

# **Living with Cancer and COVID-19: Weekly Update with Dr. Ruth Oratz**

National Webinar Transcript

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Presented by:



**SHARSHERET**<sup>®</sup>  
The Jewish Breast & Ovarian Cancer Community

Elana Silber:

Good afternoon for some of you. Good morning to others. This is a national webinar and first and foremost I'm thrilled to see all of you here today. We know that these are very challenging times and to have you here, part of our community today, brings us all together. I want to be very clear, this webinar will be recorded because as hundreds of you are on today, hundreds more can't make it at this time. So we are recording it along with all the other webinars in the series and they are posted on our website, Sharsheret.org. So if you do not want your face ... you won't see your face probably, but if you want to maintain any kind of your privacy, feel free to please just go on audio. You don't have to be seen. We received many questions before the call so we'll be addressing those.

Elana Silber:

If you have additional questions you can type them into your chat and as long as we have time, we will get to them. But even if we don't get to them on this call today, we will get back to you within 24 to 48 hours. So you will have answers to your questions. Again, these are general questions. We are not giving you specific medical information for yourself. You should still consult with your healthcare professional after the call. This is advice, general information. Today's webinar, just to make sure you are where you're supposed to be because Zoom seems to be quite busy, you are [in] Living With Cancer And Covid-19, part of Sharsheret's webinar series.

Elana Silber:

So I'm privileged to be here with you today. I want also everyone to know that in addition to webinars, Sharsheret has always provided mental health services, counseling, support information by phone and by email virtually. So this transition to this new normal has been seamless for us. So I encourage you as issues come up, concerns from the smallest to the most significant, feel free to reach out. We have a team of social workers and a genetic counselor. All your calls are free, confidential and convenient. So just putting it out there.

Elana Silber:

So today I'm really privileged to introduce you to an incredible person, a good friend, and a top doctor in New York. Her name is Dr. Ruth Oratz. She's an oncologist at NYU Langone, where she has been since completing her residency in internal medicine and fellowship in medical oncology. As a medical oncologist Dr. Oratz specializes in treating people who have all stages of breast cancer as well as those who have an increased risk of developing cancer. Dr. Oratz is also an esteemed member of our Sharsheret medical advisory board. So now it's my pleasure to turn the floor over to Dr. Oratz.

Dr. Ruth Oratz:

Elana, I'm really delighted to be here. Oh, can you hear me or am I muted? I'm good. Okay. I'm delighted to be here and to be part of Sharsheret community. I've been working with Sharsheret for many years and I'm really ... I'm honored to be able to do this today. I'd like to make some very general comments first and then leave as much time as possible for the Q and A.

Dr. Ruth Oratz:

So we're going through this very, very difficult moment now during the Covid pandemic. Of course, none of us expected ever to live through anything like this. Right now, the United States is leading the world in the number of cases and the number of cases is going up quickly still. We here in the New York tri-state area know that we have the highest number of cases, but other hotspots are developing all over

the country and we expect over the next few weeks to see more cases in other parts of the country as well.

Dr. Ruth Oratz:

So what does this mean for people who already have a cancer diagnosis and now have to face the risk of infection? We do have some data from the experience in China and other countries that tells us that cancer patients who developed Covid infection did have a higher rate of serious illness than others. But we have to be a little bit careful about how we interpret this because that includes all types of cancers, all different stages, and we don't know what treatments those individuals were taking. So it's a little bit hard to sort that all out. And I'm going to try to put that in some context for us today.

Dr. Ruth Oratz:

We're talking mostly about breast cancer. So for individuals who have earlier stage disease and who have completed their initial treatment, they've had surgery, possibly chemotherapy and radiation, and even for those who are on maintenance treatment with hormonal medicines like Tamoxifen or the aromatase inhibitors and Aromasin, Exemestane and Exemestane, we believe your immune system is very much back to normal. So for those of you who are at that point in your treatment, or even for those of you who are continuing on infusions like Herceptin or Trastuzumab, but you've finished your chemo a few weeks ago or a few months ago, again, we think your immune system is in very good shape. So the risk of serious Covid complications may not be extraordinarily high in this group of individuals. These medicines can be safely continued and of course it's important to stay in touch with your healthcare team if you develop any new symptoms or side effects. For people who have a more advanced stage of disease or their cancer is a little more active, especially if you're actively undergoing treatment on chemo or with immunotherapy, that may compromise the immune system to some extent.

Dr. Ruth Oratz:

Of course this is going to vary depending on the exact treatment you're getting, the dosage, the schedule and which drugs. So no, it's not that across the board everybody has a serious problem with their blood counts or immunities. But if you're on some of these treatments, that may put you at a little bit higher risk of becoming seriously ill if you develop a Covid infection. So it's important that when we're looking at that treatment plan that you really have a thoughtful discussion with your oncology team about what the short term risks of infection are versus the benefits from treatment and you might have to make some adjustments in that treatment plan. I really want to emphasize how important it is that each individual review your treatment plan with your oncologist during this moment.

Dr. Ruth Oratz:

So as I mentioned, some adjustments may be recommended temporarily. For example, we have lots of patients now who are taking a class of drugs called CDK 4/6 inhibitors. These are the drugs like palbociclib or Ibrance, Ribociclib, which is called Kisqali or Abemaciclib, which is Verzenio. These are wonderful medicines that really make our hormonal therapies more effective. But we also know that these drugs can cause a decrease in the white blood cell counts. So for some individuals, doctors might make a recommendation to put these drugs on hold for a few weeks for one or two cycles or maybe three cycles, but you would be continuing with your hormonal therapy. So that might be one type of adjustment that we make to try and balance that risk of an infection. For people who are on chemotherapy, we may change the dose a little bit or stretch out the cycle. So instead of going every two weeks for treatment, we can safely treat every three weeks and kind of spread things out a little bit.

Dr. Ruth Oratz:

And that may reduce the risk of complications from Covid. And then for non-essential treatments, like some of the bone agents we use, Prolia and Xgeva and Reclast, these can also be safely put on hold for even up to three or four months without compromising the benefits or the efficacy of these treatments. So those are just some examples of how you and your doctor may review your treatment plan and expect that there could be some adjustments.

Dr. Ruth Oratz:

So the other point is the issue of social distancing during cancer treatment. It really, really is important that all of us continue to practice social distancing and that we don't get lazy about it. As a group, we are accustomed to being together with our family and our friends for meals, for Shabbat, for holidays, with larger groups for all kinds of occasions that we celebrate. But we really have to hold back from that. We must not gather in large groups. And we really have to limit the spread of this infection in order to keep one another healthy. So this means, especially for the upcoming holidays, Passover or Easter, that we will be celebrating only with those in our own homes. Please. No traveling, no visiting, no going to stay with parents or siblings or children. It's really serious. We really ... You've been hearing this flatten the curve, flatten the curve. We really have to do that. So please take this guidance to heart.

Dr. Ruth Oratz:

What about social distancing and cancer treatment? I mean, obviously anyone who interacts with the traditional oncology care delivery system knows you're going to be breaking all the rules of social distancing, right? You have to travel into the clinic, public or private transportation, interact with administrative personnel, the clinical staff, laboratory technicians, radiology technicians, the nurses, the assistants in the treatment center, your doctors, and then if visitors come along, that's even more people who are interacting.

Dr. Ruth Oratz:

So what many of the medical centers are doing is adjusting, again, how often those visits will be made, who is on site on the day you come into the treatment center, you may see many fewer people there. We're really urging that you review the policies of your doctor's office or your cancer treatment center. These will vary a little bit from place to place, but for sure things will feel very different if you come in for a visit during this time. Your visits may be more brief. Some aspects of the visit may be limited and you may not see everyone who you're accustomed to seeing on every visit. Some laboratory tests and imaging tests may be put on hold during this period. Again, our goal is to keep you safe and healthy and for us to be able to continue working as healthcare providers. So please follow the guidelines that your oncology team and office provides. If we really do this correctly, we will get through the next several weeks and be more safe.

Dr. Ruth Oratz:

So what can we do to help everyone who's not coming in for visits? Okay, technology, we're on a Zoom call. Well, we've also started to institute telemedicine. And for a lot of us that's a new experience, but I can tell you it really is starting to work. So especially for our patients who are doing well, who are stable and don't need to make an in-person trip to the clinic, so people who are at home taking oral medications, not getting IVs or injections, a video visit or a telephone visit is a great way to follow up with your doctor. It really is better than just postponing any contact for three to six months. We would rather have regular and meaningful continuous contact with you and for you to be in touch with your

oncology team. We can see one another. If you can do the video visit, we can share a smile or a worry. We can check on how you're doing. We can renew your medicines and discuss scheduling any tests that might be on hold for now.

Dr. Ruth Oratz:

We can also review other medical issues with you if you're having trouble connecting with other members of your care team. So far, my experience doing this over the past few weeks, and it's getting better and better each day I do it, is that it's working well. We're working out the kinks and having any contact at all really is better than none. It's reassuring to my patients and it's reassuring to me to know that they're okay. So again, just hearing a voice, seeing a face really in these times, it's very helpful. So if your doctors are able to do telemedicine, you know you should sign up for it. If they're not able to do it, then find out from the doctor's office when they wish for you to reschedule your tests as well as your follow up appointment.

Dr. Ruth Oratz:

So what about people who are not on active treatment but are on surveillance and screening? Right now routine screening, mammograms, ultrasounds and MRI are on hold even for individuals who might be post-surgery or be at increased risk of cancer because of family history or BRCA or other genetic predispositions. Right now the recommendations, and this is across the board, the American College Of Physicians, the American Society Of Clinical Oncologists and the American Society Of Breast Surgeons have all agreed right now on these guidelines. Screening tests are usually not emergencies and although we don't like to get off schedule, in this crazy situation, we feel they can be safely delayed by a period of weeks to even up to a few months. But of course if you develop any new symptoms, lumps in the breast, nipple or skin changes or anything worrisome, please reach out to your provider and of course problems will be evaluated as necessary. What we're balancing here is the immediate risk of a serious Covid infection by traveling in and coming to a health care facility versus your long-term health and wellbeing.

Dr. Ruth Oratz:

For early stage cancers that are being newly diagnosed, so if someone had that mammogram a few weeks ago and a biopsy and then thought they were scheduled for surgery, a lot of our elective surgeries are being canceled. And that's because the hospital is being converted over to accommodate very sick patients and those doctors are being deployed elsewhere. But even if surgery is being delayed, in many instances, be in touch with the medical team because we might be able to start some of those medical treatments to keep you safe until the point when surgery can be done a couple of weeks from now. So be in touch with your doctors and also please be assured that the medical oncologist, the surgeons and the radiation oncologists are working really closely together so that we can coordinate care plans for each individual. I'm just going to conclude with a couple of last comments. We will get through this.

Dr. Ruth Oratz:

Many of us know that the generations before us, our parents and grandparents lived through some very, very dark times and that went on for a period of years and years. We are going to have to manage for several weeks or maybe a few months to be inconvenienced by social distancing. But most of us have a place that's safe where we can stay. We'll have to make adaptations in all kinds of areas of our life and things will change. But this is really in order to protect ourselves and one another from the risk of this serious infection. So we all have to share in this responsibility, but please be assured that we as your

cancer care providers are really committed to you and your wellbeing. Sharsheret is here for you as a source of information and support. Please don't hesitate to reach out to us and if possible, stay home and stay safe. So I'll stop here and I'll let Elana take it back for questions.

Elana Silber:

Thank you Dr. Oratz. Very informative. And just so you know, if you have friends or family members who would want to read or watch Dr. Oratz's presentation, that will be recorded. So a lot of questions have come in. We did pose ... Many of you sent them an advance. Dr. Oratz has seen them and incorporated many of them into her remarks. But some have come in now and you tell me if you can answer them well and we're not giving, again, personal medical advice, but these are concepts that I think will affect a lot of people on the call.

Elana Silber:

So someone just called in that they had their surgery for ovarian cancer on March 16th. They'd been diagnosed with stage two cancer. They have a meeting with their oncologist, their treatment oncologist next week. The surgeon recommended that the treatment will most likely be six rounds of chemo every three weeks. Is it safer with everything going on to postpone treatment or is that even riskier?

Dr. Ruth Oratz:

Right. So for individuals who need treatment, we are giving treatment. What we have to weigh are the risks and benefits of when should we start and how long should those cycles be. So I would encourage you to have the consultation with the oncologist who's going to be giving the treatment. If you can do ... We're even doing the consultations by video, rather than have the person come into clinic if it's possible. And then you can discuss how long it's safe to wait. Sometimes we wait eight or 12 weeks post-surgery before even beginning chemotherapy. And in many instances that's safe. So particularly in an earlier stage like this, it might just be waiting to get started and then getting started or spreading things out. So there might be some adjustments in the treatment, but I'm sure the treatment will go forward.

Elana Silber:

Okay. Another question came in about chemo ports. Her chemo ports have to be flushed even after chemo is over. Can flushing of the port be safely postponed and for how long? Hers are supposed to be flushed out ... it's supposed to be flushed out every six weeks. She's in remission. She has BRCA2 gene mutation and she's about to have a second mastectomy for cancer prevention.

Dr. Ruth Oratz:

Right. So that's a really good question and I've heard a lot of mixed things about how often the port has to be flushed. It may depend on the type of port, be in touch with your oncology nurse specialist or your nurse practitioner. They probably know perhaps better than the doctor how often the port needs to be flushed. You might be able to skip that one time and maybe stretch it out to a little bit longer. So instead of six weeks it might be able to go 10 weeks or 12 weeks and still be okay. And even if the port gets a little clog, we can usually unclog them. So discuss that with your care team and see how long you can stretch it out.

Elana Silber:

Okay. This is a question about insurance. How does telemedicine get billed for insurance?

Dr. Ruth Oratz:

That's a great question and one that I had also, but we're learning about it as we're doing it. What we've learned is that more and more of the insurance companies will cover the telemedicine visits in the same way that they cover regular follow-up visits. There's a little different coding that goes on at our end of things, but during a video visit when I'm chatting with my patient, I go through the same list of things. I check all her medications, we review the history, any symptoms that she's having or side effects.

Dr. Ruth Oratz:

We can update anything in the chart. We can, if we're in a private place, actually do a little bit of a physical exam. You'd be amazed at how much we can do through the camera. Just by my seeing you, Elana, I can see that you're comfortable. Your breathing is normal. There's a lot that we can actually ascertain even not being in person. We can't do the blood tests obviously, so that's on hold, but we really can do a lot of stuff and the insurance companies are working with us. Medicare is also covering some of these telemedicine visits and we do have the option for people who can't do the video visit to do a telephone follow up. So I think any contact is better than no contact.

Elana Silber:

Okay. You talked a little bit about people being at higher risk, and you may have said this, so apologies if it's in there, but someone is taking a PARP inhibitor for ovarian cancer. Are there any thoughts about whether she's at higher risk for Covid-19 even though she finished chemo last July?

Dr. Ruth Oratz:

In general, the PARP inhibitors are very well tolerated and don't cause big problems with immunity. Just follow up with your team and make sure your blood counts are okay. And I think most likely you'll be able to continue on treatment.

Elana Silber:

So yesterday in the news that came out that now there is questioning if everybody should be wearing masks. You know, a few weeks ago we were told only people who are exhibiting symptoms and coughing and sneezing, but now we have a call from someone ... Is the expectation that the medical providers will be wearing masks? She feels like during radiation she's very physically close to the providers and they're not wearing masks. Are there any guidelines?

Dr. Ruth Oratz:

And as you said, the recommendations around this are changing day to day and hour by hour. It's a little bit also institutional policy, but it absolutely is true that over the last few weeks we've realized that wearing masks does help reduce transmission of the virus. Remember this virus is transmitted in droplets. That means droplets that are coming from the respiratory tract, from the nose or from a cough. And even people who are asymptomatic can have the virus coming out. So wearing a mask, even if it's not a high level mask, does limit to some extent the amount of that droplet transmission, both for the person who's wearing the mask and the person who could be on the other side of it. So on some level, the more people who wear masks, the more we may be limiting spread of the infection. Clearly for the people who are taking care of very, very sick patients, they're wearing a much higher level of protective gear. But I think you can expect that as you start going about and around to medical centers that more and more people will be wearing masks.

Elana Silber:

Okay. A question-

Dr. Ruth Oratz:

It won't hurt you and it may help.

Elana Silber:

Right. And if you can find them.

Dr. Ruth Oratz:

Right.

Elana Silber:

So the other question is about radiation. So somebody wants to know if they're actively in radiation now, does it compromise her immune system? And what if she had chest radiation many years ago? They're two different women, but I'm putting-

Dr. Ruth Oratz:

Correct. So let me start with the person who finished radiation many years ago. Most likely that person's immune system is back to normal and won't have major issues. Of course if the area of the body that was radiated is the lung, which it is not for most of our individuals, or if you have underlying respiratory symptoms, then you could be a little higher risk just because of the pulmonary issues. For our patients who are in the middle of radiation treatment right now, we are finishing up treatments, we're not stopping in the middle. And there is a little bit of a decrease in the immune competence during radiation. It bounces back pretty quickly. So I would say be cautious, but I don't think you have to be super, super, super worried, especially for the kinds of radiation we do in breast cancer, which is usually very limited and if you think about it, the breast is really external to the rest of the body, so you're not really radiating parts of the body that would be at high risk.

Elana Silber:

Following up on that for practical purposes, someone just finished six weeks of radiation and people have been going out there and doing her shopping. But it's getting complicated and she wants to know if it's okay for her to go to the grocery store on her own.

Dr. Ruth Oratz:

Yeah. What I'm generally telling, and this is true for everyone, yes you can go out, but limit how frequently you do it and be careful about maintaining social distancing when you go. So kind of go to the market once a week if you can handle that. Stay far away from other people, wash your hands as soon as you come in. Yeah, I think that's fine if you're really careful about keeping up with the hygiene recommendations.

Elana Silber:

And do you have any idea, probably not, but how long ... what's the time out that they're postponing things? How many weeks are we thinking are they ... Because now people are saying we're postponing



it. Are they given a date? Are we saying four weeks? When? What are doctors scheduling for? What can we anticipate?

Dr. Ruth Oratz:

Well, it depends what it is we're scheduling, right? So for people on active treatment, we're continuing on treatment. Again for anything elective right now, to be honest, I think it's at least two months away. Possibly three, but two for sure. Like for a routine mammogram or sonogram, I would say probably three months. For surgery, for early stage breast cancer, maybe two months. We don't know for sure and I think it's going to vary in different parts of the country as we see these curves and waves of the infection passing. Right now we are not yet at the peak in New York, but we're going up exponentially, so everything is on hold right now. We're hoping that we hit our peak in the next few weeks and then start to come back down on the curve, but it's a little bit premature to know when that's going to be.

Elana Silber:

And are there different expectations for people living with stage four cancer? If they've finished chemo and they're scheduled to have surgery in a month, are those restrictions different for someone who's living with stage four?

Dr. Ruth Oratz:

It's really going to be a case by case basis. So I can't give you a general answer on that and some of it will also depend on availability of facilities like the ORs and recovery rooms. So it's going to vary from place to place and individual to individual.

Elana Silber:

Someone's asking, is there anything they can do to boost their immunity at this time? Is there anything we should be doing?

Dr. Ruth Oratz:

Very good question. I think the most important thing is to maintain a healthy well balanced diet. The best way to get your vitamins is in your fruits and vegetables and in your food. We always talk about the rainbow diet. The more colors the better. Try to get enough sleep, and I know for a lot of us, sleeping is a little bit disturbed with all of this, but try to get rest and try to get some exercise. So if you can go out, get a little fresh air, even if it's just around the corner or in your backyard, if you can go for a walk safely, keeping the social distancing. Or do some exercise at home, even if it's just moving in your chair. There are lots of online programs or exercise programs that you can watch on TV or on the YouTube or on your phone just to get you moving. Chair yoga or something on the floor or if you have exercise machines at home.

Dr. Ruth Oratz:

But it's really important to keep that up. And the other thing I would say is try to keep your routine as normal as possible. Get up at the same time that you normally get up in the morning. Shower, get dressed, have your breakfast, try to do something productive or creative during the day. Even if you're not working, if you are working from home, make sure that when you're working, you're in work mode, you're not just lounging around in your sweat pants. Make it feel like it's work and then take breaks the same way you would at work. Have lunch, stay well hydrated, get up and move around a little bit and

then end your workday. Separate from that if you can. And try to have ... back to your normal routine for evening. As much as you can keep your normal routine the healthier that will be for you.

Elana Silber:

So we are aware that obviously someone's immunocompromise are at increased risk and maybe outcomes are more challenging. But does the virus actually affect cancer development or growth?

Dr. Ruth Oratz:

No, no. We don't think that there's any interaction between the virus and the cancer cells specifically. It's just that the body could be a little bit weakened from having cancer or from cancer treatments. So we don't want the virus to take hold and cause more serious infection. But it won't make the cancer itself progress. No.

Elana Silber:

Okay. So we're all staying home a lot and even post-surgery and someone has a question, because they're probably taking advantage of telemedicine and maybe checking in with their professionals. But are there any tips for maintaining proper self-care after mastectomy and chest reconstruction during the pandemic? Like while we're home? Any quick tips that you can offer.

Dr. Ruth Oratz:

Make sure that the area is clean. So if your doctor gave you the go ahead to shower, take a regular shower in just warm soapy water, nothing special, no scrubbing. And start doing some gentle exercises, gentle range of motion exercises. Shoulders, lifting the arms. You don't want to get too stiff and too closed up. You may not be able to get into a PT or someone who can work with you and Elana, maybe through Sharsheret we can post some simple exercises online that people can do for range of motion for the arms and shoulders and people can log in and see what those are. You can do them seated, you can do them standing. Chair yoga. So we just don't want you to get locked up and frozen.

Elana Silber:

Right. No, we appreciate that. I mean we're all doing our best to move around, but hearing it from you and specifying what we're all going through, this is really helpful. There are a lot of other individual questions that I'm going to share with Dr. Oratz. But we are at 2:30 and I want to close the call for now. Lots of questions. Yes. This recording will be available probably within a few hours on our website. You do not have to be a Sharsheret member or anything, although we'd love for you to join our community in a formal way. Call us, share your name, your story. We have a huge peer support network of 16,000 women. If you're in a position to offer support, tell us your story and if you're looking for someone, we have someone who's going through what you're going through and we can make that connection.

Elana Silber:

I really want to thank Dr. Oratz, really taking your time. She is literally, she's on the front lines when it comes to medical care. We're on the front lines with mental health care. This is a wonderful partnership. Your health, your future. That's what's most important to us, our priority. So if you need anything at all, feel free to call us. 866-474-2774. Our lines are open, our social workers are waiting to speak to you. We have a genetic counselor. You can also email [clinicalstaff@Sharsheret.org](mailto:clinicalstaff@Sharsheret.org). We are planning a whole

series of webinars to come up until we can actually get back into our offices, but we will probably continue to bring you information as you need it.

Elana Silber:

But again, individually we're available for you. As a community, available. We are here. And most important stay well. You're not alone. You might be by yourself, but you're not alone. We're all in this together. And thank you for your time and we look forward to hearing from you soon.

## About Sharsheret

Sharsheret, Hebrew for “chain”, is a national non-profit organization, improves the lives of Jewish women and families living with or at increased genetic risk for breast or ovarian cancer through personalized support and saves lives through educational outreach.

With four offices (California, Florida, Illinois, and New Jersey), Sharsheret serves 150,000 women, families, health care professionals, community leaders, and students, in all 50 states. Sharsheret creates a safe community for women facing breast cancer and ovarian cancer and their families at every stage of life and at every stage of cancer - from before diagnosis, during treatment and into the survivorship years. While our expertise is focused on young women and Jewish families, more than 15% of those we serve are not Jewish. All Sharsheret programs serve all women and men.

As a premier organization for psychosocial support, Sharsheret’s Executive Director chairs the Federal Advisory Committee on Breast Cancer in Young Women, Sharsheret works closely with the Centers for Disease Control and Prevention (CDC), and participates in psychosocial research studies and evaluations with major cancer centers, including Georgetown University Lombardi Comprehensive Cancer Center. Sharsheret is accredited by the Better Business Bureau and has earned a 4-star rating from Charity Navigator for four consecutive years.

Sharsheret offers the following national programs:

### The Link Program

- Peer Support Network, connecting women newly diagnosed or at high risk of developing breast cancer one-on-one with others who share similar diagnoses and experiences
- Embrace™, supporting women living with advanced breast cancer • Genetics for Life®, addressing hereditary breast and ovarian cancer
- Thriving Again®, providing individualized support, education, and survivorship plans for young breast cancer survivors • Busy Box®, for young parents facing breast cancer
- Best Face Forward®, addressing the cosmetic side effects of treatment
- Family Focus®, providing resources and support for caregivers and family members
- Ovarian Cancer Program, tailored resources and support for young Jewish women and families facing ovarian cancer • Sharsheret Supports™, developing local support groups and programs

### Education and Outreach Programs

- Health Care Symposia, on issues unique to younger women facing breast cancer
- Sharsheret on Campus, outreach and education to students on campus
- Sharsheret Educational Resource Booklet Series, culturally-relevant publications for Jewish women and their families and healthcare Professionals

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