

Pink and Teal Seminar Program



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SHARE

for women facing breast or ovarian cancer

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Become Inspired by a Pink and Teal Seminar

Dear Friends,

This year, over 330,000 women in the U.S. will be diagnosed with breast cancer, and over 22,000 women will be diagnosed with ovarian cancer. Millions are already living with these diseases. Chances are good that you may know someone affected by breast or ovarian cancer. Maybe that person is a family member. Maybe that person is you.

Who better to tell you what it's like to face cancer than someone who's been through it? That's what Pink and Teal Seminars are all about. Healthy breast and ovarian cancer survivors come to your office to describe how they navigated their experience. They give you information about risks, symptoms, and treatments, so that you can take control of your own health or support a loved one who may be diagnosed.

Maybe you think, "I don't want to spend an hour today thinking about cancer." But how about spending an hour feeling inspired?

The people who attend Pink and Teal Seminars report feeling informed, motivated, and empowered to take charge of their health. And many feel at ease knowing that people can survive cancer and live to tell their stories. Simply put, Pink and Teal Seminars make cancer less frightening.

Please share this booklet with the people you care about. Let them know that a free Pink and Teal Seminar is available for their workplace too, and that information about all of SHARE's free services can be accessed via our website: **sharecancersupport.org**.

Sincerely,

A handwritten signature in black ink that reads "Jacqueline Reinhard". The signature is written in a cursive, flowing style.

Jacqueline Reinhard
Executive Director
SHARE

SHARE's Pink and Teal Seminar Program

Breast and ovarian cancer affect people everywhere, whether they're at work, at home, or in the community. SHARE's Pink and Teal Seminars reach people where they spend a huge chunk of time—in their workplace. The program provides an opportunity for women and men to learn about breast and ovarian cancer issues and concerns from those who have had personal experiences with these cancers. Employees also learn what it means to be an empowered patient. In addition, they receive information about SHARE and its many services, all of which are free of charge. But the benefits don't end there.

A Family Network of Support

When employees learn about breast or ovarian cancer at a Pink and Teal Seminar in their workplace, they become resources for other people in their lives, including spouses, partners, friends, or other family members. Breast and ovarian cancers affect so many people in addition to the person diagnosed, and these men and women are often called on to become advocates for their loved ones. Learn more on page 17.

Responsible Corporate Citizenship

Pink and Teal Seminars promote responsible corporate citizenship by providing corporations and professionals the opportunity to create a community that cares for its members. We are working with a number of corporations that are providing exceptional support.

The one hour program includes a presentation by 2 or 3 survivors, followed by a Q & A period. Employees are offered follow-up through SHARE's Helplines.

For more information about SHARE'S Pink and Teal Seminar Program or to schedule a seminar, contact Arlene Matlick, Director, Pink and Teal Seminar Programs at **(212) 221-1593** or by email to **amatlick@sharecancersupport.org**.

Breast Cancer

Breast Cancer Update

Breast cancer is a serious disease, but this is an exciting time in the search for new treatments and a cure. Current research confirms that breast cancer is not one disease but a spectrum of diseases with varying characteristics of the primary tumor that determine behavior. Identifying breast cancer by its biomarkers (for instance, is the tumor sensitive to estrogen or expresses the HER2 protein cancer gene?) is leading toward more sophisticated, smarter targeted therapies with less side effects for the patient. It is used as one of the ways to predict the behavior of the cancer and to help direct treatments.

The latest Cancer Report Card (with authors from the American Cancer Society, the Centers for Disease Control and Prevention, the National Cancer Institute, and the North American Association of Central Cancer Registries), reports that the decade-long decline in US diagnosis and death rates from breast, colon and ovarian cancers in American women continues. The decline in breast cancer mortality is probably the result of improved targeted and other systemic therapies, as well as our greater sensitivity in detecting cancers that are smaller with less lymph node involvement. The decline in HRT (hormone replacement therapy) has also contributed to a decreased incidence of hormone-sensitive breast cancers.

Although the incidence of breast cancer in general has dropped during the last few years, triple negative breast cancer has shown a relative increase.

Research suggests that lifestyle modifications could have considerable impact on breast cancer incidence, recurrence and mortality rates. Obesity may have an impact on response to chemotherapy and progression of disease in those with a triple negative breast cancer. Obesity may increase recurrences.

It is critical that we become more educated about breast cancer and that we strive to become empowered advocates. In view of the controversies that surround screening, it is important to recognize our own risks for the disease and whether we may benefit from other screening/risk reduction available. It benefits us to expect that our physicians and health care providers can sit down with us and have a balanced discussion when it comes to screening and its flaws and benefits.

1. What is breast cancer?

Cancer is an abnormal growth of cells, which can divide uncontrollably, often growing together into a cluster to form a tumor. Breast cancer is a cancerous or malignant tumor that starts either from cells in the milk ducts or lobules of the breast. Breast cancer is dangerous because it can progress and become metastatic, which is the spread of disease from one part of the body to other organs such as the bones, liver, brain and lungs where it is difficult to control. Fortunately, cancer cells have a hard time finding a home outside the breast and lymph nodes, and far more women who get diagnosed survive and do well.

It is estimated that more than 266,000 new cases of invasive breast cancer and over 63,000 new cases of non-invasive (in situ) breast cancer will be diagnosed in 2019 in the U.S. The chance of an American woman developing breast cancer in her lifetime is 1 in 8 (12%) if she lives to age 80, but that also means that there is an 88% chance that she will not develop it in her lifetime. An 80 year old woman has a life expectancy of around 9 more years. Typically, we thought of the elderly as those aged 65 or over, but that is rapidly changing as our health care system is seeing a higher volume of elderly women in their 80's, also known as the "oldest of the old," with breast cancer. We have much less information on the outcomes here, since large national trials included very few of these women, or none at all.

2. What are the risk factors that may be associated with a diagnosis of breast cancer?

- Gender - Women are at greater risk than men for developing the disease.
- Age - Risk increases with age.
- Genetics - Women with a family history of the disease are at a somewhat greater risk; women with a mutation in specific genes (BRCA1, BRCA2, PALB2, and others that have been identified and can be tested for) are at much greater risk, including the risk of developing ovarian cancer. Men who carry the mutation in the BRCA2 gene are at a higher risk for prostate cancer.
- Having a personal history of breast cancer
- Having a prior history of a breast cancer biopsy that revealed a precancerous lesion such as atypia (abnormal cells) or LCIS (lobular carcinoma in situ)
- A long window of estrogen exposure, such as early onset of menstruation and/or late onset of menopause

- Previous radiation, such as chest radiation for Hodgkins disease
- Ethnicity – White women have a higher risk of developing breast cancer than African-American women, but African-American women are more likely to die of the disease at a younger age, possibly because of a more advanced stage at diagnosis or having a more aggressive type of the disease (triple negative). Asian, Native-American, and Latina women have a lower risk of getting the disease and dying from it.
- Being overweight or obese (particularly important as you get older)
- Long-term usage of post-menopausal hormone therapy (HRT)
- Excessive alcohol use, especially more than one drink per day
- Lack of regular activity or exercise
- Not having children or having children after the age of 35
- Not breastfeeding – Studies suggest long periods of breastfeeding may reduce risk of premenopausal or earlier onset breast cancer.

Having any or all of these risk factors does not mean that you will get the disease. The connections between lifestyle factors and breast cancer and between environmental toxins and breast cancer are very important, and many researchers are studying this. There is growing evidence that strong links exist. And now there is some evidence that lifestyle modifications may decrease one's risk of developing a recurrence in those who have had breast cancer.

Of course, there are risk factors that you can't change. You can't choose your parents or change your age, but there are lifestyle modifications that can be undertaken with significant long lasting effects to reduce breast and other cancers. The window of opportunity and the type of exposure during specific ages is important. For instance, if you have children, encourage them to exercise at an early age.

75% percent of the women who develop breast cancer have no identifiable risk factors.

3. Are there any ways to decrease one's risk of breast cancer?

You may be able to lower your risk by modifying the risk factors that are under your control:

- Limit alcohol use to no more than 3-4 drinks per week (regardless of whether it's beer, wine or grain alcohol). Be careful not to "free pour." It is easy to underestimate the amount you are drinking.
- Exercise at a moderate level for 3-4 hours per week. More is better.

- Avoid the use of hormone replacement therapy after menopause for a prolonged amount of time (i.e. 2 years), or discuss short-term hormonal therapy with your gynecologist.
- Maintain a healthy and stable body weight.
- Consider breastfeeding your child if you are pregnant.
- Don't smoke.

4. How do we know if there are changes in our breasts?

Mammography is currently our best screening tool. Today there is controversy about the guidelines for breast cancer screening. Screening tools such as mammograms are used to find possible tumors in women who have no symptoms. You may wish to engage your physician in a conversation about whether a screening mammography is right for you at your age and if so, with what frequency. The general screening guidelines do not apply to women or men at high risk or who have found lumps or something suspicious in their breasts and need a mammogram to help diagnose the issue.

Sometimes doctors recommend other tests to complement mammograms, such as sonograms and MRI's. Digital mammography and 3D tomosynthesis may be more sensitive in identifying cancer in women with dense breasts. Women should have a periodic clinical exam of their breasts by their health care provider. Women should know the look and feel of their bodies, including their breasts. If, for instance, you have always had an inverted nipple throughout your adult life, it should not be a source of worry. Acute onset, however, is something to bring to your health provider's attention. Knowing the look and feel of your breasts is important in avoiding any unnecessary procedures, too.

5. What are some possible symptoms of breast cancer?

- Lump or mass (most common)
- Dimpling of skin or skin irritation
- New onset nipple inversion (turning inward)
- A spontaneous non-milky nipple discharge
- Swelling under the arm
- Swollen, red, or hot breast and sudden size changes
- Breast or nipple pain
- Breast asymmetry – more tissue on one side and not in that area in the opposite breast

Having any of these symptoms is not necessarily a sign of breast cancer, but should be investigated as soon as possible. Most new diagnoses of breast cancer are found in asymptomatic women.

6. How is breast cancer diagnosed?

Diagnosis may start with a screening exam, such as a mammogram. Most women with small breast cancers have no symptoms and their cancer is detected on routine breast imaging. While a mammogram may show something suspicious, a diagnosis cannot be made until a biopsy is done and the tissue or cells are examined by a pathologist.

If symptoms appear or you have a suspicious mammogram, see your health care provider immediately. Your doctor should do a physical exam, take a medical history, possibly recommend additional imaging tests, and answer your questions. A biopsy is removal of a sample from the suspicious area which is then looked at under the microscope by a pathologist. The pathologist determines whether the cells or tissue looks malignant.

Most breast lumps are not malignant. In fact, 80% of all biopsies are benign. Finding breast cancer early when it is small may increase treatment options and be more likely to have a successful outcome.

Nowadays, the biomarkers, which are proteins that include estrogen, progesterone and HER2 proto-oncogene, are run on the core of tissue taken out as the biopsy. This gives a good picture upfront about the behavior of the tumor. This may influence the next steps for treatment. Targeted therapy, such as antiestrogen therapy or herceptin, lapatinib, or HER2-based chemotherapy may be offered. Oncotype™ and MammaPrint™ are examples of tests on tumor tissue that can assist in predicting the behavior of the tumor and the prognosis by analyzing its genetic profile. (Oncotype™ is used only for ER+ tumors. These can also be run on patients with lymph node positive disease.)

7. What are some of the ways that breast cancer is treated?

Breast cancer is treated both locally (with surgery and radiation) and systemically (with hormones that act against the estrogen receptor and chemotherapy and targeted therapies).

Surgery options include breast-conserving surgery (lumpectomy) or removal of the breast (mastectomy). There are many permutations of types of mastectomies, and the aesthetic results are improved with skin-sparing and nipple-sparing mastectomies. In addition, lymph nodes may be removed from under the arm to check for the presence of cancer cells. Currently, a sentinel node biopsy can identify lymph node involvement with much less of a chance of the debilitating effect of arm-swelling or lymphedema, which may result after having lymph nodes removed. The sentinel node procedure is used in women where lymph nodes are not thought to be involved clinically. There is growing evidence that removing more lymph nodes may not be necessary if there is a small amount of lymph node involvement. Radiation may be given if a full axillary dissection is not performed.

Breast reconstruction in conjunction with mastectomy is an option. It may involve a woman's own tissue (flaps), or a saline or silicone implant. Some women are opting for nipple-sparing mastectomy or skin-sparing mastectomy, and it is important to speak to your doctor to determine if you are a candidate for these procedures.

Radiation therapy is almost always recommended if the surgical choice is lumpectomy, since research has shown this reduces the risk of recurrence within the breast if you have an invasive breast cancer. If lymph nodes are involved, then radiation may be recommended after mastectomy or if the tumor is larger than 5cm or the tumor is at or close to margins.

Radiation may be optional in those with a diagnosis of DCIS or intraductal cancer. With this diagnosis, it is important to explore whether the risk of local recurrence is high enough to warrant radiation.

Systemic treatment, such as chemotherapy, hormone therapy, and targeted therapy, travels through the bloodstream. Its purpose is to attack the cancer cells that may have spread beyond the breast. Targeted therapy is designed to treat specific cancer cells and minimize damage to normal, healthy cells.

Chemotherapy involves drugs used to kill cancer cells. Today it is given with anti-nausea medication to reduce this debilitating side effect.

Hormone (endocrine) therapy is a systemic, targeted treatment available for certain women who have estrogen positive tumors, and it is used to prevent estrogen from fueling the growth of those tumors or any residual

or recurrent tumor cells in the body. Although standard of treatment is 5 years, it has been extended in many circumstances to 10 years based on the risk of tumor recurrence.

Other targeted therapy treatments may be given to bind to a particular protein (the HER2 protein, for example) and stop it from causing the cancer cells to grow. About 25% of cancers express the HER2 protein gene.

In some instances with aggressive profiles, such as triple negative breast cancer, chemotherapy may be offered to reduce the tumor and even to eradicate it, especially with lymph node positive disease. Similarly, in HER2 positive disease, and especially with larger tumors and nodal involvement, HER2 based chemotherapy is indicated.

8. How do I know which is the correct breast cancer screening plan for me?

Specific recommendations depend upon individual and family histories and balancing the benefits and drawbacks of screening. It is important to have a discussion with your doctor to determine the best screening plan for you.

9. I have a close relative who has had breast cancer. Does that mean that I or my family members will get the disease too?

Usually it does not. Again, as stated earlier, 75% of women who get breast cancer have no identifiable factors that predispose them to the disease. Only 5–10 % of breast cancer is thought to be inherited, but if you are concerned about risks related to a genetic mutation, you may want to be referred to a genetic counselor or high risk specialist before taking any action. It is generally recommended that if a close relative who has had breast cancer is able to have a genetic (blood) test, then they should be tested. If they test negative, your risk may be lower than you thought—similar to that in the general population—and you may not need any further work-up. This depends on your family history on both your mother's and father's sides.

Be careful about direct-to-consumer testing, which may be very good for ancestry but is not accurate for basing clinical decisions on genetic testing.

Ovarian Cancer

Ovarian Cancer Update

In recent years, researchers have made important discoveries about the origin and nature of ovarian cancer, yet it remains a challenging disease. A reliable screening test has proven elusive, so it is hard to detect ovarian cancer early. Women whose ovarian cancer is first discovered after it has spread, and who are treated effectively, are surviving much longer and living better, but often recur and face prolonged intermittent treatment. Increasing attention to survivorship issues as well as prevention have been important advances in ovarian cancer research.

New treatments for ovarian cancer are constantly being investigated. Targeted therapies can identify and attack specific ovarian cancer cells while sparing normal tissues. Immunotherapy approaches, including tumor vaccines, antibodies, and “checkpoint inhibitors” which boost the immune system to attack ovarian cancer cells, are being developed.

Scientists are studying the genes responsible for hereditary ovarian cancer. These studies are eventually expected to lead to new drugs for preventing and treating ovarian cancer. Some genetic mutations are seen in blood (germline), and some are seen in tumor only (somatic). We are learning more about how to determine which drug is right for which patient and which time.

1. What is ovarian cancer?

An ovary is one of a pair of female reproductive glands in which the ova, or eggs, are formed. Ovarian cancer is a growth of abnormal malignant cells that begins in the ovaries or in the fallopian tubes. Cancer that spreads to the ovaries, but originates at another site, is not considered ovarian cancer. Most ovarian cancers are either cancer that begins in the cells on the surface of the ovary (epithelial carcinomas), and some begin in egg cells (malignant germ cell tumors) or structural tissues, including cells that produce hormones (sex cord–stromal tumors).

2. What are some risk factors associated with ovarian cancer?

- Age - Ovarian cancer is most common in women age 55 and older. Young women also get ovarian cancer, but it is rarer. Any woman can get ovarian cancer.

- Not bearing children
- A personal or family history of ovarian, breast or colon cancer
- Genetic mutations - 10% of all ovarian and breast cancers are attributed to inherited mutations of BRCA 1 or 2. There are additional genetic mutations that are associated with ovarian cancer that investigators are learning about daily, and these may be associated with another 20% of ovarian cancers.
- While family history is a risk factor, 90% of women diagnosed with ovarian cancer have NO family history.
- Long term use of post-menopausal hormone therapy (HRT)
- Obesity

3. Are there any ways to decrease one's risk of ovarian cancer?

You may be able to lower your risk by modifying factors that are under your control:

- Having one or more children, especially before age 30
- Breastfeeding, especially for one year or more
- Use of oral contraceptives - When oral contraceptives are used for five years or longer, a woman's risk of developing ovarian cancer is decreased by 50%.
- Removal of the fallopian tubes or tubal ligation
- Salpingo-oophorectomy – removal of the ovaries and fallopian tubes
- Hysterectomy

4. Is there a screening test for ovarian cancer?

No. Currently, there is no screening test for ovarian cancer. A PAP smear is a screening tool for cervical cancer and does not screen for ovarian cancer.

5. What are some possible ovarian cancer symptoms?

- Bloating
- Pelvic or abdominal pain
- Difficulty eating or feeling full quickly
- Urinary symptoms (urgency or frequency)

Additional symptoms may include fatigue, indigestion, back pain, constipation, pain with intercourse and menstrual irregularities.

6. What are some actions to take if symptoms persist?

If one or more of these symptoms persist for more than 2–3 weeks, seek the medical attention of a health professional, preferably a gynecologist who will do a physical examination including a pelvic/rectal exam. Your health care provider may discuss additional tests that are appropriate or necessary such as a CA 125 blood test and/or a transvaginal ultrasound. If ovarian cancer is suspected, you should be evaluated by a gynecologic oncologist.

It is recommended that a pelvic/rectal exam be done annually. Young women beginning at 18 should have a pelvic/rectal exam.

Whether or not you are sexually active should have no bearing on whether or not you are examined by a gynecologist annually.

7. What tests or tools may be appropriate if a woman has symptoms?

Transvaginal ultrasound: Sound-waves are used to create a picture of the ovaries.

CA 125 blood test: This test monitors the level of a protein (CA 125) in the blood when a cancerous tumor is present, although not always.

8. What type of doctor should be seen if there is a suspicious finding?

If ovarian cancer is suspected, a gynecologic oncologist should be seen. A gynecologic oncologist specializes in the diagnosis and treatment of women with cancer of the reproductive organs.

9. How may a diagnosis of ovarian cancer be confirmed?

Surgery or biopsy can confirm a diagnosis of ovarian cancer.

10. What are some types of treatment for ovarian cancer?

The treatment for ovarian cancer often includes surgery, which should be performed by a gynecologic oncologist, and chemotherapy, which may be administered through the vein or directly into the abdomen. Additional targeted agents as well as immunotherapy approaches are being explored as well. A heated chemotherapy intra-abdominal bath, also called HIPEC, may be useful in specific situations.

11. I have a close relative who has had ovarian cancer. Does that mean that I or my family members will get the disease too?

Not necessarily, but if you are concerned about genetic risks, you may want to speak to a genetic counselor.

12. Which patients with ovarian cancer should receive genetic counseling?

All women with ovarian cancer should undergo genetic counseling and be offered testing.

13. Have there been advances in genetic testing for ovarian cancer?

We used to believe that about 10% of ovarian cancers were genetic, but we have subsequently learned of many more mutations, in addition to BRCA1 and 2, that are associated with increased genetic risk. Whereas previously we could test for one gene at a time, since 2013, it has been possible to check for many genes at once, also known as multigene panel testing. A genetic counselor can help you determine the best genetic test for you.

Additionally, we can now test the tumor tissue itself for genetic mutation. This can be important in determining the correct targeted and immunotherapy treatments.

14. Why is it important for a woman with ovarian cancer to know if she has a genetic mutation?

Ovarian cancers associated with some genetic mutations are treated differently than those without. Additionally, knowing about a higher risk of other cancers may influence recommendations for cancer screening (e.g. mammograms or colonoscopies). And importantly, a woman with a genetic mutation can inform other family members of their potential risk, so they can get evaluated and take life-saving measures preventatively.

Very special thanks to Deborah Axelrod, M.D. and Stephanie Blank, M.D. whose guidance and support have made the Pink and Teal Seminar Program booklet on breast and ovarian cancer possible and available to so many.

How to Become an Empowered Patient

Take responsibility and participate in decisions that affect your body, your health, and your life.

Recognize that communication is essential to a good relationship with your doctor. Doctors are not mind-readers. It is important to be honest and candid with them and build a relationship of trust. Regard yourself as part of the team with the doctor.

Get medical information in clear and understandable terms and expect to be treated in a respectful manner.

Participate fully in health care decisions by asking questions and getting information. Prepare your questions before you visit the doctor by writing them down with space to insert your answers. Prioritize them in a list. During discussions, answers should be written down. Asking questions does not mean that you do not trust your doctor. Asking questions does not mean that you do not have faith in your doctor's abilities to prescribe the proper treatment for your situation.

Go to appointments with a second set of ears—a family member or a friend. Your second set of ears should be comfortable discussing medical information and asking questions and should support you in your decisions. This person can also assist you with taking notes during the medical appointment.

Get a second opinion when you need more medical information, are not satisfied with your relationship with your doctor, or just want another medical professional's opinion. 80% of cancer patients get 2nd opinions. Use knowledge to make decisions about your treatment. An uninformed choice is not a real choice.

What Partners and Caregivers Can Do to Help

When someone we care about is diagnosed with cancer, we all want to help. But sometimes it's difficult to know what to do and how best to meet the needs of that person. Here are some suggestions:

Listen

Encourage and allow the patients to discuss their feelings. Consciously listen without judging. Listen with your heart and don't worry about what to say. Offering your shoulder to cry on is a great source of comfort. Let the patients express their feelings, even if it is uncomfortable for you to hear. Sometimes what they need most is to have someone listen. Let them know that they are not alone. When asking about help, be specific. Ask the patients what they like doing least during treatment, for instance, and offer to do that particular task or delegate it to someone else who can support you.

Organize

- Keep track of appointments, medications, bills, and test reports. The patients will be relieved that you did.
- Discuss questions that the patients may have prior to any medical appointments.
- Accompany them to doctor appointments and take notes.
- Ask questions on their behalf if necessary. Sometimes they may be too emotionally upset to focus on medical information.
- Be an advocate in all areas. Someone fighting cancer is often not in shape to fight bureaucracies or anyone else.
- Be a gatherer of information. Learn about the patients' particular types of cancer and treatment options so that you can engage in informed conversations.
- Know contact information for their medical providers. Keep these numbers with you and at home.
- Know what medications and dosages the patients are taking. Keep this list with you at all times.

Support

- Help them find support. No matter how much we can empathize, talking to someone who has gone through it or faced the same challenges can be invaluable. One-on-one conversations or support groups can be very helpful to cancer patients. SHARE provides these for patients and caregivers.
- Being together can also provide very significant support. Physical expressions such as hand holding, hugging and touching can be very comforting.
- Humor and laughter are good medicine and feel ‘normal,’ but be sensitive to the times that the patients need to express grief.
- Respect their need to be alone. Don’t take it personally; they may need time alone to reflect.
- At difficult times, be a buffer between well-meaning friends and family and the patient.
- Prepare for the patients’ hospital stay by going to the library or purchasing special reading material or CD’s or any special items to make the patients feel more comfortable.

Offer

- Don’t wait to be asked for help. Offer help first and be specific. Do what you can.
- Cook or clean.
- Drive to a doctor’s appointment.
- Bring in a meal.
- Do laundry.
- Send a thoughtful and loving note.
- Pick up medications.
- Prepare and freeze snacks.
- Do grocery shopping or errands.
- Babysit or help children with homework.
- Walk the dog.
- Help the patient get the best treatment.
- Help secure a second opinion.
- Research treatment options.

Remember the four L’s: listening, learning, loving and laughing!

What Every Partner or Caregiver Should Know

Caregivers may be partners, spouses, friends and family.

Being a supportive partner or caregiver is not easy. Often, it is not possible for one person to manage all of a patient's needs. As a partner or caregiver, you may need the help of others. Don't be afraid to ask for help and don't hesitate in accepting the help of others.

Acknowledge your own feelings.

Having someone you know face cancer is very emotional for them as well as for you. You may have many emotions that include feeling frightened, anxious, sad, lonely, helpless, uncertain, and even angry. It is important to deal with your own feelings first so that you can offer the patient the best possible support. Focus on what you can do, not on what you can't. Caregivers may feel guilty or selfish about taking time for themselves, but understand that you may need this time. Some caregivers find it helpful to keep a journal where they can freely express their feelings.

Take good care of yourself.

Eat healthfully and try to get enough sleep and maintain a balance in your own life. Exercise. Keep up with your own medical needs including taking your own medications. Make time to relax. Whether it's exercising, reading, watching TV or even talking on the phone, do whatever helps you to reduce the stress. Recognize signs of caregiver 'burnout' including insomnia and exhaustion. There are many ways of coping. Do not worry about what other people think you should or shouldn't be doing.

Communicate.

Keep friends and family updated. If this is too difficult, select a 'point person' to help you. If you are offered help that you don't need or want, decline and thank them for their concern.

Caregivers and partners need support too.

No one is perfect, so try not to expect too much of yourself. Even the best caregivers cannot do it all. Reach out to those who can "support

the supporters.” Attend a support group specifically for partners and caregivers. SHARE offers specialized telephone and group support. Lean on people who are willing to help and allow them to help. Giving some specific tasks to others lets you focus on those tasks that you feel you must personally take on.

Remember, there isn't one way that works best. If you don't take care of yourself, you won't be able to care for others. Continue to do what gives you support, comfort and even joy. When you feel overwhelmed, talk with someone you trust, such as a friend, doctor, member of your faith community or a counselor. You can also call our Caregiver Support Helpline: (855) 498-5523.

The role of caregiver can be challenging and demanding, but it can also be a fulfilling and satisfying role. Please remember that you are a special and extraordinary person to be a caregiver and that it is very much appreciated!

SHARE Caregiver Circle for Family and Friends

When a loved one is diagnosed with breast or ovarian cancer, everyone is affected. The SHARE Caregiver Circle for Family and Friends ensures those caring for a loved one also get the support they need. Trained Helpline volunteers with caregiving experience are just a phone call away. Caregiver support groups offer connection with others going through a similar experience. Webinars and teleconferences provide access to professionals who specialize in supporting caregivers. This community is available for anyone, whether they're caring for a friend or family member facing breast or ovarian cancer.

**For more information, call our Caregiver Support Helpline:
(855) 498-5523**

About SHARE

Now that you have had an opportunity to read the important information in this booklet, and hopefully to attend a Pink and Teal Seminar, we invite you to get acquainted with SHARE, an organization that could offer you, your friends and family, many important services now and in the future.

Founded 43 years ago, SHARE was one of the first places where breast cancer patients could receive support directly from survivors. Today, SHARE supports, educates, and empowers women and families affected by breast or ovarian cancer, with a special focus on medically underserved communities. Our mission is to connect these women with the unique support of survivors and peers, creating a nationwide community where no one has to face breast or ovarian cancer alone. All of SHARE's programs and services are completely free of charge.

SHARE offers telephone helplines in 20 languages, staffed by survivors trained to answer any and all questions that you may have, seven days a week. We can even arrange for you to speak with a peer/survivor who has experienced a similar situation. SHARE also has support groups throughout New York City and select cities along the East coast, as well as via telephone and videoconference. Support groups are led by trained survivors and focused on specific groups of people – such as newly diagnosed patients, younger women, and caregivers. SHARE Ambassadors are women of color who have been impacted by breast or ovarian cancer; they bring culturally-competent information about these diseases back into their communities through presentations at churches, health fairs, senior centers, and other community hubs.

Over the last few years, SHARE has greatly expanded its groundbreaking programming to bring reliable health information deeper into the New York City community, including:

- LatinaSHARE and African-American Ambassadors – vital information brought to underserved communities
- Breast and ovarian cancer education workshops
- Novela Project – a comic book that provides basic information on breast cancer for Spanish-speaking communities
- Lectures on topics of interest – such as an annual fireside chat with Dr. Larry Norton, Deputy Director of Memorial Sloan Kettering's Breast Cancer Program, giving the current state of breast cancer research and treatment
- Side-by-Side program – survivors working with medical students and residents to sensitize them to their experiences
- Advocacy for legislative change, health care reforms and increased spending for research

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