

Insight



LIVING BEYOND
BREAST CANCER®

With you, for you.

Recovering From Breast Cancer Surgery

BY ERIN ROWLEY



Charron Walker

In 2000, **Charron Walker**, now 49 years old, from Jacksonville, Florida, had a lumpectomy and lymph nodes taken out. She felt relieved the cancer had been removed. But she was in pain and uncomfortable.

She's not alone. Surgery is a common part of breast cancer treatment. Though it's effective, the recovery that comes with it can be tough. Sore, tight, painful muscles, sensitive skin and fluid buildup in the surgery site can all be part of recovery.

You may have a lumpectomy, where the cancer is removed but the rest of the breast is left. Or you may have a single or double mastectomy, in which one or both of the breasts are removed. You may also have surgery to remove lymph nodes under your arm.

With lumpectomy, you may be able to go home the same day as your surgery. And many doctors say you'll be able to go back to work and your normal routine within just a few days. For mastectomy, the hospital stay may be a few nights, and your doctors may tell you to expect up to 6 weeks of recovery. But your own experience can vary: It's common for recovery to take longer or to come with more or worse side effects than your doctor estimates. Depending on who you talk to, doctors or peers, you can also get different advice on coping with recovery.

Before you go home, your healthcare providers should talk to you about what to expect. They may recommend you see a physical therapist to help with healing and range of motion, how well you can move the arm and shoulder on the side you had surgery. If you have questions about recovering from surgery after reading this article or at any point in the future, contact your healthcare providers.

Treat the Pain

After breast surgery, it's normal to feel pain and discomfort where your skin, muscles or lymph nodes were cut or removed. If you are in pain, your doctor will give you medicine after surgery and suggest over-the-counter medicines like acetaminophen (Tylenol) or ibuprofen (Advil), prescription medicines like opioids, or both to use while you heal.

You may also be interested in pain relief that doesn't involve taking medicine. Talk to your providers about complementary therapies, including acupuncture, meditation and gentle yoga, that may help reduce pain.

Charron took prescription pain medicine for the first week or two after surgery, until she felt she no longer needed it.

F. Lynette Walker, 50, from Kansas City, Missouri, was diagnosed with breast cancer in 1993. Lynette, who is not related to Charron, has had three local recurrences. Her treatment has included a lumpectomy with radiation therapy, two mastectomies and breast reconstruction.

"I had to rely on the [prescription] pain medication for a while to get through [the mastectomies]," she says, adding, "You can make it through the pain. Don't be afraid to take the medicine to get through it."

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F. Lynette Walker

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Dear Friends,

At LBBC, our vision is a world where no one impacted by breast cancer feels uninformed or alone.

We take a simple approach to put that vision into action. We keep on top of new discoveries and we rely on some of the nation's top medical providers both to inform us about their work and to review our materials. Because of this, you can feel confident our information is up-to-date and accurate. To make our resources useful to everyone, we provide clear information in a variety of formats. We cover medical and psychosocial issues that may impact you at different points in your treatment or recovery.

Turn to us when you need us, and we will be there. That is a simple statement but one my staff and I take very seriously as we work each day to deliver on that promise to you. You can also turn to us when you hear about breast cancer-related discoveries and wonder how they may affect you now or in the future.

Our Breast Cancer 360s are just one example of a program we hold with the goal of informing you about cutting-edge issues that you may hear discussed in the news media or by your doctor. Recent topics include genomics, genetics and understanding breast cancer recurrence. You can access videos of these 360s at any time at lbbc.org/breastcancer360. Our catalogue of past and current programs offers a rich set of resources to help you learn more when you need it and sometimes even before you need it.

With you and for you,



Jean A. Sachs, MSS, MLSP
CEO



Photo: BECK Photography

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News & Education

BY JULIA WILSON

2018 Conference on Metastatic Breast Cancer: Thriving Together

For over a decade, LBBC's **Metastatic Breast Cancer Conference** has been providing women, men and families affected by metastatic breast cancer with a safe, supportive environment to get information and discover practical resources they need to make decisions for their physical and emotional health. Each year, over 350 people living with MBC and their caregivers gather to learn more about living well — physically, emotionally and spiritually — with metastatic breast cancer.

At our conference, participate in sessions on the latest medical updates, managing symptoms, communicating with loved ones, caregiving, scientific research and clinical trials, food as medicine, coping with anger and more! Join us in Philadelphia April 20 through April 22.

Visit lbcc.org/2018metsconf to learn more or register for the conference.

Stream Our Programs Live!




Connect via phone or web to any of the free **webinars** LBBC offers throughout the year. Our sessions feature experts from across the country and cover several topics ranging from breast cancer research and new treatments to emotional and quality-of-life issues. These webinars also provide time for participants to ask questions.

In April, we'll have a webinar about sex and intimacy during and after breast cancer treatment. Register for this free event and learn more at lbcc.org/programs-events.



Get Social

Engage with others in the Living Beyond Breast Cancer community through Facebook, Instagram, Twitter or the LBBC blog. Connect with peers, ask questions, share thoughts and get news about LBBC conferences, events and webinars.

We're on Facebook at facebook.com/livingbeyondbreastcancer and we have a closed Facebook group for women diagnosed under age 45 at facebook.com/groups/LBBC.YWI. Follow us on Instagram at LivingBeyondBC, on Twitter @livingbeyondbc and on the LBBC blog at lbcc.org/blog.   

New MBC Resource From Trusted Partners

Are you or a loved one facing complex treatment decisions because of hormone receptor-positive metastatic breast cancer? LBBC, Medscape Education/WebMD Education and SHARE recently partnered to develop an interactive online tool, "**I Have Metastatic Breast Cancer: What Are My Options?**" Through this step-by-step educational resource, people with metastatic hormone receptor-positive breast cancer and their caregivers can become more comfortable and confident in making decisions that impact their treatment.

To learn more, visit Medscape Education/WebMD Education at education.webmd.com/metastatic-breast-cancer-treatments-lbcc.



FINDING CALM:

Using Meditation to Manage Cancer-Related Difficulties

BY ROBIN WARSHAW, FOR LBBC



Monica Hillman



Katie Masterson

Katie Masterson, 39, of Chicago, had just finished surgery and chemotherapy for early-stage breast cancer when she began worrying about the cancer coming back. She was having trouble taking a deep breath, especially while sitting, and thought she had cancer in her lungs. A chest x-ray showed no sign of cancer. Her doctor recommended medicine for anxiety.

A few months later, she learned that a friend-of-a-friend had a breast cancer recurrence in her lungs. “I freaked out,” says Katie, who was diagnosed in 2016.

Then she decided to take action against her worries.

“I knew I could not live like this, in constant fear and thinking every little ache and pain was the cancer spreading through my body,” she says. Since getting her diagnosis, Katie had been reading about how to live a healthy lifestyle. Most recommendations suggested meditating, among other activities, so she decided to sign up for a meditation class.

That was a turning point. The meditation techniques Katie learned reduced her fear of the cancer returning as she visualized a good future.

Meditation Basics

Meditation is a mind-body approach to creating well-being that has been used for thousands of years. Meditation has evolved into a complementary support therapy, in combination with medical and surgical treatment, for people with many conditions, including breast cancer.

“It’s an easy, non-invasive, nontoxic, low-risk intervention” for handling the impact of diagnosis and treatment, says **Pallav K. Mehta, MD**, director of integrative oncology at the MD Anderson Cancer Center at Cooper in Camden, New Jersey, and a member of Living Beyond Breast Cancer’s board of directors.

While elements vary, meditation may include any of these: quiet sitting or lying down, regulated breathing, focus on visual or mental images, movement, and mantras or affirmations. Using such techniques helps you focus on your breath, pay attention, develop nonjudgmental awareness, and accept your body and thoughts. Meditation can involve spirituality, but it doesn’t have to.

Like Katie, many people use meditation to manage fears and negative thoughts. When you meditate, “you’re not blocking out your thoughts. You’re embracing them and understanding that they’re just a part of you,” Dr. Mehta says. “But they don’t control you. You control them.”

Finding the Right Practice for You

There are several meditation types. Mindfulness meditation can include sitting but also extends to everyday activities. It focuses on being mindful: keeping your attention on what you’re doing in the present moment. Mindfulness meditation sometimes centers on a specific practice, such as patterns of breathing, “scanning” the body to appreciate each part and how it feels, developing an attitude of loving kindness toward yourself and others, or noticing, labeling and releasing thoughts.

Mindfulness-Based Stress Reduction (MBSR) combines a variety of techniques, including body scan, which involves awareness of how each part of your body feels, sitting meditation, and gentle and mindful yoga. Because MBSR has been widely researched and found beneficial for those diagnosed with breast cancer, some cancer centers and hospitals offer classes based on the program’s methods.

A psychologist used mindfulness meditation to help **Monica Hillman**, 52, of Yorba Linda, California, with distress related to her metastatic breast cancer diagnosis. He talked about how the brain responds to emotions and guided Monica through brief meditations.

“After just a few minutes [of meditation], I felt I was working from a calmer place,” she says.

That was 3 years ago. Monica now attends a weekly mindfulness meditation class at a yoga studio. She practices at home and uses meditation when she feels anxious about getting tests or going to doctors’ appointments.

If you think you'd have trouble sitting still and letting your thoughts go, welcome to the club.

"Sitting, breathing and clearing your mind is incredibly difficult for any human being because your brain is there to think," says **J. Kathryn de Planque, PhD**, a meditation group facilitator at the Simms/Mann UCLA Center for Integrative Oncology in Los Angeles.

Instead of worrying about "failing" at meditation, you could try walking meditation, meditative movement — such as yoga, tai chi and qigong — or meditation with guided imagery. In her groups, Dr. de Planque plays music and guides participants with imagery, often using colors and nature scenes that provide a place of comfort, peace and renewal. Other images are used for specific healing or immune system support, she says, all with the goal of optimizing health and well-being.

"Even just 5 to 10 minutes of relaxation, calming and focusing on something positive is going to help," she says.

Christine Egan, 49, from Bayport, New York, meditated on and off in the years before being diagnosed with early-stage breast cancer in 2010. She used meditative breathing techniques during her doctors' visits.

"It kept me from spiraling out with my thoughts," she says.

During surgery, chemotherapy and radiation treatment, Christine meditated with guided imagery and visualizations.

"I wanted to bring every imaginable healing force that I could" to work against the cancer, she says. She now meditates outdoors every morning, regardless of season, listening to guided sessions on her phone. She walks for part of the meditation and sits for the rest.

Experts say meditation is safe for people with early-stage or metastatic breast cancer. By centering on the present moment and not the future or past, meditation can be especially helpful for those with metastatic disease, Dr. de Planque says. It enables people to set aside thoughts of cancer and "focus on the goodness in their lives, the beauty of nature, and the feeling of loved ones around them."

Meditation Research

While many people affected by breast cancer use meditation, science-based research about its benefits is limited. But in 2017, the Society of Integrative Oncology published updated guidelines on using complementary therapies, like meditation, with conventional care. The group found enough research-based evidence to suggest meditation as a complementary therapy for certain quality-of-life-related problems linked to breast cancer, including anxiety, stress, depression and mood disorders.

Research on mindfulness-based stress reduction found benefits as well. In a study of women who had completed treatment for early-stage breast cancer, those with the highest stress levels before starting the program had the greatest improvement. The program also was shown to improve sleep, reduce fear of cancer returning, lessen fatigue and help with chemobrain.

How meditation achieves these good effects is not yet known, but early studies show it may cause changes in the brain's structure and function and reduce inflammation in the immune system. To maintain benefits, research showed, meditation practice should be regular and ongoing.



Christine Egan



Christine Hodgdon

Getting Started

Meditation can feel intimidating, especially when you first begin.

"I tried it a few times before cancer and couldn't sit there," says **Christine Hodgdon**, 37, of Hagerstown, Maryland. "I thought, 'This really isn't for me.'"

In April 2015, Christine was diagnosed with metastatic breast cancer and early-stage thyroid cancer at the same time. She attended a 6-week class based on mindfulness-based stress reduction at her cancer center. Each session began with participants saying one word to describe what they were feeling, followed by a brief guided meditation. Then participants shared another one-word feeling. The second word was usually more positive than the first, Christine says.

As the class progressed, the meditation time increased.

"In the beginning, 2 minutes felt like a lifetime," she says. "At the end, I was doing 10 or 15 minutes and thinking that wasn't enough."

The class helped her manage stress and fear. She now does 5-minute daily meditations at home.

Meditation can be free if you practice on your own or take part in no-cost sessions, such as those Dr. de Planque conducts at the Simms/Mann UCLA Center. Some classes are low-cost. Monica pays \$15 for each meditation class she takes. Sessions with private therapists can be much more expensive and usually are not covered by insurance.

Free meditation resources include phone apps, YouTube videos, and audiobooks, e-books and videos borrowed from your library. Some phone apps have a fee. Ask your oncologist's office or cancer center social worker for information on meditation classes in your area. 🍌

TIPS FOR STARTING OUT

- Remember, there's no one right way to meditate. You don't need a special place or fancy altar
- Try various meditation apps and videos to find those with voices and approaches you like
- Do brief sessions, daily if possible
- Try a group if you don't like meditating alone
- It's normal for your mind to wander while meditating. Just bring your thoughts back to the present
- Be gentle on yourself

A Front Row View of Changes in Breast Cancer Care

BY DIANNE COOPER-BYRAM, PHD

Since Dianne Cooper-Byram, PhD was a young child, breast cancer has had a prominent role in her and her family's lives. She's had a front row view of how treatment of breast cancer and the culture around the disease has changed over the years. Here, Dianne tells her story.

My mother was diagnosed with breast cancer at age 27, in 1948, when I was 3 years old. I realized later that after her diagnosis she tried to live life to its fullest, due to her belief that she didn't have as many minutes left as other women her age. Her energy was infectious. It became a lifestyle we all adopted. My dad took a much bigger role in parenting after her diagnosis. He became the director of the "fun time," which lasted into my adolescence. We took lots of road trips and just enjoyed the new adventures. He said if we could drive there we could go there. As I think back, the nonverbal message was "live NOW." He was the ultimate optimist. There would be no more talk about breast cancer or dying. Mom didn't die, much of the fun settled down, and we became a regular family, except Mom went off to work (to prove she could) and Dad continued to do much of the parenting, which was not very common in the 1950s.

I grew up, went to college, got married and had children. When I was 24 years old, my sister was diagnosed with breast cancer. She was 27, just like my mom was, and had the same disfiguring radical mastectomy my mother did. You would think that they would have improved on the treatment of breast cancer in 20 years!

My mom and sister were silent warriors: There was no talk about the emotions they or my dad and brother-in-law felt. I made a decision that when I got breast cancer (I was told it was inevitable because of my family history) I would not be quiet.

I had my first mammogram at age 27. On a Friday in 1976, when I was 29, the surgeon, who I had been seeing every 6 months since my sister's diagnosis, found "something" in my right breast. He immediately made arrangements for me to have it evaluated in the hospital the following Monday. I told the surgeon that if I did have cancer, I would not do a radical mastectomy because I did not want to be so disfigured. He agreed to my request.

I truly believe the more we know, the better the decisions we can make. But what about our quality of life? Can the fear of the future ever be quieted? I hope we can take the energy we would put toward fear and turn it into courage to fight for the health of the next generations.

Monday came, and off we went to the hospital. I was not very anxious: I figured it would all be fine. We checked in and saw the doctor, who was very reassuring and told me he would take good care of me — sounded good to me!

How surprised I was after the surgery when I was told that I had a malignant tumor and that they had removed my breast without first telling me the diagnosis. I decided then that I would do something to help other women, so they could have tumors evaluated without the rush.



Dianne Cooper-Byram



Dianne and her husband, Bob

I was in the hospital for 12 days (so different than the 1 or 2 days' stay today). I wanted to feel bad and grieve for the breast I lost. Instead I went home. My boys, who were 3 and 4, were there waiting, the dog was barking and the results of my exam from the Marriage and Family Therapist licensing exam I had taken were there (hooray, I passed). No time for tears, or grieving. Later I found every time I wanted to throw a tantrum, or get depressed, or be scared, there was something sadder someone else was going through, so I did not take the much-needed time for myself. I attributed my resilience to my mom's motto: "Don't give in. Get up. Don't let them see you sweat!"

My sister's breast cancer returned in 1989. She died of metastatic disease in 1991, when she was 49 and I was 46. My mother and I were in shock. My mother never recovered from the loss of her daughter and the guilt that she had given her breast cancer. There was no consoling her, even though we knew very little about "breast cancer genes" at that time and there was nothing she did to cause it. Again, I made a decision to find out all I could about breast cancer and how it was passed from generation to generation. I did this quietly, as I did not want to make it my identity.

I found a plastic surgeon who would do reconstruction and reduce my existing breast. The reconstruction was a long, hard process. There was no such thing as expanders then: It took five surgeries. I would go on to have four different sets of breasts in my life.

After my first diagnosis I went on building my career as a psychotherapist, as well as being a mom and wife. Nobody talked about the shift in our life. Eventually my husband and I divorced. Breast cancer and fear of the unknown put a great deal of pressure on a young marriage.

I needed to find a job. I thought I would teach, but the school district said I would have to wait, as it was too soon after my breast cancer to hire me. That was in 1978 — things have changed since then. I got a job with the American Cancer Society, and my career took on the specialty I wasn't sure I wanted.

I went back to school to get my PhD and became a licensed psychologist with a specialty in behavioral health. I learned all I could about breast cancer genetics.

I had a recurrence in 2000 and finally had a second mastectomy. I also had my ovaries removed, because, no surprise, I tested positive for a *BRCA1* mutation. I went on a crusade to encourage the rest of the family to test. They had little interest at first, but now some members of the younger generation are in the process of getting tested. I now know how my mom felt.

Times have changed and advances in treatments, detection and information about breast cancer have grown. People live longer and talk more.

Times have changed and advances in treatments, detection and information about breast cancer have grown. People live longer and talk more. With any medical advances, there are ups and downs. With genetic testing comes more decisions people have to make. I have worked with many women who were positive for a mutation in the *BRCA1* or *BRCA2* gene. They had the daunting task of making decisions about preventive measures. I support them in thinking not only about the quantity of life, but often about the quality of their lives. I truly believe the more we know, the better the decisions we can make. But what about our quality of life? Can the fear of the future ever be quieted? I hope we can take the energy we would put toward fear and turn it into courage to fight for the health of the next generations.

Dianne Cooper-Byram, PhD, is 72 years old and a licensed psychologist. She lives with her husband, Bob, and their dog, Dolly, in Oxnard, California. Dianne and Bob have six children, 15 grandchildren and one great-grandchild. 🐾

Watch for Problems

If the discomfort you feel includes increasing redness or warmth around your surgical incision or drains, you should call your doctor right away, says **Margaret Rinehart Ayres, PT, PhD**, because you could have an infection, a serious but treatable problem. Dr. Rinehart Ayres specializes in homecare physical therapy, is an advocate for oncology rehabilitation and is an associate editor for the American Physical Therapy Association's *Rehabilitation Oncology* journal.

Some swelling is normal after surgery. It doesn't necessarily mean you have lymphedema, a long-term condition that causes swelling under the skin of your hand, arm, breast or torso, on the same side as the cancer. But if you feel heaviness or fatigue in your arm or if your jewelry or clothing start to feel tighter on that side, tell your doctor so he or she can check you for lymphedema, Dr. Rinehart Ayres says.

Prioritizing your own comfort is important after breast cancer surgery, Dr. Rinehart Ayres says. This includes choosing the right clothing.

Get Comfortable

Prioritizing your own comfort is important after breast cancer surgery, Dr. Rinehart Ayres says. This includes choosing the right clothing. Because your range of motion can be impacted by surgery, and your arm may be sore or stiff, she suggests wearing shirts or nightgowns that button or zip in the front so you don't have to raise your arms above your head or reach behind your back to get them on or off.

Ronda Henry-Tillman, MD, a surgical oncologist specializing in breast oncology at the University of Arkansas for Medical Sciences, in Little Rock, asks her patients who have a lumpectomy to wear a bra for at least the first 48-72 hours after surgery, even at night, to ensure the breasts have enough support. She says if a woman has a mastectomy and feels most comfortable wearing a bra, she can do so right after surgery. Choose a bra that is comfortable and easy to get on and off: Sports bras that close in the front or mastectomy bras designed to be soft may be best. Mastectomy bras are specially made for surgical recovery, and some have pouches to hold breast prostheses. Prostheses make your chest look more natural underneath clothes.

Rest is an important part of recovery. But you may need to change your normal sleep positions as they may be uncomfortable after breast surgery, Dr. Rinehart Ayres says. Sleeping on your stomach or on the side where you had surgery may cause pain and discomfort, which makes getting good sleep more difficult.

Charron had to get used to sleeping on her back, she says, to keep pressure off her arm and chest. A friend sewed a C-shaped pillow that fit around Charron's waist and supported her head, chest and arm, which helped.

Take Care of Drains

After major surgery, fluids can build up in the space where tumors, breast tissue or lymph nodes were removed. This is normal. But if the fluid is left in the body, it could cause swelling and pain. To prevent that, your surgeon will place drains to help those fluids leave the body. You may have one or two drains on each of the sides on which you had surgery. The drains consist of a tube from the inside of your body near your surgery scars, leading to a bulb on the outside that collects fluids, including blood.

Your providers should teach you or a caregiver how to empty the drains every day and measure and write down how much liquid comes out. Once the amount is under a certain level specified by your doctor, your providers can remove the drains. You may want to pin the drains to clothing to keep them secure, or buy special clothes with pockets for the drains.

To avoid dirty water getting inside the drains and causing infection, many doctors recommend against showering while the drains are in. Instead, they suggest taking sponge baths or regular baths if you can to avoid getting the drains and incision areas wet.

"I didn't like that part," Lynette says. "Just the smell and the inconvenience of the drains. It's uncomfortable. I didn't want to go anywhere."

Some doctors say it's OK to shower as long as you keep the drains dry and out of the way. And some women shower, even if their doctors recommend against it. Some women attach the drains to belts, pouches, strings or jewelry around their waists or necks to keep them dry and out of the shower stream. If you want to shower while your drains are in, talk to your healthcare providers and to others who have had drains after breast cancer surgery for ideas.

When it's time for your drains to be removed, usually 1 or 2 weeks after surgery, your doctor will pull them out during a quick outpatient procedure. Some people experience pain or discomfort, but others don't.

Charron called getting the drains taken out, and then being able to take a shower on her own, the best part of recovery.

Move Your Body

After surgery, your chest and arms can feel tight and painful. It may be hard to reach toward a high shelf or carry light groceries. If you've had a mastectomy, reconstruction, or both, Dr. Rinehart Ayres recommends avoiding lifting heavy objects for the first week or two. Your doctor can tell you what "heavy" means in your situation. Many recommend not lifting more than 10 pounds.

But carefully using your body, rather than avoiding moving it, can help you recover faster.

“It’s important to try to be involved in an exercise routine to try to get back to your normal function as soon as possible,” Dr. Rinehart Ayres says.

Most healthcare providers encourage their patients to do arm exercises that can help improve their range of motion. Charron’s team recommended daily mobility exercises, like raising her arm or crawling her hand up a wall. The exercises helped her feel stronger faster than she thinks she would have otherwise.

“It showed me, when I could lift my arm a little higher, that I was healing,” she says.

If you’re interested in starting or returning to a fitness routine, talk to a physical therapist or other healthcare provider so you don’t do too much too fast.

Accept Help From Others

Surgery can limit your normal activities in unexpected ways, and having others there for you, to do things like bring you food, care for your kids or remind you to take medicine, can help. For example, many doctors recommend against driving for a week or two after breast surgery because holding your arms out to grab and turn the steering wheel can be painful, and driving while taking prescription pain medicine is unsafe. Ask a loved one to drive you home after surgery and elsewhere until you feel comfortable.

Carol Jacobs, 82, from Chestnut Ridge, New York, had a mastectomy without reconstruction in 2013. That surgery, plus fatigue caused by other breast cancer treatments, led her to stop driving for a couple of months. Instead, family members, neighbors and friends did the driving.



Carol Jacobs

“I am known for preferring to do things myself,” she says, “so people recognized if I [did] ask for help I really needed it, and they were quite responsive.”

Carol calls her recovery “uneventful,” largely because of a home care nurse, who checked in on her for 2 or 3 weeks until her drains were out. When the nurse left, Carol felt confident she could handle the rest of her recovery herself.

Still, Carol, who had radiation therapy after surgery, says it’s hard to consider yourself “recovered” from surgery while you’re still in treatment.

“But I do remember the very first time I went out dressed as I normally would dress and I was wearing my prosthesis for the first time,” she says. “I remember thinking ‘I look like everyone else. I look normal.’” 🌟



BEYOND THESE PAGES

How much time you take off from work will depend on the surgery you had, how demanding and how flexible your job is, your financial situation and your personal preferences. Visit lbbc.org/job to learn more about breast cancer and the workplace.

Ask Your Peers



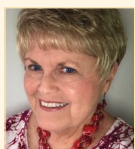
Eileen M. Posner, 40
Downingtown, Pennsylvania

“I only have to take a prescription at one time of day, so a water bottle with a built-in pill box right next to my toothbrush is the easiest way for me to remember!”



Emily Garnett, 32
New York, New York

“I have my medicines set right by my coffee maker, so I remember to take my meds with my coffee. Also I have an alarm on my phone.”



Judy Dale, 71
Egg Harbor Township, New Jersey

“I went from not taking any medications to taking seven vitamin supplements and one cancer drug. My daily medication reminder is a 7-day pill organizer, which sits out on my countertop in full view!”



Donna Frome, 43
Tampa, Florida

“I’ve set a daily alarm on my phone that I call ‘Tamoxifen.’ I swear I would forget to take it if I didn’t!”



Sandra Scaturro, 36
Hoboken, New Jersey

“I found pill bottle caps that tell you the exact time you took your meds, so you know when you took it. Every time you open the bottle it marks the time. They’re sold in multiple sizes at drug stores everywhere and are so helpful!”

🌟 *How do you deal with anxiety caused by medical appointments? Let us know at editor@lbbc.org.*

Chico's FAS Chooses LBBC as One of Just Two National Charity Partners

BY KIRSTIE KIMBALL

We are proud to announce that as of January 1, LBBC has been chosen as one of just two national charity partners for Chico's FAS. From in-store events to yoga fundraisers to digital campaigns, Chico's FAS has supported Living Beyond Breast Cancer in many ways over the past 14 years. Together with their customers, Chico's FAS and their three clothing brands, Chico's, Soma and White House Black Market, have donated more than \$7.5 million to LBBC over the past 14 years of our partnership. This has funded LBBC's education and support programs for those affected by breast cancer, which last year reached more than 550,000 people.

"LBBC is the answer after a doctor delivers the news, 'You have breast cancer,'" says **Julie Lorigan**, vice president of investor relations, PR & corporate communications for Chico's FAS. "We want all women to know they have a friend throughout this journey."



Early Years

This transformative partnership began in 2004, when Chico's FAS brand White House Black Market created a necklace that became the first product they sold to support LBBC and the women we serve. The partnership was a success, and over time, White House Black Market expanded the number of items sold in support of LBBC every year. Their Give Hope collection has included scarves, umbrellas, T-shirts, notecards and jeans. Stores also began to accept donations from shoppers at the register.

In 2011, sister company Soma joined in, donating a portion of sales during October to LBBC. Chico's FAS brand Chico's has also supported LBBC with special products, such as a butterfly T-shirt.

"The funds donated by Chico's FAS, and particularly White House Black Market, have made a huge difference to LBBC and the work we do," says **Jean A. Sachs, MSS, MLSP**, CEO of LBBC. "Their beautiful products benefit our mission and also help raise awareness of how LBBC can help those facing breast cancer. Together we have been able to make a real difference in the lives of those affected."

Bringing the LBBC and Chico's FAS Communities Together

To celebrate their 25th anniversary in 2010, White House Black Market featured 25 LBBC volunteers in their fall catalog who had been diagnosed with breast cancer. This group became known as the Forever 25, and continued to come together annually as a team, supported by White House Black Market, at the Philadelphia

location of LBBC's signature annual fundraising yoga event, Reach & Raise. The Forever 25 group was so inspiring that between 2010 and 2016 White House Black Market's fall catalog featured LBBC constituents, staff and volunteers.

In addition to supporting the Forever 25 team at Reach & Raise: Philadelphia, Chico's FAS brought the event to their home community of Ft. Myers, Florida, in 2015. Employees from all three brands participated, getting local sponsors and engaging in good-natured competition to see who could raise the most money.

"Everyone at Chico's FAS really got behind the event," says **Jessica Betts**, associate director of development at LBBC. "They did an amazing job of reaching out to their local community, as well as raising much-needed funds for LBBC."

The 2015 event raised more than \$73,000 with over 800 combined participants and donors. Chico's FAS and LBBC are planning to bring Reach & Raise back to Ft. Myers in early 2019.

In 2016, Chico's FAS brands started working with LBBC leadership volunteers in select White House Black Market and Chico's stores around the country to raise awareness for a campaign that encourages customers to make donations to LBBC at the register. Each store's event had its own flair with in-store giveaways, fashion shows and refreshments. Extra donations from customers at the register across all three brands has raised a huge amount of extra financial support for LBBC.

Looking to the Future

Over the past decade-plus, White House Black Market and the other Chico's FAS brands have become part of the fabric of LBBC. They sponsored our annual gala, The Butterfly Ball, and worked with us on many social media campaigns. They donated gifts for participants at our conferences and dressed LBBC representatives for important events. LBBC and Chico's FAS look forward to continuing and deepening this unique partnership in the years to come, to get even closer to LBBC's vision of a world where no one impacted by breast cancer feels uninformed or alone.

"At Chico's FAS, our family of brands is here to support not only these women but their family and friends," says Ms. Lorigan. "We look forward to an exciting partnership this year and the opportunity to impact and reach more women." 🍌



Members of the Forever 25 group at LBBC's 2015 yoga event in Philadelphia.

DONOR PROFILE

Amy Lessack: 'I Knew This Was the Place for Me'

BY SANDRA E. MARTIN

Since 2012, in her role as an LBBC board member, **Amy Lessack** has been an extraordinary ambassador, spokesperson, cheerleader, connector and fundraiser. At the end of 2017 Amy's board term came to a close. Before her tenure ended, Amy spoke with LBBC's vice president of advancement, **Sandra E. Martin**, about her connection to LBBC.

SANDRA: How did you first get involved with LBBC?

AMY: When I was diagnosed with breast cancer in 2002, there was no breast cancer organization focused on women under 40, let alone 36, [as I was]. A family friend connected me to LBBC. I called and spoke with a staff member who hooked me up with information and invited me to an upcoming meeting. I will always remember her kindness and the spirit with which she welcomed me to a group I never dreamed of joining. But there I sat listening to a very smart oncologist share things that I needed to know. From that moment I knew this was the place for me.

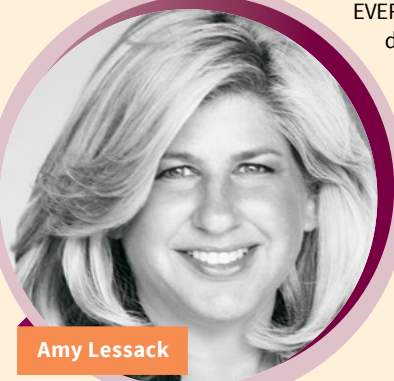
SANDRA: Why do you give so generously of your time and resources?

AMY: I give my time and resources because I know that every decision I have made, and that I continue to make, has been informed by the people and the information I receive from being connected to LBBC. I know that more than 80 percent of the funds raised are used for programing. I have been lucky enough to know the staff for more than 15 years and see their passion and dedication in a million different ways. I know everyone at LBBC lives its vision and mission every day.

SANDRA: What does LBBC mean to you?

AMY: LBBC means EVERYTHING to me! It is my go-to organization for breast cancer information, support, community, advice, smiles, hugs, cheers, tears and more! It is the place that embraced my mom when she went to an LBBC conference for young women in 2003 in Philadelphia by herself because I wasn't well enough to go. It is the place where my mom finally understood and embraced my tough decision to have a hysterectomy after my initial treatment ended. It is the place where I first heard the woman who would eventually be my radiation oncologist speak, through one of LBBC's conferences. It is the place that embraced my dear friend and sister Jewel when she was diagnosed. It is the place where I have met the most wonderful people who I would never have crossed paths with. And it is the place in my heart that gives me the most comfort when I need it the most. It is the place I tell EVERYONE to go when they or a friend is diagnosed with breast cancer.

In 2013, as an honoree at LBBC's annual Butterfly Ball, Amy raised \$58,000. As a Reach & Raise team captain she and her team Thrivin' and Survivin' have raised over \$24,000. Amy is an inspiration to all the staff at LBBC and her leadership on the board will be missed dearly. 🐛



Amy Lessack



Amy Beth, center, in bandana, at the event

DIY SPOTLIGHT:

Concept2 Versus Cancer

WHO: Amy Beth, 54, Denver, Colorado

WHAT: Concept2 versus Cancer Fitness Challenge: A 1,000-meter sprint ski machine competition followed by a team half marathon on rowing machines

WHEN: November 12, 2017

WHERE: Adam Harris Fitness, Denver, Colorado

AMOUNT RAISED FOR LBBC: Over \$1,000

TOTAL ATTENDEES: 16

Amy, who finished chemotherapy for stage II hormone receptor-positive breast cancer a month before the event, says, "Throughout my treatment, I have been fortunate to have tons of support from my partner, family, friends and co-workers. One indispensable supporter throughout treatment has been my personal trainer, Adam Harris. I trained with Adam the day before every chemo cycle and I know for a fact that pushing my body and feeling alive while working out with him is what got me out of bed the next morning and ready to face another round of chemo. It was Adam's idea to host Concept2 versus Cancer in my honor and my idea to donate the proceeds to LBBC. It was a perfect combination to have two key components of my recovery come together in one fun event. The 3-hour workout ended with food and beer and an amazing feeling of family and support."

—Compiled by LBBC advancement staff

Interested in hosting a Do-It-Yourself event in support of LBBC? To find out more, contact Jessica Betts at jbetts@lbbc.org.



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Insight

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Connecting you
to trusted breast cancer information
and a community of support

2018 Conference on Metastatic Breast Cancer

Thriving Together

Friday, April 20 – Sunday, April 22, 2018

To learn more
or register, visit
lbbc.org/2018metsconf



SPRING 2018

Calendar

Educational Programs

WEBINARS

All webinars are held from noon – 1 p.m. (ET)

APRIL 25

Sex and Intimacy During Breast Cancer Treatment

JUNE

HER2-Positive Therapies

TWITTER CHATS

JUNE 20

Dating

AUGUST 15

Metastatic Breast Cancer topic

BREAST CANCER 360s

Online and in person!

JULY 26

Emotional, Social and Physical Effects of Fatigue

Presented by Living Beyond Breast Cancer's

Young Women's Initiative

Baltimore, Maryland

Conferences and Special Events

APRIL 20-22

2018 Conference on Metastatic Breast Cancer

Thriving Together

Philadelphia, Pennsylvania

MAY 20

Living Beyond Breast Cancer's Reach & Raise: Philadelphia

Philadelphia, Pennsylvania

SEPTEMBER 28-30

2018 Living Beyond Breast Cancer Conference

Philadelphia, Pennsylvania

OCTOBER 27

Butterfly Ball

Philadelphia, Pennsylvania

Check **LBBC.ORG** for the latest program information

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