

JALBCA

JUDGES AND LAWYERS BREAST CANCER ALERT

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Editor: Martha L. Golar, Esq.

June 2009

THE ANNUAL DINNER

JALBCA's Annual Dinner was, again, a resounding success. On a beautiful evening, and to a full house, Judge Kaye supervised the installation of JALBCA's directors and officers for the 2009/2010 year, including the incoming Co-Presidents, Hon. Ellen Spodek (replacing outgoing Co-President Hon. Eileen A. Bransten) and Cynthia B. Rubin, Esq.

Hon. William Thompson presented the Leadership Achievement Award to former JALBCA Co-President Hon. Jacqueline W. Silbermann. Judge Silbermann recently retired from the bench and is now practicing at the international law firm of Blank Rome LLP where she concentrates her practice in matrimonial law and alternative dispute resolution and mediation.

Next, former Co-President Roy Reardon presented a new award – the Hon. Judith S. Kaye Grant Award for Women and Children – to The Family

Center. The award was created in honor of Judge Kaye's 25 years of service to the Bench and Bar and her 15 years as Chief Judge of the State of New York. She has also served as Honorary President of JALBCA since its formation. The award is intended to serve mothers and their children whose lives have been impacted by breast cancer. The Family Center will use the grant to provide integrated legal and social services to twenty mothers living with breast cancer and to their families- the recipients will be predominantly minority women with Stage IV breast cancer who have minor children in their legal custody, are Medicaid eligible, and live in the most disadvantaged communities in New York City.

Finally, former JALBCA Co-President Judith Livingston provided an update on the mammography vans, the cost of which is subsidized by JALBCA as part of its Courthouse

Alert project. Ms. Livingston obtained a lengthy and impressive group of sponsors for the 2009 project. Each donor offered subsidization of either a van or a mammogram(s). The 2009 sponsors are as follows:

(cont. on pg. 2)



*Outgoing President
Hon. Eileen Bransten*



Hon. Judith S. Kaye installing Incoming Co-Presidents Cynthia Rubin, Esq. and Hon. Ellen Spodek.



Tricia Alden, Esq. and JALBCA Dinner Co-chairs Burton Lipshie, Esq. and Sandra Katz, Esq.

Vans

Alston & Byrd
Block & O'Toole
Downing & Peck
Ellen's Run
Glenn Dopf
Gair Gair Conason
Godosky & Gentile
Jewish Lawyers Guild
Kramer Dillof Livingston & Moore
(2 vans)
Roy Reardon & Pat Hynes
Skadden Arps
Hon. Jacqueline W. Silbermann Tables
Hon. William C. Thompson Table

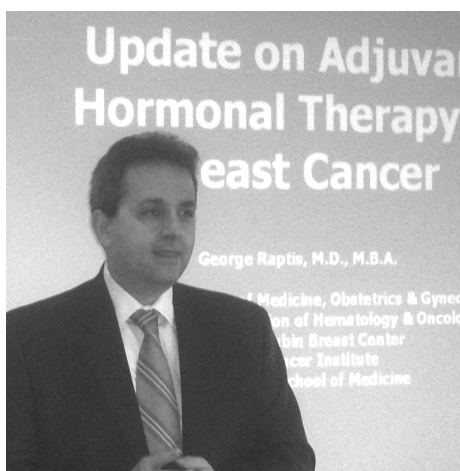
Individual Mammograms

Jeffrey Brecker
Kathryn Buckley
Tiffany Buxton
Marilyn Chinitz
Hon. Anita Florio
Yvette King
Sandra Katz
Hon. Shirley Kornreich
Burton Lipshie
Hon. Sondra Miller
Hon. Barbara Panepinto
Sam Senders
Sybil Shainwald



Hon. William C. Thompson and Evening's Honoree Hon. Jacqueline W. Silbermann.

JALBCA's APRIL PROGRAM ON HORMONAL TREATMENTS



Guest Speaker Dr. George Raptis.

JALBCA's April 23 program featured Dr. George Raptis who spoke on the subject "Hormonal Treatments: Who Should Have Them? What is Their Impact? How Do They Differ?" Dr. Raptis is affiliated with Mount Sinai School of Medicine where he serves as Associate Chief for Solid Tumors and Associate Professor of Medicine, as well as the Director of the Eva & Glenn Dubin Breast Care Center.

Dr. Raptis discussed the general approach to his choice of adjuvant therapy for any particular patient. First, he takes account of the Oxford Overview, which is a review process that examines data from randomized trials throughout the world.¹ The collaborative group – the EBCTCG –

involved with the Oxford Overview meets every five years (most recently in September 2006) and it has focused in the past on, among other things, tamoxifen and, more recently, on aromatase inhibitors. Second, Dr. Raptis conducts an evaluation of the risk of relapse using a particular treatment. Finally, he looks at the patient's preference. He refers to St. Gallen classifications for risk evaluation and treatment guidelines.² The St. Gallen classification was devised in 1998 in order to guide clinicians in the use of adjuvant systemic therapy for women with early breast cancer.

Next, Dr. Raptis discussed the endocrine-responsive disease treatment dilemma: (1) with minimum or low risk, the physician must decide whether or not to treat at all; (2) with the average to high risk premenopausal patient, the physician has to decide the optimal endocrine therapy; and (3) with the average to high risk postmenopausal patient, the physician must consider when the patient should begin an aromatase inhibitor and the period of time it should be taken.

A lengthy discussion took place concerning aromatase inhibitors. Dr. Raptis stated that the medical profession still does not know for whom the combination of aromatase inhibitor plus tamoxifen is better than the combination of chemotherapy plus tamox-

ifen. He reviewed the results of many clinical trials. He reported that even for women who had been on tamoxifen for five years, there was a significant benefit to the use of an aromatase inhibitor. But, after five years on tamoxifen and another five years on an aromatase inhibitor, there is no present answer as to whether there would still be a benefit to continued use of an aromatase inhibitor. Generally, he recommended using an aromatase inhibitor for five years and monitoring for bone health and lipids. He noted that while selective estrogen receptor destroyers may be a new drug alternative to aromatase inhibitors, none of them are near FDA approval at this time. Dr. Raptis mentioned that there are studies on the under-reported side effects of aromatase inhibitors and these include joint aches and stiffness in approximately 15% of women. For those who suffer these side effects, however, he indicated that their options are to grin-and-bear it, switch to tamoxifen, or switch from one aromatase inhibitor to another aromatase inhibitor. There are presently no studies that compare aromatase inhibitors with regard to the differences between them in terms of their side effect on bone. Dr. Raptis also clarified that the evening's discussion concerning the benefits of aromatase inhibitors related to women who were pre-metastatic.

¹The Early Breast Cancer Trials Collaborative Group (EBTCTCG) is a global organization of clinical trialists that have conducted randomized clinical trials of therapies in early breast cancer. The EBCTCG, with its data management and

analysis center located in Oxford, England, has conducted meta-analyses of several therapies, yielding information that is not available from individual trials – i.e., the data is pooled from many clinical trials that examine similar questions. The process is

known as the Oxford Overview.

²Risk categories – low, intermediate and high – were defined using a combination of nodal status, tumor size, histologic and nuclear grade, steroid hormone receptor status and age.

NEWS BRIEFS

The Breast Cancer Patient Protection Act of 2009 was introduced in both the House and Senate. This is the sixth time that it (H.R. 1691) has been introduced in the House by Rep. Rosa DeLauro (Conn.). She first introduced the bill in January 1997. A companion bill (S. 688) was introduced in the Senate by Sen. Olympia Snowe (Maine). Both bills are currently in committee. The Act would require a group health plan that provides medical and surgical benefits to ensure that inpatient (and in the case of a lumpectomy, outpatient) coverage and radiation therapy are provided for breast cancer treatment. The legislation would prohibit such a plan from (1) restricting

benefits for any hospital length of stay to less than 48 hours in connection with mastectomy or breast conserving surgery or 24 hours in connection with a lymph node dissection, insofar as the attending physician, in consultation with the patient, determines such a stay to be medically necessary or (2) requiring that a provider obtain authorization from the plan or issuer for prescribing any such length of stay. The bill requires such a plan or issuer to (1) provide notice to each participant and beneficiary regarding the coverage required under the act and (2) ensure that coverage is provided for secondary consultations. In addition, the Act would prohib-

it a group health plan from taking specified actions to avoid the requirements of the Act. It applies such requirements to health insurance issuers offering coverage in the individual market. Finally, the legislation would allow a health insurance issuer that provides individual health insurance coverage to non-renew or discontinue an individual's coverage based on the intentional concealment of material facts regarding a health condition related to the condition for which coverage is being claimed. If passed, the legislation would amend ERISA, the Public Health Service Act and the Internal Revenue Code.



SAVE THE DATE

SHARE's 6th Annual
"A Second Helping of Life"

a tasting event featuring New York City's top women chefs

Monday, September 21, 2009
Pier 60, Chelsea Piers

For tickets or information about corporate sponsorship,
contact Mary Fridley at 212.719.0364 ext 239 or mfridley@sharecancersupport.org



SAVE THE DATE

Susan G. Komen Race for the Cure

Sunday, September 13, 2009

Please visit the Komen website and join the JALBCA team

CALENDAR/CONTACTS

ADELPHI NY STATEWIDE BREAST CANCER

Hotline & Support Program

Adelphi University School
of Social Work

Garden City, NY 11530

www.breastcancerhotline@adelphi.edu

CancerCare

275 Seventh Avenue

New York, NY 10001

www.cancercare.org

1.800.813.HOPE (4673)

CancerCare - Telephone Education
Workshop

DATE: June 18, 2009

TIME: 1:30 – 2:30 p.m.

TOPIC: Medical Update on Breast
Cancer from the 2009
American Society of Clinical
Oncology (ASCO) Annual
Meeting

SPEAKER: Julie R. Gralow, MD
(University of Washington
School of Medicine);
Hope S. Rugo, MD (UCSF
Comprehensive Cancer
Center); Patricia Spicer,
MSW (CancerCare)

MEMORIAL SLOAN KETTERING CANCER CENTER

Post-Treatment Resource Program

Educational Forums

215 E. 68th St., Ground Fl.

New York, NY 10021

www.mskcc.org/mskcc/html/59513.cfm

212.717.3527

Bendheim Integrative Medicine Center

1429 First Avenue (at 74th Street)

SHARE (*Self-Help for Women with Breast or Ovarian Cancer*)

1501 Broadway, Ste. 704A

New York, NY

www.sharecancersupport.org

212.719.0364

JALBCA

c/o Jennifer Fiorentino

Executive Director

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