

Insight



LIVING BEYOND
BREAST CANCER®

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TREATMENT DECISIONS

Challenges Treating Older Adults With Breast Cancer

BY ERIC FITZSIMMONS



Rita Rattner

Kathryn Bob's doctor sent an order for the HER2-targeted therapy lapatinib (Tykerb) to the pharmacy. The treatment Kathryn had been taking had not kept her stage IV breast cancer in check. Only the pharmacy would not fill her prescription.

"The pharmacy says, 'You're already taking nortriptyline [to prevent migraines] and it conflicts with the Tykerb, so we won't fill the Tykerb prescription for you,'" the 74-year-old from Mililani, Hawaii, says.

Like many people over age 65, Kathryn has multiple health conditions, each with different concerns and treatments. These conditions, which doctors term comorbidities because they're "co-illnesses" alongside cancer, present one of the unique challenges in treating older adults with breast cancer. As we age, we are more likely to be living with health conditions like diabetes, rheumatoid arthritis and heart disease. Breast cancer itself is associated with aging: The chances of being diagnosed get higher as you grow older, and more than half of all people who die of breast cancer are over age 65. Other diseases, their medicines and the overall health of a person all affect how we deal with breast cancer.

"[Aging] adds a whole other layer of consideration when thinking about what [cancer] treatments to take, what the benefits and risks may be," says **Rachel Freedman, MD, MPH**, a medical oncologist who specializes in breast cancer at Dana-Farber Cancer Institute, in Boston.

Just a Number

For doctors, age is an easy piece of information to get. But age alone isn't enough to tell how well a person may respond to treatment. Each person has a mix of conditions, history and wellness that need to be considered when making treatment decisions. You can't always expect the same result based on age.

Kathryn has had complications. She was first diagnosed in 2007 with early-stage breast cancer. Within hours of her first chemotherapy treatment with paclitaxel (Taxol), she felt pain in her knees. Along with her migraine medicine, she has Type 2 diabetes and effects on her thinking and memory from treatment. This spring, her doctors recommended she stop driving.

At 79, **Rita Rattner**, of New Rochelle, New York, is 5 years older than Kathryn and has been in treatment for metastatic hormone receptor-positive breast cancer since she was 74. Though she developed arrhythmia, a condition where the heartbeat is not regular, Rita says she has handled treatments well and still walks 3 miles a day.

Arti Hurria, MD, director of the Center for Cancer and Aging at City of Hope National Medical Center in Los Angeles, says the main concern in treating older adults is fitting the cancer treatment to the individual's overall health and ability to handle side effects. Decisions should be made in line with personal preferences.

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In November, as we were preparing this issue for print, Dr. Hurria died in a traffic accident. We send our deepest condolences to her family, friends, colleagues, patients and loved ones.

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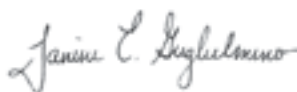
Dear Friends,

The holiday season is a time for reflection, a chance to take stock and reconsider our path and plans for the coming year. The staff at Living Beyond Breast Cancer is no different. In fact, for the past year our team has been reflecting on the best ways to serve you. While we offer a tremendous amount of information and support, we realized we want to do more — and do it better.

With that in mind, look for exciting changes to our programs and services in 2019. We're working on ways to get you more of the information you've come to depend on, faster. We'll experiment with new and different formats in a variety of media. And we will apply creative thinking to our core support programs, to make sure you connect with people at the moments you need them the most.

As part of our effort to make space for new initiatives, this will be our final issue of *Insight*. The newsletter is among our oldest programs, and one that represents the best of what we seek to offer you every day: trusted information from top providers, practical tips from those affected, and connection to others by sharing the voices of everyone impacted by breast cancer. That won't go away with *Insight*. Those qualities will carry through all we do, and we can't wait to share it with you.

Warmly,



Janine E. Guglielmino, MA
Senior Director, Programs and Partnerships



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News & Education

BY JULIA WILSON

Survivorship Program for Young Women Debuts

In April, LBBC launched our **Survivorship Series** for nurse navigators who see young women diagnosed with breast cancer. The program provides nurses with education about the needs of women diagnosed before age 45. The series addresses some of the most common concerns for young women such as sex and intimacy, early menopause, the late effects of treatment, and genetics and cancer risk after breast cancer. We recruited and trained 12 oncology nurse navigators across the country to introduce these educational sessions into their cancer centers. After a positive first year, we are now recruiting for our second group of nurses to be trained in early 2019. For more information about the program and how to apply, visit lbbc.org/nursetraining.

In Case You Missed It...

We've had an exciting few months at Living Beyond Breast Cancer!

We kicked off fall with our annual **Living Beyond Breast Cancer Conference**, held September 28 to 30 in Philadelphia. Throughout the weekend we had sessions on topics ranging from hormonal therapy to lymphedema to body image. We capped off the weekend with a restorative yoga class and informative closing session on the myths and truths of fitness and exercise. Most sessions are available as audio files at lbbc.org/2018conf/resources.

Next, we hosted our final Breast Cancer 360 of the year in November on breast reconstruction options with our expert, **Clara N. Lee, MD, MPP**, an associate professor of plastic and reconstructive surgery at Ohio State University Wexler Medical Center. In case you missed it, visit lbbc.org/reconstruction360 to watch the program.



Breast Cancer Helpline

A breast cancer diagnosis can be trying and turbulent. Finding a place of solace and understanding can be difficult. Our **Breast Cancer Helpline** connects you to a trained volunteer who has been diagnosed with breast cancer for emotional support, guidance and hope. Whether you are recently diagnosed, in treatment, years beyond treatment, or a loved one, you are not alone. We're here to help.

Our volunteers have first-hand experience with breast cancer and understand your struggles and emotions. In addition to listening to you and discussing your feelings and concerns, our volunteers can direct you to resources such as support groups, and where to find wigs and financial help.

You will be matched with a volunteer who has had a similar experience to you and will be fully trained in assisting with your questions and needs.

When you're ready to talk, we're ready to listen.

Visit lbbc.org/helpline to connect today. 🌟



COMPLEMENTARY THERAPY

Using Acupuncture to Help Treat Side Effects

BY MADISON HUGHES



Jennifer Williams

Jennifer Williams, 51, of Catonsville, Maryland, was diagnosed with stage III breast cancer in October 2017. She was reading about ways to manage the side effects of chemotherapy when a friend recommended acupuncture. Jennifer had heard of acupuncture, the practice of inserting very thin, single-use, sterile needles at specific spots on the body to improve quality of life, but she had never done it before. She did her own research that, along with her friend's recommendation, convinced her to give it a try.

At first she went once a month and noticed the relaxing treatments helped settle her stomach. After the chemotherapy medicine paclitaxel (Taxol) was added to her treatments, Jennifer started going for acupuncture every two weeks. She hoped it might prevent neuropathy, a nerve problem that causes weakness, pain, swelling or tingling in different parts of the body. It's a common side effect of paclitaxel. She had been feeling tingling and numbness in her fingertips but it went away. "Whatever they're doing, I don't have [neuropathy]," she says.

Acupuncture is one form of complementary and integrative medicine, a collection of therapies used along with conventional treatment to help ease side effects from cancer treatments. More people and medical centers are bringing complementary therapies into cancer care. That's partly because recent research shows some evidence these therapies help relieve side effects. Studies done in the United States and Europe show that acupuncture can help relieve pain and nausea. And in June 2018 the American Society of Clinical Oncology endorsed guidelines on complementary therapies, like acupuncture, made by the Society for Integrative Oncology.

Acupuncture Then and Now

Acupuncture began in China and has been practiced for thousands of years. It is based on the belief that the body contains a system of paths that a life force called qi (pronounced "chee") travels through. When this energy is blocked, it's thought to affect spiritual, emotional, mental and physical health. The paths that qi flows through have openings on your body at certain points called acupoints. By inserting very thin needles into these points, practitioners redirect the flow of qi through the body.

Formal research into the benefits of acupuncture began in the U.S. in the late 1970s. Studies like the recent SWOG 1200 trial, led by **Dawn Hershman, MD, MS**, show acupuncture can help relieve some side effects. Dr. Hershman is leader of the

breast cancer program at the Herbert Irving Comprehensive Cancer Center at New York Presbyterian Hospital/Columbia University Medical Center. The study looked at people suffering from joint pain caused by aromatase inhibitors. It compared rates of pain among three groups: people given real acupuncture; those who got "sham" acupuncture, where needles were inserted at random points on the body; and those who received no acupuncture. After 6 weeks, 60 percent of people in the true acupuncture arm reported a major improvement in their pain. In the sham acupuncture group, 33 percent of people reported the same kind of improvement, as did 31 percent of people with no acupuncture.

Dr. Hershman's study, and others like it, suggests acupuncture can help people with breast cancer manage side effects. "We have pretty good evidence that acupuncture works," she says. Doctors are starting to see that practices like acupuncture and other complementary therapies may help people stay on their treatment. The pain some people experience from aromatase inhibitors stops them from finishing the course of therapy, Dr. Hershman says.

What a Session Is Like

When you first visit an acupuncturist, your provider will ask questions to get a basic medical history, says Jennifer. You'll sit or lie down to receive the treatment. Your provider then inserts very fine needles into specific points on the body.

After putting in the needles, the acupuncturist may leave you alone for 15 to 30 minutes. Like Jennifer, **Carol Sherr**, 51, of Lake Worth, Florida, had never had acupuncture before her diagnosis of metastatic HER2-positive breast cancer. Her chiropractor connected her with an acupuncturist who worked with people going through treatment for breast cancer. "Sometimes they put an infrared light on, some music. It's like going in for a massage without a massage," Carol says.

After that time is up, the acupuncturist will remove the needles. The needles acupuncturists use are sterile and single-use, so they will be thrown out and not used again on you or anyone else. Your acupuncturist may follow up with you after they take out all the needles to help plan your treatment.

Acupuncture should not be painful, says **Lorenzo Cohen, PhD**, director of the integrative medicine program and professor at the University of Texas MD Anderson Cancer Center in Houston. Sometimes things can go wrong, though. Carol experienced some pain from needles being used near injured areas or tight

muscles. That's why it's important to communicate with your acupuncturist, Dr. Cohen says, so they can avoid those places.

There are different types of acupuncture available. Electroacupuncture uses a device to send a very small electric current to the needles as a way of increasing the stimulation. This method is typically used to treat pain or other conditions. People who have electrical medical devices, like a pacemaker, will want to avoid electroacupuncture because it can disrupt their function.

In acupressure, practitioners or the patient use their fingers to place pressure on acupoints to stimulate them. Dr. Cohen says it's commonly seen as less effective than acupuncture, but if used with anti-nausea medications, it may help reduce nausea and vomiting. Acupressure may be useful for people who can't get regular acupuncture because of a risk of infection or a fear of needles.

Doctors are starting to see that practices like acupuncture and other complementary therapies may help people stay on their treatment.

Should I Get Acupuncture?

Acupuncture has very few side effects, Dr. Hershman says, making it safe for most people. People who get acupuncture may get some small bruises, though this is uncommon. The bruises will go away after a few days. People with bleeding disorders may want to avoid acupuncture. And those with weakened immune systems, like people with cancer going through chemotherapy, may be at risk for infections. If you're having chemotherapy, Dr. Cohen says it's important to talk to your doctor about getting acupuncture. They can check your white blood cell count and platelet count to see if it's safe for you. However, acupuncture done by a licensed acupuncturist using sterile, single-use needles is as safe as getting your blood drawn.

Some people may also worry about getting acupuncture after breast cancer surgery because of the needles and the risk of lymphedema. Dr. Cohen says there's no evidence that acupuncture makes lymphedema more likely to occur and there's research being done on whether it may help treat lymphedema. Overall, because of the low risk of major side effects, it's a therapy that's safe to try and could provide relief to those who need it.

You should have a sense if acupuncture is working for you after about four sessions, usually given over about 2 weeks, Dr. Cohen says. Some people may feel relief right away that fades a few hours or days later. For the best outcomes, a typical course of acupuncture is eight sessions delivered over 4 weeks. Getting regular treatments can help with feeling relief longer.

Acupuncture may not work for everyone. After being diagnosed with metastatic breast cancer in 2014, **Meshelle Smith**, 58, of Gainesville, Florida, tried acupuncture hoping to find relief for fatigue and sleep problems. "I could not tell any difference," she says. But even though she didn't find relief, she doesn't regret her experience. "Some people do get benefits. It's one of the main reasons I tried. ... It's not painful, it's very relaxing."

Jennifer continues to go to acupuncture, even after finishing chemotherapy, because she finds it relaxing. The expense can be a challenge, though. "If my insurance didn't cover it, I would have to find a way to pay for it. I don't want to do without it."

Some insurance plans cover acupuncture, but not all. Sessions average \$60 to \$70, with more expensive sessions costing up to \$150, Dr. Cohen says. These sessions can be private or in a group. Group sessions tend to be less expensive. It's important to check with your insurance company and the acupuncturist before you get treatment to make sure it's covered.

Your cancer center may offer free or no-cost complementary therapies, so check if they offer acupuncture. Dr. Hershman says that it's important to "[Make] sure patients that want it get it."

If you're interested in acupuncture, it's important to find an experienced acupuncturist to give you the best experience possible. It's best if they have experience helping people with cancer. You can check if your cancer center has any recommendations, or use the searchable database on the National Certification Commission for Acupuncture and Oriental Medicine's website to find a certified acupuncturist. 🐟



Meshelle Smith

How I Deal With Hair Loss

BY ERIC FITZSIMMONS



Susan Marotta

Losing your hair is one of the most visible side effects of breast cancer, and because of that, it can be one of the most emotionally upsetting. People deal with it in different ways: some use wigs to keep up appearances, some use more colorful covers, some wears hats for warmth and some don't cover it at all.

Here, four women share their stories about their reactions to hair loss and how they chose to deal with it.

Susan Marotta, 49 Medford, New York

Diagnosed with stage IIb triple-negative breast cancer

I cut my hair into a short pixie cut prior to losing it. I felt that, had I left my hair the way it was before diagnosis and then lost it, it would have been harder on me emotionally. I felt I needed to control my hair loss at the time. So I took control of the situation and made it my own.

I started losing my hair about 10 days after my first treatment. I remember being in the shower running my hands through my hair and I ended up with a huge clump of hair in my hand. My friend, a hairdresser, came over. She dried my tears and I told her to "take care of it." My husband held my hand, while my kids (ages 18, 15 and 11 at the time) watched. They rubbed my bald head every chance they could get. While on my breast cancer journey, my husband shaved his head to support me. That's what true love is all about.

Once I was bald, I started wearing hats and scarves. Some scarves were given to me as gifts and I had a friend knit some cotton caps for me, but most I paid for out-of-pocket. I have very good insurance (excellent is what the vendor said), so my wigs were covered 100 percent. Not many people are as fortunate as I am; when it comes to benefits, I am one of the lucky ones. That's why I give back to my cancer treatment center every month.

Christina Allen, 46 Newtown Square, Pennsylvania

Diagnosed with stage IV hormone receptor-positive breast cancer

I was a teacher and a mom to two daughters, ages 5 and 7, when I was diagnosed. I remember going into the school office and all I could mutter through my hysterics was, "How am I going to tell my kids that I'm going to lose my hair?"

Chemo started, and 10 days later my hair started to hurt! I had already cut my hair short, and was not expecting hair pain. By day 17, the clumps were coming out and I went to the local wig store to have my head shaved.

I did not watch my head getting shaved, and my scalp still hurt from the week before. The ladies tried to put on the wig, but that hurt too. My good friend, who came with me, ran out and bought me a scarf to wear.

It took me 3 weeks to look at myself in the mirror. I wore the wig one time. It made me super self-conscious. I wore scarves the rest of the time. I had some pretty awesome scarves too. They matched all my outfits.

By the time May came about, and I was through chemo and radiation for my bone mets, I would take off the scarf and go bald.

Do what feels comfortable for you. I chose to wear scarves, but I did wear my wig as part of my 2015 Halloween costume: Velma from Scooby-Doo.

"Do what feels comfortable for you."



Christina Allen

Judi Blue, 59 Philadelphia, Pennsylvania

Diagnosed with stage I triple-negative breast cancer

I was 47 when I was diagnosed with breast cancer in the tail of my right breast. My medical oncologist told me that I would lose my hair, so I got a pixie cut. She was amazed that I still had my hair after the first dose. I still had my hair until the day after the second dose when I shampooed my hair and it all went down the drain, all at the same time. I was relieved and not upset, because I felt that my hair falling out was proof that the chemo was working ... finally. I wore a wig for other people. I didn't mind having a bald head but I thought Dad was going to cry when he saw me emerge from the bathroom with a completely bald head. As soon as my eyebrows returned in November, however, I just sported a bald head, which I covered when outside with hats that I crocheted. I wore a close-shaved head for a year in case the cancer returned and then I let it grow back.

My hair thinned in the most unusual places, so 11 years later, I now wear hairpieces that I make as well as hats that I crochet or other handmade hats. I am rather happy to be alive and be able to live to tell my story and inspire others. I am thinking about creating hairpieces and hats for other older women who have hair loss due to receiving chemotherapy for breast cancer.

Marilyn Pelehach, 64 Oak Ridge, North Carolina

Diagnosed with stage I breast cancer

I dealt with losing my hair from chemo extremely well. I never cried nor let the hair loss upset me. Having an aggressive cancer, I embraced the treatments knowing they gave me the best chance for survival. I chose to wear a wig that closely resembled my own hair color and style. Living in a small town, I didn't want to call attention to the fact that I was going through treatments. I only shared the diagnosis with my family and closest friends, so it made sense to look as much like myself as possible.

I have a different perspective on my current hair loss, which is a result of medicine I am on to prevent a recurrence. I have

experienced thinning hair for several years that I have found difficult to deal with, because I understand that it probably won't grow back when I am finished taking the medicine. It bothers me that I am so troubled by this hair loss, as I am so fortunate to be living a very normal life.

I recently started using a product called Boost N Blend which is a powder I can sprinkle on the thinning parts to help mask the hair loss. For my son's wedding last month I wore a hairpiece over my own hair for fullness, which gave me more confidence. It's hard to understand how being completely bald bothered me less than thinning hair! 🌟



Marilyn Pelehach



Judi Blue

Treatment Decisions: Challenges Treating Older Adults With Breast Cancer (continued from page 1)

An important tool to help your doctor get a sense of your total health is a geriatric assessment (geriatrics is the study of aging). The assessment looks at many different parts of an older person's well-being, from health and physical fitness to thinking and memory to social and practical support.

"We have someone's passport age but we also have their functional age," Dr. Hurria says. "That assessment really helps us get at the concept of functional age and knowing the whole person."

The challenge is that many oncologists don't do geriatric assessments, Dr. Hurria says, usually because they don't know about the assessment or don't have the time. The Cancer and Aging Research Group, an organization Dr. Hurria founded, has a simplified geriatric assessment to make it easier for oncologists to get this information. Their version is shorter and you can complete much of it at home then bring the answers to your doctor, saving time during appointments.

Behind the Scenes

Doctors often don't have enough information on how breast cancer treatments work in older adults. Though nearly half of breast cancer diagnoses are in people over 65, older adults make up a much smaller share of most clinical trials, the research used to prove a treatment works.

Jeanette Hopkins, 65, of Post Falls, Idaho, was diagnosed with stage II triple-negative breast cancer in June. She had chemotherapy before surgery. Jeanette has other health issues including an eye condition called wet macular degeneration, but those issues haven't interacted with cancer treatment until recently, when she lost the ability to tell some colors apart. With the timing of this new symptom, her eye specialist thinks chemotherapy may be part of the cause, but doesn't know for certain yet and is looking into it.

"As our population ages, because the average age and life expectancy is going up in the U.S. and around the world, we're going to be seeing more of these patients," Dr. Freedman says. "Yet we don't have the same evidence base to treat and take care of them."

Dr. Freedman says doctors have to make decisions not knowing if the medicine will work as well in an older person, or if the risk of side effects is different.

Getting older adults into clinical trials has been a challenge that researchers have known about for years. Despite recent research into this problem, solutions have been tough to come by. As with other issues of aging, what seems to be one problem actually covers several areas. One of the biggest problems in getting older adults in clinical trials is comorbidities.

To look at a medicine's effect and to protect people's health, clinical trials often restrict people with certain health conditions. Since older adults are more likely to have comorbidities, they are more likely to be excluded from trials.

There are other obstacles less visible than exclusion criteria, Dr. Hurria says, like meeting the needs of older adults who may not be able to travel or who must bring a caretaker with their own concerns to appointments.



Jeanette Hopkins

As for older adults, a study in people with breast cancer found they are just as willing to join a clinical trial as younger people, if their doctors give them the opportunity.

Rita's doctor referred her to a clinical trial 5 years ago when she was first diagnosed with metastatic disease. She spoke to a family member who teaches medicine, and joined up.

"I felt confident [in my team]," Rita says. "If I don't come out of it well, at least there can be some kind of research done and it can help other people."

The catch is that doctors have to offer clinical trials to older people for them to join. Dr. Hurria says that same study found that doctors are less likely to suggest clinical trials to older adults than to other groups. The doctors said they worried about the effects on older adults who have other health conditions and may be frailer.

Dr. Hurria says this is a reasonable concern. Many clinical trials add a new medicine to a standard one to see if it will improve outcomes. That often means more side effects, and for older adults, these can be especially hard if they have other conditions and are already taking medicines for them. She says more clinical trials should be designed specifically for older adults and frailer adults to test treatment combinations that have more manageable side effects.

Doctors often don't have enough information on how breast cancer treatments work in older adults.

Making Yourself Heard

As doctors work to change institutions, you can still make sure you get the appropriate care for you. Although there is a shortage of geriatric oncologists, look for one or for an oncologist with a research interest in that area, Dr. Hurria says.

No matter what, communication is important. Both Dr. Hurria and Dr. Freedman spoke about including your priorities when making decisions.

Make sure your medical team, as well as any caregivers or family with you, knows what you want out of treatment and any concerns you have. Ask questions and understand why your doctors do or do not recommend a treatment, Dr. Freedman says.

You can start a good conversation by doing the patient sections of the geriatric assessment on the Cancer and Aging Research Group website at mycarg.org, Dr. Hurria says. This could start some important discussions and prompt your doctors to complete the rest of the assessment. If you want help, ask someone you trust to work with you.

“Admittedly, we’re not great about asking how many falls somebody has had in the last 6 months or how far can you walk before you’re tired,” Dr. Freedman says. “These elements are extremely important in predicting how somebody’s going to do with treatment, and even how long they’re going to live.”

Though Jeanette is happy with her cancer team’s communication, she has also pressed when something was important for her. She found a dietitian and counselor on her own, even though her treatment center offered them.

“I sought them out based on what was most important to me,” Jeanette says. And taking that step has helped her feel good, and stay positive, through treatment. 🍌

Make sure your medical team, as well as any caregivers or family with you, knows what you want out of treatment and any concerns you have.



Ask Your Peers



Pamela Kelly, 57
Conway, South Carolina

Ginger Chews from the GNC store in different flavors mango, lime and orange. The ginger mint was too spicy and would burn your mouth.



Katie Parker, 44
Rapid City, South Dakota

Liquid with mint leaves. Liquid can be water, tea or whatever else you drink and it can be hot or cold. Peppermint tea works well too.



Denise Lynn Smith, 53
Chesapeake, Ohio

Gin Gin’s ginger chews—they helped me so much during my chemo treatments.

🍌 *For more tips on managing an upset stomach, visit lbbc.org/learn/side-effects/nausea-and-vomiting.*

Great Turnout Makes 2018 Butterfly Ball Special

BY JESSICA BETTS

It was an evening of inspiration and connection at the 2018 **Butterfly Ball**, held in Philadelphia on October 27. This annual event brought together close to 700 at the Loews Philadelphia Hotel to make a difference in the lives of those impacted by breast cancer. The event, which raised more than \$850,000 in total, honored five women who have each found their own unique ways to demonstrate their commitment to LBBC's mission of connecting people to trusted information and a community of support.

The tree of life was this year's theme, symbolizing connection and community, reminding guests that they are not alone but part of a bigger, resilient whole. LBBC, gala honorary co-chairs **Linda and Jonathan Brassington**, and co-chairs **Elizabeth Balakhani and Ryan Chase, Michelle and Jake Bevan, Meredith and Frank Dante, Allison and Roy DeCaro**, and **Nicole Gerson** created an evening with touches of foliage and autumnal splendor.

The **Donna Noce Colaco Going Beyond Award** was presented to **Janet Marie Doherty, Rebekka Gerson-Brotz, Sabitha Pillai-Friedman** and **Megan Cooper Rutt**, four women who have used their personal experience with breast cancer to help and inspire others. This is the first year the award was named for Ms. Colaco, a long-time champion of LBBC whose personal and professional support has transformed the organization.

Barbara J. Yorke received the **Andrea and Abraham Morris Impact Award**, an award established in 2016 as part of LBBC's 25th Anniversary celebration. The award is only presented when LBBC identifies someone who demonstrates the same passion, longevity and generosity that Andi and Abe have contributed.

During the event, guests donated more than \$80,000 to support LBBC's **Cis B. Golder Quality of Life Grant**, which provides small grants to families in the greater Philadelphia region who are in treatment for breast cancer and facing financial hardship. 🦋



- A. Butterfly Ball co-chairs Allison and Roy DeCaro.
- B. Andi Morris with Barbara J. Yorke and her daughter, Nicole Villa.
- C. Mary van Praag (right), Brand President of Soma, with her husband Greg van Praag.
- D. Butterfly Ball co-chairs Jake and Michelle Bevan.
- E. Chico's FAS Vice President, Investor Relations, Public Relations, Corporate Communications and Corporate Giving with husband Mike Lorigan.
- F. Butterfly Ball co-chairs Meredith and Frank Dante.
- G. Donna Noce Colaco Going Beyond honorees Megan Cooper Rutt, Rebekka Gerson-Brotz, Janet Marie Doherty and Sabitha Pillai-Friedman.
- H. Butterfly Ball co-chair Nicole Gerson.
- I. Butterfly Ball co-chairs Ryan Chase and Elizabeth Balakhani.
- J. Butterfly Ball honorary co-chairs Jonathan and Linda Brassington.

DONNA NOCE COLACO AND FRANK COLACO

'Everything You Do Makes a Difference'

BY MADISON HUGHES

In 2007, **Donna Noce Colaco** joined **White House Black Market** as brand president. By then, White House Black Market had been a supporter of **Living Beyond Breast Cancer** for 3 years. Donna had never heard of LBBC before, but that year she went to her first **Butterfly Ball**. After that, she knew LBBC was the right organization to support. "I knew we would make a difference," she says.

The 2007 Butterfly Ball wasn't just Donna's introduction to Living Beyond Breast Cancer. Her husband, **Frank Colaco**, joined her at the annual gala. He also found the experience inspiring and felt it was only natural to stand with Donna and support White House Black Market and LBBC.

Over the next 10 years of Donna's time with White House Black Market, the relationship between the company and LBBC grew because of her commitment and belief in the LBBC mission. Since that first experience, Donna and Frank have never missed a Butterfly Ball and over the years they have brought family members, friends and colleagues to join them.

When Donna's tenure at White House Black Market ended last year LBBC decided the **Going Beyond Award**, an award given to volunteers who use their personal experiences with breast cancer to help others, would be named the **Donna Noce Colaco Going Beyond Award**. The name will remind future honorees of her philanthropic leadership and how it transformed the organization.

Donna, now chief customer officer at Pier 1 Imports, continues to personally support LBBC, and she's inspired Frank and others to give as well. Frank finds personal satisfaction in seeing the difference LBBC makes in people's lives, and Donna says she will give back however she can. "Everything you do makes a difference," she says. "A dollar, a million dollars, a shared conversation, an open ear, even just a hug — it all matters." 🌟

Donna Noce Colaco, center, with Frank Colaco and their daughter, Nicole.



Seline Braswell, front and center, presents LBBC volunteer Megan DoNascimento with a check from the Pretty and Pink fundraiser.

DIY SPOTLIGHT:

Vivid Salon

BY: LBBC ADVANCEMENT STAFF

WHO: Seline Braswell, LBBC Supporter and owner of Vivid Salon

WHAT: Pretty and Pink Salon Fundraiser

WHEN: Sunday, October 7, 2018

WHERE: Vivid Salon, Philadelphia, Pennsylvania

TOTAL ATTENDEES: 50

TOTAL AMOUNT RAISED: \$3,000

During Breast Cancer Awareness Month, the owner of Vivid Salon, Seline Braswell, hosted a Pretty and Pink DIY fundraising event to benefit Living Beyond Breast Cancer. Seline was diagnosed with breast cancer 17 years ago and has kept the cause close to her heart since then. Wanting to support others affected by breast cancer, Seline decided to host an event that would allow her to use her hairstyling expertise to raise funds for LBBC.

The Pretty and Pink event featured makeovers and other services by Seline's talented team of stylists and makeup artists. Seline and her team donated their time and skills to the cause. There was a festive photo booth where people could take fun pictures after getting styled, an array of pink sweets and custom designed T-shirts available for purchase. Money brought in from the styling services and T-shirt sale went toward the \$3,000 donation to LBBC.

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



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Calendar

Educational Programs

WEBINARS

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

JANUARY

Update From the San Antonio Breast Cancer Symposium

BREAST CANCER 360s

Online and in person!

JULY

Young Women and Breast Cancer

Philadelphia, Pennsylvania

Conferences and Special Events

FEBRUARY 23

2019 Metastatic Breast Cancer Symposium

Empowering You With Information & Support

Presented in partnership by Living Beyond Breast Cancer and Susan G. Komen®

Washington, D.C.

APRIL 5-7

2019 Conference on Metastatic Breast Cancer

Philadelphia, Pennsylvania

MAY 19

Living Beyond Breast Cancer's Reach & Raise: Philadelphia

Philadelphia, Pennsylvania

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2018 Arbour Square Resident
Association Event/Judith Ott
2018 Tourney for Tatas/Patrick
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Elizabeth Balakhani & Ryan Chase
Linda & Jonathan Brassington
Bridge View Paper Company LLC
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Flyers Charities
Monica Faherty-Maletz & David
Maletz
Phyllis & Stephen Flink
Fox Chase Cancer Center
FS Investments
Green Thumb Industries
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