

THE JOHNS HOPKINS KIMMEL CANCER CENTER

# BREAST MATTERS

2020/2021



[Inside]  
**A BETTER WAY**

Harnessing the Power of Breast Cancer Prevention

**WOMEN'S WELLNESS**

**ANGELA'S STORY**

**AND MUCH MORE**

# BREAST MATTERS

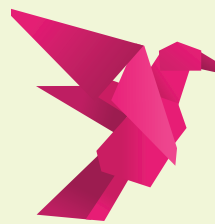
## 2020/2021



page 2  
**Women's  
Wellness**



page 4  
**A BETTER WAY**



## UPCOMING EVENTS

**Retreat: A Journey of Courage and Hope for Women with Metastatic Breast Cancer**

April 12-14, 2020

Support Groups, webinars and more on page 12

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# Living with Metastatic Breast Cancer

Angela always made sure she went for her annual mammogram. Often times, the results showed spots that were suspicious for cancer, but she said it always turned out to be a false alarm.



SO, IN 2013 when the then- 54-year-old received several telephone calls about her mammogram, she assumed it was the same scenario. At the time, her priority was caring for two siblings who had both suffered strokes.

“They were so persistent, so I thought I better call them back,” says Angela, but she decided to wait until her brother and sister were better.

When she finally scheduled time to see her doctor, the news was shocking. “He told me I had breast cancer,” says Angela. Her husband went with her to the appointment, and she recalls that he began to cry when the doctor delivered the news. Angela remained steadfast, however. “I was ready to do whatever I had to,” she says.

Her cancer was diagnosed early, and her doctor referred her to a community hospital, where she had a mastectomy, radiation therapy and chemotherapy.

“I’m a positive person, so I went on with life,” says Angela, who saw her oncologist for follow up visits to make sure the cancer remained in check.

Angela thought cancer was in her past, so she and her husband bought a fixer upper house. When she began experiencing sharp pain in her leg, she

chalked it up to the strenuous remodeling process. She went to see a doctor, who said it was bursitis and began treatment.

She didn’t give cancer a thought and neither did the doctor. Given the work she was doing in her home, bursitis seemed to make sense. However, when the pain became so severe and unrelenting that it kept her up at night and made it almost impossible to walk, her husband took her to the emergency department of the hospital where she was first treated for cancer. Angela was shocked when she received the news that the pain was not bursitis or another strain or injury. Instead, her breast cancer had returned, and worse yet, the source of her pain was from cancer that had spread to her bones.

Radiation therapy was recommended, but the pain was so severe, Angela could not lay still long enough to receive treatment. Her oncologist told her husband, “Take her to Johns Hopkins,” Angela says.

Once she arrived at Johns Hopkins, she was transferred to the Kimmel Cancer Center. Her discomfort was so severe, even the slightest touch caused Angela to scream out in pain, but exerts from the Duffey Family Palliative Care

and Pain Program began treatments that got it under control so she could begin radiation therapy.

Surgeon Dan Sciubba then removed cancerous tumors that spread to vertebrae in Angela’s back. When a small dot that appeared on follow up scans began to grow, Sciubba operated again.



Katie Papathakis, CRNP.

“I’m so glad I came to the Kimmel Cancer Center,” says Angela


who says she and her husband are grateful to the community physician who advised us to come here. What a difference they have made. I went from a wheel chair, to a walker, to a cane, to nothing,” she says. A car accident caused a bit of setback, so Angela again uses a cane when she walks.

Angela’s mother also had breast cancer. She died in 2000 when the cancer spread to her brain, and Angela was sure that was her fate. “I didn’t think I was going to make it,” says Angela. “I told my husband to start donating my clothes. I was sure I wasn’t going to live, but Johns Hopkins gave me hope. They tell you about options and advances. The message is that you can live with cancer.”

When the first treatment she tried didn’t work, Angela recalls her nurse

CONTINUED ON BACK PAGE

**“JOHNS HOPKINS GAVE ME HOPE. THEY TELL YOU ABOUT OPTIONS AND ADVANCES. THE MESSAGE IS THAT YOU CAN LIVE WITH CANCER.”**

A woman with long brown hair, wearing a red and blue outdoor jacket and a purple scarf, is smiling. She is standing in a snowy mountain landscape with a lake and mountains in the background. The jacket has the Abercrombie & Kent logo and the number 165 on it.

“I’m glad these doctors recognize **what I’ve been through.** I know they’ll take my symptoms seriously and be proactive.”

Women’s Wellness

# BEFORE, DURING AND AFTER MENOPAUSE



Clara is a busy 46-year-old mother of two. She's also a breast cancer survivor. Diagnosed in 2012 with hormone receptor positive breast cancer, she underwent a bilateral mastectomy and, for the past seven years, has taken tamoxifen. She says symptoms of the medication, which blocks hormone receptors to prevent her hormone-triggered cancer from recurring, have been fairly mild and manageable. But Clara recognizes that, as she gets older, her medical history and the menopausal transition will put her at greater risk for other health issues, such as osteoporosis and cardiovascular disease. **She's not too worried about it, for good reason.**

**CLARA PLANS TO TAKE ADVANTAGE** of a brand new program at Johns Hopkins dedicated to coordinating and providing women's health care before, during, and after menopause. The program was launched with foundational support from Robin and Mark Rubenstein and the Bauer Foundation, bringing together a hand-picked multidisciplinary team of medical experts from the Kimmel Cancer Center and throughout Johns Hopkins. "It's a passion," says the program's co-director gynecologist **Wen Shen** of developing the women's wellness program to deliver robust, coordinated care to women.



Wen Shen, M.D.



Vered Stearns, M.D.

This may be especially relevant to patients who have had breast cancer,

says breast cancer expert **Vered Stearns**, Women's Malignancies Program Director and the new women's wellness program co-director. "Women with breast cancer, regardless of age at diagnosis, are very likely to encounter symptoms of menopause, such as hot flashes, vaginal dryness and bone loss," says Stearns. While she has referred many of her breast cancer patients to Shen over the years, this new program provides patients access to more timely appointments and coordinated care with dedicated experts.

Under Shen's and Stearns' leadership, the expanding multispecialty team includes experts in: gynecology and women's health; wellness services for breast cancer patients, the care of survivors and women at risk; cardiovascular health; treatment of uterine and vaginal prolapse, incontinence and related conditions; mood and anxiety disorders; arthritis and other joint, ligament and muscle disorders; bone health and osteoporosis; treating women with more than one health issue; and combining conventional and integrative medicine.

Clara sees the benefits. "I'm glad these doctors recognize what I've been through. I know they'll take my symptoms seriously and be proactive," she says. As a physical therapist, Clara understands and values the concept of a multidisciplinary team of medical professionals. "It's good to know that they're talking to one another behind the scenes," she says.

Although the public is beginning to become more aware of the need for a focus on women's care in midlife, other programs currently available to this demographic are limited, Shen explains. "We are broadening the focus, including a wide range of specialists and getting to the core of how women can age healthy," she says.

"We anticipate that our program can both serve as the primary clinic for some women, or provide a consult with a roadmap that can be carried out by the women's own physicians," Stearns says.

To learn more about our new program for women's wellness or to ask a question, email us at [womenswellness@jhmi.edu](mailto:womenswellness@jhmi.edu).



[Feature]



When Leslie Ries's grandmother was diagnosed with breast cancer in the early 1940s, there was no understanding of BRCA mutations or the grip the disease would have on future generations of the family.

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# A BETTER WAY

Harnessing the Power of Breast Cancer Prevention

Her diagnosis came decades before drug and radiation therapies for breast cancer. The cutting edge science at the time was very literally focused on the cutting edge of the scalpel with surgery—in the form of Halsted's radical mastectomy—that removed the breast, muscles and lymph nodes under the arm. Later on, parts of her brain were removed after the cancer spread there by metastasis.

Leslie imagines how it must have been for her grandmother, when more and more of her body was carved into and cut away as the disease spread, ultimately claiming her life. Although her grandmother died before Leslie's parents were even married, the source of this cancer was already eerily shaping Leslie's future and that of her daughters.

As far as we've come in understanding and treating breast cancer, the life-altering experiences of women and their families is a jolting reminder of how much farther we have to go and the dire need for prevention.

“I’ve seen the devastation too many times,” says Leslie. “Mothers gone, leaving behind young children. We have to intervene to protect ourselves, our children and others from getting this disease. Breast cancer is a trauma to the whole family.”

She understands that trauma all too well. Her own diagnosis came 15 years ago.

Leslie tested positive for a BRCA mutation, a genetic alteration that can occur to one or both types of breast cancer susceptibility genes (BRCA1 and BRCA2). It alters the body’s ability to repair DNA, placing those affected at higher risk of developing breast cancer. This inherited alteration, potentially affecting multiple generations of families, is also associated with other cancers in men and women, including ovarian, prostate and pancreatic cancers. The mutation caused her cancer and now also threatens her two daughters.

Leslie is grateful to be a survivor and for the progress that has been made since her grandmother’s diagnosis more than 70 years ago. After enduring a double mastectomy and reconstructive surgery, and 4 months of chemotherapy, she considers herself fortunate and grateful. She doesn’t deny that treatment saves lives, but she also knows it’s not enough.

“The improvements in treatment options and reconstruction are wonderful, but they still come at a great cost,” she says. “The long-term emotional, physical and financial tolls are immense and often irreparable. We have to do better.”

Leslie’s own experience and that of so many other families made her realize, “We have to think differently.” She wasn’t alone. Her oncologist, breast cancer expert John Fetting, had the same realization.

In the decades Dr. Fetting has been treating breast cancer patients, he has



From left, Carly Ries, Leslie Ries, Emily Ries

“There has to be a better way than **cutting off body parts.**”

— CARLY RIES

seen and been affected by the limitations of treatment. Even with major advances, too many patients are not cured and die of breast cancer, he says.

“After trying to cure patients with breast cancer for 30 years, we need to implement another approach in our battle,” says Fetting. “For all of the success of treatment, the experience is punishing and leaves physical and emotional scars. After treatment, survivors and their family members live with fear of recurrence, and their lives are forever different.”

Among these tolls is the threat of breast cancer that looms so heavily over so many families, including that of Leslie and her husband Tom. In honor of Dr. Fetting, they gave a lead gift in 2011 to start the John Fetting Fund for Breast Cancer Prevention to move prevention to the forefront of breast cancer research. Using the latest technological advances, the team of Johns Hopkins experts in breast cancer and genetics is committed to developing better options

for families who have already been touched by breast cancer as well as for others who may not even know that they are at high risk.

Leslie and Tom’s daughter Emily calls herself a pre-vivor. She has the same BRCA mutation as her mother, and that puts her at much greater risk for breast and ovarian cancer. For many women who inherit a BRCA mutation, it’s not a matter of “if” they develop breast cancer but “when” they develop breast cancer.

She can still recall the pain at 21 of learning about her mother’s breast cancer diagnosis. At that time, her mind was focused on the unthinkable possibility of losing her mother. “I wondered, what if she’s not there when I get married or have kids,” says Emily. She wasn’t yet aware of what lay ahead for her or the cruel reach of breast cancer.

When genetic testing showed that Emily inherited the BRCA mutation, she’d hoped less invasive ways of cancer prevention would become

available before she had to take action. She didn't want cancer to be her legacy. Now, in her 30s, married and the mother of a young son, the thought of not being around to see him grow up weighed too heavily on her to wait for those advances. Yet to do the most she could do to try to prevent breast cancer, the options were strikingly similar to her mother's options, though without the need to have chemotherapy. She made the difficult decision to have a double mastectomy. The night before her surgery, she recalls looking at her perfectly healthy, unscarred breasts wondering why the best prevention available to her was lopping off body parts.

This was just the beginning for Emily. She had more surgeries over two years, including a hysterectomy and oophorectomy to remove her uterus and ovaries to prevent other cancers caused by the BRCA mutations. She has a hormone patch that helps ease the symptoms of the resulting early onset of menopause. The surgery means Emily and her husband cannot grow their family, but eases some of the worry that she won't be around to see her son grow up.

Leslie and Tom's daughter Carly was just 17 years old, a high school senior, when her mother was diagnosed. Like her sister Emily, she has inherited the BRCA mutation. For now, at 32, Carly has chosen surveillance, close monitoring aimed at early detection.

"I totally understand and support the decision my sister made, but for me, at this stage of my life, I want to wait until I have children before I move forward with cancer-preventive surgery," says Carly.

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**ROUGHLY 30% OF BREAST CANCER CASES COULD BE PREVENTED BY MODIFYING KNOWN RISK FACTORS**

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The heartbreak is that she has to think about this at all. The Fetting Fund's goal is to change this trajectory through research.

"This was a pivotal time in my life and my sister's life. Emily was about to graduate college, and I was graduating from high school," Carly remembers. "I don't want to live my life scared." Carly's hope is for progress that will mean one day women won't be confronted with decisions like these.

It's a lot for a young woman to take

on, yet Emily and Carly consider themselves lucky. "I got to make my own decisions. I didn't have to wait to have cancer, but what a choice to have to make," says Emily. Carly agrees. She says, "There has to be a better way than cutting off body parts." That better way she hopes will come from the research the Fetting Fund is making possible.

Fetting's goal, shared by the Ries family and the patients, families and others who support the Fetting Fund, is to bring an end to these kinds of agonizing decisions and the trauma of breast cancer by shifting the focus from cure alone to cure and prevention.

As Leslie and Tom's daughter Carly continues to think about the unthinkable and whether her only option for breast cancer prevention will be to have healthy body parts removed so they don't become cancer later, she volunteers for studies, donating blood samples. Like her sister Emily, she hopes researchers can use them to unravel the very origins of breast cancer and find better ways to prevent breast cancer in the future. It would be ideal if these answers came before Carly has to make a decision about surgery. She understands the timing might not work out. "I may not see the benefits, but someone will in the future, and that's important," says Carly.

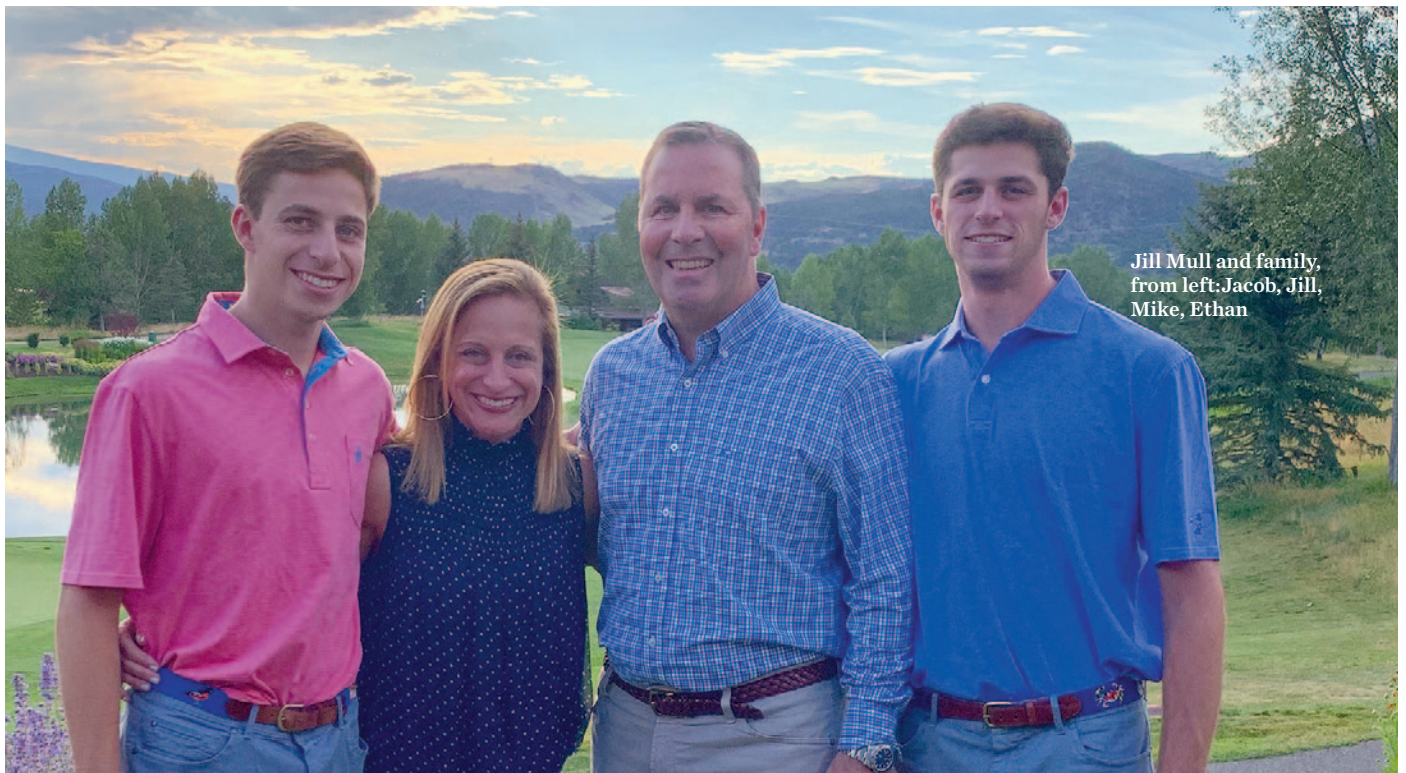
Lorraine Schapiro understands. Breast cancer abruptly entered her life 14 years ago when her daughter Jill Mull was diagnosed. When she heard about the Fetting Fund, she and her husband Mark joined the cause without hesitation. Prevention was already on Lorraine's mind. "We hear so much about cure, and I thought what about prevention?"

Tears still fill Lorraine's eyes when she recalls the day she received the call from Jill delivering the shocking news that she had breast cancer. As the reality sank in and Jill underwent a lumpectomy to remove the cancerous tumor, Lorraine says, "I remember thinking, please don't let it be in her lymph nodes." The pathology from the lumpectomy found unclear margins between cancer and normal cells,



John Fetting, M.D.





Jill Mull and family,  
from left: Jacob, Jill,  
Mike, Ethan

“We cut, burn and poison, and even that **doesn't always work forever.**” - JILL MULL

meaning the cancer may have begun to spread. Lorraine once again pleaded, “Please don’t let her need a mastectomy,” but the unclear margins of the cancer required a mastectomy. “Please don’t let her need chemotherapy,” Lorraine thought, but Jill’s cancer required six months of chemotherapy and an additional nine months of treatment with the drug Herceptin and 10 years of tamoxifen therapy.

Herceptin and tamoxifen are major success stories in the treatment of breast cancer. They block the hormones and other signals that certain types of breast cancers need to grow and spread. These drugs work well, but they cause side effects, and they don’t work in every patient.

Jill tried complementary approaches, such as acupuncture to ease her symptoms. Mostly, she is grateful for the support of her family, particularly her husband Mike.

A little laughter helped as well.

When she lost her hair during chemotherapy, her son announced to his kindergarten class that Jill was bald. Later, when she was having her mastectomy, he told his teacher that his mommy was having her boobies thrown in the trashcan because they were very bad.

Funny yes, but also a sober reminder of the intrusion of breast cancer into too many families.

Jill was diagnosed at just 32 years old. For the young mother of 4-year old twin boys, breast cancer was the last thing she was expecting, but she remained positive, never asking “Why me?” Lorraine, on the other hand, recalls being in denial, certain Jill’s abnormal mammogram was just a mistake. Lorraine was in a Pilates class and didn’t answer the phone when Jill first called. When the phone immediately rang again, Lorraine instantly knew. Her heart filled with dread and she answered. “It was devastating,”

Lorraine says. She credits Dr. Fetting with getting them both through the diagnosis, treatment and recovery.

Genetic testing revealed that Jill had not inherited a BRCA mutation. There was no answer for why she developed breast cancer at such an early age. Whether there were genetic clues that could have predicted and prevented it is the type of research the Fetting Fund supports.

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**AN ESTIMATED 232,000 NEW BREAST CANCER CASES ARE DIAGNOSED IN THE UNITED STATES EACH YEAR**

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“We are in the process of identifying genetic changes in breast tissue that convert normal cells to cancer cells. I believe we can figure out which changes are necessary for breast cancer to develop and intervene,” says Fetting.

When Jill realized breast cancer was going to be a part of her life, she turned it into a way to help other patients, joining the Breast Cancer Pro-



Jill Mull with her mother, Lorraine Schapiro

GENETIC TESTING REVEALED THAT JILL HAD NOT INHERITED A BRCA MUTATION. **THERE WAS NO ANSWER** FOR WHY SHE DEVELOPED BREAST CANCER AT SUCH AN EARLY AGE. WHETHER THERE WERE GENETIC CLUES THAT COULD HAVE PREDICTED AND PREVENTED IT IS THE TYPE OF RESEARCH THE FETTING FUND SUPPORTS.

gram at the Johns Hopkins Kimmel Cancer Center as a patient navigator for newly diagnosed patients with breast cancer. Her focus is on patients under age 50.

Sharing her story brings them hope. They see a survivor in her. She sees a bigger need in them. She has seen too many young women lose their lives to breast cancer, and she yearns for the day when she doesn't have to sit with women as they write letters for their children to open on special occasions in their lives—birthdays, graduations, weddings, births—because their mothers may not be there. For Jill, Fetting Fund research is the key to changing this reality.

“We cut, burn and poison, and even that doesn't always work forever,” says Jill.

Erin Yale is among the women who remind us of the limitations of treatment, even when it is diagnosed early. Erin was supposed to be one of the lucky ones. Her breast cancer was detected in what is considered a curable stage.

In 2012, at age 30, she nursed her newborn baby for the last time before she went to the operating room for a mastectomy. After learning she inherited a BRCA mutation, she had surgery to remove her fallopian tubes and ovaries in 2014 to ward off cancer.

Erin recalled in a video made of her talk at a 2018 Fetting Fund event that, as the years passed, she tried to return to her normal life as a young wife and mother, working in the corporate world and launching Pushing Pink Elephants, a breast cancer awareness and educa-

tion endeavor focused on a better understanding of prevention, health and wellbeing. “Normal,” however is relative, Erin pointed out. “The weight of recurrence never goes away no matter how well you feel.”

Erin had surgery, chemotherapy, radiation therapy and hormone therapy—everything doctors have in their arsenal to fight breast cancer and still, in 2017 she learned her cancer had returned and spread throughout her body. There would be no cure for Erin, who passed away in 2019 at 38, leaving behind her devoted husband Steve and their 8-year-old daughter.

Erin, a Fetting Fund advocate, left a powerful message, “Early detection does not necessarily mean survival or better outcomes. I was diagnosed at Stage 2, and it still advanced to the worst stage,” she said. “We can make a difference in the world. We need prevention. We need the Fetting Fund so people don't go through what I went through. I don't want that for my daughter.”

Her call is championed by Fetting, Leslie and Tom, Emily, Carly, Jill and Mike, Lorraine and Mark, and echoed by women and families around the world.

As the Fetting Fund pioneers a new way of thinking about breast cancer care, it is an uphill battle, as the lion's share of research dollars go to study new therapies. Stories like these are inspiring change, however, and the early success of Fetting Fund research shows what is possible through prevention.

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**ROUGHLY 40,000 WOMEN DIE IN THE UNITED STATES FROM BREAST CANCER EACH YEAR**

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“We know it will not be easy, but this cannot continue,” says Fetting. “We need the same kind of concerted effort for prevention that has been mounted to treat breast cancer.”

The Fetting Fund is investigating the scientific benefits of natural remedies such as the spice curcumin, broccoli sprouts tea and a magnolia tree extract that may contain properties that detoxify carcinogens or reset the molecular errors that initiate breast cancer. Technological



Erin Yale with her family



“We need prevention. We need the Fetting Fund so people don’t go through what I went through. **I don’t want that for my daughter.**”

- ERIN YALE, 1981-2019

advances mean we no longer have to wait until a cancer is visible through imaging or a lump can be felt to detect it. New molecular tests that make the invisible visible can detect early changes that precede breast cancer. This includes understanding the connection between genetic and epigenetic (reversible chemical changes to DNA) that contribute to breast and other cancers. Then, injecting anticancer drugs or a drug like tamoxifen directly into the breast ducts could eliminate these changes before a cancer has a chance to grow. Vaccines that train the immune system to patrol and destroy breast cancer cells are another promising area of study. Lifestyle research, such as the role of alcohol in promoting breast cancer development, could yield simple changes that can ward off breast cancer.

“This is just the beginning,” says Leslie. “There is so much promise. I can see it, and I feel that it’s going to happen.” ●

## THE PATH TOWARD A BETTER WAY

### MISSION OF THE JOHN FETTING FUND FOR BREAST CANCER PREVENTION

The mission of the Fetting Fund is to identify the one woman in eight who is at high risk for developing breast cancer in her lifetime and to develop safe, effective natural products and drugs to prevent that breast cancer. Of equal importance, the research supported by the Fetting Fund seeks to identify the seven in eight women who will not develop breast cancer. Medical caregivers will be able to provide more prevention efforts for those at risk and reassure those who are not.

Traditional funding sources are focused on advances in treatment and the quest for a cure for breast cancer. As a result, funding for prevention research has lagged. The Fetting Fund relies on private philanthropy to support pilot prevention studies that will produce results and allow Johns Hopkins prevention scientists to design more substantial research plans and compete successfully for larger grants. Our vision is to support enough high quality pilot studies that our breast cancer scientists will be able to attract funding for a rich portfolio of large breast cancer prevention studies. The Fetting Fund is a catalyst for development of a critical mass of breast cancer prevention science and breast cancer prevention scientists resulting in a world class breast cancer prevention program at the Johns Hopkins Kimmel Cancer Center.





# WHAT'S NEW



## Study Helps Breast Cancer Survivors Reach Their Weight-Loss Goals



Attaining a healthy weight is even more important for breast cancer survivors, says new Kimmel Cancer Center breast cancer expert **Jennifer Sheng, M.D.** Studies show that losing just 5% body weight can help survivors combat fatigue, improve their body image, and simply

feel better after the trying rigors of breast cancer treatment. In addition, research suggests that weight loss can lower the risk of breast cancer recurrence. A new study open to overweight breast cancer survivors treated at Johns Hopkins who have completed treatment and want to lose weight will offer behavioral intervention that's been tested before. After two months, if logging calories, tracking and increasing physical activity, and working a coach doesn't work, the FDA-approved weight loss drug naltrexone/bupropion (Contrave) will be prescribed for the next four months.

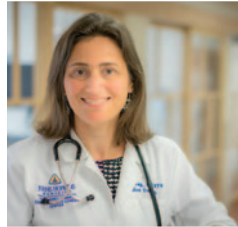
Read more: <http://bit.ly/2n6qG80>



## A Model for Breast Cancer Care and Wellness

**Mary Wilkinson, M.D.**, new clinical director for the Johns Hopkins Kimmel Cancer Center Under Armour Breast Health Innovation Center, is overseeing a new model of breast cancer care in which illness and wellness exist in the same space. Read more: <http://bit.ly/2pqeWxL>

## A Patient App



Hormone-blocking drugs are a powerful weapon against breast cancer. At the same time, these drugs can have significant side effects—some so uncomfortable that they drive patients to quit taking them before completing the typical five-year course, often

without notifying their doctors until the next scheduled appointment weeks or months away. Breast cancer expert **Karen Smith, M.D.**, says a new app called Thrive delivers education, helps patients track their appointments, and communicate with their care providers about their treatment plans. Now, a new electronic patient reported outcomes module called ePro helps patients to report what medicines they were prescribed and symptoms they are having. It also notifies the care team if the symptoms pass a severity threshold or if they've unexpectedly discontinued taking their medications.

Read more: <http://bit.ly/2pnHaJr>



## A New Leader of the Gene Team



**Jessica Tao, M.D.**, is the new director of the GAITWAY program, short for Genetic Alternations In Targets With Actionable Yields. This specialized tumor board is filled with experts in cancer medicine, genetics, and biology, including clinical oncologists, laboratory scientists, and

molecular pathologists, who keep tabs on the latest research and targeted drugs to help match the right medicines to cancer patient's specific genetic alterations. She received a grant from the Maryland Cigarette Restitution Fund to better understand how tumor cell-free DNA—tiny bits of genetic material shed from malignant lesions that can be extracted from a blood sample—might better benefit patients and guide treatment. Read more: <http://bit.ly/2mXg4rM>

# WORLD-CLASS CARE IN A COMMUNITY SETTING



## The Possibility for Better Results With Fewer Treatments

As our knowledge of breast cancer has grown, so have the number of therapy modalities and protocols used to treat this disease, from combi-

nations of chemotherapy to targeted treatments that attack malignant cells carrying specific genetic variations. **Antonio Wolff, M.D.**, and colleagues are investigating ways that patients can get more from less by using more targeted treatments, changing the way that treatments are administered, or even carefully stratifying patients to determine who might be able to avoid certain treatments altogether.

Read more: <http://bit.ly/2n0te7s>

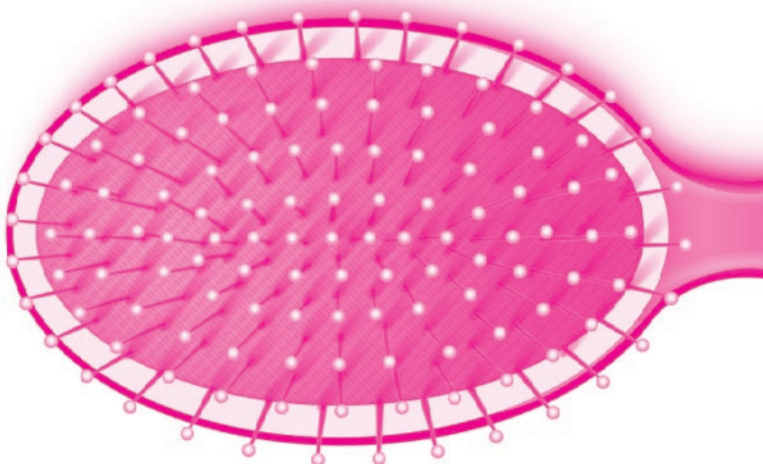


## Cancer Treatment Without Hair Loss

Starting this fall, Kimmel Cancer Center patients with breast cancer or other gynecologic cancers will have the option to use a new, FDA-approved device called a “cooling cap” that

prevents or minimizes chemotherapy-induced hair loss.

Read more: <http://bit.ly/2Mo3iLE>



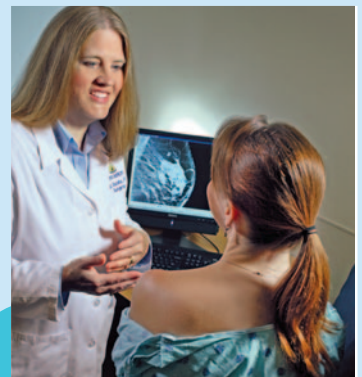
The Breast Center at Green Spring Station moved to a brand new space in its existing suburban location. When patients come to the Kimmel Cancer Center at Greenspring Station Pavilion III, they are greeted by more than gleaming new private exam rooms; modern infusion bays; and on-site imaging, pharmacy and lab services. The entire practice is designed to provide an optimal cancer care patient experience which now also includes surgical oncology onsite. Read more: <http://bit.ly/2oAPHsb>

*“I’m excited to be part of a practice that’s offering more services in a setting where many patients want to be. It’s a beautiful site. The building is new, and the services are world-class.”*

—**RIMA COUZI, M.D.**



**Beginning this fall, patients will be able to undergo surgical procedures at the Green Spring Station pavilion. Surgical oncologist, Lisa Jacobs, M.D., calls the change a “huge advantage” for this patient population.**



# EVENT ROUNDUP

## Upcoming

All events are **FREE** and open to all breast cancer survivors, thrivers and caregivers unless otherwise noted.

### Support Groups

**Early Stage Young Women's Support Group**

1st Monday of the month  
6-7:30 p.m.,  
*Green Spring Station Pavilion III*  
Contact: [jmull1@jhmi.edu](mailto:jmull1@jhmi.edu),  
(410) 583-2972

### Metastatic Support Group

3rd Monday of the month  
6-7:30 p.m.,  
*Green Spring Station Pavilion III*  
Contact: [jmull1@jhmi.edu](mailto:jmull1@jhmi.edu),  
(410) 583-2972



### Walk and Talk

Open to all breast cancer survivors and thrivers  
3rd Friday of the month  
9-10 a.m., *Meadowood Regional Park or Towson Towne Center (weather dependent)*  
Registration is required  
Contact: [jmull1@jhmi.edu](mailto:jmull1@jhmi.edu),  
(410) 583-2972



### Breast Cancer Survivors Program

4th Thursday of the month  
6-8 p.m., *Johns Hopkins Bayview, Medical Education Center*  
Contact: [cklein3@jhmi.edu](mailto:cklein3@jhmi.edu),  
(410) 550-6690

### Integrative Medicine Lunch Workshop

A monthly workshop on integrative medicine modalities. Topics vary, but previous ones include yoga, meditation, nutrition, acupuncture, hypnosis and traditional Chinese medicine.  
*Dates vary.*  
Contact: [ebantug1@jhmi.edu](mailto:ebantug1@jhmi.edu), (410) 502-3472

### Webinars

#### Exercise and Breast Cancer

*Dec. 4, 2019, 12-1pm*

#### Methods to Enhance Breast Cancer Survivorship

*Jan. 9, 2020, 12-1pm*

#### Updates in Breast Cancer Research and Clinical Care

*Feb. 26, 2020, 12-1 pm*

Registration is required  
<https://public.onc.jhmi.edu/survivorshipwebinars/>  
Contact: [ebantug1@jhmi.edu](mailto:ebantug1@jhmi.edu), (410) 502-3472

### Retreat

**A Journey of Courage and Hope for Women with Metastatic Breast Cancer**  
*April 12-14, 2019*

A weekend retreat for metastatic breast cancer patients and women who support them to gather information and support on confronting metastatic breast cancer. Discussions include routines of treatment, daily life challenges, reflections, and networking with others in a healing and renewing environment.  
Contract: [kviands1@jhmi.edu](mailto:kviands1@jhmi.edu),  
(443) 287-2964



## Prior Events Recap

### Survivor Soul Stroll

On Saturday, May 11, 2019, Team Hopkins participated in the 3rd Annual Survival Soul Stroll: A Breast Cancer Awareness Walk at Canton Waterfront Park. Our team included employees, volunteers, cancer survivors, and community members.

### Survivorship Day



On May 5, 2019, our Breast Cancer Program hosted its 5th Annual Breast Cancer Survivorship Day at the BWI Marriott Hotel. More than 100 participants attended, learning about integrative medicine, medical marijuana, metastatic breast cancer, clinical updates, immunotherapy, “chemo brain” and exercise. Keynote speaker, Susan Love, M.D., M.B.A., discussed breast cancer prevention and emerging new treatments.

### Swim for Engie Against Cancer

The 4th annual swimathon was held Aug. 24, 2019, honoring metastatic breast



cancer survivor Engie Mokhtar. This year's event supported research by Otis Brawley, M.D., to close racial, economic, and social disparities in cancer prevention, detection and treatment.

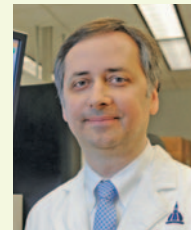
### Promising New Treatments

Brian Christmas, Ph.D., who works in the laboratory of breast cancer expert Evanthia Roussos Torres, M.D., Ph.D., presented advances in immunotherapy for breast cancer at the Judith A. Lese Breast Cancer Foundation annual dinner. The foundation has supported breast cancer research at the Kimmel Cancer Center since 2004.

# NOTEWORTHY



**New Laboratory Test Could Make Global Impact:** The journal *Clinical Cancer Research* reported on a new laboratory test developed by **Saraswati Sukumar, Ph.D.**, that identifies chemical changes to a group of cancer-related genes and can accurately detect which breast tumors are cancerous or benign, and do it in far less time than gold-standard tests on biopsied breast tissue. The test has the potential to dramatically reduce the time needed to make a definitive breast cancer diagnosis in poorer countries. Breast cancer incidence is rising around the world, and the test—an easy-to-use cartridge—could be especially useful in places with fewer resources and where mortality rates from breast cancer are much higher compared to the developed world. The research was supported, in part, by the Breast Cancer Research Foundation.



## Targeting BRCA1 and 2:

A research team led by **Victor Velculescu, M.D., Ph.D.**, was among seven awarded grants from the Gray Foundation for new approaches to the early detection, diagnosis, and therapy of cancers related to BRCA1 and BRCA2



gene mutations. Velculescu will collaborate with **Vered Stearns, M.D.**, and **Kala Visvanathan, M.B.B.S.**, on



research aimed at early detection of breast and ovarian cancers.

## Navigating Breast Cancer:

Kimmel Cancer Center Advisory Board Member **Debra Huber** made a gift to support a social worker/breast cancer patient navigator. Huber was inspired by her sister, a breast cancer survivor, to do what she could to ease the trauma of cancer diagnosis and treatment.



## HONORS AND AWARDS



**Dipali Sharma, Ph.D.**  
Society of American Asian Scientists In Cancer Research Outstanding Achievement Award



**Katy Gaffney, R.N.**  
Friends of Oncology Nursing Clinical Excellence Award



**Roisin Connolly, M.B.B.Ch.**  
Eastern Cooperative Oncology Group-American College of Radiology Imaging Young Investigator Award



**Daniele Gilkes, Ph.D.**  
*The Best of the American Association for Cancer Research*



**Stephanie Gaillard, M.D., Ph.D.**  
Gynecologic Oncology Group Foundation Scholar Investigator Award

*Journals Collection: Author Profiles* Most-cited Article. Read it here: <http://bit.ly/2ml3ySx>

## Living with Metastatic Breast Cancer (continued from page 1)

practitioner **Katie Papathakis, C.R.N.P.** telling her, “Don’t worry. We have something else we want to try.”

Now, Angela takes a pill called palbociclib (Ibrance), a targeted therapy for patients who have a type of breast cancer classified as hormone receptor positive but HER2 negative. She also comes to the Kimmel Cancer Center every four weeks for an injection of fulvestrant (Faslodex) to slow the growth of her breast cancer.

The treatment is working. Angela’s cancer is under control and she is pain free. “All I take now for pain is a little Tylenol,” she says.

“We want all women to be aware of new treatments, clinical trials and supportive care options available to them,” says **Vered Stearns**, a breast cancer expert and Director of the Women’s Malignancies Program at the Kimmel Cancer Center. “With the right care, women can live with advanced breast cancer for years and decades.”

This is the inspiration for a new multispecialty clinic for patients living with advanced breast cancer planned by Stearns and colleagues.

“About 30% of the breast cancer patients seen regularly in our clinic have advanced breast cancer,” says

Stearns. “As our program grew, we recognized the need for new approaches to specifically support individuals living with advanced breast cancer and began working to raise funds for this new clinic.”

Stearns says the needs of individuals living with advanced breast cancer are different from those with early stages of the disease and change and intensify over time. The specialty clinic for those with advanced breast cancer will be set up to provide the most advanced cancer treatment while supporting patients’ unique needs. Stearns says this includes emotional and spiritual support while living with an unknown prognosis, guidance concerning complex treatment decisions, management of disease symptoms and medication side-effects, support for all family members, including specialized, age appropriate programming for children, and advanced care planning.

Patients will benefit from a core group of providers, including a medical

oncologist or a nurse practitioner as a ‘quarterback’ who will coordinate the care plan, navigator, nutritionist, social worker, palliative care provider to manage pain and other symptoms, and an exercise and rehabilitative medicine expert. Optional services will include a spiritual provider, financial counselor, integrative medicine, sexual health educator and child life specialist.

Angela feels fortunate that she got to the Kimmel Cancer Center, and although she knows it may sound odd, she says breast cancer has had a positive impact on her life. “It has made me a better person,” she says. “People see me and can’t believe I have breast cancer. I feel like I am spreading joy and hope to others.”

The experience also inspired Angela to turn a hobby into a business. A good eye and knack for interior design led to a career, working with real estate agents to stage homes, boosting their appeal to prospective buyers.

**“WITH THE RIGHT CARE, WOMEN CAN LIVE WITH ADVANCED BREAST CANCER FOR YEARS AND DECADES.” - VERED STEARNS**

## Help Us Make a Difference

Each contribution to the Johns Hopkins Kimmel Cancer Center makes a difference in the lives of cancer patients here at Johns Hopkins and around the world.

Our physician-scientists are leading the way on many of the scientific breakthroughs in cancer, and your donation will support patient care and innovative research that is translated to better, more effective treatments. We are also focusing on ways to prevent cancer and support survivors.

You may designate a gift to a specific faculty member.

### To make your donation online:

[hopkinscancer.org](http://hopkinscancer.org) and click Make a Gift

### To mail your donation:

Johns Hopkins Kimmel Cancer Center  
750 E. Pratt St., Suite 1700  
Baltimore, MD 21202

### To contact our development office:

Phone: 410-361-6391  
Fax: 410-230-4262  
Email: [KimmelGiving@jhmi.edu](mailto:KimmelGiving@jhmi.edu)

Visit us on the web:  
[hopkinscancer.org](http://hopkinscancer.org)



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