dr. Steven Strongwater, Dr. Allen Meek, Lorraine Pace and Legislator Vivian Vioria Fisher at the dedication of the Woman's Center Stony Brook University Medical Center



Bishop McDonnell Knights of Columbus donate over \$30,000 to Breast Cancer Help, Inc. to assist in the purchase of a Digital Mammography System for Southside Hospital.



Lorraine Pace speaks at the dedication of the Woman's Center Stony Brook University Medical Center



Bishop McDonnell Knights of Columbus makes an additional donation of over \$30,000 to North Shore LIJ Southside toward their Digital Mammography System.

Two Renowned Cancer Research Centers Have Major Breast Cancer Breakthroughs

Hope is what many cancer survivors hold onto and these days that faith is well founded. Breast cancer research is brimming with new ideas. Breast Cancer Help, Inc. has, in the past and will continue into the future, supported research into the cause and cure for breast cancer through our partnership with Cold Spring Harbor Laboratory. Although most laypersons cannot comprehend the scientific language spoken by the researchers, medical reporters are doing a better job of translating what the breakthroughs might mean to us down the road. Here are two such examples:

Memorial Sloan-Kettering

Researchers have identified a specific group of microRNA molecules that are responsible for controlling genes that cause breast cancer metastasis. The study, led by scientists at Memorial Sloan-Kettering Cancer Center (MSKCC), appears in the January 10, 2008, issue of *Nature*.

MicroRNAs are known to inhibit the activity of entire sets of genes associated with cancer metastasis - a process that leads to the majority of cancer-related deaths. The new work explains how the loss of certain microRNAs allows cancer cells to migrate through organ tissue and to grow more rapidly.

The researchers examined human breast cancer cells with strong metastatic ability and found that the cells had lost large numbers of three different microRNA molecules. Conversely, when researchers put those molecules back into human breast cancer tumors in mice, the tumors lost their ability to spread.

In addition, the researchers looked at breast cancer patients and discovered that those with tumors that had lost these molecules were much more likely to suffer from cancer metastasis to the lung and bone.

"The identification of molecules that inhibit a cell's metastatic potential may help guide clinical decision-making in the future by enabling oncologists to more accurately identify patients at highest risk for metastatic relapse," said the study's lead author Sohail Tavazoie, MD, PhD, a postdoctoral fellow in the Oncology-Hematology Fellowship program at MSKCC.

"We now have a better understanding of the role this molecular pathway plays as a suppressor of breast cancer's ability to spread to the lung and bone, and we have

identified the genes involved in that process. These findings may enhance our ability to come up with more effective drugs to prevent or treat cancer metastasis," said Joan Massagué*, PhD, Chair of the Cancer Biology and Genetics Program at MSKCC, a Howard Hughes Medical Institute Investigator, and the study's senior author.

Cold Spring Harbor Laboratory

By manipulating highly specific gene-regulating molecules called microRNAs, scientists at Cold Spring Harbor Laboratory (CSHL) report that they have succeeded in singling out and repressing stem-like cells in mouse breast tissue cells that are widely thought to give rise to cancer.

"If certain forms of breast cancer do indeed have their origin in wayward stem cells, as we believe to be the case, then it is critical to find ways to selectively attack that tumor-initiating population," said Gregory Hannon, Ph.D., CSHL professor and Howard Hughes Medical Institute Investigator. Hannon also is head of a lab focusing on small-RNA research at CSHL and corresponding author of a paper reporting the new research, published in the latest issue of *Genes and Development*.

"We have shown that a microRNA called let-7, whose expression has previously been associated with tumor suppression, can be delivered to a sample of breast-tissue cells, where it can help us to distinguish stem-like tumor-initiating cells from other, more fully developed cells in the sample. Even more exciting, we found that by expressing let-7 in the sample, we were able to attack and essentially eliminate, very specifically, just that subpopulation of potentially dangerous progenitor cells."

The study was done in collaboration with Senthil Muthuswamy Ph.D., an expert in breast cancer research who heads a CSHL lab focusing on understanding the changes in the biology of breast epithelial cells during the initiation and progression of cancer. Dr. Muthuswamy emphasized that a key ingredient that made this study successful is the use of a mouse breast-derived model cell system called COMMA-1D that not only includes differentiated cells but also stem-like progenitors, in varying stages of maturity, or differentiation.

10 Breast Cancer Myths Debunked

If you believe any of them, you've been duped or worse.
By Marisa Weiss, MD, with Barbara Loecher, Prevention

Could that sexy underwire bra cause breast cancer? What about that frozen yogurt you just ordered? Or hormone therapy? And how would you know if you had the disease until it was too late anyway? Don't some studies show that examining your breasts and getting mammograms are useless?

Amid all the rumors and controversies surrounding breast cancer these days what causes it, how to diagnose and treat it's hard to know what to think. Or do. One thing we can tell you is that being able to separate fact from fiction could make the difference between life and death.

Myth 1: Having a risk factor for breast cancer means you'll develop the disease. No risk factor either alone or in combination with others means you'll definitely get breast cancer. There are various factors that may increase your risk of developing the disease. Some of these appear to increase your risk only slightly. They include smoking, drinking (more than five alcoholic drinks per week year after year), getting your first menstrual period before age 12, continuing to have periods after age 55, and not having your first full-term pregnancy until after age 30. If you have a number of these, the increase in risk can start to be more meaningful. That said, even an inherited genetic abnormality in your family doesn't necessarily mean you're going to get breast cancer. Abnormalities in the so-called breast cancer genes BRCA1 and BRCA2 are very strong risk indicators. But 20 to 60 percent of women with these inherited abnormalities will not develop breast cancer.

Myth 2: If there is no breast cancer in your family, then you're not at risk for the disease. Every woman is at risk for breast cancer. So are some men! For any individual woman, an inherited abnormality is the strongest risk factor, but only about 10 percent of all cases of breast cancer are due to inherited abnormalities. About 85 percent of women who develop the disease don't have a family history. That's why it's important for all women to get screened regularly.

Myth 3: Breast cancer is passed only from your mother, not your father. We now know that breast cancer genes can be inherited from your dad's side of the family. So ask relatives about cases on both sides and in both men and women. About 2,000 cases of male breast cancer are diagnosed in the US each year. In fact, male breast cancer is most closely associated with a BRCA2 abnormality. So if there's a man in the family who's had breast cancer, be sure to tell your doctor.

Myth 4: No matter what your risk factors are, you really don't have to worry about breast cancer until you're through menopause. The odds of getting the disease do increase as you age. But breast cancer can occur at any age. That's why all women need to be vigilant. Though experts recommend yearly mammograms starting at age 40, your doctor may suggest that you start even earlier if you have a family history of breast cancer at a young age.

Mammography isn't the ideal screening test for women younger than 40 because it can't "see through" their dense breast tissue. So your doctor may also recommend ultrasound or magnetic resonance imaging (MRI). You may be able to enroll in a study of MRI for breast cancer detection for women at increased risk.

Myth 5: Wearing a bra or using antiperspirants and deodorants increases your risk of breast cancer. These are two Internet rumors that never seem to quit. It's not true that wearing a bra, especially underwire bras, traps toxins by limiting lymph and bloodflow in your breasts, increasing risk. There's also no proof for the claims that antiperspirants and deodorants

cause cancer by keeping the body from sweating out the cancer-causing substances that build up in the breasts, or because they contain harmful chemicals that are absorbed through the skin.

Myth 6: If you have small breasts, you're much less likely to get breast cancer. Size doesn't matter. Anyone with breasts can get it.

Myth 7: Research shows that using hormone therapy (HT) even for a short period of time causes breast cancer. Many women were understandably concerned when a major study found that HT combining estrogen and progestin increased risks of invasive breast cancer slightly. Another study also showed that combination therapy boosts breast cancer risk somewhat, however, it was able to offer some reassurance: This risk appeared to return to normal within a year or so after women stopped using the therapy. This seems to be the case for women who've been on HT for just months and those who've used it for more than 5 years.

One more thing: It's important to note that no studies have found a boost in breast cancer risk for women using estrogen-only therapy. This type of therapy is prescribed solely for women who have had hysterectomies, because estrogen taken alone can cause cancer in the lining of the uterus (endometrial cancer).

Myth 8: Eating high-fat foods and dairy products boosts your risk. A number of studies have found that women who live in countries where diets tend to be lower in fat have a lower risk of breast cancer. But the majority of studies focusing on women in the US haven't found a solid link between dietary fat consumption and breast cancer risk. Why are these findings contradictory? It may be that women in other countries are at lower risk for other reasons: They exercise more, eat less, weigh less, smoke less, or have a different genetic profile or environmental interaction that makes them less susceptible. One thing we do know: Postmenopausal obesity is a risk factor that does put you at risk for breast and other cancers, so it pays to maintain a healthy weight.

As for dairy products, the study results are mixed. But Harvard's Nurses' Health Study, a large-scale study of 120,000 women, recently found that premenopausal women who ate a lot of dairy products, especially low-fat and fat-free ones, ran a lower risk of breast cancer. The study found no link between dairy product consumption and breast cancer risk in women who are past menopause.

Myth 9: Mammograms can prevent breast cancer. A 2003 Harris survey of more than 500 women found that about 30 percent thought mammograms could prevent breast cancer. The truth: While mammograms can detect breast cancer, they can't prevent it.

Myth 10: Some studies actually show mammograms are worthless. Two studies, including a review study done by Danish scientists, did suggest that getting a regular mammogram didn't lower a woman's risk of dying of breast cancer. But several other studies, including one done by the US Preventive Services Task Force, totally disagree. You can maximize the benefit of mammography screening by seeking out the best facilities and staff in your area. Look for the radiology center that handles the most breast cancer cases in the region. Go to a radiologist who specializes in reading mammograms, and ask, "How many mammograms do you read each year?" More tends to be better. A study published in the Journal of the National Cancer Institute found that radiologists who read more than 300 mammograms a month were more accurate.

Expert Interview

Biologic Differences in Breast Cancer: An Expert Interview With Doctor Lisa Carey

Editor's Note: Clinicians who treat women with breast cancer have long recognized wide variations in tumor behavior. Initial attempts to characterize differences among breast tumors and to use them as a basis for determining appropriate treatment strategies focused on hormone expression (i.e., estrogen and/or progesterone)[1] and later on over expression of HER2/neu.[2] However, it was not until genomic technology developed sufficiently to examine thousands of molecular markers simultaneously that a more granular approach to such research became possible.[3] Lisa A. Carey, MD, Associate Professor of Hematology/Oncology at the University of North Carolina, Chapel Hill, North Carolina, has been deeply involved in exploring the behavior of tumors based on their underlying biology. Shira Berman, a contributing writer for Medscape Oncology, recently had the opportunity to speak with Dr. Carey, who is also Medical Director of the UNC Breast Center, about findings that have emerged from this research, their implications, and what lies on the horizon.

Medscape: Let's start with some background related to the biology of breast tumors. How did this research evolve?

Dr. Carey: Clinicians have known for a long time that there are differences among breast cancers that present as behavioral heterogeneity. For example, many researchers had noted distinct differences between estrogen receptor (ER)-positive and ER-negative tumors both in how they behaved and how they responded to treatment. In the late 1990s, genomic technology had developed sufficiently to allow simultaneous examination of the expression of hundreds or thousands of genes. This represented a revolution in the field; now, instead of asking about one marker at a time, we could have a much wider perspective. A lot of people were doing thoughtful work with the single-marker studies, but there was no way to connect them to each other. With the newer technologies, researchers

could ask questions about patterns, about which groups of genes worked in concert with each other. This has yielded an incredible wealth of information that helps us, the clinicians, understand breast cancer behavior better and, we hope, improve our ability to tailor treatments appropriately.

The first studies in this area were simple: they did gene expression array analyses on thousands of genes and asked, "Are there biologic differences among breast cancers?" Even with relatively small numbers of tumors, they were able to identify different biologic subtypes of breast cancer, which confirmed what clinicians had long suspected. We knew we could classify tumors biologically based on ER gene expression. But the new studies showed that there are at least 2 different tumor subtypes within the ER-positive and ER-negative groups, respectively, which are quite distinct from one another.

The ER-positive subtypes, known as luminal A and luminal B, are prognostically different: luminal B tumors have a far worse prognosis than do luminal A tumors, [3] so distinguishing them from the luminal A tumors is quite important from a treatment standpoint.

There are 2 main subtypes of ER-negative tumors; one that is characterized by over expression of HER2-related genes, and one that is not. The latter (i.e., those that do not overexpress HER2) is known as the basal-like subtype. The basal-like subtype overlaps with so-called "triple-negative" tumors because it has very low expression of both hormone receptors and HER2/neu and therefore lacks the targets for which we have treatments, such as tamoxifen or trastuzumab. However, some researchers are exploring targetable differences among these tumors, which may yet yield effective treatments. For example, some studies reported at the 2007 San Antonio Breast Cancer Symposium (SABCS) and others that might be presented at the upcoming annual American Society of Clinical Oncology (ASCO) meeting are looking at epidermal growth factor receptor inhibitors in patients with basal-like breast cancer. [4] This research direction not only has relevance in terms of tumor behav-

Medscape: How has the identification of triple-negative breast cancer changed the way people look at and treat poor-prognosis breast cancer?

Dr. Carey: There is a lot of interest in the triple-negative subtype right now, which is appropriate because it's the one subtype for which we do not yet have targeted therapy. Gaining a better understanding of this subtype will help us answer the question of how to move from chemotherapy alone to chemotherapy plus other drugs, or even avoiding chemotherapy altogether.

I think it is important to highlight a number of caveats about this group. First, the term "triple-negative" is used to mean a particular molecularly identified subtype, the basal-like subtype. And while it is true that almost all triple-negative breast cancers are basal-like, it's also clear that not all of them are. Some basal-like breast cancers actually have hormone receptors or HER2/neu positivity. So, these aren't perfect proxies for one another. And, right now, the methodologies that we have are good at identifying hormone receptors and HER2/neu expression; they're just not great at identifying basal-like breast cancers.

The second misconception is that triple-negative breast cancer is insensitive to conventional chemotherapy. That's simply not true. Tumor response to conventional agents, typically anthracyclines alone or anthracyclines and taxanes, has been examined in several data sets.[5,6] Those studies have clearly demonstrated very good responses by patients with triple-negative tumors to conventional agents -- better responses, in fact, than in the luminal subset. I think this misconception about poor response to therapy derives from the fact that patients with triple-negative disease have a tendency to have a worse prognosis, so there is an assumption that these tumors must be insensitive to therapy. In truth, the triple-negative tumors have a higher complete response to therapy than do the luminal tumors and those that achieve pathologic complete response actually do quite well.

The problem is that if they do not achieve pathologic complete response, they have a higher risk of subsequent relapse, which tends to happen early. We have a tendency to think of relapses in binary terms -- you either relapse or

you don't. The truth is there's a lot of variability in how breast cancers behave from a relapse standpoint. Some cancers relapse while the patients are receiving adjuvant radiation therapy, within weeks of the initial diagnosis, while other cancers relapse 20 years down the road. With the basal-like tumors, not only do they have a higher risk of relapse, but when they do relapse, they have a tendency to do so within 2-3 years after diagnosis, which is earlier than is seen in the luminal subtypes. And that, of course, is important to the patient, because that means patients with this subtype are more likely to have an earlier death from breast cancer.

Medscape: There's been a lot of focus on the African American population and the correlation between their increased prevalence of this basal-like subtype and their overall poorer prognosis compared with other populations. How do you identify the contribution of this particular biologic difference compared with other issues that might affect their worse prognosis?

Dr. Carey: We know there are other issues at play. There's an enormous amount of literature on the issues regarding socioeconomic status and outcome, access to healthcare and outcome, and the use of screening modalities and outcome. But in the Carolina Breast Cancer Study,[7] we found an association between the basal-like subtype, being young, and being African American, such that the group with the highest likelihood of developing the basal-like subtype of breast cancer is young African American women. Specifically, if young African American women are going to develop breast cancer, about 20% to 30% of their tumors will be of the basal-like subtype, vs. only about 15% of tumors in other populations. So while the majority of the cancers in these women are other subtypes, they clearly have an elevated risk of having basal-like breast cancer if they develop breast cancer.

Does this mean that the biology of the cancer might also be playing a role in the poorer outcomes seen in this population? Or, on a more fundamental level, what are all the reasons that a young African American woman who develops breast cancer might have a poor outcome? Are there contributing factors that we might be able to affect? For example, access to care, socioeconomic status

and screening are clearly targetable. The question is not whether there is a difference in the nature of their cancers or whether biology might play a role, but whether there is anything we can do about it.

By using datasets from epidemiologic studies, including the Carolina Breast Cancer Study, investigators are now able to ask much more focused questions than before: What causes basal-like breast cancer? What causes luminal breast cancers? Can we identify different risk factors for the different subtypes?

In some cases, the magnitude of the effect of a risk factor appears to differ across the different subtypes, but in some cases, the direction of the effect differs across the subtypes, making it a risk factor in one subtype but not in another subtype. None of the studies have been designed to answer these questions; right now this is all based on retrospective evaluations of the data. But there has been a consistent signal that this is a worthwhile pursuit, and, if we ask the research questions more thoughtfully, future studies might help identify lifestyle modifications such as breastfeeding or weight loss that can affect the risk of developing certain subtypes of breast cancer.

Medscape: Where do you see the research moving from here? Is the goal to better understand the biology, to better understand the implications of the biology, or both?

Dr. Carey: There are 3 different directions we can go. The first is getting a much better understanding of why some people develop basal-like breast cancer and others get luminal breast cancer and how that might influence prevention strategies. We have some hints from existing data. For example, women who carry BRCA-1 mutations and who develop breast cancer have basal-like breast cancer 80% of the time. If we know that such women are

really mostly at risk for developing one kind of breast cancer, are there lifestyle modifications or risk factors that are more relevant for their particular subtype vs. another? And are there ways that we can exploit those factors to prevent development of the tumor?

The second is understanding the biology better. It may well be, and there's some suggestion of this in the research, that not only do the different subtypes have different relapse patterns in terms of timing, they also might have different relapse patterns in terms of where they relapse. Wouldn't it be good to know whether a subtype of breast cancer was prone to developing bone metastases? For these tumors, bisphosphonates might have a role in adjuvant treatment. Enhancing our understanding about the possibility of organ tropism associated with different subtypes that is reflected by relapse pattern could contribute significantly to improved outcomes.

The third research direction is determining how to actually target therapy based on our understanding of the tumor's biology. If we understand the patterns that make tumors tick, then we can figure out ways to turn them off. So far, we've only focused on the low-hanging fruit of targeted therapeutics by using single agents that target ER and HER2. It wouldn't surprise me to find out that from here on out really getting control of the cancer is going to require us to be smarter about redundant pathways and to use multiple biologic agents in concert. But we will only be successful in tailoring treatments to the different subtypes of breast cancer if we understand the biology better.

This activity is supported by an independent educational grant from Susan G. Komen for the Cure.

References

1. Fisher B, Redmond C, Brown A, et al. Treatment of primary breast cancer with chemotherapy and tamoxifen. *N Engl J Med.* 1981;305:1-6. Abstract
2. Slamon DJ, Clark GM, Wong SG. Human breast cancer: correlation of relapse and survival with amplification of the HER-2/neu oncogene. *Science.* 1987;235:177-182. Abstract
3. Sorlie T, Perou CM, Tibshirani R, et al. Gene expression patterns of breast carcinomas distinguish tumor subclasses with clinical implications. *Proc Natl Acad Sci U S A.* 2001;98:10869-10874. Abstract
4. Carey LA, Mayer E, Marcom PK, et al. TBCRC 001: EGFR inhibition with cetuximab in metastatic triple negative (basal-like) breast cancer. Program and abstracts of the 30th Annual San Antonio Breast Cancer Symposium; December 13-16, 2007; San Antonio, Texas. Abstract 307.
5. Carey LA, Dees EC, Sawyer L, et al. The triple negative paradox: primary tumor chemosensitivity of breast cancer subtypes. *Clin Cancer Res.* 2007;13:2329-2334. Abstract
6. Rouzier R, Perou CM, Symmans WF, et al. Breast cancer molecular subtypes respond differently to preoperative chemotherapy. *Clin Cancer Res.* 2005;11:5678-5685. Abstract
7. Carey LA, Perou CM, Livasy CA, et al. Race, breast cancer subtypes, and survival in the Carolina Breast Cancer Study. *JAMA.* 2006;295:2492-2502. Abstract

HOW CAN YOU HELP US: JOIN TODAY!

Your Membership and support help bring us closer to understanding the possible cause of breast cancer. It also helps us meet our goal of having a Healthy Environment for a Living Planet.

Our Members receive:

- Our Newsletter
- Information on opportunities to learn more and get more involved in projects regarding breast cancer and related environmental issues.
- Long Island Cancer Help & Wellness Center Brochure

All Correspondence Should be sent to:

Breast Cancer Help, Inc.

1555 Sunrise Highway Suite #7

Bay Shore NY 11706-6027

Phone: 631-675-9003 **Fax:** 631-675-9006

Spanish Hotline: 631-473-3658

Web: www.breastcancerhelpinc.org

E-mail: breastcancerinc@optonline.net

This newsletter is dedicated to the memory of Breast Cancer Help members, Phyllis Conforte, Harry Ballard, Francine Berger, Maureen DePalma, Mary Fezza, Carmen Imbo, Diane Nannery and Donna Zuccarello. It is also dedicated to the men and women of the United States armed forces, their sacrifices on behalf of our country make it possible for us to work toward finding a cure for breast cancer and other cancers.

Yes, I want to join **Breast Cancer Help, Inc.** and increase my awareness about breast cancer and related environmental issues. Here is my tax deductible contribution.

\$15 for Annual Membership

Additional Donation \$10 \$20 \$50 \$100 _____ other

Name _____

Address _____

City/State/zip _____

Home Phone _____ Work Phone _____

E-mail Address _____



Chairman of the Board

Rev. Thomas V. Arnao, JCD*

Co-Presidents

Lorraine Pace, M.Ed*

Allen G. Meek, MD*

Senior Vice President

Alex Fezza

Treasurer

Allen G. Meek, MD

VP General Counsel

Salvatore Puccio, Esq

Recording Secretary

Lauralee Bennett.

Board Members

Lillian Meek, RN, BSN*

John Pace, Esq*

Edward Diorio Jr.*

* Member, Board of Directors

Advisory Board Members

Maria Diorio

Lauralee Bennett

Dr. Paul Fisher, Medical Advisor

Doris Weisman, NP, MS

Dottie Survilla

Long Island Cancer Help and Wellness Center Executive Director

Alex Fezza

Fundraising Chairperson

Adriane Toscano

Staff Personnel

Barbara Foster

Susan Piccininni

Public Relations

John Zaher, PRMG

Graphic Design

donated by Bob Conforte

Breast Cancer Help is Just a Click Away



Visit our website

breastcancerhelpinc.org



Breast Cancer Help, Inc.

1555 Sunrise Highway Suite #7

Bay Shore NY 11706-6027

631-675-9003

631-675-9006 fax