

The background of the magazine cover features a wide-angle photograph of a football stadium during the day. The stands are packed with people wearing red, and the field is green with white yard lines. A large building with "STONY BROOK" and years "2012 2017 2018" is visible above the stands.

OCTOBER NEWSLETTER 2021

THE SPECIALIST

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A powerful story about conquering breast cancer



A MESSAGE FROM THE CEO

My Friends,

The color pink graces The Specialist, serving as a reminder that October is National Breast Cancer Awareness Month. When you consider the emotional and mental effect pink has, it's pretty understandable why it was chosen for breast cancer awareness. Breast cancer causes emotional distress for not just the patients themselves but their families and caregivers. So this October, let's focus on showing our solidarity—a call, a screening reminder, research to find better treatments, sharing our stories, and working every day to care for our patients and find a cure.

Because we've all heard it before—early detection saves lives. Breast cancer affects both men and women and has become much more treatable and even curable with early detection. Breast self-examination and mammograms are two simple detection methods; this issue will walk you through the proper way to check yourself and explain the importance of screening.

Our patients and staff now have access to our very own in-house comprehensive breast health imaging services and screening with the opening of our newest center in New Hyde Park. We've proudly added Corinne E. Tobin, MD, the first fellowship-trained breast imager on Long Island, and breast MRI expert Julian Safir, MD.

Breast Cancer Awareness Month is more than pink ribbons. It's about raising awareness and making a difference in the lives of those who have breast cancer.

Conquering Breast Cancer Together

Warm regards,

Dr. V



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 **NEW YORK CANCER & BLOOD SPECIALISTS**
Conquering Cancer Together™

BREAST CANCER

Breast cancer is a type of cancer that starts in the breast. Cancer starts when cells begin to grow out of control.

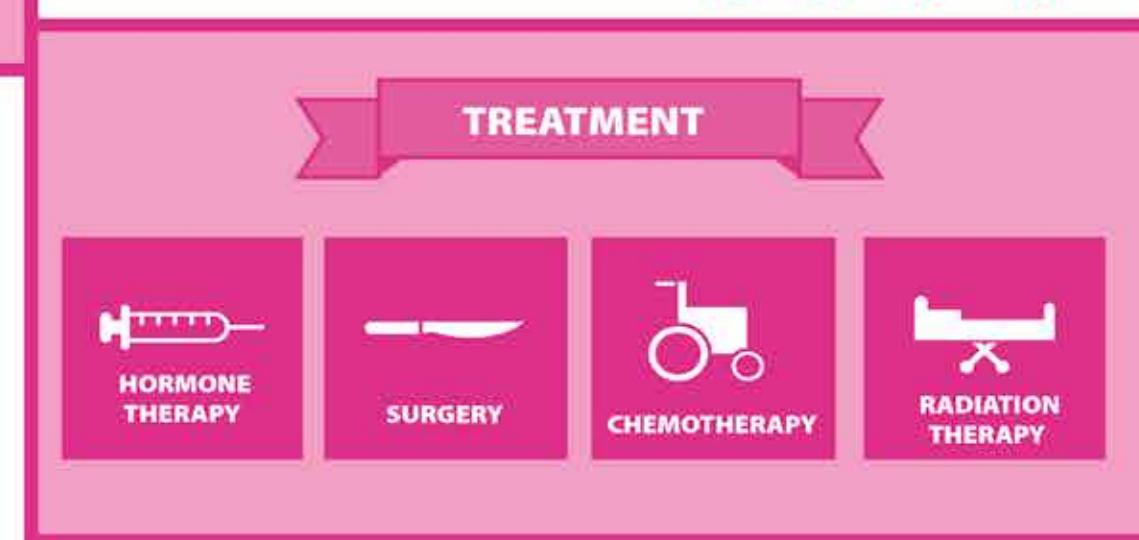
RISK FACTORS

- ALCOHOL 
- GENDER 
- OBESITY 
- AGE 

PREVENTION TIPS

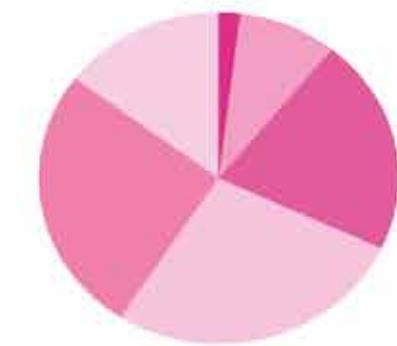
- NO SMOKING 
- BE PHYSICALLY ACTIVE 
- EAT HEALTHY 
- AVOID OR LIMIT ALCOHOL 

THERE ARE MORE THAN
3.5 MILLION
BREAST CANCER
SURVIVORS
IN THE UNITED STATES.



FEMALE BREAST CANCER IS MOST COMMON IN MIDDLE-AGED & OLDER WOMEN

45-54	75-84
35-44	65-74
20-34	55-64



Unbreakable BOND

The twin bond is a unique and powerful relationship unlike any other.

Commonly, twins seem to share similar experiences throughout their lives and have an inherent understanding of their sibling's emotional state. However, a consecutive breast cancer diagnosis for twin sisters Maribel and Marisol tested their faith and made their relationship stronger than ever.

Maribel, a Florida resident, was not one to go to the doctor often. So when she decided to have a mammogram for the first time at 42-years-old; she was shocked to learn the screening results, and later a biopsy came back positive for breast cancer.

Her physician referred her to an oncologist in Florida who suggested she have a mastectomy immediately. Unwilling to undergo a mastectomy, Maribel was ready to let life run its course until her twin sister stepped in. Marisol encouraged Maribel to come to New York for treatment. They had a family friend undergoing cancer treatment at New York Cancer & Blood Specialists with Dr. Richard Zuniga as their oncologist. They recommended him, and Maribel had an individualized care plan with a healthcare team she trusted in less than a month.

Maribel learned of her diagnosis in 2018. By July 2019, she had surgery to remove the cancerous cells and began two months of radiation treatment. As a result, Maribel did not need to have a mastectomy after all. She did, however, have a hysterectomy since genetic testing identified her as a carrier of the BRCA genetic mutation, which increases the risk of developing ovarian cancer. A week after the hysterectomy, Maribel received the miraculous news; she was cancer-free.

Three months later, their faith tested them a second time. Marisol had noticed her breasts felt inflamed, and a lump would come and go with her period. So she made an appointment with her gynecologist, who ordered her to go for a mammogram. But, unfortunately, she also had a sonogram on her breasts which showed a tumor, forcing her to have multiple biopsies.

Marisol's treatment began at another institution, but it wasn't right; she felt sick. So one day, while Maribel was in the office with Dr. Zuniga for her appointment, she Facetimed Marisol.



Dr. Zuniga visited Marisol where she was going for treatment, and that day, Marisol decided to start her treatment plan over at NYCBS.

When the COVID-19 pandemic hit, it caused an upheaval in their world, causing them to be distant from one another. Maribel would visit Marisol at her house and wave to her through the window outside. So naturally, they were determined to conquer the disease together, even if it meant being apart.

Marisol's cancer treatment consisted of 12 rounds of chemotherapy and six rounds of radiation. Then, in May 2020, she underwent a double mastectomy. One year later, Marisol finished her last chemotherapy surrounded by flowers and balloons gifted by the wonderful nurses at NYCBS.

Reflecting on the year, Marisol is proud to say she learned quite a few new things about herself, including her talent for baking. Marisol helped pass the dreary days by learning to make specialty cakes—the kind you see at fancy parties. Because the pandemic disrupted birthday plans for her daughter, she made a promise that the year ahead would be better. This year, Marisol threw her daughter a birthday party complete with a unicorn birthday cake crafted with her skills.

"I am eternally grateful for the care at NYCBS and Dr. Zuniga's helping hand," she says. "They treat you like family, and that is beyond care."

Maribel would undoubtedly agree. Her perspective has changed since that very first day at the doctor. She said, "I am very happy and blessed to have my family and NYCBS' support and care. I want to live a long life and see my daughters successful."

It was tough for Maribel to go through breast cancer simultaneously as her sister, but faith united them.

"She always took care of me; it was my turn to take care of her," she said.

Maribel and her niece (Marisol's daughter) chopped off their hair and donated it to St. Jude Children's Research Hospital.

Courage is one of the greatest manifestations of faith. Maribel and Marisol believe, "God gives His hardest battles to his strongest soldiers, but He also gives them an angel, and for us, that was Dr. Zuniga and NYCBS."

Irrompible LAZO

El vínculo entre gemelos es una relación única y poderosa como ninguna otra. Por lo general, los gemelos parecen tener experiencias similares a lo largo de sus vidas y tienen una comprensión innata del estado emocional de sus cogemelos. Para las hermanas gemelas Maribel y Marisol, un diagnóstico en secuencia de cáncer de mama puso a prueba su fe y fortaleció su relación más que nunca.

Maribel, habitante de Florida, no era de las que iban al médico con frecuencia. Entonces, cuando decidió hacerse una mastografía por primera vez a los 42 años; se sorprendió al ver los resultados del examen, y luego la biopsia dio positiva a cáncer de mama.

Su médico la remitió a un oncólogo en Florida, quien le sugirió que se sometiera a una mastectomía de inmediato. No estaba dispuesta a renunciar a sus pechos, Maribel estaba lista a dejar que la vida siguiera su curso, hasta que su hermana gemela intervino. Marisol animó a Maribel a que fuera a Nueva York para recibir tratamiento. Tenían un amigo de la familia que estaba en tratamiento contra el cáncer con el Dr. Zuniga como oncólogo en New York Cancer & Blood Specialists (NYCBS). Lo recomendaron, y en menos de un mes, Maribel repitió todas las pruebas necesarias y tuvo un plan de cuidados personalizado.

Maribel se enteró de su diagnóstico en el 2018. En julio del 2019, se sometió a una cirugía para extirpar las células cancerígenas y comenzó dos meses de tratamiento con radiación. Después de todo, Maribel no necesitaba una mastectomía. Sin embargo, sí se sometió a una hysterectomy ya que las pruebas genéticas la identificaron como portadora de la mutación genética BRCA, lo que aumenta el riesgo de desarrollar cáncer de ovario. Una semana después de la hysterectomy, Maribel recibió la milagrosa noticia; ella ya no tenía cáncer.

Tres meses después, su fe las puso a prueba por segunda vez. Marisol había notado que sus senos estaban inflamados y un bulto aparecía y desaparecía con su periodo. Así que hizo una cita con su ginecólogo, quien le pidió que se hiciera una mastografía. Le hicieron una ecografía en los senos que mostró un tumor, lo que la obligó a someterse a múltiples biopsias.

El tratamiento de Marisol comenzó en Good Samaritan. Pero no estaba bien; ella se sentía enferma. Así que un día, mientras Maribel estaba en la oficina con el Dr. Zuniga para su cita, ella habló con Marisol por Facetime.



El Dr. Zuniga visitó a Marisol en Good Samaritan. Ese día, Marisol decidió comenzar su plan de tratamiento en NYCBS.

Cuando llegó la pandemia de la COVID-19, causó una conmoción en su mundo, lo que hizo que ellas estuvieran distantes. Maribel visitaba a Marisol en su casa y la saludaba por la ventana de afuera. Naturalmente, estaban decididas a vencer la enfermedad juntas, incluso si eso significaba estar separadas.

El tratamiento contra el cáncer de Marisol consistió en 12 rondas de quimioterapia y seis rondas de radiación. En mayo de 2020, se sometió a una doble mastectomía. Un año después, Marisol terminó su última quimioterapia rodeada de flores y globos por parte de las maravillosas enfermeras de NYCBS.

Reflexionando sobre el año, Marisol se enorgullece de decir que aprendió bastantes cosas nuevas sobre sí misma, incluido su talento para hornear. Marisol ayudó a pasar los días tristes aprendiendo a hacer pasteles especiales, de los que se ven en las fiestas elegantes.

Debido a que la pandemia interrumpió los planes de cumpleaños de su hija, hizo la promesa de que el próximo año sería mejor. Este año, Marisol le hizo a su hija una fiesta de cumpleaños completa con un pastel de unicornio hecho con sus habilidades.

"Estoy eternamente agradecida por la atención en NYCBS y la ayuda del Dr. Zuniga", comentó. "Te tratan como a una familia, y eso está más allá de la atención".

Sin duda, Maribel estaría de acuerdo. Su perspectiva ha cambiado desde ese primer día en el médico. Declaró: "Estoy muy feliz y me siento bendecida de tener el apoyo y la atención de mi familia y de NYCBS. Quiero vivir una vida larga y ver que mis hijas tengan éxito".

Fue difícil para Maribel pasar por un cáncer de mama al mismo tiempo que su hermana, pero lo que las unió fue la fe.

"Ella siempre me cuidó; ahora era mi turno de cuidar de ella", comentó.

Maribel y su sobrina (la hija de Marisol) se cortaron el cabello y lo donaron al St. Jude Children's Research Hospital.

El coraje es una de las mayores manifestaciones de fe. Maribel y Marisol creen que, "Dios les da sus peores batallas a sus mejores guerreros, pero también les da un ángel, y para nosotros, ese fue el Dr. Zuniga y NYCBS".

By Sarah Gould

BREAST

CANCER PREVENTION AND EARLY DETECTION

October is Breast Cancer Awareness Month. A time to sport your pink ribbons in support of all those who have fought, are fighting, or have lost their battle to breast cancer. However, though the most significant risk of breast cancer is female, it is not genderless cancer, and men are at risk too. When it comes to breast cancer, here's everything everyone should know to help aid in early prevention:

When Should Screening Start?

It's estimated that women who get regular breast cancer screenings increase their chance of survival by around 47 percent. Yet, breast cancer is still the second leading cause of cancer death among women in the United States. When to screen will depend on your age and family history. The average year to start a yearly mammogram is between 40 and 44 and will decrease as you age.

Factors That Increase Your Need For Screens

Average risk is defined as those who have no symptoms, no history of breast cancer (personally or in your family history), or those who have no history of mantle radiation. However, if you have any of the above, you may be at above-average risk for breast cancer. Some other reasons that can increase your risk include:

- History of atypical hyperplasia
- History of lobular carcinoma in situ
- Genetic predisposition such as a BRCA mutation

Depending on your risk factors, mammograms might begin earlier than 40 years of age, while others might require breast MRIS or ultrasound if dense breast tissue is present. For those who have a strong family history of this disease, genetic testing may help you have a better understanding of what your risk factors may be; high-risk patients may start mammograms as early as 25 years of age. However, no matter your genetic makeup, at-home checks should occur monthly about 3 to 5 days after your period – but are not limited to just women.

The Importance of At Home Checks for All

Before screenings even begin, it's important to do monthly at-home checks. Though this is often educated and pushed to females, men should often do them as well. Beyond feeling for lumps and/or any changes, you'll also want to look for signs of fluid coming from the nipples, changes in the skin such as dimpling or pucker, redness, rash, or swelling.

Men should often check by placing their fingers flat against the breast to push firmly in a small, clockwise circle, starting at the outermost top edge and working towards the nipple and ideally looking for any lumps, bumps, or changes in the skin. Finally, check both nipples for discharge or change of appearance.

If anything feels off or different, contact your doctor for a more detailed examination.
Please refer to the next page infographic for breast cancer facts.

Breast Cancer Care in New York

Cancer treatment is forever evolving, and here at New York Cancer and Blood Specialists, we are constantly working to find the latest treatment options available. Through research studies and constant education, we are proud to provide state-of-the-art treatment. Let's conquer cancer together!

BREAST CANCER

Stage Of Breast Cancer



Stage 1

Stage 2

Stage 3

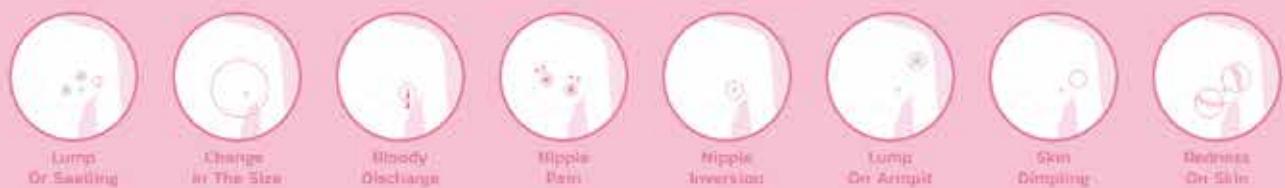
Stage 4



1 IN 8
WOMAN

Breast Cancer In The World

Breast Cancer Symptoms



Breast Cancer Risk Factors



Breast Cancer Prevention



Breast Self-Examination



Diagnosis of Breast Cancer



Breast Cancer Treatment





Breast Cancer Awareness: PET Scan Can Help with Early Detection



Breast cancer is the most common cancer in American women. Currently, the average risk of a woman in the United States developing breast cancer is about 12%, which means there is a 1 in 8 chance of developing breast cancer.

Breast cancer is also the second leading cause of cancer death in women. The chance that a woman will die from breast cancer is about 1 in 38 (about 2.6%). Men may also develop breast cancer, but it is much less likely than women.

Early detection is the key, as it is best treatable in the beginning. Mammography has helped reduce breast cancer mortality in the U.S. by nearly 40% since 1990. Mammograms can also prevent the need for extensive treatment of advanced cancers and improve chances of breast conservation.

New York Cancer & Blood Specialists offers the latest breast cancer detection with our Positron Emission Tomography (PET) scanner. PET represents the newest innovation in nuclear medicine, merging cutting-edge medical science with comprehensive computer technology. While X-rays, MRIs, CTs, and mammograms are limited to visualizing actual damage to the body's anatomical structure, PET focuses on the body's metabolic process, allowing for disease detection long before any damage occurs.

A single PET Scan can help facilitate cancer treatment of the lungs, prostate, breast, colon, head and neck, pancreas, esophagus, and ovaries.

GET YOUR MAMMOGRAM TODAY

By Sarah Gould



The COVID-19 pandemic put routine doctor appointments on hold for over a year, leading to a decline in cancer screenings. Now, women are overwhelmed with scheduling their primary care appointments, thyroid exams, and lipid panel tests. So, it's no surprise they are putting off their gynecologist visits—where they typically have their mammograms ordered — until next year.

"This has been a huge health concern," said Dr. Yelda Nouri, a hematologist-oncologist at New York Cancer & Blood Specialists (NYCBS). "Women are being diagnosed at later stages because they haven't had their screenings. So I offer every patient a script for a mammogram."

Prevention, detection, and early intervention are critical in the fight against breast cancer. Regular screenings such as breast self-exams, clinical breast exams, and annual mammograms are the most reliable ways to find breast cancer early. Since October is Breast Cancer Awareness Month, patients are encouraged to schedule regular screenings and perform breast self-exams.

Breast self-exams are especially important for younger women who are not candidates for mammography, but every woman should regularly look and feel for changes. Most self-exam findings are not signs of breast cancer, but any discomfort or changes in the breast's look, feel, or size still warrants evaluation.

"As women begin making these important screenings, they should be aware that the COVID-19 vaccine can temporarily cause swollen lymph nodes, resulting in mammographies to look aberrant or different," Dr. Nouri said.

When scheduling a mammogram, the patient's imaging center will ask COVID-19 vaccine-related questions to ensure scheduling the mammogram before the first dose of the COVID-19 vaccine or four to six weeks after the second dose.

To make an appointment, please call NYCBS at 1-833-CANCER9 or visit nycancer.com. For more information and screening locations, please visit timetoscreen.org.

David Eagle, MD Joins NYCBS

By Sarah Gould



New York Cancer & Blood Specialists (NYCBS), one of the Nation's leading oncology practices, is pleased to announce the addition of esteemed physician and Chair of Legislative Affairs and Patient Advocacy David A. Eagle, MD. He will be practicing at 365 E Main St. Patchogue, NY 11772, beginning October 15, 2021.

Dr. Eagle is board certified in hematology-oncology and has a focus on gynecological malignancies. He has practiced for over two decades, previously practicing in Lake Norman, North Carolina. He is a past president of the Community Oncology Alliance (COA) and a member of the American Society of Clinical Oncology.

Dr. Eagle obtained his Doctor of Medicine from the University of Virginia School of Medicine. After earning his medical degree, he completed his Internal Medicine Residency and Hematology/Oncology Fellowship at the University of Florida. Dr. Eagle is particularly interested in healthcare policy to ensure patients have the best options available and benefit from the astonishing scientific advances in blood and cancer medicine.

He is dedicated to patient advocacy and healthcare policy, ensuring patients have the highest quality affordable cancer care close to where they live. He believes that all oncologists need to stay current and work hard in today's rapidly advancing oncology field. "When a patient develops cancer, they need the best treatment now," Dr. Eagle said. "It is critical that physicians work to maintain a proper care environment for patients and that they include them in the decision-making process."

Dr. Eagle has published multiple oncology health policy and cost of care articles. He has previously served as an editorial board member for the journal *Oncology*. He has also appeared on The Oncology Show on Sirius XM's Doctor Radio channel and provided briefings on oncology health policy for congressional staff on Capitol Hill.

Dr. Eagle is excited to be part of NYCBS' dynamic, physician-led group and looks forward to becoming a part of the Long Island community.

"The addition of Dr. Eagle is nothing short of transformational," said Jeff Vacirca, MD, CEO of NYCBS. "His clinical knowledge, coupled with his advocacy and healthcare policy, has made him an oncology icon. We are so excited to add him to our family."

To make an appointment with Dr. Eagle, please call (631) 751-3000.

3rd Annual RAISING HOPE Golf Outing

About the New York Cancer Foundation:

The New York Cancer Foundation is a 501(c)(3) organization that offers financial assistance grants for non-medical expenses to qualifying patients actively undergoing cancer treatment in the Greater Metro Area (within the counties of New York City, as well as Nassau & Suffolk). The Foundation strives to relieve some of the financial burden patients face so they can focus on their treatment and healing.

On Monday, September 20, the New York Cancer Foundation (NYCF) hosted its 3rd Annual Raising Hope Golf Classic at the Nissequogue Golf Club. It was a lovely day as participants gathered on the green that overlooked Long Island's North Shore.

Patients, physicians, executives, and volunteers all came together for one reason - to help raise money for cancer patients in need. "We'd like to thank our supporters who came out in full force," said Nancy Viteritti, Executive Director of NYCF. "The weather was so beautiful. We were happy to welcome our new friends and sponsors." The generous support helped raise over \$100,000 to help benefit cancer patients.

Speakers of the night included Theresa Ryan, a former New York Cancer & Blood Specialists' patient and now a patient advocate for the NYCF, spreading hope and encouragement to those affected by cancer.



FIREFLY LANE

By Sarah Gould

When a novel prompted her to get a breast screening, Melissa Kishegyi, 44, embarked on a new chapter in her own story.

In June 2010, Melissa had a seeming brush with fate when she discovered a novel, *Firefly Lane* by Kristin Hannah, on her colleague's desk. Melissa, then 34, a bookworm, a teacher, and pregnant with her second child, never would have imagined that her love for reading would save her life.

In an improbable twist, a character in the novel was diagnosed with inflammatory breast cancer. After reading about signs associated with the disease, and noticing slight redness, swelling, and bridging in her own breasts, Melissa decided to see her obstetrician for a screening.

Her obstetrician referred her to The Fortunato Breast Health Center at Mather Hospital for a sonogram. After finding swollen lymph nodes on her collarbone, Melissa explained to the doctor about the book she read and her belief that she, too, had inflammatory breast cancer. Contrary to her intuition, the doctor suspected Mastitis, an inflammation of breast tissue that sometimes involves an infection.

Melissa was sent to a general surgeon for antibiotics. A common misconception about antibiotics is that they don't work on cancer. So when the infection calmed, and the redness went away, her lymph nodes became softer. The doctor performed a biopsy which confirmed her suspicion after all. Melissa was diagnosed with stage III inflammatory breast cancer.

The day following her diagnosis, Melissa had an appointment with an oncologist, Dr. Jeff Vacirca. Confident with his care, Dr. Vacirca put Melissa on a six-round course of chemotherapy so that she could have a full-term pregnancy. About four months later, Melissa welcomed her newborn son, Charlie, to her new family of four.

After giving birth to Charlie, Melissa finished chemotherapy treatment and began surgery. She underwent a double mastectomy, radiation, and reconstruction. As she healed, she began to set her sights on returning to work. By November 2011, Melissa had completed her treatments but was still on Herceptin, oral chemotherapy. Another year passed, and Melissa continued to make plans to return to work. She even began to look at houses closer to her school district.

A second diagnosis

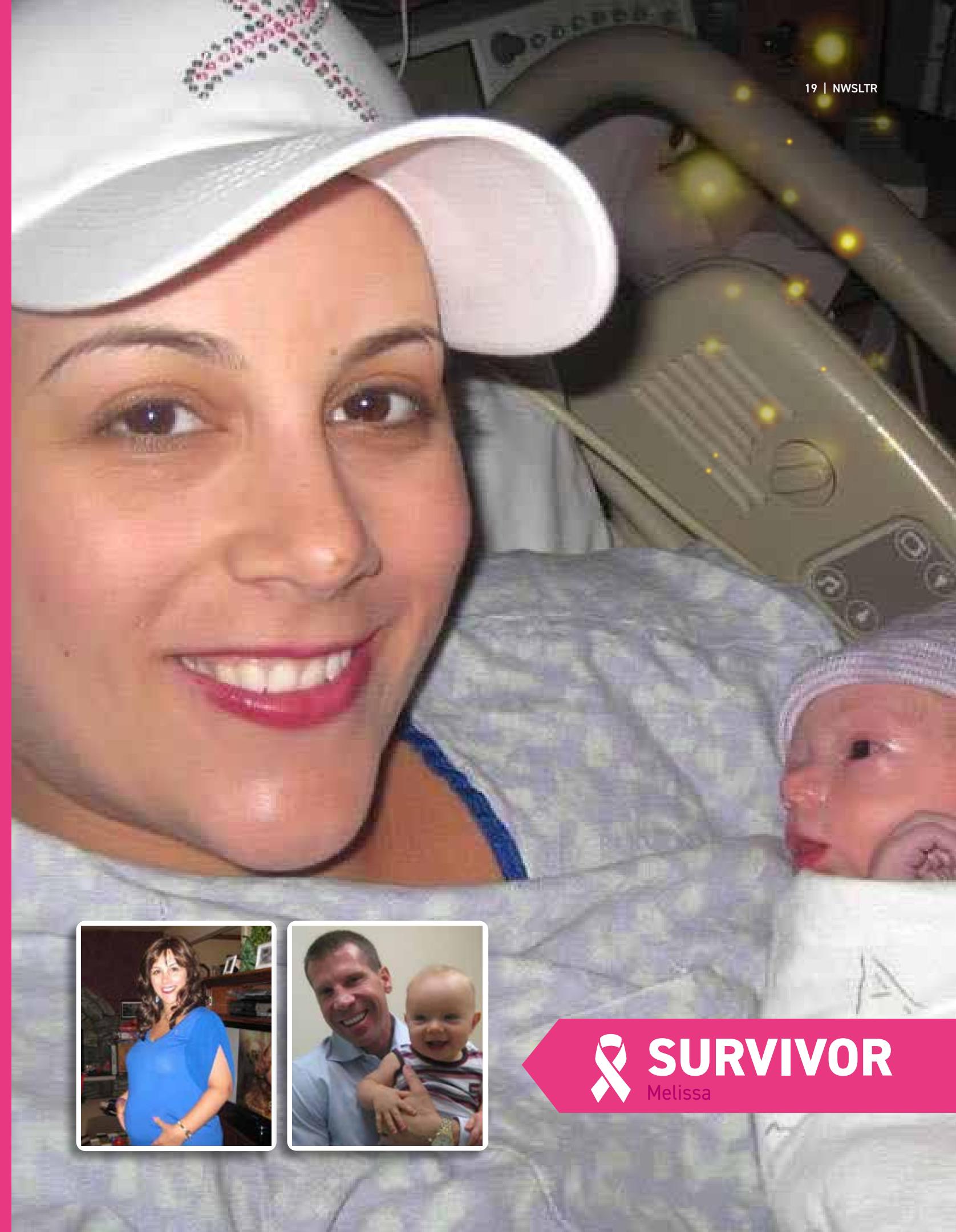
In January 2012, Melissa knew something was off. She found herself stuck in the hospital during a snowstorm with a brain tumor. "I remember it was 11:30 pm and Dr. Vacirca called to let me know he saw my brain scan and that I was going to be fine. He saved both my child's life and my life once, so I trusted him," she recalled.

The tumor was removed and Melissa was given oral chemotherapy and radiation yet again. Temporarily paralyzed on the right side of her body, Melissa was unable to walk or eat. She lost her hair a second time due to radiation and began physical therapy to regain her motor skills. Now, her biggest challenge is walking and maintaining balance but she continues to just make the best of it.

Confident in her future, time has a new meaning for Melissa. She credits her success to the individualized care that she received. "I'm able to live my life freely because I know that no matter what happens, I have a strong medical team behind me," she expressed.

Melissa's experience with breast cancer fueled her interest in advocacy and support for breast cancer patients. Currently, she volunteers for Mondays at Racine and Hope for Two, The Pregnant with Cancer Network. Melissa attends Young Survival Coalition conferences and enjoys speaking to other women in similar shoes. She recently attended a retreat in Utah for breast cancer survivors, where she met her new best friend.

We can all make a difference in the fight against cancer by being aware and pledging to help others. "Live in the present," Melissa urges.



SURVIVOR
Melissa

EMOTIONAL STRESS WITH BREAST CANCER



No matter the form, type, or stage, hearing the word cancer can provoke a lot of emotions. A cancer diagnosis is never an easy thing to hear, and for many, it can feel like it occurs at the worst time possible. When it comes to breast cancer, not only can the diagnosis feel like a wave of emotions, but treatment can lead to distress, especially when the proper support is not available.

It's important to know you are never alone and that it's ok to feel distressed at times. Here are a few things every breast cancer survivor, fighter, or recently diagnosed person should know when it comes to emotional stress and coping:

Diagnosis Might Evoke a Variety of Feelings

When you first hear the words "you have breast cancer," various emotions may occur. Some might be numb at first, in shock of the words they just heard. At the same time, others might instantly experience fear or anger that this is happening to them. It's natural for those who have undergone testing for a while to feel relieved to have a diagnosis or disbelief if symptoms aren't present. No matter how the emotions initially hit you, know that your feelings may change throughout the process, and it's ok to talk to your family, friends, or care team about how you are feeling, as they do.

Understanding It's An Adjustment

Whether you're going through a week of treatment, a surgery, or experience cancer for a second or third time, the process will always be an adjustment to your regular life and routine. There will be days you feel unwell, you might find that work takes a back burner, or socializing might feel different. Isolation can be common, but making gradual changes or being open and honest with those around you can help ease that feeling of loneliness.

Telling Those You Love

One step that can feel challenging to many diagnosed with breast cancer is when to tell those they love the most or how they will let their employer know. You might fear they will treat you or how they will react. However, you decide to tell those you love, or who you decide to tell, that it's a brave choice and that it's best to start with basic facts, diagnosis, and your treatment plan so that conversation and questions can progress on a natural level. Just remember there is no right or wrong on who you tell and when.

Finding Common Ground

Beyond being open and honest with your support group to avoid isolation, it's never a bad idea to find those who have had similar experiences. Many survivors are willing to share their feelings, journey, and time which helps bring that sense of community to those who need it. Your care team can help set you up with support groups.

Knowing Your Resources For Help

No matter what stage of breast cancer you are in, there are always resources available to help you. Reach out to your care team so you can get the proper resources you need.

The Latest Cancer Treatment Options in New York.

Cancer treatment is forever evolving, and here at New York Cancer and Blood Specialists, we are constantly working to find the latest treatment options available. Through research studies and constant education, we are proud to provide state-of-the-art treatment. Let's conquer cancer together!

BRCA GENE WHAT IS IT?

When it comes to breast cancer, early detection is vital for the best treatment options possible. While at-home breast exams and routine mammograms (based on age) are more widely known, genetic testing for those with a high family risk can also be considered.

If you already have a high rate of breast cancer in your family, you may have heard of the BRCA gene (often called the Breast Cancer Gene) but might not know the role it plays in your risk of developing cancer.

Here's what everyone with a high family history of breast cancer should know:

What is BRCA?

When breast cancer is inherited, it's often associated with an abnormal gene. Known as the BRCA gene and is identified as BRCA1 and BRCA2, these genes themselves do not cause breast cancer and are present in all humans. When working properly, they can play a big role in preventing it by helping repair DNA breaks (which often lead to cancer or tumor growth).

What BRCA Mutations Predict

When an abnormal change or mutation is present (inherited from the mother or the father's side), there will be a much higher chance of developing not only breast cancer but ovarian cancer too. The percentage that carries this mutation is small, but when present, it does impact your cancer odds and can be passed down to your offspring.

Knowing Your BRCA Mutation Risks

Not only does having a mutation of both the BRCA1 and BRCA2 genes increase your chance of getting cancer, but it can also increase your chances of an early diagnosis and may have a higher-than-average chance of developing other cancers down the road. For some, it might mean a more aggressive form of cancer, too. Though the mutation can seem to bring alarming risks, it is something that can be tested for, and just a small percentage of those who are diagnosed with cancer have these mutated genes.

If identified early, some might undergo preventive procedures to reduce their risk of breast cancer. Either way, all those living with a high volume of family members that have battled or been diagnosed with cancer should talk to their doctor about the possibility of genetic testing as part of their preventive care.

The Latest Breast Cancer Treatment Options in New York.

Breast Cancer treatment is forever evolving, and here at New York Cancer and Blood Specialists, we are constantly working to find the latest treatment options available. Through research studies and constant education, we are proud to provide state-of-the-art treatment. Let's conquer cancer together!

Radiation Treatment FAQ

Will I be radioactive after my radiation treatment?

External beam radiation is the most common type of radiation treatment used and consists of x-rays passing through your body to kill cancer cells. There is no active radiation source in your body at any point during or after the treatment, so you will not be radioactive and can safely be around other people.

Patients getting internal radiation (such as brachytherapy) can give off radiation for a short time and at a short distance. Patients getting internal radiation may need to avoid close contact with people. They also may need to take extra precautions when using the bathroom because their bodily fluids can emit radiation.

Will the radiation treatment hurt?

Radiation treatment uses invisible X-rays, and itself should not hurt or cause you pain. The daily treatment itself should be completely painless, although some patients feel discomfort with the actual treatment table. In general, side effects of radiation are cumulative, so depending on the treatment site, you may notice side effects slowly develop throughout your treatment.

Will I be able to drive myself to and from radiation treatment appointments?

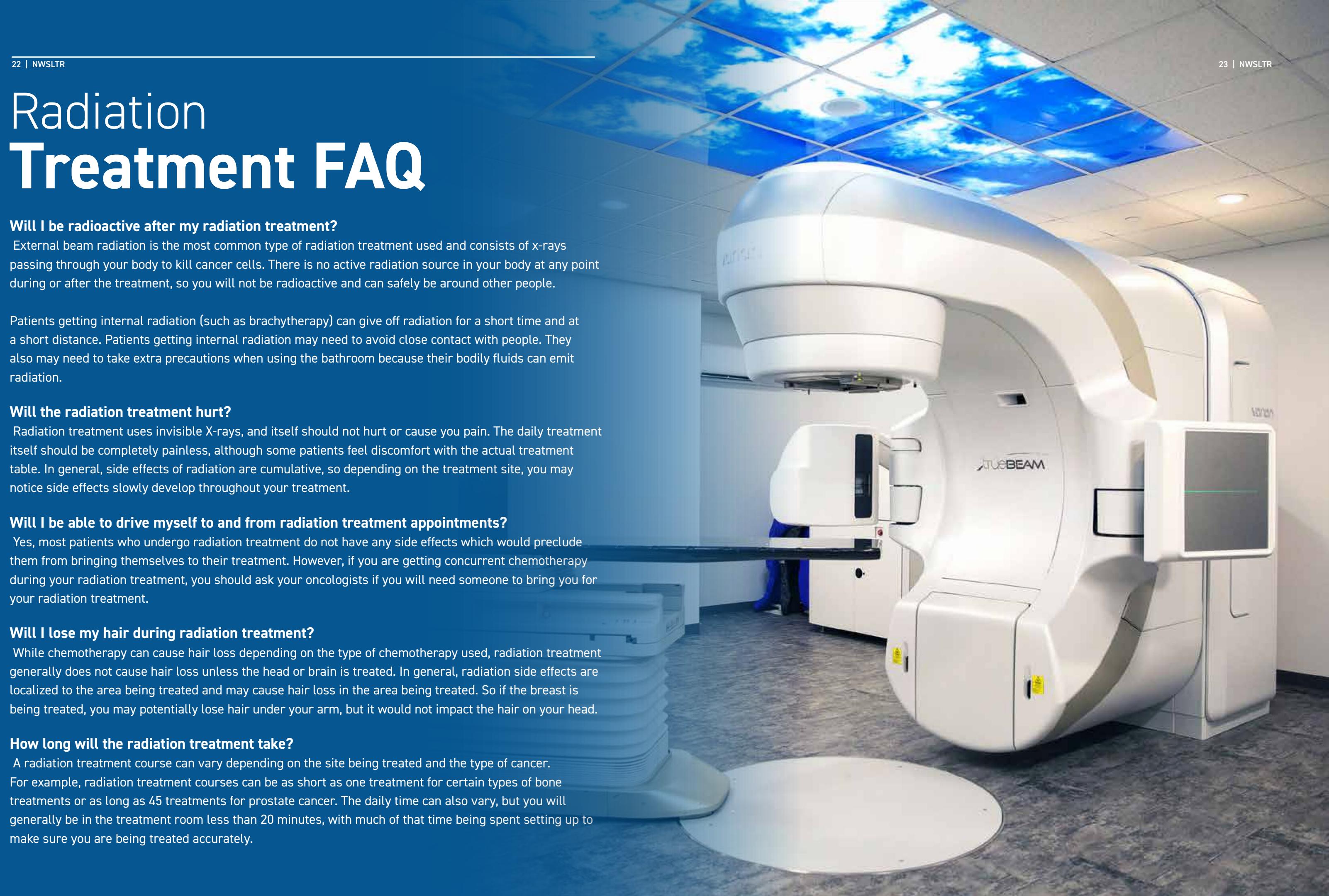
Yes, most patients who undergo radiation treatment do not have any side effects which would preclude them from bringing themselves to their treatment. However, if you are getting concurrent chemotherapy during your radiation treatment, you should ask your oncologists if you will need someone to bring you for your radiation treatment.

Will I lose my hair during radiation treatment?

While chemotherapy can cause hair loss depending on the type of chemotherapy used, radiation treatment generally does not cause hair loss unless the head or brain is treated. In general, radiation side effects are localized to the area being treated and may cause hair loss in the area being treated. So if the breast is being treated, you may potentially lose hair under your arm, but it would not impact the hair on your head.

How long will the radiation treatment take?

A radiation treatment course can vary depending on the site being treated and the type of cancer. For example, radiation treatment courses can be as short as one treatment for certain types of bone treatments or as long as 45 treatments for prostate cancer. The daily time can also vary, but you will generally be in the treatment room less than 20 minutes, with much of that time being spent setting up to make sure you are being treated accurately.



It's Apple Season

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

Did you know that 2,500 varieties of apples are grown in the United States? Although apples are available year-round, fall is the season for apple-picking—a fun-filled family activity.

Here are a few more fun facts about apples:

- Apples ripen 6-10 times faster at room temperature than refrigerated.
- Apples come in all shades of reds, greens and yellows.
- Apples are grown in all 50 states.
- Apples do not have fat, sodium or cholesterol.
- A medium apple is about 80 calories.
- Apples contain 5 gm of fiber. *Eat the peel! It contains two-thirds of the fiber as well as most of its phytonutrients.*
- The world's top apple producers are China, United States, Turkey, Poland and Italy.
- Almost 1 out of every 4 apples in the United States is exported.
- The apple is the state fruit for Illinois, Minnesota, New York, Vermont, Washington and West Virginia.

Here are some ways to enjoy apples:

- Slice up and pair with peanut or almond butter.
- Have a tasting - cut up a few varieties (*see table), taste and compare.
- Make applesauce or chutney. Spice it up with cinnamon and raisins.
- Make apple nachos. Slice up, drizzle on, and add toppings such as yogurt, cinnamon, crushed peanuts, raisins, and honey.
- Bake them.
- Add to salads (kale, fennel, fruit, etc.)
- Eat whole as a snack.

When you're purchasing apples, look for firm, shiny, smooth-skinned apples with intact stems and a fresh smell. Want some more recipe ideas? Go to recipes.heart.org (American Heart Association) and search apples. Support local agriculture and help make produce more available in communities.

Apple Type	How does It taste?	Best for...
Gala	Sweet, juicy	Snacking, salads
Red Delicious	Sweet, crisp, juicy (& delicious)	Snacking, salads
Golden Delicious	Crisp, sweet, mellow, juicy	Snacking, salads, pies, sauce, and baking
Jonagold	Crisp, honey-tart taste	Snacking, pies, baking
Ginger Gold	Sweet-tart, firm, juicy	Snacking, salads, pies, sauce, and baking
Cortland	Slightly tart, crisp	Snacking, salads, pies, sauce, and baking
Honeycrisp	Sweet, tart, very crisp	Snacking, salads
Paula Red	Sweet-tart, crisp	Snacking, cooking, sauce
Jonamac	Crisp, slightly tart	Snacking, salads, pies, sauce, and baking





Bernadette Ayala Assistant Director of Nursing Western

"Nursing has always been my passion. I was that little girl who covered her stuffed animals in Band-Aids and soon became that "crazy individual" who ran towards the chaos. But, with 20 years in the field, working in multiple capacities and specialties, I can say that working in oncology has been my biggest blessing. From a smile, which helps a patient start feel at ease at their first treatment, to holding a hand as they struggle with accepting their current reality; Every day, I get to do what I love and make an impact on someone's life.

Joining NYCBS a few years back has shown me the other significant aspect of nursing -- being part of a team. Growing together and supporting one another has been the backbone to getting through the most difficult of days and is one of the reasons why I am so excited to now have the opportunity to take on the role of ADON, western region. In this position, I look forward to working closely with all our clinical team members and collaborating on initiatives/projects that help provide the best patient care and support an environment that strengthens our teams--through knowledge and resources-- as we continue to expand."



IN LAKE SUCCESS

The center is located at 1 Delaware Drive, New Hyde Park, NY 11042, and offers advanced imaging technology, a women's health center, an interventional radiology suite, and has an adjoining New York Cancer & Blood Specialists medical oncology facility, bringing together world-class physicians, advanced diagnostics, and minimally invasive treatment all under one roof.

The women's health center will be led by Chief of Breast Imaging Corinne E. Tobin, MD. Dr. Tobin has over 25 years of expertise in all aspects of breast imaging: interpretation of 3D mammography, breast ultrasound, and breast MRI. She is also highly skilled in all breast interventional procedures: stereotactic, ultrasound, MRI-guided breast biopsy, ultrasound-guided aspiration, breast Savisout localization, and breast needle localization.

To deliver the community's highest quality women's imaging services, Dr. Tobin will be joined by widely recognized breast MRI expert Julian Safir, MD. Dr. Safir has over 27 years of experience and was inspired to enter the specialty of radiology while in college at Duke University, where he majored in biomedical engineering. His undergraduate studies at Duke included the study of building MRI, CT, and ultrasound equipment. Dr. Safir received his Doctor of Medicine from the University Of Maryland. He completed his diagnostic radiology residency at the Albert Einstein College of Medicine/Montefiore Medical Center and his fellowship in MRI at New York University Medical Center.

Dr. Michael J. Drabkin, Chief of Interventional Radiology (IR) and Interventional Oncology for NY Imaging Specialists, will spearhead the IR department to perform minimally invasive procedures using image guidance (X-ray, CT, ultrasound, and MRI) that would otherwise require more invasive surgery.

In addition to having expertly trained staff and utilizing the most advanced medical technology, our modern and spacious center is dedicated to providing patient-centered care and maintaining the highest safety levels. Its one-stop-shop enables patients to see their physician, schedule imaging and interventional radiology procedures in-house, all on the same day.

A scenic view of a pumpkin patch at sunset. In the foreground, there are two wooden wagons filled with pumpkins. One wagon is closer to the viewer, and the other is further back. The ground is covered with many small pumpkins. In the background, there are rolling green hills under a sky filled with orange and yellow clouds at sunset.

test your

PUMPKIN KNOWLEDGE

1 A pumpkin is a...

- a. Fruit
- b. vegetable
- c. gourd
- d. jack-o-lantern

2 A telltale sign that a pumpkin is fresh is...

- a. If the bottom is flat
- b. If it smells sweet
- c. If the stem is green and firm
- d. If you can easily puncture the skin

3 Which of the following is not in the pumpkin plant family, Cucurbitaceae?

- a. Tomato
- b. Cantaloupe
- c. Zucchini
- d. Cucumber

4 Giant pumpkins are grown.

- a. from giant pumpkin seeds
- b. from pumpkin seeds treated with fertilizer
- c. over several years
- d. in shaded areas of a pumpkin patch

5 What percentage of water is the average pumpkin?

- a. 20
- b. 40
- c. 70
- d. 90

6 How can you extend the life of a carved pumpkin?

- a. Rub vinegar over carved areas
- b. Freeze it
- c. Coat it with cooking spray
- d. Spray it with a bleach solution

7 How many calories are in a 1/2 cup of pumpkin?

- a. 25
- b. 40
- c. 50
- d. 75

Nutrition And BREAST HEALTH

Data suggest that 1 in every 8 women will be diagnosed with breast cancer in her lifetime. There are modifiable and nonmodifiable risk factors for breast cancer. Factors we can change include alcohol consumption, overweight and obesity, and low physical activity levels. You may feel that these are general and easier said than done, but the good news is "they can be done." As a Registered Dietitian Nutritionist, I will work with you to devise specific interventions to help you meet your needs, wants, and goals.

Many times I am asked about weight loss during treatment. Unlike most cancers, sometimes weight loss (if intentional) is okay and indicated during treatment for breast

cancer. It is important to maintain and obtain healthy body weight and prevent (or minimize) weight gain.

We work together to develop a plan for interventions during our sessions, whether before, during, or after treatment. Common problems I see are fatigue, lymphedema, vasomotor symptoms (hot flashes, sweating, flushing), musculoskeletal symptoms, bone loss, neuropathy, chemotherapy-induced nausea and vomiting, mouth sores, taste changes, weight gain (yes, you read that correctly), and other comorbidities like heart disease and T2D or other endocrine issues.

Inflammation – Excess weight can lead to

Eating a healthy diet, living a healthy lifestyle, and maintaining a healthy weight play a crucial role in survivorship.

How about a little science? Here are three ways excess body fat may contribute to breast cancer development. Estrogen – Since fat cells are the main site for estrogen synthesis, extra body fat increases estrogen, facilitating the spread of cancer cells.

Insulin – Increased weight typically leads to increased blood insulin levels. Higher blood insulin levels cause cells to multiply more rapidly, which can foster tumor cell growth.

Inflammation – Excess

chronic inflammation, leading to DNA changes that lead to cancer.

What can we do to achieve and maintain healthy body weight (BMI < 25) and prevent cancer recurrence and other cancers?

Eat more fruit, vegetables, and fiber for a potent dose of cancer-fighting plant foods. Choose low-fat foods. Replace saturated fats (palm oil, butter, red meat) with healthy monounsaturated fats (olive oil, canola oil, avocados), polyunsaturated fats (vegetable oil, soybean oil, sunflower seeds). Add flaxseeds to foods. It may offer protective benefits against breast cancer, especially for postmenopausal breast cancer. Aim for 1- 3 Tbsp/day.

Enjoy soy foods. Soy foods in moderate amounts (1 – 2 servings and even 3 servings) are

safe and may be protective among breast cancer survivors, even those taking Tamoxifen. Consume foods with Omega-3 fatty acids (e.g., fatty fish).

Engage in physical activity. Exercise helps promote gradual loss of visceral body fat stores while preserving lean muscle mass. Aim for 30 minutes 6 days/week plus 2-3 days a few resistance training reps.

Avoid weight gain. Obtain and maintain a healthy body weight (BMI 18.5-25). Minimize (or eliminate) alcohol consumption. Alcohol is a risk factor for breast cancer. It damages DNA which can lead to cancer, even at low levels. If you're not going to give up alcohol altogether, women should not consume more than one drink/day.

We're not always given choices in life, but it's an opportunity to be proactive with our health when we

are. Breast cancer is one of the most researched cancers (along with colorectal cancer). We have an excellent starting point for diet and lifestyle interventions per evidence-based recommendations for cancer health institutions such as the American Cancer Society and the American Institute for Cancer Research.

Again, seek the help of a Registered Dietitian Nutritionist to help you. We all need help when it comes to breaking down the research and turning the evidence-based guidelines into practical everyday action steps to promote better health. Unfortunately, there's a lot of unfounded information out there on the world wide web. There is no magic bullet to achieve weight loss and better health, nor is there a one-size-fits-all approach.

The Warmth of Autumn

The onset of cooler weather brings many people's thoughts of comfy, rich, sweet, and savory foods. But, can "heavier" foods be healthy? With a little moderation and portion control, yes, you can indulge in your fall favorites.

The fall season starts with the sweetest of holidays, Halloween. The key to a healthy Halloween is presentation and moderation. Whether you are dressed in costume to greet trick or treaters, hosting a party, or celebrating the season with festive food for your family, a balance of health and fun is all you need.

A light sprinkling of sugar throughout your table can provide festive fun without going overboard. For example, have a platter of dark chocolate-dipped bananas, strawberries, and apples on your table, serve 4-ounce size green monster smoothies (blend of spinach, apples, bananas, and pineapple), and add googly-candy eyes to float on top.

Clementines are the perfect "tiny pumpkins" to present on a platter. First, draw a spooky pumpkin face with edible markers or cut into the skin like a jack-o'-lantern. Next, peel a clementine and add a piece of brown licorice as a stem.

Place a small tabletop smoke machine in a witches cauldron to draw your guests to the healthy veggie appetizer table. Get creative with a charcuterie board and arrange raw vegetables, cheese, hummus, pumpkin seed tortilla chips, and apples in the shape of a ghost, skeleton, or jack-o'-lantern.

Not only are pumpkins symbolic of the fall season, but they also boast lots of nutrition. Star nutrients are vitamins A, C, and potassium. They supply lots of fiber too. Winter squash varieties such as acorn, butternut, carnival, delicata, Hubbard, Lakota, and red kuri squash are also very nutritious. Delicata is a type of winter squash in which the skin is more delicate and is edible. Hubbard squash ranks among the lowest in calories and carbohydrates but is higher in protein and fiber.

You can easily prepare most winter squash by slicing and roasting. Scoop out the seeds, season with olive oil, rosemary, and a touch of Himalayan salt, and roast in a 400° oven for 20 minutes or until tender. For a sweeter option, add a drizzle of maple syrup. Making a yummy soup or a creamy mash is always another delicious option.

When acorn squash is halved, it becomes the perfect acorn-shaped cup to fill with ground turkey, broccoli rabe, cranberries, and pine nuts. Another option is stuffing it with quinoa, kale, and parmesan shavings. Roasting with apples and rich fall spices like nutmeg, cinnamon, and sage will make a beautiful side dish. For a spicier dish, add herbs like cilantro or curry powder. Adding squash to your favorite chili recipe can bring a bit of sweetness to a cool-weather favorite. Add cubed squash to a spinach and arugula salad with a soft cheese like goat or gorgonzola for a lighter dish. Top with walnuts or pecans; it will add just the right amount of crunch to this autumn salad.

Here's one more idea to add to the repertoire - bake the squash seeds and add them to recipes. Many winter squash seeds are rich in magnesium, zinc, calcium, and potassium. Be creative! Dress up your standard holiday recipes with delicious and nutritious winter squash, and you will have savory and sweet additions to your holiday table.

Nutrition for 1 cup of each:

Butternut: 63 calories
16 carbohydrates
3 gms fiber
1.4gms protein

Acorn: 56 calories
15 gms carbohydrate
2 gms fiber
1.1 gm protein

Delicata: 76 calories
18 gms carbohydrates
2 gms fiber
1.8gms protein

Hubbard: 46 calories
10 gms carbohydrates
4.5gms fiber
2.3gms protein

By Michelle Slowey, MA, RDN, CDCES

EMPLOYEE OF THE MONTH

SPECIALISTS



Brittany Tricarcio, LPN

We're proud to recognize Brittany Tricarcio, LPN as our Employee of the Month!

Brittany is an implementation specialist who trains new hires and physicians with our EMR software, while implementing workflows to ensure each office runs smoothly. "I am beyond grateful and honored to be recognized as EOM. It came with great surprise and I will continue to learn, grow, and work harder to make each and every day better than the last" Brittany said. "As a graduate RN, I am looking forward to gaining skills, experience and knowledge in the infusion center in the future." Congratulations on your accomplishment!



PATIENT STORY

CHRISTINA

By Sarah Gould

"Everybody's story is different," says Christina Piel, a 50-year-old Special Education teacher and a patient of New York Cancer & Blood Specialists (NYCBS).

Adapting to COVID-19 wasn't the only challenge the Longwood School District educator and mother of three had to navigate. Christina was diagnosed with stage 1 breast cancer in September 2020 after a routine mammogram and needle biopsy came back malignant. Fortunately, her doctor caught the disease early, and her prognosis was good.

She describes the meeting with her surgeon at the Fortunato Breast Health Center. In Christina's case, her surgeon removed the lump and sent her to an oncologist, Dr. Yelda Nouri, at NYCBS. Other people had their opinions on where she should receive treatment. Christina, however, "knew immediately upon meeting Dr. Nouri and the ancillary staff that she was in the right place."

Christina underwent a lumpectomy and 12 weeks of chemotherapy. "Oddly enough," she says. "It became my routine; a reason to get out of the house." For Christina, treatment wasn't always a breeze. "Mild fatigue, mild nausea, but severe anxiety," she said of her experience with chemotherapy. "Everyone in the office was so friendly and helpful. The nurses sensed when I was anxious, and their calm demeanors helped me relax."

She also found comfort in the well-coordinated care, making her treatment feel simple, as well as the numerous services offered to her. Christina was tested for an inherited genetic mutation since her mother had breast cancer years ago. Her results came back negative, putting her at ease.

Ultimately, the most significant reassurance came from her friends and family. Every Tuesday, while she was at treatment, her colleagues and students showed their support by wearing pink t-shirts to school. When she would get home, she'd find a "little something" left by her children. Her neighborhood even rallied together to provide her family with food and gifts, especially around the holidays. "I have an amazing support system," Christina said.

Her greatest love and support came from her husband, who would always bring her to and from treatment. Today, five months later, thanks to early detection, Christina celebrates her last day of chemotherapy. Standing outside, awaiting her exit, he holds a sign with an important message for the disease. "Sorry, Cancer. I'm taking my wife back!"



"Everyone in the office was so friendly and helpful. The nurses sensed when I was anxious, and their calm demeanors helped me relax."

The Role of Breast Cancer Classification as a Guide to Therapy

Breast cancer is caused by the uncontrolled growth of cells in the breast. The most common cancer in women, breast cancer management relies on the availability of robust clinical and pathological prognostic and predictive factors to guide patient decision making and the selection of treatment.



After a diagnosis is confirmed, a cancer care team, such as the professionals at New York Cancer & Blood Specialists, define a treatment plan, and make a prognosis. Breast cancer is a highly heterogeneous disease that can be divided into subtypes based on pathological markers.

The most important marker is the estrogen receptor which determines estrogen-positive breast cancer and estrogen-negative breast cancer known as HER2. Breast cancer cells with higher than normal levels of HER2 are called HER2-positive. Classifying breast cancer based on hormone receptors and HER2 status help to guide the best treatment decisions and target different forms of breast cancer. It is important to know whether a breast cancer's estrogen and HER2 status are negative or positive for the most effective treatment. There are drugs that will target the estrogen receptor and the HER2 receptor. About 10 to 15% of breast cancers express male hormones, which are called androgen receptors. One of the other groups is called

triple-negative breast cancer, which is estrogen, progesterone, and HER2 negative. Noshir DaCosta, MD, a New York Cancer & Blood Specialists hematologist/oncologist explained, "The New England Journal of Medicine recently published a study that looked at using immunotherapy drugs, which are PD-1 or PD-L1 inhibitors. These inhibitors were found to be very effective in triple-negative breast cancers. So, those are different ways in which the classification actually helps us in terms of guiding treatment. And that's really the role of classification as a guide to therapy."

It is also important to know whether there is a genetic etiology behind a patient's breast cancer. A small percentage of people have an inherited gene mutation that increases the risk of breast cancer. BRCA1 and BRCA2 genes are the most well-known mutations. In addition to mutations in BRCA1 and BRCA2 genes, there are a host of genes that can run in families such as the PALB2 mutation, which could cause breast cancer.

These breast cancers can be estrogen-negative or estrogen-positive and could be triple-negative. They could have variable HER2 expression and the genetic forms of breast cancer could express different receptors. It's important to know whether breast cancers have a BRCA1 or BRCA2 gene because there is a group of drugs called the PARP inhibitors, that will target breast cancers with the BRCA1, BRCA2, or the PALB2 gene. That's a whole different aspect of treating breast cancers. New York Cancer & Blood Specialists offers genetic testing as well as individually tailored treatment options. "We have a wonderful staff that really cares about every patient,"

Dr. DaCosta said. "We're local. We live where our patients live. We practice a very high quality of medicine. The quality of oncology care we practice is far above and beyond the kind of care that's delivered by large institutions. At New York Cancer & Blood Specialists, we have such highly trained physicians, nurses, and staff that practice at a level that most institutions can only dream of."

Beyond the Diagnosis: Cancer and Fertility Preservation



Being a mother comes with its challenges and rewards, you discover strengths you never knew you had while conquering fears you never knew existed. A cancer diagnosis can provoke the same emotion. Aspiring mothers battling cancer endure the risk of infertility but do not need to go through their journey alone. While fertility preservation for the future may not be one's first consideration, it is of great importance to be aware of the options available to young women as they conquer their cancer.

New York Cancer & Blood Specialists along with the advances in reproductive medicine can help provide women diagnosed with cancer, and several options when considering fertility preservation. Because undergoing treatment can affect the ovaries, fertility preservation gives women the option to delay childbearing. In these instances,

fertility preservation can be done by freezing embryos, eggs, and ovarian tissue beforehand.

"One of the most important things we as physicians can realize is that we always think our patients just want to be cured of cancer," said Dr. Yelda Nouri, hematologist/oncologist at New York Cancer & Blood Specialists (NYCBS). "We have to look beyond that. For some women, having their breast cancer cured may be meaningless if they don't have that child they've always wanted."

Patients undergoing fertility preservation can expect frequent ultrasound imaging and very close monitoring. Fertility specialists use many different medications to tailor to the needs of certain women. Despite the ongoing pandemic, patients with special circumstances can still see a fertility specialist. For instance, a cancer patient

who needs to go on tamoxifen, or have surgery will have to egg bank as quickly as possible. If it cannot be done in a safe fashion then that is a discussion the patient has with their doctor.

At NYCBS, patient safety is paramount. Physicians work closely with fertility specialists to modify treatment protocols. If a patient has estrogen-positive breast cancer, treatment is modified to decrease the chance that the hormones can adversely affect the patient.

Dr. Nouri said, "Our number one priority is the patient. If we can cure their cancer but also help them achieve their dreams and goals safely and successfully, then we're all about that."

**To contact NYCBS, please call
1-833-CANCER9**



Palliative Care and Breast Cancer



Breast cancer is.... So many things

Patients with a breast cancer diagnosis will often have many different modalities as part of their treatment regime. These can include surgery, chemotherapy, hormone therapy, and/or radiation. These treatments can bring various side effects, such as pain, nausea and vomiting, fatigue, shortness of breath, depression, and changes in the appetite or bowels. It is often overwhelming when faced with both a new diagnosis and a complex treatment plan.

But the actual disease is only a part of a patient's struggle. Besides the physical aspect of what patients experience, there is a solid emotional and psychosocial component. Every patient is fighting a different battle, yet many patients assume all breast cancer is the same.

Providing an additional layer of support is correlated with positive treatment outcomes for many chronic conditions, including breast cancer. In addition, it significantly reduces the stress arising from cancer diagnosis and improves emotional well-being.

Delivering informational support and providing patients with a better understanding of breast cancer treatment procedures, focusing on healthy nutrition, staying active, getting proper rest, and education on their individualized treatment plans is important to include in the care of this patient population.

Incorporating palliative care as part of the treatment plan allows collaboration with the other modalities so that people living with breast cancer experience reduced symptoms, better communication, and psychological and spiritual care. The goal is to control symptoms so that our patients can undergo treatment and live as normal of a life as possible. Palliative care is essential for any stage of breast cancer, no matter the prognosis, and it works best when implemented early.

In this beautiful month of October, focus on the changing season, the crisp air, falling leaves, and beauty around you. Look at how you evolve each season and just how far you have come. For our patients, continue to provide support and encouragement. Allow them to experience all the emotions that come with a diagnosis. Smile, cry or laugh with them; permit yourself to express the feeling as it comes as it provides such a sense of relief.

Remember everyone's journey is different but celebrate even the littlest milestones and do something for you because it can bring a little light to a difficult time.

KENYA

Kenya Smith began working as an administrative assistant at New York Cancer & Blood Specialists in November 2020 to help others.

Just 14 months earlier, at the age of 43, Kenya was diagnosed with stage 3 breast cancer. She felt a lump in her breast but assumed it was only a cyst since that had been the case with her sister not too long before. About a year later, she noticed the lump getting bigger, so Kenya made an appointment with her physician. Her mammogram results came back positive, and the mom of four began treatment.



Kenya underwent a lumpectomy, 30 rounds of radiation, and 8 rounds of chemotherapy, finishing her treatment in June 2020. She is now in remission and receiving follow-up care with Dr. Amishi Desai.

With October being Breast Cancer Awareness Month, Kenya encourages women and men to make their routine exams, talk to family and friends, and seek help when needed.

Kenya had a professional photoshoot taken to empower herself. Well, her photoshoot also empowered women worldwide as it was featured in an AVON catalog. Her message to those going through breast cancer treatment and survivorship is, "Be positive. Stay strong."

Her messages to others, "Please, if you have a loved one who has ever been diagnosed with cancer, remember this. They may never talk about it or they may talk about it often. Listen to them.

KENYA SMITH

They aren't asking you to make it better. They want you to sit with them in their fear... their sadness... their anger... just for the moment. That's it.

Don't try to talk them out of how they are feeling. That doesn't help. It will only make them feel like what they are going through is being minimized. Don't remind them of all the good things they still have in their life. They know. They are grateful.

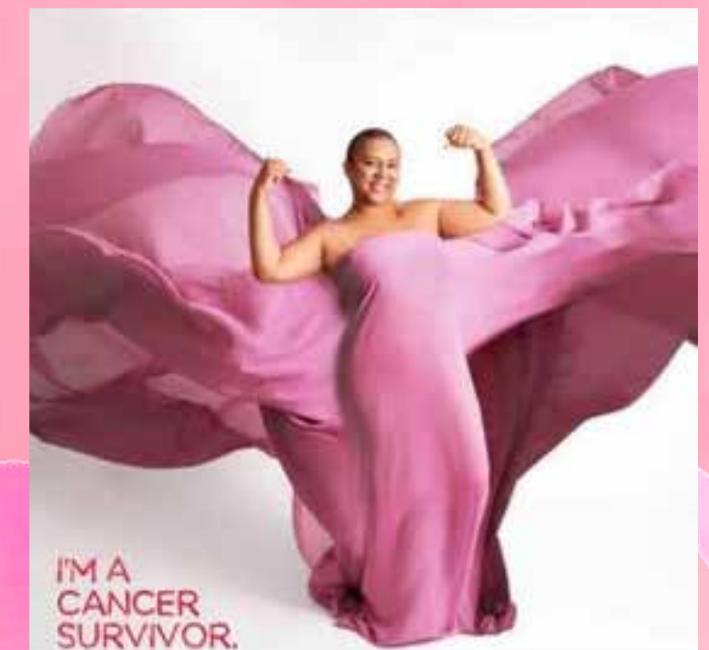
But some days, they are more aware of that gun pressing on their CHEST. They may need to talk about it. Offer them an ear."

Imagine you're going about your day, minding your own business, when someone sneaks up behind you. You feel something press up against your BREAST, as someone whispers in your ear.

"Ssshhhhh.... don't open your eyes. Just listen. I am holding a gun against your BREAST. I'm going to keep it there. I'm going to follow you around like this every day, for the rest of your life."

"I'm going to press a bit harder, every so often, just to remind you I'm here, but you need to try your best to ignore me, to move on with your life. Act like I'm not here, but don't you ever forget... one day I may just pull the trigger... or maybe I won't. Isn't this going to be a fun game?"

This is what it is like to be diagnosed with CANCER. Any stage of CANCER. Any KIND of CANCER. Even REMISSION does not change the constant fear. It never truly goes away. It's always in the back of your mind.



Poem written by Sherry McAllister

By Sarah Gould

Alcohol & Cancer

Is there a link between alcohol and cancer?

The majority of people don't know this, but there is. Alcohol was first deemed a carcinogen in 1988 by IARC (International Agency for Research on Cancer), which is part of WHO, World Health Organization. Alcohol increases the risk for breast, esophageal, liver, colorectal, stomach, and oral cancers (mouth/pharynx/larynx). These are the six cancers for which there is evidence-based research, but that does not mean that alcohol doesn't affect other cancers.

In 2017, ASCO (American Society of Clinical Oncology) acknowledged alcohol as a carcinogen for the first time, which was a huge step in bringing awareness of alcohol as a carcinogen to the general public, oncologists, and other medical professionals. In this report, ASCO also acknowledged the harmful impact alcohol could have on patients battling cancer.

When alcohol breaks down in the body, acetaldehyde, a carcinogen, is produced. Acetaldehyde breaks and damages DNA (within blood stem cells), leading to chromosome rearrangement and alteration of DNA sequence.

Research surrounding the exact mechanism (or mechanisms) of how alcohol can induce cancer malignancies is ongoing. In theory, it causes chronic inflammation and increases levels of estrogen, which may help cancer cells grow.

What are the current recommendations?

To lower cancer risk, the American Institute for Cancer Research (AICR) recommends not to drink alcohol, which is quite a powerful recommendation for abstinence. However, that's because alcohol and cancer risk starts at low amounts of alcohol for some cancers such as breast, colorectal and oral cancers (mouth, larynx, pharynx). Therefore, the AICR and other authoritative bodies agree, if you are going to drink, limit it to one standard drink a day for women and two standard drinks a day for men.

One standard drink provides 14 grams of pure alcohol (ethanol). So one drink is equivalent to 12 fl oz. of regular beer (5% alcohol), 5 fl oz. of table wine (12% alcohol), 8-9 fl oz. of malt liquor, and 1.5 fl oz. of 80-proof spirits (that's your hard liquor - whiskey, gin, rum, vodka, tequila).

It is imperative to be aware that not all drinks are equivalent and poured equally. Even though there are standard portions, precise measurements aren't always available, and some "pours"

are more generous than others. And if beer is your drink of choice, craft beers usually contain more alcohol than regular. So, in a nutshell, we could be drinking much more alcohol than we think. Consuming even moderate amounts of alcohol can raise the risk of breast cancer.

"Isn't red wine supposed to be good for your heart?"

Red wine has been touted in news headlines because it may have protective effects on coronary heart disease. There is "some" truth to that research. Red wine contains the phytochemical resveratrol, which has been shown in studies to be an inducer of multiple cell-death pathways (such as apoptosis, mitotic catastrophe). The positive information in these studies is what tends to get cherry-picked for the news stories. The reality is that drinking too much alcohol (of any kind) can raise blood triglycerides levels, negatively affect other cardiovascular issues, and increase the risk of some cancers. And for the record, you can also find the cancer-fighting phytochemical resveratrol in healthy foods, such as peanuts, grapes, and some berries!

*The following statement is the Current Position of The American Heart Association:
"How alcohol or wine affects cardiovascular risk merits further research, **but right now, the American Heart Association does not recommend drinking wine or any other form of alcohol to gain these potential benefits.**"*

If you drink alcohol, are you destined to get cancer? No, some people smoke and never get cancer. Sometimes it's the luck of the draw. This is because our bodies have natural protective mechanisms to fix and repair the damage. For some, this system works well.

It's important to note recommendations also apply to prevent cancer recurrence. Research (as would be expected) on "survivors" also shows a correlation with people who had the highest alcohol intake to 17% increased recurrence and 8% all-cause mortality compared with people with the lowest intake.

There are always healthy steps to take in making positive lifestyle changes. Patients can choose better beverages and opt for water, seltzer, tea, and coffee. To spruce things up, try mocktails with water, seltzer, or green tea. Adding different fruit, veggies, and fresh herbs makes drinking and hydrating so much more exciting and enhances the flavor. Doing my own "observational studies," I can assure you that it makes people drink more and improve overall hydration!

The Bulletin Board

Support the New York Cancer Foundation

Do you or someone you know have the need to provide a donation? Financial assistance? Rides to and from treatment? To be an advocate? If you've answered yes to any of the above, please call our toll-free line at **1-833-588-6923**, or scan the QR Code, or go to our website: nycancerfoundation.org.



METASTATIC BREAST CANCER AWARENESS EVENT

The New York Cancer Foundation is proud to host the 2nd Annual "A Day for Patients Living with Metastatic Breast Cancer" Event on October 23 at the Port Jefferson Country Club. This Pfizer-sponsored event is free and is open to those affected by metastatic breast cancer.

A panel of doctors will discuss the latest in treatment and address any questions concerning metastatic breast cancer. Additionally, numerous topics will be addressed to benefit the patients' well-being, including palliative care, psychology, research in clinical trials, and financial assistance.

With October being breast cancer awareness month, there is no better time to get involved. To RSVP, email Julie Ann Plantamura at jplantamura@nycancer.com or call 631-574-8355.

Answers To Pumpkin Quiz

ANSWER KEY:

- a. Fruit (because it develops from flowers and contains seeds)
- c. If the stem is green and firm
- a. Tomatoes
- a. From giant pumpkin seeds
- d. 90% water
- d. Spraying it with a bleach solution
- b. 40

Nutrition Department Update

- The Nutrition Team is always available to see any patient and assist you in any way, even if we are not based in your center.
- Our philosophy is aligned with that of the Chronic Care Model. We take a proactive approach to life before, during, and after cancer treatment.
- We continue to attend various educational programs to be an effective and knowledgeable resource for our patients, doctors, NPs, RNs, and staff. Collaboration with all healthcare professionals and staff is key to meet our patient's needs best.
- Congratulations to Michelle Slowey on her certification in Level 1 Reiki training. Reiki is a holistic wellness practice that promotes balance and well-being in the body, mind and spirit. Through gentle touch the Reiki practitioner may help to stimulate the body's natural healing abilities.
- Congratulations to Lauren McGarty on passing the Certified Diabetes Care and Education Specialist (CDCES) exam.
- October 4-8 is Malnutrition Awareness Week

Upcoming Holidays & Events

October 23, 2021

The 2nd Annual A Day for Patients Living with Metastatic Breast Cancer
44 Fairway Dr, Port Jefferson, NY 11777

October 23-24, 2021

Pumpkin Park
2245 Broadhollow Rd, Farmingdale, NY

THE NEW HIRES

Ainsworth Samuels (Senior IT Technician)
Alexis Todd (Unit Coordinator)
Anquista Smith (Receptionist)
Ansernis De Los Santos (Call Center)
Anthony Mahoney (Call Center)
Antonia Morales (Lab MA)
Bianca Narducci (Receptionist)
Brittany Kaliscik (Director of Patient Experience)
Christopher Taylor Jr. (Information Security Analyst)
Claudia Nunez (Receptionist)
Colleen Satornino (Call Center)
Danielle Oswald (Lab MA)
Dae Kyu Choi (Pharmacist)
Debra Jemison (PA)
Delinda Collier (Lab MA)
Delmariz Valdivia (Receptionist)
Dianara Perez (MA- ACP)
Elizabeth Reyes (Triage RN)
Elizabeth Robinson (Receptionist)
Ellyse Brickers (Call Center)
Evelyn Martinez (LPN)
Francis May (Inventory Associate)
Genevieve Bellber (RN)
Georgia Theophanous (Reception/Unit Coordinator)

Gina Smith (Ultrasound Technologist)
Giselle Fuentes (Patient Scheduler)
Hailey Marzagliano (Call Center)
Hany Fahmy (Pharmacist)
Isabella Rizzo (Lab Technician)
Jaklin Aoad (Receptionist)
Jacqueline Schebece (RN)
Janice Campbell-Brewster (NP)
Jeanette Abreu (MA)
Jeanette Case (Receptionist)
Jessica Jordan (LPN)
Jennifer Galvan (MA)
Jennifer Gill (NP)
Jessica Nemeth (Clinical Research Coordinator)
Jocelyn Vasquez (LPN)
John Milici Jr. (PA)
Johnny Tavarez (Radiology Technologist)
Juan Rodriguez (Lab MA)
Karla Cruz (MA)
Katherine Paredes (Receptionist)
Keri D'Agostino (CCM MA)
Keriann Soricelli (Ultrasound Technologist)
Kristina Vetrano (Call Center)
Leilani Selassie (Call Center)
Manshao Michelle Kuang (RN)
Marisa Howell (Lab MA)

New COVID-19 POLICY



In accordance with NYS guidelines and NYCBS' policy, face coverings are required. In addition, please keep your nose and mouth covered.



Patients can now bring a companion with them during a doctor or treatment visit as long as they can prove COVID vaccination, such as a COVID vaccination card or Excelsior Pass.



All patients, staff, and companions must still wear a face covering while inside any NYCBS facility, and we will continue to check patient and visitor temperatures at the door and ask about any COVID-related symptoms.



Staff should monitor their temperature before each shift and report any COVID-19 symptoms immediately to their supervisor.



OPEN POSITIONS

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PET/CT SCANNER (Full Time/
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Flow Technician
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Staff Hematologist/Medical
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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.