

Real Men Wear Pink • Cutting Calories to Fight Cancer • Breast Health Champions

THINK PINK

OCTOBER 2017



Early Detection Guide

WOMEN AGES

40 - 44

at average risk have the choice to start annual breast cancer screening with mammograms if they wish to do so.

WOMEN AGES

45 - 54

should get mammograms every year.

WOMEN AGES

55+

should switch to mammograms every 2 years, or can continue yearly screening. Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.

SOME WOMEN AT HIGH RISK for breast cancer —

because of their family history, a genetic predisposition, or certain other factors—should be screened with MRIs and mammograms. Talk with a health care provider about your risk for breast cancer and the screening plan that is best for you.

Welcome to Think Pink 2017

On behalf of the American Cancer Society, I am pleased to introduce the 2017 Tribute to Think Pink with *Philadelphia* magazine. While the month of



October is specifically dedicated to breast cancer awareness, it also gives us an opportunity to talk about the prevention and early detection of all cancers, and how you can make an impact. In the Philadelphia area, the American Cancer Society is active in many ways to help save lives, celebrate lives, and lead the fight for a world without cancer. In this special tribute, you will learn how everyday people are making an extraordinary difference in the fight against cancer. You will also find out about programs that help patients with cancer and their loved ones, including the AstraZeneca Hope Lodge, which provides a free place to stay when treatment is needed far from home. And, of course, you'll learn about all the special activities taking place for breast cancer awareness this month,

including the Making Strides Against Breast Cancer walk, which takes place at Citizens Bank Park on Sunday, October 15, 2017.

The American Cancer Society is committed to helping women prevent or detect breast cancer early, when it's most treatable. It is important for women to take charge of their own health, to know how their breasts normally look and feel, and report any changes to their health care professional right away.

Mammograms are the best screening tool we have to detect breast cancer early. See the sidebar to the left to see what the American Cancer Society recommends for those at average risk.

I hope you enjoy this Tribute to Think Pink, and, as always, please know that the American Cancer Society is here for you and your loved ones. We are available 24 hours a day, every day at 1-800-227-2345 or www.cancer.org.

Sincerely,

Carmen E. Guerra, M.D., M.S.C.E., F.A.C.P.
President, American Cancer Society East Central Division Board of Directors
Associate Professor of Medicine, Department of Medicine
Associate Director and Associate Chief of Staff, Abramson Cancer Center
Perelman School of Medicine
University of Pennsylvania

➔ Visit phillymag.com/thinkpink to download this section and for more Think Pink information.

A HOME FOR THE HOPEFUL



Hope Lodge Offers a Home Away from Home

It might not be home, but the AstraZeneca Hope Lodge of the ACS is the next best thing for cancer patients who must travel to Philadelphia for treatment.

LOCATED IN CHELTENHAM, PA, the AstraZeneca Hope Lodge of the ACS offers free overnight accommodations for patients who live more than 40 miles away from the area.

Larry and Sharon Risch from South Brunswick, NJ, are two guests who spent five days a week there over the summer while Larry received radiation therapy in Philadelphia. Both rave about the facility and call it “a godsend.”

“Being able to stay at Hope Lodge means we didn’t have to travel over three hours round trip each day to get to Larry’s appointments,” Sharon says. “I was also able to stay with him and still commute to my job.”

Both comment on the supportive atmosphere that forms the patient and family member experience who stay at Hope Lodge. Guests rally

around each other, offering strength and support.

“It’s like a live-in support group with people who are going through similar experiences,” says Larry, who was referred to Hope Lodge by his surgeon. “You couldn’t ask for a nicer place, everything you need is here. It takes so much stress away.”

“You couldn’t ask for a nicer place, everything you need is here. It takes so much stress away.”

Hope Lodge opened in 2009 and is supported by corporate and private donations. Patients enjoy private suites and baths, common living rooms, laundry facilities and a kitchen. The home also provides patients with transportation to and from area hospitals.

VOLUNTEER STORY



Sheri Calabrese

Giving everything you’ve got, including your hair

When Sheri Calabrese agreed to form a team for the American Cancer Society’s “Making Strides Against Breast Cancer” walk five years ago, she had one problem.

“I didn’t know who I should walk in honor of,” she says. “My grandmother and great-grandmother died of breast cancer, but I never really knew them.”

“Then I thought of a recently retired teacher I knew who had just been diagnosed with breast cancer. I asked her if I could walk in her honor and she was thrilled. That’s how it all got started.”

Calabrese was “all in” that first year, a fact borne out by her initial fundraising idea.

“Back then I didn’t know anything about fundraising or organizing a team,” she says laughing. “I decided to issue a challenge: if the community matched what I had already raised I would shave my head bald. Of course, that brought people together and they met the challenge!”

Calabrese walked with the teacher that year—“hand in hand, both of us bald, it was awesome”—and she hasn’t slowed down since. Her team, “The Jolly Jugs,” is the Philadelphia walk’s top fundraising team, having raised more than \$35,000 since the walk began.

“There are about 50 people on our team now and every year it gets bigger,” Calabrese says. “I feel like every time I turn around someone else is diagnosed with breast cancer so I just keep going.”

VOLUNTEER STORY



Rachel Hezlep

Proving that beauty is more than skin deep

Ten years ago, Rachel Hezlep left a job in marketing to follow her dream of becoming an esthetician and volunteer with the “Look Good Feel Better” program. She’s never looked back.

“I thought that volunteering with Look Good Feel Better would be a good way to use my skills,” Hezlep says. “What I didn’t count on was that I’d meet and make friends with so many other amazing volunteers.”

Look Good Feel Better is a free program that teaches beauty techniques to people with cancer to help them manage the appearance-related side effects of treatment. Workshop participants learn how to cleanse their skin, apply makeup, care for their nails, and use scarfs and other head coverings.

“One of the greatest joys is seeing the ladies’ excitement as they work through their makeup kits and all the products,” she says.

Today, Hezlep serves as a trainer for the program, teaching others how to lead classes themselves. She is also trained to lead the “Look Good Feel Better for Teens” program hosted at Children’s Hospital of Philadelphia.

Over the course of nine years, she has led more than 65 workshops and helped at least 250 women and teens. In 2016, she was recognized with the Look Good Feel Better National Sunrise Award for her work.

“Being able to share my knowledge is truly a gift, but what’s equally special is how I leave each workshop inspired by the people I’ve met.”

LOCAL THINK PINK EVENTS

Annual “Pink Party” to Fight Cancer

The American Cancer Society’s 5th annual “Pink Party Against Breast Cancer” will be held on October 5th at a luxurious home at Liseter in Newtown Square, a Toll Brothers community. This year’s 2017 honoree is **Dr. Generosa Grana, director of MD Anderson Cancer Center at Cooper**. She is recognized both regionally and nationally as a medical oncologist specializing in breast cancer.

The girls’ night out will feature cocktails, hors d’oeuvres and unique local vendors. All money raised will support groundbreaking research, support services, and resources for education and prevention.

The Pink Party is presented by the Krancer Family, Adolf Biecker Spa/Salon, and Jean Madeline Salons. **Photos from 2016 Pink Party:**



For more information about the Pink Party, visit acspinkparty.org.



BREAST HEALTH CHAMPION

John C. Leighton, Jr., MD, FACP

Division Chair, Hematology and Medical Oncology
EINSTEIN MEDICAL CENTER PHILADELPHIA, CANCER CARE CENTER

What led you to become a physician?

I’ve been interested in medicine since the age of 10, when I was hit by a motorcycle and broke my leg. I always thought I would be an orthopedist, but in medical school, something changed, and I decided to become an internist instead.

How did you come to oncology?

During my internship at Einstein, I did an oncology rotation. It was the best month of the entire year. I really enjoyed the patient/family interaction, even when it wasn’t under the best circumstances. I also realized that medical oncology was a field

where you can always learn, and do, so much for our patients.

What’s surprised you most about the direction of the field?

There have been advances that we couldn’t have dreamed of 20 years ago. The immunotherapy drugs really stand out. Initially Herceptin, and others have improved breast cancer survival without adding a lot of treatment-related side effects. Now we’re seeing newer immunotherapy drugs that are achieving unprecedented responses for a longer duration in patients with advanced cancers. The downside is that these immunotherapies don’t work for everyone, so we

are challenged with determining the best approach for each person.

What have you learned from your patients?

I can never take my patients or their cancers for granted. While there are patients who don’t do as well as you would like, there are patients who — due to their resilience or something unique about their disease or for reasons we can’t understand—beat the odds. Some of these cases are cured entirely. Some survive longer than anticipated with a very good quality of life.

Will we see more women living with breast cancer?

If you think about diabetes, it’s a chronic illness with significant consequences. Yet, patients who take their medications and commit to lifestyle changes can have a good quality of life. I see the same future for women with metastatic breast cancer. Treatment advances, and fewer treatment-related side effects, are allowing these women to now live longer, more productive lives.

Are genetics as important in early detection as once thought?

Genetics remain extremely important. Most breast cancers aren’t inherited, but women should still know their family history and consider genetic counseling if it is recommended. On the other hand, women without a family history should still undergo screening. This means discussion of testing beginning at age 40. Additionally, if a woman becomes aware of a breast lump, mass, or other problems, she should seek medical attention and not be falsely reassured by the absence of family history.

What advice would you give to a newly diagnosed patient?

She should know that breast cancer is always treatable, often curable and that these treatments are much more tolerable than in the past. Today, women who have been diagnosed with breast cancer are able to live long, healthy and productive lives.

“As a medical community, we’re not yet satisfied with the progress we’ve made. We’re all working to find more effective diagnostics and treatments, along with less side effects, that will lead to a better quality of life for those with breast cancer and their families.”



THINK PINK!

A portion of every KIRSCH GOSE sold during the month of October is donated to local organizations to help achieve VICTORY OVER BREAST CANCER.

victorybeer.com




HEALTHY EATS

Cutting Calories to Treat Cancer

How targeted and reduced-calorie diets during cancer treatment could yield better outcomes

CAN CUTTING CALORIES and changing your diet improve the effectiveness of cancer treatments and increase survival rates? Researchers at the Sidney Kimmel Cancer Center at Jefferson are proving the answer to this tantalizing question is *yes*.

“Cancer is typically treated with surgery, chemotherapy and radiation, but our research shows that cutting calories during treatment can help shrink tumors, prevent their spread, and improve survival rates,” says Nicole Simone, MD, Co-leader of Jefferson’s Breast Cancer Research Program.

For example, in one of her team’s clinical trials, breast cancer patients who cut calories by 25% lost an average of 9 pounds in 10 weeks, experienced less toxicity from their radiation therapy, and reported feel-

ing better overall. More importantly, the team has also demonstrated that restricting calories alone can decrease the size of tumors and delay the spread of disease. These results are further improved when caloric restriction is followed while the patient is undergoing chemotherapy or radiation, using diet like a drug to combat the disease.

The “why” behind how this works is fairly simple. A cancer cell relies on food as its fuel. Decreasing calories—via fasting or the food choices that are made—causes cancer cells to go into a hibernation-like state. This limits their ability to grow and spread and allows standard cancer therapies such as radiation to do their job more effectively.

“What we’re doing is marrying the worlds of precision medicine



with precision nutrition to improve cancer care,” Dr. Simone says. “In our clinical trials, we are personalizing diets both for the patient and for the tumor. We do this by looking at the genetic makeup of a tumor and seeing what genes are driving it. We then determine what diet a patient should be on during their treatment.

“One gene, for example, is called c-MYC,” she continues. “If that gene is driving your cancer, there is evidence suggesting that some foods may be more beneficial to combat the problems that gene is causing and help cancer treatments work better. For patients with a c-MYC abnormality, we’re suggesting a diet enriched in pectin, which is in apples and oranges. Also, choline, which is in almonds, yogurt, and egg yolks.”

Dr. Simone’s research team is further testing its finding through three active clinical trials across several kinds of cancers. The ultimate goal is to establish a Precision Nutrition Center at Jeffer-

son—the first of its kind in the world.

“This research is exciting because we’re proving that diet can make cancer treatments work better,” Dr. Simone

says. “Instead of adding drugs with side effects, we can be cost-effective, decrease toxicity, and we may get improved survival—just by changing the foods we eat.”

Visit phillymag.com/thinkpink for calorie cutting recipes

“What we’re doing is marrying the worlds of precision medicine with precision nutrition to improve cancer care.”



Eat Your Way To A Lower Risk of Cancer

Many of the risk factors for breast cancer cannot be controlled, such as gender, age or family history. However, there are some factors that can be controlled. Diet is one of them.

No single food can protect you against cancer by itself, but there is increasing evidence that a healthy diet filled with fruits, vegetables and whole grains can help reduce the risk of certain cancers, including breast cancer.

Colleen Doyle, MS, RD, director of nutrition and physical activity for the American Cancer Society, offers these dietary tips to improve your overall health and possibly reduce your risk for cancer:

- 1 Watch your portion sizes, particularly of foods and drinks high in calories or sugar
- 2 Use a salad plate instead of your dinner plate to help control portions
- 3 Cut back on sugar-sweetened beverages, the largest single source of added sugar in the diet
- 4 Include colorful vegetables and fruits in each meal and snack
- 5 Eat more whole grains – whole wheat bread, brown rice, oatmeal – instead of refined grains like white bread and pasta
- 6 Limit alcohol intake
- 7 Limit the consumption of red meat and meat cooked at high temperatures
- 8 Choose fish, poultry and beans in place of red and processed meats

“As an added bonus, eating a healthy diet helps protect you against weight gain, which has also been implicated in the development of cancer,” Doyle says.

Catch Cancer Early: Know When to Get Screened

The American Cancer Society recommends the following screening guidelines for most adults. Screening tests are used to find cancer before a person has any symptoms.

BREAST CANCER

- Women ages 40 to 44 at average risk for breast cancer have the choice to start annual breast cancer screening with mammograms.

- Women ages 45 to 54 should get mammograms every year.

- Women ages 55 and older should switch to mammograms every 2 years, or can continue yearly screening.

- Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.

COLON AND RECTAL CANCER AND POLYPS

- Guidelines from most major screening organizations recommend that, beginning at age 50, all men and women at average risk for colorectal cancer should

be screened using one of several screening options.

CERVICAL CANCER

- Cervical cancer testing should start at age 21.

- Women ages 21 to 29 should have a Pap test done every 3 years.

- Women ages 30 to 65 should have a Pap test plus an HPV test done every 5 years.

- Women over age 65 who have had regular cervical cancer testing in the past 10 years with normal results should not be tested anymore.

ENDOMETRIAL (UTERINE) CANCER

- At the time of menopause, all women should be told about the risks and symptoms of endometrial cancer.

- Women should

report any unexpected vaginal bleeding or spotting to their doctors.

LUNG CANCER

- Men and women at average risk of lung cancer do not need to be screened.

- People at high risk due to smoking may be screened with an annual low-dose CT scan of the chest. Talk to your doctor about whether screening is right for you.

PROSTATE CANCER

- Starting at age 50, men should talk to a health-care provider about the pros and cons of testing for prostate cancer.

- If you are African American or have a father or brother who had prostate cancer before age 65, you should have this talk with a health care provider starting at age 45.



**"Where I started
my cancer care
really did matter."**

Linda Carter
Breast Cancer Survivor

When Linda learned she had the BRCA1 gene, she didn't want to go through the ordeal to reduce her risk of breast cancer. But she did find a way. It was right before Thanksgiving. At first she wasn't sure, but then Linda knew she needed to take control. She went to Fox Chase for consultation with specialists before specific type of cancer. For Linda, that decision made all the difference. When you start matters.

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When Linda learned she had the BSE, says she thought she would be alone for the rest of her life. But she found a group of people who were going through the same thing. She says she never felt alone again. She says she never felt alone again. She says she never felt alone again.



BREAST HEALTH CHAMPION


Assistant Professor, Department of Clinical Genetics
Director, Breast, Ovarian, and Prostate Cancer Risk Assessment
FOX CHASE CANCER CENTER

What fascinates me about this specialty is the work being done to prevent cancer. It drew me into genetics, which is how I became interested in breast cancer and cancer genetics.

Thanks to genetic testing, we've made major strides in identifying patients who are predisposed to getting breast cancer. We used to look at only one or two genes, but now we can look at multiple genes predispos-

No. In reality, only about 5-10 percent of breast cancers are caused by an inherited gene mutation. In about 70 percent of cases, we don't know why a person gets breast cancer. The

I learn something from every patient, every experience. In this field, you develop relationships with patients. You become part of their lives. When I've gone through tough times I look to my patients and look at what they're going through, and I realize I can overcome my problems.



“Thanks to genetic testing, we’ve made major strides in identifying patients who are predisposed to getting breast cancer.”



300,000

WOMEN WILL BE DIAGNOSED WITH BREAST CANCER THIS YEAR.

WE'LL FOCUS ON THE HEALTH OF JUST ONE: YOU.

No matter what health hurdles you're facing, you deserve a doctor you trust. You need a doctor who takes the time to truly understand and coordinate your care. Someone connected with specialists to help you tackle anything you're facing, start to finish.

 **Drexel Medicine**
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New Surgeries that Return Women to “Normal” After Breast Cancer

Following breast cancer surgery, most women want to forget the whole experience and move on with life. Unfortunately, that can be hard when an obvious surgical scar is reflected back at you from the mirror every morning.

“Surgical scars are unappealing and can affect a woman’s self-confidence, intimacy and body image,” says Amanda Woodworth, MD, a breast surgeon and director of the Breast Health and Wellness Center at Drexel University College of Medicine. “A goal of mine is to hide these reminders of breast cancer, so that it’s not the first thing a woman thinks of five or ten years from now when she looks at her chest.”

One way Dr. Woodworth does this is through oncoplastic surgery,

an approach that uses certain plastic surgery techniques in the treatment of cancer.

“Oncoplastic surgery allows us to push the limits of conventional treatment to leave patients looking the same, if not better, than before their illness,” she explains. “I use this approach when removing nearly any breast cancer.”

In addition to being one of the most experienced oncoplastic surgeons in the region, Dr. Woodworth is a leading surgeon of Hidden

72%

of women are unhappy with the location of their scar after breast cancer surgery.



Amanda Woodworth, MD
Drexel University College of Medicine

Scar™ surgery. This procedure allows her to minimize visible scarring by removing cancerous breast tissue through a single incision made in an inconspicuous area. The result is a natural-looking breast with the nipple, areola and surrounding tissue intact.

“I most often make my incisions on the underside of the breast so the incision is hidden,” Dr. Woodworth says. “I can also make the incision along the areola where it tends to not be as noticeable because of the color change and pigmentation.”

Hidden Scar™ surgery may be appropriate for a wide range of breast cancer patients who undergo nipple-sparing mastectomy or breast conserving (lumpectomy) procedures. Neither oncoplastic or Hidden Scar™ surgery is associated with a higher risk of cancer recurrence. Qualification for either procedure is determined by a patient’s tumor size and location, breast shape and size. Candidates cannot be smokers.

“In every case, I strive to give my patients the best possible outcome, not only from a cancer perspective, obviously, but also from a cosmetic one,” says Dr. Woodworth. “My goal is to leave them looking and feeling as whole and normal as possible.”

Decrease Your Risk of Breast Cancer

While there is still no way to prevent breast cancer, there are things you can do to lower your risk. The Drexel Breast Health and Wellness Center and the American Cancer Society recommends the following:

① Maintain a healthy weight, especially after menopause.

② Exercise regularly, as little as 2 hours of intense activity a week can reduce your risk by almost 20%.

③ Consume no more than one

alcoholic beverage a day.

④ Avoid or limit hormone replacement therapy.

⑤ Don’t smoke.

⑥ Avoid processed foods.

⑦ Eat a healthy diet filled with

fruits and vegetables.

⑧ At age 40 talk with your doctor about when you should begin screening.

⑨ Know what your breasts look and feel like.

Women most at risk for breast cancer are those who:

- » Have a family history of breast cancer.
- » Are over age 50.
- » Have a gene mutation known to increase breast cancer risk.
- » Have dense breast tissue.
- » Start menstruation before age 12.
- » Are overweight or obese.
- » Have not born children by age 30.

 **Drexel Medicine**

FOR MORE INFORMATION, VISIT DREXELMEDICINE.ORG.

This article is provided for general information only and should not be used for diagnosis or treatment, or as a substitute for consultation with a physician or health care professional. If you have specific questions or concerns about your health, you should consult your health care professional.

HOW TO Spot a “Real Men Wear Pink” Candidate

Keep your eyes peeled for these “real men” in and around your community.

Gets R-E-S-P-E-C-T from the community, thanks to his stellar leadership skills.

Has the confidence to wear pink for an entire month.

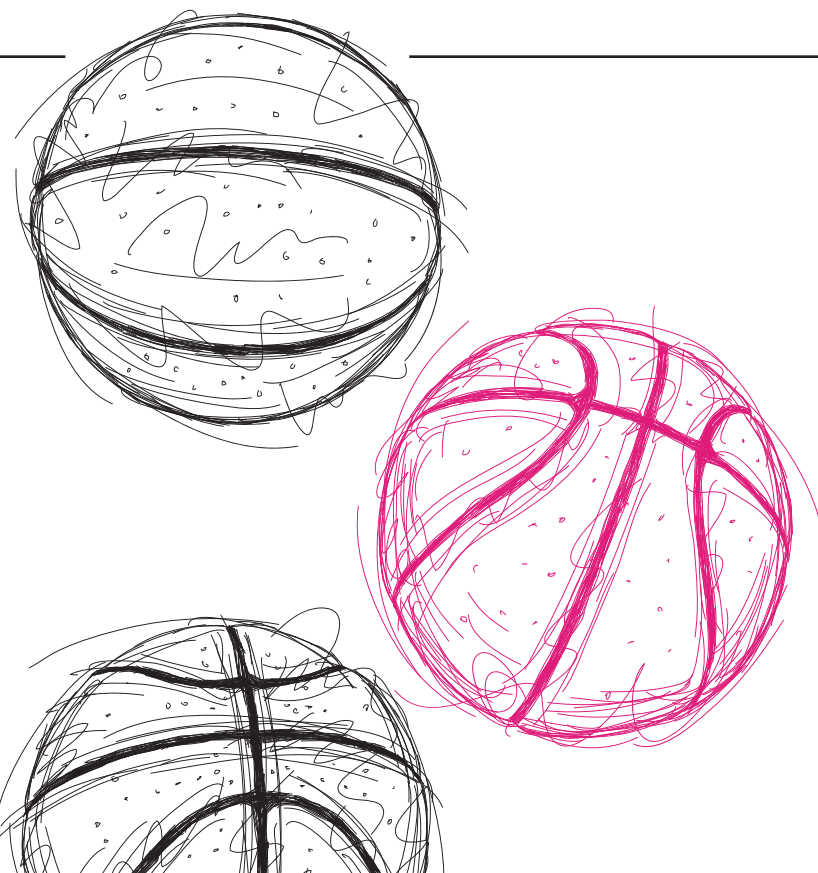
Is committed to kicking breast cancer’s butt and is willing to raise at least \$2,500 to do so.

The World Series is the second most important event in October.

Has expertly mastered juggling work, home and philanthropic ventures.

Not afraid to step up to the plate when faced with tough challenges.

To learn more about “Real Men Wear Pink” in the Philadelphia area, please call 1-800-227-2345



REAL MEN TAKE TO THE COURTS

Division 1 college basketball coaches often see red during stressful games. In October, head coach Phil Martelli from St. Joseph’s University will be seeing pink... a lot of pink.

Martelli is participating in this year’s “Real Men Wear Pink” campaign, which has prominent local men wearing pink and raising money throughout October. The campaign promotes awareness, prevention and early detection of breast cancer in local communities.

“It’s going to be a little bit of a dilemma,” Martelli says with a chuckle. “I’ve got some figuring out to do with my wardrobe. I have

a pink tie, shirt, pocket square and hat, but at some point I’m going to have to get creative to make it 31 days.”

A long-time leader in the Coaches vs. Cancer program, Martelli says he is glad to participate in Real Men Wear Pink.

“I personally don’t think I’m that big of a deal, but if wearing pink can motivate one person to get involved, or donate, or reach out to a cancer fighter, then I’m happy to help.”

2016 BY THE NUMBERS

Real Men Wear Pink



GENETICS FOR THE GENTS

Genetic Testing: It’s Not Just for Women

When it comes to genetic testing for cancer, men have long been underrepresented.

THAT’S BEGINNING TO CHANGE thanks to Veda N. Giri, MD, Director of Cancer Risk Assessment and Clinical Cancer Genetics at the Sidney Kimmel Cancer Center at Thomas Jefferson University.

Dr. Giri is leading the charge to test men who have prostate cancer or are at risk through the Genetic Evaluation of Men (GEM) study in collaboration with Elias Obeid, MD, MPH, Fox Chase Cancer Center.

“Prostate cancer has a substantial inherited risk, and it remains one of the deadliest forms of cancer,” Dr. Giri explains. “Recent research has shown that there is a link between prostate and other familial cancers such as breast cancer. This led us to realize that genetic testing in men with prostate cancer could give us insight into the cancer risks that affect men and women.”

Participants in the GEM study provide their medical and family history, behavioral data, and can undergo genetic testing for prostate cancer as well as provide DNA for further research. In turn, Dr. Giri and her team use this information to explore the role of genes, diet, environment and lifestyle factors in the development of prostate cancer. The results help determine cancer risk and management for patients and their families.

“In the first phase of this study, 200 men were enrolled and up to 28 genes were tested in these men,” Dr. Giri says. “Our initial findings con-

firmed the connection of prostate cancer and breast cancer in families. The odds of having prostate cancer were over two-fold higher in families meeting hereditary breast and ovarian cancer syndrome criteria, and having a family history of breast cancer was associated with carrying a genetic mutation among men. Some of these mutations were in the BRCA1 and BRCA2 genes, which are associated with increased breast and ovarian cancer risk. We also found mutations in other genes that are known to raise the risk for breast cancer and other cancers.”

The GEM study is now entering its second phase and aims to enroll 1,000 men from multiple institutions over the next two to three years. In this second phase, about 50 different genes will be studied.

“GEM has broad implications for entire families,” Dr. Giri says. “If we find a BRCA mutation in a man with advanced prostate cancer, there may be targeted treatment options available. We now also know that his siblings and children (men and women) could also be at increased risk for cancer. This research could have a broad impact on treatment, early disease detection and cancer prevention.”

VOLUNTEER STORY



Mark Feinman

*Riding with passion
and purpose*

A diagnosis of bladder cancer was the last thing 20-year-old Mark Feinman was expecting. He beat that cancer and is now in his 43rd year of survivorship. He admits the gravity of his condition back then didn’t strike him until later in life.

“A friend asked me to join his American Cancer Society (ACS) Bike-a-Thon team,” he explains. “This gave me the opportunity to interact with others who had been touched by cancer. Their stories really drove things home for me.”

That experience in 1995 inspired Feinman to become a passionate supporter of the ACS event.

“I started volunteering, helping with the survivor ceremony, and then serving on the steering committee,” he says. “I chaired the event in 2015 and have held that position since.”

Despite being event chair, Feinman still rides each year—though now with his own team. “My wife is our road support, and my oldest daughter even started a team with her sisters and friends,” he shares.

When asked if he’ll ever hang it up, Feinman responds frankly, “I plan to ride as long as I can. I like to set goals for myself and a few years ago I aspired to hit 20/40/60—which represented my 20th ride, 40th year of survivorship, and 60th birthday. The next benchmark is 30/50/70!”

Feinman says that the goal of every Bike-a-Thon rider is the same: “We hope to see a day when we only know cancer as a disease that used to exist.”

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BREAST HEALTH CHAMPION

Pallavi Rastogi, MD

Medical Oncologist

MAIN LINE HEALTH CANCER CARE
Cancer Center of Paoli Hospital

What led you to become an oncologist?

I planned to be a surgeon, but in medical school I did an oncology rotation and the lead physician believed everyone should be an oncologist [laughs]. He showed us that there are success stories in oncology. I got to meet patients he had followed for 20, 25 years. It made me change my mind about careers.

What misconceptions remain about cancer?

Everyone has different thoughts about what it means to be treated for cancer. For example, most people assume they will need chemotherapy, but thanks to our knowledge about the genetic makeup of tumors we

know that it won't benefit everyone. My job is to clarify misconceptions and help guide my patients through their journey.

What has changed since you started practicing?

Chemotherapy is much more tolerable than it used to be. We have ways to manage the side effects that we didn't have even 10 years ago. My patients are often surprised that they don't get nauseous or as tired as they thought they'd be.

What does the term 'personalized medicine' mean?

That means we try to find the drug that will be most effective against a patient's tumor. We do this by

performing genetic tests on that person's cancer cells and normal cells. This information helps tell us what will work and what won't work on a tumor. The testing also helps us determine whether there is an investigational therapy that may work for a patient. Prior to this type of testing, most patients with a specific type of cancer received the same treatment.

If you could say one thing to women about breast cancer, what would it be?

There is much hope. Breast cancer is a very different disease than it was before. With improved screenings, we often diagnose it at much earlier stages when it's most easily treated and curable.

What is it about your job that keeps you coming back each and every day?

I love what I do and I enjoy taking care of my patients. I'm a general oncologist so no day is the same for me. I see all age groups, all cancers, people with different backgrounds and disease stages. There are good days and bad days, but interacting with my patients is always inspirational. It's a job that definitely keeps you on your toes.

Is there a particular patient who has impacted you over the years?

There have been quite a few, but one stands out. She was just 21 years old when she was diagnosed with a very aggressive breast cancer. It was very hard on her, her family and her medical team...this is someone who had her whole life ahead of her. What impressed me is how she handled everything with such grace and wisdom. I'm happy to say she is a survivor today.

THINK PINK

"My job is to clarify misconceptions and help guide patients through their journey."



Main Line Health®
Well ahead.®

VOLUNTEER STORY



Phil Martelli

This coach's fight against cancer rivals his on-court performance

Phil Martelli has his fair share of on-court rivals as head coach of the Saint Joseph's University men's basketball team. None is as tough as cancer.

"Cancer is the bully in the schoolyard, it doesn't fight fair," says Martelli. "If you don't crush it, you won't beat it."

For more than two decades, Martelli has been a leader in the local "Coaches vs. Cancer" program, along with the region's five other Division I basketball coaches. The program, a collaboration between the American Cancer Society and the National Association of Basketball Coaches, empowers coaches, their teams and local communities to make a difference in the never-ending fight against cancer.

Since 1997, Martelli and Temple's Fran Dunphy have led the Philadelphia arm of the program as co-chairs, helping to raise more than \$14 million through events such as the annual BasketBALL Gala and pre-season luncheon. He also chairs the Coaches vs. Cancer National Council, a job that has him recruiting other coaches from around the nation to participate.

"I often say the three most important things in my life are my family, my team and the fight against cancer," says Martelli, who received the American Cancer Society's Circle of Honor Award in 2017 along with Dunphy. "I'm no hero, but if I have the ability to improve one family's quality of life then I'm in."

LOCAL THINK PINK EVENTS

Golfers Tee Off Against Cancer

Hundreds of Philadelphia-area golfers took to the links in recent months to "tee off against cancer."

The American Cancer Society's "Philadelphia Golf Classic" was held in June at the Philadelphia Country Club in Gladwyne. This year's event honored Dr. Danielle Peress, a maternal fetal medicine fellow at the Hospital of the University of Pennsylvania. Dr. Peress is battling Stage IV non-small cell lung adenocarcinoma. The Philadelphia Golf Classic has raised more than \$150,000 in the past three years.

In September, golfers got to mingle with the region's six Division I men's basketball coaches at the 22nd annual "Coaches vs. Cancer of Philadelphia Jim Maloney Golf Classic." This popular event, at the Whitemarsh Valley Country Club, has raised more than \$1 million since its inception in 1995. It honors the memory of former Temple men's assistant basketball coach, Jim Maloney.



KIM REED
Breast Cancer Survivor

When I was diagnosed with breast cancer, I HAD A LOT OF QUESTIONS.

Would I be able to have children? How would treatment affect my body? My Penn breast cancer team, from my breast surgeons to my fertility specialist to my oncologists, had all the answers. They understood my perspective and treated my breast cancer with cutting-edge and personalized treatments, compassion, care and support. My life, beautiful and cancer-free, is worth Penn Medicine.



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BREAST HEALTH CHAMPION

James T. Moore,
MD, FACS

Breast Surgeon

ABINGTON-JEFFERSON HEALTH
Sidney Kimmel Cancer Center at Jefferson

What advances have you seen in your field?

We have a better understanding of the biology of tumors. This knowledge helps us tailor treatments that have the best chance at success. For screening, our imaging capabilities have grown tremendously. We now have 3D mammography (tomosynthesis) which is a huge improvement over older technology. Ultrasound and MRI technologies have also improved.

Surgery is far less invasive today than in the past, correct?

That's right. Early in my career every patient presented with a palpable mass in her breast and most of the time ended up with a mastectomy and axillary lymph node dissection. Today, breast conservation with lumpectomies and limiting nodal sampling to two to three lymph nodes with sentinel node procedures has become standard of care in greater than 60% of cases. When

mastectomies are needed, reconstruction options have improved as well.

What advances in breast health are on the horizon?

Overall, the history of breast surgery has trended toward 'less is better.' I believe this will continue. Many advances to come will likely be in gene research and targeted therapies.

What do you say to patients who have been diagnosed with breast cancer?

I'm honest and truthful but I always instill hope. Today, we understand the different types of breast cancer far better than in the past and can offer state-of-the-art options for our patients, which often results in better outcomes.

 **Sidney Kimmel Cancer Center**
at Abington – Jefferson Health.



BREAST HEALTH CHAMPION

Kahyun Yoon-
Flannery, DO, MPH

Breast Surgeon and Medical Director

KENNEDY COMPREHENSIVE BREAST CENTER
Sidney Kimmel Cancer Center at Jefferson

What led you to want to become a breast surgeon?

During my surgical residency, I treated a patient with advanced breast cancer. I remember how scared she was and I counseled her through her hospitalization. It made me realize the impact I could have on women with breast cancer. The care and support you provide patients outside of treatment is so important.

What should a woman look for when choosing a breast health program?

Look for a program that offers a 'one-stop-shop' of services—everything from the latest screening technology to the most advanced treatment options. Women diagnosed with breast cancer should seek out a multidisciplinary program that has all the resources and medical expertise they need. In short, look for a program that will seamlessly move with you from diagnosis to treatment to survival.

What advances have been made in the breast cancer field?

Breast cancer is now a very treatable disease. Procedures such as lumpectomies, nipple-sparing mastectomy, and Hidden Scar™ surgery make surgery far less disfiguring than in the past. Outside of surgery, we have much more targeted radiation therapy, tolerable chemotherapies, and immunotherapies that enlist the immune system to fight the cancer.

If you could say one thing to women with breast cancer, what would it be?

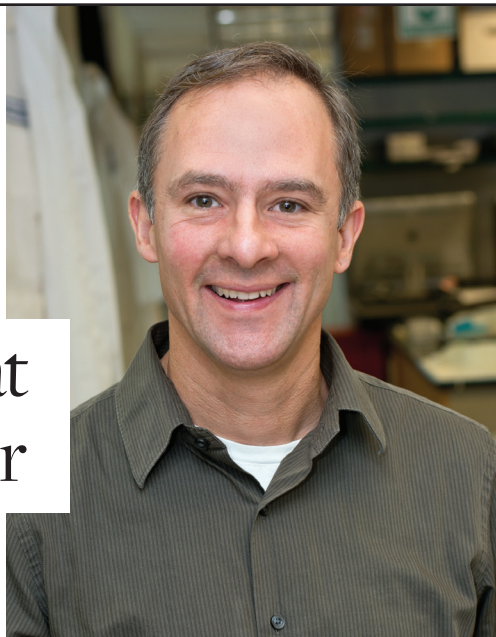
You're not alone. When you are diagnosed with breast cancer you will have an entire team of healthcare professionals at your side through every step of treatment and recovery. This team will provide you with the right treatment that best fits you.

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at Jefferson

ON THE FRONT LINES

Researcher Taking Aim at Breast Cancer

Between 15 and 20 percent of all breast cancers are classified as “triple negative”



THIS FORM OF BREAST CANCER often affects women who are younger or African American and is unlike others in that it has no “target” that doctors can aim for when administering treatment. As a result, traditional, more toxic forms of chemotherapy must often be used when caring for these patients. This can lead to serious side effects.

This is a fact that Jeffrey R. Peterson, PhD, associate professor, Cancer Biology Program, Fox Chase Cancer Center, is working very hard to change.

“Triple negative breast cancer lacks the three common receptors, or targets, that we often aim for with treatment: estrogen, progesterone, and HER2,” Peterson says. “We are working to determine if triple negative cells have a different vulnerability that we can leverage. Currently, our focus is on the cells’ metabolism.”

Peterson explains that cancer cells are dif-

ferent from normal cells in that they use the nutrients they absorb to increase their mass and divide. His research — which is funded in part by the PA Breast Cancer Coalition and private donors — has found that in certain types of triple negative cells, this creates a degree of metabolic stress and if the stress is too great, the cells die.

“If we can develop therapies that increase cancer cell stress and ‘push them over the edge,’ we will have a very promising treatment option for these women,” Peterson says. “So far, the work that my colleague, Alexander Beatty, PhD, and I have done in the lab has yielded some increasingly favorable results.”

If all goes well, Peterson and Beatty hope to know within a year whether this treatment approach is viable and a therapy targeting the triple negative cells could go to clinical trial within five years.

GETTING CANCER PATIENTS WHERE THEY NEED TO BE

For most people, a car is simply a way to get from point A to point B. For others, it represents a link to life-saving medical care. Every day, hundreds of Philadelphia-area people with cancer need a ride to a doctor’s office or treatment appointment. Unfortunately, some don’t have anyone to drive them or are unable to drive themselves. The ACS’s Road to Recovery® program helps fill that gap.

Road to Recovery has 107 local drivers who donate their time and the use of their cars to drive patients to and from the life-saving treat-

ments they need. All volunteers are screened to ensure quality drivers and each must complete a training course to prepare them for their role.

“Volunteers have the opportunity to offer more than a ride,” says Jan Ulmer, Senior Manager of Mission Delivery. “You can offer a listening ear to help someone with cancer through a difficult time. You can make all the difference to someone needing to get to cancer treatments.”

For more information about volunteering as a Road to Recovery driver, visit cancer.org/drive or call 800-227-2345.

VOLUNTEER STORY



Heather Schweitzer

Only one thing will stop this volunteer

Heather Schweitzer answers “definitely” when asked if she will ever stop volunteering for the American Cancer Society (ACS): “When we cure cancer, that’s when I’ll stop.”

Schweitzer wasn’t always so passionate. Eighteen years ago, she was asked to join a Relay for Life team. She said yes but had no idea what it was.

“I didn’t know anyone with cancer at the time, but about a month before the Relay, a close family friend was diagnosed with cancer and passed away a month later,” she says.

Schweitzer attended the Relay and was hooked, beginning a lifelong commitment to ACS, joining every event they offered.

Today, she channels her passion into advocacy work as a volunteer member of the American Cancer Society Cancer Action Network (ACS CAN), the advocacy affiliate of the ACS that supports legislative solutions to eliminate cancer and encourages elected officials to make cancer a top national priority.

“We can’t win this fight alone,” Schweitzer says. “We need the government to fund more research and education to help us beat cancer.”

Three years after walking her first Relay for Life, the fight became more personal for Schweitzer when she was diagnosed with cervical cancer. It was caught early and today she is celebrating her 15th “cancerversary.”

“It’s important for legislators to hear our message,” she says. “The more ACS CAN members we have, the stronger our voice.”



BREAST HEALTH CHAMPION

Ronit Sugar, MD, FACS

Breast Surgeon

ARIA-JEFFERSON HEALTH

Sidney Kimmel Cancer Center at Jefferson

What led you to specialize in breast health and surgery?

Over the years, more and more women came to see me for breast surgery and I enjoyed taking care of them. In many cases, these patients can easily be treated and often cured. It’s also a specialty that allows me to build long-term relationships with my patients.

What other advances have you seen in your career?

One of the best advances in the surgical treatment of breast cancer is that we have minimized the surgery. For instance, instead of doing surgical biopsies, we now make the diagnosis with needle biopsies, saving women an extra invasive procedure.

What can people do to decrease their risk of breast cancer?

It sounds boring and I know every doctor says it, but eating a low-fat diet and regular exercise is the way

to go. Also, don’t smoke and minimize your alcohol intake. There is no way to prevent breast cancer, but lifestyle changes have been proven to reduce the risk of getting it and lower the chance that it will recur after treatment.

What are the latest innovations to detect breast cancer?

Mammograms have greatly improved. Today, instead of producing images on two-dimensional film, we use computer-generated 3D images that can find tumors that are much smaller and in much earlier stages. It’s really saving lives.

 **Sidney Kimmel Cancer Center.**
at Jefferson



BREAST HEALTH CHAMPION

Melissa Lazar, MD

Breast Surgeon

SIDNEY KIMMEL CANCER CENTER AT JEFFERSON

What does the term ‘oncoplasty’ actually mean?

Oncoplasty is a surgical technique used to rebuild the breast after lumpectomy. In many cases, this is done in partnership with a plastic surgeon immediately after we remove a tumor from the breast. The result of the procedure is a ‘whole breast’ and an excellent aesthetic outcome for the patient.

How much of a role does lifestyle play in preventing breast cancer?

Obesity and even moderate alcohol consumption have been linked to breast and other cancers. I encourage my patients to exercise, limit alcohol consumption, and maintain a healthy diet. This will improve their health overall and improve breast cancer outcomes.

Why do you enjoy caring for breast cancer patients?

I always tell my residents that I have

the greatest patients. They are all very strong women, and I admire them for how brave and resilient they are as they go through treatment. I love coming to work each day because of my patients.

What in your life led you to a career in medicine?

My dad was a family physician, and he used to take me on rounds at the hospital when I was younger. I saw the impact he had on his patients and that appealed to me. I pursued surgery because it’s a specialty that can immediately help someone. As a breast surgeon, I get to take care of the problem right away but also develop long-term relationships with my patients. I have found that it’s a very rewarding combination.

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or call 800.789.PENN.

Event Calendar



➔ Visit phillymag.com/thinkpink for the most up to date event information and ways to get involved!

Making Strides Against Breast Cancer of Southeast PA Suburbs
October 21, 2017

Norristown Area
HS & Farm Park

Webinar: How to Find Hope after a Breast Cancer Diagnosis
October 24, 2017

Kennedyhealth.org/webinar

Nutritional Support During and After Treatment
October 26, 2017

Sidney Kimmel Cancer Center at Jefferson Cancer Support and Welcome Center

Philly Fights Cancer, Round 3
October 28, 2017

Free Breast Cancer Screening
October 28, 2017
Aria – Bucks County Hospital

DetermiNation Philadelphia Marathon
November 18 & 19, 2017

22nd & Ben Franklin Pkwy

Coaches vs. Cancer Luncheon

November 8, 2017

Hilton Philadelphia City Avenue

Coaches vs. Cancer Tip Off Breakfast
March 12, 2018

The Palestra

Coaches vs. Cancer Basketball Gala
April 14, 2018

The Bellevue

DetermiNation Broad Street Run
May 7, 2018

Start: Broad & W Fisher
Finish: Navy Yard

Breast Cancer Support Group
September 18, 2017
October 23, 2017
November 20, 2017
December 22, 2017

Aria – Torresdale Hospital

Coaches vs. Cancer Golf Classic
September 25, 2017
Whitemarsh Country Club

Drexel Medicine Fall Health Fair - Free Skin Cancer Screenings
September 27, 2017
The Shops at Liberty Place

Empowering A Legacy - Empowering Yourself
October 4, 2017
Green Valley Country Club

Pink Party
October 5, 2017
Weatherstone Model Home at Liseter

Understanding the Risks of Hereditary Breast Cancer
October 5, 2017
Kennedy Cancer Center

Free Breast Cancer Screening
October 7, 2017
Aria – Torresdale Hospital

Free Breast Cancer Screening
October 7, 2017
Aria – Frankford Hospital

Gentle Chair Yoga for Patients and Caregivers
October 10, 2017

Sidney Kimmel Cancer Center at Jefferson Cancer Support and Welcome Center

QVC presents "FFANY Shoes On Sale"
October 12, 2017
QVC.com

23rd Annual Life After Breast Cancer Conference
October 13, 2017
The Hilton on City Line Avenue

Zumbathon: Dance to Beat Breast Cancer
October 14, 2017
University of Pennsylvania Rockwell Gymnasium

Komen Pink Tie Ball
October 14, 2017
Vie

Making Strides Against Breast Cancer - Philadelphia
October 15, 2017
Citizens Bank Park

Breast Reconstruction Awareness Day
October 18, 2017
Everywhere

FREE Breast Cancer Screening and Education for Uninsured or Underinsured Women
October 18, 2017
Abington - Jefferson Health

Together Facing Breast Cancer
October 19, 2017
Aria – Torresdale Hospital

Breakthroughs are where we start.

Breast Health. Approximately 50 percent of women in the United States have dense breast tissue, making it difficult to find abnormalities through traditional mammography. That's why Einstein's Breast Health Program continues to pioneer new imaging techniques. As one of the first hospitals in the U.S. to offer 3-D mammography — and now the first hospital in Pennsylvania to offer Molecular Breast Imaging, a new procedure using nuclear medicine for a clearer view of abnormalities in dense breast tissue — we are at the forefront of mammography breakthroughs. And our patients know they are getting the best treatment possible.



BREAST HEALTH



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