LETTER FROM THE PRESIDENT, MARY JEFFERY

I walked by an art gallery last week that was showcasing a beautiful piece of artwork in its window – the word HOPE depicted in butterflies. It made me smile... and it reminded me of all the hope we’re witnessing.

The BCA luncheon and fashion show in October carried the theme “For Our Daughters, For Our Future.” The room was full of hope as our gorgeous Models of Inspiration shared their stories and walked the runway. That day, our Executive Director Yonni Wattenmaker shared a story about one of our research projects. She explained how the project had been initially rejected for funding by the NIH because it was too novel and untested. BCA awarded a grant to the project which subsequently proved to have such significant merit in a later NIH submission that it received NIH funding for $3.5 million, with notes of high distinction, taking it to clinical trial. Without BCA’s seed money, this breakthrough research would never have proceeded. HOPE!

In December, we met with our three grant committees – Fellowship, Research, and Education/Outreach – to make decisions about funding for 2019. The teams reviewed more than 150 requests from some of the brightest minds in breast cancer research, treatment, support, and education. We are pleased and excited to fund $1.8 million in grants that will change lives today and give hope for the future.

In January, we outlined plans for the year ahead including our medical symposia in Washington, DC and New York, and our site visits to our grant recipients. At the visits, we will learn firsthand about the groundbreaking research we are supporting, meet the new surgeons training in breast surgery, and visit sites for education and outreach where women are receiving mammograms and other breast cancer related care to which they might not otherwise have access. We are also planning a series of additional events to continue to raise critical money for future grants.

And now we are preparing for spring, which always fills us with HOPE! While prevalence is far too high, there is much good news in the world of breast cancer because survival rates for those diagnosed with breast cancer are at an all-time high. Treatment is more personalized and targeted. Early detection is saving lives every day. We will celebrate all this good news soon at our annual 5K Run/Walk for Hope on May 19th.

But our work won’t be finished until conversations like this one don’t happen. One day after the benefit in October, I ran into a friend I hadn’t seen in a while. She said how much she loved being at the luncheon and how meaningful it was to her. She said that last year she remembered us discussing that 1 in 8 women will get breast cancer and this year she was the “one.” She is doing well but stories like hers drive us to do the work we do.

Thank you for supporting BCA and the difference we are making in breast care. Thank you for being a part of HOPE.
SEATTLE MEDICAL SYMPOSIUM

Breast Cancer Alliance, in partnership with Seattle Cancer Care Alliance and courtesy of event sponsor, Hologic, presented a medical symposium at the University of Washington Medicine Research Campus on Thursday, November 29. The exceptional panelists represented diverse disciplines within breast cancer, engaging the audience with advancements in oncology, pathology, surgery, immunotherapy and precision medicine.

BCA’s grants are unique as they build an essential bridge for transformational, early-stage research not yet qualified for federal funding. This scientific venture capital provides the opportunity to prove novel hypotheses and bring them to a level of eligibility for broader funding from organizations like NIH and the Department of Defense. The grantees have strong track records of success and for young investigators, this is often their first grant, helping to launch the careers of these promising new scientists. Events like this in Seattle enable Breast Cancer Alliance to further demonstrate the impact of, and need for, critical donor support for innovative, life-saving research.
WE ARE PLEASED TO ANNOUNCE OUR GRANTEES FOR 2019:

EXCEPTIONAL PROJECT GRANTS

**Timothy Lu, MD, PhD**  
*Massachusetts Institute of Technology*  
“Tumor-specific transcription signatures for gene-circuit-triggered combinatorial immunotherapy for breast cancer”  
*Walsh Family Grant*

**Helen Piwnica-Worms, PhD**  
*MD Anderson*  
“Identifying and targeting vulnerabilities in primary TNBC”  

**Esther Rheinbay, PhD**  
*Massachusetts Institute of Technology*  
“Role of the FOXA1 promoter mutation in endocrine resistance and breast cancer metastasis”  
*Supported by Tami Eagle Bowling and Friends*

**Alex Toker, PhD**  
*Beth Israel Deaconess*  
“Precision medicine approaches to target oncogenic fusions in TNBC”  
*Deborah G. Black Memorial Grant*

**Adrian Lee, PhD**  
*University of Pittsburgh*  
“Therapeutic targeting of novel pathways in breast cancer brain metastases”  

**Qin Yan, PhD**  
*Yale University*  
“Targeting KDM5B histone demethylase to boost anti-tumor immune response in breast cancer”  
*Norma Lies Mitchell Memorial Grant*

**Susan Baserga, MD, PhD**  
*Yale University*  
“Targeting the nucleolus for breast cancer therapy”  

**Steffi Oesterreich, PhD**  
*University of Pittsburgh*  
“Understanding the importance of ESR1 fusion genes in metastatic breast cancer”

YOUNG INVESTIGATOR GRANTS

**Teresa Davoli, PhD**  
*NYU School of Medicine*  
“Targeting breast cancer-specific aneuploidy”

**Madeleine Oudin, BSc, MSc, PhD**  
*Tufts University*  
“Dissecting the role of innervation in breast cancer progression and metastasis”  

**Nidhi Sahni, PhD**  
*MD Anderson*  
“Novel role of spliceosome in homologous recombination deficiencies in TNBC”

BREAST SURGERY FELLOWSHIPS

**Shkala Karzai, MD**  
*Mount Sinai Beth Israel and Mount Sinai West*  
Debbie Taylor Breast Surgery Fellowship

**Elizabeth Berger, MD**  
*Memorial Sloan Kettering Cancer Center*  
Pitch Your Peers Breast Surgery Fellowship  
*Nicole T. Gordon, MD*  
*Dubin Breast Center at Mt. Sinai*

**Jonathan K. Smith, MD**  
*Rutgers Cancer Institute of New Jersey*  
Rodkin Family Breast Surgery Fellowship

EDUCATION AND OUTREACH GRANTS

**Cancer Support Team**  
Gilda’s Club Westchester  
Greenwich Hospital  
Griffin Hospital, supported by The Chambers Foundation

**Hartford Hospital**  
Hospital of Central Connecticut  
Middlesex Health, Masin Family Grant  
Norma Pfriem Breast Center  
Norwalk Hospital

**Open Door Family Medical Center**  
Stamford Health  
White Plains Hospital  
Yale New Haven Hospital
MEET OUR 2019 BREAST SURGERY FELLOWS

**The Dubin Center at Mt. Sinai**

Nicole T. Gordon, MD

is a general surgeon who attended the University of California in Berkeley from August 1995 to June 2000 where she received a Bachelor of Arts degree. While pursuing her degree, Dr. Gordon participated in an International Exchange Program at Massey University in Palmerston North, New Zealand from January to November 1998. From August 2004 to June 2009 Dr. Gordon attended the Oregon Health & Science University in Portland, OR where she received her medical degree.

Dr. Gordon completed a Student Pathology Fellowship from June 2007 to May 2008 at the Oregon Health & Science University in Portland, Oregon followed by a General Surgery Residency from June 2009 to June 2016.

Since graduating from the residency program in 2016, Dr. Gordon has worked as a General Surgeon with the Southern California Permanente Medical Group (SCMPG) in Bakersfield, California. She is actively involved in medical student and resident education and received the Excellence in Teaching Award from her institution. In her spare time, she enjoys traveling, listening to music, and spending time with her family, especially her nephews and niece.

**Rutgers Cancer Institute of New Jersey**

Jonathan Smith, MD was born in Haleyville, Alabama and completed high school at Grissom High School in Huntsville, Alabama in 1986. He enlisted in the Army and served as a medical specialist in the 82nd Airborne Division until 1989. He received an Associates of Science from Valley Forge Military College in Wayne, Pennsylvania, where he graduated as a Valedictorian and Distinguished Military Graduate, and was early commissioned as a Second Lieutenant in the Army Reserve.

He completed a Bachelors of Science degree at the University of Alabama in Huntsville in Biochemistry, Magna Cum Laude. He was a member of the cross-country team while at UAH. He then attended the University of South Alabama College of Medicine and was awarded Doctor of Medicine degree in 1997 and was commissioned as a Captain in the Army. He completed residency in General Surgery at William Beaumont Army Medical Center in El Paso, Texas in 2002. He was then assigned to Blanchfield Army Community Hospital, Ft. Campbell, Kentucky. During his time there, he deployed to Iraq twice as a surgeon attached to a forward surgical team with the 101st Airborne Division. He was awarded the Combat Medical Badge, Bronze Star Medal, and Meritorious Service Medal.

Since leaving the military, he has been in solo practice in rural Alabama as a General Surgeon for the past 8 years. He is board certified in General Surgery and is a Fellow in the American College of Surgeons.

**Memorial Sloan Kettering Cancer Center**

Elizabeth Berger, MD

will complete a seven-year general surgery residency at Loyola University in Chicago in June of 2019. During her residency, she received her formal training in health services research at the American College of Surgeons as a Clinical Scholar in Residence.

Her research focuses on improving health outcomes for breast cancer patients, including perioperative surgical quality, cancer care quality measure development, and assessment of national accreditation in breast cancer surgery. Dr. Berger has published in several high impact journals such as JAMA, Annals of Surgery, Journal of the American College of Surgeons, as well as contributed chapters to several surgical textbooks. She has also served on national quality committees including being a part of the National Accreditation Program for Breast Centers (NAPBC).

Dr. Berger will begin a Breast Surgery Fellowship at Memorial Sloan Kettering Cancer Center in August, 2019. Her research and clinical work will focus on improving healthcare delivery to breast cancer patients.

Dr. Berger holds degrees from the Loyola University Stritch School of Medicine, a Masters in Science in Health Services and Outcomes Research from the Center for Healthcare Studies at Northwestern University, and an undergraduate degree from Yale University.

**Mt. Sinai**

Beth Israel/ Mt. Sinai West

Shkala Karzai, MD is currently completing her General Surgery training at Inova Fairfax Hospital in Fairfax, VA. She received her medical degree from the American University of Beirut Faculty of Medicine in Beirut, Lebanon and completed her undergraduate degree in Globalization and Poverty at Georgetown University.

Dr. Karzai has had an interest in women’s health since she was an undergraduate student, and an interest in breast cancer since she began her general surgery residency as an intern. Her ongoing research projects include analyzing the upgrade rate of breast papillomas and evaluating the effect of intraoperative radiation therapy for breast cancer on quality of life.
THE BREAST CANCER ALLIANCE
23rd ANNUAL LUNCHEON AND FASHION SHOW

BCA raised MORE THAN $1.5 MILLION in support of commitment to improve survival rates and quality of life for those affected by breast cancer

On October 30th Breast Cancer Alliance welcomed more than 1,000 friends, supporters and survivors to their 23rd annual luncheon and fashion show at the Hyatt Regency Greenwich. The staggering statistic that 1 in 8 women will be diagnosed with breast cancer inspired this year’s benefit theme For Our Daughters, For Our Future.

Co-chairs Lois Kelly and Molly Zola welcomed supporters and introduced breast cancer survivor and WCBS-FM radio host Patty Steele in conversation with her surgeon, Dr. Elisa Port, Director of the Dubin Breast Center at Mount Sinai and a member of the Alliance’s Medical Advisory Board. Dr. Port is also author of “The New Generation Breast Cancer Book: How To Navigate Your Diagnosis and Treatment Options and Remain Optimistic In the Age of Information Overload.”

Steele and Dr. Port developed a working partnership based on trust, respect and compassion, highlighted with a lot of optimism. Steele’s journey has filled her with gratitude for the love and support of her family, her friends, doctors and her WCBS co-host Scott Shannon. Being open and honest on air brought gratitude from listeners who were fighting their own battles and found encouragement and hope in Steele’s optimism.

Long time sponsor Richards presented the AKRIS Spring and Resort Collection which was preceded by the luncheon’s highlight, the Models of Inspiration celebration. Thirteen women who have been diagnosed with breast cancer commanded the catwalk in outfits from Richards’ Fall collection, bringing the audience to its feet with cheers, tears and thunderous applause.

Breast Cancer Alliance President Mary Jeffery noted the importance of the BCA donations in funding crucial research that allows scientists to transform their findings into innovative and effective treatments, making the difference between good care and extraordinary care. “We do the right thing with your donations. Thank you for trusting us.” BCA Executive Director Yonni Wattenmaker lauded the guests for the financial impact their generosity makes each year and challenged the attendees to create their own future in which cures for all types of breast cancer exist.

Breast Cancer Alliance (BCA) is a regionally-based foundation making a remarkable national impact. It is one of the largest private, non-corporate breast cancer organizations in the United States. Since its inception in 1996 the organization has awarded more than $27 million in grants, supporting its mission to improve survival rates and quality of life for those impacted by breast cancer through better prevention, early detection, treatment and cure. Breast Cancer Alliance invests in innovative research, breast surgery fellowships, regional education, dignified support, and screening for the underserved. Over its more than two-decade history, BCA has funded cutting-edge research and one-year postgraduate breast surgery fellowships at more than 25 of the nation’s leading research and medical institutions.

SAVE MONDAY, OCTOBER 21, 2019 FOR THIS YEAR’S SPECTACULAR EVENT!
Molly Zola, Chair; Mary Jeffery, President; Yonni Wattenmaker, Executive Director; Lois Kelly, Chair

Patty Steele and Dr. Elisa Port
RESEARCH SPOTLIGHT:
2018 YOUNG INVESTIGATOR AWARD GRANT RECIPIENT,
SHOM GOEL, MBBS, PHD,
DANA FARBER CANCER INSTITUTE

“In my research, I am focused on improving our understanding of why ER+ breast cancers develop resistance to CDK4/6 inhibitors.”

Approximately 70 percent of breast cancers are estrogen receptor-positive (ER+), meaning that their cells make a protein called the estrogen receptor. ER+ breast cancers are the commonest cause of breast cancer death, and although several treatments are available, they become incurable if tumors spread to distant organs. The standard initial treatment for ER+ breast cancer is “hormonal therapy,” medication that blocks the effects of estrogen. Recently, a new class of drugs – CDK4/6 inhibitors – has also been approved to treat these cancers. These drugs prevent cancer cells from dividing, and trials have shown that using hormonal therapy plus a CDK4/6 inhibitor controls tumor growth for longer than hormonal therapy alone.

Although CDK4/6 inhibitors are effective against ER+ cancer, tumors develop resistance over time, meaning that they start growing again even though treatment is ongoing. When this happens, patients must stop taking their CDK4/6 inhibitor and switch to new treatments, such as toxic chemotherapy. We do not understand the reasons behind CDK4/6 inhibitor resistance well and have no strategies to address it in the clinic.

In my research, I am focused on improving our understanding of why ER+ breast cancers develop resistance to CDK4/6 inhibitors. If we can uncover how tumor cells which have been responding so well to these drugs ultimately learn how to start dividing again, it will facilitate the development of new treatments to overcome this problem. The ultimate goal is to turn metastatic ER+ breast cancer into a chronic disease – a disease with which people can live for many years, and with a very good quality of life.

In order to understand why breast cancers become resistant to CDK4/6 inhibitors, it is very helpful to have a good “model” in the laboratory that mimics what happens in patients. Recently, I have developed a unique mouse model of CDK4/6 inhibitor resistant breast cancer. In this model, genetically engineered mice with breast cancer are treated with CDK4/6 inhibitors – just like in patients, the tumors initially respond to treatment but later develop drug resistance. Using this model, I am able to analyze differences between resistant and non-resistant tumors in the lab, using a wide range of sophisticated laboratory techniques.

My studies to date have already provided some very interesting results. The first observation was that a molecular pathway known as the mTOR pathway is overactive in breast cancers that have acquired resistance to CDK4/6 inhibitors.

I speculate that mTOR pathway activity is what drives resistance to CDK4/6 inhibitors, encouraging cells to divide even though the CDK4/6 inhibitor treatment hasn’t stopped. In keeping with this, I have recently found that drugs that block the mTOR pathway are able to overcome resistance to CDK4/6 inhibitors, controlling tumor growth for prolonged periods of time. Importantly, these drugs are already available in the clinic and can easily be tested in patients whose cancers have become CDK4/6 inhibitor resistant.

I am currently performing deeper analyses in the lab to understand why the mTOR pathway is hyperactive in resistant tumors. Our preliminary experiments in this regard have also provided fascinating results, revealing unanticipated ways that CDK4/6 inhibitors change the behavior of breast cancer cells. This has not only given us a deeper understanding of what might be going on, but has now opened the door to future avenues of research which could also be used to further improve outcomes for patients.

I am fortunate to be able to work as a breast cancer oncologist, taking care of patients, as well as a laboratory scientist. I hope that my dual training ensures that the questions I ask in the lab are directly relevant to my patients, and will help develop the next wave of successful treatments for this all-too-common disease. If my lab results are upheld in clinical trials, they could transform outcomes for patients with metastatic ER+ breast cancers that have developed resistance to current treatments.
RESEARCH SPOTLIGHT:
2018 YOUNG INVESTIGATOR AWARD GRANT RECIPIENT,
PEDRAM RAZAVI, MD, PHD,
MEMORIAL SLOAN KETTERING CANCER CENTER

The Breast Cancer Alliance’s 2018 Young Investigator Award grant recipient, Pedram Razavi, MD, PhD, is a Memorial Sloan Kettering Cancer Center (MSK) medical oncologist and physician-scientist who treats patients with breast cancer. He researches genomics to understand why breast cancer may respond to targeted therapies (“precision medicine”) at first, yet may become resistant to these drugs over time. This grant was made possible thanks to Tami Eagle Bowling and her friends and family.

Dr. Razavi is the lead author of a breakthrough study, published in Cancer Cell in September 2018, which pinpointed genetic changes underlying drug resistance in the most common type of breast cancer. The Breast Cancer Alliance partially supported his research.

“Estrogen-receptor-positive (ER+) breast cancer is the most common type of breast cancer, which is why hormonal therapies designed to starve cancer cells of estrogen or block estrogen receptors have improved the lives of millions of women with this disease,” says Dr. Razavi.

Women with metastatic breast cancer, however, eventually experience resistance to hormonal therapies, explains Dr. Razavi. “With metastasis, cancer cells evolve; they find other ways to support their growth. Since metastasis causes most cancer deaths, we need to understand why hormonal therapies stop working — and develop new ways to outsmart cancer cells.”

Dr. Razavi and his MSK colleagues did a genetic sequencing study of 1,501 ER+ breast cancer tumors to look for mutations in 468 cancer-associated genes. Half of the tumor samples came from women who had not received hormonal therapy, while the other half came from women who had already received such treatment.

Dr. Razavi and the other investigators knew from the previous work at MSK and elsewhere that mutations in the estrogen receptor genes (ESR1) are a major mechanism of resistance to endocrine therapy. This analysis confirmed in a large clinical series that ESR1 mutations are present in 18 percent of patients previously exposed to hormonal therapy and are strongly associated with resistance to a class of drugs called aromatase inhibitors.

“But we also found the mutations in a signaling pathway called MAPK are present in 13 percent of the hormonal-therapy-resistant tumors.

Our analysis showed that the MAPK alterations result in resistance to multiple classes of hormonal therapy to the same magnitude as the previously known ESR1 mutations,” says Dr. Razavi. “This was an exciting discovery. We know that MAPK mutations give cancer cells a lifeline to survive hormonal therapy. And we have existing drugs that target these mutations. This potentially provides an opportunity to design clinical trials targeting the MAPK pathway in combination with hormonal therapies with these targeted drugs to overcome and perhaps prevent the development of drug resistance.”

Interestingly, if a patient’s tumor had one of the mutations, then it usually did not have the other. “We plan to improve patient outcomes by building an arsenal of therapies that target different mutations — so that we can give individuals with metastatic breast cancer the most effective treatment right from the start,” says Dr. Razavi.

“I was very proud to note the Breast Cancer Alliance’s generous and thoughtful support of this research in Cancer Cell,” he continues. “The Alliance’s two-year grant helped make this discovery possible — and is allowing me to continue research collaborations that bring real hope to women facing metastatic breast cancer.”

“With metastasis, cancer cells evolve; they find other ways to support their growth. Since metastasis causes most cancer deaths, we need to understand why hormonal therapies stop working—and develop new ways to outsmart cancer cells.”
RESEARCH IN ACTION: 2015 EXCEPTIONAL GRANT PROJECT: CHEMOTHERAPEUTIC DELIVERY TARGETED TO THE ACIDIC MICROENVIRONMENT OF BREAST TUMORS, YALE

The Breast Cancer Alliance provided the very first funding for the fledgeling invention of a small-molecule platform targeting tumor acidity, invented in the lab by John C. Deacon, Ph.D.

Following the support the Engelman group received from the Breast Cancer Alliance in the 2015 Exceptional Projects Grant, their work at Yale progressed rapidly. The Breast Cancer Alliance provided the very first funding for the fledgeling invention of a small-molecule platform targeting tumor acidity, invented in the lab by John C. Deacon, Ph.D. With the pilot data produced with the Breast Cancer Alliance’s support, the lab has since raised and deployed over $1.3M towards its development at Yale. They now have a fully established, patents-pending platform, and have demonstrated 100-fold improvements to several drugs, in vitro, that improve the therapeutic index of treatment, in vivo. With a recent development to the platform they are now able to apply these improvements to over 90% of oncology drugs and target them to over 90% of cancers.

With these great strides, Deacon has founded a company, Cytosolix, Inc. (Cytosolix.com), and has recruited a world-class team to further develop the technology towards the clinic. They are currently raising funds with the support of Connecticut Innovations to begin operations in early 2019, focusing initially on two classes of drugs that have the potential to benefit a wide range of patients and address areas of unmet need in breast, ovarian, colorectal, pancreatic and lung cancers.

Deacon and the Engelman Lab wish to extend their sincere thanks to everyone at the Breast Cancer Alliance for helping launch this important technology, and contributing to their efforts towards improving care in oncology for patients and their families.

WE HAVE FUNDED:

119 Exceptional Project Grants (since 1997)
197 Education and Outreach Grants (since 1997)
55 Young Investigator Grants (since 2002)
42 Fellows (since 2006)

More than $27 million in grants to date
Grants support transformative breast cancer research

Breast Cancer Alliance (BCA) is strategic in its grantmaking, seeking to direct its resources to early stage research, and specifically to physician-scientists who are junior in their careers. By nurturing researchers who are just beginning their independent investigations, BCA hopes to support the career development of rising stars in the field of breast oncology research, who will spearhead the next era of discoveries.

Recently, BCA chose two Dana-Farber researchers from a competitive field for Young Investigator Grants totaling $250,000: Eugen Dhimolea, PhD, and Shom Goel, MD, PhD.

Dhimolea is exploring how the molecular changes caused by standard drugs allow residual cancer cells to survive and become resistant to treatment. He is using culture models in an attempt to determine whether the mechanisms that lead to resistance could be therapeutic targets.

Goel is studying the anti-tumor immune response induced by CDK4/6 inhibitors to determine whether immune dysfunction is a factor driving resistance. He is also exploring the role of the mTOR pathway in mediating resistance to uncover potential novel treatment avenues in breast cancer.

“We are pleased to once again be supporting critical, novel, early stage research at Dana-Farber,” says BCA Executive Director Yonni Wattenmaker. “We have a serious commitment to funding the best research we can and are confident in the work we are funding this year with Drs. Goel and Dhimolea.”

Almost 40% of all cancer patients and survivors struggle with fatigue as a side effect of cancer and its treatments. Unfortunately, there are not many solutions available to help cope with this debilitating fatigue. The Untire App was created to help cancer patients increase energy levels and improve quality of life. The app contains a program that will help you understand fatigue and provides tips and exercises to increase energy levels.

The Untire app program consists of:
- Education to better understand fatigue
- Tips and reminders to improve lifestyle
- Exercises for body and mind to increase energy levels
- Online community for support with other CRF individuals
- Weekly reporting to keep track of energy levels and progress

Untire was developed in collaboration with a team of psychologists, specialists and patients in the field of oncology. Untire is free to download and use in the Apple and Google Play app stores.
SAVE THESE DATES

To register for all BCA events go to: breastcanceralliance.org/events

Take action against breast cancer:

Medical Symposium
Wednesday, April 10, 11:30am
The Hay-Adams, Washington, DC

- Dr. Veronique Weinstein, Georgetown/medStar
- Dr. David H. Song, Georgetown/medStar
- Dr. Sharad Goyal, The George Washington University
- Dr. Kathleen Harnden, Inoval

Hot topics in breast cancer:

Balancing Traditional and Integrative Medicine
Tuesday, April 16, 9:30am
Co-Sponsored by UJA-JCC Greenwich
Old Oaks Country Club, Purchase, NY
(panel in formation)

Take action against breast cancer

Teen Fashion Show
Sunday, April 7, 11:30am
Richards, 359 Greenwich Avenue
Greenwich

Kids For A Cause
Sunday, April 14, 2pm
Round Hill Club, Greenwich, CT
Walk-in’s are welcome, but advance tickets sales are preferred

5K Run/Walk for Hope
Sunday, May 19
Richards, 359 Greenwich Avenue
Greenwich (and Where You Live!)
SAVE THESE DATES

Golf Outing
Tuesday, June 4, 11am
The Golf Club of Purchase, Purchase, NY

GoForPink
Tuesday, October 1
Town of Greenwich
Details to follow

Annual Benefit Luncheon and Fashion Show
Monday, October 21
Hyatt Regency, Greenwich, CT

Dr. Amy Kappelman Johnson, Nina Lindia, and Lauren Schweibold, 2019 Co-Chairs

Holiday Gift Boutique
Tuesday, November 12, noon til 8pm
Wednesday, November 13, 9am - 3pm
Christ Church, Greenwich

To register for all BCA events go to: breastcanceralliance.org/events
As someone who has been considered a worrier all her life, it’s ironic that I was wasn’t really worried when my hand grazed over a lump in my right breast after putting on lotion one morning last year in early March. A few weeks later, I once again, grazed over that lump, chalkling it up to dense or fibrous breast tissue. I had a clean mammogram the year before and was vigilant about going for regular check-ups with my gynecologist. I went to see my gynecologist a cou-ple weeks later to discuss birth control options and just as I was about to get dressed, I said, “by the way, I felt this....”

What followed was a ultrasound after which the radiologist explained that there was not a clear outline around the mass and therefore he wanted to biopsy it. My stepdad, a prominent breast pathologist at Memorial Sloan Kettering (MSK) for many years, offered to take a look at my pathology report and review the results with me when they came in. I still wasn’t that worried. My husband and I even had a date night planned that Friday where I assumed we would be toasting to a benign tumor. On Friday, March 31, 2018, I got a call from my mom that my stepdad was coming over instead of going over the results with me on the phone. I knew then that I had breast cancer. The moment you learn you have cancer is life-changing. Life is a series of moments and this moment will forever be embedded in my memory. I had just loaded my two boys, Sam and Will (ages 6 and 4), into the car to go to the diner. It was drizzling, gray, and cold. I took them out of the car and waited for my mom to arrive to take them so I could hear more about my new reality. I called my husband in the city and told him to come home, from work — that I had cancer.

My stepdad calmly explained to me what we knew. We knew I had invasive ductal carcinoma; the most common type of breast cancer. He explained that the cancer had invaded outside of the duct so was no longer Ductal Carcinoma In Situ (DCIS), but the invasion was only millimeters. I listened. I cried a little, but barely, looking back. I listened some more. It was treatable, he said. Both he and my gynecologist used the term that this is just a “bump in the road.” I used all my resources to put on a reasonably brave face for my boys that day, even hosting a playdate with a new parent that afternoon. I still went out to dinner with Denis that night — and cried into my martini. I woke up the next morning hoping it was all a bad dream. It was not.

To have a physician, a breast pathologist no less, as part of my immediate family had a huge impact on my care and the timeline of my treatment. It was no small detail in my story that I got to see the best doctors as quickly as I did. I put my full confidence in the fantastic doctors at MSK and that brought me a great deal of comfort in this process, knowing I was being evaluated and treated by the best. While most women have to wait weeks or longer, I was fortunate to get an appoint-ment with a wonderful breast surgeon the week after my diagnosis and surgery scheduled for 2 weeks after that.

Over the next few weeks I underwent multiple tests including a mammogram, MRI, pet-scan and genetic testing to get prepared for surgery and have a better picture of my breast cancer. Important decisions were made including, getting a nipple-sparing double mastectomy. Although I had already made the decision to take the most aggressive approach to getting rid of this breast cancer as soon as possible, it would’ve been the best, or in my opinion, only, option after discover-ing DCIS in the left breast as well.
I underwent surgery on April 17, 2018. The surgery went well and I woke up with my husband and mom by my side. Coming out of surgery, on drugs, I was planning all the fantastic trips I wanted to take in the future, including going back to Italy with Denis.

The recovery was ok. You go home with drains which is unpleasant. My husband, not a fan of blood or handling other bodily fluids, was a champ. Milking the drains and measuring the bloody fluid that eventually became straw-colored; he was a real pro. The pain was manageable and in a few days, I felt ready to take a walk and even went to my son’s soccer game that weekend.

Much of what I have shared of my story thus far are facts. Much of what happened didn’t surprise me. The worry I had was for my kids; would they know? Would they be scared? In the end, because we felt they were too young to really comprehend my diagnosis, we told them that mommymy was having surgery, but gave very few details. We opted not to use the words “cancer” or “sick.” In my mind, I have never been sick. When they are older, or if they ask more questions, I will share more, but this worked well at the time for us.

I was also not surprised by feeling like I was in a horrible game of limbo while waiting to hear whether I would need chemo and for the results of my genetic testing. These moments of waiting were some of the hardest. I spent many a night looking at wigs and head scarves on the internet, googling random questions and reading awful things on message boards; spinning tales of what my next year would look like depending on the results.

After a few weeks time, I got some really great news; my onco score was low. I would not need chemo. I also found out that all of my genetic testing, including BRCA-1 and BRCA-2, came back negative.

Breast cancer runs heavily on my dad’s side; my paternal grandmother died of breast cancer when my dad was in college and my paternal Aunt just went through treatment for stage 2 breast cancer. Nonetheless, my genetic testing came back negative.

The months that followed included filling my tissue expanders and planning for my second surgery, my breast reconstruction, which took place on September 25, 2018. Because I did not have clear margins due to the extensive DCIS in both breasts, they re-biopsied the skin to determine if I would need radiation. In the end, I did not.

Much of what happened wasn’t surprising; the surgery, the recovery, the emotions. But certain things did surprise me. Mostly that this wasn’t as negative an experience as one might think. I already knew I had an amazing family and incredible friends, but until I was faced with this – I didn’t realize HOW incredible people really are; checking in, sending meals, the most thoughtful care packages, just coming to keep me company, or offer to help with my kids, or have them for a play date. My mom, who has always been my pillar of strength, never left my side; making sure I always had clean towels and comfortable PJ’s laid out, taking me to have my hair washed and blown out when I couldn’t lift my arms, and just being strong for me. My husband was so brave and such a calming and supportive presence through the whole ordeal.

After a few weeks time, I got some really great news; my onco score was low. I would not need chemo. I also found out that all of my genetic testing, including BRCA-1 and BRCA-2, came back negative.

Perhaps the biggest surprise was learning more about myself. Before this happened, I would have thought that a cancer diagnosis would send me into a complete tailspin of anxiety; I would not able to get myself and my thoughts out of a dark place. Yes, there were moments like this; tears, anxiety, bad thoughts and dreams. There still are. I wonder more than I would like: if the cancer will come back or if I will live to watch my two amazing boys grow up, get married and have families of their own. But more often than not, I met this challenge with my head on straight and held high. I was so much stronger and braver than I even thought I was and for that I actually have an immense amount of gratitude for this experience.

Because of this, I shared my very personal experience on social media. Though this was new and it felt almost too soon, I thought it was important to share my message to let other women know that young, healthy women get breast cancer and we have to be proactive with our health and be our own advocates.

I know my story is far from over and I don’t know what the future will bring. I still worry that the cancer will come back some day in a way that is less treatable. But I now know that worry is wasted energy and I choose again and again to be positive. As Denis said, we won’t mind seeing 2018 in the rear view mirror but... I don’t know. 2018 brought a lot of joy, too. We celebrated our 10 year wedding anniversary in Vegas, I watched my husband and children get on skis for the first time, and and I got back on skis for the first time in 20 years. I raised awareness and beat cancer. All in all, this “bump in the road” brought me a year of immense growth.

“I put my full confidence in the fantastic doctors at MSK and that brought me a great deal of comfort in this process, knowing I was being evaluated and treated by the best.”
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Thomas Jefferson University • Tufts University • UNC/Linberger Comprehensive Cancer Center
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*Most grantees have been funded multiple times.
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