

WHAT COLOR IS TODAY'S NEWSPAPER JOURNALISM: RED OR PINK?  
A CONTENT ANALYSIS OF NATIONAL NEWSPAPER COVERAGE ON  
WOMEN'S BREAST CANCER AND HEART DISEASE

by

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(Under the Direction of Jeff Springston)

ABSTRACT

Breast cancer and heart disease are two topics at the forefront of women's health. Competing interests have helped to skew perceptions that breast cancer is a greater threat to women than heart disease, despite scientific studies showing the opposite. Newspapers have reported on each topic, which has led some to assert that mass media are to blame for the misperceptions. This study samples one year of newspaper coverage of both diseases and using content analysis shows how journalists report on each disease. The theories of framing, agenda setting, risk perceptions and the health belief model are used in the theoretical background. Results show breast cancer was reported on more often than heart disease, and writers were more likely to use personal testimony when reporting on breast cancer. Limitations and future research are also discussed.

INDEX WORDS: Breast cancer, heart disease, women, health, newspaper, framing, agenda setting, health belief model, risk, risk perceptions, responsibility, conflict, human interest

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As a graduate student, I took a course in diet and disease relationships. During a lecture on women's health issues, the guest speaker stated that the media was to blame in large part for misinformation among women about their health. Specifically, that there was a misunderstanding that breast cancer was a greater threat to women's health than heart disease — even though heart disease was the number one killer of women.

Being from a journalism background, I took staunch opposition to her claim that the media was to blame. The lecturer couldn't provide any statistics or instances to back up her belief, but she was unwilling to relent. After spending my entire college career dedicated to journalism, it was hard for me to believe that media could be spreading around misinformation. It was especially difficult thinking that women could be basing their medical decisions based on inaccurate media reports.

Determined to see for myself what the lecturer was talking about, I set out to research the problem. I started by verifying what I already knew: heart disease killed more women than breast cancer. One woman in eight in their lifetime will be affected by breast cancer. One woman in three has a form of heart disease. Breast cancer kills over 40,000 women annually. Heart disease is the cause of death for over 300,000 women a year (Horner et al, 2009; Lloyd-Jones et al, 2009). Certainly both diseases take a deadly toll, but it's nearly impossible to argue that breast cancer is more deadly.

After seeing such striking numbers, I found it hard to believe that women could be led astray. But as I discovered, for years, competing influences have swayed many women to believe breast cancer, not heart disease, is the biggest threat for women.

This, of course, is not without the help of society. Heart disease has largely been viewed as a man's disease and most early clinical studies have focused on men (Beery, 1995). Breast



cancer, on the other hand, rarely affects men. Men make up just one percent of total breast cancer cases according to National Cancer Institute statistics (2008). The name “breast cancer” even describes cancer of what is often viewed – though not accurately – as a uniquely female organ.

Once I had found that there was indeed a problem, I wanted to know how pervasive it was. In 2000, a telephone survey of 1,000 women revealed less than 33 percent knew heart disease was the leading cause of death among women. Thirty-four percent of women answered that breast cancer was the greatest health problem facing women at that time. In contrast, only seven percent answered heart disease (Mosca et. al, 2000).

Following up, The American Heart Association reported in 2003 that women's understanding of heart health had increased. Forty-six percent – up from the 33% previously reported – answered that they knew heart disease was the leading killer of women. However, when asked what the greatest health problem facing women was, 35% answered breast cancer versus 13% for heart disease (Mosca et. al, 2004).

I was pretty well convinced that there was a problem out there. Even with the evidence available, women still believed breast cancer was a greater threat than heart disease.

Within those surveys, I began to see that the lecturer could be right about the media's involvement. Seventy-five percent of the women in the 2003 study had remembered reading or hearing about heart disease in the past year. Their most common sources were magazines, newspapers, the Internet and television news shows. Magazines were an important source – reaching about 50 percent – for white women. TV news shows were the most important source – reaching 41 percent – for black women (Mosca et. al, 2004).

It was hard at this point for me to deny that media could be helping to foster this spread of misinformation about women's health issues. But I needed to know if it was still happening

and how. When looking for an answer to this question, I reached an impasse in my research. I was unable to find a study that answered my specific question. One study by Covello and Peters in 2000, surveyed women's perceptions of health risks but was limited in its media content analysis. Only four general statements about the media surveyed were provided, and did not thoroughly answer my question. Other studies were limited to just one disease or the other, with little to no agreement on methodology (Cho, 2006; Andsager & Powers, 2001; Shin & Cameron, 2006; Clarke & Binns, 20006; Wharf Higgins, Naylor, Berry, O'Connor, and McLean, 2006; Finnegan & Viswanath, 1993).

My question of whether the media was involved in spreading this misinformation and how, still remained. Even if it could be argued that the media was involved, most of the studies contained analysis from as early as 1974 to only 2003. As it is now just prior to 2010, the question of is there still some media involvement is an important one to answer. It was decided that a content analysis of recent media reports would provide me with a sufficient answer to my question. It was decided that a content analysis of media reports would provide me with a sufficient answer to my question. The study would focus on newspapers due to their daily production, availability, and low entry costs for readers. These qualities allow newspapers to regularly reach a very large audience, but also allow for the analysis to have a large sample size during a relatively short period of time. The core purpose of this study is to investigate what and how much information newspapers put out about women's heart disease and breast cancer.

The results of this study may provide journalists added perspective on their reporting of these diseases, enabling them to adjust their coverage to help balance information on women's breast cancer and heart disease. Individual journalists will have a representation of how, on average, newspapers cover each disease. Public health professionals can take these results and

try to identify better ways to deliver information to journalists. Women will also be able to take a more critical eye to what they read, and make more informed decisions based on these results.

## CHAPTER 1: LITERATURE REVIEW

### *Women's health*

Breast cancer most often appears with little to no warning. The proposed model for the origin of cancer marks six hallmarks of cancerous cells: “self-sufficiency in growth signals, insensitivity to growth-inhibitory (antigrowth) signals, evasion of programmed cell death (apoptosis), limitless replicative potential, sustained angiogenesis, and tissue invasion and metastasis” (Hanahan & Weinberg, 2000). These six traits can occur in cells as genetic mutations accumulate during cell division. They can be present independently of one another, although the cells will not be cancerous until all the hallmarks are present. The mutations can accumulate at any point of a lifetime. Some correlations between breast cancer and hormone replacement therapy (Chlebowski et al. 2003), alcohol consumption (Mahoney, Bevers, Linos, and Willett, 2008) and radiation exposure (Ronckers, Erdmann, and Land, 2005) have been found.

Heart disease, however, has many mechanisms that have long been proven and understood. “Risk factors for [coronary artery disease] in women age 20-75 include hypertension, hyperlipidemia, diabetes, cigarette smoking, overweight and/or obesity, sedentary lifestyle, psychosocial stress, depression, low socioeconomic status, diet high in saturated fats, established CAD, cerebrovascular disease, peripheral arterial disease, abdominal aortic aneurysm, and chronic renal disease” (Schroetter, 2008). These risk factors interfere with the heart's ability to pump blood throughout the body sufficiently. This deficiency causes many problems throughout the body – possibly leading to death.

The signs of cardiovascular disease for women are also not always the same as for men. Chest pain is the most often cited complaint — regardless of gender — for those with a heart-

related condition (Milner et al., 1999). However, women often have other symptoms such as “light-headedness, shortness of breath, back pain, and nausea and vomiting” (Penque, Halm, and Deutsch, 1998). Cardiac problems often do not present in women until after menopause, due to estrogen’s beneficial effects on the heart (Brinton, Hodis, Merriam, Harman and Naftolin, 2008). These effects, according to Brinton et al. are: “(i)...decreased low-density lipoprotein cholesterol (LDL-C) and lipoprotein(a) [Lp(a)], increased high-density lipoprotein cholesterol (HDL-C); (ii) reduced levels of homocysteine; (iii) reductions in glucose and factors related to the metabolic syndrome (insulin resistance, abdominal adiposity and diabetes); (iv) improvements in endothelial function – increased nitric oxide production and cyclooxygenase-2 (COX-2) activity, and decreased levels of endothelin and E-selectin; (v) antiinflammatory effects (increased nitric oxide production, and decreased cell adhesion molecules, macrophage chemotactic proteins, fibrinogen, plasminogen-activator inhibitor type 1, and tumor necrosis factor- $\alpha$ ); (vi) antioxidant effects and (vii) antiproliferative effects” (2008). As menopause sets in, the female body does not produce the same levels of estrogen as before. Without this hormone, the heart does not receive its beneficial effects and heart disease symptoms may begin to accumulate. This later onset of heart problems also further complicates recovery from, or management of, heart disease.

Women are often more likely to discuss stress and emotional complications with their care providers, which can lead physicians away from an otherwise clear-cut diagnosis of heart disease. Women in these situations may be diagnosed as suffering from stress or other non-heart related illnesses (Chiaramonte & Friend, 2006). Since men experience heart disease differently, women may put off seeking treatment, or be misdiagnosed by physicians if communication or understanding by either patient or doctor is limited.

Personal responsibility is a major part of health in the United States. As some risk factors for heart disease are largely elective (smoking, obesity, sedentary lifestyle and poor diet) it stands to reason that those practices would be looked down upon in society (Guttman & Ressler, 2001). Indeed, it is common rhetoric that when a person engages in any of those elective activities they “deserve” their disease.

Cancer, however, largely does not follow this belief. Cancer patients are almost always viewed as unwitting victims, except in cases such as lung cancer because of its link to smoking (Chapple, Ziebland, and McPherson, 2004).

The self breast-exam has been around since it was introduced in 1949 by the American Cancer Society to help empower women. Its purpose is to aid women in finding lumps or changes in their breasts that may be pre-cancerous growths in between annual exams. Since early detection has been linked to better prognosis in breast cancer patients, it became a responsible activity for women to engage in. However, opposition mounted during attempts to link breast cancer to the personal responsibility of self breast-exams. Advocates said that linking the two led to victim blaming. Victim blaming, in this case, would happen when women diagnosed with cancer felt social and personal shame if they weren't doing their breast exams. The opposition's argument was that women are not necessarily qualified to perform the exam and recognize the abnormalities (Kline, 1999). This argument has been upheld in a 2002 study saying “Women who choose to practice BSE [breast self-exam] should be informed that its efficacy is unproven and that it may increase their chances of having a benign breast biopsy” (Thomas et al. 2002, p. 1445).

This fear of helplessness and of the unknown can contribute to an inflated, but very real fear of breast cancer. Covello and Peters argue that, “Research has found that people perceive as

riskier, and are more concerned over, those processes and diseases that are dreaded and whose mechanisms are poorly understood and are not under their personal control” (2002).

### *Risk perceptions*

Risk comes in multiple forms and absolute risk and relative risk are just two. Absolute risk is a calculated assessment of how likely someone is to encounter something — often times a disease – over a lifetime. Relative risk is one group’s likelihood of encountering something versus another. “A woman has a 1 in 8 chance of getting breast cancer in their lifetime” reflects absolute risk. “A woman with a harmful BRAC1 or BRAC2 genetic modification has about a 5 times greater risk of developing breast cancer than a woman without the mutations ” shows relative risk. Humans make assessments every day of their risks of certain activities — and that has generally served them well throughout history. However, how those risk numbers are conveyed can lead to excess paranoia and a missed public perception.

While reporting facts and figures accurately is a key component of scientists and news reporters, often times their intended audience does not necessarily understand what numbers mean in context. Numeracy, the ability for quantitative thought and understanding, is a documented problem especially with regard to health risk messages (Peters, Hibbard, Slovic, and Dieckmann, 2007; Schapira, Davids, McAuliffe, and Nattinger, 2004). Receivers of number-laden health messages often are unable to understand their risk because of poor numerical literacy but also because the writer may not necessarily possess adequate numeracy.

The media, following the example of many researchers themselves, tend to report relative risks, which are expressed in percentages that can seem more important than they are.

For example, if we tell you that the relative risk of breast cancer is increased by 300% in women who eat a bagel every morning, that sounds serious, but it is not informative. You would need to know the baseline absolute number of new breast-cancer patients. If the number shifted from 1 in 10,000 women to 3 in 10,000 women, that is a 300% increase, but it is very likely a random artifact. If the risk had jumped from 100 to 300 in 10,000, also a 300% increase, we might reasonably be concerned. In large epidemiological studies that generally include tens of thousands of people, it is very easy to find a small relationship that may be considered "significant" by statistical convention but which, in practical terms, means little or nothing because of the low absolute numbers. (Bluming & Tavis, 2009, p. 94)

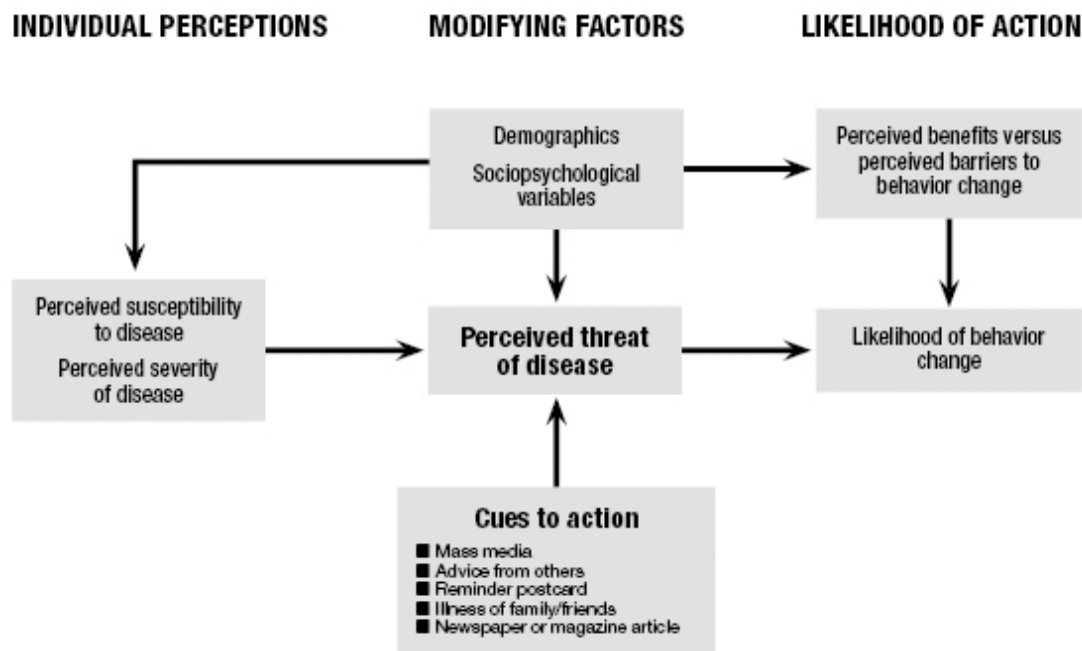
This misunderstanding of facts and figures can lead to increased perceived risk.

Perceived risk is the mental perception that one will encounter a certain phenomenon.

### *Health belief model*

The health belief model shows how different factors work together to shape perceived risk. The model (see Fig. 1) is a standard in health communication research and shows that individual beliefs, modifying factors and likelihood of behavior change are interrelated. The model shows that an individual is shaped by their gender, age, socio-economics, knowledge, etc., and they have a perception of a disease and its severity. That perception, as well as individual characteristics and "cues to action" (education, symptoms and media) color the perceived threat of a disease. The model also shows perceived threat along with a cognitive choice of perceived benefits versus barriers to behavior change will predict the likelihood of a behavior change (Glanz, Rimer, and NCI, 1997).





**FIG. 1: HEALTH BELIEF MODEL**

*(Adapted from Glanz, et al, 1997)*

The source of the risk messages is also very important. "... research findings have shown that among the many different factors found to influence the perception of risk, the actual health risk numbers are often the least important, whereas the trust and credibility of the source of the numbers are among the most important," (Covello & Peters, 2002).

For many women, the public relations campaigns behind both diseases are perceived as reliable sources of information (Smith et al., 2009; Vardeman, 2007). Both diseases have large, multi-million dollar efforts aimed at awareness of issues and fundraising. For breast cancer it is the pink ribbon, often displayed by the Susan G. Komen foundation, Avon or other corporations. For heart disease, the color red and the red dress are its symbols. Major players include the National Heart, Lung and Blood Institute's Heart Truth campaign featuring the Red Dress icon, introduced in 2003, and The American Heart Association's Go Red for Women. Both the Susan G. Komen foundation and the American Heart Association are not-for-profit ventures, which have greater credibility among message receivers (Pan, 2006).

Key to the major players is fundraising activities. The Susan G. Komen foundation touts its Race for the Cure as “the most successful charity event ever created” (Susan G. Komen for the Cure, 2009). The Heart Truth campaign has National Wear Red Day, The Heart Truth Road Show, Fashion Week tie-ins (National Heart, Lung, and Blood Institute, 2009). These events have a national presence and often make tours around the United States.

### *Agenda setting*

Although media does not tell people what to think, it helps to shape what people talk about (McCombs & Shaw, 1972). This is known as agenda setting. The idea was first put forth by McCombs and Shaw while looking at the 1968 US presidential election in Chapel Hill. The researchers found that there was a positive correlation between how media presented information and how important the public found those issues. When the media put a high degree of importance on an issue — covered it in more depth, positioned the story higher in its news hierarchy — the public responded by saying they also felt those issues were of great importance (McCombs & Shaw, 1972). In newspapers, increasing salience can be communicated according to where a story is positioned, how long it is and the sources used. For instance, a newspaper story that is on the front page, in the “lead story” position, is 26 column inches, and uses seven official sources has much more imbedded emphasis than an inside page story, half that size with only one source.

The media even affect those who do not come into direct contact with it. In 2003, Yang and Stone found that even those who relied more heavily on interpersonal communication than mass media for information were still affected by the media’s agenda. The proposed mechanism, the two-step flow, simply states that those who do not rely on media rely on those who *do* rely on media for their information (p. 59).

Several studies have found a correlation between different news mediums and the news agenda (Atwater, Fico, and Pizante, 1987; Aikat & Yu, 2005; McCombs, 2005; McCombs & Min, 2006). In the studies, newspapers were still a dominant source of news agenda setting among radio, TV and Internet blogs. Wire services that deliver the same content to both newspaper and broadcast have been suggested as a possible explanation for the cohesion of agendas (Atwater et al., 1987). Another reason is simply competition between mediums. If two companies fight for the same audience using a similar product, it stands to reason that one outlet will almost always try to cover a topic by the other outlet (McCombs, 2005). Even as print sales decline, newspapers' Web sites often feature the same content available in print. Aikat and Yu showed that blogs mostly rely on these newspaper sites as jumping off points for their own commentary, showing that newspapers still set the agenda in the digital age (2005).

Often, newspapers do not methodically create an agenda, but simply react to their communities. In one study, four different newspapers were found to have "bias" towards using anti-pesticide sources that were against the pro-pesticide status quo (Burch & Harry, 2004). The authors later mentioned that often the articles were event-based, and that their sources offered the newspaper advanced notice of the event.

In health news, the amount of coverage given to a certain condition could lead to a false perception of the dangers of that condition, as was seen with severe acute respiratory syndrome (SARS) in 2003 (Beaudoin, 2007; Berry, Wharf-Higgins, and Naylor, 2007). U.S. media coverage of the disease, in this case, far outweighed the actual risk of infection for Americans. The health belief model shows us how this can become a reality. As media reports increased in frequency and intensity, individuals' perceived threat of the SARS disease went up. Individuals

then weighed this against their perceived susceptibility, their demographics and the costs and benefits of behavior change.

### *Framing*

As individuals consume media, they take in the reporter's perception of the world. In order to convey certain information, news organizations must use frames. According to Entman, "to frame is to select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation" (1993). This framing is defined as a "media frame." Another definition, in relation to agenda setting is "... agenda-setting theory deals with the salience of issues, framing is concerned with the presentation of issues" (de Vreese, 2005, p53).

It is important to note that in the vast majority of situations, news media do not inject bias into their news reports. Rather, the framing that occurs on the media's end is to help easily convey information quickly to audiences that otherwise might not understand (Scheufele & Tewksbury, 2007).

Researchers also distinguish individual frames from media frames. An individual frame, as defined by Entman, is "mentally stored clusters of ideas that guide individuals' processing of information" (1993). For example, if an individual reads a story about swimming in Antarctica, they use what they already know (swimming is an activity best suited for warm weather and Antarctica is a cold, remote continent) to direct their understanding of that story. Media frames, as previously noted, are the ways writers convey how they perceive a story. In the swimming in Antarctica example, the writer may use language to convey that the activity is adventurous, but

carries a high risk. The placement, admission or omission of certain facts will help to color the story in whatever way the writer thinks is necessary to tell a story readers can understand.

In media, many framing mechanisms have been proposed. Researchers tend to look at framing as either issue-specific or generic (Matthes, 2009). Issue-specific frames are identified from individual units of analysis, that is to say those frames represent the different ways an issue is presented within those units of analysis. Generic, on the other hand, are identified outside of articles, that is they represent framing mechanisms that may be counted as present or absent within the units of analysis being studied (Matthes, 2009; Semetko & Valkenburg, 2000).

Because issue-specific frames require intense scrutiny of the units of analysis, large sample sizes are often unmanageable. Since generic frames can be identified within units of analysis with relative ease, this approach allows for the management of larger sample sizes.

Semetko and Valkenburg's research identifies five generic news frames that have been thoroughly studied: conflict, human interest, economic consequences, morality and responsibility (2000, p. 95-96). Conflict is a frame that "emphasizes conflict between individuals, groups, or institutions as a means of capturing audience interest" (p. 95). Human interest, as its name implies, "brings a human face or emotional angle" (p. 95). Economic consequences framing puts "an event, problem, or issue in terms of the consequences it will have economically to an individual, group, institution, region, or country." Morality "puts the event, problem or issue in the context of religious tenant or moral prescriptions." The responsibility frame "presents an issue or problem in such a way as to attribute responsibility for its cause of resolution to either the government or to an individual or group" (p. 96).

The use of the human interest frame in health messages has been shown to increase reader attention. Covello and Peters state: "Theories and research on selective attention have

identified a wide array of factors that increase attention to risk messages. For example, people (a) are more likely to attend to salient and cognitively available risk messages; (b) seldom review all the evidence that bears on a particular issue; and (c) are often more influenced by a single, salient, colorful case history or human interest story than by medical or scientific information” (2002, p. 378).

In health communication, media frames can alter reader’s beliefs about susceptibility to, prevention of and responsibility for medical conditions (Shin & Cameron, 2006; Major, 2007). Major found that frames from the media in regards to obesity and cancer focused upon individual responsibility, and less on societal factors. These episodic frames were stories that were told through a smaller lens — usually focused on an individual — and didn’t point to society’s role in obesity or cancer. On the other side, thematic frames were those that referenced the larger context of an illness, including societal factors that would avoid any sort of victim blaming (2007). Within Semetko and Valkenburg’s five themes, it is clear that Major’s research focused upon the responsibility frame. This illustrates the point that issues can be framed in multiple ways and there is no single frame for any one issue.

Frames are even perpetuated throughout multiple news cycles. Genetics have seen favorable coverage by newspapers throughout years of coverage (Petersen, 2001). The author attributes this to journalists’ limited understanding of genetic research and their reliance on prepackaged information — which already framed genetics in a positive light. Tsung-Jen, Wijaya, and Brossard also showed that even when years passed between articles about a single issue, journalists were likely to pick up familiar frames (2008). In the case of mad cow disease, writers often picked up the frame of reassurance — that is to try to alleviate reader fears about eating beef — than avian flu, which could have had effects on the poultry industry.

For breast cancer, Dubriwny contends that with Betty Ford's 1974 mastectomy, breast cancer became a public disease in that survivors did not have to live in shame of their diagnosis and treatment (2009). Cho found from 1973 to 2003, TV news coverage of breast cancer increased, while focusing on prevention and treatment (2006). In another study, media framed breast cancer stories in three terms: "coping with the disease and its effects, personal experiences, and risk factors" (Andsager & Powers, 2001, p178). This research shows breast cancer often being framed within the context of human interest and conflict.

Fewer studies have looked at how heart disease is framed in the media. Clarke and Binns found that in relation to heart disease, magazines framed medicine as good, doctors as heroes, and the body as behaving poorly (2006). In a three-city study, the quantity of heart disease messages only increased for TV news over the ten-year period of 1980-1990 (Finnegan & Viswanath, 1993). A five-year study of Canadian media showed that heart disease received little coverage, and when it did it was mostly thematic, rather than episodic (Wharf Higgins, Naylor, Berry, O'Connor, and McLean, 2006).

### *Content analysis*

Within the literature, there exists a void of content analysis of women's breast cancer and heart disease together. Covello and Peters' 2002 study did examine some media content with regard to women's risk perceptions. The study, used focus groups, surveys and media content analysis to look into women's perceptions of risks of diseases – including breast cancer and heart disease. The surveys found women often possessed low numeracy prohibiting them from effectively evaluating risk messages, and dreaded cancer which "whose mechanisms are poorly understood" (2002, p. 381). The focus groups proved that women were able to understand their health risks better when they were given information that helped guide them in understanding

medical data. The content analysis portion of the study was not well drawn out and was reduced to these four bullet points:

- Nearly one in five news stories about older women's health omits critical facts
- Among research-based media stories, one in four did not mention limitations of the research, such as small sample size
- Few media stories about the health of older women mentioned other medical studies on the same topic, thus depriving the reader of context necessary to evaluate the study
- Media reports about women's health issues tend to focus on breast cancer— many more articles appear on breast cancer than on heart disease, lung cancer, osteoporosis, and Alzheimer's disease, even though heart disease and lung cancer each cause higher mortality among U.S. women than does breast cancer. (Covello & Peters, 2002, p. 388).

Other content analysis projects focused on either breast cancer or heart disease. Within the breast cancer content analysis group, Sooyoung Cho studied breast cancer coverage on TV from 1974 to 2003. Within those years it was found the number of breast cancer stories increased, and articles about prevention and treatment also went up. Stories about surgery and celebrities decreased. The use of the thematic frame increased as well, but the use of doctors as primary sources stayed constant throughout.

Andsager and Powers' 2001 study investigated women's magazines between 1990 and 1997 and how they portrayed breast cancer and breast implants. The authors argued that implants and breast cancer were linked due to the use of implants in reconstructive surgeries after mastectomies. The results of the study showed cancer was often framed using personal experience and risk factors, as well as coping with the effects of cancer. Implants were mostly



framed in terms of consequences of having implants and reasons women why get breast implants.

Another content analysis that focused on cancer as a whole is one by Shin and Cameron looking at cancer coverage in news from 1988 to 1992 during which time the authors state cancer incidence and mortality markedly decreased. Overall, cancer in news was colored by personal experience which highlighted the individual's burden. The authors remark that this may have been due to the journalists' routine of providing soft news and reader's desires for soft news (p. 20).

Content analysis of heart disease was sparser than analysis that focused on breast cancer. Two notable studies were out of Canada, which has had a single payer health delivery system since 1984 which differs greatly to the health delivery system in the United States. A 2006 study by Clarke and Binns looked into the highest-circulating English-language magazines in Canada in the years 1991, 1996, and 2001. These years, the authors explained, were chosen so as to expound upon earlier studies from the 1980s, and to avoid any biases in coverage due to medical discoveries that may have sparked an atypical amount of coverage of heart disease. The study was not gender specific as whole, and focused on both inductive and deductive methods of analysis. The deductive analysis focused on three frames: medical, lifestyle and social-structural. Medical frames focused on "treatment, technology, and early detection" (2006, p. 41). Lifestyle frames were "food, diet, exercise, and other preventative measures" and social-structural were "social class, ethnicity, environmental issues, and gender and heart disease" (2006, p. 41). Almost half of all stories regardless of year were medical, and the other half split between lifestyle and social-structural. The authors noted that most of the articles in the social structural category pertained to women and heart disease.

The other heart disease study of note was a content analysis of both print and electronic sources (98 print, eight TV, five radio, and two wire services) using a constructed week scheme. The sampling provided 100 days of media coverage for the analysis. Most articles focused on health care and delivery (the authors note 53.2%), though this portion of the study cannot be generalized to the United States since its health care and delivery system is different than Canada where this study was based. Other categories, though mentioned notably less often, included “disease-specific coverage (17.8%), public health/environmental issues (10.8%), lifestyle risk factors (6.2%), and social determinants of health (3.6%)” (2006, p. 347). The authors also found that coverage often lagged the diseases epidemiological numbers – that is to say the number of articles made it seem as though heart disease was much less prevalent than it is. The authors propose increased media advocacy to adjust for this.

As discussed above, the media agenda has been shown to be largely cohesive between mediums. Competition, wire services and the dominant role of newspapers in news all point to a shared media agenda. Two-step flow theory further provides evidence for the pervasiveness of the media’s agenda. As individuals consume media, it guides their communication, eventually affecting those who do not use media. It stands to reason that the readily accessible newspaper articles found in a sample of national and local newspapers will be representative of the media’s agenda and framing techniques. For this study, newspaper articles focused on women’s breast cancer and heart disease are of interest. Newspaper’s agendas and how they frame each disease is important to understand as individuals base health judgments on reports.

In order to judge the media’s agenda, quantitative measures can be taken. For each disease, the number of stories will reflect the agenda. Based on agenda setting theory, quantity of coverage is a barometer of how important newspaper writers and editors think issues are. Also

reflecting the agenda are the word count and number of sources in an article. Each source represents effort and time on the reporter's part to contact, communicate with, and understand a point of view.

Quality measures, in this case will be framing mechanisms for each disease. In regards to Semetko and Valkenburg's generic news frames, three are pertinent to this study: conflict, responsibility, and human interest.

As discussed before, major public relations campaigns, like Pink or Red Dress are important sources of health information for women (Smith et al., 2009; Vardeman, 2007; Pan, 2006). Mentioning them in articles often, however, can frame the groups as having an inherent responsibility towards the disease. Iyengar found in a study of television coverage and poverty that when the message focused on an individual – that is gave it an episodic frame – viewers were more likely to blame the poor person for their plight. When the message focused on efforts to combat poverty by government — that is promoting a thematic frame — viewers were more likely to blame society for poverty (1990, p. 35). Because the major breast cancer foundations are private corporations and not-for-profits (Susan G. Komen, Avon, etc.) and not policy makers, these foundations may be immune from blame. The major player in the Heart Truth – the National Heart, Lung and Blood Institute — is a government entity and it may suffer a negative image if it is viewed as lacking in progress.

Researchers have shown that complex debate, such as the presidential election, is often unnecessarily boiled down to a simple conflict (Semetko & Valkenburg, 2000, p.95). In the case of women's heart disease and breast cancer, advocacy groups are constantly competing for donations and attention and not just from affected women. Though not explicitly, women's heart

disease and breast cancer have been juxtaposed to be at conflict because they compete for finite resources (donations and attention).

Writers may also be unaware they are contributing to this conflict. A 2006 study on reader comprehension found that readers were more likely to understand and engage science and technology articles when they had context available (Yaros, p. 300). For health writers, giving a disease frame of reference — in this case breast cancer or heart disease — can frame an article as understandable and relatable. For example, framing breast cancer deaths against heart disease deaths helps readers draw context on which is more deadly. However, it can be seen that pitting these numbers against one another may add to the conflict.

Finally, as discussed before, the use of the human-interest frame in stories is a powerful persuasive device (Covello & Peters, 2002). The breast cancer patient is discussed in media in terms of being a survivor, and helps others understand how to be a patient and move on after the disease (Dubriwny, 2009). This is the opposite as to what is expected when considering episodic frames and responsibility. However, as seen before with the self breast-exam, there is a strong push against tying breast cancer with personal responsibility. This, however, is not the same for women's heart disease. Since the disease is viewed in the light of personal responsibility, the human-interest frame may increase attention – but that attention may lead to victim blaming as was seen with the poverty example.

As previously mentioned, individuals often have an exaggerated fear of unknown, dreaded diseases that are discussed using dramatic stories (Covello & Peters, 2002). Research has shown that media messages are important in accessing risk messages about women's heart disease and breast cancer (Mosca et. al, 2004). Survey data discussed earlier has shown that women consider breast cancer a more challenging problem for women than heart disease, despite

epidemiological numbers that show the opposite. Based on the media's role in the dissemination of risk messages it can be assumed that newspapers share a role in creating this missed perception. Based on the relationships between media and risk perceptions, we can assume:

*H1: The news agenda will have a greater emphasis on breast cancer shown through more stories, higher average word count and more sources for breast cancer articles.*

*H2: News articles about breast cancer will be more likely to use references to their public relations campaigns.*

*H3: News articles about heart disease will use the conflict frame more often by using more references to breast cancer.*

*H4: Articles about breast cancer will be more likely to use the human interest frame than articles about heart disease.*

The quality and quantity of newspapers articles are important for two reasons. First, newspapers are still powerful forces in media agenda setting. Despite any troubles with print circulation, newspaper content is still circulating on the Internet through mainstream outlets, individual newspaper Web sites and news aggregators like Google and Yahoo (Thorson, 2008; Thorson, Meyer, Denton, and Smith, 2008). Second, people continue to base at least part of their health decisions on media reports, despite allegations of unreliability (Smith et al., 2009; Wathen, 2006). Print media was also found to be a starting point for health-information seeking behaviors on the Internet (Ho & Niederdeppe, 2008). For newspapers to continue to their mission of informing the public objectively and accurately, they must maintain a responsible role in the dissemination of health messages.

In considering these two points, this research seeks to answer the question:

*RQ1: Do newspapers deliver articles that help women determine a realistic perception of their risks for heart disease and breast cancer?*

## CHAPTER 2: METHODS

Using LexisNexus, 153 English-language, daily newspapers from the United States were chosen (Appendix 1). These newspapers were categorized as general news sources. The source set was queried three different times using a combination of search terms, a date range and headline requirements. The date range was defined as January 1, 2008 to January 1, 2009 in order to keep the search results to a manageable number, and represent the most recent calendar year's worth of stories.

The first query was for “breast cancer AND women” with the headline having to contain the term “breast cancer.” The 625 results were ordered chronologically in ascending order. The result list was downloaded and saved. Using the random sequence generator at random.org, the numbers 1 to 625 were randomly ordered and the first 75 numbers were chosen as the sample set for the breast cancer group. The sampled articles were then downloaded in their entirety for later coding.

A similar process was followed for the “heart disease AND women” query. The article had to contain “heart disease” in the headline and was limited by the date range. These 94 results were chronologically ordered in ascending order. The same random sequence generator from random.org was used and the first 75 numbers of that list chosen for the sample group. That sample set was then downloaded for use in later coding.

The last query run was for “breast cancer AND heart disease AND women.” Upon running a search that required “breast cancer AND heart disease” to be in the headline, no results returned and the search was altered. Removing the headline component requirement returned 506

search results. Those results were then chronologically ordered in ascending order. The random sequence generator from random.org was used a third time and the first 75 numbers of the sequence were chosen to represent the sample. Those articles were downloaded and saved for later coding.

A coding worksheet was set up using Microsoft Excel. The articles were to be coded based on their search section (breast cancer, heart disease or breast cancer and heart disease), their article number (assigned by LexisNexus), the story's word count, the number of sources in the article, whether it mentioned a relevant PR campaign, whether it mentioned the other disease, and whether it contained a "personal testimony" angle.

During coding it became necessary to assign certain rules to coding. Each numbered article was treated as a whole unit and accordingly coding followed that idea. A story's word count was based on what LexisNexus said it was which included all of the article text — even if the entire downloaded "article" contained multiple briefs that may or may not have had anything to do with the other sections in the article.

The coder kept a running total of sources while reading the article. A source that was quoted multiple times was counted only as one source. Government statistics where the agency was named were also counted as one source — even if the agency contributed several statistics. Academic studies that were referenced with any attempt at specificity were counted as one source. The phrase "studies have shown..." would not count as one source, whereas "In a 2000 study in the Journal..." would have been counted as one source. Source count was treated similarly to word count in that even if the source was not in the specific section of interest, it was still counted because the words in all parts of the article were considered valid.

For the reference to public relations campaign, if the author referenced a relevant public relations organization the article was coded as a 1, otherwise it was a 0, regardless of the number of times multiple campaigns may be mentioned. For breast cancer, a reference to the larger, national “Pink” campaign was coded as a 1, whereas just using the color as a modifier for a local organization (such as “New York Pink Ladies”) was not counted. Any mention of Susan G. Komen Foundation or Avon’s campaign was coded as a 1. For heart disease, a reference to the Hearst Truth, Red Dress or Go Red for Women campaigns was worth a 1. However, any references to the organizations that run them – the American Heart Association and the National Heart Lung and Blood Institute – were not coded as a 1, since both organizations do a lot more than just combat heart disease.

For the third sample set, the public relations campaign coding process was altered slightly. The same rules applied, however if the article contained reference to a heart disease and a breast cancer public relations campaign this was coded as a 2. Reference to a single campaign was still coded as 1, and no campaigns as 0.

In the “other disease reference” category, if an article from the breast cancer section contained a reference to heart disease it was coded as a 1. If it did not, it was a 0. Similarly, if an article from the heart disease section contained a reference to breast cancer it was coded as a 1. Otherwise it was coded as a 0.

The third sample (breast cancer AND heart disease AND women) had a different code category than “other disease reference.” The nature of the query meant that every article would reference both diseases — so there was no need to code for this variable. After looking over many of the articles it was found that many of them weren’t stories, but rather collections of short articles, obituaries, calendars, etc. Thus, the code of “story” was devised. If the article was



an actual news story or opinion column where the entire article dealt with a singular topic it was a 1. If the article was a collection of short disjointed stories, obituaries or calendars then it was a 0.

Finally, if a story had personal testimony it was coded in the “personal testimony” category as a 1. Personal testimony was defined a portion of the story that featured a person who had personally struggled with the disease or someone who referenced their ordeal. If there story had no reference to a personal story it was coded as a 0.

Across the top of the spreadsheet ran these labels: number; section; article number; word count; number of sources; PR campaign; other disease reference; personal testimony. For the third coding section the labels were: number; section; article number; word count; number of sources; PR campaign; story; personal testimony. Individual articles were read and then coded immediately after reading.

A second coder was employed to code 10 percent of the articles in the three sections. Using the coding rules established above, both coders were able to achieve intercoder reliability using Scott’s Pi at 0.913.

### CHAPTER 3: RESULTS

For the first query, “breast cancer AND women,” a total of 625 search results were found. The sample set of 75 articles had a mean word count of 543.9 and a median of 555. The sum of all words in all 75 articles was 40,790. The average number of sources was 2.4, with a median of 2. Of the 75 articles, 29 mentioned a public relations campaign such as the Susan G. Komen foundation or Avon Foundation or event sponsored by a campaign. This was 38.7 percent of articles. “Heart disease” in any form was only mentioned in two of the 75 – this amounted to just 2.7 percent. Personal testimony for breast cancer was mentioned in 36 of 75 articles – coming up just shy of half at 48 percent.

For the “heart disease” section there were 94 total search results – more than six and a half times fewer articles than the “breast cancer” query. The average number of words was 507, and the median was 490. The total word count was 38,028. Mean source count was 2.6, and the median was 2. Twenty-two, or 29.3 percent, of the articles mentioned a public relations campaign such as The Heart Truth or Go Red for Women, or one of their events. Within the 75 articles, 14 of them referenced breast cancer in some way – calculating out to be 18.7 percent. Twenty-two articles, also 29.3 percent, had personal testimony.

For the third coded section – breast cancer and heart disease – there were 506 total results. Seventy five were sampled and the average word count was 1,446.3 with a median of 895. The total word count was 108,473. The mean number of sources was 3.2 and the median 2. The number of articles citing either a breast cancer or a heart disease public relations campaign was 11 (14.7 percent), and only one article had both a breast cancer and a heart disease campaign

present (1.3 percent). Of the 75 articles, 48 (64 percent) were considered a “story” while the other 27 were not. Seventeen articles employed personal testimony – totaling 22.7 percent.

During calculations, it became apparent that the third section – heart disease AND breast cancer AND women – was quite muddled. Many of the “articles” were really just long lists of multiple obituaries, calendars, or brief news pieces that often did not relate to one another. This was as a result of the removal of any headline search criteria (which was done to return any search results at all). The removal of just the articles which were coded in the “story form” category as 0 — or non-story format — was considered. However, the “relevant” statistics could not be appropriately compared to the other two sections due to the inconsistent sample size. Some of the articles in the third section were also present in the first two sections, since there was overlap in search criteria. The third data set was ultimately decided to be removed from further study.

**TABLE 1: DESCRIPTIVE STATISTICS**

<i>section</i>	<b>BC</b>	<b>HD</b>	<b>BC+HD</b>
<i>Search results</i>	625	94	504
<i>Words (<math>\mu</math>)</i>	543.9	507.0	1446.3
<i>Words (med.)</i>	555	490.0	895
<i>Sources (<math>\mu</math>)</i>	2.4	2.6	3.2
<i>Sources (med.)</i>	2.0	2.0	2.0
<i>Public relations</i>	29	22	11
<i>Other disease</i>	2	14	48*
<i>Personal testimony</i>	36	22	17

\*This number represents number of articles deemed “stories.”

Word count was not greatly varied, and was not found to be statistically significant between the two topics ( $X^2=141.333$ ,  $df=133$ ,  $p\leq.294$ ); however, the number of sources was found to be significantly different ( $X^2=19.477$ ,  $df=10$ ,  $p\leq.035$ ). Heart disease articles, in this case, were more likely to have more sources than articles about breast cancer.

Public relations campaigns also were not found to be significantly different between breast cancer and heart disease articles, ( $X^2=1.456$ ,  $df=1$ ,  $p\leq.228$ ). References to other diseases were, however, with heart disease articles more likely to reference breast cancer than breast cancer articles referencing heart disease ( $X^2=10.075$ ,  $df=1$ ,  $p\leq.002$ ). Finally, breast cancer articles were much more likely to contain personal testimony than heart disease articles ( $X^2=5.510$ ,  $df=1$ ,  $p\leq.019$ ).

## CHAPTER 4: DISCUSSION

Research has shown that media agendas are defined by how much emphasis they place on a particular topic (McCombs & Shaw, 1972). In this study, three measures were taken to account for the media agenda: story count, story length and source count. Stories about breast cancer returned 625 results while heart disease returned just 94. The six-fold difference between the two is hardly something that can be ignored. While the publications weren't noted during coding, the breast cancer results do allow for at least every publication to have published one article on breast cancer. This is not the case with heart disease. Even if the 94 articles were each spread amongst one of the 153 publications queried it still leaves 59 newspapers that wouldn't have had an article on women's heart disease.

Word count wasn't statistically different between the two categories and shows us that when newspapers do write stories, they treat each topic similarly in this regard. Source count, however was significantly varied between the two. Breast cancer articles were likely to have fewer sources than heart disease, but not by much. Breast cancer articles had an average of 2.4 sources to heart disease having 2.6.

The first hypothesis stated that *the news agenda will have a greater emphasis on breast cancer shown through more stories, higher average word count and more sources for breast cancer articles*. Because the exact parameters of the hypothesis were not met it must be rejected. However, it is the opinion of the researcher that the media agenda does clearly reflect a bias towards the topic of breast cancer. The clear difference between the two search returns is not

something that can be ignored. Accepting the null hypothesis — in this case that the news agenda does not favor either topic — would be erroneous.

The second hypothesis stated that *news articles about breast cancer will be more likely to use references to their public relations campaigns*. This hypothesis also can be rejected.

Although 29 breast cancer articles contained references to public relations campaigns versus 22 for heart disease articles, the numbers were not statistically different. It may be that the responsibility frame actually works in favor of the heart disease public relations campaign the Heart Truth. The public relations campaign itself is evidence of the government doing something and thusly being tied into heart disease articles may place wanted responsibility on the National Heart, Lung, and Blood Institute.

It was anticipated that articles about breast cancer would contain more references to relevant public relations campaigns. This is because the major organizations are fundraising groups and not policy makers, thereby remaining somewhat immune from blame when progress is not made in the fight against the disease. Although the results were not statistically significant a sizable portion of articles (almost 40 percent) about breast cancer contained the public relations reference.

The argument that newspapers could be simply responding to and covering advocacy events also does not seem to fit the sample here (Burch & Harry, 2004). The public relations reference was found in less 30 percent of heart disease articles and less than 40 percent of breast cancer articles. This means more than half of each topic was covered under some other pretense than at the behest of major organizations.

The number of times a heart disease article mentions breast cancer was, statistically speaking, the most significant realization. This allows us to accept the third hypothesis that stated

*news articles about heart disease will use the conflict frame more often by using more references to breast cancer.* Having these references may simply serve as context for readers (Yaros, 2006, p. 300). However, it is noteworthy that heart disease articles used this device more often. Though the overall percentages of stories that used this device were small — just over 18 percent for heart disease and less than 3 percent for breast cancer — the difference between the two is still significant. This could represent the writer's attempt at tapping into the reader's frame of reference. Doing so acknowledges that more readers are familiar with breast cancer than heart disease, and seemingly helps readers put heart disease in a bigger context.

The results follow along with what is to be expected when looking at the conflict frame. The two diseases and their advocates are at conflict with one another over attention and funding. By acknowledging that breast cancer kills and affects fewer women, writers frame heart disease as a bigger problem for women's health than breast cancer. By not acknowledging this conflict — as was the case with almost all the articles about breast cancer — the writer does nothing to alter the status quo. The status quo, according to survey data, is that women believe breast cancer to be the biggest health threat facing women (Mosca et. al, 2000).

In regards to the fourth hypothesis, articles about breast cancer were found to use the human-interest frame with statistically greater frequency — therefore it is accepted. The human-interest frame is a powerful story telling device, and has been shown to affect readers' perceptions (Covello & Peters, 2002). It should pique the interest of both media scholars and laypersons that breast cancer articles receive such an individual-centric focus. With more women being affected by heart disease, it would seem that individual stories of dealing with heart disease would be easy to find. Alas, much of cardiovascular disease is masked inside the body (Brinton, et al., 2008). Breast cancer, on the other hand, has been represented through more

extreme physical attributes such as shaved heads, mastectomy scars, and bright pink ribbons and clothing (King, 2004).

It should be noted that the author does not assume any use of framing or agenda setting is done with malice. In fact, it may be ignorance on the part of the writer and individual newspaper that dictates how writers shape and newspaper focus their publications. As summarized by Covello & Peters, journalists often “work under tight deadlines ... do not have enough time or space to deal adequately with the nuances of scientific and medical issues ... rely heavily on sources that are easily accessible and willing to speak out ... [and do not] have the scientific background or expertise needed to evaluate complex scientific or medical data within a tight time frame...” (2002, p.391). These issues should not be taken lightly, however. As women continue to receive health information messages from media — either directly or indirectly — the accuracy and completeness of those messages is crucial.

The health belief model tells us that how an individual views a condition is based upon a number of factors: who they are, what their experiences have been, and what cues they are receiving from the outside world. Among those cues to action are media reports and how those reports are interpreted affects an individual’s perceived threat of a disease either positively or negatively. For example, a story citing a statistic such as “one in eight women in their lifetime will get breast cancer” would likely increase perceived threat of breast cancer.

From the results of this study, it is easy to see through the health belief model how breast cancer could become dreaded. The overwhelming number of breast cancer articles over heart disease articles means that there are many more cues to action that may affect women. The human-interest framing mechanism also is an important factor. Since significantly more personal



stories were found in breast cancer articles, it can be assumed by the health belief model that those stories will also add to a perceived threat of breast cancer.

For women's heart disease, far fewer media cues to action are available. Besides media reports, which were underwhelming in this study, advice from others and illness of family and friends are also cues to action. As society has largely viewed heart disease as a man's disease, it may be a woman's viewpoint that, as a woman, she won't be affected.

Quite the opposite is true for breast cancer, as it is likely a woman's viewpoint that she will be affected since breast cancer is a "woman's disease." The advice from others will be to get mammograms at regular checkups and any diagnosis of family and friends will likely be passed along, due to the general perceived severity of the disease.

This study sought to answer the question *do newspapers deliver articles that help women determine a realistic perception of their risks for heart disease and breast cancer?* Research on risk has shown that the way risk is presented – in number form – makes it difficult for those assessing their risks to understand. Low numeracy – numerical literacy – in the population makes it difficult for those at risk to find out just how at risk they are. The 1 in 8 lifetime risk number is an oft cited statistic that is often poorly understood. The statistic, according to the National Cancer Institute, represents a woman's chance by her 85<sup>th</sup> birthday that she will be diagnosed with breast cancer. However, NCI also has individual probabilities for age ranges. According to the institute, from age 30 to 39 the risk is 1 in 233 and from age 40 to 49 it's 1 in 69. Age 50 to 59 is 1 in 38 and for ages 60 to 69 the risk is 1 in 27 (National Cancer Institute, 2006).

In Covello and Peters' study on risk perceptions of age-related diseases, they found that when women were given information designed by study authors that showed them how to interpret data, they were more likely to accurately assess risk information (2002, p. 386). It

stands to reason that given similar information within a news article would allow for accurate understanding of risk messages. However, as stated earlier, journalists often suffer from the same numeracy problems as their readers (Bluming & Tavriss, 2009, p. 94). It seems unlikely that these readers would receive information they needed to properly assess their risks of breast cancer and heart disease. As newsrooms continue to be stretched thin by poor revenue streams and evaporating circulations, it seems unlikely as well that the situation will get any better anytime soon.

## CHAPTER 5: CONCLUSION

It certainly can be argued that the media do not hold much sway over women's health issues. Doctors still are the gatekeepers to medicine and insurance companies hold sway over what treatments get paid. The government decides which procedures are legal and individuals are the ones requesting (or not requesting) the care. However, to that I offer this example.

As this study was concluding, there was a perfectly illustrative case of the media's effects on women's health. On Monday, November 16, 2009 the U.S. Preventative Services Task Force issued a guideline stating women should wait until age 50 to have regular mammograms. This noted departure from the American Cancer Society's recommended age of 40 met with harsh criticism (Park, 2009). Media reports helped fuel a backlash, and the U.S. Senate voted December 3, 2009 to require health insurance companies to pay for mammograms regardless of age (Pear & Herszenhorn, 2009).

Would the Senate have reacted the way it did had the media not reported on the findings? It's entirely possible. Would advocacy organizations worked to drum up support against the new recommendations? Most definitely. But would it have happened as quickly and as easily had it not been for the news media? Probably not. The media is as much a part of American society as the government itself as it is often referred to as the fourth estate. For all its flaws, without it the United States would be a far different place than it is today.

This study does have limitations. Only 153 available newspapers on LexisNexis were used, which could not have taken into account all the available newspapers in the United States. These newspapers are also ones with the time and resources to make their articles available to

LexisNexis. This may have inserted a sampling bias into the study, as many community newspapers could not possibly have been considered.

When deciding upon search parameters it was necessary to choose a phrasing of illnesses of the cardiovascular system. Heart disease was chosen for its simplicity and use of everyday language. This, however, voided articles that may have only referred to heart ailments as “cardiovascular disease” or only referred to the prevalent manifestations of cardiovascular disease, “heart attack” and “stroke.” Also, the headline parameter was restricted to “heart disease,” which automatically ruled out articles with “stroke” and “heart attack” in the headline. These limitations were identified, but to avoid sampling error, the heart disease section was queried using the method most similar to the breast cancer section.

Also, within both the heart disease and breast cancer sections, it is entirely possible that the public relations campaigns could have affected the story without being directly noted. The American Heart Association, National Heart, Lung and Blood Institute and Susan G. Komen foundation all provide tools for the media, including putting journalists in touch with sources. These sources certainly would be behind the recommending organization’s message and may have contributed to the journalist’s framing choices.

The second coder was only asked to code a portion of the sample for intercoder reliability. This may have artificially inflated the agreement between the two coders. In the future, the multiple coders may code the entire sample.

The content analysis method used in this study was chosen for its ability to quickly and readily find the overt meanings in the stories. However, a textual analysis would have been better at catching nuances that the reader certainly would be subjected to. The study is also focused

solely on newspapers, and does not take into account other non-media sources of health information messages for women that may be consulted for health decisions.

Finally, the study period was just one year in order to make the coding feasible. This captures just a glimpse of newspapers' agendas and framing mechanisms, and certainly doesn't reflect the reality of multiple years of other influences on readers.

The study also used available survey data that was several years old and may not necessarily reflect the realities of the public knowledge for the time span studied.

Future research may expand upon this study by looking at more than just one year of articles on the two topics — even focusing on the genesis years of respective public relations campaigns. Talking with public information officers from relevant public relations organizations could aid in discovering what kind of framing takes place on the organization's end.

The study could also be enhanced by interviews with reporters – both specialized and unspecialized. Discovering how they go about writing a story about women's health would provide valuable insight on how the agenda setting and framing processes work from the inside. Interviews could also be conducted with wire service reporters, who are the source of widely distributed copy that often is either run or gets localized by daily newspapers.

Other research could reanalyze the samples taken here for additional framing devices (such as episodic or thematic frames), numeracy, or what kinds of sources (government official, scientist, advocate, etc.) are used in the articles. Using a textual analysis technique could also pick up on latent meanings within articles that often affect readers subconsciously.

## REFERENCES

- Aikat, D., & Yu, J. J. (2005). News on the web: Agenda setting of online news in web sites of major newspaper, television and online news services International Communication Association.
- Andsager, J. L., & Powers, A. (2001). Framing women's health with a sense-making approach: Magazine coverage of breast cancer and implants. *Health Communication, 13*(2), 163-185.
- Atwater, T., Fico, F., & Pizante, G. (1987). Reporting on the state legislature: A case study of inter-media agenda-setting *Newspaper Research Journal*.
- Beaudoin, C. E. (2007). SARS news coverage and its determinants in china and the US. *International Communication Gazette, 69*(6), 509-524.
- Beery, T. A. (1995). Gender bias in the diagnosis and treatment of coronary artery disease. *Heart & Lung: The Journal of Acute and Critical Care, 24*(6), 427-435.
- Berry, T., Wharf-Higgins, , & Naylor, . (2007). SARS wars: An examination of the quantity and construction of health information in the news media. *Health Communication, 21*(1), 35-44.
- Bluming, A. Z., & Tavriss, C. (2009). Hormone replacement therapy: Real concerns and false alarms. *Cancer Journal (Sudbury, Mass.), 15*(2), 93-104.
- Brinton, E. A., Hodis, H. N., Merriam, G. R., Harman, S. M., & Naftolin, F. (2008). Can menopausal hormone therapy prevent coronary heart disease? *Trends in Endocrinology & Metabolism, 19*(6), 206-212.
- Burch, E. A., & Harry, J. C. (2004). Counter-hegemony and environmental justice in california newspapers: Source use patterns in stories about pesticides and farm workers. *Journalism & Mass Communication Quarterly, 81*(3), 559-577.
- Chapple, A., Ziebland, S., & McPherson, A. (2004). Stigma, shame, and blame experienced by patients with lung cancer: Qualitative study. *BMJ, 328*(7454), 1470.
- Chiaromonte, G. R., & Friend, R. (2006). Medical students' and residents' gender bias in the diagnosis, treatment, and interpretation of coronary heart disease symptoms. *Health Psychology, 25*(3), 255-266.
- Chlebowski, R. T., Hendrix, S. L., Langer, R. D., Stefanick, M. L., Gass, M., Lane, D., et al. (2003). Influence of estrogen plus progestin on breast cancer and mammography in

- healthy postmenopausal women: The women's health initiative randomized trial. *JAMA: The Journal of the American Medical Association*, 289(24), 3243-3253.
- Cho, S. (2006). Network news coverage of breast cancer, 1974 to 2003. *Journalism & Mass Communication Quarterly*, 83(1), 116-130.
- Clarke, J. N., & Binns, J. (2006). The portrayal of heart disease in mass print magazines, 1991--2001. *Health Communication*, 19(1), 39-48.
- Covello, V. T., & Peters, R. G. (2002). Women's perceptions of the risks of age-related diseases, including breast cancer: Reports from a 3-year research study. *Health Communication*, 14(3), 377-395.
- de Vreese, C. H. (2005). News framing: Theory and typology. *Information Design Journal & Document Design*, 13(1), 51.
- Dubriwny, T. N. (2009). Constructing breast cancer in the news: Betty ford and the evolution of the breast cancer patient. *Journal of Communication Inquiry*, 33(2), 104-125.
- Entman, R. M. (1993). Framing: Toward clarification of a fractured paradigm. *Journal of Communication*, 43(4), 51-58.
- Finnegan, J. R., & Viswanath, K. (1993). Exposure to sources of heart disease prevention information: Community type and social group differences. *Journalism Quarterly*, 70(3), 569-584.
- Glanz, K., Rimer, B. K., & National Cancer Institute (U.S.). (1997). *Theory at a glance: A guide for health promotion practice* U.S. Dept. of Health and Human Services, Public Health Service, National Institutes of Health, National Cancer Institute. Retrieved from <http://www.nci.nih.gov/PDF/481f5d53-63df-41bc-bfaf-5aa48ee1da4d/TAAG3.pdf>
- Guttman, N., & Ressler, W. H. (2001). On being responsible: Ethical issues in appeals to personal responsibility in health campaigns. *Journal of Health Communication*, 6(2), 117-136.
- Hanahan, D., & Weinberg, R. A. (2000). The hallmarks of cancer. *Cell*, 100(1), 57-70.
- Ho, S., & Niederdeppe, J. (2008). Mass media exposure, trust, social networks, and online health information seeking among internet users. *Conference Papers -- International Communication Association*, , 1-29.
- Horner, M., Ries, L., Krapcho, M., Neyman, N., Aminou, R., Howlader, N., et al. (2008). *SEER cancer statistics review, 1975-2006*, national cancer institute. Bethesda, MD: National Cancer Institute. Retrieved from [http://seer.cancer.gov/csr/1975\\_2006/](http://seer.cancer.gov/csr/1975_2006/)
- Iyengar, S. (1990). Framing responsibility for political issues: The case of poverty. *Political Behavior*, 12(1, Cognition and Political Action), 19-40.

- King, S. (2004). Pink ribbons inc: Breast cancer activism and the politics of philanthropy. *International Journal of Qualitative Studies in Education*, 17(4), 473.
- Kline, K. N. (1999). Reading and reforming breast self-examination discourse: Claiming missed opportunities for empowerment. *Journal of Health Communication*, 4(2), 119-141.
- Lloyd-Jones, D., Adams, R., Carnethon, M., De Simone, G., Ferguson, T. B., Flegal, K., et al. (2009). Heart disease and stroke statistics--2009 update: A report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. *Circulation*, 119(3), e21-181.
- Mahoney, M. C., Bevers, T., Linos, E., & Willett, W. C. (2008). Opportunities and strategies for breast cancer prevention through risk reduction. *CA: A Cancer Journal for Clinicians*, 58(6), 347-371.
- Major, L. (2007). Break it to me harshly: The effects of intersecting news frames in lung cancer and obesity coverage. *International Communication Association*.
- Matthes, J. (2009). What's in a frame? A content analysis of media framing studies in the world's leading communication journals, 1990-2005. *Journalism & Mass Communication Quarterly*, 86(2), 349--367.
- McCombs, M. (2005). A look at agenda-setting: Past, present and future. *Journalism Studies*, 6(4), 543-557.
- McCombs, M. E., & Shaw, D. L. (1972). The agenda-setting function of mass media. *Public Opinion Quarterly*, 36(2), 176-187.
- McCombs, M., & Min, Y. (2006). Campaign agenda formation: The intermedia agenda-setting process in a state primary election. *International Communication Association*.
- Milner, K. A., Funk, M., Richards, S., Wilmes, R. M., Vaccarino, V., & Krumholz, H. M. (1999). Gender differences in symptom presentation associated with coronary heart disease. *The American Journal of Cardiology*, 84(4), 396-399.
- Mosca, L., Ferris, A., Fabunmi, R., & Robertson, R. M. (2004). Tracking women's awareness of heart disease: An American Heart Association national study. *Circulation*, 109(5), 573-579.
- Mosca, L., Jones, W. K., King, K. B., Ouyang, P., Redberg, R. F., Hill, M. N., et al. (2000). Awareness, perception, and knowledge of heart disease risk and prevention among women in the United States. *Arch Fam Med*, 9(6), 506-515.
- National Cancer Institute. (2006). Probability of breast cancer in American women - national cancer institute. Retrieved 12/4/2009, 2009, from <http://www.cancer.gov/cancertopics/factsheet/Detection/probability-breast-cancer>



- National Cancer Institute. (2008). Male breast cancer treatment - national cancer institute. Retrieved 10/25/2009, 2009, from <http://www.cancer.gov/cancertopics/pdq/treatment/malebreast/patient>
- National Heart, Lung, and Blood Institute. (2009). Heart truth campaign events. Retrieved 11/1/2009, 2009, from <http://www.nhlbi.nih.gov/educational/hearttruth/events/index.htm>
- Pan, C. (2006). The effects of source cue and framing on consumers' web-based health information processing International Communication Association.
- Park, A. (2009, 11/17). Panel suggests delaying regular mammograms until age 50 - TIME. Time Magazine, 2009 Retrieved from <http://www.time.com/time/health/article/0,8599,1939896,00.html>
- Pear, R., & Herszenhorn, D. M. (2009, Fri, 04 Dec). Senate backs preventive health care for women. The New York Times,
- Peters, E., Hibbard, J., Slovic, P., & Dieckmann, N. (2007). Numeracy skill and the communication, comprehension, and use of risk-benefit information. *Health Affairs*, 26(3), 741-748.
- Petersen, A. (2001). Biofantasies: Genetics and medicine in the print news media. *Social Science & Medicine*, 52(8), 1255-1268.
- Ronckers, C. M., Erdmann, C. A., & Land, C. E. (2005). Radiation and breast cancer: A review of current evidence. *Breast Cancer Research : BCR*, 7(1), 21-32.
- Schapira, M. M., Davids, S. L., McAuliffe, T. L., & Nattinger, A. B. (2004). Agreement between scales in the measurement of breast cancer risk perceptions. *Risk Analysis: An International Journal*, 24(3), 665-673.
- Scheufele, D. A., & Tewksbury, D. (2007). Framing, agenda setting, and priming: The evolution of three media effects models. *Journal of Communication*, 57(1), 9-20.
- Schroetter, S. A., & Peck, S. D. (2008). Women's risk of heart disease: Promoting awareness and prevention -- A primary care approach. *MEDSURG Nursing*, 17(2), 107-113.
- Semetko, H., & Valkenburg, P. (2000). Framing european politics: A content analysis of press and television news. *The Journal of Communication*, 50(2), 93-109.
- Shin, J., & Cameron, G. (2006). Does news represent epidemiological phenomena? the burden of cancer in news coverage of 1988-1992 International Communication Association.
- Smith, S. W., Nazione, S., LaPlante, C., Kotowski, M. R., Atkin, C., Skubisz, C. M., et al. (2009). Topics and sources of memorable breast cancer messages and their impact on prevention and detection behaviors. *Journal of Health Communication*, 14(3), 293-307.

- Susan G. Komen for the Cure. (2009). Participate in an event. Retrieved 11/1/2009, 2009, from <http://ww5.komen.org/findanevent.aspx>
- Thomas, D. B., Gao, D. L., Ray, R. M., Wang, W. W., Allison, C. J., Chen, F. L., et al. (2002). Randomized trial of breast self-examination in shanghai: Final results. *Journal of the National Cancer Institute*, 94(19), 1445-1457.
- Thorson, E. (2008). Changing patterns of news consumption and participation. *Information, Communication & Society*, 11(4), 473-489.
- Thorson, E., Meyer, H., Denton, F., & Smith, J. (2008). Prediction of print and online newspaper readership from indices of news quality. *Conference Papers -- International Communication Association*, , 1-39.
- Tsung-Jen Shih, Wijaya, R., & Brossard, D. (2008). Media coverage of public health epidemics: Linking framing and issue attention cycle toward an integrated theory of print news coverage of epidemics. *Mass Communication & Society*, 11(2), 141-160.
- Vardeman, J. (2007). Marketing of a killer: How the heart truth campaign commodifies heart disease awareness to women using fear, science, laura bush, and a red dress *International Communication Association*.
- Wathen, C. N. (2006). Health information seeking in context: How women make decisions regarding hormone replacement therapy. *Journal of Health Communication*, 11(5), 477-493.
- Wharf Higgins, J., Naylor, P. J., Berry, T., O'Connor, B., & McLean, D. (2006). The health buck stops where? thematic framing of health discourse to understand the context for CVD prevention. *Journal of Health Communication*, 11(3), 343-358.
- Woloshin, S., Schwartz, L. M., Black, W. C., & Welch, H. G. (1999). Women's perceptions of breast cancer risk: How you ask matters. *Medical Decision Making*, 19(3), 221-229.
- Yang, J., & Stone, G. (2003). The powerful role of interpersonal communication in agenda setting. *Mass Communication & Society*, 6(1), 57-74.
- Yaros, R. A. (2006). Is it the medium or the message? structuring complex news to enhance engagement and situational understanding by nonexperts. *Communication Research*, 33(4), 285-309.

## APPENDIX A: NEWSPAPER SAMPLE LIST

1. The Advocate (Baton Rouge, Louisiana)
2. Alameda Times-Star (Alameda, CA)
3. The Alamogordo Daily News (New Mexico)
4. The Albuquerque Journal
5. Ann Arbor News (Michigan)
6. The Argus (Fremont, CA)
7. Arkansas Democrat-Gazette
8. The Atlanta Journal and Constitution
9. The Augusta Chronicle
10. The Austin American-Statesman
11. The Baltimore Sun
12. Bangor Daily News (Maine)
13. Bay City Times (Michigan)
14. The Berkshire Eagle (Pittsfield, Massa...)
15. Birmingham News
16. The Bismarck Tribune
17. The Boston Globe
18. The Boston Herald
19. Brattleboro Reformer (Vermont)
20. The Buffalo News
21. The Capital (Annapolis, MD)
22. Capital Times (Madison, WI)
23. Chapel Hill Herald
24. Charleston Daily Mail
25. The Charleston Gazette
26. Chattanooga Times Free Press
27. Chicago Daily Herald
28. Chicago Sun-Times
29. The Christian Science Monitor
30. The Columbian (Vancouver, WA)
31. The Columbus Dispatch
32. Connecticut Post Online
33. Contra Costa Times
34. Daily News (New York)
35. The Daily News of Los Angeles
36. The Daily Review (Hayward, CA)
37. Dayton Daily News
38. Deming Headlight (New Mexico)
39. The Denver Post
40. Deseret Morning News (Salt Lake City)
41. El Paso Times (Texas)
42. Enterprise Record (Chico, California)
43. Eureka Times-Standard (California)
44. The Evening Sun (Hanover, PA)
45. Fairbanks Daily News-Miner (Alaska)
46. Farmington Daily Times (New Mexico)
47. Flint Journal (Michigan)
48. The Florida Times-Union
49. Fort Wayne News-Sentinel (Indiana)
50. Grand Rapids Press (Michigan)
51. The Hartford Courant
52. Herald News (Passaic County, NJ)
53. The Herald-Sun
54. The Houston Chronicle
55. Huntsville Times (Alabama)
56. Idaho Falls Post Register
57. Inland Valley Daily Bulletin (Ontario,...)
58. Inside Bay Area (California)
59. Intelligencer Journal /Lancaster New E...
60. Jackson Citizen Patriot
61. Jersey Journal (New Jersey)
62. Kalamazoo Gazette (Michigan)
63. Lancaster New Era
64. Las Cruces Sun-News (New Mexico)
65. Las Vegas Review-Journal
66. The Lebanon Daily News (Pennsylvania)
67. The Ledger (Lakeland)
68. Lewiston Morning Tribune
69. Lincoln Journal Star (Nebraska)
70. Long Beach Press-Telegram (Long Beach,...)
71. Los Angeles Times
72. Lowell Sun (Lowell, MA)
73. Marin Independent Journal (Marin, CA)
74. The Milwaukee Journal Sentinel
75. Mississippi Press
76. Mobile Register (Alabama)
77. Monterey County Herald (CA)
78. The Morning Call (Allentown)
79. Muskegon Chronicle (Michigan)
80. The New York Post
81. New York Sun
82. The New York Times
83. News & Record (Greensboro, NC)
84. Newsday (New York, NY)
85. The Oakland Tribune (Oakland, CA)
86. Omaha World Herald
87. The Oregonian
88. Oroville Mercury Register (California)
89. The Palm Beach Post
90. The Pantagraph
91. Pasadena Star-News (Pasadena, CA)
92. The Patriot Ledger
93. Patriot News (Harrisburg, Pennsylvania)
94. The Philadelphia Daily News (PA)
95. The Philadelphia Inquirer
96. Pittsburgh Post-Gazette
97. Pittsburgh Tribune Review
98. The Plain Dealer

99. Portland Press Herald
100. The Post and Courier (Charleston, SC)
101. The Post-Standard (Syracuse, NY)
102. The Press Enterprise
103. The Providence Journal-Bulletin
104. Public Opinion (Chambersburg, Pennsylv...
105. The Record (Bergen County, NJ)
106. Richmond Times Dispatch
107. The Roanoke Times (Virginia)
108. Saginaw News (Michigan)
109. The Salt Lake Tribune
110. San Antonio Express-News
111. San Bernardino Sun (San Bernardino, CA)
112. San Diego Union-Tribune
113. The San Francisco Chronicle
114. San Gabriel Valley Tribune (San Gabrie...
115. San Jose Mercury News (California)
116. San Mateo County Times (San Mateo, CA)
117. The Santa Fe New Mexican
118. Sarasota Herald-Tribune
119. Seattle Post-Intelligencer
120. Sentinel & Enterprise (Fitchburg, Mass...
121. Silver City Sun-News (New Mexico)
122. South Bend Tribune
123. The Spokesman-Review
124. Springfield Republican (Massachusetts)
125. St. Louis Post-Dispatch
126. St. Paul Pioneer Press (Minnesota)
127. St. Petersburg Times
128. Star Tribune (Minneapolis MN)
129. The Star-Ledger (Newark, New Jersey)
130. Star-News (Wilmington, NC)
131. The State Journal-Register (Springfiel...
132. Staten Island Advance (New York)
133. The Tampa Tribune
134. Telegram & Gazette (Massachusetts)
135. Telegraph Herald (Dubuque, IA)
136. The Times of Trenton (New Jersey)
137. The Times Union (Albany, NY)
138. The Times-Picayune
139. Topeka Capital-Journal
140. Tri-Valley Herald (Pleasanton, CA)
141. Tribune-Review
142. The Tulsa World
143. The Union Leader
144. USA Today
145. Vallejo Times-Herald (California)
146. The Virginian-Pilot (Norfolk, VA)
147. The Washington Post
148. The Washington Times
149. Whittier Daily News (California)
150. Winston-Salem Journal
151. Wisconsin State Journal
152. The Wyoming Tribune-Eagle
153. The York Dispatch (York, PA)

## APPENDIX B: INTERCODER RELIABILITY SAMPLE

NOTE: Breast cancer AND women SAMPLE

**Nexis**<sup>®</sup>

Print Request: Select Items:

501,247,96,201,284,416,516,61,308,612,359,594,316,55,274,92,254,575,72,124,17  
7,309,101,142,191,129,19,470,496,275,422,125,233,546,280,296,293,404,156,413,  
388,601,266,210,375,46,255,607,81,138,598,82,348,515,541,616,312,317,482,428,  
298,192,557,110,307,303,469,425,299,364,576,151,282,147,350

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Terms: (breast cancer AND women and HEADLINE(breast cancer))

Source: The Advocate (Baton Rouge, Louisiana);Alameda T...

Combined Source: The Advocate (Baton Rouge, Louisiana);Alameda T...

Project ID:

247 of 625 DOCUMENTS

Eureka Times Standard (California)

June 18, 2008 Wednesday

## Study could play significant role in eradication of **breast cancer**

**BYLINE:** Jessie Faulkner/The Times-Standard

**SECTION:** NEWS; Local

**LENGTH:** 638 words

ARCATA -- Well-known **breast cancer** expert and author Dr. Susan Love and local surgeon Dr. Ellen Mahoney will provide details of a local grant-funded research study, that they hope could lead to the ultimate eradication of **breast cancer**, at an educational forum Thursday at Humboldt State University.

Much of the \$850,000 grant from the California **Breast Cancer** Research Program -- administered through the Dr. Susan Love Educational Foundation -- will be spent in Humboldt County on the study that will test the effectiveness of administering a minuscule amount of chemotherapy into the breast via the milk ducts.

Ultimately, depending upon the study results, the duct-administered chemotherapy medicine could be used to eliminate the cells lining the ducts -- the location where **breast cancer** develops.

In 2005, Mahoney said Thursday, a North Coast woman diagnosed with ductal carcinoma-in-situ used the treatment with no adverse side effects.

Nobody knew at the time, Mahoney said, what the effects would be of administering the chemotherapy directly into the milk ducts.

"We weren't sure what was going to happen that day," Mahoney said. "The hope and belief was it would stay in the duct with no side effects. We weren't sure as it has never been done on a person."

Love drew blood in intervals two days after the procedure and forwarded the samples to John Hopkins University for testing. The chemotherapy drug had not entered the patient's blood system.

"That gave us a lot of encouragement," Mahoney said.

Traditional treatment typically involves a lumpectomy. And ductal carcinoma-in-situ is a pre-cancer condition for some, but never develops into cancer in others. Because of that possible development into cancer, the traditional treatment has been surgical, predominantly lumpectomy -- the localized removal of affected tissue, the physician said.

Key to the study is the relatively recent understanding that the six to nine milk ducts within the breast are completely separate, Mahoney said.

The new study will continue that exploration of the non-surgical treatments with 30 patients with ductal carcinoma-in-situ -- all or most local, Mahoney said. The tested treatment is revolutionary in that it not only could eliminate surgical treatment of **breast cancer** but could also -- if successful -- establishes a preventive measure to totally eradicate the cells lining the milk ducts, components necessary to get **breast cancer**.

Those enrolled in the study will first have an MRI taken of the affected breast, Mahoney and Love will meet with the patient and extract a tiny amount of fluid out of the affected duct to determine the presence of proteins in the fluid that indicate cancer, then administer a tiny amount of the chemotherapy medicine in a time-release fatty capsule. They'll then wait six weeks, repeat the MRI and then schedule a surgery by the patient's surgeon of choice. Mahoney and Love will be in the operating room to retrieve the affected tissue for further study.

The study's grant will cover all costs of the involved medical treatment with the exception of the surgery, Mahoney said.

If the 30 local **women** do well, Mahoney said, a bigger study will be done nationwide.

"Our goal is the ultimate eradication of **breast cancer**," she said. "This work in Humboldt County is part of that overall project."

Thursday's forum will include a question and answer session and discussion of **breast cancer** treatment and screening.

Tickets are available at the door and at Lima's Pharmacy in Eureka and McKinleyville; Green's Pharmacy in Fortuna; Mahoney's office, Arcata; the Humboldt Community Breast Health Project and at the door.

Jessie Faulkner can be reached at 441-0517 or [jfaulkner@times-standard.com](mailto:jfaulkner@times-standard.com) .

If You Go

What: "**Breast Cancer** 2008 and Beyond" forum

When: Thursday, 7-9 p.m.

Where: HSU Van Duzer Theatre

Admission: \$25

**LOAD-DATE:** June 18, 2008

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

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575 of 625 DOCUMENTS

The Oregonian (Portland, Oregon)

**November** 12, 2008 Wednesday  
Sunrise Edition

## Research Vitamins don't cut risk of some diseases Vitamin supplements --taken by millions of Americans to boost or maintain their health --don't reduce the risk of heart attacks, strokes or **breast cancer**, according to two large studies published

**BYLINE:** LA Times-Washington Post News Service

**SECTION:** Wire News

**LENGTH:** 333 words

Research Vitamins don't  
cut risk of  
some diseases

Vitamin supplements --taken by millions of Americans to boost or maintain their health --don't reduce the risk of heart attacks, strokes or **breast cancer**, according to two large studies published Wednesday.

In one of the trials, 14,641 middle-age male physicians took vitamins E and C for an average of eight years but did not see any benefit to their cardiovascular health. The other study tracked 36,282 postmenopausal **women** for an average of seven years and found that a daily regimen of vitamin D and calcium did not offer protection against invasive **breast cancer**.

Almost half of all adults in the U.S. take vitamins daily, but the results should prompt some of them to reconsider their rationale for doing so, said Howard Sesso, who led the cardiovascular disease study appearing in the Journal of the American Medical Association.

"You don't know whether something is really true until you test it in one of these large-scale, long-term clinical trials," said Sesso, an epidemiologist at Brigham and **Women's** Hospital in Boston and professor at Harvard Medical School.

But Dr. David Heber, director of the University of California, Los Angeles, Center for Human Nutrition, said the studies don't prove vitamins are useless, especially considering that observational studies and experiments with animals have produced mixed results.

"Absence of evidence is not evidence of absence," said Heber, who was not involved with the latest studies.

The heart study was prompted by basic research showing that antioxidants such as vitamins E and C kept the formation of atherosclerotic plaque in check and helped prevent tissue damage that causes cardiovascular disease.

Because some studies suggested vitamin D might reduce the risk of **breast cancer**, the researchers, led by Dr. Rowan Chlebowski, a medical oncologist at the Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center, decided to track that too.

-- LA Times-Washington Post News Service

**LOAD-DATE:** November 13, 2008



**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

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Muskegon Chronicle (Michigan)

**October** 6, 2008 Monday

## Young **breast cancer** survivors ready to get on with their lives

**BYLINE:** Susan K. Treutler [stretler@muskegonchronicle.com](mailto:stretler@muskegonchronicle.com)

**SECTION:** B; Pg. 8

**LENGTH:** 971 words

Three **women** with White Lake connections who have battled **breast cancer** for the past year, say they are ready to move on.

They've fought the hard fight, and along the way supported other **breast cancer** patients. They were instrumental in raising thousands of dollars for the Susan G. Komen Foundation, which funds **breast cancer** research.

The three -- Lara Plewka MacGregor, Chris Stark and Angie Baker -- along with friends, family members and complete strangers, raised a total of \$41,000 for the Susan G. Komen Foundation's 3-Day Walk for the Cure in Detroit just over a week ago.

The event was "absolutely amazing," said Stark.

"It was crazy; it was long," said Baker of the 60-mile walk.

"It was overwhelming," said Art Plewka, Lara's father.

If the walk was long, so was the last year, as the three families overcame the shock of three young mothers from the same community being hit with **breast cancer**.

The **women** were first featured in a March article in The Muskegon Chronicle.

Detecting cancer early is the key to recovery, and the push toward mammograms, annual medical checkups, and self-breast exams is at its height in October -- **Breast Cancer** Awareness Month.

This is the month when there is more pink than ever -- products that raise awareness simply through their color, and in some cases, raise money for the fight -- are everywhere.

Art and Sue Plewka, of Whitehall and his two sisters, raised \$26,000 for 3-Day Walk for the Cure.

Their team was among the four highest donors at the walk.

Art Plewka was chosen to carry the "daughter" flag during the opening and closing ceremonies of the event which saw thousands of fundraisers walking 20 miles a day through southeast Michigan communities.

His daughter -- married to former Grand Haven resident Jason MacGregor -- flew up from her home in Alabama to support her father's team, and was chosen as the "daughter" spotlighted during the event.

Just four walkers were chosen to step to the stage, along with four people who have or had cancer -- a mother, a wife, a daughter and a hero.

Lara MacGregor carried a large picture of herself in a hospital bed, bald from chemotherapy, holding her newborn son. She talked to hundreds of people during the event.

But she doesn't want her bout with cancer to be her life.

"She wants to think of it as an "event in her life." Art Plewka said, like "we bought a house, we went on a trip, I had **breast cancer**."

So, whether the Plewka family will participate in next year's walk hasn't been decided.

Fundraising is extremely time consuming.

"Each person has to raise at least \$2,200 to participate in the walk," said Stark, who with her husband, Nathan, and Baker and her husband, Jeff, and their friends also set up a fundraising team and raised \$15,000 for the Walk for the Cure.

"I don't know if I will do it again. It was a lot of work," she said. Plewka said raising money for the cause last spring and summer "kept me sane," he said.

When he wasn't in Alabama with his daughter, he was raising money. It kept his mind off the worry and it was healthy to do something proactive.

Stark and Baker named their team, "Never Two Young." Team members also included Baker's sisters, Kristin Schultz and Liz Hatch; and friends Vicki Hiltz and Mindy Tangney, all of Whitehall.

Stark and Baker, like Plewka MacGregor, will likely decide in the spring if they want to raise money again.

"I'm on the fence," Baker said. "I did something that mattered, but I don't want cancer to define me."

Plewka MacGregor, Baker and Chris Stark of Montague, are forever connected through their experience with **breast cancer**.

All were in high school in Whitehall or Montague at the same time and know one another. They all were diagnosed with **breast cancer** within months, something that shocked their 30-something friends who wondered if it was a "cluster" of cancer cases.

The disease is powerful and feared, but it is not the No. 1 killer of **women**.

Heart disease is, and no other cause of death comes even close.

**Breast cancer** also falls behind cerebrovascular disease, lung and bronchus cancer, chronic lower respiratory disease and Alzheimer's disease as causes of death, according to the Centers for Disease Control.

The oft-cited "one in eight **women have breast cancer**" is not just a misunderstood statistic, it is a myth, according to **Breast Cancer** Action, a national support group.

What it means is that a girl born today has a one-in-eight chance of developing **breast cancer** if she lives to age 85.

An estimated 190,000 **women** and 2,000 men will find out this year that they have **breast cancer**. More than 40,000 **women** will die of it.

While their stint as fundraisers in the fight against cancer may be over, the three young **women** say they will never stop trying to raise awareness about the disease.

Baker said she wants to tell **women** to: "Know yourself. Know your own body."

The best advocate you can have, is you, Baker said.

Three **women** with White Lake connections have spent the last year fighting **breast cancer**. Here are their stories.

Feb. 15, 2007: Angie Baker, left, 30, of Whitehall, mother of two toddlers, was diagnosed with **breast cancer** the day after she found a lump while doing a self-exam. She was 29. The lump was removed and she began chemotherapy.

Nov. 9, 2007: Lara Plewka MacGregor, center, 31, formerly of Whitehall, was diagnosed after telling her doctor about breast pain and a bloody discharge. She was 28 weeks pregnant with her second child. She had a double mastectomy and chemotherapy.

Jan. 8, 2008: Chris Stark, right, 31, of Montague, and the mother of two was diagnosed after alerting her doctor of a lump. She had just begun self-exams. She underwent a double mastectomy, chemotherapy and reconstruction surgeries.

All three **women** alerted their doctors without delay when they discovered the symptoms. Their latest tests show they are all cancer-free.

**LOAD-DATE:** October 30, 2008

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** mkc

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The San Diego Union-Tribune

May 29, 2008 Thursday

## He'll ride 40,000 miles to raise **breast-cancer** research funds

**BYLINE:** Emily Vizzo, Emily Vizzo is a freelance writer in San Diego.

**SECTION:** ZONE; Pg. NC-1; NI-1

**LENGTH:** 577 words

**DATELINE:** CARLSBAD

CARLSBAD --

David Clifton, 61, leaves today for a three-month, solo motorcycle trek through 49 states and several Canadian provinces.

His goal: raise \$100,000 for the Susan G. Komen for the Cure Foundation, an organization dedicated to funding **breast cancer** research, screenings and education.

It's a cause that holds personal significance for the Carlsbad man, whose wife, Doreen Clifton, was diagnosed with **breast cancer** in 2005, and whose close friend, Gerri Hickman, died from the disease that same year.

"I've been thinking about making the trip for a zillion years," David Clifton said. "And I'm hoping this is a unique enough deal that it will raise awareness for all **women** ... If one lady goes to get an exam, that's all I would need. I'd like to help find the cure sooner, quicker, faster."

Clifton has mapped a route that first snakes up from Encinitas to Alaska and the Yukon territory before drifting into the Southern Canadian provinces.

From there, it makes a southern-twisting loop down through Colorado, meanders through the Midwest, twists southward along the East Coast and back through the Southwest to California.

The roughly 40,000-mile journey should wind down by Sept. 10, Clifton estimated. The kick-off was slated for 7 a.m. today at VG Donut & Bakery in Encinitas, where Clifton planned a final sugary treat with friends at his favorite hangout before heading out.

Although Clifton has called North County home for 23 years, he now lives and works in Dubai as a managing director for Interval International, an exchange company for high-end time shares.

He and his wife will eventually make their way back to their Carlsbad residence full time, he said.

"This is also a huge adventure for me," Clifton said. "There is no question I will hit snow, hail, 115-degree weather, huge rain. Tornadoes are an absolute potential."

Part of the adventure will be getting to know people along the way, he said. Clifton hopes that his immaculate, stars-and-stripes motif bike will spark interest in gas stations, coffee shop parking lots, and the campgrounds and mom-and-pop motels in which he plans to stay.

But the main focus will be raising awareness, both by spending time with people on the road and by generating interest and donations online through the blog he has started.

"Don't underestimate the impact of getting a phone call like that," Clifton said, recalling the day he learned of his wife's diagnosis. "Man oh man, there's just no ducking, no hiding. If I can do a little bit in that regard, that would be cool."

Clifton plans to create chatty posts chronicling his experiences, including "Dog of the Week," his just-for-fun photographs of dogs nationwide. His bike has a mounted camera for snapping photos on the go.

More formally, he'll be interviewing people along the way about living an active lifestyle for the trip's sponsor, Titan, a Chinese sports media company.

"We're honored that he is going on this mission to help us with our mission, which is a world without **breast cancer**," said Sandy Rabourne, director of community development and outreach with the Susan G. Komen For the Cure Foundation and a **breast cancer** survivor.

"The funds he is raising are going to help uninsured and underinsured **women**, as well as to promote research. We're honored to partner with him and see him off" Rabourne said.

Clifton said his family has been very supportive. Daughter Kelly, son Brendon and Brendon's fiancée, Denise Petrillo, live in San Diego County.

**LOAD-DATE:** May 31, 2008

**LANGUAGE:** ENGLISH

**GRAPHIC:** 1 PIC; **CAPTIONS:** David Clifton has a personal interest in helping **breast-cancer** research. His wife was diagnosed with the disease in 2005, and that same year, a friend died from it.; **PHOTOBY:** John Gastaldo / Union-Tribune

**PUBLICATION-TYPE:** Newspaper

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Mobile Register (Alabama)

**December** 14, 2008 Sunday  
01 EDITION

## Book helps men to deal with wife's **breast cancer**

**BYLINE:** DAVID WENNER, Newhouse News Service

**SECTION:** E; Pg. 12

**LENGTH:** 582 words

Book helps men to deal with wife's **breast cancer**

By DAVID WENNER

Newhouse News Service

HARRISBURG, Pa. - Marc Silver's blunders began the minute his wife phoned to say she had lumps on both breasts.

"Oh, that doesn't sound good," he responded.

He later realized it was a lame, juvenile response. Worse was his decision to remain at work.

Silver learned from the mistakes he made during his wife's treatment and recovery and put the lessons into a book intended to help men support and care for their partners during **breast cancer** while keeping themselves strong.

Much of it boils down to simple advice such as "shut up and listen," and "the **breast cancer** patient is always right."

But Silver also learned there are great differences in people's responses to **breast cancer**, and there's no one-size-fits-all approach.

It's up to men to make the effort it takes to understand, he said.

A woman might need to vent, lash out or seem impossible to please, Silver explained. The man will do well just to hug, say he's also trying hard and feeling frustrated, and ask that they not fight.

Yet he's convinced there's one thing most **women** crave during **breast cancer**: their husband's continued physical presence.

That's why he tells men to accompany their wives to all medical appointments. She might say he needn't bother, but that's only because she's being considerate of him.

Silver, 56, is an editor at National Geographic. He spoke this week during the annual conference of the Pennsylvania **Breast Cancer** Coalition in Harrisburg.

During his research, Silver visited support groups and interviewed about 100 couples.

He learned of men who had affairs and those who blamed their wives. He learned of many relationships that broke up.

Cancer will "magnify the imperfections" of any relationship, he said, but it also can make couples closer and stronger.

Chris and Jim Rineer of Mechanicsburg attended the **breast cancer** conference together. She was diagnosed with **breast cancer** two years ago.

Jim Rineer agreed that "shut up and listen" is perhaps the most valuable tip.

Chris Rineer said a husband must "read between the lines" when trying to understand how his wife feels.

"We may say it's OK if he doesn't come to the doctor with us, but we don't really mean that," she said.

The couple's son was 12 when she was diagnosed. Jim Rineer said one of his most important roles was serving as an emotional "buffer" between his wife and son.

Silver pointed out that even psychologists and social workers can be wrong when advising men about responding to their partners' **breast cancer**.

For example, he said, men are often advised to tell their wives of their own fears about the **breast cancer** diagnosis.

When he visited a support group of **breast cancer** survivors, he was resoundingly told "they need time to take care of themselves, not their poor husband."

Male support

Here are some of his tips for men:

You don't know what she needs, even if you think you do. You need to ask, listen and understand.

Go with her to the doctor's. In addition to providing support, you can take notes. Research shows patients fail to recall a huge percentage of what the doctor says.

Losing hair during chemo is in some ways harder than losing a breast. Don't tell her to stop crying or say things like "that wig looks better than your hair."

Don't worry about coming on sexually during treatment and recovery. Just be gentle, and let it be her choice.

Humor often helps, but realize it can be a "tough room" in terms of making a person with cancer laugh.

**LOAD-DATE:** December 31, 2008

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** mbr



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Idaho Falls Post Register (Idaho)

**October 7, 2008** Tuesday  
Main Edition

## Rexburg to get radiology center; Facility will specialize in digital **breast cancer** screening

**BYLINE:** By SVEN BERG,

**SECTION:** THE WEST; Pg. C1

**LENGTH:** 190 words

A new medical facility is bound for Rexburg.

Work is already under way on Teton Radiology Madison. It's expected to open by June.

The facility, owned jointly by Madison Memorial Hospital, Mountain Valley Imaging and Medical Imaging Associates, will offer the latest in **breast cancer** screening: digital mammography.

Digital mammography allows the storage of screening images in a convenient digital format. More importantly, one study by the National Cancer Institute showed, it is quicker to pick up on irregularities in young **women's** breasts than standard analog film.

In addition to digital mammography, Teton Radiology Madison will offer MRI, ultrasound, bone densitometry, CT and X-ray services.

Janae Simmons, service designer for Medical Imaging Associates, said the facility will employ technicians with a greater level of experience than is found in most hospitals. The facility isn't just for **women**, she said, but they're its main target.

"We want it to be more comfortable for them," she said. "Being able to cater more toward **women's** imaging - that's really important."

Upper Valley and INL reporter Sven Berg can be reached at 542-6755.

**LOAD-DATE:** October 7, 2008

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

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Richmond Times Dispatch (Virginia)

May 4, 2008 Sunday  
Final Edition

## Defying their genes; **Women** taking aggressive, pre-emptive action against **breast cancer**

**BYLINE:** KARIN KAPSIDELIS; Times-Dispatch Staff Writer

**SECTION:** FLAIR; Pg. G-1

**LENGTH:** 1627 words

Lisa Crawford thought she had it covered. By age 35, she'd had three mammograms, encouraged to be vigilant by her father and mother, a **breast-cancer** survivor.

"I wasn't overly concerned," she said of her family history. "I was way ahead of the game, I thought."

But when the third mammogram last July, on Friday the 13th, found a lump in one breast that turned out to be malignant, Crawford decided to take pre-emptive action.

The Henrico County mother of three chose to have a bilateral mastectomy and later had her ovaries removed as well.

Crawford's Ashkenazi Jewish background meant she was at increased risk of carrying the so-called **breast-cancer** gene, which raised her odds of getting breast and ovarian cancer.

"I didn't want to have to worry about it for every single second of every day," she said.

Crawford, now 36, is part of a new generation of **women with breast cancer** who are taking aggressive action - and in many cases, making difficult decisions - to control their destinies.

Advances in genetic testing enable **women** to determine if they carry gene mutations, called BRCA1 or BRCA2, that greatly increase their risk for cancer.

While the National Cancer Institute estimates that 1 in 8 **women** will be diagnosed with **breast cancer** during her lifetime, the odds are much higher for **women** with the hereditary form of the disease.

**Women** with the BRCA1 or BRCA2 mutations are 3 to 7 times likelier to develop **breast cancer than women** without the genes and to get it at a much younger age, according to the institute.

Katherine Clark, who was diagnosed with **breast cancer** last October, has had a lumpectomy, removal of her lymph nodes and four rounds of chemotherapy. This summer, she'll have a double mastectomy, her ovaries removed and reconstructive surgery "all on the same day."

"I have high hopes," Clark said, and strong faith that the strategy she has selected, which includes drug therapy with tamoxifen, is her best hope to prevent a recurrence.

Many **women**, such as Crawford and Clark, make the decision to have prophylactic surgery after cancer is found in one breast and tests find they carry the BRCA mutation.

But other **women** don't wait for a cancer diagnosis.

Television writer Jessica Queller, whose credits include "Gossip Girl," "Gilmore Girls" and "Felicity," chose preventive surgery after the death of her mother, who had breast and ovarian cancer. In her mid-30s, single and

wanting a family, Queller describes her decision in a new memoir, "Pretty Is What Changes: Impossible Choices, the **Breast Cancer** Gene, and How I Defied My Destiny."

Such prophylactic surgery is not without critics. Some argue that the genetic test, only a decade old, can have ambiguous results and may be too new for doctors to give definitive guidance. The fact that the BRCA patent for testing is held by a single company, Myriad Genetics, raises concerns of commercial exploitation and limits on diagnostic research.

The surgery itself carries risks and does not guarantee against cancer because not all at-risk tissue can be removed. The National Cancer Institute says some **women** have developed cancer despite preventive surgery.

But Dr. Harry D. Bear, medical director of the VCU Massey Cancer Center's Breast Health Center, said ultimately it is the woman's decision.

Many have seen their mothers suffer, and "they don't want to be awake at night worrying about when they're going to get **breast cancer**," he said.

"This is very much an individual decision."

It is not necessarily a new trend, he added. Such surgeries were performed in the 1970s, and they predated any proof of a genetic link, he pointed out.

"People just knew they had a strong family history," he said.

Dr. Joann Bodurtha, director of clinical genetics at Virginia Commonwealth University, said that was particularly true with prophylactic oophorectomy - the removal of the ovaries - because of unreliable screening for ovarian cancer.

She said it was not uncommon for **women** with a family history of ovarian cancer to have the surgery after their child-bearing years. Such surgery reduces the risk of ovarian cancer "by 90-plus percent" and of **breast cancer** by 50 percent.

Some studies have shown prophylactic mastectomies reduce **breast-cancer** risk by more than 90 percent.

A family history of **breast cancer** was one reason former CBS newswoman René Syler chose to have a bilateral preventive mastectomy. Both her parents had **breast cancer**, and she had been diagnosed with a precancerous condition called hyperplasia with atypia.

(Syler is scheduled to speak in Richmond on Sept. 26 at the Susan G. Komen for the Cure's 3rd Annual Survivor Celebration at The Jefferson Hotel.)

Syler's surgery reflects a trend toward more aggressive surgical treatment. A study reported in November by the Journal of Clinical Oncology found a significant increase in contralateral prophylactic mastectomy - the removal of the other breast - among **women** with all stages of **breast cancer**. The surgery more than doubled from 1998 to 2003.

Massey Cancer Center statistics show a sharp increase in the number of bilateral mastectomies over the last 15 years. In 1993, bilateral mastectomies accounted for only 3.3 percent of all mastectomy procedures. That number had risen to 20.2 percent by last year.

"I think that this is mostly patient-driven prophylactic surgery on the opposite breast," Bear said of the Massey figures. He said they are similar to national trends.

Prophylactic mastectomies are on the rise, Bear said, as breast-reconstruction techniques improve and as insurance companies have become more willing to pay for them.

With a better understanding of genetics and an upsurge in the use of MRIs to screen for tumors, **women** are able to make a more informed decision, he said.

"It's certainly a radical step," he said of the surgeries and added that "some people think it's overkill."

But Bear, a surgical oncologist, is sympathetic to **women's** desire to reduce their risks.

Even with vigilance and improved screening techniques, he pointed out, "you still may not catch a **breast cancer** at a stage it can be cured."

Lisa Crawford was fortunate in that regard. Her cancer was caught so early that she did not need chemotherapy.

Despite her mother's illness, Crawford said, she had not suspected a genetic link. She was diagnosed at age 35; her mother was 57.

"Fifty-seven is almost a normal age," Crawford said. "It wasn't really a red flag."

But the genetic tests showed why.

"I got the gene from my father, not my mother," she said.

Her father is of Ashkenazi, or Eastern European, Jewish background. According to the National Cancer Institute, about 2.3 percent of people of Ashkenazi Jewish descent carry a mutated gene - about five times higher than the general population. Other groups, such as people of Norwegian, Dutch and Icelandic descent, also have a higher rate.

Clark, 48, also inherited the gene from her father, although she said she knew of no ethnic connection to the BRCA2 gene in her family. And she also had not suspected a genetic link until two of her paternal cousins were diagnosed.

One of her cousins died in February. She said taking her cousin to chemo appointments meant she was well-informed about the decisions she would face when she received her own diagnosis.

"She paved the way for me," said Clark, who lives in Mechanicsville with her husband, cats, a horse and a pony.

Crawford thinks that her decision to have mammograms before the normal recommended age of 40 meant her cancer was detected before it spread to her lymph nodes.

The genetic testing that showed she had the BRCA2 mutation was important as well. "It makes a huge difference in your treatment," she said.

She credits the support of family and friends with helping her through her surgeries.

"I'm doing well. I'm happy," she said. "You have to have a positive outlook."

And she notes that carrying the **breast-cancer** gene is almost beside the point.

**Breast cancer** "affects everybody . . . It affects anybody," she said.

"I was the first of my friends to be diagnosed. But I won't be the last."

#### BRCA mutations

BRCA1 and BRCA2 mutations refer to inherited alterations in genes that normally act to restrain the growth of cells. BRCA stands for **breast cancer**.

Cancer connection: **Women** who inherit the mutations have an estimated lifetime risk of 36 percent to 85 percent of developing **breast cancer**; for ovarian cancer, the estimated risk is 16 percent to 60 percent. The average risk in the general population is more than 12 percent for **breast cancer** and 1.7 percent for ovarian cancer.

The numbers: This year, 182,460 **women** and 1,990 men are expected to be diagnosed with **breast cancer**. About 5 percent to 10 percent will have a hereditary form of the disease.

Ethnic link: About 2.3 percent of people of Ashkenazi Jewish descent carry a mutated gene, which is about five times higher than the general population. People of Norwegian, Dutch and Icelandic descent also have a higher rate.

Early diagnosis: While African-American **women** as a group have a lower prevalence of BRCA mutations, recent studies have found that African-American **women** diagnosed with **breast cancer** before age 35 are more likely to carry the genes.

Risk for men: Men with the BRCA mutations may have increased risks of developing breast, colon and prostate cancers. They can transmit the mutation to their children.

Other diseases: Some studies suggest slight differences in patterns of cancer between people with BRCA1 or BRCA2 alterations. Alterations in the BRCA2 gene have been associated with an increased risk of lymphoma, melanoma and cancers of the pancreas, gallbladder, bile duct and stomach in men and **women**.

SOURCE: National Cancer Institute

Contact Karin Kapsidelis at (804) 649-6119 or [kkapsidelis@timesdispatch.com](mailto:kkapsidelis@timesdispatch.com)

**LOAD-DATE:** May 8, 2008

**LANGUAGE:** ENGLISH

**GRAPHIC:** PHOTO

**PUBLICATION-TYPE:** Newspaper

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Eureka Times Standard (California)

May 2, 2008 Friday

## Thompson honored by **breast cancer** group

**BYLINE:** The Times-Standard

**SECTION:** LOCAL; News

**LENGTH:** 159 words

The National **Breast Cancer** Coalition recognized North Coast Congressman Wednesday for his perfect record of support.

"Each year, tens of thousands of American **women** die from **breast cancer**," Thompson said in a press release. "As we work toward a cure, we must do everything we can to promote early detection and invest in effective treatments."

Thompson is also the co-author of the Medicare Early Detection of Cancer Promotion Act, which aims to wave co-pays for colonoscopy and mammography services. Currently, according to the release, beneficiaries must pay a 20-percent co-pay for colonoscopy and mammography services.

"The vast majority of cancer diagnoses and deaths happen to older Americans, so we should make it as easy as possible for seniors to get regular cancer screenings," Thompson said in the release. "Co-pays for these services create a barrier to care. If we eliminate the co-pays, more seniors will get screened, saving lives and money."

**LOAD-DATE:** May 2, 2008

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

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NOTE: Heart disease AND women SAMPLE

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Palm Beach Post (Florida)

March 9, 2008 Sunday  
FINAL EDITION

## GENDER BIAS RAPPED ON **HEART DISEASE**

**SECTION:** BUSINESS; Pg. 4F

**LENGTH:** 134 words

**Women** account for 51 percent of **heart disease** deaths, but only 33 percent of angioplasties and 36 percent of heart surgeries. How could that be?

**Women** delay seeking treatment, and the medical profession misdiagnoses their condition when they do, two JFK Medical Center doctors said last month at a **Women and Heart Disease** symposium at the Four Seasons in Palm Beach.

"Much of how cardiologists practice has been based upon gender bias," said Dr. Robert Chait, a cardiologist and director of cardiovascular services at JFK.

Not only are **women** less likely to receive procedures that can help them but also they are more likely to die after a heart attack. Also, **heart disease** kills 366,000 **women** a year. In contrast, breast cancer kills 42,000.

To check your risk, go to [www.reynoldsriskscore.org](http://www.reynoldsriskscore.org).

-- Phil Galewitz

**LOAD-DATE:** March 10, 2008

**LANGUAGE:** ENGLISH

**NOTES:** FROM OUR BLOGS A sampling of last week's Business postings at [PalmBeachPost.com/blogs](http://PalmBeachPost.com/blogs)

**PUBLICATION-TYPE:** Newspaper

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Kalamazoo Gazette (Michigan)

**February** 12, 2008 Tuesday

## Genders are not equal when it comes to **heart disease** Diagnosis and treatment more difficult in **women**

**SECTION:** TODAY

**LENGTH:** 530 words

BY LINDA S. MAH lmah@kalamazoogazette.com 388-8546 If men are from Mars and **women** are from Venus, then so too are their coronary systems.

**Women** develop **heart disease** later in life than men, present different symptoms and require different treatment approaches and equipment.

Yet there is no doubt **women** suffer from **heart disease**. **Heart disease** and stroke are the No. 1 and No. 3 killers of **women** over age 25.

Many **women**, however, are uninformed about the risks.

"A lot **women** are just not even thinking that they could have an issue of risk. That includes **women** who have symptoms, because they are not typical symptoms," said Dr. Alicia Williams, a cardiologist with the Heart Center for Excellence, a private cardiology practice with eight offices in Southwest Michigan.

Part of the lack of awareness may be the result of **women** having less risk of **heart disease** when they are younger because of the protective aspects of estrogen, said Dr. Ramon Raneses, a Kalamazoo cardiologist with Alliance Cardiovascular.

But their risk rises after they become post-menopausal, he said.

"Usually when men have their **heart disease**, they are in their 50s and 60s," Raneses said. "**Women** become more at risk in their 60s and 70s, and at that point they may have other risk factors such as diabetes and high blood pressure."

**Women's** bodies and their arteries are smaller than men's, making it more difficult to treat them with angioplasty, stenting and bypass surgery.

When they develop blockages, it is harder to treat because the blockages tend to be spread throughout the body, Williams said.

"You can't magically go in and open one spot," she said. "It is in multiple spots, so it becomes a bigger problem in terms of general circulation."

With treatment more problematic, the need for early detection and intervention becomes essential.

Traditional risk factors include diabetes, high blood pressure, high cholesterol, smoking and family history.

But physicians have been identifying new risk factors and developing new ways to assess risk.

Williams said physicians increasingly can use blood tests to screen for indicators such as lipoprotein(a), which is considered a risk factor, especially when combined with high cholesterol, and homocysteine, an amino acid that may damage the inner lining of arteries and promote blood clots.

For **women** in particular, physicians are also paying close attention to pregnancy-related conditions that can be indicators of future **heart disease**, Williams said. These include gestational diabetes and preeclampsia, a condition

characterized by high blood pressure and sometimes fluid retention and abnormally high levels of protein in the urine.

Raneses said that traditional tests such as treadmill stress tests can be modified to better serve female patients. Although the traditional test is less accurate with **women** than men, it becomes much more effective for **women** when combined with imaging using special radioactive markers that are injected into the bloodstream.

"These are the kinds of things we've been finding out about **women** and have been opening our eyes to, because we know there is a difference and that we have to be sensitive to the differences,"

Raneses said.

**LOAD-DATE:** February 13, 2008

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** zoo

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The New York Times

**January 1, 2008** Tuesday  
Late Edition - Final

## **Heart Disease** Link Seen For Leg Syndrome

**BYLINE:** By REUTERS

**SECTION:** Section A; Column 0; National Desk; NATIONAL BRIEFING SCIENCE AND HEALTH; Pg. 15

**LENGTH:** 70 words

People with restless legs syndrome are twice as likely to have a stroke or **heart disease** and those with the most severe symptoms are at greatest risk, researchers said. The association with **heart disease** and stroke was strongest in those people who had symptoms at least 16 times per month, Dr. John Winkelman, a sleep researcher at Harvard Medical School and Brigham and **Women's** Hospital in Boston, said in a statement.

**URL:** <http://www.nytimes.com>

**LOAD-DATE:** January 1, 2008

**LANGUAGE:** ENGLISH

**DOCUMENT-TYPE:** Brief

**PUBLICATION-TYPE:** Newspaper

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Herald News (Passaic County, NJ)

**December** 9, 2008 Tuesday  
All Editions

## Nuts help reduce **heart disease** risks

**BYLINE:** By CARLA K. JOHNSON, the Associated Press, Wire Services**SECTION:** NEWS; SOMETHING TO TALK ABOUT; Pg. A02**LENGTH:** 651 words

CHICAGO ? Here's a health tip in a nutshell: Eating a handful of nuts a day for a year ' along with a Mediterranean diet rich in fruit, vegetables and fish ' may help undo a collection of risk factors for **heart disease**.

Spanish researchers found that adding nuts worked better than boosting the olive oil in a typical Mediterranean diet. Both regimens cut the heart risks known as metabolic syndrome in more people than a low-fat diet did.

"What's most surprising is they found substantial metabolic benefits in the absence of calorie reduction or weight loss," said Dr. JoAnn Manson, chief of preventive medicine at Harvard's Brigham and **Women's** Hospital.

In the study, appearing Monday in the Archives of Internal Medicine, the people who improved most were told to eat about three whole walnuts, seven or eight whole hazelnuts and seven or eight whole almonds. They didn't lose weight, on average, but more of them succeeded in reducing belly fat and improving their cholesterol and blood pressure.

Manson, who wasn't involved in the study, cautioned that adding nuts to a Western diet ' one packed with too many calories and junk food ' could lead to weight gain and more health risks. "But using nuts to replace a snack of chips or crackers is a very favorable change to make in your diet," Manson said.

The American Heart Association says 50 million Americans have metabolic syndrome, a combination of health risks, such as high blood pressure and abdominal obesity.

Nuts help people feel full while also increasing the body's ability to burn fat, said lead author Dr. Jordi Salas-Salvado of the University of Rovira i Virgili in Reus, Spain.

"Nuts could have an effect on metabolic syndrome by multiple mechanisms," Salas-Salvado said in an e-mail. Nuts are rich in anti-inflammatory substances, such as fiber, and antioxidants, such as vitamin E. They are high in unsaturated fat, a healthier fat known to lower blood triglycerides and increase good cholesterol.

More than 1,200 Spaniards, ranging in age from 55 to 80, were randomly assigned to follow one of three diets. They were followed for a year. The participants had no prior history of **heart disease**, but some had risk factors including Type 2 diabetes, high blood pressure and abdominal obesity.

At the start, 751 people had metabolic syndrome, about 61 percent, distributed evenly among the three groups. Metabolic syndrome was defined as having three or more of the following conditions: abdominal obesity, high triglycerides, low levels of good cholesterol (HDL), high blood sugar and high blood pressure.

The low-fat group was given basic advice about reducing all fat in their diets. Another group ate a Mediterranean diet with extra nuts. The third group ate a Mediterranean diet and was told to make sure they ate more than four tablespoons of olive oil a day.

Dietitians advised the two groups on the Mediterranean diet to use olive oil for cooking; increase fruit, vegetable and fish consumption; eat white meat instead of beef or processed meat; and prepare homemade tomato sauce with garlic, onions and herbs. Drinkers were told to stick with red wine.

After one year, all three groups had fewer people with metabolic syndrome, but the group eating nuts led the improvement, now with 52 percent having those heart risk factors. In the olive oil group, 57 percent had the syndrome. In the low-fat group, there was very little difference after a year.

The nut-rich diet didn't do much to improve high blood sugar, but the large number of people with Type 2 diabetes – about 46 percent of participants – could be the reason, Salas-Salvado said. It's difficult to get diabetics' blood sugar down with lifestyle changes alone, he said.

The study was funded by the Spanish Ministry of Health and the government of Valencia, Spain. Salas-Salvado and another co-author disclosed in the publication that they are unpaid advisers to nut industry groups.

**LOAD-DATE:** December 10, 2008

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

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Dayton Daily News (Ohio)

**January** 31, 2008 Thursday

## Dayton Goes Red kickoff to be held downtown; Event to bring awareness about **heart disease and women**

**SECTION:** SPECIAL; Pg. C17

**LENGTH:** 297 words

Join the American Heart Association and local businesses as they celebrate American Heart Month 2008 and prepare to "light up" Dayton in red at the Go Red for **Women** kickoff Thursday, Jan. 31, 6 to 7:30 p.m. at Miami Jacobs Career College, 110 N. Patterson Blvd. in Dayton. The event is designed to help bring awareness to **women** and those who love them about their risk of **heart disease**, which is now their No. 1 killer. Included in the evening will be refreshments, chair massages and facials, special guests from the Dayton Ballet Company and representatives from Cold Stone Creamery, who will introduce its special Heart Month ice cream cake creation. The evening will conclude with the lighting of several local buildings in red, including Miami Jacobs Career College, Kettering Medical Center, the Dayton Art Institute, The Greene and Five Rivers MetroParks.

"This is the first event of its kind in Dayton," said Misty Sirch, Go Red for **Women** director for the Miami Valley Division of the American Heart Association, "And we are so excited to be partnering with so many of our local businesses and community leaders. It's vitally important that **women** recognize their risk for developing **heart disease** and that they also know that it is almost entirely preventable."

Throughout February, local organizations will be raising money to support the cause of heart research and education.

Events like carriage rides at The Greene, a special ice skating event at Riverscape ice rink and special "wear red" days at local companies are all designed to raise awareness and get everyone involved.

"**Women** and men from all across the country will be wearing red on Friday, Feb. 1," said Sirch, "And this event will help remind us how important it is to spread the word about this deadly disease."

**LOAD-DATE:** February 1, 2008

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

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Connecticut Post Online (Bridgeport, Connecticut)

February 20, 2008 Wednesday

## Seeing red: Awareness of **heart disease** better

**BYLINE:** By EILEEN FISCHER efischer@ctpost.com

**SECTION:** LIFESTYLE

**LENGTH:** 593 words

In 1997, the number of **women** who knew that **heart disease** was the No. 1 killer of **women** was dismal - a scant 30 percent, said Robert Townes, local spokesman for the American Heart Association, referring to an AHA survey at the time.

Since then, the Heart Association has developed programs to help create awareness among **women** about their risk for **heart disease**.

One of its most recognized campaigns, Go Red For **Women**, had its national day on Feb. 1 and boasts first lady Laura Bush as a spokeswoman. **Women** from all walks of life, from offices to fashion runways, have shown their support by wearing red this month.

"One of my patients told me that a hospital in a soap opera had a Go Red for **Women** ball," said Janet Genovese, program coordinator for cardiac rehabilitation at Norwalk Hospital.

Just as with many other causes, there are also numerous products and promotional tie-ins.

I even bought a red electric can opener that promised to give part of its profit to the AHA.

Launched in February 2004, we wondered if the Go Red campaign was doing its job.

First, back to that 1997 survey. In 2004, when Go Red started, an AHA survey found awareness had increased to 46 percent. Then, last year, a follow-up survey found 57 percent of **women** knew **heart disease** was their biggest health threat.

"The awareness is much better," said Townes, and Genovese agrees.

"I feel the Go Red campaign is very effective to get the message out to **women**," she said.

"Prior to the campaign, I really don't think **women** were aware of their risk for **heart disease**."

Now, the word is out.

"**Women** will come in for literature and to get their blood pressure taken. Many of them say they're going to share the literature with family and friends," she said.

But Townes added that the AHA research also found that African American and Hispanic **women** weren't getting the message as readily.

In response, the AHA started another initiative, Search Your Heart, an outreach that centers in churches, the heart of the African American community. This program has activities all through the year, not just in February, he said.

The facts are that nearly 500,000 **women** die annually from cardiovascular diseases, states the AHA. **Heart disease** and stroke are the No. 1 and No. 3 killers of **women**, but it can be prevented. Knowing your risk is the first step, then take action.

Suzanne Quintner, cardiac education coordinator at Bridgeport Hospital, agrees.

"One of the areas we're trying to get **women** focused on isn't just knowing the risks, but knowing if they are at risk and doing something [ about it]," she said.

**Women** are good at taking care of their families, she said, but, " **Women** aren't good at looking at themselves in the mirror."

Making the changes that can help prevent **heart disease** isn't easy either, said Quintner.

" Ours is a difficult message because of lifestyle," she said.

" It's a harder sell because it [ means] doing things we know we're supposed to do, but don't."

Most of us know that we shouldn't smoke and that we should eat a healthy diet and exercise more, but it's easy to put off for tomorrow what we should do today. That might be why the AHA has a new campaign called " Start," said Quintner.

The truth is, she said, that once you get started watching your diet and exercising, you can never stop. These things have to be as much a part of your routine as brushing your teeth.

" That takes more than just a program. That's a real big lifestyle change," she said. Know your risk and get information on how to take action. Take the Go Red For **Women** Heart Check Up at [www.goredforwomen.org](http://www.goredforwomen.org).

**LOAD-DATE:** February 20, 2008

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

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62 of 94 DOCUMENTS

Charleston Gazette (West Virginia)

June 22, 2008, Sunday

## The egg myth crack-up; Nutrition studies have never linked egg consumption to **heart disease**

**BYLINE:** Carolyn Poirot, McClatchy Newspapers

**SECTION:** LIFE; Pg. P12F

**LENGTH:** 1275 words

Like Humpty Dumpty, the common egg has had a great fall.

And, despite their best efforts, nutrition experts are having a hard time putting the "incredible, edible egg" back together again.

In the 1940s, egg consumption in the U.S. reached a high of more than 400 per person per year. By the early 1990s, consumption had fallen to 235, and a lot of those eggs were hidden in cakes, cookies and other prepared baked goods and packaged products, according to the U.S. Department of Agriculture.

The primary reason? Scientific studies in the early '70s linked high cholesterol to **heart disease**.

Never mind that the studies linked cholesterol in the blood - not cholesterol in the diet - to **heart disease**. Eggs caused concern because egg yolks are the most common major source of cholesterol in the American diet, the others being organ meats (especially beef liver) and crustaceans (shrimp, crab and lobster). How often do we eat those?

The 212 milligrams of cholesterol in a single large egg caused a lot of consumers to cut back on eggs, and a survey conducted by the Egg Nutrition Center in January found 24 percent of us still avoid eggs for fear of the dietary cholesterol they contain.

Now experts are urging us to reconsider the egg.

"Thirty years of research has never linked eggs to **heart disease**," says Neva Cochran, a nutrition communications consultant and columnist for **Women's World** and **Maximum Fitness** magazines. "Nutrition professionals increasingly understand that the overall pattern of the diet, not the avoidance of particular foods, is most important for health and wellness. ... I tell people, 'Choose your eggs by the company they keep.'"

For breakfast, she recommends fluffy scrambled eggs in the company of fresh fruit, whole-wheat toast and a glass of low-fat milk or fat-free yogurt - as opposed to fried eggs with bacon or sausage, biscuits and gravy.

The body itself makes most of the cholesterol that gets into the blood, which can clog blood vessels and lead to heart attacks and strokes. The amount you produce, how well you metabolize it and how easily your body gets rid of the leftovers depends primarily on heredity.

As for diet, other components, particularly saturated fats (from whole milk dairy products, fatty meats, butter and tropical oils) and trans fats (partially hydrogenated vegetable oils used primarily in frying), are bigger issues than cholesterol when it comes to coronary artery disease, says Dr. Jo Ann Carson, professor of clinical nutrition at the University of Texas Southwestern Medical School's Center for Human Nutrition.

"Each has a role in raising cholesterol, but saturated fat is a bigger part of our diet [so it plays a bigger role]. Cheese and bacon are not only laden with saturated fat, but also cholesterol. If we choose them to go in our three-egg omelet, we really compound the problem," Carson says. "Of course, there are healthier choices. We can choose turkey bacon and low-fat cheese for our omelets. As my kids were growing up, I used two egg whites with each

whole egg for scrambled eggs. I often use egg substitute in place of eggs when I am cooking, but I also eat more deviled eggs than I used to."

The American Heart Association's latest nutrition recommendations do not limit the number of eggs eaten, as long as total dietary cholesterol is limited to about 300 milligrams per day, which means one egg a day, and less if you eat liver or lobster that day.

#### Perfectly hard-cooked eggs

This method will assure eggs are tender, not rubbery, and have no green ring around the yolk:

1. Put as many eggs as you want or can fit in one layer on the bottom of a pan. Put the pan in the sink and run water into the pan until it is 1 inch over the top of the eggs. Put the pan on a burner, and turn the burner to medium-high.

2. Let the water come to a boil. Put the lid on the pan when the water is boiling. Move the pan onto a cold burner. Leave the lid on. Set the timer for 15 minutes for large eggs, 12 minutes for medium or 18 minutes for extra-large.

3. Put the pan in the sink when the time is up and run cold water into the pan until the eggs are cool. Put eggs into the refrigerator if you are going to use them later, or peel them if you are going to use them right away.

4. Gently tap a cooled egg on a countertop or table until it has cracks in it. Roll the egg between your hands until the cracks turn into small crackles all over the egg.

5. Use your fingers to start peeling off the shell at the large end of the egg. If you need to, you can hold the egg under running cold water or dip it in a bowl of water to make peeling easier. Throw out all the pieces of egg shell. (Do not peel eggs until shortly before you eat them. Eat them all within a week of cooking.)

Source: The American Egg Board

Nutrition: yolks vs. whites

One large egg has about 75 calories from 6 grams of protein and 5 grams of fat, most of it unsaturated.

Eggs offer 18 vitamins and minerals, including iron, riboflavin, folate and vitamins B12, D and E.

An egg yolk has: 59 calories, 3 grams of protein, 5 grams of fat, 212 milligrams of cholesterol, 23 milligrams of calcium, 81 milligrams of phosphorus.

An egg white has: 16 calories, 3 grams of protein, 0 cholesterol, 2 milligrams of calcium, 4 milligrams of phosphorus, 55 milligrams of sodium, 45 milligrams of potassium.

Source: American Council on Science and Health

We ask the egg-sperits

Q:Why eat eggs at all?

A:They are an inexpensive source of high-quality, low-fat protein.

Also, "they have more satiety value than most snacks, so you feel full and satisfied longer," says Neva Cochran. "I probably eat three or four hard-cooked eggs a week. Add a couple of whole-grain crackers or a piece of fresh fruit, and that's a low-calorie snack that will really stay with you."

Q:Are they OK for the elderly?

A:"I sometimes see frail, elderly people who have heart failure and are not getting as much protein as they need. Their health is declining, but they don't eat eggs because eggs contain cholesterol, and they know that is one of the things that caused their heart failure," says Dr. Jo Ann Carson. "But, for that person, eggs might be a very good source of protein."

Q:Should pregnant **women** eat eggs?

A:Yes, as long as the eggs are fully cooked and the **women** are not allergic to eggs.

Eggs provide four of the nutrients pregnant **women** need most: protein, iron, folate and choline. They are an excellent source of choline [a nutrient especially important for pregnant and nursing **women** during fetal and infant brain development]. Two eggs provide about half the recommended daily intake of choline and a type of iron that is particularly well absorbed. Eggs also contain folate, a B vitamin that can help reduce the risk of serious birth defects affecting the brain and spinal cord.

Q:What if I have high blood cholesterol?

A:The typical recommendation: If you have high LDL ("bad cholesterol"), eat no more than two egg yolks a week. The Diabetes Association says no more than three a week.

"If you have high cholesterol in your blood, we give you a diet that restricts dietary cholesterol to 200 milligrams per day. Most products made with eggs (such as cornbread, muffins and pancakes) are diluted enough that they are not a big concern," Carson says.

Q:What if I'm on a cholesterol-lowering drug?

A:Most people with high cholesterol can lower it with an effective drug or combination of drugs, but they still need to limit cholesterol and fat, particularly saturated fat. Cholesterol-lowering drugs are meant to go along with a low-fat, low-cholesterol diet, Carson says.

Q:What about "designer eggs"?

A:Eggs designed to be more nutritious, such as Eggland's Best, come from

**LOAD-DATE:** June 23, 2008

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

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The Virginian-Pilot(Norfolk, VA.)

**November** 10, 2008 Monday  
The Virginian-Pilot Edition

## Vitamins C, E don't lessen chances of **heart disease**

**BYLINE:** MARILYNN MARCHIONE

**SECTION:** FRONT; Pg. A3

**LENGTH:** 298 words

By Marilyn Marchione

The Associated Press

NEW ORLEANS

Vitamins C and E do nothing to prevent **heart disease** in men, one of the largest and longest studies of these supplements has found.

Vitamin E even appeared to raise the risk of bleeding strokes, a danger seen in at least one earlier study.

Besides questioning whether vitamins help, "we have to worry about potential harm," said Barbara Howard, a nutrition scientist at MedStar Research Institute of Hyattsville, Md.

She has no role in the research but reviewed and discussed it Sunday at an American Heart Association conference. Results also were published online by the Journal of the American Medical Association.

About 12 percent of Americans take supplements of vitamins C and E .

The Physicians' Health Study II was led by Drs. Howard Sesso and J. Michael Gaziano of Harvard-affiliated Brigham and **Women's** Hospital in Boston.

It involved 14,641 male doctors, 50 or older, including 5 percent who had **heart disease** at the time the study started - in 1997. They were put into four groups and given either vitamin E, vitamin C, both or dummy pills. The dose of E was 400 international units every other day; C was 500 milligrams daily .

After an average of eight years, no difference was seen in the rates of heart attack, stroke or heart-related deaths among the groups.

However, 39 men taking E suffered bleeding strokes versus only 23 of the others, which works out to a 74 percent greater risk for vitamin-takers.

The study was funded by the National Institutes of Health and several vitamin makers.

### **the study**

The research involved 14,641 male doctors, 50 or older, including 5 percent who had **heart disease** at the time the study started - in 1997. They were put into four groups and given either vitamin E, vitamin C, both or dummy pills.

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NOTE: Heart disease AND breast cancer AND women SAMPLE

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397 of 506 DOCUMENTS

# The Washington Post

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## washingtonpost.com

The Washington Post

**October** 2, 2008 Thursday  
Every Edition

## Health Calendar

**SECTION:** EXTRAS; Pg. VA08

**LENGTH:** 1140 words

### Thursday 2

**CHILDREN IN SPECIAL EDUCATION**, support group for parents who have children of all ages with special needs. Infants and toddlers are welcome. 10 a.m.-noon, Jefferson-Houston Elementary School, 1501 Cameron St., Alexandria. Free. 703-706-4552.

**SENIORS INTERMEDIATE LINE DANCING**, drop-in class. 10 a.m., Thomas Jefferson Community Center, 3501 S. Second St., Arlington. \$3.50. 703-228-4745.

**SENIORS BEGINNERS PICKLEBALL**, tennis with a short net. Instructions and play, equipment provided. 1 p.m. today, Tuesday and Oct. 9, Walter Reed Senior Center, 2909 S. 16th St., Arlington. Free. 703-228-0955.

### Friday 3

**FAST FORWARDS WALKING GROUP**, for seniors, fast-paced walk in the neighborhood. 9 a.m., Aurora Hills Senior Center, 735 S. 18th St., Arlington. Free, registration required. 703-228-5722.

**LEE WALKERS**, seniors group. Travel by van to Potomac for a walk on the C&O Canal and the Gold Mine Loop. 10 a.m., Lee Senior Center, 5722 Lee Hwy., Arlington. \$2, registration required. 703-228-0555.

**YOGA IN THE GARDEN**, by Yoga in Daily Life instructors. Bring a mat. 10 a.m., Lee-Fendall House Museum, 614 Oronoco St., Alexandria. \$15; registration requested. 703-548-1789 or <http://www.leefendallhouse.org>.

### Saturday 4

**HEART SURGERY SUPPORT GROUP**, for patients, families and friends of **heart disease** patients from Inova Alexandria Hospital and Virginia Hospital Center, sponsored by Mended Hearts Northern Virginia Chapter 200. 11 a.m., Inova Fairfax Heart and Vascular Institute, main conference room, 3300 Gallows Rd., Falls Church. Free. 703-941-8500.

### Monday 6

**SENIORS FITNESS CLASSES**, certified fitness coaches assist with machines and weights. Mondays, Wednesdays and Fridays, Langston-Brown Seniors Center, 2121 N. Culpeper St.; Tuesdays, Wednesdays, Thursdays and Saturdays, Madison Community Center, 3829 N. Stafford St., Arlington. 16 sessions, \$56. For an appointment, call 703-228-4745.

**SENIORS ICE SKATING**, skates included. 8-9:30 a.m. Mondays, Kettler Capitals Iceplex, Ballston Common Mall, 4238 Wilson Blvd., Arlington. \$1. 703-228-4745.

**DROP-IN SEATED EXERCISE CLASS**, for seniors. 9 a.m., Madison Community Center, 3829 N. Stafford St., Arlington. \$3.50. 703-228-4745.

**SENIORS STRENGTH TRAINING**, to muscle strength and flexibility. 9 a.m. Mondays, Wednesdays and Fridays, Thomas Jefferson Community Center, 3501 S. Second St., Arlington. 16 sessions, \$56. 703-228-4745.

**SENIORS ARMCHAIR BOWLING**, 9:30 a.m., Langston-Brown Senior Center, 2121 N. Culpeper St., Arlington. Free. 703-228-5321.

**WALTER REED WALKERS**, weekly program. Travel by van and walk at Gulf Branch Park. 9:30 a.m., Walter Reed Senior Center, 2909 S. 16th St., Arlington. \$2.50, registration required. 703-228-0955.

**MEDICARE UPDATE**, discussion by a representative from Arlington Agency of Aging. 10 a.m., Lee Senior Center, 5722 Lee Hwy., Arlington. Free. 703-228-0555.

**WEIGHT LOSS SUPPORT GROUP**, Take Off Pounds Sensibly. 10 a.m., Lee Senior Center, 5722 Lee Hwy., Arlington. 703-228-0555.

**CANCER WORKSHOP**, "Look Good, Feel Better," for **women** with the appearance-related side effects of cancer treatments, sponsored by the American Cancer Society. 2-4 p.m., Virginia Hospital Center, Cancer Resource Center, 1701 N. George Mason Dr., Arlington. Free, registration required. 703-558-5555.

"**LIFE WITH CANCER**," oncology nurse Geronima Cortese-Jimenez and oncology counselor Shara Sosa discuss "Cancer 101: The Basics of Cancer, Its Treatments and Living With It." 5:30-7 p.m., First Baptist Church, 2932 King St., Alexandria. Free, registration required. 703-776-2841 or <http://www.lifewithcancer.org>.

## **Tuesday 7**

**LANGSTON-BROWN WALKERS**, a walk around the center. 9:30 a.m., Langston-Brown Senior Center, 2121 N. Culpeper St., Arlington. Free. 703-228-5321.

**SENIORS BALANCED EXERCISE**, low-impact aerobics, dance and strength training. 9:30 a.m. Tuesdays and Thursdays., Aurora Hills Senior Center, 735 S. 18th St., Arlington. 16 sessions, \$56, registration required. 703-228-5722.

**DROP-IN FULL FITNESS EXERCISE**, seniors beginners class. 10 a.m. Tuesday and Oct. 9, Lee Senior Center, 5722 Lee Hwy., Arlington. \$3.50. 703-228-0555.

**SENIORS TABLE TENNIS**, all levels. 10 a.m.-noon Tuesday and Oct. 9, Walter Reed Senior Center, 2909 S. 16th St., Arlington. Free. 703-228-0955.

**EARLY-STAGE BREAST CANCER SUPPORT GROUP**, facilitated by an oncology social worker. 5-6:30 p.m., Virginia Hospital Center, Cancer Resource Center, 1701 N. George Mason Dr., Arlington. Free. 703-558-5555.

## **Wednesday 8**

**SENIORS WALKING CLUB**, weekly exercise program. Travel by van to Alexandria for a walk at Huntley Meadows. 9:30 a.m., Culpepper Garden Senior Center, 4435 N. Pershing Dr., Arlington. \$3. 703-228-4403.

**SENIORS HEARING LOSS**, support group. 10 a.m., Lee Senior Center, 5722 Lee Hwy., Arlington. Free, registration required. 703-228-0555.

**BLOOD PRESSURE SCREENING**, for seniors. 12:30 p.m., Lee Senior Center, 5722 Lee Hwy., Arlington. Free, registration required. 703-228-0555.

**RECURRENT/METASTATIC CANCER SUPPORT GROUP**, cancer patients share experiences and concerns. Facilitated by an oncology social worker. 1-2:30 p.m., Virginia Hospital Center, Cancer Resource Center, 1701 N. George Mason Dr., Arlington. Free. 703-558-5555.

**GENTLE YOGA**, for **breast cancer** survivors. Bring a mat. 6-7:15 p.m. Wednesdays, through Oct. 29, Inova Alexandria Hospital, Physical Medicine Gym, second floor, 4320 Seminary Rd., Alexandria. Free, registration required. 703-776-2841 or <http://www.lifewithcancer.org>.



WEIGHT LOSS SUPPORT GROUP, Take Off Pounds Sensibly. 7 p.m., Mount Vernon Recreation Center, 2701 Commonwealth Ave., Alexandria. \$24 annually. 703-299-5788.

LIVING WITH **BREAST CANCER** PROGRAM, nurse Geronima Cortese-Jimenez and Grace-Ann Fasaye of Inova Health System discuss "Side Effects of Treatment and Genetics of **Breast Cancer**." 7:15-8:45 p.m., Inova Alexandria Hospital Cancer Center, 4320 Seminary Rd., Alexandria. Free. 703-776-2841 or <http://www.lifewithcancer.org>.

MENTAL HEALTH DISCUSSION, for families dealing with relatives who have depression, bipolar or schizophrenia. Panelists Antony Wykes of SunTrust, Jon Wager of Old Dominion Capital Management and Stephan Newlin of Navy Federal discuss "Managing the Investments in the Trust" for a mentally ill family member. 7:30-9:30 p.m., Alexandria Health Department, 4480 King St., Alexandria. Free. 571-451-0773.

-- Compiled by RIA MANGLAPUS

To Submit an Item

E-mail: [alexextra@washpost.com](mailto:alexextra@washpost.com)

Fax: 703-518-3001

Mail: Health Calendar, The Washington Post, Alexandria-Arlington Extra, 526 King St., Suite 515, Alexandria, Va. 22314.

Details: Announcements are accepted on a space-available basis from public and nonprofit organizations only and must be received at least 14 days before the Thursday publication date. Include event name, dates, times, exact address, prices and a publishable contact phone number.

**LOAD-DATE:** October 2, 2008

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Tampa Tribune (Florida)

**August 2, 2008** Saturday  
FINAL EDITION

## 4YOU WELLNESS

**SECTION:** 4YOU; Pg. 25

**LENGTH:** 398 words

### Men Run Greater Risk Of Dying Early

Regardless of the cause, American men have a greater chance of dying early than **women**, and smoking increases any adult's risk of death just as if five years were suddenly added to one's age, according to new risk-of-death charts.

The charts, published recently in an online issue of the Journal of the National Cancer Institute, show an American's risk of dying from a given cause in the next 10 years. The charts are grouped by age, sex and smoking status. According to the charts:

\*For men who have never smoked, **heart disease** presents their greatest risk for death at any age, exceeding the odds of dying from lung, colon and prostate cancers combined.

\*Male smokers face a lung cancer risk that is greater than the odds of **heart disease** taking their lives after age 60, and is tenfold higher than the chance of dying from prostate and colon cancers combined.

\*The chance of dying from **heart disease and breast cancer** are similar for nonsmoking **women** until age 60, when **heart disease** becomes a greater risk.

\*For female smokers, dying from lung cancer or **heart disease** is more likely than dying from **breast cancer** after age 40.

Researchers developed the new charts based on the National Center for Health Statistics Multiple Cause-of-Death Public Use File for 2004. Unlike previous years, the study includes former smokers in a separate category.

### Health Day News

#### Got Bacteria? You Need Antibiotics

It's no secret that antibiotics sometimes are the only way to cure a bacteria infection.

But not everyone uses these drugs properly. Here's some advice from the U.S. Food and Drug Administration:

\*Although antibiotics kill bacteria, they are not effective against viruses. Therefore, they will not be effective against viral infections such as colds, most coughs, many types of sore throat, and influenza (flu).

\*Take the medication exactly as directed.

\*Do not skip doses. Antibiotics are most effective when they are taken regularly.

\*Do not save antibiotics. Taking the wrong medicine can delay getting the appropriate treatment and may allow your condition to worsen.

\*Do not take antibiotics prescribed for someone else. These may not be appropriate for your illness, may delay correct treatment, and may allow your condition to worsen.

The Tampa Tribune

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**LOAD-DATE:** August 8, 2008

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News &amp; Record (Greensboro, NC)

**November** 17, 2008 Monday  
News & Record Edition

## HEALTH PLANNER

**SECTION:** LIFE; Pg. D2

**LENGTH:** 1716 words

Diet & nutrition

NOV. 21

Cancer Prevention and Survival Cooking Course, noon-1:30 p.m. Earth Fare, 2965 Battleground Ave., GB. Six-week course. Today's class: Discovering Dairy Alternatives and Replacing Meat. \$50 course, \$15 per class. 369-0190.

ONGOING

f Healthy Eating for Your Heart, 2-3 p.m. Thursday. Classroom 0022, MCHS. 832-9999.

f Health and Healing with Nutrition, 7-9 p.m. Friday. 6913 Wooden Rail Lane, Summerfield. 681-8828

f Take off Pounds Sensibly, 6-7:30 p.m. Thursday. Fire Department No. 28, 6619 N.C. 61 North, Gibsonville. 222-0640. \$25 annually, \$5 monthly. [www.northeastpark.net](http://www.northeastpark.net).

f Weight Management Consultation and Nutrition Center Tour, 9 a.m.-7 p.m. daily. Form You 3, 3400-A W. Wendover Ave., GB. 854-1582.

Childbirth & parenting

NOV. 17

f Breast-feeding Beyond the Basics Part 2, 7 p.m. Classroom 3, TWHG. Two-part class. Attend during pregnancy or after baby is born. 832-8000.

NOV. 18

f Surviving Newborn Care, 6-8 p.m. Peaceful Beginnings, 208 State St., GB. Meet other new moms. \$25. 441-5955.

ONGOING

f Holistic Parenting Group, 7-8 p.m. third Wednesday. Integrative Therapies, 7 Oak Branch Drive, GB. 294-0910.

f Maternity Care Unit Tour, 7:30 p.m. Thursday and 4 p.m. second Sunday. TWHG. 832-8000.

f Mocha Moms, 10 a.m.-noon Wednesday. Brown Recreation Center, 302 E. Vandalia Road, GB. Support group for stay-at-home mothers of color. 375-3818, 274-8654.

f Mommy and Me, 10 a.m. Tuesday, Kernersville Sportscenter Triad, 861 Old Winston Road, KV; 2 p.m. Tuesday, High Point Sportscenter Triad, 3811 Samet Drive, HP; 10 a.m. Wednesday, **Women's** Center, HPRHS. Newborn care issues. 878-6888.

f Mothers of Preschoolers, 9 a.m. first and third Thursday. Calvary Church, 1665 Pleasant Ridge Road, GB. 830-1676.

## Mental health

NOV. 22

f National Survivors of Suicide Day, 12:30-3 p.m. Classroom 1, WLCH. Gathering of those who have lost a loved one to suicide. Presented by Mental Health Association in Greensboro. 373-1402. [www.mhag.org](http://www.mhag.org).

## ONGOING

f Anxiety Group, 7 p.m. Thursday. Room 8, First Lutheran Church, 3600 W. Friendly Ave., GB. Presented by Mental Health Association in Greensboro. 373-1402.

f Depression and Bipolar Support Alliance - Guilford, 7 p.m. Tuesday. Room 8, First Lutheran Church, 3600 W. Friendly Ave., GB. Presented by Mental Health Association in Greensboro. 373-1402.

f Depression and Bipolar Support Alliance - Greensboro, 10:30 a.m.-noon Saturday. Christ Lutheran Church, 3600 Lawndale Drive, GB. Presented by Mental Health Association in Greensboro. 373-1402.

f Dual Diagnosis, 6-7 p.m. Tuesday. First Lutheran Church, 3600 W. Friendly Ave., GB. For those with mental and substance abuse conditions. 373-1402.

f Family Group and Friends Group, 7 p.m. Tuesday. Room 4, First Lutheran Church, 3600 W. Friendly Ave., GB. Support for the loved ones of someone with mental illness. Presented by Mental Health Association in Greensboro. 373-1402.

f Latino Support Group for Emotional and Mental Wellbeing, 10 a.m.-noon Tuesday and 4-6 p.m. Thursday. Room 1, First Lutheran Church, 3600 W. Friendly Ave., GB. For those dealing with stress, depression and mental health concerns. Presented in Spanish by the Mental Health Association in Greensboro. 373-1402.

f Men Support Group, 7:30-9 p.m. Wednesday. Faith Action, 705 N. Greene St., GB. Education and empowerment presented by the Mental Health Association in Greensboro. 373-1402.

f National Alliance for the Mentally Ill in Guilford County offers free educational program, help line and 12-week course for family. 370-4264.

f Recovery Inc., 10 a.m. Saturday. Centenary Methodist Church Annex, 657 W. Fifth St., WS. For those with depression, anxiety, anger, fear or phobias. [www.recovery-inc.com](http://www.recovery-inc.com). 779-2009.

f Schizophrenics Anonymous, 6 p.m. Tuesday. Medlin Room, Centenary United Methodist Church, 2300 W. Friendly Ave., GB. Presented by Mental Health Association in Greensboro. 373-1402.

## Coping &amp; recovery

NOV. 17

f The Healing Circle, 10 a.m.-noon. Regional Cancer Center, WLCH. 832-8000.

f Prostate Cancer Support Group, 7-8 p.m. Second-floor conference room, Regional Cancer Center, WLCH. 832-0364.

NOV. 18

f **Breast Cancer** Support Group, 7-8:30 p.m. Moses Cone Health System Regional Cancer Center, WLCH. 832-0364.

NOV. 20

f Alzheimer's and Related Disorders Family Support Group, noon. The Village at Brookwood, 1860 Brookwood Ave., BU. 570-8346, (800) 888-6671.

f Bariatric Surgery Support Group, 6-7 p.m. Classroom 1, WLCH. 832-8000.

f Piedmont Ostomy Association, 7 p.m. Classroom 1040, MCHS. 288-4402.

f Western Carolina Piedmont Chapter of the Alzheimer's and Related Disorders Association, 6 p.m. Lebanon United Methodist Church, 237 Idol Drive, HP. T906-0934.

## ONGOING

f Adult Children of Alcoholics, 7-8:30 p.m. Tuesday. Room 9, First Lutheran Church, 3600 W. Friendly Ave., GB. Based on AA. 379-1783.

f AIDS/HIV Support for Men, 11 a.m.-12:15 p.m. Tuesday. 210 E. Bessemer Ave., GB. 274-5637.

f Alzheimer's Caregiver Education and Support Group, 7 p.m. Wednesday. Adult Day and Respite Center, 3107 Groometown Road, GB. 852-8338.

f Celebrate Recovery, 8 p.m. Thursday. West Market Street United Methodist Church, 302 W. Market St., GB. 275-4587.

f Cocaine Anonymous, 8 p.m. Wednesday. Community General Hospital, 207 Lexington Road, Thomasville. 472-7545.

f Crossroads Depression Support Group, 6:30-8 p.m. Tuesday. Mental Health Association, 910 Mill Ave., HP. Those with depressive illness. 883-7480.

f Debtors Anonymous, 6-7 p.m. Thursday. Centenary United Methodist Church, 2300 W. Friendly Ave., GB. Compulsive spenders and those who mismanage money. 917-0901. [www.debtorsanonymous.org](http://www.debtorsanonymous.org).

f DivorceCare, 7-8:30 p.m. Tuesday. Lawndale Baptist Church, 3505 Lawndale Drive, GB. Christian-based support group for the divorced and separated. 288-3824.

f Dual Recovery Anonymous, 6:30 p.m. Friday. First Friends Meeting House, 2100 W Friendly Ave., GB. For those with mental illness and substance abuse problems. 674-5151.

f Eating Disorders Support Group, 6-7 p.m. Thursday. Lurey Psychological Associates, 1918 Bradford St., GB. 373-8947.

f Food Addicts Anonymous, 6-7 p.m. Wednesday. J.E. Brower Student Center, 918 Bluford St., GB. (252) 794-4393.

f Gamblers Anonymous, 7:15 p.m. Monday. Our Father Lutheran Church, 3304 Groometown Road, GB. 681-8516.

f GriefShare, 6:30-8:30 p.m. Tuesday. Jamestown United Methodist Church, 403 E. Main St., Jamestown. For those who have lost a loved one. 454-2717.

f GriefShare, 6:15 p.m. Wednesday. Lawndale Baptist Church, 3505 Lawndale Drive, GB. 288-3824.

f GriefShare, 6:30-8:30 p.m. Tuesday. Love and Faith Christian Fellowship, 4344 Blackberry Road, GB. 632-0205.

f GriefShare, 10:30 a.m.-noon Monday. Community Lutheran Church, 4960 U.S. 220 North, Summerfield. 643-7667.

f Heartstrings Pregnancy and Infant Loss Support's Subsequent Pregnancy Dinner Group, 6-7:30 p.m. Thursday. Kids Path, 2504 Summit Ave., GB. Registration required: 335-9931.

f Living With Bipolar Disorder, 7 p.m. Monday. Overcomers With Christ Ministries, 3428 N. Church St., GB. 549-3338.

f Narcotics Anonymous, (800) 365-1036 or [www.greensborona.com](http://www.greensborona.com) for times and locations.

f Nar-Anon Family Group, 8 p.m. Tuesday. St. John's United Methodist Church, 1304 Merritt Drive, GB. Family and friends of addicts. 676-1689, 852-3436.

National Alliance for the Mentally Ill Family Support Group, 7 p.m. third Monday of each month. Fellowship Presbyterian Church, 2005 New Garden Road, GB. 282-7636.

f Overeaters Anonymous, 7:30-8:30 p.m. Monday. First Lutheran Church, 3600 W. Friendly Ave., GB. 288-8771. Also, noon-1 p.m. Wednesday. Christ Lutheran Church, 3600 Lawndale Drive, GB. 288-4921. Also, 7:30-8:30 p.m. Thursday and 9:30-10:30 a.m. Saturday. Lebanon United Methodist Church, 237 Idol St., HP. 883-4640.

f Parents, Family and Friends of Lesbians and Gays, 7:30 p.m. third Tuesday. Friendship Friends Meeting House, 1103 New Garden Road, GB. 852-8489. Also, 7:30 p.m. second Tuesday. Elon Community Church United Church of Christ, 271 N. Williamson Ave., Elon. 584-3366, 584-7225.

f Post-Abortion Support Group, 7 p.m. Thursday. Greensboro Pregnancy Care Center, 917 N. Elm St., GB. 274-4881. [www.pregnant.freehelp.com](http://www.pregnant.freehelp.com).

f REACH (Recovering Addicts Coping With HIV), 11 a.m. Friday. 210 E. Bessemer Ave., GB. Greensboro Interfaith Network. 274-5637.

f Relationships Anonymous, 10:30 a.m.-noon Saturday. Congregational United Church of Christ, 400 W. Radiance Drive, GB. Twelve-step program for those with a pattern of unhealthful relationships. 288-0277 or 227-0917.

f Sex Addicts Anonymous, (800) 477-8191 or (800) 238-1080.

f SMART Recovery, 6-7 p.m. Saturday. Self Management and Recovery Training. Secular substance abuse support group. 855-6754, leave a message.

f Soldiers of Light Addiction Recovery, 5:30-7 p.m. Saturday. FaithStep Ministries Church, 309-E W. Lee St., GB. Christian recovery program. 379-0021.

Sunny Side Up, 7 p.m. Thursday. Centenary United Methodist Church, 2300 W. Friendly Ave., GB. Recovery from mental illness, substance abuse and other difficulties. 392-8270.

f Triad COSA, 8 p.m. Wednesday. Those who cope with a loved ones' compulsive sexual behavior. 378-6630 or [willing@netpath.net](mailto:willing@netpath.net)

Child health

ONGOING

f Club Champion, 7 p.m. Tuesday. Folk Teen Center, 3910 Clifton Road, GB. Peer support for teens living with domestic violence. 275-9292, Ext. 71.

f Teens Learning Childbirth, 7-9 p.m. Thursday. YWCA, 1 YWCA Place, GB. Preparation for birth and parenting for ages 13-19. Registration: 273-3461.

f Teen Substance Abuse Support Network, 7 p.m. Monday. Folk Teen Center, 3910 Clifton Road, GB. Ages 18 and younger experiencing substance-abuse issues. 297-5019.

**Women's** health

NOV. 18

f Reaching Your Dreams, 5:30-7 p.m. **Women's** Resource Center of Greensboro, 628 Summit Ave., GB. 275-6090.

f Red Hot Mamas: Midlife Pregnancy - What You Need to Know, 6:30-8 p.m. Classrooms 5-6, TWHG. Seminar and support for **women** experiencing menopause. 832-8000.

f **Women, Heart Disease** and Stroke, noon-1 p.m. **Women's** Resource Center of Greensboro, 628 Summit Ave., GB. 275-6090.

NOV. 24

f Young **Women's Breast Cancer** Support Group, 7-8:30 p.m. Second-floor conference room, MCHS. 832-0364.

Safety & prevention

NOV. 20

f Infant CPR and Child Safety, 7-9 p.m. Suite 140, Medical Arts Center, ARMC. 538-7550.

Other events

NOV. 18

f Bioness System, 9 a.m.-5 p.m. RH. Seminar on upper- and lower-extremity screening system. 633-7788.

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

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Bangor Daily News (Maine)

**October** 22, 2008 Wednesday  
Coastal Edition; Final Edition

## House District 40

**SECTION:** Pg. B3

**LENGTH:** 311 words

Bucksport-Orrington area

Republican

Kimberley Clark Rosen

Age: 49

Hometown: Bucksport

Address: 22 Mount Olive St.

Education: Graduate of Southern Aroostook High School, D'Lor Beauty School, classes in business and art at the University of Maine

Family: Married to Richard Rosen; two children

Occupation: Self-employed cosmetologist

Experience: Elected in 2004 and 2006 to Maine House of Representatives; member, Transportation Committee and Special Task Force on Funding of State Police; former member, Committees on Natural Resources, Research and Development, The Unorganized Territory; board member of **Women** in Government; managed J.C. Penney beauty salon; taught adult education art

Reason for running: I am gratified when I receive a call from my constituents placing their confidence in me to help. I have a strong desire to continue my work on **women's** health issues, particularly prevention of cervical and **breast cancer, heart disease**, osteoporosis and diabetes. I hope to continue to serve on the Legislature's Transportation Committee and work for solutions of the many challenges that face Maine's transportation systems.

Democrat

Mark Le Blanc

Age: 51

Hometown: Orrington

Address: 38 Fowler Road

Family: Married to Laurie; three children

Occupation: Raising and processing chickens, breeding and training vizsla hunting dogs and campaigning full time

Experience: Restaurant manager 20 years; small-business owner 10 years

Reason for running: My decision to run was based on the effects that unemployment and skyrocketing oil prices are going to have on my daughters' future. We need to create incentives for those small-business owners who drive Maine's economy and employ the majority of our residents. I also want to modernize Maine's infrastructure to

provide cheaper alternatives to heating oil and to create economic structures that will help us through the coming winters.

**LOAD-DATE:** October 22, 2008

**LANGUAGE:** ENGLISH

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Intelligencer Journal (Lancaster, Pennsylvania)

February 11, 2008 Monday

## Finding a new life without leaving the old

**BYLINE:** Linda Espenshade, Getting It Off My Chest, Intelligencer Journal Staff

**SECTION:** A; Pg. 4

**LENGTH:** 742 words

**DATELINE:** Lancaster, PA

What if I live?

What an odd question to ask when there's no indication that my **breast cancer** is going to kill me.

Yet, in the weeks since I learned I have cancer, I have thought of death more than once. Coping for me involves accepting the worst scenario and stepping backward.

Deep down inside, I don't think I'm going to die from this but I have told my husband who I want to conduct my funeral - just in case.

It's good information for him to know anyway, I figure, in case I get run over by a truck one of these days when I'm talking on my cell phone, drinking coffee and shifting gears.

It's not too hard to think of some obvious benefits of dying: no more deadlines or obligations and no more responsibility to change my world. I can skip out before Social Security runs out or my children get killed because of some president's pet war.

No more mammograms, biopsies or MRIs. No more obsessing about losing weight and exercising to avoid the **heart disease** and diabetes that run in my family and threaten my cookie binges.

I never have wanted to be old anyway. I dread losing my independence. I don't want my children to have to spoon-feed me or dread visiting because I don't know them.

It's not entirely a bad gig, this dying midlife, when you only look at it that way. Leaving the party before it goes downhill has its perks.

Before you head to the phone to tell me I need to see a professional now, read on. There is a point to this melancholy column.

What I dream about more is a modified version of this escape from life - that week or two or three or six after surgery when I really don't need to do anything more than sit on the couch, go to the bathroom, get a drink and pet a cat curled in my lap.

For a while I can say no to all my responsibilities. I won't feel too bad about accepting help and even asking for help. I might even squeeze some extra sympathy gestures out of my kids.

I won't feel guilty watching mindless TV until I'm sick of it. I won't feel like I'm shirking my family when I lose myself in the stack of books my book club plans to read this spring.

Between naps, I can finish scrapbooking the last three years of pictures that are semi-organized and waiting to be put in albums - or not.

I really don't have to do anything at all except take care of myself and get healthy.

Resting from life - taking a sabbatical, even if it is a health-related one - is a concept I actually look forward to, so much so that when I received good news the other day, I felt like I had been kicked in the head.

Turns out the biopsy for the "suspicious area" in my right breast is negative. It's just a something ... -oma or something ...-plasia, but not cancer.

So apparently I won't need a mastectomy on either side, just a lumpectomy - which means I won't need as much time off, which means I won't get as much time to relax and recover and figure out what in the h--- just happened to my life, before I go back to work.

I find myself almost wanting a double mastectomy - just so I can have a longer time to recover.

How sick is that?

I know - very sick.

Apparently, I am very, very tired.

Maybe my body wants a rest so badly that it let cancer get a foothold. I'm not sure about that, but I am sure my body is shouting at me to stop abusing it.

I shouldn't need to pull out the cancer card to give myself permission to say, "No, I don't want to do that" and not feel guilty.

I wonder why I have to be sick before I allow myself to ask for help or a favor?

Since when does a person need to be sick to get off the treadmill of life and sit on the couch for a while?

Why should it take a life threatening disease for me to start exercising, stretching, eating healthy and taking time for journaling and prayer and relaxation.

I shouldn't need cancer to give myself permission to take a nap, read a book, hold a cat and pamper myself for a day.

Since when do I need to have **breast cancer** to let the answering machine take the call, so I can relax.

It's just that I feel powerless to do these things when I am well. There's just not time or it's just not nice.

So that's why I ask myself, "So what if I live?"

Since checking out permanently isn't an option and I probably won't stay sick forever, how will I live differently after I'm cured?

I truly have no idea.

Editor's note: This column is a thematic journal of Espenshade's experience with **breast cancer** that started in mid-November. She is now on the road to recovery. You can e-mail her at [cancercolumn@Lnpnews.com](mailto:cancercolumn@Lnpnews.com)

**LOAD-DATE:** February 11, 2008

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

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Lewiston Morning Tribune (Idaho)

July 6, 2008 Sunday

## As Americans, more unites us than divides us

**LENGTH:** 487 words

I have been both privileged and humbled to see a cross section of America. In the past few years, speaking invitations have taken me across the country, into a residential facility for juvenile girls, to a funeral director's convention, a fish fry for cattle breeders, the U.S. Capitol building and an all-male college.

I am proud to be an American and I'd like to tell you why:

If I am with **women** of means who have fur coats and travel to France and Spain, they often assume that I, too, have a fur coat (it must be in storage) and have been to the Arc de Triomphe and Barcelona. I have a wool coat and have been to Canada.

If I am with a group of farmers, they may assume that I am well versed on the ins and outs of no-till farming, cattle futures and the hog markets.

If I am at a city mission, **women** will talk as though I am experienced with the hassles of bureaucratic red tape and as though I know you can almost always find a job in the housekeeping departments of downtown hotels.

We tend to assume that others are much like ourselves. And even when we find out they are not, we most often welcome them into our circle. For the most part, we are accepting people.

We are not only accepting, we are generous. More than half of the groups I speak to are raising money - for cancer research, **heart disease**, Alzheimer's, crisis pregnancy centers, symphonies, the arts, neglected children and college scholarships.

After Hurricane Katrina, I addressed a retiree luncheon where men and **women** on fixed incomes hoped to collect enough money to buy a portable water filtration system for storm victims. They collected enough money to purchase four.

We are accepting, we are generous and we are determined.

I've seen the parents of children with special needs form groups, network and raise money as they thrust themselves head-first into their children's world, gathering information, trading names of specialists, fearlessly tracking research and medical advances.

At a lecture series in Dallas, a murmur rippled through the room as a woman took a seat at a table. One lady began to softly clap and then another and another. It was their tribute to a woman battling **breast cancer** for the second time.

Strip away the clothes, the cars and the accents, and we are very much the same - human beings made in the image of God.

We share the same hurts and sorrows - death and disease, the fallout of divorce, wayward children. We hold tight to the same hopes and dreams - freedom, liberty, independence, strong families, a desire to see our children succeed, to love and be loved.

There is a vast difference between the way popular culture portrays us and the way we really are.

We have our problems - problems that are fodder for election-year campaigns and cable news channels - but we're not nearly as bad as you might think.

---

Borgman is a syndicated newspaper columnist who lives in the Midwest. She may be contacted at [lori@loriborgman.com](mailto:lori@loriborgman.com)

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The Oregonian (Portland, Oregon)

March 5, 2008 Wednesday  
Sunrise Edition

## Researcher doesn't rule out short-term use of hormone-replacement therapy

**BYLINE:** Joe Rojas-Burke, The Oregonian

**SECTION:** Living; Pg. E01

**LENGTH:** 600 words

Researchers abruptly ended the **Women's** Health Initiative trial in 2002 when data indicated an increased risk of **breast cancer**. A follow-up study appearing today found that the elevated risk of **breast cancer** might linger for years after quitting treatment with estrogen and progestin. Dr. Evelyn Whitlock, a senior investigator with the Kaiser Permanente Center for Health Research, who led the Portland arm of the **Women's** Health Initiative, answered questions about the new findings. Her answers were edited for brevity and clarity.

**Q:** How do these findings change the risk-benefit calculation for **women** considering estrogen-replacement therapy?

**A:** This information only pertains to **women** who would use hormone-replacement therapy over a period of years. It's not relevant to the risk-benefit equation for **women** contemplating short-term use.

In the study, most of the major risks linked to therapy with estrogen and progestin --coronary **heart disease**, stroke and blood clots --are no longer present 2-1/2 years after **women** stopped treatment. The heightened risk of invasive **breast cancer** doesn't seem to really change that much, and there is also a lingering risk of cancer of all types. At the same time, the major benefits --lower risks of hip fracture and colorectal cancer --also diminish. So what you are left with in the end is some residual risk without a whole lot of residual benefit.

**Q:** Do any of the apparent benefits persist after **women** stop taking hormones?

**A:** If you put all of the outcomes together, then it appears the overall impact of the medication is a net risk. If you just look at the risk of hip fracture, maybe you are better off for having taken hormones for five years. But if you go out a couple of years, the average woman is not better off. After **women** went off the hormones, within 2-1/2 years, there's no longer a statistically significant reduction in hip fractures.

**Q:** What do these findings add to the debate about whether the widespread drop in use of hormone-replacement therapy was the cause of the drop in incidence of **breast cancer** since 2002?

**A:** That's still uncertain. You can't support or refute those findings with these data. There is limited statistical power here to answer that question. As it stands, I see no evidence in these data of any decrease in invasive **breast cancer** after **women** stopped taking estrogen and progestin.

**Q:** What can **women** do to minimize their health risks if they've been on hormone therapy for years?

**A:** Continue to have regular mammograms and perform breast self-exams. Maintain a healthy lifestyle, with regular exercise and eating a diet that gives you a sufficient intake of calcium and vitamin D. I think that these kinds of findings reinforce the importance of basic primary prevention. I don't think this data allows one to say that more frequent mammograms would be better. Guidelines recommend a mammogram every one or two years. Maybe you would choose to be in the more frequent end of that interval.

**Q:** Given the hazards, is it ever reasonably safe to use estrogen-replacement therapy?

A: For short-term relief from menopause symptoms, it's possible that a woman and her clinician might decide the benefits outweigh the risks. She and her clinician would take into consideration the dosage, the delivery method, the type of medication, her personal values and her medical history, as well as her rationale for taking hormone-replacement therapy. The answer that has come repeatedly from the **Women's** Health Initiative is that using combined hormone-replacement therapy to prevent chronic disease is not a good idea.

-- Joe Rojas-Burke

**LOAD-DATE:** March 10, 2008

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Contra Costa Times (California)

January 23, 2008 Wednesday

## HEALTH SCENE

**BYLINE:** Contra Costa Times

**SECTION:** HEALTH

**LENGTH:** 2441 words

Health Scene includes free and low-cost East Bay classes, screenings and events. Submit items by noon Tuesday for publication the following week. Include a daytime phone number readers may call. Address items to: Times Health Scene, P.O. Box 8099, Walnut Creek, CA 94596; fax to 925-943-8362; or e-mail kbennett@bayareanewsgroup.com .

### BLOOD DRIVES

American Red Cross, Northern California Blood Services Region -- Danville: 11:45 am.-5:45 p.m. Feb. 8. Grange Hall, 743 Diablo Road. Appointments: <http://www.beadonor.com> (code: danville.) Moraga: 7:30 a.m.-1:30 p.m. Feb. 23. Saint Monica Catholic Church, 1001 Camino Pablo Road. Appointments: 925-377-8405, <http://www.beadonor.com> (code: moraga2). Oakland: 10 a.m.-3 p.m. Jan. 26. Oakland Coliseum, Eastside Club Lobby, 700 Coliseum Way. 9 a.m.-3 p.m. Jan. 27. Temple Beth Abraham, 327 MacArthur Blvd. Appointments: 510-482-5722, 510-366-3044, <http://www.beadonor.com> (code:tbaokland). 9 a.m.-3 p.m. Jan. 31. State Building, Training Room 1, 1515 Clay St. Appointments: 510-622-3200. <http://www.beadonor.com> (code:oakstate). San Ramon: 10 a.m.-3 p.m. Feb. 5. DVC Campus, 17011 Bollinger Canyon Road. Appointments: 925-866-1822, Ext. 5135, <http://www.beadonor.com> (code: danville). Walnut Creek: 9 a.m.-3 p.m. Feb. 12. Aetna, 2625 Shadelands Drive. Appointments: 800-448-3543, <http://www.beadonor.com> (code: aetna84). 9 a.m.-3 p.m. Feb. 21. Whole Foods Market, 1777 Botelho Drive, Suite 110. Appointments: 800-448-3543, <http://www.beadonor.com> (code: wfwc).

- "A Pint for a Pint" -- Feb. 16. Gelateria Naia Walnut Creek is holding a blood drive with the American Red Cross. Those who donate a pint of blood will receive a free pint of Gelateria Naia's gelato. By appointment only. 1245 N. Broadway, Walnut Creek. 925-943-1905.

The Contra Costa Blood Center has extended its hours. The center will be open 7 a.m.-7:30 p.m. Monday-Thursday and 7:30 a.m.-3 p.m. Friday-Sunday, 140 Gregory Lane, Pleasant Hill. Appointments: 800-448-3543.

### EDUCATION

- The Wellness Community -- Offering various educational health programs. Schedule: "Open Your Heart Through Art," for cancer patients and their support person. Introductory session: 10 a.m.-noon Jan. 26. Five-week series: 10:30 a.m.-12:30 p.m. Mondays, Feb. 4-March 10. "Nutrition and Cancer Treatment," 10 a.m.-1 p.m. Feb. 2. Learn to maximize nutrition during and after cancer treatment. Kids Circle & Teen Talk -- When Mom or Dad Has Cancer," 10 a.m.-1 p.m. Feb. 9. School-age children participate in fun activities while teens have a group where they can discuss concerns. Parents meet concurrently. "African Drumming Circle," 4:30-5:30 p.m. Feb. 21. No rhythmic or musical ability is required. "Couples and Cancer," 6-8 p.m. Feb. 26. Come with your partner for a group discussion on the impact of cancer on relationships. "Yoga and the Immune System," Discuss how the immune system functions and how to support it through cancer treatment and after. Then participate in yoga using gentle stretches and restorative poses. All sessions offered free at 3276 McNutt Ave., Walnut Creek. Reservations: 925-933-0107.

John Muir **Women's** Health Center -- Offering various educational health programs. Schedule: "Wig Source," Jan. 25. Wigs for **women** and children suffering hair loss due to medical treatment. Call 925-941-5328 for an appointment; Osteoporosis Exercise and Education Class," 8:30-9:30 a.m. Wednesdays. \$5; "Pilates for **Women**," noon-1 p.m. Mondays and 6-7 p.m. Wednesdays. \$18; "Yoga for **Women**," 6-7 p.m. Thursdays. \$18. Unless noted all classes offered are free at 1656 N. California Blvd., Walnut Creek. 925-941-7900, <http://www.johnmuirhealth.com> .

- "Achieving Healthy Weight Loss -- 7 p.m. Jan. 24. Dr. Nathalie Bera-Miller will discuss the key ingredients of achieving and maintaining a health weight. Danville Library, Mount. Diablo room, 400 Front St. 925-837-4889.

CPR -- 9 a.m.-3:30 p.m. Jan. 26. Covers adult, child and infant CPR, rescue breathing, and first aid for an obstructed airway. Pleasant Hill Community Center, 320 Civic Drive. \$31/37 plus \$13 for certification card and book. 925-676-5200, <http://www.pleasanthillrec.com> .

- "Welcome to Medicare" -- 7-9 p.m. Feb. 13, March 12 and April 9. For those new to or soon to enroll in Medicare. John Muir Medical Center, Walnut Creek Campus, 1601 Ygnacio Valley Road. Free. 925-947-3300, 925-674-2586.
- Advance Health Care Directives -- 7-9 p.m. Feb. 19. John Muir Medical Center, Concord Campus, 2540 East St. Free. Reservations, 925-947-3300, 925-674-2586.
- Pregnancy Forum on Pre-Conception Planning -- 7-9 p.m. first Mondays monthly, Birthing Center, Eden Medical Center, 20103 Lake Chabot Road, Castro Valley. Registration: 510-889-5078.
- Nourishing the Mind-Body Connection -- 1:15-2:30 p.m. second and fourth Tuesdays monthly. For cancer survivors and those touched by a cancer diagnosis. Each workshop is a series of four classes that is repeated every two months. Alta Bates Summit Medical Center, Summit Campus, 450 30th St., Suite 2810, Oakland. Free. Registration: 510-869-8833.
- Panic & Anxiety Program -- Noon-1 p.m. Mondays and 6:30-7:30 p.m. Wednesdays in Walnut Creek. Information: Judy Schiffman, director, 732-940-9658.
- "Look Good ... Feel Better" -- For **women** with cancer. 10 a.m.-noon fourth Mondays monthly. Cosmetologists and wig consultants demonstrate ways to cope with appearance changes and other physical effects of cancer treatment. Cancer Center Salon, Herrick Campus, 2001 Dwight Way, Berkeley. Free. Registration: 510-204-4785.
- Chi Kung -- 9:30-10:45 a.m. Tuesdays. Exercise program for cancer patients and their care-givers designed to increase flexibility, develop physical strength, build energy and improve overall health. Wear comfortable clothing and socks. The Wellness Community, 3276 McNutt Ave., Walnut Creek. Free. 925-933-0107.

Breast feeding information -- 10 a.m.-noon Wednesdays. Drop-in class for breast-feeding mothers for basic education about general feeding, supplementing, pumping and storing milk. John Muir **Women's** Health Center, 1656 N. California Blvd., Suite 100, Walnut Creek. Free. <http://www.johnmuirhealth.com> .

Osteoporosis exercise class -- 9:30-10:30 a.m. Wednesdays, John Muir at Rossmoor, 1220 Rossmoor Parkway, Walnut Creek. Registration: 925-941-7900, <http://www.johnmuirhealth.com> .

- Healing Yoga for Cancer -- 11 a.m.-noon Thursdays. Drop-in yoga class teaches cancer patients a series of gentle movements to let go of stress. Alta Bates Summit Medical Center, Comprehensive Cancer Center Conference Room, 2001 Dwight Way, Berkeley. Free. 510-508-1653.

Gentle Yoga -- 2-3 p.m. Thursdays, John Muir at Rossmoor, 1220 Rossmoor Parkway, Walnut Creek. \$30 series. Registration: 925-941-7900, <http://www.johnmuirhealth.com> .

"Understanding Chemotherapy" -- Fridays. Contra Costa Regional Medical Center is offering a one-hour class for CCRMC patients who are starting chemotherapy treatments. The class, offered in English and Spanish, is open to family members and caregivers. Marianne Bunce-Houston, 925-370-5822, mbunce@hsd.cccounty.us; <http://www.cchealth.org> .

Osteoporosis Exercise and Education Class -- 9:30-10:30 a.m. Fridays. Anyone who has been diagnosed with osteoporosis can learn exercises and precautions. Doctor's approval required. John Muir **Women's** Health Center, 1656 N. California Blvd., Suite 100, Walnut Creek. \$5 per session. Registration: 925-941-7900, Option 3; <http://www.johnmuirhealth.com> .

- Chemical Dependency Workshops -- 10 a.m.-noon Saturdays. Open to anyone who has an interest in the issues of alcohol or drug abuse, whether it is for themselves, their patients, family members or friends. Topics vary weekly. Alta Bates Summit Medical Center, Room 201, 400 Hawthorne Ave., Oakland. Free. 510-652-7000.

Marfan Syndrome -- The National Marfan Foundation is offering a booklet, "Marfan Syndrome: A Guide for Teens." Free. <http://www.marfan.org> .

National Institute on Aging -- Get information on how to reduce the risk of a stroke, recognize symptoms and treat stroke damage. <http://www.nihseniorhealth.gov> .

Eating Healthy On The Run -- To learn more about nutrition, go to <http://www.cchealth.org/topics/nutrition> .

#### EVENTS

Avon Walk for **Breast Cancer** "Great Start Party" -- 1-3 p.m. Jan. 26. Kick-off party for the Avon Walk for **Breast Cancer** planned for July 12-13. Individuals and teams can register to walk, volunteer for future events, find out about training walks, and meet other participants. Palace of Fine Arts Theater, 3301 Lyon St., San Francisco. 800-510-WALK (800-510-9255), <http://www.avonwalk.org> .

#### FLU

Cold/Flu Prevention -- Contra Costa Health Services is teaching children how to prevent the spread of colds and flu with a song set to the tune of "Jingle Bells." To hear the song, visit <http://www.cchealth.org/topics/flu> .

Pandemic Planning Guide -- Understand the threat of pandemic influenza and how to protect yourself and your family. <http://www.pandemicflu.gov> .

#### MISCELLANEOUS

- Alta Bates Summit Medical Center's Tele-Care Program -- 8:30-11:30 a.m. daily. Tele-Care is a free telephone contact service for the elderly. Registration: 510-204-4487.

New Web site for consumers -- The Consumers Union has launched a new Web site, <http://www.notinmycart.org> , for the latest information on hazardous products and food.

- Financial help for HIV-positive residents -- The Contra Costa Health Services' AIDS program has been awarded a \$25,000 grant to help pay for dental care assistance; insurance partnership fees and premium costs, practical support items and other special needs for Contra Costa County residents who are HIV-positive and receiving HIV medical care. 925-313-6781.
- American Red Cross Blood Services -- Volunteers are needed to greet and inform donors at local blood drives. Information: Mandy, 510-594-5211.

California Smokers' Helpline -- A telephone program to help callers quit smoking. Helpline services are free, funded by the California Department of Health. 800-no-butts (800-662-8887), <http://www.nobutts.org> .

Children's health assistance available -- Parents with children in need of medical services or equipment who are not fully covered by health insurance can apply for a grant of up to \$5,000 from UnitedHealthCare Children's Foundation. <http://www.uhccf.org> .

Concussion Tool Kit -- The Centers for Disease Control and Prevention are offering a free multimedia educational tool kit on teen concussions. It contains practical, easy-to-use information for coaches, athletic directors and trainers. <http://www.cdc.gov/injury> .

- Diabetes/Tuberculosis study -- Researchers at the Stanford University School of Medicine are seeking volunteers for a study that will look at Type 2 diabetes and the body's immune response to the TB vaccine. Information, Chang, 650-724-4941.

Online consumer health information -- For comprehensive and timely consumer information, visit the Food and Drug Administration's new Web site, <http://www.fda.gov/consumer> . To subscribe to a free monthly e-newsletter, "FDA Consumer Health Information," visit <http://www.fda.gov/consumer/consumerenews.html> .

- "Top Ten Tips Parents Need to Know to Prevent Childhood Obesity" -- 1. Educate yourself. 2. Make meals a family affair. 3. Be prepared. 4. Monitor your children. 5. Know your serving sizes. 6. Avoid sweetened beverages. 7. Limit prepackaged food. 8. Limit TV and video games. 9. Get them out of the house. 10. Don't force your children to eat. 916-448-5802.

Cancer Study -- Northern California Cancer Center studies how diet affects growth and development in girls. Two-year project. 800-541-4757, <http://www.grlsstudy.org> .

Heart-Health Assessment Tool -- The American Heart Association's Go Red for **Women** movement, a nationwide campaign to raise **women's** awareness of the risks of **heart disease**, has launched an online, interactive heart-health assessment tool at <http://www.goredforwomen.org> . 888-694-3278.

Senior Legal Hotline -- Provides California seniors with assistance regarding the new Medicare prescription drug plan. Call 9 a.m.-noon and 1-4 p.m. weekdays and until 7 p.m. Thursdays. Free. 916-551-2140, 800-222-1753. Questions can also be submitted at <http://www.seniorlegalhotline.org> .

- Food Allergy Study -- A UC Davis physician and food scientist is looking for food allergy sufferers for a study to develop an educational program. Participants must be 18 or older and have a food allergy to seeds, peanuts, trees, nuts, fish or crustaceans. Information: Suzanne Teuber, 530-753-4257.

HIV/AIDS Web site -- Designed as an informational and educational resource on HIV and AIDS for veterans, the public and health care providers. <http://www.hiv.va.gov> .

- Alta Bates Medical Center's East Bay AIDS Center -- Hands-on support, medical treatment, complementary therapies and educational services for those living with HIV or AIDS. 2850 Telegraph Ave., Suite 110, Berkeley. 510-204-1870.
- West Nile Virus -- Contra Costa Public Health information line with West Nile virus updates. 888-959-9911.
- AOD Study -- "A Youth-Developed Guide to AOD Indicators" is the title of the 48-page book sponsored by Contra Costa Health Services' Alcohol and Other Drug Services Division. Information: Fatima Matal Sol, 925-313-6311.

#### SCREENINGS

- Blood Pressure -- 10-11:30 a.m. third Mondays monthly. John Muir Medical Center, Walnut Creek Campus, 1601 Ygnacio Valley Road. Free. 925-674-2586; 10 a.m.-noon. third Wednesdays monthly, John Muir Medical Center, Concord Campus, 2540 East St. Free. 925-674-2586. 10-11:30 a.m. third Thursdays monthly. Contra Costa Jewish Community Center, 2071 Tice Valley Blvd., Walnut Creek. Free. 925-674-2586.
- Blood Pressure -- 10-11 a.m. Feb. 4, March 3, 17, April 7, 21. Drop-in screening as a one-time check or to assist those who monitor their pressure regularly. Danville Veteran's Memorial Hall, 400 Hartz Ave. Free. 925-947-3300, 925-674-2586.

- Blood Pressure -- 9:30-11 a.m. Feb. 13, March 12, April 9. Drop-in screening as a one-time check or to assist those who monitor their pressure regularly. Walnut Creek Senior Center, 1375 Civic Drive. Free. 925-947-3300, 925-674-2586.
- Memory Screening -- Feb. 19-20, March 18-19, April 15-16. Seven-minute screening that will provide information to discuss with your physician. Morning and afternoon appointments offered at various Walnut Creek locations. Free. 925-947-3300, 925-674-2586.
- Blood Pressure -- Noon-1 p.m. Mondays. Alta Bates Summit Medical Center, Providence Pavilion, Cafeteria Conference Room, 3011 Summit St., Oakland. Free. 510-869-6737.

HIV Testing -- Contra Costa Health Services is offering HIV testing and counseling services in several cities across the county. Locations and schedule: 925-313-6771, <http://www.cchealth.org> .

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