Joshalyn Mills

L o say that breast cancer was the

last thing on Joshalyn Mills' mind at her final wedding dress fitting would not be entirely true; her great aunt passed from breast cancer and her mother is an ovarian and two-time breast cancer survivor, so her family history is often front of mind. However, she never expected to be diagnosed with breast cancer at the age of 33 and was shocked to learn she had an aggressive form known as triplenegative breast cancer (TNBC). When Joshalyn felt a lump during her dress fitting, she immediately scheduled an appointment with her gynecologist who sent her for a mammogram and biopsy. The biopsy was done two days before her wedding, and fortunately Joshalyn asked not to receive any results until after the celebration.

Triple-negative breast cancer accounts for 10-15% of breast cancer types and is considered aggressive because it grows quickly, is more likely to metastasize, and is more likely to recur after treatment than other types of breast cancer. The term 'triple-negative' comes from the fact that the cancer does not have estrogen or progesterone receptors, and does not make any or too much of the protein HER2. Since it lacks a specific protein to target with therapy, it is considered one of the more challenging cancers to treat, but recent progress has shifted that thinking.

Following her honeymoon, Joshalyn met with medical oncologist Andrea

Silber, MD, Professor of Clinical Medicine (Medical Oncology) at the Center for Breast Cancer at Smilow Cancer Hospital and Yale Cancer Center. Dr. Silber explained that TNBC tends to be more common in women younger than age

40, women who are Black, or who have a BRCA1 mutation. For Joshalyn, who during the process learned that she carries the BRCA1 mutation, all three rang true. Dr. Silber suggested Joshalyn take part in a clinical trial looking at the concept of adding immunotherapy to chemotherapy prior to surgery. At the time of Joshalyn's diagnosis in 2017, chemotherapy before surgery was the standard of care for patients with early TNBC. The goal of combining the treatments was to eliminate any cancer present in the breast and lymph nodes at the time of surgery.

"Prior to this trial the standard of care being used in this setting had been around for over twenty years. There were no new options to offer patients," said Dr. Silber. "Over the last few years, that has changed, and patients like Joshalyn are a huge part of that change. The use of immunotherapy in the neoadjuvant setting is now the standard of care for these patients and the results have been life-changing for many."

Joshalyn had no hesitation in her decision to take part in the trial; if there was a chance it could save her life, she was going to take it. She was newly married, and together she and her husband have four children; there was no way she was going to leave a life she had only just begun. The decision to take part in the trial was easy, however the actual trial itself was not without difficulty. According to Joshalyn, she suffered from every possible side effect including her tongue



turning purple, full body rashes, and her finger and toenails falling off. Despite this, she saw results almost immediately.

"From August to December, I was in treatment, and by September my four centimeter tumor had shrunk almost

completely. I was shocked," said Joshalyn. "Halfway through my treatment course I went from receiving treatment once a week to twice a week and that is when things became extremely difficult. Unrelated to the trial, I developed a blood clot in my lung and carotid artery. Thanks to the close surveillance I was under while on the trial, Dr. Silber is the one that first noticed the fatigue I was experiencing was not normal, and decided to investigate further; that is when they found the clot."

During the moments when Joshalyn was feeling like she wanted to quit, and she shared there were several, she would remember the women that came before her to even make this trial possible. She remembers seeing her mother go through treatment and continuing to work with little side effects, but this was a different cancer and a different treatment regimen. She was not able to continue working and faced financial hardship as a result. Following her treatment, Joshalyn underwent surgery to remove any remaining tumor, but no tumor was found. Her surrounding lymph nodes were also negative, meaning there was no invasive cancer present in the breast or lymph nodes; the trial had worked.

"Since I carry the BRCA1 mutation I decided to have a complete mastectomy and hysterectomy. Here I was, at the age of 34 with several body parts removed, no steady income, and all the plans I had for after my wedding put on hold. My advice is to take advantage of all the resources out there to help lessen the burden," said Joshalyn. "And it may sound scary taking part in a clinical trial, but I would not be here today if it were not for the trial and the women before me that took part. I am proud to say that I am part of this story. If you have to face cancer, you might as well try and help others in the process."

After her experience, Joshalyn officially quit her job and used cancer as the motivation she needed to start her own business. Afterall, she thought, 'how hard could it be after fighting cancer?' She had the opportunity to step back and think about what she was truly passionate about, and is now living her best life after starting a clothing company which has since grown to include handbags, shoes, and other accessories.

Now, almost five years out from her diagnosis, Joshalyn commented, "I am determined not to let this experience stop me, but only propel me forward in every aspect of my life. It was challenging facing this cancer at such a young age, mentally, physically, and financially. I share my story so that young women know it is possible, and that they should get to know their bodies and speak up when something isn't right."

Joshalyn experiences no lingering side effects, except that her nails continue to fall off. She encourages other women to consider clinical trials and will often speak to those considering a trial that are unsure. She is able to have an open and honest discussion about her experience, and offer advice and support.

J cannot say enough about the altruism and generosity J have seen from patients that take part in trials, it is truly unbelievable. Joshalyn faced every obstacle head on and took charge of her health. Her participation in this trial likely saved not only her life, but future lives as well."

-Andrea Silber, MD