



Mrs. Jerome Pendergrass
.....She was Miss Elizabeth Louise Busch

Miss Elizabeth L. Busch Weds Jerome Pendergrass

The lives of Elizabeth Louise Busch and Jerome Pendergrass were made one at their solemn wedding ceremony recently.

Officiated by Rev. Paul Drummond, the wedding took place at St. Paul Baptist Church.

Given in marriage by her brother, Charles Eugene Busch, the bride wore an ivory duchess satin gown. The bodice featured a natural waistline complemented by an overlay of Alencon lace that tapered into a deep peplum extended around the gown. Other features of the bodice were a Queen Anne neckline and long sleeves with appliques of French re-embroidered lace.

The A-line skirt and the chapel length train highlighted a deep lounce of crystal pleated organza and Alencon lace was used to edge the satin and to border the organza.

As maid of honor the bride selected Sheila Sullivan and her matron of honor was Kay McDonald. Cynthia Rawlinson, Mary Cureton and Vanessa Williams were the other bridesmaids.

Tammy Brannon and Kim Sullivan were the flower girls.

For best man, the groom chose Larry Cowsette of Atlanta, Ga. Assisting him as groomsmen were Joe Pendergrass, John Murray, Thaddeus McDowell and Tommy Taylor of San Antonio, Tx.

Providing the music for the ceremony was organist Donald Chisholm and soloists Delois Miller and Lee Webber.

Carolyn Ginyard directed the wedding.

The gift and guest registrars were Thomasina G. Craig and Denise Patterson, respectively.

April Blakely

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anything," April relates.

One other person April has much admiration for is the lady who offered her summer hospitality, her Godmother, Fran Farrar-Bradley. "She's a nice, intelligent person," April describes. "If there's one person I'd want to be like, it's her."

She also mentions that she enjoyed spending time with Mrs. Farrar-Bradley's 16-month-old son, Toure. "He's remarkable," she sighs. "He talks, dances and likes to sing. He never runs out of energy. He calls me, 'Apu!'"

Soon April will be headed back to the mountains of Asheville but she intends to visit Charlotte again real soon. She'll miss all the friends she's made here, though she promises to keep in touch.

April attends Berry Temple United Methodist Church in Asheville.

Seminar For Minorities

A seminar for minority- and women-owned suppliers called "Working Together for Success" will be held on August 20 at the Charlotte Marriott Executive Park. The seminar will begin with a luncheon at which Katherine B. Moore of Eastern Delivery Service, Inc., will address the participants. Sessions will be held on communication skills, given by Sherman Burns of Sherman Burns Seminars; business planning, with Lawrence Tolliver, vice president of the Small Business Services division of the Greater Charlotte Chamber of Commerce; how to do business with Duke Power, by R. F. Smith, senior vice president of Mill-Power Supply Company; and networking, presented by Georgia D. Jacobs of Professional Resource Associates. A reception will follow at 5 p.m.

ACS Says No Single Way Of Treating Breast Cancer Can Be Recommended

Special To The Post
No single way of treating breast cancer can be recommended for all of the estimated 119,000 women who will develop the disease this year, the American Cancer Society stated today in a position statement on breast cancer.

"No one approach is suited to the needs of all patients," says the statement, approved by the Society's Board of Directors at its meeting in June. The ACS strongly encourages frank, fully informed discussion between doctor and patient.

How much healthy tissue should be removed along with the cancer and whether or not the woman will need radiation or chemotherapy afterward should be "resolved between the patient and her physician on an individual basis."

The Society also urges that at the time of surgery, the cancer should be tested to see whether it needs such hormones as estrogen and progesterone. The test, which must be done on fresh tissue, reveals whether that blocks or removes those hormones might help the patient if a hormone-dependent cancer recurs later.

"A woman undergoing surgery for possible cancer should make a specific request of her physician to do this hormone receptor test," the Society declares. The test must be done immediately at the time of surgery.

"Breast cancer can be treated with surgery, radiation, chemotherapy and hormone manipulation, but no treatment is 100 percent guaranteed to keep the cancer from recurring," explains Dr. Arthur I. Holleb, senior vice president for medical affairs for the American Cancer Society. Since every patient is unique, all cannot be treated the same way, and many patients need more than one form of therapy. "The size, location, and growth rate of the cancer varies among patients.

A patient whose cancer has not spread to the lymph nodes in the armpit has a better chance of surviving. The patient's age and general health may rule out some options."

The Society also encourages women to discuss with their surgeon the possibility of a two-step procedure which allows for a time interval between a biopsy and further surgery.

The ACS emphasizes that during this interval the physician can explain the patient's situation and options to her in understandable terms, possibly seeking another medical consultation if this is desired by the patient and/or her physician. The patient must think through her choices and discuss her preferences with the physician.

"In treating breast cancer today, there's no standard, cookbook approach that is suitable for all patients," says Dr. Holleb.

In the past, the standard treatment for all breast cancers was the Halsted radical mastectomy, an operation in which the breast, the underlying chest muscles and the lymph nodes in the armpit are all removed. "The more tissue the surgeon removed, it was thought, the better the chance that the cancer wouldn't recur," added Dr. Holleb. Today, surgeons are performing modified radical mastectomies, operations that don't remove the muscles, and make breast reconstruction surgery easier if the woman wants it.

Recent research in the U.S. and Europe shows that when the cancer is small, the surgeon may remove only the cancer itself, plus a margin of healthy tissue and take samples of the axillary lymph nodes. In such cases, individualized radiation therapy follows.

"Women should know, however, that this technique which preserves

the breast isn't meant for large, advanced cancers," Dr. Holleb warns.

The ACS statement goes on to say that, for women with breast cancer that has spread to the lymph nodes, chemotherapy after surgery "may reduce or delay the chance of recurrence."

"Chemotherapy is not appropriate for all patients," says Dr. Holleb. "Some will do well with surgery alone, while others may need every form of additional therapy we have to offer. This is another decision that has to be discussed between doctor and patient."

Even if the cancer recurs elsewhere in the body, it may be controlled for a long time by chemotherapy or by hormonal therapy, the ACS statement notes. "A number of options are available, but again, the choice has to be tailored to the patient and her individual situation," concluded Dr. Holleb.



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