



**Tigerlily
Foundation**
Beauty. Strength. Transformation.

MY LIFE NEWSLETTER

Fall, 2019. Vol 5



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About our MY LIFE Program

Tigerlily Foundation's (Tigerlily'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 (MBC).

MBC changes the life of the young woman diagnosed and everyone around her. Life for a young woman living with MBC means being in treatment for the rest of her life. Many metastatic breast cancer patients often feel isolated and lonely, sometimes even angry about the diagnosis. As a metastatic breast cancer patient, it may be difficult to talk about what you're going through; and finding people who understand the unique challenges that you face, fears, and living life with uncertainty. This can lead to isolation and loneliness.

Wherever you are in your journey, know that you are not alone. You have friends, advocates and caregivers who hear your voice. Together, we will let everyone know that your stories matter and deserve to be heard.

For anyone who would like to support the MBC 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 Stories](#)

[MY LIFE Twitter Chats](#)

[MY LIFE Podcasts](#)

Our MY LIFE Podcasts feature the perspectives of young women living with metastatic breast cancer, giving insight into their needs, challenges, and offering awareness and support to other Metsters. Monthly episodes will be released on the 1st of each month and posted on the My Life Blog and will also be available in the iTunes Store.

[MY LIFE Facebook Group](#)

Tigerlily Foundation's recently launched initiative on Young Women's Metastatic Breast Cancer Disparities began with a historic listening summit. Our Facebook group provides an opportunity to engage in our Metastatic Breast Cancer Disparities Initiative.

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 an 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 podcast, and starting your own Tigerlily Foundation chapter in your town or city.

"Life for a young woman living with MBC means being in treatment for the rest of her life."

Caregiver Stories

"Living with Stage 4 Metastatic Breast Cancer that has spread to my lungs, spine, hip, rib and lymph node. I have to lean on my caregivers, family and medical team on everything in my life. The goal is to have a quality lifestyle especially since I will have to remain on treatment forever. Never to be in remission or cured. Therefore, I must have a very large team to produce respite for each other and reduce stress so its not all on one person. My husband is my primary caregiver, he helps me live easy. He does the dishes and laundry, cook and all the household chores when Im feeling tired, weak and ill.

- Shonte' Drakeford, MSN, CRNP, AGNP-C, Metastatic Patient Advocate Surviving



"My mother Marty is my caregiver. She is a nurse practitioner, so I am very lucky. She has been there for me when I need help thru every chemotherapy and every Surgery for seven years. This includes Cooking, cleaning, paying bills, attending drama shows and cheerleading competitions. My mom left work early every Wednesday for years to pickup my kids from school for me so I can keep my appointments ... running on time. "

- Jennifer Pace, MBC ANGEL Advocate



"Our caregivers play a huge role in our lives. In addition to going with us to appointments and helping us get groceries in our homes, they are our lifelines. Knowing we have someone we can call, at any hour, and they'll be there to help with whatever we need is invaluable. This is an isolating disease. Our caregivers remind us we aren't in this alone. " - April Doyle, MBC ANGEL Advocate



Caregivers are Key Supporters of Patients with Metastatic Breast Cancer

Caring for a loved one with metastatic breast cancer presents different challenges from caring for your loved one with a curable disease. Metastatic breast cancer becomes a permanent part of your loved one's life, and your commitment, support and kindness can make this lifelong burden easier to bear.

Being a caregiver for your loved one with breast cancer typically means that you are handling all of the day-to-day demands of caring for them, and helping to make difficult decisions about their medical care and treatment, all while stilling meet the needs of other family members, as well as your responsibilities at work. You may worry about your loved one's health, the uncertain future, financial limitations, and unexpected and unwanted lifestyle changes. You may experience feelings of fear, hopelessness, guilt, confusion, doubt, anger, and helplessness. You may feel like you are doing a great job of caregiver on some days, while on other days you want to give up. This is all normal.

As you are caring for your loved one, it is important that you speak with them about their beliefs, values and wishes for end-of-life care. You should have this conversation before your loved one becomes debilitated, so that they can clearly express requests, make rational decisions and sign important documents.

You should speak with your loved one about life-sustaining treatments that are available, such as resuscitation, artificial nutrition, extended mechanical ventilators. Your loved one can also decide on which medical treatments they would like to undergo if the cancer becomes life-threatening. Similarly, you should ask your loved one to tell you about their personal values and spiritual values related to death and dying, and you should help them prepare legal documentation such as a will or power of attorney for end-of-life preferences. You should also ask your loved one to identify whom they would like to make decisions on their behalf when they are unable to do so.

Speak with your loved one about how they would like to handle their personal business if they are unable to do so on this own. These personal business items include:

- **Birth Certificate** – Where is it? Make a note of the birth country, in case you need to order a another copy.
- **Bank Accounts** – What are the account numbers?



- Who are the beneficiaries?
- **Investments** – What are the account numbers? Who are the beneficiaries?
- **Safe Deposit Boxes** – Where are the keys? Who are the beneficiaries?
- **Life Insurance Policies** – Where are they? Who are the beneficiaries?
- **Health Insurance Policies** – Where are they? Who are the beneficiaries?
- **Power of Attorney** – Who has been designated? Is the paperwork signed?
- **Will and/or Living Trust** – Where are they?
- **Deeds/Property Titles** – Where are they? Who owns the property? Are there tenants?
- **Military Papers** – Where are the discharge papers?
- **Vehicle Registration** – Who owns the vehicle? Where is the certificate?
- **Income Tax Returns** – Where are they? Who is the accountant?
- **Funeral Instructions** – Is there a preferred funeral home? Any wishes for the process?

Caregiving Tips

Being a Caregiver While Keeping Your Job

Some caregivers spend many hours each day caregiving for their loved one with breast cancer, while simultaneously maintaining a full-time job. Trying to balance work demands while taking care of loved one can affect your work life in several ways:

- You may become distracted or less productive
- You may get mood swings that confuse coworkers or make them reluctant to work with you
- You may need to call in sick or late
- You may need to forego retirement, especially if you are the sole provider

As a caregiver, if you are employed as a freelancer, consultant or entrepreneur, when you don't work, you do not get paid. If you have a more traditional job at a large company, your employer may offer benefits to help you take time off, exchange shifts, or allowing you to work remotely. If your company does not have these policies in place, you may still be able to make arrangements informally. For eligible employees, the Family and Medical Leave Act (FMLA) guarantees up to 12 weeks off per year to take care of a seriously ill family member (spouse, parent or child). Speak with your boss or benefits office about FMLA and other opportunities for a flexible schedule.

If you end up quitting your job, you will lose your source of income as well as your employer's health insurance coverage. For health insurance, you can use COBRA to pay for your own insurance. COBRA covers you for some months after you leave your job.



Caregiving Tips

Taking Care of Yourself as a Caregiver

As a caregiver, you may easily find yourself being caught up with all of the day-to-day demands of caring for your loved one, and helping to make difficult decisions about their medical care and treatment. This could make you feel burned out. You need to focus on what matters so that you can strengthen your sense of purpose and meaning in your life. Taking care of yourself will allow you to better take care of your loved one. Here are some ways to take care of your own needs and feelings:

Set limits – Being a caregiver every day, 24 hours a day, for months and years is difficult. Acknowledge to yourself that this is an overwhelming task and ask for help before stress build up. You can arrange for a respite caregiver or a sitter-companion that may be offered through local civic groups, religious groups or other community organizations. Health insurance may cover these costs.

Take a break – Try to be away from your loved one for a bit of time every day, even if it is a short walk.

Infuse meaning into ordinary events – Throughout the day, you will experience positive moments. It could be having someone hold the door for you, finding a rare parking spot, seeing a baby laugh. When such a moment happens, enjoy it and reflect on why it feels good. If you can, tell someone about it. These moments give you emotional time-off from anxiety and worry. It can help you de-stress and put you in an upbeat mood.

Allow yourself to laugh – Humor is a great way to add perspective on life's difficult experiences. Don't feel guilty about your laughter. Laughter is known to be therapeutic. It can help you restore your energy and perspective.



Bill of Rights



Caregiver Bill of Rights

- I have the right to take care of myself. This is not an act of selfishness. It will give me the ability to take better care of my loved one.
- I have the right to seek help from others even though my loved one may object. I know the limits of my own endurance and strength.
- I have the right to maintain parts of my own life that do not include the person I care for just as if they were healthy. I know that I do everything that I reasonably can do for this person. I have the right to do some things just for myself.
- I have the right to get angry, be depressed, and express difficult feelings once in a while.
- I have the right to reject any attempt by my loved one to make me do things out of guilt or anger. (It doesn't matter if they know they are doing it or not.)
- I have the right to get considerations, affection, forgiveness, and acceptance for what I do for my loved one, as I offer these in return.
- I have the right to take pride in what I'm doing. And I have the right to applaud the courage it has taken to meet the needs of my loved one.
- I have the right to protect my individuality. I also have the right to a life that will sustain me when my loved one no longer needs my full-time help.

- (Author unknown)

Overcoming the fear of recurrence and embracing my metastatic breast cancer sisters

By *Jasmine Dionne Souers*

At my first conference for young women affected by breast cancer, I remember the other ladies talking about how their metastatic breast cancer started with a cough. Then, after that day, every time I got a cold, I was terrified.

I remember once suggesting maybe the women with metastatic breast cancer needed a separate support group. To not scare the early-stagers, you know? Or maybe, more selfishly, to not scare myself.

I spent my first cancer-free year insulating myself from all things related to recurrence and metastatic breast cancer, and you know what happened? Ten years after she beat breast cancer for the second time, my grandmother was diagnosed with metastatic breast cancer. It was like my worst fear was at my neighbor's doorstep; close enough to force me to pay attention.

This was not the happy cancer journey ending I was used to. There would be no more bells to ring at the end of treatment because there would be no end of treatment for her. Suddenly, her issues were my issues. I needed to understand everything I could. My mom needed to understand everything she could. I had to teach my mom how to advocate for my grandmother like I learned to advocate for myself. I had no time to be afraid; I needed to be informed.

And that's when the light switched for me.

Pretending metastatic breast cancer didn't exist, didn't really stop it from existing; it didn't lower my chance of recurrence; it didn't mean I'd never be in the 30 percent of early-stagers who later develop metastatic breast cancer. Pretending metastatic breast cancer didn't exist only meant I was uninformed, and that I was ignoring the plight of thousands of people literally dying to be seen and heard.

And how could I ignore the struggles of my grandmother receiving an accurate diagnosis? How could I overlook the lack of resources for the ladies in my support group? How could I turn a blind eye to the need for research when there's a steady stream of young women passing away on my social media timelines?



I couldn't any more.

I could never again.

We don't need to be afraid when a woman shares how she discovered her metastatic breast cancer diagnosis, we need to educate ourselves about the symptoms of a recurrence.

We don't need separate support groups to not scare the "early-stagers," we need more empathy and understanding and acknowledgement of a very real possibility for all of us.

We don't need to pretend metastatic breast cancer doesn't exist, we need to amplify the obstacles faced by this segment of our community.

There is no "us" and "them." There's only "we." And we must fight for each other like we'd want someone to fight for us.

Author bio: Jasmine Souers is a 28-year-old breast cancer survivor from Jacksonville, FL and co-founder of For the Breast of Us. Today, Jasmine is in pursuit of a purpose-driven life. She is a passionate advocate for young women and women of color affected by breast cancer. She believes in the power of sharing the voices of women from marginalized communities to break barriers in the cancer community.

Caregiver Perspective: Caring for my daughter with metastatic breast cancer

By Robin Bethune



I'm often asked, "How do you do it"? What they are asking is, how do I deal with the fact that my daughter Erica has terminal breast cancer.

When Erica was diagnosed with Stage IV Metastatic Breast Cancer, she was breastfeeding our beautiful granddaughter, Isobel. We had no family history of breast cancer. Her lump appeared

to be a very non-worrisome clogged milk duct. But after we found out Erica indeed had breast cancer, a few days later (on my husband's and my 25th wedding anniversary), we learned that the cancer had spread to her liver and bones. The reality of what all this meant was overwhelming.

Since Erica lives in Delaware and my husband and I live in Tampa, my first thought was just to get to her. I canceled all summer travel plans and I flew up in time for her first round of chemo. I'll never forget sitting with her at the infusion center and realizing the profound paradox of watching poison drip into her newly installed port and being almost giddy at the thought that her cancer cells were dying, at the exact same moment realizing with every motherly protective instinct that I had, I should be ripping out that tube as it was poison!

The highs and lows of having a loved one with breast cancer continued when Erica's very first scans showed that the chemo had worked, and the cancer was sleeping. This was the same month that everyone was celebrating pink ribbons and awareness for breast cancer. I bought into it and gave money to Komen, bought pink socks for everyone, and wore my pink ribbon.

Erica went 2 ½ years with scans showing No Evidence of Disease (NED), which I suppose created a false sense of security in us. She continued to work a full-time job, took care of her then 3-year-old Isobel and partner, along with her home and dog. Then one day she found another lump. This one turned out to be a completely different sub-type than the first. It was triple negative breast cancer and even more deadly.

As I stressed about her getting in to see a new specialist, my

own health took a toll. My blood pressure was constantly elevated, even on medication. I was diagnosed with reflux issues and stress-induced asthma. I started to feel the frustration of not being there for my baby as often as I wanted even though I was traveling to be with her every couple of months. Erica had her own additional stress as her demanding job became even more demanding and she had another round of chemo on the horizon.

After Erica's second round of chemo and clean scans from the neck down, she and her family flew to Florida to visit Disney and have a much-needed vacation. They were here for less than 24 hours when Erica had a grand-mal seizure, which proved to be brain metastasis. That meant a quiet couple of days until she could fly home and prepare for brain radiation. And then she found another lump. Another lumpectomy. Another completely different diagnosis of triple negative metaplastic breast cancer. Less than 1% of breast cancers are metaplastic. Because she couldn't drive after having the seizure, I was traveling to be with her. She was graced with friends and neighbors who volunteered to drive her to work and back, and moms at Isobel's pre-school took Isobel back and forth to school.

Through it all, if anything, our already close family became even closer. My other daughter Heather who lives in Virginia and has two little ones of her own would drive up and help Erica once chemo started. Our other daughters, Jackie and Emily who were in grad school would visit when they could. Our other daughter Melissa fundraised for Metavivor, and my husband Jack, would either travel with me to be with Erica, or stay home to manage the house and the pets. Our lives became like a fine oiled machine of educating people about Metavivor, raising money whenever we could, supporting Erica and Izzy, and trying to hang onto our faith that everything would be okay.

Erica has become an incredible advocate for others with metastatic breast cancer. She has a Facebook page with close to 2,000 followers. She uses that page to educate and update others about living with metastatic breast cancer. She encourages friends in support groups and runs her own local group. I am so incredibly proud of her. I am also grateful she feels comfortable sharing late-night calls with me as she tells me about another friend who has just died or who has entered hospice. Grief is never easy, but for her it has become a daily way of life. My heart breaks for her with every new loss, while my heart freezes in fear knowing that she could be next.

I've learned to be grateful for every day with Erica. I am grateful for every person who sincerely offers up prayers and good thoughts. I've learned that I am not as strong as I thought I was, but I will always be strong for her.

Caregiver Perspective: Living with MBC is a family diagnosis

National Care Givers month has opened a door for my family and I to speak about my cancer diagnosis. Living with MBC is a family diagnosis, and we are speaking openly about our life. I was diagnosed at the age of 27. My husband and I had just purchased our first home and our daughter had just turned a year old. This diagnosis went off like a bomb in our lives and we had to navigate life with cancer.

My daughter Mackenzie only knows a mother with Cancer. Mackenzie is wise beyond her years and when speaking with her about this, her words are truly touching and truthful.

Mackenzie words:

Being so young when my mom was diagnosed I feared the worst. Especially when I was not around. I was always thinking about her, worried when she was alone. On her bad days I never wanted to leave her. I ask a lot of questions, especially after doctors appointments. I established a family meeting after every doctor appointment so I could hear everything that was happening. We speak about treatment plans, scans and I get to ask all the questions I need to.

Lessons I have learned: I look at life different. I don't take my time spent with my mom for granted.

The little things matter. I love to feel involved, I like to feel like I am taking care of her. So I make her a cup of tea, sometimes rub her feet, or just sit with her and share my day with her. One of the things I have had to learn is to stop living in anger around her diagnosis. I used to get mad at the cancer and spent my time being angry with the diagnosis instead of celebrating that my mom is still here and fights everyday.

Dave:

When Fabianna was diagnosed with MBC my first thoughts were; she won't be around for the big important moments in life. Our daughter getting married, celebrating anniversaries and birthday's. But we have learned that every moment is a gift so we celebrate life, daily.

Lessons I've learned: I have learned how important it is to take care of ourselves. My wife has taught me how important it is to take the little moments and make them big moments. A day at the beach, a day driving up the coast, a day spent in bed watching movies and holding hands. We embrace every memory we make.

Advice to another caregiver: Don't be afraid to discuss how you are feeling. Express your feelings and emotions. Your loved one wants to know the honest truth, no matter how hard it is to hear. Communication between each other, with any disease, is key. Don't dwell in the diagnosis, celebrate the small victories. Always remember there is more to the person than the disease. Compassion without pity.

Clinical Partners



Daiichi-Sankyo

Daiichi Sankyo's Trastuzumab Deruxtecan drug granted FDA Priority Review for treating HER2-positive metastatic breast cancer

The Food and Drug Administration (FDA) granted priority review status to the trastuzumab deruxtecan drug for the treatment of patients with HER2-positive metastatic breast cancer. Trastuzumab deruxtecan was previously granted FDA Breakthrough Therapy Designation and Fast Track Designation. Trastuzumab deruxtecan is comprised of a humanized HER2 antibody attached to a topoisomerase I inhibitor, and it is designed to target and deliver chemotherapy inside cancer cells and reduce systemic exposure to the chemotherapy. Trastuzumab deruxtecan was jointly created by Daiichi Sankyo and AstraZeneca.

FDA's decision was based on data from previous studies such as the Phase 2 DESTINY-Breast01 trial, in which 253 patients with HER2-positive unresectable and/or metastatic breast cancer previously treated with trastuzumab emtansine, were treated with trastuzumab deruxtecan. These results will be presented at next month's San Antonio Breast Cancer Symposium.

Read more [here](#).



Seattle Genetics' Tucatinib drug shows improved progression-free survival and overall survival among HER2-positive metastatic breast cancer patients

Seattle Genetics is the sponsor of the Phase II HER2CLIMB study, which is being done to test if tucatinib, a tyrosine kinase inhibitor (TKI) that is highly selective for HER2, treats patients with HER2-positive breast cancer. The HER2CLIMB study assessed the addition of tucatinib to the

Clinical Partners

common combination treatment of trastuzumab (Herceptin) and capecitabine in patients with metastatic HER-positive breast cancer. Specifically, the HER2CLIMB study compares treatment of Tucatinib in combination with trastuzumab (Herceptin) and capecitabine to treatment with trastuzumab (Herceptin) and capecitabine in patients with locally advanced unresectable or metastatic HER2-positive breast cancer. Patients had previously received trastuzumab, pertuzumab and ado-trastuzumab emtansine (T-DM1), and 47% of the patients enrolled in the trial had brain metastases at the time of enrollment.

The results showed that patients treated with tucatinib had a significant improvement in the risk of disease progression or death, as well as significant improvement in overall survival and progression-free survival. Among patients treated with tucatinib, there was a 46% reduction in the risk of disease progression or death compared to those treated with trastuzumab and capecitabine. Similarly, patients in the tucatinib treatment group demonstrated a significant improvement in overall survival, with a 34% reduction in the risk of death compared to trastuzumab and capecitabine alone. For patients with brain metastases at baseline, the tucatinib treatment group also demonstrated superior progression-free survival, with a 52% reduction in the risk of disease progression or death compared to those who received trastuzumab and capecitabine alone.



Read more about the study [here](#).

MacroGenics' Margetuximab drug shows improved overall survival among HER2-positive metastatic breast cancer patients

MacroGenics is the sponsor of the Phase III SOPHIA study, which is being done to determine whether patients treated with margetuximab plus chemotherapy have longer progression-free survival and overall survival compared to patients treated with trastuzumab plus chemotherapy. The 536 study patients have HER2-positive metastatic breast cancer, and have received at least one, and no more than three, lines of



therapy in the metastatic setting. Margetuximab has been engineered to have a high affinity for the activating Fcγr, CD16A, a protein found on the surface of many immune cells. As such, margetuximab may show greater benefit in patients with one or more alleles encoding CD16A, with lower Fc binding.

The study results showed a higher median overall survival in patients treated with margetuximab plus chemotherapy compared to patients treated with trastuzumab plus chemotherapy. However, this difference in median overall survival in the two study groups was not significant: 21.6 months in patients treated with margetuximab plus chemotherapy, and 19.8 months in patients treated with trastuzumab plus chemotherapy, $p=0.326$.

Among the approximately 85% of study patients carrying a CD16A 158F allele, the median overall survival was higher in the margetuximab arm compared to the trastuzumab arm, but this difference was also not significant: 23.7 months in the margetuximab arm and 19.4 months in the trastuzumab arm; $p=0.087$. Among the approximately 15% of patients who were homozygous for the CD16A 158V allele, the trastuzumab arm performed better than the margetuximab arm.

Read more about the study [here](#).

METASTATIC BREAST CANCER LISTENING FIRESIDE CHAT AT SABCS

THIS EVENT IS PRESENTED BY:



A dialogue engaging the African-American community, centered on understanding the gaps, misperceptions and barriers to educate young women of color on metastatic breast cancer (MBC).

Tigerlily Foundation Young Women's Metastatic Breast Cancer Disparities Initiative

As part of Tigerlily Foundation's Young Women's Metastatic Breast Cancer Disparities Initiative, the Metastatic Breast Cancer Disparities Listening Fireside Chat will be launched at SABCS. The SABCS (San Antonio Breast Cancer Symposium) is an annual scientific meeting, which will be held in December in Texas. This conference provides the perfect opportunity for metastatic breast cancer patients and vulnerable

individuals to take a "seat at the table" at a key scientific meeting. The Listening Fireside Chat at SABCS will convene a diverse representation of people from communities of color, impacted by metastatic breast cancer. This event is the first-of-its-kind historically, bringing together a diverse range of people at an event like SABCS, to discuss the challenges affecting this community and how to bridge them.

Upcoming Events



Metastatic Breast Cancer Conference

This event will be held on November 2, 2019 in Minnesota and on November 14, 2019 in Charlotte. It is presented by Susan G. Komen, and it is for metastatic breast cancer patients, along with healthcare professionals and others who participate in the care of patients with metastatic breast cancer. Read more [here](#) and [here](#).



Webinar on Genetics and the Hereditary Impacts

This free webinar is provided by SHARSHERET, and will be held on December 17, 2019 at 8 PM EST/5 PM PST. The link for registration is pending.



International Consensus Conference for Advanced Breast Cancer

This meeting will be held on November 14-17, 2019 in Lisbon, Portugal. Read more [here](#).



2019 San Antonio Breast Cancer Symposium

This meeting will be held on December 10-14, 2019 in San Antonio, Texas. Tigerlily Foundation will launch the Metastatic Breast Cancer Disparities Listening Fireside Chat at this meeting. The SABCS is open to patient advocates. Read more [here](#).

SPiRiT Program Updates

Unity Offers 24/7 Prayer Line

Tigerlily Foundation and Unity have a 24/7 Prayer Line for young women diagnosed with breast cancer. You can speak confidentially with someone at anytime – they are available 24 hours every day. You can be any faith or have no faith tradition. Call 1-888-803-4680. Here is a [prayer](#).



Prayer for Protection

The light of God surrounds us;

I AM light.

***The love of God enfolds us;
I AM love.***

***The power of God protects us;
I AM power.***

***The presence of God watches
over us:
I AM presence.***

***Wherever we are, God is!
I AM Divine.***

Tigerlily Foundation's Soul Peace Inner Reality Transformed (SPiRiT)



Tigerlily Foundation's Soul Peace Inner Reality Transformed (SPiRiT) Program is focused on providing young women diagnosed with breast cancer with transformative spiritual resources, that support holistic healing, provide inner peace, and foster deeper relationship with their Higher Power – and transformation – throughout the breast cancer journey. The SPiRiT program offers young women several initiatives which include our (1) SPiRiT Blog, (2) SPiRiT Retreat and the (3) Tigerlily & Unity 24/7 prayer line.

1 SPiRiT Blog. After a diagnosis of breast cancer, there is an immediate focus on your treatment plan, and often this does not include connecting and supporting the patient's mind, spirit and soul. Integrating spirituality into your treatment plan addresses every part of you, and can offer many benefits during your treatment. We have created the SPiRiT Blog to provide you with spiritual tips and tools from young women just like you moving through the breast cancer journey.

2 SPiRiT Retreat. Tigerlily Foundation, in partnership with Unity of Fairfax, and Unity World Headquarters bring you the SPiRiT Retreat. If you are facing cancer, know that you are not alone. Your healing journey can become easier when you have spiritual tools or a personal spiritual practice. Tigerlily Foundation and Unity invite you to a peaceful safe haven for a 1-day free retreat, to enjoy the beauty of nature, quiet rejuvenation, and affirming spiritual support tools available to you, your friends and your caregiver(s).

3 24/7 Prayer Line. Tigerlily Foundation has partnered up with Unity have launched a dedicated, 24/7 Prayer Line for young women diagnosed with breast cancer. Call 1(888) 803-4680, any time of the day or night to receive confidential prayer support. Unity prays with people of all faiths or no faith tradition. The 24/7 Prayer line is an initiative of Tigerlily Foundation's SPiRiT Program, which is focused on providing transformative spiritual resources to young women diagnosed with breast cancer, during treatment, and throughout all stages of breast cancer and survivorship.



Tigerlily Foundation

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We thank all of our sponsors for their generous support.



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.

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