

#SPECIALIST

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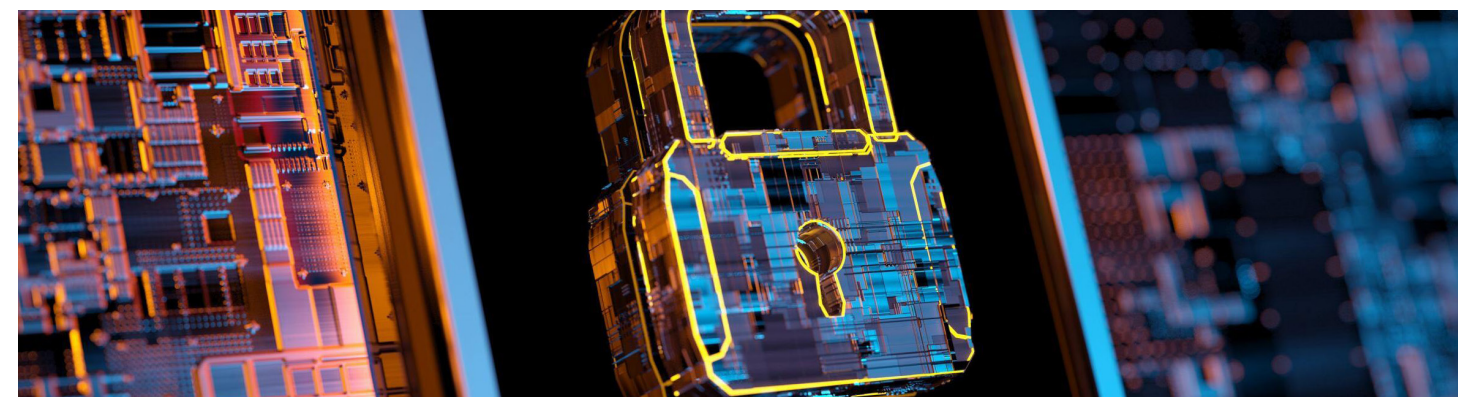
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Bulletin

7th Annual Clinical Education
Conference
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A MESSAGE FROM THE CEO

My Friends,

October is Breast Cancer Awareness Month.

At New York Cancer & Blood Specialists, we continue to provide world-class treatment and support services to the many women and men currently undergoing treatment for or living with breast cancer.



Breast health is an important topic for all women and men. Fortunately, today breast cancer is much more treatable and even curable with early detection. Two simple detection methods are breast self-examination and mammograms, which not only reduce the risk of death from breast cancer but also affords more treatment options.

In this pink edition of *The Specialist*, you'll learn more about breast cancer and women's wellness, like why you shouldn't forgo your annual exam and how to practice breast self-care at any age. We discuss different treatment options, how palliative care can add an extra layer of support, as well as the role of nutrition and lifestyle habits.

Our fellowship-trained mammographers, breast cancer surgeons, breast oncologists, and designated breast centers allow us to provide our communities diagnostic women's imaging and comprehensive breast cancer care services. Together, as a community of health care professionals, researchers, advocates, and individuals, we can work towards a world free of breast cancer.

Warm regards,

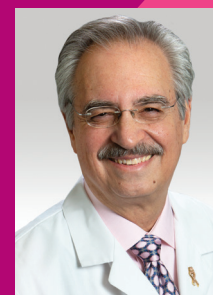
Dr. V

Patient Feedback



Dr. Craig Larsen

"Describing him in two words. THE BEST!"



Dr. Dwight DeRisi

"Dr DeRisi is an amazing surgeon his vast experience and optimism helped me get through an extremely difficult situation. I myself am a physician and I chose Dr DeRisi to perform my surgery- I recommend him without reservation to anyone who is in need of breast surgery ."



Dr. Nella Shapiro

"I am grateful for her care, devotion, and expertise! I am a 20 years breast cancer survivor and a patient of Dr. Shapiro who did a breast lumpectomy on me 20 years ago!"



Dr. David Mangiameli

"I am very grateful to have Dr Mangiameli as my breast surgeon. He made the entire process from the diagnosis to the surgery and post surgery appointments, an easier experience than I expected. He's thorough, knowledgeable and a prolific surgeon. He and his staff (including the amazing ladies at the front desk, his incredible assistant Hydra and all the other helpful staff members) are welcoming, kind and very courteous. If you require a breast surgeon, make sure to contact his office. I'm trusting you'll be very pleased."





Patient Story:

Mary Lou Eyester Gonzalez

"I have more support than anybody I know," said MaryLou Eyester Gonzalez, an RN Care Manager for a home care company and a New York Cancer & Blood Specialists (NYCBS) patient. MaryLou has always had a tight-knit relationship with her husband of 33 years, family, and friends. But she never expected it would be a breast cancer diagnosis that would bring them even closer.

After discovering a benign papilloma in 2015, MaryLou was vigilant about her breast health. However, she was late for her annual mammogram screening. So when she felt a lump in her breast in December 2019, she immediately contacted her breast surgeon. Much to her shock and dismay, the mammogram and ultrasound tests detected breast cancer and that the breast cancer had spread to one lymph node. Ironically, she recalled, it was her son's birthday.

MaryLou headed straight to NYCBS—where many of her loved ones went previously—for an appointment. "Everyone is so friendly, kind, and caring," she said. "Having a place where you feel safe and cared for can make a huge difference when going through something as difficult as cancer."

Within 24 hours, MaryLou received an appointment with oncologist Dr. Noshir DaCosta and Nurse Practitioner Janet Badalamenti. That same week, MaryLou had a port-a-cath implanted and began chemotherapy treatment. Because MaryLou had triple-positive breast cancer (cancer cells grow in response to estrogen, progesterone, and a growth-promoting protein outside of all breast cells known as HER2), her treatment required a little trial and error. The cancer was not responding to the first two rounds of treatment, so Dr. DaCosta switched her chemotherapy to a four-drug neoadjuvant cancer therapy designed to treat early-stage HER2-positive breast cancer. After that, the tumor began to shrink, and MaryLou received treatment once every three weeks for six months.

The next six months of treatment were crucial for MaryLou. "My daughter was getting married in July," she said. "I was panicked. I told myself I have to finish chemo before." The hair loss was devastating. "My hair came out in clumps. It was very upsetting," she said. "But once I shaved my head, I got used to it. I went without a wig more often than not."

A month before the wedding, MaryLou accomplished her goal of finishing treatment. "You create little goals to help get through it. But, the main goal was to get back to myself," she said. The morning after the wedding, MaryLou underwent a bilateral mastectomy with tissue expanders. After surgery, she saw Dr. Cirrone for radiation treatment, which caused capsular contracture, a common adverse outcome following breast reconstruction. She eventually removed the implants and later opted for a flap reconstruction.



It wasn't long after COVID-19 impacted the world. "NYCBS was amazing," MaryLou said. "They had a drive-up testing station, which made it safe and convenient." Unfortunately, MaryLou and her husband had gotten sick with pneumonia. But her care team had arranged for her to get COVID-19 antibodies. "They saved me with that antibody," she said. "I was never admitted to the hospital for anything except for my surgeries. NYCBS kept me home."

MaryLou believes the people and treatment set NYCBS apart from anywhere else. "NYCBS is open seven days a week and offers hydration," she said. "No matter where anyone lives, NYCBS is nearby. It makes a huge difference when you don't need to travel far."

In addition to the wonderful care she received from Dr. DaCosta and Janet, MaryLou appreciates having access to other services such as palliative care, nutrition, psychology, and physical therapy. It has been a rough three years for MaryLou, but she is now cancer-free and beginning to return to normalcy. On top of her daughter getting married, her husband retired from the police department, her son-in-law became a police officer, her son entered the police academy, and her daughter gave birth to her first granddaughter.

"You appreciate your time with family and the memories you create," MaryLou said. "You go through these milestones together because that's what life's about."

Now MaryLou is a proud member of the NYCBS Patient Family Advisory Council. "I saw a post on Facebook and asked how I could get involved," she said. "I want to give back."





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What is

BREAST CANCER?

Breast cancer is cancer that forms in the breast. Normally, cells in our body divide and grow to replace old cells that have died. But, sometimes, cells divide, grow out of control, and form abnormal cells. This leads to too many cells. The extra cells then collect in the breast and form a tumor. Breast cancer is a tumor that starts in the cells in the breast.

Breast cancer happens most often in the ducts (the tubes that carry milk to the nipple) and the lobules (the glands that make the milk). Metastatic breast cancer is cancer that has spread from the breast to other parts of the body. Breast cancer that has spread to other body parts, such as the lungs, is still called breast cancer, not lung cancer.

How common is breast cancer?

Breast cancer is the most common cancer in women in the United States, except for skin cancers. It is about 30% (or 1 in 3) of all new female cancers yearly. Breast cancer can happen to both men and women. Overall, the average risk of a woman in the United States developing breast cancer sometime in her life is about 13%. This means there is a 1 in 8 chance she will develop breast cancer. However, this also means there is a 7-in-8 chance she will never have the disease. Ask your healthcare provider about your breast cancer risk.

What are the different types of breast cancer?

There are many types of breast cancer. Sometimes a breast tumor is made up of various kinds.

Some cancers grow in response to

hormones, such as estrogen and progesterone. Some overexpress a human epidermal growth factor receptor type 2 (HER2) protein. Breast cancers that do not express these hormones and protein are considered triple negative. Doctors look at this information when they make treatment decisions for people with breast cancer.

What are ER-positive and ER-negative breast cancer?

If a breast tumor is estrogen receptor (ER) positive or progesterone receptor (PR) positive, one or both of these hormones may be causing the tumor to grow. Breast cancers that are ER positive, PR positive, or both may stop growing or grow more slowly when a woman is being treated with medications that lower her

estrogen levels or block estrogen from promoting the growth of breast cells.

What is HER2-positive breast cancer?

HER2-positive (HER2++) breast cancer is a type of breast cancer with high levels of a kind of protein called human epidermal growth factor receptor type 2 (known as HER2). High levels of the HER2 protein is caused by having too many copies of the HER2 gene. HER2 protein tells cells to grow and divide.

Too much HER2 protein can cause breast cancer cells to grow and spread quickly. Researchers have found that women with HER2+ breast cancer may have a more aggressive disease than women with HER2-negative (HER2-) breast cancer. About 1 in 4 breast cancers

is HER2+. Your doctor or healthcare provider can tell you if your breast cancer is HER2+. You can also find this information on your pathology report. If your breast cancer is HER2+, your doctor or healthcare provider may decide to include a treatment specifically designed to target HER2+ tumors.

What are breast cancer risk factors?

Breast cancer risk factors put you at a higher risk for breast cancer. Breast cancer risk factors may include:

- Gender:** Being a woman is the main breast cancer risk factor. Although men can and do get breast cancer, it is 100 times more common in women than in men
- Age:** Breast cancer risk goes up as you get older
- Your health history:** Having

breast cancer in the past increases the risk of developing a new breast cancer. New cancer can occur either in the same breast or in the other breast. This is not the same as a recurrence (return) of the first cancer

- Getting your first period early:** Women who had their first period before age 12 have a slightly higher risk for breast cancer than women who had their first period after age 12
- Getting your last period late:** Women who have their last period (enter menopause) at a later age (after age 55) have a slightly higher risk of breast cancer than women who have their last period at an earlier age
- Having children:** Women who have had no children or who had their first child after the age of 30 have a slightly higher risk of

- breast cancer than women who had their first child before the age of 30
- Hormone therapy after menopause:** Hormone therapies that combine estrogen and progesterone to relieve the symptoms of menopause increase the risk of breast cancer
- Having a close family member who has had breast cancer:** You have a greater chance of having breast cancer if your mother, sister, or daughter has had breast cancer
- Race:** White women are at a slightly higher risk for breast cancer than women of other races. But in women under the age of 45, breast cancer is more common in black women

What is the BRCA gene?

Certain inherited DNA changes, or mutations, can increase the risk of developing breast cancer. In addition, these DNA changes are responsible for breast cancer that seems to run in some families. The most common cause of hereditary breast cancer is an inherited mutation in the BRCA1 and BRCA2 genes. Normally, the BRCA genes help prevent breast cancer by making proteins that keep breast cells from growing abnormally. However, when these genes are mutated, they no longer suppress abnormal cell growth, and breast cancer is more



likely to develop. Genetic testing can identify women who have inherited BRCA1 or BRCA2 mutations and other genetic mutations. These women can then take steps to lower their risk of getting breast cancer.

How is breast cancer diagnosed?

There are many ways to screen for breast cancer. Your doctor or healthcare provider can answer your questions about the tests and exams they recommend for you and what each involves.

- Physical exam and history:** The body is checked for signs of disease, such as lumps or anything else that seems unusual. Also, your medical history, including past illnesses and treatments as well as habits (such as smoking), will be reviewed
- Clinical breast exam:** Your

doctor or healthcare provider will carefully feel your breasts and check under your arms for lumps or anything else that seems unusual

- Risk assessment:** The risk for developing breast cancer varies from woman to woman. Some women have an increased breast cancer risk, such as those who have had radiotherapy in the chest for other conditions, a strong family history of breast cancer or genetic risk for the disease, or previous breast cancer. Your doctor or healthcare provider will evaluate your breast cancer risk and may recommend certain screening tests based on your risk
- Mammogram:** A mammogram is a series of X-rays of the breast
 - **Screening mammograms** are used to look for breast cancer in

women with no breast cancer symptoms. Often, screening mammograms can find a lump before you can feel it. Screening mammograms usually include 2 X-ray pictures of each breast taken from different angles. Ask your doctor or healthcare provider when you should start and how often you should have screening mammograms.

- **Diagnostic mammograms** are used to diagnose breast cancer in women who have an abnormal screening mammogram result or breast cancer symptoms, such as a lump or discharge from the nipple. Diagnostic mammograms include more images of an area of concern. These additional images can help doctors and healthcare providers understand if the area

of abnormal breast tissue is likely to be benign (not cancer) or is suspicious and needs further tests to find out if it is malignant (cancer)

- Magnetic resonance imaging (MRI):** MRI scans use radio waves and strong magnets to examine breast tissue. MRI provides very detailed images of the breast. It is sometimes used, along with mammograms, to screen women who have a high risk for developing breast cancer. It is also used to better examine any suspicious areas found by a mammogram or to learn more about a tumor in someone whose breast cancer has already been diagnosed
- Ultrasound exam:** An ultrasound scan uses high-energy sound waves (ultrasound) to form pictures of the breast, called

sonograms. Ultrasound usually focuses on a specific area of concern found on a mammogram. An ultrasound exam helps tell the difference between a solid tumor and a cyst (a sac filled with fluid) in the breast. It can also help tell the difference between benign and malignant.

- Ductogram:** A ductogram is a test that is sometimes used to help find out what is causing nipple discharge. The test is also called a galactogram
- Biopsy:** A biopsy involves the removal of cells or tissue, which are then looked at under a microscope to see if they are cancerous. There are four types of biopsies:
 - **Excisional biopsy:** The removal of an entire lump of breast tissue
 - **Incisional biopsy:** The removal of part of a lump or a sample of breast tissue
 - **Core biopsy:** The removal of breast tissue using a wide needle
 - **Fine-needle aspiration (FNA) biopsy:** The removal of breast tissue or fluid using a thin needle
- Blood chemistry studies:** Blood chemistry studies are used to measure the amounts of certain substances in the blood. Amounts that are higher or lower than normal could be a sign of breast cancer

Supporting Someone With Breast Cancer

By Emma Vacirca



Breast Cancer

is the second leading cause of cancer death among women. Lung cancer is number one.



Being diagnosed with breast cancer can be one of the scariest times in someone's life. Not only can it be confusing but also isolating. So being there for someone you care for who has been diagnosed is extremely important. It can be anyone—a friend, colleague, or loved one.

There are many ways to be supportive of someone with breast cancer; you can be there for someone practically and be there for them emotionally. At first, you may not know what to say or do that will help but standing by their side and listening to what they need, and struggle with, is a great place to start.

Practical Help:

Someone diagnosed with breast cancer and has to undergo treatment may be experiencing side effects that impair their ability to function normally. By being a support for someone, you can help them with everyday tasks in their lives, such as cleaning, laundry, cooking for them, or running errands. While these may seem like simple tasks, people receiving assistance with them may mean more than you know to someone struggling. Another way to show your support and help someone you know who has breast cancer is to take them to their doctor

appointments and even stay with them if they feel comfortable with this. Going to the doctor alone can be very difficult and emotionally draining, so having someone by your side can feel like a weight lifted off your shoulders.

Emotional Help:

While practical support is important, being there for your loved one emotionally can sometimes take an even greater burden off their shoulders. The most important thing to do when being there for someone emotionally is to listen. Listen to what they are feeling and what they need from you and your

relationship during this difficult time. Being by their side and allowing them to express their true emotions is one of the best ways to support someone. Knowing that people you care about are there for you and in your corner is especially important. While you may have your own emotions surrounding the situation, trying to be yourself is important. While so much of someone's life may be chaotic because of doctors' appointments, treatment, and just the stress of the diagnosis, it helps some people to know that they are viewed differently just because of their diagnosis.

While you may not understand exactly what your loved one is going through or feeling like, they must know that they are not alone. So whether you are there for someone by cooking a meal to ease some stress or are on the other end of a midnight phone call, there are many ways to make someone feel supported and loved during such a difficult time.

While you may not understand exactly what your loved one is going through or feeling like, they must know that they are not alone. So whether you are there for someone by cooking a meal to ease some stress or are on the other end of a midnight phone call, there are many ways to make someone feel supported and loved during such a difficult time.



By: Sarah Gould

Get Your Annual Woman Well-Visit

Ladies, it's time to reconsider your annual exam. Women often question the rationale behind the yearly well-woman visit, especially when they have no immediate complaints or issues.

“Every woman must be seen yearly for an annual exam,” said Dr. Lance Edwards. “Young women think they don't need to come in because they're not at risk, and older women think they age out. That's a problem that we've encountered.”

Suffolk Obstetrics & Gynecology (Suffolk OB/GYN), a Division of New York Health, provides a wide range of age-dependent physical exams and counseling. Today's routine obstetrics and gynecology evaluation is no longer simply the performance of a pap smear but extends to a comprehensive evaluation of their overall health and should be a crucial component of their healthcare regimen.

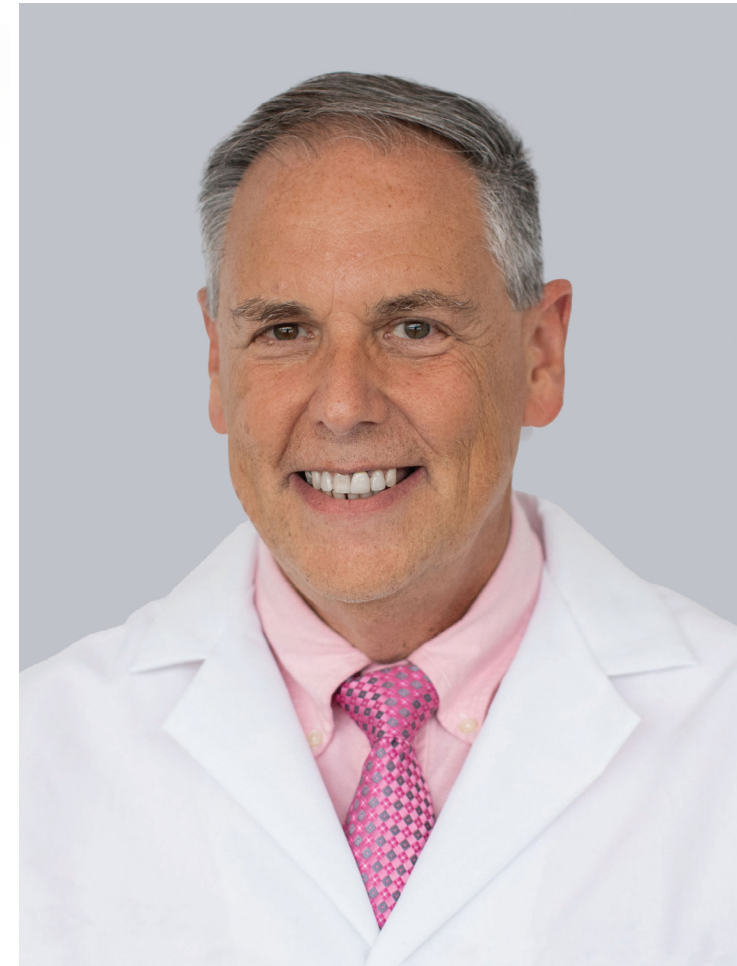
“The annual exam is an opportunity to review everyday health concerns with my patients,” said Dr. Mindy Shaffran. The exam begins with a health maintenance evaluation focused on dietary habits, exercise, smoking, drug and alcohol use, blood pressure, diabetes mellitus, mental health, cancer, and osteoporosis screening.

“An assessment by an OB/GYN offers the patient an evaluation by a provider that is best trained in the pelvic and reproductive system,” said Dr. Shaffran. The evaluation extends to additional specific needs, including appropriate birth control options, menstrual concerns, menopausal care, preconception, and infertility counseling. In addition, Suffolk OB/GYN physicians perform in-house ultrasound imaging, bone density, sexually transmitted disease testing, and Human papillomavirus (HPV) vaccinations.

“It's important to know whether or not you have HPV,” said Dr. Edwards. “HPV vaccinations can prevent or lower the risk of developing HPV, resulting in a lower risk of cervical cancer.”

Suffolk OB/GYN has locations in Smithtown, Patchogue, Port Jefferson, and Wading River. The practice accepts new patients and most insurance plans.

To make an appointment, please call 631-473-7171. For more information, visit nyhealth.com.



Dr. Lance Edwards



Dr. Mindy Shaffran

“Young women think they don't need to come in because they're not at risk, and older women think they age out. That's a problem that we've encountered.”

Breast Care and Palliative Cancer

By MaryAnn Fragola, DNP, ANPC, ACHPN

This month focuses on breast cancer awareness. Over time, I have seen this diagnosis's impact on patients regardless of age, stage, or disease trajectory. The multifactorial aspects of care are great.

Patients with breast cancer can benefit from palliative support regardless of their course of treatment. Early-stage diagnoses can benefit from symptom support during treatment to improve their tolerability overall and minimize side effects. Metastatic patients can benefit from an extra layer of support and continued management of physical and psychosocial symptoms.

Something that stands out is not only the constant worry that goes along with it, but working with patients that are essentially “stable.” Stability is something that I discuss with patients when they have a sense of uncertainty. It helps validate patients' feelings. This diagnosis has a large emotional component, and often patients feel “stuck.”

When a patient is first diagnosed, they cope with the understanding, then plan for treatment and what lies ahead. When they receive chemotherapy for extended times and do well or complete therapy, they feel like they are waiting for “the ball to drop”—stability in a chronic illness. While grateful for the long-term therapies, they bring side effects that can continue to impact their quality of life. It is difficult to explain, difficult to express, and difficult to endure. Often patients are grateful for the stability they have in their disease. They do not wish to complain, yet want to feel more normal and cannot understand why they don't.

A recent study evaluating quality of life (QOL) of patients with breast cancer and their rehabilitation needs stated that there is a need to provide continued education, support, and medical care to these patients. It went on to state that patients should be followed for the impact on their QOL and be provided effective therapy for their physical and psychological challenges. It warrants the importance of establishing health care programs that follow these breast cancer patients to cope with their physical and psychological challenges.

As we celebrate breast cancer month and continue to bring awareness to this disease, let's focus on encouragement, support, and the amazing strength our patients continue to have despite how they feel and what they deal with. Let's continue to inspire and encourage them to feel what they are feeling and normalize the “stability” in the disease process.

Different Options At Different Stages:

Approaching Your Breast Cancer Diagnosis

After someone has been diagnosed with breast cancer, it is crucial to determine if the cancer has spread within the breasts or to other parts of the body. This process of deducing whether the cancer has metastasized is called staging. There are four stages of breast cancer, stage one being the most isolated and stage four being the most widespread. In the early stages of breast cancer, patients typically start their treatment plan with surgery. Later stages of breast cancer usually involve having chemotherapy first to shrink the tumor prior to surgery to remove it.

Stage One:

Stage one breast cancer involves a small tumor that has not spread outside the breast. Stage one breast cancer is when the tumor is at most 20 millimeters in size. Since the cancer is isolated to the breast, the best treatment is to operate first to remove the tumor. Since the tumors in this stage of breast cancer are so small, it is possible to preserve the integrity of the breast using breast-conserving surgery. According to Breast Surgeon Dr. Kelly Johnson of NY Breast Health, "If a patient opts for a lumpectomy, we always recommend that they have breast radiation because that is what makes the patient inequivalent in overall survival and recurrence risk." Another option is a full mastectomy in which the full breast is removed. After having a mastectomy, it is possible to have reconstruction surgery to have new breasts made.

Stage Two:

Dr. Johnson said, "Stage two is when you have breast cancer in the breast ducts, but it has not gotten outside the ducts into the lobular breast tissue." While in earlier stages of breast cancer, you can usually just have surgery to remove the tumor, when you hit stages two and three, most doctors recommend chemotherapy to shrink the tumor size before surgery. This is offered so it is more likely that "the patient can still have the option of breast conservation surgery, like a lumpectomy, versus having their whole breasts removed."

Stage Three:

Stage three breast cancer is also known as locally advanced breast cancer. This type of breast cancer has spread from the breast to the lymph nodes surrounding the breast. Stage three tumors are greater than 50 millimeters in size. In stage three, the cancer has spread to as many or more than 10 nodes. Because of the severity of nodal involvement in stage three, chemotherapy is necessary prior to surgery.



Stage Four:

Stage four breast cancer is classified when the cancer has spread to other parts of the body besides the breast. The treatment for this kind of advanced cancer remains similar to stage three, which is targeted chemotherapy and drug treatments. Hormone therapy is another treatment that can reduce tumor size wherever it is in the body.

While being diagnosed with breast cancer at any stage can be daunting, knowing your options and course of action is important. Talking to your doctor and discussing your options is the best thing you can do!

Bone Density & Breast Cancer:

How Weight-Bearing Exercises Can Help

By Emma Vacirca



Women who have had breast cancer or been diagnosed with it have a higher chance of developing osteoporosis when compared to other women. This is because they are more likely to have early menopause because of chemotherapy. Treatments for breast cancer, specifically hormonal therapy, also accelerate bone loss among breast cancer survivors, leading to osteoporosis and increased fracture risk.

On top of receiving cancer treatments, women also have to worry about how these treatments will affect their bodies in the long run. Many studies have found that weight-bearing exercises can help decrease osteoporosis risk in women with breast cancer. It also slows the rate of bone decay across the general population. It is also important to remember that a diet rich in calcium and vitamin D can help strengthen bones at any age!

For women who experience early menopause that causes osteoporosis, estrogen therapy is usually considered a standard option for prevention and treatment. However, most experts agree that the use of estrogen following a diagnosis of breast cancer should be approached with caution, and most believe that it should be avoided.

This is where weight-bearing exercises can help! High-impact weight-bearing exercises help build bones and keep them strong! However, low-impact exercises are a great alternative to high-impact if you need a safer alternative.

Some examples of high-impact exercises are dancing, hiking, jumping rope, running or jogging, climbing stairs, and tennis.

Some low-impact exercises are fast walking, an elliptical, and a stair machine. These exercises are great examples of weight-bearing experiences that can help slow down the process of osteoporosis or the decrease in bone density.



BREAST HEALTH: October Priorities!

Whether you're age 20 or 70, breast health is an important topic for all women (and men!). One in eight women will be diagnosed with breast cancer, so ensuring your breasts stay healthy should be a priority. You can help keep your breasts healthy by practicing good breast self-care at any age.

Here are some insightful tips:

SELF CHECKS

There are many ways to give yourself breast checks. The best methods are: in the shower, in the mirror, and lying down to check for lumps in your breasts. Breast Surgeon Dr. Kelly Johnson of New York Breast Health discusses prevention as "The most important thing." When prioritizing breast health, you should be "... following up with your primary care physician (PCP) and your gynecologist to ensure that they're assessing, know your risk, family history, and if you have felt any lumps."



MAINTAIN A HEALTHY WEIGHT

Although the connection between maintaining a healthy weight and breast cancer is not fully understood, maintaining a healthy weight reduces the risk. Breast cancer survivors who are overweight also have an increased risk of recurrence.

DIET & EXERCISE

Physically active women are 25% less likely to develop breast cancer. Not only does exercise help you maintain a healthy weight, but it also helps boost immune function, improve bone mass and lower estrogen and insulin levels. Keeping a balanced diet is not just known to reduce the risk of breast cancer but other cancers as well.

LIMIT ALCOHOL

Even in small amounts, drinking has been shown to increase a woman's risk of developing breast cancer. Alcohol increases estrogen levels in the body and increases the risk of developing breast cancer.

TAKE VITAMINS

All vitamins are important to your overall health. Studies have shown that a deficiency in vitamin D can lead to tumor progression in regard to breast cancer and metastasis.

To make an appointment with Dr. Johnson or any of our breast health specialists, call us at 516-676-7676.



Regular breast screenings are so important due to the severity and commonality of breast cancer. One in eight women will be diagnosed with breast cancer, and one in thirty-nine women will die from breast cancer. Most doctors recommend starting breast screening at forty; this first step is called a mammogram.

A mammogram is a form of breast compression in which a doctor will compress your breast and perform an x-ray, looking at the breast tissue. It usually takes a few weeks to thirty days to receive your mammogram results.

While most women feel like having a mammogram can be uncomfortable, it is also essential for early detection. If your mammogram returns normal, it is still important to continue with regular mammograms. However, if your results come back abnormal, you may be referred to a breast specialist. This does not always mean cancer.

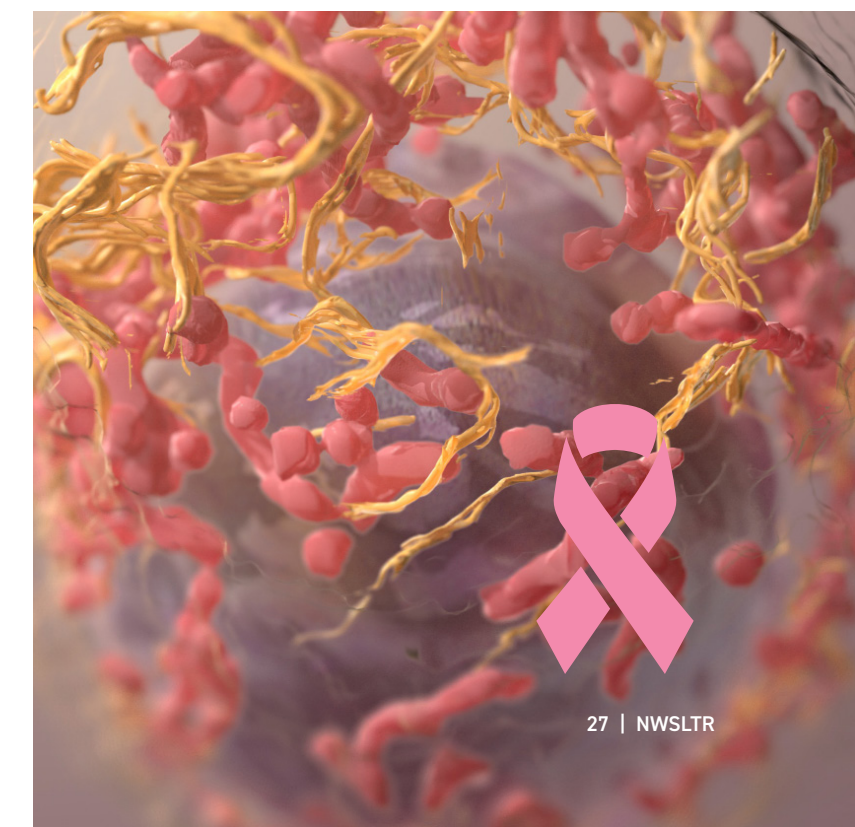
When referred to a breast specialist, they will perform another type of breast imaging: a breast ultrasound. This technique uses sound waves to see images of breast tissue. The information gathered from this imaging can help radiologists determine how suspicious the findings in your breast are.

When diagnosed with breast cancer, doctors may use

THE IMPORTANCE OF BREAST CANCER SCREENING: Early Detection & Different Breast Imaging Modalities

even more types of breast imaging, including an MRI. This provides the most detailed image of the breast, including 3-D imaging, which is used in planning and evaluating the breast.

While many women are diagnosed with breast cancer after symptoms appear, many women are also diagnosed when experiencing little to no symptoms. This is why scheduling regular breast screenings is important, regardless of the risk. When breast cancer is detected early and is still localized, the five-year survival rate is 99%, and early detection and regular screenings can save your life!



Male Breast Cancer

Breast Cancer Does Not Discriminate

By Emma Vacirca

October is widely known as breast cancer awareness month. But, something not widely known about breast cancer is that men can also get breast cancer.

While men developing breast cancer is rarer than women, it is not unheard of. The risk of being diagnosed with breast cancer as a man is about 1 in 1,000, but that risk still exists. "According to data published by the American Cancer Society, breast cancer in men accounts for less than 0.5% of all cancer diagnoses in men." Breast cancer does not discriminate.

According to Dr. Yelda Nouri "Building awareness in men is crucial in the crusade for early detection. Men should be counseled by their health care provider to seek immediate medical attention if they detect a painless, firm mass that is usually below the nipple and can be associated with skin thickening, nipple retraction, and swollen lymph nodes in the armpit or axilla".

Most of the symptoms for a man who is diagnosed with breast cancer are the same for women who are diagnosed. Some of these symptoms include a painless lump or thickening in the breast tissue, changes to the skin covering the breast, such as dimpling, puckering, redness or scaling, changes to the nipple, such as redness or scaling, or a nipple

that begins to turn inward and discharge from the nipple.

While there is no apparent cause for male breast cancer, some men may be at a higher risk. Some factors that make you more susceptible are old age, exposure to estrogen, a family history of breast cancer, liver disease, obesity, testicle disease, and Klinefelter's syndrome.

When it comes to having a family history of breast cancer, one specific gene that results in a higher risk is the BRCA gene. The BRCA gene increases a man's chances of being diagnosed with breast cancer by about eight times greater than average.

Men are more often diagnosed with breast cancer at a more advanced stage due to a lack of awareness and information surrounding male breast cancer. Therefore, men need to know what normal male breast tissue feels and looks like on themselves.

Even though breast cancer in men is rare, it still happens. So especially if you are a man with the BRCA gene, it is important to complete regular screenings and maintain a healthy lifestyle.

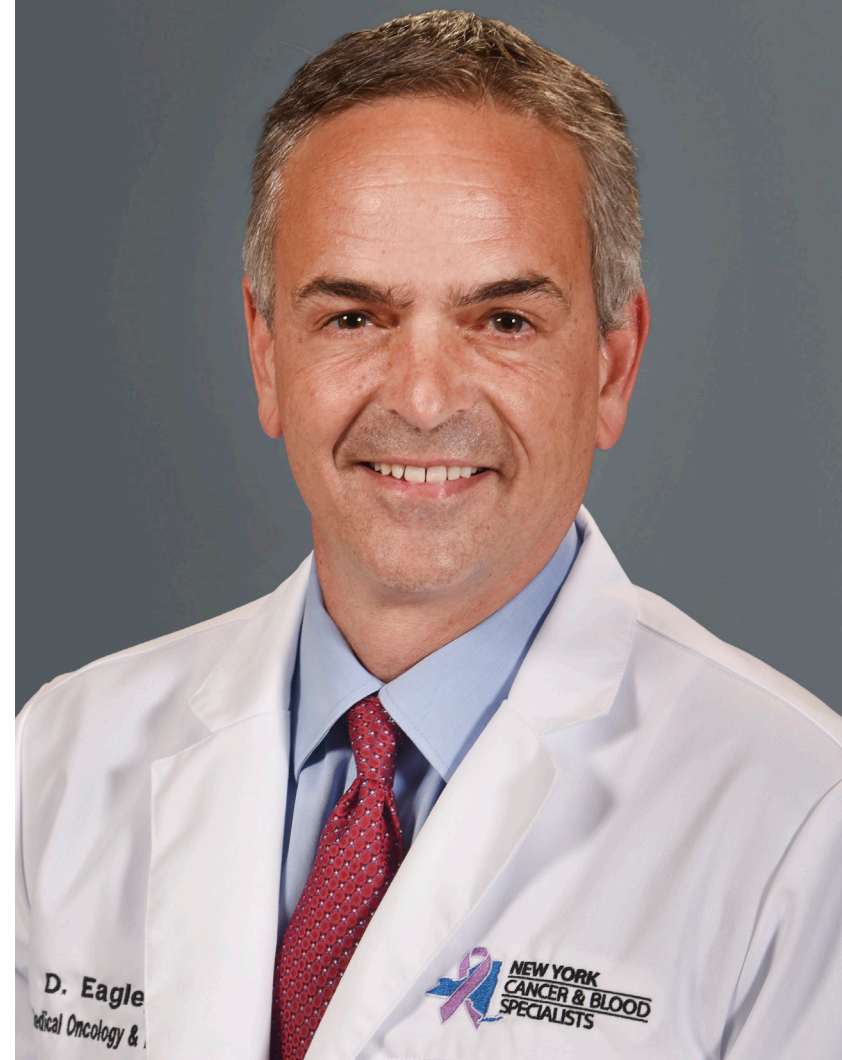
NYCBS Legislative Update

By **David Eagle, MD,**
*Chair of Legislative Affairs
and Patient Advocacy*

I had the honor to represent New York Cancer & Blood Specialists (NYCBS) at a recent dinner with Governor Hochul. In attendance were approximately 20 physicians from around the state. All physicians shared their stories of how hard it is to practice in New York and provide the high level of care to their patients that they all would like. I found the Governor to be well-spoken, patient, and a good listener. She shared her concerns of finding physicians willing to practice in rural areas of New York.

We all hope that politicians will truly understand all of the problems that we face in our professional lives. But, unfortunately, in reality, they just can't. Their scope of responsibility is too broad. However, there is an excellent opportunity to get their attention on our issues for even a brief moment.

I thought all of the physicians did an excellent job. I also found that I had the easiest job in the room. I was privileged to tell our NYCBS story—



I also mentioned two problems. The biggest is Medicaid taking away our ability to dispense oral medications to patients. The second was insurance company clinical peer review physicians making medical decisions for cancer patients without any direct training in oncology.

It will take more than this to win the day on our issues, but we are part of the fight. NYCBS has a great story to tell. It is important for all of us to recognize this and share it.

locations treating over 50,000 new patients a year. I also explained our policy of same-day walk-ins and the ability to run infusion centers and pharmacies that keep patients out of the emergency rooms. Finally, I described our pioneering partnership with Memorial Sloan Kettering, in which two talented organizations cooperate starting from a place of mutual respect. I contrasted this with non-profit hospitals that only want total ownership and control.



Dr. Kelly Johnson

Fellowship-Trained Breast Surgical Oncologist

Our breast health specialists are dedicated to providing comprehensive, compassionate breast health services. Our team is highly trained in the latest techniques and technologies to diagnose and treat breast cancer close to home.

805 Northern Blvd, Great Neck, NY 11021

516-676-7676

nybreasthealth.com



On Saturday, September 24th, New York Cancer & Blood Specialists hosted its 9th Annual Patient Celebration Day. This event was to celebrate each and every patient and their families on this very special day. The event occurred at Bald Hill, and 1500 guests were in attendance. The attendees enjoyed carnival games, face painting, a tie-dye station, raffles, catering from Felico's, and puppies! There was also a pop-up store, providing patients with five items of clothing, shoes, and/or wigs. It was a sunny and positive day for all our patients and their families.

Reduce Risk of Breast Cancer Recurrence With Diet & Lifestyle



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

Data suggest that following the American Cancer Society (ACS) guidelines for survivorship can help reduce the risk of breast cancer recurrence. The latest ACS Nutrition and Physical Activity Guideline update came out earlier this year. It mentions that the two most important modifiable risk factors for long-term health for cancer survivors are physical activity and a healthy diet.

One in every eight women will be diagnosed with breast cancer in her lifetime. There are modifiable and non-modifiable risk factors for breast cancer. Let's focus on what we can change to help survivors put the odds in their favor.

The ACS and other cancer health institutions strongly advise achieving and maintaining a healthy body weight throughout life. Emphasizing a plant-based diet and physical activity are key recommendations. This calls for a healthy diet emphasizing plant foods such as vegetables, fiber-rich legumes (beans and peas), whole fruits, and whole grains. Limiting red and processed meats, sugar-sweetened beverages, highly processed foods, and refined grain products is also recommended.

Plant-based dietary patterns are loaded with nutrients and phytochemicals linked to lowering cancer. Phytochemicals are naturally occurring biologically active substances found in plants that promote health. They work in several ways to fight cancer. One way is they act as antioxidants to stop free radical damage to cells. Fruits, vegetables, whole grains, nuts, and seeds are loaded with phytochemicals.

Does plant-based mean I can't have milk and meat? No, it means that the majority of foods you eat over time should come from plants. There is room for them on your plate for meat, just not as the "star" of the plate. Limit meat to 1/3 or 1/4 of your plate and fill the rest with plant foods.

In addition to healthy eating, adults should include 150 to 300 minutes of moderate-intensity or 75 to 150 minutes of vigorous-intensity physical activity per week. It's okay if you're currently not hitting these minute and intensity recommendations. Just move and limit sedentary behavior such as sitting, lying, and watching television.

Although taking steps towards better health is important and doable at any stage, it's not easy to do alone. Oncology Dietitians and Registered Dietitian Nutritionists can help guide survivors to successfully implementing long-lasting diet and lifestyle changes. If you would like an appointment with one of our Registered Dietitian Nutritionists, please email nutrition@nycancer.com.





Sweet Potato Pancakes

Brighten your plate this fall with this healthy, sweet, and savory recipe! Sweet potatoes are a great way to add nutrition to a meal—they are high in fiber, rich in beta-carotene (converted to vitamin A to support good vision and your immune system), and a potent antioxidant. Antioxidants protect your body from free radical damage. They're also incredibly versatile and can be added to sweet or savory dishes, so explore its savory side, or play up its sweetness with rich fall spices.

INGREDIENTS:

2 ½ sweet potatoes, peeled and grated
1 onion, finely chopped
2 carrots, grated
½ lemon, juice only
3 tablespoons cornflour
2 eggs, beaten
Freshly ground black pepper
1 tablespoon vegetable oil

DIRECTIONS:

1. Mix sweet potatoes, onion, carrots, lemon juice, cornflour, and eggs in a large bowl. Add black pepper to season.
2. Warm the oil in a non-stick pan. Spoon a large tablespoon of the sweet potato mixture into the middle of the pan and make a thin pancake about 5 cm in diameter. Fit in as many pancakes as possible in the pan (without them touching).
3. Cook for about 2 minutes on each side until cooked throughout and slightly browned
4. This is great to serve with fish, vegetables, or a mixed side salad!



Pumpkin Ice Cream

The crisp fall air puts a little zip in your step as the colors of orange, rust, and gold surround us. Every store and farm stand smells of cinnamon and nutmeg. We are reaching for the most perfect-looking honey crisp apple on the tree and the pumpkin with the curliest stem in the patch. If you're dreaming of homemade pumpkin pie this fall but want to keep it a bit healthier, try this quick and easy one-serving recipe for pumpkin nice cream.

INGREDIENTS:

1 scoop vanilla protein powder
1 frozen banana
1 tbsp pumpkin
2 tbsp milk
1 tsp vanilla extract
Dash of pumpkin pie spice
1 crumbled graham cracker (optional)
1 tbsp whipped cream (optional)

DIRECTIONS:

1. Mix all ingredients except the optional ingredients in the food processor until it is completely blended.
2. Top with whipped cream and a sprinkle of graham cracker crumbs if desired.
3. Eat immediately or freeze for a thicker texture.



Dr. Corinne E. Tobin

KNOWING IS PEACE OF MIND

SCHEDULE YOUR MAMMOGRAM TODAY

At New York Breast Health, our spa-like women's health suite offers the most advanced 3D mammography with clear detection, less discomfort, and fast results read by world-renowned breast imager Dr. Corinne Tobin all close to home in Lake Success.



WHAT'S YOUR WHY?

The last three years have been all but smooth sailing. As the dust settled from the lingering waves of COVID-19, I felt disconnected at times. Vague, right? However, it is the only way I can capture the essence of the emotion. Sometimes I felt disconnected from reality (because how on earth were those headlines real?!), and others, I felt disconnected from purpose. Sometimes I felt disconnected from progress, like a tire spinning in the snow. Then there were the days that I felt completely disconnected from who I wanted to be.

Most alarming of all... there were days I felt disconnected from my passion. I found myself questioning, "Why healthcare?"

Two decades of knowing in my soul that I was destined to serve others. Two decades of unwavering efforts towards my dream of working in healthcare.

Once I took a step back to process this disconnect, it was clear that I had forgotten my why. In the hustle and bustle of day-to-day responsibilities, I forgot what sparked my passion and purpose.

For those of you I have yet to meet, my name is Candice Hulse, and I am the Senior Director of Organizational Development and Strategic Alignment here at NYCBS. I joined NYCBS in February 2020 as a Regional Director for offices located on the North

Shore of Long Island. I recently transitioned to the People Operations department with a focus on employee engagement, professional/organizational development, and overall company culture.

Healthcare is not for the faint of heart. It has been a brutal three years, and I, for one, know how easy it is to forget or disconnect from your why. I am honored to introduce our new "What's Your Why?" initiative. We will feature a different NYCBS employee each month and learn about their why.

For me, it started with my grandfather. He was a Navy Veteran that served in Vietnam. He was the patriarch, the glue that held our family together. I was in 6th grade when he was placed on Hospice due to lung cancer metastasis. At such a young age, all I can recall are the men and women that cared for my grandfather. Watching the nurses provide peace and comfort while our world was crumbling left a mark that I carry with me to this day. Life is vulnerable. That's the only guarantee.

I choose healthcare because I hope to play a small part in someone's peace and comfort.

I look forward to getting to know each of you!

-Candice



7TH ANNUAL CLINICAL EDUCATION CONFERENCE



On Friday, September 16th, 2022, our dedicated nursing staff gathered at the Dream Hotel Downtown in New York City to kick off the 7th Annual Clinical Education Conference.

Since its inception in 2014, the conference has doubled in size—attendees include nurses, Advanced Practice Providers (APPs), physicians, and clinical staff members. Clinical and interpersonal skills are fundamental to patient-centric care. That's why professional development for staff is a key component of maintaining the highest standards, and furthering a nurse's education is vital to patient care.

Over 200 nurses attended this three-day event which kicked off with a rooftop dinner overlooking Manhattan and the Empire State Building. The nurses enjoyed dancing, great music, and a photo booth! The conference continued on Saturday with various segments on oncologic emergencies, education on different pharmaceutical drugs used in our clinics, and an exhibitor hall. After a day of presentations, the nurses ended the evening with a splash and enjoyed a pool party.



On Sunday, Dr. Razia Jayman-Aristide educated staff about NY Health, and Dr. Talha Shaikh discussed Radiation Oncology. Finally, to conclude this wonderful event, our Director of Patient Experience, Brittany Kaliscik, ended with an interactive discussion on service excellence through relationship-based care.

There were awesome prizes given for participation throughout the weekend! Thank you to our AMAZING nurses for their continued dedication, support, and passion!



CYBERSECURITY

Awareness Month

Protecting against phishing emails

Stop and think if you receive an email containing an attachment or link. Before you click, ask yourself if you recognize the sender or if you were expecting an email from them. If the answer is no, don't interact with it.

Phishing emails will also often create a sense of urgency and ask you to act quickly before something happens, or they may have misspellings and poor grammar.

These are all red flags that an email may be malicious. If you see any of them, please contact the IT department to verify if it is legitimate or not.

Creating Strong Passwords

The following 2 options can be used to create easy-to-remember and secure passwords.

Use three random words followed by a few numbers and a special character to create long passwords.

- For example, phonedogdraw725!
- Or, try using a sentence. Take the first letter of each word, add a few numbers, and you have a seemingly random password that's easy for you to remember.
- For example, I hate remembering all these passwords. The password would become Ihratp684



NYCBS Patient Community Meeting

Coming Together to Inspire, Share, Learn & Support Throughout Your Cancer Journey

Learn about Reiki/Meditation

Reiki is a type of energy healing and is a complementary therapy, it can be used as a palliative or supportive therapy for people with cancer. Reiki can help you to feel deeply relaxed, help you cope with difficult situations, relieve emotional stress and tension help to improve wellbeing. Learn more about Reiki and Meditation.

Special Guest: Alyza Conway, LMSW

Where: NYCBS 49 Nesconset Hwy, Port Jefferson Station, Waiting Room

When: Wednesday, October 19th @ 6 PM

Light Refreshments Served and as always: Caregivers Welcome!

Nutrition Update

Our team has been working with many patients and their families to help them plan easy nutritious meals (especially lunches) for back to school. It's a hard task for any family, but even harder while undergoing cancer treatment.

Thank you to Kate Farms for putting together and treating us to a night out of eating, mingling, and painting with other oncology dietitians.

Thank you to our friends at Abbott for once again helping us with our initiative to drive awareness about malnutrition.

Would you like to collaborate with our team? Does your site need any type of nutrition-related support? Contact Wendy Kaplan at wkaplan@nycancer.com, or for general nutrition inquiries, contact nutrition@nycancer.com.

Breast Cancer Monthly Group

The kick-off meeting will be

Wednesday, October 12th, at 6:00 pm.

1 Delaware Drive, New Hyde Park, NY 11042

All are welcome to attend.

NEW HIRES

Adelcida Wilson (Physician Liaison)

Alexa Halikias (Operator)

Alexia Florveus (RN)

Amanda Romani (LPN)

Amanda Salhab (Chemo Tech)

Amaya Coach (Operator)

Amenhofis Ruiz Pastrano (Lab MA)

Anay Velasquez (Lab MA)

Anna Mienko (Scribe)

Aram Shin (RN)

Ashley Burgos (Receptionist)

BreAnna Garcia (Operator)

Brielle Watts (Operator)

Brittany Moss (Receptionist)

Christine Rice (Infusion RN)

Christina Berenzy (MA)

Christina Romano (RN)

Crystal Grimes (Lab MA)

Daniel Forenza (Radiology Coordinator)

Daniel Ragone (Operator)

Danielle Fiore (Infusion RN)

Dennis Mansour (Ultrasound Tech)

Eric Abasolo (New Patient Coordinator)

Gabriela Vega (MA)

George Manning (UTI Tech)

Griselle Villar (PA)

Jacqueline Cantela (LPN)

Jacqueline Zerles (Receptionist)

Jamie Sheridan (Triage RN)

Janeen Roos (Float Receptionist)

Janna Zavala (Operator)

Jennie Berger (LPN OBGYN)

Jennifer Caggiano (Operator)

Jessica Gomes (Receptionist)

Jessica Herrera (Lab)

Jillian Ortiz (Staffing Coordinator)

Julia Satyr (RN)

Kaream Grant (Chemo Tech)

Karen Nuzio (PA)

Kassidy DeLeo (RN)

Kerri Halloran (Pharmacy Tech)

Kiara Alexander (Lab MA)

Kimberly Weinstock (Foundation Event and Grants Supervisor)

Kizzie Cepeda (Receptionist)

Kraig Morenson (LPN)

La-Tisha Utley (Receptionist)

Lauren Huh (IT Intern)

Lisa Rambilas (LPN)

Lonnie Pedicini (LPN)

Lucely Mejia (Lab MA)

Marlee Liz-Delgado (MA)

Mario Batinovic (Occupational Health Nurse)

Michael Messina (MRI Supervisor)

Michele Cresci (Office Manager)

Nalton McLaughlin (Lab MA)

Natalia Arriaza (Operator)

Neribeth Medina (Operator)

Nicole Hilton (LPN)

Riley Brockman (RN)

Robin Devine (Operator)

Sasha Deleon (MA)

Sasha Enchautegui (Lab MA)

Sandy Orea (LPN Care Coordinator)

Savannah Bradley (PA)

Shaina Minkoff (NP)

Shanya Blye-Wyatt (LPN)

Shatika James (NP)

Sherri Weisman (IR Technologist)

Simone Freeman (LPN)

Simone Gay (Lab MA)

Sonnie Kesselly (Receptionist)

Stefani Caminiti (Histology Tech)

Susan Santana (Operator)

Tionne Wright (MA)

Tsering Wangmo (LPN)





Dr. Craig B. Larsen

Fellowship-Trained Breast Surgical Oncologist

Our breast health specialists are dedicated to providing comprehensive, compassionate breast health services. Our team is highly trained in the latest techniques and technologies to diagnose and treat breast cancer close to home.

CAREER OPPORTUNITIES

STAFF HEMATOLOGIST/MEDICAL ONCOLOGIST

NY Brooklyn Hospital
Contact: Eric Jackson
careers@nycancer.com

LICENSED PRACTICAL NURSES (LPN'S)

Contact: Robert Nicoletti
careers@nycancer.com

TRIAGE REGISTERED NURSE (HYBRID)

Contact: Robert Nicoletti
pkazemier@nycancer.com

LICENSED CLINICAL SOCIAL WORKER

Queens/Bronx
Contact: Robert Nicoletti
Dyoungs@nycancer.com

REGISTERED NURSE

Smithtown Medical Oncology,
Ronkonkoma Medical Oncology
Contact: Robert Nicoletti
careers@nycancer.com

RADIOLOGIST

Contact: Robert Nicoletti
rnicoletti@nycancer.com

HEMATOLOGIST/ONCOLOGISTS

Contact: Robert Nicoletti
careers@nycancer.com

CHEMOTHERAPY PHARMACY TECHNICIANS

Forest Hills Medical Oncology,
The Brooklyn Cancer Center
Contact: Robert Nicoletti
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POST DOC PSYCHOLOGIST

Contact: Robert Nicoletti, CHRO
jschomber@nycancer.com

FRONT DESK SUPERVISOR

Bronx
Contact: Robert Nicoletti
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NURSE PRACTITIONER (NP) / PHYSICIAN ASSISTANT (PA)

Contact: Robert Nicoletti
apprecruitment@nycancer.com

MEDICAL FRONT DESK RECEPTIONIST

Contact: Robert Nicoletti
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UNIT COORDINATOR

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Contact: Robert Nicoletti
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CLINICAL DEVELOPMENT AND TRAINING SPECIALIST

Contact: Robert Nicoletti
careers@nycancer.com

IMPLEMENTATION SPECIALIST, LPN

Port Jefferson Medical Oncology
Contact: Robert Nicoletti
Officer
careers@nycancer.com

HUMAN RESOURCES ASSOCIATE

Contact: Robert Nicoletti
careers@nycancer.com



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.