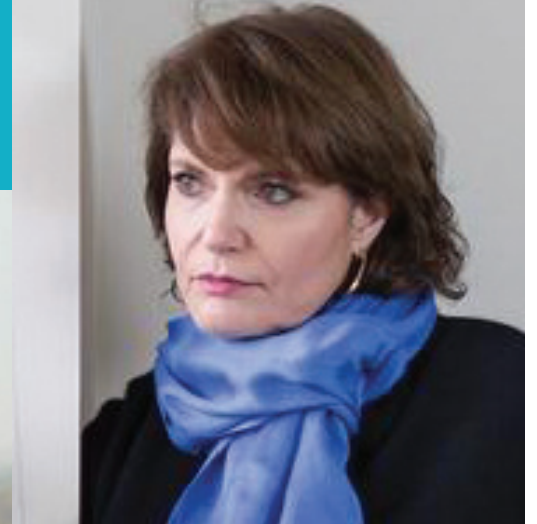


A Publication for the Conscious Woman

# Focus ON Women MAGAZINE



**The Give and Take on Preserving a Healthy Relationship**

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**Solving Circles by Marvin Marshall**

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**Magic of Life Gala**

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**Mindy Mordecai on ECAN**



February/March 2016



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# February/ March 2016

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Contemplating the expanse of time that encompassed last year's events, a famous quote by Thomas Paine, a political agitator during the American Revolution said, "These are the times that try men's souls." We saw how climate change threatens the vitality of our planet where some may argue greatly impacts population shifts and is

the common denominator for wars. We saw world leaders who ignored the health of our planet, come together on one accord to work towards goals to lesson the impact of global warming. We saw the lack of regard for human life among those hired to protect us alongside the shadow of an insidious enemy, both at home and abroad who threatens freedom, civilization and life as we know it. Despite what we viewed as broken, within our own borders and without, we built a mosaic of opportunities to reconnect, rebuild and share solidarity. To our readers, supporters and advertisers, may you too embrace those times that try us the most as opportunities to embrace each other with acts of compassion, peace and tolerance. At the advent of the New Year may you strive for greatness and celebrate the same in others.

All the best, **Joslyn Wolfe**  
Publisher, Focus on Women Magazine

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# Focus Women ON Women MAGAZINE

www.focusonwomenmagazine.com  
nicbri@focusonwomenmagazine.net

**Focus on Women Magazine** is a bi-monthly publication for women, to women, and about women which focuses on topics of interest to women and is geared towards a multi-generational audience.

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# National Terrorism Advisory System

## S U M M A R Y

We are in a new phase in the global threat environment, which has implications on the homeland. Particularly with the rise in use by terrorist groups of the Internet to inspire and recruit, we are concerned about the “self-radicalized” actor(s) who could strike with little or no notice. Recent attacks and attempted attacks internationally and in the homeland warrant increased security, as well as increased public vigilance and awareness.

### DETAILS

- Though we know of no intelligence that is both specific and credible at this time of a plot by terrorist organizations to attack the homeland, the reality is terrorist-inspired individuals have conducted, or attempted to conduct, attacks in the United States this year.
- DHS is especially concerned that terrorist-inspired individuals and homegrown violent extremists may be encouraged or inspired to target public events or places.
- As we saw in the recent attacks in San Bernardino and Paris, terrorists will consider a diverse and wide selection of targets for attacks. In the current environment, DHS is also concerned about threats and violence directed at particular communities and individuals across the country, based on perceived religion, ethnicity, or nationality.

### U.S. GOVERNMENT COUNTERTERRORISM EFFORTS

- DHS and the FBI are providing additional guidance to state and local partners on increased security measures. The public should expect an increased presence of law enforcement across communities in the weeks ahead. More stringent security should also be anticipated at public places and events. This may include a heavy police presence, additional restrictions and searches on bags and the use of screening technologies.
- The FBI is investigating potential terrorism-related activities associated with this broad threat throughout the United States. Federal, state, and local authorities are coordinating numerous law enforcement actions and community outreach to address this evolving threat.

### HOW YOU CAN HELP

Community leaders, co-workers, friends, and family can help by recognizing signs of potential radicalization to violence. For more information visit: <https://nsi.ncirc.gov/>

Report threats or suspicious activity to the FBI or your local authorities. Contact info for FBI Field Offices can be found here: <http://www.fbi.gov/contact-us/field>

### BE PREPARED

Expect increased security across most U.S. cities and plan ahead to anticipate delays and restricted/prohibited items.

In populated places, be responsible for your personal safety. Make a mental note of emergency exits and locations of the nearest security personnel. Keep cell phones in your pockets instead of bags or on tables so you don't lose them during an incident. Carry emergency contact details and any special needs info with you at all times. For more visit: <http://www.ready.gov>

### STAY INFORMED

The U.S. Government will provide additional information about any emerging threat as additional information is identified. The public is encouraged to listen to local law enforcement and public safety officials.

We urge Americans to continue to travel, attend public events, and freely associate with others but remain vigilant and aware of surroundings while doing so, particularly during the holidays.

### DURATION

The Bulletin will expire on

**June 16, 2016**  
at 11.56pm.

[www.dhs.gov/advisories](http://www.dhs.gov/advisories)

### TYPES OF ADVISORIES

#### BULLETIN

Describes current developments or general trends regarding threats of terrorism.

#### ELEVATED ALERT

Warns of a credible terrorism threat against the United States.

#### IMMINENT ALERT

Warns of a credible, specific and impending terrorism threat against the United States.

**If You See Something, Say Something™. Report suspicious activity to local law enforcement or call 911.**

*The National Terrorism Advisory System provides Americans with alert information on homeland security threats. It is distributed by the Department of Homeland Security. More information is available at: [www.dhs.gov/advisories](http://www.dhs.gov/advisories). To receive mobile updates: [twitter.com/NTSAAlerts](https://twitter.com/NTSAAlerts)*

# Alena Chapman



ALENA CHAPMAN IS A MENTOR, SPEAKER AND INTERNATIONAL BESTSELLING AUTHOR

She has been involved with the study of self-improvement and development for over two decades. Her focus has been on teaching others the tools they need to unleash the power within, to break free from beliefs that prevent them from growing, and to begin to love their lives again.

Since 2010, Alena has helped hundreds of clients to discover happy and purposeful lives. In order to help others break free, she wrote her international best-seller, *You Can't Escape From a Prison If You Don't Know You're In One: What is Blocking Your Freedom?*

"The Alena Show" is a podcast committed to inspire and empower people on the path to self-discovery through discussions with people who have acted on their own moments of divine awareness. Alena shares with listeners how they can transform themselves to live the most authentic versions of themselves, by providing the tools that helped people achieve the best life possible.



*Alena Chapman has appeared on:*  
*ABC 21 Alive Insights*  
*Greenberg Show*  
*Jennifer Hammond Show*

#####

### **Book Synopsis:**

In "You Can't Escape From a Prison if You Don't Know You're In One," Alena Chapman makes it clear that you were born with a set of "magical" tools that can open your life to abundance and fulfillment.

You'll come to the realization that it's okay to give yourself permission to say "Enough is enough, I want to change." Alena Chapman guides on a new path of self-discovery through:

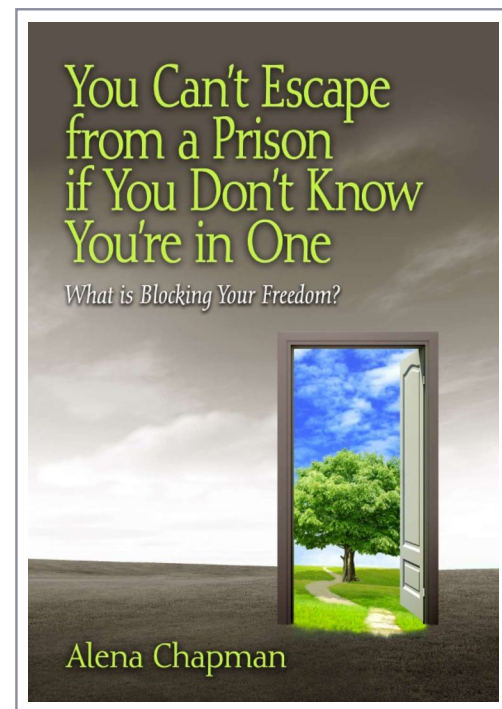
- Step-by-step exercises that build unstoppable momentum
- Affirmations that change your thought patterns from negative to achieving.
- Personal examples and quotes that not only teach but energize and help focus.

Each "tool" brings you confidence, strength, wisdom, joy and fulfillment.

"If you alerting for a way to create freedom in your life from the bods that hold you back from living a magnificent life, read every word of this incredible book. Highly recommended."

*Peggy McColl, New York Times Best-Selling Author*

#####



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## The Seven Steps to Help Boys Love School



### Teaching to Their Passion for Less Frustration

Linda Marie Gilliam

More children are being misdiagnosed with ADHD, academics are required earlier in school, recess is being cut out, and many frustrated boys drop out by high school. This prevalent frustration can lead to a child's lack of self-confidence and self-worth, but worse yet, aggression. People are now realizing the increasing crisis facing us today with children slipping further and further behind other nations in Reading, Writing, Math, and Science. The many years of brain research proves over and over that boys and girls need different techniques in the classroom for their best learning environment. This book will guide teachers and parents in activities that are appropriate for boys to excel in learning.

"Linda Gilliam is passionate about the subject of teaching, she is inspired and determined to help create change on an educational system needing revision to stay effective. Her book should be a great help to teachers and parents interested in effectively reaching children and inspiring them to learn."

- Casey Kellar, author and business consultant

"Ms. Gilliam has taught Kindergarten for 23 years and all primary grades for a total of 40+ years in California and Washington State. Linda understands the importance of early childhood development especially in boys, and wants to share her invaluable years of experiences. She is an accomplished teacher, Teacher of the Year for the Vancouver Washington School District 1997, motivational speaker and engages children so they LIKE school and THRIVE in pursuing their passions!"

- P. Constance Grecco, development officer of Clark College Foundation, Vancouver, WA.

"The problems boys encounter in school and learning are well known but the research on this topic seldom points out how teachers can remedy and combat those problems. It takes a highly skilled teacher to help struggling boys learn, but it takes a great teacher to accomplish it with humor, creativity and a caring heart. Linda is one of those great teachers whose book is a gift to her fellow teachers and their students. Actually, this book is a gift to all who love teaching and learning by creating the best environment, attitude and structure for boys to be successful learners in your classroom. This is a commitment we all need to make to save our struggling boys!"

- Barbara Mercer, retired literacy curriculum coordinator for Vancouver Schools

Linda Marie Gilliam has taught for over forty years, and currently lives in Portland, OR. She is passionate about helping all children and boys in particular, enjoy learning and school. Her dream is to convince parents, teachers, coaches, caregivers, librarians, and administrators to try these successful strategies; that are developmentally appropriate, fun, active, exciting, hands-on and easy to do at home or in the classroom. Ms. Gilliam received "Teacher of the Year" for her efforts in Vancouver, WA.

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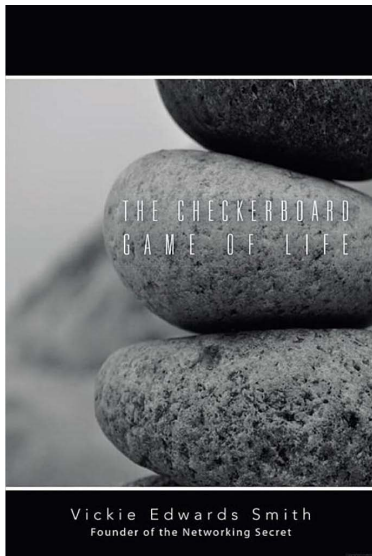


# VICKIE EDWARDS SMITH

Author, Founder of the Networking Secret

Vickie E Smith graduated from Virginia Commonwealth University with a Bachelor of Science degree in information systems/systems analysis and also studied psychology. She is the founder of the Networking Secret. It has been her mission to help people understand the true meaning of living life as a gift through writing, speaking, teaching and living life as a positive straightforward example.

***Vickie Smith was the Guest Salon speaker at the Tea Salon at Three*** – at the Historical, Jonathan Belcher House in Randolph, Ma. A salon is a gathering of intellectual, social, political, and cultural elites under the roof of an inspiring hostess or host, partly to amuse one another while having an afternoon of Savories and Fine Teas.



**The Checkerboard Game of Life**  
- by Vickie Edwards Smith

**Editor Words** \* *There are too many of our young people who do not have direction after high school. They feel lost and have nothing to connect to but the evil direction of this world. They must know that they live in this world but they are not of this world. They must be leaders instead of baby makers who have not seen the many wonders our world has to offer and to show them with positive reinforcement in how to achieve...how to have dreams, goals and how to make those dreams a reality. They must be taught that life is a gift waiting for them to accept. When my high school son graduated he told me that he didn't know if it was the way that I raised him and his brother but he sat back and listened to his classmates in their plans for after high school and to hear his classmates with closed minds and their thoughts in a box when my sons were taught to live for the future, as far as you can think you can reach... There are many parents who are not parenting because of the boulders of obstacles stacked on their shoulders. They do not know how to deal with those obstacles that are coming from all directions and those obstacles are being transferred to the shoulders of their children. Do more that you can uniquely do than what you are thought to do... God is living energy. Every day that you wake up is a gift given to each one of us to be granted one more day to get it right. Begin by opening your eyes and being thankful in being you... You in being able to look at the many faces that you meet ...that you could impact in a positive life giving water flowing way. Every decision that you make has a price...an impact of life that can flow through your smile, your touch your presence to many. ■*

# Lumpectomy's Edge: All Clinical Smoke and Mirrors?

Women with early breast cancer had significantly better overall survival (OS) when treated with lumpectomy and adjuvant radiation than with mastectomy, according to the results of a large observational study presented here, but breast cancer authorities considered the findings misleading.

Data from the 37,000-patient Dutch study showed a 10-year OS of 76.8% with lumpectomy and radiation versus 59.7% with mastectomy. The large absolute difference shrank after adjustment for potential confounding factors, but women undergoing breast-conserving surgery still had a 20% improvement in 10-year survival compared with women who underwent mastectomy, as reported here at the San Antonio Breast Cancer Symposium.

"Randomized controlled trials conducted in the 1980s showed equivalent survival for breast conserving surgery with adjuvant radiation therapy and mastectomy," said Sabine Siesling, PhD, of the University of Twente in Enschede, The Netherlands. "Recent observational studies have shown better survival for breast-conserving therapy. However, the studies have had limitations, notably, follow-up for only 5 years. We know that recurrences can occur later, so it is important to follow patients for at least 10 years."

The 10-year follow-up data from the Dutch study showed superior OS and distant metastasis-free survival among women treated with lumpectomy and adjuvant radiation therapy. Acknowledging imbalances in baseline characteristics favoring the lumpectomy group, Siesling said the survival advantages persisted after statistical adjustment for the imbalances, reinforcing the view that breast-conserving therapy leads to better survival for women with early breast cancer.

Other breast cancer authorities remained unconvinced and suggested the results showed that appropriately selected patients are undergoing breast-conserving surgery.

"The conclusions are more a result of selection than a result of the operation," said Kevin Hughes, MD, of Massachusetts General Hospital Cancer Center in Boston. "The patients with small, well-differentiated tumors got lumpectomy, and those with poorly differentiated, larger, and node-positive tumors got mastectomy. Of course, the mastectomy group is going to do worse."

"This is the reason we do randomized, controlled trials. All of the randomized, controlled trials have looked at lumpectomy versus mastectomy in patients that were equivalent. When the patients are equivalent, the outcomes are the same."

The additive therapeutic effect of adjuvant radiation therapy in the lumpectomy group also has to be considered in evaluating the outcome of the Dutch study, said Carlos Arteaga, MD, of Vanderbilt-Ingram Cancer Center in Nashville, Tenn.



"I don't think this study should necessarily change the way we approach the initial therapy of a breast that has a cancer. It just reemphasizes the value of breast conservation, and that's the message I took from this study."

Siesling reported findings from two analyses involving patients with early-stage breast cancer (pT1-2N0-1), identified through The Netherlands Cancer Registry. The analysis of OS included 37,207 patients treated from 2000 to 2004 and followed for a minimum of 10 years. The analysis of DMFS involved a subgroup of 7,552 women whose breast cancer was diagnosed and treated in 2003 and followed for 10 years.

The survival cohort had a median follow-up of 11.3 years. Siesling reported that 21,734 (58.4%) patients underwent lumpectomy and adjuvant radiation therapy, and the remaining 15,473 underwent mastectomy. Patients who had breast-conserving therapy were younger. As compared with the mastectomy group, the lumpectomy patients had tumors that tended to be smaller, well differentiated, unifocal, ductal and localized to inner or outer areas of the breast.

Patients receiving breast-conserving therapy were less likely to receive hormonal therapy and less likely to undergo axillary lymph node dissection.

The overall analysis showed a statistically significant difference in 10-year survival ( $P < 0.001$ ). Subgroup analyses showed similar differences by tumor characteristics: T1N0, T1N1, T2N0, and T2N1 ( $P < 0.001$  for all comparisons).

After correcting for potential confounding factors, investigators found that breast-conserving therapy was associated with a 19% reduction in the 10-year survival hazard (HR 0.81, 95% CI 0.78-0.85,  $P < 0.001$ ). Analysis by tumor characteristics yielded almost identical results (HR 0.82-0.80,  $P < 0.001$ ).

The DMFS analysis included 7,552 patients, 61.5% of whom had breast-conserving therapy. During a median follow-up of 9.8 years, distant metastasis occurred in 11.0% of the breast-conservation group and 14.7% of the mastectomy group. Mirroring the analysis of OS, the DMFS results showed a significant benefit for breast conservation in the total population and analysis of subgroups by tumor characteristics ( $P < 0.001$ ).

Adjustment for confounding factors yielded an HR of 0.88, which did not quite achieve statistical significance for the comparison of breast conservation and mastectomy (95% CI 0.77-1.01,  $P = 0.070$ ). Analysis by tumor characteristics showed superior DMFS only for the subgroup of patients ( $N = 3,891$ ) with T1N0 breast cancer (HR 0.74, 95% CI 0.58-0.94,  $P = 0.014$ ). The two strategies resulted in near-identical DMFS for the other subgroups (HR 0.94-1.00). ●

# A Gift Called Mother

*The Stages and Fantasies of Motherhood*

by *Sherlyn Powell*



Sherlyn Powell shares a brief chapter out of her life. Some of her most joyful but sometimes poignant moments are revealed. She opens up about her tearful journey and the test of faith that is synonymous with being a mother. Through her experiences she shares that lack of communication can tear a family apart and reminds us that from infancy to teenager the commitment to be a loving family doesn't end there. While no family is perfect faith in God should remain in the forefront of our lives. She sprinkles quotes from the Bible and ties them into life as she takes a look at the stages and fantasies of being granted a gift called Mother.

She asks the question, "Who else on this earth has your back when you need them but family?"



Sherlyn Powell majored in Business Management and began her career in business, working for major corporations in Corporate America before pursuing her writing career. She always aspired to be a writer, and to follow her dreams, she began taking writing classes as she wrote her first novel. She is the proud mother of two children. Her daughter and her son have been her heart. She spent her life creating a relationship with her children, teaching them more than their ABC's and numbers. She wanted to instill in them to love, trust and to believe in themselves. She believes in teaching and guiding children to believe in themselves. She also supports them in the quest to fulfill their goals and dreams. She says "If you think you can't—you won't, if you believe you can—you will." She is the author of two romance novels, *Something Desirable* and *Captured Hearts*. She is writing her third novel and moving forward with future projects. She resides in Virginia with her husband.

Visit Sherlyn Powell's website at [www.sherlynpowell.com](http://www.sherlynpowell.com).



Author  
Sherlyn Powell

ISBN 978-1-60264-704-6

## a brief description....

Sherlyn Powell shares a brief chapter out of her life. Some of her most joyful but sometimes poignant moments are revealed. She opens up about her tearful journey and the test of faith that is synonymous with being a mother. Through her experiences she shares that lack of communication can tear a family apart and reminds us that from infancy to teenager the commitment to be a loving family doesn't end there. While no family is perfect faith in God should remain in the forefront of our lives. She sprinkles quotes from the Bible and ties them into life as she takes a look at the stages and fantasies of being granted a gift called Mother.

She asks the question, "Who else on this earth has your back when you need them but family?"

WEBSITE: [www.sherlynpowell.com](http://www.sherlynpowell.com)

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**Available Online on FOWMagazine - eBookstore**

<http://www.focusonwomenmagazine.com/books-fowm.html>

# Sentebale



A snapshot of Steve and team mate Andy Jones training for their epic challenge!

Sentebale would like to say a big thank you to Steve Green of **Carillion** and his team who are taking part in an epic cycle challenge from Muscat to Dubai to support the vulnerable children of Lesotho – you can find out more about their adventure and Carillion’s work with Sentebale [here!](#)

If, like Steve, you’d like to **#CycleforSentebale**, why not take a Sentebale charity place for Prudential Ride London on Sunday 31st July? Follow a 100-mile route on closed roads through London and into Surrey’s stunning countryside! It costs just £40 to secure your place, and you have until August to raise the £550 fundraising target.

If you’d like to take part, please [get in touch here.](#)



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# The Feeling of not Being Respected

**When** we feel ignored and disrespected by others, we either blame or retreat. Blaming is easy but not very healthy. If one retreats, we withdraw and go deeper into a state of depression. The person who blames takes their anger out on others and as a result, they hurt themselves along with the people (known and unknown) who have continuously disrespected them.

The person who withdraws holds themselves in contempt. They hold in anger and direct the bad feelings toward the self. Their repressed anger needs to be expressed or they are doomed like their counterpart—the blamer. The person who blames or retreats does not have a great self-image. How can they? They attract people who tell them exactly how they feel about themselves. The people who blame or withdraw feel inferior to the superior people who constantly disregard them.

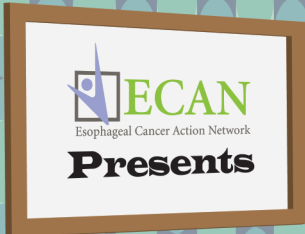
The wicked emotions of guilt and shame control the inferior person. The superior people know they are shifting their shame and guilt onto the other. They let the inferior person know they are doing something wrong if they disrespect them and as a result feel worthless even more. The inferior person needs psychological support to bring the shame and guilt out in the open and own their unacceptable trait of been seen and revered.

We reject ourselves and therefore, what we reject, we project outwardly; the other person mirrors our own rejected trait. Here is the paradox, even if we did attract people who respect and hear us, we will reject their compliments. Ultimately, we have to accept, the rejected pieces of our ego to be at peace.

How do we find a solution to this age old problem of the respected and disrespected?

- 1). When we formed our ego, we became identified with either the respected or disrespected. We denied our bad feelings, so we could be accepted in the eyes of our parents. Let's become aware of our unacceptable and accepted trait.
- 2). The people who feel superior are shame and guilt transmitters. They also denied their feelings and need to understand their shame and guilt to become autonomous. Then they are free from outside influence and can respect the other too.
- 3). One must understand we reject a slice of our personality. This is very hard to accept because our ego feels secure as the role of either the respected or disrespected. However, once the shame and guilt is out in the open, the person can stop rejecting their unacceptable trait and then can integrate the trait in their identity. Now, we can feel we are worthy of being seen and respected but also see the other as worthy too.
- 4). The journey of conquering all of our dark, hidden unacceptable traits is truly the road less traveled. However, once we hit the road, we are driving toward peace.
- 5). Remember this is an inward journey as opposed to an outward road trip.
- 6). When we have attained the wisdom to make ourselves whole, we created peace within and without!





Where Baltimore Broadcasters

Take Esophageal Cancer Down

to the **Buzzer**

**Game Shows, Live Auction & More!**

[CharmCityGameNight.org](http://CharmCityGameNight.org)

A Tribute to esteemed Baltimore News Anchor **Jerry Turner** who lost his life to Esophageal Cancer in 1987

# Saturday, April 9, 2016

VIP Reception 7 pm • Game Night 8 pm

**Marriott Waterfront Hotel - Baltimore Inner Harbor**

Win the chance to share fun experiences with your favorite TV celebrities at our fast-paced live auction!

**STAY TUNED** for details on how YOU can join a Game Show Team!

ECAN works to save lives by stressing the critical link between reflux disease and Esophageal Cancer, fostering early detection, supporting medical research into the prevention, treatment and cure of Esophageal Cancer and linking patients and families to compassionate support.

Brought to you by:







[www.ECAN.org](http://www.ECAN.org)



*Mindy Mintz Mordecai  
"ECAN President & CEO"*

### **What is your vision for ECAN?**

Right now, one American dies of Esophageal Cancer every 36 minutes. Our goal is to reach the day when nobody has to die of Esophageal Cancer. We believe we can get there by sharing the life-saving message that reflux disease can cause cancer. The Esophageal Cancer that is increasing so rapidly in the United States (up 600% in the past 35 years) is caused by reflux disease.

ECAN stresses the critical link between reflux and cancer so that members of the public recognize all of the symptoms of reflux (including persistent sore throat, cough, hoarse voice, choking when lying down - as well as heartburn) and take action to get checked if they experience the symptoms. The condition that patients experience before cancer develops, called Barrett's Esophagus, can be treated and cured if it's caught soon enough. In cases that are detected and treated successfully, patients never have to go on to develop cancer. We want to see more and more cases caught at those early stages before cancer takes hold.

We also advocate for increased funding for medical research into the prevention, detection, treatment and cure of Esophageal Cancer. We advocate with our elected officials for increased cancer research funding and hope that in the future we can focus our efforts on targeted funds for Esophageal Cancer research in particular. Esophageal Cancer receives a very small portion of the nation's cancer research budget compared to the number of lives lost to this disease every year.

For patients and their families, we seek to connect them with compassionate care and support. We will soon launch an online portal with information about all of the clinical trials that are available for patients with Esophageal Cancer and any of the conditions that can lead to it - including reflux disease and Barrett's Esophagus. Our new online community also provides a forum for survivors, patients and caregivers to provide compassionate support for each other. And we provide links to other services and information that can support patients through their journey.

### **How do you expect to accomplish it?**

ECAN uses every method of public outreach available to us to share our life-saving message. Social media, internet communications, events, popular media reports and direct mailings are all designed to get the word out about the link between reflux disease and Esophageal Cancer. We have hosted the only Esophageal Cancer awareness efforts in major league sports and we hope to do more of that.

We are working toward a time in the future when we will have the means to engage in a nationwide public awareness campaign to share our message. We are also planning an effort to get labelling on all anti-reflux medications sold in the US so that patients who are popping medications, but not talking to their doctors, understand their risks.

### **What was the catalyst for forming ECAN?**

I started ECAN because I didn't want to see others go through what my family experienced. My husband Monte was a thin, health-conscious man who exercised regularly and ate a low-fat diet and no sugar. But at night he would choke when he laid down to sleep. We didn't know that was a sign of reflux. And we didn't know reflux could kill you - until it was too late. In April of 2007, after he started to have trouble swallowing, doctors discovered a 6 cm tumor in his esophagus. My husband was diagnosed with Stage III Esophageal Cancer in April of 2007 and, after undergoing brutal chemoradiation treatments and complete surgical removal of his esophagus, died less than a year later. Our daughters were just nine and twelve. I looked at their devastated faces and wondered how many more families would have to experience tragedy before somebody decided to let people know that reflux can cause cancer.

- ECAN (Esophageal Cancer Action Network) will fight to take Esophageal Cancer "down to the buzzer" during Charm City Celebrity Game Night, Saturday, Apr. 9, at the Baltimore Marriott Waterfront Hotel. For tickets or sponsorships, visit [www.charmcitycelebritygameevent.org](http://www.charmcitycelebritygameevent.org) or call 410.358.ECAN (3226). For more information about ECAN or Esophageal Cancer, visit [www.ECAN.org](http://www.ECAN.org).

## Are there state of the art treatments for esophageal cancer and what can ECAN do to support those efforts?

We have seen a veritable explosion in advances in Esophageal Cancer detection and treatment methods in the past five years. Not only are there more methods of treatment for Barrett's Esophagus to prevent Esophageal Cancer using everything from radio-frequency waves to freezing to eliminate those dangerous cells, there are some new and exciting detection methods on the horizon that don't require that patients be sedated and methods for detection that provide far more accurate results than in the past.

As far as treatment of patients diagnosed with Esophageal Cancer, the latest widely used advance has come with a discovery that patients with HER2 positive disease can benefit from treatments that were previously available to treat other cancers. Studies have also shown that Proton Therapy treatments are an effective tool in fighting Esophageal Cancer. Some of the most exciting opportunities we anticipate are found in new immunotherapy treatments and in the use of precision medicine to sequence the genetic fingerprint of individual patients' tumors to discover the best lines of attack.

## Discuss prior fundraising events sponsored by ECAN and explain how this year's events differs?

ECAN's work began as a project called Dance for the Cure started by my elder daughter who is a dancer. For several years, we hosted daylong events offering dance lessons of all varieties. Over time, we added a Gala we called the Cancer Dancer.

**Cancer Dancer:** In addition to great performances by Irish dancers and belly dancers, our first Cancer Dancer in 2012 featured a moving speech from former Congresswoman and Under Secretary of State Ellen Tauscher, an Esophageal Cancer survivor. In our second year, we gave tribute to Marlene and Stewart Greenebaum for their amazing contributions that have led to the creation of the cancer center at the University of Maryland where excellent Esophageal Cancer treatment is available. Our last Cancer Dancer in 2014 took a virtual trip to Hollywood with our special guest Stephen Bogart, son of Humphrey Bogart and Lauren Becall, who lost his father to Esophageal Cancer in 1957. Stephen is featured in one of ECAN's signature public service announcements that is sharing our life-saving message online, through the media and every year at the annual Humphrey Bogart Film Festival.

**No Laughing Matter:** In 2015, ECAN launched a campaign to spread the message that Reflux Disease is No Laughing Matter. Throughout March, we hosted competitions at comedy clubs in six major cities (Baltimore, New York, Boston, Atlanta, Houston and Hollywood). The comedians who won the contest in each city then competed on the ECAN YouTube channel to be the overall winner of No Laughing Matter – with the winner performing the opening act at our big event in April in Washington, D.C. featuring popular comedian Jeff Foxworthy. Foxworthy also created a “you might be a redneck” public service announcement for ECAN to share our life-saving message.

**Stories to Save Lives:** In May of 2015, about 50 brave folks rappelled down the 24 stories of the Universal City Hilton Hotel in Los Angeles to shine a light on the stories of those who have been diagnosed with Esophageal Cancer. More than 150 attended and the event garnered media coverage from around the nation and on the front page of the Los Angeles Times.

**Charm City Celebrity Game Night:** For years I have wanted ECAN to host a tribute to venerable WJZ anchorman Jerry Turner who lost his life to Esophageal Cancer in 1987, when he was just 57. This year, I approached WJZ co-anchor Denise Koch, who co-anchored with Jerry, and she thought it was a great idea. Our fantastic event co-chair Lois Stern, Denise and I brainstormed about how best to honor Jerry in a way that he and our audience would appreciate. We came up with the concept for a live version of the popular TV show Hollywood Game Night with broadcasters from Baltimore's TV and radio stations serving as the celebrity contestants. It's something completely different for us – and for Baltimore, too, we think! It will be a fun night that includes lots of humor and a bit of competition as the teams vie for the Jerry Turner Trophy. We will auction off the chance for one member of the public to play on each team. And our entertaining live auction will feature lots of experiences you can't buy anywhere else – including the chance to share some fun one-on-one activities with members of Baltimore's broadcasting elite. We think it's a fitting way to remember an icon of our community and share a life-saving message at the same time.

## What role in the community do you think ECAN can expand in for the future?

It's my dream that ECAN will be able to help all Americans understand the risk posed by the link between reflux disease and cancer as thoroughly as we understand the risk posed by exposure to the sun and its link to skin cancer. Even more, we hope that increased knowledge will lead to more people taking action and detecting their disease before it becomes cancer – or at least at early, treatable stages.

We look to become an even stronger voice for increased medical research funding to support discoveries of effective methods to prevent, detect, treat and – most importantly – cure Esophageal Cancer.

Finally, we want to expand our support role for patients and families who are facing the difficult battle against this deadly disease. So much more assistance is needed to help families navigate the physical, emotional and financial strain created by this diagnosis, even after one survives the initial treatment.

The challenges are great – but we are optimistic that much can be accomplished and we can save many more lives.

# Pregnant with HIV

and all its side effects: new injection treats infection, allows for more comfortable experience



The NIH recently reported that pregnancy-related changes in the body can affect how the body processes the HIV medicines it takes. Because of these bodily changes, the prescribed dose of HIV medicine may also change during pregnancy.

"This means that the correct script to keep a pregnant woman's HIV viral load in check, and her side effects under control, will no doubt be subject to change. These changes that the NIH is predicting could only breed confusion to those looking to get pregnant not knowing if the new scripts will work or not. The recommended dose of daily HIV meds is known to bring on nausea, vomiting, headache, fever, muscle pain, occasional dizziness. Pregnancy has similar side effects. They may double now that there are both non-effective HIV meds and pregnancy issues involved," notes Nader Pourhassan, CEO, CytoDyn Inc. clinical developer of PRO 140.

"But, pregnant women could soon have an option-----choose the often toxic pill regimen, the accepted method to fight HIV-----or when FDA approved, PRO 140, the new proven self-injected antibody that offers a more comfortable experience with almost no side effects. One dose a week, or possibly (in the future) one dose a month, of PRO 140 injected in each thigh treats the infection completely suppressing the viral load. When the morning sickness, and other annoyances of early pregnancy fade away, the HIV infected woman-with-child could return to a fairly normal life," concludes Pourhassan.

CytoDyn's Phase 2b FDA trial had a 98% success rate.

Now in Phase 3 FDA trial, CytoDyn expects to have PRO 140 commercialized by 2017.

## About CytoDyn

CytoDyn Inc. (OTCQB:CYDY) is a biotechnology company focused on the clinical development and potential commercialization of humanized monoclonal antibodies for the treatment and prevention of Human Immunodeficiency Virus (HIV) infection. The Company has one of the leading monoclonal antibodies under development for HIV infection, PRO 140, which has finished Phase 2 clinical trials with demonstrated antiviral activity in man and is currently in Phase 3. PRO 140 blocks the HIV co-receptor CCR5 on T-cells which prevents viral entry. Clinical trial results thus far indicate that PRO 140 does not negatively affect the normal immune functions that are mediated by CCR5. Results from six Phase 1 and Phase 2 human clinical trials have shown that PRO 140 can significantly reduce viral burden in people infected with HIV. A recent Phase 2b clinical trial demonstrated that PRO 140 can prevent viral escape in patients during several weeks of interruption from conventional drug therapy. CytoDyn intends to continue to develop PRO 140 as a therapeutic anti-viral agent in persons infected with HIV. For more information on the Company, please visit [www.cytodyn.com](http://www.cytodyn.com).

## About PRO 140

PRO 140 belongs to a new class of HIV/AIDS therapeutics -- viral-entry inhibitors -- that are intended to protect healthy cells from viral infection. PRO 140 is a fully humanized IgG4 monoclonal antibody directed against CCR5, a molecular portal that HIV uses to enter T-cells. PRO 140 blocks the predominant HIV (R5) subtype entry into T-cells by masking this required co-receptor, CCR5. Importantly PRO 140 does not appear to interfere with the normal function of CCR5 in mediating immune responses. PRO 140 does not have agonist activity towards CCR5 but does have antagonist activity to CCL5 which is a central mediator in inflammatory diseases. PRO 140 has been the subject of seven clinical trials, each demonstrating efficacy by significantly reducing or controlling HIV viral load in human test subjects. PRO 140 has been designated a "fast track" product candidate by the FDA. The PRO 140 antibody appears to be a powerful antiviral agent leading to potentially fewer side effects and less frequent dosing requirements as compared to daily drug therapies currently in use.

This press release includes forward-looking statements and forward-looking information within the meaning of United States securities laws, including statements regarding the Company's Phase 3 study and its results and completion, as well as other studies. These statements and information represent CytoDyn's intentions, plans, expectations, and beliefs and are subject to risks, uncertainties and other factors, many beyond CytoDyn's control. These factors could cause actual results to differ materially from such forward-looking statements or information. The words "believe," "estimate," "expect," "intend," "attempt," "anticipate," "foresee," "plan," and similar expressions and variations thereof identify certain of such forward-looking statements or forward-looking information, which speak only as of the date on which they are made.

CytoDyn disclaims any intention or obligation to publicly update or revise any forward-looking statements or forward-looking information, whether as a result of new information, future events or otherwise, except as required by applicable law. Readers are cautioned not to place undue reliance on these forward-looking statements or forward-looking information. While it is impossible to identify or predict all such matters, these differences may result from, among other things, the inherent uncertainty of the timing and success of and expense associated with research, development, regulatory approval, and commercialization of CytoDyn's products and product candidates, including the risks that clinical trials will not commence or proceed as planned; products appearing promising in early trials will not demonstrate efficacy or safety in larger-scale trials; future clinical trial data on CytoDyn's products and product candidates will be unfavorable; funding for additional clinical trials may not be available; CytoDyn's products may not receive marketing approval from regulators or, if approved, may fail to gain sufficient market acceptance to justify development and commercialization costs; competing products currently on the market or in development may reduce the commercial potential of CytoDyn's products; CytoDyn, its collaborators or others may identify side effects after the product is on the market; or efficacy or safety concerns regarding marketed products, whether or not scientifically justified, may lead to product recalls, withdrawals of marketing approval, reformulation of the product, additional pre-clinical testing or clinical trials, changes in labeling of the product, the need for additional marketing applications, or other adverse events.

CytoDyn is also subject to additional risks and uncertainties, including risks associated with the actions of its corporate, academic, and other col-

laborators and government regulatory agencies; risks from market forces and trends; potential product liability; intellectual property litigation; environmental and other risks; and risks that current and pending patent protection for its products may be invalid, unenforceable, or challenged or fail to provide adequate market exclusivity. There are also substantial risks arising out of CytoDyn's need to raise additional capital to develop its products and satisfy its financial obligations; the highly regulated nature of its business, including government cost-containment initiatives and restrictions on third-party payments for its products; the highly competitive nature of its industry; and other factors set forth in CytoDyn's Annual Report on Form 10-K for the fiscal year ended May 31, 2015 and other reports filed with the U.S. Securities and Exchange Commission.

[www.cytodyn.com](http://www.cytodyn.com)

