NEWS, VIEWS & RESOURCES from
Fall 2018

Breast Health MATTERS

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8th Annual

Women's Health Conference

Tuesday, November 13th,
8am—4:30pm

Carondelet Hospitality Center,
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A full day of engaging, evidence-based presentations, and workshops with expert speakers and panelists. featuring:

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Multiple afternoon breakout sessions on clinical, wellness & psycho-social topics

Register online at www.tolife.org/breast-cancer/calendar/2018/11/

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Milestones

When we're lucky, we mark many lifetime milestones: first birthday, graduations, weddings, and anniversaries - 1st, 10th, 20th. We mark these milestones with cheers and celebrations. When we're not as lucky and we get sick, we mark different milestones: first chemotherapy, last surgery. Then if we're lucky we continue marking life milestones: 5, 10, 20 years after cancer and more birthdays, anniversaries, weddings and graduations. Milestones are part of our lives - both the good and the bad. They can help us put our days or years into perspective; help us evaluate and re-evaluate our plans. We can check-in with ourselves and decide if we want to change course before we move forward. That sometimes means a new job or even a new occupation, changes in personal relationships or redirections that hopefully facilitate a personally meaningful life journey.

My own life journey is one in which each day is a milestone; for nearly every day I feel lucky to be present in our world. I am grateful that despite having cancer at age 37, I raised our children, attended graduations, attended our daughter's wedding and now I am about to turn 60! Those are personal milestones, but for the last twenty years, my other constant has been ***To Life!*** The milestones of ***To Life!*** started with founding the organization in 1998, then 5 years, 10 years and now...(drum roll please) we are marking our 20th anniversary! If you do the math, you'll know that 1/3 of my life has been devoted to ***To Life!*** and these milestones deserve a CELEBRATION! Join us October 26th for our annual Pink Ball. We'll mark that 20th anniversary with our usual fun party, with music, and dancing as well as live and silent auctions. We'll honor past honorees, celebrate my 60th birthday, and pay a special memorial tribute to our dear friend and board member Cynthia Shenker.

Just as personal milestones give us a chance to re-evaluate, so does this 20th anniversary. We are a rock solid organization in this region and we're going to grow deeper and wider in our wonderful community. We'll launch ***20th Anniversary*** this fall. Call today to learn how you can financially support our ***20th Anniversary*** campaign and help ***To Life!*** fund tools to support our growth so we deepen and widen our community impact for the next twenty years!

Thank you for your continued commitment to ***To Life!*** Please help us turn this 20th anniversary initiative into a foundation for ***To Life!***'s next 20 years.

Warmly,
Mara Ginsberg, Founder & President

Honoring the past, Treasuring the present, Empowering the future

20TH ANNIVERSARY

Find us online!

www.facebook.com/tolifecares

Eileen Howe Bird @ To_Life_Support

Martha McCormick @To_Life_Education

Do I Need a Mastectomy?

Thoughts from a Breast Surgeon
Gabriel Kaufman, MD, St Peter's Hospital, SPHP

I recently gave a lecture regarding the indications both absolute and relative regarding the decision-making process for performing a mastectomy to a large group of breast imagers, radiologists, administrators and physicians at the St. Peter's Hospital annual Breast Conference.

The goal of the lecture and this outline is to provide background information to help facilitate discussion and decision when working through treatment options for breast cancer so, when a patient has finished consultation with a Surgeon regarding the results of a recent biopsy or genetic testing, they will have a better understanding of the decision making process and feel more confident in their decision.

The conference began with a question to the group. "When should mastectomy be performed and what are the indications?" The first answer and by far the best and most poignant was "when the patient decides." What better response than patient preference could there have been?

So I agreed with the statement, and discussion followed on the various indications for mastectomy, but based on the premise that ultimately the patient decides.

This short essay on indications for mastectomy follows the same tenet that ultimately the decision is with the patient and ideally treatment choice should be arrived at through a non-biased educated discussion with not just their surgeon, but also with their medical oncologist, radiation oncologist and trusted family physician.

At this point, I must note that both mastectomy, and breast conservation surgery followed by whole breast radiation, provide the same effective rates of regional control with an overall 5% risk of local recurrence. In general, one approach is not superior to the other, taking all things into consideration.

This opinion is based on a recent large study from the Netherlands looking at over 40,000 women treated with either mastectomy or breast conservation that were followed for over 10 years. In this large population based study, mastectomy and breast conservation had the same degree of local control and mastectomy was not found to reduce risk more than a breast preserving procedure. More importantly, there appeared to be a small but potentially significant overall survival advantage for patients undergoing breast conservation followed by radiation. There has been discussion that radiation therapy may provide not just local regional benefit but also impart a whole body protective effect.

continued on page three

Faces of *To Life!*

Barbara Castle

If you visit or call *To Life!* in Delmar on Wednesdays, you will likely encounter the friendly, professional manner of volunteer Barbara Castle. Retired after years of school teaching and managing the Albany area Stanley Kaplan testing service, she enjoys givng back to her community.

Like many of our *To Life!* front office volunteers over the years, Barbara came to us after a lifetime including personal experiences touched by Breast Cancer. In this case, Barbara's mother had breast cancer in the 1980's. She, a child of the Depression, then in her 70's, and her daughter, a working mom, experienced breast cancer as most did in those years, which is to say that they got through it without much discussion or support. Barbara, after a year or so of *To Life!* involvement, and meeting many breast cancer survivors, commented that although she went with her mother to every appointment

Mastectomy, *continued from page two*

As we can all appreciate, the decision making process is complex. However, once certain considerations are de-mystified based on current scientific evidence, the discussion can flow in a more pragmatic and less fearful pathway.

This discussion regarding surgical treatment has been centered on an either/or decision. Either preserve the breast through breast conservation surgery or remove the majority of breast tissue by mastectomy.

Each surgical option has advantages and disadvantages. The major advantage offered through breast conservation is maintaining the native breast tissue and contours of a natural breast shape. This in turn allows for preservation of body image and satisfaction with the breast outcome without the requirement for additional reconstructive operations. However, it is not always possible to achieve breast conservation, and a mastectomy will be indicated.

> *"All of this information combined with your 'gut' feeling, culminates into a gestalt or feeling of what is right for you. In this there is no wrong or right decision."*

Often, one's decision is affected by the outcome or decisions made by close friends or family who have taken a similar journey. In my opinion, having the background and benefit of experience of other patients is helpful and serves as a framework for discussion, and family history can play a leading role in the discussions regarding surgical approach.

All of this information, combined with your "gut" feeling culminates into a gestalt or feeling of what is right for you. In this there is no wrong or right decision.

There are some guidelines however, that your surgeon will keep in mind during the discussion, that are helpful in minimizing risk and maximizing treatment. The National Comprehensive Cancer Network (NCCN) clinical practice guidelines for Breast Cancer provide accepted standards for recommending mastectomy or breast conservation surgery.

There are a few situations where the need for a mastectomy is absolute (essential) but more often the decision is relative - meaning that options are weighed and compared based on various situations. The absolute indications are: diagnosis in early pregnancy (when radiation therapy is not recommended), diffuse calcifications seen on imaging, positive surgical margins from a prior lumpectomy, a homozygous mutation in the ATM gene (genetic issue), and likelihood of poor breast shape after surgery due to size and/or location of tumor(s).

With regard to absolute indications, they are infrequently seen in practice and constitute less than 1% of my practice on an annual basis. I would also argue that the last indication referring to a poor breast outcome is almost always avoidable with advanced surgical techniques borrowing from plastic surgery.

Two other indications that lead to discussions of mastectomy vs breast conserving surgery relate to situations where separate locations of breast cancer are found in disparate locations in the breast, also known as multi-focal or multi-centric breast cancer. Another is when a patient who was previously diagnosed with a malignancy had surgery performed and then years later another a new primary develops in the same breast after whole or partial breast radiation. There are also relative indications for mastectomy that include either genetic pre-dispositions or a prior diagnosis of either lupus or scleroderma.

Most of the absolute indications for Mastectomy involve the need to remove tissue in order to prevent further spread of cancer. Most of the relative indications involve a mastectomy on the assumption that the specifics of the surgery would result in a deformed breast. As a board certified general surgeon with a specialty in breast surgery and further board certification in Plastic Surgery, I find that I have a bias towards doing the best surgery for the cancer involved and whenever possible doing my best to conserve the natural breast.

In my practice I have been consulted by a number of patients for second opinions who have been persuasively told that they need mastectomy despite a strong desire for breast conservation.

Both the absolute and relative indications for mastectomy will play a role in the surgical decision making process, but at the end of the consultation, it is the patient who decides how to proceed. The clinician's role is to try to ensure that the surgical decision is based on sound principles and practice along with patient preference, but not on fear or misinformation.

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and treatment, she now thinks that she kept an emotional distance. She describes her mother as stoic scotswoman and not one to share her fears and pains. Barbara now thinks that for herself denial was a factor too – that fully admitting the possibility of losing her mother would be too hard to bear. She contrasts the support services available now with the aloneness most cancer patients experienced then commenting "She needed more support than she got.".

Barbara notes the changes in health care over the years – great advances in treatment, but with health care providers stretched to the limit and the need for everyone to be their own care manager, (especially challenging when you are dealing with the variables of a significant health issue).

We are grateful to have her insights and sensitivity available to callers and visitors at *To Life!*

You Mean I Might Not Need Chemo?

Understanding the TAILORx Study

Martha McCormick, To Life!

In early June 2018, the news broke - "Many Women with Early Breast Cancer Can Avoid Chemotherapy". It's hard to argue that this is anything but good news. But what exactly does it mean? Does this mean I can stop my chemo or that I didn't need it after all?

The eye catching headline represents results from a study of specific breast cancer treatment over nine years. Like any research, it addressed a specific question pertaining to a specific situation. In this case, researchers looked at the Oncotype DX test commonly done on breast cancers that are hormone positive, to predict likelihood of recurrence and benefits of chemotherapy. The test results are framed as a continuum from low likelihood of recurrence with little benefit from chemotherapy, to high likelihood of recurrence and likely benefit from chemotherapy. Scores of 0 – 10 are considered low and scores of 26 – 100 are considered high. But the scores of 11 – 25 are considered a mid-range area where there exists neither clear benefit of chemotherapy nor the relief of not needing it. The majority of patients tested fell in that midrange.

The TAILORx (Trial Assigning Individualized Options for Treatment) was designed to address those patients and try to learn more about how to help them. It also addressed women with low scores of 0-10, to affirm their low risk of recurrence if treated with Endocrine (hormone) therapy alone.

Subjects enrolled in the study were women aged 18 – 75, with early stage invasive cancer (not DCIS) that was ER positive, HER2 negative and had no lymph node involvement. All had the Oncotype DX test. Subjects with Oncotype scores lower than 10 received endocrine therapy alone. Subjects with scores of 26 or higher received chemotherapy plus endocrine therapy. Subjects with Oncotype scores from 11 - 25 (midrange) were divided randomly into two groups. One group received chemotherapy and endocrine therapy and one received endocrine therapy alone.

Results of the study updated earlier findings for the low and high ends of the scale as to statistical likelihood of recurrence and survival rates for those groups. The study results for the midrange group is what all the excitement is about, however. Results for that group indicated that for the group with Oncotype scores of 11 – 25, subjects who were treated with endocrine therapy alone statistically did no worse than subjects treated with chemotherapy plus endocrine therapy. One exception to that conclusion is that for subjects under the age of 50, there seemed to be more benefit to chemotherapy as related to survival rates and recurrence rates, than for older women.

As with nearly all things related to breast cancer, it can be stated that this study is not going to be relevant to everyone or apply to everyone. Yet again, it's all individual. But as stated by Harold Burstein, MD, PhD, FASCO, of Dana-Farber Cancer Institute, *"The goal of this study was not to just use less treatment. The goal was to tailor treatment."*

What is the take-away for any individual looking ahead to treatment for breast cancer? It's always good to ask the question. And if you are over the age of 50, with early stage invasive breast cancer, that is ER positive and node negative (meaning no cancer found in the lymph nodes) with an oncotype score between 11 and 25, you may fall into the category where chemo might previously have been indicated but now might be avoided.

TAILORx: Many Women With Early Breast Cancer Can Avoid Chemotherapy, Tim Donald, ELS, ASCO Daily News, 2018 ASCO Annual Meeting

Welcome New Staff Members!

Pru Chapman, Development Manager

Pru has 15+ years of experience working in all aspects of nonprofit development and fundraising, most recently at Harvard Medical School. She has served on the board of an organization that supports, educates and empowers women, and is passionate about issues pertaining to women's health. Pru is completing her undergraduate degree at Harvard University Extension School. Originally from Warren County, she has returned to the area to be near her family.

Sue Abbuhl, Community Outreach Coordinator

Sue joins us after several years volunteering for To Life! and many more in the community, including the regional food bank and as a board member for the Pine Hollow Arboretum. She is excited to be spreading the word about our services and making connections with other organizations and medical practices in the region.

We are delighted to welcome Sue and Pru!

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WITH FOOD AND FUN!

May 1, 2018

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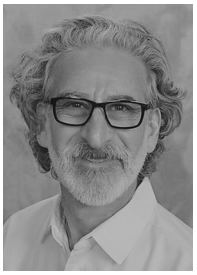

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To Life! is an independent not-for-profit organization (501(c)(3) providing services in a ten-county region surrounding the Greater Capital Region. Your gift helps us continue to provide free-of-charge services to women and families dealing with issues related to Breast Cancer. All contributions stay within the region.

How to contribute to our efforts:

Annual Appeal
We rely on our annual fund each year to help meet our operating expenses.

Gifts in Memory of a family member, friend, or colleague
Many families and friends choose to donate to *To Life!* in memory of someone who had breast cancer and/or was supported by *To Life!* This kind and simple gesture brings comfort to loved ones.

Gifts in Honor of a family member, friend, or colleague
A gift in support of *To Life!* is a wonderful way to honor someone who is fighting breast cancer, or an individual who has served an important role in the care or treatment of those fighting breast cancer.

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Your generosity allows us to provide free-of-charge programs and services to those in our community who have been impacted by breast cancer.

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Honoring the past, Treasuring the present, Empowering the future

20TH ANNIVERSARY

To Life! will host The Pink Ball on **October 26th**, at the Hall of Springs, Saratoga - starting at 6:45pm. This elegant black tie event celebrates community leaders who have supported those dealing with breast cancer. After dinner, dancing, and a fabulous auction, all proceeds go to fund *To Life!* support services, extensive education programs, and wellness events throughout the year.

Join us as we commemorate our 20th year, celebrate founder Mara Ginsberg's 60th birthday, and honor the memory of long time board member Cynthia Shenker. Register by calling (518)439-5975 or go online at *www.tolife.org.*

PINK Ball 2018

8th Annual

To Life!®

Women's Health Conference

Tuesday, November 13th,
8am—4:30pm

Carondelet Hospitality Center,
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