

Front Line

On the front line in the battle against breast cancer.

PBCC ADVOCACY IN ACTION

No Time Limit on Reconstructive Surgery Legislative Victory for Breast Cancer Survivors

In a tremendous victory for breast cancer patients in Pennsylvania, Senator Edwin Holl and Representative George Kenney led the Pennsylvania Breast Cancer Coalition's fight for legislation to remove the 6-year time limit on mandatory insurance coverage for reconstructive surgery following mastectomy. The new law signed by Governor Schweiker, which went into effect June 28, 2002, requires all insurance companies to cover reconstructive surgery and abolishes the previous 6-year limit on coverage.

In addition to also covering opposite-breast reconstruction, the law requires doctors to discuss reconstructive options with the patient and insurers to provide written notice of the insurance. The law (Act 81 of 2002) directs that all healthcare policies also cover physical complications including lymphedema.

"The previous law offered some protection to women who have mastectomies, but the new law goes a long way

toward expanding that protection," said Senator Holl. "The support we received on this bill is a strong statement that the legislature is concerned about women's health issues and is working to provide important coverage to breast cancer patients."

The PBCC thanks the breast cancer advocates across the state who pressed for this legislation. We salute Senator Holl and Representative Kenney for their leadership, the work of insurance commissioner Diane Koken, the Pennsylvania Insurance Federation and Representative Mike Veon.



Senator Edwin Holl



Can a woman who loses a breast to cancer expect her insurance company to pay for reconstruction?



Can she have surgery years following her mastectomy and still have the insurer pay?



Can she expect insurance coverage for surgery necessary to achieve symmetry with her opposite breast?

The answer to all of these questions is **YES in Pennsylvania** thanks to the hard work of PBCC advocates across the state and the support of our friends in government.

Together We Can Make a Difference!

Pat Halpin-Murphy

President and Founder, Pennsylvania Breast Cancer Coalition

a message from



ADVOCACY WORKS!

Breast cancer activists have been very successful in winning victories for women affected by breast cancer. The PBCC played a crucial role in extending insurance coverage for women diagnosed with breast and cervical cancer. Qualified women will now have immediate free medical treatment completely paid for by Medicaid. The National Breast Cancer Coalition led the fight in Washington by lobbying Congress to change the law and allow states to provide free medical treatment to qualified women with breast cancer. Then it was up to advocates to urge the Pennsylvania legislature to provide the funds to make free medical benefits happen in our state. Advocates won again!

Next we wanted to change state law so that there would be no time limit on reconstructive surgery after a mastectomy. In 1997, when the PBCC first fought for legislation requiring insurance companies to cover the cost of reconstructive surgery, some insurers blocked our bill. In order to help women have their reconstruction paid for by insurance companies, we had to compromise and accept a 6-year limit on required coverage. This year we worked to remove the 6-year limit, and the insurers joined with the PBCC advocates to pass the new law.

The reason Congress in Washington and the legislature in Pennsylvania pass laws that help women and their families is that breast cancer activists are informed, active and organized advocates.

 **TOGETHER we can make a difference.**

PBCC ANNOUNCES 2 ADDITIONS TO BOARD OF DIRECTORS



June Hoch



Sandy Christianson

The Pennsylvania Breast Cancer Coalition appointed Sandy Christianson, Esq. and June Hoch to its Executive Board of Directors in May. Sandy, who runs Mediation and Associated Services in Camp Hill, has served on the Board for several years but only recently became Secretary in an official capacity. June Hoch, Senior Associate at S.R. Wojdak & Associates in Harrisburg, is now Treasurer. We welcome both Sandy and June as officers on the PBCC Board of Directors.





Survivor Spotlight

Susan Barbe

Cranberry Township, PA



Susan, shown here with husband Tom, and sons (L-R) Adam, Eric and Sam.

Susan Barbe was diagnosed with breast cancer 2 ½ years ago at age 31. She was breast-feeding her youngest son at the time and noticed a dimple in her left breast. Her Ob/Gyn thought it was a clogged milk duct, but ordered a sonogram just to be sure. Susan blesses him every day for that suggestion. Here is her story of survival and of her continued battle with the disease.

Q: What was your initial reaction to the diagnosis?

A: People always talk about tunnel vision. Well that's exactly what it was. I was in shock. I really thought it would be just a clogged milk duct.

Q: What happened next?

A: Everything happened so fast. In January of 2000 I had a biopsy one week and a mastectomy the next. Then I started chemotherapy. Reconstruction was too much to think about at the time. I just wanted the cancer out. I went through surgery, chemotherapy and radiation. I feel like Norm on the TV show "Cheers" when I walk in to get my treatments. Everybody knows my name. I've been there longer than some of the nurses.

Q: I understand you had a recurrence?

A: In September of 2001 a spot showed up on my back during a bone scan. We did an MRI and a bone biopsy. It was a recurrence. The day I got the news from that biopsy, bumps started

to show up around the scar on my breast. It was very disconcerting to be able to see my cancer. But the good news was, I could also see it getting smaller as a result of the chemo. I am still on very mild chemo treatments.

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Q: Which was more difficult for you...the initial diagnosis or the recurrence?

A: I really had a harder time with the recurrence. It felt like I went through all of that for nothing. I went into a depression and couldn't get myself out of it. Thanks to the help of a therapist on staff at the hospital, I'm doing much better now.

Q: If you could go back to the beginning of this experience knowing what you know now, would you do anything differently?

A: You always wish you had found it sooner. But I was pregnant and then I was nursing. I know that pregnancy didn't cause my breast cancer, but it did make it harder to find. However, I truly believe that having that baby

saved my life. Because I was nursing, I was more aware of my body. I don't know when I would have found it if it weren't for that baby.

Q: What is your current health status?

A: I feel great. I don't feel sick at all. When people find out I have cancer, they're shocked. Cancer is chronic, not always fatal. I just had a chemo treatment yesterday, and I stay on top of it by going for check-ups every three months. I'm living under the assumption that I'm going to be around for a very long time.

Cancer certainly hasn't slowed Susan down. It was very difficult for her to find just 30 minutes to talk to me. She laughed out loud when I asked her what she likes to do in her spare time. "Spare time?? HA!" She keeps busy with kids' birthday parties, home renovations, baby showers, and her work as a freelance media buyer. Susan recently became the new Butler County participant in the PBCC traveling photo exhibit and she helps publicize the Income Tax Check-Off for Breast Cancer Research campaign. I would venture to guess that in any spare time she might have, she's busy counting her many blessings.

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

“Everything’s Coming Up Roses”

An elegant garden party to benefit the Pennsylvania Breast Cancer Coalition was held June 23 in Harrisburg at Felicita Resort’s beautiful Italian Gardens. Nearly 300 people turned out to support the efforts of the PBCC in a spectacular setting of roses, fountains and sculptures.

Special guests included First Lady Kathy Schweiker and Former First Lady Michele Ridge. The garden party was hosted by Mrs. Alice Angino and co-chaired by Joan Prescott and Rosemary Chiavetta. The PBCC thanks the committee and everyone who supported this event. Please enjoy these photos that depict the beauty of Felicita and of those in attendance.



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**BREAST
CANCER
COALITION**

SEPTEMBER 2002

Frontline is published quarterly by the
Pennsylvania Breast Cancer Coalition.

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PROGNOSTIC FACTORS FOR EARLY STAGE BREAST CANCER

BY JOHN H. GLICK, M.D.

DIRECTOR, ABRAMSON CANCER CENTER OF THE UNIVERSITY OF PENNSYLVANIA

When a patient with breast cancer receives their diagnosis, questions immediately come into the mind of the patient and their family: "What is going to happen to me? What is my prognosis? Do I need chemotherapy or hormonal therapy?"

Patients rightfully want to know what their prognosis is, which is defined as an estimate of their chance of long-term disease-free survival without recurrence. The most relevant factors for the estimation of risk recurrence remain: the pathologic type of their breast cancer; whether their lymph nodes are involved with cancer, and the number of nodes involved; the pathologic size of their tumor; histologic and nuclear grade; age of the patient at diagnosis; and the status of oncogene over-expression.

When the pathologic diagnosis of ductal carcinoma in situ is made, this non-invasive form of breast cancer carries an excellent prognosis with either mastectomy or lumpectomy plus radiotherapy provided pathologically negative margins can be obtained by the surgeon at the time of lumpectomy. Ductal carcinoma in situ does not metastasize to axillary lymph nodes and does not spread to other organs in the body. Therefore, patients with ductal carcinoma in situ do not require adjuvant chemotherapy. Patients should have a discussion with their surgeon or medical oncologist as to the risks and benefits of receiving Tamoxifen as a chemopreventative agent.

However, most patients with breast cancer have invasive disease consisting of either infiltrating ductal and/or infiltrating lobular carcinoma. When invasive breast carcinoma is present, the size of the invasive component is measured by the pathologist. Based on tumor size alone, patients with tumors measuring less than or equal to 2.0 cm are considered Stage I. However, these patients must also have negative sentinel and/or axillary lymph nodes to be considered Stage I. Patients who have a tumor size greater than 2.0 cm, but less than or equal to 5.0 cm are considered to have a Stage II breast cancer irrespective of the pathologic status of their axillary lymph nodes. Thus, accu-

rate measurement of the tumor size of the invasive component is extremely important in determining the patient's prognosis.

The single most important prognostic factor is the pathologic status of the regional lymph nodes: node-negative vs.



John Glick, M.D.

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node-positive disease. For patients with positive lymph nodes, the number of involved nodes is a very important prognostic factor. As the number of positive nodes increases, there is a greater chance of recurrence. Although all patients with involved nodes are at increased risk of recurrence, there remains a gradient of absolute risk of recurrence. All patients with positive nodes require adjuvant chemotherapy, as do node-negative patients with adverse prognostic factors.

The pathologist also measures the grade of the tumor by looking at the histologic grade, nuclear grade, and the number of mitoses per high power field. All this information is assembled together and the patient's tumor is given a grade I, II, or III. Patients with poorly differentiated tumors (Grade III) will have a higher risk of recurrence and always require adjuvant chemotherapy and/or hormonal therapy.

Hormone receptor status is determined by measurement of the estrogen and progesterone receptors on the invasive tumor component. This is done by the pathologist. Patients with hormone receptor positive tumors are classified as "endocrine - responsive" and are candidates to receive Tamoxifen or other adjuvant hormonal therapy. Patients with negative estrogen and negative progesterone receptors are classified as "endocrine - non-responsive" and do not receive adjuvant hormonal therapy.

Finally, recent evidence indicates that 25-30% of patients with breast cancer will overexpress or over amplify the oncogene Her/2-Neu. Testing for the presence or absence of this oncogene is done by the pathologist initially on the basis of immunohistochemistry determination and the presence or absence of this oncogene on the pathologic specimen of tumor. In equivocal cases, FISH (fluorescence in situ hybridization) testing is done to determine whether the patient is Her2/Neu negative or positive. Patients that have a positive Her2/Neu test, tend to have a more aggressive prognosis and should receive adjuvant chemotherapy including Adramycin.

Once the pathologist, surgeon, radiation oncologist and medical oncologist have access to all this prognostic information, the patient generally sits down with their oncologist who estimates their risk of recurrence without adjuvant chemotherapy and/or hormonal therapy, and the potential benefit from administering adjuvant therapy. It is now clear that the widespread application of adjuvant therapy has been responsible for a significant decrease in the recurrence rate of patients with breast cancer, also resulting in a decrease in mortality over the past decade.



Grassroots Partners across the State

• *Wedding gifts to PBCC*

Kellie Robertson, PhD, assistant Professor of English at the University of Pittsburgh, was married in June and asked guests to donate to the PBCC in lieu of traditional wedding gifts. Kellie's friends and family donated \$575 in honor of Kellie and her new husband Mike Witmore. Kellie's "Survivor Spotlight" story can be seen in the Summer issue of *Frontline*. Congratulations Kellie and Mike, and thank you for thinking of the PBCC on your wedding day.



• *Unique donations*



The Pennsylvania Association of Peri-Anesthesia Nurses (PAPAN) is a statewide group of recovery room and pre- and post-op nurses. Fran Blatchley is a member of this group and is the Union County representative in the PBCC's traveling photo exhibit. Fran encouraged PAPAN to send one dollar for each of its members. PAPAN donated \$358 to the PBCC. Thank you Fran and all of the Pennsylvania nurses who contributed.

Jeanette and Patrick Sparr, of Lancaster County, run a carnival concession stand each summer.

This year they wanted to give a portion of their proceeds to the PBCC. With carnival season still in full swing, the Sparrs have donated \$375 so far from 2 festivals in Berks County. Thank you Jeanette and Patrick for this unique way to raise money and visibility for the PBCC.



• *Corporate Support*



PPO&S, an ad agency in Harrisburg, hosted a Client Entertainment Project in June. Through the generosity of their clients, PPO&S raised \$325 for the PBCC. Thank you for thinking of us and for the wonderful work you do in the community.



If you know of a special way to support the PBCC, please call Dolores Magro at 717-234-6132 or email dolores@pabreastcancer.org.

HAPPY BIRTHDAY TO THE CUMBERLAND VALLEY BREAST CARE ALLIANCE!

The Cumberland Valley Breast Care Alliance (CVBCA), led by Sharon Brosious of Chambersburg, turns 5 years old this November. CVBCA was formed as a result of the PBCC's traveling photo exhibit coming to the Chambersburg community. Sharon formed an exhibit planning committee that consisted of dedicated members of the community, and that committee grew into what is now the thriving and successful CVBCA. This organization is an extraordinary example of what one person can do and the difference one idea can make. Happy Birthday Cumberland Valley Breast Care Alliance. We wish you much luck and success with all your future endeavors and we are honored to be involved with such a committed grassroots organization.



PBCC ENGLISH/SPANISH SHOWER CARDS AVAILABLE TO YOUR GROUP

The Pennsylvania Breast Cancer Coalition now has shower cards available for your support group, health fair, or other breast cancer outreach event. These cards contain step-by-step information in English and Spanish, and are provided by the PBCC and HealthAmerica. Contact Kim Eubanks at 800-377-8828 x 104 or kim@pabreastcancer.org for your shower cards today.



PITTSBURGH CELEBRATES NEW ALLEGHENY CANCER CENTER

Allegheny General Hospital unveiled its magnificent new Allegheny Cancer Center July 16, and Pat Halpin-Murphy was on hand to help celebrate. The hospital hosted an open house for board members, doctors, administrators and supporters, who were treated to a tour of the state-of-the-art facility. In recognition of the PBCC's outstanding advocacy efforts, Pat Halpin-Murphy was asked to be the keynote speaker at a dinner that evening.

PBCC Board Member, Dr. Norman Wolmark, will top the ranks at the new center as Chairman of the Department of Human Oncology. Dr. Michael O'Connell, formerly of the Mayo Clinic, will serve as director of the new center, a five-story building next to the main hospital.

We salute Allegheny General Hospital and everyone who worked so hard to build this extraordinary facility for patients fighting cancer.



Dr. Norman Wolmark (far left), Director Allegheny General Hospital Breast Care Center, joins PBCC President Pat Halpin-Murphy; Kip Goldberg, V.P. of AGH; and Herb Elish, Director, Carnegie Library and Chairman of the Board at AGH, for the Allegheny Cancer Center opening.

Coming To Your Community

September 26-October 7
"67 Women - 67 Counties"
Photo Exhibit at Westmoreland
Co. Community College
Youngwood, PA

October 5
"Westmoreland Walks:
Taking Steps Against
Breast Cancer"
Greensburg, PA

October 9
"Legacy of Love"
Whitaker Center for
Science & the Arts
Harrisburg, PA

October 10
"Keystone Breast Cancer
Conference"
Harrisburg Hilton
Harrisburg, PA

October 15
"Friends Helping Friends"
to benefit the PBCC
All Boscov's Locations

October 21-November 1
"67 Women - 67 Counties"
Photo Exhibit at Concilio
Philadelphia, PA

October 25-27
"Flying Colors" Art Show
Chester Springs, PA



Visit our website
www.pabreastcancer.org
for details on any
of these events.

KEYSTONE BREAST CANCER CONFERENCE

DON'T MISS THIS EXCITING 2-DAY EVENT.

Now is the time to register for the **Keystone Breast Cancer Conference October 9-10 at the Harrisburg Hilton**. Register online at www.pabreastcancer.org or call 800-377-8828 x 104. Educational workshops include topics on genetic risk, the mind/body connection, clinical trials, breast cancer in young women, and much more.

Pink Ribbon Awardee

~ First Lady Kathy Schweiker, PBCC Honorary Chair ~

Potamkin Awardee

~ John Glick, MD, Director, Abramson Cancer Center of the University of Pennsylvania ~

Pink Ribbon Awards Luncheon entertainment

~ Millionaire Strolling Strings of Williamsport Area High School ~

October 9 Legacy of Love

evening reception features Miss America 2002

Katie Harman as our keynote speaker.

Miss Harman will address "Breast Cancer in America: Caring Community by Community".

In a return visit to Delaware County, the PBCC's traveling photo exhibit was displayed at Granite Run Mall June 6-16.



PBCC President & Founder, Pat Halpin-Murphy (center) is joined by (L-R) PBCC Vice President for Development, Bonnie Squires; Delaware County exhibit participant, Adrienne Fox-Miniman; Montgomery County exhibit participant, MiHyung Murray; and Dr. Merrill Solan, Medical Director, Jefferson Radiation Oncology Center at Riddle Health Care Center.

Exhibit is sponsored by the PBCC and funded by the PA Department of Health.

Is all of your mailing information up-to-date?

If not, please contact
Kim Eubanks at
800-377-8828 x 104 or
kim@pabreastcancer.org with
your current information.



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*This issue of Frontline is
made possible thanks to
the generous donation of
Speaker of the House
Matthew J. Ryan*