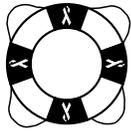


# frontline

The Susan G. Komen Breast Cancer Foundation's National Newsletter Summer 1999



## PROJECT LATEST NEWS IN BREAST CANCER Presented at ASCO



C · R · A · F · T

CLINICAL RESEARCH —  
AFFILIATES FUNDING TRIALS

**P**roject CRAFT is a new initiative from Komen to help address the need for more funding for clinical research at the local level. The project will be launched with seven Affiliate pilot sites in 1999, which will be able to support parts of NCI-sponsored clinical trials within their service area. The overall goal of Project CRAFT for 1999 is to enhance the capacity of breast cancer clinical research in Affiliate communities, which will allow more women to participate in clinical trials. The pilot Affiliate sites will be Denver, Little Rock, Maryland, Montana, New York City, Seattle and Wichita. 📍

### inside

Chemoprevention	2
1999 Lee National Denim Day™	3
High-Dose Chemotherapy	4
Clinical Trials	5
Outstanding Volunteers	7
NFL Players	8
JCPenney Exclusives	9
American Airlines Celebrity Golf Weekend	
Fashion Targets Breast Cancer	10
New Balance Reflections on Pink™	
BMW Ultimate Drive™	11
Board Breaks for the Cure™	
Yoplait USA	12
Sing for the Cure™	
Upcoming October Events	13

**T**he American Society of Clinical Oncology (ASCO) held its annual meeting May 14-18 in Atlanta, GA. ASCO is the largest gathering of cancer physicians in the world, and many exciting new therapies are discussed at this forum. This year, some of the issues related to breast cancer included hormone replacement therapy, tamoxifen & raloxifene, and high-dose chemotherapy with stem cell rescue.

### Hormone Replacement Therapy in Breast Cancer Survivors

Hormone replacement therapy (HRT) is the use of estrogens or a combination of estrogens and progesterones to replenish diminishing hormone levels following natural menopause. HRT has been prescribed for decades to healthy post-menopausal women to treat menopausal symptoms and has proved useful for reducing the risk of osteoporotic fractures, cardiac disease and related deaths, and possibly colon cancer. However, estrogen use has been associated with an increased risk of endometrial cancer and a small but significant increase in the risk of breast cancer. This risk becomes more marked in patients who have received HRT for more than 10 years. The benefits of HRT in women who have never had breast cancer may outweigh the risks for an individual, but the use of HRT in a woman with a history of breast cancer has been controversial. Although some physicians suggest that breast cancer patients benefit

from HRT, many other physicians avoid prescribing HRT to women who have had breast cancer as well as women considered to be at high risk of developing breast cancer.

The ASCO meeting provided a forum for discussions regarding the use of HRT. Investigators from France presented results which showed that HRT following breast cancer, initiated at an average of eight years following diagnosis, reduces the subjective symptoms of menopause, such as hot flashes. HRT was administered indefinitely to 120 women who had been previously treated for breast cancer, the majority of whom were premenopausal at the time of breast cancer diagnosis and did not have any evidence of metastases. Ninety-four percent of the women reported improvement in menopausal symptoms, and when compared with a matched population of breast cancer patients not receiving HRT, the disease-free and overall survival rates did not differ between these two groups,



suggesting, in this study, that HRT did not have a negative effect. The authors support the use of HRT in selected premenopausal breast cancer patients who have no evidence of disease for at least 3 years following initial diagnosis, are experiencing symptoms of menopause, and are not receiving tamoxifen therapy. But it is important to note that this was not a direct comparison of patients with a history of breast cancer who did and did not receive HRT, and the average duration of HRT therapy was a brief 1.3 years. While this study is interesting, the safety of HRT in breast cancer survivors has not been demonstrated, and continued follow up of these patients is essential.

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A domestic study evaluated HRT in 189 previously treated breast cancer patients. In this small study, women received an average of more than 41 months of HRT. Interestingly, 75% (9 of the 12) of the breast cancer recurrences occurred in women with estrogen-receptor — and/or progesterone-receptor — positive disease. These results are preliminary, however, and comparisons with breast cancer patients who did not take HRT were not made, but the results question the safety of HRT in breast cancer survivors with ER- or PR-positive breast cancer.

These reports suggest that HRT may be effective for preventing or treating menopausal symptoms when prescribed to women with a history of breast cancer. However, the safety or effect on breast cancer recurrence and overall survival of this approach is still not known. One study has suggested benefits while another reported that breast cancer relapses on HRT occurred more often in patients with hormone responsive disease. It is hoped that the results of two clinical trials currently in progress will help address the controversial question about the relative benefits and risks of HRT in women with a history of breast cancer. Until more data is available, breast cancer survivors should maintain an ongoing dialogue with their health care provider about HRT.

### **Chemoprevention: Tamoxifen and Raloxifene**

A breast cancer chemoprevention update session was held during ASCO. Results of two studies showed that 1) women with a history of precancerous breast conditions receiving tamoxifen (Nolvadex®) for the prevention of invasive breast cancer decreased their risk of developing invasive and noninvasive breast cancer; and 2) raloxifene (Evista®) used to treat postmenopausal women with osteoporosis also reduced their risk of developing invasive breast cancer.

After results of the National Surgical Adjuvant Breast and Bowel Project (NSABP) P-1 study comparing tamoxifen with placebo for risk-reduction of breast cancer were presented at last year's ASCO meeting, the Food and Drug Administration (FDA) approved tamoxifen in October 1998 for the reduction of breast cancer incidence in women at high risk.

A sub-analysis of the NSABP P-1 trial data was performed to determine the effect of tamoxifen in patients with lobular carcinoma in situ (LCIS) or atypical hyperplasia (AH), two "precancerous" diagnoses. Approximately 15% of all women in the study had these pathologic diagnoses. Women with LCIS who received tamoxifen compared with placebo had a 56% reduction in the risk of developing invasive breast cancer. Women with AH had an even more impressive 88% reduction in the risk of developing invasive breast cancer. The authors concluded that a history of either AH or LCIS predicts for a substantial risk of developing breast cancer, and that tamoxifen

significantly reduces this risk in these women. Physicians should counsel women with these precancerous conditions about the risk of developing breast cancer, encourage regular examinations and mammograms, and discuss the option of tamoxifen therapy along with the risks and other benefits associated with the use of this agent.

Tamoxifen belongs to a class of drugs called selective estrogen receptor modulators (SERMs). Raloxifene, another SERM, is currently being studied in clinical trials to determine its role in the treatment or risk reduction of breast cancer. It received FDA approval in 1998 for the prevention of osteoporosis in postmenopausal women.

The Multiple Outcomes of Raloxifene Evaluation (MORE) study was a randomized trial of 7,705 postmenopausal women up to 80 years of age with osteoporosis and no history of breast or endometrial cancer. The main goal of the study was to determine whether raloxifene reduced the risk of vertebral fractures; the secondary goal of the study was to evaluate how many women developed breast or endometrial cancers, since raloxifene acts as an antiestrogen on breast cancer cells. After more than 3 years of follow-up, 54 cases of breast cancer were reported, 40 of which were invasive. Raloxifene significantly reduced the risk of developing breast cancer by 65% and did not increase the risk of developing endometrial cancer.

The results of these studies of tamoxifen and raloxifene offer promise both to women at high risk of developing breast cancer and older women with osteoporosis. ASCO also released a technology assessment indicating whether tamoxifen and raloxifene as breast cancer risk-reduction strategies should be routinely prescribed by doctors. The experts at the ASCO meeting and members of the ASCO Working Group on Breast Cancer Risk Reduction Strategies agreed that tamoxifen should be offered to certain high-risk women to reduce their risk of developing breast cancer, but raloxifene should only be used in clinical trials evaluating this agent as therapy for risk reduction. A new study supported by the National Institutes of Health, the Study of Tamoxifen and Raloxifene trial (STAR or NSABP-P2), will compare tamoxifen and raloxifene for breast cancer risk reduction in high-risk postmenopausal women.

The STAR trial will not have a placebo group; therefore, the results will compare the relative benefit of the two drugs regarding breast cancer risk reduction and will compare the relative safety of the drugs. Results of other ongoing trials, results of future trials, and further analysis of closed trials (evaluating the effect of tamoxifen in lowering breast cancer incidence in women with mutations in BRCA1 and BRCA2 genes in the NSABP P-1 trial) will provide more clarity about effective breast cancer risk-reduction strategies.

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## 1999 Lee National Denim Day™

What can you do with \$5? Is it possible to save a life? Can you make a difference?

**A**merica will find out this October, when the Lee Company sponsors Lee National Denim Day™ to raise money for breast cancer awareness, education and research. This year's goal is to raise \$6 million.

For the fourth year, the Lee Company is inviting businesses and corporations to participate in Lee National Denim Day™ by allowing their employees to wear denim to work on Friday, October 8, 1999. All they ask is for an individual \$5 donation to the Komen Foundation.

Last year, Lee National Denim Day™ exceeded its goal of \$4 million, raising more than \$5.5 million and making it the nation's largest single-day fundraiser for breast cancer. Congratulations and thanks to the top two contributing companies in 1998: JCPenney and Fidelity Investments! In three years, Lee National Denim Day™ has raised more than \$10 million for the Komen Foundation.

Actress Patricia Arquette, who lost her mother to breast cancer nearly two years ago, is the 1999 Lee National Denim Day™ spokesperson.

"My mother sort of blossomed during the time she had breast



Actress Patricia Arquette 1999 Lee National Denim Day™ spokesperson.

cancer," Arquette said. "She did a lot of research, explored all kinds of treatment. Her oncologist said she knew more than many doctors. In the end, she was so brave. It was really quite beautiful. We were all with her. Losing my mother was terribly difficult because she was such an important part of my life. And it makes me think that every second that goes by that we don't have a cure more mothers are dying. It's got to change, and Lee National Denim Day™ is helping to bring about this change."

Companies receive a participation packet for this worthwhile event by calling 1.800.688.8508 or by visiting the Lee National Denim Day™ website at [www.denimday.com/den/](http://www.denimday.com/den/).



## STAR Trial Commences

**O**ne of the largest breast cancer prevention studies was launched May 25 by the National Cancer Institute (NCI) and the National Surgical Adjuvant Breast and Bowel Project (NSABP), which fund and implement the trial. It will be the first study ever to compare the effectiveness of tamoxifen and raloxifene in reducing the risk of developing breast cancer. The Foundation will work to educate more women about the opportunity to participate in the STAR trial and the benefits of clinical trials in general. STAR trial information is posted on the Komen Website at [www.breastcancerinfo.com/](http://www.breastcancerinfo.com/). For further information on the STAR trial, you may refer to the NCI Website at <http://cancertrials.nci.nih.gov> or the NSABP site at <http://www.nsabp.pitt.edu/>.

## Komen Race for the Cure®

Running with Spirit

**J**ohnson & Johnson, a National Sponsor of the Komen Race for the Cure® Series, has developed the "Virtual Runner Program," allowing supporters from around the country who cannot actively participate in the 5K Race to take part in a "virtual" run. Individuals who wouldn't be able to participate due to lack of time, geography, illness or other reasons can now take part in the largest series of 5K runs/fitness walks in the United States. With each \$20 donation, virtual participants receive a T-shirt and information about the Komen Foundation. For additional information on the Johnson & Johnson Virtual Runner promotion, call 1.877.TO.WOMEN or e-mail [virtualrunner@cpcus.jnj.com](mailto:virtualrunner@cpcus.jnj.com).

## WORKOUT in the Park



**J**oin *Self Magazine* in Chicago, New York, San Francisco and Los Angeles for a day of fitness and total well being at **Workout in the Park**. The action-packed agenda includes classes in step, spinning, firefighter workouts, Raw Groove aerobics with a live D.J., kickboxing, in-line skating, yoga, swing dancing, basketball, massage therapy and much more! Tickets are \$10 in advance and \$15 at the park. All ticket proceeds, after processing fees, benefit the Komen Foundation. For more information call 1.888.844.SELF.

### Event Schedule

Sept. 12	Chicago	Lincoln Park
Sept. 26	New York	Central Park
Oct. 9	Los Angeles	Polliwog Park
Oct. 16	San Francisco	Golden Gate Park

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## High-Dose Chemotherapy with Stem Cell Rescue

Five studies exploring potential benefits of high-dose chemotherapy with autologous bone marrow transplant or stem cell support in the treatment of breast cancer showed mixed preliminary results. These studies include some of the largest, randomized Phase III trials to compare high-dose chemotherapy regimens plus stem cell rescue with more standard doses. Two of the studies were of women with metastatic disease, and three were of women with advanced (involving multiple lymph nodes) but not metastatic breast cancer. It is important, therefore, that the results of these studies not be universally applied to all patients with breast cancer.

It is crucial to recognize, however, that the results announced are part of an ongoing research and peer-review process and do not, at this point, provide final answers to the complex questions posed by high dose chemotherapy/bone marrow transplant for breast cancer patients. The length of follow-up for some of these studies is still relatively short, and investigators have said that additional data analyses need to be completed. Further, it is not clear that more definitive results will be known for metastatic breast cancer and advanced disease at the same time.

High-dose chemotherapy with peripheral blood stem cell (HDC with PBSC) transplantation has become a treatment option sometimes prescribed for certain groups of breast cancer patients, including women with metastatic disease or primary disease that has spread to a high number of lymph nodes in the breast region. The theoretical advantage of this treatment method is that a patient receives chemotherapy in doses high enough to kill tumor cells resistant to standard doses of chemotherapy. The disadvantages of HDC are the side effects associated with its use, including the destruction of the cells in the bone marrow (which creates red blood cells, white blood cells, and platelets) leaving the patient at risk of bleeding or infectious complications. Patients must therefore be “rescued” with new stem cells, which either have been collected from the patient’s own blood or bone marrow (autologous) or from a donor’s blood or bone marrow (allogeneic). These stem cells are necessary for generating new bone marrow.

Initially, bone marrow/PBSC transplantation clinical trials were performed in women with metastatic breast cancer. A minority of patients receiving HDC with PBSC transplantation were reported to have good outcomes; therefore, HDC with PBSC transplantation was studied further in women with earlier stages of breast cancer but at a high risk of recurrence because of a large number of involved lymph nodes. Less than half of these women would be expected to survive recurrent disease. Data from early trials showed promising disease-free survival rates in these high-risk patients, thereby giving women and their doctors another treatment option from which to select.

The Philadelphia Bone Marrow Transplant Group initiated a trial studying women with metastatic breast cancer in December 1990. This is the largest, randomized, direct comparison of standard-dose chemotherapy and HDC with PBSC transplantation in women with metastatic breast cancer who had responded to chemotherapy. First, chemotherapy with 4 to 6 cycles of CAF (cyclophosphamide, Adriamycin®, fluorouracil) or CMF (cyclophosphamide, methotrexate, fluorouracil) was administered to 553 women. Of these women, 199 responded to the chemotherapy and were then eligible to be randomized to high-dose chemotherapy with the STAMP V regimen (cyclophosphamide, carboplatin, thiotepa) or to standard-dose chemotherapy with CMF for 2 years. The overall survival rates were similar between these two groups (24 months for HDC with PBSC transplantation and 26 months for standard chemotherapy). There was also no difference between treatment groups in the amount of time it took for breast cancer to progress (average time to progression was 9.6 months for the transplantation group and 9 months for the standard chemotherapy group). As expected, toxicities were higher in patients receiving HDC with PBSC transplantation, and one of these patients died because of a regimen-related toxicity.

A similar French study evaluated survival differences in women with metastatic breast cancer receiving either HDC with PBSC transplantation or standard-dose chemotherapy. Sixty-one women received 4 to 6 courses of conventional chemotherapy before being randomized to either HDC (mitoxantrone, cyclophosphamide, melphalan) with PBSC transplantation or standard-dose chemotherapy. Five-year overall survival rates were not statistically different between treatment groups (18.5% in the standard-dose chemotherapy group, and 29.8% in the HDC with PBSC transplantation group). Evaluation at 2 years showed a trend for a higher relapse rate in the patients receiving standard therapy, but at the 5-year evaluation, the two treatment groups were reported to have equivalent breast cancer relapse rates (90.8% in the standard-dose group, and 90.7% in the PBSC transplantation group). The investigators concluded that HDC with PBSC transplantation can briefly delay breast cancer recurrence in women with metastatic disease, perhaps offering these women a better quality of life.

Another large, randomized study compared HDC (cyclophosphamide, cisplatin, BCNU [carmustine]) followed by bone marrow and PBSC transplantation with intermediate-dose chemotherapy (i.e., the same drugs in lower doses) as adjuvant therapy in high-risk breast cancer patients with 10 or more positive lymph nodes under the arm. Patients first received chemotherapy with CAF before receiving either HDC or intermediate-dose chemotherapy. Early results at 3 years of follow-up show similar overall survival and event-free survival (deaths plus relapses) rates between the treatment groups.

*(continued on page 6)*

## Clinical Trials

Nancy Brinker,  
Founding Chair



**T**he air-waves have been flooded recently with information about breast cancer clinical trials.

Just in the last few months, important study findings were released regarding high-dose chemotherapy with stem cell transplants, the use of hormone replacement therapy (HRT) for breast cancer survivors, and the use of chemopreventive agents to reduce breast cancer risk in women at elevated risk. But what do these studies have to do with us, as advocates and survivors? Educating ourselves and our communities about clinical trials is an important part of Komen's mission — to eradicate breast cancer as a life-threatening disease by

advancing research, education, screening, and treatment.

We in the breast cancer community are realizing that we will never know the true effectiveness of a cancer treatment unless we are able to recruit patients for clinical studies. The more patients are willing to participate in clinical trials, the faster we can get the answers to critical research questions, accelerating our pace toward a cure. However, according to research presented at a recent meeting of the American Society of Clinical Oncology (ASCO), less than 5% of adult cancer patients in the U.S. participate in clinical trials — far fewer than the number needed to answer the most pressing cancer questions quickly.

Why do so few cancer patients participate in clinical research? The reasons are varied and complex. Many patients are suspicious of medical research and fear being “experimented upon,” even though all participants in cancer trials receive state-of-the-art care. Other patients may be unaware of

clinical trials, may not understand how they work, or may not have access to these studies.

Through the Komen Foundation's new clinical trial initiative (CRAFT), Affiliates will be working to educate more women about the possibility of participating in clinical trials. We must all continue to educate ourselves about how clinical trials work. We need to work in our communities to help debunk the myths about clinical trials, make clinical trial information accessible, and find ways to help women understand that clinical trials can be a viable treatment option.

The Foundation is not alone in helping improve access to clinical trials. The National Cancer Institute (NCI) has developed an exciting clinical trials support initiative that will help make clinical trials more user-friendly for both patients and physicians. As a part of this initiative, the NCI has developed a package of materials that will improve the informed consent process for those who are considering participation in a clinical trial.

The new NCI materials\* promise to be useful tools in helping cancer patients take part in clinical trials.

Whether you are a survivor, an advocate, a health care professional, or someone who cares about ending this disease, we hope you will join us in our clinical trial advocacy efforts. Learn about clinical trials through our publications and our Website. Talk to others about what you are learning. Invite local researchers to speak to your organizations about their work. If you are in our Affiliate network, attend our upcoming clinical trial trainings, and participate in our new initiative. If you have contact with your local research institutions and/or Institutional Review Boards, ask if they are aware of NCI's new clinical trials support initiative and encourage them to use NCI's informed consent materials.\* We all need to work together to eliminate the barriers that deter patients from enrolling in clinical trials. ♣

\*Note: These materials are available on the NCI website for clinical trials, <http://cancertrials.nci.nih.gov/>.



## Estrogen Replacement Therapy

Estrogen Replacement Therapy did not increase breast cancer risk in women with a history of benign breast disease.

**A**lthough diagnosed as benign, or not cancerous, women with a history of previous biopsies seem to be at higher risk for developing breast cancer. A large, retrospective study of more than 9,000 women with a history of benign breast disease was undertaken to determine whether or not treatment with estrogen replacement therapy (ERT) increased their subsequent risk of breast cancer. The results, reported in the journal *Cancer 1999* (85:1277-1283), indicate that use of ERT did not have an adverse impact on breast cancer risk. The study was composed of a consecutive

series of premenopausal patients with histories of breast biopsies found to be benign. The group was examined through the postmenopausal years, with data gathered from a high percentage of patients (87.6%) spanning the years 1952-1978. ERT can relieve symptoms of menopause, may reduce the risk of cardiovascular disease and protect against osteoporosis. There is some suggestion that ERT may increase the risk of endometrial carcinoma. The present study supports previous research which, in general, supports the conclusion that ERT is not contraindicated in patients with a previous history of benign breast disease. ♣

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The intermediate-dose group reported no deaths, whereas the HDC group did with 7.4% of women dying due to the high-dose chemotherapy. The authors stressed that the follow-up of this study is too short to make any definitive conclusions regarding disease-free or overall survival differences between the treatment. The relapse rate was 21.6% for patients in the HDC group and 32.2% for those in the intermediate-dose group. Longer follow-up will help to determine if true differences between these therapies exist.

A randomized study by the Scandinavian Breast Cancer Study Group evaluated survival differences between 9 cycles of a dose-intensive individualized FEC (fluorouracil, epirubicin, cyclophosphamide) regimen and 3 cycles of standard FEC followed by STAMP V HDC (cyclophosphamide, thiotepa, carboplatin) with PBSC transplantation in 274 high-risk breast cancer patients with 8 or more positive lymph nodes. Results of the analysis showed a higher number of breast cancer recurrences in women receiving HDC with PBSC transplantation (92 vs. 66 in the FEC group). The survival rates at a median follow-up of just over 2 years for the two groups are similar (approximately 80%). Additionally, patients in the HDC group had more treatment-related problems, including appetite loss, diarrhea, nausea, vomiting, mouth sores, and infections. Eight patients in the tailored FEC group developed leukemia or preleukemia following treatment. This study is unique because the conventional dose chemotherapy group of patients actually received more chemotherapy, cumulatively, than the those patients in the high-dose chemotherapy group.

The fifth study, conducted in South Africa, compared survival differences in 154 high-risk breast cancer patients who received either 2 cycles of HDC (cyclophosphamide, mitoxantrone, etoposide) with PBSC transplantation or standard-dose chemotherapy with 6 cycles of CAF or CEF (cyclophosphamide, epirubicin, fluorouracil) as adjuvant therapy after surgery. A strong survival advantage was shown in the HDC-plus-PBSC transplantation group (overall survival, more than 7.7 years vs 6.2 years in the standard-dose chemotherapy group). Two HDC cycles as first therapy after surgery may have contributed to the survival advantage in patients treated in that group.

## Conclusions — HSDC with PBSC

The data from these five studies provide a framework for breast cancer patients and their doctors to use in considering treatment options. Forthcoming data from several ongoing or recently completed clinical trials comparing survival differences in breast cancer patients with either metastatic or high-risk disease will provide more information to define the precise role of HDC and PBSC transplantation in breast cancer treatment. It is still too early to draw any definitive conclusions about the role of HDC with PBSC transplantation for high-risk breast cancer cases because many differences among these studies may have affected the results (number of patients treated, chemotherapy regimen used both in standard and high doses, and length of follow-up). The data on metastatic breast cancer are more mature and do not show a clinical benefit with bone marrow transplantation, particularly in women whose disease is in a partial remission. Because few women with a complete response were treated on the Philadelphia randomized trial, there is not enough evidence to make a conclusion yet about the role of bone marrow transplantation for women with metastatic breast cancer in a complete remission. Some investigators suggested that more clinical trials should be performed, particularly in patients with high-risk primary breast cancer and in patients with metastatic disease who have complete disappearance of their disease following conventional chemotherapies. Gabriel Hortobagyi, M.D., from the University of Texas M.D. Anderson Cancer Center in Houston, a discussion participant following these presentations, cautioned that high-dose chemotherapy can not be considered a standard treatment option. According to Karen Antman, M.D., from Columbia University in New York, who also reviewed these trials, breast cancer patients should be encouraged to continue to participate in clinical research trials evaluating HDC and PBSC transplantation. Physicians need to carefully explain what they know and do not know about HDC and PBSC transplantation outside of a clinical trial to women considering this treatment. [f](#)

## Women of “The Practice” Speak Out About Breast Cancer

Ford Division and the publishers of select Conde Nast publications recently teamed up to raise awareness about breast cancer. Five diverse and nationally recognized actresses who star on the hit show “The Practice” shared information and generated awareness about the disease in a new six-page insert that is featured in VOGUE, Glamour,

Mademoiselle, Self and Women’s Sports & Fitness. Actresses Marla Sokoloff, Kelli Williams, Camryn Manheim, Lisa Gay Hamilton and Lara Flynn Boyle (pictured here from left to right) discussed the far-reaching impact breast cancer makes on both women and their loved ones. Postcards with important reminders about breast health were included and designed to be mailed to friends and loved ones to encourage participation in Komen Race for the Cure® events. [f](#)



## Outstanding Komen Volunteers

The key to Komen's success is its outstanding and incredibly generous cadre of volunteers. It is now estimated that there are more than 35,000 volunteers working for Komen in local communities throughout the country. Here are just a few examples of the stellar individuals who have graciously lent their time and talents to the Komen Foundation and its mission.



Kim Gunn

**Kim Gunn, Race Chair for Southern Arizona Komen Race for the Cure®**  
**1999 NEW Outstanding Komen Volunteer**

Kim Gunn is serving as the 1999 Chair for the Southern Arizona Komen Race for the Cure®. She joined the core group of volunteers who initiated the Southern Arizona Affiliate early on and displayed such an enthusiastic and positive attitude regarding the potential Race that she was elected Chair. With her total dedication and enthusiasm, she became a friend and advisor to all the Race committee members and led the way to make the Race a presence in their community.



Standing from left to right: Deb Belatto, Judy Block, Patti Schmidt, Linda Basilio, Pat Galenas, Ruth Siksnius. Seated from left to right: Angela Stallone and Lisa Burke.

**Tie A Ribbon Campaign Committee, North Jersey Affiliate of the Komen Foundation**  
**1999 GROUP Outstanding Komen Volunteer**

The Tie a Ribbon Campaign, held in October 1998, was a unique breast cancer awareness campaign which impacted six towns in the North Jersey Affiliate's service area. Beginning in the spring of 1998, volunteers spent more than 100 hours preparing 2-1/2-inch pink ribbon packages. Letters were sent to the area municipalities requesting permission to tie ribbons on city-owned trees during National Breast Cancer Awareness Month, and supermarkets were contacted to sell ribbons outside their stores. The dedicated team, who was also responsible for removing the pink ribbons, was rewarded with an overwhelming visual impact and a successful fundraising campaign. More than 1,000 ribbons were sold, more than 1,000 trees in their communities displayed them, and more than \$15,000 was raised for the Affiliate.



Jewel Banks

**Jewel Banks, Dallas County Affiliate Community Outreach Chair**  
**1999 INDIVIDUAL Outstanding Komen Volunteer**

Jewel Banks has been a perpetual "mover and shaker" since she became a volunteer with the Dallas County Affiliate's Community Outreach Program in 1996. After attending an inspiring conference on outreach to the African American community, Jewel set a lofty lifetime goal for herself to ensure that every African American woman in Dallas is educated about breast cancer. She also set out to organize a total of 5,000 African American women to participate as a team in the Dallas Komen Race for the Cure® in 1998. The program, called "Outreach 5000," both educated women about early detection and about participating in the Race. Jewel is now serving her second term as Community Outreach Chair. She was recently recognized for her achievements by the Kappa Zeta chapter of Zeta Phi Beta Sorority, who named her 1999 Woman of the Year.



Mary Elliott

**Mary Elliott, Northeast Louisiana Affiliate Co-President, Vice Chair of Grants and Legislative Council Member**  
**1999 LIFETIME Outstanding Komen Volunteer**

Over the past eight years, Mary Elliott has worked tirelessly as a breast cancer activist. When she relocated to Monroe, Louisiana, virtually no breast cancer services were available and no community action groups existed. Mary methodically developed a core of volunteers and professionals and began to service the needs of her community. She became a member of the Louisiana Task Force and later founded the Monroe Breast Cancer Task Force. Mary is the co-founder of the Northeast Louisiana Komen Affiliate and served as Chair of the Komen Race for the Cure® in 1995. Mary has also served as Grants Chair, Education Chair, Sponsorship Chair and currently serves as Co-President for the Komen Affiliate in Northeast Louisiana. In addition, Mary is serving her second term as Vice Chair of Grants at the National Headquarters and is a member of the Legislative Council for the Foundation. Mary is a mentor, a lobbyist and a voice for breast cancer issues heard locally and nationally. It is Komen's good fortune to have Mary as our ambassador fighting with us to achieve our mission.

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*thank you to all  
our volunteers*

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## Outstanding Volunteers

In addition to this group of women who were recognized by the Komen Foundation, several of our volunteers have been recognized by their communities:

**Women of Achievement** • Julie Blevins, Mary Beth Owen, Rachel Rennie and Cathy Smay of the Evansville Affiliate were honored by the YWCA as “Women of Achievement” for their volunteer efforts in the fight against breast cancer. These four women were instrumental in bringing the Komen Race for the Cure® to Evansville, Indiana.

**Woman of Distinction** • The Success Charter Chapter of the American Business Women’s Association honored **Evette Goldstein** as its 1999 Woman of Distinction for her work with the Denver Affiliate and for continuing to spread awareness about breast cancer.

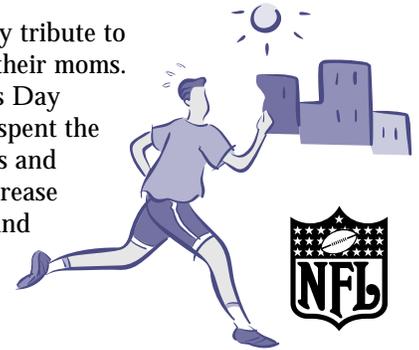
**Honoree Speaker** • **Barbara Puffer** was the honoree speaker at the 10th annual Bristol PLUS (Positive Leadership, Unselfish Service) Awards. Sponsored by the Family Center of Bristol, Conn., the event pays tribute to women and families who act as positive role models for today’s youth. In addition to her contributions to the Komen Affiliate in New Britain, Barbara has worked with Special Olympics, serves on the Board of the American School for the Deaf and founded an annual statewide festival for artists with disabilities.

**Award of Hope** • The Cancer Institute of New Jersey presented their Award of Hope to **Jane Rodney**, Chair of the Princeton Komen Race for the Cure® and Director of the YWCA Princeton Breast Cancer Resource Center. Since her diagnosis of breast cancer in 1988, Jane has worked tirelessly towards the eradication of breast cancer and remains a source of inspiration to all those who meet her. ♣

## Doing it for Mom

### NFL Players Spend Mother’s Day at Komen Race for the Cure® Events

**N**FL players always pay tribute to their biggest fans — their moms. This year during Mother’s Day weekend, several players spent the holiday with their mothers and thousands of others to increase breast cancer awareness and to raise money for breast cancer research, education, screening and treatment.



On Saturday, May 8th, Pro-Bowler and Atlanta Falcon Jamal Anderson, rookie standout Tebucky Jones of the New England Patriots, and former San Francisco 49er Gary Plummer participated in the Komen Race for the Cure® Series. In addition, Jerome Bettis of the Pittsburgh Steelers appeared in a public service announcement with Kaye Cowher, wife of Steeler Head Coach Bill Cowher, encouraging involvement in the Komen Pittsburgh Race for the Cure®, held on May 9th.

Anderson joined his mother and over 5,000 runners and walkers in the Komen Race for the Cure® in Salt Lake City, where he played football at the University of Utah. Jones participated with his mother and his wife in his hometown of New Britain, Connecticut, while Plummer attended the Komen Race event in Sacramento, California.

“Players throughout the NFL have family members or friends who have been affected by breast cancer,” Anderson said. “It’s great to see the NFL and other players involved.” ♣

## Komen National Race for the Cure® Salutes Washington Policy-Makers

**T**he Komen National Race for the Cure®, the world’s largest 5K run/walk, celebrated the progress in the quest for a cure for breast cancer at a Capitol Hill event in April. Washington dignitaries, including the Honorable Dan Quayle, Senate Majority Leader Trent Lott, Senate Minority Leader Tom Daschle and House Minority Leader Richard Gephardt, were joined by Washington Redskin players, representing the NFL’s sponsorship of the Komen Race for the Cure® Series.

Nancy Brinker recognized landmark legislation supporting breast health and the significant progress achieved in breast cancer research, due in large part to increased federal funding. According to the Congressional Research Service, federal funding of breast cancer research at the National Institutes of Health increased during the last 10 years from \$87.4 million in 1990 to an estimated \$3.2 billion in 1999. Congress started appropriating funds for breast cancer research at the Department of Defense in 1992; appropriations will total an estimated \$135 million in 1999. ♣



Sitting from left to right: Nancy Brinker, Mr. and Mrs. Dan Quayle

## Golf with the Stars!



American Airlines' Fifth Annual Celebrity Golf Weekend to benefit the Komen Foundation will take place October 7-10 at the Four Seasons Hotel in Newport Beach, California. This incredible 4 day/3 night package includes:

- Round-trip coach air transportation on American Airlines
- Transportation to and from hotel
- Hotel accommodations and all meals
- Nightly cocktail receptions
- Celebrity concert
- Greens fees for two days and golf clinics
- A gift bag

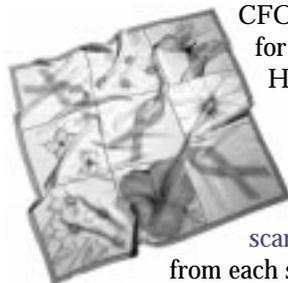
At past Celebrity Golf Weekends, guests were treated to fabulous concerts by Michael McDonald, Little Anthony and the Imperials, and Roberta Flack, plus an evening of comedy featuring Rosie O'Donnell.

Packages for the Celebrity Golf Weekend are being auctioned off by several Komen Affiliates with a minimum bid of \$3,800 for an individual package and \$7,600 for two (double occupancy rooms) required. For more information, please contact Lori Morrow at [lmorrow@komen.org](mailto:lmorrow@komen.org).

## JCPenney Exclusives

JCPenney, National Presenting Sponsor of the Komen Race for the Cure® Series, has continued its unparalleled commitment to the fight against breast cancer and to the Komen Foundation.

Last year, JCPenney was the largest corporate contributor to Lee National Denim Day™, generating more than \$120,000 for the Komen Foundation. During the winter months, JCPenney created a new item for its signature Privilege Program to benefit the Foundation. **Penelope Peacock™** was available exclusively through JCPenney Catalog Sales for the period of December 16 - January 30 with \$1 from the purchase price of each birdie going to the Komen Foundation. The sale of the 49,000+ birdies resulted in a donation of \$50,000 to the Foundation, with the check being presented to the Komen Foundation's CFO Patrice Tosi at the Komen Plano Race for the Cure® on June 5, held at JCPenney Headquarters.



JCPenney held another promotion for the Komen Foundation this spring. A limited edition **Champions of Change scarf** was sold in most large stores, with \$2 from each sale being donated to the Foundation.

This promotion resulted in an additional \$103,248 donation to the Foundation.



Komen CFO Patrice Tosi receives the \$50,000 donation from JCPenney's Stefan Strickland.

## Here's Lookin' at You!

**tomichi**  
STUDIO

The Komen Foundation has joined partners with Tomichi Studio, the newest women's sunglass collection from Private Eyes. Private Eyes will contribute 2% percent of its net sales of the Tomichi Studio line for the year 1999 to Komen. Each pair of Tomichi Studio sunglasses will be displayed with a pink ribbon and the Foundation's 1.800 I'M AWARE Helpline will be listed on the hang-tag. The Tomichi Studio line launched in March and can be found in major department stores and local boutiques across the country. For additional information on the Tomichi Studio collection, please call 1.800.628.8205.

## Gear Up for Golf

Don't forget to include the Pink Ribbon Titleist and Pinnacle golf balls and head gear in your summer golf outings!



For the fifth consecutive year, Titleist and FootJoy Worldwide has partnered with the Foundation to further early detection in the golf community. Titleist and FootJoy Worldwide has supported the Komen Foundation not only through an annual financial contribution, but also through Titleist and Pinnacle golf balls customized with the pink ribbon, reversible awareness cap and a women's visor, both found at major golf shops nationwide. As part of its ongoing commitment, Titleist has also absorbed all pink ribbon customizing costs so that this universal sign and reminder is not at the customer's expense.

## Fashion Targets Breast Cancer



This autumn, Saks Fifth Avenue, partnering with the Council of Fashion Designers of America (CFDA), will lead the fight against breast cancer by launching its first nationwide breast cancer initiative.

On Thursday, September 23 through Sunday, September 26, Saks Fifth Avenue will hold a gala shopping weekend to launch National Breast Cancer Awareness Month. All 59 Saks Fifth Avenue stores, as well as 42 Off 5th outlets and its Folio catalog division, will participate in this event. To add an aura of excitement and glamour to the event, Saks Fifth Avenue has asked all of the CFDA's designers to participate in the event by making public appearances at its stores — by themselves or with celebrity models.

Two percent of sales made during these four days will be donated to national and local breast cancer charities.

Stores in Charleston, Dallas, Denver, Las Vegas, Minneapolis, New Orleans, Palm Beach, Palm Beach Gardens and Pasadena have selected Komen Foundation Affiliates as their beneficiaries. In addition, one percent of all sales made at the 42 Off 5th stores nationwide will be devoted to the Komen Foundation.

OFF 5TH  
SAKS FIFTH AVENUE  
OUTLET

Fashion Targets Breast Cancer is the single largest fundraiser Saks Fifth Avenue has ever undertaken. Though Saks Fifth Avenue is involved in many charitable initiatives, this is the first time the company has coordinated all of its stores simultaneously for one endeavor. Chairman and CEO Philip B. Miller commented, "I think it is particularly fitting that we, as a store whose majority of customers are women, are engaged in fighting a disease that poses such an enormous threat to women's health and all too often, to women's lives. I know I speak for everyone here at Saks Fifth Avenue when I say how very dedicated we are to winning the fight against this devastating disease that takes so much from so many."

## Reflections on Pink™

This year, more than 95 Komen Race for the Cure® events will display New Balance Athletic Shoe's "Reflections on Pink™" canvas murals, each one representing a piece of a giant pink ribbon, the national symbol for breast cancer awareness. But more than being a small part of the big picture, each 6' x 7' mural is a canvas unto itself - and Komen Race for the Cure® attendees are invited to make it come alive with their thoughts, signatures, photos and other expressions of support for those affected by breast cancer.



1999 Komen Race for the Cure® St. Louis runners read notes written on the New Balance "Reflection on Pink™" canvas.

New Balance's "Reflections on Pink™" is made unique to each community by the people who leave their impressions on the mural for display beyond Race day at a location of their choice. Your personal note of support on the mural is the missing piece. It will be a lasting and poignant memento that will bond a community — and country — of supporters, patients and survivors.

You get the picture. And so will millions of others. Show your support by attending a Komen Race for the Cure® event in your community. Call 1.888.603.RACE for Race dates and locations, or visit the websites, [www.raceforthe cure.com](http://www.raceforthe cure.com) or [www.newbalance.com/](http://www.newbalance.com/).



## The Awareness Bra

Wacoal America is proud to partner with the Komen Foundation in the fight against breast cancer. The company will produce a special bra, called "The Awareness Bra," which will be designed after one of Wacoal's top selling silhouettes, and the bra's hang tag will include information on breast health, along with the Komen Foundation Toll-Free

Helpline. Wacoal will donate \$2 from the sale of each bra to the Komen Foundation and will also run a special promotion during the month of October, donating 1.5% of the retail sales for all Wacoal products to the Komen Foundation. Wacoal will make a guaranteed minimum donation of \$50,000 with a maximum donation of \$100,000.

## Teledyne Water Pik



Teledyne Water Pik is proud to be supporting the Komen Foundation in the fight against breast cancer. The company has created a national rebate program and is planning on sponsoring several local Komen Race for the Cure® events.

The rebate program is a consumer donation program in which select products will provide consumers with an opportunity to support the fight against breast cancer. By mailing in a proof of purchase, Teledyne Water Pik will make a donation to the Komen Foundation. The company will also have in-pack breast self-examination cards in select shower head products.



Left to right: Cindy Geoghegan, Victor Doolan of BMW, and Nancy Brinker

## And They're Off!

On Tuesday, May 11, 1999, BMW of North America president Victor Doolan and Komen Foundation Founding Chair Nancy Brinker kicked off the third annual Ultimate Drive™ in Union Square Park, New York City. Doolan and Brinker honored two special women who have devoted their life's work to breast cancer awareness. National Hero, Cindy Geoghegan of Baltimore, Maryland, and local hero, Jodi Levy of New York City, were praised for their tireless efforts in the crusade to eradicate breast cancer.

Two fleets of BMWs will make their way across the United States, making pit stops in more than 200 cities at community fundraising events through October. The public will be able to test drive the special cars, knowing that for each mile driven, BMW will donate \$1 to the Komen Foundation. In the last two years, more than 60,000 people have participated in the program, which has raised \$2 million to fight breast cancer.

People wishing to participate in The Ultimate Drive™ for the Susan G. Komen Breast Cancer Foundation are encouraged to call toll-free 1.877.4.A.DRIVE (1.877.423.7483). For more information about the program and online registration, visit the Komen Foundation's Website at [www.breastcancerinfo.com](http://www.breastcancerinfo.com) or the BMW Website at [www.bmwusa.com/](http://www.bmwusa.com/).

## Board Breaks for the Cure™ 1999



Board Breaks for the Cure™ is a unique, one-hour-long event during which Taekwondo students break boards in exchange for contributions to the Komen Foundation. In its first year, Board Breaks for the Cure™ raised awareness and more than \$90,000 to help support breast cancer research, education, screening and treatment programs across the country. More than 90 American Taekwondo Association (ATA) schools participated in the nationwide board break-a-thon, with students ranging in age from 3 to 50.

Board Breaks for the Cure™ will take place on October 22, 1999 at many ATA schools. This unique program helps educate students of the ATA, their parents and instructors on the importance of early detection. For more information on Board Breaks for the Cure™, call 1.800.895.6636.

## Sew for the Cure™



The Home Sewing Association — an industry group comprised of 2,000 fabric and craft retailers and 400 industry manufacturers, suppliers and merchants — is launching Sew for the Cure™, its first fundraising campaign, with the goal of raising at least \$1 million for breast cancer research and educational programs. Membership is being asked to donate in whatever way they feel comfortable through fundraising, donation of product, contribution of a percentage of sales, or a direct donation of funds. The net funds raised will be distributed to the Komen Foundation, the American Cancer Society and the National Alliance of Breast Cancer Organizations.

\*The Sew for the Cure™ trademark is owned by the Susan G. Komen Breast Cancer Foundation and is used under license by the Home Sewing Association.

## Commission for the Cure™ Charles Schwab

In honor of Mother's Day, and to support the fight against breast cancer, Charles Schwab & Co., Inc. created the idea of Commission for the Cure™. For every trade order placed at Schwab's website on May 9, the \$29.95 commission was donated to the Komen Foundation. This applied only to online equity trades placed on Sunday, May 9 and executed Monday, May 10, and raised an incredible \$280,000!

## Danskin Women's Triathlon Series

1999 marks the 10th anniversary for the Danskin Women's Triathlon Series. Danskin created this Triathlon Series in an effort to extend its reach to women in the fitness area, with a focus on first-time women triathletes. As the only series of contests "for women only" in any sport, it has provided an opportunity for tens of thousands of women with varying levels of athletic ability to challenge themselves in a supportive, nurturing, fun and fitness-oriented environment. The event consists of a .75K swim, a 20K bike ride and a 5K run. For the 8th year, Danskin will donate 10% of all entry fees to the Komen Foundation.

### 1999 Triathlon Series

June 5-6	Austin, TX
June 19-20	San Jose, CA
July 17-18	Wrentham, MA
July 24-25	Naperville, IL
Aug. 7-8	Denver, CO
Aug. 14-15	Seattle, WA

# The Komen Foundation welcomes Yoplait USA as a new partner

**B**ecause Yoplait USA believes that each of us can play an important role in eradicating breast cancer, Yoplait is partnering with the Komen Foundation as the National Sponsor of the Komen Race for the Cure® Volunteer Program. As the Volunteer Program sponsor, Yoplait will work with local Komen Affiliates to support volunteer recruitment and recognition efforts and to underwrite the costs associated with the extensive volunteer network required for each Race, such as Volunteer t-shirts. In addition, Yoplait will provide each local Affiliate with an Outstanding Volunteer



Award to recognize a volunteer who captures the spirit of partnership in the fight against breast cancer.

To further support the fight against breast cancer, Yoplait will repeat its highly successful Save Lids to Save Lives program throughout September and October of 1999. For each Yoplait pink lid mailed in by consumers, Yoplait will donate 10¢ to the Komen Foundation (up to \$500,000). Full details of the Save Lids to Save Lives program are available on the Yoplait Website at [www.YoplaitUSA.com/](http://www.YoplaitUSA.com/).

## Sing for the Cure™: A Proclamation of Hope!



Nancy Brinker applauds the efforts of (from left) Dr. Tim Seelig, director of Turtle Creek Chorale and Women's Chorus, Pamela Martin, librettist, and Eve Campbell, executive director of the Women's Chorus.

**T**he Komen Foundation, the Women's Chorus of Dallas and the Turtle Creek Chorale announced the commissioning of a major work to chronicle in music the journey through the ravages of this dreadful disease and the resulting hope of victory over breast cancer. The work will premiere at the Morton H. Meyerson Symphony Center in Dallas, Texas, on June 11, 2000, performed by the

Women's Chorus of Dallas, the Turtle Creek Chorale and accompanied by the Dallas Symphony Orchestra. The evening will be narrated by Dr. Maya Angelou.

The librettist, Pamela Martin from Austin, Texas, has been charged with putting into words the stories of those affected by the disease. The text will incorporate the pain, the struggle, the hope and even the humor of dealing with breast cancer.

The choral symphony will be set in nine vignettes, each set to music by a different major American composer from various music genres. The entire work will be orchestrated by Brant Adams of Oklahoma.

The unique aspect of this work is the long-ranging impact it will have. Shawnee Press has committed to publish the work, and it will be available to any school, church or community wanting to perform the work. The music will raise the awareness of both the singers and the audiences to the issues surrounding breast cancer.

## Candlelight Celebration of Hope



Pictured with Deb Belfatto (left), North Jersey Executive Director, are 1999 North Jersey Affiliate award recipients (left to right): Komen Founder Nancy Brinker, Debra Taylor-Kenney and Dr. Karen Karlson.

**O**n May 5, the New Jersey Nets joined the North Jersey Affiliate of the Komen Foundation in an evening dedicated to fighting breast cancer during a game against the Milwaukee Bucks. Commemorative penlights were distributed to fans, and at halftime, the arena lights were dimmed and penlights lit during a very moving moment of silence led by Komen's Founding Chair Nancy Brinker to honor all those touched by breast cancer. This special event also included a pre-game health fair and the presentation of the North Jersey Affiliate's three newly created awards, the Visionary, Pioneer and Community Hero Awards. The 1999 Visionary Award, "Beyond the Promise," was presented to Nancy Brinker. The Pioneer Award for "Commitment to the Cure" was given to Dr. Karen Karlson, chairperson of the department of radiology at St. Barnabas Medical Center, and the Community Hero Award for "Courage, Hope and Support" went to Debra Taylor-Kenney, Reach to Recovery state coordinator for the American Cancer Society, New Jersey Division.



"It is with great excitement that we are presented with this unique opportunity," said Dr. Timothy Seelig, Artistic Director for both choruses involved in the commissioning. "We have seen first-hand how music can help people survive and how it can bring joy to broken and hurting hearts like water to the desert. This is a once-in-a-lifetime opportunity to create a lasting memorial to those gone ahead and a breathtaking accompaniment to those of us left behind to cope with the loss and look to the future."

## Four Easy Steps to REMEMBER

In early May, the Komen Foundation announced a nationwide breast health campaign called “REMEMBER,” encouraging women to add a fourth step — risk evaluation — to their breast health routine. “REMEMBER” is an acronym for “Risk Evaluation, Mammography Exam, Monthly Breast Exam and Regular check-up.” According to the Komen Foundation, a woman who remembers to do these four simple steps will be taking good care of herself and her breasts. These steps offer a comprehensive and broadly available approach to provide for early detection and risk evaluation.

The catalyst for the development of REMEMBER is the availability of breast cancer risk assessment tools, which allow physicians to calculate a woman’s personal risk for developing breast cancer over a five-year period and over her lifetime. Women are now encouraged to have regular risk evaluations to help determine their risk level by answering a series of questions related to the following risk factors: increasing age; having a mother, sister or daughter with breast cancer; having a breast biopsy showing abnormal cells; beginning first period (menstruation) before age 12; having a first child after age 30 or not ever having children.

With current medical advances that can help lower a woman’s risk for breast cancer, it is now an important part of breast health for each woman to have a risk evaluation to determine if she is at high risk. If a woman learns she is at high risk, she can then discuss options for reducing breast cancer risk with her doctor.

The Komen Foundation continues to encourage women to follow screening guidelines for mammography, (annually beginning by age 40); clinical breast examination, (at least every three years beginning at age 20, annually after age 40); and breast self-examination, (every month, beginning by age 20). If a woman has a problem or concerns about her risk, she should discuss with her health care provider about when to begin screening practices.

The program is being funded through an educational grant from Zeneca Pharmaceuticals. For more information about REMEMBER or other breast health or breast cancer information, please call 1.800 I’M AWARE, or visit [www.breastcancerinfo.com/](http://www.breastcancerinfo.com/).



## October is National Breast Cancer Awareness Month

### Bells and Silence for Remembrance

**October 2-3, 1999**

**Nationwide**

In memory of those who have died of breast cancer and in support of those battling the disease, religious communities are asked to either ring a church bell on Saturday at 1:15 p.m. for one minute OR observe a moment of silence during the Sabbath service during the first weekend in October.

Contact: Paul Peter Jesepe, Northeast Health Care Quality Foundation 603.749.1641

### Komen Foundation’s National Grant Conference

**October 2-3, 1999**

**Dallas, Texas**

This annual conference presents a unique opportunity for researchers to “come out of the lab” and hear from the patients, survivors and doctors who face this disease every day. The researchers present their latest research projects being funded by the Komen National Grant Program.

Contact: 1.888.300.5582

### Komen Foundation’s National Awards Luncheon

**October 4, 1999**

**Dallas, Texas**

Annual National Awards event honoring outstanding volunteers, individuals, corporate sponsors, scientists and more.

Contact: Christy Morrison 972.855.1600

### Lee National Denim Day™

**October 8, 1999**

**Nationwide**

See page 3 for more information.

Contact: 1.800.688.8508, [www.denimday.com/den](http://www.denimday.com/den)

### National Mammography Day

**October 15, 1999**

**Nationwide**

Participating mammography facilities offer reduced cost mammograms.

Contact: 1.877.866.2226

### Board Breaks for the Cure™

**October 15, 1999**

**Nationwide**

See page 11 for more information.

Contact: 1.800.895.6636

### Komen Race for the Cure®

The largest series of 1 mile and 5k walk/run events held in 98 cities across the country throughout the year.

Contact: 1.888.603.RACE, [www.raceforthe cure.com](http://www.raceforthe cure.com)

### Rally for a Cure™

Sponsored by Golf for Women Magazine to raise awareness among amateur women golfers.

Contact: 1.800.327.6811

### The Ultimate Drive™

You Drive the Miles, BMW Donates the Dollars!

Contact: 1.877.4.A.DRIVE, [www.bmwusa.com](http://www.bmwusa.com)



The Susan G. Komen  
Breast Cancer Foundation

National Headquarters  
5005 LBJ Freeway, Suite 250  
Dallas, Texas 75244  
Tel: 972.855.1600 Fax: 972.855.1605  
www.breastcancerinfo.com  
1.800 I'M AWARE

Non Profit Org.  
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Breast Cancer Foundation

## The Gillette \$2 Million Shot

**A**licia Brown, 19, of Riverside, California, made the basketball shot of her life at the NCAA Final Four on March 27. Brown won \$1 million for herself, and \$1 million will be donated to the Komen Foundation as part of the Gillette 3-Point Challenge. "I can't believe I won a million dollars by making one shot," Brown said.



Alicia Brown



Jim Lamie from Gillette presents the check to Cam Van Noord from the Tampa Bay Affiliate and Micheline Graham and Susan Carter from the national headquarters of the Komen Foundation.

Gillette has added this fun and exciting element to NCAA Basketball, as well as the World Series and the PGA Tour Championship. It is a national point-of-sale contest, ending with a winner from all three Challenge contests taking a final shot in their Challenge sport for an opportunity to win \$1 million for both themselves and the Komen Foundation.



## The Susan G. Komen Breast Cancer Foundation

**T**he Susan G. Komen Breast Cancer Foundation was established in 1982 by Nancy Brinker to honor the memory of her sister, Susan G. Komen, who died from breast cancer at the age of 36. The Foundation is a national organization with a network of volunteers working through 106 local Affiliates across the country, fighting to eradicate breast cancer as a life-threatening disease by advancing research, education, screening and treatment.

The Foundation runs one of the country's most innovative, responsive grant programs in breast cancer today. In addition to funding research, the Foundation and its Affiliates fund innovative breast cancer education, screening and treatment projects for the medically underserved.

### frontline newsletter

*Founding Chairman* .....Nancy Brinker  
*Chairman of the Board* .....Linda Kay Peterson  
*Chief Executive Officer* .....Susan Braun  
*Editor* .....Emily D. Noble, CHES