

IUSCC PINK

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Kandi Ludwig, M.D.

Dear Friends,

Happy Summer to all! I am so excited to have the opportunity to introduce myself to you. I am the newest member of the Indiana University Melvin and Bren Simon Cancer Center, specifically the IU Health Breast Surgical Oncology Team. I am looking forward to getting to know everyone more. I'll take a few moments to tell you a bit about me.

I am originally from New Orleans, Louisiana, which means I enjoy jazz, spicy foods and sweet tea. In 2002, I moved to Texas for my general surgery training at Scott and White Hospital in Temple, Texas. It was there that I developed an interest in the world of breast cancer—if only I knew what I was getting into! I was given a wonderful opportunity in 2007 to complete my breast oncology training at the University of Michigan Comprehensive Cancer Center in Ann Arbor, Michigan. While I was there, I had the privilege of working with phenomenal mentors who were truly pioneers in the field of breast cancer. One couldn't help becoming passionate about treating women with breast cancer when everyone we worked with on a daily basis focused on the disease-

the oncologists, the surgeons, the radiologists, social workers, plastic surgeons, physical therapists and so on. The year passed quickly; I was sad to leave Michigan, but needed to get closer to my husband, who was still in training in Texas. I joined a private breast surgical group in Dallas, Texas.

Sometimes our career paths change and mine led me up to Indiana. When my husband finished his training, we decided to look for a place with opportunities for both of us professionally, and Indianapolis won out! I was interested in returning to the world of academics, allowing me the opportunity to teach residents and students and to participate in clinical research. When my husband and I interviewed here one snowy day in January 2010, there was a donation event for the Susan G. Komen for the Cure Tissue Bank at the IU Simon Cancer Center. When we walked in and saw 20+ sorority girls from Bloomington offering to donate normal breast tissue, we knew this place was something special. I was quite honored to be offered the position and didn't hesitate to take it.

So I've been here now since September 2010. As with any new job/city/situation, it takes a long time to get settled. It's definitely a work in progress. We still haven't placed any nails in the walls at home, and I often get confused looking for the bathroom at work. But what a place! I am so impressed on how dedicated all the different members of the breast care team are to truly making a difference both on the local and global fronts. Not only does the team strive to provide the highest quality of care for women currently fighting the disease, but they are working diligently to affect the progression and treatment of those to come.

As a breast surgeon, I am often the first provider a woman may see after receiving her diagnosis. It is my job to not only educate her and her family on what it means to have breast cancer, but to help navigate her throughout the whole process of going from one modality to the next. As one of my patients asked—"Are you the quarterback?"

Continued on page 2

Table of Contents

Dear Friends continued.....	2	I Said, "I Have Breast Cancer".....	4
Predicting Neuropathy.....	4	Breast Cancer Q & A.....	7
Featured Web Site.....	7	IUSCC Clinical Trials.....	8

Continued from Page 1

Why yes I am, as I may be the one calling the plays, but it takes the entire team to successfully win the game.

I have a special interest in treating young women with breast cancer, especially those under 40. In my previous practice I had a group of young women who really made an impact on me... those who could easily have been my friends and colleagues. I realize that because breast cancer in this population is so rare, often times these women can feel alone. Their issues and concerns are quite different than older women with breast cancer. It is our job as providers to help guide them to appropriate resources available and give them support in any way possible.

I am humbled and honored every day by the confidence placed in me by my patients and their families. I look forward to being an integral part of the breast cancer team here at Indiana University, and hope to become more active in the Indianapolis community as well.

-Kandi Ludwig, M.D.

When Times are Tough

We all have been affected by the downturn in the economy in some way, but the diagnosis of any disease adds an extra burden in these tough times. It is important to remember that there are many options for assistance around the city and state. Your first action should be to speak to your doctors and nurses. They are knowledgeable about your medical care, but they can often lead you to other resources that are available for patients and survivors.

At IUSCC there are financial counselors that can assist in setting up a payment plan or in applying for assistance from outside sources (if you qualify). To contact them call, 317-948-0954.

In the greater Indianapolis area including Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan

and Shelby counties, Little Red Door Cancer Agency offers multiple types of assistance programs. Their offerings include free screening and detection, client services, education, and client navigation. Contact them at 317-925-5595 to see if you qualify.

Nationally there are multiple organizations that can assist with helping you find resources to cope with financial situations related to your cancer care. The National Cancer Institute has lots of information, (www.cancer.gov) search financial assistance on their web site to access a resource page. Additional sources include the American Cancer Society (www.cancer.org) and Cancer Care (www.cancercare.org).

Finding Help



New NP!

Since I was 10 years old I knew I wanted to be a nurse. I am very blessed and honored to be a part of the IU Health Breast Surgical Oncology Team and I look forward to making a difference in the lives of breast cancer survivors. I have been an oncology nurse for ten years and a nurse practitioner for five years. I have clinical experience taking care of patients in hospitals as well as in the doctor's office. My passion is in caring for patients with cancer, especially those with breast cancer. I am very zealous about helping from the time of diagnosis and beyond. I want to focus on wellness from an individual basis and work with women on issues such as: nutrition, exercise, bone health, and long-term side effects.

-Tamika Turner, MSN, NP-C, AOCNP



Indy's Super Cure

Indianapolis, recognized for its life sciences and healthcare initiatives, is home to the world's only known tissue bank that collects healthy breast tissue for cancer study and research: the Susan G. Komen for the Cure Tissue Bank at IU Simon Cancer Center ("Komen Tissue Bank").

The goals for Indy's Super Cure include raising awareness about the Komen Tissue Bank, increasing the diversity of breast tissue donations and fundraising for the Komen Tissue Bank to advance breast cancer research.

"Since being awarded the 2012 Super Bowl, the Host Committee has focused on making this so much more than a game," said Allison Melangton, president and chief executive officer of the 2012 Indianapolis Super Bowl Host Committee. "We have community initiatives that have engaged many nontraditional football fans from people crafting Super Scarves to youth planting trees on the Near Eastside. With Indy's Super Cure, we now have an international opportunity to positively impact the road to the cure for breast cancer."



The Komen Tissue Bank, established in 2006, collects healthy breast tissue and blood donations that are then provided to breast cancer researchers globally. The data derived from that research is made available collectively to researchers.

Leading up to Super Bowl XLVI, Indy's Super Cure will host a major fundraising dinner on November 18, 2011 with nationally recognized breast cancer advocates. Several tissue donation events will also be organized including during the week leading up to the Super Bowl.

Other representatives partnering on Indy's Super Cure include: Cancer Support Community, Catherine Peachey Fund, Inc., Community Health Network, Indianapolis Chapter of National Association of Women Business Owners (NAWBO), Indianapolis Colts, IU Health and IU School of Medicine, National Football League, St. Vincent Health, Susan G. Komen for the Cure (Central Indiana Affiliate) and the Women's Fund of Central Indiana.

For more information on the Tissue Bank and Indy's Super Cure events visit their web site at www.komentissuebank.iu.edu.

I Said, "I Have Breast Cancer"

- and my mother quipped, "Don't let them give you Arimidex!"...this had been one of her drugs and there had been adverse effects.
- and my sister stared down at her hands in her lap.
- and my husband folded me silently in a hug, then spent the weekend trying to fix the toilet that had been perpetually leaking in the bathroom, cursing all the while to stop tears...because his mother had died of cancer.
- and my sister-in-law, standing beside me, did not reach out with a hug.
- and my brother-in-law swiftly walked across the room to put his arms around me.
- and Kelly blurted out that Mrs. Smith, whom I didn't even know, had died.
- and Nancy, my friend and the head of Cancer Programs at the nearby hospital, helped me select just the right surgeon and oncologist.
- and Beth requested that I send weekly email updates through treatment.
- and my college mentor felt favored that I called in need of his guidance – and gave it fully to support my husband through the partner side of cancer treatment.
- and David immediately asked, "What's your prognosis?"
- and Carolyn, a friend who was a nurse, went with me to the post-surgery appointments to take notes...because I asked her.
- and Becky got angry because I resigned from my volunteer role in the organization.
- and my husband gave me a 'buzz cut', so I would not be a victim of gradual hair loss. The hair went when we chose!
- and Mary shared that she was going to walk in the Avon Walk because she had a friend with breast cancer who had only six months to live.
- and Joan said, "My dear, how can I help you, please?"
- and June came to stay for over a month, helping us find a church.
- and Karen helped me learn to be a recipient.
- and Cindy, who'd just lost her job, filled her days with help for me as a mission not impossible. She never missed a chemo session as my buddy.
- and Loraine gave me a soulful book without a word.
- and my sister sent cards and cards and cards of love and support.
- and Bev, a busy working mom who'd worn a wig by choice for many years, helped me find terrific inexpensive wigs.
- and my sister smiled wanly and said, "The doctor will ask you about my diagnosis. I was a type 2b. Here's a great book that will help you through".
- and Judi said, "I'll pray for you."
 - and Pat helped me understand what "Be positive!" the standard response could really mean.
 - and Phyllis insisted on driving me to radiation...and made me late for work and Nancy volunteered to get groceries.
- and my dad stared at the window...

and my dad stared at the window...



Reactions meander all over the map of human interaction when we announce our diagnosis, don't they, breast cancer survivors!

The flash of feeling is impossible to avoid as each person connects with your news with his or her own 'back story'. You can't 'see it coming' because their reaction is buried in their brain, and it comes out with a dart in your heart that can overwhelm you and, sometimes, victimize you all over again.

Yes, no matter how kind, direct, helpful, and hopeful your doctor was when you received your diagnosis, the words that follow your announcement can deepen, deny, or diffuse it. And you have no choice in the matter at the moment, for eyes can see and ears can hear and mouths can only stifle a whimper, wanting hope.

But you can write your own story and keep it present in your heart, mind, body, and soul. You can get the best advice you can along with the best treatment you can. As my friend Pat said, "BE POSITIVE" (the most common reaction I received) means that you are positive about your treatment plan and that you can and will survive. In your soul as well as your body.

Get yourself to a support group because there you will find that yours is not the only story. There is sadness and fullness of feeling in many other women's stories, a richness to the affirmation of life that surviving and thriving through the struggle gains. There is substance to be gained in the belief in your today with a tomorrow. To thrive is a choice emboldened in the

company of women who are peers, in the bravery of breast cancer warriors.

By: **Pat Jackson-Colando**,
5-year and 9-month Triple Negative Breast Cancer Survivor



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

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

Predicting Neuropathy

The Schneider Lab researchers have identified a genetic biomarker that causes neuropathy among some breast cancer patients using a class of chemotherapy drugs called taxanes.

It is one of the first genetic biomarkers to have been reported for neuropathy caused by taxanes, which includes paclitaxel or Taxol. The finding may eventually lead to a blood test to determine if a patient is at risk of developing neuropathy.

Neuropathy is a nerve problem that causes pain, numbness, tingling, burning, or muscle weakness in different parts of the body.

"We found multiple, provocative genes that may be associated with neuropathy, one of which stood out from the rest in a gene named RWDD3," Bryan Schneider, M.D., the lead investigator, said. Dr. Schneider is assistant professor of medicine, assistant professor of medical and molecular genetics at the IU School of Medicine, and a physician/researcher at the Indiana University Melvin and Bren Simon Cancer Center. He is also an associate director of the Indiana Institute for Personalized Medicine.

Dr. Schneider and colleagues found the gene by conducting a comprehensive genetic look of more than one million genetic variations in each of the 2,204 breast cancer patients studied. The patients were enrolled in the Eastern Cooperative Oncology Group clinical trial E5103.

The IU investigators looked for variations in DNA called single nucleotide polymorphisms or SNPs. They identified genetic subgroups that were likely to develop neuropathy. Those who carried two normal nucleotides in the RWDD3 gene had a 27 percent chance of experiencing neuropathy. But those who carried one normal nucleotide and one SNP had a 40 percent chance and those who carried two SNPs had a 60 percent chance.

The study also found that older patients and African Americans were much more likely to have neuropathy.

Dr. Schneider and colleagues will advance their research with additional trials to validate these findings and to determine whether a different type of taxane therapy would result in less neuropathy in the more susceptible genetic group.

Dr. Schneider's research caught the attention of the world's leading professional organization representing physicians who care for people with cancer, the American Society of Clinical Oncology. ASCO has invited Dr. Schneider to present his research findings during its 47th annual meeting in Chicago in early June. His research also has been selected to be highlighted in ASCO's official press program. Less than one percent of abstracts are chosen for that distinction. The press program plays a vital role in garnering accurate, national media coverage of cancer research presented at the meeting. In addition, Dr. Schneider's research has been selected to be included in the Best of ASCO program, an educational initiative that seeks to increase global access to cutting-edge science.



Dr. Schneider Presenting at the 47th Annual ASCO Meeting.

Breast Cancer



What has been the single, most exciting discovery in recent years during the search for a cure for breast cancer?

One simple answer - the use of genetic profiling. This has clearly shown that breast cancer is several different diseases that need to be treated differently. The information from genetic profiling offers the potential to determine the best treatment for individual patients (for example - which patients with ER+ tumors simply don't need chemotherapy) and to identify new targets for treatment (for example - what are triple negative breast cancers positive for). **-Kathy Miller, M.D.**

I think that one of the most exciting advances is our increased ability to individualize treatment, specifically targets on tumors. Understanding HER2 and that it is a driving force behind one quarter of all breast cancers and developing a drug to specifically interfere with the HER2 target, Herceptin. Initially, Herceptin showed extended survival for those with advanced breast cancer and in 2005, equally as important the improvement in cure fraction for those with early disease. A tumor that was once a subtype with a varied prognosis is now a tumor with incredibly effective treatment options. **-Bryan Schneider, M.D.**

The most important thing we have learned in the past decade is that breast cancer is many diseases, instead of one, and that each of these has its own specific genetic blueprint. Understanding the genetic blueprint for these different breast cancers should allow us to develop specific targeted therapies for individual patients. **-George Sledge, M.D.**

No question about it—The data showing the benefit of adjuvant trastu-

zumab in HER-2 positive breast cancer. (The addition of 1 year of trastuzumab to adjuvant chemotherapy significantly improved disease-free survival (DFS) by 33%-52% and overall survival by 34%-41% in trials. The DFS benefits were observed regardless of age, nodal status, hormonal status, or tumor size in all trials.)

-Anna Maria Storniolo, M.D.

The news reported that new evidence supports more active exercise to relieve lymphedema. Can you elaborate?

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.

Can you tell about the "tape" that is used for lymphedema?

Physical therapists use a special tape called kinesio-tape. The tape applies subtle pressure along the typical lymphatic drainage pathways to encourage lymphatic flow. Some patients have found this to be very helpful but it requires consultation with a physical therapist to use correctly.

Featured Web Site

Our featured site in this edition is a bit different than those that we usually highlight. Many of you may already be following 24-Hour News 8 anchor Deanna Dewberry as she has been sharing a series of stories called "Deanna's Discovery." She has been sharing what she learns about battling breast cancer. The hope is that her stories bring help and hope to others facing the disease. If you haven't been following Deanna's story you can watch the video series at <http://www.wishtv.com/generic/health/deanna-dewberrys-discovery>. She also has a wonderful blog where she talks about her experiences, family, and faith.

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: Merrimack MM-302 A Phase I Study of Safety and Pharmacokinetics of MM-302 in Patients With Advanced Breast Cancer

This clinical research study is evaluating the safety, pharmacokinetic (PK) effects, and clinical activity of a novel anti-cancer drug, MM-302, administered to patients with locally advanced unresectable and/or metastatic breast cancer. MM-302 is a novel antibody drug conjugate, which offers HER2-targeted delivery of liposomal encapsulated doxorubicin. To determine potentially eligible candidates see the main inclusion/exclusion criteria below.

- Patients must have advanced breast cancer: locally advanced/unresectable or metastatic
- Patients must have tumor tissue amenable to biopsy and be willing to undergo a biopsy during study treatment
- Patients must be HER2+
- Patients must have measurable disease
- Patients must have adequate bone marrow reserves, cardiac, hepatic, and renal function
- Patients must be anthracycline naïve for the dose finding portion of the study. For the dose-expansion cohort, patients must have had previously received approximately ≤ 300 mg/m² of doxorubicin, or epirubicin equivalent, or any other anthracycline-like derivative.
- Patients with known infection of HIV, hepatitis B or C are excluded (if patients have previously been treated for hepatitis C and have undetectable viral loads, they can be considered eligible for the trial).

Protocol: E2108 - A Randomized Phase III Trial of the Value of Early Local Therapy for the Intact Primary Tumor in Patients With Metastatic Breast Cancer

This trial is being conducted to determine whether early surgery may be effective for women with breast cancer that has spread to another place in the body (metastatic, stage IV breast cancer) who have not received prior treatment. Approximately 880 people in

the United States will be included in this study. The requirements for participating in this trial include the following:

- An intact breast tumor that is not a recurrence of a prior tumor
- Tumor on one breast (unilateral), but not both
- If only a single metastatic lesion is present, biopsy is mandatory
- Radiology (such as x-rays, CT scan, MRI) reports that confirm a cancerous breast tumor and spread to at least one additional area in the body before treatment
- Confirmation that the patient is neither pregnant nor breast-feeding

Protocol: An Open Label, Randomized, Phase II Trial of Abraxane TM with or without Tigatuzumab in Patients with Metastatic, Triple Negative (ER, PR, and HER-2 Negative) Breast Cancer

Tigatuzumab is a humanized monoclonal antibody targeting a death receptor on the breast cancer cells. Previous studies have shown that combining antibodies with selected chemotherapy agents have induced tumor cell death. The hypothesis of this study is to use tigatuzumab and combine it with Abraxane to serve as a targeting agent in metastatic TBNC patients. To participate in this trial the following requirements must be met:

- Patients must have pathologically documented Stage IV breast cancer.
- Tumor must be HER-2-neu negative
- Patients must have measurable disease
- There is no restriction as to the number of prior regimens for metastatic disease as long as patients have adequate performance status.
- Patients are not eligible if they have had prior use of Abraxane for metastatic disease or in the adjuvant setting.
- Patients are not eligible if their metastatic lesions identifiable only by PET.

Please contact LaTrice Vaughn at 317-278-3730 to refer a patient or yourself to a trial. Please don't hesitate to call if you have any questions or if you would like to discuss a study in more detail.

Myths & Facts About Cancer Clinical Trials

Patient fears about experimental treatments, placebos, unnecessary testing, cost of care, and access are among the biggest barriers to enrollment in cancer clinical trials. Many of these fears are unfounded and are strong enough in the general population to slow down the pace of cancer research. Here's a look at some of the myths that surround cancer clinical trials, in hopes that accurate information will help increase cancer clinical trial participation.

Myth: Patients in cancer clinical trials are treated like guinea pigs.

Fact: 97% of people in one survey said they were treated with dignity and respect. They also reported that the care was very good.

Myth: Cancer clinical trial patients are given sugar pills.

Fact: Patients who join clinical trials are given the best cancer treatment options available or the chance to receive a new treatment being considered. Sugar pills (also called placebos) are rarely used in cancer clinical trials and are never used in place of treatment.

Myth: Health insurance will not cover the costs of a cancer clinical trial.

Fact: Many insurers cover the normal costs of treatment on cancer clinical trials, and many states have mandatory coverage. Check with your doctor or insurance plan to see if you are covered.

Myth: Cancer clinical trials cost more than standard cancer treatment.

Fact: Not necessarily. Studies by groups including the American Association of Cancer Institutes, Kaiser Permanente, Mayo Clinic, and Memorial Sloan-Kettering Cancer Center have found that routine care for patients in trials is comparable to costs for patients not in trials.

Myth: Informed consent is meant primarily to protect the legal interests of researchers.

Fact: The purpose of informed consent is to protect

cancer clinical trial participants by giving them information that can help them make informed choices about whether to take part in research. It also makes you aware of your rights as a participant.

Myth: Signing the informed consent document is the most important part of the process.

Fact: Putting your signature on an informed consent document is only part of the process. The heart of informed consent is a participant's ongoing interactions and discussion with researchers and other medical personnel, both during and after the cancer clinical study.

Myth: Once I sign the consent form, I have to enroll and stay enrolled.

Fact: That is not true. You are free to change your mind and not participate. You also have the right to leave a cancer clinical trial at any time for any reason, without giving up access to other treatment.

Are you interested in clinical trials?

At IUSCC we have many trial options that can not only benefit you, but others in the future. We have more than 30 different trials at any given time. These trials range from new drug therapies to simple blood sample studies for breast cancer patients. We also have many trials that involve survivors and healthy women. If you are a patient interested in participating tell your doctors and nurses that you want more information about the trials in which you might qualify. Women in active treatment, survivors and health women can also visit <http://www.indianactsi.org/iuct> to see IUSCC trials or www.BreastCancerTrials.org to see local and national trials including those at IUSCC.

Myth: I can't really expect medical personnel to listen to my questions or keep me informed.

Fact: The research team has a duty to keep you informed and to make sure you understand the information they provide and answer any questions. You will be given the name of a key contact person to stay in touch with throughout the trial. Remember, it is your willingness to participate that makes cancer clinical research possible.

Reference: Coalition of Cancer Cooperative Groups, Inc (2007). Myths & Facts About Cancer Clinical Trials. Retrieved from http://www.cancertrialshelp.org/lcare_content.

IUSCC Breast Cancer Researcher Receives \$100,000 Kay Yow Cancer Fund Grant

Chunyan He, Sc.D., assistant professor of public health at the IU School of Medicine and a researcher at the IU Simon Cancer Center was awarded a \$100,000 research grant during the fourth annual 4Kay Run Hydrated by POWERADE ZERO™. The Kay Yow Cancer Fund™, in partnership with The V Foundation for Cancer Research partners with the National Collegiate Athletic Association (NCAA®) each year to leave a \$100,000 research grant in the NCAA Women's Final Four® host city.

The race is held in honor of the late North Carolina State women's basketball coach Kay Yow, who died of breast cancer in 2009. "The Kay Yow Cancer Fund is pleased to support research efforts of exceptional professors such as Dr. He," said Marsha Sharp, Kay Yow Cancer Fund executive director. "Coach Yow's life was extended because of research discoveries, and she strongly believed these studies will one day lead to a cure for this vicious disease."

Nick Valvano, CEO of The V Foundation for Cancer Research, added: "The V Foundation and Kay Yow Cancer Fund are happy to be able to fund the research of this outstanding young investigator. Dr. He's training and skills have prepared her for conducting creative and original breast cancer research."

Dr. He, who studies genetic susceptibility and the role of environmental and lifestyle factors in the development of breast cancer, will examine both blood and breast tissue samples. She will use samples from the cancer center's tissue bank and the Susan G. Komen for

the Cure® Tissue Bank at the IU Simon Cancer Center. Samples from the Komen bank are especially helpful because they are from women without breast cancer. This research will help scientists to better understand breast cancer biology and provide clues as to why some women develop the disease while others do not.

"With the support from this grant, we expect our research to help us better understand more about breast cancer biology," Dr. He said. "New strategies on breast cancer prevention, screening and treatment options can be developed based on these understandings."

About The Kay Yow Cancer Fund

The Kay Yow Cancer Fund®, in partnership with the WBCA and The V Foundation, is a 501 c(3) charitable organization committed to being a part of finding an answer in the fight against women's cancers through raising money for scientific research, assisting the underserved, and unifying people for a common cause.

About The V Foundation

The V Foundation for Cancer Research was founded in 1993 by ESPN and the late Jim Valvano, legendary North Carolina State basketball coach and ESPN commentator. Since 1993, The V Foundation has raised more than \$100 million to fund cancer research grants nationwide. It awards 100 percent of all direct cash donations and net proceeds of events directly to cancer research and related programs.

It's a Boy!

I want to give big apology to our readers who were patiently waiting on the spring edition of IUSCC Pink. I had everything I was working on tied up a few weeks before my due date in order to put the spring newsletter together. To my surprise my little bundle of joy decided to come early, so the spring newsletter is now the extended Summer Edition! Here is a picture of my new edition, Leyton Bales, born May 4, 2011. He weighed 7lbs 4 oz and was 20 in long. Our new family is doing great and we are adjusting to mommy returning to work!

—Casey Bales, IUSCC Pink Editor



Upcoming Events

Cancer Support Community Central Indiana

Every Tuesday in September

5:30-7:30pm Newcomer Meeting-for newcomers interested in joining a support group

6:00-7:00pm Gentle Stretch Yoga-led by Shirley Valenti

Visit their website at www.twc-indy.org for more information or to RSVP.

Sisters Network Indianapolis

Sisters Network® Inc. (SNI) is a leading voice and only national African American breast cancer survivorship organization in the United States. Their objective is to unite with Indianapolis communities, health care agencies and faith-based organizations to ensure that all African American women are empowered with the information and resources they need to take charge of their own health. The Indianapolis chapter meets on the third Tuesday of every month. Their September Monthly Meeting is Tue, September 20, 6:30pm – 8:00pm at the Cancer Support Community, Inc. 5150 W. 71st Street Indianapolis, IN 46268. Visit www.twc-indy.org or www.sistersnetworkindy.org for more information.

Everyone Needs to Eat More Fruits and Vegetables

A growing body of research shows that fruits and vegetables are critical to promoting good health. To get the amount that's recommended, most people need to increase the amount of fruits and vegetables they currently eat every day.

Vegetarian Stuffed Peppers

Prepared in less than 30 minutes, this colorful dish packed with vitamin C makes a great addition to any meal. Substitute no-added-salt canned diced tomatoes to save time and money.

4 red or green bell peppers

2 cups grape tomatoes

1 medium onion

1 cup fresh basil leaves

3 garlic cloves

2 tsp olive oil

1/4 tsp salt

1/4 tsp black pepper

1. Preheat oven to 425°F. Lightly oil a large shallow baking pan.

2. Cut peppers in half (lengthwise) and remove seeds. Arrange peppers cut side up in baking pan and lightly oil cut edges.

3. Halve tomatoes and chop onion and basil. Finely chop garlic.

4. In a bowl, toss tomatoes, onion, basil, garlic, olive oil, salt, and pepper.

5. Spoon equal portions of mixture into peppers and roast in upper third of oven until peppers are tender, about 20 minutes. (Makes 8 servings.)

*Nutrition info per serving: Calories: 40kcal; Fat 2g; Sodium 80mg; Carb 7g; Fiber 2g; Protein 1g; Vit A 80%; Vit C 120%; Calcium 2%; Iron 4%

For more great recipes and tips about adding fruits and vegetables to your diet visit www.fruitsandveggiesmatter.gov

Komen Central Indiana's Pink Ribbon

Celebration for Survivors & Co-Survivors

An event to honor and celebrate breast cancer survivors, their family and friends, the 2011 Pink Ribbon Celebration will be held Sunday, September 25th at the Ritz Charles (12156 N. Meridian St. – Carmel, IN 46032). This is Komen Central Indiana's annual celebration of life honoring breast cancer survivors and their friends and family. The day will begin at 11 a.m. with refreshments and shopping in the Ritz Charles Garden Pavilion. At 12:15, guests will proceed to the ballroom for lunch, followed by door prizes and keynote speaker, Mamie McCoullough. The event is free of charge for breast cancer survivors. Guests may reserve a seat for \$35. For more information or to register visit www.komenindy.org.

Pink Ribbon Connection Annual Breast Cancer Survivor Fashion Show

This year the theme of the show is "Puttin' On the Pink". The 2011 fashion show will be held on Saturday, October 8, at the Marriott Downtown, at 350 West Maryland Street. Forty fabulous models will be on the runway, all dressed in fashions provided by Nordstrom. The goal is to fill the ballroom with 1,000 guests. Please plan to be there, along with your family and friends, to witness the hope, courage and beauty of the models. You may go to www.pinkribbonconnection.org to reserve your seat today.

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 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, 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, by selecting breast cancer in the cancer type section (<http://cancer.iu.edu/programs/breast/iuccpink/>).