We help women and families connect to our community in the way that feels most comfortable, taking into consideration their stage of life, diagnosis, or treatment, as well as their connection to Judaism. We also provide educational resources, offer specialized support to those facing ovarian cancer or at high risk of developing cancer, and create programs for women and families to improve their quality of life.

We understand that young Jewish women have unique concerns when it comes to breast and ovarian cancer, and we are the only organization that specializes in serving them.

Learn more about our services and programs or make a donation at www.sharsheret.org.

ABOUT SHARSHERET

Sharsheret supports young Jewish women and families facing breast cancer at every stage—before, during, and after diagnosis.

The information contained in this publication is intended to provide general information about breast cancer and breast health and should not be construed as an endorsement or recommendation of any medical or treatment intervention. All medical information should be discussed with a health care professional.

Concerned About Hereditary Breast Cancer and Ovarian Cancer?

One in 40 Ashkenazi (Central and Eastern European) Jews carries a BRCA gene mutation, nearly 10 times the rate of the general population, making Jewish families significantly more susceptible to hereditary breast cancer and ovarian cancer. In addition to BRCA1 and BRCA2, there are other genes (e.g., ATM, CHEK2 or PALB2) or Lynch Syndrome, any of which may predispose you to a variety of cancers including breast, ovarian, male breast, colon, pancreatic, prostate, uterine, and melanoma. Sharsheret’s genetics program addresses your personal issues and concerns.

What You Can Do:

- Know your family history.
- Call Sharsheret’s genetic counselor for a free confidential discussion about:
  - Family history.
  - The genetic counseling and testing process.
  - Medical and psychosocial implications of testing for BRCA gene mutations.
  - Communicating with family members about risk.
- Order Sharsheret’s educational booklet, “Your Jewish Genes: Hereditary Breast Cancer and Ovarian Cancer.”
- Get connected to a Sharsheret peer supporter by calling 866.474.2774.

Follow-Up Care and Survivorship:

- Ask each member of your medical team to specify the recommended follow-up screenings. Create a calendar for the upcoming year.
- Schedule timely follow-up appointments and screenings.
- Maintain good nutrition and exercise regularly.
- Call Sharsheret to order your free survivorship kit, including information on creating a care plan, nutrition, genetics, bone health, and psychosocial support.
Surgical and Treatment Options

Tumor Size
Tumor size is measured in centimeters.

Status of Margins
After surgery, the edges of the tissue surrounding the tumor are tested.
- Negative margins indicate normal surrounding tissue.
- Positive margins suggest the possibility of more tumor cells left behind after surgery and may require further surgery (negative margins) to obtain clear (negative) margins.

Status of Lymph Nodes
Lymph node status reflects whether tumor cells have moved out of breast tissue into the lymphatic system.
- Negative — no evidence of cancer cells in lymph nodes.
- Positive — cancer cells detected in lymph nodes.

Biomarker Testing
Biomarker testing evaluates whether the presence of hormone and protein receptors are contributing to the growth and stimulation of cancer cells and will help determine the course of treatment.
- Estrogen Receptors (ER)
- Progesterone Receptors (PR)
- HER2/neu Protein Receptors

IHC (immunohistochemistry) and FISH (Fluorescence in situ hybridization) Tests
IHC measures the amount of HER2/neu protein present. FISH measures the number of copies of the HER2/neu gene that are present.

H: Positive, FISH is not necessary.
- H: Intermediate, FISH is necessary to clarify HER2/neu status.
- H: Negative, FISH may be necessary.

Genomic Analysis
Tests to predict recurrence risk and whether the tumor will respond with hormonal therapy or chemotherapy, such as:
- MammaPrint Test* (70 Gene Assay)
- Oncotype DX Assay** (21 Gene Assay)
- Prosigna Test* (50 Gene Assay)

Factors that contribute to the risk of recurrence include IHC and FISH, tumor size, lymph node involvement, ER/PR status, and age/ menopausal status.

Fertility Preservation
Your fertility may be affected by surgery and treatment.

Surgery
- Lumpectomy (breast conserving surgery)
- Unilateral mastectomy
- Bilateral mastectomy
- Prophylactic unilateral or bilateral mastectomy
- Lymph node dissection
- Sentinel lymph node dissection

Prophylactic hysterectomy
- Prophylactic bilateral salpingo-oophorectomy
- Skin-sparing mastectomy
- Nipple-sparing mastectomy

Reconstructive Surgery
- Aesthetic flat closure
- Saline implants
- Silicon implants
- AlloDerm*
- TRAM flap
- DIEP flap
- PAP flap
- Nipple reconstruction
- Nipple and areola tattooing*

Treatment
- Chemotherapy
- Targeted biologic therapy: Enheru (trastuzumab deruxtecan)
- Herceptin** (trastuzumab)
- Keytruda
- Faslodex* (fulvestrant)
- Nolvadex* (tamoxifen)
- Femara* (letrozole)
- Aromasin* (exemestane)
- Zoladex* (goserelin acetate)
- Tykerb* (lapatinib)
- Enhertu (trastuzumab
- Lumpectomy
- DIEP flap
- PAP flap
- Nipple reconstruction
- Nipple and areola tattooing*

- Hormonal therapy
- SERM (Selective Estrogen Receptor Modulators)
- ERT (Estrone (estriol))
- Nolvadex* (tamoxifen)
- Arimidex* (anastrozole)
- Femara* (letrozole)
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- Nolvadex* (tamoxifen)
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- Ovarian Suppression
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- Zoladex* (goserelin acetate)

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Pathology Report

Diagnosis

Many factors affect breast cancer treatment plans, including staging, age of onset, prior cancer history, family history, and outcome of genetic testing. The biology of the tumor, specifically hormone and protein receptor status, is one of the most critical factors when determining treatment options. Your treatment will be tailored to your specific case and should be discussed with your medical team.

A second opinion can be helpful to you in confirming your diagnosis and making decisions about your treatment. Consult with your healthcare professional and insurance company.

Surgical and Treatment Options

Below are some of the available breast cancer surgical and treatment options. Depending on your specific case, clinical trials may also be appropriate. Speak with your health care provider to decide which options are best for you.

Fertility Preservation
Your fertility may be affected by surgery and treatment. Speak with your health care professional about fertility preservation options available to you before beginning treatment.

Surgery
- Lumpectomy (breast conserving surgery)
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