LETTER FROM THE PRESIDENT, SHARON PHILLIPS

As we prepare to celebrate the 20th anniversary of the founding of Breast Cancer Alliance on April 9, we honor all those who have served before us. It is a very long list, headed by Mary Waterman who died from breast cancer but set us all on this journey. There are many others; the five friends who helped her start the BCA, Lucy Day, Susan Elia, Kenny King Howe, Valerie Marchese and Cecile McCaull, and the legions of volunteers who have made 20 luncheon and fashion shows, many walks, golf outings, boutiques and various other events happen. All of these efforts have been supported by a small but equally dedicated staff. It is grounded in the medical community that has treated breast cancer patients, educated us about the disease and the treatments and advised the BCA on our grant applicants. The list culminates in all of the impressive researchers and service providers to breast cancer patients that we have funded. Funding that is only made possible by all the loyal and generous donors who have supported us during these 20 years.

Although breast cancer is still a leading cause of death in women, there is much more survivorship to celebrate. With increased screening leading to earlier diagnosis and treatment, more women are surviving breast cancer for longer with a better quality of life. We are proud that the $22 million in grants that we have funded has contributed to this progress. One of our researchers noted that if you are diagnosed with breast cancer in the United States, the chances are that you will do well. Having said all of that, it is still true that you are the best advocate for your own health. Know your own body and listen to your inner voice. Sadly, we hear time and again of too many stories, like Mary’s, where something was missed.

Thank you, everyone, for all you have done, and all you will continue to do.

Sharon Phillips
We are so proud that Breast Cancer Alliance is a regional foundation making national impact with its grant awards.

Breast Cancer Alliance provides seed money – scientific venture capital – to fund innovative breast cancer research with emphasis on programs that have not yet qualified for federal grants. Breast Cancer Alliance creates the critical bridge between novel research and the opportunity to generate preliminary results with grants like our Exceptional Projects.

The Alliance encourages careers in breast cancer research and in clinical medicine. We award Young Investigator Grants to doctors and scientists in the early stages of their careers, often overlooked by the funding world until they have longer tenure. We also fund Breast Surgery Fellowships at Society of Surgical Oncology accredited institutions providing specialized post-graduate training in breast surgery. Ultimately, these physicians go on to improve both survival rates and quality of life for those they treat. Our commitment to education and outreach is evident throughout Connecticut and Westchester County, NY.

Each year, we allocate up to twenty-five percent of our funding to help under-served women access breast health care by lessening the financial burden which is often an obstacle to critical exams.

We are committed to transparency, both in how we allocate our funding and in how that funding is utilized. While we require stringent reporting from every one of our grantees, what distinguishes us from other foundations is that we visit each of our grantees to hear about the impact of our allocations firsthand. All of our supporters, and those interested in learning more about BCA, are welcome to attend.

Please review the already scheduled site visit dates (more will be added) and contact me at yonni@breastcanceralliance.org if you would like to attend.

April 4:
Stamford Hospital, Stamford, CT

May 6:
Open Door Family Medical Center, Port Chester, NY

May 10:
Hartford Hospital and Hospital of Central Connecticut, Hartford and New Britain, CT

May 17:
Griffin Hospital, Derby, CT

June 1:
Yale New-Haven Hospital, New Haven, CT

June 14:
Gilda’s Club Westchester and White Plains Hospital, White Plains, NY

June 1:
Rutgers Cancer Institute of New Jersey, New Brunswick, NJ

June 21:
Mt. Sinai Beth Israel and Mt. Sinai West (formerly Beth Israel/St. Luke’s-Roosevelt,) New York, NY

June 22:
Memorial Sloan Kettering Cancer Center, New York, NY

June 27:
Greenwich Hospital, Greenwich, CT

July 18-19:
Dana-Farber Cancer Institute and Boston Children’s Hospital, Boston, MA

July 21:
Norwalk Hospital, Whittington Cancer Center, Norwalk, CT

September 21:
Norma F. Pfielr Breast Care Center and The Witness Project, Bridgeport, CT
THE BREAST CANCER ALLIANCE
GRANTS FOR 2016

EDUCATION AND OUTREACH GRANTS

Gilda’s Club, White Plains, NY
Greenwich Hospital, Greenwich, CT, vineyard vines, Nancy S. Murray Memorial Grant
Griffin Hospital, Derby, CT
Hartford Hospital, Hartford, CT
Hospital of Central Connecticut, New Britain, CT
Norma F. Pfriem Breast Care Center, Bridgeport, CT
Norwalk Hospital, Whittingham Cancer Center, Norwalk, CT
Open Door Family Medical Center, Port Chester, NY
Stamford Hospital, Stamford, CT
White Plains Hospital, White Plains, NY
Witness Project of Connecticut, Bridgeport, NY
Yale-New Haven Hospital, New Haven, CT

RESEARCH GRANTS

EXCEPTIONAL PROJECT GRANTS

Jean Zhao, PhD
Dana-Farber Cancer Institute
“Targeting T-DM1 resistance in HER2-positive brain metastases”
The Black Family Grant

Judy Lieberman, MD, PhD
Boston Children’s Hospital
“Aptamer-siRNA gene knockdown to treat basal-like triple negative breast cancer”

Jonathan Chernoff, MD, PhD
Fox Chase Cancer Center
“Dissecting a Breast Cancer Amplicon Using CRISPR/Cas”

Rinath Jeselsohn, MD
Dana-Farber Cancer Institute
“The development of Liquid Biopsies for the study of ESR1 mutations”

Michael Forgac, PhD, and Charlotte Kuperwasswer, PhD
Tufts University
“Function of V-ATPases in Breast Tumor Metastasis”

Jonathan Chernoff, MD, PhD
Fox Chase Cancer Center
“Dissecting a Breast Cancer Amplicon Using CRISPR/Cas”

Shadmehr Demehri, MD, PhD
Massachusetts General Hospital
“Mechanism of Tumor Immunity against Early Stages of Breast Carcinogenesis”
Supported by the Masin Family

George Piltas, MD
Memorial Sloan-Kettering Cancer Center
“Preferential expression of the chemokine receptor 8 (CCR8) on regulatory T cells (Treg) infiltrating human breast cancers represents a novel immunotherapeutic target”
The Waterman Family Grant

Manti Guha, PhD
University of Pennsylvania
“Reduced mitochondrial DNA copy number is a determinant of breast cancer metastasis”

YOUNG INVESTIGATOR GRANT

Nikhil Wagle, MD
Dana-Farber Cancer Institute
“Identifying mechanisms of response and resistance to selective estrogen receptor degraders (SERDs) in ER+ metastatic breast cancer”
The Walsh Family Grant

BREAST SURGERY FELLOWSHIPS (to begin July 1, 2016)

Megan E. Miller, MD
Memorial Sloan Kettering Cancer Center, Debbie Taylor Breast Surgery Fellowship
Maria Ji Kyung Ham Kowzun, MD
Rutgers Cancer Institute of New Jersey
Julian Berrocal, MD
Yale University, supported by the Mitchell Family
**WELCOME: THE 2016 CLASS OF THE BOARD OF DIRECTORS**

**Jill Coyle**
Jill is thrilled to be joining the BCA board, having been involved with the organization for a number of years and chairing the 20th anniversary benefit luncheon and fashion show in 2015. Jill is a graduate of the University of Notre Dame, holding a Bachelor of Science degree in Electrical and Computer Engineering. A former consultant with Andersen Consulting (now Accenture), Jill worked in the Chicago, New York, London, and Sydney offices.

Since moving to Greenwich, she has been deeply involved with many philanthropic organizations in town. Jill is on the board of directors for the American Red Cross and is the board chair for the Red Cross Tiffany Circle of Women Leaders for the entire metro New York region. In 2013, Jill spoke at the United Nations for a session dedicated to the international work of the Red Cross. Jill received the YWCA Spirit of Greenwich Award in 2014.

Jill has also been a devoted volunteer at her children’s schools, Brunswick and Greenwich Academy. She has served on the parent association boards of both schools, chaired fundraiser benefits for them, and volunteers her time in the school bookstores. Jill is also a founding board member of Horizons at Brunswick. Jill and her husband John, also a Notre Dame graduate, jointly serve on the Undergraduate Advisory Council for the University of Notre Dame.

**Susan Robbins Delepine**
Sue is truly honored to join the BCA Board after serving on the Annual Benefit Luncheon committee as raffle co-chair/chair from 2013-2015, and is excited to co-chair again in 2016! Sue is a lifelong Greenwich resident who lives in town with her husband Michael and two teenage children. She holds a BS in Early Childhood Education and MS in Early Childhood Special Education, both from Southern Connecticut State University. As a teacher at Putnam Indian Field School in Greenwich for thirty-two years, she has taught a variety of age groups and directed camps. Sue has been an active volunteer in community charities, church, Girl Scouts and with her children’s schools and sports teams. She has been a member of PTA fundraising committees and frequently served as team parent, photographer and board member.

**Dr. Donna Hagberg**
Donna moved to the Greenwich area in 1993 to begin her practice of Obstetrics and Gynecology. She practiced the full spectrum of a busy high risk obstetrical practice, infertility and gynecologic surgeries for 12 years. She narrowed her specialty to Women’s Health and Gynecology in 2005 and has been in a solo practice since that time. She graduated from St. Lawrence University with a Bachelor of Science in Biology, Magna cum Laude, Honors in Biology and a Minor in Psychology. She was a member of Phi Beta Kappa and was the secretary and then president of her sorority Chi Omega. She went to the University of Rochester School of Medicine where she received her Medical Degree. She completed her residency at Yale New Haven Hospital in Obstetrics and Gynecology, was recruited to Greenwich and has been practicing medicine in this community ever since. She is a Fellow of the American College of Obstetricians and Gynecologists and was a member of the Presidents Leadership Counsel of the Foundation for Excellence in Women’s Health. She enjoys being on a variety of committees in the community and through the schools where her 4 children have attended. She has been on the Breast Cancer Alliance Luncheon committee over the past few years and is passionate about continually researching the causes of breast cancer, prevention, early detection and appropriate management. She is very honored to be a part of this organization.

**Justin Nelson**
Justin joined the Board of Directors in 2016 after serving a co-chair of the golf event in 2015 and having been involved in the organization for many years. Justin is a Managing Director and Senior Private Banker at J.P. Morgan responsible for managing ultra-high net worth client relationships in New York and Connecticut. His main focus is working with asset management principals and executives in the financial services industry. He spent 7 years working in New York and the last 11 years working in J.P. Morgan’s Greenwich office. Justin received a B.S. from Tufts University in
both Chemistry and Economics and a M.B.A. from Columbia University. He is on the Tufts Financial Network Advisory committee and leads the J.P. Morgan Asset Management undergraduate recruiting team for Tufts University. He is passionate about finding a cure for breast cancer and proud to be part of the organization.

Courtney Olsen
Courtney is truly honored to join the Board of Directors in 2016. Courtney co-chaired the BCA Annual Luncheon raffle committee for two years, and continues to co-chair the Annual Walk for Hope.

Jennie Stehli
After serving as a member of the Education and Outreach committee and a 2015 Benefit Co-Chair, Jennie is honored to join the BCA Board. Jennie graduated from the University of Arizona with a B.S in Business Marketing. Upon graduating, Jennie moved to NYC where she met her husband Jim Stehli. Jennie and Jim moved to Greenwich in 2013 and reside in Riverside with their four children ages 6 years old to 4 months old.

Jennie is very involved within the Greenwich community, having served on the First Presbyterian Church Executive Committee as the Elder to the Nursery School for one year and the FPCNS Board Chair. Jennie is also an active board member of the Westchester/Greenwich Chapter of the American Red Cross. Jennie is very excited about being one of the co-chairs for the 2016 Red and White Ball.

Jennie is honored and privileged to be joining the BCA Board and looks forward to getting more involved with this incredible organization.

THREE GIRLS SOCIETY

Each of us considers the legacy we will leave to our families, loved ones and institutions we value.

Breast Cancer Alliance has formed the Three Girls Society as a way of recognizing and honoring those who are including BCA in their estate plans.

Our logo symbolizes the way friends, family and community come together and support one another. Named in the spirit of our logo, the Three Girls Society highlights the generosity of individuals who have pledged to support our future by naming Breast Cancer Alliance in their will or trust, or designating Breast Cancer Alliance as beneficiary of an investment account or insurance policy. Anyone can become a member of the Three Girls Society, regardless of the amount committed. This society will help BCA continue its mission to support underserved women, provide fellowships for future breast surgeons, and fund innovative research in the field of breast cancer until we reach our ultimate goal: finding a cure.

If you would like more information on becoming a founding member of the Three Girls Society by making a lasting gift to support the work of Breast Cancer Alliance, or if you have already designated Breast Cancer Alliance as a beneficiary, please contact our office at info@breastcanceralliance.org.
CELEBRATING AT OUR 20TH ANNUAL BENEFIT LUNCHEON AND FASHION SHOW
Major breakthroughs in recent years have raised the hope that the cure for breast cancer is inevitable. 2015 has witnessed an explosion of FDA approvals of new cancer drugs, from 10 in 2013 and 2014 to 18 in 2015. Translational research has led to the development of drugs that block specific targets that are essential in the growth of cancer cells. The specificity of these designer drugs results in greater efficacy and less toxicity. Examples of such drugs for advanced breast cancer include the recently approved Everolimus, which targets mTor, Kadcyla which targets Her2/neu, and Palbociclib, which inhibits CDK4/6. These drugs have improved the lives of women with metastatic breast cancer and are now being tested in early stage breast cancer.

The discovery of many more potential targets has led to an acceleration in the design and development of novel drugs. One example is Buparlisib which inhibits PIK3CA and appear to be active especially if the PIK3CA mutation is detectable in blood. Tigatuzumab is a monoclonal antibody specific for the Death Receptor 5 on breast cancer cells and has already been shown to be active in triple negative breast cancers. Another exciting target is the androgen receptor which is found in breast cancers. Another exciting target is been shown to be active in triple negative breast cancer cells and has already been FDA approved for the treatment of melanoma, lung cancer, and kidney cancer. Similar drugs such as Atezolizumab and Avelumab are being tested in triple negative breast cancers with significant responses especially if the cancer expresses PD-L1. Recent studies indicate that chemotherapy such as Ab- raxane in combination with these drugs may produce much higher responses. Stamford Hospital is currently participating in a clinical trial exploring this exciting approach. By killing the cancer and releasing the tumor antigens, chemotherapy may work as tumor vaccination and further activate the immune system against cancer cells. Unlike chemotherapy, these check point inhibitors produce a much longer duration of response. This very exciting field of harnessing our immune system to attack cancer is only at its infancy and holds tremendous promise.

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One of the greatest recent advances in cancer therapy is immunotherapy involving the check point inhibitors. The discovery that cancer cells can evade the immune system by producing a protein on its surface called Program Death Ligand 1 (PD-L1) has led to the development of drugs that block that pathway and activate the immune system to attack cancer cells. Nivolumab and Pembrolizu mab are examples of such drugs that have already been FDA approved for the treatment of melanoma, lung cancer, and kidney cancer. Similar drugs such as Atezolizumab and Avelumab are being tested in triple negative breast cancers with significant responses especially if the cancer expresses PD-L1. Recent studies indicate that chemotherapy such as Ab- raxane in combination with these drugs may produce much higher responses. Stamford Hospital is currently participating in a clinical trial exploring this exciting approach. By killing the cancer and releasing the tumor antigens, chemotherapy may work as tumor vaccination and further activate the immune system against cancer cells. Unlike chemotherapy, these check point inhibitors produce a much longer duration of response. This very exciting field of harnessing our immune system to attack cancer is only at its infancy and holds tremendous promise.

Although current treatments have clearly increased the cure of early stage breast cancer and prolonged the survival of women with advanced breast cancer, there are still too many women who die from advanced breast cancer. Despite initial response to therapies, metastatic breast cancer eventually becomes resistant to all the existing therapies and remains incurable. The greatest hope of overcoming this barrier is through the use of genomic strategies to guide targeted and immune therapies. It is becoming very clear through cancer genomics that each individual’s breast cancer can be genetically very different, driven by different mutations. More importantly, the genetics of the cancer can evolve during the course of the disease producing different clones of cancer cells that may no longer resemble the original tumor. These genetic mutations result in the acquisition of resistance to drugs and alteration in the behavior of the cancer.

Cancer genomics hold the promise of very personalized medicine in the treatment of cancer. The genome of cancer cells can now be sequenced relatively inexpensively and quickly. Hence we can now determine what mutations are acquired by cancer cells biopsied from different metastatic sites and at different time points. Alternatively, circulating cancer cells and cancer DNA found in very minute amounts in the blood can be analyzed for targetable driver mutations. Studies have shown that the breast cancer DNA can be detected in the blood as early as 12 months before any radiological detection of recurrent breast cancer. The hope is that targetable mutations can be detected very early in the blood when the cancer exists only as micrometastasis and are potentially curable. For patients with metastatic disease, the emergence of new resistant clones may be eradicated through change in therapies when the clone is still microscopic. In the future, a variety of drugs that target the different driver mutations may be employed along with immunotherapy to improve the survival and cure of breast cancer patients.

The hope of the cure for breast cancer is closer than ever, and it will likely be in the form of many different drugs and strategies. So much more research is needed, and greater participation in clinical trial is essential. It is more important than ever that organizations such as the Breast Cancer Alliance continue to increase awareness and help fund the research.

“One of the greatest recent advances in cancer therapy is immunotherapy involving the check point inhibitors.”

8 www.breastcanceralliance.org
Dear Readers,

My name is Hannah. I am seventeen years old and live in New York City. Most teenagers, fortunately, do not have to deal with what I go through on a daily basis. Yet, some unfortunately have to. Every day I wake up and realize that a part of me is missing. What is missing is my mother. I am here to tell my story, lend some advice, and give a helping hand if you are in need.

I was only six years old when my mother was first diagnosed with breast cancer. I did not understand what she was going through and could not process in my brain that I, Hannah, a young girl with brown hair, pigtails and only a kindergartner at the Nightingale-Bamford School, had a mother with cancer. As I saw her long blonde hair fall out and her head start to bald, I started to have questions that I could not answer myself. I remember going to speak to a therapist and not comprehend completely why I was there. The only piece that I remember from those meetings is that we made a deal with my mom that I couldn’t see her unless she was wearing her wig, because I was scared to see her without any hair. Every time I wanted to speak to her when her wig was off, I would have to knock on the door and say that it was me and wait for her to put the wig on. The reason why I didn’t want to see her without hair was because I was actually so traumatized. At only six years old it was truly impossible for me to fully process that my mom had cancer. I didn’t even really know what it was at the time. That she didn’t have hair anymore was a tremendous amount of information for me to process at the time.

January of 2014 was the month when my worst nightmare came true. My mom and dad called me and my two younger brothers, Oliver and William, into their room. I remember my mother’s exact words. She said “This is a very hard conversation for me to have with you three, but my cancer has come back. It is stage four breast cancer, but everything will be okay. I will be okay. “My heart immediately dropped, this was going to be the news that my parents were going to deliver to us. The next day, my mother was going to get her wigs fixed because she hadn’t worn them in almost eight years. She hinted that she wanted me to come with her. At first I resisted, but then I decided that I needed to go with her because the only thing I could do for my mom during this vulnerable time was be there for her and show my love and support. When we got to Rita Hazan, where she was getting her wig fixed, she slowly took the wig out of her bag and a tear slowly trickled down my face. Recalling my earlier experience, the hardest part of it all was seeing my mom lose her divine blonde hair. I ran into the bathroom because I knew if my mom saw me get upset, she would feel badly and I realized that whatever I was feeling, she was feeling it 100 times worse. As time went on, my mother continued to fight and be the strong, incredible warrior that she was. I will never forget the day I woke up at my grandparents’ house in Florida. My brother came into my room and told me that my mother was just admitted to the hospital. My heart dropped. This time felt different. Later on that day, I took an opportunity to go visit my mom in the hospital. When I saw her, I did not know what I was worried about because she looked fine, the same as she did every day. The next day we left Florida without my mom. My uncle, who lives in Florida was going to drive her home because she was not allowed to fly. The day she came home from Florida, I spent very little time with her because all she wanted to do was sleep. The next day was Tuesday, her daily doctor’s appointment. After school on that Tuesday, I called my dad and he said that my mom is staying in the hospital. A few days passed and she was not getting better. That Saturday I decided to go visit her. When I got to her hospital room, I noticed all my mom wanted to do was sleep, she could barely communicate. I asked my dad why she was like this and he said that the pain medication that she is on makes her extremely drowsy. After this visit, luckily I had plans to see one of my best friends from school. I needed comfort because I knew that everything was not fine, even though that was what I was told. A few days later, my brothers, my dad, my aunts and uncles, my grandparents and I were all sitting in this room at the Memorial Sloan Kettering hospital. That’s when I knew, my biggest nightmare was about to come true. Her doctor told us that she either had a virus or a problem.

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ONE CHILD’S STORY
Continued from page 9

with her liver and that there was no way of knowing what was going to happen until she got worse. All we could do was wait and show love and give each other endless laughs, hugs and kisses. That Thursday, my dad told me and my brothers that my mother was going to pass. So many emotions exploded in my head: sorrow, guilt, denial, frustration, depression and anxiety. Not only was I losing my mother, I was losing my best friend.

January 19, 2015, a beautiful angel was sent to heaven.

Now, it is February of 2016, a year and a month has passed and I never expected myself to be in the state I am in. I am not the most smily and happy person that I could be, but I am okay. My life has gone on. My mother will always be my mother, no matter what happens in the future.

For people who may be reading this who are going through a similar, if not the same situation as me, unfortunately, there is no proper way for me to tell you how to grieve. I wish there was. Whatever you are doing that is making you feel somewhat normal, that is the correct way for you to mourn. For me, it was surrounding myself with friends who I knew could make me laugh and watching TV. For you, it may be something completely different.

When my mother was sick for the first time, she wrote a book called, “We Only Have This Moment.” This book is something I will treasure forever. It shares her experiences, pictures, feelings and thanks for her friends and family. It shows a lot about her one of a kind character. Two important phrases of advice that my mom always told me that miracles can happen and to never stop believing. I keep these in the back of my head every day. I am always the daughter of my mother and, although she is not physically here, she is always, always, always here with me in my heart.

KAREN COLELLA: ONE WOMAN’S STORY

“We are shaped by our thoughts; we become what we think. When the mind is pure, joy follows like a shadow that never leaves.” - Buddha

My mom always taught me the power of optimism. She is a natural born optimist. She manages to see joy and positivity in everything, even when it came to her own cancer diagnosis. In her words, her breast cancer was “the universe’s way of telling her to slow down.” Growing up she would always describe life as a journey filled with joys and heartaches, celebrations and hardships. She would remind me that everyone takes on a “battle” and faces significant challenge at some point in their lives. It’s life’s way of testing our strength, our faith, our relationships and above all, our belief in ourselves. She would remind me that we can’t control everything, including adversity that comes our way. What we can control is the way we take on adversity. Positivity can enrich the mind, body and soul and give us the power to shape even the harshest course of our journey into something beautiful. I would never imagine how much I would hang on to her words of wisdom and how instrumental they would be in helping me navigate, accept and appreciate my own personal life journey.

My personal journey began almost a decade ago while battling infertility. After being married to my college sweetheart, Mario, for over a year, we decided to start a family. I was positive that my healthy and active lifestyle would prepare my body for a joyful pregnancy. After a year of trying to conceive naturally, Mario and I were way. We refused to allow my scars to remind me of the cancer I faced but rather the strength, confidence and courage I gained while overcoming this horrible disease. They became scars of victory.”

As I healed emotionally and physically I thought I had already won my lifetime battle. Then in 2010, shortly after the boys’ 2nd birthdays, I was diagnosed with papillary thyroid cancer. My journey had been taken to another level. We are never really prepared to absorb words like cancer, carcinoma or malignancy nor are we ever prepared to discuss survival rates, especially when it comes to our very own survival. My diagnosis came with feelings of uncertainty and disbelief. How could my life be put on hold yet again? After biopsies and testing, doctors reassured me that my prognosis was good. I was told that if there was a cancer to “get,” papillary thyroid cancer was the one, because treatment was less invasive than other cancers and recurrence rates were the lowest. I was prepared to take this cancer thing head
on. After two surgeries, a partial, then complete thyroidectomy and treatment, I was cancer free. I learned to love the scar on my neck. I no longer see it as a harsh reminder of the cancer that lived behind it but as tiny symbol of my tremendous passion for life.

By the fall of 2011, Matthew and Maxwell were happily thriving and enjoying their new school. We had made the move out of New York City and were settling nicely into our new home in Greenwich. We celebrated our new year of 2012 with great energy and hope. I was feeling good, refreshed and ready to begin a new chapter with my family. Mario and I discussed the possibility of having another child with my doctors. Given my history, my internist recommended that I have a thorough work up, including a baseline mammogram, before we started our process. Without hesitation, I scheduled myself for a mammogram, eager to receive my clean bill of health and approval to move forward in growing our family. The results from my mammogram eventually diminished our hopes of welcoming a third child. Doctors found two tumors in my right breast. One tumor tested positive for DCIS and the other, Invasive Ductal Carcinoma. I was 37, a mother of two young boys, who now was facing yet another battle, a battle to live for the very lives I fought so hard to bring into this world. The diagnosis was paralyzing and for days I lost sleep overwhelmed by fear of the unknown. Where would I find the strength and energy to take on this next battle? The words breast cancer brought images to my mind that made it difficult for me to imagine finding any hope or uncovering any resiliency. My physicians expressed concern that the cancer may have spread. A PET scan revealed that my cancer had been contained and that there was no sign of invasion to any other parts of my body, an absolute blessing amidst all the overwhelming gloom. I had two choices at this point, to let cancer take control of me or let myself take control of my cancer. I decided to take control and learned to meet each stage of my journey with optimism. Over the course of two years I endured countless surgeries, invasive procedures, testing and extensive physical rehabilitation, each of which brought me one step closer to becoming cancer free, healthy and back to my family again. While recovering from a bilateral mastectomy and halfway through my breast reconstruction, I suffered a major setback when I contracted a major infection in my right breast. I was rushed into surgery to immediately remove my tissue expander and just like that, I was forced to begin the reconstruction process all over again.

My body became a battle ground, each scar having a story of its own. I never let my cancer define me as a person. As I healed emotionally and physically I refused to allow my scars to remind me of the cancer I faced but rather the strength, confidence and courage I gained while overcoming this horrible disease. They became scars of victory.

 Genetic-related testing proved to play a pivotal role in my road to recovery and would put me in a position to fight with confidence. Sophisticated gene testing allowed my team of physicians to tailor a more personalized and conservative treatment plan as well as determine my risk of breast cancer recurrence. My doctors also had vital information that saved me from undergoing harsh rounds of chemotherapy and helped give me back invaluable time with my family and friends that I could have lost. I took back control of my life by using this information to become my own health advocate again.

My oncologist, Dr. Ruth Oratz, once told me that each of us has a very unique cancer journey. There are no two cancers or personal experiences that will ever be alike. Our treatment and outcome will differ significantly, as well as the way we accept our diagnosis and manage our lives moving forward. I translated her words into my own personal life journey. I learned to celebrate the uniqueness of my life story and all the joy and gratitude that managed to emerge from each of my encounters with adversity, including two beautiful miracles that are now 8, a remarkable team of physicians that gave me the opportunity to benefit from incredible advancements in medicine, family and friends that became lifelines and a fuller and more invigorating passion for life. I chose to welcome my diagnosis rather than resent it and I eventually saw my harsh journey as a blessing rather than misfortune. I consider myself blessed, not only for surviving my near brush with mortality but for being able to recognize adversity as opportunity, a chance to see life through a different lens. Many go through their life journey focused on the paths of others rather than allowing themselves to cultivate their own unique paths and experiences or recognizing unexpected challenges as chances to re-focus or re-center. I’ve learned to embrace my journey as a “gift”. My experiences helped me uncover a fight and passion for life that I might not have discovered without having to face fear. My experiences have extracted emotions and energy that help continue to shape me and those I love into more positive and passionate human beings. This intangible gift I’ve been given has added such an indescribable richness to my life that I am grateful for each day.

“Sophisticated gene testing allowed my team of physicians to tailor a more personalized and conservative treatment plan as well as determine my risk of breast cancer recurrence.”

“You gain strength, courage, and confidence by every experience in which you really stop to look fear in the face. You are able to say to yourself, ‘I lived through this horror. I can take the next thing that comes along.’”

-Eleanor Roosevelt
SAVE THESE DATES to support the BCA!

BCA’s 20th Anniversary
Saturday, April 9, 6pm
Greenwich Country Club
Honorees: Paula and Robert G. Burton, Sr. and Richards/The Mitchell Family
Keynote Speaker: Joan Lunden
$500 per ticket – Space is limited
http://weblink.donorperfect.com/20years

Junior Fashion Show
Sunday, April 17, 11:30 am
Richards, 359 Greenwich Avenue

Walk for Hope and 5K (NEW!)
Sunday, May 1, 8am
Richards, 359 Greenwich Avenue
Chairs: Jane Batkin, Lisa Fleming, Mary Jeffery Courtney Olsen and Susan Weis
http://bca.donorpages.com/2016WalkForHope

Golf Outing
Tuesday, July 12, 11am
GlenArbor Golf Club, Bedford Hills, NY
Call to request an invitation
Chairs: Amanda and Dave Baer, Ashleigh and Justin Nelson, Suzanne and Tim Sennatt, Mary Quick and Jim Daras

Go For Pink and Flag Raising
Thursday, October 6
Greenwich, CT
Chair: Loren Taufield
Details to Follow

Annual Benefit Luncheon,
Fashion Show and Survivors Celebration
Thursday, October 27, 11am
Hyatt Regency Greenwich
1800 E. Putnam
Old Greenwich
Chairs: Kelly Buchalter and Xandy Duffy

Breast Cancer Alliance, 48 Maple Avenue, Greenwich, CT 06830, 203-861-0014
Yonni Wattenmaker, Executive Director
www.breastcanceralliance.org