

LIVING ALONGSIDE CANCER:

The Power We Bring

BY NICOLE KATZE, MA



Melanie Guthrie

Melanie Guthrie, a 60-year-old artist based in Atlanta, spends her days creating colorful felt dolls. Four years ago, before her diagnosis of metastatic breast cancer, she was a school teacher in Sarasota, Florida.

“I come from a family of artists but I never had the time to commit to art myself,” Melanie says. “Coming to Atlanta has been a kind of rebirth for me.”

That rebirth came with a number of milestones: a new career, a new home and a new husband. Melanie married Barry, a man she dated in college nearly 35 years ago, in April 2013.

“This all happened when I found out I was stage IV, but I’ve always moved wherever life seemed to push me,” she says. “I don’t know if it was the diagnosis or not. What I do know is that I feel less stress today than I probably have most of my life.”

Many people make life changes—large or small—during or just after breast cancer treatment. Some will share Melanie’s experience, making sweeping changes, through an effect experts call post-traumatic growth. Others will make smaller changes, in their relationships or their personal beliefs, as they adjust to cope with the diagnosis. Both types of people are tapping into a skill-set they naturally use and that others can develop over time: resilience.

The Mystery of Positive Growth

Why the lives of some people change so dramatically when those of others do not has a lot to do with how each individual approaches stressful situations, says **Susan Ash-Lee, LCSW, OSW-C**, director of psychosocial support services at the Rocky Mountain Cancer Centers in Denver, Colorado.

When someone’s perspective on relationships, spirituality, personal strength, or life priorities changes for the better after the struggle with a major life crisis, like cancer, experts call it *post-traumatic growth*, or PTG. People who experience PTG may feel closer to a higher power, commit their lives to a cause or to helping others, or pursue dreams they sidelined in the past. But PTG seems only to happen for people who actively seek these kinds of changes.

“We know that close to 50 percent of who we are is genetic and in our upbringing, and that 10 percent relates to our income and living environment,” says Ms. Ash-Lee. “The other 40 percent is where we can really make a difference, through conscious choices about our activities, actions and our relationships.”

Working on that 40 percent is how some people promote PTG during or after cancer. People who experience PTG start by practicing resilience, and those coping skills grow into the major life shifts that are the marks of PTG.

Resilience and Life’s Challenges

The dictionary defines resilience as “the ability to become strong, healthy or successful again after something bad happens.” After cancer, *resilience* is recognizing the challenges brought on by diagnosis and treatment while taking steps to cope and move forward.

According to **Mark Francis, PhD**, a psychologist for the cancer counseling service at Abramson Cancer Center of the University of Pennsylvania in Philadelphia, most people are naturally resilient.

Continued on page 8

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Dear Friends,

So much of your breast cancer experience is wrapped up in the decisions you make along with your doctors about how treatment will take course. In such an overwhelming time it can be hard to imagine how the choices you make today may impact you tomorrow.

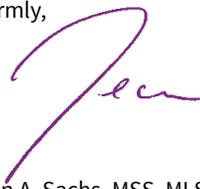
In this issue of *Insight*, we talk about choosing breast cancer surgery when you have the choice of different surgeries. Certain factors may make you eligible for removing only the tumor, or removing the whole breast or both breasts. Both surgeries effectively treat breast cancer, but your lifestyle, sex and intimacy concerns and other factors may guide you toward one over another.

Current research suggests that more women are choosing to have both breasts removed when it is only medically necessary to remove one, or to remove the tumor alone. Though some say these women are losing their healthy breasts when it is not needed, we understand that the choice is about more than just treating the disease. Our article will help you understand the pros and cons of both types of surgery, provide questions to ask your doctor when planning treatment, and outline some of the lifestyle factors to consider when making your choice.

With Breast Cancer Awareness Month upon us, we hope you will share this newsletter with those around you, particularly with women newly diagnosed with the disease. The calendar on the back flap outlines our upcoming educational events and programs for the end of 2014.

In News and Education (page 6) and Beyond These Pages (page 7), learn more about new initiatives and get updates on those that have passed.

Warmly,



Jean A. Sachs, MSS, MLSP
Chief Executive Officer



Photo: Laurie Beck Photography

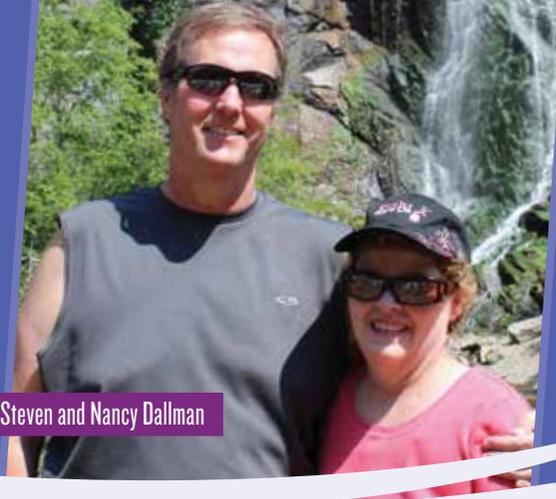
IN THIS ISSUE

- 1 **Living Alongside Cancer: The Power We Bring**
- 3 **My Story: Learning of Lymphedema**
- 4 **Making Decisions About Breast Cancer Surgery**
- 6 **News and Education**
- 7 **Beyond These Pages**
- 10 **Shop to Support LBBC During Breast Cancer Awareness Month**

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MY STORY: Learning of Lymphedema

BY NANCY DALLMAN, FOR LBBC



Steven and Nancy Dallman

On July 17, 2013, I had a bilateral mastectomy with 6 out of 11 lymph nodes affected. A couple weeks after my surgery, I showed my doctor swelling under my right arm where the lymph nodes were removed. It really bothered and worried me.

My surgeon had never mentioned lymphedema to me prior to the surgery. I really like her and completely trusted her; I think she didn't tell me about lymphedema early on so that I had one less thing to worry about. At the time I didn't even understand what a lymph system did, although I knew it was bad if the cancer traveled there.

Lymphedema is swelling caused by lymph fluid building up in certain areas. After breast cancer treatment, it can happen in the hand, arm, breast or torso. Lymphedema varies from person to person, but once it appears, it is usually permanent.

My surgeon referred me to an occupational therapist who is a lymphedema specialist. I was told I had developed stage 1 lymphedema. I felt relieved after just the first appointment, which involved measuring my arm and checking my range of motion.

My OT therapist taught me how to do manual lymph drainage, a light massage that moves lymph fluid away from swollen areas, at home. Then, during my 6 months of chemotherapy, I saw her once a week to keep putting things in my lymphedema "tool box." She slowly told me things I'd have to do, like wearing a compression camisole and a compression sleeve, and what to be careful of, like sitting for long periods during travel and lifting only light-weight objects with my affected arm.

I struggled with the lymphedema diagnosis and was angry that I had it. I hated wearing the compression camisole and sleeve, even though it was winter so most people didn't see it. It took me several months to accept that while I didn't plan on having cancer the rest of my life, I was going to have lymphedema the rest of my life. I felt alone because no one I talked to really knew what it was.

That was when I decided that I could help people by educating them, even if it was just family, friends and co-workers. I could try to make something positive out of this experience and not let lymphedema control my life. I really like the sleeves from LymphedIVAS, which look like tattoos and tend to draw attention and questions. I am fortunate to be able to purchase these sleeves.

There are limitations with lymphedema, and living with it is trial and error. I've been advised to take it slow with things such as lifting weights to gain strength.

I now volunteer with Imerman Angels with the hope that I can help others through their breast cancer and lymphedema journey. I am also involved in some Facebook groups. It helps to see the stories of others and also to give encouragement. I think that is a lot of what helps keep me going and from feeling down. I hope anyone concerned they might have lymphedema talks to their doctor and seeks help before it gets worse.

➤ *Would you like to share your story? Email editor@lbcc.org to find out how.*

"I decided that I could help people by educating them, even if it was just family, friends and co-workers."

LEARN MORE about Imerman Angels, an organization for one-on-one support: imermanangles.org

LOOK for unique lymphedema garments available from LymphedIVAS: lymphedivas.com

VISIT lbcc.org/Understanding-Breast-Cancer/Guides-to-Understanding-Breast-Cancer/Guide-to-Understanding-Lymphedema to order a print copy or download a PDF of LBBC's *Guide to Understanding Lymphedema*.

Making Decisions About Breast Cancer Surgery

BY ERIN ROWLEY



Sarah James

Not all people have a choice when it comes to breast cancer surgery. If you do, many factors, such as lifestyle, concern about the cancer returning, and how your breasts affect your body image are likely to guide your decision.

Sarah James, of Philadelphia, was diagnosed at age 38.

“When I found out I had breast cancer, I decided to do the minimal amount of surgery [needed] to give the doctors the information they [required], because my life was so complicated with the stress of diagnosis, working and being a mom,” Sarah says.

Sarah first chose to have *breast conservation*, also called *lumpectomy*. In lumpectomy, cancerous tissue and a small amount of healthy tissue around it is removed from the breast. It is most often followed by radiation therapy.

Not everyone can have lumpectomy. In general, the tumor needs to be small, less than 5 centimeters across, and be in only one area of the breast. Sometimes, full-body treatment before surgery can shrink larger tumors for lumpectomy.

Mastectomy is another surgical option. In a *unilateral mastectomy*, or single mastectomy, the breast with cancer is removed. In a *bilateral mastectomy*, or double mastectomy, both breasts are removed. Removal of the healthy breast is *prophylactic*, or preventive, because it does not contain cancer.

Bert M. Petersen, Jr., MD, FACS, chief of breast surgery and breast cancer programs at St. Barnabas Hospital, in Bronx, New York, suggests these be among the questions you ask your doctor about surgical options:

- Are lumpectomy and mastectomy both possible?
- If mastectomy is the only option, could treatment before surgery shrink the tumor so I can have lumpectomy?
- What are my chances of recurrence with lumpectomy, with or without radiation therapy, versus mastectomy?

Beyond the Medical

When you have a choice, non-medical factors such as your age, lifestyle and comfort level come into play.

Lumpectomy removes the least amount of breast tissue, making complications less likely and recovery often faster. If your breasts are essential to your feelings of femininity, lumpectomy may appeal to you.

On the other hand, you may worry about having too much tissue left behind because of the possible risk of cancer coming back. Or maybe you want or need to avoid the 5 to 7 weeks of radiation therapy usually required after lumpectomy. These are some reasons you might choose mastectomy. Talk with your doctor about your risk for recurrence in the same breast if you choose lumpectomy and radiation versus lumpectomy alone. Your providers should be able to help you understand what studies show about people who had a similar choice.

Dr. Petersen has recently seen more people, especially young people, choosing to remove both breasts, not just the one containing the cancer. He believes women often choose a prophylactic double mastectomy because they think it will greatly lower their risk of the disease returning.

Dr. Petersen’s observation has been seen in research. A 2007 study found that prophylactic double mastectomy more than doubled in the United States from 1998 to 2003. Another study found that from 2003 to 2010, the rate of prophylactic double mastectomy went from 4.1 to 9.7 percent in all women and from 9.3 to 26.4 percent in women 45 or younger. More recent research suggests that women under age 40 with early, non-BRCA related disease have an increased risk of 2 to 4 percent of developing a new cancer in the opposite breast.

Still, each woman’s experience is different. Talk to your doctors about all ways to reduce your personal risk for recurrence, such as medicine or lifestyle changes.

Shoshana Rosenberg, ScD, MPH, an epidemiologist and instructor in the department of medical oncology at the Dana-Farber Cancer Institute, in Boston, has done much research focusing on women age 40 and under who develop breast cancer. She says that younger women have unique interests that affect their decisions.

“They have career concerns ... They might be concerned about fertility. They might have young children at home,” Dr. Rosenberg says. “So the factors that are going into their decision might be different than a breast cancer patient who’s in their 60s or older.”

“Give yourself time to really understand the options, to talk to women who have gone through it.”



Darcy Dungan-Seaver

Genetic Risks

Prophylactic double mastectomy has gained more attention since actress Angelina Jolie announced in 2013 that she had the surgery after genetic testing confirmed she carries a *BRCA1* mutation.

A *BRCA* mutation is an inherited trait that increases a person's risk of getting breast and ovarian cancer. Because *BRCA* mutations increase by 45 to 85 percent the chance of developing breast cancer by age 70, a prophylactic double mastectomy is usually recommended if you have this type of mutation.

A few years after her lumpectomy, Sarah had genetic testing and learned that she carries the *BRCA2* mutation. She eventually decided to have a double mastectomy and reconstruction.

Because she would have considered prophylactic mastectomy earlier had she known about the *BRCA* mutation, Sarah recommends looking into genetic testing before making a surgical decision. If your doctors do not speak with you about genetic testing, consider bringing it up.

Through LBBC's toll-free Breast Cancer Helpline, at (888) 753-LBBC (5222), Sarah talked to someone who knew what she was going through. The volunteer helped her feel prepared to deal with recovery, which required about 6 weeks off from work. The results were worth it to her.

“Just knowing ... my chances have gone from an 80 percent risk of recurrence, due to the genetic mutation, to nearly zero is worth the peace of mind,” she says.

Thomas G. Frazier, MD, FACS, senior attending surgeon and medical director of Bryn Mawr Hospital's Comprehensive Breast Center and clinical professor of surgery at Thomas Jefferson University, in southeastern Pennsylvania, says many women he sees mention Jolie, but that it's important to remember that her situation is not typical. In fact, only about 5 percent of breast cancers are related to gene mutations, he says. Weigh the benefits of prophylactic mastectomy with the risk of complications, which is higher when more extensive surgery is involved.

Reconstructing Body Image

Surgery can change the look and feel of your breast. If you have mastectomy, you may consider *reconstruction*, surgery to rebuild the breast(s). Reconstructive surgeons' increased ability to provide natural-looking results means many feel confident about mastectomy. After lumpectomy, women are often happy with the

outcome. But depending where the tumor is located, it can be hard for even the most skilled surgeons to make your breast look similar to your natural breast.

Darcy Dungan-Seaver, 47, from St. Paul, Minnesota, was diagnosed in 2009 and had a lumpectomy. About 2 years later, the cancer returned in the same breast. Doctors recommended a mastectomy, and a strong family history of breast cancer made her feel confident about the choice to have both breasts removed. She felt less sure about her reconstruction options.

“I was very overwhelmed, in the midst of being very sad and scared around the recurrence itself ... so I just decided to separate the two decisions, to go ahead with the medically necessary part of it and to just hold off on the reconstruction,” Darcy said.

She wanted to see if she'd be comfortable without rebuilding her breast. She was fitted for a *prosthesis*, a device that's worn under clothing to mimic the appearance of a breast. But after 2 years, she decided having no breasts was making too big an impact on her sense of self and her sexuality. She decided to have reconstruction surgery.

If reconstruction interests you, talk to your healthcare team about it as soon as possible so you can decide when, where and how to go about rebuilding your breast(s).

Darcy says she is glad she separated the mastectomy from the reconstruction. She encourages others not to rush into a decision.

“Give yourself time to really understand the options, to talk to women who have gone through it,” Darcy says. “There's a sense of urgency when you're diagnosed, but I remember feeling more rushed maybe than I needed to.”

If you have an option when it comes to surgery, speak to your doctors and your loved ones and do your own research. Consider your lifestyle, your level of worry about recurrence, the other medical and lifestyle options available to help you manage risk, your body image and your family history. In the end, the decision is yours, and it is among the most personal you will make during your treatment. 🐾

News & Education



BY ERIN ROWLEY

Save the Date

Our next **Annual Conference for Women Living With Metastatic Breast Cancer**, held in Philadelphia April 10–12, 2015, will provide updates on advances in care and the newest findings related to stage IV breast cancer, as well as networking breaks for you to meet with conference attendees and exhibitors. For more information about travel grants, fee waivers or to register, visit lbbc.org/events/metastatic-breast-cancer-conference.

New Reconstruction Resources

LBBC is expanding our resources about breast reconstruction in the coming year. Look for

- a live **Twitter Chat** to coincide with Breast Reconstruction Awareness (BRA) Day, on Oct. 15, featuring plastic surgeons' insights and women sharing their experiences
- a **two-part webinar** covering types of reconstruction
- an **Ask-the-Expert** feature on lbbc.org
- two new stories on lbbc.org focusing on the decision-making process women use when exploring reconstruction options



Twitter Chats and Blog Carnival Bring Online Community Together

In addition to the **Reconstruction** Twitter Chat, a **Healthy Living** chat will take place in

early December. LBBC Twitter Chats help you connect with experts, advocates and others who share your interest in breast cancer topics. To read past chat transcripts, visit lbbc.org/Event-Archive. For information on how to participate in upcoming chats, visit lbbc.org/Events.

This October, lbbc.org will host a Blog Carnival on metastatic breast cancer. Be sure to visit our website on Oct. 13 to read about how women with MBC approach living with a chronic disease. And participate in one or both webinars—one on **New Medical Treatments** and the other on **Talking to your Doctor**.



New Brochures

Complementary therapies can be used alongside conventional cancer treatment, often as a way to help with side effects. Learn more about how they might impact your quality of life in our new **Guide to Understanding Complementary Therapies**, available on lbbc.org.

The first publication in our new **Breast Cancer inFocus** series, addressing how lesbians, gay men and bisexual people with breast cancer can talk

to medical providers about getting the care you need will be available in late September. Find it at lbbc.org/guides. Look for additional online resources on lbbc.org.



Young Women's Initiative

New installments in our **Let's Talk About It Video Series** are available at lbbc.org/audiences/young-women/let-s-talk-about-it-video-series. The videos cover **body image, communicating**

with family and friends about metastatic breast cancer and the **financial impact of breast cancer**. The series combines the perspectives of young women affected by breast cancer and those of their healthcare providers.

Webinars

Audio of our recent webinars, **Metastatic Breast Cancer: Understanding and Finding Clinical Trials**; **Hereditary Breast Cancer**; and **Chemobrain**; are available at lbbc.org/Event-Archive. Join us for the rest of this year's programs:

- Oct. 15: **Metastatic Breast Cancer Webinar Series: Part One—A Research Update**, featuring Nancy Lin, MD
 - ▶ the latest research that has translated into new treatments.
- Oct. 30: **Metastatic Breast Cancer Webinar Series: Part Two — Communicating with Your Healthcare Providers**, featuring Richard Michaelson, MD
 - ▶ the relationship between you and your provider; tips on how to get the most out of the time you have together.
- Nov. 18: **Vitamins and Supplements**, featuring Richard Lee, MD
 - ▶ the evidence-based research behind integrating these elements into your care plan.
- Dec. 19: **Annual Update from the San Antonio Breast Cancer Symposium**, featuring Robert A. Somer, MD
 - ▶ breaking research news from one of the largest breast cancer meetings in the world.

For more information, visit lbbc.org/events.

Changes on lbbc.org

Check out nearly a decade of studies, surveys, focus groups, needs assessments and other research conducted by Living Beyond Breast Cancer, now available at lbbc.org/about-lbbc/lbbc-research.

Metastatic Breast Cancer Awareness Day

Metastatic Breast Cancer Awareness Day was created to shed light on the unique challenges of people living with stage IV breast cancer during Breast Cancer Awareness Month. Look for events from national metastatic breast cancer organizations at lbbc.org/events/2014-10-13-mbc-awareness-day.

Beyond These Pages

BY NICOLE KATZE, MA

Like what you've read? Learn more at lbbc.org



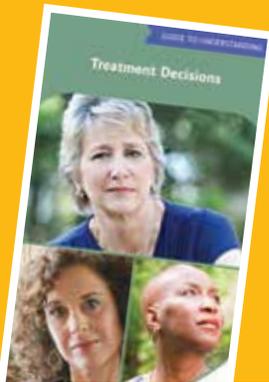
Join us November 13 for a Community Meeting in Kansas City, Missouri, or listen nationwide via live webcast, to learn about post-treatment survivorship.

lbbc.org/Events



Read about positive growth through breast cancer on our Breast Cancer News site.

lbbc.org/Understanding-Breast-Cancer/Breast-Cancer-News/Women-Report-Positive-Life-Changes-After-Challenge-of-Breast-Cancer



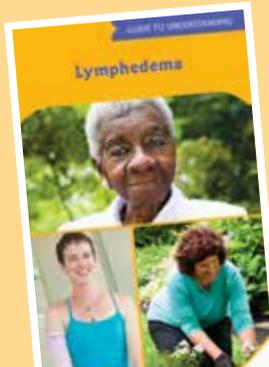
Learn more about surgical and nonsurgical treatment decisions in our *Guide to Understanding Treatment Decisions*.

lbbc.org/guides



See expert answers to questions about body image in our May 2014 Ask the Expert with Barbara Musser.

lbbc.org/Learning-From-Others/Ask-the-Expert/2014-05-Body-Image



Read our *Guide to Understanding Lymphedema*.

lbbc.org/guides



Download a PDF of our *Metastatic Breast Cancer Series: Managing Stress and Anxiety*.

lbbc.org/guides



Host a DIY fundraising event for LBBC.

lbbc.org/Get-Involved/Do-It-Yourself-Fundraising-Events



Help support our programs by making a donation.

lbbc.org/gift

The trick is realizing how resilient you are and then using that knowledge to build the skills needed to manage breast cancer.

“One of the greatest signs of how someone will cope is how they’ve shown resilience in their life already,” says Dr. Francis.

Sixty-three-year-old Washington, DC, area resident **Jackie Nutter** echoes this thought when talking about her own experience with stage II breast cancer.

“Your mind does play tricks on you,” Jackie says. “You think ‘Oh, no, I’ve got cancer, this is the worst thing.’ Really it’s just another thing in your life that you have to deal with.”

Jackie, a human resources/safety specialist, stayed home from work for a month before deciding that it would work better for her to stay busy. She arranged her schedule to allow for a Thursday afternoon chemotherapy appointment followed by a long weekend. By Monday she felt well enough to go back to the office.

A trademark of resilient people is their skill at finding the support and help they need without seeing it as a weakness. People often forego asking for help because they worry they will burden their loved ones, or because asking for support feels like admitting defeat. Resilience says just the opposite.

Like Jackie, resilient people create a balance between everyday life and cancer life. Research has shown that practicing resilience leads to less stress and anxiety and a better quality of life during and after treatment. And people who are less stressed and more satisfied tend to have better physical health overall.

Resilience isn’t about being happy all the time. It’s about feeling your sadness, fear, anger or grief, and at the same time, being present and active within your own life.”



Claudia Schmidt

Jackie Nutter

Building Resilience

Though most people are resilient, it is very common to not recognize you already have these skills. You may benefit from coaching from a therapist or social worker to see them.

“It’s about activating that part of you that has the capacity to be resilient,” says Ms. Ash-Lee. “People do this by asking themselves, ‘How do I live alongside cancer? What tools need to be in my toolbox to weather the storm?’”

You can develop resilience skills on your own or with guidance. Five things the most resilient people do include:

- **Practicing mindfulness daily.** *Mindfulness* is a kind of focused attention on what you are thinking and feeling in the present moment, without worrying about the reasons why. Try sitting in a quiet place, closing your eyes and paying attention to your breath. Let your thoughts and feelings come, but continue to stay focused on the here and now.
- **Practicing gratitude.** Being grateful for the good things in life is known to reduce stress. Every day, write down three good things that happened to you, or three things you’re thankful for, no matter how big or small. You’ll end up with a collection of the good in your life that you can refer to later.
- **Giving thanks.** Write letters to the people who have supported you at any time in your life, whether it was someone being a great friend, or a neighbor helping carry groceries. It doesn’t matter if you send the letters or not; simply writing your thoughts is useful.
- **Looking for strengths.** Resilient people tend to acknowledge their strengths, not just their weaknesses. Look for strengths in everyday tasks, such as going for a walk despite your fatigue.
- **Seeing the good in the world.** Look for the ways that everything and every person benefits the world around you.

Daily practice is key to developing resilience. Doing concrete tasks, like practicing mindfulness, and thinking about things with intention — like mentally thanking the receptionist for being polite — helps ensure you’re growing these skills.

“You have to confront things repetitiously,” says Dr. Francis. “You have to say ‘Let’s talk about it. Let’s deal with this.’ If you continually challenge yourself, resilience will come to the forefront.”

Claudia Schmidt, 57, of Clinton, New Jersey, stepped back and looked at life through a new lens when she was diagnosed in 2010. Her two children were teens when she finished treatment.

“My kids were trying to test their boundaries. Their rooms were messy. There was constant back-and-forth. Maybe they got a B instead of an A,” she says. “I realized I wasn’t getting mad as often. I needed to allow them to be who they are, because they’re perfect as they are.”

A typically independent person, Claudia also learned to lean on her husband for support in ways she hadn’t before her diagnosis.

“In some ways it was the first time I realized that I truly *needed* him,” Claudia says. “Our relationship is stronger, and we’re closer now than we ever have been. The whole experience reminded me to be conscious of and grateful for everyone and every day.”

When Happiness Hurts

If you're tired of people telling you to have a "positive attitude," you're not alone. Sometimes, resilience is mistakenly thought of as *positive thinking* or *optimism*. Though the three terms are often seen as the same thing, they are different.

Optimistic people aren't happy all the time, but they do believe things can get better when they go wrong. Positive thinking, on the other hand, can sometimes mask or hide negative feelings. Resilience is a term of its own: anyone, whether optimist or pessimist, positive or negative in thought, can be resilient through cancer.

Resilience isn't about being happy all the time. It's about feeling your sadness, fear, anger or grief, and at the same time, being present and active within your own life.

"There are rational people who know they have to work toward balancing life and cancer, but that doesn't mean they're OK with having cancer or the stress it causes," Ms. Ash-Lee says.

When **Rachel Hillman** was diagnosed with stage II, triple-negative breast cancer, she was only 28 years old. Because she's from a family with a strong history of the disease, Rachel was not surprised by the diagnosis.

"I wanted to set an example for the people in my life because I didn't want to get the 'pity smile,'" Rachel says.

Later, when she felt sick from chemotherapy side effects, she found it harder to share her feelings.

"People don't want to hear about negative feelings in general," she says. "I sometimes felt I couldn't share when I was feeling bad, because I started out so positive."

Rachel's concerns about sharing negative feelings are common. Ms. Ash-Lee says the greatest danger in positive thinking is that it stops people from acknowledging other emotions.

"Positive thinking often negates other emotions, and that's not realistic when you're dealing with cancer. People who handle cancer best, resilient people, are those who are open to feeling every emotion it brings," she says.

And it's important to remember that if you don't feel resilient now, you can build these skills over time. Talking with a cancer therapist or counselor is one way to learn more. These professionals can work with you to develop skills, or recommend practices like mindfulness to learn on your own time.

"We are capable and strong people," says Ms. Ash-Lee. "You've been alive for so many years and already you've made it through so many storms. This may be the biggest yet, but you have all the strength and power you had before your diagnosis." 🌟



Rachel Hillman

Ask Your Peers

"What's the best way to tell others about your diagnosis?"



Carla Joy Zambelli, Malvern, Pennsylvania

"The calmer you are about it and the more matter-of-fact, the easier it is for your loved ones and friends to deal with. Remember, it's happening to you, not anyone else. Do not make the mistake of taking other people's reactions on as your personal burden."



Paula Morse, Bloomington, Illinois

"Be positive and loving. A hug can be comforting to both parties at such an announcement. Save talk about your fears for your doctor and those closest to you."



Gwynne and Paul Martin, Mechanicsburg, Pennsylvania

"My husband and I sent a mass email to all our friends and family and kept them up-to-date monthly."



Cindy Rathbun, Palm Desert, California

"The completely free CaringBridge.org website provided the best communication link, enabling me to post journal entries to family and friends, and receive feedback, love and support in minutes."

🌟 **How did you balance cancer treatment with everyday life?**
Let us know at editor@lbbc.org.

SHOP TO SUPPORT LBBC **During Breast Cancer Awareness Month**

BY KEVIN GIANOTTO



Give Hope Butterfly Tee

Living Beyond Breast Cancer's educational programs and resources are always provided free of charge, and this is due in no small part to the generosity of our retail partners who support the work we do on behalf of those in need. This October (and beyond), you also have the chance to help by purchasing any of the products we've highlighted below—a portion of proceeds from the sale of each will be donated to LBBC.

Since 2004, "we have been proud supporters of Living Beyond Breast Cancer, and in collaboration with our sister brands, have raised \$2.1 million to date," says **Donna Noce**, president of **White House | Black Market**. "LBBC is an incredible organization whose mission is to connect people with trusted breast cancer information, as well as a community of patients and caregivers. For everyone touched by the disease, it's the best and most helpful resource we know."

In 2014, a portion of the proceeds from sales of the four limited-edition items in their Give Hope Collection will be donated to LBBC. This year's collection includes:

- The **Give Hope Butterfly Tee**. Made from a combination of rayon and spandex; retail sale price is \$58 with \$40 donated to LBBC.
- The **Give Hope Butterfly Sweater**. This black, 100% cashmere sweater will be sold online only for \$248. \$150 from the sale of each piece will be donated to LBBC.
- The **Give Hope Butterfly Watch**. Purchase this beautiful timepiece for \$78 and a \$55 donation will be made to LBBC.



Give Hope Scarf

- The **Give Hope Scarf**. This \$48 scarf is the perfect way to warm your neck or head. \$35 from the sale of each scarf will benefit LBBC services.

You can purchase any or all of these items online at



Give Hope Butterfly Watch

whitehouseblackmarket.com or in White House | Black Market stores across the country with the exception of the Give Hope Cashmere sweater, available online only.



Smell the Roses Hydration Spray

jane iredale—THE SKIN CARE MAKEUP® celebrates 7 years of partnership with LBBC with the launch of **Smell the Roses Hydration Spray**. "This moisturizing facial spritz features organic Rose Damascena Flower Water," says **Jacquelyn Bissell**, brand marketing specialist at Iredale Mineral Cosmetics, Ltd. "One hundred percent of net profits from the sale of this item will be donated to LBBC." Smell the Roses Hydration Spray can be purchased at shop.janeiredale.com and at select spas, salons, resorts, apothecaries and medical offices, while supplies last.



Pink Lemonade 5-hour ENERGY shot

Living Essentials, LLC, distributor of **5-hour ENERGY®** shots, continues its support of LBBC in 2014 with a 5-cent donation from the sale of every specially marked bottle of pink lemonade flavored 5-hour Energy® shots sold in the United States. "This is the second year that Living Essentials has supported LBBC," says organization advertising director **Lynn Petersmarck**. "In 2013, we donated over \$300,000 to LBBC, well surpassing the minimum guarantee of \$75,000."

This year, the minimum guaranteed donation has been raised to \$200,000.

In July **Silpada Designs**, the world's largest sterling silver home party company, introduced its **Bravery Necklace** at the organization's annual national conference. The piece is "a beautiful compliment to last year's Bravery Bracelet" says Silpada Foundation chairwoman, **Dana M. Mehrer**. "For each Bravery

Yoplait Yogurt



Soma Intimates

Necklace purchased at the full retail price of \$39, Silpada will donate \$10 to support LBBC,” she adds. “If you missed last year’s Bravery Bracelet, which compliments the Bravery Necklace, you may buy it now for \$16 and Silpada will donate \$5 of each sale to LBBC.” Or, you can purchase both for \$55, and \$15 will be donated to LBBC. For more details, visit silpada.com.

Our partner **Soma Intimates** continues its support of LBBC by donating \$1 for every bra sold between Oct. 7 and 22, with a maximum donation of \$20,000. Soma will also accept additional donations benefitting LBBC in boutiques and online at soma.com. They now offer an online mastectomy and post-surgical bra collection to “bring women comfort, innovation, beauty and an always-perfect fit.”

This October, designate LBBC as your charity of choice during **Yoplait’s “Friends in the Fight” donation campaign!** Here’s how it works: purchase any

specially marked Yoplait product. Then redeem the code you’ll find on package lids by visiting yoplait.com/friendsinthefight. By entering your code and selecting LBBC, you’ll be giving us a 10-cent donation—and they add up quickly!

Cline Cellars winery in Sonoma, California, producer of award-winning Rhône-style wines and Zinfandels, has offered its support to LBBC since 2011. “Through sales of **Cashmere**—a unique and refined wine blending Grenache, Syrah and Mourvèdre,” says owner **Nancy Cline**, “Cline will support the one-of-kind resources LBBC provides to women affected by breast cancer with a \$25,000 donation.” Cashmere can be purchased at better wine shops across the country or online at clinecellars.com. 🍷



Bravery Necklace by Silpada



Cashmere by Cline Cellars

NOW THROUGH DEC. 15, federal workers can donate to LBBC through the **Combined Federal Campaign**, the world’s largest and most successful annual workplace payroll deduction giving program. The CFC promotes philanthropy by providing federal employees the opportunity to help those in need. Designate giving code #78012 to make a monthly gift.



You can also support LBBC through the **United Way of Southeastern Pennsylvania** workplace giving program. Just choose #10172 during this year’s campaign. For more information, email development@lbcc.org.



Insight

FALL 2014

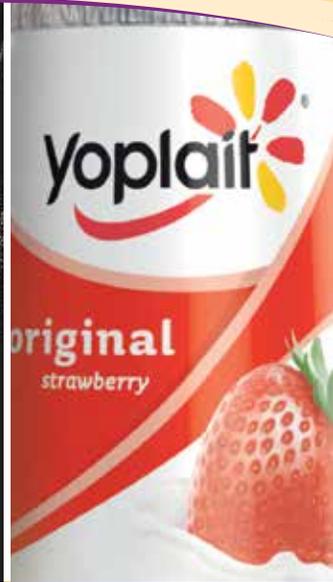
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NEWS • INFORMATION • EDUCATIONAL RESOURCES • LEARN MORE ONLINE AT LBBC.ORG

LIVING BEYOND  BREAST CANCER



Shop to Support Living Beyond Breast Cancer
VISIT PAGES 10-11 FOR DETAILS!

THANK YOU TO Our Donors

\$25,000 to \$49,999

Centers for Disease Control
and Prevention
L'Oreal USA
Manchu Times Fashion
Novartis Oncology
Yoplait

\$15,000 to \$24,999

Customers of Chico's FAS
GIV Foundation
Mentor
Susan G. Komen

\$10,000 to \$14,999

Marie and Joseph Field
Merrimack Pharmaceuticals
MGF Sourcing
Pfizer
The Plastic Surgery Foundation
TERASO
White House|Black Market

\$5,000 to \$9,999

AbbVie
Amgen
Arch Insurance Group
Cline Cellars
Deloitte LLP
Donna and Barry Feinberg
FemmePharma
Robert B. Golder
Hilton Worldwide
The Lipstein Family
Tillsonburg Company USA Inc.
Toll Brothers, Inc.
Lisa McDonough Toll and
William Toll
William E. Connor &
Associates LTD

\$2,500 to \$4,999

Joseph Bender
Liane and Philip Browne
Cordicate, IT, LCC
Delta Global Sourcing Limited
Depeche Mode Clothing Co.,
Inc.
Jeanne and Michael Egan
Faculty of the Department
of Neurological Surgery,
Perelman School of Medicine,
University of Pennsylvania
Franklin Square Capital
Partners
Fallon L. Freck
Gallagher-Kaiser
Louise Mauran Groton and
Cal Groton
John Harding Family
Foundation
Sharon and Clive Landa
Main Line Health Breast Centers
Jennifer Mejasich and
Robert Cocco
Meyer Capital Group
Denise and Jeffrey Portner
Protiviti Inc.
Barbara and George Senich
Janice and Todd Sherman
Chrissy and Jon Stallkamp
Robin Bender Stevens and
Ed Stevens
The Traveling Vineyard
Valley Green Bank
William Penn Charter School

FALL 2014

Calendar

Educational Programs

WEBINARS

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

OCTOBER 15, 2014

Metastatic Breast Cancer Series, Part 1: A Research Update

Nancy Lin, MD

OCTOBER 30, 2014

Metastatic Breast Cancer Series, Part 2: Communicating with Your Healthcare Providers

Richard Michaelson, MD

NOVEMBER 18, 2014

Vitamins and Supplements

Richard Lee, MD

DECEMBER 19, 2014

Annual Update from the San Antonio Breast Cancer Symposium

Robert A. Somer, MD

COMMUNITY MEETINGS

Check lbcc.org for events in the Denver, Kansas City and Philadelphia areas

TWITTER CHATS

OCTOBER 15, 2014

Breast Reconstruction

DECEMBER 2014

Healthy Living

Conferences

APRIL 10 – 12, 2015

Annual Conference for Women Living With Metastatic Breast Cancer

Philadelphia, Pennsylvania

Special Events

OCTOBER 18, 2014

The Butterfly Ball

Philadelphia, Pennsylvania

Check lbcc.org for the latest program information