



**From the
 Executive Director**

Dear Friends,

It's an exciting time of growth for BCC as we increase programs and services for breast and ovarian cancer, settle into our new home, and roll-out our new name: Bay Area Cancer Connections. I wish to personally thank each of you who supported BCC during this important expansion.

As we continue to evolve, BCC's commitment to our clients remains our top priority. Currently, most services are open to women facing ovarian cancer. Over 18 Ovarian Buddies are available for one-on-one emotional support. We have a new Hereditary Cancer Support Group where clients and others facing inherited disease can share coping strategies in a warm, non-judgmental atmosphere. We've also expanded our resource library to include ovarian cancer materials and information.

I invite you to stop by our new center for a tour and hear more about BCC's progress. We will be hosting a **House-warming Party on Friday, September 12 from 5:00 to 7:30 p.m.**

As we look to the future, our vision is to be a self-sustaining organization at the forefront of community-based cancer support by being a trusted partner to our clients, medical community, donors, and collaborative organizations, while striving to address shifting gaps in cancer services.

On behalf of our clients we thank you for your continued support and loyal friendship to BCC.

Sincerely,



**Breast Cancer Connections is now
 Bay Area Cancer Connections**

This past year, in honor of our 20th anniversary, BCC expanded to help women touched by ovarian cancer. With the inclusion of these new clients, BCC felt it was important that our name reflect the full range of programs and services we now provide. Our new name, Bay Area Cancer Connections (still BCC), is a slight shift that will allow us to be inclusive of both cancers.

It's important to note that the mission and guiding principles of BCC remain the same, and we will continue to provide the same high-quality support to the breast cancer

community that we have for the past 20 years.

One of our renaming goals was to include the word "cancer," but we did not want a name that specified a type of cancer, to allow for possible growth in the future. Another goal was to be inclusive of everyone we serve by not including the word "women" in the name. Our mission is to support people touched by breast and ovarian cancer which includes family members, caregivers, medical professionals, and anyone else who is accompanying the client on their journey.

continued on back page

New Home/Same Neighborhood

In August, BCC moved to **2335 El Camino Real, Palo Alto, CA 94306**. We are settling into our new home just two blocks down the street from our old location at 390 Cambridge Avenue. Stop by for a tour! Features of the new building include:

- Bigger space to expand services for breast and ovarian cancer
- Two floors will allow us to run simultaneous programs
- Two private consultation rooms
- The same familiar warm atmosphere

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Is There Estrogen in your Egg Salad?

Rebecca Green, N.D., L.Ac., MSOM



Depending on the type of food storage container you are using, you may be adding an extra ingredient that you are unaware of. Most plastics, while convenient, have a tendency to leech chemicals into our food called "endocrine disruptors" that contribute to altered hormonal functioning and even blocking the effects of Tamoxifen (Kim, 2004a).

Luckily, materials that do not leech chemicals are readily available. Here is my top five list of safe food storage options:

- 1. Glass:** Tried and true, glass is heavier, but safe. If you're using a glass container with a plastic lid, try to leave enough room so the lid is sitting above, and not directly on top of, your food.
- 2. Stainless steel:** Great for durability, and a lighter option than glass. Good for water containers, lunch boxes, spice tins, and bowls.
- 3. Wood:** While used mostly for serving and cutting food, it can also make a good storage option.
- 4. Silicone:** Thought to be relatively non-leeching, there are a number of food storage containers now made with silicone.
- 5. Safe Plastics:** While better avoided, the safest plastics to use are #1, #2, #4, and #5. The number can be found next to or within the recycling triangle. Microwaving and dishwashing plastics increases their leeching from 70 percent to 95 percent, so try to use them only for cold items such as salads.

References:

www.breastcancerfund.org/clear-science/environmental-breast-cancer-links/plastics/

Kim IY, Han SY, Moon A (2004a). Phthalates inhibit tamoxifen-induced apoptosis in MCF-7 human breast cancer cells. J Toxicol Environ Health, 67:2025-2035

i Learn more healthy lifestyle practices from experts like Dr. Green at *Creating Connections*, a monthly BCC program featuring unique health topics by various professionals.

Every fourth Wednesday of the month from 6:00 to 8:00 p.m.

Recipe

Baked Spaghetti Squash

This fruit is a wonderful vitamin-rich alternative to pasta. It also keeps in the fridge for a few days. Great if you are pressed for time—make once and enjoy a few times in a week!

Ingredients

- 1 medium spaghetti squash
- 3 tablespoons olive oil
- ground black pepper
- salt

for serving:

- 1 tsp chopped herbs of your choice
- pasta sauce of your choice

Instructions

1. Cut squash in half lengthwise.
2. Scoop out & discard the seeds.
3. Preheat the oven to 375°F. Place squash halves cut side up on a heavy-bottomed roasting pan. Brush with olive oil and season with salt & pepper.
4. Roast for 45 minutes, until fork-tender.
5. Remove squash from the oven and allow it to cool to touch (about 5 minutes). Scrape the flesh from the squash into "noodles" with a sturdy fork. Place in a small serving bowl.
6. Serve squash with a pasta sauce & herbs of your choice.



NEW Hereditary Cancer Support Group

Amanda Withrow, Ph.D. & Rachel Koff, MS, Licensed Genetic Counselor

First Thursday of each month, 7:30 to 9:00 p.m.

This ongoing support and education group is for anyone with a genetic mutation that puts them at greater risk for developing cancer, including but not limited to individuals who are BRCA positive or have Lynch syndrome.

The group is open to all individuals, whether a "previvor" or already diagnosed with cancer. We will focus on moving forward while coping with the practical and emotional impact of having a genetic mutation increasing the risk of a cancer diagnosis. Call our Helpline to learn more: (650) 326-6686

Fight Fall Fatigue with Chair Yoga

Release tension in the hips, back, and neck at work, waiting at the doctor's office, or in the comforts of home with this easy pose.



Sit tall at the front edge of a chair. Separate your legs in a wide seated position, pointing your knees and feet in the same direction. Inhale. Exhale while bending forward at the hips. Keep your back straight. Extend your arms forward and down between your legs, pushing your palms against the floor. Round your back, inhale, and come up to the starting position.

Bay Area Cancer Connections supports people touched by breast and ovarian cancer by providing comprehensive, personalized services in an atmosphere of warmth and compassion.

Emotional Support

- Buddy Program
- Helpline
- Pro Bono Counseling
- The Boutique
- DCIS Support Group
- Hereditary Cancer Support Group
- Recovery & Renewal Support Group
- Metastatic Support Group
- Newly Diagnosed & In Treatment Support Group
- Triple Negative Support Group
- Young Women's Support Group
- Young Survivors Living Well

Health & Wellness

- Creating Connections
- Healing & Guided Imagery
- Healing Touch
- Healthy Steps
- Life Coaching
- Mindfulness Meditation
- Nutrition Series
- Pilates Matwork
- Tai Chi / Qi Gong
- Writing Through Cancer Series

Understanding Cancer

- Library
- Medical Information Services
- My Personal Decision Guide
- Breast Cancer Weekly Q&A

i View our current schedule at: bconnections.org/calendar



Platinum Agents in Breast Cancer: Taking a Second Look

By Katie Planey, Ph.D. candidate, Stanford Biomedical Informatics

Reviewed by Melinda Telli, M.D., Assistant Professor of Medicine, Stanford University

Erika Bell, Ph.D., BCC Manager of Medical Information Services

The history of platinum in breast cancer

Platinum agents are a class of chemotherapy drugs that contains the heavy metal platinum. These drugs target cells that are highly proliferating, or dividing faster than normal. This proliferation is a hallmark of cancer. Platinum agents work by damaging cellular DNA and interfering with DNA repair, which ultimately leads to cell death. In 1978, cisplatin became the first platinum agent approved for use in humans. This drug is still widely used for the treatment of certain cancers today. A related compound, carboplatin, is frequently used in the treatment of ovarian cancer and HER2-positive breast cancer.

Outside of HER2-positive breast cancer, platinum agents are not traditionally used as part of standard breast cancer chemotherapy regimens. One main reason for this is toxicity. Platinum is a rare metal, so our bodies do not have built-in evolutionary self-defense mechanisms against it. This can be a good thing for fighting off cancer cells, but it can also mean that in high doses platinum agents can be quite toxic, with side effects like nausea and kidney damage.

Another reason that platinum agents are not more widely used to treat breast cancer is the lack of clinical evidence that platinum agents improve response and/or survival compared to the current standard-of-care treatments. This lack of evidence is partially due to how platinum agents were tested in early clinical trials. Mainly due to their toxicity, platinum agents were considered an option only if standard-line chemotherapy failed, and thus were administered only to metastatic patients. Early trials in the 1970s and 1980s looked at the efficacy of cisplatin as second- and third-line chemotherapy for metastatic breast cancer. These studies found that platinum agents were only minimally effective in reducing the size and spread of metastatic tumors or increasing survival. A small 1988 study looked at using cisplatin as a first-

line, single-agent chemotherapy (not combined with another chemotherapy) in metastatic breast cancer and found partial responses in distant metastases in almost fifty percent of patients. Other small studies during this time period tested cisplatin in combination with well-established chemotherapies like doxorubicin and cyclophosphamide (AC) and found this regimen similar in efficacy to widely used programs such as FAC (5-FU, doxorubicin, cyclophosphamide).¹ Without platinum agents showing greater efficacy than current regimens, and with their increased toxicity, the clinical community was not convinced platinum agents should be the standard-of-care in breast cancer.

A second look at platinum agents

Encouraging new data has created a renewed interest in platinum agents for the treatment of breast cancer. The research and medical communities now appreciate that breast cancer has various subtypes, each of which can respond differently to different therapies. Thus, tailoring a clinical trial to a specific subtype can result in a better success rate for a drug.

The subtypes of interest for platinum agents are breast cancers arising in BRCA1 or BRCA2 mutation carriers and/or triple-negative patients (breast tumors that are ER-/PR-/HER2-). BRCA1 and BRCA2 are two genes involved in normal DNA repair. When inherited in an altered or mutated form, an individual has a significantly elevated lifetime risk for developing both breast and ovarian cancer.

A small proof-of-concept study in Poland reported in 2009 looked at 25 BRCA1 mutation carriers with early-stage breast cancer, 80 percent of whom had triple-negative tumors. These patients were given four cycles of cisplatin prior to surgery (neoadjuvant chemotherapy). Seventy-two percent of the patients achieved a pathologic complete response (pCR), or

complete eradication of the tumor in the breast and lymph nodes, a rare feat for triple-negative patients.² This means that the drug was completely effective in destroying all cancer cells from the original site. While achieving a pathological complete response is associated with a favorable prognosis, it is unknown exactly what impact an increase in pCR will have on recurrence and overall survival.³ Still, the finding that cisplatin was effective in this particular setting was encouraging and raised interest in platinum agents.

While there has not been a prospective study specifically designed to look at BRCA mutation carriers with triple-negative disease treated with standard therapy, such as anthracycline and taxane chemotherapies, the MD Anderson Cancer Center took a retrospective look at its past clinical records and saw that only 37 percent of these patients had a pCR.⁴ This is quite a stark difference from the 72 percent rate in the Poland study, where patients received cisplatin instead of a standard regimen.

Other recent studies giving pre-operative cisplatin to early-stage, triple-negative patients, without first determining if these patients were BRCA mutation carriers, were less successful and yielded lower pCR rates, as low as 15 percent.^{5,6} Were these lower rates simply due to a lower percentage of BRCA mutation carriers in these studies? Researchers addressed this question using the pharmaceutical gold standard: randomized clinical trials.

Randomized clinical trials provide important insights

Three recently presented clinical trials, GeparSixto, CALGB 40603, and PrECOG 0105, provided insight into which breast cancer patients might benefit most from platinum drugs. The GeparSixto trial was

a randomized phase II trial of 595 patients. The trial evaluated whether the addition of carboplatin to standard chemotherapy given to triple-negative and HER2-positive patients improved pathologic complete response. All triple-negative patients also received bevacizumab (Avastin), and all HER2-positive patients received the targeted drugs trastuzumab (Herceptin) and lapatinib (Tykerb).

In the GeparSixto study, there was a slight increase in pCR overall when patients received carboplatin, from 37.2 percent to 46.7 percent. The more dramatic improvement, however, was seen in the triple-negative subgroup, where pCR increased from 37.9 percent to 58.7 percent. The HER2-positive patients, on the other hand, did not experience a significant increase in response with the addition of carboplatin, once again highlighting the importance of tailoring breast cancer treatment to specific subtypes. Unfortunately, the regimen used in this study was too toxic to use as standard-of-care in the clinic. Almost half of the patients receiving carboplatin had to stop treatment due to significant side effects.⁷

Similar results were reported from the phase II CALGB 40603 clinical trial of standard chemotherapy with or without carboplatin and with or without bevacizumab (Avastin) in patients with early-stage, triple-negative breast cancer. The addition of carboplatin and/or bevacizumab to standard neoadjuvant chemotherapy resulted in an increase in pCR in the breast in stage II and III triple-negative breast cancer patients.⁸ Addition of carboplatin alone, or addition of carboplatin plus bevacizumab also significantly increased pCR in the lymph nodes. Conversely, addition of bevacizumab alone did not result in an increase in pCR in the lymph nodes.

The PrECOG 0105 trial investigated a regimen of

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GLOSSARY

Neoadjuvant chemotherapy: Systemic treatment given before surgery to kill cancer cells.

Pathologic complete response (pCR): The complete absence of residual disease in the breast and lymph nodes at the time of surgery, as assessed by a pathologist using a microscope.

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carboplatin plus two other chemotherapy drugs, gemcitabine and iniparib, in triple-negative patients and/or BRCA-mutation carriers. Overall, 36 percent of the patients achieved a pathologic complete response, but the response rate differed substantially between patients with and without a BRCA mutation. Fifty-six percent of triple-negative patients with BRCA mutations achieved a pCR, whereas only 33 percent of triple-negative patients without a BRCA mutation achieved this response. This regimen was well tolerated, with infrequent hair loss and neuropathy.⁹

A promising new laboratory test

In addition to showing a difference in response rate among patients with and without a BRCA mutation, the PrECOG 0105 study also assessed the ability of a novel laboratory test to predict which patients would benefit from platinum therapy. The test, developed by Myriad Genetics and called the Homologous Recombination Deficiency Assay, measures the level of genomic instability in a tumor. High levels of genomic instability are a hallmark of tumors arising in patients with inherited BRCA mutations. Some tumors, however, have high levels of genomic instability even in the absence of a BRCA mutation, and are

therefore considered “BRCA-like.” In the PrECOG 0105 study, tumors with high levels of genomic instability tended to respond favorably to treatment with platinum therapy, regardless of their BRCA mutation status.¹⁰ In the future this type of assay could play a role in the clinic to select patients most likely to benefit from platinum chemotherapy drugs.

Additional clinical trials are currently under way to further explore the ideal drugs to combine with platinum agents, and to identify which patient subpopulations will have the best response. Results from these trials hold promise in changing the clinical care of breast cancer.

Take home points:

- Platinum agents such as carboplatin are being considered again in the treatment of specific breast cancer subtypes
- It appears that patients with both triple-negative and BRCA1 or BRCA2 mutation-associated breast tumors may respond the best to these agents
- New laboratory tests are being used to help identify which tumor types will respond best to platinum therapy

REFERENCES:

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- ² Gronwald, et al. Neoadjuvant therapy with cisplatin in BRCA-positive breast cancer patients. 2009 ASCO Annual Meeting. Abstract 502. (2009)
- ³ Von Minckwitz G, et al. Definition and impact of pathologic complete response on prognosis after neoadjuvant chemotherapy in various intrinsic breast cancer subtypes. *J Clin Oncol.* 30(15): 1796-804 (2012).
- ⁴ Arun B, et al. Response to neoadjuvant systemic therapy for breast cancer in BRCA mutation carriers and noncarriers: a single-institution experience. *J Clin Oncol.* 29(28):3739-46 (2011).
- ⁵ Silver DP, et al. Efficacy of neoadjuvant cisplatin in triple negative breast cancer. *J Clin Onc.* 28:1145-1153 (2010).
- ⁶ Ryan PD, et al. Neoadjuvant cisplatin plus bevacizumab in triple negative breast cancer: safety and efficacy. 2009 ASCO Annual Meeting. Abstract 551 (2009).
- ⁷ Von Minckwitz G, Schneeweiss A, Salat C, et al: A randomized phase II trial investigating the addition of carboplatin to neoadjuvant therapy for triple-negative and HER2-positive early breast cancer (GeparSixto). 2013 ASCO Annual Meeting. Abstract 1004. Presented June 3, 2013.
- ⁸ Sikov WM, Berry DA, Perou CM, et al. Impact of the addition of carboplatin (Cb) and/or bevacizumab (B) to neoadjuvant weekly paclitaxel (P) followed by dose-dense AC on pathologic complete response (pCR) rates in triple-negative breast cancer (TNBC): CALGB 40603 (Alliance). The 2013 San Antonio Breast Cancer Symposium, December 10–14, 2013. Abstract S5-01. Corresponding press release: <http://www.sabcs.org/PressReleases/Documents/2013/bo82egabb4doc81d.pdf>
- ⁹ Telli ML, Jensen KC, Kurian AW et al: PrECOG 0105: Final efficacy results from a phase II study of gemcitabine and carboplatin plus iniparib (BS1201) as neoadjuvant therapy for triple negative and BRCA1/2 mutation-associated breast cancer. 2013 ASCO Annual Meeting. Abstract 1003. Presented June 3, 2013.
- ¹⁰ Telli ML, Jensen KC, Abkevich V, et al: Homologous recombination deficiency score predicts pathologic complete response following neoadjuvant platinum-based therapy in triple-negative and BRCA1/2 mutation-associated breast cancer. 2012 AACR-CTRC San Antonio Breast Cancer Symposium. Abstract PD09-04. Presented December 13, 2012.



11th Annual Breast Cancer Conference

Sharing Knowledge ~ Creating Hope

Join us for a full day of education, resources, and networking for anyone touched by breast or ovarian cancer.

Saturday, November 1, 2014

8:00 a.m. to 5:00 p.m.

Oracle Conference Center

350 Oracle Parkway, Redwood Shores, CA 94065

- The impact of emotional support on the cancer journey – *David Spiegel, M.D., Ph.D.*
- Survivor Story – *Katya Lezin*
- Reducing chemotherapy-induced hair loss with cold caps – *Michelle Melisko, M.D.*
- Emerging therapies in the treatment of breast cancer – *Hope Rugo, M.D.*
- Reconstruction Panel – *John Griffin, M.D., Gabriel Kind, M.D., Steven Bates, M.D.*
- Genetics : Gene Panels – *Frank delaRama, MS, R.N.*
- Body Image – *Barbara Kirsch, Ph.D.*
- Exercise and Rehabilitation – *Regan Fedric, ACSM, CES & Sharon Leslie, P.T.*

ORACLE

A big THANK YOU to Oracle! Conference participants are always appreciative of the opportunity to learn, be heard, be understood, and Oracle makes that possible by providing such extraordinary space for this annual event.

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\$45 per person

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(650) 326-6686

toll-free (888) 222-4401

Up to 5 Continuing Education Units available to R.N., MFT, and LCSW certifications for a separate and **additional \$35 fee** payable to CPIC (Cancer Prevention Institute of California). Check or cash accepted at the conference.

Volunteer of the Year: *Beth Solomon-Casper*

Every year, BCC honors one person who has demonstrated, through their volunteer work and outstanding contributions, their commitment to BCC and our clients. This award was named for Sherrie Wilkins, an extraordinary volunteer who contributed immeasurable creativity, determination, and commitment to BCC and the clients we serve. This year, **Beth Solomon-Casper** was chosen for this special recognition.

What volunteer jobs have you done at BCC?

I started volunteering as a Helpliner two years ago. I enjoyed the people and the warm atmosphere, and because I'm retired and had time on my hands, I started helping out with community outreach events. Eventually, I began helping Joni [Manager of Volunteer Resources] with tracking the volunteer hours, the Buddy audit, and a myriad of other things, sometimes bringing my Human Resources background into play and sometimes just helping with mailings or other administrative functions. I especially enjoy working with the new Ovarian Cancer Buddies. They are awesome women from whom I gain tremendous inspiration. I get such positive feelings from volunteering at BCC that I think it is fair to say that I am willing to help wherever I can.



Beth Solomon-Casper and Joan Venticinque, Manager of Volunteer Resources

What's it like volunteering as a Helpliner?

Being a Helpliner is super! I love being able to help women who have just been hit with the devastating news, process their diagnosis of breast or ovarian cancer. More times than not, my initial conversation with a new client focuses on helping her narrow down what she needs to do first, so that she can tackle the bat-

tle ahead of her in a controlled and rational manner. Sometimes this means referring her to our Medical Information staff for help in better understanding her pathology. Other times it may mean referring her to one of our therapists or support groups. Often, the client may simply need to talk and be heard. Regardless of the immediate needs of the client, it is very fulfilling to know that I can often help our client begin the journey back to good health. I must admit, sometimes being a Helpliner can be pretty frustrating, but these times are few and far between.

What keeps you coming back to volunteer?

I keep coming back as a BCC volunteer because of the wonderful people! In my 35 years as a Human Resources professional, I never encountered such a fantastic group of people. The staff and volunteers alike are the most dedicated, sensitive people I have ever worked with. Our clients who have been diagnosed with breast or ovarian cancer are very generous and brave women. Even in the face of sometimes devastating medical problems they graciously volunteer to help others and demonstrate a positive attitude. The staff is always there to provide support to clients and volunteers alike. Where else can I find such selfless women!

Interested in volunteering?

The following positions are currently open. Apply online at: bconnections.org/get-involved



Spring Benefit with Madeleine Albright

On March 26, 2014 BCC held its 6th Annual Spring Benefit featuring Secretary Madeleine Albright. The morning was truly special as Secretary Albright shared her powerful insights and fascinating stories about the evolving role of women in the world today.



Karen Nierenberg, Board Member; Secretary Madeleine Albright; and Karen Nelson, Executive Director

Funds raised at the event were matched by the Morgan Family Foundation's Challenge Grant, doubling the impact of the donations and bringing our grand total to \$221,000. Our donors ensure that BCC remains one of the Bay Area's leading cancer organizations. We're grateful to our sponsors, attendees, and everyone who made this event possible.



Jill Freidenrich, Co-Founder; and Catherine Zinn, Event Moderator and Board Member



Reyes Cabrera, Honored Speaker and Gabriella Patser Program client; and Donaji Olivares, Program Coordinator and translator



Become a BCC Booster!

Love cooking? Enjoy bowling? Avid hiker? We love it when friends and families get involved with our community. When you organize an event as a family, community group or company you're not only raising money to support BCC – you are also raising awareness about BCC's mission.

BCC Boosters fundraise for our cause and support our work as a critical community resource to those facing breast or ovarian cancer, including such free services as support groups, the Buddy Program, resource library, and early breast cancer detection.

Get Started! Tell us about your event and get tools to help make it successful: bconnections.org/get-involved

Create Your Own Event

Here are a few ideas to inspire, motivate, and lead you on the way to a fun fundraising experience!

- Auction
- Trivia night
- Sports tournament
- Food sale
- Benefit concert
- School dance
- Games tournament
- Charity speed dating
- Can/bottle drive
- Benefit BBQ
- Yard sale
- Bike ride



Shop & Dine to Benefit BCC

Support our Community Partners who are raising awareness for ovarian cancer this September and breast cancer this October.

Learn More: bconnections.org/events

Save the Date 2.13.15

4th Annual Pop! Pour & Pair Valentine's Day Benefit Garden Court Hotel, Palo Alto, CA



2nd Annual Writing Contest

This spring Bay Area Cancer Connections asked people in the community to write an essay about their personal experience with breast or ovarian cancer. Four finalists were selected by our panel of judges and were posted on BCC's Blog for the public to the vote.

On July 1, 2014 three of the four finalists read their essays at Kepler's Books & Magazines in Menlo Park, CA, and the winner was announced that night. Congratulations to our winner, Virginia Dimpfl; and finalists Jean Barrick, Victoria Dennero, and Petra Lentz-Snow.

Special thanks to the following community partners who helped spread the word about our Writing Contest:

Breast Cancer Emergency Fund
Cancer Prevention Institute of California
El Camino Hospital Cancer Center
Kepler's Books & Magazines
Palo Alto Medical Foundation
Stanford Cancer Institute Community Partnership Program



Finalist Petra Lentz-Snow, winner Virginia Dimpfl, Emcee & Judge Ellen Sussman, and finalist Jean Barrick at Kepler's Books & Magazines in Menlo Park, CA

questions to which there are no universal or certain answers. But my new reality requires new learnings and new knowledge. Here's some of what I know today: I know that I don't want to go to battle against something that has no known cause or cure, rather I want to continue to nurture the compassion in myself that will help make a difference to me and others in my life.

I know that I need to find new language that describes my own personal journey and that being a "survivor" is no longer adequate or descriptive enough as I face the limits of this metaphor. I know that some days I am better and more skilled at living with new uncertainties than on others.

What I have done, and what I'm doing, is enough. It is enough to read a poem, to drive my neighbor to church on Sundays, to walk 3 (not run 5) miles with a friend, to send a surprise riddle to a grand-niece or nephew. It is enough to write a letter, sign a petition, donate my time and money to those organizations that matter most to me.

I know that for today it is enough to practice being more and doing less.

 To read all four finalist's essays visit our Blog: bccconnections.org/blog



About the Winner

Virginia Dimpfl is a marketing consultant and writer. She lives in San Jose with her husband David, and enjoys a loving and supportive network of family and friends.

Since being diagnosed with breast cancer she has been exploring her creativity through writing and is in the process of developing and curating a series of essays regarding her experience. Just one year from completing treatment for her primary diagnosis of stage II breast cancer, she received the diagnosis of metastatic, or stage IV breast cancer in January 2014.

Today is Enough

By Virginia Dimpfl

New York was shivering under a polar vortex while here in California we were doing daily rain dances to ward off one of the worst droughts in history. But I was off to The Big Apple in the morning with some gal pals and nothing was going to deter me. I had a great plan: four friends, three plays, two pizzas, one shopping expedition, all finished off nicely with a walk through Central Park in the snow and a whole lot of laughs in between.

It had been exactly one year since I completed my breast cancer treatment, and I was still practicing when to say "yes" and when to say "no." I was saying yes to fun, friends, and family that made me laugh out loud, and who supported and encouraged me to move on from what was no longer working in my life. I said no to the demands of my corporate job in favor of the more flexible hours

of consulting, and was declining dinner parties that required me to bring the apps, not the software kind, but those featuring the latest artisanal cheese, skewered this, roasted that, or pizza topped with arugula. Going away with girlfriends for the weekend, however, was new for me.

I was a work in progress, educating myself and working hard at doing all I could to keep the cancer from recurring. I threw out the last of the toxic cleaning supplies and plastic food containers, hung out in the aisles of health food stores, read shampoo labels and dropped off truckloads of pots and pans with coatings of unknown origins. I was determined to live healthier, more joyfully and with greater purpose than ever before. I had accepted the moniker of "survivor."

Walking through our front door the night before leaving, I was

anxious to tell my husband the latest details of my New York travel plans. He didn't so much as greet me at the door as simply handed me the phone, "It's your Doctor." In a New York minute, all of my joyful doing and practicing of new life lessons faded to grey as the anxiety of the cancer returning came into view. On the other end of the line, my oncologist encouraged me to enjoy my weekend away assuring me that we would redo my blood work when I returned. In the meantime, she would set up an ultrasound and MRI just in case. I hung up knowing that "when I returned" I would be facing the news that my cancer had returned unwelcomed.

It has now been six months since I received the diagnosis of metastatic breast cancer. I am one of more than 155,000 men and women for whom there is no cure. My course of treatment is not as

clearly defined as it was with my initial diagnosis. I will stay on an oral chemotherapy regimen until the cancer cells are no longer re-treating or the side effects become too debilitating. After that I will consider the next course of treatment and the next and the next. But, so far, so good.

With metastatic breast cancer comes one kind of clarity: I no longer live with burden of uncertainty of whether the cancer will return. I live instead with the knowledge that it has returned. This unconsoling clarity raises more uncertainties, different burdens, new questions. Am I still a survivor? Will the cancer metastasize to other organs? What does this all mean for my quality of life? How do I want to spend my days and nights now? How many more days and nights do I have to spend?

Of course, these are big life

Helpline: (650) 326-6686 Toll-free: (888) 222-4401
www.bccconnections.org

Mission

We support people touched by breast and ovarian cancer by providing comprehensive, personalized services in an atmosphere of warmth and compassion.

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David Spiegel, M.D.
Myron Turbow, M.D.
Matt van de Rijn, M.D., Ph.D.

This newsletter is a free publication of Bay Area Cancer Connections. It is a forum for the exchange of information and ideas concerning cancer. The views expressed by individual contributors do not necessarily reflect those of BCC as an organization. If you have questions about how any information in the newsletter relates to your personal health care, we urge you to consult with your doctor. Our resources are designed to help you develop questions for your health care provider, not for diagnosis or treatment purposes. Since we compile information from a variety of sources, we also cannot make any guarantee that it is accurate or up to date.

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Breast Cancer Connections is now Bay Area Cancer Connections

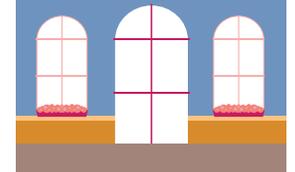
We also wanted our new name to reflect the region we serve. Though based in Palo Alto, CA, our helpline serves the entire Bay Area and welcomes toll-free calls from everyone. You might be surprised to learn that our Gabriella Patser Program for early breast cancer detection serves 14 Bay Area counties. Through 104 referral agencies and 43 medical providers we provide access to care to the underserved in our community. It is BCC's largest program and the one we are most proud of.

The Gabriella Patser Program is celebrating its 20th Anniversary this year and we look forward to celebrating with you and better educating our entire BCC community about the important work we are providing throughout the Bay Area.

Housewarming Party

September 12, 2014
5:00 - 7:30 p.m.

R.S.V.P.
(650) 326-6686



Stay Connected!

**Please update your address book
with our new name and address:**

Bay Area Cancer Connections
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