Inside

2 About Our MY LIFE Program
3 Why MBC Awareness?
4 In The News
11 Partner Updates
About Our MY LIFE Program

Tigerlily Foundation’s MY LIFE (Metastatic, Young, Living In Focus, Empowered) Program is dedicated to sharing the perspectives and the unique challenges facing young women living with metastatic breast cancer.

Metastatic Breast Cancer (MBC) can be a frightening word, as it means that the cancer has spread to other areas of the body. Further, it means for the metastatic breast cancer patient being in treatment for the rest of their life. With metastatic breast cancer accounting for a small focus of the traditional breast cancer community, many metastatic breast cancer patients often feel isolated and lonely, sometimes even angry about your diagnosis. As a metastatic breast cancer patient, you may find it difficult to talk about the unique challenges that you face, fears, and living life with uncertainty. As such, you may choose to keep your diagnosis a secret from family and friends, or you may keep your feelings and emotions to yourselves.

You are not alone and you do not need to feel isolated. You have friends, advocates and caregivers who listen to the voices of you and others who are living with metastatic breast cancer. Together, we will let everyone know that your stories matter and do our very best to ensure that your stories are heard.

For anyone who would like to support the metastatic breast cancer community, please consider contributing to our MY LIFE program resources and sharing these resources throughout your networks:

- MY LIFE Quarterly Newsletter
- MY LIFE Guidebook
- MY LIFE Blog
- MY LIFE Podcasts
- MY LIFE Stories
- MY LIFE Twitter Chats
- MY LIFE Facebook Group

If you would like to take a leadership role in Tigerlily Foundation’s mission, you can apply online on our website. You can also support our mission by becoming a Tigerlily ANGEL (Advocate Now to Grow, Empower and Lead). The ANGEL program provides comprehensive trainings for young women under the age of 45, so that they understand how breast cancer affects younger women, and learn how to get more involved in using their time and voices to make an impact. Additional ways to help include fundraising for Tigerlily Foundation, participating in social media outreach, Twitter Chats, and webinars, volunteering at local events, sharing your personal story for others through blogs or podcasts, and starting your own Tigerlily Foundation chapter in your town or city.

“You are not alone and you do not need to feel isolated. You have friends, advocates and caregivers who listen to your voices and others who are living with metastatic breast cancer.”
October 13th was National Metastatic Breast Cancer Awareness Day!

_By Christine Hodgdon_

In 2009, the Senate and House of Representatives declared October 13 as National Metastatic Breast Cancer Day. This is a significant day for the MBC community as it provided much needed recognition of the urgent need for research and treatment development efforts for this devastating disease that leads to the transition of 114 patients every day.

Further, October 13 is the day that is dedicated to:

1. **Driving awareness about metastatic breast cancer:** Metastatic breast cancer is the only deadly form of breast cancer, yet 60% of people know very little about metastatic breast cancer.

2. **Including metastatic breast cancer in the breast cancer conversation:** In the traditional breast cancer community, detecting and treating the earlier stages of breast cancer are typically the focus of the majority of research studies and funding. Metastatic breast cancer is generally thought of as rare, and so it garners little attention.

3. **Increasing knowledge about the unique issues of metastatic breast cancer patients:** Currently, metastatic breast cancer can be treated but not cured, and life for MBC patients is a series of ‘scan, treat, repeat.’ Only about 20% of stage IV MBC patients survive for five years, thus, time developing life-extending treatments is critical.

4. **Dispelling misperceptions about metastatic breast cancer:** When you hear someone say that “no one dies of breast cancer,” let them know that breast cancer is fatal when it metastasizes. Also, when someone says that “metastatic breast cancer is rare,” let them know that there are about 154,000 men and women living with metastatic breast cancer.

5. **Driving new research for metastatic breast cancer:** As more attention is given to metastatic breast cancer, more people will be donating, researching and fighting for a cure.
In The News

Tigerlily Foundation Partners with Eli Lilly to Participate in the More For MBC Campaign Launch on Good Morning America

In recognition of national metastatic breast cancer awareness day, Tigerlily Foundation participated in MBC-related activities. One of these events was the More For MBC national campaign, which was launched by our partner Eli Lilly. What is particularly special about this campaign is that it has carved out a much needed spotlight on metastatic breast cancer, at a time when the status quo for the breast cancer community and general public is awareness and prevention efforts for early stage breast cancer.

For the launch of the More For MBC initiative, Tigerlily Foundation’s Founder & CEO Maimah Karmo was on Good Morning America, participating in activities with Michael Strahan, Robin Roberts, actress & MBC advocate Mira Sorvino, fitness instructor Anna Kaiser, and several Thrivers, which is a common term for patients living with metastatic breast cancer. They shared several important facts about metastatic breast cancer: 1) metastatic breast cancer means that the cancer has spread from the breast to other parts of the body; 2) patients die from metastatic breast cancer, not breast cancer that remains in the breast; 3) over 40,000 patients die each year from metastatic breast cancer; 4) there is currently no cure for metastatic breast cancer; and 5) there is a large gap between the high death rates of metastatic breast cancer and the amount of research funds and attention that is dedicated for this incurable disease. The group also demonstrated the unique Thriver yoga pose and flow, which symbolizes the emotional and physical strength that Thrivers exude. As friends, family, advocates, health professionals and the general public practice this pose and flow, we channel positive energy and strength to Thrivers and those who support them. For every social media post with a picture of the Thriver pose and the #MoreForMBC hashtag, Eli Lilly pledged $100 (up to $225,000) for breast cancer organizations that support metastatic breast cancer patients.

In addition to being on Good Morning America to launch the More For MBC campaign, Tigerlily Foundation also participated by sharing patient stories. Our ANGEL Advocate Christine Hodgdon shared her powerful story on social media. She shared details on the emotional, physical and financial impact of living with this advanced disease; living with an incurable disease that kills over 100 patients everyday. We share that story later in this newsletter.

The more voices and stories that are heard about metastatic breast cancer, the more likely we can create awareness, raise funds and put money towards research to ensure that the estimated 154,000 men and women living with metastatic breast cancer can lead long and productive lives.
Tips for Caregivers

Tips for Caregivers of Metastatic Breast Cancer Patients

As a caregiver to your loved one with metastatic breast cancer, you are someone whom your loved one trusts and who they appreciate, and it is through your care and support that they draw strength in this challenging time of their life.

Metastatic breast cancer patients have unique challenges that they deal with every day. To be the best caregiver for your loved one, you need to acknowledge these challenges and be supportive and understanding as you help them navigate the impact of this disease on their lives.

Here are some tips:

1. **Help your loved one with practical needs.** Support your loved one by handling tasks such as driving them to their appointments, helping them get dressed, organizing paperwork, filling prescriptions, cooking or doing household chores.

2. **Help your loved one find ways to look and feel their best.** Your loved one may feel self-conscious about changes to their appearance caused by treatment. Help them learn about options available for coping with physical changes and give them time to try different solutions. For example, finding breast prostheses or wig and clothing/accessories that make them feel more comfortable.

3. **Understand that your loved one will have good days and bad days.** Living with metastatic breast cancer can feel like an emotional roller coaster, with moments of good moods, and feelings of anger and frustration at other times. Give your loved one space and be understanding when they experience these range of emotions.

4. **Talk to your loved one about their comfort level with physical closeness and intimacy.** Ask your loved one how much closeness they need and their comfort level. Hugging and holding hands can be simple ways of staying physically and emotionally connected, but follow their lead.

5. **Communicate with your loved one.** Share your feelings, even those you may feel uncomfortable sharing. Talking about emotions might be hard at times. But when you share what you are feeling with a loved one, you help them feel supported and give them the opportunity to support you.

6. **Be a listening ear for your loved one.** Sometimes your loved one just needs to say what they have on their mind out loud as a way to de-stress. Listen when your loved one wants to talk. You do not have to offer opinions or solutions.

7. **Respect your loved one’s decisions.** As a caregiver, you may be in a position to share decision-making. Keep in mind that your loved one is the person facing cancer and treatment, and that decisions about their care and life are ultimately theirs to make. It is up to your loved one to decide what role they want to continue to have in the family, and where they would like to have help.

8. **Include your loved one in non-cancer events and discussions.** Having a stage IV diagnosis does not automatically change your love’s one personality. By all means, continue to include them in non-cancer events and discussions, as you always have. Your loved one may get tired of “cancer talk.” Take advantage of times when your loved one is feeling well to pursue enjoyable or important activities that they have always enjoyed or wanted to do.

9. **Take time to care for yourself as you care for a loved one.** While caregiving can be a rewarding experience, it can also feel like a draining, full-time job. Take some time each day to do something for yourself, even something as simple as taking a walk in your neighborhood.
As a metastatic breast cancer patient, taking proper care of yourself is one of the most important things you can do to enjoy a good quality of life. While self-care differs from person to person, here are some tips that may be helpful to you every day.

1. **Take care of your hair.** For many women, your hair is your glory. Whether your hair has regrown after chemo or you have managed to keep it during treatment, you may feel too weak to go through the process of managing your hair the way you used to do. Ask a friend or family member to wash and blow dry your hair. This simple treat can make you feel much better and more confident.

2. **Get help with cleaning.** Breast cancer treatment can leave you feeling easily tired and increases your risk of getting infections. Knowing this may make you feel concerned about cleaning your space. Feel free to ask someone to come over and help you with cleaning. It will help put your mind at ease and help keep you healthy.

3. **Learn your limitations.** After treatment, you may find that you are no longer able to do some of the things you used to be able to do. It is important that you learn your limitations and accept them. There is no reason to feel guilty about this. You may find that you need to move at a slower pace and/or limit how long you are active. For example, whereas you used to be able to spend an afternoon running errands, you may be limited to completing only one errand.

4. **Find hobbies.** Hobbies are a great way to get your mind off of things when you’re feeling down. Rather than sitting at home and thinking about your illness, dabble in different hobbies, or devote your time to one that you really love. This can help you feel better.

5. **Help others.** Helping others is one of the most rewarding things a person can do. While cancer may place physical limitations on you, your mind is still strong and capable. If you enjoy knitting, maybe knit a blanket for a child. Or if you enjoy baking, make a pie or cookies for someone who is in need.

6. **Accept your condition.** Cancer happens, and it happened to you. This is completely out of your control, but you do have to accept it. With your diagnosis, you may need to make some tough decisions such as not attending an event you were really looking forward to or it may mean quit a job that you love. Cherish the time you have, and make the best of it.

7. **Keep a notebook.** In the notes section of your phone or with pen and paper, write down all the side effects you’re experiencing from treatment. Once your doctor knows your symptoms, they can recommend the right methods to manage them.

You can also use your notebook to write yourself reminders if “chemo brain” — the fuzziness some people get after chemotherapy treatment — strikes.

You can also write down your thoughts and feelings as a way to track your progress as well as to de-stress.

8. **Find support.** Cancer can turn your world upside down. The diagnosis and treatment becomes your main focus, taking priority over work, family, and everything else that was once central to your daily life. As you adjust to this change, lean on those who are closest to you, and seek support from professionals like psychologists and counselors who are trained to work with others like you.
For most of my career, I was a conservation biologist working to protect habitat for endangered species. I felt that wildlife did not have their own voice, so someone had to speak on their behalf. Little did I know just how much I would use these skills for an entirely different cause.

In 2015, I received the devastating news that I had metastatic breast cancer. A year and a half later, I decided that I was thoroughly exhausted and needed to quit my job and go on disability. Though my decision to leave was difficult, it allowed me to focus 100% of my time on recovering my mind and body from the trauma of a terminal cancer diagnosis and treatments. I took a 6-week intensive meditation course, started doing yoga every morning, continued with monthly acupuncture (a practice I picked up while undergoing chemotherapy), and started attending support groups.

Almost instantly, I felt a change in my physical and mental state - I started feeling less fatigue, nausea, and irritability. I was sleeping and eating better, and the daily yoga was helping tremendously with increasing rotation and flexibility of my right arm where lymph nodes had been removed.

As I started to feel better and better, I also became more and more restless. I didn’t feel quite ready to go back to work, but I had to do something. I started researching organizations that worked with metastatic breast cancer patients and decided on a career in advocacy. To date, I have volunteered with patient advocacy organizations such as Tigerlily Foundation, participated in advocacy trainings and events, and attended many scientific and medical conferences. I’ve also had the opportunity to review grants focused on metastatic breast cancer research and will be serving as a consumer reviewer for next year’s Department of Defense’s Breast Cancer Research Program. My passion is improving access to clinical trials for metastatic breast cancer patients and I have conducted personalized clinical trial searches for patients who are in need of an alternative to the treatment that failed them. I have even created a database of clinical trials that are specific to metastatic breast cancer patients and I will be consulting with medical researchers at the University of San Francisco to enhance their own breast cancer clinical trial registry and to assist in the development of a clinical navigation service.

Now that I have been a metastatic breast cancer advocate for over a year, I have learned that advocacy is conducive to multiple personality types and that each advocate tackles their diagnosis differently. Some advocates are angry and outspoken, others are sobering and honest, some people are hilarious and sarcastic, and others are hopeful and optimistic. Each personality has a place in the advocacy world and I think the more diversity we have as metastatic breast cancer patient advocates, the more effective our message will be.

I have also learned that advocacy comes in a variety of forms. I used to think that I had to be all over social media or be edgy and loud to get my voice heard. But this is not true at all. You can remain completely anonymous and post on various social media platforms. You can go to a support group or start your own support group and help people one-on-one. You can start a blog or website, attend breast cancer conferences, design and sell lingerie for breast cancer patients that have undergone surgery, sit on peer-review panels for cancer research projects, create charity bicycle rides or hikes or runs, protest or lobby Congress for more research dollars - the possibilities are endless!

You can turn what you love and what brings you joy into a tool for advocacy, it just takes a little bravery (because you’ll probably fail a few times) and a little creativity.

I am very thankful that I am able to use my voice to advocate for metastatic breast cancer patients like myself. This is what I was meant to do - helping others navigate their diagnosis is what helps me continue to thrive.
Living with Metastatic Breast Cancer

by Fabiana Marie

At the age of 27, when my daughter Mackenzie was a little over a year, I had a consultation with a plastic surgeon about a breast reduction procedure to help me manage the chronic pain associated with Lupus, an autoimmune disease that attacks your organs. After filling out the intake forms and having the standard breast exam, the doctor recommended I have a mammogram “to cover all our bases.” The mammogram results caused the doctor to have some concern, so I was immediately sent for an ultrasound, which led to a needle biopsy. All of this happened within two hours. I felt like a pin cushion, the subject of a science experiment; little did I know this was just the beginning.

The diagnosis was breast cancer, and it was recommended to have a partial mastectomy before any gene testing was done. Unlike the standard procedure today, it seemed like my doctors were more concerned about saving my breasts than about understanding the specific type of cancer that was invading them. After a horribly long surgery (thanks to my Lupus complicating things), I began my life as a cancer fighter, healing from surgery and enduring my first round of chemotherapy. At the end of this round, I was in remission for three months before finding out that I had BRCA1 positive, triple negative breast cancer. In today’s world of cancer, this diagnosis would have been treated aggressively with a full mastectomy and hysterectomy.

However, due to chemo and Lupus, one of my kidneys had been so badly damaged that I was no longer a candidate for additional surgery.

Since my cancer has returned and spread, my life as a metastatic breast cancer warrior was put into motion. It has been thirteen years since that initial diagnosis. Thirteen years of multiple oncologists, most of whom scratched their head at my case. Thirteen years of experimental chemotherapy, radiation, and alternative methods. Thirteen years of questioning the initial course of action decided upon and taken by my initial team of doctors. Thirteen years of considering the “what ifs”. Thirteen years of disappointment and surprise by those around me and how they have reacted to my living with cancer. Thirteen years of learning how to remain positive every day despite cancer doing its best to destroy me. I have come to accept that metastatic breast cancer is what I have, not who I am. My family and I have decided to live each day to the fullest, filling our lives with love, laughter and honesty.

In 2016, 11 years after my initial diagnosis, I created an online community dedicated to helping others live their most fabulous life despite any adversity they may be facing. I have been honored to speak at numerous forums, fundraisers and events, and have an award-winning book (Fabulously Fighting) aimed at helping others truly live despite the adversity they are facing.

Cancer sucks, but your life doesn’t have to. You can take metastatic breast cancer and turn it into the fuel for your fire. You can choose to live each day to the fullest and help others to do the same.

Cancer does not define us. We are all warriors and I will continue to Fabulously Fight in the face of adversity.
**Busting Myths About Metastatic Breast Cancer**

1. **Metastatic breast cancer is rare.** The National Cancer Institute estimates that more than 150,000 people in the U.S. are currently living with metastatic breast cancer. Also, 20% to 30% of all women diagnosed with early-stage breast cancer go on to develop metastatic breast cancer.

2. **There are no good treatment options for metastatic breast cancer patients.** There are multiple treatments available to metastatic breast cancer patients to slow or stop the progression of the disease and extend patients’ lives for many years, possibly even a decade or more. Your treatment plan is guided by the characteristics of the cancer cells, your age, where the cancer has spread, and your symptoms. While local therapies, such as surgery and radiation, are sometimes used, metastatic breast cancer is typically treated with systemic medications, such as hormone therapy, chemotherapy, and targeted therapy.

3. **You did something wrong to let it get this far.** Mammograms often detect breast cancer early, but they are not foolproof. Further, for unknown reasons, early stage cancer that is treated may progress to metastatic breast cancer. There is nothing you can do to prevent metastases.

4. **My cancer spread because it was not treated properly in the first place.** If you had breast cancer in the past and then it spread to other areas of your body, it is natural to question your original treatment. You might feel angry for not beating the disease. But having invasive breast cancer does not mean you or your doctors did anything wrong. Despite the fact that there are very good treatments available for breast cancer, even if a few cancer cells are missed by radiation, surgery, or chemo, there is a chance that your cancer could spread and grow a tumor somewhere else later. Further, breast cancers such as those that are HER2-positive or triple negative are more aggressive cancers and run a higher risk of recurrence no matter how aggressively they were initially treated.

5. **Your doctor always knows best.** While it is generally wise to trust medical professionals, if you need to, seek a second opinion. This is your life. Even if the second expert says the same thing, this will be reassuring to you. Feel also free to seek out an expert who specializes in metastatic cancer as they will likely have more in-depth knowledge and resources.

6. **All metastatic breast cancer patients look sick.** Yes, some metastatic breast cancer patients look sick, but others might appear to be thriving. That often surprises well-meaning loved ones, who might question whether you are really as sick as your diagnosis implies.

7. **Metastatic breast cancer can become another cancer.** Once your diagnosis of breast cancer is confirmed, it will always be breast cancer, even if it has spread to other parts of your body. You may think that if your breast cancer has spread to the bone then it has become ‘bone cancer’ or if it’s spread to the liver then it’s now ‘liver cancer’. However, examination of the cancer cells show that they are still breast cancer cells.

8. **You will need chemo for treatment.** It is normal to associate “cancer” with “chemo” treatment. But that is not necessarily the case. For triple negative or HER2 types of metastatic cancer, chemo is generally recommended but they only make up about 20% of cases. The most common subtype of breast cancer, which makes up 80% of cases, is estrogen receptor positive. This type of cancer typically responds very well to hormone therapies.

9. **You will need a mastectomy.** Though mastectomy is a common treatment for metastatic breast cancer, it is not necessary in all cases. Treatment with mastectomy depends on the cancer subtype, the tumor, and several other factors. It is important to consider that mastectomy requires stopping systemic treatments so it is a decision that should be made with your healthcare team.

10. **Palliative care is for those who are dying.** People hear the phrase “palliative care” and may assume that it is only for those who are dying. However, palliative care is really about increasing your quality of life, regardless of how advanced your disease is. For metastatic breast cancer, palliative care can mean everything from talking to a therapist who specializes in breast cancer patients to medications that alleviate side effects like nausea, fatigue, and pain.
Combined Treatment with Genentech’s Tecentriq Drug and Celgene’s Abraxane Drug Shows Positive Results for Metastatic Breast Cancer Patients

In the Phase III IMpassion130 study, treatment of locally advanced or metastatic triple-negative breast cancer with Tecentriq (atezolizumab) plus Abraxane chemotherapy versus Abraxane chemotherapy only was evaluated among 902 patients who have locally advanced or metastatic triple-negative breast cancer but were not treated previously for advanced disease.

The results showed that treatment with Tecentriq and chemotherapy significantly reduced the risk of disease worsening or death compared with treatment with chemotherapy alone.

The median progression-free survival was significantly higher for treatment with Tecentriq and chemotherapy versus chemotherapy alone, 7.2 months versus 5.5 months, respectively. With regards to overall survival, there was no significant difference between the two treatment groups: 21.3 months for treatment with Tecentriq and chemotherapy versus 17.6 months for treatment with chemotherapy alone.

Since Tecentriq blocks the PD1 protein and PD-L1 from binding to each other, it allows immune cells to attack cancer cells. To determine how well Tecentriq worked in the sub-group of study patients who had breast cancer that was PD-L1-positive, progression-free survival was compared for those treated with Tecentriq and chemotherapy versus those treated with chemotherapy alone.

The median progression-free survival was significantly higher for treatment with Tecentriq and chemotherapy versus chemotherapy alone, those 7.5 months versus 5.0 months, respectively. With regards to overall survival, there was no significant difference between the two treatment groups: 25 months for treatment with Tecentriq and chemotherapy versus 15.5 months for treatment with chemotherapy alone.

Therefore, first-line treatment of locally advanced or metastatic triple-negative breast cancer with Tecentriq and chemotherapy significantly improved progression-free survival compared to treatment with chemotherapy alone. Further, first-line treatment of Tecentriq and chemotherapy for the subgroup of patients with PD-L1-positive locally advanced or metastatic triple-negative breast cancer resulted in better overall survival when compared to the rest of the patient study group. Researchers will continue to monitor patient data in this Phase III IMpassion130 study until the next time point for data analysis. Read more about this study here and here.
Pfizer’s Talozoparib and Palbociclib Drugs are Approved for Treating Metastatic Breast Cancer Patients

The Food and Drug Administration has approved Talozoparib and Palbociclib drugs for treating metastatic breast cancer patients. The Food and Drug Administration based their approval of these two drugs on results from clinical trials that were sponsored by our partner, Pfizer. Talozoparib, the investigational drug in the EMBRACA clinical trial, has been approved for treating patients who have deleterious or suspected deleterious germline BRCA-mutated, HER2negative locally advanced or metastatic triple-negative breast cancer. Palbociclib, the investigational drug in the PALOMA-3 clinical trial, has been approved for treating patients with HR-positive, HER2-negative metastatic breast cancer who experienced disease progression following hormone therapy.

EMBRACA Study: In the EMBRACA study, treatment with Talozoparib (atezolizumab) versus chemotherapy only was evaluated among 431 patients who have deleterious or suspected deleterious germline BRCA-mutated, HER2negative locally advanced or metastatic triple-negative breast cancer. BRACAnalysis CDx test, which is owned by Myriad Genetic Laboratories, Inc. was used to identify patients with breast cancer with deleterious or suspected deleterious germline BRCA-mutations who are eligible for Talozoparib. The results of the EMBRACA study showed that treatment with Talozoparib significantly reduced the risk of disease worsening or death compared with treatment with chemotherapy alone. The median progression-free survival was significantly higher for treatment with Talozoparib versus chemotherapy alone, 8.6 months versus 5.6 months, respectively.

Based on the results of the EMBRACA study, the Food and Drug Administration recently approved Talozoparib for treating patients who have deleterious or suspected deleterious germline BRCA-mutated, HER2negative locally advanced or metastatic triple-negative breast cancer. They also approved the companion test, BRACAnalysis CDx, for identifying breast cancer patients with deleterious or suspected deleterious germline BRCA-mutated who are eligible for treatment with Talozoparib. Read more about this study here.

Phase III PALOMA-3 Study: The Phase III PALOMA-3 study evaluated Palbociclib in 521 women with HR-positive metastatic breast cancer who had relapsed or progressed after prior hormone therapy. (All participants also had HER2-negative breast cancer, a classification that indicates the cancer has little or no HER2, a protein which drives cancer growth.) The study participants received either Palbociclib and Fulvestrant (a standard treatment) or a placebo and Fulvestrant.

The study results showed that the median overall survival was 34.9 months in the Palbociclib and Fulvestrant group, compared to 28 months in the control group. Further, Palbociclib delayed the need for chemotherapy - patients treated with Palbociclib did not need to start chemotherapy for 17.6 months, compared to 8.8 months for patients treated with Fulvestrant alone.

These study findings led to FDA approval of Palbociclib for treating patients with HR-positive, HER2-negative metastatic breast cancer who experienced disease progression following hormone therapy. Read more about this study here.

MacroGenics is Enrolling Metastatic Breast Cancer Patients for Phase III Clinical Trial

The SOPHIA study, which is in Phase III compares Margetuximab plus chemotherapy to Trastuzumab plus chemotherapy in patients with HER2 positive metastatic breast cancer. The Food and Drug Administration had previously granted fast track designation to the investigation of Margetuximab for treatment of patients with metastatic or locally advanced HER2 positive breast cancer who have previously been treated with anti-HER2-targeted therapy. Fast Track designation facilitates expedited review of new therapies for serious conditions and unmet medical needs so that if the investigation drug is effective and safe, it will be available faster to the patient population. Read more about the study here.
Metastatic Breast Cancer Alliance Launches Free Interactive App for Metastatic Breast Cancer and Participates in Patient-Centered Right Track Program

Our partner, The Metastatic Breast Cancer Alliance continues to strive to transform and improve the lives of metastatic breast cancer patients. Most recently, Metastatic Breast Cancer Alliance developed a unique app that serves as an interactive patient registry. Metastatic Breast Cancer Alliance has also joined the Right Track Program, which is focused on helping individual patients identify the right team, the right tests and the right treatments during their journey with metastatic breast cancer.

**MBC Connect:** MBC Connect, a free, web- and mobile-friendly patient registry database for metastatic breast cancer patients, was launched on October 13 in recognition of Metastatic Breast Cancer Awareness Day. To use MBC Connect, metastatic breast cancer patients register and complete surveys about their disease history, experiences and quality of life. This tool was developed by patients for patients, and is unique from other databases because it is interactive – it allows patients to regularly update their information in real time as their patient experience changes.

*By tracking their experience over time, patients are able to develop a holistic profile about themselves.*

MBC Connect is also a valuable tool for researchers and clinicians as they can use this real-time database to identify trends and strategies to treat patients in a more targeted way, and drive research and discoveries to help the estimated 155,000 patients living with metastatic breast cancer. As a tool for both metastatic breast cancer patients and researchers and clinicians, MBC Connect empowers metastatic breast cancer patients and caregivers and allows them to be active and engaged partners in research.

MBC Connect offers an opportunity to address some of the challenges of the metastatic breast cancer community. It may unlock some of the mysteries of this patient population such as the exact number of people living with metastatic breast cancer and how to treat metastatic breast cancer patients in a more targeted way.
Right Track Program: Metastatic Breast Cancer Alliance has partnered with other patient advocacy groups in the Right Track Program that was launched by Harvard Business School Kraft Precision Medicine Accelerator. Previous research by Harvard Business School Kraft Precision Medicine Accelerator revealed that patients were often overloaded with information and could not clearly identify next steps to take with their treatment. The Right Track Program is focused on addressing these challenges and will develop best practices for helping patients optimize their treatment journey. Specifically, Harvard Business School Kraft Precision Medicine Accelerator is working with Metastatic Breast Cancer Alliance and four other patient advocacy organizations, along with consumer brands such as Marriott, Reebok and Rent the Runway to develop a patient-centered step-by-step guide, tips and databases for them to choose the right team, the right tests and the right treatments. In this way, the Right Track Program will guide patients through precision medicine, and will encourage patients to share data at each step of the process and help others who have cancer.
We thank all of our sponsors for their generous support.

If you would like to sponsor a Tigerlily Foundation event or support our MY LIFE Program, please contact us at info@tigerlilyfoundation.org.