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5 TIPS TO BUILD RESILIENCY TO THRIVE

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GERRI WILLIS

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CONTENTS

MORE THAN A MAGAZINE
WE’RE A MISSION

FALL 2017

GROW

8  Science in Real Time
12  Rebuilding Your Credit Score After Treatment

INSPIRE

20  Beautify Your Life
22  A Clear Transformation

24  More for Stage IV
30  Breast Cancer is a Tough Teacher
34  Building Resiliency to Thrive
38  The Worth of a Soul

RENEW

16  The Medicine of Movement
18  Reduce Sugar

CONNECT

42  Pink Pages Directory
44  2018 Thrivers Cruises

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EDITOR’S LETTER

“Our human compassion binds us, the one to the other — not in pity or patronizing — but as human beings who have learned how to turn our common suffering into hope for the future.” — Nelson Mandela

Love and Compassion

Dear friends,

It’s today! Today is our life. Not the day when chemo ends or the day we quit an unpleasant job or the day we end a painful or unsatisfying marriage or the day we begin vacation or the day we have a financial windfall.

When we sit in the energy of waiting for something better, we give our precious time away; at the same time we give our living power away and we toss away the value that today gives us while we wait for what we currently think is something better. Every single day offers us something of value, and quite often the best nuggets of life and the most enriching moments are discovered in the darkest of days and in the simple joys. Perhaps the question is how well trained and how willing are we to embrace the most of our life today — how much love and compassion can we experience today, not tomorrow, but today, both as the giver and as the recipient?

There are many powerful messages in this issue of the magazine. Feel free to take a highlighter and mark the key messages that mean something to you and feel free to share these nuggets with others because if they mean something to you, most likely they will have value for someone else also.

In this issue, award-winning journalist Gerri Willis from Fox Business News and author of Rich is Not a Four Letter Word, shares insightful lessons she learned from what she calls a tough teacher. With razor sharp priorities as her new focus and her newfound ability to clear out clutter of what was no longer important to her, Gerri was able to create an enriched new normal for her life based on these lessons.

Jeanine Patten-Coble, founder of Little Pink Houses of Hope shares the transformational message of what changed her life forever. In Jeanine’s upcoming book Struck by Hope, she teaches a powerful life tool that she experienced firsthand on the hardest day of her life — the day she was going to tell her son she had breast cancer. She calls this tool “living ridiculously present.” Also, congratulations to Jeanine for being nominated for CNN Heroes 2017 program.

For many decades, Nelson Mandela has provided wisdom for humanity. As pink sisters we know we have a deep bond between us and we have experienced firsthand how love and compassion makes a healing difference. We not only turn our common suffering into hope for the future for others, we bring hope for living with purpose and passion today.

Continued prayers go to Texas and Louisiana as they rebuild their lives after facing devastation and gratitude for every person giving a helping hand as these areas that were impacted from hurricane Harvey begin to rebuild their lives and their communities. Godspeed healing for all of us.

Be a Thriver on your terms, in your style!

Publisher and 25 Year Breast Cancer Thriver

Nominations for the 2017 BCW Awards opens October 1, 2017. See page 35 for more information.
Feel the Love!

Post-Mastectomy Lingerie & Swimwear, Breast Forms, Post-Operative Bras & Lymphedema Products.
Evidence-based research continues to transform how patients are treated for breast cancer. Basic breast cancer biology along with translational research — research using basic science and testing it in clinical trials — is helping transform what therapeutic options oncologists can offer patients in real time. These findings help treat breast cancer more effectively and often with less invasive or less toxic treatment options.

Cancer care research continues to evolve and improve; on a daily basis, breast surgeons and oncologists are notified about the latest in breast cancer treatment advances through updates in publications and notifications in treatment standards. However, even when technologies and scientific advancements in cancer care are available for clinical review, there is often a lag of time in the recommendations for clinical use, until overarching organizations such as the National Comprehensive Cancer Network, or NCCN, and the American Society of Clinical Oncology, or ASCO, have an opportunity to determine the relevance to patient care and make their recommendations. The good news is this review process continues to progress along with our technologically advanced treatments.

The National Accreditation Program for Breast Centers, or NAPBC, was created to standardize patient treatment and allow patients to know they are being treated in a center of excellence. These designations and accreditations programs for scientific advancements in breast cancer treatment have significant value for patients when choosing their care.

As an integrative physician who practices state-of-the-art western medical treatment of breast cancer, I feel it is my duty as the medical director of the oncology service line to remain on the cutting edge of cancer research and offer participation in clinical trials to my patients. Not only do I follow the basic science research in the treatment of breast cancer, I closely monitor scientific research in all aspects of integrative care for cancer patients.
As we work towards curing the physical body, clinicians need to remember to also focus on prevention of reoccurrence and support emotional and spiritual healing as well.

Many targeted cancer treatments focus on “killing” cancer cells and many integrative treatments focus on supporting the cancer patient. I use the following analogy with my patients and fellow physicians to help them understand my approach: In my former 1740 antique home, I found mold under the wallpaper in a bathroom. I knew the mold could be removed with bleach, just as I could use surgery, chemotherapy and radiation to remove cancer from an individual, but I also knew improving the ventilation and lighting in the bathroom would prevent the mold from coming back. Since the majority of breast cancers have a direct link to lifestyle, I rely on the clinical trial research recommendations to treat the cancer along with the latest NCCN and ASCO recommendations, and then I look to research on survivorship and recurrence reduction to plan my patient’s survivorship journey.

We need to treat the physical body with the most up-to-date treatment options we have available using surgery, chemotherapy and radiation therapy based on the best scientific data. As we work towards curing the physical body, clinicians need to remember to also focus on prevention of reoccurrence and support emotional and spiritual healing as well.

In 2009, surgical care of patients made a drastic shift when clinical trials revealed patients did as well when their nipples were preserved during surgical breast cancer treatment as those who had their nipples removed. Angelina Jolie sparked an era of nipple sparing mastectomy when she wrote a New York Time op-ed in 2013 which made this treatment option an internet sensation. Since then, this treatment option has now been widely accepted for appropriate patients. Once the science and safety was proven through appropriate clinical trials, it became necessary for cancer centers and health systems to make this treatment option available to patients to remain on the cutting edge of breast cancer treatment.

A recent example of how science directly impacts patient care has been the adoption of the 70-gene genomic tumor profile panel. Since April 2016, data has been available to show patients who have a low risk 70-gene panel can avoid chemotherapy, even if cancer is found in three or less lymph nodes. During the initial release of the trial results, there was appropriate debate among oncologists and surgical oncologists regarding how this information will be integrated into direct patient care. As of July 2017, after time for review and evaluation of the trial data, ASCO has made the 70-gene panel part of its clinical recommendations, giving the research a so called “seal of approval.” This is impactful for all breast cancer programs as many more patients will be given the option to avoid potentially toxic chemotherapeutic treatments.

First, do no harm. As a physician and cancer care specialist, I always want to provide my patients with the most evidenced-based treatment options for cancer. When we can use science and data to tailor a patient’s care, and potentially have less toxicity in the process, we all win and the cancer loses.

Beth Baughman Dupree, M.D., F.A.C.S., A.B.O.I.M.

Beth Baughman Dupree, M.D., F.A.C.S., A.B.O.I.M., is a nationally recognized breast cancer expert and board-certified general surgeon specializing in diseases of the breast, with additional board certification in integrative medicine with Northern Arizona Healthcare. Dr. Dupree earned her medical degree from Hahnemann University in Philadelphia and her undergraduate degrees in behavioral neuroscience and the history and philosophy of science at the University of Pittsburgh. Her first book, “The Healing Consciousness: A Doctor’s Journey to Healing,” was released in 2006 to excellent reviews by Christiane Northrup, M.D., and Bernie Siegel, M.D., among other well-known experts in the women’s health field. Dr. Dupree is a keynote speaker at many national events, primarily addressing women’s health issues, state-of-the-art breast cancer therapies, healing and wellness. She is often featured in live tele-surgeries and WebEx online video conferencing to educate physicians and healthcare professionals on cutting edge breast care issues. She has traveled throughout the United States and globally to train countless physicians in breast surgical oncology techniques. Her numerous honors include the Clara Barton Humanitarian Award from the American Red Cross for her ongoing contributions to the treatment of breast cancer. She was selected by her peers for Philadelphia Magazine’s TOP DOCS in Surgery in 2016 and 2017. She serves on the advisory board for Breastcancer.org and often hosts live chats and pod casts on current breast cancer issues.
Do you know a dance studio that would like to be part of the magic of Dancing with the Survivors®?

Hosting an evening of dancing will provide Real Help Now to breast cancer patients in active treatment by providing critical short term financial aid.

Learn more at ThePinkFund.org

Women fighting breast cancer made better physical and mental recoveries after the trauma of the disease if they regularly took to the dance floor.

Scientists at the University of Alabama

Financial Assistance for Breast Cancer Patients: The Pink Fund is a not for profit 501(c)(3) public charity. Your donation will be used to help cover non-medical cost-of-living expenses, such as health insurance premiums, housing, transportation and utilities.
Do you know a dance studio that would like to be part of the magic of Dancing with the Survivors®? Hosting an evening of dancing will provide Real Help Now to breast cancer patients in active treatment by providing critical short term financial aid.

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Women fighting breast cancer made better physical and mental recoveries after the trauma of the disease if they regularly took to the dance floor. Scientists at the University of Alabama® Financial Assistance for Breast Cancer Patients: The Pink Fund is a not for profit 501(c)(3) public charity. Your donation will be used to help cover non-medical cost-of-living expenses, such as health insurance premiums, housing, transportation and utilities.

THE PROBLEM
Your doctor may tell you that your chemotherapy treatment will most likely lead to hair loss. In addition to scalp hair loss, you may also lose your eyebrows. While scalp hair loss can be disguised, the loss of eyebrows can be difficult to conceal and is often perceived by patients as an unwelcome, visible sign of their illness.

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"The ability to maintain my natural eyebrows during my treatment made a significant psychological difference when dealing with my other losses. With a wig, eyeliner and the preservation of my own eyebrows, others frequently commented on their amazement that I had not lost my hair... when indeed I had. The loss of eyelashes and the hair on one’s head are far easier to conceal than the loss of one’s eyebrows. Thank you for the opportunity to use this product during my chemotherapy."

— Lynn

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Molly: In the summer of 2005 when I was undergoing treatment, my already low credit score, as a result of a financially devastating divorce, tanked to 420 as my payments for the very basics of life were 30-60 days late for months. I was threatened with foreclosure, the repossession of my leased vehicle and utility shut-offs, not to mention workouts with the hospital to cover the costs of my treatment. And I had good insurance! The only payment I made on time was my life insurance policy, ensuring my five children ages 11-21, would not be left financially bereft in the event this disease took my life.

Following treatment we all need a little time for R&R. And while Rest & Relax is an appealing concept, the reality is we need to reflect and rebuild our physical, mental, emotional, spiritual and financial health. Which may include rebuilding our credit score when medical deductibles, co-pays and loss of income contribute to low scores that can handicap us for years, when trying to purchase or refinance a home, a car or insurance.

I remember the day I turned in my leased vehicle. The lender had extended the lease for eight months thanks to my pulling out “the cancer card.”

My credit score left me with few options to get a loan on a new vehicle. That day I was not sure if I would have to phone a friend to come and pick me up, or if I would be able to drive myself home. In the end, I was able to “purchase” a used vehicle at 23% interest over seven years. Later when I turned it in, to lease a new vehicle with my new improved credit score, I still owed $2,000!

So where to begin.

Diagnosed with breast cancer in 2008 at the age of 30, Rosemary Linden experienced what I like to call an “awakening” after treatment. Leaving the high-pay, high stress world of corporate finance, Rosemary elected to make a real difference in the lives of women and small business owners by launching Plan to Prosper Financial Strategies, a fee-only money coaching and financial planning business.

Rosemary knows one of the most important aspects of financial prosperity is a strong credit score.

1. **Explain how credit scores are calculated and how they impact our financial well-being?**

   Rosemary: Credit scores impact many aspects of our financial well-being. Credit card companies, banks, insurance companies, and even potential employers will check your score before lending to you or offering you a job. People with high scores enjoy greater access to credit and lower interest rates. Those with low scores may be denied credit, or face double-digit interest rates on loans.

   Your credit score is based on five main factors—whether you’ve paid your bills on time, the amounts you owe, the length of your credit history, new credit, and the mix of credit you have, such as credit cards, mortgages, and installment loans. The two biggest factors that impact your score are your payment history and the amounts you owe.
CLOSE THE LOOP ON BREAST CANCER WITH YOUR TEAM

Knowing who should be on your team to fight breast cancer can help you know your care coverage and reconstruction options from day one.

Your team should include:

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- Breast Surgeon
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- Radiologist
- Gynecologist

Knowing each team member every step of the way – from diagnosis to recovery – can make an important difference in your treatment journey.

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ed period, and some offer financial assistance programs for low income families.

If your account is in collections, work with the debt collector to pay it off, and be cautious of unrelated debt reduction companies who may contact you. The unfortunate truth is that there are companies who take advantage of people with debt, offering supposedly quick ways to restore credit scores or eliminate unpaid bills. Watch out for any service that requires up-front payments, offers a plan to take care of your debt, without reviewing your personal situation, or tells you to ignore any creditors who call.

4 Once my credit score has been toppled, how can I rebuild?

Rosemary: Be patient, it takes time. First, pay your bills on time.

Second, keep balances low on your credit cards. A large part of your credit score is based on your credit utilization ratio, which is your total credit card balances divided by your total credit limit. For example, if you have $10,000 in available credit on your credit cards and you’ve charged $6,000 on them, that’s a 60% utilization ratio. A high utilization ratio will hurt your credit score, even if you pay your credit card bill on time and in full. Try to stay below 30% utilization on each of your cards at all times.

Third, don’t close credit cards to try to improve your score. When you close a credit card, your total credit limit decreases, causing your utilization ratio to increase.

Fourth, avoid making multiple requests for new credit over an extended period of time. Many requests for new credit can indicate to lenders that you’re struggling to pay your current bill, and frequent requests can decrease your credit score. However, a common misconception is that if you check your own score it will decrease. That’s not true. Check your score for errors at least once a year.

Be persistent and patient. It can take seven to ten years for some negative marks to be removed from your credit report.

5 How will I know if there is an error on my credit report and how do I go about disputing them?

Approximately one in five credit reports contain errors. Get a free annual copy of your credit report from www.annualcreditreport.com. Review it carefully. If you find an error, the fastest way to resolve it is online. Go to the websites of Transunion, Equifax, and Experian, search for “dispute center”, and follow the instructions to file an online dispute. Expect it to take a month or two to resolve the error.

6 Knowing that 30% of survivors may face a recurrence, what financial strategies can be put in place for the future?

Rosemary: The most important thing to do is to begin building an emergency fund to pay for unexpected expenses. This fund helps you avoid piling up credit card or other debt to cover your expenses. This fund should include enough money to cover a minimum of three to six months’ worth of expenses and should be kept in a savings account.

It can be overwhelming to think about the future when the present is so demanding. Planning for your future helps you reduce money stress and gain confidence about your ability to cope with a variety of financial circumstances.

Borrow books and movies from the library. Turn down your heat and AC. Before making a purchase, check for coupons using sites such as RetailMeNot.com offers discounts at thousands of stores. When thinking of buying something, ask “Is this a need, or a want? If you’re struggling to pay bills, needs must be prioritized over wants.

3 For many survivors, regardless of planning and budgeting, their credit scores will be affected. How do you suggest they avoid collections, and if bills have gone to collections, how can or should they negotiate payments?

Rosemary: Stay organized and communicate with whomever you owe money. Start by making a list of your bills, include the amounts due, payment terms, and due dates. This provides a good overview of what’s due when and how much you owe. If you’re unable to pay the bill by the due date, call the creditor and explain your situation. Some creditors, including hospitals, offer payment plans that allow you to pay off your bill over an extend-
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The right type of activity, at the proper time of the day, produces a cascade of powerful chemicals and hormones that decrease the risk of a multitude of disorders, especially breast cancer.

For instance, engaging in activities that elevate your heart rate on a regular basis lowers your risk of breast cancer in eight major ways.

1. **It lowers the production of estrogen in your body.** Breast cancer is strongly linked to estrogen. The more estrogen your body produces and that you are exposed to from other sources over your lifetime, the higher your risk of breast cancer.

2. **Regular vigorous activities have been found to lengthen the menstrual cycle.** With each menstrual period, your body produces a surge of estradiol — the strongest type of estrogen and the one most linked to breast cancer. The longer your menstrual cycles are — for example, they occur every 30 days instead of every 28 days — the fewer the number of menstrual periods you will have over your lifetime. The fewer menstrual cycles you have, the lower the amount of estrodial you will produce, and the lower you risk of breast cancer will be.

3. **When you exercise in the proper amounts, the strength of your immune system is boosted.** On the other hand, exercising too little, or too much, weakens your immune defenses. Keeping your immune system strong is important because it is composed of cells that provide your body’s main defense against foreign invaders like bacteria, viruses and cancer cells. A robust immune system is crucial for preventing and fighting breast cancer.

4. **Aerobic exercise regulates blood sugar.** Sugar is the preferred food for cancer, so it is best not to eat very much of it. Another important reason to keep your blood sugar from getting too high has to do with the hormone insulin. When you eat sugar, especially simple or refined sugars, your blood sugar zooms up and your pancreas responds by releasing a lot of insulin — the hormone that facilitates sugar getting into your cells. Insulin can cause big problems when it comes to your risk of breast cancer. Women with the highest insulin levels are found to have a 283% increased risk of breast cancer. Insulin is also dangerous for women with breast cancer. Breast cancer cells have insulin receptors on them, and when insulin attaches to them, it makes the cancer cells grow faster.

5. **Aerobic exercise lowers blood fat and keeps body fat in check.** Obesity is thought to cause about 20-30% of all post-menopausal breast cancers. After menopause, your fat cells are the primary site for estrogen production in your body. The more fat cells you have, the more estrogen your body will produce. So keeping your body weight down is a good way to lower your risk of breast cancer.
6. **Exercise relieves depression.** According to researchers at the University of Pennsylvania, women who are depressed have a 400% higher incidence of breast cancer. When you engage in strenuous physical activity, your body releases endorphins and other powerful mood-boosting hormones. These chemical changes are extremely effective at relieving depression. In fact, several studies show that exercise works just as well at improving this condition as most commonly prescribed anti-depressant medications.

7. **Exercising releases stress.** Stress has been linked to 90% of all illness according to the National Institute of Health. Research shows that women under severe stress, or that have recently suffered a major stress, like death of a loved one, or loss of a job, are much more prone to developing breast cancer.

8. **Regular exercise has been found to lower IGF-1 or insulin-like growth factor.** Keeping the amount that our body produces of this naturally occurring growth factor low is crucially important, because it is the most powerful stimulator of breast cancer known. It is also imperative to be aware that excess amounts of this dangerous growth factor can get into our bodies from consuming dairy products from cows that have been injected with growth hormones. Since most of the cows on conventional American farms are given growth hormones, the only way to avoid ingesting dangerous amounts of IGF-1 is to either not eat dairy products, or to consume only those that are low-fat and have been organically produced.

All of these breast cancer risk lowering benefits of exercise add up to a lot of protection. Research shows that if you exercised regularly during your teen years, your risk of breast cancer will be 30% lower for the rest of your life. But it is never too late to begin exercising. If you start regularly participating in invigorating movements as an adult and keep it up, you can drop your risk of breast cancer by 30-50%. If you have breast cancer and exercise while undergoing treatment, a study published in the Journal of the American Medical Association in May 2005 found that your chances of surviving are twice as high. Just walking briskly for an average of three to five hours a week makes a significant difference.
Once conventional treatments end, most women want to “get back to normal.” Yet if that back to normal includes resuming unhealthy eating habits then the chance of breast recurrence increases. Research has proven that specific elements of the standard American diet can cause inflammation, hormone imbalance, immune dysregulation, blood sugar disorders and more. These imbalances are very closely tied to cancer — and breast cancer specifically. Not only is a healthy post-cancer diet important to prevent recurrence, but it also helps to prevent other modern diseases including heart disease and diabetes.

What are the key elements of a healthy diet for breast cancer survivors? Our studies brought us to write a whole book about this important topic, called The Metabolic Approach to Cancer: Integrating Deep Nutrition, the Ketogenic Diet, and Nontoxic Bio-Individualized Therapies (Chelsea Green, May 2017) but to sum it up in two words: reduce sugar. Most Americans are very unaware of how much sugar they actually consume. Even a so-thought “healthy” breakfast of yogurt and granola can contain more than 60 grams of added sugar — almost three times what a woman should consume in one day according to the American Heart Association. When it comes to breast cancer — not only does an overconsumption of sugar cause weight gain and subsequent estrogen dominance but also it fuels many aspects of the cancer process.

In fact, a study published in 2016 conducted by The University of Texas MD Anderson Cancer Center concluded that the sugar intake typical of a Western diet increased tumor growth and metastasis as compared to a non-sugar starch diet. In 2013, Berkeley researchers discovered that increased glucose uptake in non-malignant human breast cells led to the onset of canerous growth. We know that the preferred fuel source of cancer cells is sugar — this is how PET scans works. In order to fuel and sustain the frenzyed growth and division signature of cancer cells, they need energy — and lots of it.

Altered energy metabolism leading to increased glucose production is a hallmark of cancer known as the Warburg effect, a hallmark that Western medicine is currently in the process of designing drugs to target. These drugs will exert anti-tumor effects by inhibiting glucose uptake in tumor cells; a hallmark that we in the complimentary and integrative medicine field use diet and lifestyle to address. The high fat, low carbohydrate ketogenic diet is emerging as a powerful tool to use for prevention, during, and after cancer treatments. But even taking small steps to lower sugar intake will add up — without reducing quality of life. Here are a few tips to get started on a lower sugar diet.

First, start reading labels on all foods and aim to keep added sugars to below 30 grams per day. For reference, one 12-ounce soda can contain more than 50 grams of sugar. Next, switch to lower glycemic sweeteners in your beverages and baked goods, including coconut palm sugar, monkfruit sweetener, raw honey, or chicory root. Last, chose vegetables and fruits over grain based products. Meaning, rather than having a sandwich (remember the carbohydrates in bread convert directly into sugar), instead have a salad. You get more anticancer phytonutrients, more fiber, and less carbohydrates with the salad option. Scrap the sugar from your diet and look for ways to get more sweetness out of your life by getting outdoors or connecting with a friend or loved one — that’s good nutrition as well.

To Sum It Up in Two Words: 
Reduce Sugar

BY DR. NASHA WINTERS AND JESS HIGGINS KELLEY, MNT

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Cancer Support Radio Network

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Having recently experienced a deep and profound loss, I’ve found myself searching for meaning. Wondering what life is all about, or if I’m on the right path for myself, trying my best to see through the tears to what lies ahead of me but to no avail.

The desire or quest for spirituality can take us down many roads. At times, you may question why an event or experience is happening in your life. It may not always be obvious and could take time to figure out the message. However, I have faith in this process completely and in the fact that I WILL find my way. Whether you call it God, Divine Source, Angels, the Universe, it’s a force that is real, and I am thankful for it every single day.

I have always considered myself a spiritual person and when push comes to shove, this is how I do it. So what is spirituality? This is such a loaded question, and one that has so many definitions. As time has gone by, I’m realizing that I need to do something to help my situation. I need to quiet my mind, calm my senses and connect to something deeper to find my answers and ease my heart.

Spirituality comes in all kinds of shapes and packages. For some, it is going to church, meditation, or prayer. For others it’s taking walks, viewing art, or listening to music. It’s whatever you connect to at a deeper level, and the list can go on and on. It is personal choice, a custom fit.

So what am I discovering, you may ask? That I am perfect in my imperfections, that if I make a difference in just one person’s life daily then I’m living a good life, and that what life really is about is love. Pure and simple. Remembering that when the going gets tough, the tough get centered. My version of spirituality helps me get back to what is important in life.

Here’s to finding our way.

— Jan Ping

Emmy Winning Makeup Artist and Breast Cancer Beauty Expert
www.JanPing.com
A MOVEMENT IS SWEEPING ACROSS THE GLOBE

Millions of Cancer Survivors are Embracing Their True Power

WOMEN OF VALOR
who strive for personal victories and refuse to be victims

WOMEN OF VISION
who desire greater happiness, peace and joy
and are willing to stand on sacred ground to receive it

WOMEN OF GREAT VALUE
who see their true worth and use their wisdom to bless the lives of others

WOMEN WHO GIVE THEMSELVES
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#ONEMILLIONSOULS  #SURVIVORSOULPROJECT  #JOINTHEMOVEMENT
On June 1, 2009 I did my monthly self breast exam like I had on the first day of every month for over 20 years. It wasn’t a matter of feeling something and thinking, “What is that?” Nope, I felt it and I knew immediately. It was huge, the size of a ping pong ball. Where had it come from? Last month’s exam had revealed nothing at all. “God, if you will just let the doctors take care of this, I will do ANYTHING that you want. Just don’t let me die!” I wonder if that day He said with a smirk on His face, “OK, I got the perfect ‘ANYTHING’ for you. Get ready!” That vow was the catalyst for Jeanine Patten-Coble that led her to live what she calls a “ridiculously present life” and to create a nonprofit to provide free, week-long vacations for breast cancer patients and their families to reconnect and celebrate life together.

It also led Jeanine to be nominated for the 2017 CNN Heroes award. CNN Heroes is a year-long initiative that honors everyday people for their selfless, creative efforts to help others. www.CNNHeroes.com

Transformation began for Jeanine when she really looked at what she believed and started living an authentic life. But what actually is an authentic life? Jeanine believes living an authentic life starts when you believe that you are good enough and to move from a place of worrying about being good enough to loving who you are, even in one’s brokenness.

In Jeanine’s own words:

“On the absolute worst possible day in my life, the day that I dreaded telling my son about my cancer, God showed up. Not only did He show up, He knocked me over. If it had been a scene out of a cartoon, it would have been God with a big huge frying pan hitting me over the head, stars swirling around me. God’s calling can be big and powerful moments, faint voices, or small and tender nudges. It can be a voice in the darkness or a trumpet in the light.”

I sought the solitude of the southern Outer Banks of North Carolina to tell my son about my diagnosis. But first I knew that I needed to clear my head, so I went for a run on a road that I have walked down for over 15 years. Everything on that road that day looked the same. Except this time I went just a little bit farther down Old Lighthouse Road. As I was running, it came up in the distance. Here, right on the ocean was a compound of 43 houses with a chain link fence around it, completely abandoned. Not a soul in sight. I could see that this was a community at one time. There was a swing set and a playground in the middle.

Where there once was life, now there were only houses that looked similar. Each had their own beating that it had weathered. I ran around the chain link perimeter, looking for any sign of what it was, to no avail.

Why in the world would there be so much beachfront, prime real estate abandoned?

Who would walk away and leave it for the fury of the ocean to tatter? Why had I never known that it was here? It piqued my interest and was a great distraction from the conversation that I should have been having in my head—the one where I pick all of the perfect words to tell my son that I might die. I was determined that I could win an Academy Award for motherhood if I just did this one thing right. I had made a lot of mistakes, but I could not mess this one up.

I turned to run back to our rental house and took about 15 steps on the road when I was hit. My chest felt like it had been punched, but not in a way that hurt. My brain had become completely free of the sad and crazy thoughts that had taken up prime mental space just minutes before. I found myself inexplicably down on the ground and a reverberation in my heart that spoke very clearly. It carried tangible waves of sound, but the sound was coming through my soul to my brain.

I wasn’t hearing a voice in my ears. I was feeling God’s voice in my heart. His message was clear.

Create a place like this for cancer patients to be loved.

And then a second time.
that I might not make it, how much more present I could be with people and how little I had been present before.

In my head, there were tons of conversations where I was already searching for a response or tuning the person out because what they were saying didn’t interest me. I could sit in a room and not really take in another person’s joy because I was too busy thinking about my to-do list for the week. When I was ‘present,’ it was because it was expected.

I realized through my cancer diagnosis that being ridiculously present was the only way in which I would now be able to live. That clarity changed my life.

Since then I have also learned it is not about the calling, but about how you listen and choose to answer. He showed up, but I did not listen. I thought about listening, but did not answer His call because I did not think I was good enough for Him to choose me. If God is all knowing and all powerful, that means that He knows every bad thing that I ever did or thought and knows just what a hot mess I am on any given day. Nope. I could not do it. It was too difficult to consider because as I would be beginning treatment soon.

My priest told me, “He calls one person for one thing that He wants done in this world. He called you. ‘Why not you?’” No longer could I default to the idea that I am not good enough. No longer could I run and hide. How could a God to whom I felt so disconnected decide to show up and ask something of me? My life no longer made sense, because what He was asking was no longer about me.

The hard choice lies in listening to your purpose and God’s calling and then breathing life into your actions. Being ridiculously present is not enough if you are not ridiculously active.

What you do is THE thing that matters. It takes planning, but it also takes believing that it is not a leap of faith, but a leap of assurance.

I took this passion and began Little Pink Houses of Hope in 2009. The non-profit organization provides free week long vacations for breast cancer patients and their families. To date, more than 600 families have been granted this unique once in a lifetime opportunity to reconnect, relax and rejuvenate during the difficult breast cancer journey. Retreats are held year round in 18 different locations in North Carolina, South Carolina, Arizona, Texas, Alabama, Maryland, Florida, California and the US Virgin Islands.

Families are provided more than just a free retreat, but an opportunity to connect with others on the same journey. Cancer can be an isolating experience for many and the retreats offer an opportunity not only for survivors to connect but for caregivers to garner support from one another and for children to have a chance to feel like they are the only one with a mom/dad who is sick. Priority acceptance is given to individuals who are currently undergoing treatment. There are no restrictions regarding cancer stage or income in the application. Little Pink creates a loving and stress-free environment for families. The common phrase from participants regarding the Little Pink experience is that they "came as strangers and left as family." To find out more information or to apply to be a participant, volunteer, or home donor, please visit www.littlepink.org

Jeanine Patten-Coble

Little Pink Houses of Hope

Create a place like this for cancer patients to be loved.

And in that moment, I knew that something big was getting ready to happen. But then I thought, are you kidding me? I had just been diagnosed the day before. The day before! There was no way that God was talking to me while I was still faced with the fear of my diagnosis.

There were no clear directions or templates provided that momentous day in North Carolina on Old Lighthouse Road that I was struck to help others.

But soon the clarity came. Not of the disease or my future, but the clarity of my surroundings. I was being bombarded with visual and auditory stimulus. It was like every single leaf on the tree I was sitting under had its own shape and definition and needed to be acknowledged as such. Every sound was crystal clear and competing with the others. I could acknowledge as such. Every sound was crystal clear and competing with the others. I could feel the warm wind in a way that didn’t make sense because it was barely moving. The best way to describe it is like in that brief instant, my life moved from a regular TV to the entire world becoming high definition.

So, not only did God start to become clearer, so did everything else. I started noticing the intricacies of people and how they interact. I started seeing how people around me needed care. I started seeing the knocks as knocks and not just coincidences. I found myself being ridiculously present for the first time in my life.

I hadn’t realized until I was faced with the idea of not just coincidences. I found myself being so did everything else. I started noticing the intricacies of people and how they interact. I started seeing how people around me needed care. I started seeing the knocks as knocks and not just coincidences. I found myself being so much more present I could be with people and how little I had been present before.

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Parts of this article were excerpted with permission from Jeanine’s upcoming book, “Struck by Hope.” To order your copy and to learn more about Jeanine, go to www.pattencoble.com. The book is also available online through Amazon, Barnes & Noble and other booksellers.
Time-sensitive Cancer Treatment

By Keith I. Block, MD, Medical Director, Block Center for Integrative Cancer Treatment

There are nine specific “clock” genes in our brainstems that control many time-dependent biological functions throughout the body, including sleeping and eating patterns, heart rate, body temperature, and hormone production. Similarly, our healthy cells also have time controls; they divide and rest at specific times of any given day, depending on the type of cell. Rest and division also occur among cancer cells, but their timing is relatively disorganized and thus differs from that of healthy cells.

We can take advantage of this by administering chemotherapy drugs at the specific time when cancer cells divide more rapidly, and are more vulnerable to cell death, and when healthy cells are at rest, and least sensitive to toxicity from chemotherapy. This time-sensitive chemotherapy is termed chronotherapy, or chronomodulated chemotherapy. Research demonstrates chronotherapy not only improves treatment tolerance, but can improve response and survival as well. In fact, the scientific literature contains studies showing that chronomodulated chemotherapy can even enable patients who previously needed to discontinue a chemotherapy protocol – either because it was ineffective, became ineffective prematurely, or was too debilitating to tolerate – to restart and benefit from that identical drug protocol when it was administered differently, via chronomodulated chemotherapy.

Gold standard research supports the use of chronomodulated chemotherapy. For example, for metastatic colon cancer patients, studies show that infusing chemotherapy at the optimal time can cut toxicity in half and double treatment response. For advanced metastatic ovarian cancer, a study in the journal Chronobiology International reported that optimal timing of chemotherapy can reduce toxic side effects by 50 percent and quadruple five-year survival (meaning that four times as many patients were alive at the five year mark). The same study demonstrated that chronomodulating the treatment drugs reduced the need to cut dosing by a full 75% due to far fewer problems with side effects and toxicity.

Chronotherapy at the Block Center

Back in the early 1990s I was on a personal mission, searching for methods to improve treatment tolerance and therapeutic benefit of some of the more invasive cancer treatments. I had already witnessed improved outcomes with core systematic integrative interventions including diet, tailored nutritional supplements, fitness and biobehavioral techniques. But I knew there had to be more. So, when I came across the amazing research of Dr. Bill Hrushesky, a pioneer in the field of chronomodulated chemotherapy, I had a major “light-bulb” moment. Dr. Hrushesky suggests that providing drug therapies at the optimal time of day or night, will provide a substantial reduction in adverse effects — in some cases as much as an 85% reduction. Studies suggest that a third of patients discontinue chemotherapy treatment prematurely due to its debilitating physical and psychological consequences, highlighting the importance of methods to improve chemotherapeutic tolerability.

We administer chronotherapy using a portable, computerized pump, small enough to fit in a fanny pack. The infusion of the chemotherapy drug resembles a sine wave curve: it starts infusing quite slowly, and ratchets up in carefully programmed stages. It slowly increases to the middle point of the cycle where it peaks, meaning the drug is being infused at its highest rate, and then slowly ratchets back down in an exact mirror image to its ascending slope. When the drug dosage reaches zero, the cycle is complete. This allows for a much greater rate of cytotoxicity, or killing of cancer cells.

Though there are currently many major centers in Europe that participate in cooperative research using this method of chemo administration, at this juncture it seems we are the only private clinic in North America that implements it. Why is this? Currently, cancer treatment in our country is scheduled at the convenience of the hospital, medical center or treating physician, not at the optimal time for the patient. In addition, the complexity of the technology would require training and incur additional expenses to the treating facility that are not covered by insurance. Because of our belief in the importance of chronotherapy, we make no extra charge for this service.

However, the potential impact to reduce toxicity, improve response to treatment and even boost survival, makes the need to broaden access to this approach essential. Consider the fact that few if any drugs have improved survival by more than a few months over the past two decades. Then realize that chronomodulating chemotherapy can improve outcomes in some studies by years. All patients deserve this no-risk/high-benefit approach to chemotherapy. It is my hope that one day every patient will have access to chronomodulated chemotherapy and that this approach will be widely available in this country, as it is outside the U.S.
We hope the following stories of women who are living and thriving after ten years of being diagnosed with metastatic breast cancer bring inspiration for all of us to actively seek the best in every day.

**Katherine Contreras**  
*contfam@aol.com*

In 1994, I was diagnosed with the estrogen positive introductal adenocarcinoma.

In 2004, I developed chest pressure and pain. After almost eleven years with no cancer issues, I was diagnosed with sternal metastatic Disease — a cancer mass occupying most of my chest bone. I went through different surgeries, treatments, tests, more metastasis to different places in my body, more suffering from different side effects, and my life continued to go on.

I finished my University degree, my daughters got married, and four grandsons were born. My husband and I traveled as much as we could and I worked as long as I could.

I am 60 years old now. Did I ever know or believe that I will live to celebrate my sixties birthday? No! But I made it! I thrived despite every challenge that life gave to me.

I hope to continue on and to be an inspiration for other survivors.

**Yana Meir**  
ymeir1@hotmail.com

“One day we shall die. But all the other days we shall be alive.” —Olaf Enquist

I was originally diagnosed with stage III breast cancer in 2003, completed treatment, and looked at cancer in the rearview mirror and bid it goodbye.

I was enjoying my new perspective on life and living with a deeper purpose until the day before Thanksgiving in 2004 when I was diagnosed with metastatic breast cancer. Running on a loop through my head... incurable, terminal, I am going to die. What an absolutely horrific place to be, a place with no hope. We are all aware of the peaks and valleys of life. I am hospitalized for 43 days and require dialysis for another six months.

Through this devastating set back, my daily focus is on what I am doing to control the cancer, essentially living my life, but waiting to die. With some deep reflection and lots of professional help, I moved away from this negative “battle” mentality, and moved into a place of peaceful acceptance, where I truly am alive.

**Heather Jose**,  
**Stage IV Thriver**  
Author of Every Day I Am Killing Cancer  
Founder, Go Beyond Treatment  
Co-editor, BCW More for Stage IV  
www.HeatherJose.com

I was diagnosed with breast cancer at 38 years old. At the time my daughters were 10 and 12. You can only imagine what was going through my mind. I had a double mastectomy a week after finding the lump, followed by chemotherapy, followed by radiation, only to find out I went from stage II to stage IV within three months while I was on chemo. The cancer had spread to my bones. It started at the top of my spine and continued down to my hips and pelvic. I was in some serious trouble. Right about that time there was a Herceptin trial study that I got into.

The good news is because of that study and the grace of God I am here 19 1/2 years later to tell my story. You see, research bought me time to see my kids grow up, to see my girls graduate from high school, go to college, get married and a have few grand doggies. I have lived a lifetime in those years. I want every woman to have the same chance I did. My husband and I are so grateful for all the wonderful years we have had together.

I am always looking for a way to give back & pass information forward. Research is the way. I believe together we can all make a difference.

**Beth G**  
amarplum@aol.com

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My MBC journey began 1996, four years after being diagnosed with stage I in 1992 at age 32. My cancer returned with several spots on my spine and liver. I was told to get my things in order because I would be lucky to have a year.

Fortunately, about two years later Herceptin, my miracle drug, was introduced to this stage. I stayed on Herceptin for a little over ten years, being NED that whole time. After talking it over with my doctor, we decided to stop the Herceptin in 2008. By 2012 my cancer was back for a third time and back on the Herceptin I went. As of today I am NED again. I have been able to live a very blessed life with wonderful family and friends by my side. I live with no regrets to any of my decisions I have made along way and enjoy life even if it’s not the one I ever expected. Contact me at dls1007@embarqmail.com if you are interested in more details, since 150 words is not easy to share a 21-year journey with MBC.

**Diana Snell**

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I was diagnosed in 1999 with metastatic breast cancer to my liver and peritoneum. After a stage I diagnosis in 1997 followed by lumpectomy, radiation and chemo I was diagnosed metastatic after collapsing in the gym in 1997. I was completely shocked and terrified.

Fortunately, through the efforts of a group of advocates, SHARE’s own Helen Schiff, Project Lead Coordinator, Herceptin was fast tracked and I was eligible for treatment with Herceptin. My treatment regimen was Herceptin and Taxol weekly for five years and two more years of Herceptin. After several years of treatment, I was NED (No Evidence of Disease.) I took Taxol until my face became numb and I had severe neuropathy in my hands and feet. I remained on Herceptin until I developed heart issues, ejection fraction problems. I was terrified to come off Herceptin.

It has been ten years since my last treatment and I have been well. I was a psychotherapist before my diagnosis and now I volunteer at SHARE, an organization for women with breast and ovarian cancer in NYC. I facilitate an in-person group for women with metastatic disease and function as a social worker for SHARE’s Caregiver Therapy Program. I also facilitate a support group for SHARE Helpline and Group Facilitators. In the past, I was a SHARE Helpline Volunteer and Peer for metastatic callers.

I feel blessed to be living and healthy and honored to be working with SHARE, an organization of wonderful women who dedicate themselves to women and men living with breast and ovarian cancer.

They work diligently to give support, education and compassion and without SHARE I would not have learned to deal with the side effects of treatment and the uncertainty of living with metastatic breast cancer.

Kathleen Hynes-Kadish khynes1@aol.com

Since September of 2000, I have known the strange world of cancerland. At the age of 50 I found a lump while showering.

Diagnosis: Aggressive Her2 positive, both hormones negative. My initial treatments, without Herceptin, did not stop my aggressive disease.

January 2002 labs showed an elevated tumor marker. I also had a side ache developing. My cancer had come roaring back. My liver had too many tumors throughout to count.

Patients have various reactions and attitudes to a cancer diagnosis. I took the plunge to learn more about a disease process that would very likely kill me.

I made an informed decision to participate in clinical trials, providing the gift of information for scientists and doctors to develop new ways of slowing, halting and preventing cancer.

Thankfully I did very well on a group of drugs plus Herceptin (which I dubbed “vitamin H”), and was able to reach a complete response after 28 weekly treatments. Two brain mets appeared in 2005 and were treated with gamma knife.

I continued NED taking Herceptin every 3 weeks “for life”. Until Dec. of 2008, when my port quit working. I decided to take a “holiday” from Herceptin, which continues to this day.

In my red wig, I will stare my cancer down!

Stephanie Ninuad Ambergrad@aol.com

In 2004 I felt a lump on my right breast. I went to a breast specialist who examined me and did a mammogram. Initially they didn’t want to do it because I was under 40 years old. I was told it was nothing to worry about and to come back in a year. I felt very uncomfortable but I went back the following year and had the same experience with the same doctor. I was told it was a fibroadenoma and given anti-inflammatory. He said it would shrink and eventually disappear and talked me into not removing it because it would leave a scar. I was misdiagnosed for three years.

Then in 2007 I went to see another doctor in a different hospital due to having better medical insurance. I was told the same thing that the previous doctors had told me. I just didn’t feel right with that answer so I requested to see another doctor who immediately requested a biopsy of the lump. When I got the results I was shocked to find out I tested positive for cancer. I had surgery and unfortunately they could not get clear margins. He was trying to save my breast. Then a second surgery with the same results and lots of lymph node involvement. By the third surgery my doctor and I thought the best approach was to remove the right breast and also the left one prophylactically. It was a very scary time. I saw an oncologist who told me I was stage IIIb. I had to have aggressive chemotherapy which made me very sick. I had to be hospitalized for several weeks. Then radiation every day for over a month. After a year of this treatment I was told I was cancer free. I was so happy I had been exercising and feeling great. When I felt a dull ache in my spine I asked my oncologist to please check it because I was afraid it might be cancer. It felt like a bruise but it had been going on for several weeks. He did a pet CT scan and the results came back that the cancer had metastasized to my bones. I was now stage IV. My oncologist had suggested that I get a second and third opinion if I like. I went to two other hospitals and one of the doctors told me that I had one to two years maximum to live.

The cancer was in my spine, ribs, femur & hip. I had femur and hip replacement surgery the following week. Then again chemotherapy and radiation. The cancer to my bones was still active and caused severe pain. I was put on different chemotherapy treatments for several years. Then in 2011 my tumors went dormant. Then a year later the prognosis was no evidence of disease. I am happy to say I am now cancer free. However, I struggle with daily pain due to all the damage to my bones.

Jacqueline Vivanco pinkkiss.jv@gmail.com
I am a 13 year MBC Thriver, I have climbed out of the dark bucket of despair twice. First at age 48 with four young kids at home. HER2+ with mets to the lungs. My second climb occurred with a recurrence to the lungs 11 years later. And now, with good solid medical intervention I am a Monarch Butterfly raising, hiking, kayaking mom who attended my 4th and youngest child’s college graduation in May 2017.

Knowledge is power. I had Herceptin, trusted oncologists, the opportunity to join clinical trials and to be part of a good support group. I also had the guts to step back into life and embrace it with confidence. I feel much gratitude for the HER2 patient pioneers upon whose shoulders I climbed.

Kim Czepiga  czefamily@gmail.com

Coming from a solid hard working family, overachieving came naturally. Found my niche working my way up the ladder in the financial industry. After 9/11, I was single, childless, and didn’t have a job. I waitressed, did custom sewing, painted apartments, liquidated savings, 401k and my art collection. I believe my TNBC came from severe stress and exposure to ground zero, looking for a job and always alone, but I have no proof. I was first diagnosed March 2004 with stage Ila and again in June 2006. I had a hysterectomy and Ooph in one operation. In January 2007 I had metastatic cancer to the chest wall, TNEG stage IV. Deemed No Evidence of Disease in August 2013. Still NED. It’s been a 13 year journey. I am still here. Praise God!

Yvette Griffin ylgiffin1@gmail.com

In February 1992. I was diagnosed with two tumors in left breast – two different types of cancer in 18 lymph nodes, liver and lungs. I had bilateral mastectomies, followed by bilateral tram flap reconstruction. I had three cycles of chemotherapy – Adriamycin, Cytoxan and Fluorouracil. For eight weeks, I had massive doses of Adriamycin and Cytoxan. After that, I took Tamoxifen.

In January 2004 I discontinued Tamoxifen, but scans in July detected cancer throughout the lungs, liver, bone, and lymph node by my heart. I did high-dose chemo with Taxotere, Herceptin, and Carboplatin.

Scans in January 2009 showed a T-9 vertebra spot and was treated with IMRT radiation.

In March 2010, scans found spots on T-2 vertebra and right hip. Navelbine treated the T-2, but the hip required Taxol, Carbo, Herceptin and Zometa.

In October 2012, scans showed the right hip was active again, and two liver tumors – treatment was Abraxane, Herceptin and Xgeva.

In October 2013, scans showed tumors in the liver – treatment was Kadcyla. October 2014, we used Kadcyla for tumors in liver and right hip.

September 2016, I started six cycles of Taxotere to treat tumors in liver, lungs, and rib cage.

Sherith Hubbard Perez  sherith@gmail.com

PRECISION ONCOLOGY FOR ADVANCED BREAST CANCER

Precision oncology is defined simply as finding the right treatment for the right patient at the right time. This strategy incorporates individual variability in both patients and their cancer to select a treatment with the greatest potential benefit. In breast cancer we already utilize this approach to select treatments — treating HER2-positive patients with Herceptin is prime example. But new powerful tools give us more opportunities to individualize treatment for metastatic breast cancer (MBC) patients.

For advanced breast cancer, the critical first step in precision oncology is a biopsy of a metastatic site. We know that metastatic breast cancer will often differ from the primary tumor in expression of estrogen receptors and HER2. This has significant implications in initial treatment decisions and thus all patients with MBC should have a biopsy performed.

At Saint Luke’s Hospital Koontz Center for Advanced Breast Cancer we go beyond simply routine testing for ER, PR and HER2. All of our patients undergo the most comprehensive genomic sequencing available, which includes analysis of the tumor DNA, RNA, and protein makeup. This provides a detailed picture of the unique mutations and changes present within this cancer and allows us to potentially select drugs that specifically target the mutations in this tumor. This targeted treatment approach has been demonstrated to lead to better outcomes in MBC.

Cancer cells are constantly changing in response to treatments. With new technologies we are now able to isolate the DNA from the cancer cells circulating in the blood. This allows us to monitor the ongoing evolution of the cancer and potentially modify treatments based on this results.

Precision oncology represents the future of advanced breast cancer therapy and holds tremendous promise for patients with MBC. The approach of chemotherapy as a “one size fits all” strategy should become a relic of the past.

BY TIMOTHY J. PLUARD, M.D.

Timothy J. Pluard, M.D., is a medical oncologist/hematologist and medical director of the Koontz Center for Advanced Breast Cancer and Saint Luke’s Cancer Institute. Dr. Pluard has devoted his clinical and academic career to breast cancer with an emphasis on metastatic breast cancer and has directed numerous clinical trials and published extensively on the subject.
How to Help a Friend with Metastatic Breast Cancer

By Jennifer Pust

So, your friend endured any number of treatments: chemotherapy, lumpectomy or mastectomy, possibly reconstruction, radiation therapy...and then when scans were done, instead of hearing the magical words “remission” or “cured,” your friend heard, “your cancer has metastasized to the...” (usually the bones, liver, brain, spine, or lungs). Now your friend, instead of “beating cancer,” has received news that is terrifying. Sometimes this happens years later (recurrent breast cancer), and sometimes it happens at the original diagnosis (called “de novo”), and sometimes — like in my case — it happens right at what was supposed to be the end of “one horrible chapter in an otherwise healthy life,” right when I was supposed to hear “remission.” So what comes next?

I was diagnosed with inflammatory breast cancer (a rare and aggressive form of breast cancer that accounts for approximately 1% of cases) in October 2015. I’m fortunate to have had a huge community of friends, family, and acquaintances who have supported me through endless rounds of chemotherapy, a unilateral mastectomy and lymph node removal, thirty rounds of radiation therapy, more chemo, and reconstruction surgery. We pink-ribboned everything, my friends wore pink on treatment days and posted their photos on Facebook to encourage me and really believed at every step that I would beat this thing. And then it spread to my liver, and the game changed. While not hopeless, I am at best living with a chronic disease and the statistics suggest that the median survival rate for MBC patients is three years. I am determined to defy those odds and I hope your friend will, too, but a shockingly low percentage of funds raised by famous breast cancer charities goes to stage IV research, hence our common hashtag, #stageIVdeservesmore.

I was initially diagnosed in October 2015 with inflammatory breast cancer and it metastasized to my liver a year later.

Since then I have been in active treatment and have been fortunate to have an incredibly supportive community of friends and family who know how to do and say the right things.

jenniferpust@gmail.com
Here are Ways My Friends and Family Have Continued to Support Me.

I hope this helps you to encourage your friend!

Change What You Ask

Instead of “How are you feeling?” or “How is it going?” try “What have you been up to?” That way, if your friend doesn’t want to speak immediately about illness, there’s an opportunity to talk about other things.

Also, while the phrase, “You look great!” can be encouraging, it can also be frustrating — we might not feel very good and our bodies have often become barely recognizable to ourselves. We know that we don’t “look great,” even if it is a healthy day. We look like we have a disease. Instead, try complimenting something specific, like “I love your shirt!” or “It’s nice to see your smile,” or “your eyes look really bright today.”

Send Little Notes or Gifts

The “short, horrible chapter” that my breast surgeon talked about has now turned into Part II of my life’s novel. As such, ongoing encouragement is really helpful. My friends and acquaintances have dropped by little cards and gifts that mean so much — a new water bottle, a notebook, novels they enjoyed, an iTunes gift card for a new movie to watch at chemo, hats and scarves, essential oils, and so on. Some who have known me a while have given meaningful gifts that have nothing to do with cancer but appeal to the other sides of my life: a superhero action figure for my desk, a Disney t-shirt, Harry Potter pins, a crocheted cupcake — these things remind me that I am more than my disease and that there are parts of my personality from “before” that I can still find. Funny cards, thoughtful cards, a quick postcard with a poem — all have meant so much and remind me of all that I fight for.

Be Sensitive to Pink

Some women (and remember that men can get breast cancer, too) develop a real aversion to the “pink ribbon” after MBC diagnosis. I still wear all of my pink bracelets and shirts and take it as an opportunity to start conversation, but ask your friend before buying something pink. Again, many of the major charities do not currently devote significant funding to curing advanced breast cancer and instead focus on early detection (which is good, too, but doesn’t help us.)

If your friend is willing to talk about it, be sensitive to “battle language.” Some cancer patients embrace the “warrior” and “fight on” rhetoric that often accompanies cancer. Others don’t want to hear it once the cancer has advanced.

Donate to Metavivor in Your Friend’s Name

If you are able to donate, give to the research organization Metavivor, which is focusing all of its efforts on finding new treatments and a cure for advanced breast cancer. If your friend has a GoFundMe page or other fundraising option, give to that, too. We are in for the long haul and there seem to be endless co-pays and prescriptions that really add up — often taking away from other things we want to budget for, like fun days doing non-cancer things.

Don’t Be Afraid to Complain

This seems odd, but hearing about the annoyances of your job or your kids or the broken shower help us feel a sense of normalcy. It’s ok to complain about everyday gripes and even health issues, and don’t feel the need to apologize for “comparing.” We know what we are going through, but it helps to know sometimes that other people’s lives aren’t perfect.

Go Out and Have Fun

If your friend is up to it, go to a movie or out to lunch or for a walk. Again, try to tap into and talk about the interests that your friend had “before” — it will feel good to remember the time when your friend didn’t have “cancer patient” at the top of her or his identity.

Reach Out Online, If That’s Your Thing

Some of my friends are incredibly talented in online encouragement, posting little memes or pictures, reposting reminders to my personal GoFundMe page so I don’t have to, sending me articles to read about non-cancer topics, and so on. We definitely don’t need the occasional articles that come up about how we could have prevented cancer if we didn’t eat _____ or how we can stop cancer by exercising more. Trust me, we see them anyway. Our doctors are informed and have treatment, advice, and solutions. What we need from our friends is love.

Offer to Bring Meals or Help Out

Instead of “Can I do anything?” ask, “When can I come over and fold laundry while we watch TV?” or “What night this week can I bring dinner over?” if you have the time and resources. Restaurant gift cards are good, too — ask what favorite restaurants your friend enjoys.

Above All: Stay in Contact

The hardest part is that this is now an endless battle. We will likely be doing chemotherapy or other treatments until we die — which I hope, for all of us with MBC, will not be three years from now but perhaps thirty-three years or more. I’m only forty, and I surely didn’t expect that my pharmacist at CVS would greet me by name or that my calendar would go from staff meetings to endless trips to the chemo clinic, physical therapy, and other doctors to manage the dozens of side effects that come with each treatment. Life has changed. It helps when our friends stay constant.
Gerri Willis learned breast cancer is a tough teacher. It taught her to receive the best science-based medical attention available to her, to return to her spiritual roots and that she could face survivorship with reflection, strength and vigor. It also taught her how valuable her relationships with her loved ones were, how quiet time in nature helps put order into her actions, and that even on her most challenging days she could renew her spirit with laughter and joy.

Gerri Willis is an award-winning journalist for Fox Business Network and the author of *The Smart Money Guide to Real Estate Investing, Home Rich*, and *Rich is Not a Four Letter Word*. Prior to her work at FBN, Gerri was the personal finance editor at CNN.

After her doctor confirmed what Gerri had already felt in her right breast, she was urgently directed to have immediate diagnostic testing. Gerri was diagnosed on April 28, 2016 with stage III lobular breast cancer. Her recommended medical treatment included mastectomy, eight rounds of “red devil” chemotherapy, reconstruction, five weeks of daily radiation followed by Taxol therapy.

As much as Gerri wanted to immediately return to her work as a professional journalist, instead she zeroed in on being an advocate for her healing. She learned to take baby steps and not let the bigger picture of the medical protocols overwhelm her. She divided her medical journey into pieces, taking each treatment, each surgery and each day as they came.
After her medical treatments were completed, Gerri faced her evolving new normal by realizing that the experience of breast cancer had helped her to become razor sharp about her priorities and to clear out the clutter of what was no longer relative to the new order of her life. It also taught her how strong and resilient women become when challenged, herself included.

In her own words, Gerri sums up a few of her many lessons:

*You're never alone.* Everybody has cancer. Or that is the way it seemed to me when I went public with my diagnosis. People I had known as producers and on air talent revealed stories they had never shared with me before about their own struggles or their family's struggles.

As I proceeded along the road of treatment, I entered cancer's parallel universe, meeting other patients, survivors and those touched by the disease, who inevitably offered support. Grocery store cashiers offered to carry my bags unbidden. One woman crossed a busy restaurant to come to my table, squeeze my shoulder and tell me I looked beautiful even though I was wearing a grey skull cap to hide my bald head. On social media, viewers shared their stories of survival.

*Have your priorities straight.* For better or worse, my hair has become a defining feature of my on-air presentation. (I'd rather it was poise or grace.)

When I learned that chemo would take my hair, my eyebrows and eyelashes, I briefly considered an expensive and time consuming treatment that might save it. It wasn’t long before I realized that hair isn’t my top priority. Getting better is. And to that end, it was my family that quickly came to my rescue, reminding me where they stood on my priority list — at the top.

My husband was first in the line of fire as I struggled. He has been a world class cancer care giver. He never pitied me and I am grateful for that. Yet, he instinctively knew when my confidence was failing and would bolster me. He would crack endless jokes.

My 82-year-old mother who hates flying hopped a plane to see me, cell phone in hand to keep remote family members informed. When my brother visited, we reconnected in a way we haven’t since childhood.

*Gratitude can help see you through.* When I started treatment, one of my good friends seeking to console me proffered that I must be feeling like, “Why me?” “Why have I been chosen?” The truth is, I rarely had those sentiments. Far more common were waves of gratitude — thankfulness for being alive, for the day, and for the beauty I encountered when I was well enough to take walks.

The feeling was often overwhelming. Getting through the rigors of cancer treatment, spending hours listening to the rhythmic thump of the chemo delivery system, knowing that the treatment is dangerous and has potent side effects opens a window to the positives in your life, and a key to getting better is a positive attitude.

*You can’t have control all the time.* My cancer journey started uneventfully enough in my primary care physician’s office. She’s sweet, very patient and funny. I thought I had felt something odd in my right breast but I was pretty confident that it couldn’t be too serious because I had a mammogram six months earlier that was clear. But after examining me, she said determinedly that I needed more testing. “Let me get my calendar,” I said. “I can probably go later this week.” She shook her head. She wanted me to go now, right now, to the hospital.

*Make room for spirituality.* Despite the fact that my brother is a Presbyterian minister and my great-grandfather was a circuit riding Baptist minister (religion runs in my Southern veins), my life pre-cancer was a spiritual void, lots of work deadlines and goal tending, but little else. But as soon as I was able, I found myself naturally getting up one Sunday morning to go to church. It was as if I had never left. The hymns were the same and the messages too. But it wasn’t just the reassuring voice of a minister I was seeking. I wanted to be reminded of where I stood in this world of humility and patience.

*And what I now know is this:* Challenges like the one I’ve faced shouldn’t be feared but faced directly because there is good in every journey. Yes, I cried when I was diagnosed, but there were so many bright spots, funny events, and beauty along the way. I am a better person because I now see the many gifts in my world that I had been blind to.”
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— Hyda Vote

"I chose the Emotion Code because of someone close to me had wonderful results. I had an instant connection with Jean. She helped me in identifying and releasing emotional and physical pain that I am beyond elated to finally surrender."
— Alicia H.
I was lying on a bedsheet in the middle of our kitchen floor. By now our kids had grown accustomed to my baldness because I was in my fourth month of neo-adjuvant chemo to treat triple negative breast cancer. My husband and I were feeling some pressure to make sure that we finished the series of breast casts that we had been doing together because I was preparing for a bilateral mastectomy. I wanted to make sure I had plenty of replicas before my breasts were gone entirely.

This day, however, we were doing a special cast, the one that was going to capture my bald head as well as my breasts in a continuous cast. Many years prior I had taken a mask-making workshop, which gave me the inspiration to try and capture this current state of being. I was fully lathered in Vaseline, from the top of my head, around my ears, all over my face and onto my torso. My husband was diligently covering every nook and cranny, which I was grateful for as I was complaining of being cold.

My kids had been playing one of their imaginary games that they had invented. My oldest son, age seven, asked me “Mom, what are you doing?” with an incredulous tone. My youngest son, age five, replied “Once the doctors take her boobs off, she is going to wear that around.” I am sure that I had described reconstruction to him by that point, but I was stunned by his frankness and ingenuity of how he understood everything. We have always believed that children understand much more than they are often given credit for, but it was still surprising to be in a constant state of wonder at how well they read each of the situations that they faced during the cancer treatment process.

I was 40 years old when I was diagnosed with breast cancer. Both my mother and her sister were diagnosed with breast cancer at 43. Thirty years later, my aunt lives on, having never had another cancer scare to date, but my mom’s cancer metastasized when she turned 50 and she died a year later. It was the profound loss of my mom that propelled me to become an art therapist in the first place.

As we all know, being diagnosed is an extremely stressful experience. Initially, my doctors were concerned that my cancer had metastasized, which thankfully it had not. We knew it was locally advanced as it had gone into my lymph nodes. The cancer had grown quickly; it had only been nine months since my last mammogram. I found out that I was stage IIIa, just a few days after my youngest son started kindergarten.

My treatment plan was chemotherapy, mastectomy, and radiation. Because of the BRCA2+ mutation that was found, I chose to have an oophorectomy with the reconstruction surgery.

I had faced enough adversity in my life that helped me to develop some well-tuned coping skills. I joked with myself, my loved ones and the universe that it really wasn’t necessary for me to always learn my lessons experientially. Alas, the one thing that kept me sane was that if I made it through, I would somehow use my personal and professional experience to help others.

My mom, who was also a psychotherapist, used to comment in snippets to me about the emotional
And the award goes to...

The Breast Cancer Wellness Magazine is excited to announce the 2017 Breast Cancer Leaders and Advocates Awards. The recipients will be announced in the next issue.

Breast Cancer Wellness Magazine will be accepting nominations until November 15, 2017. To nominate your organization, an individual or yourself, go to www.BreastCancerWellness.org/BCWawards.

Nominations are now being accepted for the following categories:

- National Breast Cancer Nonprofit of the Year
- Community Breast Cancer Nonprofit of the Year
- Breast Cancer Lifetime Achievement Award
- Breast Cancer Advocate of the Year
- Oncology Nurse Navigator of the Year
- Breast Cancer National Leader of the Year
- Breast Cancer Community Leader of the Year
- Breast Cancer Blogger of the Year
- Mastectomy Fitter of the Year
- Thriving Caregiver of the Year
- BCW Ambassador of the Year
- BCW Thriver of the Year
scars she carried from her first experience with cancer and her overwhelming fears of recurrence. I knew I did not want to follow in her footsteps, being overwhelmed with fear, and this played in the background of my experience. I put my well-earned coping skills to work against the fears that I was facing and to help me thrive.

Here are my top five recommendations for boosting our abilities to be resilient during and after treatment:

1. **If you feel like life will never be the same again, don't give up!** Take this as a cue that you might need emotional support. Emotional support and developing resilience can come in many shapes and sizes. Some ideas are:
   - Connecting with others who are going through something similar; support groups in person or online can be a godsend to help normalize your experience.
   - Spend time outside in nature; try to drink it in with all of your senses.
   - Go for a walk.
   - Try yoga, anything that allows you to gently reconnect with your body.
   - Start journaling; give visual journaling a try (ie drawing out your feelings.)
   - Connect with a cancer coach or therapist who specializes in the emotional recovery from cancer

2. **Learn the art of acceptance.** We often get into the mindset that we need to fight or flee a situation that is difficult. Someone who is skilled in the art of acceptance is no longer engaging in a power struggle with what is happening. Rather, they have surrendered to it, which ultimately decreases our tension and anxiety. The interesting thing is, once we come to acceptance we often do find ways of gently shifting our perspective or circumstances, allowing ourselves to open up to what is possible, which is deeply empowering.

3. **Curiosity is your friend.** When we are in a curious frame of mind, we are not in a critical or judgmental frame of mind. Being curious is another important way to recognize what our possibilities are. When I was younger, I struggled with self-loathing thoughts about my lack of flexibility in yoga. During chemotherapy, each time I approached my mat, I wondered what my body would be able to do that day. As time wore on, my body became less and less capable, but that sense of wonder allowed me to stay compassionate and thus I felt accomplished and not ashamed as to what I was able to do.

4. **Be real, drop the social mask.** If you are practicing the art of acceptance and curiosity, it is much easier to be honest with how you are truly doing. There is a lot of pressure to be positive and strong during and after cancer treatment, which is fine until you start to deny your own reality. Cancer is a life threatening illness, so it is very natural to have a range of thoughts and feelings. The exciting news is when we stop trying to repress emotions, they tend to naturally come and go, rather than demand to be acknowledged.

5. **Find your creative voice through process art.** Big surprise, I know, coming from an art therapist. However, this is important because the cancer experience is quite intense and impacts our body, mind, spirit and sense of self. Process art is attempting to express ourselves through color, shape, or form. Words frequently do not adequately capture what is happening to us, and using process art can help us express ourselves more fully which is deeply gratifying and often we discover answers to what our healing needs are.

On March 31, 2015, I was so fortunate to hear the words “No evidence of disease,” following the bilateral mastectomy. Three months later, I was finished with radiation, and faced with the process of physical and emotional recovery. I had been forewarned by other survivors of how challenging this next phase of the ‘journey’ was going to be.

My body, which had been in top physical condition prior to treatment, was deeply weakened by the impact of the months of intense medical intervention. Emotionally, I was confronting the reality of what I had just been through while simultaneously recognizing that I could live in a perpetual state of fear that the cancer might return. I knew that just like when I had been diagnosed, I needed to be at a place of deep acceptance and patience in order to find my way through it.

As I began to pick up the pieces of my life, I returned to the breast casts my husband and I had made. I started to unpack the various phases of the journey-diagnosis, chemotherapy, mastectomy, and radiation on the canvas of my body form. I had anticipated a range of feelings, and I found a deep joy at the ability to be able to be with my body again.

I made a daily commitment to take small steps towards recovery, and along the way I discovered how I was going to be of service to others. Using my
personal and professional experience, I founded Creative Transformations, LLC. Through Creative Transformations, I work with individuals online and in person, offering cancer coaching and teaching my method of using art and meditation to heal the body, mind, spirit, and self.

Many years ago, I made an encaustic artwork that held this quote “Journeys meet at the crossroads.” Becoming a member of the cancer community has been one of the most important crossroads that I have stumbled upon. Together, we break the bonds of isolation, and the connection we create helps us heal.

Stephanie McLeod-Estevez, LCPC, is an art therapist and breast cancer survivor. She began Creative Transformations to help others who are healing from a life threatening illness or injury. Through Creative Transformations, Stephanie works with people in person and online to offer cancer coaching, a DIY Art Therapy program to enhance any healing work you are undertaking, workshops, and a weekly blog on emotional healing.

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SEND TO Breast Cancer Wellness, PO. Box 1228, Camdenton, MO 65020

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Raindrops fell softly on the cold window matching the tears falling from my eyes. The storm outside seemed to mimic the swirling commotion in my soul. How much more could I handle?

I pressed my face into the glass and stared out into the darkness as the silence of night surrounded me. It seemed so surreal to think that only a few months earlier on my 40th birthday in July, I had received news that the breast cancer had returned and was now throughout my body. Stage IV metastatic breast cancer. Happy birthday to me.

Then, as if fate decided to add some proverbial lemon juice to the situation, a few months later I found myself in a local behavioral unit recovering from a mental breakdown after discovering that the man I had been married to for 16 years was not the man I thought he was. Divorce soon followed along with additional stress, custody battles and legal bills.

A lightning bolt crossed the sky and I paused for a moment as a laugh of unbelief escaped my lips. Was this really the reality of my life?

My original diagnosis came on Halloween day in 2006. I was 31 years old and five months pregnant. Truly one of the scariest days of my life. After undergoing a mastectomy at six months pregnant and delivering a healthy baby boy, I had three additional surgeries and began chemotherapy with a newborn and two...
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older children (ages five and seven) to care for at home.

During that time new emotions bubbled to the surface as surgeries removed body parts and placed foreign objects under my skin and through my veins. Everything was changing in the world I had known — physically, emotionally, mentally, financially and spiritually — and the saying ‘drinking out of the firehose’ took on new meaning.

I did my best to stay upbeat and support others during the time from my original diagnosis to the recurrence in 2015. But with the new discoveries of deception tied to an already failing marriage, it was too much for my soul to handle and my life literally fell apart.

I stepped away from the window and into my own personal hell.

People often call cancer survivors ‘warriors’ and tell us to fight — and I did ‘fight’ for a long time as that mentality is helpful when first diagnosed. But I never felt like a warrior when I couldn’t nurse my newborn baby or put my children to bed at night. I never felt like warrior when my entire body ached with severe pain from chemotherapy. And I was ready to give up the fight when fear, frustration and a feeling of failure lingered in my heart.

Perhaps you can relate?

If you can, you’re not alone. Recent studies have revealed that 96% of cancer survivors have unmet emotional needs that include depression, anxiety, PTSD, stress, grief, identity issues, relationship issues, fear of recurrence, spirituality issues, financial hardship and more.

While the medical industry is good at addressing the needs of the physical body, I believe there is a great void when it comes to binding up the hidden wounds in the soul. And that void is taking its toll on the happiness of survivors everywhere.

With the discovery of this lack of care tied to a strong desire to live, I set out on a personal journey to counteract all of my unmet emotional needs and find a way towards greater healing through study, discovery and application. But where to begin?

It’s been said that when you don’t know where to start, start with yourself and with what you already know.

I knew that there was a strong brightness of hope within me to live so that I could care for my three children. I knew what I had previously experienced during chemotherapy and did not wish to repeat. I also knew what I had learned over the last nine years about other complimentary modalities that had proven successful on many occasions. And I knew that the human body was capable of healing in miraculous ways when given the right tools to do so. That became the basis of my research — discovering ways to heal both body, mind and soul.

After discussing my desires with my integrative oncologist, I began researching evidence based medicine — traditional and holistic — to find the best methods of treatment for my body. I read books, medical journals and watched TED Talks discussing how negative emotions linked to trauma are literally tied to the manifestation of physical dis-ease within the body. I spoke with other stage IV survivors who now have a clean bill of health after choosing high dose Vitamin C infusions instead of, or in conjunction with, traditional treatment.

I spoke with naturopathic oncologists who understood both standard treatments and other evidence based treatment modalities and how to blend the two for optimal results. I sought out licensed therapists skilled in emotional healing techniques to help me address the inner emotional struggles I was facing due to the current pending divorce and past life experiences. I began increasing self-care and minimizing self-criticism. I surrounded myself with supportive people and stepped lovingly away from any sources of negativity that challenged my desired peace, including people, TV shows, news broadcasts, radio shows and social media groups. I prayed, meditated, fasted, read scripture and studied topics on faith and healing and then started to apply what I had learned. I changed my eating style to include more healing foods and significantly reduced foods that caused inflammation including gluten, dairy and sugars. I researched herbs and supplements that could do the same.

I spoke life over myself and boldly declared that in time, my body would be healed instead of absorbing others’ worry and fear when people learned that I had stage IV cancer. But most importantly, I made the choice to change my mindset about what was possible — despite the overarching message from the medical community at large that there is little hope for those with stage IV metastatic disease. I had learned that “the best way to predict the future is to create it” (Peter Drucker) so I also created a personal life vision for my future, because I believe “where there is no vision, the people perish” (Proverbs 29:18).

In sharing this information, I’m keenly aware that every individual, every situation and every circumstance is different and that there is no ‘one-size-fits-all’ approach when it comes to overcoming cancer. I also do not want to give the impression that all of a sudden, pres-to-chango, everything in my life turned into a utopian state of eating rainbows and pooping butterflies as soon as I went down the path of personal discovery. It didn’t. My divorce was still in full swing during this time and I soon discovered that there are harder things in life than having stage IV cancer — divorcing a narcissist being one of them.

Due to extremely severe pain from tumors pressing on my nerves, I began high beam radiation to ease the suffering. Some of the tumors did shrink during the treatment but others started to appear. CT scans revealed tumors in my spine, base of skull, right lung and lymph nodes but I continued to stand on sacred ground that healing was possible.

Prior to the recurrence, I had hosted Survivor Soul workshops and retreats to support survivors and discuss topics such as fear and anxiety, overcoming grief and healthy lifestyle. The positive feedback from attendees showed that the information provided was of great worth and people began asking for more. I shifted my focus onto greater self-care, serving others and living as if the disease was already gone.

In December of 2016, my divorce was completed (finally!) and my tumor markers immediately started to decline. Three months later, in March of 2017, I hosted the first annual Survivor Soul Conference near Salt Lake City, Utah.

Shortly after the conference and with
increased confidence, I began weekly high dose Vitamin C infusions and again the tumor markers declined. Then on July 31st, 2017, two years after receiving the stage IV diagnosis, my oncologist called to let me know that the most recent CT scan results were phenomenal. The cancer that had previously spread to my bones, liver and lymph nodes had been “resolved with no new lesions identified.” Today my body continues to show no evidence of disease (NED) and that tells me that there is hope for others in similar situations.

I’ve come a long way since that dark stormy night two years ago. Many of the desires and dreams in what I call my Soul Vision have now been realized — including the creation of the Survivor Soul Project. A global movement to address the unmet emotional and psychosocial needs that survivors face and to connect survivors with powerful tools, treatments and techniques that have the potential to greatly improve the hope, health and happiness in their lives.

I believe that my life has value; that your life has value. And that the worth of souls is great in the sight of God. I believe that hope is something that should never be denied or diminished. I have felt a shift in the vibration of the world as women in particular are rising up to stand on sacred ground and embrace possibilities that they never before imagined.

When you are no longer motivated by fear; When you simply follow your heart. Doors will open where you thought there were no doors, And the energy of God will assist you.
—Unknown

My Soul Vision now includes reaching #onemillionsouls by 2020 to share what I and others have learned and I hope you will be one of them.

While storms may continue to rage overhead, I now have greater faith that “all things are possible to them that believe,” study, learn and apply and I have come to know personally that the worth of ALL souls is great.

Ginger Johnson, Two time, Stage IV Metastatic Breast Cancer Survivor, is an international speaker, published author, mentor and cause-driven entrepreneur who has founded several movements including the new Survivor Soul Project. For more information, please visit SurvivorSoulProject.com or GingerSpeaks.com.

“Dr. Nasha Winters and Jess Higgins Kelley provide cancer patients with logical, nontoxic, therapeutic strategies for starving cancer cells of their prime fuels while enhancing overall patient health. This book will be a valuable resource for all cancer patients and their oncologists.”

—THOMAS N. SEYFRIED, PhD, author of Cancer as a Metabolic Disease

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