



Touch of Courage . . . Connection

July 2013

TAKING ACTION – EDUCATING – ADVOCATING – MAKING A DIFFERENCE

IN THIS ISSUE

“Making Sense of Being Dense”

By Dr. MeMeghna, MD, MS – Diagnostic Radiologist with Milwaukee Radiologist, LTD and currently with Covenant Medical Center

“Detection of breast cancer is difficult by mammogram in dense breasts . . .”

As women are well aware, the purpose of a mammogram is to screen for breast cancer. What many women may not know is that radiologists assess the level of density (proportion of breast and connective tissue compared to fat) in each mammogram to determine sensitivity to detect cancer.

Approximately 40 - 50 percent of U.S. women, who have mammograms, have dense breasts. It is important for women and referring physicians to understand that dense tissue is defined by mammography, not by palpation. Many women mistakenly believe they have ‘dense’ tissue due to the fact they have lumpy breasts when, in fact, they are quite fatty.

Breast cancer is typically white on mammogram. Since fatty breasts have a dark background appearance, it is relatively easier to spot the white cancers. However, breasts that have more connective and glandular tissue are denser, and appear whiter on mammograms, which makes detection of small early breast cancers difficult to extremely difficult. Some experts liken it to trying to find a snowball in a snowstorm. The sensitivity for detection of breast cancer varies between 30% for extremely dense breasts to 80% for fatty breasts.

Not only is detection of breast cancer difficult by mammogram in dense breasts, but having dense breasts is considered one of several other risk factors for breast cancer. Some authors have suggested 4 to 6 times increased risk of developing breast cancer in women with dense breasts compared to women with fatty breasts. Hence, given the relatively diminished performance of mammography in women with dense breasts and the increased risk for breast cancer, there has been a recent wave to evaluate supplemental screening by other modalities for women with dense breasts.

FDA mandates that dense breast tissue notification be included in the formal mammography report sent to referring physicians, which has practiced throughout the nation for more than a decade. Recently, in seven states—Connecticut, New York, Texas, Virginia, Maryland, Hawaii and California—the plain-language report that women receive following their regular screening mammograms must now include information regarding whether they have dense breast tissue. With mammography density notification legislation pending in at least 18 more US states, including Iowa, and a bill introduced in the US House of Representatives, a large number of women in due time, across the country may be learning more about their mammographic breast density in their plain-language letters. This information is provided to raise awareness and to encourage women to start discussions

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Determination Not to Quit

By Dorothy Eldridge – A Survivor's Story

I had been having mammograms since the 1980's as my family has a history of breast cancer on my mother's side. I had noticed lumps in my right breast since 1988 and was told by my gynecologist that it was "fibrocystic disease" and not to worry. In December, 1992, I had a discharge from my right breast. A biopsy was done and I was told they were 90% sure it was not cancer. They were wrong. In my case the tumors came first and the calcification came later.

I had a lumpectomy in January 1993. On February 1, 1993, I had a radical mastectomy with 10 lymph nodes removed, 5 of which were cancerous. Two had burst forth and entered into my system (either muscle or blood stream). I was diagnosed with Stage 4 breast cancer.

In April 1993, I began chemotherapy for 6 months. In September 1993, I started a regimen of 34 radiation treatments. From the combination of chemo and then radiation, I had an adverse reaction. The prognosis was not good. But through prayer and determination I started healing.

I took tamoxifen for 6 years and had my port left in for 2 years after treatments ended. And I'm here today – 20 years later – to share my story.



Those who attended the Breast Cancer Deadline 2020 Inaugural Advocate Leadership Summit include Deanna Hughes and Jeanne Rothamel from Waterloo and Christine Carpenter, Lori Seawel, and Kristin Teig Torres from Cedar Falls.

Beyond Pink TEAM Members Attend Breast Cancer Deadline 2020 Inaugural Advocate Leadership Summit

Five members from the Cedar Valley's Beyond Pink TEAM attended the National Breast Cancer Coalition's Deadline 2020 Inaugural Leadership Summit in early May. The focus of the summit was to build leadership skills and to strengthen grassroots leadership.

While at the summit, the Beyond Pink TEAM advocate leaders:

- Learned the details of the Breast Cancer Deadline 2020 Blueprint and plan of action.
- Interacted with leading breast cancer researchers, thought leaders and innovators to learn more about innovative research and progress in prevention and metastasis research.
- Developed life-long leadership skills and created individual year-long action plans to mobilize and engage their communities in Breast Cancer Deadline 2020.

The Inaugural Advocate Leadership Summit culminated in the Beyond Pink TEAM members participating in NBCC's Annual Lobby Day where they discussed Breast Cancer Deadline 2020 top priorities and urged their representatives to support government actions that will move public policy toward the goal of ending breast cancer. Priorities included:

- Urging members of Congress to support and pass the Accelerating the End of Breast Cancer Act, legislation which will help meet the Breast Cancer Deadline 2020 goal.
- Promoting continued funding for the Department of Defense (DOD) Breast Cancer Research Program (BCRP).

These advocates and others from the Beyond Pink TEAM are actively working to inform local and state public officials, organizations and business leaders about Breast Cancer Deadline 2020 with the goal of spreading the news about progress in breast cancer research and the need for public support. The grassroots networking of these advocates with the nation's decision makers, state and local public officials, and the community is effecting change in public policy and scientific research to pave a path that will move us towards the goal of knowing how to end breast cancer by 2020.

To learn more about NBCC's Breast Cancer Deadline 2020, please visit:

<http://www.deadline2020.org>

To join other state and local public officials in endorsing Breast Cancer Deadline 2020, visit:

<http://tinyurl.com/public-official-endorsement>

Organizations and businesses may endorse Breast Cancer Deadline 2020 at:

<http://tinyurl.com/organizational-endorsement>

Going Green

By Cindy Harris



With gardens planted and the wet weather, we really need to watch for the garden pests that come along. One thing to watch is your plants themselves. Pull out any that seem weak. Pests will be drawn to these and continue to feast on the healthy ones too! One of the most damaging and recent pests are the Japanese Beetles. They lay eggs in the soil that become grubs that come out and ruin your garden. Milky Spore will kill the grubs and not harm the garden. Weed regularly. Check online for homemade pesticides.

For rodent control soak a rag or cotton ball in oil of peppermint (from health food store) and place

in rodent activity area. Rodents are allergic to peppermint and avoid it. Try placing it in an area that will stay dry and not dilute when it rains. Try to use organic compost to help keep plants healthy. Remember the compost tea, and if you use a recipe that calls for dish soap, don't use one containing bleach.

If watering becomes necessary make sure to water early so the foliage can dry out before night. Water at the root, not on the foliage.

Happy Summer and have a healthy flower and veggie gardening year!

The Beyond Pink TEAM – Today

This year marks 25 years of the members of the Beyond Pink TEAM supporting breast cancer survivors in the Cedar Valley. The article shares "TEAM" and its meaning for the Beyond Pink TEAM today.

In the past 25 years, the Beyond Pink TEAM has evolved from an awareness committee to go beyond pink ribbons and trinkets to Take action, Educate, and Advocate to actually **Make** a difference for our community.

In the past 10 years, the Beyond Pink TEAM has **taken action** in many ways. Our traditional breast cancer support group, **Touch of Courage**, which was started 25 years ago, continues to go strong. However, we have added **Young Cancer Survivors** for young, and young at heart, women living with any type of cancer to get together to meet, share stories, and learn from a speaker. Next, Cathy Ketton started **Splash of Color**, a breast cancer support group for women of color. We have also help surrounding communities get their support groups started.

We also took action when we saw there was a financial need, and established the Beyond Pink Fund at the Community Foundation of Waterloo/Cedar Falls and Northeast Iowa. The fund assists women in Black Hawk and surrounding counties with medical bills or living expenses when dealing with a breast cancer diagnosis. Many fund raisers organized by groups throughout the Cedar Valley make the fund possible.



Thank you to the Allen Student Radiology Organization, ASRO, for their donation to the BPT Fund.

The Beyond Pink TEAM educates women and men through our Touch of Courage Connection breast cancer newsletter. 1,500 free copies are distributed quarterly. We are present at many health fairs and community events throughout the year, although October is by far our busiest month. Our website is a wealth of knowledge with links to great breast cancer websites. You can find us at www.beyondpinkteam.org.

We also have a strong advocacy component of the Beyond Pink TEAM (BPT). We have been an organizational member of the National Breast Cancer Coalition (NBCC) for many years. NBCC's goal is to eradicate breast cancer and established Breast Cancer Deadline 2020 as a way to accelerate research to this end. In 2011, the Beyond Pink TEAM was elected to serve a 3 year term on the NBCC Board. Two BPT members fly to Washington DC three times a year for board meetings. This year five BPT members attended the NBCC Advocate Leadership Summit in Washington DC followed by Lobby Day. Having had BPT members attend for many years, we have a great relationship with both Iowa senators and all four representatives.

The Beyond Pink TEAM has made a difference in our community by being their advocate in Washington DC, providing support and education locally, and taking action when we see a need in our community



The Beyond Pink TEAM would like to thank the following individuals, groups and organizations for their donations to the Beyond Pink Fund through their fundraising efforts. Thanks for giving back to your Cedar Valley Community

Dawn Keller for gift cards from her birthday

Pennie Aalderks and her Zumba class for blankets and gift cards

Shooting for a Cure Pool Tourney

Support Group Meeting Dates

July 1, 1:30 p.m.

Touch of Courage

Breast Cancer Support Group
2101 Kimball Ave, Waterloo
Dawn Colbert 319.415.6430

July 2, 1:30 p.m.

Care & Share Cancer Support Group

Covenant Cancer Treatment Center
200 E Ridgeway, Waterloo
Jeanne 319.272.2816

August 5, 1:30 p.m.

Touch of Courage

Breast Cancer Support Group
2101 Kimball Ave, Waterloo
Dawn Colbert 319.415.6430

August 5, 4:45-6:45 p.m.

Grundy Area Breast Cancer Support Group

Grundy County Hospital - Grundy Center
Kristi Barnett 319.824.4129

August 6, 1:30 p.m.

Care & Share Cancer Support Group

Covenant Cancer Treatment Center
200 E Ridgeway, Waterloo
Jeanne 319.272.2816

August 8, 5:00-7:00 p.m.

Splash of Color - Women of Color Breast Cancer Support Group

Waterloo Public Library
Cathy 319.493.8857

August 12, 1:30-3:30 p.m.

Look Good...Feel Better

Hair - Make-up - Nails - Skin
American Cancer Society Office
2709 University Ave, Waterloo
RSVP - 319.234.0990

September 3, 1:30 p.m.

Care & Share Cancer Support Group

Covenant Cancer Treatment Center
200 E Ridgeway, Waterloo
Jeanne 319.272.2816

September 9, 1:30 p.m.

Touch of Courage - NEW LOCATION!

Breast Cancer Support Group
Covenant Cancer Treatment Center
200 E Ridgeway Ave, Waterloo
Dawn Colbert 319.415.6430

September 17, 4:30-7:00 p.m.

Young Cancer Survivors

Meet - Mingle - and Learn

Unitarian Universalist Church
3912 Cedar Heights Dr, Cedar Falls
Emily Hodgins 319.239.4129

October 1, 1:30 p.m.

Care & Share Cancer Support Group

Covenant Cancer Treatment Center
200 E Ridgeway, Waterloo
Jeanne 319.272.2816



Hope Blooms for Breast Cancer



Order your premium **TULIP BIG CHIEF**, **TULIP HEART'S DELIGHT** and/or **TULIP CUMMINS FRINGED** by Friday, August 16, 2013 for fall planting.

To Order: Fill out order form below. Checks only made payable to: **BEYOND PINK TEAM**. Mail checks and order form to: Covenant Cancer Treatment Center Attn: Nancy McHone - 200 E. Ridgeway Ave., Waterloo, IA 50702.

Pick up bulbs on Monday, October 7, Wednesday, October 9 and Friday, October 11 from 9:00 a.m. to 11:00 a.m. and 2:00 p.m. to 4:30 p.m. each day at Covenant Cancer Treatment Center - 200 E. Ridgeway Ave., Waterloo, IA 50702. **If you are unable to pick up the bulbs by October 11, 2013 and do not notify us, your purchase will be considered a donation.**

Additional order forms available at: www.cedarvalleybreastcancer.org or Covenant Cancer Treatment Center. If you have any questions, please contact Nancy McHone at 319.272.2841 (may leave a message) or Nancy.McHone@wfhc.org.

Designed by Wheaton Franciscan Healthcare - www.WheatonIowa.org



Tulip Big Chief

Known for its enormous flowers, is iridescent rosy-salmon with an exterior silver sheen and a soft yellow base. Bulb size: 12 cm/up. Mid-April to May. 24". HZ: 3-7



Tulip Heart's Delight

The outer carmine-red petals have a pale rose edge while the inside is pale rose with a golden-yellow base. This award-winning variety has attractive, mottled foliage. Bulb size: 12 cm/up. Early spring. 8" to 10". HZ: 3-8



Tulip Cummins Fringed

Vibrant, deep lavender-blue with extravagantly fringed, snow-white petal edges. Long-lasting in the garden, it is also a stunning cut-flower. Bulb size: 12 cm/up. May. 18" to 20". HZ: 3-7.



Hope Blooms for Breast Cancer

Name _____

Address _____ City _____ State _____ Zip _____

Contact Phone Number _____ Email _____



Big Chief



Heart's Delight



Cummins Fringed

Number of Bags	Cost	Type (BC / HD / CF)
_____ Bag(s) of 12 bulbs at \$10 per bag	\$ _____	_____
_____ Bag(s) of 50 bulbs at \$40 per bag	\$ _____	_____
_____ Bag(s) of 100 bulbs at \$75 per bag	\$ _____	_____
TOTAL:		\$ _____

Send check only made out to **BEYOND PINK TEAM**, along with this order form to Nancy McHone, Covenant Cancer Treatment Center, 200 E. Ridgeway Ave., Waterloo, IA 50702. Questions, contact Nancy McHone at 319.272.2841 (may leave a message) or Nancy.McHone@wfhc.org.

(*Density, continued from page 1*) with their doctors to determine whether additional screening options may be right for her.

Most breast imagers believe that every woman has a right to know her mammographic breast density, but what is unclear is what the patient could do with that information. There are still many unanswered questions about the biology of breast cancers and breast density. Assessing breast density on a mammogram is sometimes subjective and can vary between radiologists. Many women, when told they have dense breast tissue, may feel that they absolutely must have additional testing. Others may be anxious or confused and drop out of screening altogether. However, it is important to have as much information as possible and realistically discuss risk/benefits.

Screening Modalities - In the realm of screening mammography, it is clear that digital mammography has improved performance than film screen mammography in dense breast women and that Tomosynthesis (3D mammography) has superior performance than 2D digital mammography in all types of breast composition. The additional screening modalities that are available to patients are whole breast ultrasound and breast MRI. While there is improved sensitivity when screening ultrasound or MRI or both are included along with mammography, it is also known that ultrasound and MRI tend to find more false-positives, thereby increasing unnecessary biopsies and creating additional healthcare costs. Since mammography is the only modality where mortality benefit has been documented, ultrasound or MRI screening are only to be considered as supplemental to mammography and not as a substitute to mammography.

High Risk Women - American Cancer Society, American College of Radiology and National Comprehensive Cancer Network categorize women as high risk if they have any of the following risk factors.

- ♦ BRCA mutation
- ♦ First-degree relative of BRCA carrier, but untested
- ♦ Lifetime risk 20–25% or greater, as defined by risk assessment models that are largely dependent on family history like Tyrer-Cuzick, BRCAPRO, BOADICEA
- ♦ Radiation to chest between age 10 and 30 years

♦ Li-Fraumeni syndrome, Cowden and Bannayan-Riley-Ruvalcaba syndromes and their first-degree relatives

Since the combined sensitivity of mammography and sonography is only 52%, compared to 92.7% for combined mammography and MRI, in high risk women, breast MRI is recommended over sonography as supplemental screening modality in this population. Since 2007, insurance companies have been covering annual screening breast MRI in the above mentioned high risk women. Most of these women are typically younger and tend to have dense breasts on mammogram.

Currently, there is insufficient evidence to recommend for or against MRI screening in women with intermediate lifetime risk, which includes women with 15–20% lifetime risk, those with only heterogeneously or extremely dense breast on mammography or only with a personal history of breast cancer. In these patients, American Cancer Society recommends that insurance payment should not be a barrier and that screening decisions should be made on a case-by-case basis, as there may be particular factors to support MRI.

In several US states, screening ultrasound is being utilized as an adjunct to mammography to screen women with dense breasts who may not qualify for breast MRI. Advantages to the incorporation of sonography into a breast cancer screening program include the fact that breast ultrasound is well tolerated, noninvasive, and relatively inexpensive. Also, it is easy to biopsy lesions seen only by sonography. However, limitations are also evident. The examination is operator dependent, and the skills of individual technologists and radiologists are variable. While cancers detected with screening sonography have generally been stage I invasive breast cancers, there is no data to assess the ability of sonographic screening to decrease breast cancer mortality. Another issue is reimbursement of screening breast ultrasound by insurance is questionable and many patients may have to pay out of pocket for this test, possibly a few hundred dollars. Currently only, Connecticut and Illinois mandate insurance company coverage.

There is insufficient evidence to support the use of other imaging modalities such as thermography, breast specific gamma imaging (BSGI), positron emission mammography (PEM), or optical imaging for breast cancer screening. Radiation dose from BSGI and PEM are 15-30 times higher than

the dose of a digital mammogram, and they are not indicated for screening in their present form.

Conclusion - For all women, irrespective of whether they have dense breasts or not, annual screening mammogram is recommended starting at age 40.

If a woman has dense breasts on mammogram, she is encouraged to talk to her doctor to know whether she is a high risk patient for breast cancer. If she is a high risk patient, then she will qualify for annual screening breast MRI in addition to the annual mammogram. If she is not a high risk patient, then the debate is still out whether supplemental screening options (ultrasound or MRI) might be beneficial. Further studies, some underway, are needed to better define the appropriate target population and to see its effects on patient outcomes. Until more absolute recommendations become available for women with dense breasts who have intermediate to low risk for breast cancer, these supplemental screening modalities will have to be addressed on a case by case basis, understanding that sometimes there may or may not be insurance coverage and that the patient might have to bear the cost.

If a woman does not have dense breasts on mammogram, then there may be other factors that may still place her at increased risk for breast cancer and hence she is encouraged to talk to her doctor.

Special Events

July 6, 9:30 a.m.

Pretty in Pink Horse Show

Silver Spur Arena, Hudson

www.NEISCA for show information

July 8, 7:00 a.m.-7:00 p.m.

Pink Fire TrucksTour Event

CVSI Motorsports

4325 University Ave, Cedar Falls
(old Holdiman's)

www.beyondpinkteam.org (for details)

August 2, 11:0 a.m. - 1:30 p.m.

Cooking for a Cause BBQ

State Bank & Trust Company

561 Main Street, Dike

August 16- All Day

Plant it Pink

Tulip Order Deadline

see insert or www.beyondpinkteam.org
for order form

October 5 - Morning

Pink Ribbon Run

Downtown, Cedar Falls

www.beyondpinkteam.org for details

MISSION – Beyond Pink TEAM is a nonprofit organization whose mission is to provide breast cancer prevention, education, support and advocacy for comprehensive, quality care in the Cedar Valley and surrounding communities.

Resources

Information, support, counseling, and educational materials are available from the following:

Beyond Pink TEAM is a local breast cancer organization providing a variety of services. Our website lists services we provide as well as other services available in the Cedar Valley. www.beyondpinkTEAM.org

Living Beyond Breast Cancer includes a helpline, newsletter and information. Survivors Helpline: 888-753-5222 www.LBBC.org

Young Survival Coalition connects with other young women diagnosed with breast cancer. www.youngsurvival.org

Cancer Care is a national nonprofit organization offering counseling, support, financial assistance and education to individuals with cancer and their families. www.cancercare.org

Iowa Cancer Consortium offers cancer information and links to resources in Iowa. www.canceriowa.org

American Cancer Society offers cancer information and services. www.cancer.org. Local office: 319-234-0990 – 2709 University Ave, Waterloo

National Breast Cancer Coalition The NBCC's mission is to eradicate breast cancer by focusing the government, research institutions and consumer advocates on breast cancer. It encourages advocacy for action and change. www.stopbreastcancer.org

M.D. Anderson Cancer Center, University of Texas offers patient and cancer information. www.mdanderson.org

Susan G. Komen for the Cure website offers cancer and social networking information and a newsletter on their website. www.komen.org

Iowa Breast Resource Guide is available on the Iowa Breast Cancer Edu-action website. www.iowabreastcancer.org

Touch of Courage • • • Connection

Cedar Valley Cancer
Committee
4756 Charolais Dr
Waterloo, IA 50701
www.beyondpinkTEAM.org

Connect with us...Your support financially or through volunteering is both needed and appreciated. Please feel free to complete the following and forward to Cedar Valley Cancer Committee at address listed.

Name _____

Address _____

City State Zip

Phone _____ E-mail _____

I would like to participate with the Beyond Pink TEAM by:

- Willing to write a survivor story for the newsletter
- Volunteer: *(Check all that apply)*
 - Projects Assisting at Health Fairs
 - Attending Fundraisers Annual Luncheon
 - Committees (Education, Support, Advocacy, Fundraising, Financial)
- Willing to write letters or make phone calls to legislators for breast cancer issues, through the Iowa Breast Cancer Advocacy Network.
- Interested in making a donation. Make checks payable to: Beyond Pink TEAM
(all donations are tax deductible)
 - BPT Fund NBBC Scholarship Fund Area of Need