

## A Program Just for You

Established in 2005, Young and Strong, the Program for Young Adults with Breast Cancer provides comprehensive care and support to young adults confronting the challenges of living with and beyond breast cancer. Part of the Susan F. Smith Center for Women's Cancers, the program provides expert medical care, as well as social, emotional, and educational support focused on the unique issues young adults and their loved ones face throughout cancer care. To date, we've helped support more than 8,500 young adults.

For more information, please email us at [youngandstrong@dfci.harvard.edu](mailto:youngandstrong@dfci.harvard.edu), or visit [www.dana-farber.org/YoungAndStrong](http://www.dana-farber.org/YoungAndStrong).

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## Research Update: The Role of Immunotherapy in Breast Cancer Treatment

Immunotherapy is a term that describes a variety of drugs that regulate how the immune system responds to cancer cells. Simply put, these drugs allow immune cells to recognize and kill tumor cells. Recent clinical trials have found immunotherapy to be an effective and safe therapeutic option for some patients with breast cancer.

This article reviews how immunotherapy is being used or studied to treat each of the three main subtypes of breast cancer – triple-negative, estrogen receptor (ER)-positive/HER2-negative, and HER2-positive.

### Triple-Negative Breast Cancer (TNBC)

In patients with early-stage TNBC that are considered at high risk for recurrence (the cancer returning), the standard treatment is to administer chemotherapy prior to surgery. The aim of pre-operative chemotherapy is to eliminate or shrink the tumor, more easily remove the tumor during surgery, and improve overall outcomes. Additionally, it allows doctors and scientists to test the biology of the tumor and evaluate its responsiveness to chemotherapy. Immunotherapy in combination with chemotherapy in this setting has revolutionized treatment for TNBC.

Pembrolizumab (brand name Keytruda®) is the only immunotherapy that is currently approved by the U.S. Food and Drug Administration

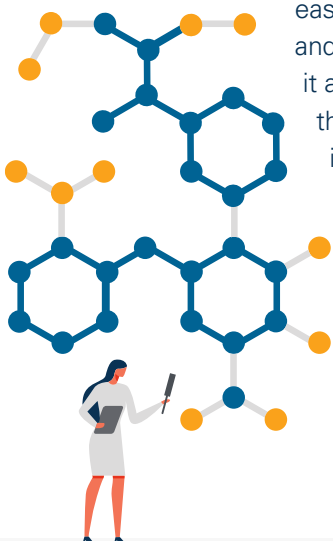
(FDA) for TNBC. The approval was based on data from the KEYNOTE-522 trial. This trial studied pembrolizumab alongside standard chemotherapy in 1,174 patients with high-risk, early-stage (stages I-III) TNBC. Results showed that 64.8% of patients in the trial group that received pembrolizumab with chemotherapy had a pathologic complete response, compared to 51.2% of patients in the trial group that received a placebo with chemotherapy.

**Patients that received pembrolizumab therefore were 13.6% more likely to achieve a pathologic complete response.** A pathologic complete response means that all cancer cells were killed when the tumor was removed during surgery.

Having a pathologic complete response is associated with a lower risk of cancer recurrence, as seen in the most recent analysis of patient outcomes 5 years after the initial study was conducted. **The addition of pembrolizumab to pre-operative chemotherapy significantly reduced the risk of cancer recurrences by about 9%.** Interestingly, the study also demonstrates that patients who had pathologic complete response after being treated with pembrolizumab were 4% less likely to experience disease recurrence as compared to patients who had pathologic complete response without pembrolizumab, further establishing pembrolizumab as a treatment that promotes better outcomes in patients with early-stage TNBC.

Based on this study, the FDA has approved the combination of pembrolizumab with chemotherapy pre-operatively, and it has become the standard treatment in early-stage TNBC at high risk of recurrence.

For patients with metastatic (stage IV) TNBC, the KEYNOTE-355



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trial was a pivotal study to evaluate the role of immunotherapy. The trial enrolled a total of 847 patients with metastatic TNBC, who were assigned randomly to two different groups: one to receive pembrolizumab plus chemotherapy and another to receive a placebo plus chemotherapy. The study showed that some patients who received pembrolizumab experienced longer time without disease progression – 9.7 months with pembrolizumab, compared to 5.6 months with placebo. Unlike in early-stage TNBC, this effect was only seen in patients with a PDL-1 Combined Positive Score (CPS) of 10 or more. PDL-1 CPS is a biomarker (molecule found in blood or tissue) used to assess how well immunotherapy is likely to kill cancer cells. In patients with PDL-1 CPS of 9 or less, there was no significant difference in the time to disease progression between placebo and pembrolizumab.

Based on the data from this study, the FDA has approved the use of pembrolizumab in combination with chemotherapy in metastatic TNBC patients with positive PDL-1 CPS of 10 or more.

### **Estrogen Receptor (ER)-Positive, HER2 Negative Breast Cancer**

For those with ER-positive breast cancer, cancer growth is driven by estrogen and treated with estrogen-blocking therapies, also known as hormonal therapy. Outcomes from hormonal therapy might vary in patients whose cancer has certain features such as lower ER expression, higher Ki-67 proliferation index (a marker that sets the pace of cancer cell division), and a high tumor grade. In this setting, immunotherapy may be beneficial.

Immunotherapy works together with hormone therapy to stop cancer growth and make it vulnerable to attack by the body's immune system. While hormone therapy blocks estrogen signaling, immunotherapy activates the immune responses against cancer cells. This combination is likely to enhance the effectiveness of treatment and ultimately improve outcomes.

KEYNOTE-756 was a study that evaluated pembrolizumab with chemotherapy versus placebo with chemotherapy before surgery, followed by pembrolizumab and endocrine therapy versus placebo with endocrine therapy after surgery. It was a large trial that involved 1,278 patients with early-stage ER-positive, HER2-negative breast cancer with a high risk of recurrence (the cancer returning). The study showed that patients who received pembrolizumab had an 8.5% higher likelihood of having all cancer cells killed when the tumor was removed at surgery (pathologic complete response). **A pathologic complete response was observed in 59% of patients with ER-low subtype (1-9% ER+) with pembrolizumab, compared to 30.2% of ER-low with placebo.** The benefit from pembrolizumab was larger in PD-L1-positive patients whose **Combined Positive Score (CPS)** was 1 or more, increasing their likelihood of having a pathologic complete response by about 20%.

A similar benefit was observed in the CHECKMATE 7FL trial, which studied another immunotherapy, nivolumab (brand name Opdivo®). This study evaluated nivolumab combined with chemotherapy versus placebo combined with chemotherapy before surgery, followed by nivolumab or placebo with endocrine therapy after

#### **PDL-1 CPS:**

A biomarker used to assess how well immunotherapy is likely to kill cancer cells.

surgery. The study enrolled 521 women with ER-positive/HER2-negative high-risk breast cancer. A pathologic complete response was observed in 24.5% of patients who received nivolumab, compared to 13.8% of patients who received a placebo. The benefit of nivolumab was more profound in patients with a positive PD-L1 score, increasing those patients' likelihood of a pathologic complete response by 24%. Although promising, nivolumab is not currently FDA approved for breast cancer. Further research is needed to confirm the benefit of this combination therapy because we don't know yet whether it improves patient outcomes in the long run.

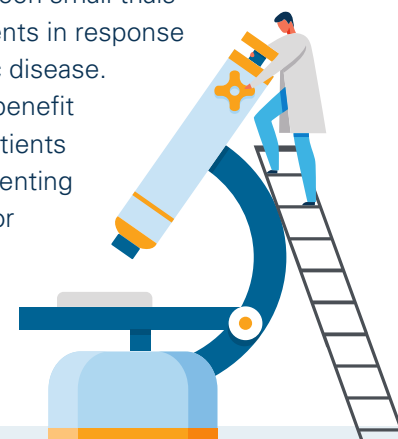
Immunotherapy has also shown potential benefit in the I-SPY2 trial for patients with hormone receptor-positive, HER2-negative breast cancer. In this trial, pembrolizumab combined with chemotherapy given before surgery has improved estimated pathologic complete response rates compared to placebo combined with chemotherapy before surgery – 30% for patients who received pembrolizumab versus 13% for patients who received a placebo. This trial is ongoing.

### **HER2-Positive Breast Cancer**

Using immunotherapy to treat patients with HER2-positive breast cancer is supported by compelling biological and pre-clinical evidence. Although no immunotherapies are currently FDA approved for HER2-positive breast cancer, there is strong evidence that combining HER2-targeted therapies with cancer immunotherapy can increase effectiveness of breast cancer treatment, particularly in patients with early-stage disease.

While results were mixed, several early phase studies showed some benefit of immunotherapy in combination with anti-HER2 therapy, primarily for patients with early-stage HER2-positive breast cancer. There have also been small trials suggesting potential improvements in response rates in patients with metastatic disease.

Larger studies assessing the benefit of immunotherapy in treating patients with advanced disease and preventing cancer recurrence are needed for patients with HER2-positive disease. Immunotherapy is not currently being used outside of clinical trials for these patients.



### **Summary:**

Pembrolizumab is the only immunotherapy drug that is currently FDA approved for patients with early-stage and metastatic TNBC. Pembrolizumab and nivolumab have proven their activity in HR-positive, HER2-negative breast cancer and further research is needed to understand the long-term benefits in this group. For patients with HER2-positive breast cancer, research is underway to learn the pros and cons of adding immunotherapy to anti-HER2 therapy. If you are interested in learning more about clinical trials, please speak with a member of your care team.

# Surgical Decision Making: CONSYDERing New Methods to Support Young Adults With Breast Cancer

As part of the groundbreaking research pillar of the Young and Strong Program, we've developed studies to evaluate innovative methods to better support young adults making decisions about breast cancer surgery. CONSYDER (**C**ommunicating **O**ptio**N**s about **S**urgery for **Y**oung women **D**iagnosed with **E**arly stage breast **c**ance**R**), is a web-based decision support tool tailored to the unique concerns of young patients. In an initial pilot study at Dana-Farber Cancer Institute, young adults who used CONSYDER found that it helped them understand the pros and cons of different surgical treatment options and indicated that CONSYDER made it clear to them what they personally value when choosing a surgery. Additionally, 85% said that CONSYDER helped them learn about other resources for young adults with breast cancer.

These promising results led us to develop a larger, multi-site study funded by the National Cancer Institute that will eventually make CONSYDER available to all young adults (age <45) who are newly diagnosed with Stage 0-III breast cancer at Dana-Farber, Yale Cancer Center, Weill Cornell Medicine, and Duke Cancer Institute. As part the study, we will invite eligible young adults to participate in surveys and interviews to assess decision-making, treatment goals and preferences, anxiety, and communication. We'll also comprehensively evaluate how CONSYDER is incorporated into care and how patients use it.

**Learn more about this ongoing study:** [www.clinicaltrials.gov/study/NCT06275126](http://www.clinicaltrials.gov/study/NCT06275126). We expect that findings from this study will help us learn how to best support young adults making decisions about breast cancer surgery. As always, we'll continue to keep you updated on our findings through our website and newsletters.

## Supporting You Every Step of the Way: Dana-Farber's Adult Survivorship Program



Moving from active cancer treatment to regular follow-ups can be a significant change for many young adults. It's a time when the frequent, predictable rhythm of doctor's appointments gives way to less frequent visits, often leaving people feeling unsettled in their "new normal."

### How Young and Strong Can Support

If you keep your care at Dana-Farber and were diagnosed with stage 0-IIIc breast cancer, Young and Strong can connect you to the Adult Survivorship Program for a one-time specialty visit.



This is a unique opportunity to address any concerns that may not be covered in typical follow-up appointments. It's a chance to take a step back and look at the bigger picture, consider all aspects of your well-being, and navigate anything you may be experiencing following your diagnosis and treatment.

A survivorship visit is recommended for patients who have completed active treatment (chemotherapy, surgery, radiation) and/or for those who are still receiving long-term hormonal therapy (ex: tamoxifen, letrozole).

The Young and Strong team will check with your primary oncologist to ensure that the visit is appropriate, then we'll talk with you to make sure you're interested and answer any questions you have. We can place a referral to the clinic on your behalf, with virtual and in-person appointments available.

This consult does not mean you are replacing or losing your oncology care team. Instead, it adds an additional member to your care team to further support you during your transition after active treatment.

To help you prepare for a survivorship visit, the Young and Strong team spoke with Abby Ciampa MSN, APRN-BC, a nurse practitioner in Dana-Farber's Adult Survivorship Clinic, to compile the information below.

For those with stage IV, metastatic breast cancer, while there are many resources embedded into your routine clinic visits, you too can see a provider in the Adult Survivorship Program and access supportive care services. Please reach out to your care team if you are interested, or email the Young and Strong team at [youngandstrong@dfci.harvard.edu](mailto:youngandstrong@dfci.harvard.edu).

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## What to Expect at a Survivorship Visit

An appointment in our Adult Survivorship Program is designed to give you a comprehensive review of your health and well-being after treatment. The health care providers will help you learn about any long-term risks or effects associated with your previous treatments. They will also outline a personalized surveillance plan to monitor for signs of recurrence or secondary cancers.



More specifically, your survivorship visit will focus on routine health maintenance appropriate for your age and medical history, such as screening tests (mammograms, Pap smears, colonoscopies, and other age-appropriate screenings) and vaccinations. Tailored recommendations for lifestyle modifications, such as tobacco cessation, nutrition, and exercise, will be provided as needed. The survivorship team will help address any ongoing or new symptoms you may be experiencing, particularly if you're on hormonal therapy, as well as review or alter your medications. These survivorship recommendations will be shared with your breast oncology team, because they still provide your primary cancer care.

The survivorship visit also includes the social and emotional aspects of your life. The survivorship providers can offer guidance on managing stress, discuss your sexual health and interventions for issues like vaginal dryness or libido changes, and support you in navigating changes in personal relationships post-treatment. They can also provide resources and strategies for self-care, including tips focused on lifestyle, diet, and exercise. They can answer any questions you have and make appropriate referrals to help manage any issues that may need more attention.

## Survivorship Care Plan

A survivorship care plan is a detailed document you will receive at your survivorship consultation. It serves as a personalized health roadmap, outlining everything from past treatments to future care strategies.



This multi-page document is meant to be shared with your primary care provider (PCP) to ensure continuity of care. By having a complete record of your cancer treatment and follow-up care recommendations, your PCP can better coordinate with your oncology team to manage your overall health. The survivorship team will share a copy of your survivorship care plan with your PCP after your consult visit.

A survivorship care plan can be particularly helpful for individuals with more intricate treatment histories. It acts as a thorough record, ensuring that no detail of your treatment or follow-up is left out. This can be crucial for managing late effects and coordinating care between multiple specialists.

## Key components of the survivorship care plan:

- **Health history:** A record of your health journey, including the staff you've seen and your genetic testing results, if applicable.
- **Treatment details:** More in-depth information about the treatments you've undergone, including any surgeries, chemotherapy, radiation, or hormonal therapies.
- **Long-term risks:** An overview of any potential long-term risks associated with your treatments, helping you and your healthcare providers stay vigilant.
- **Surveillance strategies:** How your oncology care team, including survivorship providers, will monitor your health through imaging and other methods.
- **Reasons to call your providers:** A guide to knowing when to contact your care team for prompt attention to certain health concerns.
- **Survivorship resources:** A list of in-person and online groups and organizations that can offer additional support.

## Survivorship's Unique Role in Your Care

Providers in Dana-Farber's treatment centers typically specialize in specific cancers, but the oncology-trained providers in the Adult Survivorship Program see and treat patients with a wide array of cancers. This broad knowledge base allows them to provide comprehensive care that considers the full spectrum of a patient's health. The team is adept at breast cancer surveillance, vigilantly monitoring for signs of recurrence while also managing health concerns that can arise after treatment. They can also address your overall health, help manage side effects, coordinate routine screenings, and recommend healthy lifestyle choices. When specialized care is needed, the survivorship team can connect you with the right specialists and support systems to ensure that every aspect of your health is being addressed.



## Debunking Myths About Your Survivorship Visit



### MYTH 1

#### **The Survivorship Program only offers support groups or case management**

Many people believe that the primary functions of the Survivorship Program are to facilitate support groups where survivors can share their experiences and emotions and provide case management services. This is a common misconception.



### THE TRUTH

- Survivorship providers specialize in the care of cancer survivors, offer medical follow-up, and provide individualized consultations that are personalized to each patient's specific medical needs after active treatment.
- Survivorship providers primarily focus on clinical care and monitoring. Although they are not trained social workers and are not able to assist you with navigating insurance and financial issues, they can connect you with the professionals that are trained in these areas.

### MYTH 2

#### **Survivorship providers replace your PCP or medical oncology team**

Because they take a comprehensive approach to post-treatment cancer care, some people might assume that survivorship providers can replace your PCP or oncology team.

### THE TRUTH

- Survivorship providers complement the care provided by your PCP and oncology team. Annual visits with your PCP are always recommended. You will continue to meet with your oncology team until you are ready to graduate to Survivorship Care follow-up. You and your oncology team can discuss this over time.
- Survivorship providers keep you on top of surveillance care with an oncology perspective. This means they focus on screenings and health checks tailored to your cancer history, as well as age-appropriate cancer screenings like Pap smears and colonoscopies.

### MYTH 3

#### **The Survivorship Program will stop seeing you after a few years**

Another myth is that there's a set "graduation" date from the Survivorship Program, or you may worry that you'll be discharged from the program after you reach a specific milestone.

### THE TRUTH

- The care provided by the Adult Survivorship Program is available to you for as long as you need it. There is no arbitrary end date.
- You will not "graduate" out of the Survivorship Program unless you choose to change your care provider, move to a different location, or choose to leave for other personal reasons.
- The Survivorship Program's goal is to meet you where you are and adapt to your changing needs over time.

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## You Are Not Alone – Common Survivorship Concerns

### Fear of Recurrence

When the regularity of your appointments with your oncology care team changes and becomes less frequent, it is common to feel like you aren't being followed as closely as when you were when you were receiving active treatment. Fear of recurrence (worrying that breast cancer will return) may become more prominent during this time, or you may even fear developing other types of cancers. Performing frequent self breast exams, hearing stories of others' diagnoses, and not knowing why you got breast cancer in the first place can all contribute to this anxiety.

The survivorship team knows that fear of recurrence is very real. They are here to support you and talk about any issues that may arise as often as you need. If you feel a new lump or if you have a symptom that is concerning to you, they will ask you to come in for an exam and get additional imaging when appropriate.

If you experience fear of recurrence that interferes with your normal functioning, such as your ability to sleep or work, the team can connect you to resources to help manage your fear and anxiety. Social workers, community mental health providers, tip sheets, mindfulness practices, and peer groups are examples of supports that survivorship team members can offer.

### Lingering Side Effects

After breast cancer treatment, many individuals experience ongoing side effects from hormonal therapy, surgery, radiation, and/or chemotherapy. Examples of common side effects include neuropathy (tingling or numbness in the hands or feet), brain fog or other cognitive changes, changes in libido, changes in body-image, weight loss or weight gain, hot flashes and other symptoms of menopause, as well as fatigue.

There is no "one size fits all" approach to addressing and minimizing lingering side effects. The survivorship team will create a personalized plan to support your unique needs. Many symptoms can be managed by taking medications, collaborating with specialists, developing and following action plans, and, if appropriate, using integrative therapies (such as acupuncture). Your survivorship team will help you navigate all of this.

### Social and Emotional Wellbeing

The social and emotional aspects of life after breast cancer treatment can be just as challenging as the physical ones. Many people struggle with returning to work, caring for children, managing changes in relationships (with partners, friends, and other loved ones), and processing their diagnosis and treatment now that they have had time to reflect on the experience.

One of the most effective ways to support emotional health is through self care. Self-care practices are deeply personal and bring a sense of joy, peace, and fulfillment to your life. Common self-care activities include exercise, spending time with friends or family, and engaging in hobbies.

Sometimes, self-care alone isn't enough to address the emotional challenges that come with cancer survivorship. If you need extra support, survivorship providers can connect you with professional mental health support or help you to find resources in your community. For example, talking to a therapist or counselor can provide a safe space to process your experiences and emotions. Therapists can offer coping strategies and help you navigate the complexities of life after cancer. Medications may be necessary to manage symptoms of depression or anxiety. A psychiatrist or your primary care provider can assess whether medication might be beneficial for you.

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### Transferring Follow-Up Care to the Survivorship Program

Young and Strong helps facilitate an initial survivorship consult after you complete active treatment (chemotherapy, surgery, radiation) or while you are on long-term medications, such as tamoxifen. When your breast oncology team deems it appropriate, you may also consider fully transitioning your follow-up care to the Survivorship Program. Understanding what this transfer of care looks like can help ease any uncertainties.

Patients considered for transfer to the Survivorship Program typically include those who:

- Have completed all active treatment, including any hormonal therapies
- Are deemed by their oncology team to have a low risk of recurrence
- Are determined to be at a safe point to receive ongoing surveillance for their cancer with the Survivorship Program

Routine follow-up appointments are usually scheduled on an annual basis. These visits are an opportunity to monitor your health, discuss any concerns, and adjust your care plan as needed. But these visits do not replace regular visits with your PCP. In addition to your scheduled check-ups, you're encouraged to contact the Survivorship Program if any health issues or concerns arise. They can offer support whether you're dealing with late effects of treatment or new health concerns.

For more information, including informative videos and tip sheets, visit <https://adultsurvivorship.dana-farber.org>.

## Risk Assessment Tool for Your Loved Ones

Since your diagnosis, have your family members (siblings, parents, children, etc.) or friends wondered about their risk? Are they unsure about where to learn more?

**AssessYourRisk** is a simple and accessible starting place. Available in English and Spanish and open to people of all sexes and gender identities, AssessYourRisk is Dana-Farber's new risk assessment tool for breast and ovarian cancer. It's where your loved ones can complete a brief survey about their lifestyle, health history, family health history, and genetic testing. They'll get results categorized into higher or possible risk (factors that may increase cancer risk), and protective factors (suggestions that may reduce cancer risk). Clicking each result provides more details, helping your loved ones learn more and get personalized recommendations.

**Please understand that this tool is not a substitute for medical advice.**

Users of AssessYourRisk can print their results and are encouraged to share them with their health care team as a conversation starter. Assess Your Risk also offers a variety of resources and guides to help gather family history information and search for local genetic counselors.



- [Have your loved ones take the AssessYourRisk quiz](#)
- [View AssessYourRisk Resources](#)
- [Learn More About Assess Your Risk](#)

*Please note: This assessment tool is intended for adults (18+) who have never been diagnosed with breast or ovarian cancer.*



# Community and Support

Young and Strong offers many opportunities to connect with other young adults living with or beyond breast cancer. For more information about any of these supports, please email [youngandstrong@dfci.harvard.edu](mailto:youngandstrong@dfci.harvard.edu)

## VIRTUAL SUPPORT GROUP

Megan DelSesto, MSW, LICSW

This six-week group, held twice yearly and facilitated by a breast oncology social worker, gives Young and Strong patients and survivors an opportunity to discuss topics relevant to young adults with breast cancer. This group is best suited to those diagnosed with stage 0-IIIc breast cancer before age 45 and who are within 12 months of the diagnosis.

## THRIVING BEYOND BREAST CANCER

Jessica Mosey, MSW, LICSW

This six-session educational series is held twice yearly for patients of all ages who have recently completed early-stage (0-IIIc) breast cancer treatment. Each session focuses on a survivorship topic such as physical recovery, psychosocial counseling, sexuality and intimacy, nutrition and exercise, and mindfulness.

## VIRTUAL LUNCHTIME SOCIALS

Offered every other month, these social events provide an opportunity for Young and Strong patients and survivors to discuss what's on their mind and engage with peers. There are two sections:

- 1: Patients who are newly diagnosed or undergoing active treatment for stage 0 to stage IIIc breast cancer
- 2: Patients who have completed active treatment for stage 0 to stage IIIc breast cancer within the last five years

## EMBRACING YOUNG AND STRONG

This community is specifically designed for young adults with stage IV, metastatic breast cancer. Virtual social events are held twice monthly for young adults with MBC to meet and connect with each other.

## Save the Date

### OCTOBER 6: Join Team Young and Strong at the Jimmy Fund Walk

We'll be back on the iconic Boston Marathon® route to build community and raise money to support the program. Join us on the course or walk "your way" virtually.



Please visit [our team page](#) to sign up!

### OCTOBER 18: Young and Strong's 20th Annual Forum for Patients, Survivors, and Loved Ones

Join us in-person at the InterContinental Hotel in Boston for a day of learning and connecting with others. This event is open to any adult (and their loved ones) affected by breast cancer at a young age (all stages welcome!) – including those newly diagnosed, in active treatment, post treatment, and those living with metastatic breast cancer. Highlights of the day will include a patient/survivor panel, expert panels, and an evening social.



[Learn more and register](#) for this exciting event!

## ADDITIONAL RESOURCES AND INFORMATION



**Susan G. Komen**  
[www.komen.org](http://www.komen.org)

**Susan G. Komen** is the only organization that addresses breast cancer on multiple fronts such as research, community health, global outreach, and public policy initiatives in order to make the biggest impact against this disease.



**LIVESTRONG Fertility**  
<https://rb.gy/hwawut>

**LIVESTRONG Fertility**, a program of the LIVESTRONG Foundation, provides information and support to cancer patients and survivors whose medical treatments present the risk of infertility.



**Young Survival Coalition**  
[www.youngsurvival.org](http://www.youngsurvival.org)

The **Young Survival Coalition (YSC)** is an international, nonprofit network of breast cancer survivors and supporters dedicated to the issues unique to young adults with breast cancer.



**Living Beyond Breast Cancer**  
[www.lbbc.org](http://www.lbbc.org)

**Living Beyond Breast Cancer (LBBC)** is a national organization whose goal is to improve quality of life and help people in their recovery or management of the disease.



**Ellie Fund**  
[www.elliefund.org](http://www.elliefund.org)

The **Ellie Fund** is a nonprofit organization that provides non-medical services to patients with breast cancer who live or receive treatment in Massachusetts. Support services include transportation to medical appointments, childcare, housekeeping, grocery assistance, and meal delivery.



**FORCE**  
[www.facingourrisk.org](http://www.facingourrisk.org)

**Facing Our Risk of Cancer Empowered (FORCE)** is the only national nonprofit organization devoted to hereditary breast and ovarian cancer. Programs serve anyone with a *BRCA* mutation or a family history of cancer.