



**LIVING BEYOND
BREAST CANCER®**

With you, for you.

THE CHOICE:

When Is Chemotherapy the Right Treatment for Breast Cancer?

BY ERIC FITZSIMMONS



Alison Mead

Treatments are meant to stop disease and help people feel better, but chemotherapy, a common treatment for breast cancer, may make you feel worse before you feel better. Chemotherapy is known for causing side effects, from hair loss to nausea to heart damage to *neuropathy*, a numbing sensation in the hands and feet. Not everyone experiences all or most of these side effects, but the possibility is enough to worry people diagnosed with cancer.

How doctors recommend who gets chemotherapy has changed in recent years. Treatments like hormonal therapy can allow some to go without chemotherapy. New tests can now estimate certain people's risk of recurrence and how much chemotherapy could lower that risk. But for many people with breast cancer, chemotherapy is still standard treatment.

Every person with breast cancer faces a choice when the doctor recommends treatment, says **Pallav K. Mehta, MD**, director of integrative oncology at MD Anderson Cancer Center at Cooper, in Camden, New Jersey. Dr. Mehta is also a member of Living Beyond Breast Cancer's board of directors. For some people the choice is clear: Chemotherapy is the best chance to stop the recurrence of early-stage breast cancer or the spread of metastatic breast cancer. But others may need to talk about the benefits and side effects of chemotherapy to choose treatment.

The Talk

"Right now, today, I know it was the right thing to do," **Alison Mead** of West Tisbury, Massachusetts, says about getting chemotherapy. But it is only recently that she has been able to say that with any confidence. Alison was 43 when she was diagnosed with stage I estrogen receptor-positive breast cancer in 2015. Her doctors at Massachusetts General Hospital, in Boston, recommended chemotherapy because the tumor was large and fast-growing, but Alison worried about the side effects.

Alison pushed back. She told her doctors she was uncomfortable getting chemotherapy and she got a second opinion at the Dana-Farber Cancer Institute, also in Boston. In addition, she asked to get the Oncotype DX test, which can estimate how much certain women will benefit from chemotherapy.

"I think from the very beginning I just felt like information was the only thing I could control," Alison says. "[Breast cancer is] a huge deal and to be comfortable with all of these horrendous decisions you're making, you want to be really sure."

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INSIGHT STAFF

Erin Rowley, *Editor*
 Jessica Betts, *Staff Writer, Advancement*
 Josh Fernandez, *Staff Writer, Marketing*
 Eric Fitzsimmons, *Staff Writer, Programs*
 Kevin Gianotto, *Contributing Writer*
 Nicole Katze, MA, *Staff Writer, Programs*
 Sandra E. Martin, *Staff Writer, Advancement*

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40 Monument Road, Suite 104
 Bala Cynwyd, PA 19004
Breast Cancer Helpline
(888) 753-LBBC (5222)
Tel: (855) 807-6386
Fax: (610) 645-4573
Email: mail@lbcc.org
Website: LBCC.ORG
Blog: lbcc.org/blog

-  facebook.com/livingbeyondbreastcancer
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-  Instagram.com/livingbeyondbc
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Dear Friends,

In 2016 Living Beyond Breast Cancer has celebrated 25 years of living our mission: providing trusted information and a community of support. Among the many large and small milestones we celebrated are:



- Our “Get [...] with Us” campaign generated hundreds of original slogans written by attendees of our programs and fundraising events. Responses include “Get [Strong] with Us,” “Get [Inspired] with Us,” “Get [Friends for a Lifetime] with Us” and “Get [Rockin’] with Us.”
- We developed a compelling media campaign around the new tagline “With you, for you.” You may have seen or heard messages on social media, billboards or the radio. The campaign came to life with a new organizational video. Please take a moment to view it at lbcc.org/about and share with others. All the women featured in the campaign have been diagnosed with early-stage or metastatic breast cancer. They generously gave of their time and talent and I appreciate their courage and willingness to share their stories so broadly.

These efforts and many more are all part of the organization’s strategic plan to increase awareness of our mission and our many programs. Each of you can help by telling a friend, family member or co-worker who might need our services.

As you prepare for the holiday season, please remember LBBC is here for you if you have questions, need support or simply want to connect. We know breast cancer doesn’t take a holiday.

Wishing everyone a happy and healthy New Year and looking forward to doing more together in 2017.

Warmly,

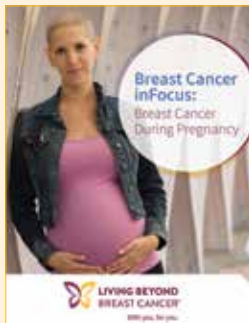
Jean A. Sachs, MSS, MLSP
 CEO

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News & Education

BY KEVIN GIANOTTO, FOR LBBC



Read All About It

Over the past year, a number of new and updated titles have been added to LBBC's publications library.

These free brochures provide readers with medical information, tips from others affected by breast cancer and suggestions on other helpful resources.

New titles include the *Guide to Understanding HER2-Positive Breast Cancer*, which was supported by a grant from Genentech. The guide provides those with this breast cancer subtype a better understanding of their diagnosis, treatment options and side effects. Another new title is the *Guide to Understanding Clinical Trials*, which was supported by a grant from Novartis Oncology. The guide offers a comprehensive look at the value of clinical trials, how to discuss their benefits with care providers and where to learn more about participating.

We also published two more titles in our *Breast Cancer inFocus* series, which provides an in-depth look at issues affecting groups of people with unique needs. Those titles are *Breast Cancer in Men* and *Breast Cancer During Pregnancy*.

This year, we translated our *Metastatic Breast Cancer Series: Guide for the Newly Diagnosed* into five languages: Spanish, Chinese, Tagalog, French and Vietnamese. The project was funded through a grant from Lilly Oncology. This will bring much needed resources to people in the U.S. who get health information in these languages.

Updated editions of the *Guide to Understanding Lymphedema*, *Guide to Understanding Triple-Negative Breast Cancer* and *Metastatic Breast Cancer Series: Managing Stress and Anxiety* are also now available.

All of LBBC's guides are available to read or download at lbbc.org/guides. Visit lbbc.org/marketplace to order print copies. Individuals copies are shipped free of charge. A shipping and handling fee is required for bulk orders.

This Just In

LBBC was chosen to present at the third ESO-ESMO Breast Cancer in Young Women International Conference, BCY3, held in November in Lugano, Switzerland. Our presentation, "Advocacy Training Program Targeting Low-Income Young Women Affected by Breast Cancer Improves Knowledge and Enhances Outreach Efforts" highlighted our Young Women's Initiative's Young Advocates program. Since 2013, this program has given almost 150 women diagnosed with breast cancer before age 45 the tools and training to make a difference in their communities by raising awareness, furthering understanding of the disease and advocating for others. To learn more, visit LBBC.ORG.

Save the Date!

Our conference attendees describe meeting hundreds of others diagnosed with breast cancer and learning from the country's top medical experts as "inspiring," "amazing" and "more useful than I ever expected." We welcome new and returning conference participants to save the date for our 2017 events:

- **Thriving Together
2017 Conference on Metastatic Breast Cancer**
Hilton Philadelphia at Penn's Landing
Philadelphia, Pennsylvania
April 28-30, 2017
- **Living Beyond Breast Cancer Conference**
The Peabody Memphis
Memphis, Tennessee
October 6-8, 2017

Visit LBBC.ORG in the coming weeks to learn more or call us at (855) 807-6386. 🍌

What to Know and How to Choose

BY ERIN ROWLEY

**DON'T MISS IT!
OPEN ENROLLMENT
RUNS THROUGH
JANUARY 31**



Elaine Davis

Kelly Nemecek

Elaine Davis, 62, of Newton, Kansas, was diagnosed with stage IIa breast cancer in October 2015 — just 5 months after retiring from her job. She and her husband decided they would get their 2016 health insurance from one of the marketplaces created by the Patient Protection and Affordable Care Act, also called Obamacare. These marketplaces serve people who don't already have private insurance — through an employer, for example — and don't qualify for Medicare or Medicaid.

Every year there is an *open enrollment period*, during which you can sign up for health insurance through your state's marketplace, or the federal marketplace at HealthCare.gov, depending on where you live. The open enrollment period to sign up for a 2017 plan began November 1 and runs through January 31.

CHANGES AHEAD

With the election of Donald Trump, who pledged to “repeal and replace” the Affordable Care Act, we are likely to see big changes in the ways people access health insurance. The road forward is uncertain, but experts have told LBBC that marketplace plans are unlikely to go away in 2017 if people purchase plans and pay their premiums. We'll report on this ongoing story in the coming months at LBBC.ORG.

Updates for 2017

Premiums, the monthly price you pay the insurance company in order to have insurance, rose significantly for 2017: Premiums for mid-level plans increased by an average of more than 20 percent. People using the marketplace are, overall, sicker than expected, and many younger, healthier people aren't buying plans or are buying the cheapest plans. This caused insurance companies to lose money, and in turn, raise prices or stop offering plans in certain areas. Aetna offered plans in 15 states in 2016, but offers them in just four (Delaware, Iowa, Nebraska and Virginia) for 2017. UnitedHealthcare offered plans in 34 states in 2016, but offers them in just three (Nevada, New York and Virginia) for 2017. Humana left most states in which it offered marketplace plans. And Blue Cross Blue Shield offers fewer plans in some places than it did for 2016. Fewer companies lead to higher costs and fewer healthcare providers to choose from.

Kelly Nemecek, 50, lives in Phoenix, Arizona, where there is only one marketplace insurer for 2017. She was diagnosed with stage IIIa breast cancer in April 2015. She's gotten health insurance through the marketplace since 2012, when it was first available, and is now on her fourth or fifth plan. Kelly's premiums have more than doubled in that time span. Since UnitedHealthcare left her marketplace, Kelly had to pick a new plan for 2017.

STILL THE SAME

The core principals of the Affordable Care Act haven't changed: The law requires plans to cover cancer screening, treatment and follow-up care. It also stops insurers from denying coverage because of a pre-existing condition, including cancer, or charging a person more just because they're sick. It stops insurers from putting a dollar limit on how much care they'll pay for and it sets a limit on total out-of-pocket costs you have to pay. In 2017, that limit is \$7,150 for individual coverage and \$14,300 for family coverage (not including monthly premiums). You may buy a plan that sets the limits you pay out of pocket lower than this, but as that limit goes down, your premiums go up.

Choosing the Right Plan for You

Marketplace plans come in platinum, gold, silver and bronze, as well as “catastrophic.” (Catastrophic plans are only available to people who are under 30 or who qualify for a hardship exemption, and they have very high out-of-pocket costs.)

Platinum plans tend to have:

- High premiums
- More providers

- Low *deductibles*, the amount of money you have to pay out-of-pocket each year before insurance starts paying your medical bills
- Low *copays*, costs you're responsible for when you visit a doctor or fill a prescription
- Low *co-insurance*, the percentage of the cost of a service that you're responsible for
- Low *out-of-pocket maximums*, the most you will have to pay out of pocket for covered medical expenses

Bronze plans tend to have:

- Low premiums
- Fewer providers
- High deductibles
- High copays
- High co-insurance
- High out-of-pocket maximums

Gold and silver plans fall in the middle. When choosing a plan, consider its prescription coverage, providers and cost. Make a list of the prescriptions you take and check that each plan you're considering covers those medicines. Check what your prescription copays will cost and look for different ways to get your medicine, such as mail-in options or specialty pharmacies.

Every plan has a network of healthcare providers. Check if your preferred providers are in-network in the plans available to you, because if you visit a provider outside that network, your plan may cover less, or none, of that provider's fee.

Premiums are the most obvious thing to consider when looking at the cost of a plan, since you must pay the premium every month, whether or not you have any medical expenses. But deductibles, copays and co-insurance are also important because when these are higher, using your insurance costs you more.

You can't predict all the medical care you will need and what it will cost. But you can make a list of expected medical expenses and compare each plan's coverage. This can give you a sense of how different premiums, deductibles, copays and co-insurance will affect your healthcare costs.

Find Help Understanding Plans

Joanna L. Fawzy Morales, Esq is a cancer rights attorney, author, speaker, and CEO of Triage Cancer, a national nonprofit connecting people to cancer survivorship resources. Triage Cancer teaches people to minimize their out-of-pocket costs. They often find that a plan with higher premiums but lower out-of-pocket costs, including low out-of-pocket maximums, can save clients thousands of dollars a year. This may be especially true for people with metastatic disease, whose treatment is ongoing. Visit triagecancer.org for information that can help you better understand your health insurance options. Other nonprofits, such as the Patient Advocate Foundation, at patientadvocate.org, may also be able to help.

Navigators are another helpful resource. These are people in each state who are trained to help you use the health insurance marketplace. Visit localhelp.healthcare.gov to find one near you.

Financial Aid

Financial aid includes *premium tax credits* and *cost-sharing reductions*. These forms of assistance are only available through the marketplace.

A premium tax credit can lower your monthly premiums by hundreds of dollars. Or, you can pay the full premiums and get a refund when you file your taxes. Most people are eligible for a premium tax credit, and when premiums increase, so do the value of these tax credits and the number of people who are eligible for them. Facing limited options, Kelly picked a silver plan for 2017 that, even with a \$178 subsidy, will cost \$100 more per month in premiums than her 2016 plan.

Cost-sharing reductions can give you lower out-of-pocket maximums, deductibles and copays than people who have the same plan but don't qualify for this form of aid. This is only available to people who choose a plan in the silver category.

How much financial help you get depends on your household income and how many people live with you. If your state participates in the federal healthcare marketplace and you have a 2-person household, you qualify for:

- a premium tax credit if your household income is between \$39,826 and \$63,720
- a premium tax credit and cost-sharing reductions if your income is between \$16,020 and \$39,825
 - If your income is above \$63,720, you don't qualify for these forms of financial aid. If your income is below \$16,020, you may qualify for *Medicaid*, a government healthcare program for low-income people.

If your state participates in the federal healthcare marketplace and you have a 4-person household, you qualify for:

- a premium tax credit if your total income is between \$60,626 and \$97,000.
- a premium tax credit and cost-sharing reductions if your income is between \$33,534 and \$60,625
 - If your income is above \$97,000, you don't qualify for these forms of financial aid. If your income is below \$33,534, you may qualify for Medicaid.

Visit healthcare.gov/lower-costs for more examples. If your state has its own marketplace, look at its website, which can be found at healthcare.gov/marketplace-in-your-state, to learn if you qualify for subsidies.

If your income is too high to qualify for financial aid from the government, you can still buy a plan through the marketplace at full price. Or you can buy a plan directly from an insurance company. HealthCare.gov's Plan Finder tool (finder.healthcare.gov) can help you find a plan outside the marketplace.

Elaine chose a Blue Cross Blue Shield silver plan for 2016, but went with a gold plan from that same company for 2017. Her premium will be higher, but she will also receive a bigger government subsidy, making the price she pays for the premium lower. She's frustrated that her plan doesn't cover any out-of-state providers, but she's grateful for the peace of mind her insurance provides.

"If we [hadn't] had that option, I think we would have spent somewhere close to a quarter of a million dollars on treatment so far," she says, "and that would have definitely bankrupted us." 🍌

Thanks for Sharing

BY NICOLE KATZE, MA

"I realized I needed [to share] as a way to

help me process what was going on."



Chiara D'Agostino
(@beautythroughthebeast)

When **Chiara D'Agostino**, of Montclair, New Jersey, was diagnosed with stage III triple-negative breast cancer in 2014, she was about to turn 43.

"I was terrified of seeing myself after my mastectomy," she says. "It made me question what makes me feel like a woman and what makes me feel sexy."

Chiara isn't alone. After a breast cancer diagnosis of any stage or type, many women question what their bodies mean to them physically, socially and romantically. Though it can be hard to accept how breast cancer changes your body, just as many women feel positive changes to their "bodytude" — the attitude they have toward their bodies and how they express that attitude to the world.

July 6-14, LBBC brought bodytude to Instagram by asking you to share your body image stories through photo diaries and selfies posted using the hashtag #MyBodyTude. Seven users' stories were also shared on LBBC's blog. Anyone who submitted had the chance to win a \$100 gift card.

The photo contest ended July 14, the same day LBBC hosted our **Breast Cancer 360, YWI Presents Love, Sex and Relationships: Body Acceptance After Diagnosis**, funded by a cooperative agreement through the Centers for Disease Control and Prevention. The program was moderated by Lu Ann Cahn,

a journalist who experienced breast cancer and the author of the memoir *I Dare Me*. A panel of breast cancer and body image experts, along with four women diagnosed with breast cancer at a young age, joined her. Together they explored how young women cope with body image in the modern age of social media, especially when they have breast cancer.

Chiara attended the 360 and also submitted photos to the campaign. A blogger who was also recently diagnosed with metastatic breast cancer, she regularly shares her story online. But it wasn't always that way.

"I realized I needed [to share] as a way to help me process what was going on," she says. A friend suggested she start an online journal, which has since grown into her blog, Beauty Through the Beast. Once she began, she realized she was building a "great army" through the social media channels she used.

"I think social media is fantastic," she says. "I've connected with so many people through Facebook groups and Twitter. We send each other links to resources, doctors' names, and advice."

When she heard about the #MyBodyTude campaign, Chiara felt she had to submit. She already had a collection of photos of herself post-reconstruction on Instagram, and saw LBBC's campaign as another avenue to get her message out there.

"I wanted to give a visual to everyone that cancer is not the stick-thin woman with tubes and wires [who people imagine]," she says. "I wanted to give hope to others, especially those with triple-negative breast cancer, that you can still get dressed up and go out in Manhattan."

During the campaign, 50 women contributed 231 photos that show them in situations ranging from a typical day out to the day they shaved their heads or had their reconstruction surgery. You'll find them all, along with contest winner **Ann Marie Otis** (@stupiddumbbreastcancer)'s entry, by checking out the hashtag #MyBodyTude on Instagram. 🍷

BEYOND THESE PAGES

To watch a video recording of Love, Sex and Relationships: Body Acceptance After Diagnosis, visit lbcc.org/body-acceptance.

Your 'BodyTude'



Contest winner Ann Marie Otis (@stupiddumbbreastcancer)

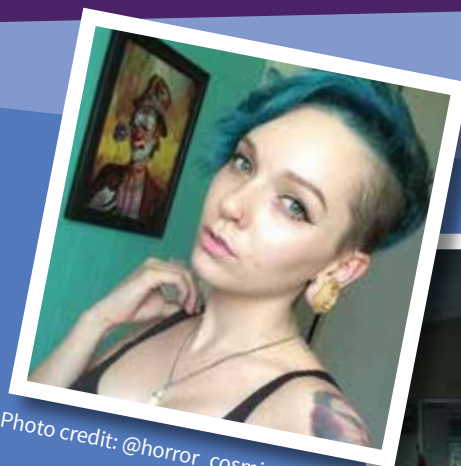


Photo credit: @horror_cosmic



Photo credit: @springroney

Photo credit: @bodybymiriambe

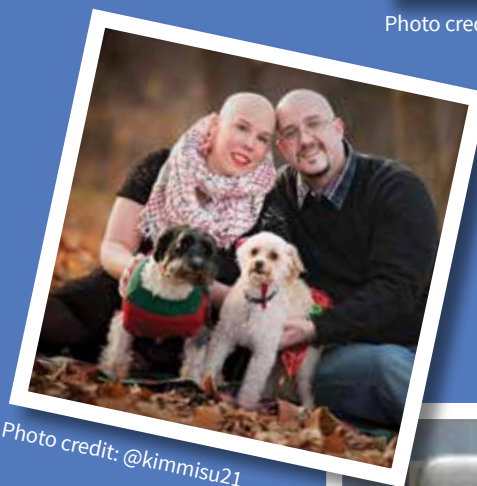
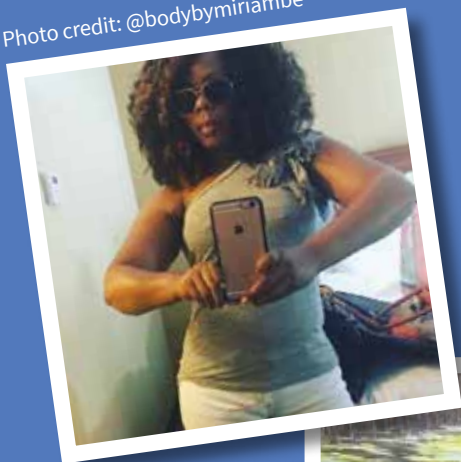


Photo credit: @kimmisu21



Photo credit: @brow_snob



Photo credit: @roberta.albany

'A Sea Change'

Doctors look at the features of each breast cancer diagnosis when recommending a course of treatment, says Dr. Mehta. Though there are many factors, some of the first features that doctors consider are your age, your overall health, the cancer's receptor status and whether *lymph nodes*— the first places breast cancer is likely to travel — are affected. He says certain types of early-stage breast cancer, such as HER2-positive and triple-negative, will probably need treatment with chemotherapy, as will a cancer that has spread to the lymph nodes. Doctors may also recommend more aggressive treatments like chemotherapy for women who are diagnosed before menopause. But these are not fixed rules, he says, and even if none of these conditions are present in a diagnosis, chemotherapy may be recommended.

In looking at these initial factors, not much has changed over the years. Finding breast cancer in the lymph nodes was one of the first ways doctors decided whether to recommend chemotherapy, Dr. Mehta says. But there are many differences today in the way doctors decide whether to recommend chemotherapy, compared to even a few years ago.

"I would say, without exaggeration, there has been a sea change in how we approach chemotherapy," Dr. Mehta says.

The Oncotype DX test is one of those major changes. The test looks at the genes of a tumor to estimate the risk of recurrence for a woman with early-stage, hormone receptor-positive breast cancer who takes the hormonal therapy tamoxifen for 5 years, without chemotherapy. The test also tells how likely the woman is to benefit from chemotherapy.

"What was happening before [Oncotype DX] was we were treating a lot of women to benefit a small percentage of them," Dr. Mehta says.

Doctors wanted to get chemotherapy to everyone who could benefit from the treatment, but there was no way to tell women with cancers that would respond to chemotherapy apart from women with cancers that wouldn't, he says.

Alison's Oncotype DX test reinforced what she heard from her doctors at Massachusetts General and the second opinion from Dana-Farber that her best chance to prevent recurrence was to get chemotherapy.

Alison had an Oncotype DX score of 28, an intermediate risk by the existing standard, but combined with what the doctors had already observed, chemotherapy was seen as the best option. Alison was told the pathologist asked why her oncologist would even order the test, saying "She's young, she's got an aggressive cancer. Of course she is going to have chemo."

'That Stuff Is Pretty Serious'

Christine Cave, 50, was diagnosed with hormone receptor-positive breast cancer in August 2014. Though the cancer was stage I, her doctor initially recommended chemotherapy.

The doctor spoke with Christine, who lives in Phoenix, Arizona, about the benefits and the side effects of chemotherapy.

Her pathology report and Oncotype DX test results showed how much having chemotherapy would lower her risk for cancer recurrence. The doctor encouraged Christine to take the information home and read it over.

"I didn't feel like the damage to my body would be worth the lower [risk] of recurrence," Christine says.

She brought her concerns to her doctor and they talked, eventually deciding treatment without chemotherapy would be best for Christine. She got a lumpectomy, then 7 weeks of radiation therapy. She was on tamoxifen but she had uncomfortable side effects, so she was switched to letrozole (Femara), which she will take for at least 5 years.

"I'm watching my mom have chemo right now and that stuff is pretty serious," Christine says.

Christine might make other treatment decisions differently if she could choose again, she says, but she is happy she decided against chemotherapy.

Treatment By Subtype

Being able to target treatment based on a number of factors, including the type of breast cancer a person has, is the other part of the big change in treatment, Dr. Mehta says.

EARLY-STAGE BREAST CANCER

If the breast cancer is hormone receptor-positive, hormonal therapy may be used to limit estrogen in the body or change the way the body reacts to it. Some people who get hormonal therapy are also treated with chemotherapy, but not all are. Trastuzumab (Herceptin) is the most widely used targeted therapy in breast cancer. It significantly lowers the otherwise-high recurrence rate of HER2-positive breast cancer. But the medicine is usually given with chemotherapy, not instead of it.

METASTATIC BREAST CANCER

People with metastatic, or stage IV, breast cancer will be in active treatment for the rest of their lives. Because of this, managing symptoms and side effects so the person can maintain a good quality of life is very important. Chemotherapy can cause a number of unpleasant side effects, so doctors may look for other treatments that can be less harsh before they recommend it.

If the disease is hormone receptor-positive, Dr. Mehta says doctors try to use hormonal therapy without chemotherapy as long as they can. If the disease is HER2-positive, doctors will likely recommend a HER2-targeted therapy, which may be given with other medicines, including chemotherapy, or on its own.

TRIPLE-NEGATIVE BREAST CANCER

People with triple-negative breast cancer are more limited in their options for treatment. Chemotherapy is still standard treatment for them, whether they have early-stage or metastatic disease. But researchers are looking for new subtypes, and new medicines that could benefit people with triple-negative breast



Christine Cave



Sara Sibley

cancer. Dr. Mehta says it's especially important for people with metastatic triple-negative breast cancer to consider clinical trials at any point in their treatment to possibly benefit from new medicines not available to the public yet.

Sara Sibley, of Stamford, Connecticut, was diagnosed with stage I breast cancer in October 2013. While testing and treatments have changed the experience for many with breast cancer, Sara had triple-negative breast cancer, the type for which there are no targeted therapies yet.

Like Alison, Sara did not want to get chemotherapy. Her doctors were patient and spoke with her about the reasons they recommended chemotherapy, but her breast surgeon laid it out bluntly: "When you spin the unfortunate breast cancer wheel and land on triple-negative, you receive chemo," she said.

Sara had trouble understanding the different messages from different doctors before her surgeon put it in those direct terms.

Sara struggled with her choice. She got the chemotherapy, but she had such a bad reaction to one of the chemotherapy medicines, paclitaxel (Taxol), that she asked to stop treatment. Her doctors again explained why that would be a bad idea and convinced her to see the treatment through.

Your Voice

People should know chemotherapy comes with side effects, Alison says, and it may be unpleasant. Still, it's important to tell your doctor how the treatment makes you feel. The doctor can tell you which side effects are normal, which can be treated or managed, and why they recommend certain medicines for you.

"I learned that every breast cancer is different," Alison says. "Every single person has a different situation. My advice would be just focus on your situation and not what your neighbor's sister had."

Doctors will provide a recommendation based on the information available in that situation, Dr. Mehta says, but it is not the doctor who makes the decision.

"Patients have a say in this. I think patients sometimes feel [doctors] make the recommendations and that's that," says Dr. Mehta. "I think it's important for them to understand that we give them the pros and cons and make a recommendation, but ultimately the decision is theirs. We just want to make sure it's an informed decision." 🐾

Ask Your Peers

During the holidays, how do you handle stress, fears and tough emotions related to breast cancer?



Traci Smith, 47, Delaware County, Pennsylvania

"Coping with cancer and cancer treatment during the holiday season can be stressful but only if you allow it to be. I rely heavily on the support of my family and loved ones. My family pays a significant amount of attention to me to ensure that I continue to be as healthy as possible both physically and emotionally."



Anya Silver, 47, Macon, Georgia

"The holiday season is difficult for me because of the added pressure to be joyful. I also fear that each Christmas will be my last. To cope, I bring my mind back to the present and enjoy the moment itself. I try to make beautiful memories for my family. Each day is precious."



Princess Davis, 53, Philadelphia, Pennsylvania

"My sister bought me a nice dress and took me out. Seeing all that good holiday food made me feel more nauseous. But I ate a little, laughed a lot, took pictures and created such wonderful memories. Those memories and pictures really helped."



Lisa Bellomo, 51, Tinton Falls, New Jersey

"The holidays, especially Christmas, have always been my favorite time of the year, until I had my mastectomy in November 2014. Now almost 2 years later the stress is still here, but I handle it differently now. I find cancer resources to be a huge help. Support groups and programs have gotten me through the holiday preparation and all other holiday stress."

🐾 *What are the best ways to deal with breast cancer-related fatigue? Let us know at editor@lbbc.org.*

25th Anniversary Butterfly Ball Breaks Record

BY JESSICA BETTS

Living Beyond Breast Cancer celebrated our quarter century of service to those affected by breast cancer at the 25th Anniversary Butterfly Ball, held November 12 in Philadelphia, Pennsylvania. The culmination of our anniversary year, the event raised more than \$950,000, a record for this annual gala. It provided vital funding to our ongoing mission of connecting people with trusted breast cancer information and a community of support.

With more than 700 people on the guest list, LBBC and gala co-chairs **Donna Noce Colaco** and **Frank Colaco**, **Emily** and **Greg Dodge**, **Lisa** and **Michael Goldenberg**, and **Joan Martin** turned to a non-conventional venue to make sure all of our supporters could attend and enjoy the event. The former flagship location of Strawbridge & Clothier, one of Philadelphia's original department stores, was transformed with sparkle, silver and feathers into a festive space that recalled the 1920s.

This year, the Going Beyond Award was presented to **Jenny Burkholder**, **Ayanna Z. Kalasunas** and **Judy Weinstein**, three women who have used their personal experience with breast cancer to help and to inspire others. The Founders Award, LBBC's highest honor, was presented to **Jennifer Chalf n Simmons, MD**, in recognition of her professional and personal efforts to put the mission of LBBC into action.

The Impact Award was presented to its very first recipients, **Andi** and **Abe Morris**, who have been part of the LBBC family for more than two decades. The award was created to recognize those whose support has played a critical role in LBBC's evolution. Moving forward, it will be named the Andrea and Abraham Morris Impact Award and will only be presented if and when we identify someone who demonstrates the same passion, longevity and generosity.

We offer very special thanks to our presenting sponsor, White House Black Market. 🐛

Photos: Lene Keingarsky



A. Founders Award recipient **Jennifer Chalf n Simmons, MD** (second from left) with her husband, **Albert Simmons** (left) and co-chairs **Lisa** and **Michael Goldenberg**.

B. **Andi** and **Abe Morris** received the inaugural Impact Award in recognition of their passion, sustained commitment and generosity to LBBC.

C. Outgoing LBBC board chair **Barbara J. Yorke** (left) with incoming LBBC board chair **Laura Kowal**.

D. This year's Going Beyond Awardees: From left, **Jenny Burkholder**, **Ayanna Z. Kalasunas** and **Judy Weinstein**.

E. At left, **Jean Sachs**, CEO of LBBC, with co-chair and presenting sponsor **Donna Noce Colaco**, president of White House Black Market.

F. From left, **Charles** and **Roslyn Epstein** with **Gail** and **Sandy Lipstein**. Roslyn and Sandy are former LBBC board members who attended in recognition of the 25th anniversary. Gail was honored at the gala in 2006.

Michael Durbin:

TURNING INSPIRATION AND PERSONAL CONNECTIONS INTO PHILANTHROPY

BY SANDRA E. MARTIN

Over the past 4 years **Michael Durbin**, chief strategy officer of *icer*, chief inspiration of *icer* and co-CEO at **Manchu Times Fashion**, has inspired *Living Beyond Breast Cancer*. Mr. Durbin and his company provide sponsorship to our annual gala, the *Butterfly Ball*, and donate auction items. Mr. Durbin lives in Tel Aviv, Israel, but that didn't stop him from donating his time and talent to the 2015 gala, held in Philadelphia, as a co-chair. Mr. Durbin learned about LBBC through **Donna Noce Colaco**, president of *White House Black Market*, one of **Manchu Times Fashion**'s clients and LBBC's most generous corporate supporter for almost a decade. Ms. Colaco's passion for LBBC motivated Mr. Durbin to learn more. Mr. Durbin spoke with LBBC's vice president of advancement, *Sandra E. Martin*, about himself and his experience getting to know us.

Sandra: What does it mean to be a “chief inspiration officer” for **Manchu Times Fashion**?

Mr. Durbin: The “inspiration” part of my title comes from the unique nature of our organization. We have a very supportive environment, with management staff in place for an average of well over 20 years. We have found that creating an inspiring environment results in remarkable outcomes for our retail partners and for our team. It is one large family, with the management having made career-length commitments to one another.

Sandra: How did you come to know Ms. Colaco? How did she inspire you to get to know LBBC?



From left, Michael Durbin, Donna Noce Colaco and N Baranes

Mr. Durbin: We met Donna Noce Colaco through business. Donna is an exceptional business leader and we've been privileged to get more than a glimpse into her special soul. No doubt her passionate and committed nature has made her the great leader she is. Donna's commitment to LBBC intrigued us, so my colleague N Baranes and I attended LBBC's gala in 2014. We had experienced Donna's passion for business and, from the way she spoke about LBBC, we knew there had to be something very special happening in this organization.

Donna's remarks that evening were about her father and a family member who was lost to breast cancer. She spoke about how they inspired her commitment to LBBC, and her words touched us deeply.

Sandra: From there, how did your relationship with LBBC evolve?

Mr. Durbin: The year after we attended, LBBC asked N and I to co-chair the 2015 gala, where Donna would be honored. We both felt very privileged. First, LBBC does such valuable and inspiring work that just being associated with the organization was a gift. Second, Donna is someone who would never seek recognition, but here LBBC was presenting her with the Founders Award, their highest honor, which she so richly deserved. Co-chairing was our opportunity to do whatever we could to make the evening successful for LBBC and memorable for Donna.

As with LBBC's work, and, indeed, all charity work, great commitments to larger causes stem from the personal commitments of individuals to each other. We are inspired by LBBC on many different levels, and we are delighted to support its work. 🐾

REACH & RAISE ON THE ROAD: Do-It-Yourself Yoga!

BY JESSICA BETTS

As part of the celebration of *Living Beyond Breast Cancer*'s 25th Anniversary, we took our signature fundraising event, *Reach & Raise*, on a road trip! Raising funds and awareness through a large scale yoga class has been a special initiative for LBBC for more than 15 years. *Reach & Raise On the Road* was an opportunity for people around the country — and around the world — to practice yoga in support of LBBC while spreading the word about programs and services we make available to those affected by breast cancer.

Reach & Raise On the Road combined our annual yoga event with a *Do-It-Yourself* spirit. On September 17 and 18, yoga teachers, corporate partners and interested individuals hosted yoga classes in their home towns and raised funds for *Living Beyond Breast Cancer*. Presenting sponsor *Tula Software* came on board to help LBBC



More than 28 events were held across North and South America, including in Alaska and Chile.

reach new supporters through the *Credit for a Cause* weekend, which gave people the opportunity to get a class credit at their local yoga studio when they made a donation to LBBC.

In all, more than 28 events were held, from Alaska to Chile, and from California to Connecticut. **Caryn Antos O'Hara**, a yoga instructor who has experienced breast cancer, hosted an event in Charleston, South Carolina, that raised more than \$500. She had this to say about her event: “Sunday was such a beautiful day. I really wanted to bring something to Charleston that was different than all of the other yoga events, one that brought more depth and personal reflection to the experience. And we did it! ... I'm proud of the energy this event stirs, still honoring the ripple effect that it created. ... It's so important to do what we can to improve the quality of life for those who are living with, AND BEYOND, cancer.” 🐾

Interested in hosting a Do-It-Yourself event in support of LBBC? Contact Elizabeth Mairs at emairs@lbcc.org to find out more.

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