At a luncheon honoring Pennsylvania Breast Cancer Coalition members, First Lady Michele Ridge announced Pennsylvania’s plan to include funding for treating breast and cervical cancer by extending the Commonwealth’s Medicaid program to qualified women. Governor Ridge signed this important new legislation in June. Coverage will start in January 2002.

New Federal law makes it possible for individual states to provide Medicaid-covered treatment for cancer. Pennsylvania is among the first states to do so.

“We have been concerned for years,” said Pat Halpin-Murphy, PBCC President and Founder, “that uninsured women who qualified for free mammograms may not have access to treatment if they were diagnosed with breast cancer. After passage of the federal Breast and Cervical Cancer Act, Governor Ridge took the lead to guarantee funding for better and complete cancer treatment for qualified Pennsylvania women.”

This legislation is a clear example of how working together through the Pennsylvania Breast Cancer Coalition, we can make our voices heard. Congratulations to all of you who helped make this happen.

For details on how this funding works and when it takes effect, turn to page 2.
The Pennsylvania Breast Cancer Coalition and our grassroots advocates across the state played a crucial role in legislation extending Pennsylvania’s Medicaid coverage to uninsured women screened for breast and cervical cancer and who need treatment. Coverage goes into effect in January 2002.

The PBCC salutes and thanks Governor Ridge for taking the lead in making our goals and women’s needs a plan of action. And we thank Katie True, Executive Director of the Pennsylvania Commission for Women; legislative leaders Representative Dennis O’Brien (R – Phila.); Representative Kathy Manderino (D – Phila.) and Senator Allyson Schwartz (D – Phila.)

Women in Pennsylvania who have been diagnosed with breast cancer or cervical cancer through the Centers for Disease Control’s (CDC) National Breast and Cervical Cancer Early Detection Program will have access to guaranteed coverage of their full treatment costs through Pennsylvania’s Medicaid program. The CDC’s free screening program in this state is called HealthyWoman and is administered by the Pennsylvania Department of Health. It is possible that other free mammogram programs, such as the PBCC’s Mother’s Day Mammograms* for low-income women, may also be included*.

The new program covers the expenses of patients with breast and cervical cancer whose incomes are too high to meet the traditional guidelines for Medicaid, a federal-state health coverage program.

According to federal guidelines, an uninsured woman with income up to 250% of the federal guideline – about $41,000 a year for a family of four – would be eligible to have Medicaid pay for all medical expenses in connection with the cancers.* Such costs as surgery, radiation, chemotherapy, follow-up care and medication would be covered.

The PBCC believes that many women skipped the chance to get free mammograms because they would not be able to pay for treatment if they learned they had cancer. Now women will have immediate treatment coverage through Medicaid. This is a tremendous victory. Our thanks to all of you who made it possible.

Breast Cancer . . . There IS something you can do!

* Final details for coverage will be available when Pennsylvania submits its State Plan to the federal Health Care Financing Agency and the plan is approved.
Survivor Spotlight

Teresa Ruhl
Lancaster, PA

Teresa Ruhl was diagnosed with breast cancer six years ago at age 53 in the midst of taking care of her dying mother. She endured a partial mastectomy and 38 radiation treatments. Here is her incredible story of survival and strength.

Radiation has devastating effects on your body. It kills the good cells along with the bad ones. I developed diabetes as a result of radiation, but I’m still alive!

During my treatment, an oncology nurse called me at work one day and answered ALL of my questions. She was wonderfully understanding. I truly believe this saved my life and that is why I’m still here today. This one kind act made me realize something: I want to counsel breast cancer patients. I look forward to having more time to get involved with Pennsylvania Breast Cancer Coalition activities and to counsel breast cancer survivors.

I have managed to keep a positive attitude throughout the whole thing. Yes, I was scared and vulnerable, but I remained upbeat. My best advice for newly diagnosed women is to try to keep that positive attitude and to talk to somebody who’s been through it.

The best thing to come out of this diagnosis is the camaraderie and friendships that I would not otherwise have made. Things that used to be important don’t matter anymore. You live for TODAY. We all have to play the cards we are dealt; it’s just a matter of how you play them.

Teresa is a lobbyist for the AFL-CIO and looks forward to getting more involved with the PBCC. Her attitude is remarkable and it was a pleasure to interview her. Thank you, Teresa, for sharing your story.

To profile someone in “Survivor Spotlight”, email Heather Hibshman at heather@pabreastcancer.org

DR. SUSAN LOVE SPEAKS TO PBCC ACTIVISTS

World famous breast cancer physician, scientist, advocate and author, Susan Love, MD, spoke at a PBCC breakfast at the Hershey Medical Center May 11. The PBCC presented her with its President’s Award for her leadership, compassion and dedication in the field of breast cancer research and advocacy. Dr. Love continues to search for the source of breast cancer through her work with the groundbreaking Ductal Lavage procedure.

Dr. Love wrote the foreword to the “Show Me” book, a project of Hershey Medical Center’s Breast Cancer Support Group, and was in the area to promote the book’s second edition.

Dr. Susan Love with PBCC Executive Director Charlotte Asherman.
Tamoxifen is, today, viewed as a pioneering medicine that is estimated to have saved the lives of 400,000 women throughout the world. It is a pioneering medicine because it is the first drug developed specifically for breast cancer. The principle was clear: Define a target that is unique to the cancer but that will not harm the host. The estrogen receptor (ER) is the target. The ER was identified in the 1960’s and used as a test to determine whether endocrine therapy will be effective to control tumor growth. Some breast cancers are dependent on estrogen to survive so an antiestrogen could be used to block the ER and control tumor growth. Millions of women throughout the world have now benefited from the application of this simple strategy.

However, tamoxifen continues to reinvent itself and provide new opportunities in therapeutics. The rigorous testing of tamoxifen in the clinic over two decades, by clinical trials organizations like the National Surgical Adjuvant Breast and Bowel Project (NSABP), demonstrated the overall safety of tamoxifen in women. The known effectiveness of tamoxifen to prevent breast cancer in animals, coupled with the finding that adjuvant therapy would reduce opposite breast cancer by 50%, was strong evidence that tamoxifen could prevent breast cancer in high-risk pre and post menopausal women.

The historic NSABP trial, published in 1998, showed that tamoxifen can reduce the incidence of primary breast cancer by 50%. Tamoxifen is the first medicine approved in the US to prevent any cancer in high-risk individuals.

It has taken 30 years to develop tamoxifen fully from concept to reality but tamoxifen’s legacy really is a change in the approach to drug development. Firstly, thirty years ago cancer was considered to be hopeless. Tamoxifen has proved that a single agent can provide a survival advantage for breast cancer patients with minimal side effects. Secondly, it was considered that cancer could not be prevented. Tamoxifen is the proof of principle that it is possible to reduce cancer incidence and the whole science of chemoprevention is focused on preventing all cancers. Thirty years ago there was no possibility that anyone could apply hormonal therapies to cure cancer. Chemotherapy was going to eradicate cancer so hormonal therapy was generally discounted as hopeless. This was not correct.

It is difficult to recapture the sense of the times in the early 1970’s when the war on cancer was first declared. No one was rushing to work on antiestrogens but the seeds of progress had been sown in the 1960’s that would change therapeutics. The late Dr. Arthur Walpole in England discovered a drug ICI46,474 as a remarkable antifertility agent in rats and proposed that the compound might have value to control the reproductive cycle or, because Walpole was interested in cancer research, might have use in the treatment of breast cancer. Walpole was the head of the fertility control program for a pharmaceutical company and could not conduct cancer research. However, he encouraged others to conduct breast cancer research on ICI46,474. I received Walpole’s help and support. The drug was an antiestrogen and went into clinical trial in the United States in 1973 to become FDA approved for the treatment of advanced breast cancer in 1977. ICI46,474 became tamoxifen because of the close collaboration between universities and industry.

Tamoxifen today has opened a window to the future that could only be imagined 30 years ago.

The specificity of hormonal therapy has resulted in a whole range of medicines to treat not only breast cancer but also prostate cancer. Research on tamoxifen has resulted in a new view of prevention with the recognition of selective estrogen receptor modulators (SERMs) that can not only prevent breast cancer but also prevent osteoporosis. One SERM, raloxifene, a chemical cousin of tamoxifen, is currently being evaluated as a breast cancer preventive by the NSABP in the study of tamoxifen and raloxifene (STAR). The goal is to recruit 22,000 high-risk postmenopausal women to determine whether one medicine has advantages over another. This is the largest breast cancer trial in the world. The world has changed much in 30 years.
First Lady Michele Ridge (3rd from left) joins PA Representative Jim Lynch, Regina Weidert and Betty Lynch at the Warren County exhibit opening in April.

PBCC’S TRAVELING PHOTO EXHIBIT

“67 WOMEN – 67 COUNTIES: FACING BREAST CANCER IN PENNSYLVANIA”

HITS THE ROAD AGAIN!

Dr. William Singer and two of his sons at the Lehigh County photo exhibit opening. Singer’s late wife, Susan, is the Lehigh County photo exhibit participant.

Breast cancer survivors crowd the stage at the May opening at the Lehigh Valley Mall.

Coming To Your Neighborhood...

September 27
“67 Women – 67 Counties” Photo Exhibit in Gettysburg

October 12
Shop at Boscov’s, Colonial Park Mall to benefit the PBCC

October 13
Shop at Boscov’s, Camp Hill Shopping Ctr. to benefit the PBCC

October 18
Keystone Breast Cancer Conference Harrisburg Hilton

October 20
NAPA Car Care event in Carlisle

October 23
Shop at Bloomingdale’s, King of Prussia and Willow Grove to benefit the PBCC

October 26
“Flying Colors” art show in Chester Springs Chester County

For details on any of these events, contact Vicki Gingrich at 800-377-8828 ext. 101

October, 2001

Frontline is published quarterly by the Pennsylvania Breast Cancer Coalition.

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www.pabreastcancer.org
Grassroots Partners across the State

○ Corporate Support

Crown American Realty Trust created, marketed and distributed the “Light for the Cure”, a fragrant candle to be sold in all of their Pennsylvania malls. So far, sales exceed $10,000. Thank you, Crown American, for your ongoing support.

Shady Maple, a large grocery store and restaurant in Lancaster County, donated the coins from their fountain in the month of June to the PBCC. Coins totaled $159. Thank you to the Shady Maple community.

○ Community Support

Every October, the Liquor Control Board allows us to place donation boxes in each of the state’s 640 liquor stores. Last year, over $10,000 was raised through this project. During your visit to the local state store this October, please remember that every penny counts!

○ Special Events

The PBCC has teamed up with NAPA auto parts stores to offer “Pink Ribbon Check-up For You and Your Car” events. Visitors get a free car “check-up” and receive breast cancer awareness information at the same time. Donations are growing and so is awareness. Thank you to NAPA stores and to all the mechanics who donate their time and talent.

Independent Longaberger associates host luncheon events across the state to benefit the PBCC. These luncheons feature the “Horizon of Hope” basket. Call your Longaberger consultant to find out when you can attend such an event. Thank you to all the Longaberger consultants and collectors.

We welcome your unique suggestions for ways to support the PBCC. Call Community Outreach Director, Vicki Gingrich, at 800-377-8828 x 101 with your ideas.
In the last issue of “Frontline”, an article by Senators Jane Earll and Allyson Schwartz identified key concerns surrounding the confidentiality of genetic test results. Help us take a more in-depth look at the health issues that are in the news and on your mind.

**What led you to decide to do genetic testing for breast cancer?**

**What led you not to do the testing?**

**How did this work out for you and your family?**

This is an opportunity to share your story in an upcoming edition of Frontline.

Please send your submissions to:

Pat Halpin-Murphy  
Pennsylvania Breast Cancer Coalition  
c/o Doneckers Complex - 55 New Street, Suite 5 - Ephrata, PA  17522  
Fax: 717-738-9535

We appreciate your response.

WWW.PABREASTCANCER.ORG

It is with great sadness that we share the news of the death of Mr. Meyer (Pat) Potamkin. In 1999, Mr. Potamkin and his wife Vivian established the “Potamkin Foundation Award for Breast Cancer Research” to be given out each year at our Keystone Breast Cancer Conference. Vivian is a breast cancer survivor, and she and Pat both served on the PBCC Honorary Board of Directors.

Pat was a pioneering collector of American art and was widely respected as a businessman and civic leader. He died July 8 at his home in Philadelphia at the age of 91. In his will, Pat bequeathed a generous donation to the PBCC to increase the annual Potamkin Foundation Research Award. We extend our deepest condolences to Vivian and the entire Potamkin family.

Halpin-Murphy with Mr. Potamkin at the 1999 Keystone Breast Cancer Conference.
Pennsylvania Breast Cancer Coalition

Keystone Breast Cancer Conference
Thursday, October 18, 2001
Harrisburg Hilton & Towers

Pink Ribbon Awardees
V. Craig Jordan, Ph.D., “The Father of Tamoxifen”
Northwestern University
Madeleine Wing Adler, Ph.D.
President, West Chester University

Join nearly 1,000 breast cancer survivors, advocates, medical professionals, legislators, and corporate and community leaders. Everyone is welcome!

WORKSHOPS • CHAIR MASSAGES • AWARDS LUNCHEON AND MORE!

Call 1-800-377-8828 x 104
for a registration form.
Or register online at www.pabreastcancer.org

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