

Women At Risk

Letter from the President

By Lynda Wertheim

I am deeply proud that, through your friendship, Women At Risk has added seven new research projects to our roster of funded research. This increases our grand total of research funding activity to \$735,000. WAR-funded research now totals an impressive 33 projects. Friends and partners like you are the key to our success: funding the promising ideas that may become the big breakthroughs of the future.

Of equal importance, Women At Risk is funding a second Fellowship in Breast Surgery at Columbia University Medical Center. This fellowship has been awarded to Dr. Adora Fou. Dr. Fou has recently completed her residency at New York Medical College's Sound Shore Program and her current research involves ductal lavage. This important fellowship offers physicians the opportunity to learn the latest

clinical care techniques under the direct supervision of Dr. Freya Schnabel. Dr. Schnabel is the Medical Director of Women At Risk, Chief of the Section of Breast Surgery at CUMC and the Vivian Milstein Associate Professor of Surgery at Columbia University's College of Physicians and Surgeons.

We continue to honor our past president through the Laurie Bass Sklaver Annual Symposium scheduled for November. I know Laurie would be pleased that we are targeting discussion of new topics in breast cancer. This symposium entitled "It's the Same But Different: Breast Cancer in Young Women" will address the unique issues young breast cancer patients face. We are very proud to be partnering with the Young Survival Coalition and remain grateful to Laurie's family and friends for their continued support of the symposium.

September found us co-sponsoring a daylong conference, Breast Cancer in Women of Color: Dispelling the Myths, Learning the Facts. This day aimed to reduce the barriers faced by

In this issue:



2005 Spring Luncheon



The Excitement Surrounding Herceptin



Exercise Reduces Risk of Breast Cancer Recurrence

A word from our Medical Director, Dr. Freya Schnabel...

Dear Friends,

It is my pleasure to introduce this issue of the Women At Risk newsletter. In these pages you will find a wealth of information regarding the latest trends and breakthroughs in breast cancer diagnosis and treatment, including an article about exercise and its link to breast cancer survival, exciting news about Herceptin and its role in increasing survival of breast cancer patients, and results of a WAR-funded research project that was conducted using the Women At Risk Registry.

The future offers even more advances in

breast cancer detection and treatment, and Women At Risk will continue its leadership role in directing attention to high-risk women. We must better understand the root causes and the earliest steps in the development of breast cancer in order to ensure its eradication. Your generous support reflects your dedication to ending the epidemic of breast cancer and assisting those who are afflicted.

I hope you find this issue informative and inspiring and that you will continue to partner with us in the battle against breast cancer.

—Freya

Save the dates!

© Programs Open to the Public

LAST SATURDAY IN OCTOBER—FREE SCREENING DAY

Saturday, October 29, 2005

8:00 a.m.–3:30 p.m.

10th Floor, Herbert Irving Pavilion

161 Fort Washington Ave.

For more information call (212) 851-4516

Child care and refreshments will be provided

LAURIE BASS SKLAVER ANNUAL SYMPOSIUM

"It's the Same But Different: Breast Cancer in Young Women"

Monday, November 14, 2005

5:30 p.m.–8:00 p.m.

The Lighthouse International

111 East 59th Street (between Park and Lexington Avenues)

Reservations Required: (212) 305-4486

© Events/Promotions

ON THE ONE

SHOPPING EVENT BENEFITING WOMEN AT RISK

Wednesday October 19th, 10:00 a.m.–8:00 p.m.

153 Main St., Mt. Kisco, NY

(914) 666-7787

Featuring White + Warren fine knitwear and Wolford fine hosiery.

WHITE + WARREN

BREAST CANCER AWARENESS MONTH PROMOTION

50% of proceeds of selected items donated to Women At Risk

Promotion lasts as long as items remain in stock!

www.whiteandwarren.com

DARE 2 DIAMOND

BREAST CANCER AWARENESS MONTH PROMOTION

30% of proceeds of a pink diamond necklace donated to

Women At Risk

Available exclusively on-line starting in October.

www.dare2diamond.com

*This issue of Women At Risk's newsletter
is made possible through the generous support of*

The Larry and Jane Scheinfeld Foundation.

women of color through discussing emerging risk factors, defining barriers to access of care, and describing issues of treatment.

And the last Saturday in October sees us resuming our sponsorship of free mammograms, pap smears and colorectal exams for uninsured women over 40. You may recall that we sponsor two such programs a year. We are proud to provide the women in our community with this important access to quality health care.

In this issue you will read about recent medical breakthroughs in breast cancer research, about exciting results from WAR-funded research, and about the work we are doing in the fight against breast cancer. I hope you are as confident as I am that our work is worthy of your support. ■

Spring 2005 Luncheon

Scaling the Frontiers of Breast Cancer Research: A Report from the Frontline

By Sally Sherwood

"It's up to us to make the most of each and every moment of our lives. I personally know about the fragility of life, having survived two bouts of breast cancer and seven surgeries. But it is the today, the here and now, that I deal with. Thank you for making my dream of helping other women with breast cancer a reality."

—SUSAN FUIRST, FOUNDER, WOMEN AT RISK

They arrived in record numbers: survivors, friends, families and medical professionals—all mobilized through tenacity, hope and support to thwart breast cancer. The 14th Annual Women At Risk Luncheon at the Waldorf-Astoria featured a roster of speakers whose theme was echoed in Dr. Susan Love's determined mantra, "If you don't have an audacious goal, you're not going to do it."

A palpable solidarity filled the room as Donna Karan tearfully acknowledged her designation as WAR's 2005 honoree and affirmed that "we can conquer [cancer] through love and caring for each other." The renowned international fashion designer lost her mother, "Queenie," her professional mentor, Anne Klein, and husband, Stephen Weiss to cancer. Devastated as Karan was by these personal losses, they helped form the fortitude and compassion that have characterized her



WAR Founder Susan Furst with her daughter Pam Weiss and friend Natalie Finkel



Luncheon Honoree Donna Karan with Luncheon Chairperson Bonnie Pressman



Luncheon Speaker Dr. Susan Love with WAR Medical Director Dr. Freya Schnabel and WAR President Lynda Wertheim

commitment to breast cancer research and fundraising initiatives.

It is in the area of research where so much reason for hope currently resides. Reporting on WAR's activities, the organization's Medical Director Dr. Freya Schnabel confirmed the continued pursuit of research into the genetics and molecular biology of breast cancer, which "will ... lead us to a basic understanding of the mechanisms of the disease, allowing us to understand how to treat it, how to thwart it and not allow it to develop at all."

Dr. Susan Love, one of the founding mothers of the breast cancer advocacy movement, shares this unflagging pursuit of disease prevention. A clinical professor of surgery at the David Geffen School of Medicine at UCLA, Dr. Love aims to eradicate breast cancer in ten years. In her keynote address, she charted the evolution of breast cancer research over the years. Cancer cells, she explained, were once regarded as "foreign invaders" that took over the body. However, cancer cells are actually our own cells "that went bad. They're not Osama bin Laden; they're Timothy McVey. They're our own home-grown terrorists, and they start in our body."

Breast cancer cells must be studied in the context of the cells with which they interact. "It's not just the cell that's the problem. It's the environment that the cell is in that ... goads it on to become cancer. In fact, if you put those cells in a different environment you might be able to change their behavior." New kinds of hormonal treatments such as tamoxifen, have borne out this thesis as they work to change the environment in which a cancer cell exists.

Still other research is focusing on the cells

themselves. A new chip that permits researchers to do DNA micro arrays can simultaneously show 1,000 different potential mutations in 1,000 different kinds of cancer. Now, researchers can see six, not two, kinds of breast cancer. These results dramatically affect the kind of treatment that is administered to breast cancer patients. No longer are we living in a one-size-fits-all universe.

Since all breast cancer begins in the lining of the milk ducts, researchers looking into breast cancer prevention have successfully achieved FDA approval to conduct ductile lavage to collect thousands of cells from the milk ducts of high-risk women. Markers in the fluid may reveal clues that will ultimately lead to disease prevention. Envisioning a not-too-distant future when a "chemical mastectomy" will allow doctors to squirt a cancer-destroying fluid into the milk duct to expunge one layer of cells, Dr. Love entreated every woman in the room to own the challenge of making breast cancer a dim memory. ■

Mark Your Calendars

**Annual Luncheon
MONDAY MAY 15, 2006**

KEYNOTE SPEAKER: COKIE ROBERTS

Waldorf-Astoria Hotel, NYC
Grand Ballroom

*Invitations will be mailed in early spring.
If you would like to be added to WAR's mailing list,
please call (212) 305-9525.*

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Please visit WAR's Website:
www.breastmd.org/war.html

Women At Risk Resource Library

Herbert Irving Pavilion
Tenth Floor, Room 1035
161 Fort Washington Ave.
New York, NY 10032

HOURS OF OPERATION:

Monday

10:00 a.m.—4:30 p.m.

Tuesday

10:00 a.m.—4:30 p.m.

Wednesday*

1:00 p.m.—4:30 p.m.

Thursday

10:00 a.m.—4:30 p.m.

Friday

10:00 a.m.—4:30 p.m.

*Bilingual (English/Espanol)

Staffed by breast cancer survivors offering confidential one-to-one support

The difference is you...

Thanks to all our volunteers who make a difference every day in Women At Risk's Resource Library:

Helene Bland
Carole Burack
Marianne Glasel
Renee Goodman
Rita Heller
Inez Horn
Gilda Jacobson
Laura Minella
Diane Morrow
Laura Rapp
Sol Ruden
Helen Tarr
Angela Vallaro

Q & A

Herceptin: Exciting New Breakthrough in Breast Cancer Treatment

Crate Herbert Interviews Dr. George Raptis, Associate Chief for Clinical Affairs, Division of Hematology and Oncology, Dept. of Medicine, College of Physicians & Surgeons, CUMC:

1. What is Herceptin? How does it work?

Herceptin (generic-trastuzumab) is a lab-designed antibody that targets and attacks cancer cells that over-express (or make too much of) a protein called HER-2 neu which is found on the surface of cancer cells. Breast cancers that over-express HER-2 neu tend to grow faster and are generally more likely to recur than tumors that do not overproduce HER-2 neu.

By targeting and attacking HER-2 neu over-producing cancer cells, Herceptin encourages the body's own immune system to attack these cells and interfere with signaling pathways that help cancer cells survive and grow, thus greatly slowing, or stopping tumor growth.

2. Who is being treated with Herceptin now?

Initially Herceptin was being used to treat patients with metastatic breast cancer, but exciting recent studies have shown its benefit in earlier stage, lymph node-positive breast cancer patients (this means that cancer has spread—or metastasized—to the lymph nodes under the axilla.) whose cancers over-expressed Her 2 neu. Some of these studies also included higher risk lymph node negative patients. In these studies it was most commonly used in combination with chemotherapy and was shown to increase survival and disease-free survival by 50% over chemotherapy alone.

3. Why is Herceptin exciting?

All three of these studies indicated that Herceptin improved overall survival by approximately 30%, and disease-free survival by 50% beyond adjuvant chemotherapy alone. In the history of breast cancer treatment and intervention small steps have been accomplished in improving survival and disease-free survival—but nothing as dramatic as a 50% increase. As a result, a new standard of care has been established for node-positive, and high risk node-negative, breast cancer patients which greatly increases their chances of survival and decreases their chances of recurrence.

Additionally, Herceptin is a “designer drug” (man-made in a laboratory based on rational therapeutic design) as well as a specific targeting therapy. While these drugs have been in the works for some time, the success of Herceptin is a clear sign that this work is coming of age, and is the way of the future for cancer treatment.

4. What are the side effects of Herceptin?

Herceptin can increase cardiac toxicity (cause damage to the heart muscle) that can lead to heart failure if given along with doxorubicin (also known as Adriamycin) but much less so when given with other chemotherapies. It can also affect the lungs and can cause severe or life-threatening allergic reactions on rare occasions. Patients are carefully evaluated for any heart or lung problems before starting treatment and are carefully monitored during treatment.

Minor side effects that occur (most often during the first treatment) include fever and/or chills, pain, weakness, nausea, vomiting, diarrhea, headaches, difficulty breathing and rashes. ■

GROUNDBREAKING RESEARCH:

Gross Cystic Disease and Breast Cancer Risk

By Jennifer Chun

A new study funded by Women At Risk and using its High-Risk Registry suggests that gross cystic disease (GCD) does not further increase risk of breast cancer among women who are at high-risk for developing breast cancer.

A risk assessment, effective risk reduction strategies, and chemoprevention for breast cancer evolve, high-risk women have more options for minimizing their risk of breast cancer. They have access to formal risk assessments, including ductal lavage, and opportunities to participate in research related to various aspects of diagnosis, treatment, and prevention of breast cancer. It is important to identify risk factors for breast cancer and to define a high-risk group that may benefit most from interventions aimed at early diagnosis and treatment. Defining a population of women truly at high risk for breast cancer will allow us to better monitor and evaluate risk reduction strategies.

The research question:

Among women at high risk for breast cancer, is

there a significant association between gross cystic disease (GCD) and breast cancer?

What is the significance of this research?

Gross cystic disease (GCD) is a common benign breast condition that has been established as a risk factor for breast cancer. It is characterized by the presence of fluid-filled cysts that originate from the breast lobules. Previous studies have reported that women with GCD were 2 to 4 times more likely to develop breast cancer than women without this condition. However, the definition of GCD has been inconsistent and has varied considerably which may have led to an overestimation of risk. This study utilized a rigorous definition of GCD and after applying sophisticated statistical data analyses, the findings suggested that gross cystic disease (GCD) did not further increase risk for breast cancer among women at risk due to family history, biopsy-proven atypical hyperplasia, or lobular carcinoma in situ.

The Researchers:

Jennifer Chun, MPH
Kathie-Ann Joseph, MD, MPH
Mahmoud El-Tamer, MD
Andrew Rundle, DrPH
Judith Jacobson, DrPH, MBA
Freya Schnabel, MD

The Process:

The Women At Risk (WAR) Registry at Columbia University Medical Center provided the study

population of 1,317 women. All participants met one or more of the following criteria: one or more first-degree relatives (mother, daughter, or sister) with pre-menopausal breast cancer; two or more first-degree relatives with post-menopausal breast cancer; a history of gross cystic disease (GCD) defined as five or more breast cysts which have required aspiration; a biopsy-proven history of lobular carcinoma in situ (LCIS), atypical ductal hyperplasia (ADH) or atypical lobular hyperplasia (ALH). Women with GCD were then compared to women without GCD with respect to breast cancer outcome.

The Results:

Within the total population of 1,317 women, 79 (6%) developed breast cancer; 28 (35%) out of the 79 had a prior history of GCD. Analyses of the data demonstrated a non-statistically significant association of GCD and breast cancer. The overall survival estimate between the GCD and non-GCD groups also indicated that there were no differences in overall survival between the two groups. These results do not support the findings of previous studies that demonstrated a significant association of gross cystic disease and breast cancer.

This study, entitled "Cohort Study of Women at Risk for Breast Cancer and Gross Cystic Disease" was presented at the 2005 meeting of the American Society of Breast Surgeons and will be published in the October 2005 issue of the American Journal of Surgery. ■

Helping Women Help Themselves

April 2005 Free Screening Day Stats:

- 91 Women received mammograms, 18 of which required follow-up resulting in three biopsies.
- 87 Women received cervical exams, three of which required follow-up.
- 42 Women received colorectal exams.

With your support, Women At Risk is able to help provide these life-saving services free of charge.

Swinging for a Cure— Women At Risk's 2nd Annual Golf Tournament

By René Bouchard

On Monday, August 15, Women At Risk hosted the pro-am tournament for the Women's Metropolitan Open at the historic Century Golf Club in Purchase, NY. The tournament was sponsored by CANON U.S.A. for the second year running, and Lincoln provided gifts for the 50 foursomes who participated in the double shotgun.

Founded in 1889, the Century Golf Club is one of New York's most prestigious golf venues and provided a breathtaking setting for this most successful event. The day was ideal, with a terrific break in the weather, lush fairways, challenging greens and wonderful food. Over \$120,000 was raised, helping to ensure the



**WAR Founder and
Tournament Co-Chair
Susan Fuirst with
fellow Co-Chair
Karen Reed.**

future of WAR's vital programs—with the largest portion of funding earmarked for our research program.

WAR extends its heartfelt thanks to CANON U.S.A., Lincoln, and all the participants and donors who made this year's tournament such a success.

Watch for the posters in your club's locker room next summer if you are interested in participating in the 2006 tournament. ■

Support Groups

The Women At Risk Support Group for Women with Breast Cancer

Every Other Thursday
10:00 a.m.—11:00 a.m.
For location and more information please call
Angie Lloyd, LMSW at
(212) 305-2347

Co-sponsored by Women At Risk and Social Work Services, CUMC/NYPH.

Grupo de Apoyo para las Mujeres Latinas con Cancer del Seno

Every Other Thursday
10:00 a.m.—11:00 a.m.
For location and more information please call
Lola Ruz-Curry at
(212) 305-9894

Co-sponsored by Women At Risk, SHARE and Social Work Services CUMC/NYPH.

Programas Comunitarios

El último sábado de Octubre—

Día de Diagnostico Gratis
Sábado, 29 de Octubre del 2005

Herbert Irving Pavilion,
Piso 10
161 Fort Washington Ave.
Para más información,
llamar (212) 851-4516
Se ofrecerá cuidado de niños y merienda

Conferencia anual de Laurie Bass Sklaver

“Es igual pero diferente: Cáncer del seno en las mujeres jóvenes”

Lunes, 14 de Noviembre del 2005

5:00 p.m.
Edificio Lighthouse Internacional

Se requiere reservación:
(212) 305-5917

New Study Reveals Relationship Between Exercise and Breast Cancer Survival Rate

By Sally Sherwood

Long-awaited Research Confirms Long-held Suspicions of Medical Community

More and more women may be walking their way into a healthy future. Along with the traditional benefits associated with exercise, breast cancer patients may now add prolonged survival. A recent study published in the May 25, 2005, issue of the *Journal of the American Medical Association* revealed that physical activity following a diagnosis may help a patient beat breast cancer. Indeed, even one hour a week of walking or similar activity appears to boost a patient's chances for survival.

“This is one of the first studies confirming what we've suspected for a long time,” said Dr. Mahmoud El-Tamer, Associate Professor of Clinical Surgery at Columbia University's Department of Surgery. “We have traditionally recommended exercise as one way of reducing the risk of breast cancer. This study actually shows that exercise can be effective after diagnosis.” Dr. El-Tamer noted that the research further empowered

patients with a feeling of some control over their prognosis.

The study, led by Dr. Michelle Homes of Harvard Medical School and Brigham and Women's Hospital in Boston, collected responses from approximately 3,000 registered nurses, aged 30–55 (the age of 35–55 was not that of the patient, rather the age of the nurses who answered the questionnaire in 1976), who were diagnosed between 1984 and 1998 with stages I, II, or III breast cancer. The women, enrolled in the Nurses' Health Study, were initially treated with such standard therapies as surgery, radiation, chemotherapy and tamoxifen.

Study results were published in an article entitled “Physical Activity and Survival After Breast Cancer” (*Journal of the American Medical Association*, Vol. 293, No. 20, May 25, 2005, pp. 2479–2486). Researchers interviewed study participants about the frequency and type of the physical exercise regimen, if any, that they followed after completing treatment for breast cancer, and then assigned a value to the intensity and quality of each exercise—swimming, walking, jogging, tennis, squash, racquetball, cycling—in relation to body mass index, hormone use, menopausal status, and similar factors affecting longevity.



How Your Contribution Makes a Difference:

These are just some of the ways your gift to Women At Risk makes a difference in the lives of women at high risk for and women with breast cancer. For more information, please call (212) 305-9525.

The Women At Risk Fellowship in Breast Surgery

~ This one-year appointment offers advanced training to surgeons in the area of breast disease, enabling the recipient to acquire advanced knowledge and a high level of skill in the evaluation and treatment of patients with breast disease or those who are at high risk for breast cancer. Through this fellowship, Women At Risk will identify and train future leaders in breast cancer surgery.

Research ~ WAR-supported research continues to yield impressive new information about the possible causes, effective prevention and inno-

vative treatments for breast cancer. One project, conducted by Dr. Robert Fine at Columbia University Medical Center, focuses on developing new techniques for detecting the earliest stages of breast cancer—providing women a greater chance of early diagnosis and survival.

Outreach to Underserved Women

~ WAR provides a range of services that cut through economic, cultural and language barriers to provide information and access to care for underserved, uninsured women in our neighborhoods, including a bi-lingual support group, free mammograms and follow-up care.

Resource Library ~ Staffed by volunteer-survivors, it is the hub of Woman At Risk's support activities where over 2,500 women and their families meet annually for support and essential information.

Women who exercised the equivalent of 3–5 hours of walking per week at a moderate pace had the lowest mortality rate. Women who walked, or similarly exercised, for one hour a week, at a 2–3 MPH pace, had a lower risk of death from breast cancer than those who exercised less than one hour a week. Women who engaged in more vigorous, frequent exercises (such as marathon training) also lowered their risk of dying from breast cancer—but not as much as those who engaged in moderate exercise.

According to Dr. El-Tamer, “These results are not surprising. Intensive, overly-aggressive physical activity has been associated with a decrease in immune function and possible increased risk of acquiring a cold. Aggressive exercise induces oxidative stress in the body and produces free radicals, which can be harmful to the genes, potentially predisposing a person to breast cancer.

“Moderate exercise probably reduced estrogen levels, which explains why these results were especially significant in women with estrogen and progesterone receptor-positive breast cancers. In fact, it may be that exercise can prove even more effective in mortality risk reduction in older breast cancer survivors, who more frequently develop estrogen and progesterone receptor-positive breast cancers.”

Dr. El-Tamer, who favors any regimen that gives a patient more control over her prognosis, added that “while this study is heartening, it is valid within the context of conventional breast cancer treatment. Nonetheless, women now have further proof that along with a healthy diet, lowered alcohol consumption (no more than one drink a day), and intelligent weight management, moderate exercise can contribute to a healthier life after breast cancer—and it’s within their control.” ■

Volunteers Needed!

A gift of time and energy is a wonderful way to contribute to Women At Risk. Please consider taking advantage of one or more of the following opportunities:

1. WAR ON-CALL VOLUNTEER

There are certain times during the year when the WAR office needs help with very large mailings. As an on-call volunteer, you will be contacted to determine your availability to lend a hand at the WAR office. If you are interested in being an on-call volunteer, contact René Bouchard at (212) 305-4486.

2. WAR EVENT VOLUNTEER

Throughout the year Women At Risk sponsors events, such as the Annual Luncheon and The Laurie Bass Sklaver Annual Symposium, that require additional help from volunteers. If you would like to help with one of these events, call René Bouchard at (212) 305-4486.

3. WAR RESOURCE LIBRARY VOLUNTEER

Breast cancer survivors are needed to offer support and information to women who are undergoing breast cancer treatment. Volunteers must be at least one year out of treatment. A minimum of four hours per week is requested. If you are interested, please contact Marianne Glasel at (212) 305-0266.

SIGN ME UP for the fight against breast cancer!

- Add me to the mailing list Please send me information about WAR's High-Risk Program
 I would like to join the fight against breast cancer with the following contribution of \$_____.

YOUR NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

Payment method: Check Please charge my: Amex Visa MC

NAME ON CARD _____ ACCOUNT # _____

EXP. DATE _____ SIGNATURE _____

Mail to: Women At Risk, 601 West 168th Street, #7 & #8, New York, New York 10032

The Training of Future Leaders in Breast Surgery Continues: Second Women At Risk Fellowship Awarded

By *Crate Herbert*

Another important step in the battle against breast cancer has been taken by awarding the second Women At Risk Breast Surgery Fellowship. The WAR Breast Surgery Fellowship is a one-year appointment at Columbia University Medical Center's Comprehensive Breast Center for a general surgical trainee who has already completed a five-year accredited general surgery program.

The second Women At Risk Fellowship has been awarded to Adora Fou, M.D. Born in Canada, Dr. Fou grew up in Dallas, Texas. She holds a BS from the University of Dallas in Biochemistry and attended the University of Texas at Houston's Medical School. She recently completed her residency at New York Medical College's Sound Shore Program and her current research focuses on risk management of breast cancer using ductal lavage.

Dr. Schnabel, Women At Risk's Medical Director said, "Dr. Fou is a talented young physician with a bright future. She has devoted herself to a career in breast surgery, and her fellowship training will allow her to practice this specialty at the highest possible level. She is interested in teaching residents and medical students, insuring that the knowledge she has acquired will be passed on the next generation as well."

"My future as a breast surgeon will be dedicated to diagnosing and treating benign and malignant diseases of the breast," said Dr. Fou. "In so doing I will continue full efforts to educate women and their families about breast cancer, and to advocate any avenue that will promote effective screening measures for women in all walks of life." ■

New York-Presbyterian Hospital
Columbia University Medical Center
622 West 168th Street
New York, NY 10032-3784

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