

# IUSCC PINK

Volume 6, Issue 16

Fall 2010 / Winter 2011

Dear Friends,

Currently, breast cancer survivors are over two million strong. I count myself fortunate to be one as I celebrate 20 years of survivorship in October. I also accomplished something else last month that might have never happened without my cancer as a motivating factor. I successfully defended my dissertation and earned my PhD in Nursing. The driving force behind my seeking a PhD is a personal mission to do research that improves the quality of life for long-term breast cancer survivors. Having lived through breast cancer, I want to do all I can to improve the experience for others. Finding new ways to help breast cancer survivors requires new research.

Research that explores what life is like for us in the first one to two years after diagnosis is fairly common. Research that explores what life is like several years after treatment remains rare. In general, we breast cancer survivors rate quality of life as high. Breast cancer taught us to appreciate many simple, meaningful things; it also taught us about strengths we did not know we had. Along with these positive things, we also experience long-term consequences of our cancer and its treatment. From the Institute of Medicine report (2006), "From Cancer Patient to Cancer Survivor: Lost in Transition," we know that long-term breast cancer survivors have a risk of cancer recurrence, a risk of a second cancer, physical challenges (lymphedema), menopausal symptoms (hot flashes), weight gain, fatigue, and cognitive impairment. In addition, many breast cancer survivors experience significant and



Kim Wagler Ziner, PhD

disruptive fears of their cancer recurring.

*Like the elephant in the room, fear of breast cancer recurrence can be large and ever present, but easier to avoid than talk about.*



Like the elephant in the room, fear of breast cancer recurrence can be large and ever present, but easier to avoid than talk about. As I sat writing to tell you about my research on fear of breast cancer recurrence, I kept hesitating about what to say. Asking myself, "what could I say without triggering scary thoughts"? Yet, at the same time, a quote from Cicero kept running through my mind, "**Friendship improves happiness and abates misery, by the doubling**

**of our joy and the dividing of our grief."** I finally concluded

that I cannot say anything scarier than the fears many of us face when we think about a recurrence; and, I hope by sharing my research with you, I might help you celebrate your strengths and divide your fears. I was allowing fear of recurrence to be an elephant in the room, too.

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## Understanding Fear of Recurrence cont.

### So what do we know about fear of breast cancer recurrence?

The majority of breast cancer survivors report fear of recurrence as one of their top concerns 5-10 years after treatment. I explored in my dissertation research factors that predict greater fear of breast cancer recurrence and factors that might help us manage our fears.

#### Factors that predicted higher fear of recurrence:

- Younger age at diagnosis, many researchers have

found this to be true.

- Greater feelings of being at risk for a breast cancer recurrence
- Greater number of triggers for fear of breast cancer recurrence, for example:
  - o Events like our annual mammogram
  - o Our doctor visits
  - o Blood work
  - o Hearing of someone who had a recurrence
  - o Media and breast cancer awareness events

## The Symptoms of Recurrence

Breast cancer can come back in the breast or other areas of the body. The symptoms of a cancer recurrence include:

- Δ **a new lump in the breast, under the arm, or along the chest wall;**
- Δ **bone pain or fractures;**
- Δ **headaches or seizures;**
- Δ **chronic coughing or trouble breathing;**
- Δ **extreme fatigue;**
- Δ **and/or feeling ill.**

Talk with your doctor if you have these or other symptoms. The possibility of recurrence is a common concern among cancer survivors; learn more about coping with fear of recurrence at [cancer.net](http://cancer.net).

Women recovering from breast cancer have other symptoms that may persist after treatment. These may include, cancer-related fatigue, a drop in cognitive function (sometimes called "chemo brain"), and other late effects of cancer treatment.

After treatment for breast cancer ends, talk with your doctor about developing a follow-up care plan. This plan may include regular physical examinations and/or medical tests to monitor your recovery for the coming months and years. In addition, the ASCO website ([www.cancer.net](http://www.cancer.net)) offers cancer treatment summaries and a survivorship care plan to help keep track of the breast cancer treatment you received and develop a survivorship care plan once treatment ends. In some instances, patients may be seen at survivorship clinics that specialize in the post-treatment needs of people with cancer.

Women recovering from breast cancer are encouraged to follow established guidelines for good health, such as maintaining a healthy weight, not smoking, eating a balanced diet, and having recommended cancer screening tests. Talk with your doctor to develop a plan that is best for your needs. Moderate physical activity can help rebuild your strength and energy level and may lower the risk of cancer recurrence. Your doctor can help you create a safe exercise plan based upon your needs, physical abilities, and fitness level. Keep in mind that many breast cancer survivors need time to adapt to the "new normal."

## What protects us or helps us manage fear of breast cancer recurrence and its triggers?

- Women with greater confidence in survivorship have lower fear of recurrence
- Greater confidence in survivorship provides a protective effect between feeling at greater risk for a recurrence and higher fear of recurrence; and also provides a protective effect between fear of recurrence triggers and higher fear of recurrence.

## How does someone increase self confidence in survivorship?

- Knowing how and when to ask for help
- Defining and doing what is personally meaningful after breast cancer
- Learning how to manage symptoms and emotions after breast cancer treatment
- Knowing the symptoms of recurrence

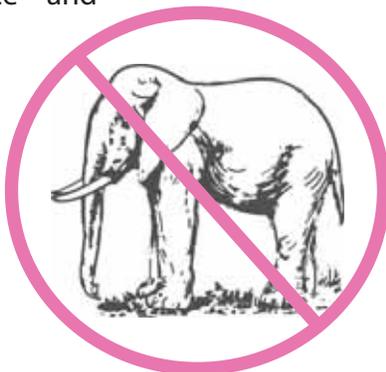
## What should you do if any person, event, symptom, or place (or reading this) triggers your fears?

- Not all fear of recurrence is bad; it can motivate us to take action for a healthier lifestyle.
- Divide your fears by talking with someone you trust.
- If your fears are overwhelming you, seek support through the IU Simon Cancer Center CompleteLife Program by calling (317) 948-4630. CompleteLife offers a variety of opportunities for compassionate support, including social work services, creative expression, individual psychotherapy, and monthly support groups for patients and their family members.

Fear of breast cancer recurrence is normal and common for most of us after breast cancer treatment. Researchers and clinicians continue to develop and test effective ways to help all breast cancer survivors reduce and manage these fears.

### -Kim Wagler Ziner PhD

Acknowledgments for my research funding: ACS DSCN-05-182-01; Walther Pre-Doctoral Fellowship; RSGPB-04-089-01 PBP; Champion, PI.



Indianapolis is pleased to announce the formation of a local FORCE Support Group!!

Please check us out on our website [http://www.facingourrisk.org/FORCE\\_community/local\\_groups/indiana\\_indianapolis.php](http://www.facingourrisk.org/FORCE_community/local_groups/indiana_indianapolis.php)

Here you can join our mailing list and be notified of upcoming events.

Also, please join us on our Facebook page: <http://www.facebook.com/home.php?#!/group.php?gid=148135615229045>

FORCE was founded to improve the lives of individuals and families affected by hereditary breast and ovarian cancer, specifically:

-To provide women with resources to determine whether they are at high risk for breast and ovarian cancer due to genetic predisposition, family history, or other factors

-To provide information about options for managing and living with these risk factors and provide support for women as they pursue these options

-To provide support for families facing these risks

-To raise awareness of hereditary breast and ovarian cancer

# Chemotherapy Alters Brain Tissue in Breast Cancer Patients

Researchers at the Indiana University Melvin and Bren Simon Cancer Center have published the first report using imaging to show that changes in brain tissue can occur in breast cancer patients undergoing chemotherapy.

The cognitive effects of chemotherapy, often referred to as "chemobrain," have been known for years. However, the IU research is the first to use brain imaging to study women with breast cancer before and after treatment, showing that chemotherapy can affect gray matter. The researchers reported their findings in the October 2010 edition of "Breast Cancer Research and Treatment."

"This is the first prospective study," said Andrew Saykin, PsyD, director of the Indiana University Center for Neuroimaging and a researcher at the IU Simon Cancer Center. "These analyses, led by Brenna McDonald, suggest an anatomic basis for the cognitive complaints and performance changes seen in patients. Memory and executive functions like multi-tasking and processing speed are the most typically affected functions and these are handled by the brain regions where we detected gray matter changes."

Dr. Saykin, who is Raymond C. Beeler Professor of Radiology at the IU School of Medicine, and colleagues studied structural MRI scans of the brain obtained on breast cancer patients and healthy controls. The scans were taken after surgery, but before radiation or chemotherapy, to give the researchers a baseline. Scans were then repeated one month and one year after chemotherapy was completed.

The researchers found gray matter changes were most prominent in the areas of the brain that are consistent with cognitive dysfunction during and shortly after chemotherapy. Gray matter density in

effects are subtle. However, they can be more pronounced for others. Although relatively rare, some patients -- often middle-aged women -- are so affected that they are never able to return to work. More commonly, women will still be able to work and multi-task, but it may be more difficult to do so.

The study focused on 17 breast cancer patients treated with chemotherapy after surgery, 12 women with breast cancer who did not undergo chemotherapy after surgery, and 18 women without breast cancer.

"We hope there will be more prospective studies to follow so that the cause of these changes in cancer patients can be better understood," Dr. Saykin said.

Dr. Saykin and his colleagues started their research at Dartmouth Medical School before finishing the data analyses at IU. A new, independent sample is now being studied at the IU Simon Cancer Center to replicate and further investigate this problem affecting many cancer patients.

Other researchers included lead author Brenna McDonald, PsyD, MBA., assistant professor, Department of

**Gray matter density in most women improved a year after chemotherapy ended.**

of Medicine; Susan Conroy, MD, PhD student; Tim Ahles, PhD, professor of psychiatry, Memorial Sloan-Kettering Cancer Center, N.Y.; and John West, MS, an imaging researcher at the IU Center for Neuroimaging.

The study was supported by a grant from the Office of Cancer Survivorship of the National Cancer Institute, National Institutes of Health and the Indiana Economic Development Corp.

most women improved a year after chemotherapy ended.

For many patients, Dr. Saykin said, the

However, they can be

ment of Radiology and Imaging Sciences, IU School

# IUSCC High Risk Breast Clinic

IUSCC is proud to have begun a High Risk Clinic for Women with higher risk of developing breast cancer. The goal of the clinic is to help those who are at higher risk to better understand and manage their risk. You may be at higher risk of developing breast cancer if:

·You have a family member who was diagnosed with breast cancer before age 50.



·You have several family members who were diagnosed with breast cancer and/or ovarian, prostate and pancreatic cancer.

·You or someone in your family tested positive for a known breast cancer mutation such as BRCA 1 or 2, or Cowden's Syndrome.

·You have had atypical cells detected during a breast biopsy.

·You have a male relative with breast cancer.

·You are of Ashkenazi Jewish ancestry.

If you have one or more of these breast cancer risk factors, talk with your physician. Ask if a referral to the High Risk Breast Clinic is right for you. The clinic runs on the first and third Thursday afternoons every month.

To get more information or schedule an appointment call 317-944-2595.



## 2011 BIG TEN WOMEN'S BASKETBALL TOURNAMENT

Conseco Fieldhouse - Indianapolis, Ind.

March 3-6, 2011

Mark your calendar to support breast cancer and your favorite Big Ten Women's basketball team. Pink Ribbon Connection was chosen as the BIG TEN THINKS PINK partner for the 2011 Big Ten Women's Basketball Semi-Finals. Order your tickets now for the March 5, 2011 game at Conseco Fieldhouse. The tickets are just \$10.00, with \$5.00 of each ticket purchase being donated to Pink Ribbon Connection. Go to [www.pinkribbonconnection.org](http://www.pinkribbonconnection.org) to order your tickets.



Fundraising for breast cancer research has come in every form that you can paint pink. We race, walk, shop, auction and seek out generous donors. It isn't easy to create new ways to raise research dollars in an economy where dollars for everything are hard to find. But one of Dr. Sledge's patients and a trustee of the Catherine Peachey Fund wants everyone to Give Us a Chance! To Beat Breast Cancer! by buying and mailing in lottery tickets.

Connie Rufenbarger, a two-time survivor of breast cancer, is also on the Executive Committee for Susan G. Komen for the Cure® Tissue Bank at the IU Simon Cancer Center. The researchers at IU are working on many research projects that build on the information available for discovery because we now have access to this amazing resource. "After leaving a meeting about discovering targets for treating Triple Negative breast cancer, all I could think of was that The Catherine

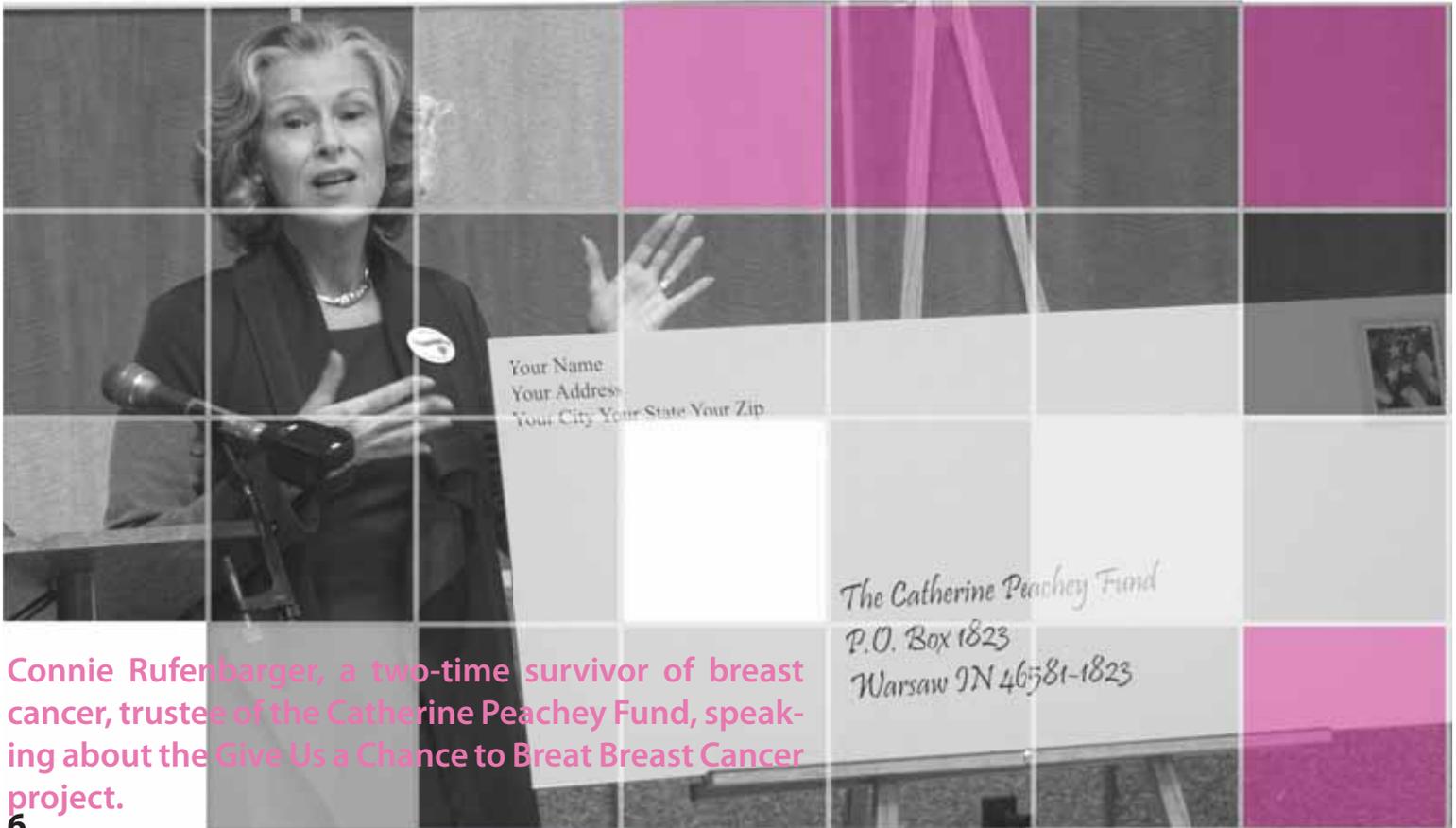
Peachey Fund needs to win the lottery, because more dollars will move research forward more quickly. "

The Give Us a Chance! To Beat Breast Cancer! partnership with the Hoosier Lottery is a win-win for the people of Indiana. The Peachey Fund will invest ticket winnings in breast cancer research. The win-win is that ticket purchases support pension and disability funds for our police officers, firefighters and pensions for our retired teachers.

The Catherine Peachey Fund hopes that this fun and exciting project will send thousands of Hoosier Lottery tickets through the mail to help win the war on breast cancer. It is easy to participate. Just visit [www.catherinepeacheyfund](http://www.catherinepeacheyfund) or [www.hoosierlottery.com](http://www.hoosierlottery.com) to learn how you can increase our odds of winning!

**Send your tickets, signed Peachey Fund on the back, or cash donations to: The Catherine Peachey Fund, P.O. Box 1823, Warsaw, IN 46580.**

*"After leaving a meeting about treating Triple Negative breast cancer, all I could think of was that more dollars will move research forward"*



Connie Rufenbarger, a two-time survivor of breast cancer, trustee of the Catherine Peachey Fund, speaking about the Give Us a Chance to Beat Breast Cancer project.

# Breast Cancer

*Would you explain the reasons why not all breast cancers are tested for HER-2?*

All invasive breast cancers should be tested for HER2. Currently there is less data for the roll of HER2 in ductal carcinoma in situ (DCIS) and other breast cancer not derived from the epithelium (a specific cell type, colon, sarcoma, and lymphomas).

*Will I still continue to get hot flashes after chemo?*

The underlying mechanism for hot flashes is not entirely understood. One clear cause is a rapid decline in estrogen levels. For many premenopausal women who undergo chemotherapy there is either a transient or permanent decrease in estrogen due to direct damage to the ovaries. For those who regain estrogen production by the ovaries many with experience a decline in the number of hot flashes. For those that become permanently post menopausal some will experience continued hot flashes others will notice a decrease as their body becomes accustomed



to the decrease. There are currently several medicines (nonestrogen based) which have demonstrated benefit in resolution in hot flashes for those who have hot flashes that impact in quality of life.

*I never lift more than 8-10 lbs for fear of swelling or lymphedema. I read that it doesn't matter how much you lift, that it won't bring on swelling or lymphedema?*

This is a controversial area. The traditional teaching was to avoid lifting but more recent studies have suggested that moderate exercise including resistance/weight training might improve arm function in patients with lymphedema. The best advice is to pay attention to your arm and start any new exercise program slowly, gradually increasing as you get stronger.

## Features Web Site

**what friends do.com**

helping friends when it's needed most



When a life-changing event happens, friends and family want to help! The WhatFriendsDo.com webtool is a FREE website that can help family and friends form a "Team" and respond in an organized and helpful way. Helping a friend through a life-changing event involves lending a hand with meals, transportation and other tasks. These events also call for understanding, love and uplifting support.

How the WhatFriendsDo.com website works

A coordinator (family member or close friend) completes a brief registration process, and a "Team website" is created. In just a few minutes, the WhatFriendsDo.com webtool will help you customize a Team website that can be used to:

- Coordinate schedules for meals, childcare, errands and other needs
- Provide information updates via your own Team blog
- Post photos to keep your Team inspired
- Provide a guestbook for messages to your friend

From the Team's home page, your friend's support network can access an activities calendar, sign up to help, read updates on the situation, write their own messages of support on the guestbook, and much, much more.

# IU Simon Cancer Center receives national accreditation for providing top-quality care to breast cancer patients

The Indiana University Melvin and Bren Simon Cancer Center has been granted a three-year full accreditation by the National Accreditation Program for Breast Centers (NAPBC).

Administered by the American College of Surgeons, the NAPBC gives accreditation only to those centers that have voluntarily committed to provide the highest level of quality breast care and that undergo a rigorous evaluation process and review of their performance. During the survey process, the center must demonstrate compliance with standards established by the NAPBC for treating women who are diagnosed with the full spectrum of breast disease.

“The NAPBC certification provides an independent assessment of the breast program at IU Simon Cancer Center,” said Erika Rager, MD, MPH, an assistant professor of surgery with the IU School of Medicine and a researcher with the IU Simon Cancer Center. “Our full three-year accreditation confirms that we provide breast patients with the full range of services to meet their needs and the highest quality of care. From initial diagnosis through treatment and follow-up care, breast patients can be confident that we will meet all of their needs with the highest quality and compassion.”

The American Cancer Society estimated 207,090 women nationwide, including 4,350 in Indiana, would be diagnosed with breast cancer in the United States in 2010.

In addition, hundreds of thousands of women nationwide who deal with benign breast disease this year will require medical evaluation for treatment options.

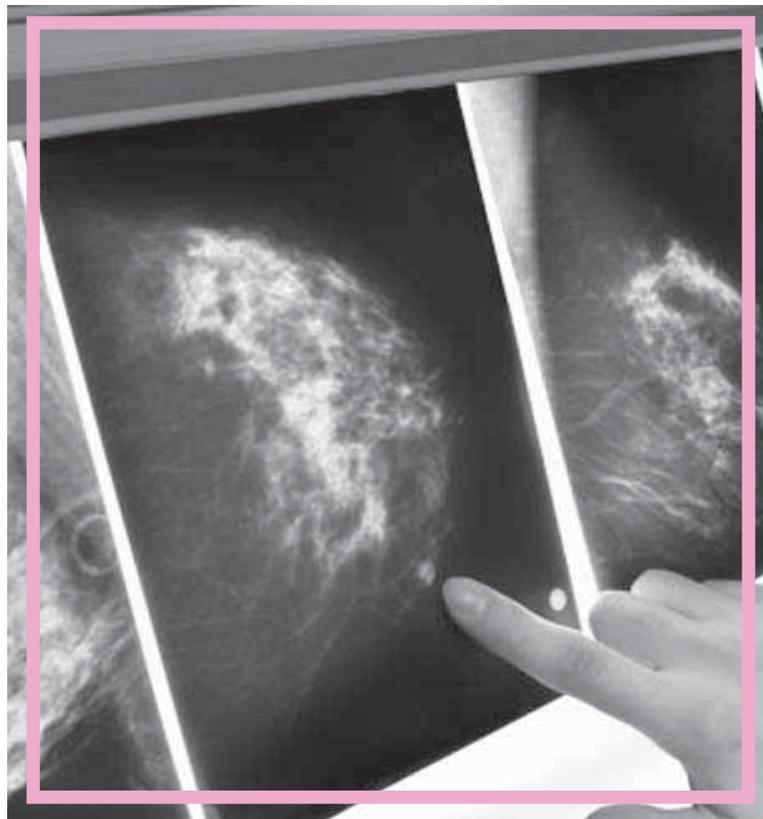
Receiving care at a NAPBC-accredited center ensures a patient will have access to:



- Comprehensive care, including a full range of state-of-the-art services
- A multidisciplinary team approach to coordinate the best treatment options

- Information about ongoing clinical trials and new treatment options
- And, most importantly, quality breast care close to home

For more information about the National Accreditation Program for Breast Centers, visit [www.accreditebreastcenters.org](http://www.accreditebreastcenters.org).



# IUSCC Clinical Trials

The following are Clinical Trials that are open or will soon be open for enrollment at IUSCC. Please remember for any clinical trial you must be able to understand and sign an informed consent in addition to meeting all of the eligibility requirements to participate.

## **Protocol: IUCRO-0314 A Phase I Study Inhibiting Telomerase to Reverse Trastuzumab Resistance in HER2+ Breast Cancer.**

This Phase I study will evaluate safety and biologic effects of GRN163L in combination with trastuzumab in patients with HER2+ metastatic breast cancer that is resistant to trastuzumab therapy. The starting dose of 240 mg/m<sup>2</sup> once every 21 days was selected based on the previous experience in metastatic breast cancer. This schedule is also expected to minimize myelosuppression and facilitate convenient coadministration with trastuzumab.

-Disease must be amenable to biopsy with minimal risk to the patient. NOTE: Patients with disease limited to the lung and/or pleura are excluded.

-Disease must be HER2+.

-Resistant to trastuzumab as defined as (1) progression within 12 months of completing adjuvant/neoadjuvant trastuzumab or (2) progression on trastuzumab administered for metastatic disease.

## **Protocol: ABCDE: A Phase II Randomized Study of Adjuvant Bevacizumab, Metronomic Chemotherapy (CM), Diet and Exercise after Preoperative Chemotherapy for Breast Cancer.**

This is a phase II trial that randomizes patients with residual invasive breast cancer after neoadjuvant treatment with an anthracycline and/or a taxane to one of four interventions: anti-angiogenesis inhibitor therapy with bevacizumab and metronomic chemotherapy with a dietary change, bevacizumab and metronomic chemotherapy with a dietary and exercise change, a dietary change without anti-angiogenesis inhibitor therapy, or a dietary and exercise change without anti-angiogenesis inhibitor therapy. Patients will be followed until 7.5 years after start of accrual.

-Patients must have confirmed invasive breast cancer. HER2 positive disease is not allowed.

-If tumor is triple negative (ER-/PR-/HER2-), tumor may be clinical stage I-III preoperatively, based on baseline evaluation by clinical examination and/or breast imaging.

-If tumor is hormone receptor positive (ER+ and/or PR+/HER2-), tumor must be clinical stage III preoperatively, based on baseline evaluation by clinical examination and/or breast imaging, or pathologic stage IIB or greater at time of definitive surgery.

## Eating Well Through Cancer By Holly Clegg & Gerald Miletello, MD

### *Simply Delicious Chicken*

2 lbs. boneless skinless chicken  
breasts

1/3 cup all purpose flour

Salt and pepper to taste

2 TBS olive oil

1 cup fat free chicken broth

1 TBS cornstarch

Juice of 1/2 a lemon

2 TBS chopped parsley

Dust the chicken breasts with flour, salt and pepper. In a large skillet, sauté the chicken in olive oil until brown and almost done. Mix together the chicken broth and cornstarch add to the skillet. Stir in the lemon juice. Sprinkle with parsley before serving.

This is a great easy recipe to make on the day of chemotherapy. It is low-fat and goes well with roasted vegetables. When a friend or family member asks how they can help, ask them to prepare this for you.



## Dr. Sledge Receives William L. McGuire Memorial Lecture Award

George W. Sledge Jr., MD, a nationally recognized pioneer in the development of novel therapies for breast cancer, received the 2010 William L. McGuire Memorial Lecture Award at the 33rd Annual CTCR-AACR San Antonio Breast Cancer Symposium. Supported by GlaxoSmithKline Oncology (GSK) since its inception in 1992, this honor acknowledges distinguished internationally recognized researchers for their significant contributions to breast cancer research.

"Dr. Sledge's work developing novel therapies to treat women with breast cancer has improved the lives of countless cancer patients," said C. Kent Osborne, MD, co-director of the San Antonio Breast Cancer Symposium and director of the Baylor College of Medicine Dan L. Duncan Cancer Center. "The selection of Dr. Sledge is even more appropriate since he was one of the first medical oncology fellows to graduate the new fellowship training program at the University of Texas Health Science Center Division of Medical Oncology, established by Dr. McGuire as division director in the late 1970s. We congratulate Dr. Sledge on this fitting honor."

Dr. Sledge's lecture entitled, "What Would Bill Do? Channeling Your Inner McGuire," can be viewed online at [www.sabcs.org/enduringmaterials](http://www.sabcs.org/enduringmaterials). The 33rd Annual San Antonio Breast Cancer Symposium encompasses the full spectrum of breast cancer research, and was held Dec. 8-12, 2010, at the Henry B. Gonzalez Convention Center, San Antonio.

### About the William L. McGuire Memorial Lectureship

Dr. William L. McGuire, along with Dr. Charles A. Coltman, founded the San Antonio Breast Cancer Symposium in 1977. The William L. McGuire Memorial Lectureship was established in 1992 to commemorate the significant contributions of Dr. McGuire to our understanding of breast cancer biology and treatment. His research played a major role in introducing estrogen receptor assays on breast tumor tissue as a

guide to treatment decisions for women with breast cancer. Breast cancer patients everywhere now receive these tests. The lecturer is selected by the SABCS Executive and Planning Committees from persons nominated by distinguished researchers in the field.



**Pictured giving Dr. Sledge his award Kent Osborne, Peter Ravdin, and Paolo Pauletti**

Dr. Sledge's lecture focused on the importance continued research in understanding breast cancer biology. He trained with Bill McGuire so it gave him the chance to give what he called the "McGuire Rules" about how we should be approaching translational research in breast cancer. The following are excerpts from his talk via an interview with Dr. Miller on Medscape Oncology Highlights on Breast Cancer. Visit <http://www.medscape.com/viewarticle/734368> to view the entire interview.

**The Clinic Is the Final Laboratory-** "One of the problems we run into today in Phase 3 trials is that we don't collect tissue and we lose an enormous chance to understand the biology of the disease and an enormous chance to move forward by coming up with new therapies based on what we've learned from that biology. The second lesson from Bill McGuire was don't just collect tissue, but collect annotated tissue. Tissue is worthwhile to the extent that it's associated with other data bits about the patient, what the patient receives, what's the patient's family history, what's the patient's follow-up, and all too often we don't do that."

**The Power of Normal**—"It's what I call the power of normal. We have for many years collected these tissues, collected tumor vs. tumor, or studied tumor vs. tumor and we've done very little about collecting normal tissues. In recent years at the IU Simon Cancer Center with support from the Komen for the Cure Foundation, we have begun to collect normal tissues from women who have never had breast cancer, normal breast tissue from core biopsies, serum, plasma, and DNA, and these now represent a base against which we can measure cancer. We have to know what normal is before we can intervene in the first steps on the road to curing cancer. For a long time the issue has been that doctors assumed that women would not be willing to give normal breast biopsy tissue outside of the context of their care of their cancer. Well, what we've discovered is that that certainly is not the case."

**Smart People Make You Look Smarter**—"I think that there is something special about bringing together creative people that allows you to do wonderful things in the sciences and, indeed, in medicine as well."

**Oncology Is a Math Problem**—"We've always intended to bring in the biostatistician or bioinformatician at the end of things to help explain the data you generated, but I think Bill's genius was to bring a superb biostatistician, Gary Clark, in very early in the process actually to even help in terms of how you collected the tissue that you were going to use later for analysis and I think that's part of what made him so productive. It's clear to me that looking as we move into this era of genomics where data become very, very cheap that cancer is now basically a math problem. We used to think of it as a biology problem but it's now basically a math problem and the world in the future I suspect is going to belong to those who are able to do complex mathematical analyses of large and complex gene array datasets in breast cancer."

# Upcoming Events

**February 19, 2011**

## **Pink Tie Ball**

An elegant evening at the Scottish Rite Cathedral in downtown Indianapolis. The festivities will include a silent auction, dinner, dancing and more! Visit [www.komenindy.org](http://www.komenindy.org)

**March 5, 2011**

## **Big Ten Thinks Pink 2011**

2011 Big Ten Women's Basketball Semi-Finals proceeds go to breast cancer research.

Visit [www.pinkribbonconnection.org](http://www.pinkribbonconnection.org) to purchase tickets.

**April 2, 2011**

## **Making Strides Against Breast Cancer-Evansville**

Making Strides walks are non-competitive and three to five miles in length. Visit [www.makingstrides.org](http://www.makingstrides.org) to sign up.

**April 16, 2011**

## **Central Indiana Race for the Cure®**

Our biggest event of the year, we need you to help us achieve our mission to save lives and end breast cancer forever! Sign up at [www.komenindy.org](http://www.komenindy.org)

**Ongoing**

## **First Mondays-IU Simon Cancer Center**

First Mondays is a unique program designed to create a community of healing support, education and enjoyment for participants. On the first Monday of every month at IU Simon Cancer Center.

## **Metastatic Breast Cancer Networking Group**

or

## **Cancer 101**

The Wellness Center in Indianapolis hosts a Metastatic Breast Cancer Networking Group for those living with metastatic cancer on the third Wednesday of each month, 6-8 p.m. The center is at 8465 Keystone Crossing, Suite 145, Indianapolis. Phone is (317) 257-1505.

Cancer 101, a program for patients and caregivers also sponsored by the Wellness Center, meets the fourth Friday of each month in Indianapolis to discuss a changing list of topics. Call (317)257-1505 for details, or visit [www.twc-indy.org](http://www.twc-indy.org) for details.

## **Young Survival Coalition meetings**

The Young Survival Coalition meets the second and fourth Mondays of each month at 6:30 p.m. at Logan's Roadhouse, 4825 E. 82nd St. in Indianapolis. Call (317)253-0050 or (317)224-6261 for info, or check out [www.youngsurvival.org/indianapolis](http://www.youngsurvival.org/indianapolis)

## ARE YOU INTERESTED IN LEARNING MORE ABOUT BREAST CANCER?

Sign up to receive the *IUSCC Pink* Newsletter

Name: \_\_\_\_\_ \*E-mail: \_\_\_\_\_

Street: \_\_\_\_\_ City/Zip: \_\_\_\_\_

\*Newsletters will be sent by e-mail when applicable.

Return to Casey Bales at:

Walther Hall (Building R3) - Room C246  
980 W. Walnut St.  
Indianapolis, IN 46202-5126



**INDIANA UNIVERSITY**

MELVIN AND BREN SIMON  
CANCER CENTER

Or send an e-mail to [calallen@iupui.edu](mailto:calallen@iupui.edu) with the above information.

Do you have a story idea or just something to say about a story you've read in *IUSCC Pink*? Tell us about it! Would you like to share a personal experience? Contact us via e-mail [calallen@iupui.edu](mailto:calallen@iupui.edu), call 317-274-0594 or send mail to the address above.

Past editions of *IUSCC Pink* can be viewed at the IU Simon Cancer Center Web site, [cancer.iu.edu](http://cancer.iu.edu), by selecting breast cancer in the cancer type section (<http://cancer.iu.edu/programs/breast/iuccpink/>).