



JALBCA

JUDGES AND LAWYERS BREAST CANCER ALERT

Vol. 9 No. 4

Editor: Martha L. Golar, Esq.

June 2005

ANNUAL DINNER

Under a gorgeous sunset sky, our Annual Installation and Awards Presentation had a fabulous start this year with a dockside cocktail hour. Approximately 600 members and guests mingled at the Water's Edge restaurant in Long Island City on May 18, 2005.

Following the opening remarks by the Dinner Co-Chair, Sandra C. Katz, Esq., the Hon. Judith S. Kaye installed JALBCA officers, directors and newly elected Advisory Board members. She recalled the significant contributions of Hon. Sondra Miller, a former Co-President of JALBCA and an esteemed member of the Appellate Division, First Department bench. Judge Kaye also spoke of the importance of JALBCA's work in the legal community, specifically its work in the underserved communities of New York City. This year's highlights included the Annual Symposium in October, coordinated by JALBCA past Co-Presidents and Board members Barbara A. Ryan and Martha (Mikki) Golar, JALBCA's team of nearly 70 runners in the Susan G. Komen Race for the Cure, organized by the Hon. Shirley W. Kornreich and Emily Ascher, JALBCA's monetary

support for The City Bar Fund's pro bono lawyering group and SHARE, and the creation of the Susan Solomon internship. In closing, Judge Kaye thanked all the JALBCA members for donating their valuable time and effort to make this past year a success and expressed her hope that everyone would continue the good work.

Well-deserved thanks were then given by the Hon. William C. Thompson and Hon. Jacqueline Silbermann to our outgoing Presidents, Roy L. Reardon, partner at Simpson Thatcher and Bartlett LLP, and the Hon. Shirley W. Kornreich, Acting Supreme Court Judge, for their excellent leadership. Under their strong direction and guidance, JALBCA has grown its network of speakers to include more cancer care providers and advocacy groups, such as the American Society of Clinical Oncologists (ASCO). Echoing the sentiments of many, Justice Silbermann spoke of Justice Kornreich's energy and enthusiasm for JALBCA activities, which have motivated many members to become more involved. Justice Kornreich then presented the Leadership Achievement Award to Mr. Reardon, citing the many advances made

by JALBCA under his presidency. From those who have benefited from his wisdom and insight throughout the year, his leadership is greatly appreciated.

Ms. Julie Ratner and Emily Levin, sisters of Ellen P. Hermanson, were then presented with the Special Recognition Award by Martha Golar in acknowledgement of the important work of the Ellen P. Hermanson Foundation and its sponsorship of JALBCA's Annual Symposium. This Foundation, named for JALBCA's first Executive Director, has been tireless in its efforts to promote awareness and early detection of the disease and to educate the public concerning pain management. Everyone in the room was visibly moved as Ms. Ratner spoke of the late Ms. Hermanson's love for JALBCA and her determination to continue its work, even during the final weeks of her illness.

The Hon. Paula Omansky, a Dinner Co-Chair, spoke in closing. She thanked everyone for the large dinner turnout and for participating in the success of the JALBCA projects.



Left to right, Mikki Golar, Esq., Dr. Julie Ratner and Emily Levin, award recipients on behalf of the Ellen P. Hermanson Foundation.



Left to right, Hon. Barbara Irolla Panepinto, Incoming Co-President, Hon. Judith S. Kaye, and Judith Livingston, Esq., Incoming Co-President.

UPDATE ON SILICONE-GEL IMPLANTS

The FDA recently considered whether to lift restrictions that have limited silicone-gel implants to women in special research studies and/or those having reconstructive surgery. The FDA moratorium was imposed in 1992. The restrictions had been imposed due to allegations that the implants caused serious or chronic illnesses such as connective tissue disorders or lupus. No medically corroborated link between illness and silicone gel breast implants has been established. FDA's Medical Devices Advisory Committee recommended that the restrictions not be lifted at this time on the implants manufactured by Inamed, a California company. Later the same week, the Committee reportedly considered similar silicone implants made by Inamed's competitor, Mentor Corp., also a California company, and concluded that Mentor had proved its devices safe enough to resume widespread sales under certain conditions. The FDA is not bound by the Committee's recommendations as demonstrated by the agency's rejection in 2003 of this Committee's recommendation to reintroduce the implants to the market.

Statistics from the American Society of Plastic Surgeons show that breast implants were the second most common cosmetic surgical procedures among women in 2004, behind liposuction and ahead of eyelid surgery, nose reshaping and facelifts. This number does not distinguish between restricted silicone implants, *i.e.*, those available in research studies and for reconstructive surgery, and saline implants, the latter of which account for the majority of implants. Moreover, the number surgical breast implant procedures between 2000 and 2004 have increased each year.

It is undisputed that problems with silicone breast implants arise when the tissue around them contracts, when the implant ruptures (although capsular contracture occurs also with saline breast implants), or when infection occurs. As a result, many women experience substantial pain and discomfort, and many under-

go surgery to replace or remove the implants, which also carries a financial cost. Preliminary FDA analyses suggest that up to 75% of implants will rupture within a decade, which statistics contrast with those presented by Inamed. Inamed officials claimed that approximately 14% of implants will rupture within 10 years, but this was an estimate based on a study of 940 patients tracked for three or four years. The company further claimed that most of the breakage was due to surgeon-caused damage at the time of implantation that effectively weakens the device.

There is even disagreement as to whether the gel used in today's implants leaks beyond the breast issue. A recently published study from the Armed Forces Institute of Pathology reportedly found silicone in the lymph nodes of implant recipients. This finding was dismissed by Inamed officials who argued that the source of such silicone could be other products, such as plastics and toothpaste, which they said also contain silicone.

Silicone is used in other implants in the body. For example, it has been used: to construct heart valves and other cardiovascular prostheses; to fashion catheters which are used for purposes ranging from drug delivery to cardiac monitoring; in dentistry; in the gastrointestinal tract; as a facilitator for nerve regeneration; in ophthalmology; in the ear, nose, throat, and respiratory tract; as a prosthesis or ingredient in prostheses for many parts of the skeletal system; as a tissue expander; as a cosmetic agent for treatment of scars and wrinkles; in the urogenital tract, including penile prostheses; and in many other applications. However, in these other implants, the silicone is in a hard form rather than a gel.

Nevertheless, regardless of its relevance, certain information reportedly is known:

Only a few studies have been conducted on the health of women with leaking silicone implants. The one conducted by FDA scientists found a significant increase in fibromyalgia and other

autoimmune diseases. A study funded by a silicone manufacturer found an increase in autoimmune symptoms such as fatigue and mental confusion but not in diagnosed diseases.

NCI studies, which compared women who had implants for at least seven years to other plastic surgery patients and to women in the general population, found that all plastic surgery patients, including breast augmentation patients, tend to be healthier and wealthier than women of the same age in the general population. However, compared to other plastic surgery patients, breast augmentation patients are twice as likely to die of brain cancer, three times as likely to die of lung cancer, and four times as likely to commit suicide. They are more likely to report autoimmune diseases (though their medical records indicate that patients are not always accurate in their reporting).

Recently published research found high levels of platinum in the breast milk, blood and urine of women with implants, compared to other women, a substance which is used to manufacture breast implants.

On the other hand, certain information is still unavailable:

After rupture, we do not know how often implants leak silicone outside the implant area or how long they last intact.

We do not know the percentage of women will get sick from breast implants that are intact compared to the percentage who will get sick from breast implants which are leaking.

For additional information concerning breast implants, www.breastimplantsafety.org is a website which is intended to be a resource for educating women about implants and to present objective and clinically verifiable information.

JALBCA TEAM - RACE FOR THE CURE

As in past years, JALBCA is organizing a team to run in the Komen Race for the Cure. You can register on-line this year. All you need do is visit to the Komen site and the JALBCA team is noted. The race is scheduled for September 25 this year.

“STATE OF THE EVIDENCE 2004:

WHAT IS THE CONNECTION BETWEEN THE ENVIRONMENT AND BREAST CANCER”

The State of the Evidence 2004 report was jointly released by the Breast Cancer Fund, a non-profit environmental health organization, and Breast Cancer Action, a non-profit national education. The report concluded that exposure to synthetic chemicals and radiation has contributed more than was previously thought to the rising incidence of breast cancer. This third edition of the report collected new evidence from 21 research studies published since February 2003. The new report was peer-reviewed by six leading scientists, including a noted scientist from the International Agency for Research on Cancer, a division of the World Health Organization.

Reportedly, these new research findings were noted:

- Chlorinated chemicals, found in drinking water and many industrial processes such as computer component manufacturing, were associated with an elevated risk of breast cancer in three new studies;
- A solvent used in many varnishes, paints, dyes and fuel additives

(ethylene glycol methyl ether) was found to sensitize breast tissue cells to the effects of estrogens and progestins, thereby increasing the risk of breast cancer and;

- The Million Women Study in the United Kingdom revealed that all types of postmenopausal hormone replacement therapy significantly increased the risk of breast cancer, underscoring earlier findings from the Women’s Health Initiative study in the United States. Another study found that use of HRT after previously being diagnosed with breast cancer tripled a woman’s risk of recurrence or development of a new breast tumor.

Nancy Evans, a health science consultant for the Breast Cancer Fund and the editor of the report, is quoted as saying that “Medical X-rays, pesticides, household cleaning products, personal care products and some pharmaceuticals-these are just a few of the multiple and chronic exposures contributing to this epidemic.” Some of the 85,000 synthet-

ic chemicals used today are explained as altering hormone function or gene expression. Some of these, chemicals known as xenoestrogens because they mimic or act like estrogens in the body, include the following: Bisphenol-A, used in plastic food containers and baby bottles; polyvinyl chloride (PVC), used extensively in food packaging, as well as in medical products, appliances, cars, toys, credit cards and rainwear; pesticides used on lawns and in commercial agriculture; and diethylstilbestrol, a drug prescribed for millions of pregnant women from 1941 to 1971 that doubled the risk of breast cancer for women who were exposed to it in the womb and who are now over 40.

In addition, the report highlighted the effects of exposure to ionizing radiation. An increase in radiation is the result of radiation exposures from X-rays, CT scans, fluoroscopy, nuclear fallout and other sources.

The new report offered a “Six-point Plan to Help Reduce the Risk of Breast Cancer and Ultimately End the Epidemic.”

REMINDER – TENTH ANNUAL ELLEN’S RUN

Sunday, August 21, 2005 is the date scheduled for the Tenth Annual Ellen’s Run. It will be held at East Hampton High School, Long Lane, East Hampton, Long Island at 9:30 am rain or shine. It is a 5K (3.1 mile) run/walk open to females, males, children, runners or walkers with timing with the champion chip (David Katz of Finish Line Road Race Technicians). Ellen’s Run draws on the strength of the local community and gives back to the community a substantial share of the money raised for local projects. For additional information, visit their web site at www.ellensrun.org.

CALENDAR OF EVENTS

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

1501 Broadway, Ste. 704A
New York, NY
www.sharecancersupport.org
212.719.0364

DATE: July 18, 2005

TIME: 6 – 7:30 pm

SUBJECT: Your Bones –
Research and Practice

SPEAKER: Dr. Catherine Van Poznak,
Medical Oncologist and
Researcher, MSKCC

Program will focus on issues dealing with the bones of women with early stage or metastatic breast cancer. Her research focuses on optimizing therapy for patients with bone metastasis as well as on identifying and treating risk factors for osteoporosis.

**MEMORIAL SLOAN KETTERING
CANCER CENTER**

*Post-Treatment Resource Program
Educational Forums*

1275 York Avenue- Room-M107
New York, NY 10021

www.ptpr@mskcc.org

212.717.3527

DATE: Tuesday, June 28, 2005 and
August 9, 2005

TIME: 2 – 3:30 pm

SUBJECT: Autologous
Stem Cell Transplant:
Transition

SPEAKERS: Linda Roberta, LCSW,
David Rice, RN

**ADELPHI NY STATEWIDE BREAST
CANCER**

Hotline & Support Program

Adelphi University School of Social Work
Garden City, NY 11530

www.breastcancerhotline@adelphi.edu

516.877.4325

JALBCA

c/o Jennifer Fiorentino
Executive Director
1369 Madison Avenue, PMB 424
New York, New York 10128-0711
www.jalbca.org

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