

Insight



LIVING BEYOND
BREAST CANCER®

With you, for you.

‘YOU FEEL SO LOST’:

Facing Breast Cancer When You Have a Mood or Anxiety Disorder

BY ERIC FITZSIMMONS



Traci, from New York*, struggled with depression most of her adult life. She took antidepressants for several years. While they helped her through a period of crisis, she did not like how they made her feel. With her therapist, Traci worked to transition off the medicine. Then she was diagnosed with breast cancer.

A breast cancer diagnosis can send you reeling. **Pamela Ginsberg, PhD**, is a psychologist who specializes in women’s health and in treating women who have cancer. Dr. Ginsberg says stressful life events, like a cancer diagnosis, put people who have been diagnosed with depression or another mood or anxiety disorder at a higher risk of experiencing an episode related to that disorder.

“I don’t think I was clinically depressed at the time of diagnosis,” Traci says. “I think I had [a] normal reaction to the diagnosis.”

But over time, she says, she felt the depression coming back. She had to decide if she would go back to the medicine, or not.

Recognize When You Need Help

Traci was diagnosed with stage I triple-negative breast cancer in 2007. She went through treatment: a lumpectomy, radiation and chemotherapy. About a year after her diagnosis, as she finished treatment, Traci’s depression was back, and back strongly. So she went to her primary care doctor to get antidepressants again. Traci asked for as little as possible, so she was prescribed a very low dose of a generic antidepressant called a selective serotonin reuptake inhibitor, or SSRI. She says it was enough to help.

Dr. Ginsberg says experiences like Traci’s are common. The end of active treatments like chemotherapy and radiation is one of the most emotionally stressful times in the cancer process. It’s when people most often call her for help.

“Their formal treatment is over and they feel abandoned and alone and very unsure of themselves,” Dr. Ginsberg says.

People with metastatic breast cancer, for whom treatment doesn’t end, should pay even closer attention to their wellbeing, according to Dr. Ginsberg. Because the diagnosis is so serious and the stress is ongoing, seeing a mental health professional even when you are coping well can be helpful in watching for and getting through episodes of instability. She says it’s especially important for people with metastatic breast cancer to look for a mental health professional with experience treating people who have cancer.

According to the U.S. Department of Health and Human Services, one out of every 25 people in America was living with a serious mental illness such as major depression, bipolar disorder or schizophrenia in 2014. A study in the U.S. Military Health System found 28 percent of women with breast cancer had a mood disorder or needed help coping with their diagnosis.

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*Last name and hometown withheld by request

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Dear Friends,

A breast cancer diagnosis gives you instant membership to a club nobody wants to join. Membership means soaking up, and possibly seeking out, more medical information than most people ever expect to learn.

At LBBC, we know it's tough trying to make sense of hard science and new medical breakthroughs while getting treatment and dealing with everyday life. But we also know that knowledge is power. That's why we've made it a priority to help you learn more about some of the most important topics in breast cancer, which can also be some of the hardest to understand.

This issue's article on genetic testing is one example of that. Other examples include our recent in-person and online programs. A Breast Cancer 360 in April addressed hereditary breast cancer, and one in May addressed genomic testing. Our annual metastatic conference, in April, also touched on complex topics, including immunotherapy — what it is and how it could affect treatment in the future.

If you missed these programs, or want to revisit them, go to LBBC.ORG for videos and other post-program resources.

As breakthroughs in genetics, genomics and immunotherapy cause breast cancer treatment to become more personalized, LBBC will be there to help you understand what it means for you. We'll also continue to advocate for policies that help you access new tests and treatments without causing you financial ruin, and that don't discriminate against you because of pre-existing conditions like breast cancer.

Warmly,



Jean A. Sachs, MSS, MLSP
CEO



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News & Education

BY KENDRA LAWTON-AJUBA

Memphis, Tennessee



Join Us in Memphis!

Registration is open for the **2017 Living Beyond Breast Cancer Conference**, at The Peabody Memphis, October 6-8. This conference shares the latest medical updates plus sessions on living well with breast cancer. It has resources for people living with, or beyond, all stages and subtypes of the disease. Due to generous support from the Patient Advocate Foundation, registration for the 2017 conference is just \$25 for all attendees. Travel grants and fee waivers are also available. View sessions and register online at lbbc.org/2017memphis.



Metastatic Conference Resources

If you were unable to attend this past April's **Thriving Together: 2017 Conference on Metastatic Breast Cancer**, or you want to revisit what you learned, resources from the sessions have been posted online at lbbc.org/mets2017. You can watch the keynote presentations, listen to select breakout sessions and download handouts (when available).

Tips for Young Women

Our Young Women's Initiative is partnering with the Young and Strong program at Dana-Farber/Brigham and Women's Cancer Center this summer to present **Living Well After a Breast Cancer Diagnosis: Practical Tips for Young Women**, July 20 in Boston. This event will discuss some of the most common concerns faced by young women diagnosed with breast cancer — weight gain and body changes, menopausal symptoms, anxiety and depression, fatigue, and pain. It will feature **Ann H. Partridge, MD, MPH**, along with a panel of young women who have been diagnosed with breast cancer. You can attend in person or via live web stream. Learn more and register at lbbc.org/tips4young.

News From ASCO

LBBC's copy editor and content coordinator **Eric Fitzsimmons** attended and reported on highlights from the American Society of Clinical Oncology (ASCO)'s Annual Meeting, held June 2-6 in Chicago. If you missed his reports or our recent webinar reviewing the key takeaways from this important event, you can access them online at lbbc.org/2017asco. 🐾



Inherited Risk: Genetic Testing Can Bring Answers, and New Questions

BY ERIC FITZSIMMONS



one. But people in some ethnic groups are more likely to carry them. For example, in the U.S. about 1 in 40 Ashkenazi Jews carries a BRCA mutation.

Emily waited for the test results before deciding which breast cancer surgery to have. Women with a genetic mutation have a high risk of a new cancer forming, so they often remove the affected breast and get a prophylactic, or preventive, mastectomy to remove the unaffected breast and prevent future cancer. They may also get a prophylactic oophorectomy, surgery that removes the ovaries, to prevent ovarian cancer.

Emily's test results arrived quickly, and despite her family history, tests did not find any mutations known to raise breast cancer risk. Doctors told her she may carry a mutation researchers have not yet identified, or she may not have inherited a higher risk of breast cancer.

"At that point, I wanted someone to be able to say, 'You have the gene [mutation] so get the mastectomy,' or, 'You don't have the gene [mutation] so you don't need to have a mastectomy.' But instead I received the question mark," Emily says. "I still had to make a decision. I really wanted that taken out of my hands."

Emily Bakaj, of Philadelphia, was diagnosed with stage II breast cancer in October 2009 at 51 years old. The age had unsettling connections for Emily: Her mother died of breast cancer and was also diagnosed at 51.

Emily's family history — along with her mom, a great-aunt had the disease — and her Ashkenazi Jewish heritage pushed her doctors to recommend genetic testing, which searches DNA for a mutation, or error, that increases the risk of developing a disease, like breast cancer.

Most cancers are caused by mutations that happen during a person's life. But some mutations pass from parent to child and put people at higher risk for breast cancer. You have a 50 percent chance of inheriting a mutation if one of your parents is a carrier. An estimated 5 to 10 percent of breast cancers are linked to mutations on the most well-known breast cancer-associated genes, the BRCA genes.

The overall risk of a woman in the U.S. getting breast cancer in her lifetime is 12 percent. But the National Cancer Institute reports that women with a *BRCA1* mutation have a 55 to 65 percent chance of developing breast cancer by age 70. Women with a *BRCA2* mutation have a 45 percent chance. These mutations, especially *BRCA1*, also raise the risk of ovarian cancer. They raise breast cancer risk in men, though to a much smaller degree than in women. BRCA mutations are not very common in general: Some researchers estimate about 1 in 800 people in the U.S. have

'Information Is Power'

Knowing if you carry a gene mutation can help not only you, but also your family, according to **Mary B. Daly, MD, PhD, FACP**. Dr. Daly is the chair of the Department of Clinical Genetics at Fox Chase Cancer Center, in Philadelphia.

If tests show you carry a gene mutation that increases breast cancer risk, relatives may look into genetic counseling to see if they carry it, too. Some may find it difficult to hear they have a higher risk for breast cancer. But if they choose to test, the results can inform their future health decisions.

Most genetic tests require a cheek swab or a blood sample. In a cheek-swab test, your doctor rolls a cotton-tipped swab along the inside of your cheek. For a blood sample, the doctor uses a needle to draw a small sample of blood, usually from a vein on the inside of your arm.

There are different kinds of tests and different companies that offer them. Some look for evidence of any mutations of one specific gene, like *BRCA1*. Others look for a single, specific mutation of a specific gene, if that mutation has been found in a family member. Others test a wide panel of genes and possible mutations.

Even without the definite answer she hoped for, Emily thinks genetic testing is important. "I found the process to be very illuminating," she says. "I always felt that information is power. The more information that I had, the better to make my treatment decisions."

Genetic Counseling

If you are interested in genetic testing, it's best to do it soon after your diagnosis, Dr. Daly says. Many people, like Emily, wait for results before deciding on surgery. For this reason, many providers ask questions early in the process to see if you should meet with a genetic counselor. But even if you don't get genetic testing right away, you can still be tested, even years later.

Before you meet with a genetic counselor, try to collect information on your family's health history. Your genetic counselor reviews the history with you and looks for patterns that might signal a particular gene mutation, according to Dr. Daly. They also consider things like a past diagnosis of breast or ovarian cancer, diagnosis with breast cancer before age 45, diagnosis of triple-negative breast cancer, and certain ethnic backgrounds. This helps your doctors choose the right genetic test for you. Which tests or testing companies your health insurance covers may be part of that decision, too.

When test results come in, the genetic counselor tells you what different results can mean and what your treatment options are. Many labs return results quickly when they will be used in treatment decisions, Dr. Daly says, so you may know in about a week. On the longer side, results can take 2 to 3 weeks.

Most people learn they do not have a genetic mutation related to cancer risk. Dr. Daly says the results identify a mutation in about 10 to 20 percent of people who get genetic testing. Even if you are found to have a mutation, that does not mean you will definitely get a second breast cancer. But you will be able to make informed treatment decisions.

'I Had No Fear'

Susan Rosen, 52, of Franklin, Massachusetts, did not know of anyone in her family with breast cancer when she was diagnosed with stage III, hormone receptor-positive disease in 2010. Still, her doctors recommended she meet with a genetic counselor.

Susan was just 45 at diagnosis, and like Emily, her family is of Ashkenazi Jewish descent. Susan's test came back positive for a *BRCA2* mutation. She had a lumpectomy, then radiation and chemotherapy. Because of the genetic mutation, Susan also had an oophorectomy.

Susan's oldest sister tested positive for a *BRCA2* mutation as well, but another sister did not. The affected sister had an oophorectomy and gets screened for breast cancer more often because of the high risk.

In 2013, Susan's doctors found the cancer was now stage IV, or metastatic, and the *BRCA2* mutation again affected her treatment decisions. She received a PARP inhibitor, a medicine that stops an enzyme in the body, called PARP, from repairing damaged DNA in cancer cells. PARP inhibitors are being studied in clinical trials for people with metastatic breast cancer who test positive for a *BRCA* mutation.

In Susan's case, the cancer did not respond to the PARP inhibitor. Still, she says knowing about the gene mutation allowed her and her family to take action and try new treatment options.

"I know some people are afraid to go get tested but it didn't bother me at all. I had no fear. I live now. If there's something I can't change, I don't worry about it," Susan says.



Susan Rosen

Moving Fast

Researchers have recently identified and can now test for more mutations linked to higher-than-average risk for breast cancer.

Genes that can carry those mutations include *PALB2*, *ATM*, *CDH1*, *CHEK2*, *PTEN*, *STK11* and *TP53*. These generally aren't as common as the *BRCA* mutations, don't increase the risk of breast cancer as much, or both. Like the *BRCA* mutations, these mutations usually involve a problem in the instructions genes use to tell the body to stop making new cells. Treatment guidelines are different for the various gene mutations as each comes with its own level of breast cancer risk and in some cases raises the risk of other conditions, too. Discuss results with your medical team to learn about your treatment options.

As the genetics field has grown, so has awareness. Actress Angelina Jolie publicly announced in 2013 that she carried a mutation on the *BRCA1* gene and had a prophylactic double mastectomy. Though she had not been diagnosed with breast cancer, her mother died of ovarian cancer, which is also linked to *BRCA* gene mutations. Two years later, Ms. Jolie also had a bilateral oophorectomy. Media coverage of her operations was the first time many people heard of these gene mutations.

Other important news about genetic testing has not been so widely discussed. One example is the American College of Surgeons making a genetic testing program a requirement for its hospital accreditation. Dr. Daly says this leads to more doctors being aware the information is available and more people having a path to testing. Another example is the Supreme Court ruling that human genes could not be patented, which allowed more companies to offer genetic testing. This made tests easier to access and less expensive.

Still, not all providers have deep knowledge of breast cancer gene mutations. Dr. Daly says if you have some of the features associated with a genetic mutation, tell your doctor and ask if you should speak with a genetic counselor. 🐾



BEYOND THESE PAGES

LBBC held a Breast Cancer 360 event, *A Family Affair: Hereditary Breast Cancer and You*, in April.

To watch a video of the program, visit lbcc.org/familyaffair.

Recognizing Our National Volunteers

BY ERIN ROWLEY



Laura Ross

Laura Ross

The Lee Plamondon Volunteer Award

Philadelphia, Pennsylvania

“It is very important for me to volunteer at Living Beyond Breast Cancer because after going through my breast cancer journey alone, I found LBBC and they made me realize that I was not alone. They validated that all I was feeling was completely normal. I only wish I had found them when I was first diagnosed. I went through all the decision making about my diagnosis, treatment and surgery alone, without realizing there was a whole world of survivors out there that could have given me strength and comfort. It is so important for breast cancer survivors to feel supported and comforted. It is rewarding to me to be the person who can help another woman (or caretaker) in their time of crisis and need — to listen and support them, help them get through the day, and validate their feelings.”

We are pleased to announce this year’s Living Beyond Breast Cancer Volunteer Award recipients. These awardees have gone above and beyond for LBBC, and we are proud to honor them.

Michelle Baldino

The Ann Klein Volunteer Award

Somerdale, New Jersey

“I started volunteering for LBBC as soon as I attended my first Yoga on the Steps [now called Reach & Raise] in Philadelphia in 2012. I was beginning treatment for my second bout with breast cancer. It was a way for me to stay connected to other breast cancer survivors who understood what I was going through. It also offered me the opportunity to support *them* where I could. LBBC offers a multifaceted support system, including the Breast Cancer Helpline, Reach & Raise, and many informative webinars, conferences and outreach programs that help unite and inform breast cancer survivors and their families. For me, it’s been a blessing to have this positive outlet that encourages me to move on and live ‘beyond’ breast cancer.”



Michelle Baldino

Mary Jennings Smith

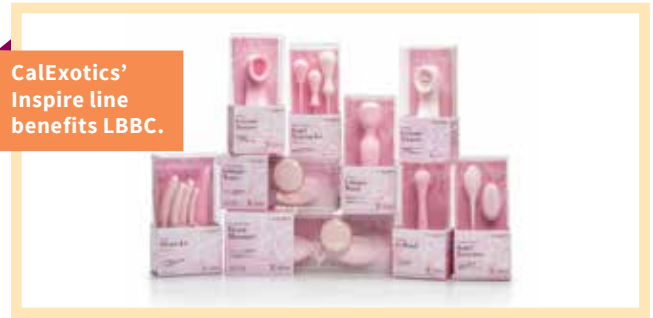
The Lee Plamondon Volunteer Award

San Marcos, California

“I love volunteering as it melds nicely with my counseling background. But, more than that, I want to give back because I was supported so much by my friends and colleagues through the initial diagnosis and treatment, and I continue to get support as I work my way through the metastatic world now.”



Mary Jennings Smith



CalExotics’ Inspire line benefits LBBC.

CalExotics

The Paula A. Seidman Volunteer Award

“CalExotics, the world’s leading manufacturer of adult toys and novelties, is a woman-owned company, and we’ve fought for many years to support women’s rights. One of our biggest concerns is improving women’s health. We want to align ourselves with partners who share our passion and are working hard to change the world. We are so excited to be able to design and produce products, such as the Inspire line, which benefits LBBC, that improve women’s sexual health and wellness. LBBC is focused on supporting those in need, and we are truly amazed by their work. It is an honor to have been their partner for over 10 years, and I am hopeful for what the future holds for both organizations.”

—Susan Colvin, Founder and CEO of CalExotics



Hyneefah Singleton

Hyneefah Singleton

The Community Advocate Award

Philadelphia, Pennsylvania

“Volunteering for LBBC is important to me because I’m a cancer survivor living with stage IV metastatic breast cancer that spread to my bones, liver and lungs. I want to make a difference in the fight against breast cancer. When I was first diagnosed, I felt lonely and isolated from the world. I decided to apply for LBBC’s Young Advocate program and was accepted. I was so excited! LBBC trained me to support and speak in favor of breast cancer awareness and research, support legislation that helps me and others, and speak about issues that affect the cancer community. LBBC helps me make a difference in someone else’s life, makes me feel good, keeps me aware and educated, helps me build new friendships and widen my support network, and gives me the opportunity to share the information with my community.”

Debi Evans

The Caregiver Award

Philadelphia, Pennsylvania

“I started volunteering about 5-and-a-half years ago, after my sister who had stage IV metastatic breast cancer died. I was her caretaker along with my mom who is a 24-year triple-negative survivor. I had been trying to volunteer before that but as my sister’s disease progressed, I didn’t get the chance.

Volunteering with LBBC is like helping my family. The staff has been so warm and encouraging. Every person I have met at LBBC is like a shining star: The compassion that they show to the breast cancer community and volunteers is outstanding. They make you feel like you belong and that without your help their goals couldn’t be accomplished.” 🌟



Debi Evans, left, and her sister, Paulette.



Bringing Hope Home

The Community Vision Award

Wayne, Pennsylvania

“At Bringing Hope Home, our goal is to help all types of families that are battling all types of cancer. Through the Cis B. Golder Quality of Life Grant and our ongoing partnership with Living Beyond Breast Cancer, we are able to extend our reach to help families that are battling breast cancer. Bringing Hope Home relies on the generosity of our volunteers, donors and partners to fulfill our mission of providing ‘Unexpected Amazingness to Families’ through financial and emotional support. When we started Bringing Hope Home, I knew there was a need for our organization, but I never imagined how big our family would grow. We are truly blessed by the relationships and friendships we have made along the way.”

— Paul Isenberg, Founder and CEO of Bringing Hope Home



BEYOND THESE PAGES

Family or friends of each of our awardees wrote blog posts about their loved one’s dedication to doing good.

To read these posts, visit lbbc.org/blog.

The powerful effect breast cancer can have on your emotions may feel like anxiety or depression. Even if you are experiencing normal responses to cancer, you should feel comfortable asking for help.

"It's OK to get all of the support that you need, including medication if that's what's necessary," Dr. Ginsberg says. "It's not a matter of weakness or a matter of not being able to do it on your own. It really is about getting through cancer treatment as well as you can with as little suffering as possible."

Getting Care

Theresa Drescher, 60, of Manhattan, was diagnosed with stage I hormone receptor-positive breast cancer in 1999. She had a lumpectomy and radiation, and then took tamoxifen to lower the chance of a recurrence. Theresa started experiencing short-term memory problems, a possible sign of a side effect called "chemobrain." People getting cancer treatments have experienced chemobrain for years, but the side effect was not studied much until recently. She reported it to her doctors but her concerns were dismissed, which worried her more: She thought she was losing her mind. She told her OB-GYN the side effects made her feel "on the edge." This got the doctor's attention.

"[My doctor] said 'Do you ever think about suicide?' ... I just assumed everyone thought about it, all the time," Theresa says. Her concerned doctor referred Theresa to a psychopharmacologist, a doctor who specializes in the use of medicines to treat problems with mood, thinking and behavior.

The psychopharmacologist diagnosed Theresa with bipolar disorder and obsessive-compulsive disorder. She had lived with suicidal thoughts and obsessive behaviors — like cleaning the bathroom at 3 a.m. — for years. She had seen mental health providers before who prescribed her medicines, but none of them discussed the underlying problems with her. Theresa believes her OB-GYN getting her to a mental health professional at that moment saved her life. Therapy and medicines helped with her disorders, and connecting with other women who also experienced chemobrain after breast cancer treatment helped her better understand and deal with the conditions.

Coordinating Treatment

All of your doctors need to know about other medical conditions you have as well as any medicines you are taking, says **Ruth Oratz, MD, FACP**, an oncologist at New York University's Langone Medical Center. Interactions between medicines could interfere with your treatment or make you sick. Fortunately, she says, many people she treats who see a mental health professional are open about their medicines, and about making sure Dr. Oratz's team and the mental health providers can speak.

"They were very relieved and felt good that we were going to have that communication," Dr. Oratz says of the people she's treated. "This is the same as if you had diabetes and I had to check



Theresa Drescher

with your diabetes doctor about your medication. We want to make sure that we're giving you the right treatment and that it's safe and effective for you."

Doctors also see the importance of emotional health in making sure people stay on their cancer medicines. Certain treatments, like hormonal therapy, are taken daily at home, which make it easier to forget doses or stop taking the medicine, and harder for a doctor to know if you are not taking the medicine correctly.

Many people stop treatment because of side effects. Anxiety or depression may make it hard to keep taking a medicine, especially if the medicine makes you feel ill. But cancer medicines can greatly reduce the chance that cancer returns in people with early-stage disease, and extend life in people with metastatic breast cancer. So Dr. Oratz says it is very important to speak with your healthcare team if you are thinking about no longer taking a medicine for any reason. They may be able to help you find a financial assistance program, if paying for the medicine is an issue, or help treat or prevent side effects, so you can keep receiving your treatment.

Dr. Oratz recalled one woman who had severe depression that caused her to stop taking cancer medicines and skip appointments and screenings.

"Patients with anxiety disorders sometimes need additional follow-up. We have to allow a little bit more time for those appointments and maybe see those patients a little more frequently," Dr. Oratz says.

It's OK to keep asking questions or raising concerns if you are uncomfortable with your treatment. Theresa had been to therapists before receiving her mental health diagnoses and had not been satisfied. And after her breast cancer diagnosis, she couldn't explain her memory problems until she spoke with another woman experiencing the same effects.

Continuing to express her concerns finally got Theresa the care she needed. She encourages people to tell, and keep telling, their doctors about the problem, or find a new doctor to tell. Someone has had the same side effects before you and a doctor will recognize them eventually, but it may require a lot of speaking up.

Take Care of Yourself

Valerie Deering, 45, of Overland Park, Kansas, was diagnosed with post-traumatic stress disorder (PTSD) in 1999 while studying psychology in college. She was diagnosed with stage III hormone receptor-positive breast cancer a decade later, in the fall of 2010. Valerie says she dealt with the stress of that diagnosis and the treatment the same way she dealt with traumatic experiences from her past, by trying to ignore them. After treatment the emotions she wasn't dealing with began to catch up with her.

"You feel so lost," Valerie says about those first months after treatment ends. "That's now your job: being a patient. When that ends, it's disturbing. It's as disturbing, almost, as the original diagnosis."

The crisis did not come immediately, but as she faced other misfortunes — Valerie lost a job and an apartment — suicidal thoughts became constant and she spent 10 days at an inpatient psychiatric facility.

"If you don't address things as they come up, it just compounds and finally, there's a tipping point," Valerie says.

Taking care of yourself is important during breast cancer treatment, Dr. Ginsberg says. That includes watching out for your mental and emotional well-being. She says it is hard for many people, women especially, who often put the needs of family and others above their own, to let go and focus on their own needs, even when they are sick.

Finding support outside of the doctor's office is important as well. This can come in many forms. Family is a big source; so are friends and even pets. For Traci, keeping her cats was important,

even though doctors said they could expose her to germs that her immune system, weakened by the cancer treatments, might have trouble fighting off. And Traci, Theresa and Valerie all said connecting with other women who had breast cancer was a breakthrough in how they dealt with their emotions after diagnosis. Traci and Theresa found even more strength when they started to volunteer with organizations where they first found support.

"It makes me feel really, really great to help other women," Theresa says of her work on a breast cancer hotline. "And it's something only you can do. Only if you have cancer can you relate to someone who has cancer, and that giving feeling has helped me through my darkest times." 🐾



Valerie Deering

Ask Your Peers

What integrative therapies have you used, and how have they helped you?



Nancy Ferrato, 52, Stow, Ohio

"During chemotherapy, I worked with a nutritionist who specializes in treating breast cancer patients. She coached me on foods, drinks and supplements and I had minimal side effects while possibly increasing how well my chemo drugs worked. Now, after an oophorectomy, I see an acupuncturist who has greatly reduced my hot flashes."



**Christine Hodgdon, 37
Hagerstown, Maryland**

"Integrative therapies that were helpful to me throughout my treatments and that I still incorporate in my daily routine include yoga, meditation and acupuncture. Each therapy serves a different function, but all help reduce anxiety, which is vital when navigating a cancer diagnosis."



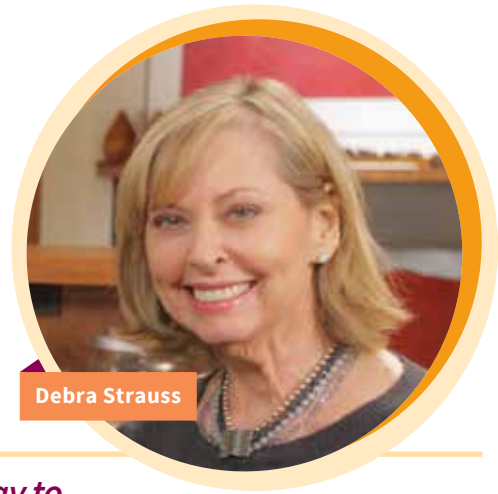
**Carla Whitbread, 42
Lymington, Hampshire, UK**

"As soon as I was diagnosed with stage IV breast cancer more than 5 years ago at age 37, I knew my healing journey wasn't going to come simply from getting rid of the tumors. I turned to yoga and meditation. I took a mindfulness course to deal with anxiety. I took time to walk and exercise outdoors, close to nature, and I learned how to cook, to give my body the best chance of surviving the harsh treatments I received. I turned to acupuncture and traditional Chinese medicine. I surrounded myself with friends."

🐾 *What have your healthcare providers done to make you more comfortable (physically or emotionally) during treatment? Let us know at editor@lbbc.org.*

Innovative Philanthropy With a Heart

BY ERIN ROWLEY



Debra Strauss

“It was such a beautiful way to honor Debra and to raise money for LBBC at the same time.”

Salvatore Principe’s heart paintings have been seen all over the world, including in the homes of many a celebrity, and at LBBC’s 25th Anniversary Butterfly Ball, in November 2016.

Three couples — **Marcia** and **Barry Kaufman**, **Ellen** and **Eric Gechter** and **Robin** and **Paul Rashkind** — commissioned a painting called *Debbie’s Heart* and donated it to the event’s live auction. The painting honors their friend **Debra Strauss**, a longtime LBBC volunteer and past gala honoree who lived with metastatic breast cancer for more than 30 years. Debra passed away in January 2017, shortly after the Butterfly Ball.

The couples spent \$1,000 on the painting. It turned into a donation to LBBC of 10 times that when it sold for \$10,000 at the auction.

“We were blown away,” Ms. Kaufman says. “We were just beyond thrilled and excited because it did what we wanted it to do and it did it in such a beautiful way. It was such a beautiful way to honor her and to raise money for LBBC at the same time.”

Debra was unable to attend the event due to illness, but her family attended and took video of the auction to share with her.

“For them to have seen this, I can’t even begin to tell you how emotional and just wonderful it was,” Ms. Kaufman says.

Michael Durbin, chief strategy officer and chief inspiration officer at Manchu Times Fashion, was the highest bidder on the painting. He bought it as a gift for **Donna Noce Colaco**, president of White House Black Market, a long-time LBBC supporter and an honoree at the previous year’s gala.

“The painting’s theme — the heart and the butterfly — spoke to me about Donna’s special relationship with LBBC and their work,” he says. “My thought was it could hang as an inspiration and reminder of this special organization and all it means to Donna and her staff at White House Black Market.”

Living Beyond Breast Cancer must raise its entire budget every year, and the Butterfly Ball is our single biggest fundraising event. Without the funds raised from it, including the funds raised by the auction of the painting, LBBC could not meet our mission of connecting people with trusted breast cancer information and a community of support.

Living Beyond Breast Cancer CEO **Jean A. Sachs, MSS, MLSP**, calls the commission and donation of the painting “innovative philanthropy” and says “it was a great way to underscore LBBC’s mission and honor a woman who lived so well with metastatic breast cancer for so many years and helped so many others.” 🐛



Debbie’s Heart

“It was a great way to underscore LBBC’s mission and honor a woman who lived so well with metastatic breast cancer for so many years and helped so many others.”

A BEAUTIFUL PARTNERSHIP:

Urban Decay Brings In Funds, Creates Awareness During Day of Giving

BY SANDRA E. MARTIN

Urban Decay, a cosmetics company headquartered in Newport Beach, California, was struck with a devastating loss when a member of their leadership team passed away from breast cancer last year. After her death, Urban Decay executives **Wende Zomnir** and **John Perasco** wanted to do something to honor her memory.

They began searching for a breast cancer organization using Charity Navigator, the nation's largest charity evaluator. They found Living Beyond Breast Cancer had received a 4-star rating every year for the last decade. The Urban Decay leadership loved LBBC's mission and commitment to helping those who have been diagnosed with breast cancer.

To support LBBC and recognize Breast Cancer Awareness Month, Urban Decay launched a day of giving on October 28, 2016, on their website, UrbanDecay.com. They chose to generously donate 100 percent of all sales to LBBC. The response was amazing. Urban Decay raised \$62,000 for LBBC — in just one day.

Not only did Urban Decay raise an incredible amount of money, they also raised awareness through their website and social media channels. The internet was abuzz with customers voicing their support and sharing personal connections to breast cancer.

"Deciding to donate a day of sales on UrbanDecay.com to LBBC during Breast Cancer Awareness Month was an intensely personal endeavor for us," says Mr. Perasco, Urban Decay's assistant vice president of e-commerce. "We had just lost a beautiful friend, co-worker and champion of the brand to this terrible disease. We were all amazed by how forcefully people responded, not just with their wallets, but with supportive and uplifting comments on social media and to our call center. We were all truly touched and grateful."

LBBC is so thankful for our partnership with Urban Decay and their commitment to helping those who have been diagnosed with breast cancer. 🐾

Rocking and Raising at Annual Benefit Concert

BY JESSICA BETTS

In 2015, after **Keith Marlowe's** wife, **Lise**, was diagnosed with breast cancer, he and his band, **The Miners**, played a concert to benefit a breast cancer organization. A tradition was born.

On March 4, 2017, The Miners headlined their third annual breast cancer benefit, the last two of which have benefited LBBC. This year's concert also featured the bands **Loose and Alright** and **Reckless Amateurs**, and was held at Philadelphia's World Cafe Live. Close to 200 people attended this all-ages show, which raised \$2,000 for LBBC from ticket sales, donations and an on-site raffle.

The Miners already had a strong following in Philadelphia for their alt-country/Americana sound when they started planning the first benefit concert, in 2015. They found the perfect partner venue, World Cafe Live, to host the benefit, and the band was happy to donate its cut of the proceeds to breast cancer awareness.

After the first concert was a success, Keith knew he wanted to turn it into an annual event. Starting with their second show, proceeds from the concerts have been donated to LBBC, which the

Marlowes had become familiar with after Lise's diagnosis. Lise attended LBBC conferences and webinars while going through treatment. She participated in an LBBC photo shoot and had her picture featured in LBBC publications. Since 2016, the Miners have raised close to \$4,000 for LBBC.

Much of the audience for each year's benefit has been comprised of the parents of students at nearby Germantown Friends School, and even some students, since World Café Live is open to people of all ages. Keith and Lise's daughter is a graduate of the school and their son is a student there, and when booking the benefit Keith purposely chooses supporting bands that are also connected to the school. That way, there is built-in audience interest. The school even helps publicize the concerts on its social media pages. Now, people are expecting the concert each year and asking when it will be scheduled.

"This is our biggest show of the year," says Keith. "It's for a great cause and we do like playing to a full house." 🐾

The Miners





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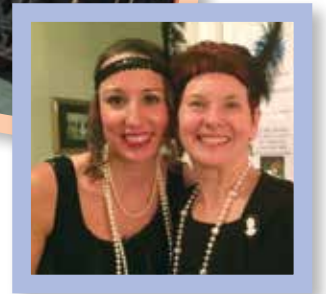
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SUMMER 2017

Calendar

Educational Programs

WEBINARS

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

AUGUST

Lymphedema

BREAST CANCER 360s

Online and in person!

JULY 20

Living Well After a Breast Cancer Diagnosis: Practical Tips for Young Women

Boston, Massachusetts

Conferences and Special Events

SEPTEMBER 17

Living Beyond Breast Cancer's Reach & Raise: Denver

Denver, Colorado

OCTOBER 6-8

2017 Living Beyond Breast Cancer Conference

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NOVEMBER 11

Butterfly Ball

Philadelphia, Pennsylvania

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

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February-April 2017