

# *Pink Tie Party*



Special Pink Tie Party Issue  
November 2008

# Pink Tie Party 2008

The New Jersey Performing Arts Center was rockin' on October 25th for the Affiliate's Pink Tie Party. And a party it truly was. Over 700 guests kicked-up their heels and danced non-stop to the sounds of the Starlight Orchestra.

Fabulous food, drink, live and silent auctions and entertainment highlighted the evening. New Jersey Governor Jon S. Corzine stopped by to offer his support and praised the Affiliate for its dedication, "moxie and fire in the belly" in fighting the disease.

NJN News Anchor, Kent Manahan served as Mistress of Ceremonies and Auctioneer, Joanne Mournet, Doyle, New York, led the Live Auction ably assisted by Steve Aduabato, Emmy Award-winning Anchor Thirteen/WNET and MSNBC Analyst, and Sapna Parikh, MD, Fox 5 Medical Correspondent.

A Pink Tie event would not have been complete without recognizing the individuals and organizations who demonstrate an extraordinary commitment to the Affiliate and its promise to save lives and end breast cancer forever. The 2008 Pink Tie Party Honorees were:

## Individual Honorees

*Komen North Jersey Affiliate Presidents Emeritus*

**Amy G. Margolis**

**Andrea B. Karsian**

**Lisa Ryan Burke**

## Medical Honoree

**Deborah M. Capko, MD, FACS**

Memorial Sloan-Kettering Cancer Center  
Basking Ridge, New Jersey

## Corporate Honoree

**sanofi-aventis U.S.**

**John J. Harrington**, Vice President  
and Head of the U.S. Oncology Business Unit,  
sanofi-aventis, U.S.

In introducing this year's Honorees, Affiliate Executive Director, Deb Belfatto, said, "Our 2008 Honorees have distinguished themselves through the exceptional contributions they've made of both time and support. They are committed; they are dedicated, and we are proud to have them as partners in our hope and vision – a world without breast cancer."

A special thank you to Pink Tie Party Chairs, Angela Armstrong and Kathleen Hubert-McKenna, for a truly wonderful evening.



*Pink Tie Party Chairs, Angela Armstrong and Kathy Hubert McKenna*



*Honorees, Lisa Ryan Burke, Andrea B. Karsian, John J. Harrington, Deborah M. Capko, MD, FACS and Amy G. Margolis*

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## From the President of the Board, Lois V. Greene, RN,C...



I am proud to be the new Board President of the North Jersey Affiliate. I was born in London, England, grew up in Montclair, NJ, graduated from Rutgers University School of Nursing and the MBA program at the University of Phoenix. I'm married to a wonderful man, William, and we have three amazing children ages 9, 11 and 13 — Jayde Elizabeth, Xavier William and Gabrielle Alesia. An author, whose name I can't recall, said, "Life is not measured by the number of breaths we take, but by the moments that take our breath away." I believe that the journey of life is sprinkled with these moments. I am passionate about creating those moments in the lives of the people we serve and the supporters that help us make it happen.

Susan G. Komen for the Cure® has one mission: saving lives and ending breast cancer forever. The North Jersey Affiliate has contributed significantly toward that mission. Over the past 12 years, more than 400 grants, totaling \$10 million, have been awarded for education and services to women and men affected by breast cancer. These are fabulous accomplishments. However, there is so much more to be done. At present, we are undoubtedly going through some of the most turbulent economic times our country has ever seen. We recognize this and thank all of you for your unwavering support. You know that we battle a disease that is equally brutal and relentless in its devastation. We anticipate that even more women will be reaching out for our help and support. Whether you volunteer or send donations, large or small, please know every effort counts. To move the Komen mission forward requires all of our collective efforts. I look forward to working with you to realize our vision of a world without breast cancer.

The inaugural North Jersey Affiliate Susan G. Komen Race for the Cure® in May of 2008 was one of those events that took my breath away. The November 4th presidential election was another. During the Race, I symbolically took the baton from Affiliate President Lisa Ryan Burke. Taking the baton symbolized the reality that the race is not over; we all have to do our part to reach the finish line. There is something to be said about the power of human determination. As I walked through the crowds, there was an energy that was palpable and amazing. Human beings fueled by a noble purpose are unstoppable. And, we at the North Jersey Affiliate are unstoppable! To meet the goals we have set, it will take men, women and children, all of whom persistently, purposely and passionately take action.

I look forward to working with each of you in achieving our goal.

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# What's the story with Fosamax?

*Recent reports have women wondering if they should stop taking this widely prescribed osteoporosis drug.*

In 1995, the FDA approved alendronate (Fosamax) for the treatment of postmenopausal osteoporosis, a bone-weakening condition that affects more than eight million women and causes 1.5 million fractures each year in the United States. Fosamax increases bone mineral density and significantly reduces the risk of spine, hip, and wrist fractures in women with osteoporosis and in those with low bone density that doesn't meet the criteria for osteoporosis (a condition called osteopenia). Fractures are an important cause of disability and death in postmenopausal women. Hip fractures lead to hospitalization and, usually, surgery — and they often result in nursing home care. Only 40% of hip fracture patients ever regain their independence, and nearly 25% die within a year. Vertebral fractures can cause debilitating back pain, and they, too, increase the risk of premature death.

**Fosamax belongs to a class of drugs called bisphosphonates, which work by slowing resorption, the breakdown phase of normal bone remodeling. Fosamax is the oldest of these drugs and has been used the most and studied the longest. We know, for example, that it improves bone density for at least 10 years. Most patients tolerate Fosamax well; its most common side effects are irritation of the esophagus and stomach ulcer.**

In the past few years, reports have emerged linking bisphosphonates with osteonecrosis (bone death) of the jaw and atrial fibrillation. With respect to Fosamax, those concerns have largely been allayed: users rarely develop osteonecrosis of the jaw, and the evidence for a relationship with heart rhythm problems is conflicting. But now, new concerns have been raised by reports of unusual fractures of the thighbone (femur) in long-term Fosamax users. There are no evidence-based guidelines on how long patients can or should take Fosamax, but some women and their physicians are considering a drug holiday. Many of our own readers have written, asking if they should stop taking the drug.

## What's the evidence?

In 2008, researchers in Singapore published a report on 17 postmenopausal women, average age 66, who experienced fractures across the thighbone unprovoked by major trauma. All of the women had been taking Fosamax for an average of five years, and 13 of them had leg pain before the fracture developed. The researchers reported similar findings in a smaller study in 2007; they theorized that prolonged suppression of bone remodeling by Fosamax may have encouraged fracture-inducing microdamage to the bone.

Prompted by the Singapore findings, clinicians at New York's Hospital for Special Surgery identified 70 patients who had suffered low-energy fractures between 2002 and 2007. (Low-energy fractures occur from a fall from standing height or less.) Twenty-five (36%) had been taking Fosamax. Of these, 20 had suffered a fracture across the femur, and 19 of those fractures occurred in patients who had been taking Fosamax the longest — on average, seven years. The researchers concluded that long-term Fosamax use is a significant risk factor for low-energy fractures of the femur.

The initial reports also drew letters to the editor of *The New England Journal of Medicine*, including evidence both supporting and refuting a link between bisphosphonates and nontraumatic fractures. The studies thus far have been small, retrospective analyses, and they haven't taken into account other factors that could contribute to such fractures, including general ill health. But given what we know about the effects of bisphosphonates on bone remodeling, the findings seem plausible. In the short term, slowing bone resorption increases bone density. But in the long run, it may impair new bone formation and reduce the bone's ability to repair microscopic cracks from normal wear and tear. (There's some evidence in animal studies that Fosamax can inhibit microdamage repair.) Over time, such microdamage might accumulate and cause a fracture. Also, while bone

breakdown is suppressed, the mineralization process continues, potentially resulting in "hypermineralized" bone, which may be more brittle and less resilient to wear and tear. This is all largely speculative, as no studies have produced empirical evidence that such mechanisms actually lead to fractures.

## Now what?

Merck, the manufacturer of Fosamax, says it will undertake further study of the drug's effects on bone. And the FDA and Merck will continue monitoring for adverse events. In the meantime, it's important not to overreact. Fosamax has a proven capacity to prevent fractures — and the disability and death that can accompany them. By 2010, according to the National Osteoporosis Foundation (NOF), as many as 12 million Americans will have osteoporosis, and over 40 million will have osteopenia (low bone mass). Most experts believe that when Fosamax is used appropriately, its benefits greatly outweigh the risks.

Clinicians diagnose osteoporosis by measuring bone mineral density with a technique known as dual-energy x-ray absorptiometry (DXA). DXA results are used to calculate a statistical measure called a T-score. Experts recommend that a woman with osteoporosis (defined by a T-score of  $-2.5$  or below) should strongly consider drug treatment to reduce her fracture risk.

**Women with osteopenia — a T-score between  $-1.0$  and  $-2.5$  — should consider other risk factors before deciding about drug therapy. The World Health Organization has developed the Fracture Risk Assessment Tool (FRAX), an online calculator that estimates an individual's 10-year risk of having a hip fracture or other major fracture (available at [www.nof.org](http://www.nof.org) and [www.shef.ac.uk/FRAX](http://www.shef.ac.uk/FRAX)). The NOF suggests that a woman with osteopenia should consider drug treatment if the FRAX calculator says that her 10-year risk for a hip fracture is at least 3% — or her 10-year risk for any major fracture is at least 20%.**

Currently, there's no consensus on how long you should take a bisphosphonate medication. Until we know more, women taking Fosamax who have severe osteoporosis or a prior fracture should probably continue doing so indefinitely. But results from the Fracture Intervention Trial Long-term Extension (FLEX) study published in 2006 suggest that some women can eventually stop or take a break. In that study, women who had taken Fosamax for at least five years were randomly assigned to continue the drug or switch to a placebo for five more years. Those who discontinued Fosamax (the placebo takers) showed a gradual decline in bone density and a slight increase in the risk for spine fractures, but the rate of hip fracture,

a far more serious injury, was the same in the two groups. (Women with severe osteoporosis — a T-score below -3.5 — were excluded from the study.)

### What can you do?

As with any drug, don't take Fosamax unless you're sure you need to. If you've been taking it and are concerned about long-term effects, talk to your clinician about taking a break. Unfortunately, we have little solid evidence to guide us in this area. We know that bisphosphonates stay in bone for years, so it's not clear that a "drug holiday" will lower your risk for possible long-term effects. If you

decide to take a break, be sure to have your bone density tested after a year or two. If it has declined significantly, you can always resume bisphosphonate therapy.

Meanwhile, continue all the other measures that help protect and maintain bone density: take 1,200 to 1,500 milligrams of calcium and 800 IU of vitamin D every day; get 30 minutes of weight-bearing exercise at least three times a week; and if you smoke, do your best to stop.

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## Komen Champions for the Cure®

### Washington Update

The new 111<sup>th</sup> Congress will be sworn in after the first of the year. The Susan G. Komen for the Cure® Advocacy Alliance is joining other cancer groups in calling for a \$1.9 billion increase for the National Institutes of Health (NIH) and the National Cancer Institute (NCI) in the economic stimulus package. This would provide essential funding for the NIH and support life-saving cancer research.

A new President, a new Congress and a new opportunity to end cancer. We are anticipating that the historic Kennedy/Hutchison comprehensive cancer bill will be introduced in January 2009. The Kennedy/Hutchison bill seeks to reinvigorate the country's commitment to ending cancer through research, prevention, treatment and quality of care. We haven't seen cancer legislation of this breadth since President Nixon declared war on cancer in the 1970s. Yet, it will take all of us urging our federal legislators to support this bill to get it done. Stay tuned for more updates on this historic legislation as it happens.

### New Jersey Statehouse Goes Pink with Pink Ribbon Coffee

The North Jersey Affiliate hosted the first annual Pink Ribbon Coffee at the Statehouse in Trenton for members of the New Jersey legislature. Joining the Affiliate as co-host was the Central and South Jersey Affiliate. The event celebrated National Breast Cancer Awareness



*New Jersey Commissioners of Health, Heather Howard and Deb Belfatto, Affiliate Executive Director.*

month and showcased Susan G. Komen for the Cure® Advocacy Alliance. Keynote Speaker, Kim Milbrath, Komen Public Policy Specialist, presented Komen's public policy initiatives for FY2009, underscoring the importance of public/private partnerships in finding the cures for breast cancer.

Participating with the Affiliates were the New Jersey Commission on Cancer Research, the New Jersey Office of Cancer Control and Prevention and the New Jersey Cancer Education and Early Detection Program. Special guests included Governor Jon S. Corzine and the Commissioner of Health, Heather Howard. Commissioner Howard presented a proclamation to the Komen Affiliates from Governor Corzine to mark the 24<sup>th</sup> year of National Breast Cancer Awareness Month.

### Breast Cancer and Environmental Research Act

The Breast Cancer Environmental and Research Act (BCERA) was signed into law by the President in early October. Leaders in both the House and Senate worked across the aisle to forge this bipartisan agreement. Focusing federal research on the links between breast cancer and the environment will help get us closer to our ultimate goal of ending breast cancer forever.

The BCERA will play an important role in increasing the investment in innovative research by:





- Establishing a national strategy to explore the association between breast cancer and environmental factors, which many scientists believe play a significant role in the development of the disease
- Creating an Interagency Breast Cancer and Environmental Research coordinating Committee within the Department of Health and Human Services that will make recommendations regarding the expansion of research partnerships and public participation in decisions related to breast cancer research
- Authorizing up to \$40 million per year for research-related activities.

We are grateful to all our e-Champions who took action and wrote their legislators urging them to support this bipartisan bill. Lawmakers heard our voices and took action — proof that our collective voices really can make a difference.

*“Individually, we are one drop. Together, we are an ocean.”*

Ryunosuke Satoro

Your generosity can save a life.  
Help us to continue to provide critical breast health resources for northern New Jersey women in need—

-  Mammography Screening
-  Education
-  Treatment
-  Family Support Services

Please consider a year-end contribution to the Komen North Jersey Affiliate. No contribution is too small — every dollar truly makes a difference, and together we can save lives.

**YOUR HELP HAS NEVER BEEN MORE IMPORTANT.**

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