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!
**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 heart-tell “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
October is awareness month for Breast and Liver Cancer, and October 5th-9th is also ASPEN’s Malnutrition Awareness Week. Although there are designated monthly 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 and liver cancer. What can we do? Be mindful of eating healthier with 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 whether soy is safe. 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
- 2 1/2 cups broth (any kind)
- 1 1/2 Tablespoons extra virgin olive oil
- 1 14.5 ounces can diced tomatoes
- 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)
- 1/2 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, pepper, lime juice, and molasses; bring to boil, stir and simmer for another 5 minutes. *Use 1 tablespoon flour or cornmeal to thicken the chili if desired.

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. *Optional Toppers: Dlopol Greek yogurt, crushed tortilla chips, or shredded cheddar cheese 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 6 months.

By: Wendy Kaplan, MS, RDN, CDN
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
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

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%
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.
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.

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 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!
“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 its 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
Employee of the Month

Congratulations to Amanda Magaddino, our Employee of the Month!

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."

Movin’ Up
Colleagues climbing high

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

QUOTE of the MONTH
"There is no one giant step that does it. It’s a lot of little steps.
- Peter A. Cohen

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
Carissa Currie, RN

Jose Parades, RN
Lorrie McSherry, RN
Armand DiCartuccio, RN
Jo-Ann Guarino RN, Head Nurse

Caren Rausch, RN
Michelle Bongiovanni RN, ADN

Lorrie McSherry, RN
Armand DiCartuccio, RN
Jo-Ann Guarino RN, Head Nurse
Michelle Bongiovanni RN, ADN
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 Management
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

<table>
<thead>
<tr>
<th>Name</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>LORUSSO, JOAN M.</td>
<td>30 yrs</td>
</tr>
<tr>
<td>FITZPATRICK, LYNN A.</td>
<td>25 yrs</td>
</tr>
<tr>
<td>CATALANO, VIVIAN</td>
<td>24 yrs</td>
</tr>
<tr>
<td>BOYLAN, VALERIE J.</td>
<td>23 yrs</td>
</tr>
<tr>
<td>ROUNDTREE, REGINA D.</td>
<td>21 yrs</td>
</tr>
<tr>
<td>SCHINDLER, STEVEN M.</td>
<td>20 yrs</td>
</tr>
<tr>
<td>DAWSON, DAWN L.</td>
<td>18 yrs</td>
</tr>
<tr>
<td>MCMANUS, PATRICK M.</td>
<td>14 yrs</td>
</tr>
<tr>
<td>KERN, JENNIFER A.</td>
<td>13 yrs</td>
</tr>
<tr>
<td>SANDERS, SHARI</td>
<td>13 yrs</td>
</tr>
<tr>
<td>MITRANI, MICHAEL A.</td>
<td>12 yrs</td>
</tr>
<tr>
<td>MAZZUCHELLI, GEORGANNE</td>
<td>10 yrs</td>
</tr>
</tbody>
</table>
October New Hires

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

Open Positions

Medical Assistants
Contact: Robert Nicoletti
rnicolelli@nycancer.com
CAT Scan (CT) Technologist
Port Jefferson Station Medical Oncology
Contact: Robert Nicoletti
rnicolelli@nycancer.com
Ultrasound Technician
With Vascular Certification
Contact: Robert Nicoletti
rnicolelli@nycancer.com
PET/CT SCANNER
(Full Time/Part Time/Per Diem)
Contact: Robert Nicoletti
rnicolelli@nycancer.com
FISH TECHNICIAN SUPERVISOR
Fluorescence in situ hybridization
Contact: Robert Nicoletti
rnicolelli@nycancer.com
Flow Technician Port Jefferson Station Medical Oncology
Contact: Robert Nicoletti
rnicolelli@nycancer.com
Chief of Hematology/Oncology for Academic Center in Brooklyn Hospital
Contact: Eric Jackson
eric.jackson@oneoncology.com
Staff Hematologist/Medical Oncologist Needed Brooklyn, NY at our Brooklyn Hospital Location
Contact: Eric Jackson
eric.jackson@oneoncology.com
Implementation Specialist
Contact: Robert Nicoletti
rnicolelli@nycancer.com
Front Office Quality Lead/ Trainer-Western Region
Contact: Robert Nicoletti
rnicolelli@nycancer.com
Development and Training Manager Eastern/Western Region Bayside Medical Oncology
Contact: Robert Nicoletti
rnicolelli@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.