

A.I. FIGHTS CANCER • VOICES OF BLACK WOMEN • MALE BREAST CANCER

THINK PINK

OCTOBER 2026

INSIDE

**Breast Cancer &
Younger Women:
A Closer Look**

pg. 40

PRESENTED BY



HIGHMARK.


Philadelphia
MAGAZINE

 **American
Cancer
Society**

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Welcome to Think Pink 2026

ON BEHALF OF THE AMERICAN CANCER SOCIETY (ACS) and the millions of cancer patients and their families we serve, I'm honored to introduce you to this year's *Philadelphia* magazine Think Pink supplement, which highlights how we can be the generation to prevent and defeat this devastating disease.

Excluding skin cancers, breast cancer is the most common cancer in women in the U.S. In 2026, more than 324,580 new cases of invasive breast cancer will be diagnosed, and it continues to increase in incidence by approximately 1% per year and by almost 1.4% per year for women under 50. Breast cancer affects men, too, with roughly 2,700 new U.S. cases expected this year.

In the last 30 years, ACS has invested more than \$600 million in breast cancer research. Along with advances in screening, early detection and treatment, this work has contributed to a decrease in mortality by 44% since the peak year of 1989. The work needs to continue.

October 2026 marks the 41st anniversary of Breast Cancer Awareness Month, a campaign that began in 1985 to promote the importance of mammograms and empower women to take charge of their health. Over the years, it has grown to include fundraising for research, educating the public on prevention and advocating for better access to care, as well as supporting those affected by breast cancer.

We continue to support cancer patients and their families from prevention to survivorship. We can only achieve our mission through an inclusive approach, focused on actively working to end cancer disparities across all communities impacted by cancer.

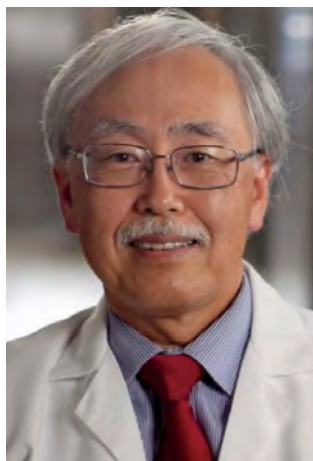
We improved access to the best treatment options through our nationwide network of Hope Lodges. As of August 2026, we've provided 854 guests from Greater Philadelphia with more than 11,000 free nights of lodging. And, we've reduced barriers to quality care by providing almost 1,300 free rides to appointments through the Road To Recovery program. The ACS EMPOWER program continues to thrive nationwide at all Hope Lodge locations, including in Philadelphia, and is available to Hope Lodge guests, caregivers and people with cancer in the community. ACS EMPOWER features in-person sessions that promote overall well-being, facilitate community connections, offer resources for navigating cancer, and deliver emotional support.

But the fact remains we must all come together to make a true, lasting impact in this fight. There's no better time than now, and no generation is better equipped than this one. Thank you for standing with ACS to be the generation that ends breast cancer.

Sincerely,

Curtis Miyamoto, M.D.

Professor of Radiation Oncology
Associate Director for Clinical Services
Fox Chase Cancer Center at Temple University Hospital



EVENTS 2026-27

Making Strides Against Breast Cancer of Greater Philadelphia and Southern New Jersey

Sunday, October 18, 2026

COOPER RIVER PARK
PENNSAUKEN, NJ
acsevents.org

Ring In Hope

Friday, November 13, 2026

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ringinginhope.acsgala.org

Coaches Against Cancer Basketball Gala

Saturday, April 10, 2027

THE BELLEVUE HOTEL
PHILADELPHIA
philadelphiabasketballgala.org

DetermiNation at Broad St Run

Sunday, May 2, 2027

PHILADELPHIA
acsevents.org

DetermiNation Bike-a-Thon

Sunday, June 6, 2027

PHILADELPHIA TO VENTNOR, NJ
acsevents.org



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my fears, and
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seriousness as
the disease itself."**

Barbara Moore
Breast Cancer Survivor

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Two Diagnoses. One Extraordinary Journey.

Barbara Moore had always understood that exceptional care is about more than treatment. Just as important is a team that sees the whole person. After facing two cancer diagnoses in just over one year, that became more apparent—and more meaningful—than ever.

I had retired after a full professional life and was finally beginning the chapter I'd long imagined. I was active in my ministry. I was gardening and spending time with my husband, Sherman; our three children; and our four grandchildren. I had even embraced my new title of "Grandnanny."

My life was busy and joyful. Cancer was the furthest thing from my mind.

Then, in January 2024, I was diagnosed with ductal carcinoma in situ, or DCIS, a form of breast cancer.

A routine mammogram the previous fall showed something unusual. Because a similar scare years earlier turned out to be harmless, I was not concerned, even when a biopsy was recommended. I was healthy. I could not fathom cancer being my reality. The diagnosis was almost unbelievable. And as I told the doctor that afternoon, I simply did not have time for it.

Cancer, of course, does not consult our calendars.

Searching for the Right Place

I did not begin my treatment at Fox Chase Cancer Center. I was initially referred to another health system. The surgeon was delightful, but the experience surrounding my care was challenging. Long waits and a lack of continuity made everything feel fragmented. At one particularly painful appointment, I left feeling unheard, unseen, and uncertain about the quality of my care. During a visit with my primary care physician, the office manager recommended Fox Chase based on her own experience as a patient.

Not long after, I had my first appointment with breast surgical oncologist **Dr. Richard Bleicher**—and that was the moment that changed everything.

Dr. Bleicher listened carefully as I explained my concerns, before he told me, with calm confidence, that I was going to be OK.

I cannot fully describe what those words meant to me. Before I could absorb a medical plan, I needed to feel seen, heard, and understood—to know that my care team recognized the person behind the diagnosis. That reassurance was invaluable.

At Fox Chase, I found what every patient deserves: continuity, compassion, and excellence.

A Long Road Back

After much prayer, reflection, and discussion with my care team and family, I chose to undergo a double mastectomy with reconstruction in March 2024. Dr. Bleicher performed the breast surgery, while plastic and reconstructive surgeon Dr. Sameer Patel led my reconstruction. Dr. Patel brought the same compassion and confidence I'd come to expect at Fox Chase. His calm presence carried me through this challenging procedure and recovery.

Supported by my family, I slowly began reclaiming my life. By late summer, I believed the hardest part was behind me.

I was wrong.

In December 2024, while visiting our son, Courtney, and his family in Las Vegas, I noticed a symptom I recognized from a family member's experience with uterine cancer. When I returned home, I made an appointment with my gynecologist.

Barely a year after my breast cancer diagnosis, I learned I had uterine cancer.

The news was truly surreal. I had always been healthy and conscientious about recommended screenings. But unlike breast cancer, uterine cancer has no routine screening for people without symptoms.

This time, I knew immediately where I wanted to go.

Choosing Fox Chase Again

I saw Fox Chase gynecologic oncologist Dr. Gina Mantia-Smaldone. Once again, I found extraordinary clinical expertise wrapped in unending compassion.

Dr. Mantia-Smaldone performed my surgery. Her skill gave me confidence, and her warmth carried me through the uncertainty, treating my questions and fears with the same seriousness as the disease itself.

My treatment included six chemotherapy infusions, 25 radiation treatments, and one intense reaction that led me to call the on-call physician at 2 a.m. No matter the hour, I never felt like an inconvenience.

On November 19, by God's grace, I rang the bell marking the end of treatment. After two cancers, two major surgeries, chemotherapy, and radiation—all in just over a year—the sound of that bell felt enormous.

Living with Gratitude

Today, I am a two-time cancer survivor.

I now volunteer at Fox Chase, supporting people who are standing where I once stood: frightened, overwhelmed, and trying to understand what comes next.

My son's gratitude inspired him to make a gift to Fox Chase in my honor, and I chose to direct it to uterine cancer research.

Cancer interrupted the life I had planned, but it did not take that life away. I still serve my church congregation. I still travel, garden, and answer when my children need "Grandnanny." Sherman and I will soon be celebrating our 45th wedding anniversary.

After cancer, these small things feel bigger than ever.

Fox Chase gave me outstanding treatment, but what stays with me most is the care. I was seen, heard, and guided by people who understood that healing involves more than treating a disease.

And for all this, my heart is full.





Now in remission from breast cancer, Amanda Kuhl shares her journey to help other women.



PATIENT STORIES

THE NEW AGE OF CANCER

Breast cancer rates are on the rise among younger women, posing new challenges for both patients and medical providers. But for some, it's also granting them a new perspective on the long life ahead of them.

JUST BEFORE AMANDA KUHL'S SON TURNED 2, she and her husband, Chad, decided to try for a second child. During her annual checkup on Jan. 6, 2023, she discussed her plans with her OB-GYN, but the conversation shifted when her doctor found a lump in her breast. Kuhl, then 30, had just finished breastfeeding and assumed it was something like a clogged duct. A mammogram, ultrasound and biopsy said otherwise. Kuhl was diagnosed with stage 3 invasive ductal carcinoma.

Treatment came fast: a double mastectomy in February, reconstructive surgery in March, chemotherapy from April to September and finally 25 rounds of radiation. With a small child and a husband who played for the Washington Nationals, Kuhl was already juggling a lot.

But sadly, her story is not unusual. Breast cancer rates are rising among young adults and medical experts can't pinpoint why. Treatment for women under 50 comes with added complications—fertility chief among them. And those considerations extend into cancer survivorship—with post-cancer life taking on a whole new meaning.

BY THE NUMBERS

The American Cancer Society estimates that 324,580 women will be diagnosed with invasive breast cancer in 2026. One in 10 of those patients will be under the age of 45.

Still a small share, but the incidence rate is rising for women under 50, climbing 1.4% every year

between 2012 and 2022—compared to roughly 1% for women over 50. More troubling: Women under 40 are 40% more likely to die from breast cancer than those over 40, and are more likely to have aggressive forms of the disease—larger tumors, negative hormone receptor status, overexpression of HER2 protein and triple-negative breast cancer.

Why the increase? “The feeling is it’s multifactorial,” says Dr. Susan Domchek, Executive Director of Bassett Center for BRCA at Penn Medicine. One thought focuses on reproductive health—earlier menstruation, delayed childbirth and lower breastfeeding rates all can affect risk at a population level. Researchers are also looking at alcohol consumption, as well as endocrine disruptors and environmental pollutants.

The higher mortality rate may stem from later diagnosis; women under 40 generally don’t have regular screening. “There are unique issues to young women,” Dr. Domchek says. “We’re asking: Is it fundamentally a different disease, or is it a combination of later diagnosis and undertreatment?”

JUGGLING ROUTINE

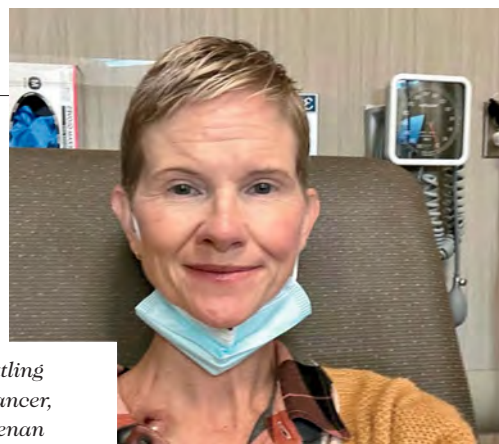
At her annual mammogram in September 2023, Holly Heenan learned she had a mass in her breast. A biopsy confirmed HER2+ stage 2 breast cancer.

“The hardest part when you’re diagnosed with breast cancer, or any type of cancer, is the waiting,” Heenan recalls. “I was like *just give me the plan, and I’ll be ok.*”

A single mom with a career as a financial controller at a large company, Heenan worked through six rounds of chemo, showing up to infusions with her laptop. “The first few, I didn’t feel bad,” she remembers. “By the fourth or fifth, I started to feel sick.” Her company was supportive, and if she needed to, she’d work from home in bed or take naps during the day.

Heenan also had to balance motherhood with cancer care. She was open with her daughter, then 5, about her illness. She bought age-appropriate books on the disease and let her see the bandages post-mastectomy. “You don’t want to scare them,” she says, “but you don’t want to make them think that it’s scary.”

Kuhl remembers a similar tension between taking care of herself and being present with her son. “It was hard to balance the traditional mom guilt with this medical mom guilt.”



After battling breast cancer, Holly Heenan pursued her passion: opening a consignment shop.



BREAST CANCER 101

“We think of breast cancer as one disease, but it’s multiple diseases,” says Dr. Domchek. Here is a guide to understanding the specifics of breast cancer.

Ductal carcinoma: cancer that starts in the duct cells

Lobular carcinoma:

cancer that starts in the lobular cells (sacks where the milk is made)

In situ: cancer that grows within the lining layer of the cells where it started

Invasive breast cancer:

cancer that has invaded into deeper layers of breast tissue

Receptors: proteins in or on cells. Breast cancer cells may have one, two or none

ER-positive (ER+) has estrogen receptors

PR-positive (PR+) has progesterone receptors

HER2-positive (HER2+): has a protein that helps cancer cells grow quickly

Triple-negative: isn’t ER+, PR+ or HER2+

BODY CONSCIOUS

Chemo's side effects vary greatly—from nausea and mouth sores to night sweats and hair loss. For Kuhl, a former Miss Delaware and Miss America competitor, losing her hair was one of the hardest parts. On Mother's Day, she asked her husband to shave her head—she was tired of pulling out clumps of it. "I was like, I can't do it anymore. Let's just shave it and hope for the best."

Steroids also put weight on her. "It was a really hard thing for me physically to see that change both with my hair and weight gain," she says. "And then the fact that my breasts were taken from me and they were different."

Heenan developed cystic acne from the chemo that made her feel unattractive, and an infection forced the removal of one reconstruction spacer, leaving her lopsided for a time. In total, she had four surgeries. "Mentally I was exhausted," she says.

STARTING OVER

After Heenan's last surgery, she took time off from work. She'd walk along the Schuylkill River each day asking herself what she really wanted to do with her life. She kept going back to her passion: thrifting. "I thought *this is it* in my gut—and I've always gone with my gut."

That fall Heenan quit her job and opened a consignment shop, Another Chance, in Fishtown. She still does book-keeping for small businesses on the side.

Heenan had support for her life change from her circle. "I told the CFO of my old company, and he said he understood why I wanted to do this," she says. "He told me to follow my dreams."

Now that both women are cancer-free, they're supporting other women on their own cancer journeys. "I was so scared at first, but at the end of the day, you are only given what you can handle," Kuhl tells others. "It may seem like a super uphill battle when you start, but it goes by so quickly. It's a blip on the radar, a chapter in the book."

FAMILY PLANNING

THE FERTILITY FACTOR

For younger women, a cancer diagnosis doesn't just disrupt their day-to-day life; it also disrupts their fertility. Both chemotherapy and radiation can destroy eggs, and radiation to the pelvis can cause scarring to the uterus. "Chemo impacts fertility, which is why before starting, all women who still desire to have biological children should be offered the opportunity for fertility preservation," Dr. Domchek says. "That's critically important, and we have time to do that."

FERTILITY PRESERVATION takes many forms, but egg or embryo freezing is most common. Daily hormone injections stimulate the ovaries and help multiple eggs grow, which are then retrieved and flash-frozen. Couples can also fertilize the eggs and freeze embryos instead.

But it doesn't end there.

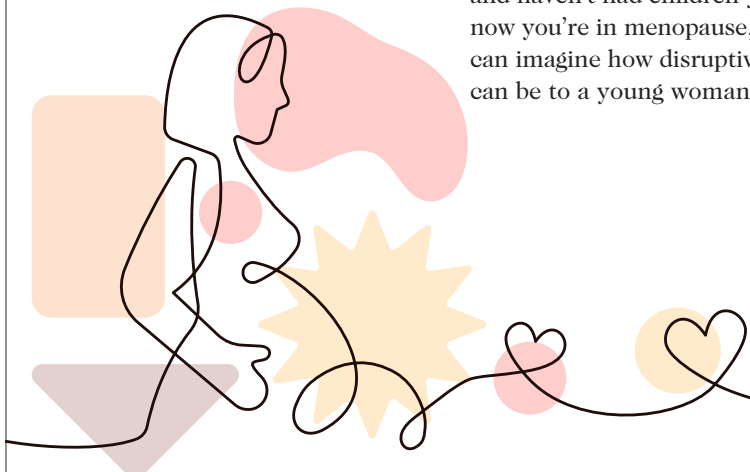
Kuhl and her husband successfully froze her eggs before treatment. Now in remission, she's on Tamoxifen to prevent recurrence—which can be dangerous to a fetus. That coupled with an influx of pregnancy hormones has left Kuhl—and medical experts—conflicted about her having another baby.

Her oncologist said she could stop the medication in July to pursue pregnancy, then go back on it postpartum. Still, she

worries that a pregnancy could lead to a cancer recurrence.

And then there are the costs. Egg freezing runs \$8,000 to \$15,000; IVF can start at \$20,000. Pennsylvania doesn't require insurers to cover fertility preservation for cancer patients, though PA Senators Tracy Pennycuik and Nick Miller recently proposed legislation to change that.

Early menopause can also be a concern. Dr. Domchek says oncologists are becoming more aggressive with estrogen-receptor-positive breast cancer, shutting off patients' ovaries. "If you are 32 versus 65, that looks a lot different in terms of impact on your life," she says, citing risks to bone and cardiac health alongside hot flashes, irritability and vaginal dryness. "If you are still dating and haven't had children yet, and now you're in menopause, you can imagine how disruptive this can be to a young woman's life."





INNOVATION

Precision & Preservation

A new robotic procedure is transforming mastectomies with its nipple-sparing technology. We spoke with Kay Yoon-Flannery, DO, MPH, FACS, Chief of Women's Oncology at AtlantiCare Cancer Care Institute, about this groundbreaking surgery.

AtlantiCare is the first healthcare system in the tri-state region to offer robotic nipple-sparing mastectomy. How does this procedure differ from a traditional mastectomy? Dr. Yoon-Flannery (YF):

Historically, many women undergoing a mastectomy expected to lose the entire breast, including the nipple. Now, using the da Vinci Single Port robotic system, I can remove the breast tissue through a single, smaller incision on the side of the breast while preserving

the nipple and surrounding skin. The robotic platform gives me exceptional visualization and precision.

What are the benefits of this surgery? YF:

The benefits go well beyond the operating room. Because the procedure is performed through a single, smaller incision, many women experience less visible scarring while preserving the nipple and, in many cases, sensation. It may also reduce the risk of certain complications affecting the skin or nipple blood flow and can support a more natural appearance post-reconstruction. For patients, that means they can look in the mirror after surgery and still recognize themselves. While my priority is always treating the cancer safely and effectively, it's incredibly meaningful to be able to do that while also helping women preserve their confidence, sense of self and quality of life.

Who is the ideal candidate? YF:

Location of the cancer, breast anatomy and a patient's overall treatment plan all help determine if this is the right option. My goal is to help every patient understand all of their surgical options and recommend the approach that will provide the safest treatment and best possible outcome.

Why is maintaining a sense of self such an important part of cancer care? YF:

A breast cancer diagnosis affects so much more than a person's physical health. It can impact how a woman sees herself, her confidence and overall quality of life. Advances like robotic nipple-sparing mastectomy allow me to think beyond the cancer and care for the whole person. I want every woman to know that it's possible to receive outstanding cancer care while also protecting the things that matter most to her.

► Continue this article on phillymag.com/thinkpink.



Through AtlantiCare Cancer Care Institute's affiliation with Cleveland Clinic Cancer Institute, patients have streamlined access to advanced research, clinical trials and nationally recognized expertise in cancer treatment and therapies.

TECHNOLOGY

Fighting Cancer with AI

Artificial Intelligence is everywhere these days—including cancer research and care.



Breast cancer death rates have declined 44% since 1989, even as diagnosis rates continue to rise 1% each year. Early and routine screening, targeted therapies and lifesaving drugs have all helped improve outcomes—and now AI is enhancing every aspect of cancer care.

One area where AI is making a significant impact is screening, especially in healthcare deserts. “One of the limiting steps is having enough radiologists to evaluate mammograms, especially in rural communities,” says Dr. Shanthi Sivendran, interim Chief Patient Officer for Cancer Care Support at the American Cancer Society and a practicing oncologist at Penn Medicine Lancaster General Health. Mammograms are typically reviewed by two

radiologists; in communities where there are too few doctors, AI can read the mammogram as a first pass, with a radiologist double-checking their assessment. “It’s using AI to augment the workforce,” she says.

AI can also aid in risk assessment, which can help doctors and patients determine if they need supplemental or more frequent imaging. “It’s not just about screening,” Dr. Sivendran says, “but getting more personalized with our screening.”

Dr. Sivendran leads ACS Access to Clinical Trials and Support (ACTS), which helps people with cancer, caregivers and healthcare providers find clinical trials and treatment options. “We know that clinical trials are a way to get cancer innovation to patients,” she says. “But they can often be hard to find.”

Historically, doctors would manually search a government website to find potential clinical trials for patients—a very lengthy process. Now, ACS ACTS partners with Massive Bio, provider of AI-driven personalized clinical trial matching, which results in a comprehensive set of matches faster.

Dr. Sivendran says she recently saw a patient in clinic who went from discussing clinical trials to being evaluated for one in a 10-day time span. “Prior to that,” she says, “it would have taken me 10 days to go through the government site alone.” ▶ To learn more, visit cancer.org/acts.



Dr. Alysa Krain, Dr. Lauren Rosen, Dr. Matt Watto, Dr. Michele Hirsch, & Dr. Jessie Fields



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ADVOCACY

Think Blue

Male breast cancer is rare, but not unheard of. Juan Namnun shares his experience with the disease.

Juan Namnun knew breast cancer was a possibility for men, but he certainly didn't think he was at risk. His reality shifted when, at age 44, he was diagnosed with papillary carcinoma and ductal carcinoma in situ (DCIS). Four years later, Namnun has transformed his cancer journey into cancer advocacy. He talks to us about his disease, treatment and mission to educate young men about the risks of breast cancer.

Tell me about your breast cancer journey. How did you discover it? I found my breast cancer by complete accident, floating in a pool in early summer 2022. I felt a mass, flinging a piece of leaf off my chest, but didn't say anything. At the end of July, my wife felt the lump, and we immediately made phone calls. The next morning, I was in my doctor's office. That was followed by an immediate visit to a breast surgeon, then a mammogram, ultrasound and a biopsy. A week later, I got the call that I hope no one ever gets: "You have cancer." I had a double mastectomy, followed by chemo pills, which I still take every night.

How did the mastectomy impact you? One of my lowest moments was the first time I saw myself without wrapping on. That was an emotional bomb in my head; I wasn't the same man.

Nobody told me that I was able to get reconstructive surgery. It wasn't until about two years later that my wife found out. I was always conscious of how I looked after my mastectomy. Growing up, I was an athlete; I was proud of my hard work and where I was as a man, and that got taken away from me. I did some research and spoke to a doctor who worked on men before. It was a massive game-changer for me mentally and physically. I can remember when I put on a dress shirt after reconstruction, and I looked like I did pre-surgery. I cried. I was so happy to have a little confidence back.



What are some of the stigmas male breast cancer patients face? My goal in all of this awareness is two-pronged—one is to get our young men understanding everything about breast cancer. The other is helping the medical community understand how their messaging and training can really impact men. Every time I went in, I would get asked if I was checking in my wife or mom, and I'd have to explain that I was the patient. Inevitably, I'd get called back, and my vitals were taken, and they would tell me I was their first male patient. And while they were being sweet, it was challenging to think I was being treated by someone who's never done it before.

What do you want men to know about their breast cancer risks? First: It can happen. Everybody needs to know men can get breast cancer. Second is that male breast cancer is not a death sentence. If you have any inkling that something is not right, call your doctor. We can't wait and assume it's nothing.

A teacher and celebrated baseball coach at Frankford High, Namnun is supported by his wife and high school sweetheart, Lena, and their three boys.



DIVERSITY

RAISE YOUR VOICES

Two years in, the groundbreaking VOICES of Black Women study is expanding its reach.

BLACK WOMEN ARE MORE LIKELY to die from cancer than white women—the VOICES of Black Women study is trying to change that. Launched in 2024, this ACS-supported study aims to better understand the many drivers of cancer diagnosis, mortality and resilience within this population. The goal is to recruit 100,000 women, and in 2026, it expanded parameters to include women aged 20 to 60 years old and broadened enrollment from specific states to nationwide.

“We will continue to look at ways we can improve the study’s design to make sure we are maximizing the potential impact of the data we’re gathering,” says Dr. Laura McCollough, co-principal investigator of the study and senior scientific director of epidemiology research at ACS. “This change was driven by a need to balance enrolling women young enough to capture meaningful earlier life experiences with enrolling women old enough for cancer to develop during the study period. Expanding our footprint now allows us the opportunity to capture more meaningful life experiences to answer these important prevention and disparity questions.”

To be eligible, participants can’t have had a cancer diagnosis (except for certain skin cancers). Participants are asked to fill out two surveys a year and will be followed for 30 years. ▶ **To learn more, visit voices.cancer.org.**

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It’s Time to Put You First!

A quick yearly mammogram can give you the power of peace of mind. If you’re 40 or older, talk to your healthcare provider about scheduling a breast cancer screening. Your health matters—take this important step today!

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NUTRITION

Recipes for Healthy Living

A dietitian with the outpatient Temple Health and Wellness clinic, Eric Block also hosts monthly food demonstrations at the American Cancer Society's Hope Lodge in Cheltenham, PA. Hope Lodges are located around the country and provide free lodging to cancer patients who need to travel for treatment. Through its EMPOWER program, Hope Lodge offers a holistic approach to care, including a focus on "food as medicine." This includes Block's cooking and nutrition class, where guests learn to make delicious recipes like this anti-inflammatory fried rice. This recipe uses heart-healthy avocado oil, which has plenty of antioxidants, and liquid aminos, which have no added chemicals and are a good source of amino acids.

ANTI-INFLAMMATORY FRIED RICE

2 cups long-grain jasmine rice, cooked and fully cooled

1-2 tbsp avocado oil

Garlic powder, to taste

Salt, to taste

Black pepper, to taste

1-2 tsp liquid aminos

Preheat pan. Add oil and swirl to coat. Add rice and press into pan to lightly crisp, breaking up clumps. Season with salt, pepper, garlic and liquid aminos. Stir-fry 8 to 12 minutes until rice is hot, lightly toasted and seasoned. Taste and adjust seasoning.

Optional upgrades:

Protein of your choice

Scallions (add at the end)

Scrambled egg (scramble before adding rice)



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