

NOVEMBER NEWSLETTER 2020

#SPECIALIST

EDITION HIGHLIGHTS

7

Pancreatic Healthlink
A Look at Targeted Therapies for
Pancreatic Cancer Patients

10

FIREFLY Lane
Sometimes a novel can take
us on a personal journey

15

Halloween
Take a look at
who wore what!

NEW YORK CANCER CENTER

CANCER & BLOOD SPECIALISTS

A MESSAGE FROM THE CEO

Hello Friends,

It's that time of year again where we begin to plan for the holidays. We think of all that we are grateful for, and I know for most of us, it is our family. Not only the family we sit and eat Thanksgiving dinner with but our family in an extended sense. And that means every single one of our patients who come to see us every day. This sense of family can be felt in every corner of this company, and for that, I am thankful.

I am also continuously proud and humbled by the difference each and every one of you make in the lives of our patients and their families. Many times much of our mental and emotional energy can be spent on the frustrations and challenges of the holiday season with little focus on reflection and heartfelt "thanksgiving." But every day, we are reminded of what it means to be thankful for our health.

This year was more apparent than ever with the challenges of COVID-19. You risked your own health to ensure our patients never went without. Again, thank you! COVID-19 also caused the 2020 Clinical Education Conference to be postponed up until now. The conference will be held on a virtual platform this month and is a chance to educate and celebrate our heroic nursing staff.

Don't wait for Thanksgiving day to give thanks, and don't stop practicing gratitude when it's over. When you develop a more consistent "attitude of gratitude" and connect with the goodness in your life, amazing things happen. Let's make every day Thanksgiving; perhaps with an extra slice of pie.

Cheers,
Dr. Vacirca



Nutrition	04
Sweet potato chili offers both comfort and health	
Pancreatic Healthlink	07
A Look at Targeted Therapies for Pancreatic Cancer Patients	
Pancreatic Cancer Infographic	08
Learn important facts regarding the disease	
FIREFLY Lane	10
Sometimes a novel can take us on a personal journey	
Nursing Corner	12
Stay connected with updates, announcements, and event information	
Palliative Care	13
Optimizing the quality of life and well-being of our patients	
Patient Appreciation Day	14
Giving thanks to all our beloved patients	
Halloween	15
Take a look at who wore what!	

Laboratory	16
Testing done for a better future	
Research	17
When we come together, we are ONE	
Employee of the Month	18
See who took the top spot	
Movin' Up	19
Recognizing our employees' hard work and dedication	
The Bulletin	20
Quick tid bits of information we should all take note of	
NY Imaging Specialists	21
Schedule Reminder	
New Hires	22
Who joined the team this month?	
Open Positions	23
Want to be a part of a growing organization that conquers cancer?	



Nutrition Update

Eating healthy is the cornerstone to good health...

October is awareness months for Breast and Liver Cancers and, October 5th-9th is also ASPEN's Malnutrition Awareness Week. Although there are designated months/weeks to highlight these diseases and conditions, Registered Dietitian Nutritionists address these patients each and every day.

On a positive note, we have many breast cancer survivors and are always devising workable dietary plans and lifestyle strategies to lower the risk of cancer recurrence. Fortunately, we have evidence-based recommendations to guide these plans and goals.

There is strong evidence that body fatness (BMI) increases the risk for both breast cancer and liver cancer. What can we do? Be mindful of carrying excess body fat, avoid alcohol (as much as possible), exercise, eat a diet lower in fat, and choose fiber-containing foods. Yes, some recommendations may seem broad, but they are a good starting place to begin setting healthful goals such as adding more fruits, vegetables, and whole grains to your diet and adding activity and movement to your day. Not many people are aware that even one

alcoholic drink a day may increase breast cancer risk.

One of the most common questions I am asked by breast cancer patients is about soy. Many have heard they should avoid soy, when actually, the research points to the opposite, that diets higher in soy foods after diagnosis, improves survival. This month, we delved further into the research, discussed soy foods (edamame, tempeh, tofu, soy milk, soy nuts) and what constitutes a moderate amount. Soy is also a great option for a meatless dinner (e.g., Meatless Monday). It's loaded with plant protein and has all nine essential amino acids, not to mention fiber and multiple other nutrients!

We have been doing a lot of education about whole grains - what they are, their health benefits, and how to spot them in the supermarket. Keep in mind, if an item is labeled "multigrain" that does not necessarily translate to "whole grain" and it may not even be a healthful product.

Survivorship is also a time to be proactive and take steps towards positive dietary and lifestyle changes if you have not already, or were unable to during cancer treatment. Sometimes we go back to the basics and focus on simple healthy cooking methods and work our way up to

advance-prep cooking, which, despite the aforementioned terminology (advanced), does not have to be complicated! We brainstorm what would be doable in someone's daily routine. We discuss using herbs and spices to boost flavor, tricks, and hacks to lower fat and calories in recipes, and how to find healthy recipes!

Unfortunately, malnutrition is a common issue that can arise during cancer treatment, whether from cancer itself or the result of treatment. It can be quite debilitating and impact immune response, muscle strength, energy levels, etc. RDNs play a key role in helping to identify and treat this condition. Early intervention with nutritional guidance is key. We come up with creative, individualized plans to prevent patients from losing lean muscle so they don't have to have treatment held or have treatment dose reductions. Patients get very upset and anxious about losing weight and not being able to regain the weight they lost. The first thing we as dietitians do, is to let them know that "our goal" is to stop the weight loss and reverse malnutrition. Most importantly is the rapport we develop with the patients. We assure them we will work together towards this goal.

Ingredients

- 1 1/2 Tablespoons extra virgin olive oil
- 2 cups peeled and diced sweet potatoes
- 1 cup onion, diced
- 1 cup bell pepper (red or green), diced
- 4 cloves garlic, minced
- 2 Tablespoons chili powder
- 4 teaspoons ground cumin
- 1/2 teaspoon smoked paprika
- 1/2 Teaspoon Kosher Salt
- 2 1/2 cups broth (any kind)
- 1 15-ounce can black beans, rinsed
- 1 15-ounce can red kidney beans, rinsed
- 1 14.5 ounces can no salt added diced tomatoes
- 4 teaspoons lime juice
- 1 Tablespoon blackstrap molasses
- 1 Tablespoon apple cider vinegar
- 1 Tablespoon flour or cornmeal (optional)

****Optional Toppers:***

- Dollop Greek yogurt
- 3-4 Tortilla chips, crushed
- 1/8 cup shredded cheddar cheese

Directions

Heat oil in a large pot over medium-high heat. Add sweet potato and onion and cook, stirring often, until the onion appears to be softened, ~4 minutes. Add garlic, chili powder, smoked paprika, and salt and cook, stirring constantly for 30 seconds. Add broth and bring to a boil. Cover, reduce heat to a simmer, and cook for ~12 minutes (until sweet potato is tender).

Add black beans, kidney beans, tomatoes, bell pepper, lime juice, and molasses; bring to boil, stirring often. Add apple cider vinegar and reduce heat and simmer for another 5 minutes. *Use 1 Tablespoon flour or cornmeal to thicken the chili if desired.

*This recipe makes ~6 one-cup servings. Top with a dollop of Greek yogurt, crushed tortilla chips, or shredded cheddar cheese if desired.

*Enjoy! You can refrigerate for up to 3 days or freeze for up to 3 months.

By: Wendy Kaplan, MS, RDN, CDN

Pancreatic Healthlink



A Look at Targeted Therapies for Pancreatic Cancer Patients

By Sarah Gould

The silent disease. Often, the signs and symptoms don't occur until the disease is advanced

Pancreatic cancer therapies are rapidly progressing with continuous patient advancements. More therapies have become available to patients, not only at large institutions but at community-based cancer centers, too.

Dr. Roy Chen, a medical oncologist/hematologist at New York Cancer & Blood Specialists (NYCBS), discusses various treatment options that have been making large strides in the fight against pancreatic cancer.

While the reasons for developing this gastrointestinal (GI) cancer are not completely known, it may be because patients seldom present with symptoms until the disease has progressed.

"For the most part, patients with pancreatic cancer are asymptomatic, and it is sometimes found incidentally," Dr. Chen said. "By the time patients are diagnosed, it is usually at an advanced stage."

Although there are typically

no symptoms associated with pancreatic cancer, jaundice (yellowing of the skin and eyes), stomach pain, fatigue, weight loss, and even depression can all be presenting signs of pancreatic cancer. It is important to see your doctor if you notice any changes.

For pancreatic cancer patients, surgery is the definitive treatment. "There are other treatment options such as chemotherapy, radiation therapy, and most importantly clinical trials, which are available at NYCBS," Dr. Chen said. "Immunotherapy can sometimes be helpful in a patient's treatment but is not for everyone. We know now that every patient's cancer is different, so we use genomic evaluations to target the cancer DNA itself, which is also known as personalized medicine."

"Genetic testing may have some implications for treatment as well," Dr. Chen said. "One of the more common inherited breast cancer mutations known as BRCA can also predispose some patients to pancreatic cancer. Testing of

blood or saliva to find this or other mutations the patient was born with, passed on from a parent, can be done in our office along with genetic counseling."

There is rapid progress being made in the field of medicine and new therapies to better help more patients. When we catch cancer early, we can treat and cure the disease before it gets to a later stage."

To schedule an appointment at New York Cancer & Blood Specialists, please call **1-833-CANCER9**.

"For the most part, patients with pancreatic cancer are asymptomatic, and it is sometimes found incidentally."

- Dr. Roy chen



NEW YORK CANCER & BLOOD SPECIALISTS

Conquering Cancer Together™

PANCREATIC CANCER

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

RISK FACTORS

FAMILY HISTORY



CHRONIC PANCREATITIS



TOBACCO USE



SEX

DIABETES



OBESITY



RACE



AGE

PREVENTION TIPS



NO SMOKING



BE PHYSICALLY ACTIVE



EAT HEALTHY



LIMIT EXPOSURE TO CHEMICALS

PANCREATIC CANCER
ACCOUNTS FOR ABOUT **3%**
OF ALL CANCERS
IN THE **UNITED STATES**

THE NUMBERS

418,000

ESTIMATED NEW CASES WILL
BE DIAGNOSED BY 2020

TREATMENT



HORMONE THERAPY



SURGERY



CHEMOTHERAPY



RADIATION THERAPY

PANCREATIC CANCER
HAS THE **LOWEST FIVE YEAR**
SURVIVAL RATE OF ANY
MAJOR CANCER, **AT ONLY 8%**

FIREFLY LANE

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

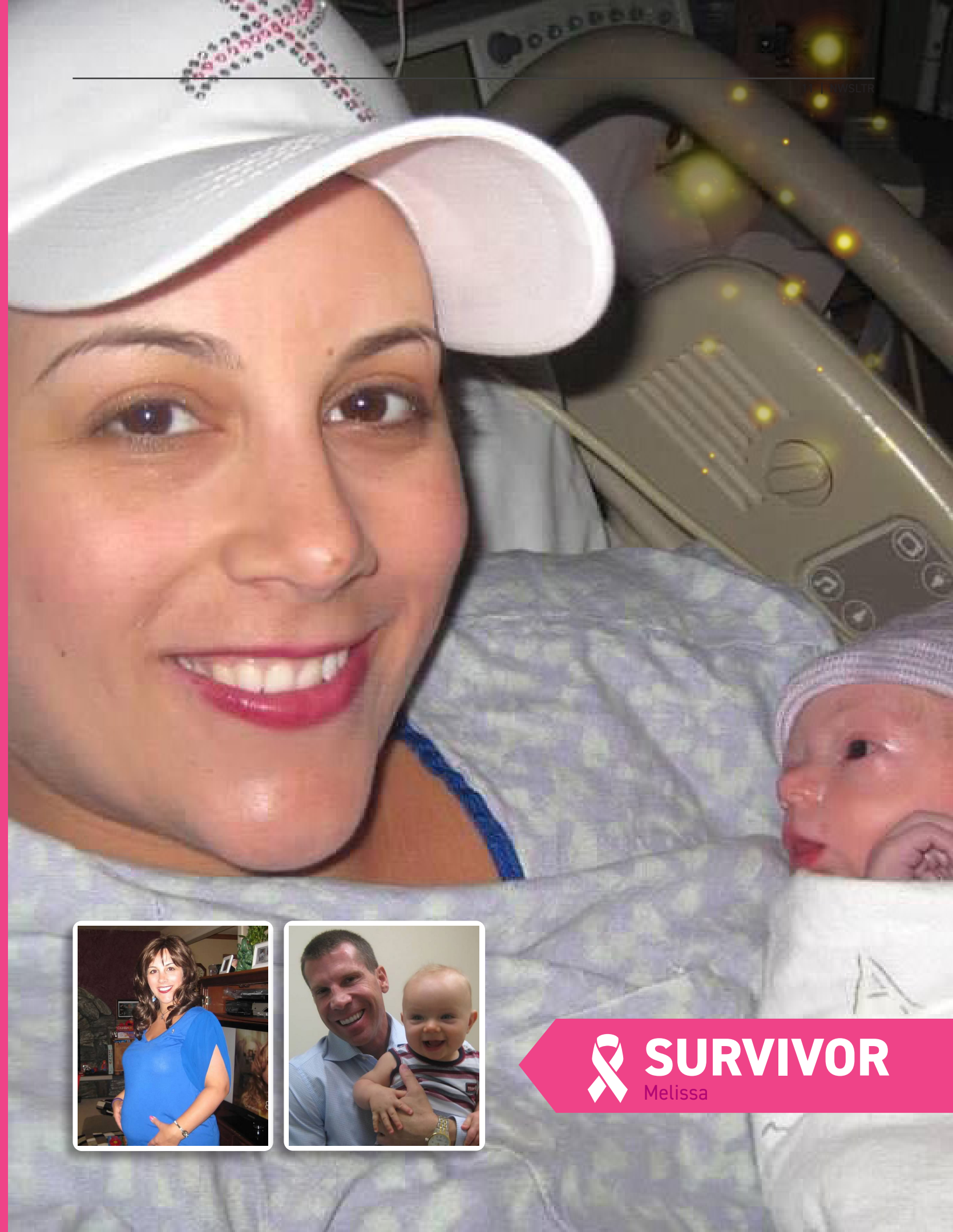
In January 2012, Melissa knew something was off. She found herself stuck in the hospital during a snowstorm with a brain tumor. "I remember it was 11:30 pm and Dr. Vacirca called to let me know he saw my brain scan and that I was going to be fine. He saved both my child's life and my life once, so I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

Nursing CORNER

A Message From Chief Clinical Officer, Diana Youngs, RN, MSN, ANPc



We all know that 2020 has been a year of unprecedented events which have led to significant changes in our personal and professional lives. While we typically look forward to the annual nursing retreat in June, COVID-19 initially forced us to postpone the meeting to November and now we are offering small in-person experiences combined with a virtual conference later this month.

As we approach the nursing retreat, I have been reflecting on the characteristics that make nurses different and special. The ANA Code of Ethics for Nurses provides a standard by which we all practice and I would like to share some of these standards to remind the NYCBS community that our nurses not only meet, but exceed the standards each and every day.

Highlights of the ANA Code of Ethics for Nurse's:

“The nurse’s primary commitment is to the patient, whether an individual, family, group, or community.” This was never more apparent than during the COVID-19 crisis when our nurses risked their own health to provide the essential care that Oncology patients rely on.

“The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.” During the COVID-19 crisis, the importance and necessity of collaboration became apparent very quickly. I had the pleasure of daily communications with many of our nurses to help identify and manage the ever-changing needs of the staff and patients. We all together became experts in crisis management, and many offices worked with minimal staff, but we NEVER closed our doors, not one day.

Although this does not represent the entire Code of Ethics for Nurses as put forth by the ANA, I feel that these two statements are most representative of the NYCBS nursing staff and their heroic commitment to their patients and to each other, during a global pandemic. I am proud to be a part of this nursing team and I look forward to a healthier year filled with exciting events and opportunities for growth and development.

For the first time, the 2020 Clinical Education Conference will be held on a virtual platform, with the opportunity for staff to also participate from one of 3 NYCBS offices. Support from our pharmaceutical partners has been on par with prior years including 12 speakers and 26 exhibitors. We are so excited to provide this opportunity to further educate and celebrate our staff while maintaining current safety standards. As always, we strive to provide our patients with the highest quality of care and most cutting-edge treatments while adhering to New York Cancer and Blood Specialists' standards.

Palliative Care keeps evolving

By: MaryAnn Fragola, ANPc, DNP, ACHPN



I am so grateful to be able to build a palliative care program here at NYCBS. The support from my peers has been overwhelming and I look forward to collaborating with all of you to provide quality care to your patients. My schedule will soon be expanding to accommodate more patients. From the beginning, one of my goals for this program has been to provide patients with an early introduction to our palliative care services.

Specifically, I am hoping to focus my efforts on the following patient populations:

- **Stage 4 Breast cancer**
- **Stage 3 and 4 Lung Cancer**
- **Pancreatic Cancer**

To help develop the palliative care program at NYCBS, please refer any patient with previously mentioned diagnoses.

Seeing patients early in their trajectory of disease allows me to develop a rapport and establish trust. Trust on both ends, first that the patient trusts that the referral came from their primary physician and second that we build a relationship for when the time comes that serious discussions may need to take place. Goals of care discussions build over time; they do not happen at an initial consultation.

Being involved early and coordinating with physicians/APPs as to what their goals are for the patient, as well as the patient's

goals of care will enhance the care we already provide. Numerous studies have demonstrated that palliative care interventions improve symptom control, patient and family satisfaction, and overall quality of life for patients with advanced diseases.

With increasing evidence supporting the financial viability of palliative care, we should begin to adopt it as integral to quality care rather than an alternative when other treatment fails.

Again, I express sincere appreciation and gratitude to all the wonderful providers in the practice who continue to support my effort.

Patient Appreciation Day

Patient Appreciation Day was celebrated with NYCBS 'swag bags' and heartfelt messages posted on our Facebook page. We love our patients and look forward to spending this day with them next year!



HALLOWEEN 2020



Booo-hahahahahahaha



NYCBS Laboratory

Testing done for a better future

“Did You Know?”

- Karen Marcelle has implemented FISH (fluorescent in situ hybridization) in over half a dozen laboratories.
- FISH is a complex laboratory technique that utilizes fluorescent probes to bind to very specific genes/mutations in cells.
- The NYCBS Core lab processes almost 30,000 test panels per week!

Lab Corner:

Each month a department in the lab will highlight education material for that dept. This month it is FLOW.

Future Projects:

Larger, faster Chemistry Analyzer coming soon
Next Generation Sequencing - For solid tumor, myeloid disorders

Flow Cytometry; The Basics:

Flow Cytometry is a technique used to identify the physical and chemical characteristics of a group of cells. The instrumentation is highly complex and works by squeezing one tiny cell at a time through a series of laser beams. Cells are marked with colorful “tags,” called fluorochromes that bind to particular antigens on the cell’s surface. As the cells pass through the lasers, the light scatter patterns and fluorochrome emissions are graphed onto dot plots and histograms. Think of it as each cell wearing it’s own special hat, and depending on the color of the hat, our little cells will be sorted by such. This data can be analyzed by the laboratory techs and shows the size, age, and lineage of each cell.

Flow Cytometry here at NYCBS:

The Flow Cytometry Lab at NYCBS focuses on Leukemia and Lymphoma immunophenotyping. Like a painter with a bunch of pretty colors and brushes, we run a ten-color panel with over 20 different antibody markers. These markers can identify and monitor many different types of leukemia and lymphoma, giving us a better picture of our patient’s profile. The NYCBS lab runs anywhere from 80 to 110 specimens each day! Take that Vincent Van Gogh! The Flow Cytometry results can help to diagnose a patient, assess prognosis, and even monitor treatment progress. Unfortunately, there’s not much we can do for a missing ear, but, what we are able to detect, is an abnormal cell population as small as just 0.1% of the total cells. Information such as this can be vital to patient care.

General:

Testing Offered: General and Special Chemistry · Hematology and Coagulation · Histology/Pathology · Flow Cytometry · Molecular · Cytology · FISH



Karen Marcelle

NYCBS Research

Cutting-edge research done on-site



Bronx



Patchogue



Port Jefferson



Port Jefferson Admin Team



Central Park



Brooklyn

Employee of the Month



***Congratulations to Amanda Magaddino,
our Employee of the Month!***

QUOTE of the MONTH

"There is no one giant step that does it.
It's a lot of little steps."

– Peter A. Cohen

Movin' Up

Colleagues climbing high



MaryAnn Fragola, ANPc, DNP, ACHPN,
*Congratulations on her promotion to **Clinical Director of Palliative Care!** Much deserved!*



George Calcanes, RN, BS
*On October 1st, George went part time and assumed the role of **Ambassador for NYCBS.***

"I have mixed feelings about going part time as I have loved working with all of the wonderful staff here. It has been an honor to work with all of you and I always look forward to seeing and working with you. Although I will see you all a little less, I will always be part of the NYCBS family."

Nurse Manager Section

We are proud to recognize our nurse managers and their role in empowering our nurses:

Meghan Buchrieser, LPN, B.S and **Alisha Summers, BSN, RN**

We are proud to recognize the efforts of the following nurses below during the COVID pandemic:

Vicki Palmiotto, LPN, 347

Jenn Brock, LPN, Port Jeff/ 347

Ursula Rivera, RN, ECCC

Nick Bailardo, LPN, Port Jeff

Jose Parades, RN, CPHO

Melissa Aldahondo, RN, ECCC

Lastly, we would like to encourage all of our nurses to obtain their Oncology Nursing Certification. We would like to congratulate the ones who have below:

Ariel Navoy, RN

Brittany Faito, RN

Jose Parades, RN

Lorrie McSherry, RN

Caren Rausch, RN

Armand DiCarluccio, RN

Carissa Currie, RN

Jo-Ann Guarino RN, Head Nurse

Michelle Bongiovanni RN, ADN

The Bulletin Board

Social Work

Friendly Reminder to All Staff:

Our social workers are now available in each NYCBS office on a daily basis.

For any questions about referrals, please contact Oncology Social Work Supervisor

Andrew Ruiz, LMSW.

Chronic Care Managmenet

Chronic Care Management and Hospital Coordination staff recently moved into the new Coram building. CCM is adding an additional seven staff members as we are taking over the CCM program for West Cancer Clinic (Partner of OneOncology) starting on **November 15th.**

YEARS OF SERVICE...In October

LORUSSO, JOAN M.
FITZPATRICK, LYNN A.
CATALANO, VIVIAN
BOYLAN, VALERIE J.
ROUNDTREE, REGINA D.
SCHINDLER, STEVEN M.

30 yrs
25 yrs
24 yrs
23 yrs
21 yrs
20 yrs

DAWSON, DAWN L.
MCMANUS, PATRICK M.
KERN, JENNIFER A.
SANDERS, SHARI
MITRANI, MICHAEL A.
MAZZUCHELLI, GEORGANNE

18 yrs
14 yrs
13 yrs
13 yrs
12 yrs
10 yrs



Hours of Availability:

Modality	Sites	Days	Hours	Comments
MRI	112	M-Sat (6)	7:00a - 5:30p (M-F) 8:00a - 4:00p (Sat)	Now offering Whole Body MRI
	CT	112	M-Sat (6)	8:00a - 5:00p (M-F) 8:30a - 2:30p (Sat)
	347	W, Thu (2)	8:30a - 5:00p (W) 11:00a - 5:00p (Thu)	3D Available
	RH	Tue-Thu (3)	8:00a - 4:30p	3D Available
	PAT	M, Tue, W, Fri (4)	8:00a - 5:00p	3D Available
	SH	Fri (1)	8:00a - 2:30p	3D Available
	ECC	Tue, Fri (2)	8:00a - 5:00p (Tue) 8:00a - 2:30p (Fri)	3D Available
	ROS*	M, W, Thu (3)	9:00a - 12:00p	3D Available
PET	112	M-Sat (6)	8:00a - 5:30p (M-F) 8:30a - 4:00p (Sat)	Now offering Radionuclide Therapy: Lu 177-Dotatate (Lutathera)
	347	M-F (5)	8:00a - 5:30p	Axumin, Gallium Dotatate, Xofigo, Quadramet, Zevalin
	RH	M-Thu (4)	8:00a - 5:30p	Axumin, Gallium Dotatate
	PAT	M, Tue, W, Fri (4)	8:00a - 5:30p	Axumin, Gallium Dotatate, Xofigo
	SH	M, F (2)	8:00a - 5:30p	Axumin, Gallium Dotatate
	ROS*	M, W, Thu (3)	8:00a - 12:00p (M, Thu) 8:00a - 4:00p (W)	Axumin on Wednesday ONLY
US	112	M-Fri (5)	8:00a - 4:00p	
	347	M, W, Thu (3)	8:30a - 12:00p (M, Thu) 8:30a - 4:30p (W)	
	RH	M, W, Fri (3)	9:00a - 5:00p	
	PAT	Tue, Thu, Fri (3)	8:30a - 4:30p	

SITES:

112 = Port Jefferson Station
347 = Port Jefferson
RH = Riverhead
PAT = Patchogue

SITES:

SH = Southampton
ECC = Eastchester
ROS = Rosetta Radiation

October New Hires



Agyei Stephenson (MA)	Kelly Koval (RN)
Alana Valdez (MA)	Mahanain Amador (Patient Communications Operator)
Alexandra Donnelly (Receptionist)	Margarette Tadeo (Receptionist)
Alexis Ciano (Lab MA)	Maria Franco (MA)
Angie Aspras (LPN)	Ninamaria Barbara (Call Center)
Cathriona Breslin (LPN)	Octavia Richardson (Pharmacy Tech)
Chui Wa Ngai (LPN)	Robin DaCosta (Physician)
Claire Shapiro (Office Associate)	Samantha Galeas (Call center)
Derrick Mordente (LPN)	Sarah Kim (LPN)
Dimon King (MA)	Shayna Saccaro (NP)
Eleana Kitz (RN)	Skye Flores (Receptionist)
Elizabeth Lastra (Per Diem CT Tech)	Stacey Rookwood (NP)
Jasmeen Kaur (Receptionist)	Thomas Lipani (Lab MA)
Jesica Amaya-Flores (LPN)	Travis Persaud (Inventory Control Manager)
Jessica DeAngelis (Receptionist)	

Open Positions



Medical Assistants Contact: Robert Nicoletti rnicoletti@nycancer.com	PET/CT SCANNER (Full Time/Part Time/Per Diem) Contact: Robert Nicoletti rnicoletti@nycancer.com	Medical Front Desk Receptionist (New York Health) Contact: Robert Nicoletti rnicoletti@nycancer.com
CAT Scan (CT) Technologist Port Jefferson Station Medical Oncology Contact: Robert Nicoletti rnicoletti@nycancer.com	FISH TECHNICIAN SUPERVISOR Fluorescence in situ hybridization Contact: Robert Nicoletti rnicoletti@nycancer.com	Medical Assistants (New York Health) Contact: Robert Nicoletti rnicoletti@nycancer.com
Ultrasound Technician With Vascular Certification Contact: Robert Nicoletti rnicoletti@nycancer.com	Flow Technician Port Jefferson Station Medical Oncology Contact: Robert Nicoletti rnicoletti@nycancer.com	Licensed Practical Nurses (New York Health) Contact: Robert Nicoletti rnicoletti@nycancer.com
Nurse Practitioners (NP)/ Physician Assistants (PA) Contact: Robert Nicoletti rnicoletti@nycancer.com	Chief of Hematology/Oncology for Academic Center in Brooklyn Hospital Contact: Eric Jackson eric.jackson@oneoncology.com	Vice President of Healthcare Operations Port Jefferson Station Medical Oncology Contact: Robert Nicoletti rnicoletti@nycancer.com
Licensed Practical Nurses (LPN) Contact: Robert Nicoletti rnicoletti@nycancer.com	Staff Hematologist/Medical Oncologist Needed Brooklyn, NY at our Brooklyn Hospital Location Contact: Eric Jackson eric.jackson@oneoncology.com	Nurse Practitioner Contact: Diana Youngs dyoungs@nycancer.com
Medical Front Desk Receptionist Contact: Robert Nicoletti rnicoletti@nycancer.com	Implementation Specialist Contact: Robert Nicoletti rnicoletti@nycancer.com	
Registered Nurses (BSN/RN's) Contact: Julia Harwood jharwood@nycancer.com	Front Office Quality Lead/ Trainer- Western Region Contact: Robert Nicoletti rnicoletti@nycancer.com	
Research Coordinator Contact: Robert Nicoletti rnicoletti@nycancer.com	Development and Training Manager Eastern/Western Region Bayside Medical Oncology Contact: Robert Nicoletti rnicoletti@nycancer.com	
Medical Laboratory Technologist PM Shift Contact: Andrea Kinstler akinstler@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**](mailto:marketing@nycancer.com).