



A MESSAGE FROM THE CEO

My Friends,

Fall is here, it's October, and that means it's time for Breast Cancer Awareness Month.

In this special pink edition of The Specialist, we showcase the advancements in breast cancer treatment and the remarkable journeys of patients who have not only triumphed over breast cancer but are now thriving in its wake. We're especially proud to share the story of one patient whose journey has led her to become a cherished member of our own team.



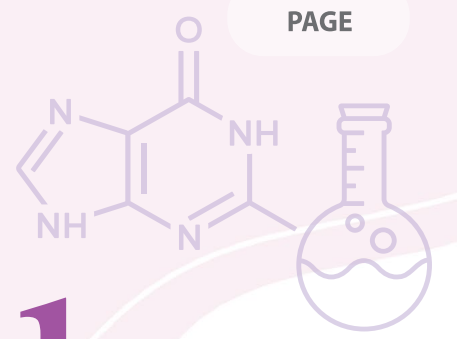
We delve into why regular breast cancer screenings are crucial and provide insights into self-breast examinations and mammograms—powerful tools in early detection. Palliative care in breast cancer is a topic close to our hearts. We explore how a holistic approach can enhance the quality of life for patients, addressing not only physical needs but also emotional and psychological well-being. October marks the anniversary of our cancer support group, one year of shared experiences and educational opportunities that have brought us together.

We are excited to announce the opening of our new center in Middletown and further our reach to provide world-class care to even more communities. Lastly, thank you to all of our wonderful patients for joining us at our annual Patient Celebration Day. We look forward to this day every year, being with your family and ours, for a day full of fun and celebration.

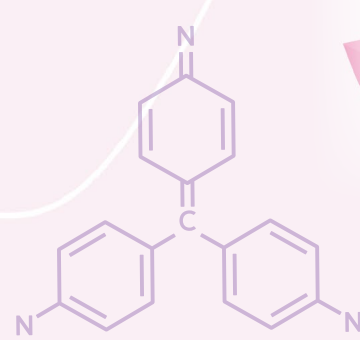
Remember early detection is key, not only during October, but all year round.

Conquering Breast Cancer Together

Warm regards,
Dr. V



SECTION **1** Health
ONCOLOGY & MORE



Breast Cancer

What is it?

Breast cancer is a disease that begins with the uncontrolled growth of the breast cells. There are many different types of breast cancer. The kind of breast cancer depends on which cells in the breast turn into cancer. The breast is made up of three main parts: lobules, ducts, and connective tissue. Most breast cancer is in the ducts or lobules.

What causes it?

Breast cancer develops as a result of changes to the genetic material within breast cells. These changes result in the pattern of cell growth and division characteristic of breast cancer. Although the increased likelihood of developing breast cancer is associated with the following factors, according to the CDC, in most cases, physicians and scientists are still trying to determine what causes breast cancer to develop:

- Aging
- Alcohol use
- Having dense breasts
- Genetic mutations
- Experiencing an early menstrual period
- Experiencing late or no pregnancy
- Starting menopause after age 55
- Lack of physical activity
- Obesity
- Use of combination hormone therapy
- Use of certain oral birth control pills
- Personal history of breast cancer
- Personal history of non-cancerous breast disease
- Family history of breast cancer
- Prior radiation therapy targeting the chest
- Use of the drug diethylstilbestrol

What are the symptoms?

If you are experiencing any of these symptoms, we urge you to speak to your provider as soon as possible for further examination.

- A breast lump or thickening
- An increase in size or change in the shape of the breast(s)
- Changes in the appearance of one or both nipples
- Change in breast color
- Changes in touch (may feel hard, tender or warm)
- Increase in breast size or shape (over a short period of time)
- Irritated or itchy breasts
- Lumps or nodes felt on or inside of the breast
- Nipple discharge other than breast milk
- Pain in/on any part of the breast
- Peeling or flaking of the nipple skin
- Redness or pitting of the breast skin (like the skin of an orange)
- Skin changes, such as swelling, redness, or other visible differences in one or both breasts

Breast Cancer

Continued

What are the stages?

'Staging' occurs when a physician uses tests and scan results to determine which parts of the body are involved by cancer, in this case, breast cancer. Staging is important because different stages of breast cancer are better addressed with treatments that may differ in amount, combination, or type. According to the American Joint Committee on Cancer (AJCC), the stages for breast cancer are as follows:

Stage 0

This stage is usually assigned only to non-invasive breast cancers, such as DCIS. At this stage, there is no evidence cancer involves parts of the breast other than where cancer originated.

Stage I

This stage describes breast cancer that has invaded the tissue surrounding where it started.

Stages II & III

The breast cancer has spread and may include more of the surrounding tissue, may involve nearby lymph nodes, or may have spread to both surrounding lymph nodes and other nearby parts of the body.

Stage IV

In this stage, the breast cancer has spread to parts of the body distant from where it began, such as different organ systems. These systems might include the bones, lungs, distant lymph nodes, liver, or brain.

How is it treated?

Treatment of breast cancer, depending on the stage and type, may include chemotherapy, hormonal therapy, radiation therapy, and/or surgery. These treatments may be used individually or in combination based on your doctor's recommendations. It's important to discuss all of your treatment options with your doctor to help make the decision that best fits your needs. Some important factors to consider when deciding on a breast cancer treatment plan include:

- **Your age, health, and lifestyle.**
- **The stage of your cancer.**
- **Any other serious health conditions you have.**
- **Your feelings about the need to treat cancer right away.**
- **Your doctor's opinion about if you need to treat cancer right away.**
- **The likelihood that treatment will help fight or cure your cancer.**
- **Possible side effects of each treatment method.**

You may feel the need to make a quick decision, but it is very important to ask questions if there is anything about which you're not entirely sure. It is very important for you and your doctor to communicate and work together to weigh the benefits of each treatment option against the possible adverse effects in order to ultimately determine which treatment option is best for you.




SURVIVING AND THRIVING

AFTER BREAST CANCER

At New York Cancer & Blood Specialists (NYCBS), we understand the impact breast cancer can have on a woman's life, including her dreams of fertility and family planning. For many women, motherhood is an essential part of their life journey, and a breast cancer diagnosis can disrupt these deeply meaningful aspirations. Among women with hormone receptor-positive breast cancer, concerns about becoming pregnant and thereby increasing the risk of breast cancer recurrence can greatly affect decisions about family planning.

The POSITIVE (Pregnancy Outcome and Safety of Interrupting Therapy for Women with Endocrine Responsive Breast Cancer) trial, published in the New England Journal, focuses on important quality-of-life issues that affect women who are survivors of breast cancer. The trial specifically centered around women aged 42 or younger, who had been diagnosed with Stage I-III cancer, received endocrine therapy (tamoxifen or aromatase inhibitor) for a minimum of 18 months after surgery, undergone fertility preservation or not, and had no clinical evidence of disease recurrence.



"Not only can women conquer their disease, but they can thrive and succeed in all aspects of their personal life," said Dr. Yelda Nouri, an oncologist and breast specialist at New York Cancer & Blood Specialists (NYCBS).

The POSITIVE trial concluded that temporary interruption of endocrine therapy to attempt pregnancy did not lead to an increased risk of breast cancer recurrence compared to an external control group.

Dr. Nouri advises, "While longer follow-up is needed, this is certainly a positively motivating step in the right direction for many women!"

NYCBS is committed to providing comprehensive care and support to our patients. Our team of breast specialists offers a wide range of services, including surgical and medical oncology, advanced breast imaging, genetic testing, nutritional guidance, psychosocial support, and survivorship services. straws or medications.

To schedule an appointment or learn more about our breast cancer and screening services, please call 1-833-CANCER9. For more information, visit [nycancer.com](https://www.nycancer.com)

HAVE A BRCA Mutation?

Breast Screenings Are Really Important

All people have BRCA1 and BRCA2 genes, which help protect against breast cancer. But for some people, these genes contain mutations that make them more likely to divide and change. If someone has a BRCA mutation, their breast cancer risk is significantly higher.

Research shows that somewhere around one in every 500 women in the United States has a BRCA1 or BRCA2 gene mutation. It's important to know if you have this mutation because a BRCA mutation can substantially increase someone's risk for breast cancer. According to the Centers for Disease Control and Prevention (CDC), around 50 out of every 100 women with a BRCA mutation will have breast cancer by age 70. Meanwhile, for the general population without a BRCA1 or BRCA2 gene mutation, the risk of getting breast cancer at some point in life is far lower, around 12 or 13%.

Can Screening Help Prevent Breast Cancer in People with BRCA Mutations?

If you test positive for a BRCA mutation, it's important to discuss breast cancer screening with your doctor. Because of the increased breast cancer risk, people with a BRCA1 or BRCA2 gene mutation require enhanced breast cancer screening compared with the general population. Your doctor will likely want you to start screening at a younger age, go for screenings more often, and have some screening tests that you otherwise wouldn't need to have. These tests can help

detect cancer even if you're not experiencing any symptoms.

Here's what the American Cancer Society recommends for breast cancer screening if you have BRCA gene mutation:
Breast magnetic resonance imaging (MRI): Beginning at age 25, have a yearly breast MRI. A breast MRI uses radio waves and magnets to gather images of the breast. It can sometimes detect cancer not seen on a mammogram or provide more detailed information about the cancer's location and size.

Mammogram: Beginning at age 30, see a healthcare professional for a yearly mammogram. If a breast MRI isn't available, your doctor may recommend getting a mammogram starting at age 25. Mammograms can help detect breast cancer early, even if a lump or other symptoms aren't present.

To schedule a mammogram or breast MRI, contact us today!

Breast Cancer FACTS

Breast cancer is the second leading cause of cancer death in women. (Only lung cancer kills more women each year.) The chance that a woman will die from breast cancer is about 1 in 39 (about 2.5%). Breast cancer death rates have been decreasing steadily since 1989, for an overall decline of 43% through 2020.

* The American Cancer Society

A More Comfortable Mammogram? Yes.

One of the many myths about mammograms is that they hurt — and your breast size affects the intensity. While mammograms do cause compression, similar to a blood pressure cuff, which may result in a bit of discomfort, they should not be painful or a reason for skipping this important screening. In fact, breast cancer mortality rates have dropped 30 percent since doctors started using them.

A woman's breast size also has no effect. However, other factors such as menstrual cycle or caffeine consumption could cause breast tenderness. So what happens if you do feel pain? Tell your technologist immediately.

During your visit, a technologist will position your breast between two plastic plates and compress the plates to take a picture. The technologist can work with you to better position your breast if you feel any discomfort. With 3D mammography, the machine rotates in an arc around the compressed breast, capturing multiple images from different angles. For some women, this is a more comfortable experience. Each compression takes about 10 to 20 seconds, with the entire screening taking about 20 minutes.

Knowing some women skip receiving a mammogram altogether because they are worried it will hurt shows an even greater need for women to be aware of their options. Enhanced mammography technology designed to be more patient-friendly with features like personalized compression and soft breast paddles—even spa-like suites to help you relax during your mammogram—do exist!

The next time you speak to your health care provider about getting your mammogram, ask them about all of your options. But remember, the only thing worse than getting a mammogram is not getting one. Mammograms save lives, and if you suffer from mammogram anxiety, consider bringing a friend or loved one with you to your next visit. You may just be the reminder they need to get one of their own.



Why

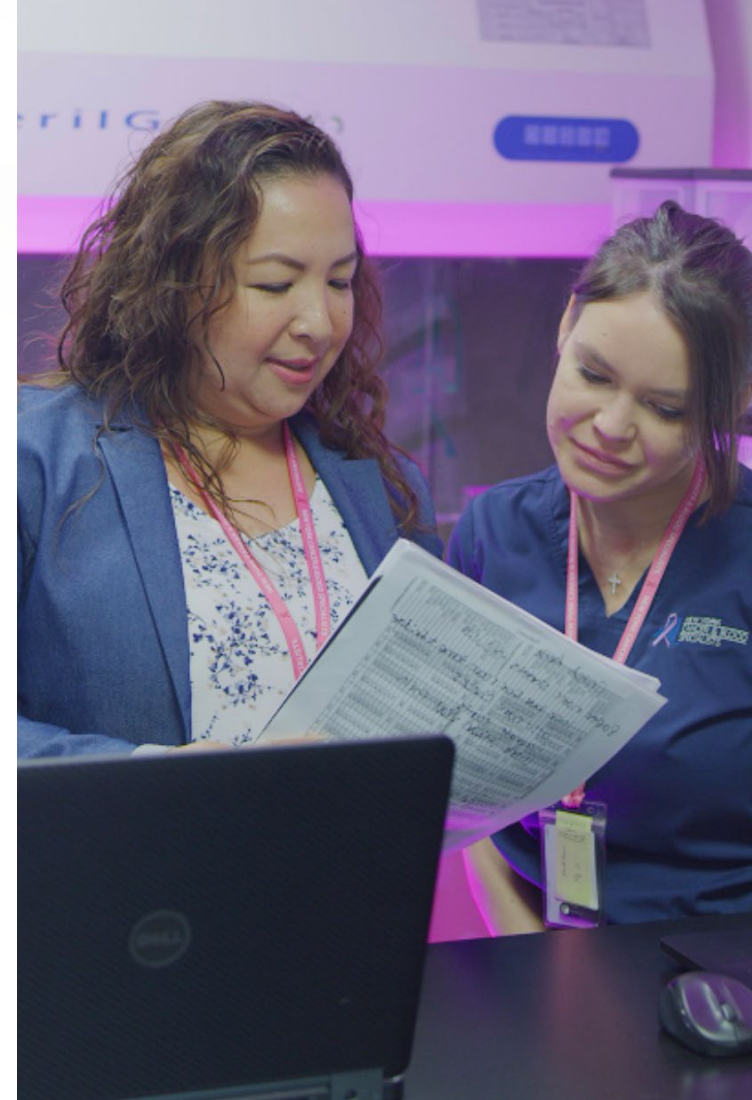
You Should Schedule Your Mammogram

Did you know you don't need a referral or prescription from your doctor to get a mammogram? It's true! Women over 40 who are not experiencing symptoms can take the initiative to schedule their annual mammogram.

Why is this important? Annual mammograms are the best tool for early detection of breast cancer, and most cancers detected by mammography have no symptoms.

Recently, the United States Preventive Services Task Force (USPSTF) issued new recommendations for breast cancer screening. These recommendations lowered the age at which women should start screening from 50 to 40 years old. They also recommend screening mammograms every other year from ages 40 to 74.

Why are these recommendations important? It's important to understand that there isn't a consensus on screening guidelines, as different organizations weigh the benefits of screening against potential harms like false positives and overtreatment. These differences highlight the unique perspectives and approaches of each organization. While the USPSTF's recommended



age change to 40 is significant progress toward a consensus, some experts believe annual screening is critically important. Annual screening improves the chance of a cure, reduces the need for extensive treatments, and ultimately enhances the quality of life for women diagnosed with breast cancer.

If you are in your 40s and haven't started screening, it's essential to have a conversation with your doctor about your personal risk for breast cancer and determine an ideal screening schedule during your next appointment. On the other hand, if you're under 40, it's recommended to have a breast cancer risk assessment by age 25. This assessment, especially for Black women and women of Ashkenazi Jewish ancestry, helps identify individuals with a higher risk for the disease and may warrant earlier screening.

Ultimately, stay informed about the latest screening recommendations, consult your healthcare provider, and be proactive in monitoring your breast health. Pay attention to any changes in your breasts and report any suspicious findings to your doctor. By taking control of your health and being proactive about screenings, you empower yourself with knowledge and increase the chances of early detection, which can save lives.

Remember, your health is a priority, and scheduling your mammogram can make a significant difference in detecting breast cancer early.

Why it's important to know if you have Dense Breasts

Knowledge is a powerful tool when it comes to your health, and knowing whether you have dense breasts is a crucial piece of the puzzle. It can influence how you approach breast cancer screening and early detection, ultimately impacting your overall breast health outcomes.

Breast density refers to the composition of your breast tissue as seen on a mammogram. It is determined by the ratio of fibrous and glandular tissue to fatty tissue. Essentially, breasts can be categorized into four density levels based on how much of these different types of tissues are present:

Almost entirely fatty: This category indicates that the breasts have a higher proportion of fatty tissue and a lower proportion of dense tissue.

Some areas of scattered density: This indicates that there are some regions of increased density scattered throughout the breast.

Evenly dense: This means that the breast tissue has a fairly uniform density throughout.

Extremely dense: In this category, the breasts have a high proportion of dense fibrous and glandular tissue.

Dense breasts are associated with a slightly higher risk of developing breast cancer. The increased density can make it more difficult to detect potential abnormalities like tumors and calcifications on mammograms. It's important to note that breast density is just one of several factors that contribute to breast cancer risk.

The dense tissue in the breast can mask the presence of tumors and other anomalies, making them harder to detect through routine screening methods like mammograms. This can delay the diagnosis and treatment of breast cancer, potentially leading to more advanced stages of the disease.

Knowing your breast density can help your healthcare provider tailor your breast cancer screening approach. Women with dense breasts might benefit from additional imaging methods, such as ultrasound or magnetic resonance imaging (MRI), which can be more effective at detecting abnormalities in dense tissue.

If you are over the age of 40 and undergoing regular mammograms, it's crucial to inquire about your breast density. Don't be afraid to ask your healthcare provider directly whether you have dense breasts or not. This information is vital for making informed decisions about your screening regimen.

Remember that breast density isn't solely determined by age or genetics. Women of any age and background can have dense breasts. Factors such as hormonal status (e.g., pregnancy, breastfeeding), body weight, and hormone replacement therapy can all influence breast density.

As we raise awareness about the significance of breast density, let's join together on World Dense Breast Day to promote early detection, informed decisions, and improved breast health for all.

How to Do A Breast Self-Exam

A breast self-exam allows you to detect changes in your breasts from home. When you regularly check your breasts and become familiar with how they look and feel, you're better able to notice when changes occur.

Breast self-exams don't replace the need for mammograms and definitely aren't as effective at screening for breast cancer, but they may help you notice breast changes that you can report to your doctor. According to the Mayo Clinic, breast self-exams aren't the most dependable way to detect breast cancer, but may help women detect lumps and other changes.

Here's how to do a breast self-exam (both visually and manually) and what you'll want to look out for:

Visual exam in front of a mirror

Without wearing a shirt or bra and with your arms at your sides, take a close look at both of your breasts in the mirror.

Keep an eye out for:

- Changes to the shape, size, or symmetry of your breasts
- Swelling
- Dimpling or puckering of the skin
- Changes to your nipples, such as the skin turning red, sore, scaly, or flaky
- Inverted nipples (this means the nipple is pushed inwards)
- Discharge from either of your nipples
- Lump near your underarms

Next, raise your arms above your head and visually inspect for those same changes. Last, place your hands on your hips, flex your chest muscles, and look for the same changes.

Manual exam

Two of the most common ways to do a manual exam are either in the shower or while lying down on a flat surface.

Lying down

Using your right hand to check your left breast and your left hand to check your right breast. Keep your fingers flat and together, use a firm but gentle touch to press down with the pads of your three middle fingers and move them in a circular motion or up and down. You'll want to make sure to cover all areas of your breast, your underarms, and anywhere in between.

As you do so, use varying amounts of pressure on each spot—light pressure to check the breast tissue closest to the skin, firm pressure for the area closest to your ribs and chest, and medium pressure for the breast tissue in between. It's also important to squeeze your nipples, checking for discharge and lumps.

While standing or sitting

Many women prefer to do this type of self-exam from the shower because water on the skin makes it a bit easier. You'll want to follow the same approach as outlined above for someone who is lying down. Be sure to cover all areas of your breasts and underarms.

If you have any questions about how to do a breast self-exam, your doctor can demonstrate the proper technique for you. If your vision is impaired, you may want to ask a friend or family member for help.

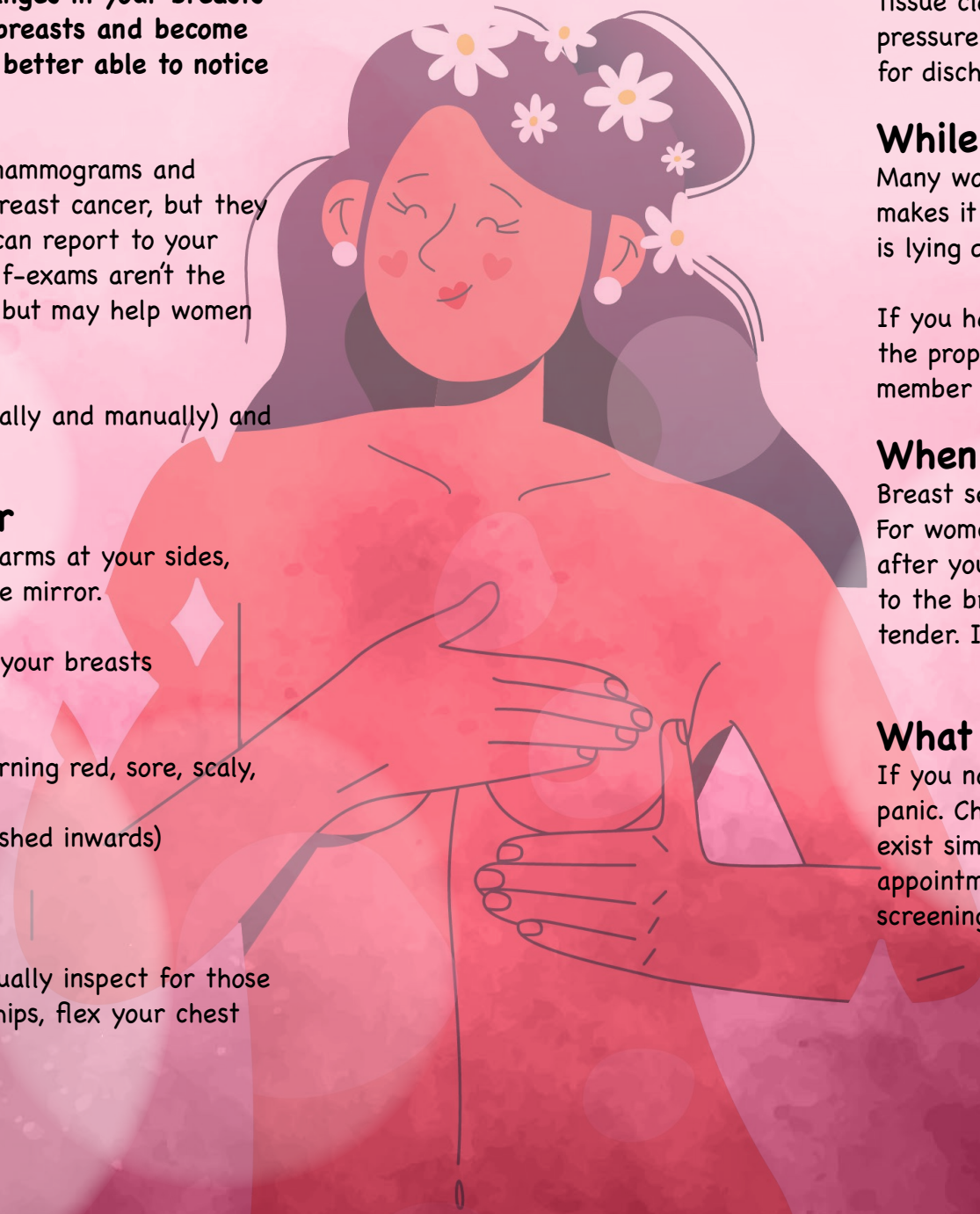
When to do a breast self-exam?

Breast self-exams are most helpful when done routinely, so aim for once a month or so.

For women who menstruate, the best time to do a breast self-exam is the week in your cycle after you stop menstruating. Fluctuating hormone levels throughout your cycle can cause changes to the breast tissue, and the week after you're bleeding tends to be when the breasts are less tender. If you're not menstruating, any day throughout the month is okay.

What to do if you find a lump?

If you notice a lump or some other change during a breast self-exam, try your best not to panic. Changes in your breasts don't necessarily mean you have cancer—sometimes breast lumps exist simply because of hormonal changes or other harmless conditions. But you should make an appointment with your doctor so they can take a closer look and send you for any additional screenings and imaging tests needed to determine what's going on.



EMPOWERING CONNECTIONS

The Path to Stress Reduction and Well-being

By Wendy Kaplan, MS, RDN, CSO, CDCES, CDN

This October marks the one-year anniversary of our cancer support group, a venture that I am honored and humbled to facilitate alongside Dr. Yelda Nouri and Tara Farrel, RN. From day one, we recognized that something truly special was happening. As clinical practitioners, each of us brings unique expertise and insights to the group.

A support group is a gathering of individuals who share common experiences or concerns, offering each other encouragement, comfort, and advice. However, our group goes beyond that.

Cancer affects people on various social and emotional levels, creating an increased need for meaningful connections. However, these connections need to be more than casual acquaintances. It is crucial to connect with others who understand your situation, both spoken and unspoken, providing validation that you are not alone in your feelings, issues, and challenges. The power and empowerment lie in the people with whom you surround yourself.

Being a part of a support group offers numerous benefits. It instills a sense of belonging and community, assuring you that you are not alone. Additionally, it serves as a safe space where you can freely express your emotions.

In our group, you will gain knowledge and insights about interesting topics. Participating in the discussions will expose you to new suggestions and leave you with valuable takeaways and pearls of wisdom. Peer suggestions can be invaluable, whether tips on family meal planning, traveling while undergoing treatment, recommendations on where to shop for dresses considering a port, or advice on more sensitive matters.

All of this underscores the importance of fostering an environment that nurtures social connections and enables genuine relationships. From a clinical perspective, there is scientific evidence supporting this notion. When you lack support, you may face adversity and challenges alone, which can be overwhelming.

Connections: The Path to Stress Reduction and Well-being

Our cancer support group engages in planned topics each week while remaining open to natural organic discussions: laughter, tears, and every emotion in between fill our sessions.

We delve into coping mechanisms, emotional well-being, and strategies for managing stress, anxiety, and emotional challenges during and after treatment. Body image and self-esteem

Within the group, we explore the dynamics of relationships—partners, family, friends, colleagues, and more. Together, we address challenges, celebrate successes, and rebuild connections throughout the cancer journey.

Our monthly meetings occur on the second Wednesday from 6:00-7:00 pm at our Lake Success location. Newcomers find immediate comfort, blending seamlessly with regular attendees. Whether we are a small or large group, our cohesion remains strong.

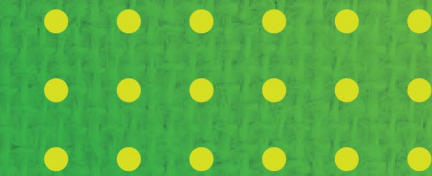
As we enter our second year, it's incredible to reflect on the indescribable impact the support group has had on all of us. We are excited to continue providing a supportive and empowering space for women impacted by cancer. Together, we can navigate this terrain, learn from one another, and find solace in the company of those who truly understand.

Please reach out to nutrition@nycancer.com if you would like more information.





SECTION **2** Wellness
NUTRITION & MORE



Living With Hope

The Many Needs of the Metastatic Breast Cancer Patient

By **MaryAnn Fragola, DNP, ANPc, ACHPN**
Clinical Director of Supportive and Palliative Care



Patients with metastatic breast cancer and their families have complex needs. Because the overall survival of metastatic breast cancer patients is often prolonged, palliative care should be introduced at the time of diagnosis and is an integral part of overall cancer care. These patients typically undergo multiple lines of therapy, which can diminish their overall quality of life. Using a team approach to care and focusing on early symptom management is integral for optimizing their quality of life.

Management of metastatic disease depends on specific patient symptoms, including the location of the metastases, the burden of disease, previous treatments, and underlying comorbidities. Pain, shortness of breath, cough, diarrhea, loss of appetite, fatigue, insomnia, and neuropathy are some physical symptoms that metastatic breast cancer patients may experience. Psychosocial issues, including anxiety, depression, nervousness, and spiritual distress, are also common.

In addition to psychological syndromes, existential issues are important to recognize. For patients with advanced cancer, these may include concerns related to hopelessness, meaninglessness, disappointment, guilt, death anxiety, and personal identity disturbances. Existential distress is defined as the psychological turmoil individuals may experience in the face of imminent death, which threatens individuals on a physical, personal, relational, spiritual, or religious level. In patients, existential distress has been shown to lead to increased levels of depression, hopelessness, and desire for hastened death.¹

In the setting of advanced cancer, having hope remains important. As a palliative provider, I often attempt to focus on hope- patients hope for time, hope for treatment tolerance, hope to maximize the quality of their life, hope for strength for their caregivers and family, hope that as one approaches the end of one's days that there is a feeling of acceptance and not fear, and hope for a peaceful and dignified death without suffering. Hope can be a powerful protector and allow patients with advanced diseases to continue tolerating disease-modifying therapies. It is an essential component of our well-being, and even small moments of hopeful mindfulness can be impactful to patients and change the focus of their day. Some studies have even suggested that increased levels of hope can benefit patients in coping with their diagnosis, help with pain and symptom management, and may even impact survival.

The metastatic breast cancer patients I encounter are so grateful for the many treatment options, the team involvement and the overall support they receive. In speaking about hope, I explain that the mind frame of "living with metastatic breast cancer" needs to replace some of the fear associated with their cancer diagnosis because they are doing just that! They are living day by day, exuding strength some of us could never imagine because they are strong and determined. As a palliative provider, I am so grateful to be able to be part of their journey and I am often reminded that we, too, should have moments of "hope" in our daily lives.

¹ Pessin H, Fenn N, Hendriksen E, DeRosa AP, Applebaum A. Existential distress among healthcare providers caring for patients at the end of life. *Curr Opin Support Palliat Care*. 2015;9(1):77-86. doi:10.1097/SPC.0000000000000116



How to adjust recipes to make them healthier

Instead of using the following:

1 cup of white flour

Use the following instead:

1/2 cup white flour and 1/2 cup oat flour, almond flour, or whole wheat flour

Instead of using the following:

1/2 cup butter

Use the following instead:

1/4 cup butter and 1/4 cup apple sauce or 1/4 cup plain Greek yogurt

Instead of using the following:

1 cup sour cream or mayonnaise for a dip

Use the following instead:

1 cup plain Greek yogurt



Apple Banana Bars

Ingredients:

- 1 apple
- 2 ripe bananas
- 1/4 cup brown sugar
- 1/4 cup butter
- 1/4 cup apple sauce
- 1/2 cup flour
- 1/2 cup oat flour
- 2 eggs
- 1/4 cup raisins
- 1 tsp vanilla extract
- 1/4 tsp baking powder
- 1/4 tsp baking soda
- 1 tsp cinnamon

Directions:

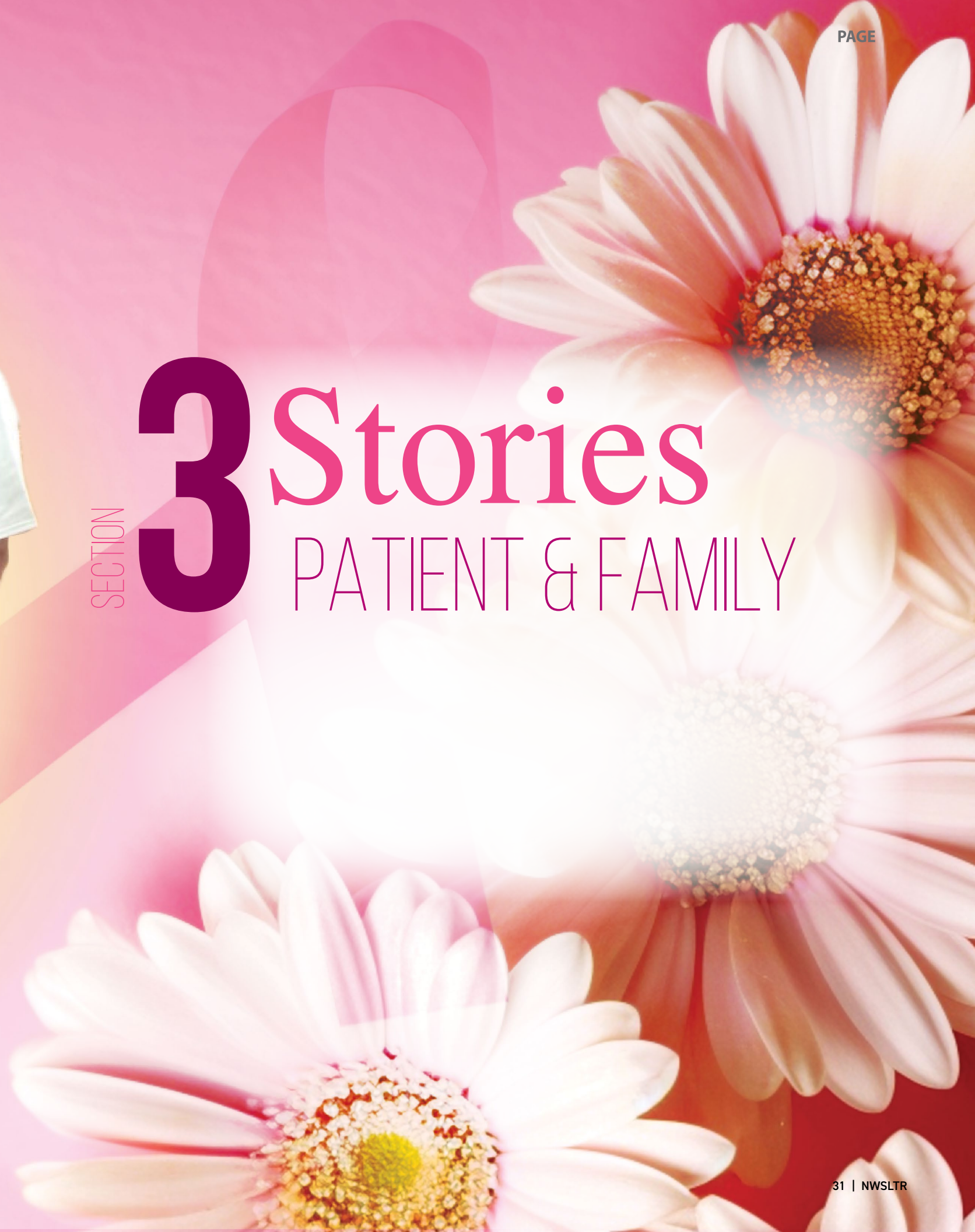
Mix all dry ingredients in a large mixing bowl, then add wet ingredients and bake in an 8x8 pan at 350 degrees for 30 min.



SECTION

3 Stories

PATIENT & FAMILY



Scars of Strength: Surviving Breast Cancer



Cristin has been a nurse at New York Spine & Pain Specialists, a division of New York Health, since March 2023, an affiliate of New York Cancer & Blood Specialists, the very place where she received care and treatment for breast cancer a decade ago.

On December 5, 2013, at the age of 30, Cristin received a life-changing diagnosis: Stage 3A HER2+ invasive ductal carcinoma breast cancer. Initially, her husband discovered a lump

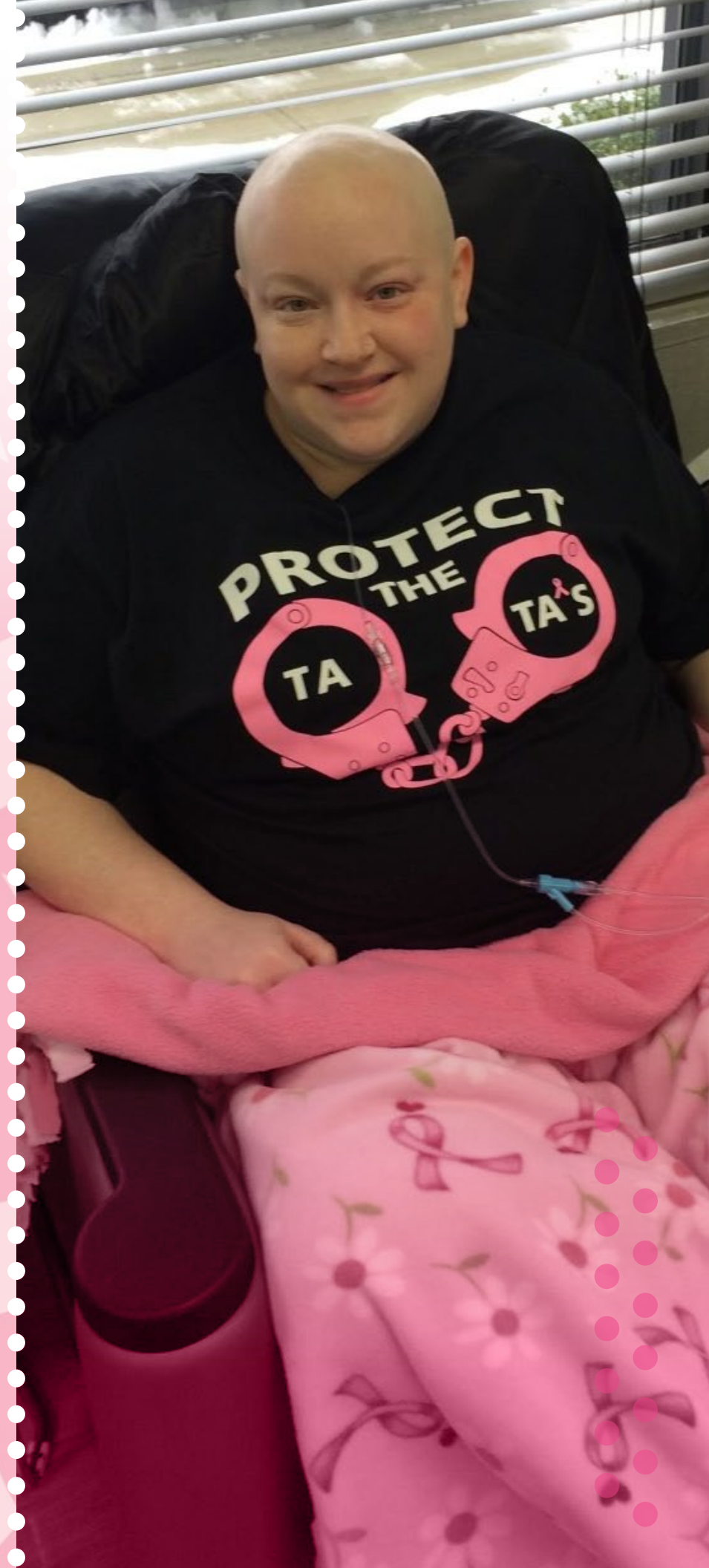
in her left breast, and though he urged her to seek medical attention, she wasn't overly concerned. Only when the lump became painful did Cristin, a mother of three, schedule an appointment with her OB/GYN.

A sonogram detected two small areas of concern, but a subsequent mammogram returned negative. Further tests, including a biopsy and an MRI, revealed the presence of four tumors, with the largest

measuring 10 centimeters—approximately the size of an orange.

"Ironically, I cared for a patient a few months earlier who had praised an exceptional breast surgeon. The surgeon's name suddenly came to mind, and I decided to reach out."

The surgeon referred her to Dr. DaCosta, an oncologist at New York Cancer & Blood Specialists (formerly North



Shore Hematology Associates). Armed with her healthcare background, Cristin had conducted extensive research on her diagnosis, arriving at her appointment with a notebook full of notes. Dr. DaCosta's confirmation of her findings reassured her that she was in the right place.

Cristin's treatment journey involved neoadjuvant chemotherapy, comprising six cycles of Taxotere, Carboplatin, Herceptin, and Perjeta, administered once every four weeks for six months, with Herceptin continuing for an additional six months.

"The staff was incredible," Cristin recalls. "Being so young, this was one of the toughest ordeals I had ever faced." Her LPN, Gigi, and nurses Barry, Julia, and Dana treated her like family. "Barry was a source of inspiration for me, and Dana was absolutely amazing," she says.

"I thought I was going to die," Cristin confides. "I even told my husband, 'Please take care of our children.' I was in my third year of nursing, having worked so hard to get there, and I couldn't even work. I went through all the stages of grief—anger, sadness."

Her last day of chemotherapy coincided with her daughter's birthday on May 12, 2014. The nurses brought her flowers and a card. "They made me feel like family," she says. This experience inspired her to join their ranks, saying, "It's because of them that I wanted to work for the company." A month later, Cristin underwent a bilateral mastectomy involving the removal of 11 left axillary lymph nodes and the placement of bilateral breast expanders.



Family Is Everything



Three months following the mastectomy, she underwent six weeks of left chest wall and left axilla radiation therapy under the care of Dr. Joseph Cirrone.

Throughout her challenging journey, Cristin maintained a positive outlook, buoyed by the support of her family and friends. Their efforts included organizing Chinese auctions, fundraisers, and participating in the American Cancer Society's Breast Cancer Walk.

In January 2016, Cristin underwent bilateral DIEP flap reconstruction surgery.

Today, marking ten years of being

cancer-free, Cristin has celebrated 15 wedding anniversaries and 21 years with her husband, whom she calls her hero. She's witnessed his career progression to a detective and his role as a DEA delegate. Similarly, she's been privileged to watch her three children grow and cherish countless milestones.

"Dr. DaCosta saved my life," she says. "If it wasn't for Dr. DaCosta, I wouldn't be here."

Cristin attributes her journey to shaping her into the nurse she is today. Moreover, she has watched how life has come full circle when one of the nurses who once provided her with essential care

a decade ago, later hired her for her current role. "Now," she says with a smile, "I get to be a mom and a nurse—cancer doesn't define me."

Through it all, Cristin always remained positive. "My scars are trophies that I could survive what tried to kill me. What tried to kill me made me stronger."

In her message to women, she encourages regular self-breast exams and follow-ups with doctors, emphasizing that early detection undeniably saves lives. She extends the same advice to men with a touch of humor: "Save a life. Grope your wife."



SECTION

4 Bulletin

NEWS & UPDATES

10th Annual Patient Celebration Day



On Saturday, September 9th, New York Cancer & Blood Specialists welcomed over 1,500 patients and their families to the Bald Hill Amphitheater for our 10th Annual Patient Celebration Day!

Attendees enjoyed family-friendly activities, including new rides, live music, games, raffles, face painting, catering by Felicos, sweet treats, and puppies available for adoption! Macy's Smithaven made it extra special this year, providing skincare and makeup demos with their experts and free fragrance and makeup goodies!

Thank you to all of our attendees, Bald Hill Amphitheater and JVC Broadcasting, Walk 97.5 Radio Station, Felicos Catering, Macy's Smithaven, Pawsitive Possibilities Rescue Inc, KBK Events, Fred the Human IPOD, Daisy's Art & Magic, Mr. Frostee, and more!

We are so grateful to all of our volunteers who help make this day possible every year!

It was a beautiful and positive day for all involved!











New York Cancer & Blood Specialists Partners with Canopy

canopy

New York Cancer & Blood Specialists (NYCBS), one of the nation's leading oncology practices, today announced a partnership with Canopy, the first Intelligent Care Platform for oncology, to further enhance patient outcomes through continuous care management. NYCBS officially launched the Canopy Platform after a rapid implementation.

A recognized leader in value-based care, NYCBS has enrolled more than 10,000

patients in high-quality, affordable care programs like Principal and Chronic Care Management (PCM/CCM). These programs are acknowledged by the Centers for Medicare & Medicaid Services for their ability to enhance patient care and outcomes while lowering overall healthcare costs. To further maximize the impact of these programs and other continuous care initiatives, NYCBS will deploy the complete Canopy Platform.

A comprehensive platform for all the care that happens between visits, Canopy enables practices to identify and prioritize patients who need help, remotely resolve issues with decision-support software, and generate new reimbursement streams from high-quality care. NYCBS will first deploy the Canopy Program Management module to intelligently streamline enrollment and workflow processes for PCM and CCM, along with Canopy's triage support tools, enabling triage teams

to deliver more efficient and standardized care at scale. NYCBS also plans to implement the Canopy ePRO (electronic patient-reported outcomes) to further enhance continuous care and patient outcomes through remote symptom monitoring.

"Patients undergo a multitude of experiences beyond the walls of the clinic, and it is crucial to offer continuous care to optimize their outcomes," said Dr. Jeff Vacirca, CEO of NYCBS. "Through Canopy, we are revolutionizing our operations to ensure seamless delivery of care and equipping patients

with digitally inclusive tools. This empowers them to effectively communicate their symptoms and concerns anytime and anywhere, further enhancing their healthcare experience."

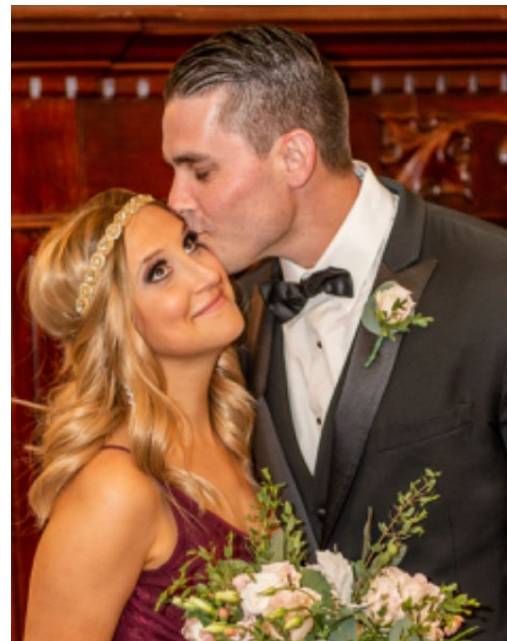
Canopy's ePRO-based remote monitoring system empowers patients to seamlessly report symptoms and other issues between office visits, enabling care teams to proactively intervene as needed. Studies of the Canopy ePRO show high patient engagement—88% at six months (JCO, 2022), correlating with significant outcomes for patients, including a 22% reduction

in ER visits/hospitalizations and up to a 45% increase in treatment persistence (ASCO, 2022). Canopy recently announced three additional new partnerships, including Hawaii Cancer Care, rapidly growing its network of leading oncology practices.

Through this partnership, NYCBS and Canopy aim to demonstrate the profound impact that partnerships between health technology and community oncology can have on patient outcomes. Visit www.canopycare.us to learn more.

In loving Memory of

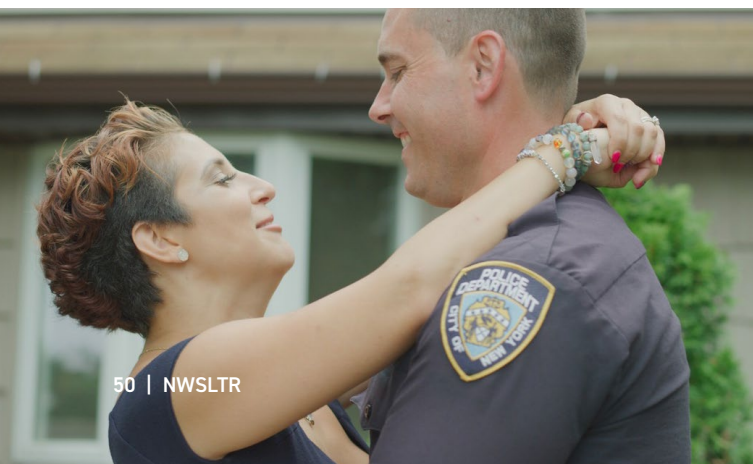
Adina Perullo



Adina was a remarkable woman whose spirit and determination touched the lives of many.

A devoted wife and mother of two faced the daunting challenge of metastatic breast cancer with relentless strength and grace. She wasn't one to dwell on her diagnosis but instead channeled her energy into advocacy and selflessly contributing her resources to support research that could save lives. Adina focused on the moments of joy with her family, embracing each day with love and gratitude. Her legacy lives on, as a beacon of courage, hope, and the indomitable human spirit.

Adina Perullo, a true warrior, will forever be remembered and cherished.



NY Cancer Foundation's Upcoming Events

Head over to nycancerfoundation.org to learn more about our events!

Run the Vineyard 5k: October 1st, 2023

Join us October 1st at 9:00 AM for Run the Vineyard! New York Cancer Foundation has partnered with Good Day for a Run, LLC! All three races will take place at Pindar Vineyards in Peconic, NY! Use the code "NYCancerFoundation" for 10% off! A percentage of the proceeds from this event will benefit the New York Cancer Foundation! Possibilities Rescue, Inc. will also join us as they will have puppies available for adoption at the race!

3rd Annual Raising Hope Gala: October 13th, 2023

Join the New York Cancer Foundation for an exquisite evening of dinner and dancing as we honor Ted Okon, Executive Director at Community Oncology Alliance. The night will also include a live and silent auction on October 13th, 2023, at Ziegfeld Ballroom in New York City!

Every small action counts, and you can make a big impact this September! Stop by Stop and Shop on 158 Route 25A in Setauket and purchase a reusable community bag. For every bag you buy, \$1 will be donated to support the New York Cancer Foundation.

By choosing to use these eco-friendly bags, you not only reduce plastic waste but also contribute directly to the betterment of our community. It's a simple and meaningful way to show your support.

Let's come together, one bag at a time. Grab your reusable bag today and help us make a lasting difference!



Your Premier Picking Bag



STOP&SHOP

Put all your fresh finds in this \$2.50 reusable Community Bag! During the entire month of September, when you purchase this bag at our selected Stop & Shop location, you'll give back to the community, and we'll get \$1.

stopandshop.2givelocal.com
Community Bag Program



NYCBS Opens in Middletown

New York Cancer & Blood Specialists (NYCBS), one of the leading oncology practices in the nation, announced today the opening of their newest location in Middletown. The center located at **419 E Main St, Suite 203 Middletown, NY 10940**, will provide patients with access to world-class cancer care, including clinical trial research, close to home.

"We are excited to expand our reach in Orange County by opening the doors to our new center in Middletown," said Jeff Vacirca, MD, Chief Executive Officer of NYCBS. "This expansion allows us to better serve the healthcare needs of the community, and we look forward to providing world-class cancer care to the residents of Middletown and its surrounding areas."

The center will be staffed by Dr. Varun Modi. Dr. Modi completed his Residency at Seton Hall University at St. Michael Medical Center, where he served as Associate Chief Resident. Dr. Modi went on to complete his Fellowships at New York Medical College at St. Joseph Regional Medical Center, where he was Chief Fellow. He speaks fluent English, Hindi, Gujarati, and Urdu.

NYCBS offers an integrated and comprehensive approach that combines medical oncology, hematology, surgery, radiation, infusions, clinical trials, and supportive services to improve the quality of life throughout the cancer care continuum.

To make an appointment, call (845) 561-6100. For more information, visit nycancer.com.



5316 Port Jeff Imaging NOW OPEN!

Services offered:

- MRI - Breast and Breast biopsies
- Full Women's Imaging with Dr. Airola - Mammography, Ultrasound Breast, Stereotactic Biopsies, Ultrasound guided
- biopsies
- General Ultrasound
- X-Ray

ACR Designated Lung Cancer Screening at both sites in Brooklyn!

- Nostrand Ave, Flatbush
- Myrtle Ave, Fort Greene

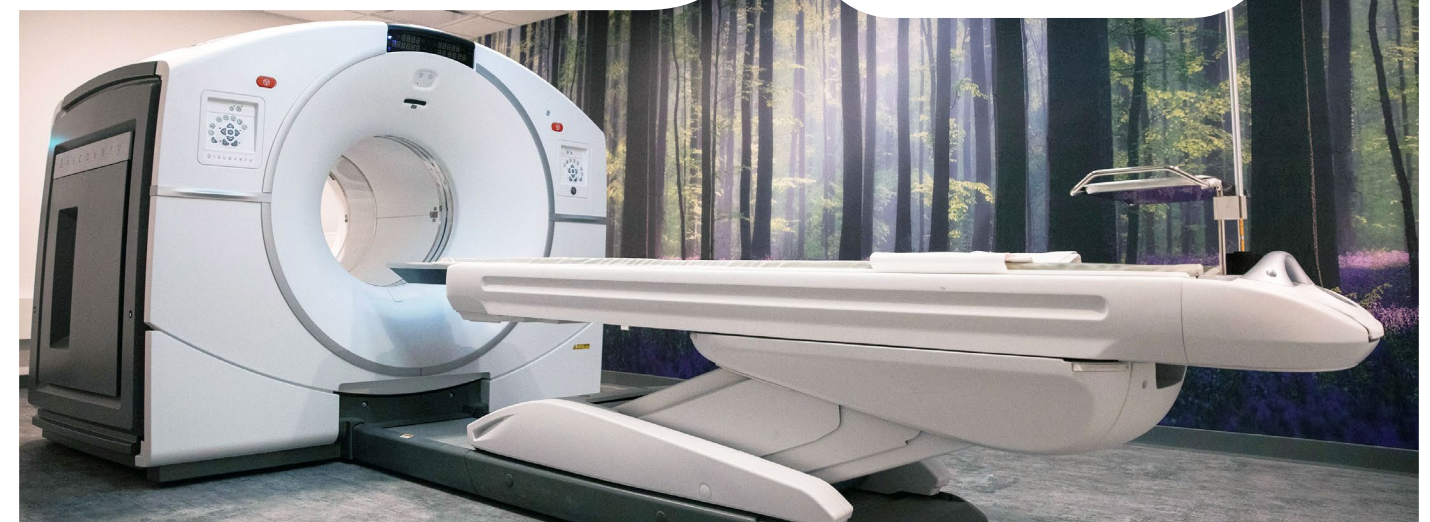
Interventional Radiology



Dr. Michael Drabkin
research was recently published in
the National Library of Medicine

"Clinical Imaging"
for microwave ablation technique.

**CLICK HERE
TO READ**



Career Opportunities

**NURSE PRACTITIONER/
PHYSICIAN ASSISTANT**
Port Jefferson, NY

**NURSE PRACTITIONER/
PHYSICIAN ASSISTANT**
Queens, NY

**NURSE PRACTITIONER/
PHYSICIAN ASSISTANT**
Patchogue, NY

**NURSE PRACTITIONER/
PHYSICIAN ASSISTANT**
Southampton, NY

**CNA/MEDICAL ASSISTANT
CHRONIC CARE MANAGEMENT (CCM)**
Shirley, NY

COST ACCOUNTANT
Ridge, NY

EXECUTIVE ASSISTANT (COO)
Ridge, NY

EXECUTIVE ASSISTANT TO THE CEO
Ridge, NY

HEAD NURSE (RN/BSN)
Forest Hills, NY

HEAD NURSE (RN/BSN)
Forest Hills, NY

**HEMATOLOGY
LAB SUPERVISOR**
Port Jefferson, NY

INFUSION LPN
Port Jefferson, NY

INTAKE LPN
Port Jefferson, NY

INTAKE LPN
Riverhead, NY

INTAKE LPN
Port Jefferson, NY

INTAKE LPN
Valley Stream, NY

INTAKE LPN
Manhattan, NY

INTAKE LPN
Brooklyn, NY

INTAKE LPN
Huntington, NY

INTAKE LPN
Patchogue, NY

INTAKE LPN
New Hyde Park, NY

**INTEGRATION ANALYST
HYBRID**
Ridge, NY

INTEROFFICE COURIER
Port Jefferson, NY

**INTERVENTIONAL
RADIOLOGY RN (BSN/RN)**
West Hampton, NY

**INVENTORY
CONTROL SPECIALIST**
Port Jefferson, NY

**LAB INTEGRATION SPECIALIST
QUALITY ASSURANCE
COORDINATOR**
Port Jefferson, NY

**LAB TECHNICIAN
NYS LICENSED**
Riverhead, NY

LPN CARE COORDINATION
Manhattan, NY

LPN CARE COORDINATION
Queens, NY

LPN - RESEARCH COORDINATOR
New Hyde Park, NY

LPN CARE COORDINATION
Riverhead, NY

LPN CARE COORDINATION
Bronx, NY

LPN CARE COORDINATION
Middletown, NY Clinical

LPN CARE COORDINATION
Elmhurst, NY

LPN CARE COORDINATION
Elmhurst, NY

LPN CARE COORDINATION
Manhattan, NY

LPN CARE COORDINATION
Brooklyn, NY

LPN CARE COORDINATION - FLOAT
New Hyde Park, NY

**MEDICAL ASSISTANT
(CHRONIC CARE MANAGEMENT)**
Ridge, NY

MEDICAL FRONT DESK RECEPTIONIST
Smithtown, NY

MEDICAL FRONT DESK RECEPTIONIST
New Hyde Park, NY

MEDICAL FRONT DESK RECEPTIONIST- FLOAT
Riverhead, NY

NEW PATIENT COORDINATOR
Ridge, NY

**NYS LICENSED LAB
TECHNICIAN**
New Hyde Park, NY

**NYS LICENSED LAB
TECHNICIAN**
Riverhead, NY

**NYS LICENSED LAB
TECHNICIAN**
Port Jefferson, NY

**NYS LICENSED LAB
TECHNICIAN**
Patchogue, NY

**PATIENT COMMUNICATIONS
OPERATOR**
Ridge, NY

**PEOPLE OPERATIONS
BUSINESS PARTNER-5
BOROUGH AND NASSAU
COUNTY, NY**
New York, NY

**PEOPLE OPERATIONS
GENERALIST**
Suffolk County

PHARMACY TECHNICIAN
Elmhurst, NY

**RADIOLOGY PATIENT
COORDINATOR**
Port Jefferson, NY

REGISTERED NURSE (BSN/RN)
Forest Hills, NY

REGISTERED NURSE (BSN/RN)
Elmhurst, NY
REGISTERED NURSE (BSN/RN)
Bayside, NY

REGISTERED NURSE (BSN/RN)
Manhattan, NY

REGISTERED NURSE (BSN/RN)
Brooklyn, NY

REGISTERED NURSE (BSN/RN)
Bronx, NY
REGISTERED NURSE (BSN/RN)
Manhattan, NY

REGISTERED NURSE (BSN/RN)
Queens, NY

REGISTERED NURSE (CCM/PCM)
Ridge, NY

RESEARCH COORDINATOR
Patchogue, NY

SENIOR DIRECTOR - IT SUPPORT
Ridge, NY

**SOHO RECEPTIONIST
(EXECUTIVE ASSISTANT)**
Manhattan, NY

TRIAGE REGISTERED NURSE
Shirley, NY

**UTILIZATION REVIEW (UR) & RISK
MANAGEMENT (RM) SPECIALIST**
Ridge, NY

**VICE PRESIDENT OF REVENUE CYCLE
MANAGEMENT**
Ridge, NY

Alexa Bursztyn (Ultrasound Technologist)

Anna Kay Rowe (CC LPN)

Brianna Mahon (Infusion RN)

Christopher Hughes (Flow Technologist)

Danielle Reado (Breast Health MA)

Darabeth Kraniak (NP)

Joseph Peters (Pharmacy Authorization Specialist)

Keisha Simmons (CC LPN)

Kelly Mantia (NP)

Lauren Maresca (Quality Assurance Coordinator)

Leah York (Care Coordination LPN)

Leanna Wei (NP)

Mia Torres (CT Technologist)

Michael Crespo (RN)

Michelle Ayala (Infusion RN)

Nicole Beaubrun (Patient Communications Operator)

Nicole Murphy (Mammography Tech)

Omotara 'Tara' Omisorg QA (Western Integration Specialist)

Sadiaka Joarder (Chief Integration Officer)

Sandra Coto (Ultrasound Technologist)

Tiffany Crum-Ewing (Chemotherapy Technician)

**Know of someone
looking for a new
career with upward
mobility?**

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OUR PATIENTS & THEIR FAMILIES

Our patients and their families tell the story of conquering cancer like no other. They help us connect, inspire, and empower. If you know a patient or have a family member who would like to make an impact and share their experience with us, please have them contact marketing@nycancer.com.