

SPRING 2017

# Insight



**LIVING BEYOND  
BREAST CANCER®**

With you, for you.

## WHAT IF IT COMES BACK?

# Dealing With Fear of Recurrence

BY ERIC FITZSIMMONS

Beth Satter



**B**eth Satter, 53, of New York City, was diagnosed with stage IA breast cancer in 2014. She got a mastectomy and now returns for a check-up and screening twice a year for signs of a *recurrence*, what doctors call breast cancer returning to the same spot or traveling to other organs in the body. For Beth, like for many people, these appointments are a reminder of her time in treatment and the possibility of cancer coming back.

“Every time I get ready for ... my 6-month oncology appointment, I’m really not a very happy person,” Beth says. “It’s not as if they’re going to tell me anything [that day], but it’s just that it’s in my face how unknown the future is.”

Everyone who has been diagnosed with breast cancer faces the fear of recurrence. For many it is an ongoing concern, and for some it can interfere with enjoying daily life. It is a normal reaction to having had cancer and knowing it may return. Beth has been out of treatment for over 2 years but the idea that breast cancer may return is still present.

“There’s not many days that go by that [cancer] doesn’t cross my mind, that I don’t have to find ways to push it out of my mind and distract myself, because it can be really overwhelming,” Beth says.

Though worries about recurrence may never go away entirely, you can find ways to face those fears and enjoy your life despite them.

## A Challenge Like No Other

Cancer, as **Gregory Garber, MSW, LCSW**, points out, is not like other challenges in life. Mr. Garber is the director of oncology support services at Thomas Jefferson University’s Sidney Kimmel Cancer Center, in Philadelphia.

“No one is born knowing how to cope with cancer. It’s something we learn,” Mr. Garber says. “It’s a very specific disease, or set of diseases, and requires some specific coping strategies.”

For some, this may mean speaking with a clinical social worker or other mental health professional. But many can get by with a bit of guidance and the help of friends and family.

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## Dear Friends,

The first few weeks of the new administration reignited the debate about health care. The news cycle brings us daily speculations about what may or may not change.

We know hearing so many reports on potential changes to the Patient Protection and Affordable Care Act (PPACA), also called the Affordable Care Act (ACA) or Obamacare, can be confusing. It is important to remember the full name of the law, because this law not only made health care more accessible and affordable to millions of people, but also it included key protections for patients. As someone with breast cancer, you may be wondering if you will be able to get affordable health insurance despite your pre-existing condition, if subsidies that help pay for insurance will still be available, whether you should switch plans or doctors, and whether certain treatments will still be available to you. You are probably also wondering how changing this law works and how quickly it can happen.

We're here to help. LBBC staff members and healthcare experts are partnering to bring you easy-to-understand, timely reports on major changes that could affect your access to care. We've created a Healthcare Newsroom at [lbbsc.org/healthcare-newsroom](http://lbbsc.org/healthcare-newsroom) where we're posting articles with updates on the health law and plans to replace it, how changes may impact you and practical tips on what to do next. This portal also has links to relevant LBBC resources, such as our *Guide to Understanding Financial Concerns*.

This is not the first time a president has tried to reform health care in America, and it likely won't be the last. But you can rely on LBBC to make things clearer along the way.

*We would love to hear about your experience with changes in health care — whether it's good, bad or somewhere in between. Visit [lbbsc.org/shareyourstory](http://lbbsc.org/shareyourstory) to share your story with us.*

Warmly,



Jean A. Sachs, MSS, MLSP  
CEO



Photo: BECK Photography

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# News & Education

BY KENDRA LAWTON-AJUBA



## Connecting Communities

Living Beyond Breast Cancer's newest volunteer program, **Community Connectors**, is off to a great start! This program is for those who are affected by breast cancer and passionate about connecting their communities to LBBC resources. After training, Community Connectors complete at least three activities per year for a 2-year commitment period.

Twenty-three volunteers ranging in age from 34 to 69, living in 13 U.S. states and Germany, came together in September 2016 to be trained. They include people with different stages and subtypes of breast cancer, as well as caregivers. So far, these Community Connectors have performed more than 250 hours of service, distributed more than 400 publications, reached more than 5,700 people and raised more than \$6,000 for LBBC.

The next training will be held in 2018.

## Coming to a Doctor's Office Near You

Living Beyond Breast Cancer has partnered with **Outcome Health** to bring our trusted breast cancer resources to healthcare offices around the country. Outcome Health delivers better health outcomes and impacts the human condition positively through technology. They bring healthcare providers content for their waiting room TVs as well as tablets and digital wallboards to be used in infusion and exam rooms. Over the course of 2017, LBBC will share our videos, articles and other resources related to breast cancer with Outcome Health. Let us know if you see us and what you think by emailing [mail@lbbsc.org](mailto:mail@lbbsc.org).



LBBC's conferences help people affected by breast cancer connect with each other.



## Join Us in 'Thriving Together' No Matter Where You Are

If you or someone you love is living with stage IV breast cancer, join us in Philadelphia April 28-30 for **Thriving Together: 2017 Conference on Metastatic Breast Cancer**. The conference is a great way to hear the latest research updates from medical experts. It can also help you get connected to other people living with a metastatic diagnosis so you can talk about the complex medical, emotional and practical challenges you face.

If you can't join us in Philadelphia, you can still participate. We will stream select presentations live online during the conference. Tune in from home and ask your questions. Learn more about the conference and web streaming at [lbbsc.org/2017thrivingtogether](http://lbbsc.org/2017thrivingtogether).

## LBBC Guide Translated Into Five Languages

Receiving a metastatic breast cancer diagnosis is challenging enough, but when English isn't your primary language it's that much more complicated. It makes it harder to understand the diagnosis, your treatment options and how to communicate with your medical team and loved ones. With the generous support of Lilly Oncology, LBBC has been translating our **Metastatic Breast Cancer Series: Guide for the Newly Diagnosed** into five languages: Spanish, Chinese, Vietnamese and Tagalog (available now) and French (available later this spring).

Share with friends and healthcare providers who might be looking for non-English resources. View, download and order these guides online at [lbbsc.org/metsguides](http://lbbsc.org/metsguides). 🍌



# Navigators Can Help Steer You Through Breast Cancer Treatment

BY SUSAN FITZGERALD, FOR LBBC

Marveena Lynch



In the first year after a breast cancer diagnosis, **Marveena Lynch** had 42 cancer-related medical appointments. Her treatment team included a breast surgeon, radiologist, medical oncologist, lymphedema specialist and plastic surgeon. Then there were all the nurses and aides who took care of her during three surgeries and the technicians and other specialists who conducted and analyzed countless tests.

People going through breast cancer treatment should never be expected to relay messages between their many healthcare providers, but unfortunately, they often feel they have to. Luckily for Marveena, a nurse navigator welcomed her to her first appointment in 2015, where she met with her core team of doctors. The navigator's role, Marveena learned, was to coordinate her treatment plan, troubleshoot as needed, and make sure test results and other findings were shared among the people involved in different aspects of her care.

"I was stunned with the news that I had breast cancer, and now I had all this information coming at me," says Marveena, 67, of Greenville, South Carolina. She says her hospital's team approach with the nurse navigator at the center didn't make all her problems go away, but it made a difficult situation a little easier.

"I probably would have been more overwhelmed and frustrated," says Marveena. She felt comfortable talking with her nurse navigator about sensitive topics, such as body image and sex after breast surgery. Her experience speaks to concerns that people with breast cancer often face.

## Navigators on Your Team

A breast cancer diagnosis, whether it's early-stage or metastatic, usually means you will get care from a variety of doctors and other care professionals. It may feel like no one in particular is on top of your treatment.

It's common to receive treatment from a surgical oncologist, a radiation oncologist and a medical oncologist. You may also see many other healthcare providers, including:

- an oncology nurse
- a plastic surgeon
- a *genetic counselor* (an expert to talk to about your family health history and genetic testing)
- a *reproductive endocrinologist* (an expert on fertility)
- a specialist in *lymphedema* (a condition that causes swelling in tissues under the skin of the hand, arm, breast or torso)
- a nutritionist
- a mental health professional

You also may already be seeing a family doctor or specialists for health issues that came before your cancer diagnosis, such as diabetes or arthritis.

To better coordinate breast cancer care, many healthcare systems are placing a navigator, typically a nurse or social worker, in the lineup. If you're not offered a navigator, you can ask for one. The American Cancer Society and some community-based cancer support organizations also can help you find a navigator if there isn't one where you get treatment. Some navigators are volunteers who have gone through breast cancer themselves. There are also independent navigators who charge for their services.

## What Navigators Do

**Cheryl Jones, RN, BSN, OCN**, a hospital navigator with the Greenville Health System who helped Marveena through treatment, says "patients are usually happy to meet me, though they don't know what a navigator is."

She explains to them that her job isn't to take over, but to guide them as they move through the phases of treatment.

"I always tell them they are the driver of the bus," says Ms. Jones, who has herself had breast cancer. "They need to make

their own decisions, but I can get them to the right resources and the right people to help them make those decisions.”

She typically stays connected with the people she helps for about a year after diagnosis, checking in from time to time, answering questions or requests that come in, making referrals to support groups and providing words of wisdom when needed.

“I like to say ‘breast cancer sometimes takes up a year of your life, but don’t forget to live,’” Ms. Jones says.

**Brenda Cline, RN, MSN**, began a nurse navigation program for people with breast cancer at Jefferson Hospital, part of the Allegheny Health Network, in Pittsburgh, Pennsylvania. Since the program started in 2011, the average wait time from a positive breast cancer biopsy to breast surgery decreased from 29 to 16 business days, she says.

“My role is to provide a lot of guidance and education to help patients understand their diagnosis and treatment plan,” Ms. Cline says.

She sets up testing and other appointments, works with specialists involved in the person’s care and cuts through what may seem like red tape.

“Having to advocate for yourself is hard and the anxiety that comes with a diagnosis is huge,” Ms. Cline says, adding that an initial feeling of fear often subsides once the person shifts into action with treatment.

There has been research, Ms. Jones says, suggesting outcomes improve when nurse navigators are involved in cancer care. But, she says, navigators are still learning. She says more information is needed about providing long-term navigation services for people with metastatic cancer who may live many years with the disease.

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***“I always tell people they are the driver of the bus. They need to make their own decisions, but I can get them to the right resources and the right people to help them make those decisions.”***

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## ‘The Voice of the Patient’

**Tammy Payne**, 51, of Waldorf, Maryland, was relieved to have a nurse navigator at her local hospital who helped coordinate the follow-up tests she would need to begin treatment at another hospital in the network.

“I was sitting there in shock. There was no way I could have done it,” says Tammy, recalling the day in 2015 that she learned she had stage IV breast cancer.

Tammy says she has benefitted from being in a program where care is coordinated, with her surgeon, oncologist and cardiologist all communicating with each other.

“I never have to relay messages among my various specialists,” she says.

**Randi Solden, RN, BS, OCN**, is a nurse navigator for breast cancer at Penn Medicine Virtua Cancer Program in Voorhees, New Jersey. People are referred to her by their breast surgeon at



**Earnestine Tolbert**



**Tammy Payne**

the time of diagnosis. She follows them throughout their treatment plan and connects them, as needed, to social services for emotional or financial needs, clinical trials, genetic counseling and a second opinion, if interested.

“I represent the voice of the patient,” she says, and “the goal is to empower the patient so they can ultimately advocate for themselves.”

**Earnestine Tolbert**, 63, of Grand Rapids, Michigan, has been on multiple sides of breast cancer — as a nurse (now retired) in an oncology unit, a woman going through breast cancer treatment, and now as an advocate for people with breast cancer.

She knows it can be confusing to deal with many doctors whom you may only see for minutes at a time. She volunteers to accompany women to appointments and offers them advice on how to get what they need.

“Be honest with your doctors and let them know exactly how you feel. If they say something you don’t understand, ask them to bring it down to your terms,” she advises.

Earnestine says breast cancer treatment can have some unexpected twists and turns. A navigator “helps smooth the way so you don’t have to worry about every little thing.” 🍌



### BEYOND THESE PAGES

Sometimes a cancer diagnosis inspires a new career path. For Sue Bowman, experiencing breast cancer led her to become an oncology nurse navigator. To read her story, visit [lbcc.org/suebowman](http://lbcc.org/suebowman).

# Woman's Best Friend

BY LOREEEE FUCHS, FOR LBBC

*"I look at life a little different now. I don't sweat the small stuff and I try to pay attention to the important things in my life. I have strong faith and the belief that things come into your life for a reason, like the puppy I picked from a litter of eight."*



Lorelee Fuchs and Lexie

In late October 2012, while I was watching a football game, my son's dog Lexie jumped on the couch with me to rest. On her way up she happened to step on my right breast. I wasn't too happy about it because she weighs about 25 pounds. The next day I noticed that my breast was quite bruised and was alarmed because not only was I bruised but also I had a very small dimple on the bruise that I hadn't noticed before.

I checked for a lump and couldn't detect anything, so on the computer I went, Googling like crazy. I learned that a dimple on the breast can be caused from trauma but can also mean breast cancer. I waited about 2 weeks. The bruise went away but the dimple did not. It was very hard to see and I could only see it if my breast was positioned a certain way. I booked an appointment with my doctor right away. He also could not detect a lump and said it's probably from the bruising and trauma but that it could be a sign of breast cancer.

I freaked out. At 46 I had no real personal or family history of breast cancer or any cancer for that matter. I was always looking for new health tips and new natural ways to protect myself from illness and yet this happened! My doctor sent me for a mammogram immediately. When I got to the mammography clinic, I showed the technician the dimple. She said, "Oh my, that's nothing to worry about. It's just the normal crease of your breast." I said, "Well, I won't be here very long then, will I?"

The rest is history. I went from that mammogram to another diagnostic mammogram and then an ultrasound. I prodded the technician to tell me if there was something there. She finally said, "Yes," and that my doctor would be in touch and perhaps want another image. I remember looking at the screen and seeing the letters "SCG." I immediately knew it meant "suspected cancer growth." My doctor phoned me that night and confirmed that they were about 90 percent sure it was cancer.

I was supposed to have a lumpectomy, but on the day of my surgery the radiologist said there was another area on the breast MRI he had concerns about. He said he wanted me to follow up about it after the lumpectomy. After asking a million questions, I called the surgeon that was to do my surgery and asked her opinion. She said the radiologist was an expert in his field. So I decided to have a mastectomy later that day.

So off to the hospital I went. I remember thinking, "This is so wrong. I don't feel sick. I'm a healthy woman. I have always tried hard to look after my health, but in a few minutes they are going to remove my right breast." As they wheeled me down the hospital corridor to the operating room, I stared at the ceiling and thought, "Please wake me up. This is a nightmare. This can't be happening." Well, happen it did.

About 10 days later my surgeon called with the results: The margins were clear and one lymph node tested positive for cancer. She was sure she got it all. She said to give that dog some extra love for helping me find the cancer early. I met with my oncologist and he did more tests to make sure the cancer hadn't metastasized. I had a CT scan and a bone scan: Both were clear.

I went on to have chemotherapy and radiation. In September 2014 I had a TRAM flap reconstruction to my right breast. I feel that the surgery, though very intense, was well worth it.

You know, many people ask, “Why me?” after they are diagnosed. Believe me, I went through a very “feel sorry for me” period. But I was so very blessed to have a wonderful, supportive husband, son and daughter who were there for me every step of the way. My friends were awesome, as were my employer and co-workers. I returned to work full-time and the mammogram I had last May was clean.

I look at life a little different now. I don’t sweat the small stuff and I try to pay attention to the important things in my life. I have strong faith and the belief that things come into your life for a reason, like the puppy I picked from a litter of eight. I got the puppy for my son, Michael, but I think she was meant for me. 🐾



## Ask Your Peers

### *How do you cope with hot flashes?*



**Lindsay McNally, 38, Boise, Idaho**

“I’ve tried several different things to help or get rid of my hot flashes. The one thing that works the best is living a healthy lifestyle and following a well-balanced nutrition plan. I lost 30 pounds during the last half of 2016 and my hot flashes are significantly reduced.”



**Zlatina Sazanova, 40  
Queens, New York**

“My way to fight hot flashes is acupuncture. I highly recommend it.”



**Joe Glowacki, 75  
Southampton, New Jersey**

“Hot flashes and night sweats are but a few of the side effects we men with breast cancer go through. There is too little known about male breast cancer, so the medicines we are prescribed are the same meds women have used for years. I guess the biggest thing to know is that the hot flashes come and go. Don’t be surprised when they show up.”



**Denise Hussey, 55  
Garson, Ontario, Canada**

“Wardrobe is key. Wear layers like tank tops and cardigans. I carry around a water bottle with a fan on it and a wet facecloth in a baggy. I put it on the back of my neck. It’s very helpful. I use it regardless of where I am.”

🐾 *What integrative therapies have you used, and how have they helped you? Let us know at [editor@lbbsc.org](mailto:editor@lbbsc.org).*



## What if It Comes Back? Dealing With Fear of Recurrence

(continued from page 1)

**Cookie Woodside**, of Lancaster, Ohio, was first diagnosed with cancer in 1995. In 2008 she was diagnosed with a new cancer in her other breast, which then returned in the same place in 2013. As time went by after her first diagnosis, she worried less and less about cancer coming back. Mr. Garber says this is common. After nearly 13 years without cancer, Cookie nearly skipped the 2008 screening that found a second breast cancer.

She has leaned on her faith and her family, and when she needs strength, Cookie repeats the Serenity Prayer: “God grant me the serenity to accept the things I cannot change; courage to change the things I can; and wisdom to know the difference.”

When she is alone in the car and feels sad, she turns up the volume to sing along with the Melissa Etheridge song, “I Run for Life.”

## ‘How Do You Want to Spend Your Time?’

**Linda Abrams, PhD**, a psychologist in private practice in Fort Washington, Pennsylvania, says living in the moment is important when dealing with fears of recurrence. Dr. Abrams, who herself has had breast cancer, specializes in speaking with people and families coping with cancer. She talks to people who have let the uncertainty of what might happen keep them from making plans in coming months or years. This can keep them from experiences they may enjoy.

People often want to tell you “everything will be fine,” she says, but it may be more helpful to have people around who say “nobody knows what will happen in a year, but if we want to plan to see this Broadway play or go on this vacation, then let’s do it.”

“[It’s] deciding ‘how do you want to spend your time?’” Dr. Abrams says.

Instead of dwelling on cancer, do things you enjoy, like taking walks, visiting family or watching a funny movie. Dr. Abrams says it’s OK to do things that just make you happy.

Dr. Abrams also recommends finding areas of your life where you have some control. You cannot control whether cancer comes back, but you can lower the risk or improve your overall health through things like healthy eating and exercising.

**Josephine Rizo**, from Phoenix, Arizona, was diagnosed with stage III breast cancer in May 2016. Josephine is 37 years old and has three children at home. She was helping care for her mother, who was getting chemotherapy for a breast cancer recurrence, when she received her own diagnosis.

“I feel like I have so much time ahead of me,” Josephine says, “I know I’m going to have to go [for screenings] often and I just think it’s worrisome because I would hate to find another lump.”

To keep from dwelling on the breast cancer, Josephine exercises, including walks to get out of the house. She listens to music more now and spends more time with her family.



Josephine Rizo

## Getting Professional Help

If you find your worries getting in the way of your work or home life, it might be time to speak with a psychologist, social worker or other professional, Dr. Abrams says. Trying to be healthier is a great thing, she says, but if you worry about having a glass of wine or missing a single workout, it might be a sign of more serious anxieties.

According to Mr. Garber, “the questions one should ask [are]: Does my distress impact my functioning? Am I not doing the things I need to do? Am I not performing well at work or school or home? Am I feeling blue every day? Am I not getting enjoyment out of previously enjoyable things?”

What resources are available depends greatly on where you live, but your oncologist may be a good starting point. Because oncologists deal directly with people who have cancer, they have likely talked to others about emotional concerns, Mr. Garber says. They can point you to mental health professionals and other resources in your area.

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***“People need to use reputable, evidence-based sources, which typically have a ‘.edu’ or ‘.org’ connected to them. And I think the best source of information needs to be one’s oncologist.”***

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## Too Much Information

Anyone who has been on the internet understands both the great promise and the many risks that come along with getting information online. Some find it helpful to learn all they can about the disease and try to understand better what their doctors are telling them at appointments. People also use the internet to find community through online support groups.



Beth participated in online support groups, but found they were not the outlet she needed to deal with her worries.

“I would read so many tragic stories in the course of the day. It just brought me down emotionally so much that I had to turn away from that kind of negativity,” she says.

Mr. Garber cautions people interested in joining support groups that it can be easy in these spaces to start comparing diagnoses and forgetting that each person and breast cancer is different. He recommends looking around. A support group led by a mental health professional may be better than a more informal one. Consider groups that accept people with any kind of cancer. There, you’ll have less in common medically and you can focus on the emotions.

A similar degree of care should be applied to the internet. It is a good place to get background information on breast cancer, Mr. Garber says, but use discretion in how much you look at and where you get your information.

“People need to use reputable, evidence-based sources, which typically have a ‘.edu’ or ‘.org’ connected to them,” Mr. Garber says, “and I think the best source of information needs to be one’s oncologist.”

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*“The fear of the recurrence doesn’t immobilize me. It motivates me to not lay around, because I don’t know what the future is going to bring.”*

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## A ‘New Normal’

With some help and some time, Dr. Abrams says, people usually create a “new normal.” You may not know what will come in future years or if breast cancer will return, but you can hope to feel better in the face of these unknowns.

“I think part of [feeling better] is accepting that some of it is going to be up and down. It doesn’t mean that you’re going to stay in a permanent state of anxiety or depression,” Dr. Abrams says.

Fears may fade over time, even if they never go away entirely. Cookie tries to keep her mind on living her life, even if her fears still feel overwhelming now and then, like recently when a friend died from cancer.

“The fear of the recurrence doesn’t immobilize me. It motivates me to not lay around,” Cookie says, “... because I don’t know what the future is going to bring.” 🍌



### BEYOND THESE PAGES

For a recording of the LBBC webinar **Living With the Unknown: Coping with Fear of Recurrence**, visit [lbbsc.org/copingwithfearofrecurrence](http://lbbsc.org/copingwithfearofrecurrence).

## DEALING WITH FEAR OF RECURRENCE: TIPS FROM THE EXPERTS

- 🍌 **Live in the moment.** Don’t allow fear to keep you from enjoying the things you love or stop you from planning activities in the future.
- 🍌 **Take control of things you can change,** like diet and exercise, but don’t stress if you slip now and then.
- 🍌 **Find what works for you.** How you deal with stress may be different from how others do, and that’s fine.
- 🍌 **Accept that it’s OK to worry.** Your fears may never go away entirely, but they don’t have to run your life.
- 🍌 **Consider talking to a clinical social worker, psychologist or other mental health professional** if fear is keeping you from your normal daily activities or from enjoying your life.



Photo: BECK Photography

# 5 Easy Ways to Support LBBC

BY MARY BETH MILLS, MS

**T**he programs and services Living Beyond Breast Cancer provides to over 500,000 people each year are made possible through the generous donations of individuals and organizations. Each year LBBC must raise over 90 percent of its annual operating budget to continue our mission of connecting people with trusted breast cancer information and a community of support.

Maybe you or someone you care for has attended a conference, participated in a monthly webinar, read our award-winning blog series, downloaded a brochure or spoken with a volunteer on the Breast Cancer Helpline. These programs, and others, are available because of donations.

"Contributions from individuals, particularly donors who give every year, are so important in helping support our services," says **Jean A. Sachs, MSS, MLSP**, CEO of LBBC. "They also show the passion people have for our mission of creating a world where no one impacted by breast cancer feels uninformed or alone. However you choose to give, know that your gift is deeply appreciated."

There are several ways you can donate to LBBC in addition to mailing a check or making a credit card gift online.

## Make a Gift of Securities

You can transfer appreciated stocks, bonds, or mutual fund shares you have owned for more than 1 year to LBBC. Gifts of stock that have appreciated provide an excellent means of helping LBBC while improving your tax picture. You receive an immediate income tax deduction for the fair market value of the securities on the date of transfer. You pay no capital gains tax on the transfer when the stock is sold by LBBC.

Donating mutual funds has some of the same benefits as donating stocks. Shares of mutual funds will be credited at the net asset value of the shares on the gift date. We suggest you talk about these types of gifts with your tax preparation professional.

## Participate in Workplace Giving

This is an easy and efficient way to make tax-deductible donations to LBBC. Your employer may offer the choice to have gifts taken directly from your paycheck on a pre-tax basis.

If your employer supports the United Way, you can designate LBBC to receive your payroll deduction by asking your human resources or payroll department for a Donor Designated Funds Form.

If you live in the Delaware Valley and your employer participates in the United Way of Greater Philadelphia and Southern New Jersey's Donor Choice Program, use code 10172 for LBBC. If you live outside the Delaware Valley simply contact your local United Way and provide LBBC's EIN # (23-2734689) and address (40 Monument Road, Suite 104, Bala Cynwyd, PA 19004) to designate your gift.

Federal government employees can donate to LBBC through the Combined Federal Campaign (CFC). Pledges made by federal civilian, postal and military donors during the campaign season (September 1 to December 15) can designate monthly support by using LBBC's giving code of 78012.

Many companies offer matching gift programs to encourage employees to give to charity. Most of these programs match

contributions dollar for dollar, and some will even double or triple the amount of your gift. Some provide matching funds to support employee volunteer hours. Ask your human resources or payroll department if this is an option to increase the impact of your gift.

## Make a Legacy Gift

You can also provide for LBBC while planning your estate. A simple way is a gift in your will or living trust, known as a charitable bequest. You can indicate a specific amount or a percentage of the balance remaining in your estate or trust.

If you already have a will, a codicil may be all that's needed to include LBBC in your estate plan. A codicil is a document that makes specific, limited amendments to your existing will, but leaves all other provisions unchanged. By including a bequest to LBBC in your will or living trust, you are ensuring that we can continue our mission for years to come.

There are several other planned giving options including charitable gift annuities and charitable remainder trusts. We encourage you to include family members and financial advisors in customizing your plans if you would like to support LBBC with a legacy gift.

## Shop to Support

Corporate partners donate a percentage from the sale of certain items back to LBBC. To find items that support LBBC, please visit [lbbsc.org/how-you-can-help/shop-support](http://lbbsc.org/how-you-can-help/shop-support).

## Plan a DIY Event

Host a party, start a virtual campaign or take on your own personal challenge. There are endless ways to get involved. Creating a DIY (Do It Yourself) event is an easy and fun way to use your talents to support LBBC. The event organizer usually donates all or a portion of the event proceeds to LBBC. The organizer plans the logistics of the event, working with LBBC's event team to maximize results. Please contact us if you are interested in supporting the organization in this way.

No matter how you choose to support the mission of Living Beyond Breast Cancer, please know your donation immediately helps someone affected by breast cancer. 🍷



### BEYOND THESE PAGES

Make a donation to support our programs and services.

Visit [lbbsc.org/gift](http://lbbsc.org/gift) or contact us at [development@lbbsc.org](mailto:development@lbbsc.org) for more information.

# Raising Money for LBBC Is Always in Fashion

BY JESSICA BETTS

**W**hen **Sue Millard** decided to raise money for people with breast cancer, she already had some experience. Sue lost her sister-in-law to lung cancer. And at her previous job, as a representative with Silpada Designs, she and a team of women raised funds for the Lung Cancer Research Foundation.

Sue, 63, from Iselin, New Jersey, wanted to do more. She and that same group of women decided to keep working together to do good. They all knew someone who had been diagnosed with breast cancer, so they decided to plan a Do It Yourself (DIY) event in October that would support Living Beyond Breast Cancer. Sue became familiar with LBBC while with Silpada, which was a strong LBBC Shop to Support partner for several years.

Sue and her team chose to host the event at Pino's Gift Basket Shoppe and Wine Cellar, in Hyland Park, New Jersey. As planning began, the owner, Siobhan Commerford Weinstein, suggested a mother/daughter fashion show.

*Interested in hosting a DIY event in support of LBBC? Visit [lbbs.org/diy](http://lbbs.org/diy) or contact Elizabeth Mairs at [emails@lbbs.org](mailto:emails@lbbs.org) to find out more.*



Guests enjoy themselves at the 2016 Mother Daughter Fall Fashion Showcase.

"We loved the idea and went to work with stylist Denise Lendino, makeup artist Danielle Beyer and Siobhan!" says Sue. "We just needed someone to donate the clothing. Emily Dell from the Runaway came on board."

Sue and the rest of the group became even more focused after a friend of Siobhan's was diagnosed with a breast cancer recurrence. They held the 2016 Mother Daughter Fall Fashion Showcase on October 20. Tickets were \$25, and the event featured a fashion show with fall trends in clothing and jewelry as well as light bites, mini makeovers and shopping. Sue, now a Touchstone Crystal consultant, was once again able to weave her business into her fundraiser. The event was very successful, with about 40 people attending. Sue met her goal of raising \$500 for LBBC.

"At the end of the day we were exhausted but in a good way for a good cause," Sue says, "and I think everyone really had a great time." 🍌

## A WINNING PARTNERSHIP:

# The Philadelphia Eagles and LBBC

BY SANDRA E. MARTIN

**I**n July, the Philadelphia Eagles chose Living Beyond Breast Cancer as one of five Eagles Care partners for the 2016 season. As part of this special collaboration, the Eagles devoted attention, support and resources to LBBC to raise the organization's profile and enhance our impact. Eagles Care was created in 2013 to create annual, strategic partnerships with nonprofits to maximize the impact of the team's community efforts.

LBBC and the Eagles have partnered in many ways. We've attended monthly "lunch and learns," in which the Eagles make their executive staff available to share their expertise in marketing, social media, videography, sponsorship and more. Some of the people who support LBBC and who benefit from our services have enjoyed tickets to games, on-field gameday experiences and even a Beyoncé concert at the team's stadium. The Eagles cheerleaders also joined LBBC for one of our fall fundraisers.

In October, LBBC's Walking Tall Together program was held at Lincoln Financial Field, where the Eagles play. About 45 attendees, including women impacted by breast cancer and their family members and caregivers, toured the facility. Eagles defensive tackle **Beau Allen**, linebacker **Bryan Braman** and kicker **Caleb Sturgis** joined

them. The Eagles provided a tour guide who answered questions and was very accommodating to special needs within the group. We visited the locker room, press box, press conference room and more. The players were interactive and friendly throughout the event.

"I really cherished the time I spent with these courageous women," says Beau Allen, whose mother had breast cancer. "I know first-hand the impact that breast cancer can have on someone and their immediate family. It can be a long and challenging journey, but the support group around you can really make a difference. For women impacted by breast cancer, LBBC offers that strong foundation they can lean and depend on."

The Eagles also hosted a cooking demonstration at the stadium as part of our Get Fresh/Eating Well After Breast Cancer program, a collaboration with Philadelphia nonprofit MANNA (also an Eagles Care partner this past season). Attendees experienced hands-on learning about nutrition and health in a supportive environment. They also met defensive end **Brandon Graham** who joined right in with the cooking.

LBBC will continue to work with the Eagles through July to develop opportunities within the partnership. 🍌



In October, LBBC's Walking Tall Together program was held at Lincoln Financial Field.





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# Insight

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**Connecting you**  
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## 2017 Living Beyond Breast Cancer Conference



The Peabody Memphis  
**October 6-8, 2017**

Visit [lbbc.org/2017conference](http://lbbc.org/2017conference) to learn more.



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**SPRING 2017**

# Calendar

## Educational Programs

### WEBINARS

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

#### MARCH 22

**For Healthcare Providers: Addressing the Long-Term Effects of Treatment for Your Young Breast Cancer Patients**

#### APRIL

**Making Treatment Decisions**

#### JUNE

**Annual Update From the American Society of Clinical Oncology (ASCO)**

### BREAST CANCER 360s

*Online and in person!*

#### MAY 8

**Making Sense of Genomics and New Treatments**  
*Philadelphia, Pennsylvania*

### TWITTER CHATS

#### MAY 17

**Parenting**

#### JUNE 2017

**Concerns of LGBTQ People With Breast Cancer**

## Conferences and Special Events

#### MARCH 18

**Kick-Off Event  
for Living Beyond Breast Cancer's Reach & Raise**  
*Wenonah, New Jersey*

#### APRIL 28-30

**Thriving Together  
2017 Conference on Metastatic Breast Cancer**  
*Philadelphia, Pennsylvania*

#### MAY 21

**Living Beyond Breast Cancer's Reach & Raise: Philadelphia**  
*Philadelphia, Pennsylvania*

#### OCTOBER 6-8

**2017 Living Beyond Breast Cancer Conference**  
*Memphis, Tennessee*

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

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November 2016-January 2017