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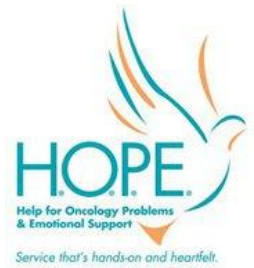
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H.O.P.E. LIFELINE



H.O.P.E. (Help for Oncology Problems & Emotional Support) is an all volunteer cancer support network that provides free assistance to cancer patients and their families facing the challenges of cancer. H.O.P.E. is a 501 (C)(3) non-profit funded through donations. Our office is located at 13275 Blymire Hollow Road, Stewartstown, PA. The official registration and financial information of Help for Oncology Problems and Emotional Support may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement.

H.O.P.E. does not receive funding and is not affiliated with the American Cancer Society. Funding comes from donations made by private individuals and the civic/business community. Phone: 717-244-2174 or 717-244-2161.

(E-mail: barb@hopeforcancerfamilies.org www.hopeforcancerfamilies.org)

Jeepers for Boobies

Saturday, October 14

Goofy's Eatery & Spirits

5977 York Road,
Spring Grove
11-3

\$10 a Vehicle

Classes for judging:

- Best female-owned
- Best decorated
- Breast cancer support
- Best customized



BASKET BINGO

SUNDAY,

NOVEMBER 5, 2023

New Freedom

Community Center

New Freedom, PA

Doors Open 12:30 p.m.

Bingo Starts at 2 p.m.

25+ Games

Donate non-perishable food items for chances to win prizes!

Tickets \$20 before Nov. 3 and \$22 at the door

Refreshments for Sale by Tasteful Occasions

H.O.P.E.'s Office Hours are Monday through Friday, 9:30–3.

Please call in advance to set up an appointment for:

- Intake
- Wigs/hats/scarves
- Pantry

Please direct all calls to the H.O.P.E. office at **717-244-2174**.

Support Group Mtg.

Date: Wednesday, Oct. 11

Time: 7:00 p.m.

Location: H.O.P.E. Haven

Speaker: Everyone

H.O.P.E.'S NEW ADDRESS

Physical Address:

13275 Blymire Hollow Rd.,
Stewartstown, PA 17363

Mailing Address:

P.O. Box 279,
Stewartstown, PA 17363

Phone: 717-244-2174

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FROM THE EDITOR'S DESK

Yay autumn! Hopefully the oppressive heat and humidity are gone for a while. A long while. Fortunately for our families who were guests at **the Haven** last month this cool spell hadn't happened and they were able to enjoy every minute of their four-day stay spending plenty of time out of doors. The pool was 'opened' at 7 in the morning by avid young swimmers and sounds of splashing could be heard throughout the day. Wildlife abounded thanks to the recently cut corn and 10 deer were counted at one time on the hill. The pond was another favorite where the kids loved to 'call' the fish (they come!) to feed them. All four weekends in October are available. Nature from inside a cozy house, especially surrounded by colorful autumn foliage, is also beautiful.

October this year will actually provide Barb and Carol with a breather of sorts as they gear up for the Christmas season. **Bingo** is just around the corner, Sunday, November 5, at its usual spot the New Freedom Community Center. Doors open at 12:30 and games (31 in all!) start at 2, and your donations of non-perishable food items entitle you to drawings for prizes. If you order your tickets before November 3 the cost is \$20; tickets at the door are \$22. As usual, Tasteful Occasions is selling homemade lunch refreshments.

Before we know it the Christmas season will be upon us, and that means our annual **Christmas party and Christmas tea**. The party will be Sunday, December 3, from 2 to 4, at the Stewartstown Presbyterian Church. Featuring the best Santa in the world, there will be food and fun for all ages. Two weeks later is our Christmas tea at the Haven on Monday the 18th at noon. Seating is limited so call the office soon to reserve a spot for this lovely holiday event.

We always say that our friends and supporters are the reason for our existence and success. We try to acknowledge them by name whenever we can, but there are so many dedicated 'unsung' who deserve recognition. So here we would like to give a 'shout out' to some wonderful young people—young ladies, as a matter of fact. Michelle Martin is a Girl Scout leader whose **Girl Scout Troop 20121** has had a very special relationship with HOPE for quite some time. Over the years their contributions and assistance have helped them earn badges at the same time they have given so much to our patients, including creating cancer kits which helped them earn their Silver Award. The girls are college bound now, and with the money they had remaining in their troop account they went on a shopping spree for HOPE, buying us a new icemaker, three portable DVD players, a vacuum cleaner, a hand-held mixer, walking sticks, activity books, and sets of hats, scarves, and gloves. What a gift these special young ladies have given us over the years. Another relationship we value is the one we have with **Kennard-Dale High School students**, in particular the Girls' Volleyball team. The girls are having a spirit day October 10 for HOPE. Tee shirts with our dove logo will be on sale and all profits from concessions will be donated to us.

October is breast cancer month, and in this issue we give some general information and then focus on many of the newest treatments. Breast cancer is usually the one cancer where good news is assured, but there's one age group where rates are climbing.

H.O.P.E.'S ANGEL CORNER

BY BARB TITANISH, PRESIDENT & CO-FOUNDER H.O.P.E.

When anyone new comes to H.O.P.E., be it a patient or a volunteer, I tell them they have just joined a big family who is here to help. Well 20 years ago, H.O.P.E. was invited into the Twin Rose Lady Rider's family, and over the years these lovely ladies have fundraised for H.O.P.E., attended our events, and have shown us love and support. On September 23, in all that wind and rain they stood outside and collected money for the RIDE FOR HOPE. Because of the weather, no one went out on their bikes yet people showed up in support and made donations all the while these lovely ladies were outside in that terrible weather for over 6 hours. I didn't hear grumbles just laughter the whole time. We were all trying to remember when the first H.O.P.E. ride was and shared memories of other events they held in support of H.O.P.E. How blessed we are that they are a part of the H.O.P.E. family!



*"Whether it's
the best of times
or the worst of
times, it's the on-
ly time you've
got."*

~ Art Buchwald

If you would prefer to receive our newsletter by email (and help us save postage), please send a note to our Assistant Director Carol Nelson, at assistant@hopeforcancerfamilies.org, and she'll put you on our list. (And it will have color!)
Thanks!



An Alphabet Soup of the Latest Breast Cancer Treatment Drugs

Breast cancer accounts for 12.5% of all new annual cancer cases worldwide, making it the most common cancer in the world. In the United States it accounts for about 30% of new cancer cases each year. Breast cancer is the most common cancer among American women after nonmelanoma skin cancer. There are more than four million breast cancer survivors in the U.S., including women still being treated and those who have completed treatment. Here are some more statistics and items of information.

- **A woman's risk of breast cancer nearly doubles if she has a first-degree relative** (mother, sister, daughter) who has been diagnosed with breast cancer. Approximately 15% of women who get breast cancer have a family member diagnosed with it.
- **About 5% to 10% of breast cancers can be linked to known gene mutations inherited from one's mother or father.** Mutations in the **BRCA1 and BRCA2 genes** are the most common. Everybody has two copies of the Breast Cancer genes commonly known as BRCA1 and BRCA2. We all inherit one copy of both genes from each parent. The BRCA genes are tumor-suppressor genes, which means they help keep breast cancer and certain types of other cells from growing and dividing in an uncontrolled way. In mutated versions of the BRCA genes, however, cells grow and divide abnormally, which can lead to cancer. If one parent has a BRCA gene mutation, the child has a 50% chance of inheriting a copy of the mutated gene. On average, women with a BRCA1 mutation have up to a 72% lifetime risk of developing breast cancer. Women with a BRCA2 mutation have up to a 69% risk. Breast cancer that is positive for the BRCA1 and BRCA2 mutations tends to develop more often in younger women. In men, BRCA2 mutations are associated with a lifetime breast cancer risk of about 6.8%; BRCA1 mutations are a less frequent cause of breast cancer in men.
- **The most significant risk factors for breast cancer are being a woman and getting older.** About 85% of breast cancers occur in women who have no family history of breast cancer. These occur due to genetic mutations that happen as a result of the aging process and life in general, rather than inherited mutations.

It is now known that breast cancer can be divided into subtypes based on whether they contain **estrogen and/or progesterone receptors** (that is, are hormone receptor, or HR positive). Breast cancer cells taken out during a biopsy or surgery will be tested to see if they have certain proteins that are estrogen or progesterone receptors. When the hormones estrogen and progesterone attach to these receptors, they stimulate the cancer to grow. Cancers are called hormone receptor-positive or hormone receptor-negative based on whether or not they have these receptors. Keeping the hormones estrogen and progesterone from attaching to the receptors can help keep the cancer from growing and spreading and whether they have high levels of HER2 protein (HER2 positive), a protein involved in normal cell growth that may be made in larger than normal amounts by some types of cancer cells and which may cause the cells to grow more quickly and spread to other parts of the body.

The mainstays of breast cancer treatment are surgery, radiation, chemotherapy, hormone therapy, and targeted therapy. But scientists continue to study novel treatments and drugs, along with new combinations of existing treatments. There is a new focus on adding **targeted therapies** to hormone therapy for advanced or metastatic HR-positive cancers. These treatments could prolong the time until chemotherapy is needed and ideally, extend survival. Following is simply a list of some of these drugs arranged by cancer type:

- **HR-Positive Breast Cancer Treatment targeted therapy drugs**
Palbociclib (Ibrance), ribociclib (Kisquali), everolimus (Afinitor) have all been approved by the FDA for use with hormone therapy for treatment of advanced or metastatic breast cancer.
- **HER2-Positive Breast Cancer**
- Trastuzumab (Herceptin), pertuzumab (Perjeta), tucatinib (Tukysa), lapatinib (Tykerb), neratinib maleate (Nerlynx), ado-trastuzumab emtansine (Kadcyla). These drugs are used individually and/or in combination to prevent relapse in patients ranging from early-stage HER2-positive breast cancer to patients with metastatic breast cancer.

[Concluded on page 5]

Breast Cancer Rates Are Improving—Except in Younger Women

Cancer screening recommendations seem to change almost yearly, as technology improves and scientists and researchers learn more about the diseases. When mammography first began in the late 1960s, women were advised to get their first mammogram at age 50 and then yearly after that, with monthly self-exams. Since then the guidelines have changed, and today's recommendations are that women start screening at age 40 and get mammograms every other year from ages 40 to 75.

And yet, for four percent of women diagnosed with breast cancer in the United States, 40 is too late. A study published in JAMA showed cancers are on the rise for younger Americans under 50, and particularly among young women. Between 2010 and 2019, diagnoses among people age 30 to 39 increased 19.4 percent. Among those age 20-29, the increase was 5.3 percent. Breast cancer accounted for the highest number of cancer cases in younger people.

The rate of late-stage breast cancer diagnoses in young women has also been climbing. In women under 40, the rate has increased by about 3 percent each year from 2000 to 2019, and while breast cancer mortality rates for older women declined from 2010 to 2017, the rate among younger women did not decrease.

Two Women Whose Lives Were Upended by Breast Cancer

A 32-year-old single mother of two young children noticed a small lump in her left breast last November. Her doctor diagnosed it as a benign cyst and told her further testing would not be necessary. She felt it was something more and pressed until a biopsy was done. Because of her persistence it was caught early – at stage 1B – but the biopsy showed it to be an aggressive type that was more likely to come back. On the advice of her doctors she underwent a double mastectomy and months of chemotherapy while caring for her sons, age three and six, and trying to keep working to support them. She has emptied out her retirement savings and can't afford to take more unpaid medical leave. She finished chemotherapy in July and is waiting for an upcoming scan to see if it worked.

A Brooklyn, New York, 28-year-old woman began experiencing sharp, recurring pain in her chest. It took the woman, who is Black, seven months and visits to four separate doctors to finally get a diagnosis. In January 2020 she was diagnosed with Stage 3 triple-negative breast cancer. After freezing her eggs she underwent chemotherapy, radiation, a double mastectomy, and reconstructive surgery. Now at 32 she has been cancer-free, but the experience still takes a toll on her mental and emotionally.

Experts say there are no clear explanations why more women are being diagnosed with breast cancer at younger ages, but there are several possible factors. Genetics doesn't seem to be one of those.

- One possibility is that more women are delaying their first pregnancy. Getting pregnant for the first time at age 35 or later is a risk factor for breast cancer. One theory is that after the age of 35, breasts have had more time to accumulate abnormal cells. Changes in the breast that occur during pregnancy can accelerate the development of those abnormal cells into cancer.
- Having dense breasts is another risk factor.
- Early menstruation and late menopause are also factors, because breasts are exposed to estrogen longer.
- Lifestyle, diet, weight, alcohol consumption, and environmental exposures can also influence breast cancer risk.

Doctors who work with breast cancer patients are in agreement that 40 is too late for women to start discussing breast cancer with their physician. One doctor believes that at age 25 all women should get a risk assessment. Those who are found to be at higher risk should get screened regularly, and all women should be able to easily access mammography or other diagnostic tools if they have concerns about changes in their breasts.

Experts say younger women with breast cancer often experience higher emotional distress than older women. As well, compared with older women young women are also more likely to be diagnosed with late-stage and aggressive breast cancers. They also face an increased risk of the cancer coming back.

Targeted Therapy Drugs for Breast Cancer

[Continued from page 3]

- **HER2-Low Breast Cancer**

A newly defined subtype, HER2-low accounts for more than half of all metastatic breast cancers. HER2-low tumors are defined as those whose cells contain lower levels of the HER2 protein on their surface. Such tumors have traditionally been classified as HER2-negative because they did not respond to drugs that target HER2. However, in a recent clinical trial, trastuzumab deruxtecan (Enhertu) improved the survival of patients with HER2-low breast cancer compared with chemotherapy, and the drug has recently received an accelerated approval for use in such patients.

- **Triple-Negative Breast Cancer**

These cancers (TNBC) are the hardest to treat because they lack both hormone receptors and HER2 overexpression, so they do not respond to therapies directed at these targets. Therefore, chemotherapy is the mainstay for treatment of TNBC. However, new treatments are starting to become available. These include:

Sacituzumab govitecan-hziy (Trodelyv), pembrolizumab (Keytruda), olaparib (Lynparza) and talazoparib (Talzenna).

The 2023 American Society of Clinical Oncology brought together more than 40,000 people engaged in all aspects of cancer research, care, and advocacy. The six-day meeting featured research presentations, posters, educational events, and networking opportunities. There were a number of presentations on breast cancer. The following are several important takeaways:

- Treating early-stage, hormone receptor-positive, HER2-negative breast cancer with **Kisquali** plus an aromatase inhibitor (a medicine that stops the production of estrogen in post-menopausal women) reduced the risk of recurrence by about 25% more than treating it with an aromatase inhibitor alone. Kisquali is not yet approved to treat early-stage disease but is used for advanced-stage, metastatic cancer.
- **Verzenio** offers benefits to people diagnosed with early-stage, hormone receptor-positive cancer, regardless of age.
- A meta-analysis (analysis of results from 25 studies involving 14,999 women published between 1948 and today) showed that **ovarian suppression** (using medicine to stop the ovaries from functioning temporarily) for pre-menopausal women diagnosed with breast cancer reduced the risk of recurrence and death by 18%.
- **Taking tamoxifen at night offers more benefits.**
- **Diclofenac gel may help ease hand-foot syndrome.** This is a skin reaction that happens when a small amount of medicine leaks out of the small blood vessels called capillaries, usually on the palms of the hands and the soles of the feet, and damages the surrounding tissue, dramatically decreasing a person's quality of life.

ATTENTION SAUBEL'S SHOPPERS

We have until Tuesday, October 11, to get stamps for cutlery. Thank you to all who have already collected them for us.

Please continue to send them into H.O.P.E.'s office! Thank you!

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"Of all the forces that make for a better world, none is so powerful as hope. With hope, one can think, one can work, one can dream. If you have hope, you have everything."



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