



# Michelle's Place

The Women's Breast Cancer Resource Center

QUARTERLY NEWSLETTER

[www.michellesplace.org](http://www.michellesplace.org)

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## From the President

MARILYN WATSON

Michelle's Place is busy every day with more people coming in for services and our 2009 numbers prove it! We helped more than 925 women last year by providing 6,048 services – our largest service numbers yet. It is great to see women and their families using our services including self help and support groups; educational seminars; Healthy Steps classes (designed to help keep lymph systems moving after a mastectomy); Meditation for Better Health classes; Library resources; and choosing prosthetics, bras, wigs, hats or scarves. Clients come in looking for items to help them in their journey and are welcomed by staff and volunteers who take

the time to listen and find what will work best for the client. Many times it is the extra time, smile and hug that are more important than the item the client came looking for. Thank you to each and every one of our staff and volunteers for being such an asset to Michelle's Place!

Late last year, the state of California suspended the Every Woman Counts Program for woman 40+ years old without insurance or underinsured. The state decided that this program would not do any screenings from January 1<sup>st</sup> until July 1<sup>st</sup> and then only for women 50+ years old. We feel very strongly that this is not a direction that should be taken. The state's approach is taking a step backwards and is not cost-effective since treatment is least expensive when breast cancer is caught early! We are working with other advocacy groups like Susan G. Komen for the Cure and the American Cancer Society to try to get this decision reevaluated. Kim has added a section called Advocacy Corner to her weekly e-newsletter so be sure to check that each week for the latest information. If you do not receive the weekly e-newsletter, you can subscribe on our website at [www.michellesplace.org](http://www.michellesplace.org).

With this state-level program suspension, we expect the

demand at Michelle's Place to grow because there is no where else for women to turn. Now more than ever, we need your help. We are working with county agencies to help make breast cancer screening available to even more women. There are many ways you can give to Michelle's Place and you will find information on all of them on our newly revamped website at [www.michellesplace.org](http://www.michellesplace.org). Every dollar counts.

Michelle died 10 years ago in July of 2000 and part of her lack of being diagnosed was that doctors told her she was too young to have breast cancer. Unfortunately, Michelle is not the only young person to get breast cancer and/or be neglected in being diagnosed. Join us in becoming your own best advocate and join your voice with ours in letting our legislators know that this is not an acceptable course of action.

We know this is a tough time for everyone economically and we are thankful for your support. Thank you for being a part of Michelle's Place and helping us in our mission of offering information and support services about breast cancer and breast health. 🌸

**Marilyn Watson**

*President of the Board*

## Staff:

Kim Goodnough  
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Carrie Linden  
*Administrative Assistant*

Jamie Goebel  
*Program Coordinator*

*The Michelle's Place Newsletter is published quarterly by the Staff of Michelle's Place.*



## From the Executive Director

KIM GOODNOUGH

Michelle's Place provided 6,048 services to over 925 women in our community in 2009. That is our highest annual services

provided to date - no small feat and impossible without our supporters. We are looking to meet and exceed those numbers in 2010.

The last 60 days brought with it confusion as the federal task force published new diagnostic guidelines that led to the suspension of state-funded breast health assistance programs for uninsured women. These changes along with the sheer number of uninsured women in our area present only part of our challenge at Michelle's Place. We not only provide Breast Health Assistance and Patient Navigation programs but also the Pink Ribbon Assistance

program provided basic needs assistance to women going through treatment. We have monthly educational seminars, the Wellness Program and other free resources for women going through treatment such as wigs, prostheses, hats, scarves, and other support services.

It is anticipated that more than 4,000 new cases of breast cancer will be diagnosed this year and 300 of those will die from the disease. With the help of our supporters, Michelle's Place will continue to meet the needs of the uninsured, underinsured, diagnosed and survivors on their journey through breast

cancer. Thank you for your continued support. If you have any questions about our programs, please do not hesitate to call. 🌸

Kim

*Michelle's Place has a brand new website! Have you seen it? We have a new look. It's easy to navigate and full of information on all our programs and services. A big thank you to WebMistress.com for donating web design services. We also want to give a special thank you to Amy and Wayne Watson for helping to bring the web site to life.*

## Pink Ribbon Assistance Holiday Program 2009



Our Pink Ribbon Assistance (PRA) program provides temporary financial assistance and support for women undergoing breast cancer treatment whose financial situation has been adversely impacted during their battle against this disease. We believe that surviving breast cancer is demanding enough without having to be concerned about how you will get to your next medical appointment, put food on the table, or pay bills. Since 2007, Michelle's Place has provided over \$60,000 in financial assistance to

women in the Inland Empire. In 2007, our PRA program served 10 families, in 2008, we served 32 families and in 2009, we served 35 families. As part of this program we also provide Christmas dinner and presents to each family. So many wonderful people sponsored our families for the holidays and helped ease their financial pressures. The PRA families joined together along with the Sponsors at our PRA Holiday Party on December 13th. Families were able to talk to each other sharing their experiences and giving support, Santa was there with special treats for all the children, our volunteers made delicious snacks and desserts for all and our elves delivered presents to each family. It was a wonderful day filled with happiness and laughter. Thank you to all our sponsors and volunteers who made this program a success! 🌸

Jamie Goebel,  
Program Coordinator

**JOHN G. WEST MD**

**I** was stunned when I read the recent announcement from U.S. Preventive Services Task Force (USPSTF) stating that they would no longer recommend routine screening mammography for women under the age of 50 years, no longer recommend that doctors teach Breast Self-Examination (BSE), and no longer recommend yearly clinical breast examinations.

The panel seems to be suggesting that women in this age group simply wait until a tumor grows to the point where it becomes so obvious that it will likely be incurable. This is a major step backward. It is well known that studies from Sweden demonstrate a 40% mortality reduction in association with yearly mammography screening in the 40-50 year age group.

The task force actually admits that screening mammography saves lives in young women, but concludes that there is insufficient data to justify the emotional distress and costs associated with screening. They point out that screening leads to a large number of negative biopsies which are costly and of no medical benefit.

The American Cancer Society (ACS) has a panel of experts who also reviewed the literature. The ACS concludes that screening mammography is appropriate in the 40-50 year age group. Both panels indicate they propose guidelines that are designed to insure best value, which is defined as achieving the best medical outcome at the lowest cost. To achieve best value, the panel from the ACS put more weight on the issue of outcome, and the panel from USPSTF put more weight on the issue of cost. Such differences in interpretation are predictable in a system of care in which third parties rather than individuals pay for services.

The reason a government panel would emphasize cost-containment is readily understandable. Costs of medical care are spiraling out of control. The government will be unable to meet its objective of providing universal access to reasonably priced medical care unless the costs of care are brought under control.

The panel does make one important point on the issue of cost-containment. They correctly state that there is no published data that demonstrates a survival advantage for screening women over 74 years of age. There are undoubtedly some women in this age group who would benefit from screening. Physicians should share this information with their patients to assist them in making informed decisions.

The behavior of breast cancers in younger women is much different than it is for seniors. Many of the cancers that develop

in women over 74 years of age are slow growing and if left untreated would not influence survival. Cancers in young women tend to be aggressive. If left untreated or diagnosed late, these cancers will kill.

Early mammographic detection of breast cancers in the under-50 age group is complicated by the fact that these women tend to have dense breasts making early detection more challenging. Also, younger women are more likely to have rapidly growing cancers that are either not detected on mammograms or show up as new lumps between yearly mammograms. However, despite a multitude of challenges, numerous studies from both the U.S.A. and abroad demonstrate the life-saving value of screening in the 40-50 year age group.

There are also other early detection strategies that provide additional layers of protection. Women who do BSE with confidence are often able to perceive small and potentially curable cancers that are not detected on mammograms. Physicians, who inspire women to perform proper BSE and support them when they do detect subtle changes on self-exam, add an additional layer of protection.

In the bigger picture, the guidelines as proposed may offer a glimpse into what is in store for the public as the government attempts to achieve budget neutrality while providing universal access to care. Their recommendation to restrict life-saving care to young women is an indicator of how far government panels may be willing to go to achieve their cost-containment objectives. Fortunately, the new guidelines have for the most part been rejected, but pressures for cost-containment will continue to mount and other approaches to rationing of care will be advanced. The alternative to rationing is to restructure the healthcare system to improve efficiencies, eliminate marginally beneficial procedures, and provide incentives for physicians to compete for best value of services. It will take an informed and energized public to insure that the focus of our evolving health care system is on creating value rather than controlling costs. 🌸

### John G. West MD

Co Founder: Be Aware Foundation [www.beawarefoundation.org](http://www.beawarefoundation.org)

Surgical Director Breast Care & Imaging Center of Orange County  
And Breastlink of Temecula Valley [www.breastcare.com](http://www.breastcare.com)



**Dr. West will be presenting an educational seminar for Michelle's Place on breast imaging, biopsies and breast surgery on April 14 at the Hampton Inn and Suites from 7 p.m. to 8:30 p.m.**

The 28 women were seated in a circle sharing their stories. There were a few tears, many questions, smiles, laughter and sharing. The common bond among the women however, is breast cancer.

At the March meeting, two women were new to the group and recently diagnosed. Others were at various treatment stages. Several were survivors.

I would like to introduce you to Esperanza para Mujeres, a Hispanic Support Group for Spanish speaking women.

"Sometimes it can be hard to get Hispanic women to be open," explained Carrie Linden, Michelle's Place Hispanic Coordinator.

"Cultural differences can make some Hispanic women hesitant to share information about their breasts and health," Carrie noted. The group welcomes the women's husbands and close family and friends. Child care is available during the meetings.

Raquel Reyes travels from Redlands each month to attend the meetings with her sister. She is a bi-lingual second grade



*Esperanza para mujeres support group.*

teacher and suffered a recurrence of her breast cancer in 2008.

"I met another woman during my radiation treatment and brought her to one of the meetings," Raquel said. "The meetings offer a great support and I like that they are in Spanish."

Blanca Celoallos, a 19 year survivor and Riverside resident, found the support group through a friend. "It (the support group) gives me hope that cancer can be curable," Blanca shared.

Esperanza para Mujeres is held the first Tuesday of every month at 5pm at the Casa Blanca Library in Riverside.

**By Mary Rhoades**, a Michelle's Place volunteer

## Michelle's Place MISSION STATEMENT...

Michelle's Place provides emotional and educational support to those living with breast cancer and facilitates services for breast cancer.

## VISION STATEMENT...

To be a support to those living with breast cancer.

## CALENDAR OF EVENTS

**April 24**



**Mt. San Jacinto College,  
Menifee Valley Campus**  
You can register and/or pledge  
at [www.race4humanity.org](http://www.race4humanity.org)

**April 30**

*Pink & Black  
Spring Fling*

**Oak Meadows, Temecula**  
To RSVP or Sponsorship call Michelle's Place  
or [carrie@michellesplace.org](mailto:carrie@michellesplace.org)

**May 22**

*Pink and  
Black Tie  
Dinner*

**The  
Gambling  
Cowboy,  
Temecula**

To RSVP Call Michelle's Place or  
[carrie@michellesplace.org](mailto:carrie@michellesplace.org)

# Thank you to our 3<sup>rd</sup> & 4<sup>th</sup> Quarter 2009 Donors

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