



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

MY LIFE NEWSLETTER

Summer, 2019. Vol 4



Inside

2 About Our
MY LIFE
Program

3 Summit
Recap

5 Fireside
Chat

8 Caregiver
Bill of
Rights

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 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 Stories](#)

[MY LIFE Twitter Chats](#)

[MY LIFE Facebook Group "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 training 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."

Summit Recap

My Experience at Tigerlily Foundation's Metastatic Breast Cancer Disparities Listening Summit

Tigerlily Foundation's recently launched an initiative on Young Women's Metastatic Breast Cancer Disparities began with a historic listening summit. We received an overwhelmingly positive response from attendees that this event had a unique component like no other that they ever attended – healthy young women, women living with metastatic breast cancer and young women of color shared first-hand experience and key insights about the challenges and gaps surrounding education about metastatic breast cancer, participation in clinical trials and engagement within the breast cancer community.



Shonte Drakeford, a metastatic breast cancer patient and advocate, has shared the following:

"The MBC Disparities Listening Summit was absolutely amazing. It was captivating, invigorating and motivating. As someone who is African American living with MBC, this was my first time ever meeting so many women of color with this disease. I truly thought I was all alone. This was a space that is needed and I hope to see more targeted programs like this because this helped me truly realize how many disparities we do face versus other races who has MBC, we have more poverty that impacts our daily lives, lack of access, lack of quality of care, etc. I do like the call to action portion of the Summit, it focused on the "HOW" rather than us talking. Thank You Tigerlily for hosting this event."



Sheila McGlown, a metastatic breast cancer patient and advocate, has shared the following:

"One major misperception and barrier to educating young women of color on metastatic breast cancer is the belief that "young women don't get breast cancer." We need to continue to dispel the myths of breast cancer throughout the African American community and it starts with useful, though-provoking listening summits like this.

I participated in the "Collaborate to Accelerate Impact: Metastatic Breast Cancer Project" panel along with three fellow metastatic breast cancer patients and advocates. We are all Ambassadors for The Metastatic Breast Cancer Project, which is part of **Count Me In**, a nonprofit organization that brings together patients and researchers as partners to accelerate discoveries in cancer research. We shared our personal journeys with metastatic breast cancer and how it has affected our lives permanently. We highlighted that the life expectancy for metastatic patients is 3-5 years, and that metastatic breast cancer patients will always be on treatment, as there is currently no cure for this disease. I shared that I have responded well to treatment and that I have been living with metastatic breast cancer for 9 years. As I listened to the other panelists, I realized that all of our experiences with metastatic breast cancer were different but so similar. We all agreed that we were not going to let metastatic breast cancer keep us from living our lives, and that we needed to help others. So, we took steps to become advocates for our community despite our diagnosis.

From the other panels at the Summit, I learned that organizations understood the urgency surrounding the African American population and metastatic breast cancer. In Jackii Wang's remarks on behalf of Congresswoman Debbie Wasserman Shultz, she urged everyone to engage in their own

Summit Recap (cont.)



communities. She had us write down what we saw in our neighborhoods when we were growing up. One common thread is that there weren't doctor offices located near or close to our neighborhoods. This important revelation demonstrates a potential underlying factor that contributes to disparities.

Markette Sheppard's keynote conversation with David Lacks, grandson of Henrietta Lacks was particularly touching because he talked about how his grandmother's cells are still being immortalized today for cancer research. The key take-away from his message for me was that research is important and that we should participate in clinical trials so we are no longer underrepresented. Also, he mentioned that they are having a conference to commemorate Henrietta Lacks 100th birthday this year. Henrietta's legacy will continue on forever and she is one of the reasons I am participating in a metastatic breast cancer clinical trial today.

We need more listening summits like this and I'm thankful to Tigerlily Foundation for organizing such an amazing event. This was a great way to place a spotlight on the dire attention needed to address the disparities that African American women face as young women, and as women of color living with metastatic breast cancer, and to cross share information about the different strategies to reach this vulnerable population. It was such an honor to be amongst such an engaged audience of young adults, from all different races, who were eager to learn how they can better help the African American community. We received many

comments from participants that they really didn't know about how metastatic breast cancer affects our lives. We even received an invitation from HUMBLE (Howard University Metastatic Breast Cancer Learning Experience), to speak to students at Howard University.

The questions that were raised during the Summit made us think about how are we going to enact change in our various communities. What do we really want to change and improve on? We know that racial disparities exist but we also know that within the African American community obesity is a problem, and that obesity is a risk factor for breast cancer. So how should we address this? Further, not getting annual mammograms and not seeking follow-up care are also problems that we prevalent in the community. How do we enact change from within? I just truly believe these important topics are not talked about enough and that there isn't sufficient emphasis on understanding why African American women die at a much higher rate of breast cancer. I think it's up to advocates like us to make sure we are not forgotten. Our voices matter so let's keep using them to reach audiences that have never been reached before and that audience is the African American community. Let's have the chat!"

Tigerlily Foundation is excited about the important work we are about to embark on as we grow this initiative and work to change outcomes for young women of color living with metastatic breast cancer. We have other program activities coming up and would love to partner. Please reach out to us at mbc@tigerlilyfoundation.org to join this movement.

Upcoming Events



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

Tigerlily Foundation is excited to share with you an exciting new initiative in our MY LIFE Program, our MBC Disparities Outreach Program. As you know, MBC disproportionately affects the African-American community and younger women. Our 2019 goal is to enhance our current MBC activities to reach healthy young women, underserved communities and those facing disparities. We will work with early stagers, the MBC community, colleges, community leaders, faith-based groups, policy and advocacy partners, to conduct outreach in underserved communities, targeting the African-American community. The goal will be to reach young women of color, a community that is highly impacted by MBC, to increase education of MBC, and understanding of and engagement with clinical trials, and to increase engagement within the breast cancer community.

We began this work by holding the first Young Women's MBC Disparities Listening Summit in March. This "listening" event engaged young women, women of color, community health influencers and people living in those communities, to better understand the challenges and gaps when it comes to educating healthy young women, women living with MBC and young women of color, on how to better engage when it comes to MBC. At this event, we gathered key insights, which will be used to build an educational campaign focused on young women of color. The campaign will target

women of color, designed by women of color, and will educate young women and people in underserved communities of color and empower this community with tools to engage with each other and healthcare providers, while advocating for themselves.

Our next step, based on the recommendations from the MBC Disparities Listening Summit, is to engage young women of color who are usually not "at the table" in advocacy work and at scientific conferences. With this in mind, we will launch this program, by holding an MBC Listening Fireside Chat at the San Antonio Breast Cancer Symposium (SABCS) in December.

One of the key insights gleaned from our MBC Disparities Listening Summit was the need to engage the people we are trying to reach by inviting them to participate at strategic events, giving them a "seat at the table", and giving them a platform at key scientific meetings, like SABCS. The Tigerlily Foundation MBC Disparities Fireside Chat at SABCS will convene a diverse representation of people from communities of color, impacted by MBC. This event will be the first of its kind historically, bringing together such a diverse range of people at an event like SABCS, to discuss the challenges affecting this community and how to bridge them.

Visit our website for more information. Register [here](#). To learn more, get involved, partner or support, email mbc@tigerlilyfoundation.org.

Metastatic Breast Cancer Access to Care Act

Representative Peter King introduced a potentially life-saving bill to the 116th Congress on April 9, 2019. The bill is H.R.2178: Metastatic Breast Cancer Access to Care Act. Given the short life expectancy of metastatic breast cancer patients, H.R.2178 aims to address a critical need in the community, which is to expedite access to disability insurance benefits and Medicare coverage for metastatic breast cancer patients. Specifically, the bill is “To amend title II of the Social Security Act to eliminate the waiting periods for disability insurance benefits and Medicare coverage for individuals with metastatic breast cancer, and for other purposes.”

Currently, H.R.2178 has 91 co-sponsors, 72 are Democrats and 19 are Republicans. New York and California have the highest numbers of co-sponsors. We encourage you to reach out to your Representative and Senators in Congress to co-sponsor the H.R.2178 bill.

For H.R.2178 to become law, the first step in the legislative process is to introduce it to the House. H.R.2178 is in this first step. If successful, the subsequent steps are to pass the H.R.2178 to the Senate, and if successful, it is then passed on to the President to sign it into law.

Stay up-to-date with the progress of the H.R.2178 bill [here](#).





Participating in a clinical trial as an African American woman

By *Sheila McGlown*

Among women with breast cancer, African American women have a 39% higher mortality rate than White women. However, since only 1%-3% of African American women participate in clinical trials, African American women may miss out on access to critical lifesaving or life-extending medications. The low participation of African Americans in clinical trials is at least partially due to barriers such as cultural differences – cancer may not be readily discussed in the family or patients may choose to be healed through their spiritual beliefs, lack of knowledge about clinical trials, lack of transportation to the study sites, and lack of finances to cover costs associated with being a clinical trial participant. Most commonly, the low participation of African Americans in clinical trials is due to a lingering distrust of medical experimentation. Two infamous cases of medical experimentation are the Tuskegee study, in which researchers knowingly withheld treatment from African American sharecroppers with syphilis in order to study the progression of the disease, and the development of HELA cells, immortalized cells that were originally harvested from Henrietta Lacks, a poor black tobacco farmer, without her knowledge.

My journey with cancer started after experiencing a burning sensation in my chest when I sneezed. I had no lump and no feeling that anything was wrong. However, after a mammogram and several other scans, I was diagnosed at age 43 with Stage IV/Metastatic HER2+ ER/PR + Breast Cancer - which had already spread to my liver and ribs. Life expectancy for someone diagnosed with metastatic breast cancer is 3-5 years.

Since my diagnosis, I have received six different treatment plans. I have been lucky to benefit from a strong physician/patient relationship, and as a result I learned about

an HER2+ clinical trial that other patients were doing well with. I enrolled into the DS-8201A clinical trial in July 2018, 8 years after my diagnosis, and have been a participant for about a year now. Of course, being a clinical trial participant was scary for me because I did not know whether the medicine would work or not.

The days are long and the side effects can be somewhat bothersome. Nausea was my biggest side effect but with the help of my doctor, we finally got the nausea under control.

Sometimes, my days are 7-10 hours long, filled with EKG, blood work, doctor's appointment, treatment (3 hours), infusion, and another round of blood work to check my heart. After that I still have to wait on the results of the blood work, which takes about an hour. I have to get scans every six weeks, eyes exams every 2-3 months and Echograms every 2-3 months. I never realized how much goes into a clinical trial until I became a participant.

I strongly believe that clinical trials play a vital role in medical advancement for breast cancer treatment. Because I was given the opportunity to be included in the tireless research to find a cure, I am still here nine years after my initial diagnosis. I hope that more African American women become trusting of the medical community and participate in clinical trials, so that they too can have access to life-extending medications. I want a cure for breast cancer. I want to see increased financial resource being channeled into research and I don't want my daughter to ever have to worry about this disease in her lifetime.



Mind, Body & Soul: Healing Through Gratitude

By Fabianna Marie

At the age of 27, after my cancer diagnosis, I didn't think gratitude would be something I would curl up with at night, or before my feet hit the floor in the morning. Finding the gratitude within the rubble of cancer, has taken years to do. It didn't happen overnight, nor was it a switch that was just flipped. It was a conscious effort to look at Cancer not as an obstacle but a diving board to catapult me forward and step into my power.

It has taken 14 years of learning, and studying, and releasing the baggage of my diagnosis. I was given the best advice from a total stranger at my very first oncology appointment. As I sat in the waiting room with sweaty palms, tears streaming down my face, and my heart racing so fast I thought it would jump out of my chest, a petite older woman leaned in and whispered in my ear, "99% will be your mental fight." She leaned back to her seat and never spoke another word. But that was all I needed to realize this fight

would be what I make of it. I have given this piece of advice many times over, and will continue to give this advice to anyone going through adversity.

You see my fabulous friends, we are human BEINGS, not human DOINGS. Most often we overthink situations and truly believe that if we rush through life, we will get to the end goal faster. But isn't the goal to enjoy the time we have? Our limiting beliefs hold us back from really living the life we dream about.

Cancer isn't my life, it is NOT who I am. Cancer is just the word that changed how I view life. Training our brains to think positive, to find the gratitude, to focus on joy and raise our vibrational frequency IS creating the life we envision. Your mind is a powerful thing; it will believe what you tell it. After years of doctors signing my death certificate many times over, telling me to get my affairs in order, "giving" me another 2-5 years to live. I chose not to believe it. I chose to believe that through all my research and schooling

Patient Perspective (cont.)

in the naturopathic field, along with my gratitude practice and execution, I would continue to live a full and meaning life.

Fourteen years later, I am here, thriving with triple negative metastatic breast cancer, living in full joy for this life I have been given. Cancer pushed me to realize my potential, to expand my mind, to push myself beyond the rubble and dive deep into the waters of living.

Like gratitude, music is another modality of healing that I use to help me through my experience as a breast cancer survivor.

Music surrounds us and impacts our daily lives in numerous ways. Many of us use music to influence our mood, energy level, motivation, and connection with the world. Whether you listen to music while sitting at your desk, in your car, or on the treadmill, music can help you power through the task at hand. It's no secret that music can help to push you forward during difficult times, but did you know it may also be therapeutic for those fighting a life-threatening disease such as breast cancer?

Sound healing has been prominent in my life, and I wanted to explain why it is so useful. Healing is a movement from disharmony to harmony, from duality to non-duality or Divine Awareness; a process where we are released from an ego-centered finite perspective of ourselves in the world and move into our essence, where our vibratory energy is connected with the universe. It is a regenerative process married to a spiritual awakening that can have profound healing consequences on illness, disease and all aspects of our lives. As we awaken, our perspective shifts; as our perspective shifts, our vibration shifts; as our vibration shifts, our cellular make-up shifts. These changes cannot occur as separate entities. Each change affects the whole of who we are and extends infinitely. It is possible that healing can lead to being cured. However, simply being cured on a physical level, without sufficient healing of core issues will often result in the manifestation of illness again.

Every illness is an opportunity to see beyond the uncomfortable physical realities and to find a way to adopt a new and larger perspective about one's self. It is an imposed "time out" in which we may find great depth and value.

It is certainly a journey that can teach us how to love our-



selves unconditionally with honor, respect and high regard. Of course, the harsh physical realities of cancer can also make it difficult to navigate the spiritual aspects of the road back to health. Effective sound and energy medicine can address the multi-faceted aspects of cancer and other life threatening conditions.

The after effects that are often associated with chemotherapy and other medications include fatigue, anxiety, poor sleep patterns, nausea, profuse sweating and an overall deterioration of the quality of life.

According to the late Dr. Mitchell Gaynor, a pioneer of integrative oncology such as sound healing, "there is no organ system in the body that not affected by sound, music and vibration. You can look at disease as a form of disharmony."

Bowl therapy (sound healing) is believed to aid in reestablishing the proper energy flow throughout the human body, which may result in healing at the cellular level for diseases such as breast cancer.

Why I started Angel in Disguise Inc. for fellow breast cancer patients

By Angela 'Jersi' Baker



In 2011, I became a metastatic breast cancer patient after an initial diagnosis in 2003. I had no clue what it meant to be “metastatic” and everything that was attached to this word. My doctor told me I would begin monthly shots, and in my mind that was it. I continued my daily schedule of working long hours and what I thought was a normal life. One day, I decided to attend a support group. No one in the support group looked like me in skin color, and they were quite older and seasoned. I immediately thought this group wasn't for me. But I heard one lady say “honey why are you still working?” I thought to myself - Is that possible, not to work, as a single parent with a mortgage, bills, and other responsibilities. I was clueless of what that looked like, but I was eager to find out.

Now let's fast forward to 2014. I had figured out how to no longer work at my 9-5 job, but I wasn't sure how to spend my days. I mostly helped family and friends get things done while they worked, but it wasn't enough. When one of my friends suggested I start an errands business, I envisioned what that would look like, set rates, and created Angel in Disguise Events – a concierge service, which included transportation services. Once I created this new “job” for myself I started handing out business cards, and included transportation services.

One day, I received a phone call to drive a breast cancer patient to 3 appointments, as her children were working. The lady advised she did not have the means to pay me. I told her it was ok, and I would be there to serve her. On this day, we spent 5 hours together - I drove 90 miles and went to 3 appointments with her. Before she got in my car she didn't know me and I didn't know her. By the time I dropped her off and returned home, the light bulb came on - I thought “If she doesn't have money to pay me, there must be other patients like her.” I told the universe I would start a nonprofit organization to provide complimentary transportation to cancer patients, and in September 2015, Angel in Disguise Inc. became an official 501(c)3 in Charlotte, NC. We refer to our patients as our #VIDAS, and we bridge several gaps that they face. Transportation is one of the biggest needs among breast cancer patients - transportation to all cancer-related doctor appointments, treatment, surgery, medicine pickup, and light errands. This need is especially critical when you do not have a ride or when you are unable to drive yourself. I personally drive our VIDAS, and wait with the patient. This way, the patient has companionship, and given that we are both breast cancer survivors, there is a common understanding. Additional gaps that we bridge for breast cancer patients are aftercare meals, care bags and peer support.

Today, Angel in Disguise Inc. is a grassroots nonprofit. It is bigger than I had imagined and I will continue to help fellow breast cancer survivors have a positive and supportive experience through their breast cancer journey.

2019 ASCO Conference Report

The 55th Annual American Society of Clinical Oncology (ASCO) Meeting was held in Chicago on May 31 – June 4. In recognizing that “cancer treatment advances are only as good as the patients’ ability to access them,” ASCO President Dr. Bertagnolli made the theme of the conference, Caring for Every Patient, Learning from Every Patient. Together, the more than 32,000 international cancer professionals shared the latest clinical cancer developments, and incorporated feedback from patients and healthcare professionals to develop strategies on how to improve patient access to care. Some major clinical news for the treatment of metastatic breast cancer patients are summarized below. The next ASCO Annual Meeting will be May 29 - June 2, 2020. **Summary of some major ASCO 2019 clinical news for the treatment of metastatic breast cancer patients:**

1. Survival of pre-menopausal women with advanced breast cancer was significantly improved when treated with Ribociclib drug:

In Novartis’ phase III MONA-LEESA-7 clinical trial, 672 pre-menopausal women who had hormone receptor-positive, HER2-negative advanced breast cancer, were treated with either Ribociclib and hormonal therapy or hormonal therapy alone. Women who were treated with Ribociclib as part of their standard-of-care hormone therapy had significantly improved overall survival compared to women who were treated with hormone therapy alone. Women in the Ribociclib group lived a median of almost 2 years without the disease getting worse; by comparison, women who received only hormone therapy lived for about 1 year without the disease getting worse. After 42 months of follow-up, the survival rate was almost twice as high for women in the Ribociclib group compared to women who received hormone therapy only (70% vs 46%, respectively). Read more here.

2. More than 1/3 third of metastatic HER2-positive breast cancer patients treated with Perjeta drug were alive at eight years:

Roche’s phase III CLEOPATRA clinical trial compared the treatment combination of Perjeta, Herceptin and Docetaxel chemotherapy to treatment with placebo, Herceptin and chemotherapy in 808 HER2-positive metastatic breast cancer patients who were previously untreated. After a follow-up of eight years, patients in the Perjeta arm showed a significant increase in median overall survival compared with patients in the control (57.1 months vs 40.8 months). Also, patients in the Perjeta arm had a 31% overall reduction in the risk of death, compared to patients in the control arm. Further, over a third (37%) of patients in the Perjeta arm were alive at eight years, compared with 23% in the control arm. Read more here.

3. Oral paclitaxel shows promising results in treatment of metastatic breast cancer patients:

This Kinex Pharmaceutical phase I study evaluated the clinical response

and tolerability of Oraxol treatment of 28 metastatic breast cancer patients who failed previous chemotherapies. All of the patients were treated with Oraxol for 3 consecutive days weekly for up to 16 weeks. The results showed encouraging anti-cancer activity in 26 metastatic breast cancer patients: 11 (42.3%) had partial response, 12 (46.2%) had stable disease and 3 (11.5%) had progressive disease. Read more here.

4. Metastatic breast cancer patients previously treated with chemotherapy have favorable clinical benefit in phase I clinical trials:

In this study, a retrospective chart review was performed on 208 metastatic breast cancer patients enrolled in phase I clinical trials at the University of Colorado Cancer Center from 2012-2018. In this study group, the average patient had previously received 2.1 (range 0-10) prior lines of chemotherapy in the metastatic setting. The results indicated that metastatic breast cancer patients who were previously treated with multiple lines of chemotherapy in the metastatic setting and enrolled in phase I clinical trials received favorable clinical benefit from treatment compared to patients who received late-line chemotherapy. Read more here.

5. Survival of PD-L1-positive metastatic triple-negative breast cancer patients was improved when treated with Tecentriq and nab-paclitaxel drug:

In Roche’s IMpassion 130 phase III clinical trial, 902 patients were treated with either Tecentriq plus nab-paclitaxel or with placebo plus nab-paclitaxel. The results showed that median overall survival was not statistically different between the two groups: 21.0 months for the Tecentriq group vs 18.7 months for the control group. However, in the subgroup of patients who tested positively for PD-L1 expression on tumor-infiltrating immune cells, treatment with Tecentriq and nab-paclitaxel showed a median overall survival improvement of 7 months: 25 months for the Tecentriq group vs 18 months for the control group. Further, more than half (51%) of PD-L1-positive metastatic triple-negative metastatic breast cancer in the Tecentriq group was alive at two years, compared with 37% in the control group. Read more here.

6. Treatment with Palbociclib drug extends progression free survival in pre-menopausal HR-positive, HER2-negative metastatic breast cancer patients:

In this phase II study, 184 women in Korea who were receiving Tamoxifen were treated with either Pfizer’s Palbociclib following hormone therapy of Exemestane and Leuprolide or Xeloda (Capecitabine) chemotherapy. The results showed that the median progression-free survival of the patients in the Palbociclib group was 20.1 months compared to 14.4 months for women in the control group. However, there was no difference in the overall response rate and response duration between the two treatment groups. Read more here.

Partner Updates

Metastatic Breast Cancer Alliance launches Clinical Trial Animated Video

Metastatic Breast Cancer Alliance has created an animated video on how to find and pay for clinical trials. If you are diagnosed with a serious illness such as breast cancer, you will want to find the best treatment for you. Sometimes that treatment is a clinical trial. Clinical trials are often thought of as a last resort for treatment, but in actuality, clinical trials may be the best treatment option at any time.

Metastatic Breast Cancer Alliance's new Clinical Trials Animated Video changes the conversation surrounding clinical trials by empowering patients and advocates about the ins-and-outs about clinical trials. Topics covered in the video include:

- Finding a clinical trial
- Insurance coverage for clinical trials
- Talking to your health care team about clinical trials

Become an empowered patient or advocate today by educating yourself on clinical trials. You can get answers to questions that you may have about clinical trials. The video is available in English and in Spanish.

SHARE offers support resources for women with metastatic breast cancer

SHARE's metastatic breast cancer program is run by and for people living with metastatic breast cancer. SHARE offers 15 MBC support group meetings each month, a clinical trial matching service, and educational programs on the latest research and quality of life issues. TalkMets, our metastatic helpline, is run by women living with MBC themselves; they are trained to offer support, resources, or just listen. The TalkMets Helpline can be reached at 844.ASK.SHARE, option 6, 6 days every week. You can also download the My MBC & Me app for iPhone, which was created with metastatic breast cancer patients in mind. My MBC & Me has specific features that make doctors visits a little bit easier. Some upcoming events include:

- **October 29, 1-2pm EST:** Video/ Phone Discussion Group on Talking to Loved Ones about an MBC Diagnosis, with Lisa Laudico, LMSW, and metastatic peers

- **November 12, 2-3pm EST:** Webinar on Metastatic Breast Cancer and The Tumor Microenvironment, with Dr. Cyrus M. Ghajar, Assistant Member PHS/Translational Research Program, Fred Hutchinson Cancer Research Center

Learn more about SHARE and upcoming events [here](#).

Upcoming Events

NWMBCC

NORTHWEST METASTATIC
BREAST CANCER CONFERENCE

4th Annual Northwest Metastatic Breast Cancer Conference

This event will be held on September 7, 2019 in Seattle, WA. It will cover the most current information on treatments, research trials, patient support and national issues for metastatic/stage IV breast cancer. Attendance is free. Read more [here](#).



6th Annual Metastatic Breast Cancer Conference

This event will be held on September 19-20, 2019 in Scottsdale, AZ. The conference will cover major breakthroughs and latest advances in metastatic breast cancer research and medical oncology. This conference allows for high level of involvement of patient advocates in the design, planning and implementation of the conference. Registration is \$175. Read more [here](#).



Wellness Retreat

This event is A celebration of Self: From breast cancer to thriving in the "After." It will be held in October 6-13, 2019 in Riviera Maya, Mexico. We are a co-sponsor for this event, along with Jamal Family Law Professional Corporation, Authentic Factor, Lorraine Simpson Travels and Kra Co. 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.



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