

FOR THE  
**CURE**

MAMMOGRAMS SAVE LIVES!

Pink Tie Party Gives  
Breast Cancer  
**The Boot**

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## 2009 Pink Tie Party - New Wild & Western

Cowboy hats, boots, bandanas buckles, and, yes, even spurs were the accessories of the evening at this year's Pink Tie Party. Over 500 western clad friends and supporters of the Affiliate took part in the evening's festivities to raise funds for mission programs. The western-themed event featured a whiskey tasting saloon, general store, Texas Hold'Em, cocktail reception, silent auction, entertainment by piano player Bob Egan and a fabulous blue grass band, dinner and dancing to the beat of Steppin Up. Hats off to Pink Tie Chairs, Jean Criss and Joan Rothbard Simms, for a fun-filled and successful evening. And a special thank you to all our Pink Tie volunteers for their dedication of time and talent.

The most poignant part of the evening featured a video on Jennifer Goncalves, a twenty-six year-old who died of breast cancer fourteen months after her diagnosis and two weeks before her wedding. Her sister, Jessica, and her aunts, Maria Martins and Lucy Piccininni, talked about their sister and niece—her joy for life, her strength, character and beautiful smile. Following the video, guests were given the opportunity to

make a pledge to the Affiliate grant program to support critical life-saving services throughout the northern New Jersey region.

No Pink Tie event would be complete without recognizing individuals and organizations who have demonstrated an extraordinary commitment to the fight against breast cancer. 2009 Pink Tie Party Honorees were:

Medical Honoree

**Jan A. Huston, MD, FACS**, Medical Director The Connie Dwyer Breast Center, Saint Michael's Medical Center, a member of Catholic Health East

Corporate Honoree

**PNC and Daria Placitella**, Director, Eastern Region Wealth Management, and **Linda Bowden**, Northern New Jersey Regional President

Individual Honorees

**Kathleen Hubert-McKenna and Kenneth C. McKenna**

The Affiliate also paid special tribute to this year's Pink Tie Honorary Chair and retiring Board member, C. Ron Cheeley, for his leadership, contribution and commitment to the Komen mission. Ron served on the Affiliate's Board of Trustees for five years, spearheading its Corporate Development efforts for the Pink Tie Ball® and Pink Tie Party as well as the 2008 and 2009 Komen North Jersey Races for the Cure®.

Congratulations to Jan, Daria, Linda, Kathy, Ken and Ron. We are proud to have you as partners in our fight against breast cancer, and thank you for your exceptional contributions to the Affiliate.



*Mistress and Master of Ceremonies Sapna Parikh, MD, Fox 5 Medical Correspondent, and Steve Aduato, PhD, broadcaster, author and motivational speaker.*

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#### Newsletter Editors

Barbara Waters and Beverly Cohen



*(l to r) C. Ron Cheeley, Joan Rothbard Simms, Daria Placitella, Linda Bowden, Deborah Belfatto, Ken McKenna, Kathy Hubert-McKenna, Jean Criss, Dr. Jan Houston*

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# Pink Tie Party Cowgirls and Cowboys



Photos Courtesy of:  
Peter Wallburg, Studios & The Image Maker



## Affiliate Review

October, 2009, was the twenty-fifth anniversary of “National Breast Cancer Awareness Month.” It was a time for the North Jersey Affiliate to reflect on what we have accomplished in our thirteen-year existence and a time to assess what still needs to be done.

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**Our promise to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures is renewed and vigorously enacted in our nine-county service region.**

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This Fall, we completed our 2009 Community Profile which provides data findings indicating current, county-specific, morbidity and mortality rates, while identifying gaps in breast health services for Affiliate response and resolution. The Profile is a snapshot of each county we serve. As well, it is a guideline for Affiliate grant-making to community-based organizations for the next two years.

The exploratory data revealed that the Affiliate has been effective in all but one county in outreach and education in its service region. This county has been targeted for intense outreach, education, screening and advocacy initiatives over the next two years.

The data also revealed that a greater number of women, of all ethnicities, are being diagnosed at an earlier stage. It is now evident that after a decade of awareness, education, screening, grant-making and advocacy, our efforts have made a tremendous difference in the lives of thousands of women and their families.

The “good news” is that breast cancer mortality rates continue to decline overall for our nine-county service region — and nationally. There are currently 2,500,000 breast cancer survivors in the United States — more survivors than any other type of cancer.

However, this year, despite the collective efforts of many breast cancer-related organizations, as well as Komen, approximately 195,000 people will be diagnosed with invasive breast cancer, and over 40,000 will lose their battle with the disease — equal to the entire population of Hoboken, New Jersey.

In the northern New Jersey region, women continue to be diagnosed with breast cancer — the insured, and the uninsured. In the current economic environment, there are many more uninsured women who must overcome access barriers to screening, treatment and supportive care and the numbers are increasing at an alarming rate. Our 2009 Community Profile indicates that there are 327,000 uninsured women in our service region.

The New Jersey Cancer Education and Early Detection Program (NJCEED) is a successful collaboration of the Centers for Disease Control (CDC) and the State of New Jersey to address the breast health needs of uninsured and underinsured women who are eligible for its education, outreach, screening and case management services. If a woman is diagnosed through an NJCEED Program, she will have access to treatment through Medicaid (initiated by the Breast and Cervical Cancer Treatment Act of 2000).

During fiscal 2008, however, only 15% of eligible women in the Affiliate service region received a mammogram, clinical breast exam and breast health education through an NJCEED screening program, due to federal and state limitations in funding.

Further complicating access-to-care issues has been the considerable number of hospital closings in our service region during the last two years. These closings, including two in the City of Newark have placed an undue burden on existing providers, resulting in new gaps in access and care.

In 2009, the Affiliate awarded funding to twenty-four community organizations, representing a variety of programs and services. Our three-year grant to the University of Medicine and Dentistry of New Jersey (UMDNJ), was recently cited as helping to set the stage for an NCI-Designated Minority-based Community Clinical Oncology Program awarded to UMDNJ — one of only fourteen recipients in the U.S. The awards amounted to more than \$2 million in state and federal funding and will focus on the clinical trials recruitment program aimed at minority patients.

Grantees represent the grassroots activism that not only brings us closer to the cures, but supports sustainability of the promise in the communities we serve. For the first time in our thirteen-year history, we turned down several worthy grants, simply because we did not

have the dollars to fund them. However, we are finding new and creative ways to support those organizations that we did not fund, providing education and a variety of resources, including speakers, to strengthen their programs.

Our 2010 Komen Race for the Cure® on April 25<sup>th</sup> will require even greater support from the community. Dollars raised will be critical in maintaining the level of service to women in need, as well as helping to leverage increasingly diminishing federal and state funds for necessary breast health programs.

In the constantly changing health care environment, advocacy has become paramount. The North Jersey Affiliate has been a key public policy force in the State of New Jersey, and nationally, since the inception of Komen's public policy program. Affiliate representatives have educated members of the New Jersey State Legislature and the New Jersey Congressional Delegation about breast cancer and critical issues surrounding the disease. In addition, they have advocated for increased funding for research and programs that ensure access to care for all women, regardless of ability to pay. There are no known cures for breast

cancer. The disease continues to be an epidemic, knows no boundaries and repeatedly inflicts its devastation on thousands of women and families each year.

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**There is still much work to be done to end breast cancer. Each day brings renewed passion and hope. New research discoveries and modalities tell us that we are growing closer to the cures. This is our mission; this is of our promise.**

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Barbara Waters  
Outreach, Education, Advocacy

Mary Hess  
Grants

Beverly Cohen  
Communications, Advocacy

## Ask the Breast Doc...



*M. Michele Blackwood, MD, FACS, Director, Breast Health & Disease Management, Saint Barnabas Medical Center; Assistant Clinical Professor, Department of Surgery, Columbia University.*

*Recently, we had the opportunity to sit down with Dr. Blackwood, a long-time member of the Affiliate's Medical Advisory Council, to have her recap where we are in the war on breast cancer and to give us her perspectives on advances in research, modalities in the pipeline for prevention, diagnosis and treatment of breast cancer.*

### Is breast cancer just one disease?

Breast cancer is many biologically different diseases with the same label. For years we have evaluated our patients with breast cancer by the pathological type of cancer and the stage at diagnosis. We would also look at the receptor status of the disease.

The most common type of breast cancer is infiltrating or invasive ductal cancer. This type of breast cancer is seen in 85% of patients. Invasive lobular cancer is involved with about 10-15% of breast cancers seen. The breast is made of ducts and lobules. Therefore, it makes sense that these are two areas in which breast cancer can grow.

### What does staging tell us?

The stage of disease tells us how big the tumor is and if any lymph nodes are involved. It can also tell us if the cancer has spread to any other organs, such as the brain, bone, lung or liver. The earlier stage diseases, such as stage 0 or 1, have much better overall prognoses.

In order to tailor treatment to the patient's type of tumor, we analyze the presence of hormone sensitivity. We need to determine if the tumor has receptors for estrogen or progesterone. If the tumor has estrogen receptors (ER), we then identify that tumor as estrogen positive; if the tumor is absent an estrogen receptor, it is identified as estrogen negative. The same analysis is applied for progesterone receptors (PR). Tumors can be classified as progesterone positive or negative.

We also need to know if the tumor is Her2neu positive. Each normal breast cell contains copies of the Her2neu gene. The Her2neu gene is found in the DNA of a cell and helps to control the way cells grow, divide and repair themselves. With Her2neu positive breast cancer, there is an overexpression of its protein product.

### We've always believed that the smaller the tumor, the more positive the outcome. Is this still true?

We have seen patients die from really small tumors, and patients live who have had really large, extensive tumors. This goes against all logic. We now believe that part of the answer to your question is the biology of the tumor itself.

### We understand that gene expression profiling has come in to use as a way of defining new subtypes and descriptions of breast cancer. What are these new subtypes and what does this mean?

The new subtypes are :

1. Luminal A tumors which are strongly ER/PR positive
2. Luminal B tumors which are ER positive and PR negative
3. Her2neu positive regardless of estrogen or progesterone
4. Triple negative disease which expresses no ER/PR or Her2neu
5. Normal breast subtypes

These subtypes have been found by analyzing the cancer cells at the molecular level. The actual DNA and RNA of the tumors have led us to believe that these tumors are all very different, in their behavior and their response to treatment.

For instance, Luminal A tumors respond very well to Tamoxifen or Arimidex but do not respond as well to chemotherapy. They tend to be slightly less aggressive in their ability to metastasize. This is the classic tumor we tend to see in older women.

Luminal B tumors are less reliable. They need more treatment and are not as responsive to Tamoxifen or Arimidex. Many times women will need chemotherapy to help battle this disease.

Her2neu positive tumors are an entity unto themselves. For years, they were thought to be the most aggressive tumors and were found in younger women. They grew very quickly; they metastasized to other organs. However, with the advent of targeted therapies, like Herceptin and

Tykerb, these tumors show an amazing response and can miraculously melt away. Triple negative tumors are very difficult to treat currently. Much emphasis in research is being placed on the treatment of this disease. These tumors occur more often in young women. They occur more frequently in African-American women than in Caucasian women, and seem to grow and metastasize despite our best efforts. Triple negative tumors may originate from a different part of the duct known as the dendritic cell. There also may be a separate subtype to this called Basaloid tumors. Several drugs are being used in the battle with triple negative breast cancer. PARP, short for “poly ADP (Adenosine Diphosphate) - Ribose Polymerase”, inhibitors are a new class of drugs that are being investigated to help treat this disease. The results are not yet known.

Other breast cancer subtypes are being intensely analyzed. With continued research, different therapies can be developed to target individual tumors, thereby eradicating breast cancer which is our goal.

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## **Recently the U. S. Preventive Services Task Force (USPSTF), part of HHS, issued new recommendations for existing screening mammogram and BSE guidelines. What is your response to these recommendations?**

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I believe mammograms still save lives, including in the 40 -50 age group. The reduction in overall breast cancer mortality is 15-24% in women who have regular

mammograms. One-third of breast cancers are found by mammogram, one-third by the patient herself and one-third by her physician. We cannot eliminate any of the possible screening we have available to us. Many of us would like an even better type of screening. However, if we eliminate these three methods, we will be retreating from known and helpful modalities. It is very important not to lose sight of the fact that early detection is a key piece of the puzzle in our quest to cure breast cancer.

We saw a dramatic decrease in mortality from breast cancer over the past 20 years and evaluation of data indicates that early detection played a large role in this reduction.

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## **Is there anything better than a mammogram to detect breast cancer?**

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The quick answer to this is, not yet. However, we do have many new imaging techniques for looking at the breasts and making sure there is no cancer.

Most people at this point know that digital mammography is widely available. It has been around for about ten years and is a similar tool to analog mammography in its daily utilization. However, the digital images are portable, and have improved contrast between dense and non-dense breast tissue, which make the images easier to read. Women cannot know if they have dense tissue. This is only something a radiologist can determine. Most young women have dense breast tissue, but density becomes less with age. Digital mammography can also be manipulated to correct for under or overexposure after the exam is completed, eliminating the need for some women to undergo repeat mammograms before leaving the facility.

One imaging technique that is being investigated for even clearer pictures, is digital tomosynthesis. Tomosynthesis is performed in a similar manner to a regular mammogram but the breast is only compressed once. The machine swings in an arc over the compressed breast and takes multiple images. The pictures are then assembled by a computer to make a 3d image. It is a great way to define any abnormalities.

Other imaging techniques include a class of imaging that is called molecular imaging. A nuclear “dye” is injected into a vein in the hand and different machinery looks at the breast tissue to see if there is any hidden cancer. It is a technique that has been around for years with cardiac imaging. It may be a great adjunct for certain patients.

PEM, or pet mammography, is something that is coming into the forefront as well. PEM involves the injection of a sugar mixture into a vein in the hand, followed by a machine scan of the breast. PEM is being considered for patients that have cancer and cannot have an MRI to check for extent of disease.

MRI is a very useful tool for evaluating women with breast cancer or women who are at high risk for the disease. It looks at the function of the breast as opposed to the anatomy of the breast. Any abnormalities discovered in the function of the breast tissue may signal the presence of a small cancer which might not have been seen on a mammogram or ultrasound. We routinely use MRI to map the breast prior to surgery for cancer.

New modalities in imaging are very exciting and helpful in finding small breast cancers. However, they are technologically advanced and require much research to bring them to market.

## Are there any new theories on the horizon in the development of breast cancer?

A new theory has been presented in the development of breast cancers and explains the reasons for recurrence. It is the theory that there are stem cells that are somehow stimulated to mutate into breast cancer cells. They are long-lived, slowly-dividing progenitor cells that are not affected by chemotherapy or radiation therapy. They are unable to be seen or detected. These stem cells may stay in the body or the breast for 10-30 years without becoming breast cancer. Recurrences can occur if these progenitor stem cells dictate new breast cancer growth. The stem cells can spread and cause the breast cancer to morph into something more deadly than the original tumor. It is thought that these tumor initiating cells could be the key to a cure.

## We hear that mastectomy rates have been skyrocketing, can you comment?

Yes, for some reason, the rates for mastectomies are four times what they were 5 - 10 years ago. And, the reasons for this are unclear. It may be that reconstruction options are better. It may be that doctors are worried about the possible stem cell theory. It may be that more imaging has lead patients to worry about future biopsies. Having breast cancer in one breast increases one's risk of breast cancer in the other breast. However, Tamoxifen may decrease this risk. Right now the reasons for the increase for mastectomy rates are unknown, but it does appear that many patients are choosing this option.

## Are there any concluding comments you would like to share?

In the near future, we will need to face the dichotomy of better technology with the possible rationing of care due to increasing health care costs. At some point, we may need to make our voices heard loud and clear. We will not back down from the fight against breast cancer, particularly at this time.

## 4 Breast Care Steps

1. Know your risk
2. Get screened
3. Know what is normal for you
4. Make healthy lifestyle choices

## Komen Position on New Mammography Recommendations

The U.S. Preventive Services Task Force (USPSTF) recently made recommendations that significantly change breast cancer screening approaches, recommending against routine mammograms for women 40-49 and questioning the value of breast cancer screenings for women older than 75. The USPSTF's recommendations are not binding but are often consulted by medical professionals and by third-party public and private medical funders. The following are the Susan G. Komen for the Cure® key points in response to the USPSTF recommendations.

- While there is some disagreement about when mammograms should begin and on what schedule, all agree, including USPSTF, that mammograms save lives in women 40 to 49 and over 50.

- We would not want to see a change in policy or reimbursement for screening mammography at this time. Susan G. Komen for the Cure continues to recommend annual mammography beginning at age 40 for women of average risk and earlier for women with known risks for breast cancer. Komen's current screening guidelines can be found at [www.komen.org](http://www.komen.org). We are constantly evaluating our guidelines and would not change them without serious consideration.

- Our real focus, however, should be on the fact that one-third of the women who qualify for screening under today's guidelines are not being screened due to lack of access, education or awareness. That issue needs focus and attention: if we can make progress with screening in vulnerable populations, we could make more progress in the fight against breast cancer.

- Komen has funded extensive education, awareness and screening programs. This year alone, Komen has funded education/awareness programs reaching more than 3 million women; and has funded programs providing breast screenings to more than 500,000 women and men in underserved populations. This is part of our \$900 million investment in community programs since inception.

- Mammograms aren't perfect but are our best tool for early detection until we can develop more precise screening methods and more accurately predict which women are at risk for breast cancer. Komen is funding significant research into developing better screening tools as part of a research portfolio totaling \$450 million to date.

# Weight Lifting Eases Lymphedema Symptoms in Breast Cancer Survivors

One of the most common and most troublesome consequences of breast cancer treatment is lymphedema—fluid accumulation and tissue swelling from damage to the lymph drainage system. The condition often develops after lymph node biopsy and radiation therapy affecting the armpit. Symptoms include swelling, discomfort, and a heightened susceptibility to infection in the associated arm. Breast cancer survivors have long been advised to go easy on the arm, and in particular, to avoid heavy lifting and resistance-training exercise. As a result, women with lymphedema often favor the opposite arm, or forgo upper-body exercise, and the arm becomes progressively weaker.

Now a study published in *The New England Journal of Medicine* (Aug. 13, 2009) has turned conventional wisdom on its head. The report, which is based on the largest clinical trial of its kind, indicates that graduated weight training doesn't exacerbate and can even ease the symptoms of lymphedema. The randomized Physical Activity and Lymphedema (PAL) trial, led by researchers at the University of Pennsylvania, builds on evidence from earlier reports suggesting that progressive resistance training does not induce or worsen lymphedema in breast cancer survivors.

## The Study

Researchers enrolled 141 breast cancer survivors who had undergone lymph-node removal at least one year before and had since developed lymphedema. At the beginning of the study and at 12 months, they measured the size of the women's arms and tested their arm and leg strength. A lymphedema therapist evaluated the tone, texture, and quality of the women's arm tissue. Participants answered questions about lymphedema-related symptoms, including swelling, pitting, leathery skin, pain, and difficulty writing.

The women were divided into two groups matched for age, strength, and symptom severity. Half were randomly assigned to receive progressive weight training; the other half (the control group) were asked not to change their exercise level for a year. Subjects were fitted with customized compression sleeves to wear during exercise.

The women in the weight-training group worked out in supervised sessions at a fitness center for 90 minutes twice a week. Each session included stretching and a cardiovascular warm-up in addition to weight training (see "What the PAL workout involved"). Upper-body exercise included lifting hand weights and pulling handles on a resistance machine. The women followed this supervised protocol for the first 13 weeks of the yearlong study. For the remaining 39 weeks, they continued the exercise regimen on their own.

At the end of the year, the proportion of women in each group with increases or decreases in arm swelling was similar, but the weight lifters had fewer and less severe problems with lymphedema. They had visited physicians for flare-ups only a total of 77 times, compared with 195 times in the control group. Not surprisingly, the women in the weight-training group emerged stronger, bench-pressing an average of nearly 30% more at the end of the study than at the beginning. According to lead investigator Kathryn Schmitz, Ph.D., some women ended up bench-pressing 100 pounds. In the leg press, weight lifters improved by 32%. The control group improved by only 4% in the bench press and 8% in the leg press.

Although this research suggests new hope for breast cancer survivors with lymphedema, Dr. Schmitz recommends taking up weight training only as part of a carefully supervised program similar to the one in the study. These programs will be available by the end of 2009 at several YMCAs through LiveStrong.

For a list of participating YMCAs, see [www.health.harvard.edu/154](http://www.health.harvard.edu/154). If you aren't near a Y, a DVD that details a safe home program, "Strength & Courage: Exercises for Breast Cancer" is available at [www.strengthandcourage.net](http://www.strengthandcourage.net).

## What the PAL workout involved

The 90-minute workout sessions were divided into five parts: a warm-up (at least 10 minutes on a stationary bike, treadmill, rower, stair stepper, or elliptical machine); stretching (several minutes of stretches, each performed for 15 seconds to each side); strength training for the upper body and legs, with resistance provided by dumbbells and resistance machines; core exercises to strengthen abdominal and lower back muscles; and more stretching, holding each position for at least 30 seconds on each side (twice as long as the first set of stretches).

During the first supervised workout session, the women performed two resistance exercises (the dumbbell bench press and the leg press). They could progress to as many as nine resistance exercises by the fourth session, including the seated row on a resistance machine and front or side raises using dumbbells. For each resistance exercise, subjects started with two sets of 10 repetitions at the lowest possible weight or resistance level, and moved on gradually to further repetitions and heavier weights. If their lymphedema symptoms became worse, they discontinued upper-body exercises but kept up the rest of the routine. They resumed weight and resistance training only when a lymphedema therapist decided they were ready, and then resistance was set at the starting levels.

*Reprinted with permission from the November 2009 issue of Harvard Women's Health Watch. Copyright 2009 by the President and Fellows of Harvard College. For more information go to [www.health.harvard.edu/women](http://www.health.harvard.edu/women)*

## Global Spotlight



### Ambassador Nancy Goodman Brinker Statement on Middle East Breast Cancer Awareness Events

#### Egyptian events welcomed all advocates, including those from Israel

Breast cancer advocates from the United States and across the Middle East met in Egypt from October 21-27 for breast cancer awareness events. There were reports that some of the invited participants would not be allowed to attend these events. After receiving the initial report on the situation, Komen launched a successful diplomatic effort to ensure that all advocates were welcomed to fully participate in events to bring breast cancer to the forefront of public discussion in the Middle East.

Susan G. Komen for the Cure remains steadfast in our mission to save lives and end breast cancer forever.

### Susan G. Komen for the Cure® Takes World Cancer Message to Israel

Susan G. Komen for the Cure® founder Ambassador Nancy G. Brinker and Susan G. Komen for the Cure Global Ambassador Hadassah Lieberman traveled to Israel October 27-30 for a series of meetings with government leaders, grantees, NGOs, partners, advocates and survivors. They reviewed existing programs funded by Komen for the Cure and began planning for future events in Israel highlighting breast cancer, tobacco control and health diplomacy.

This visit to Israel is part of the organization's extensive global efforts to share knowledge and resources to end breast cancer around the world, and to lay the groundwork for the first Susan G. Komen Race for the Cure® in Israel in 2010. Komen, the world's leading breast cancer organization, has granted more than \$2 million in Israel for breast cancer research and outreach programs since the organization was founded by Brinker nearly 27 years ago.

The October visit included meetings with Jerusalem Mayor Nir Barkat and his wife, Beverly Barkat, to discuss Komen's investment in breast cancer research and outreach in Israel as well as future collaboration to raise awareness about the disease.

Israel is primed to host a series of events late next year, including the first Israel Race for the Cure. This unique collaboration between government agencies, NGOs, youth movement groups, high school teachers, scientists, doctors and advocates will showcase breast cancer awareness work led by Komen and highlight Brinker's global leadership in cancer control for the United Nation's World Health Organization.

The Komen delegation then visited Tishkofet/Life's Door and met with its founders, Dr. Benjamin and Dvora Corn. Tishkofet is a holistic center for cancer patients, providing services such as support group sessions, yoga classes and art and music therapy. Eighty percent of Tishkofet's patients are battling breast cancer.

Brinker and Lieberman then traveled to the Knesset to meet with Dr. Rachel Adato, an obstetrician/gynecologist who is a noted leader in women's health issues and a new member of the Knesset. The group discussed ways in which to raise awareness of breast cancer in Israel and spur public action to fight the disease.



*(l-r) Mayor of Jerusalem, Nir Barkat, Nancy Goodman Brinker, and Komen Advocate, Hadassah Lieberman.*



## Komen Receives Charity Navigator’s Coveted Four-Star Rating

For the third consecutive year, Susan G. Komen for the Cure® has received Charity Navigator’s highest rating – four stars . With this rating, the Komen organization becomes one of

only 12 percent of the approximately 5,400 charities that Charity Navigator evaluates which has received at least three consecutive 4-star ratings.

## Invest Your Change

### a new community fundraising project

It’s easy. It’s quick. And, it gives everyone — students, businesses, organizations, families and individuals — a unique opportunity to be a participant in the Komen promise ...a world without breast cancer! Every quarter, nickel, dime and penny counts in the fight to end this disease.

Call us at 908-277-2904 (x29), visit our website at [KomenNorthJersey.org](http://KomenNorthJersey.org), or stop by the office and pick up a canister to participate.



## Sign Up to Receive Your Newsletter Via Email

Help us to dedicate more funds to our promise to end breast cancer forever and to protect the environment. Receive your next newsletter via email. Visit [KomenNorthJersey.org](http://KomenNorthJersey.org) and click on “e-newsletter sign-up”.

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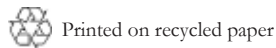
   



SUSAN G. KOMEN NORTH JERSEY  
**RACE FOR THE CURE®**  
Sunday, April 25, 2010

*Discover with every step your  
power to change the world.  
Join us in our promise to  
end breast cancer forever.*

**Register now**  
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908-277-2904 ext. 14



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**We've Come So Far.  
 You can Help Us Reach The Finish Line.**

**IMPACT. MAKE ONE.**  
 Help us prevent the preventable, treat the treatable, and put an end to breast cancer forever.

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**DID YOU KNOW...**  
 ...that the five-year survival rate for breast cancer, when caught early, is now 98 percent?



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## Mark Your Calendar

**Lax For The Cure 2010**

**July 9,10,11**

**New Egypt, New Jersey**